

NHS Greater Glasgow and Clyde	Paper No. 25/72
Meeting:	NHSGGC Board Meeting
Meeting Date:	24 June 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 Information 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 2025-26 Delivery Plan (DP) and the 2025-26 Whole System Plan 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 April 2025, 10 of the 32 measures that can be rated against target are currently delivering against target and rated green, six are rated amber (<5% variance from trajectory), 9 have been rated red (>5% adverse variance from trajectory) and the seven remaining measure with no target is rated grey.

Key Areas of Performance Improvement:

- The latest quarterly position for Alcohol and Drugs (October - December 2024) remained positive (95.0%) exceeding the national target (90%).

OFFICIAL SENSITIVE

- Overall, the number of listed dentists per 10,000 population reported in April 2025 has remained the same as that previously reported (December 2024).
- Acute activity in relation to new outpatients, endoscopy and imaging exceeded the planned position for April 2025 providing 755 more new outpatients to the care they need, 229 more endoscopy tests and 546 more imaging tests were carried out.
- At the end of April 2025, the number of new outpatients and inpatient/daycases waiting >52 weeks was within the 2025-26 DP target for April 2025.
- Performance in relation to the TTG long waiting time reduction target of >52 weeks is within the planned position for April 2025.
- Performance in relation to the number of CAMHS patients seen <18 weeks of referral remains positive with current performance (98.5%) exceeding the national target of 90% in April 2025.
- The number of GP Out of Hours scheduled shifts that remained open (100%) during April 2025 continued to by far exceed the 90% planned position.
- There continued to be no new outpatients waiting >78 weeks during April 2025.
- April's compliance with the A&E four hour waits (72.5%) improved further on the previous months' position (69.9%), performance is exceeding the 2025-26 Whole System Plan target of 69.0% by June 2025. Performance is in line with the overall national trend.

Key Areas of Performance in Need of Improvement:

- Access to Podiatry Services is marginally below the national 90% target with 89% of patients seen <4 weeks of referral in April 2025.
- The percentage of MSK Physiotherapy patients seen <4 weeks remains a challenge. The April 2025 position reduced (32%) when compared to the previous month (39%) and below the 41% trajectory for April 2025. The longest waiting time (16 weeks) remained the same as the previous month.
- Inpatient/daycase activity is 9% below the planned activity levels for April 2025 with a total of 5,259 patients seen against a trajectory of 5,779.
- The number of acute delayed discharges in April 2025 (303) saw an improvement on the previous month's position (340) however this is still above the target. Local management information for 9 June 2025 shows an increase with 312 acute delays reported. The number of acute bed days lost to delayed discharge also improved by 14.3% when compared to the previous months' position reducing from 10,600 in March 2025 to 9,080 in April 2025.
- The number of Mental Health delays remains a challenge, increasing from 72 in March 2025 to 82 in April 2025. Local management information in relation to 9 June 2025 highlights a marginal reduction to 80. The number of mental health bed days lost improved by 0.6% when compared to the previous month, reducing from 2,311 in March 2025 to 2,297 in April 2025.
- Compliance with the Psychological Therapies target saw a decrease in April 2025, decreasing to 83.1% (86.4% the previous month) and performance is below the national target of 90%.
- Performance in relation to the Cancer 31 Day waiting times standard saw a reduction on the previous months' position reducing from 96.2% in March 2025 to 94.6% in April 2025, narrowing missing the 95% national target.
- Performance in relation to the Cancer 62 Day waiting times also reported a reduction on the previous month's position, reducing from 68.3% in March 2025 to 66.9% in April 2025. Overall performance remains challenged due to the continued increase in USOC referrals.

More detail on each of the performance measures that either remain challenged or are below the planned position for April 2025 can be seen in the attached performance report.

3. Recommendations

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

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

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

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

6. Engagement & Communications

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

7. Governance Route

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

8. Date Prepared & Issued

Prepared: 13 June 2025
Issued: 16 June 2025



NHS Greater Glasgow & Clyde Board Meeting

Board Assurance Information Framework – April 2025

Performance Report

June Board Meeting 2025

Executive Summary

Board Committee Name:
NHSGGC Board

Responsible Division:
HSCPs, Acute & Corporate

Report Date:
24 June 2025

Reporting Frequency:
Bi-Monthly

Executive Summary

The Performance Report aims to reflect all of the measures identified in the Board's Assurance Information Framework to be reported at all Board meetings and in the main reflects the April 2025 position. The measures contained within the report reflect the following:





































- The measures and targets outlined in the 2025-26 Delivery Plan (DP) approved by the Scottish Government (SG).
- The 2025-26 Whole System Plan
- Key national and local targets.

During April 2025, our focus remained on the delivery of key activity targets, the rigorous management of 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 new outpatient appointments and access to endoscopy and imaging tests continued to exceed the overall planned activity levels providing an additional 1,530 patients with access to the care they need during the period April 2025. There also continues to be an ongoing focus on reducing the number of long waiting patients. Performance in relation to the CAMHS (98.5%) waiting times standard remained positive with current performance continuing to exceed national target however, compliance with Psychological Therapies (PT) reduced from 86.4% in March 2025 to 83.1% in April 2025 due to the focus on long waiting patients. Access to GP Out of Hours service also remains positive where the number of scheduled shifts that remained open (100%) in April 2025 continued to by far exceed the planned position of 90%.














































Spring has continued to bring about some positive relief from the winter pressures as there has been some positive results in our ability to treat, discharge and admit patients from our Emergency Departments (EDs) during April 2025. Compliance with our A&E 4- hour emergency access standard further improved compared with the previous month increasing from 69.9% in March to 72.5% in April 2025, exceeding the 2025-26 planned position of 70%. This improvement has been achieved against a backdrop of 303 Acute delayed discharges (an improvement on the 340 reported the previous month). Addressing delayed discharges continues to remain a priority for NHSGGC. Compliance with the 62 day cancer target saw a reduction from 68.3% in March 2025 to 66.9% in April 2025, performance remains a challenge due to the continued increase in the overall volume of USOC referrals on the same period the previous year. There are detailed improvement actions underway to address performance, some of which are outlined in the relevant slides.

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 April 2025, ten of the 32 measures contained within the report are currently delivering against trajectory, six are rated amber (<5% variance from trajectory), nine are rated red (>5% adverse variance from trajectory) and the seven remaining measure 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.

Contents	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs, Acute & Corporate	Report Date: 24 June 2025	Reporting Frequency: Bi-Monthly
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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 2026	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	95.0%	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 2026	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	72.5%	69.0%					7
3	COBC7/10	OPBC9.0	Unscheduled Care: A&E Attendances	0.6% Increase	2% Reduction					9
4	COBC10	OPBC9.0	Delayed Discharges: Number of Acute Delayed Discharges	303	258					12
5	COBC10	OPBC9.0	Delayed Discharges: Number of Acute bed days lost to delayed discharges	9,080	7,889					14
6	COBC10	OPBC9.0	Delayed Discharges: Number of Mental Health Delayed Discharges	82	58					16
7	COBC10	OPBC9.0	Delayed Discharges: Number of Mental bed days lost to delayed discharges	2,297	1,857					18
8	COBC11	OPBC13	Total number of Delayed Discharges per 100,000 adult population	39.8	34.6					20
9	COBC10	OPBC9.0	GP Out Of Hours Activity	14,681	FIO					21
10	COBC10	OPBC9.0	GP Out Of Hours: % of Scheduled Shifts Open	100.0%	90.0%				✓	22
11	COBC7	OPBC7.0	Number of patients on the New Outpatient Waiting List	161,144	FIO					23
12	COBC7	OPBC7.0	Number of New Outpatients Waiting >78 weeks	0	0					24

Contents (Continued)	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs, Acute & Corporate	Report Date: 24 June 2025	Reporting Frequency: Bi-Monthly
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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 2026	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number
13	COBC7	OPBC7.0	Number of New Outpatients Waiting >52 weeks	6,177	6,334					25
14	COBC7	OPBC7.0	New Outpatient Activity	22,757	22,002				✓	27
15	COBC7	OPBC7.0	Number of patients on the TTG Waiting List	50,092	FIO					28
16	COBC7	OPBC7.0	Number of TTG Patients Waiting >104 weeks	3,506	FIO					29
17	COBC7	OPBC7.0	Number of TTG Patients Waiting >78 weeks	8,235	FIO					30
18	COBC7	OPBC7.0	Number of TTG Patients Waiting >52 weeks	16,167	16,579					31
19	COBC7	OPBC7.0	TTG Inpatient/Daycase Activity	5,259	5,779					33
20	COBC7	OPBC8.0	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	94.6%	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	66.9%	70.4%					35
22	COBC7	OPBC7.0	Diagnostics: Endoscopy Waiting List	7,277	FIO					38
23	COBC7	OPBC7.0	Diagnostics: Endoscopy Activity	2,724	2,495					39
24	COBC7/ COBH5	OPBC13.1	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	83.1%	90.0%					40
25	COBC7/ COBH5	OPBC13.2	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	98.5%	90.0%				✓	41
26	COBC7	OPBC12.0	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	32.0%	41.0%					42
27	COBC7	OPBC12.0	Podiatry Waiting Times - % of patients seen <4 weeks	89.0%	90.0%					44

Contents (Continued)

Board Committee Name:
NHSGGC Board






















Responsible Division:
HSCPs, Acute & Corporate

Report Date:
24 June 2025

Reporting Frequency:
Bi-Monthly








AT A GLANCE

BETTER WORKPLACE

No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2026	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number
28	COBW20	OPBW6.1	Staff Absence (Total)	26.4%	24.0%					45
28	COBW20	OPBW6.1	Clinical Absence (Total)	26.5%	24.0%					46
29	COBW20	OPBW6.1	Staff Sickness Absence Rate	7.0%	6.0%					46
29	COBW20	OPBW6.1	Short Term Absence Rate	2.8%	2.5%					46
29	COBW20	OPBW6.1	Long Term Absence Rate	4.3%	3.5%					46
30	COBW18	OPBW6.2	Staffing Establishment Total (Nursing and Midwifery)	94.1%	90.0%				✓	48
31	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 2026	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							
32	Rationale for Control Limits Applied									50

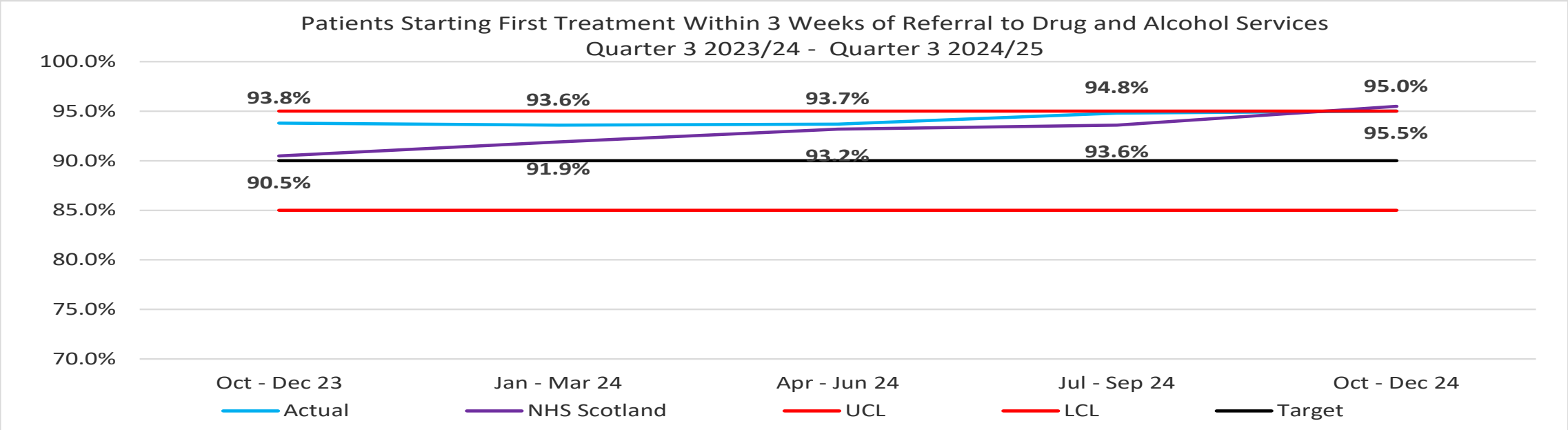
Key	Performance Status	Legend	
On target or better		Improvement on previously reported position	
Adverse variance of up to 5%		Deterioration on previously reported position	
Adverse variance of more than 5%		No change to previously reported position	
No target		Not Applicable	N/A

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
95.0%



Please note: The national data for January - March 2025 is scheduled to be published in June 2025.

Summary

Current Position (including against target):	As at the quarter October - December 2024, 95.0% of patients referred for alcohol and drugs treatment treated <3 weeks of referral, above the 90% national target. 5% above the national target.
Current Position Against National Target:	NHSGGC performance is marginally below the latest national quarterly published position of 95.5% for the quarter ending December 2024.
Projection to 31 March 2026:	National Target 90%. Performance is expected to continue to exceed target.

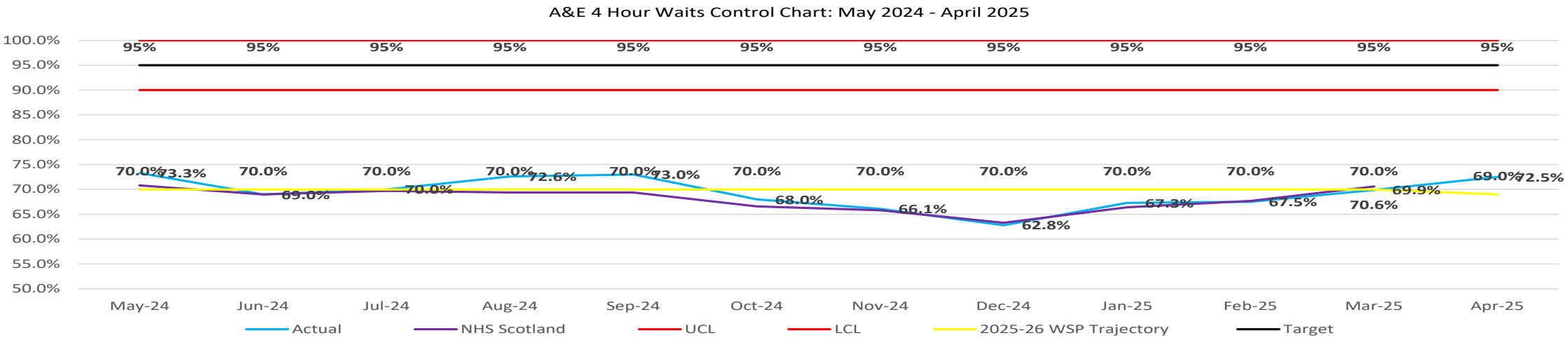
The latest quarterly position shows that NHSGGC continues to exceed the Alcohol and Drugs waiting times target of 90% with the latest quarter showing an increase on all of the four previously reported quarters.

