

NHS Greater Glasgow and Clyde	Paper No. 25/16
Meeting:	NHSGGC Board Meeting
Meeting Date:	25 February 2025
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.

The attached report also highlights a further three measures identified in the AIF to be reported to the Board meeting for information three times a year. These have been included in the attached scorecard and listed as follows:

- Staffing Establishment Total
- Clinical Absence Total
- Supplementary Staffing Total

As at December 2024 10 of the 32 measures that can be rated against target are currently delivering against target and rated green, eight are rated amber (<5% variance from trajectory), 12 have been rated red (>5% adverse variance from trajectory) and the remaining two measure with no target is rated grey.

BOARD OFFICIAL

Key Areas of Performance Improvement:

- The latest nationally published position for the Alcohol and Drugs national waiting times target (94.8%) shows performance continuing to exceed the 90% target.
- The number of GP Out of Hours scheduled shifts that remained open (98.7%) during December 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 - December 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 (99.6%) continued to exceed the national target of 90% and the ADP planned position for December 2024.
- The number of patients waiting for an endoscopy test (8,158) remains ahead of the planned position (10,850) for December 2024.
- Performance in relation to the Cancer 31 Day waiting times standard (95.1%) continued to meet the 95% national target for the second consecutive month.
- Access to Podiatry Services continued to meet the national 90% target with 91% of patients seen <4 weeks of referral in December 2024.

Key Areas of Performance in Need of Improvement:

- Overall compliance with the A&E four hour waits (62.8%) reduced on the previous months' position (66.1%) and performance is currently below the 2024-25 ADP target of 70%. Performance is in line with the overall national trend.
- The number of acute delayed discharges reported in December 2024 (273) saw an improvement on the previous month's position (311), however, overall performance remains a challenge. The number of acute bed days lost to delayed discharge increased by 7% when compared to the previous months' position increasing from 8,789 in November 2024 to 9,418 in December 2024.
- The number of Mental Health delays also saw an improvement reducing from 85 in November to 72 in December 2024, however, performance remains a challenge. The number of mental health bed days lost increased by 4% when compared to the previous month, increasing from 2,357 in November 2024 to 2,451 in December 2024.
- At the end of December 2024, the number of new outpatients waiting >52 weeks and >78 weeks was above the 2024-25 ADP target in December 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 December 2024.
- Performance in relation to the Cancer 62 Day waiting times reported a further improvement on the previous month's position, increasing from 66.1% in November 2024 to 70.3% in December 2024. Overall performance remains challenged due to the significant increase in USOC referrals since the pandemic.
- December 2024 compliance with the Psychological Therapies target (86.6%) is below the national target of 90%.
- The percentage of MSK Physiotherapy patients seen <4 weeks reduced (32%), and the number of weeks waiting increased to 15 weeks when compared to the 36.6% and the 13 weeks reported the previous month. Overall compliance with target remains a challenge.

More detail on each of the performance measures that either remain challenged or are below the planned position for December 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 | <u>Positive impact</u> |
| • Better Care | <u>Positive impact</u> |
| • Better Value | <u>Positive impact</u> |
| • Better Workplace | <u>Positive impact</u> |
| • Equality & Diversity | <u>Positive impact</u> |
| • Environment | <u>Positive impact</u> |

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: 12 February 2025

Issued: 17 February 2025

NHS GREATER GLASGOW & CLYDE BOARD MEETING



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

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 December 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.

Winter challenges across NHSGGC continued to have an impact on our overall ability to treat, discharge and admit patients from our Emergency Departments (EDs) during December 2024. The volume of Acute delays, albeit there was an improvement on the previous month’s position (311 in November 2024 reducing to 273 December 2024) and the high levels of bed occupancy as a result of the winter pressures continues to have an impact on the A&E 4 hour emergency access standard compliance reducing from 66.1% of patients presenting seen within four hours in November 2024 to 62.8% in December 2024, below the 2024-25 ADP target of 70%. Addressing delayed discharges continues to remain a priority for NHSGGC. Whilst compliance with the 62 day cancer target saw a further improvement from 66.1% in November 2024 to 70.3% in December 2024, performance remains a challenge due to the significant increase in the overall volume of USOC referrals since pre-pandemic. There are detailed improvement actions underway to address performance, some of which are outlined in the relevant slides.

During December 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 effort to eliminate 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 performance in relation to CAMHS (99.6%) waiting times standards which has remained positive with current performance continuing to exceed national target. Access to Podiatry Services (91% of patients seen <4 weeks) and GP Out of Hours service also remains positive where the number of scheduled shifts that remained open (98.7%) in December 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 December 2024, 10 of the 32 measures contained within the report are currently delivering against trajectory, eight are rated amber (<5% variance from trajectory), 12 are rated red (>5% adverse variance from trajectory) and the remaining two measures with no target are 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.

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	94.8%	90.0%				✓	6

BETTER CARE

No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 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	62.8%	70.0%					7
3	COBC7/10	OPBC9.0	Unscheduled Care: A&E Attendances	3.2% Increase	2% Reduction					9
4	COBC10	OPBC9.0	Delayed Discharges: Number of Acute Delayed Discharges	273	258					12
5	COBC10	OPBC9.0	Delayed Discharges: Number of Acute bed days lost to delayed discharges	9,418	7,889					14
6	COBC10	OPBC9.0	Delayed Discharges: Number of Mental Health Delayed Discharges	72	58					16
7	COBC10	OPBC9.0	Delayed Discharges: Number of Mental bed days lost to delayed discharges	2,451	1,857					18
8	COBC11	OPBC13	Total number of Delayed Discharges per 100,000 adult population	35.7	34.6					20
9	COBC10	OPBC9.0	GP Out Of Hours Activity	15,576	FIO					21
10	COBC10	OPBC9.0	GP Out Of Hours: % of Scheduled Shifts Open	98.7%	90.0%				✓	22
11	COBC7	OPBC7.0	Number of patients on the New Outpatient Waiting List	159,560	156,111					23
12	COBC7	OPBC7.0	Number of New Outpatients Waiting >78 weeks	164	0					24

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	5,559	4,069					25
14	COBC7	OPBC7.0	New Outpatient Activity	217,582	209,363				✓	27
15	COBC7	OPBC7.0	Number of patients on the TTG Waiting List	48,897	48,712					28
16	COBC7	OPBC7.0	Number of TTG Patients Waiting >104 weeks	2,872	2,393					29
17	COBC7	OPBC7.0	Number of TTG Patients Waiting >78 weeks	7,628	7,854					30
18	COBC7	OPBC7.0	Number of TTG Patients Waiting >52 weeks	15,761	15,065					31
19	COBC7	OPBC7.0	TTG Inpatient/Daycase Activity	50,996	47,957				✓	33
20	COBC7	OPBC8.0	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	95.1%	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	70.3%	78.0%					35
22	COBC7	OPBC7.0	Diagnostics: Endoscopy Waiting List	8,158	10,850				✓	38
23	COBC7	OPBC7.0	Diagnostics: Endoscopy Activity	24,641	25,370					39
24	COBC7/ COBH5	OPBC13.1	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	86.6%	90.0%					40
25	COBC7/ COBH5	OPBC13.2	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	99.6%	90.0%				✓	41
26	COBC7	OPBC12.0	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	32.0%	90.0%					42
27	COBC7	OPBC12.0	Podiatry Waiting Times - % of patients seen <4 weeks	91.0%	90.0%				✓	44

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)	28.2%	24.0%			↓		45
29	COBW20	OPBW6.1	Clinical Absence (Total)	27.6%	24.0%			↓		46
30	COBW20	OPBW6.1	Staff Sickness Absence Rate	8.3%	5.0%			↓		46
30	COBW20	OPBW6.1	Short Term Absence Rate	3.7%	2.0%			↓		46
30	COBW20	OPBW6.1	Long Term Absence Rate	4.6%	3.0%			↓		46
31	COBW18	OPBW6.2	Staffing Establishment Total (Nursing and Midwifery)	94.0%	90.0%			↓	✓	48
32	COBW18	OPBW6.3	Supplementary Staffing - Total	FIO	FIO			→		49

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							
33	Rationale for Control Limits Applied									50

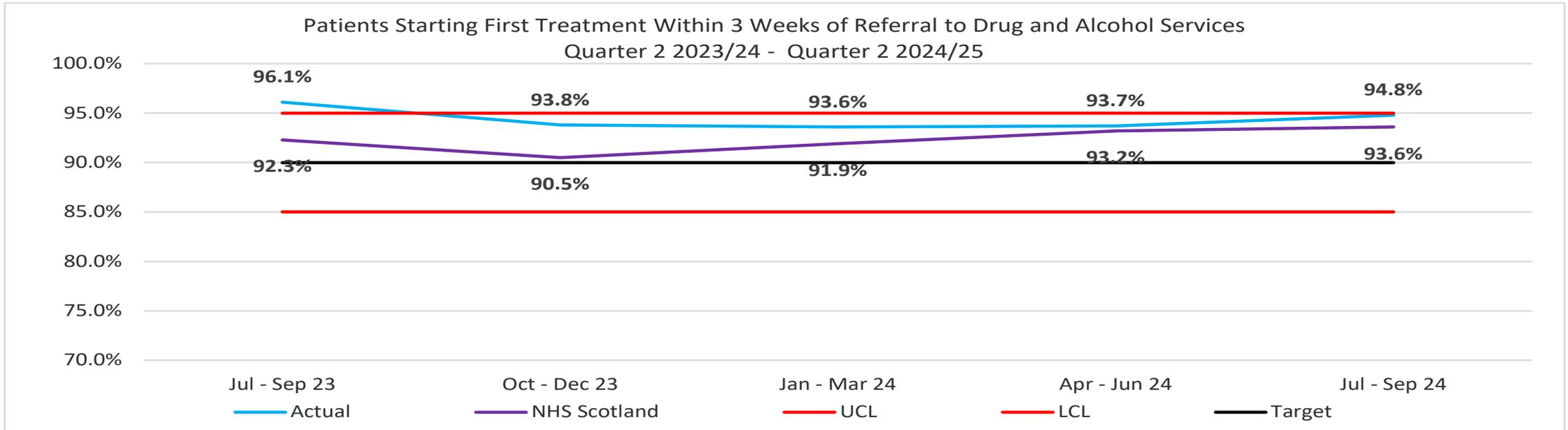
Key	Performance Status	Legend
On target or better		Improvement on previously reported position
Adverse variance of up to 5%		Deterioration on previously reported position
Adverse variance of more than 5%		No change to previously reported position
No target		Not Applicable N/A

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
94.8%



Please note: The national data for October - December 2024 is scheduled to be published on 25 March 2025.

Summary

Current Position (including against trajectory):

As at the quarter July - September 2024, 94.8% of patients referred for alcohol and drugs treatment treated <3 week of referral above the 90% national target. **4.8% above target.**

Current Position Against National Target:

NHSGGC performance is above the latest national quarterly published position of 93.6% for the quarter ending September 2024.

Projection to 31 March 2025:

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

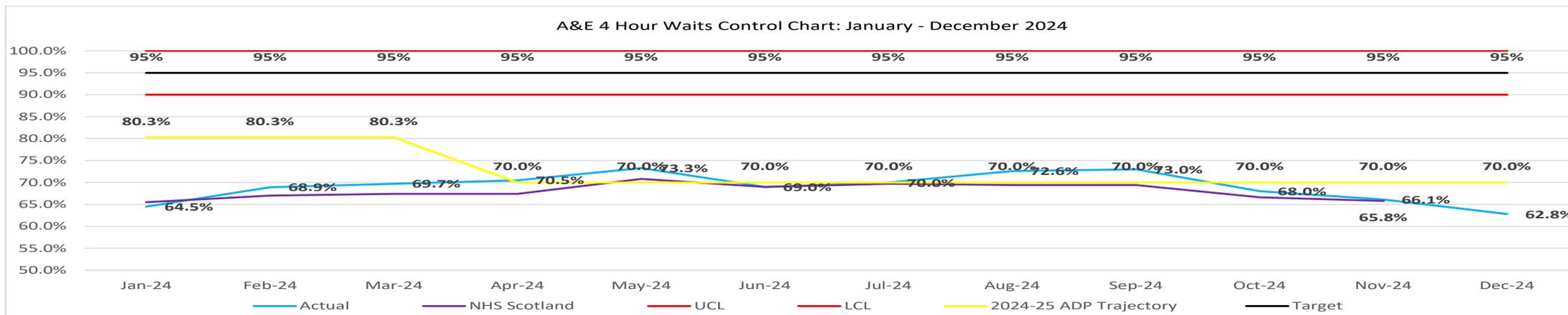
NHSGGC continues to consistently exceed the 90% Alcohol and Drugs waiting times target of 90% and consistently performs above the overall national position.

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
62.8%**



Please note: monthly data reflects NHS Board-wide position and includes ED & MIU performance. Also of note, the compliance figures previously reported have been retrospectively adjusted to April 2024 to reflect the revised Emergency Access Standard definition updated in December 2024 to include new planned patients i.e. Flow Navigation patients who have had a virtual call and subsequently been asked to attend an ED or MIU.

Summary

Current Position (including against trajectory):

As at December 2024, **62.8%** of patients were seen within four hours, a reduction on the previous months' position of 66.1%. Below the ADP trajectory of 70.0%. Local management information for the week ending 9 February 2025 reported an increase in compliance to 67.2%. Performance remains below the national target of 95%.

Current Position Against National Target:

NHSGGC's performance was above the latest national published position of 65.8% for November 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, the following actions have also been put in place to address performance:

- An Unscheduled Care Whole System Action Plan has been developed and submitted to the SG in December 2024. The Board will be sighted on the plan that sets out 20 additional whole system actions that could be delivered with additional recurring funding of £15.35m to help drive the required improvements. The plan is being reviewed in line with our reform aspirations with additional items augmenting the original plan.
- The winter communications campaign was launched in December 2024 - an information campaign on how best to use our services, to avoid unnecessary visits to A&E where other areas can see patients faster and with more specialist care.

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
62.8%**

Hospital Site	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Total A&E Atts (Dec 24)	Total A&E Breachers (Dec 24)	Dec-24
Queen Elizabeth University Hospital	55.5%	56.9%	47.4%	50.7%	57.4%	60.0%	48.2%	48.1%	8,430	4,422	47.5%
Glasgow Royal Infirmary	51.6%	64.0%	53.9%	54.1%	54.9%	54.6%	54.3%	54.0%	7,094	3,689	48.0%
Royal Alexandra Hospital	62.2%	58.0%	54.6%	60.9%	66.3%	61.7%	57.5%	58.9%	4,687	2,383	49.2%
Inverclyde Royal Hospital	71.2%	71.9%	78.3%	78.0%	76.9%	81.8%	71.9%	78.6%	2,437	752	69.1%
Royal Hospital for Children	94.9%	95.4%	96.7%	98.4%	95.8%	94.1%	92.6%	76.7%	7,105	1,442	79.7%
Emergency Department Sub-Total	65.4%	68.3%	63.2%	64.2%	67.2%	68.2%	62.5%	60.7%	29,753	12,688	57.3%
Vale of Leven Hospital	87.3%	92.1%	91.4%	92.0%	90.5%	92.7%	91.4%	90.6%	1,487	130	91.3%
Stobhill Hospital	97.2%	97.5%	92.6%	97.3%	97.6%	92.0%	94.3%	94.9%	1,559	92	94.1%
New Victoria Hospital	99.8%	98.9%	98.8%	100.0%	99.3%	99.5%	99.1%	98.8%	2,055	63	96.9%
MIU Sub-Total	95.2%	96.3%	94.5%	96.8%	96.1%	95.3%	95.3%	95.4%	5,101	285	94.4%
ED & MIU Total	70.5%	73.3%	69.0%	70.0%	72.6%	73.0%	68.0%	66.1%	34,854	12,973	62.8%
Target	95.0%			95.0%							
2024-25 Annual Delivery Plan Target	70.0%			70.0%							
National Performance	67.4%	70.8%	69.0%	69.7%	69.4%	69.3%	66.5%	65.8%			
NHSGGC Variance from National Position	3.1%	2.5%	0.0%	0.3%	3.2%	3.7%	1.5%	0.3%			

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.