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
69.0%

Performance
72.5%



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

Summary

Current Position (including against trajectory):

As at April 2025, **72.5%** of patients were seen within four hours, an improvement on the previous months' position of 69.9%. **3.5% above the 2025-26 trajectory of 69.0%**. Performance remains below the national target of 95%.

Current Position Against National Target:

NHSGGC's performance was similar to the latest national published position of 70.6% for March 2025 and overall performance is in line with the national trend.

Target for 31 March 2026:

National target 95%. 2025-26 Whole System Plan trajectory 85% compliance by March 2026.

Key Actions

- The minor injuries and illness redirection programme has been refreshed with a revised Service Operating Procedure (SOP) and scheduled to be circulated. Adult ED have seen a sustained increase in associated KPIs, of particular note is >85% of patients in QEUH and 60% in GRI were redirected off-site to the right care at the right time, increasing capacity and reducing bed occupancy. This positive progress in the safe redirection outcomes has also been shown in the RAH, with an increase from <20% to >40% of patients being redirected to primary care services and away from the RAH. Both RAH and GRI sites are obtaining consistently high proportions of Flow 1 patients who are managed via redirection.
- This positive progress will be further supported during 2025-26 as the SG has approved £21.9m in funding to develop whole system actions that will support further improvements in unscheduled care performance. The Whole System Plan sets out 20 additional whole system actions to be delivered during 2025-26 with a focus on reducing acute bed day demand across the system as this will have the most immediate impact on patient flow and is key to significantly improving our ED performance.

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
69.0%

Performance
72.5%

Hospital Site	Apr-24	Mar-25	Total A&E Attends (Apr 25)	Total A&E Breachers (Apr 25)	Apr-25	% Var on Previous Month
Queen Elizabeth University Hospital	55.5%	51.2%	8,610	3,978	53.8%	2.6%
Glasgow Royal Infirmary	51.6%	55.8%	6,944	2,578	62.9%	7.1%
Royal Alexandra Hospital	62.2%	60.7%	4,729	1,944	58.9%	-1.8%
Inverclyde Royal Hospital	71.2%	79.1%	2,436	444	81.8%	2.7%
Royal Hospital for Children	94.9%	88.5%	6,240	483	92.3%	3.8%
Emergency Department Sub-Total	65.4%	64.9%	28,959	9,427	67.4%	2.5%
Vale of Leven Hospital	87.3%	91.2%	1,742	113	93.5%	2.3%
Stobhill Hospital	97.2%	93.8%	1,734	31	98.2%	4.4%
New Victoria Hospital	99.8%	98.3%	2,397	11	99.5%	1.2%
MIU Sub-Total	95.2%	94.9%	5,873	155	97.4%	2.5%
ED & MIU Total	70.5%	69.9%	34,832	9,582	72.5%	2.6%
National Target	95.0%	95.0%			95.0%	
2025-26 Whole System Plan Target	70.0%	70.0%			69.0%	
National Performance	67.4%	70.6%			71.1%	
NHSGGC Variance from National Position	3.1%	0.0%			1.4%	

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.

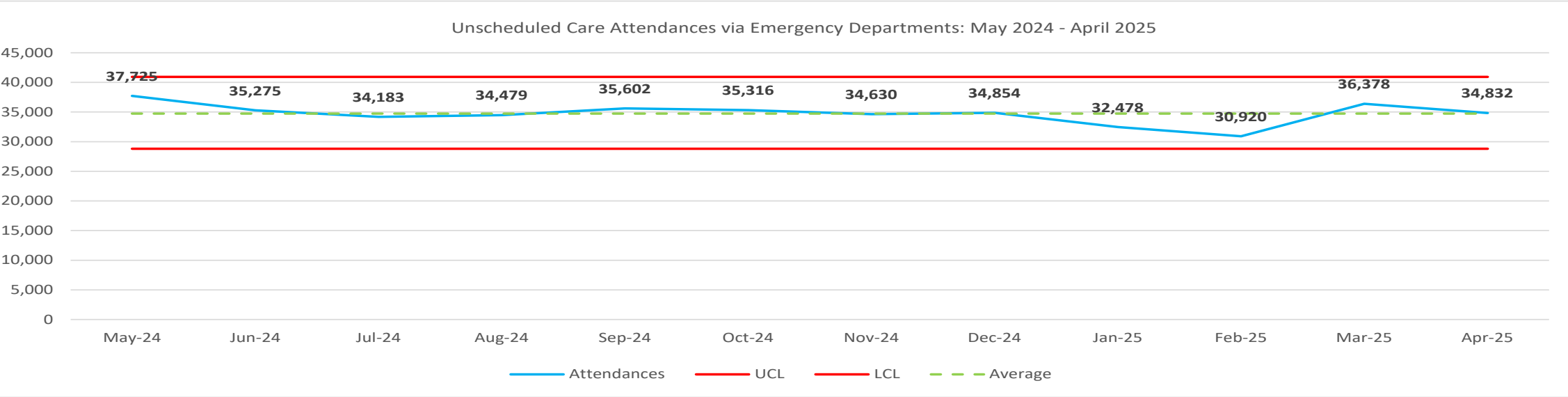
Summary

The information above, provides a monthly breakdown of performance against target at a hospital site level for April 2025. With the exception of the RAH showing a reduction on the previous months' position all other hospital sites reported an improvement with both the GRI (+7.1%) and Stobhill (+4.4%) seeing the biggest improvements on the previous month. A total of five of the eight sites are currently exceeding the 2025-26 trajectory of 69.0% and both Stobhill and New Victoria MIUs exceeded the national 95.0% target during April 2025. Whilst there have been some notable improvements, overall performance remains an ongoing challenge which will be addressed as part of our Three-year Transformation Plan which will include the co-creation and development of a whole system interface care division. This will support the development of a Flow Navigation Centre Plus connecting care model, the development of a new model of eTriage and Rapid Assessment and Care across our front doors.

3. BETTER CARE: Accident and Emergency Attendances

Target
2% Reduction

Performance
0.6% increase



Please note: monthly data includes ED and MIU attendances.

Summary

Current Position (including against trajectory):

A total of **34,832** A&E attendances (including MIU attendances) were reported during April 2025. Current performance represents a 0.6% increase across NHSGGC on the 34,613 reported during the same month in 2024-25 (the baseline year the provisional reduction target is based upon).

Current Position Against National Target:

No relevant target.

Target for 31 March 2026:

Provisional target of a 2% reduction in A&E attendances (Based on 2024-25 baseline and still to be agreed).

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)

Target
2% Reduction

Performance
0.6% increase

Hospital Site													April 25	% Var on
	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Var Apr 24	Apr 24
Queen Elizabeth University Hospital	9,061	8,440	8,669	8,539	8,391	8,648	8,166	8,430	8,235	7,601	8,582	8,610	289	3.5%
Glasgow Royal Infirmary	7,449	7,066	7,165	6,922	7,162	7,331	6,980	7,094	6,735	6,355	7,251	6,944	-170	-2.4%
Royal Alexandra Hospital	5,174	4,780	4,726	4,866	4,895	4,821	4,497	4,687	4,432	4,167	4,896	4,729	113	2.4%
Inverclyde Royal Hospital	2,750	2,549	2,564	2,564	2,639	2,472	2,249	2,437	2,318	2,091	2,454	2,436	-88	-3.5%
Royal Hospital for Children	6,666	6,151	5,099	5,438	6,223	6,294	7,307	7,105	5,429	5,544	7,106	6,240	-17	-0.3%
Emergency Department Sub-Total	31,100	28,986	28,223	28,329	29,310	29,566	29,199	29,753	27,149	25,758	30,289	28,959	127	0.4%
Vale of Leven Hospital	1,913	1,763	1,710	1,713	1,722	1,530	1,447	1,487	1,534	1,401	1,664	1,742	78	4.7%
Stobhill Hospital	1,971	1,905	1,755	1,891	1,914	1,753	1,697	1,559	1,650	1,606	1,975	1,734	-6	-0.3%
New Victoria Hospital	2,741	2,621	2,495	2,546	2,656	2,467	2,287	2,055	2,145	2,155	2,450	2,397	20	0.8%
MIU Sub-Total	6,625	6,289	5,960	6,150	6,292	5,750	5,431	5,101	5,329	5,162	6,089	5,873	92	1.6%
Total	37,725	35,275	34,183	34,479	35,602	35,316	34,630	34,854	32,478	30,920	36,378	34,832	219	0.6%
2025-26 HSCP Target - 2% Reduction 2024-25 Baseline														

Summary

The information above, provides a breakdown of A&E/MIU attendances by hospital site for April 2025. Overall, four of the eight hospital sites reported an increase in the number of attendances (34,832) when compared to the same month in the baseline year (34,613). The most notable increases in actual values can be seen at the QEUH (+289) and the RAH (+113). The remaining four hospitals reported a reduction in attendances with the most notable reduction in terms of volume reported at the GRI (-170).

Our 2025-26 DP highlights some key deliverables in transforming our Urgent Care. During 2025-26 we will continue to appropriately redirect those patients self-presenting at ED by streaming to alternative pathways which include self-care, primary care, community pharmacy and minor injuries. There are plans to increase the use of primary care redirection pathways, including GPOOH and further develop the use of redirection outcome data to establish new pathways and avoid ED attendance. Similarly, we will commence a pilot digital self assessment, using Odessey Patient app, focused on patients that self present at ED. This will enable timely self-registration and self-assessment, to support ED triage. Post pilot evaluation we will identify future opportunities for the system to further support redirection pathways.

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

Target
2% Reduction

Performance
0.6% increase

HSCP	Number Of A&E/MIU Presentations													April 25 Var Apr 24	% Var on Apr 24
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25		
East Dunbartonshire	2,121	2,194	2,244	1,998	2,113	2,253	2,249	2,036	2,204	2,046	1,863	2,391	2,163	42	2.0%
East Renfrewshire	1,898	2,046	1,906	1,798	1,914	1,969	2,002	1,927	1,829	1,669	1,670	2,014	2,850	952	50.2%
Glasgow City	16,097	17,474	16,260	15,785	15,622	16,360	16,370	16,444	16,162	15,204	14,559	16,818	15,862	-235	-1.5%
Inverclyde	2,522	2,654	2,486	2,459	2,435	2,598	2,512	2,343	2,452	2,292	2,105	2,462	1,872	-650	-25.8%
Renfrewshire	4,504	5,064	4,654	4,462	4,599	4,778	4,624	4,430	4,615	4,361	4,010	4,755	4,750	246	5.5%
West Dunbartonshire	2,720	2,995	2,826	2,706	2,653	2,685	2,716	2,631	2,624	2,455	2,422	2,775	2,392	-328	-12.1%
HSCP Sub-Total	29,862	32,427	30,376	29,208	29,336	30,643	30,473	29,811	29,886	28,027	26,629	31,215	29,889	27	0.1%
Other	4,751	5,298	4,899	4,975	5,143	4,959	4,843	4,819	4,968	4,451	4,291	5,163	4,943	192	4.0%
Total	34,613	37,725	35,275	34,183	34,479	35,602	35,316	34,630	34,854	32,478	30,920	36,378	34,832	219	0.6%

Summary

The information above provides a breakdown of A&E/MIU attendances by HSCPs for April 2025. Overall, there has been an 0.6% increase in A&E attendances when compared to the same month in 2024-25 (the baseline year the provisional 2% reduction target is based on). Overall A&E attendances have remained fairly static across HSCPs (0.1% increase) when compared to the same period in 2024-25. However, there is some variation between HSCPs with three of the six HSCPs reporting a reduction in A&E activity with the most notable percentage reductions in Inverclyde(-25.8%) and West Dunbartonshire (-12.1%) HSCPs when compared to the same month in the baseline year whereas, other HSCPs reported an increase with the most notable increase in East Renfrewshire HSCP (+50%).

A range of improvement actions have been developed as part of the 2025-26 DP to support the urgent care transformation programme which includes producing clear public messaging, effectively engaging with our public and directing our patients to the most appropriate pathways. This will include continuing to run local targeted information campaigns and support national campaigns. This will include promoting specific services e.g. activity promoting Primary Care and Community Pharmacy services alongside our Flow Navigation Centre to highlight alternative ways to access urgent care. This activity will scale up at specific periods such as in autumn when the student population increases. There are also plans to deliver strong public messaging around the importance of vaccination for both Flu and the COVID vaccination booster.

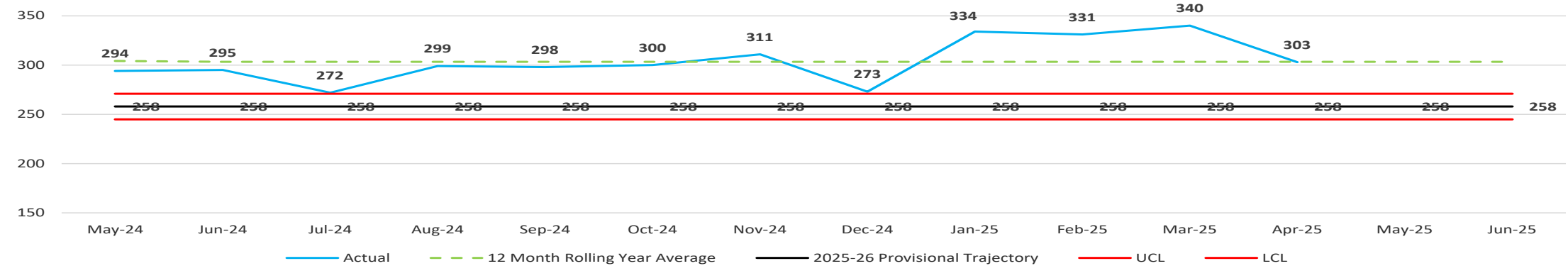
4. BETTER CARE: Number of Acute Delayed Discharges

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
303

Delayed Discharges: Number of Acute Delayed Discharges at Census Point:
Rolling Year May 2024 - April 2025 - Provisional Trajectory to June 2025



Summary

Current Position (including against trajectory):

A total of **303** Acute delayed discharges were reported at the April 2025 monthly census point. Performance represents an 11% improvement on the previous month's performance (340). Local management information for the 9 June 2025 reported an increase to 312 acute delays.

Current performance is National Target:

No national target relevant.

Target for 31 March 2026:

Provisional target of no more than 258 acute delays each month by March 2026 (still to be agreed).

Key Actions

A total of 303 Acute delayed discharges were reported during April 2025, an 11% improvement on the previous months' performance. Key actions to sustain the improved position include the following:

- Work is underway with Acute and HSCPs to create criteria for ward teams to follow before making any referrals to social work. It is anticipated that this will reduce inappropriate referrals and prevent social work having to spend time on referrals that don't require their input.
- Both Acute and HSCPs are also working collaboratively to improve communication and review processes to make discharge safer and more streamlined.
- As part of the 2025-26 DP there are plans to reduce waiting times for social work assessments through the review of social work assessment processes to ensure efficiency and undertake tests of change to improve time taken to assess. Both the RAH and QEUH are testing additional measures between acute and social work to reduce delayed discharges.
- Following DwD Needs Assessment held on 25 April 2025 and attended by both Acute and HSCP representatives, sector action plans are going through Sector DwD Groups and the Board-wide Steering Groups.
- The proactive discharge huddles continue across main sites - strengthening communication and discharge planning. Weekly meetings continue with other Local Authorities, West Dunbartonshire and Inverclyde HSCPs discussing delayed patients.

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
303

Acute Delayed Discharges	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Monthly Variance	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	39	33	20	25	21	20	24	23	35	28	36	28	-8	27	1	4%
East Dunbartonshire HSCP	26	28	29	24	21	21	13	13	26	28	29	22	-7	18	4	22%
East Renfrewshire HSCP	14	13	11	12	5	10	9	10	9	10	13	13	0	11	2	18%
Glasgow City HSCP	153	146	148	160	174	170	176	150	176	190	172	167	-5	125	42	34%
Inverclyde HSCP	7	9	8	6	7	7	9	6	7	5	4	8	4	15	-7	-47%
Renfrewshire HSCP	6	15	9	9	6	14	13	8	9	10	14	6	-8	9	-3	-33%
HSCP Total Acute Delays	245	244	225	236	234	242	244	210	262	271	268	244	-24	206	38	18%
Other Local Authorities Acute	49	51	47	63	64	58	67	63	72	60	72	59	-13	52	7	13%
NHSGGC Total Acute Delays	294	295	272	299	298	300	311	273	334	331	340	303	-37	258	45	17%

Summary

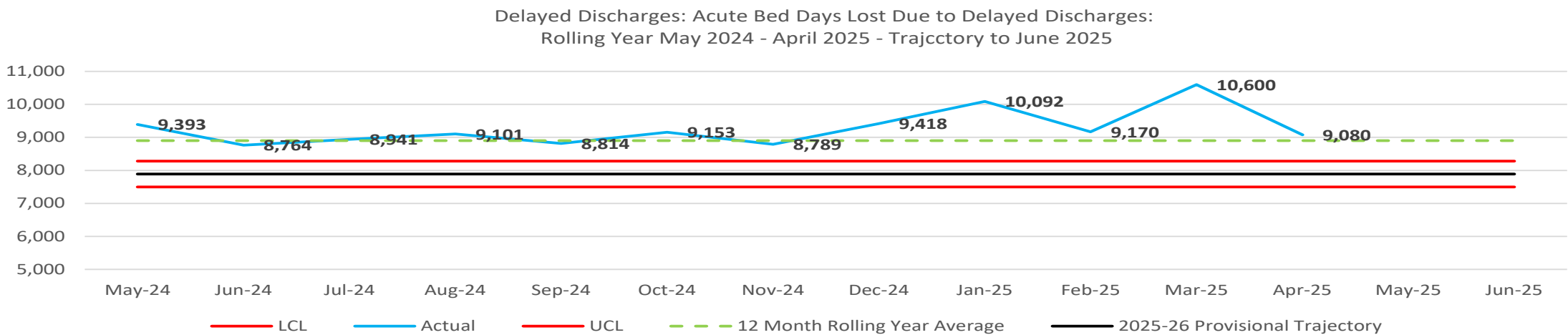
As at April 2025 monthly Census point, there were a total of 303 Acute delays reported representing an 11% improvement on the previous months' position. Four of the six HSCPs saw an improvement on the previous months position with the biggest improvements reported in West Dunbartonshire (-8), Renfrewshire (-8) and East Dunbartonshire (-7) HSCPs. Overall performance is currently 17% above the provisional planned monthly performance of no more than 258 delays. Two of the six HSCPs are currently meeting the 2025-26 provisional target namely Inverclyde and Renfrewshire HSCPs. HSCPs account for 80% (244) of the overall total number of Acute delays reported with Glasgow City HSCP representing 68% of all HSCP delays reported across NHSGGC. Whilst there has been a reduction in the number of NHSGGC Acute delays from other local authorities, performance remains a challenge, current performance (59) represents a 22.0% reduction on the number reported the previous month (72).

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
9,080



Summary

Current Position (including against trajectory):

A total of **9,080** Acute bed days were lost to delayed discharges during April 2025, a 14.3% improvement on the previous month's position. **Current performance is 15.1% above the monthly 2025-26 provisional trajectory of 7,889.**

Current Position Against National Target:

No national target relevant.

Target for 31 March 2026:

Provisional target of accumulating no more than 7,889 bed days lost to delayed discharge each month by March 2026 (still to be agreed).

Key Actions

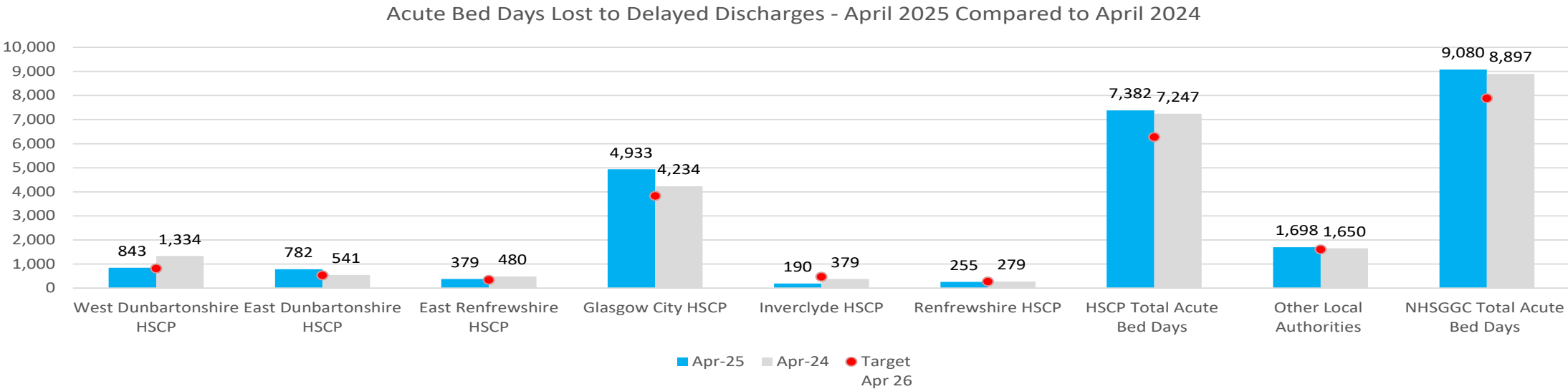
April 2025 saw a 14.3% improvement on the number of Acute bed days lost to delayed discharge reported the previous month. The actions outlined in slide 12 are aimed at reducing the number of Acute bed days lost to delayed discharge.

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

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

Target
7,889

Performance
9,080



Summary

Current Position (including against trajectory):

During April 2025, a total of **9,080** acute bed days were lost to delayed discharges representing a 2.1% increase on the same month the previous year. Current performance is **15.1% above** the provisional monthly trajectory of no more than 7,889 acute bed days lost to delayed discharge.

Current Position Against National Target:

No national target relevant.

Target for 31 March 2026:

Provisional target of accumulating no more than 94,692 acute bed days lost to delayed discharge by March 2026 (still to be agreed).

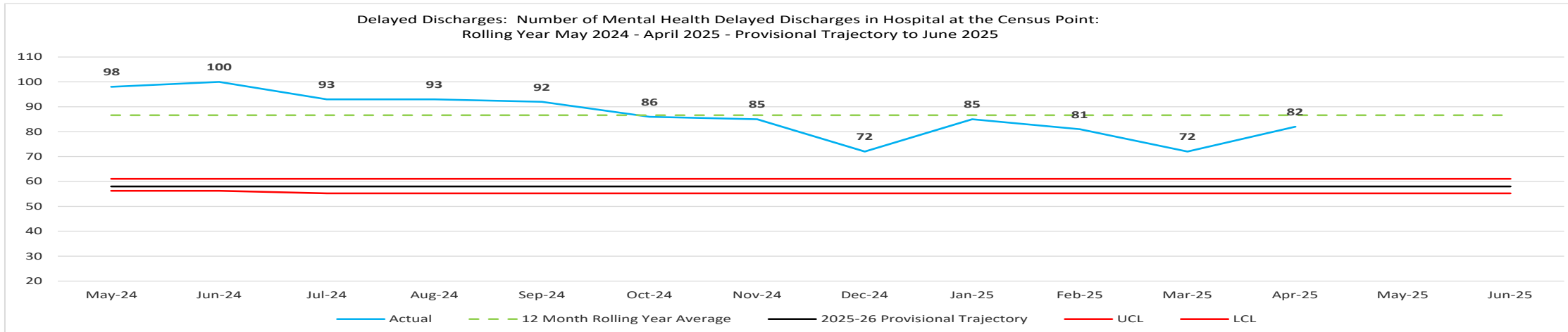
The graph above provides a year-to-date breakdown of acute bed days lost to delayed discharges by HSCP. During the April 2025, a total of 9,080 bed days were lost to delayed discharge across NHSGGC representing a 2.1% increase on the same month the previous year. Four HSCPs reported an improvement in the number of Acute Bed Days lost to delayed discharge when compared with the same month the previous year namely West Dunbartonshire (-491), East Renfrewshire (-101), Inverclyde (-189) and Renfrewshire (-24). 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 (+699) and East Dunbartonshire (+241). Performance remains a challenge in relation to the number of acute bed days used by other local authorities, the total (1,698) accounts for 18.7% of the overall acute bed days lost to delayed discharge. The actions outlined in slide 12 are aimed at reducing the number of acute bed days lost to delayed discharge.

6. BETTER CARE: Number of Mental Health Delayed Discharges

A delayed discharge occurs when a hospital 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
82



Summary

Current Position (including against trajectory):

Currently **82** Mental Health delayed discharges were reported at the monthly census point for March 2025, an increase on the previous months' position. **Performance is above the provisional monthly trajectory of 58.** Local management information for 9 June 2025 reported a reduction to 80 Mental Health delays compared to the monthly census data.

Current Position Against National Target:

No national target relevant.

Target for 31 March 2026:

Provisional target of no more than 58 delays each month by March 2026 (still to be agreed).

Key Actions

Renfrewshire HSCP is the only HSCP currently meeting the provisional monthly target. Three HSCPs reported an increase on the previous months' position with the most notable increases in East Dunbartonshire (4) and Glasgow City (5). 56 delayed are in Glasgow City HSCP and eight delays were from other local authorities. Actions to improve performance include:

- Within Glasgow City HSCP, senior managers are looking at the processes that are in place for the acute hospital discharge team with a view to replicating where possible for the Mental Health discharge team in order to escalate discharges.
- In East Dunbartonshire HSCP, three patients have been waiting >200 days. Accommodation has been identified for one patient, suitable accommodation has still to be identified for another patient with complex forensic needs and transition work to a specialist placement is underway for the third patient aiming for a June 2025 discharge date.

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
82

Mental Health Delayed Discharges	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Monthly Variance	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	4	4	4	3	3	4	6	3	2	5	4	8	4	2	6	300%
East Dunbartonshire HSCP	7	7	8	7	7	6	4	4	5	5	5	6	1	0	6	-
East Renfrewshire HSCP	1	1	1	2	2	2	2	2	0	1	3	1	-2	0	1	-
Glasgow City HSCP	73	73	67	64	63	60	56	47	63	57	51	56	5	51	5	10%
Inverclyde HSCP	0	0	0	0	1	0	0	0	0	1	1	1	0	0	1	-
Renfrewshire HSCP	4	6	6	6	6	5	3	3	4	3	2	2	0	2	0	0%
HSCP Total Mental Health Delays	89	91	86	82	82	77	71	59	74	72	66	74	8	55	19	35%
Other Local Authorities Mental	9	9	7	11	10	9	14	13	11	9	6	8	2	3	5	167%
NHSGGC Total Mental Health	98	100	93	93	92	86	85	72	85	81	72	82	10	58	24	41%

Summary

Current performance is above the monthly provisional planned position of no more than 58 Mental Health delays. The overall number of patients delayed across Mental Health increased by 14% when compared to the previous month. As at April 2025, there were a total of 82 Mental Health delays reported and local management information for the 9 June 2025 reported a reduction in the number of Mental Health delays (80). HSCPs account for 90.2% (74) of the overall total number of Mental Health delays reported with Glasgow City HSCP representing 71% of all HSCP delays reported across NHSGGC.

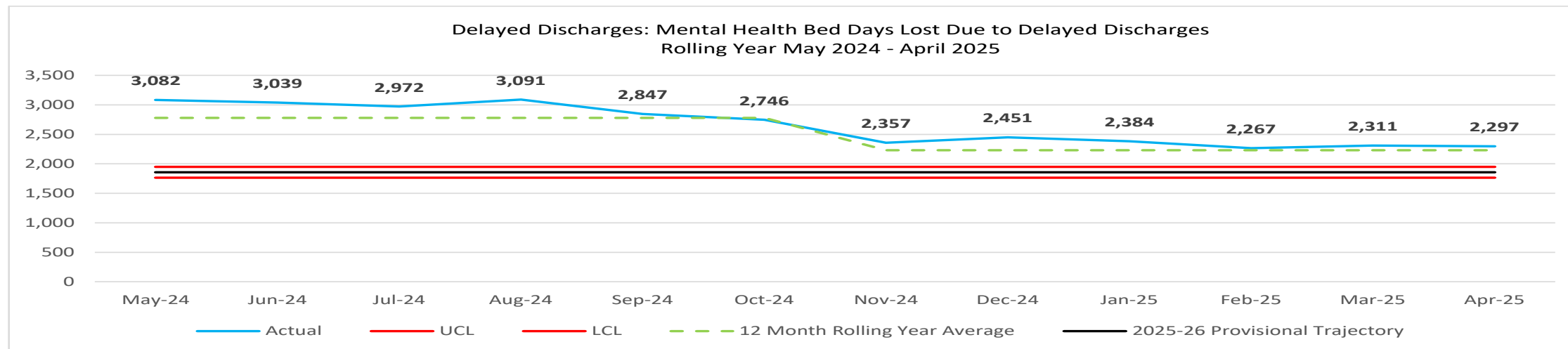
All HSCPs with the exception of Renfrewshire HSCPs are currently above their planned position. One of the six HSCPs reported an improvement on the previous months' position namely East Renfrewshire (-2) whereas Glasgow City (+5), West Dunbartonshire (+4) and East Dunbartonshire (+1) HSCPs reported an increase on the previous months position. Inverclyde and Renfrewshire HSCPs remained the same as the previous month.

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

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

Target
1,857

Performance
2,297



Summary

Current Position (including against trajectory):

A total of **2,297** Mental Health bed days were lost to delayed discharges during April 2025, representing a 0.6% improvement on the previous month's position. **Current performance is above the monthly provisional trajectory of 1,857.**

Current Position Against National Target:

No national target relevant.