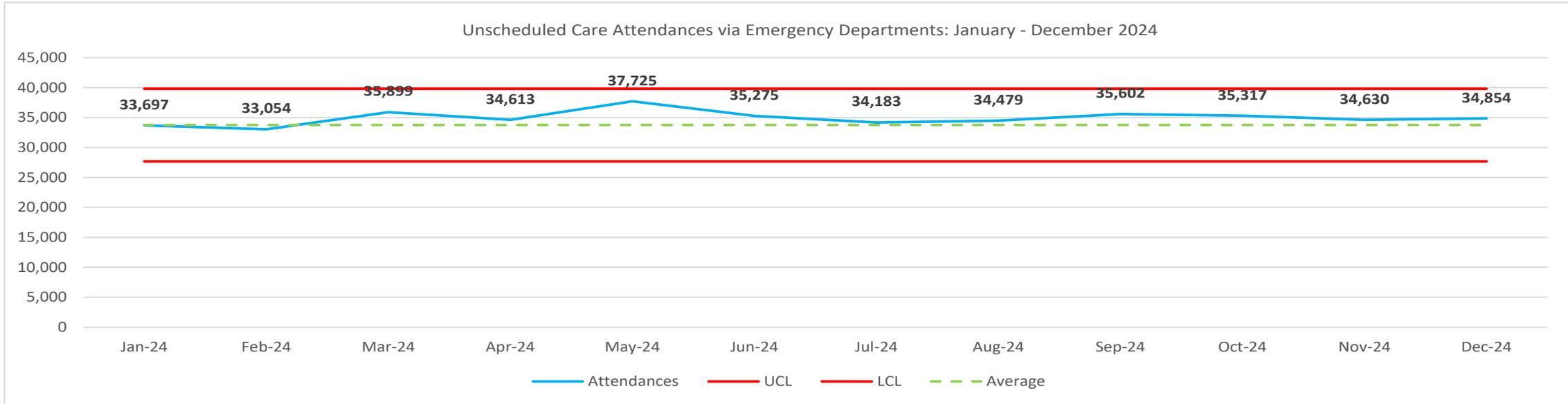
Summary

The information above, provides a monthly breakdown of performance against target at a hospital site level for December 2024. Six of the eight sites reported a reduction on the previous month's position with both the Royal Alexandra Hospital (RAH) (-9.7%) and Inverclyde Royal Hospital (IRH) (-9.5%) seeing the biggest reductions on the previous months' position. Performance at the RHC (+3.0%) and the VOL (0.7%) saw an improvement on the previous months' position. A total of four of the eight sites are currently exceeding the ADP trajectory of 70%. The New Victoria MIU has continued to exceed the national target month on month for a sustained period of time. Overall performance at the three busiest sites remains an ongoing challenge.

3. BETTER CARE: Accident and Emergency Attendances

Target
2% Reduction

Performance
3.2% increase



Please note: monthly data includes ED and MIU attendances.

Summary

Current Position (including against trajectory):

A total of **316,678** A&E attendances (including MIU attendances) were reported during the period April - December 2024. Current performance represents an overall 3.2% increase on the 306,874 reported during the same period in 2022-23 (the baseline year the reduction target is based upon).

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).

The number of Accident and Emergency (A&E) attendances reported across HSCPs remains above (3.2%) above the planned position (2022-23 baseline year). Actions in place to reduce A&E attendances are outlined in the next two slides.

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

**2%
Reduction**

Hospital Site										YTD 24/25 Total	YTD 23/24 Total	2022/23	24/25 YTD Var 22/23	YTD % Var on 22/23
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24			Baseline		
Queen Elizabeth University Hospital	8,321	9,061	8,440	8,669	8,539	8,391	8,649	8,166	8,430	76,666	73,834	69,748	6,918	9.9%
Glasgow Royal Infirmary	7,114	7,449	7,066	7,165	6,922	7,162	7,331	6,980	7,094	64,283	62,399	62,680	1,603	2.6%
Royal Alexandra Hospital	4,616	5,174	4,780	4,726	4,866	4,895	4,821	4,497	4,687	43,062	44,397	42,398	664	1.6%
Inverclyde Royal Hospital	2,524	2,750	2,549	2,564	2,564	2,639	2,472	2,249	2,437	22,748	22,544	22,451	297	1.3%
Royal Hospital for Children	6,257	6,666	6,151	5,099	5,438	6,223	6,294	7,307	7,105	56,540	53,334	59,639	-3,099	-5.2%
Emergency Department Sub-Total	28,832	31,100	28,986	28,223	28,329	29,310	29,567	29,199	29,753	263,299	256,508	256,916	6,383	2.5%
Vale of Leven Hospital	1,664	1,913	1,763	1,710	1,713	1,722	1,530	1,447	1,487	14,949	13,649	11,845	3,104	26.2%
Stobhill Hospital	1,740	1,971	1,905	1,755	1,891	1,914	1,753	1,697	1,559	16,185	17,163	17,581	-1,396	-7.9%
New Victoria Hospital	2,377	2,741	2,621	2,495	2,546	2,656	2,467	2,287	2,055	22,245	21,469	20,532	1,713	8.3%
MIU Sub-Total	5,781	6,625	6,289	5,960	6,150	6,292	5,750	5,431	5,101	53,379	52,281	49,958	3,421	6.8%
Total	34,613	37,725	35,275	34,183	34,479	35,602	35,317	34,630	34,854	316,678	308,789	306,874	9,804	3.2%
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 - December 2024. Overall, six of the eight hospital sites reported an increase in the number of attendances (316,678) when compared to the same period in the baseline year (306,874). The most notable increases in actual values can be seen at the Queen Elizabeth University Hospital (QEUH) (+6,918) and the Vale of Leven (VOL) (+3,104). The two sites reporting a reduction in A&E/MIU attendances when compared to the 2022-23 baseline are the Royal Hospital for Children (RHC) (-3,099) and Stobhill Hospital (-1,397).

In addition to the actions outlined in our 2024-25 Winter Plan and those contained within the 2024-27 draft Unscheduled Care Home First Design and Delivery Plan, our Communication and Public Messaging Campaign continues to support the reduction in the number of attendances at our hospital sites. This includes our Vaccination campaign supported by a rolling programme of vaccine communications this winter involving regular communication with staff via Core Brief, Team Talk, Hero Tile on Staff Intranet in addition to regular press releases issued to the media alongside social media collateral. Also, our public messaging campaign includes the ABC Winter Campaign, Student Communications Campaign and Call Before You Convey media broadcast piece confirmed in partnership with SAS for BBC is scheduled to run in the coming weeks.

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	Nov-24	Dec-24				
East Dunbartonshire	2,115	2,184	2,242	1,998	2,115	2,252	2,249	2,035	2,203	19,393	19,949	-556	-2.8%
East Renfrewshire	1,900	2,045	1,906	1,797	1,912	1,967	2,001	1,927	1,828	17,283	16,714	569	3.4%
Glasgow City	16,098	17,478	16,260	15,788	15,630	16,362	16,376	16,450	16,159	146,601	142,953	3,648	2.6%
Inverclyde	2,522	2,654	2,486	2,460	2,436	2,598	2,513	2,344	2,451	22,464	22,276	188	0.8%
Renfrewshire	4,514	5,073	4,659	4,465	4,604	4,778	4,622	4,432	4,616	41,763	40,135	1,628	4.1%
West Dunbartonshire	2,720	2,995	2,825	2,706	2,652	2,685	2,716	2,630	2,624	24,553	22,738	1,815	8.0%
HSCP Sub-Total	29,869	32,429	30,378	29,214	29,349	30,642	30,477	29,818	29,881	272,057	264,765	7,292	2.8%
Other	4,744	5,296	4,897	4,969	5,130	4,960	4,840	4,812	4,973	44,621	42,109	2,512	6.0%
Total	34,613	37,725	35,275	34,183	34,479	35,602	35,317	34,630	34,854	316,678	306,874	9,804	3.2%

Summary

The information above provides a breakdown of A&E/MIU attendances by HSCPs for the period April - December 2024. Overall, there has been an 3.2% increase in A&E attendances when compared to the same period in 2022-23 (the baseline year the 2% reduction target is based on). Across HSCPs there has been a 2.8% increase when compared to the same period in 2022-23. All HSCPs, with the exception of East Dunbartonshire HSCP (reducing by 2.8% and meeting the 2% reduction target) saw an increase in A&E activity with the most notable percentage increases in West Dunbartonshire (8.0%) and East Renfrewshire (3.4%) HSCPs when compared to the same period in the baseline year.

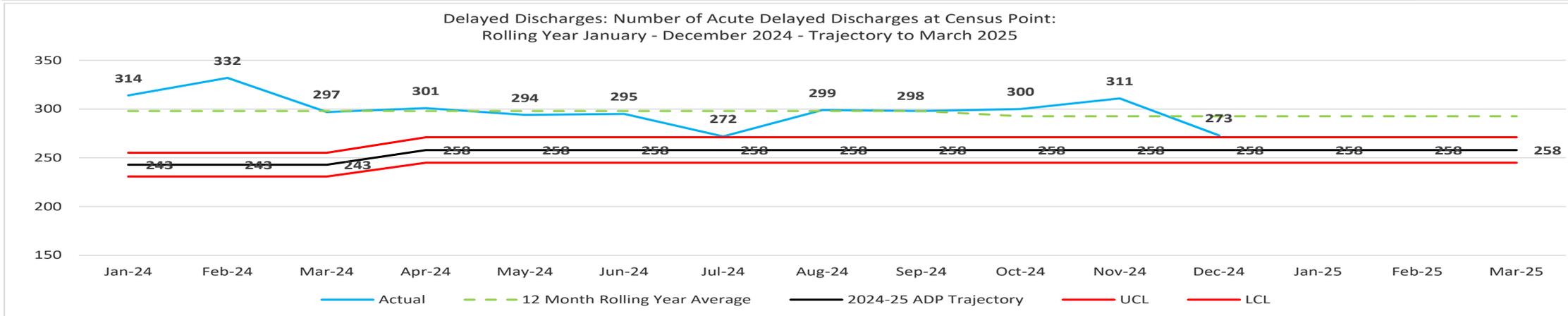
Building upon the some of the successes within the 2022/23 - 2024/25 Unscheduled Care and Design Delivery Plan, the 2024-27 draft Unscheduled Care Home First Design and Delivery Plan (the successor Plan) has been developed outlining the strategic aims for unscheduled care for the next three years. The plan highlights how HSCPs will work in conjunction with Acute to meet the levels of unscheduled care across NHSGGC. The plan is designed to grow community capacity, build on existing unscheduled care pathways and develop novel early intervention and prevention initiatives to promote aging well. This work plan is based around ten key themes that will focus on reducing unnecessary emergency attendances and admissions and reduce the consumption of unscheduled care bed days. The key actions contained within the plan aim to further embed our Home First ethos across the system.

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
273



Summary

Current Position (including against trajectory):

A total of **273** Acute delayed discharges were reported at the December 2024 monthly census point. Performance represents a 12% improvement on the previous month's performance (311). Local management information for the 10 February 2025 reported an increase to 326 acute delays. **Current performance is 5.8% 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 12% improvement on the previous month, however overall performance remains a significant challenge. Complex delays account for 129 (47.3%) of the 273 Acute delays reported in December 2024. Key actions/highlights during the period are as follows:

- A number of key whole system actions to support a reduction in acute bed days across NHSGGC to enable a significant improvement in unscheduled care performance are contained within the Whole System Action Plan. The focus of the plan is to reduce acute bed day demand across the system as this will have the most immediate impact on patient flow. It is anticipated that the number of delayed discharges will reduce by approximately 45 however, this expected reduction is dependent on securing the additional funding from the SG.
- HSCPs are also developing local action plans to support the Delayed Discharge Reset Programme which is focused on reducing wait times for social work assessments; reducing the number of people waiting for care home assessments, reducing the number of adults with incapacity (AWI) delayed due to legal reason and implementing the principles of the 'Final 1,000 Days'.
- HSCPs are also developing a position report at census point for informing improvement moving forward.

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
273

Acute Delayed Discharges	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Monthly Variance	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	29	36	46	51	46	39	33	20	25	21	20	24	23	-1	27	-4	-15%
East Dunbartonshire HSCP	31	25	23	17	15	26	28	29	24	21	21	13	13	0	18	-5	-28%
East Renfrewshire HSCP	13	19	12	14	14	14	13	11	12	5	10	9	10	1	11	-1	-9%
Glasgow City HSCP	148	154	163	140	150	153	146	148	160	174	170	176	150	-26	125	25	20%
Inverclyde HSCP	19	13	15	13	16	7	9	8	6	7	7	9	6	-3	15	-9	-60%
Renfrewshire HSCP	8	10	12	9	7	6	15	9	9	6	14	13	8	-5	9	-1	-11%
HSCP Total Acute Delays	248	257	271	244	248	245	244	225	236	234	242	244	210	-34	206	4	2%
Other Local Authorities Acute	53	57	61	53	53	49	51	47	63	64	58	67	63	-4	52	11	21%
NHSGGC Total Acute Delays	301	314	332	297	301	294	295	272	299	298	300	311	273	-38	258	15	6%

Summary

As at December 2024 monthly Census point, there were a total of 273 Acute delays reported representing a 12% improvement on the previous months' position. Four of the six HSCPs saw a reduction on the previous months' position with Glasgow City showing a significant reduction (-26), the other HSCPs reporting a reduction are West Dunbartonshire (-1), Inverclyde (-3) and Renfrewshire (-5), the remaining two HSCPs either remained the same or saw a marginal increase on the previous months' position namely East Dunbartonshire (0) East Renfrewshire (1). Performance is currently 5.8% above the planned monthly performance of no more than 258 delays. Five of the six HSCPs are currently meeting the 2024-25 ADP target namely West Dunbartonshire, East Dunbartonshire, East Renfrewshire, Inverclyde and Renfrewshire HSCPs. HSCPs account for 76.9% (210) of the overall total number of Acute delays reported with Glasgow City HSCP representing 71.4% of all HSCP delays reported across NHSGGC. Whilst the number of NHSGGC Acute delays from other local authorities performance remains a challenge, current performance (63) represents a 6% improvement on the number reported the previous month (67).