Target for 31 March 2026:

No more than 1,857 bed days lost to delayed discharge per month by March 2026 (still to be agreed).

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

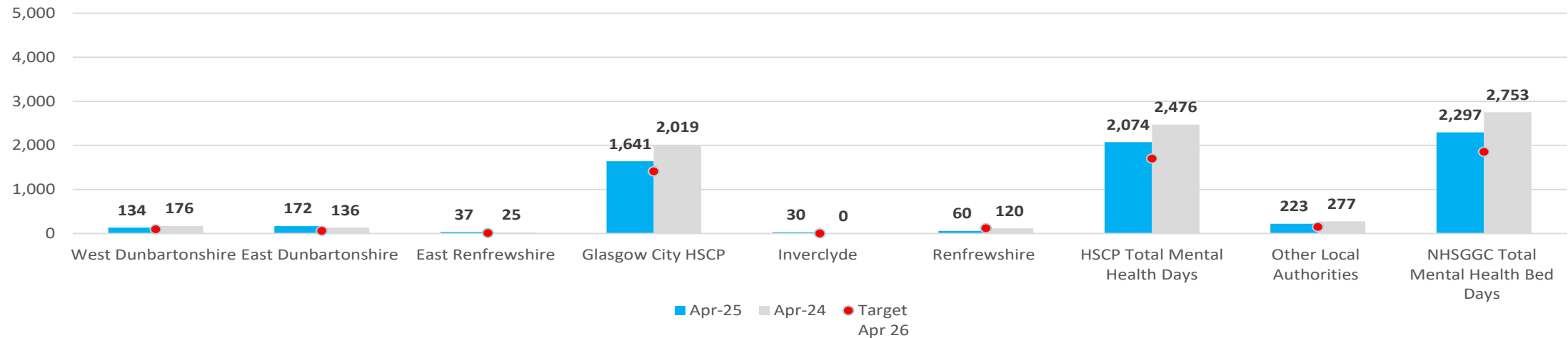
7. BETTER CARE: Year To Date Mental Health Bed Days Lost to Delayed Discharges by HSCP (Continued)

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

Target
1,857

Performance
2,297

Mental Health Bed Days Lost to Delayed Discharges - April 2025 Compared to April 2024



Summary

Current Position (including against trajectory):

During April 2025, a total of **2,297** Mental Health bed days were lost to delayed discharges, a 16.6% improvement on the same month the previous year. Current performance is also **above** the provisional trajectory of no more than 1,857.

Current Position Against National Target:

No national target relevant.

Target for 31 March 2026:

No more than 1,857 mental health bed days lost to delayed discharge per month by March 2026 (still to be agreed).

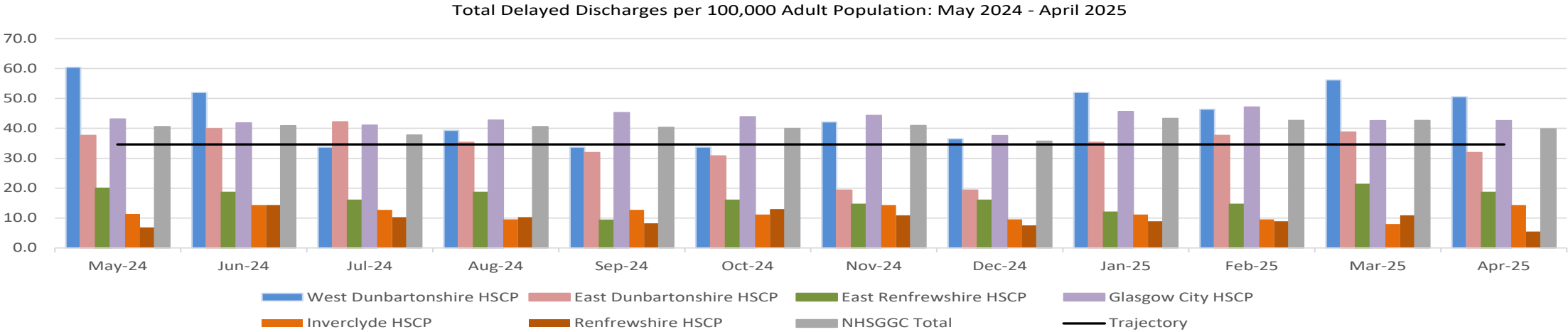
The graph above provides a breakdown of mental health bed days lost to delayed discharges by HSCP. During April 2025, a total of 2,297 bed days have been lost to delayed discharge across NHSGGC representing a 16.6% improvement on the same month the previous year (2,753). All HSCPs, with the exception of East Dunbartonshire reported a reduction on the previous months' position. All HSCPs with the exception of Renfrewshire are above the monthly target. The biggest variance from target can be seen in Glasgow City (+229) and East Dunbartonshire (+109) HSCPs. The number of Mental Health bed days lost from patients in other local authorities reduced by 54 when compared to the same month the previous year, however the bed days lost increased on the previous months' position. The actions outlined in slide 16 are aimed at reducing the number of mental health bed days lost to delayed discharge.

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

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

Target
34.6

Performance
39.8



Summary

Current Position (including against trajectory):

Overall, a total of **39.8** delayed discharges per 100,000 adult population were reported at the monthly census point in April 2025 across NHSGGC, above the national target of 34.6 per 100,000 adults. Current performance is an improvement on the previous month's performance of 42.6. **15.0% above the national monthly trajectory of 34.6 per 100,000 adult population.**

Current Position Against National Target:

No national target relevant.

Target for 31 March 2026:

No more than 34.6 total delays per 100,000 population each month by March 2026.

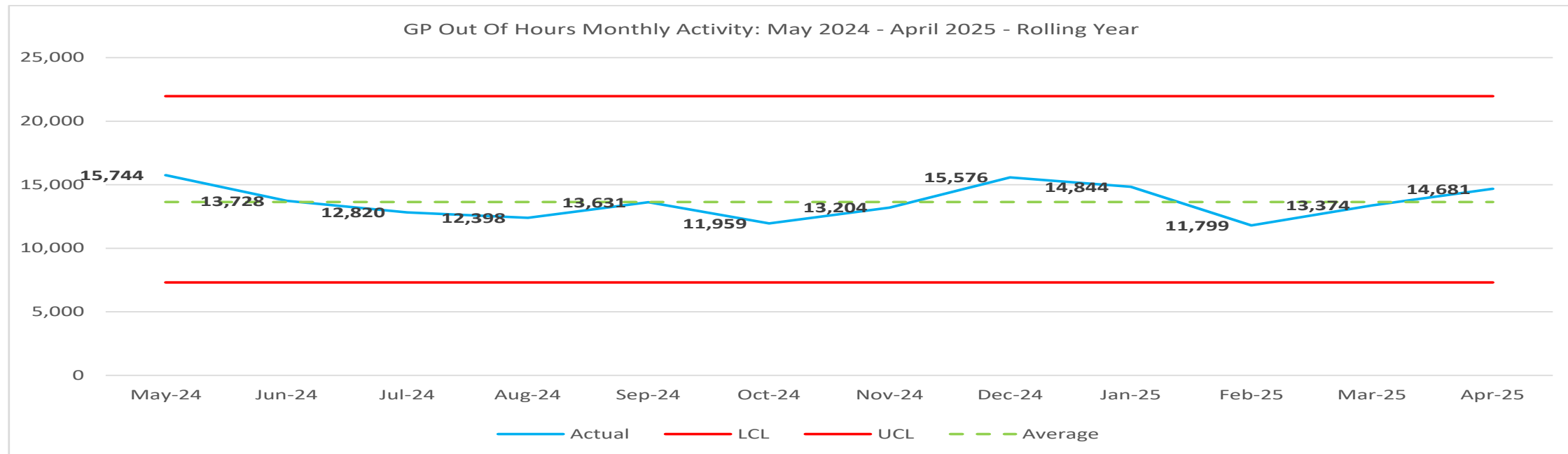
Key Actions

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 Health and Social Care Partnerships (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 April 2025 monthly Census point, four of the six HSCPs were within the 34.6 per 100,000 adult population rate: East Renfrewshire (31.9), East Renfrewshire (18.6), Inverclyde (14.4) and Renfrewshire (5.5). The remaining two namely, West Dunbartonshire HSCP (50.6 an improvement on the 56.2 reported the previous month) and Glasgow City (42.6 the same as the previous month) are currently above the rate cap. In driving improvement, the Collaborative Response & Assurance Group, co-chaired by the Cabinet Secretary and COSLA Health and Social Care spokesperson continue 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):

Current Position Against National Target:

Target for 31 March 2026:

A total of **14,681** GP Out Of Hours contacts were made during April 2025. **No Target.**

No relevant national target.

There is no target for GPOOH activity however, NHSGGC remain fully committed to ensuring access to GPOOH Service.

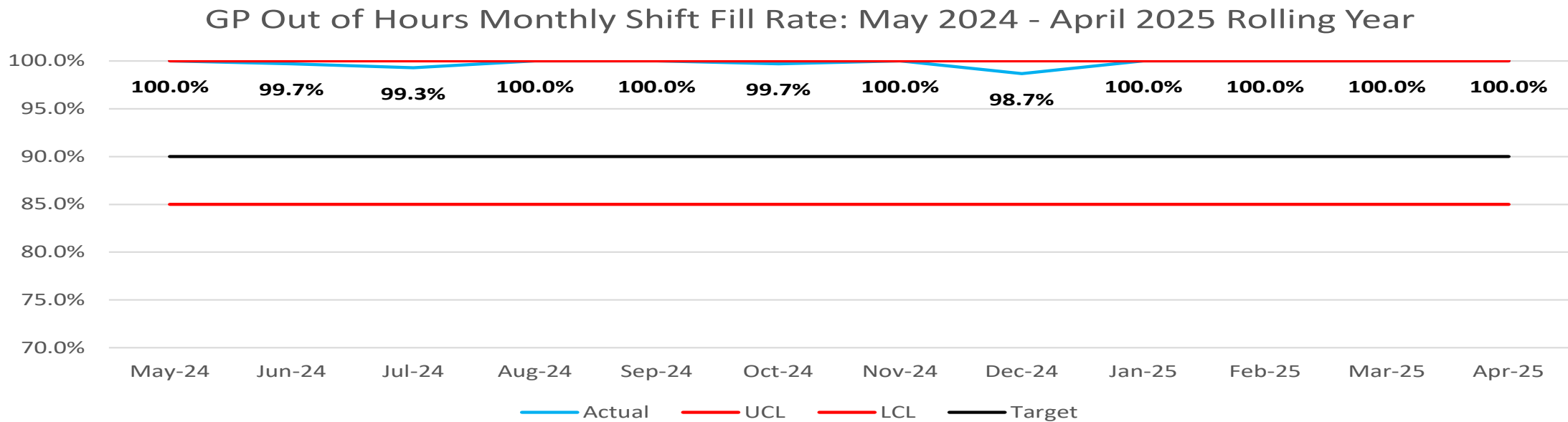
Overall, the GPOOH Service activity represents a rolling monthly average of 13,647 site visits, home visits and GP advice contacts for the period May 2024 to April 2025.

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
100.0%



Summary

Current Position (including against trajectory):

Current Position Against National Target:

Target for 31 March 2026:

In April 2025, 100.0% (290) of the 290 scheduled shifts were open, exceeding NHSGGC’s target of 90%.
Above the target by 10.0%.

No relevant national target.

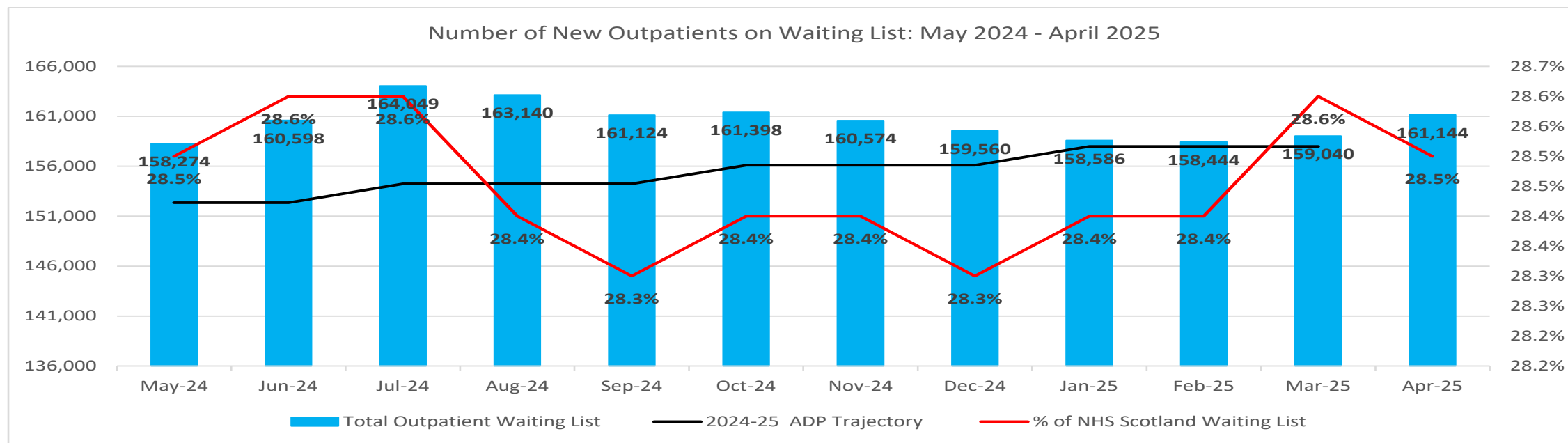
NHSGGC Target 90%. **The target continues to be exceeded.**

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 achieving 100% for the fourth consecutive month.

11. BETTER CARE: New Outpatient Wait List

The number of new outpatients on the new outpatient waiting list

For
Information



Summary

Current Position:

As at the end of April 2025, there were a total of **161,144** patients waiting for a new outpatient appointment, a 1.3% increase on the previous months' position..

Current Position Against National Position:

28.5% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of April 2025 were NHSGGC patients.

Projection for 31 March 2026:

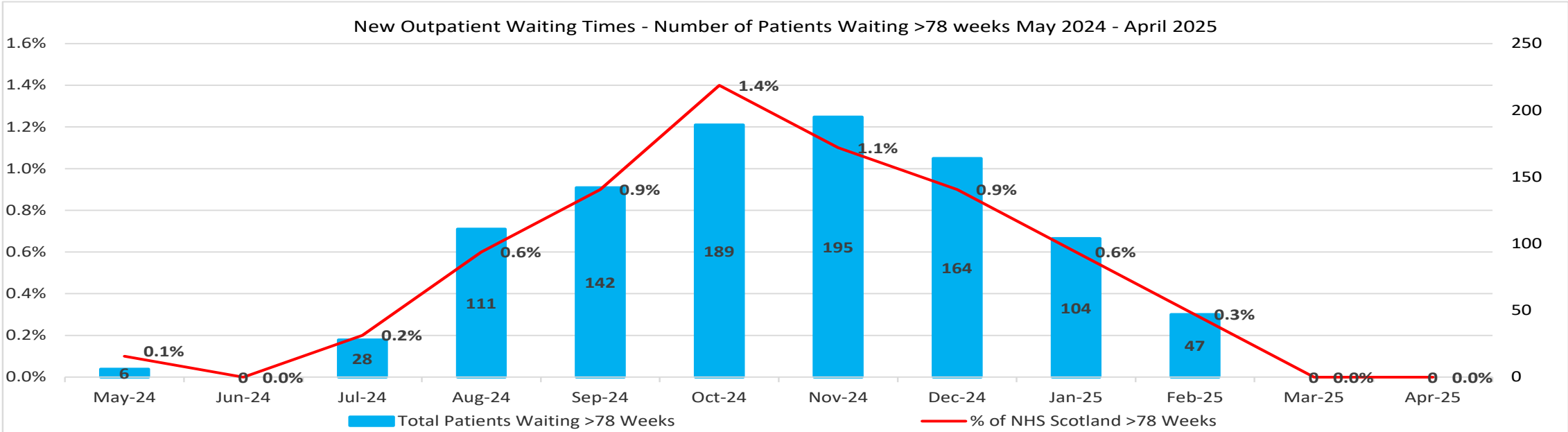
There is no target for 2025-26 however, NHSGGC remains committed to reducing the number of new outpatients on the waiting list.

Actions in place to continue to reduce the number of patients on the new outpatient 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
0



Summary

Current Position (including against trajectory):

Current Position Against National Position:

Target for 31 March 2026:

At the end of April 2025, there were no patients waiting >78 weeks for a first new outpatient appointment. 0.0% of NHS Scotland's total patients waiting >78 weeks for a first new outpatient appointment at the end of April 2025 were NHSGGC patients.

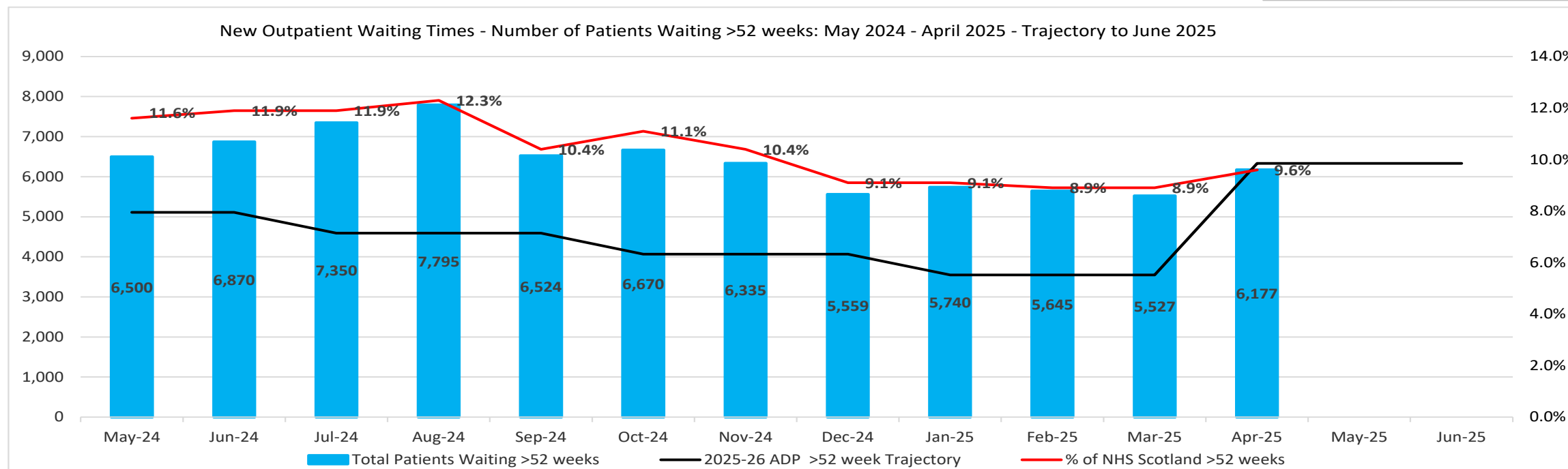
Maintain the position of no patients to be waiting > 78 weeks during 2025-26.

There continue to be no patients waiting >78 weeks for a new outpatient appointment. Actions to continue and sustain this reduction are outlined in slide 26.

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

Target
6,334

Performance
6,177



Summary

Current Position (including against trajectory):

At the end of April 2025, there were a total of **6,177** patients on the new outpatient waiting list waiting >52 weeks for an appointment, an increase on the previous months' position. Current performance is within the 2025-26 DP trajectory of no more than 6,334 new outpatients to be waiting >52 weeks by the end of June 2025. **Within the trajectory.**

Current Position Against National Position:

9.6% of NHS Scotland's outpatients waiting >52 weeks for a new outpatient appointment at the end of April 2025 were NHSGGC patients.

Target for 31 March 2026:

2025-26 DP target of no more than 6,107 new outpatients to be waiting >52 weeks for a new outpatient appointment by March 2026.

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

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

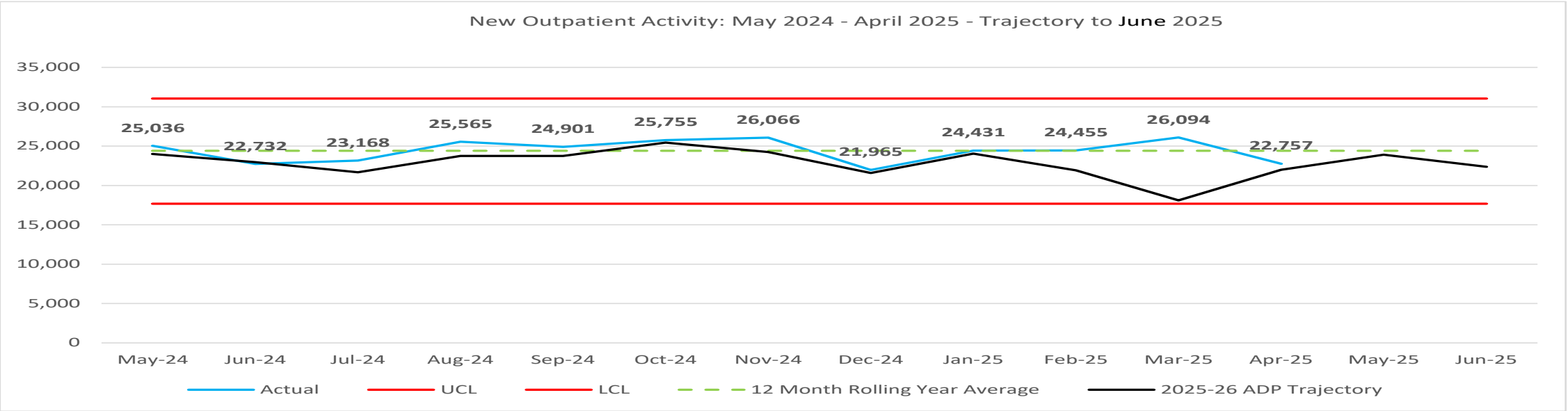
Key actions in place across a range of specialties to help further reduce the number of new outpatients waiting >52 weeks include:

- Trauma and Orthopaedic (T&O) services had 1,839 patients waiting >52 weeks at the end of April 2025 (a reduction on the 1,844 waiting in March 2025). Whilst this is a marginal change it reflects greater consistency across T&O. The profile of most significant waits, continues to see knee referrals now higher than spinal waits. 2025-26 funding Planned Care has been confirmed to support further increase in Advanced Physio Practitioner (APP) staff to augment the current staffing profile. The continued MSK directed resource has ensured stability across spinal waits. Cross sector booking arrangements across all subspecialties and consistency of core clinic templates is ensuring an overall reduction in outpatient waits. Locum support in Clyde and North Sectors for non-spinal patients waiting has supported a reduction in overall wait and will be continued. Additional Waiting List Initiatives (WLIs) are continuing with patients being managed on a cross-sector basis.
- Gynaecology had 1,361 patients waiting >52 weeks at the end of April 2025 reflecting an increase from 1,231 patients at the end of March 2025. The service continues to be challenged in balancing Urgent Suspicion Of Cancer (USOC) and routine demand. Insourcing continues to support general gynaecology outpatient management and additional funding has been allocated to support WLI activity. A proportion of additional capacity had been directed to manage the increased USOC demand. The overall additional capacity will be rebalanced to ensure cancer performance is not impacted however will support a reduction in longest waits. Successful recruitment to two substantive consultant posts. Start dates likely to be in August 2025 however locum capacity to improve current position is being pursued. Additional insourcing capacity has been requested.
- Neurosurgery had a further reduction with 176 patients waiting >52 weeks at the end of April 2025 from 185 at end of March 2025. New consultant capacity continues to be directed to long waiting patient management. Clinical review of long waiting patients also continues with Extended Scope Practitioner / Consultant review.
- Ophthalmology has seen an increase to 582 at end of April 2025 from 522 patients waiting >52 weeks at the end of March 2025. Locum consultant support has been extended which is offsetting ongoing long term consultant sickness. Additional WLI clinic sessions are being delivered. The model of virtual care is working well in providing a diagnostic hub approach to care. Additional proposals for support presented through 2025-26 DP processes as reduction in capacity at Golden Jubilee National Hospital for cataract care will increase the wait for this patient subset group. Direct cataract listing clinics utilising optometry staff are now being piloted.
- Ear Nose T waits have been challenged due to constraints with consultant vacancies. Recruitment has been progressed with two posts filled at present. WLI capacity approved to facilitate reduction in long waits.

14. BETTER CARE: New Outpatient Activity

The number of new outpatients seen

Target	Performance
22,002	22,757



Summary

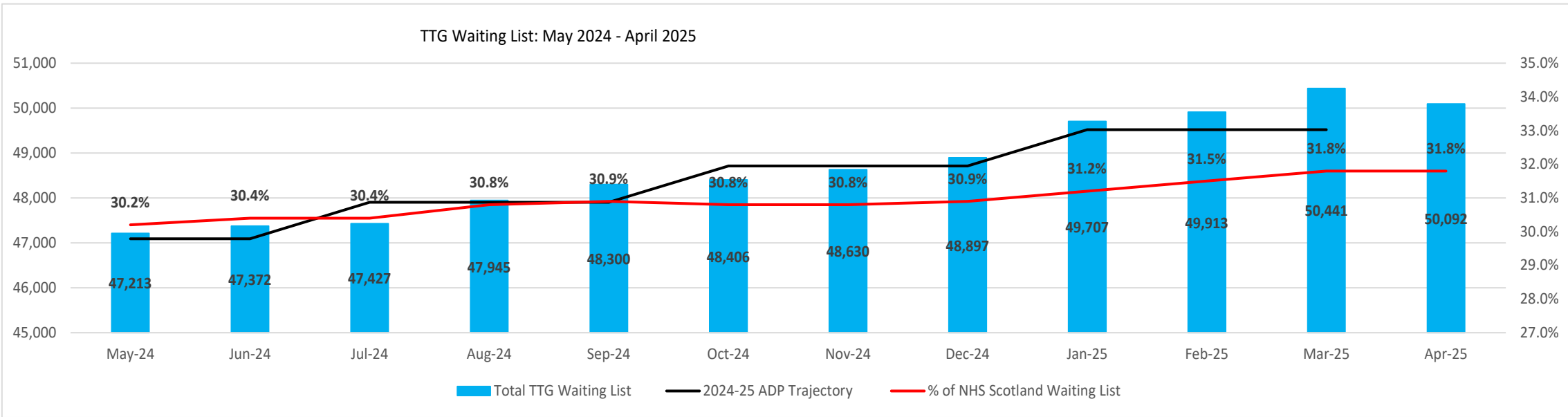
Current Position (including against trajectory):	A total of 22,757 new outpatients were seen during April 2025, above the 2025-26 DP trajectory of 22,002. Above trajectory by 3%.
Current Position Against National Target:	No national position relevant.
Target for 31 March 2026:	2025-26 DP target of 284,190 new outpatients to be seen by March 2026.

As seen from the chart above, NHSGGC exceeded current planned activity levels providing 755 more patients with access to the new outpatient care they need during April 2025.

15. BETTER CARE: TTG Waiting List

The number of TTG patients on the TTG waiting list

For
Information



Summary

Current Position:

At the end of April 2025, there were a total of **50,092** patients on the TTG waiting list waiting for an inpatient/daycase procedure, a reduction on the previous months' position.

Current Position Against National Position:

31.8% of NHS Scotland's total TTG patients waiting at the end of April 2025 were NHSGGC patients.

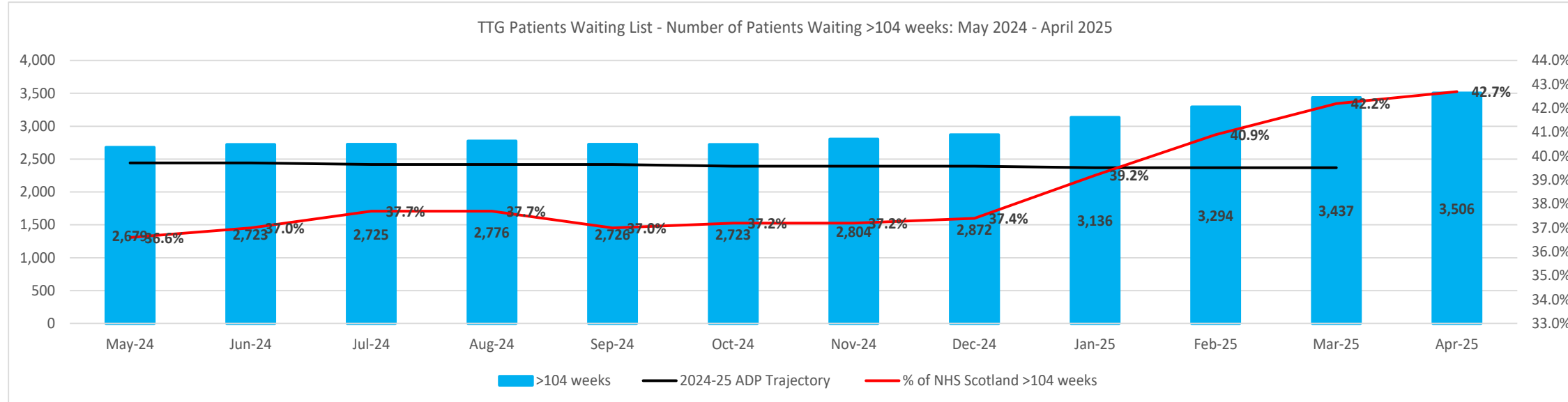
Target for 31 March 2026: waiting

There is no target for 2025-26 target however, NHSGGC remains committed to reducing the number of patients on the inpatient / day case waiting list.