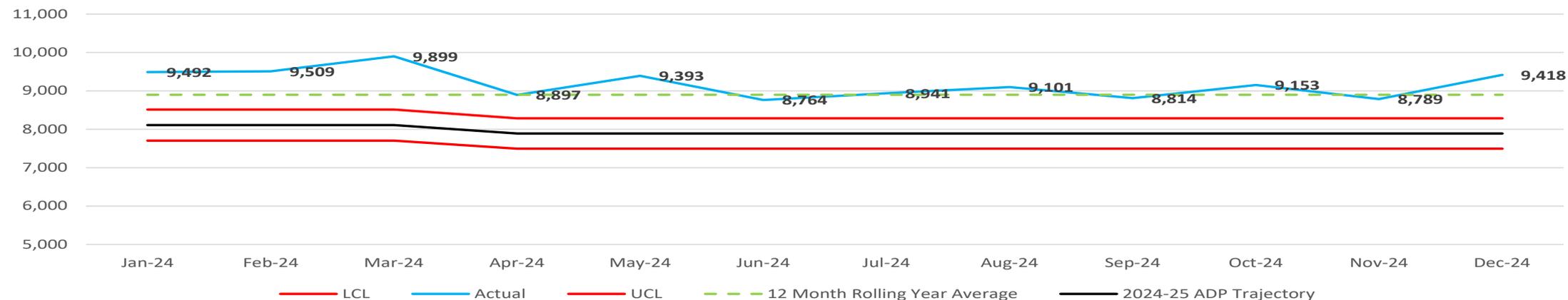
5. BETTER CARE: Number of Acute Bed Days Lost to Delayed Discharge

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

**Target
7,889**

**Performance
9,418**

Delayed Discharges: Acute Bed Days Lost Due to Delayed Discharges:
Rolling Year January - December 2025



Summary

Current Position (including against trajectory):

A total of **9,418** Acute bed days were lost to delayed discharges during December 2024, a 7.2% increase on the previous month's position. **Current performance is 19.4% 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 94,692 bed days lost to delayed discharge by March 2025.

Key Actions

December 2024 saw a 7.2% increase on the number of Acute bed days lost to delayed discharge reported the previous month. The actions outline in slide 12 are aimed at reducing the number of Acute bed days lost to delayed discharge.

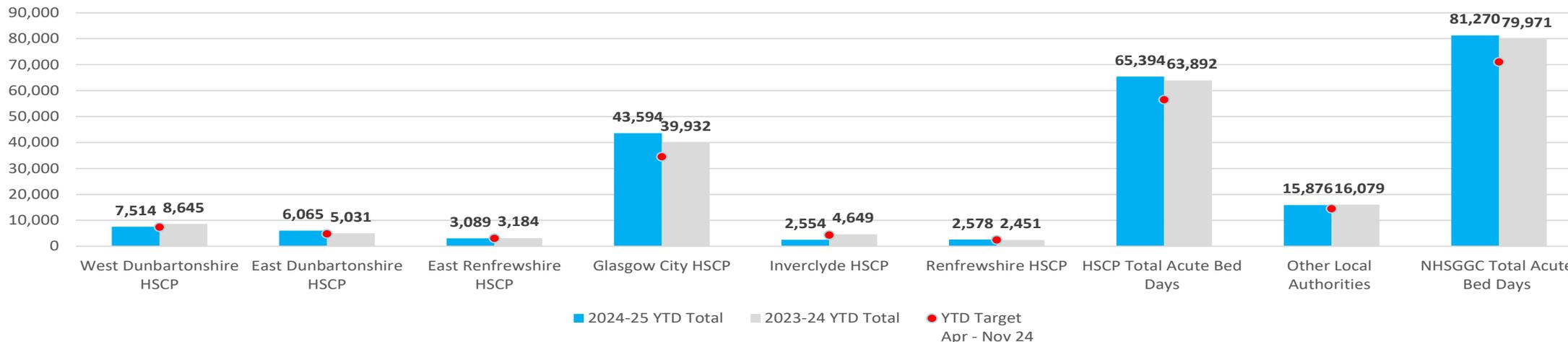
5. BETTER CARE: Year To Date Acute Bed Days Lost to Delayed Discharges by HSCP (Continued)

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

**Target
71,019**

**Performance
81,270**

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



Summary

Current Position (including against trajectory):

During April - December 2024, a total of **81,270** acute bed days were lost to delayed discharges representing a 1.6% increase on the same period the previous year. Current performance is **above the YTD trajectory of no more than 71,019 by 14.4%**.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

Provisional target of accumulating no more than 97,296 acute bed days lost to delayed discharge by March 2025.

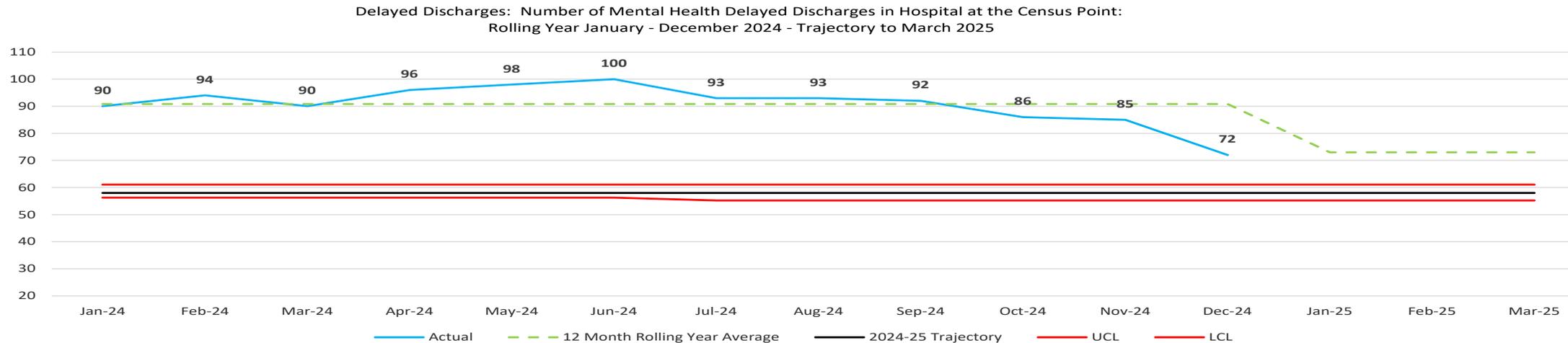
The graph above provides a year to date breakdown of acute bed days lost to delayed discharges by HSCP. During the period April - December 2024, a total of 81,270 bed days have been lost to delayed discharge across NHSGGC representing a 1.6% increase on the same period the previous year. Three HSCPs reported an improvement in the number of Acute Bed Days lost to delayed discharge when compared with the same period the previous year namely Inverclyde (-2,095), West Dunbartonshire (-1,131) and East Renfrewshire (-95) and The HSCPs reporting an increase in the number of Acute bed days lost to delayed discharge when compared to the same period the previous year are Glasgow City (+3,662), East Dunbartonshire (+1,034) and Renfrewshire (+127) HSCPs. The number of acute bed days used by other local authorities performance remains a challenge as they account for 24.3% (15,876) 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 day 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
72



Summary

Current Position (including against trajectory):

Currently **72** Mental Health delayed discharges were reported at the monthly census point for December 2024, an improvement on the previous months' position. **Performance is above the monthly trajectory of 58.** Local management information for 3 February 2025 reported an increase to 84 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

Two of the six HSCPs reported a reduction in the number of mental health delays namely Glasgow City (-9) and West Dunbartonshire (-3) and there was no change to the previous months' performance in relation to the other four HSCPs. Of the total delays reported across NHSGGC, 47 are Glasgow City residents (56 last month). Other mental health delays are reported in East Dunbartonshire (4), Renfrewshire (3), West Dunbartonshire (3) and East Renfrewshire (2) HSCPs. A total of 13 mental health delays were from other local authorities. Actions to improve this include:

- Teams continue to work on progressing delays as quickly as possible through the system.
- Community placement shortages remain and commissioning colleagues are involved in discussions to resolve.
- The proposal to develop the use of technology enabled care continues to be progressed.
- The discharge team and DART Team have undergone a review and the outcome of this is scheduled to be available at the end of the financial year.

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
72

Mental Health Delayed Discharges	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Monthly Variance	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	4	4	5	4	6	4	4	4	3	3	4	6	3	-3	2	1	50%
East Dunbartonshire HSCP	4	4	4	3	5	7	7	8	7	7	6	4	4	0	0	4	-
East Renfrewshire HSCP	1	1	0	0	1	1	1	1	2	2	2	2	2	0	0	2	-
Glasgow City HSCP	57	64	72	70	70	73	73	67	64	63	60	56	47	-9	51	-4	-8%
Inverclyde HSCP	2	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	-
Renfrewshire HSCP	5	5	5	4	4	4	6	6	6	6	5	3	3	0	2	1	50%
HSCP Total Mental Health Delays	73	80	86	81	86	89	91	86	82	82	77	71	59	-12	55	4	7%
<i>Other Local Authorities Mental</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>14</i>	<i>13</i>	<i>-1</i>	<i>3</i>	<i>10</i>	<i>-</i>
NHSGGC Total Mental Health	83	90	94	90	96	98	100	93	93	92	86	85	72	-13	58	14	24%

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 for the sixth consecutive month. As at December 2024 there were a total of 72 Mental Health delays reported and local management information for the 10 February 2025 reported an increase to 83 of Mental Health delays. HSCPs account for 81.9% (59) of the overall total number of Mental Health delays reported with Glasgow City HSCP representing 79.7% of all HSCP delays reported across NHSGGC.

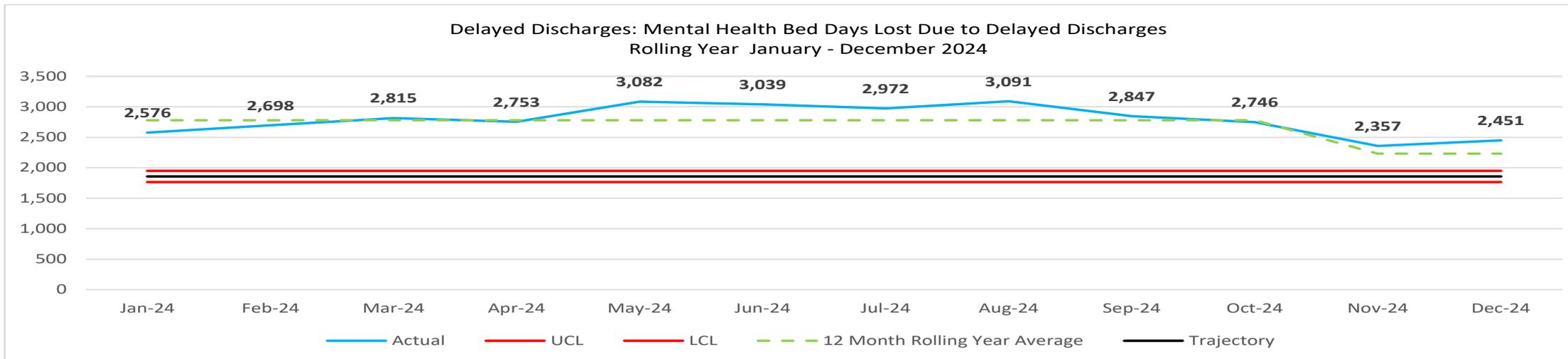
With the exception of Inverclyde HSCP meeting the agreed monthly target, all other HSCPs are currently above their planned position. Four of the six HSCPs remained the same as the previous months' position whereas West Dunbartonshire (-3) and Glasgow City (-9) HSCPs reported an improvement on the previous months position.

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
2,451**



Summary

Current Position (including against trajectory):

A total of **2,451** Mental Health bed days were lost to delayed discharges during December 2024, representing a 4% increase on the previous month's position. **Current performance is above the monthly trajectory of 1,857.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

No more than 1,857 bed days lost to delayed discharge per month by March 2025.

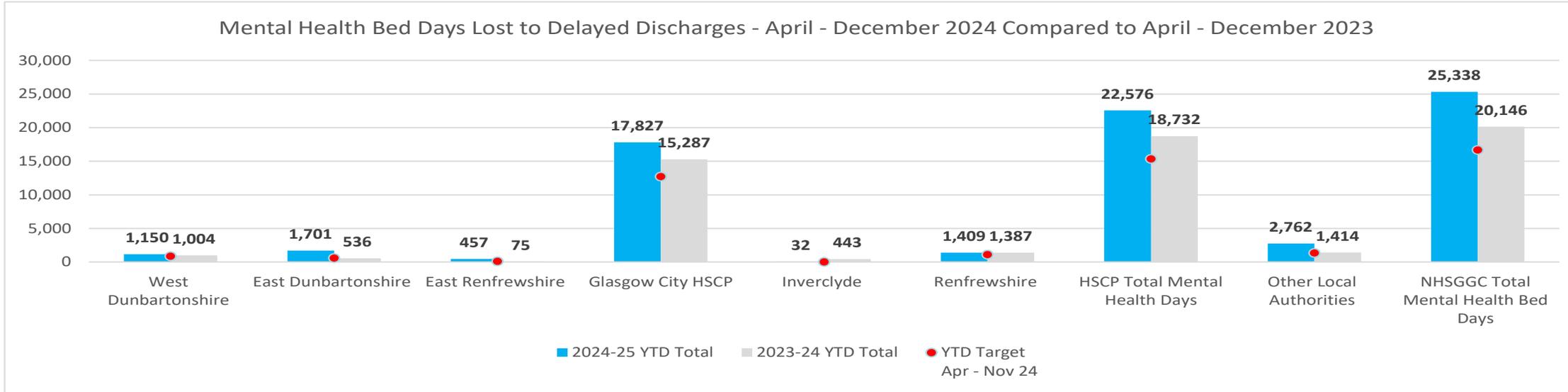
The actions outlined in slide 16 are aimed at reducing the number of mental health bed days lost to delayed discharge.

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
16,683**

**Performance
25,338**



Summary

Current Position (including against trajectory):

During the period April - December 2024, a total of **25,338** Mental Health bed days were lost to delayed discharges, 25.8% above the position for the same period the previous year. Current performance is also **above the YTD trajectory of no more than 16,683**.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

No more than 1,857 mental health bed days lost to delayed discharge per month by March 2025.