Current performance shows a marginal reduction on the previous months' position. Capacity continues to be targeted at urgent, highest priority cases. Actions to reduce the number of patients waiting are outlined in slide 32.

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

For
Information



Summary

Current Position:

Current Position Against National Position:

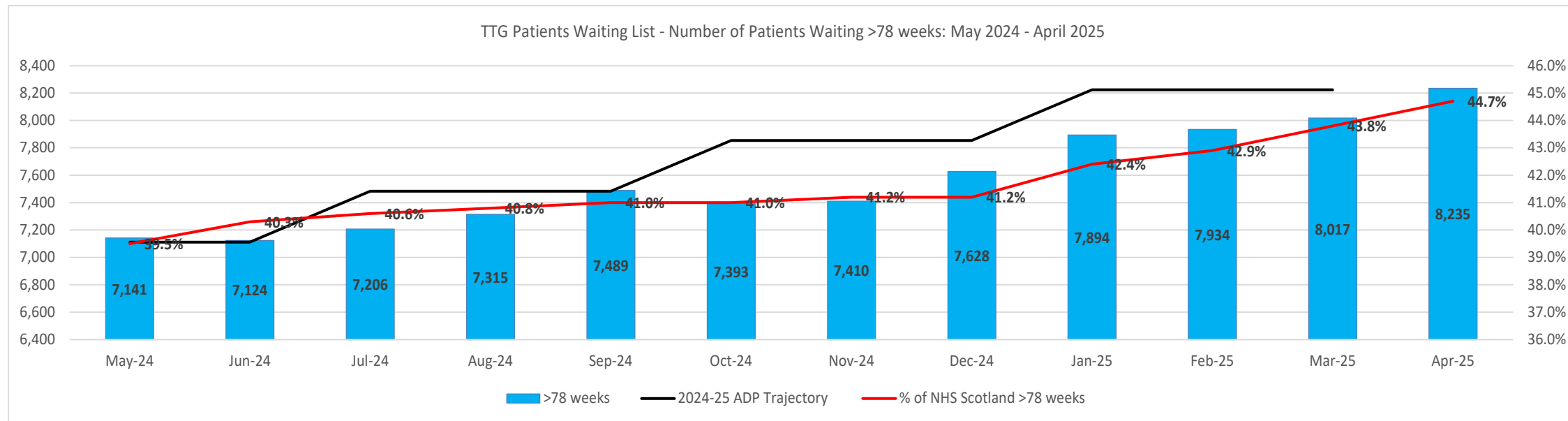
Target for 31 March 2026:

At the end of April 2025, there were a total of **3,506** TTG patients waiting >104 weeks for an inpatient/ daycase procedure on the TTG waiting list representing a **3.1%** increase on the previous months' position. 42.7% of NHS Scotland's total patients waiting >104 weeks at the end of April 2025 were NHSGGC patients. There is no target for 2025-26 however, NHSGGC remains committed to reducing the number of long waiting patients on the inpatient / day case waiting list.

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

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

For
Information



Summary

Current Position:

As at April 2025 month end, a total of **8,235** TTG patients were waiting >78 weeks for an inpatient/daycase procedure on the TTG waiting list, representing a 2.7% increase on the previous months' position.

Current Position Against National Position:

44.7% of NHS Scotland's total patients waiting >78 weeks at the end of April 2025 were NHSGGC patients.

Target for 31 March 2026:

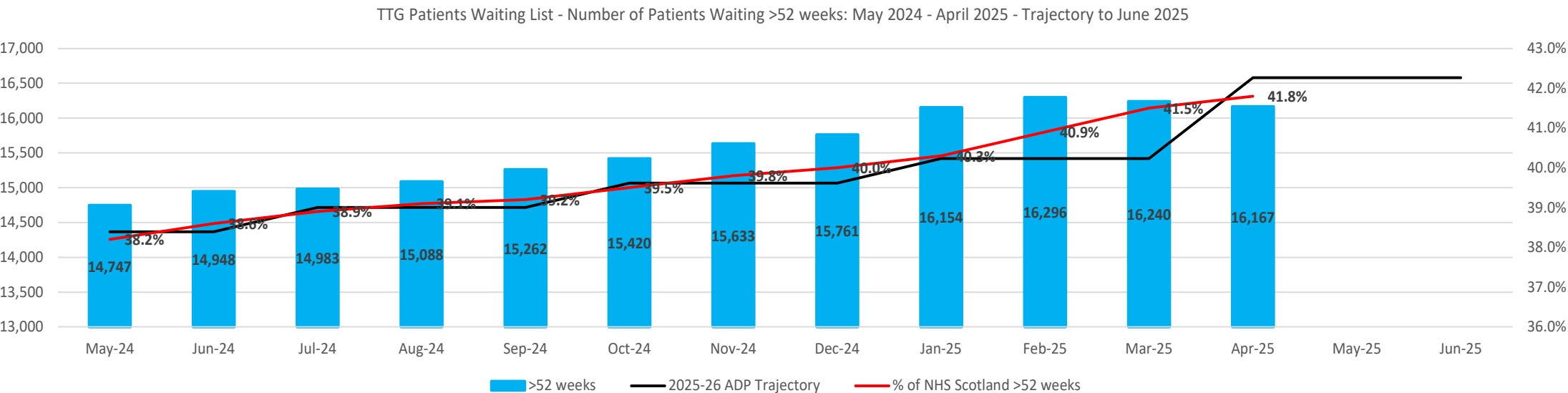
There is no target for 2025-26 however, NHSGGC remains committed to reducing the number of long waiting patients on the inpatient / day case waiting list.

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

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

Target
16,579

Performance
16,167



Summary

Current Position (including against trajectory):

At the end of April 2025, there were a total of **16,167** TTG patients waiting >52 weeks for an inpatient/daycase procedure on the TTG waiting list. Current performance is within the 2025-26 DP trajectory of no more than 16,579 by June 2025. **2.5% within trajectory.**

Current Position Against National Position:

41.8% of NHS Scotland's total patients waiting >52 weeks At the end of April 2025 were NHSGGC patients.

Target for 31 March 2026:

2025-26 DP target of no more than 12,937 TTG patients waiting >52 weeks by March 2026.

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:

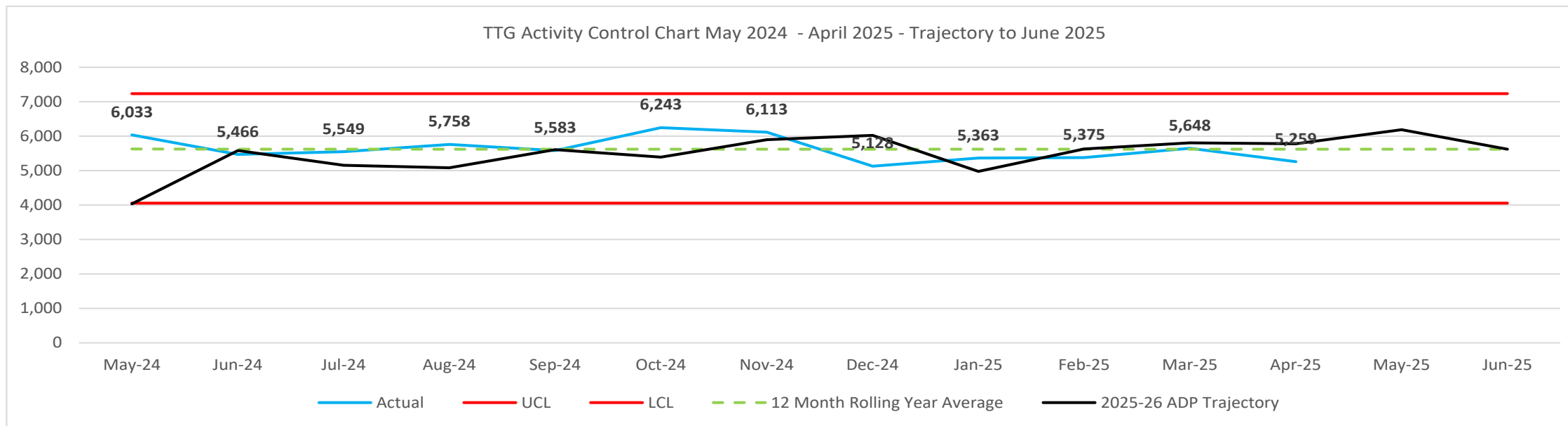
- Gynaecology had 899 patients waiting >104 weeks at the end of April 2025 a marginal increase on the 861 patients at end of March 2025. Cover of gynaecology theatre sessions remains compromised due to maternity leave in obstetrics. Locum consultant sessions recruited to support obstetric demand. Two additional substantive gynaecology consultant posts recruited to with expected start date in August 2025. Further locum recruitment being progressed. 2025-26 DP outsourcing of TTG patient management approved for 350-450 patients. Tender published on 19 May 2025 with a start date estimated for July 2025.
- T&O had a further reduction to 444 at the end of April from 492 patients waiting >104 weeks at the end of March 2025. Trend position reflects a downward trajectory for TTG long waiters. Cross cover of orthopaedic sessions theatre teams are being asked to deliver improvement in orthopaedic elective session delivery. Structured sector plans for delivery of increased session delivery and increased patient numbers including four joint lists being worked through.
- The expansion of orthopaedic elective activity via surgical hubs at GGH and IRH remains a priority for sector teams. Elective sessions in GGH more consistently delivered in third elective theatre. Expansion of bed capacity achieved to facilitate use of all sessions. Locum support for knee and upper limb operative care remains in place targeting longest waiting patients in North and Clyde sectors. Further plans for increasing theatre capacity through a fourth elective theatre at GGH have been approved through 2025-26 DP funding. Staffing recruitment has commenced.
- Management of orthopaedic patients through Forth Valley National Treatment Centre completed with only five patients to be given dates. No indication of capacity for 2025-26 notified as yet.
- Neurosurgery delivery of endoscopic spinal surgery continues to progress with proctoring for more complex patients now commenced. Additional base sessions being delivered for ESS. 2025-26 DP proposals for extending theatre sessions given advance approval in order to focus on long waiting patients.
- Plastic surgery management of long waiting routine patient care remains challenged at 333 patients waiting >104 weeks in April 2026 from 322 patients waiting >104 weeks at the end of March 2025. Sessions have been reinstated in the North sector to provide additional theatre activity. This will also support the breast risk reduction surgery. Locum posts have now been extended to March 2026. Further consultant capacity requested through 2025-26 DP to cover hand and skin demand. Plastic WLI's approved.

19. BETTER CARE: TTG Inpatient/Daycase Activity

The number of TTG inpatient/Daycases seen

Target
5,779

Performance
5,259



Summary

Current Position (including against trajectory):

A total of **5,259** patients were seen during the period April 2025, below the 2025-26 DP trajectory of 5,779 April 2025. **Below trajectory by 9%.**

Current Position Against National Target:

No national target relevant.

Target for 31 March 2026:

2025-26 DP target of a total of 70,005 inpatient/daycases to be seen by March 2026.

As seen from the chart above, NHSGGC was below the planned inpatient/daycase activity levels for April 2025. Actions in place to bring activity in line with the planned position include:

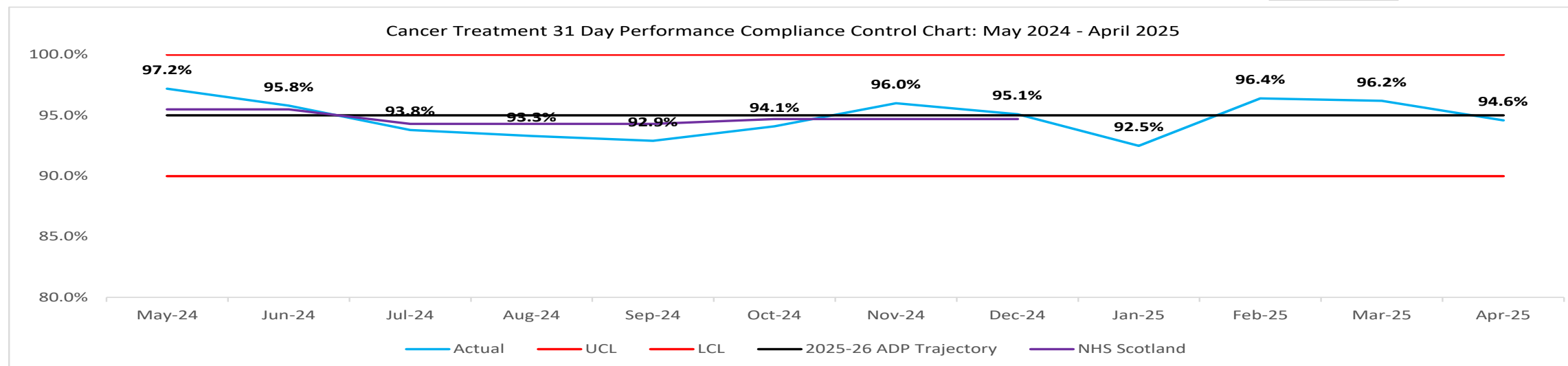
- Maximising base theatre sessions across the sites. Approval given for agency anaesthetic sessions to optimise session delivery. This will start subject to recruitment.
- Detailed review with theatre teams of productivity including for high volume programmes for joint and ophthalmology lists.

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

95% of patients should wait no more than 31 days from decision to treat to first cancer treatment

Target
95%

Performance
94.6%



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

Summary

Current Position (including against trajectory):

The latest provisional position is **94.6%** (556 of the 588 eligible patients started treatment within 31 days) for the month ending April 2025, **below target by 0.4%.**

Position Against National Target:

At the quarter ending December 2024, the latest national published position, NHSGGC's performance (95.5%) above the latest national position of 94.7%.

Target to 31 March 2026:

The 2025-26 DP target at 95% to be achieved in March 2026.

Key Actions

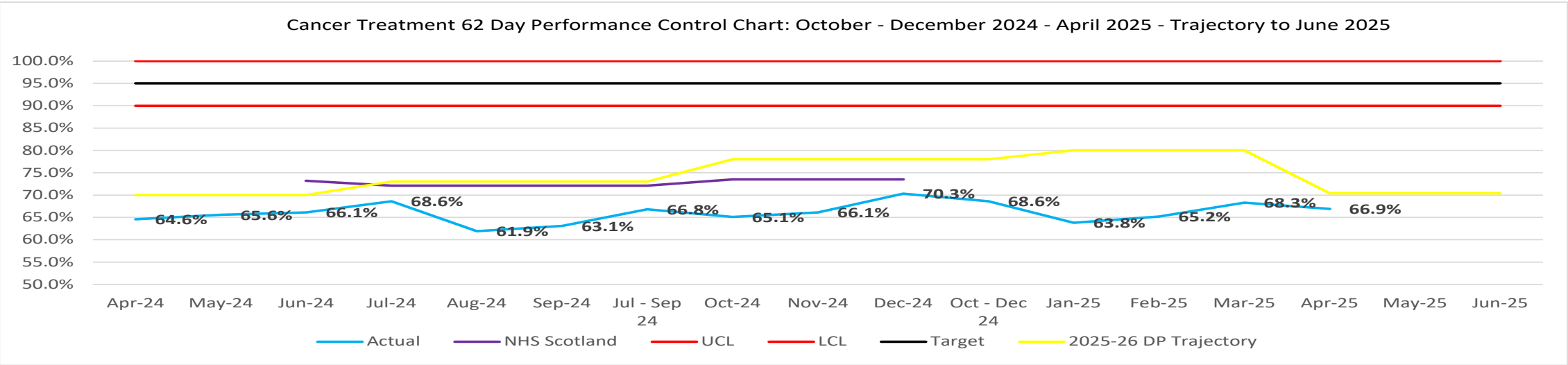
Overall compliance with the Cancer 31 Day Waiting Times Standard marginally reduced from 96.2% in March 2025 to 94.6% in April 2025. A total of six of the ten cancer types exceeded the 95% target (a reduction on the nine reported the previous month). The cancer types below target were Urological (87.0% - 127 of the 146 eligible referrals started their treatment within 31 days of referral), Cervical (93.3% - 14 of the 15 eligible referrals started their treatment within 31 days of referral), Colorectal (93.7% - 59 of the 63 eligible referrals started their treatment within 31 days of referral) and Lung (94.9% - 93 of the 98 eligible referrals started their treatment within 31 days of referral). Actions to address performance in relation to the high volume urological and colorectal cancer types are outlined on 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
70.4%

Performance
66.9%



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

Summary

Current Position (including against trajectory):

The latest provisional position is **66.9%** (253 of the 378) eligible referrals were seen for the month ending April 2025, a reduction on the previous month's position of 68.3%. **Below the trajectory of 70.4%.**

Against National Target:

At the quarter ending December 2024, the latest national published position, NHSGGC's performance (68.6%) was below the national position of 73.5%.

Target to 31 March 2026:

2025-26 DP trajectory of 76.4% of patients starting their first cancer treatment within 62 days of receipt of urgent referral by March 2026. National target remains at 95.0%. Work is underway to continue to improve the current position.

Commentary

In terms of volume of patients, the main challenges to performance continue to be in Colorectal (48.9% - 23 of the 47 eligible referrals started their treatment within 62 days) and Urology (31.6% - 25 of the 79 eligible referrals started their treatment within 62 days of referral). Within Urology the volume of USOC referrals (prior to vetting) has increased by 8.5% on the same month the previous year, increasing from a total of 601 referrals in April 2025 to 652 referrals in April 2025. Other lower volume cancer types challenged during April 2025 include, Head and Neck (54.5% - six of the 11 eligible referrals started their treatment within 62 days of referral), the volume of USOC referrals have increased by 9.0% when compared to the same month the previous year, Lymphoma (66.7% - four of the six eligible referrals started their treatment within 62 days of referral), the volume of USOC referrals increased by 10.3% on the same month the previous year and Cervical (12.5% - one of the eight eligible referrals started their treatment within 62 days of referral). Key actions to address performance in those high volume 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 continue to be seen in the context of the increase in the number of USOC referrals when compared to the same month the previous year. By way of context the number of USOC referrals increased by 5.3% during April 2025 when compared to the same month last year, increasing from 6,225 in April 2024 to 6,588 in April 2025.
- In Dermatology, Digital Dermatology was rolled out across NHSGGC and the impact of this is scheduled to be reviewed at the end of the Quarter.

Colorectal - April 2025 Performance: 48.9% - 23 of the 47 eligible referrals started their treatment within 62 days of referral (below the April - June 2025 trajectory of 52.0%).

- Colorectal performance reduced from 63.0% in March 2025 to 48.9% in April 2025 and Colonoscopy delays continue to be the main reason for breach. Overall performance is below the 2025-26 DP trajectory for April - June 2025.
- The Acute Clinical Governance Committee supported new guidelines for Qfit score that will assist with streamlining patients. These have been implemented from 3 February 2025, with a reduction of 15% anticipated in tracked colorectal patients classified as Priority 3B. Revalidation of the Priority 3 Colorectal waiting list to the revised parameters is under way and in May 2025 there are less than 50 of the old "Category 3" cases remaining on the endoscopy waiting list.
- Funding to re-provide some of the Mobile Unit activity on base sites has been agreed and the operational requirements for this are currently being reviewed and confirmed. The activity previously delivered at the weekend is challenging to replicate however, the service is in discussion with the local team regarding options for running Sunday lists.
- Endoscopy services are reinstating the use of Cyto-sponge in May 2025, a minimally invasive procedure which can replace endoscopy for Upper Gastrointestinal condition. This was previously ceased due to product issues.

Head & Neck - April 2025 Performance: 54.5% - six of the 11 eligible referrals started their treatment within 62 days of referral (below the April - June 2025 trajectory of 60.0%).

- Head & Neck performance reduced from 62.5% in March 2025 to 54.5% in April 2025. Performance is due to the waits within Ear Nose & Throat in that a number of patients continue to wait over 14 days for a first outpatient appointment despite additional waiting list clinics being run.
- Recruitment for the longer term solution of the diagnostic hub has been concluded and two Clinical Nurse Specialists (CNS) started in post in January 2025. In April 2025 the service benefitted from an additional 20 slots per week (10 per nurse), which has been further increased in May 2025 to 34 slots per week (17 per nurse) in capacity, these are not all USOC as there is learning required across patient presentations. The impact on waiting times will be gradual, with improvement anticipated to full implementation in 12 months when a one stop service will be delivered by the CNS.

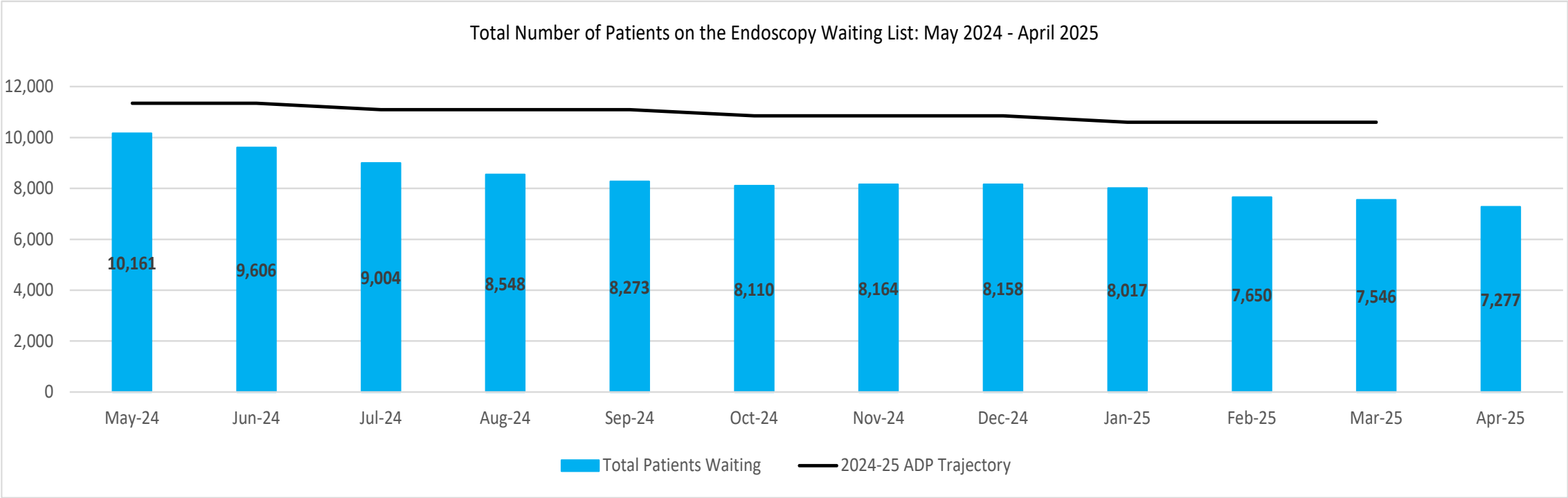
21. BETTER CARE: Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer (Continued)

Urology - April 2025 Performance: 31.6% - 25 of the 79 eligible referrals started their treatment within 62 days of referral (below the April - June 2025 trajectory of 42.5%).

- Urology performance reduced from 32.6% in March 2025 to 31.6% in April 2025. 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 in place for Trans Urethral Resection of Bladder Tumour (TURBT) and the services are working across sectors to deliver this service. Current waiting times for this treatment are currently at nine weeks.
- Additional sessions continue to address the backlog of Robotic Assisted Laparoscopic Prostatectomy (RALP) patients, with one list planned to be switched from colorectal to urology from end of April 2025. Unfortunately, this has not been possible due to lack of appropriate surgical assistants, which is now in the recruitment process. In the interim, the service are hoping that a specialty doctor who has been appointed can support this additional capacity from June 2025. The waiting times for RALP is currently circa seven weeks for urgent and nine weeks for routine cases. Monthly demand and capacity information has been gathered to facilitate analysis of ongoing capacity requirements.
- The service has made contact with NHS Lanarkshire and discussion are ongoing to identify what support they can provide, initially for patients on NHSGGC waiting lists from the Lanarkshire Health Board area.
- 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 April 2025 in the South sector.
- A trial to carry out TP Biopsy at the Diagnostic Hub in the North Sector was undertaken with 10 sessions run during January - March 2025. The service are now delivering this on a regular basis. The CNS in Clyde began independent lists for TP Biopsy and TRUS from April 2025.
- Delays continue from Multi Disciplinary Team (MDT) to decision to treat, particularly in the prostate pathway and waiting list clinics are in place to support this as current waits for results clinic and post MDT appointments are currently at four weeks plus.
- The Oncology Team are reviewing options to facilitate joint clinics with the Surgical Service to reduce waiting times between clinic appointments for patients considering alternative radical options. The potential to use a virtual or hybrid approach is being scoped. The service aims to commence this in Quarter 1 of 2025-26.
- Demand, Capacity, Activity and Queue (DCAQ) work is underway nationally for urology, in recognition of the national demand pressures experienced within this speciality.
- Urology Steering Group commenced in March 2025, chaired by the Regional Acute Director and Diagnostic Chief of Medicine. There are three sub-groups looking at Clinical Pathways, Management Redesign and Workforce Planning. The overall objective is to develop a plan which leverages opportunities to achieve an optimal operating model, providing effective and efficient use of resources to improve patient pathways and patient access to Urology Services.

22. BETTER CARE: Diagnostics – Endoscopy Waiting List
Number of patients on the Endoscopy waiting list

For
Information



Summary

Current Position:

As at April 2025 month end, there were **7,277** patients on the overall waiting list, representing a further 3.0% improvement on the previous months' position.

Current Position Against National Position:

No relevant national position.

Target for 31 March 2026:

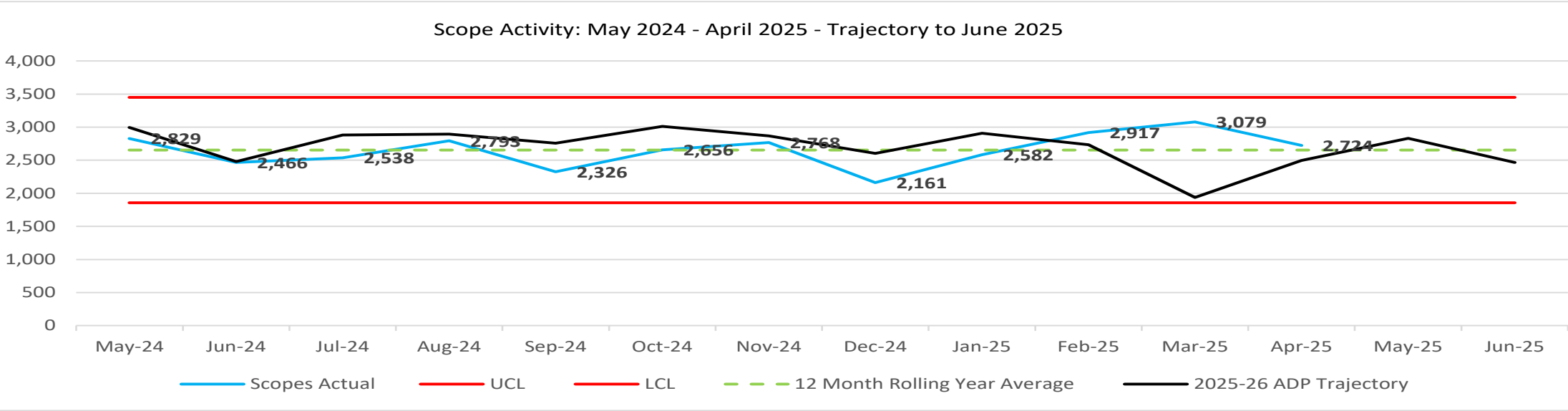
There is no target for 2025-26 target however, NHSGGC remains committed to reducing the number of patients on the endoscopy waiting list.

23. BETTER CARE: Diagnostics - Endoscopy Activity

Number of Endoscopy tests carried out

Target
2,495

Performance
2,724

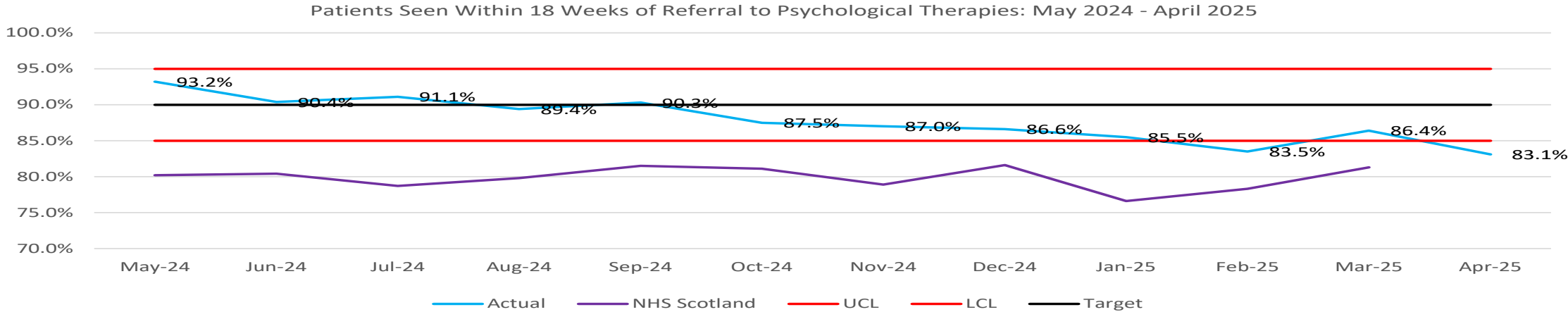


Summary

Current Position (including against trajectory):	A total of 2,724 endoscopies were carried out during April 2025, above the 2025-26 DP trajectory of 2,495. Above trajectory by 9.2%.
Current Position Against National Target:	No national target relevant.
Target for March 2026:	2025-26 DP target of 31,091 endoscopies to be carried out by March 2026.