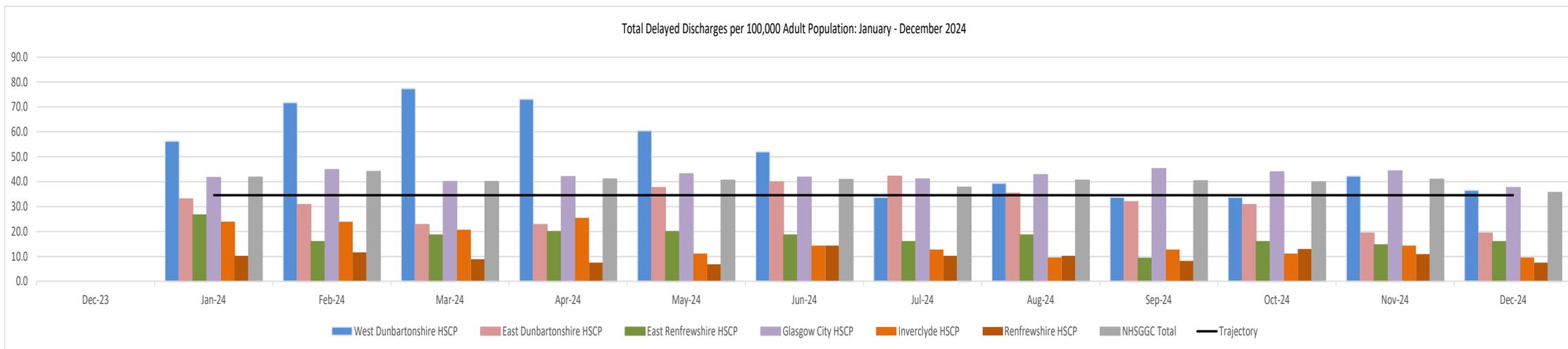
The graph above provides a breakdown of mental health bed days lost to delayed discharges by HSCP. During the period April - December 2024, a total of 25,338 bed days have been lost to delayed discharge across NHSGGC representing a 25.8% increase on the same period the previous year (20,146). All HSCPs, with the exception of Inverclyde, reported an increase in the number of Mental Health bed days lost to delayed discharge during the period April - December 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 (+2,540) and East Dunbartonshire (+1,165) HSCPs. The YTD number of Mental Health bed days lost from patients in other local authorities increased by 1,348 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 patient is deemed clinically fit for discharge but continues to occupy a hospital bed.

Target
34.6

Performance
35.7



Summary

Current Position (including against trajectory):

Overall, a total of **35.7** delayed discharges per 100,000 adult population were reported at the monthly census point in December 2024 across NHSGGC, above the national target of 34.6 per 100,000 adults. Current performance represents a **reduction on the previous month's performance. 12.9% above the national monthly trajectory of 34.6 per 100,000 adult population.**

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.

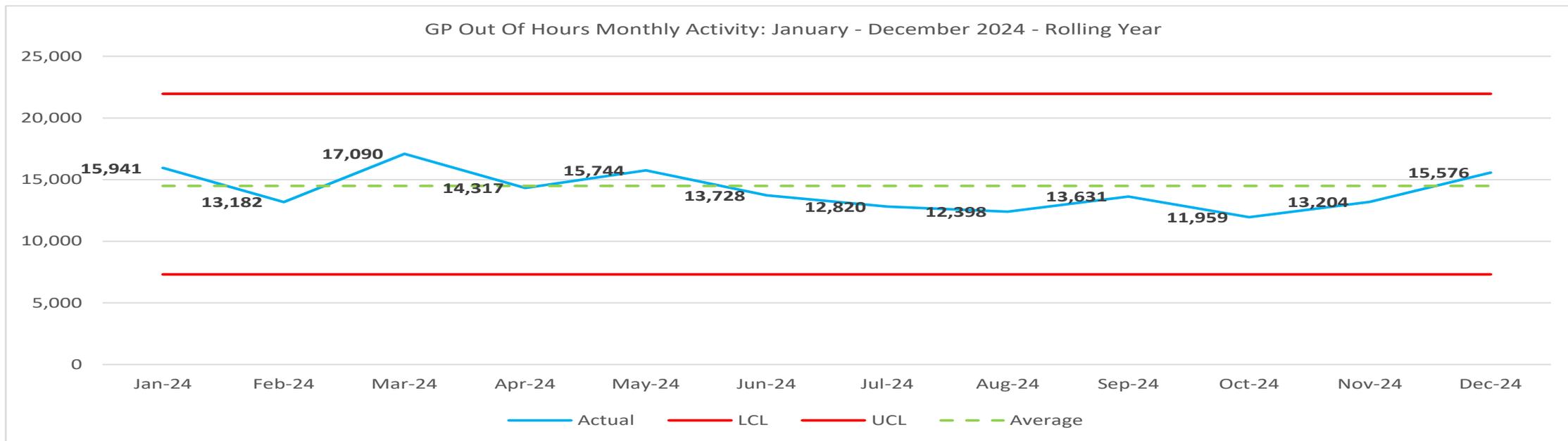
Key Actions

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 December 2024 monthly Census point, four of the six HSCPs were below the 34.6 per 100,000 adult population rate: East Dunbartonshire (19.4) East Renfrewshire (16.0), Inverclyde (9.6) and Renfrewshire (7.5). Both Glasgow City (37.6 an improvement on the 44.3 reported the previous month) and West Dunbartonshire HSCPs (36.5 an improvement on the 42.2 reported the previous month) were the only two HSCPs currently above the rate cap and current performance in relation to each represents an improvement on the November 2024 position. In driving improvement, the Collaborative Response & Assurance Group), chaired by the Cabinet Secretary continues to meet weekly with all HSCP Chief Officers.

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 **15,576** GP Out Of Hours contacts were made during December 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.

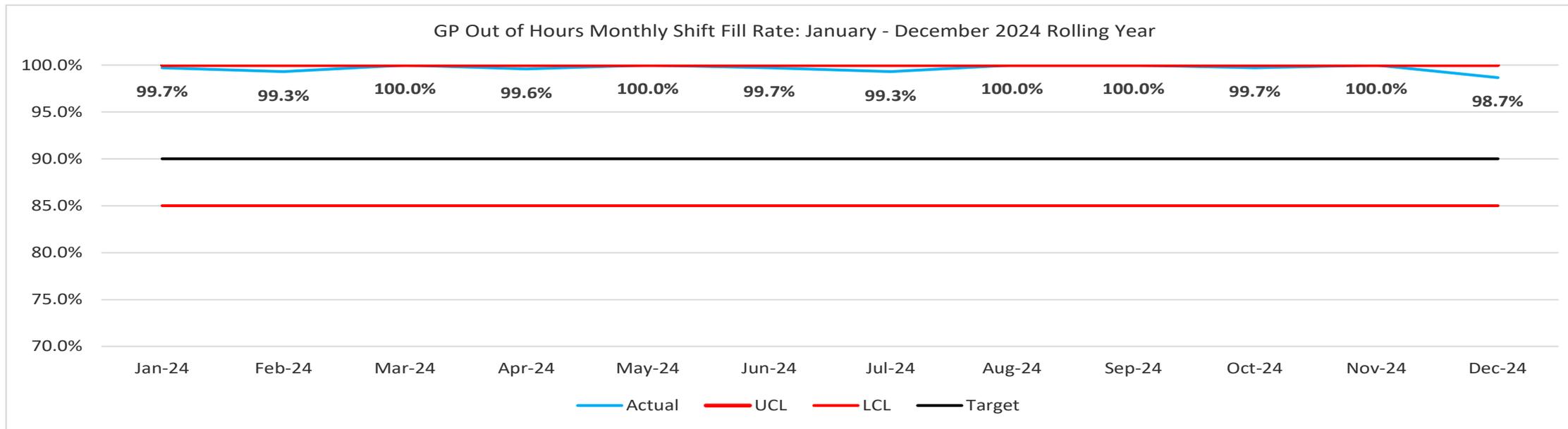
Overall, the GPOOH Service activity represents a monthly average of 14,133 site visits, home visits and GP advice contacts for the period January - December 2024.

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
98.7%



Summary

Current Position (including against trajectory):

In December 2024, 98.7% (298) of the 302 scheduled shifts were open against the NHSGGC’s target of 90%. **Above the target by 8.7%.**

Current Position Against National Target:

No relevant national target.

Projection to 31 March 2025:

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

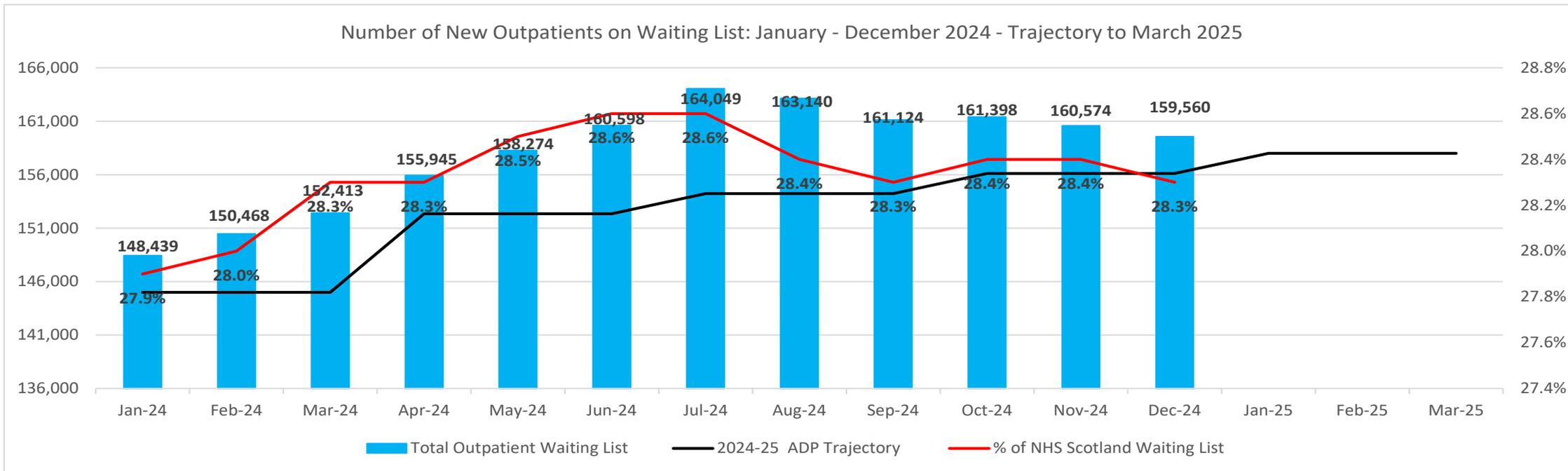
As seen in the chart above, overall performance in relation to the number of scheduled GP OOH shifts that are open to patients remains positive with performance continuing to consistently exceed the 90% target.

11. BETTER CARE: New Outpatient Wait List

The number of new outpatients on the new outpatient waiting list

Target
156,111

Performance
159,560



Summary

Current Position (including against trajectory):

As at the end of December 2024, there were a total of **159,560** patients waiting for a new outpatient appointment, a 1% reduction on the previous months' position. Current performance is above the 2024-25 ADP trajectory of 156,111 by December 2024. **Above trajectory by 2.2%.**

Current Position Against National Position:

28.3% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of December 2024 were NHSGGC patients.

Projection to 31 March 2025:

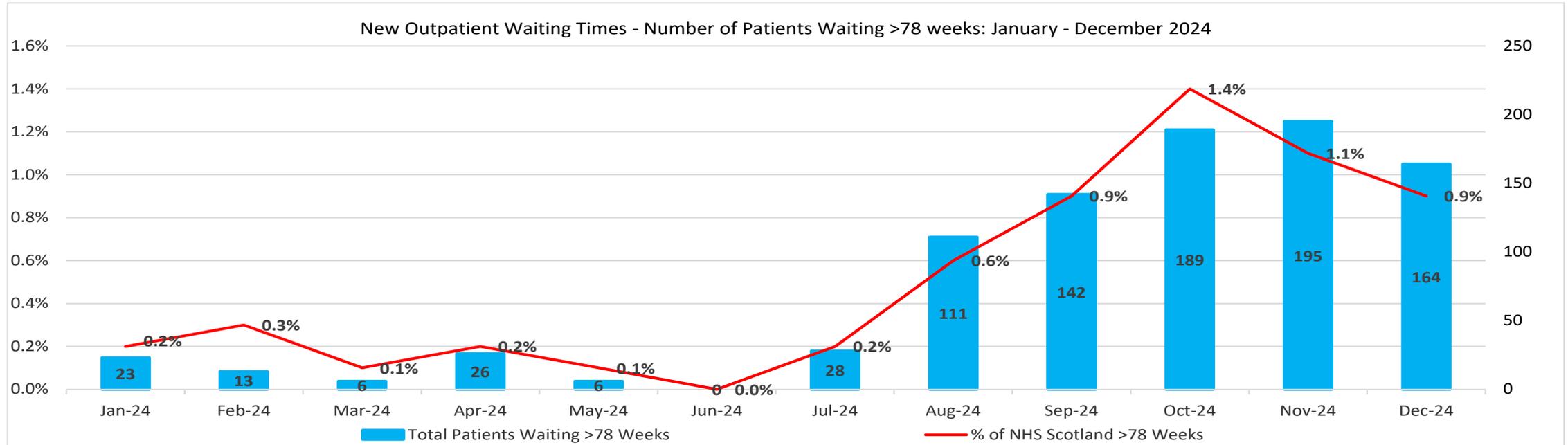
2024-25 ADP target is no more than 157,991 patients on the new outpatient waiting list by March 2025.

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
164



Summary

Current Position (including against trajectory):

At the end of December 2024, there were a total of 164 patients waiting >78 weeks for a first new outpatient appointment. Current performance represent an improvement on the 195 reported the previous month. 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:

0.9% of NHS Scotland's total patients waiting >78 weeks for a first new outpatient appointment at the end of December 2024 were NHSGGC patients.

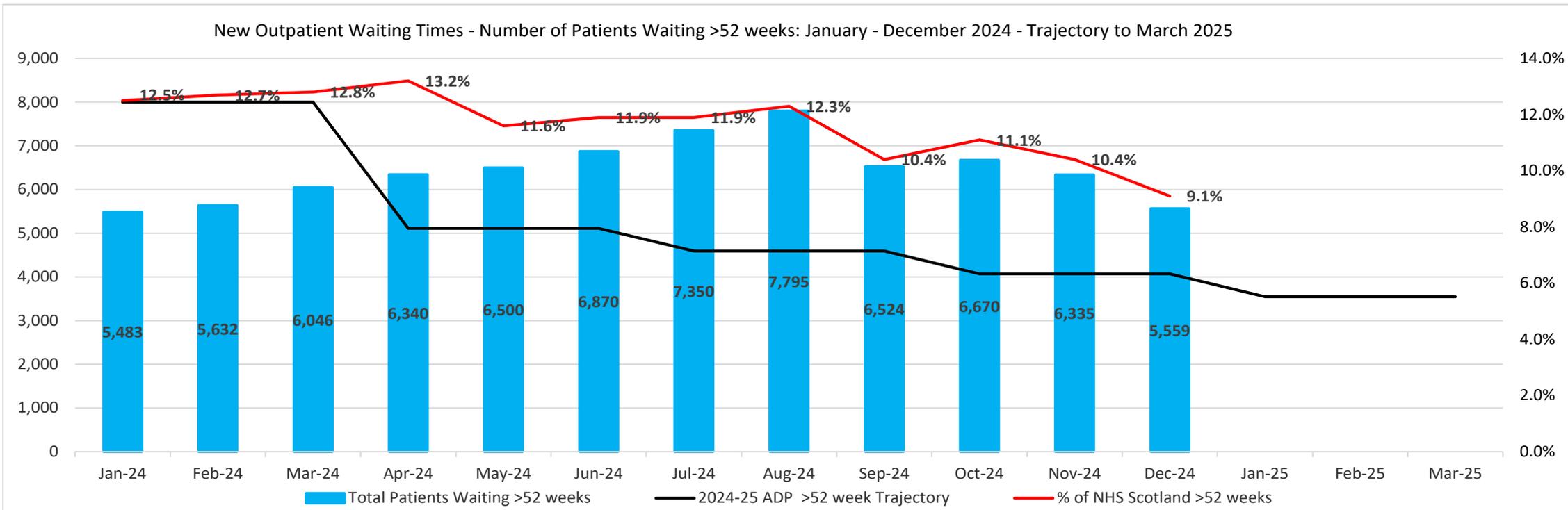
Target to 31 June 2024:

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 5,559
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Summary

Current Position (including against trajectory):

At the end of December 2024, there were a total of **5,559** patients on the new outpatient waiting list waiting >52 weeks for an appointment representing a 12% improvement 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 by the end of December 2024. **Above the trajectory.**

weeks

Current Position Against National Position:

9.1% of NHS Scotland's outpatients waiting >52 weeks for a new outpatient appointment at the end of December 2024 were NMSGC patients.

Target to 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

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 (all 163 patients in Trauma and Orthopaedics are spinal patients). All previous measures of maximising Extended Scope Practitioner (ESP) Acute staff capacity continue. Substantive and locum consultants now in post. The MSK ESP sessions continue to work effectively with internal ESP capacity and are facilitating a turn around position. Additional consultant Waiting List Initiatives (WLIs) are planned for February 2025.

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

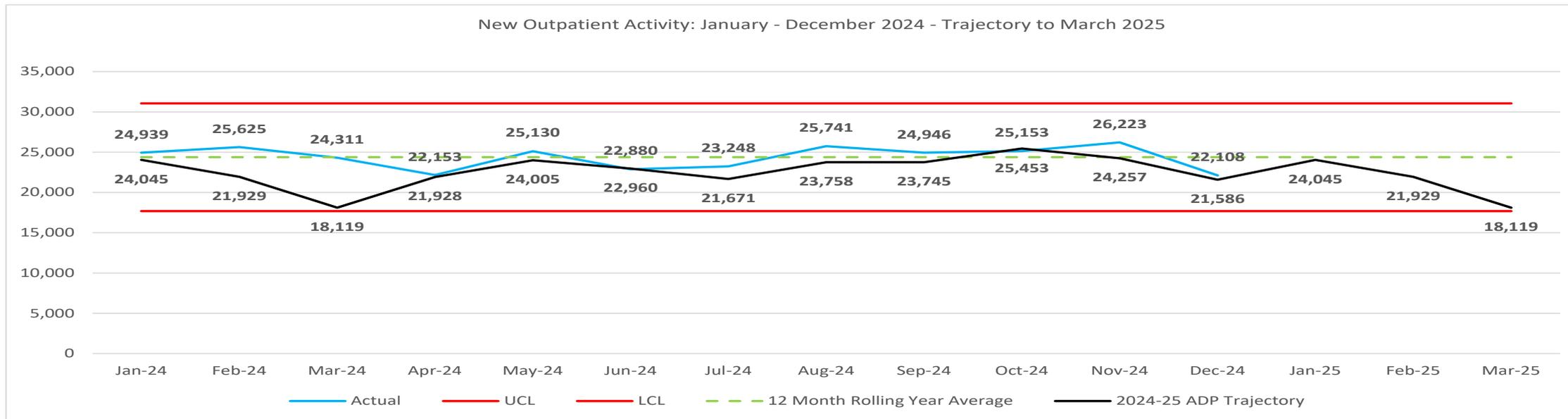
- Trauma and Orthopaedic services had 2,480 patients waiting >52 weeks at the end of December 2024. Spinal subspecialty patients remain the largest proportion of patients waiting at 52%. The actions undertaken as noted above will support reduction in patient numbers waiting however further improvement can be achieved through embedding of altered pathways, Chief of Medicine in South sector leading the Spinal Implementation Group who are focussed on this. Cross sector smoothing of outpatient referrals continues to balance the wait at all sites. Locum support in Clyde and North Sectors funded until March 2025. Additional WLIs have been approved on a cross sector basis for January and February 2025.
- Gynaecology had 1,296 patients waiting >52 weeks at the end of December 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 been allocated to support WLI activity. It has been necessary to realign an increased proportion of the WLI capacity to USOC management. Additional Clinical Nurse Specialist and locum support being explored to supplement current provision.
- Neurosurgery had 274 patients waiting >52 weeks at the end of December 2024. Replacement consultant posts have been recruited with two consultants now in post. All new consultant capacity is directed to new long waiting patients for the next three months.
- Ophthalmology had 387 patients waiting >52 weeks at the end of December 2024. Locum consultant support in place to cover extended consultant sickness. WLI sessions approved for clinics. Model for virtual care being tested as a pilot through weekend diagnostic hub approach from mid-January 2025 for 32 patients per day through supported additional funding.

14. BETTER CARE: New Outpatient Activity

The number of new outpatients seen

Target
209,363

Performance
217,582



Please note: data relating to December 2024 is provisional and extracted from the weekly Remobilisation Plan.

Summary

Current Position (including against trajectory):

A total of **217,582** new outpatients were seen during the period April - December 2024, above the 2024-25 ADP trajectory of 209,363. **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.

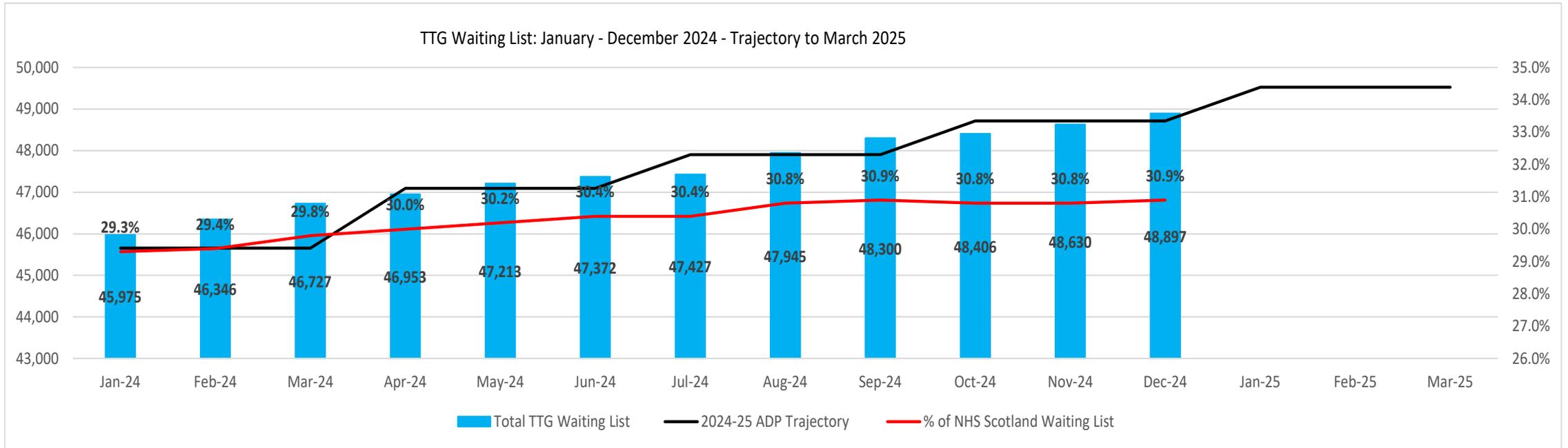
As seen from the chart above, NHSGGC continues to exceed the planned activity levels providing 8,219 more patients with access to the new outpatient care they need.

15. BETTER CARE: TTG Waiting List

The number of TTG patients on the TTG waiting list

Target
48,712

Performance
48,897



Summary

Current Position (including against trajectory):

At the end of December 2024, there were a total of **48,897** patients on the TTG waiting list waiting for an inpatient/daycase procedure, an increase on the previous months' position. Performance is marginally above the 2024-25 ADP trajectory of no more than 48,712 TTG patients on the TTG waiting list by the end of December 2024. **Above trajectory by 0.4%.**

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

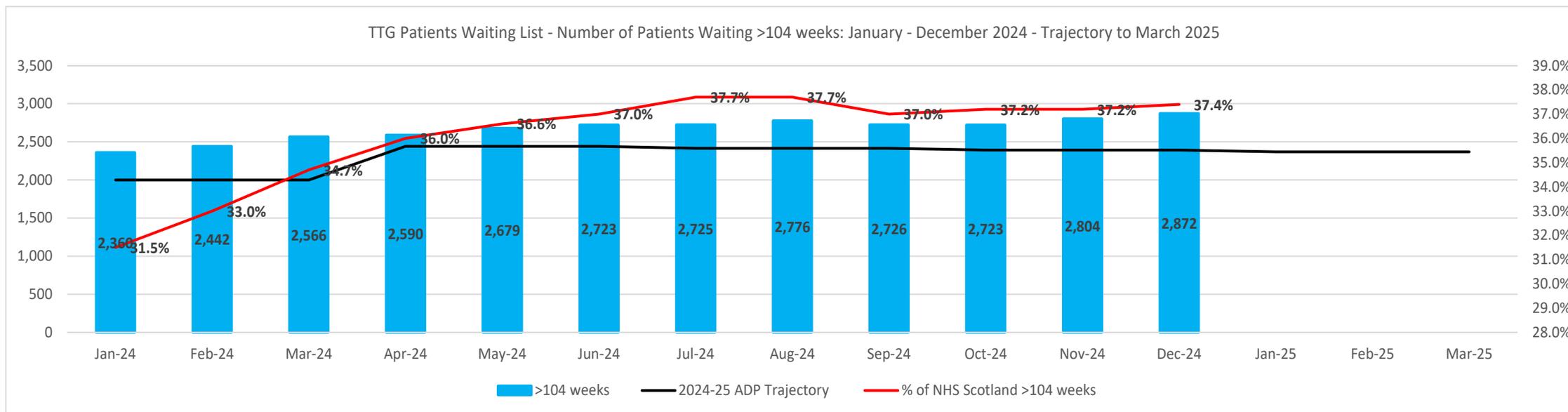
30.9% of NHS Scotland's total TTG patients waiting at the end of December 2024 were NHSGGC patients. **2024-25 ADP target of no more than 49,522 patients on the TTG waiting list by March 2025. Performance is currently within the planned year end position.**

Current performance is marginally above the planned position (0.4%) for the end of December 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
2,872



Summary

Current Position (including against trajectory):

At the end of December 2024, there were a total of **2,872** 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. **20.0% above trajectory.**

Current Position Against National Position:

37.4% of NHS Scotland's total patients waiting >104 weeks at the end of December 2024 were NHSGGC patients.

Projection to 31 March 2025:

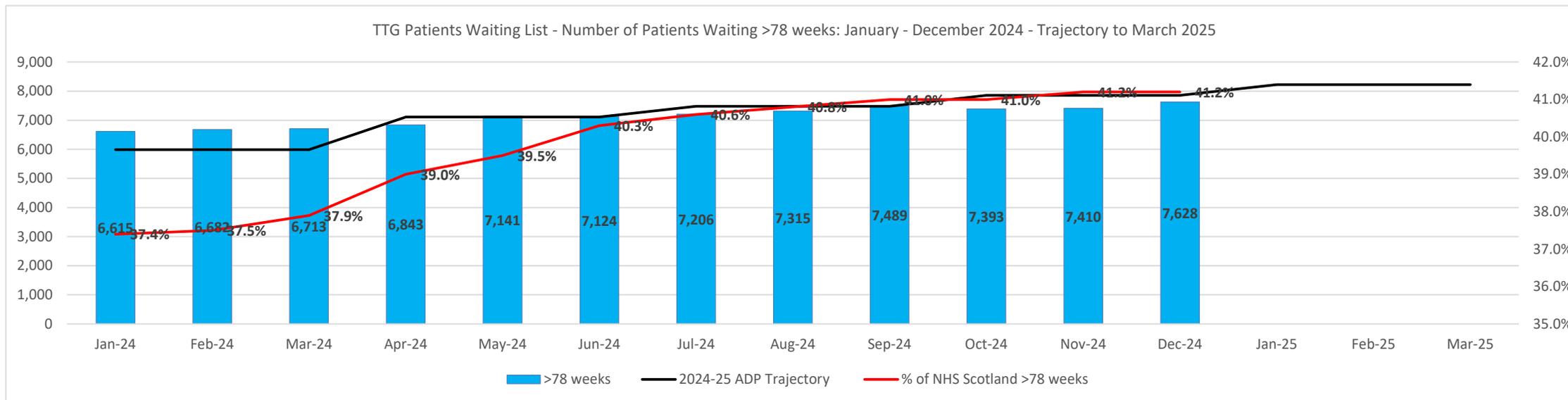
2024-25 ADP target of no more than 2,369 patients to be waiting >104 weeks by the end of March 2025.

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
7,628



Please note: data relating to December 2024 is provisional and reflects the position as at 30 December 2024.

Summary

Current Position (including against trajectory):

As at December 2024 month end, a total of **7,628** 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 2.9%.**

Current Position Against National Position:

41.2% of NHS Scotland's total patients waiting >78 weeks at the end of November 2024 were NHSGGC patients.

Projection to 31 March 2025:

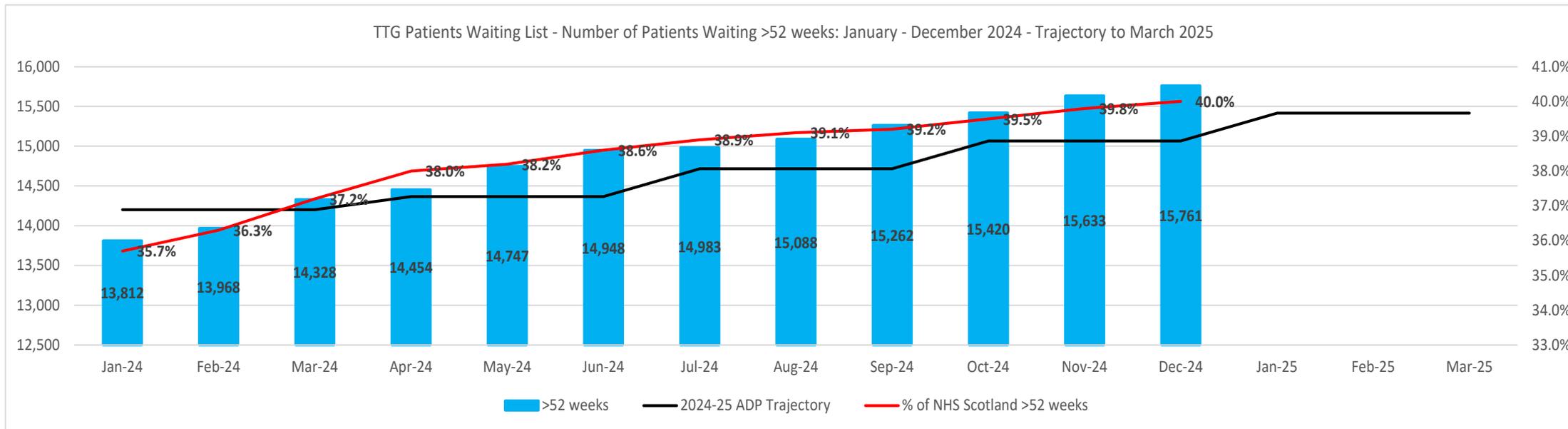
2024-25 ADP of no more than 8,224 TTG patients waiting >78 weeks by March 2025. Current performance is ahead of the year end planned position.

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
15,761



Summary

Current Position (including against trajectory):

At the end of December 2024, there were a total of **15,761** 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. **4.6% above trajectory.**

Current Position Against National Position:

40.0% of NHS Scotland's total patients waiting >52 weeks at the end of December 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.

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:

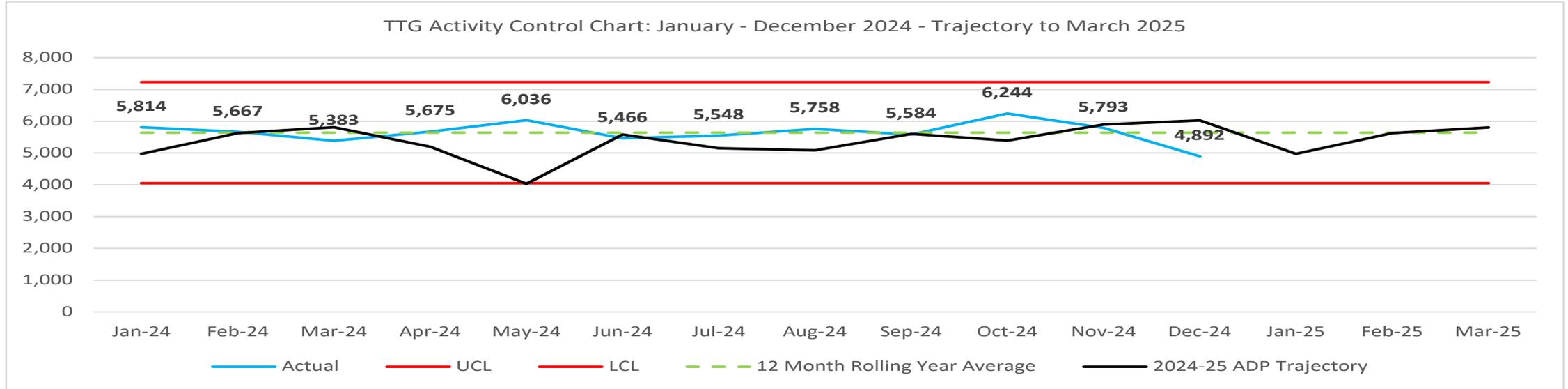
- Trauma and Orthopaedics had 563 patients waiting >104 weeks at the end of December 2024. Substantive consultant started in November 2024. Theatre teams are being asked to deliver improvement in Orthopaedic elective session delivery and the focus continues on the delivery of four joint lists.
- The revised plan for expansion of Orthopaedic elective activity via surgical hubs at Gartnavel General Hospital (GGH) and Inverclyde Royal Hospital (IRH) submitted to SG has now been approved. Locum support for Knee and Upper limb operative care targeting longest waiting patients in North and Clyde sectors. Spinal elective locum now in post to support elective delivery.
- Transfer of Orthopaedic patients to Forth Valley National Treatment Centre capacity undertaken. 306 patients have been referred for review and management, to date 72 patients have had surgery, with a further two booked in January 2025 and six booked in February 2025.
- Gynaecology (673 patients waiting >104 weeks at the end of December 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 consultant route are being pursued. Additional Clinical Nurse Specialist support being explored to supplement current provision and release consultant time for operative management.
- Neurosurgery introduction of Endoscopic Spinal Surgery is now in place, management of longer waiting patients expected from February 2025. Options for expanding the current theatre provision is being reviewed for extended working days.
- Plastic surgery management of long waiting routine patient care remains challenged (249 patients waiting >104 weeks at the end of December 2024). Sessions are being reinstated in the North sector to provide two full days theatre activity from January 2025. This will support the risk reduction surgery where the locum consultants are in place to the end of March. A request has been made to SG for extension of locum cover in 2025-26.
- Theatre workforce development including recruitment of 12 Operating Department Practitioners (ODPs) in 2024-25 with a further cohort of up to 23 ODPs starting training in 2025-26 - aligned to sector vacancies. Assistant Perioperative Practitioner (Band 4) role in place across most sectors with nine staff in training - five of which due to complete training in June 2025. Theatre establishment position and vacancy rate has significantly improved following 2024 NQP/ODP intakes.

19. BETTER CARE: TTG Inpatient/Daycase Activity

The number of TTG inpatient/Daycases seen

Target
47,957

Performance
50,996



Please note: data relating to December 2024 is provisional and reflects the position as at 30 December 2024.

Summary

Current Position (including against trajectory):

A total of **50,996** patients were seen during the period April - December 2024, exceeding the 2024-25 ADP trajectory of 47,957 for April - December 2024. **Above trajectory by 6%.**

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 47,957 between April - December 2024 and remains on track to meet the year end planned position.

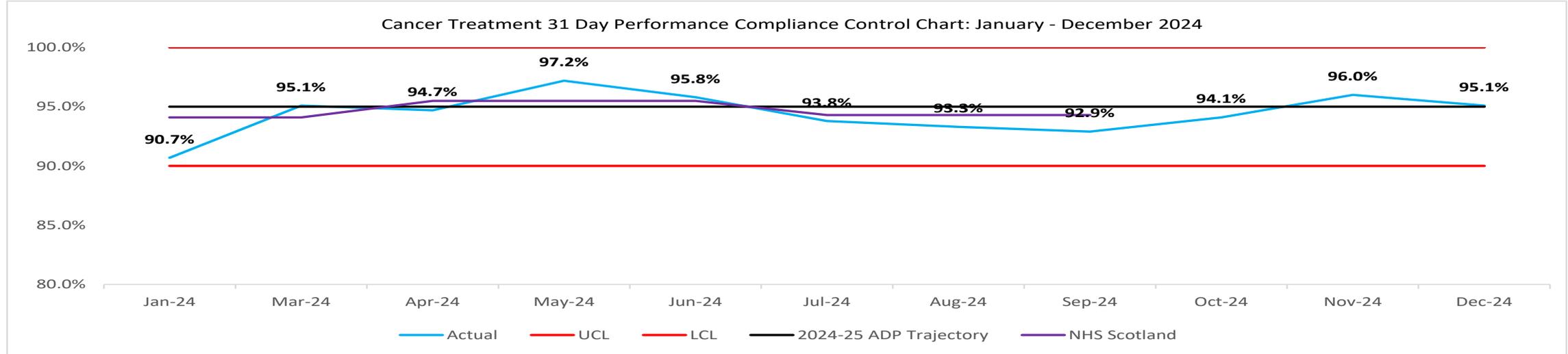
As seen from the chart above, NHSGGC continues to exceed planned activity levels providing 3,039 more patients with access to the inpatient/daycase treatment they need.

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
95.1%



Please note: data from October 2024 onwards is provisional and subject to validation. The published data October - December 2024 is scheduled to be published on 25 March 2025.

Summary

Current Position (including against trajectory):

The latest provisional position is **95.1%** (521 of the 548 eligible patients started treatment within 31 days) for the month ending December 2024, meeting the standard for the second consecutive month. Exceeding **target by 0.1%**.

Position Against National Target:

At the quarter ending September 2024, the latest national published position, NHSGGC's performance (93.5%) was marginally below the latest national position of 94.3%.

Projection to 31 March 2025:

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

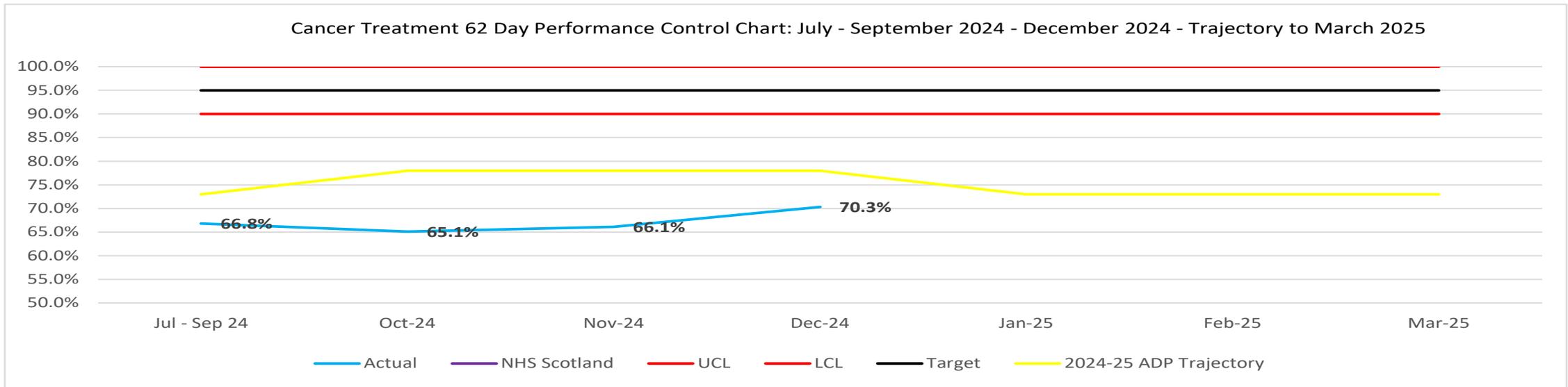
Key Actions

Compliance with the Cancer 31 Day Waiting Times Standard has exceeded the 95% target for the second consecutive month at 95.1% in December 2024. A total of six of the ten cancer types exceeded the 95% target. The cancer type below target was Urological (88.9% - 120 of the 135 eligible referrals started their treatment within 31 days, an improvement on the 88.0% reported the previous month), Head and Neck (91.3% - 21 of the 23 eligible referrals started their treatment within 31 days of referral) and both Upper GI (93.5%) and Melanoma (94.1% narrowly missed the target). Actions to address performance in relation to challenged cancer types namely, Urology and Head and Neck 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 70.3%
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Please note: data from October 2024 onwards is provisional and subject to validation. The published data October - December 2024 is scheduled to be published in 25 March 2025.

Summary

Current Position (including against trajectory): The latest provisional position is **70.3%** (223 of the 317 eligible referrals were seen) for the month ending December 2024, a further improvement on the previous month’s position of 66.1%. **Below the trajectory of 78%.**

Against National Target: At the quarter ending September 2024, the latest national published position, NHSGGC’s performance (66.8%) was below the national position of 72.1%.

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.**

In terms of volume of patients, the main challenges to performance continue to be in Colorectal (42.6% - 20 of the 47 eligible referrals started their treatment within 62 days) however, the volume of USOC referrals has increased by 95.1% on pre-pandemic levels, and Urology (43.9% - 25 of the 57 eligible referrals started their treatment within 62 days of referral) again the volume of USOC referrals has increased by 83% on pre-pandemic levels. Other lower volume cancer types challenged during December 2024 include, Head and Neck (54.5% - six of the 11 eligible referrals started their treatment within 62 days of referral), and the volume of USOC referrals have increased by 23.8% on the pre-pandemic levels and Cervical (33.3% - two of the six eligible referrals started their treatment within 62 days of referral) and the volume of referrals have increased by 256.6%. 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 - December 2024 when compared to the same period in 2019-20, increasing from 33,075 in 2019-20 to 57,674 in 2024-25.
- In Dermatology, Digital Dermatology was launched at the beginning of November 2024 in Clyde and rolled out across the rest of NHSGGC in December 2024.

Colorectal - December 2024 Performance: 42.6% - 20 of the 47 eligible referrals started their treatment within 62 days of referral (below the December 2024 trajectory of 60.0%).

- Colorectal performance reduced from 45.6% in November 2024 to 42.6% in December 2024 and Colonoscopy delays continue to be the main reason for breach.
- The Acute Clinical Governance Committee supported new guidelines for Qfit score that will assist with streamlining patients. These changes are progressing and should be fully implemented in February 2025, with a reduction of 15% anticipated in tracked Colorectal patients classified as Priority 3. Plans for clinical revalidation of patients on Endoscopy waiting list as Category 3 will be subsequently implemented.
- The mobile unit provision has been agreed to March 2025 with planning underway to increase the in-house capacity on a recurring basis currently being explored.

Head & Neck - December 2024 Performance: 54.5% - six of the 11 eligible referrals started their treatment within 62 days of referral (below the December 2024 trajectory of 90.0%).

- Head & Neck performance increased from 47.4% in November 2024 to 54.5% in December 2024.
- Within Ear Nose & Throat a number of patients remain over 14 days for a first outpatient appointment despite additional clinics being run. Recruitment has commenced for the longer term solution of the diagnostic hub with a Clinical Nurse starting in January 2025.

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)

Urology - December 2024 Performance: 43.9% - 25 of the 57 eligible referrals started their treatment within 62 days of referral (below the December 2024 trajectory of 55.0%).

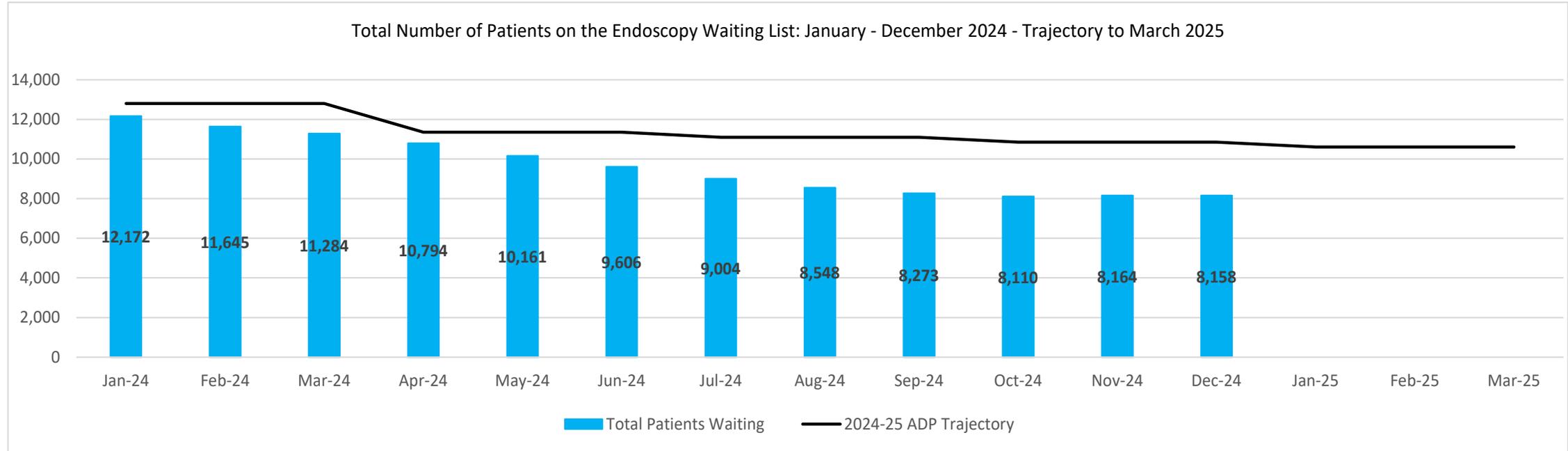
- Urology performance increased from 38.4% in November 2024 to 43.9% in December 2024. The focus remains on reducing the backlog of patients currently waiting over 62 days, substantial additional treatment capacity is required to improve the performance.
- A common waiting list is now in place for Trans Urethral Resection of Bladder Tumour (TURBT) and additional sessions are being run to reduce the waiting time to four weeks.
- Additional sessions continue to address the backlog of Robotic Assisted Laparoscopic Prostatectomy (RALP) patients. Monthly demand and capacity information has been gathered to facilitate analysis of ongoing capacity requirements.
- Additional WLI funding is in place for TP Biopsy and Transrectal Ultrasound (TRUS). Additional staffing capacity for TP Biopsy has been identified from January 2025 in the North sector and from February 2025 in the South sector.
- The Urology Filters and Cascades model was rolled out across NHSGGC in November 2024, which should facilitate more patients going direct to test.
- Delays continue from MDT to decision to treat, particularly in the prostate pathway. Waiting list clinics are in place to support this.
- A plan to progress joint Surgical and Oncology clinics is a priority for the next quarter. Joint clinics are anticipated to reduce waiting times between clinic appointments for patients considering alternative radical options.
- Demand, Capacity, Activity and Queue (DCAQ) work is being undertaken nationally for Urology, in recognition of the national demand pressures being experienced within this specialty.

22 BETTER CARE: Diagnostics – Endoscopy Waiting List

Number of patients on the Endoscopy waiting list

Target
10,850

Performance
8,158



Summary

Current Position (including against trajectory):

As at December 2024 month end, there were **8,158** patients on the overall waiting list, representing a further 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. **24.8% within trajectory.**

Current Position Against National Position:

No relevant national position.

Target at 31 March 2025:

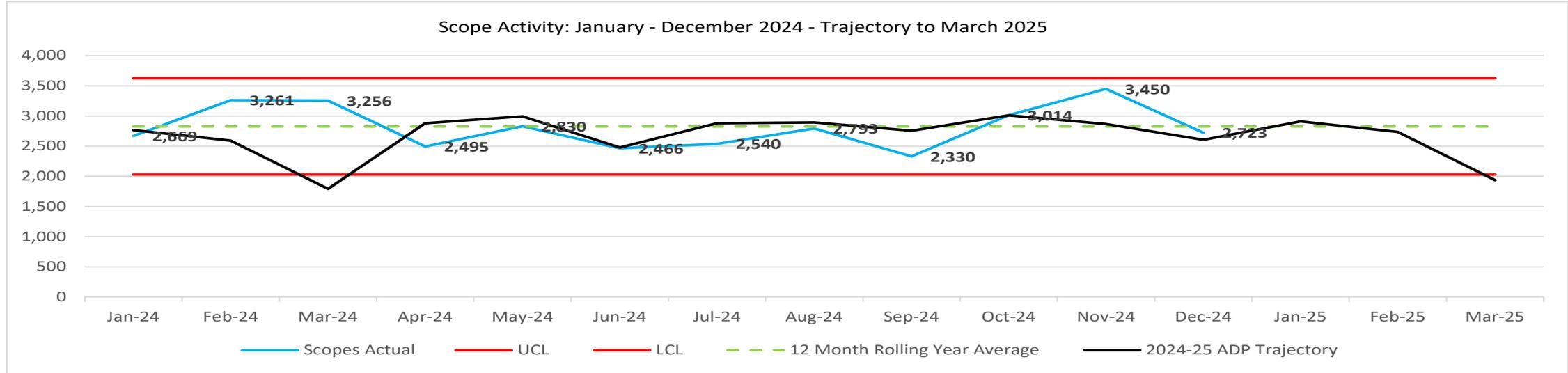
2024-25 ADP target of no more than 10,600 patients on the endoscopy waiting list by March 2025. Current performance is ahead of the year end planned position for March 2025.

23. BETTER CARE: Diagnostics - Endoscopy Activity

Number of Endoscopy tests carried out

Target
25,370

Performance
24,641



Please note: data relating to December 2024 is provisional and extracted from the weekly Remobilisation Plan.

Summary

Current Position (including against trajectory):

A total of **24,641** endoscopies were carried out during April - December 2024, below the 2024-25 ADP trajectory of 25,370. **Below trajectory by 2.9%.**

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 2.9% below the April - December 2024 planned position of 25,370 endoscopies to be carried out, we remain on track to deliver 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 (6%) the expected position.

Actions to support Endoscopy activity include:

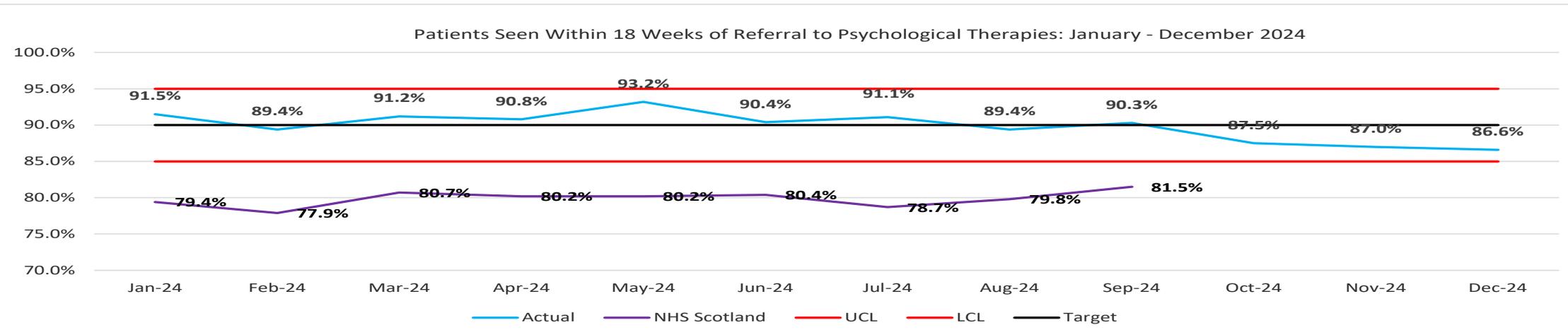
- Access to mobile endoscopy unit - funded to mid February 2025 via SG and units will be retained to year end of March 2025 using NHSGGC Access funds.
- Additionality from WLIs and Insourcing for weekend activity.
- Training of Nurse Endoscopists continues to ensure maximum use of base capacity.

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
86.6%



Please note: The national published October - December 2024 data is scheduled to be published on 4 March 2025.

Summary

Current Position (including against trajectory):

In December 2024, **86.6%** eligible referrals were seen <18 weeks of referral, a reduction on the previous months' position. **3.4% below the national target of 90%.**

Current Position Against National Target:

National Target 90%. Performance for the latest quarterly published position (September 2024) was 90.3%, above the national position of 81.5%.

Projection to 31 March 2025:

Current performance is marginally below the national target of 90%.

Key Actions

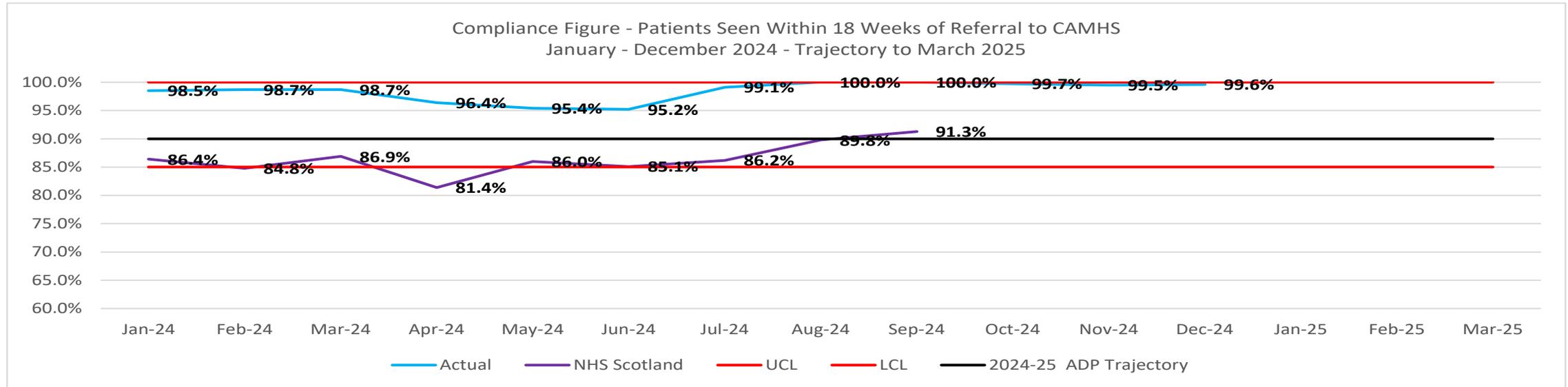
- Services continue to prioritise actions to deliver against the standard and reduce the number of long waiting patients. As at 9th February 2025 local management information shows a total of 23 patients waiting > 52 weeks. The 160+ services monitored for Psychological Therapies (PT) activity are, as a whole, managed to collectively deliver the standard. A small number of local short-term initiatives aimed at targeting long waits, increases both the number accessing a PT (total number starting a PT) and the number starting a PT who had waited longer than the 18 weeks.
- Pressures remain across the system regarding the number of people waiting >18 weeks to be seen and every effort is being made by the collective services to mitigate these pressures. The relatively high number of patients seen who had waited >18 weeks (118) reflects the continued focus by services to address the longest waits.
- The review of Scottish Government 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.

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
99.6%



Please note: The national published October - December 2024 data is scheduled to be published on 4 March 2025.

Summary

Current Position (including against trajectory):

In December 2024 99.6% 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 9.6%.**

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.

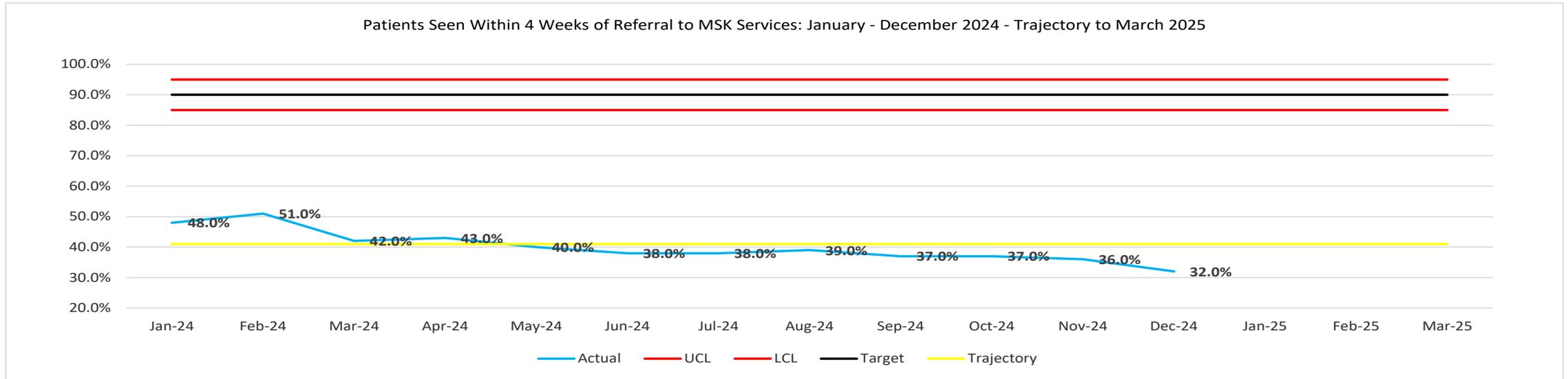
Current monthly performance continues to by far exceed the national waiting times target of 90%.

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
90%**

**Performance
32.0%**



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

Summary

Current Position (including against trajectory):

In **December 32.0% of patients were seen within four weeks, a reduction on last month's position and below 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 comprise urgent referrals only).

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:

41% by March 2025 (Revised trajectory reflects referral rates being higher than the previously agreed trajectory).

The programme of quality improvement work underway to improve performance is outlined on slide 43. The service continues to see an increase in demand. For example, the year to date number of referrals increased by just over 8%, increasing from 54,165 in April - December 2023 to 58,602 during April - December 2024. Actions to help drive improvements in performance are outlined in the next slide.

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

Commentary

A range of quality improvement related actions are underway to address performance including the following:

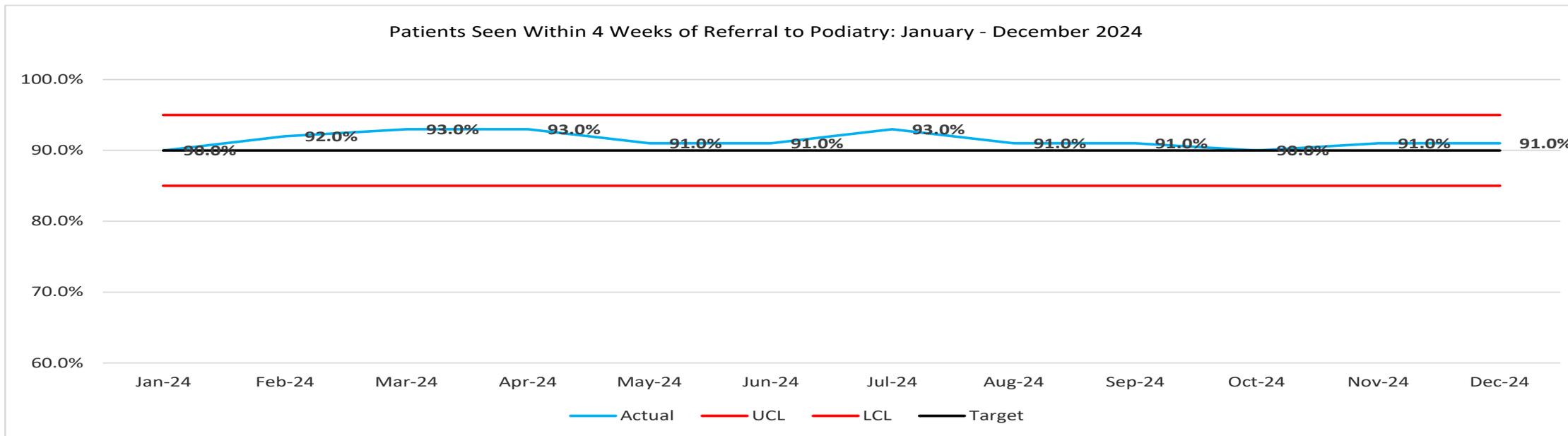
- A “Streamlining Patient Pathways” project is underway within MSK aimed at managing patients with Osteo Arthritis (OA) more effectively to release New Patient (NP) capacity. Patients with a known diagnosis of OA are sent information and exercises at the point of referral. They are also offered an appointment with a Healthcare Support Worker or to attend a class. This test of change within West Quadrant released 259 NP slots (opt in rate was 17%). This is being rolled out currently in South, East and Clyde quadrants.
- 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 incorporated Patient Initiated Review. 76% of patients did not opt in when they reached the top of the waiting list. This is therefore a priority project within the MSK service moving forward and project work started in January 2025 supported by Health Improvement Scotland.
- 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. A cohort of these patients are identifiable at vetting and will be sent a package of supported self management information. Early indicators are that only 10 patients a month are identifiable at vetting. Patients not identifiable at vetting will attend once, be assessed and given the package at the NP appointment.
- Return slots not utilised continue to be merged and converted to NP slots as part of an ongoing test of change to improve efficiency. This resulted in an additional 38 NP appointments in December 2024 (nb this has dropped significantly due to caseload absorption of staff absent due to sickness and the need to prioritise urgent return slots over the festive period).
- 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 has a small group of staff who are able to undertake extra hours and overtime. This will not totally mitigate the loss of staff e.g. only 54 hours backfill in December 2024.
- The service implemented Netcall with the support of eHealth colleagues and is monitoring the impact of this.

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
91%



Summary

Current Position (including against trajectory):

91% of eligible podiatry patients were seen <4 weeks of referral in December 2024, the same as the previous months' position. **Exceeding the national target by 1%.**

Current Position Against National Target:

No national position available.

Projection to 31 March 2025:

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

Key Actions

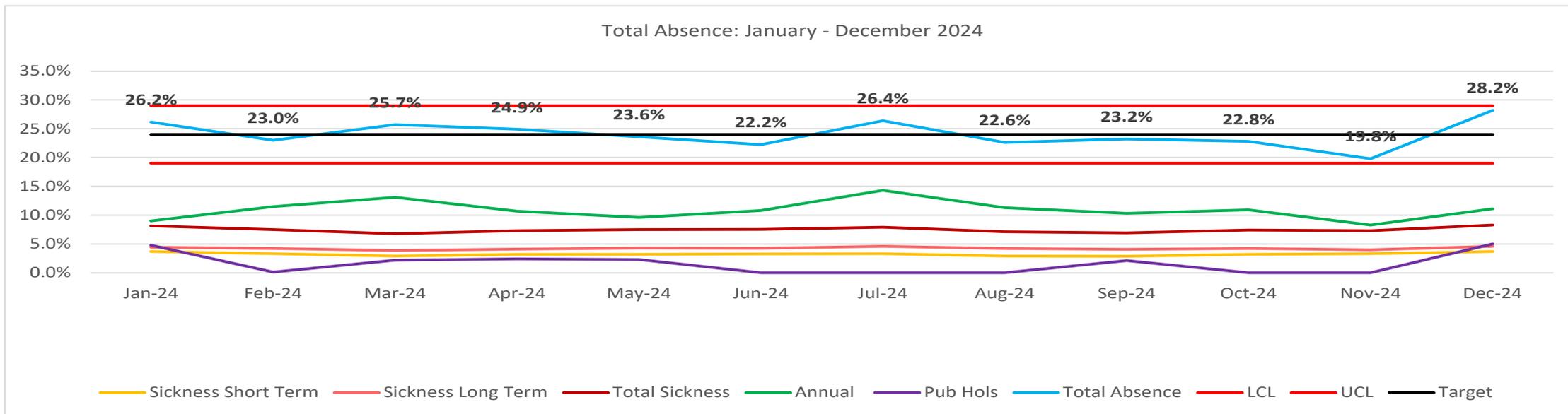
As seen from the chart above, performance continues to exceed the 90% target during December 2024.

28. BETTER WORKPLACE: Staff Absence Total

The reasons for absence across NHSGGC

Target
24.0%

Performance
28.2%



Summary

Current Position:

During December 2024, overall absence across NHSGGC was 28.2%, an increase on the 19.8% reported the previous month. The highest levels of absence across NHSGGC is due to annual leave (11.1% an increase on the 8.3% the previous month) and sickness absence (8.3% an increase on the 7.3% the previous month) alongside two public holidays.

Current Position Against National Target:

No relevant national target.

Projection to 31 March 2025:

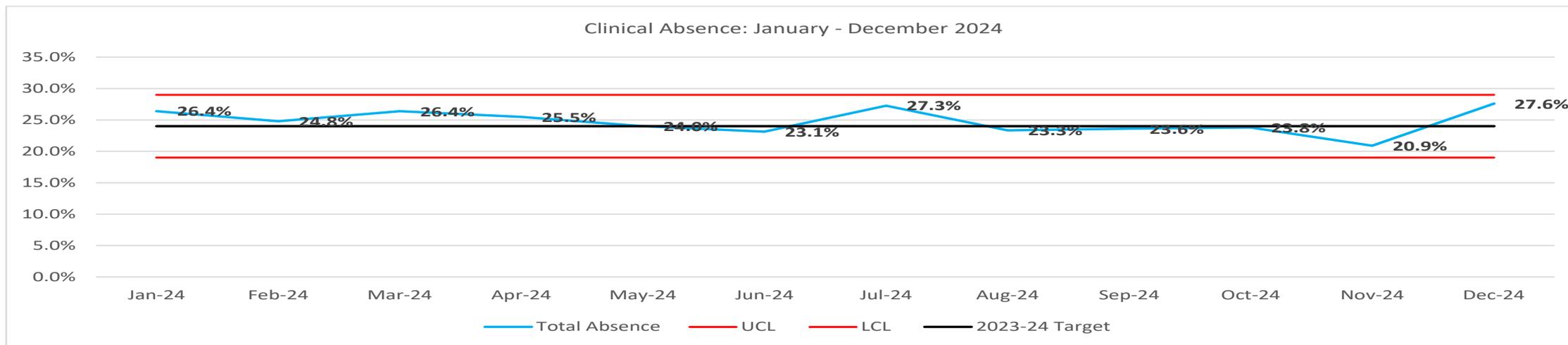
No projection has been agreed.

Overall absence across NHSGGC was 28.2% in December 2024, a significant increase on the 19.8% reported the previous month. Traditionally, overall absence levels are higher in December due to the festive holidays and high levels of annual leave (December 2023 overall absence levels were 26.2%). Actions to address sickness absence are outlined on slide 47.

29. BETTER WORKPLACE: Clinical Absence Total (includes Allied Health professionals, Medical, Dental and Nursing and Midwifery staff)

Target
24.0%

Performance
27.6%



Summary

Current Position (including against trajectory):

At the end of December 2024, the overall clinical absence total was **27.6%**, of 24.0%. **Out with the 24.0% target by 3.6%**

Current Position Against National Target:

No national data available.

Projection to 31 March 2025:

Local target 24.0%. **Overall, performance is outwith the target.**

Commentary

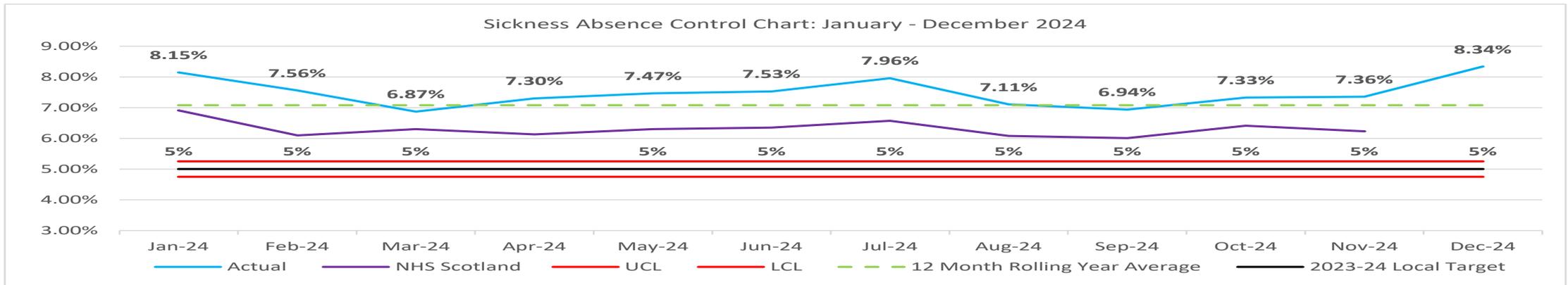
It should be noted that the clinical absence figures include Allied Health Professionals, Medical, Dental and Nursing and Midwifery job Families. The three main reasons for clinical absence during December 2024 were annual leave (10.9%), sickness absence (8.4%) and Public Holidays (3.7%). Actions in place to address levels of sickness absence are outlined on the next slide.

30. BETTER WORKPLACE: Staff Sickness Absence Rate

Reduce sickness absence percentage to meet local target of 5%

Target
5.0%

Performance
8.3%



Summary

Current Position (including against trajectory):

Current performance **8.34%**, an increase on the previous months' position. **3.34% above the 2024-25 ADP target of 5.0%**.

Current Position Against National Target:

Above national average of 6.23% for November 2024. December 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

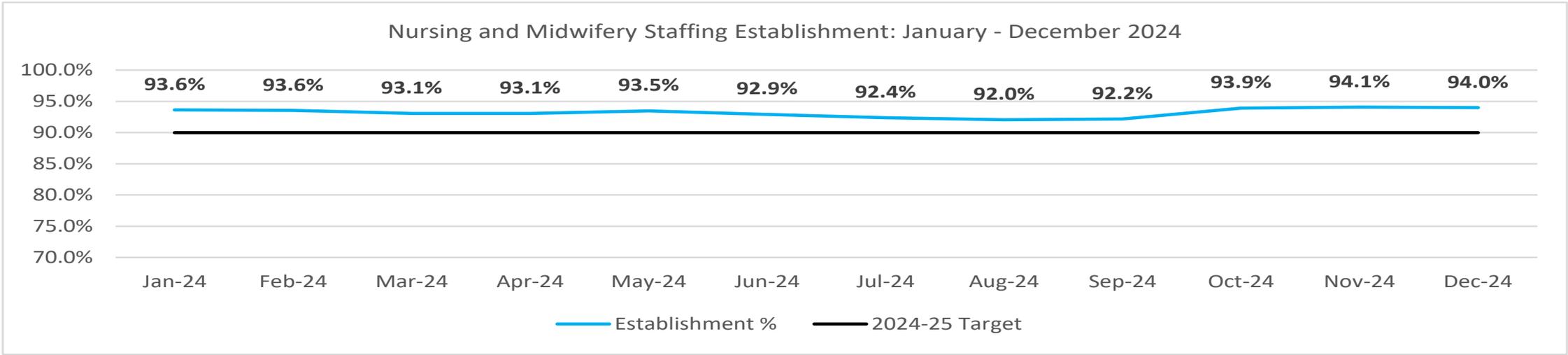
Current performance of 8.34% (3.7% short term and 4.6% long term) represents an increase (0.98%) on the November 2024 position (7.36%). Overall, short term absence increased on the previous month by 0.4%, and long term absence increased by 0.6%. Acute conveys an increase of 1.21%, HSCPs increased by 0.76%, the Estates and Facilities position increased by 0.73% and Corporate Services increased by 0.44% 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 a focus on psychological related absence. The stress toolkit was relaunched across NHSGGC in early January 2025 and will be regularly promoted during 2025. The Occupational Health (OH) Psychology and Wellbeing Service continues to provide specific support for the QEUH ED and OH are prioritising staff from the ED and Acute Assessment teams over the winter. Communications to all staff during January have provided useful information on the support available to staff and alternative policies that may be more appropriate than the Attendance Policy. The Director of Human Resources (HR) and Organisational Development (OD) and the Depute Director of HR are reviewing the longest long-term cases to ensure that they are managed in line with the Attendance Policy.

All areas are updating their action plans and actions generated from the CMT session are being taken forward. As part of the ongoing schedule of meetings with areas in need of improvement, meetings are taking place in January 2025 with the Depute Director of HR, Directors and Heads of HR for Estates and Facilities, Glasgow City HSCP, Clyde Sector and Women and Children's to discuss their levels of sickness absence, what further action is required as well as any further support required.

31. BETTER WORKPLACE: Staffing Establishment (Nursing and Midwifery) Total

Target 90.0%	Performance 94.0%
------------------------	-----------------------------



Summary

Current Position (including against trajectory): At the end of December 2024, the overall Nursing and Midwifery staffing establishment total was 94.0%. **Exceeding the 90% target by 4.0%.**

Current Position Against National Target: No national data available.

Projection to 31 March 2025: Local target 90%. **Overall, performance is exceeding target.**

As seen from the chart above, overall performance continues to exceed the target position of 90.0%.

32. BETTER WORKPLACE: Supplementary Staffing Total

For Information

Agency: Shifts Filled	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Nursing & Midwifery: Premium Rate Agency	7	0	0	1	0	0	0	0	0	0	0	0
PRA Reduction from Jan-23	-99.7%	-100.0%										
Nursing & Midwifery: Standard Rate Agency	2,326	1,952	1,997	1,796	2,162	1,831	1,692	1,352	1,102	862	549	393
SRA Reduction from Jul-23	-66.0%	-71.4%	-70.8%	-73.7%	-68.4%	-73.2%	-75.3%	-80.2%	-81.4%	-83.9%	-87.3%	-87.4%
Nursing & Midwifery: Bank	40,103	40,204	41,464	36,836	38,857	38,772	39,248	39,927	37,693	37,021	34,193	31,839
Reduction from Jan-24	0.0%	0.3%	3.4%	-8.1%	-3.1%	-3.3%	-2.1%	-0.4%	-6.0%	-7.7%	-14.7%	-20.6%

Summary

Current Position (including against trajectory):

Since January 2024 there has been an overall reduction in the use of both premium and standard rate agency nursing and midwifery staff. Similarly, there has been an overall reduction in the use of nursing and midwifery bank staff since January 2024 with the December 2024 position showing a 20.6% reduction in the use of bank since January 2024.

Current Position Against National Target:

No national data available.

Projection to 31 March 2025:

The expectation is for the use of supplementary staffing to continue to reduce through the Sustainability and Value programmes and our approach to vacancy management.

Overall, with the exception of April 2024, the use of Premium Rate Agency has stopped since February 2024. There has also been an overall reduction in Standard Rate Agency and Bank use in line with the Sustainability and Best Value approach to vacancy management.

33. Control Limits

RATIONALE				
BETTER HEALTH				
No	Measure	Targets	Control Limits	Slide Number
1	Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral	National Target	Based on 5% variance from target	6
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
2	Unscheduled Care: A&E 4 Hour Waits	National Target	Based on 5% variance from trajectory	7
3	Unscheduled Care: A&E Attendances	Local Target	Not Applied	9
4	Delayed Discharges: Number of Acute Delayed Discharges	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

33 . 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	Clinical Absence (Total)			46
30	Staff Sickness Absence Rate			47
30	Short Term Absence Rate	Local Target	Based on 5% variance from target	47
30	Long Term Absence Rate	Local Target	Not Applied	47
31	Staffing Establishment Total (Nursing and Midwifery)	Local Target	Not Applied	48
32	Supplementary Staffing - Total			49
BETTER VALUE				
No	Measure	Targets		Slide Number
33	Rationale for Control Limits Applied			50