As seen from the chart above, NHSGGC is currently exceed the planned activity levels providing 229 more patients with access to an endoscopy test during April 2025.

<div> 24. BETTER CARE: Psychological Therapies - % of eligible referrals starting treatment <18 weeks of referral </div> <div> At least 90% of eligible referrals will wait no longer than 18 weeks from referral to start their first treatment </div>	<div>Target</div> <div>90%</div>	<div>Performance</div> <div>83.1%</div>
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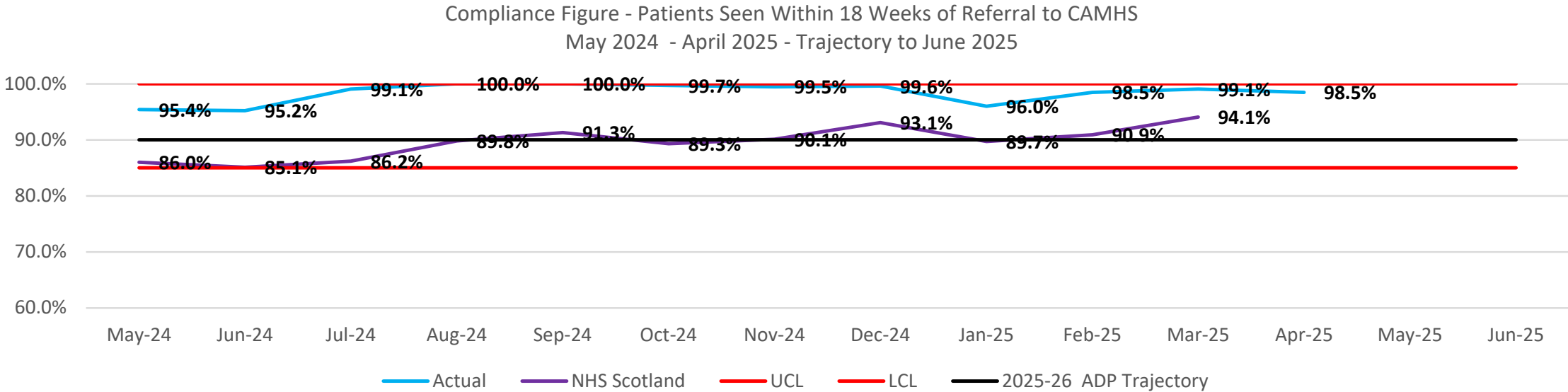
Summary

<div>Current Position (including against trajectory):</div>	<div>In April 2025, 83.1% eligible referrals were seen <18 weeks of referral, a decrease on the previous months’ position of 86.4%. 6.9% below the national target of 90%.</div>
<div>Current Position Against National Target:</div>	<div>National Target 90%. Performance for the latest monthly published position (March 2025) was 86.4%, above the national position of 81.3%.</div>
<div>Target for 31 March 2026:</div>	<div>Current performance is below the national target of 90%.</div>

Key Actions

- The 160+ services continue to prioritise actions aiming to balance the delivery against the target and reduce the number of long waiting patients.
- The reduction in compliance with target in April 2025 follows the services’ continued focus on addressing the longest waiting patients and prioritising starting Psychological Therapies (PT) with patients waiting >18 weeks (156 patients in March 2025 increasing to 206 patients in April 2025). This, coupled with the effect of continual new demand, alongside the review of SG Mental Health funding and the impact this has had on PT funded posts compounded by the lengthy recruitment process are all having an impact on the ability to deliver a service to meet the target. These influencing factors are likely to continue to impact in 2025-26.
- Local short-term initiatives (e.g. targeting long waits following the process of a successful recruitment) results in a localised short-term increase both in the number accessing a PT (total number starting a PT) and the number starting a PT who had waited over target.

<div>25. BETTER HEALTH: Child and Adolescent Mental Health - % of eligible patients starting treatment <18 weeks of referral</div> <div>At least 90% of eligible referrals will wait no longer than 18 weeks from referral to start their first treatment</div>	<div>Target</div> <div>90%</div>	<div>Performance</div> <div>98.5%</div>
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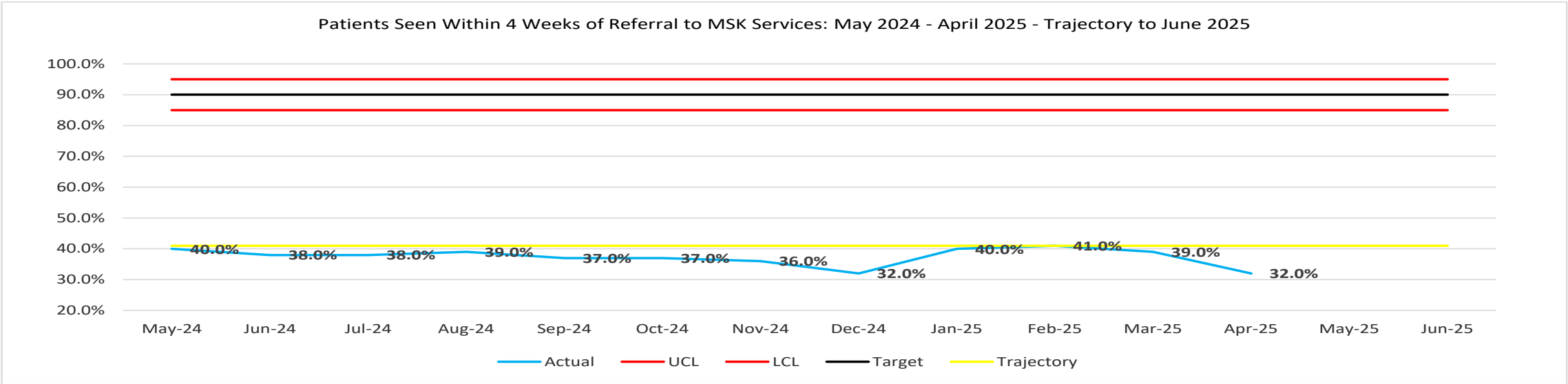


Please note: The national published April - July 2025 data is scheduled to be published in September 2025.

Summary

Current Position (including against trajectory):	In April 2025 98.5% of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral, exceeding the national target of 90%. Above the national target by 8.5%.
Current Position Against National Target:	National Target 90%. Performance for the latest quarterly published position (ending March 2025) was 99.1%, above the national position of 94.1%.
Target for 31 March 2026:	2025-26 national target of 90%. Currently exceeding the national target.
Current monthly performance continues to by far exceed the national waiting times target of 90% and NHS Scotland’s overall position.	

<div> 26. BETTER CARE: MSK Physiotherapy Waiting Times - % of patients seen <4 weeks </div> <div> At least 90% of referrals will wait no longer than 4 weeks from referral to start treatment </div>	<div>Target</div> <div>41.0%</div>	<div>Performance</div> <div>32.0%</div>
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Please note: The release of the next publication containing national data will be during the summer 2025. Data is now released annually.

Summary

<div>Current Position (including against trajectory):</div>	<div>In April 2025, 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 the urgent referrals).</div>
<div>Current Position Against National Target:</div>	<div>Performance for the latest national published position (quarter ending March 2024) is 65%, above the national position of 51%.</div>
<div>Target for 31 March 2026:</div>	<div>41% by March 2026 (trajectory reflects referral rates being higher than the previously agreed trajectory).</div>

The programme of quality improvement work underway to improve performance are outlined on slide 43. The service continues to see an increase in demand. For example, the number of referrals increased by 6.8% in 2024/25 (73,680 referrals in 2023/24; 78,746 referrals in 2024/25). The number of new patient appointments increased by 7% increasing from 4,749 in March 2025 to 5,104 in April 2025. Similarly, the number of return appointments also increased by 21% on the previous months’ appointments increasing from 14,121 return appointments reported in March 2025 to 15,188 in April 2025. Actions to address performance are outlined in the next slide.

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

Commentary

The overall downturn in compliance with the national target in April 2025 is in the main due to the increase in vacancies, increased sickness absence, easter holidays in addition to the service continuing to release 0.9 wte to support orthopaedic spinal waiting times, all of which has proven challenging during April 2025. There is also an issue around lack of capacity in both the east and west quadrants at present which is presenting challenges around continuing to manage a single board-wide waiting list. The service is currently considering the movement of staff between quadrants to try and rectify this issue. Usually there would be an option to address this issue with agency staff but there is no reserves budget to support this.

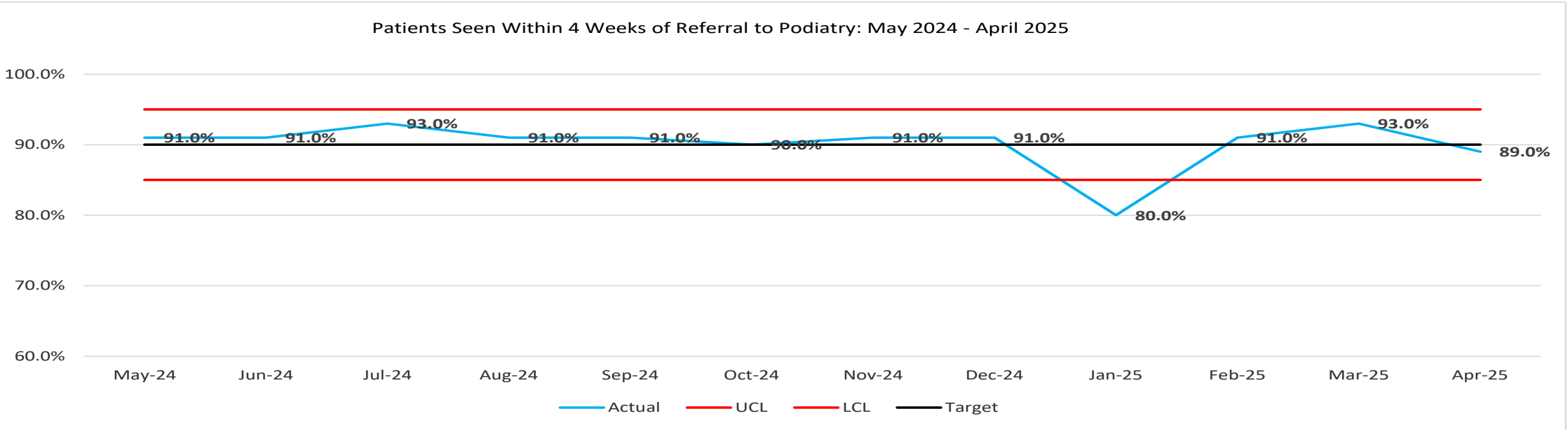
- HIS have supported MSK Physiotherapy service with a seven-week sprint QI model to support waiting times work. The HIS team supported three projects, all aimed at improving access and increasing service efficiency. The three projects are: Patient Initiated Review, Empowerment of patient at point of referral (Netcall evaluation) and the spread of Osteo Arthritis pathways work. The first two tests of change are just starting as part of the Sprint QI Model and the findings informed larger project work which commenced in April 2025.
- The service has refreshed representation on the priority project group to address routine waiting times. A webinar took place to generate staff ideas in early May 2025.
- The service has been challenged in accommodating urgent new patient slots (due to a proportionate increase in urgent referrals) and routine appointment slots have been converted to meet the urgent demand.
- Return slots not utilised continue to be merged and converted to new patient slots as part of an ongoing test of change to improve efficiency. This resulted in an additional 66 new patient appointments in April 2025.
- The service continues to support orthopaedics with patients waiting for a spinal appointment which is having an impact on MSK waiting times. 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 almost mitigate the loss of staff e.g. 100 hours backfill in April 2025.

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
89.0%



Summary

Current Position (including against trajectory):

89% of eligible podiatry patients were seen <4 weeks of referral in April 2025, a reduction on the previous months' position. **Marginally below the national target by 1%.**

Current Position Against National Target:

No national position available.

Target for 31 March 2026:

Target of 90% (national target). **Performance is marginally below the national target of 90%.**

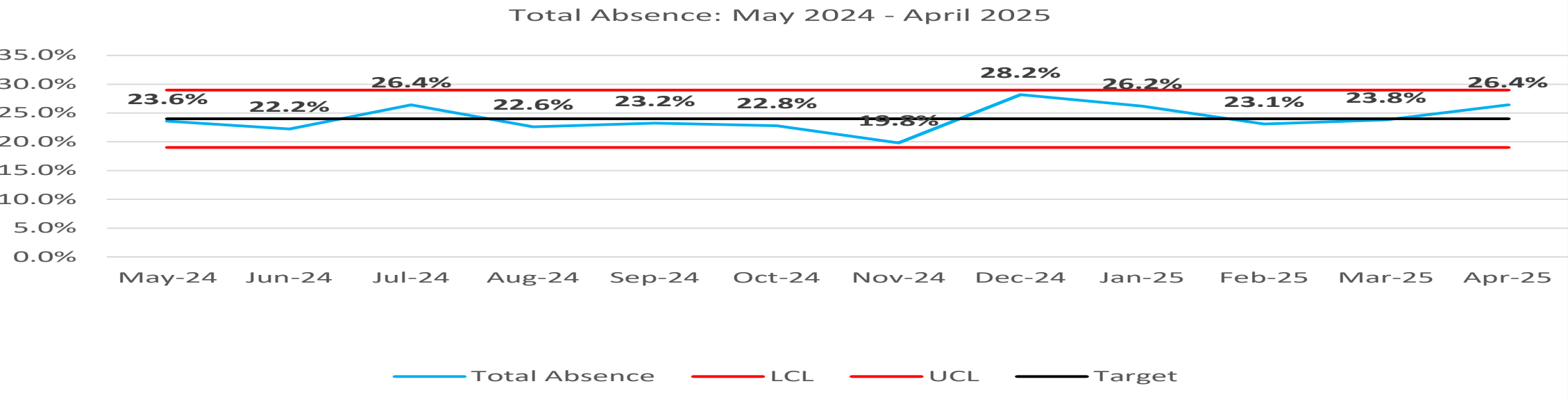
Key Actions

As seen from the chart above, performance in relation to the number of podiatry patents seen <4 weeks was marginally below the national target of 90%. However, it should be noted that despite the reduction in compliance with the four-week target, there was an overall increase in patients seen during April 2025 when compared to the previous month (3,683 patients seen compared to 3,521 the previous month). The reduction in compliance is due to the reduced capacity during the easter holidays coupled with an increase in the number of referrals. The Podiatry Teams are planning capacity for the coming months and anticipate compliance with target again next month.

28. BETTER WORKPLACE: Staff Absence Total
The reasons for absence across NHSGGC

Target
24.0%

Performance
26.4%



Summary

Current Position: During April 2025, overall absence across NHSGGC was 26.4%, an increase on the 23.8% reported the previous month. The highest levels of absence across NHSGGC are due to annual leave (10.6% a decrease on the 12.8% the previous month) and sickness absence (7.1% an increase on the 6.9% the previous month).

Current Position Against National Target: No relevant national target.

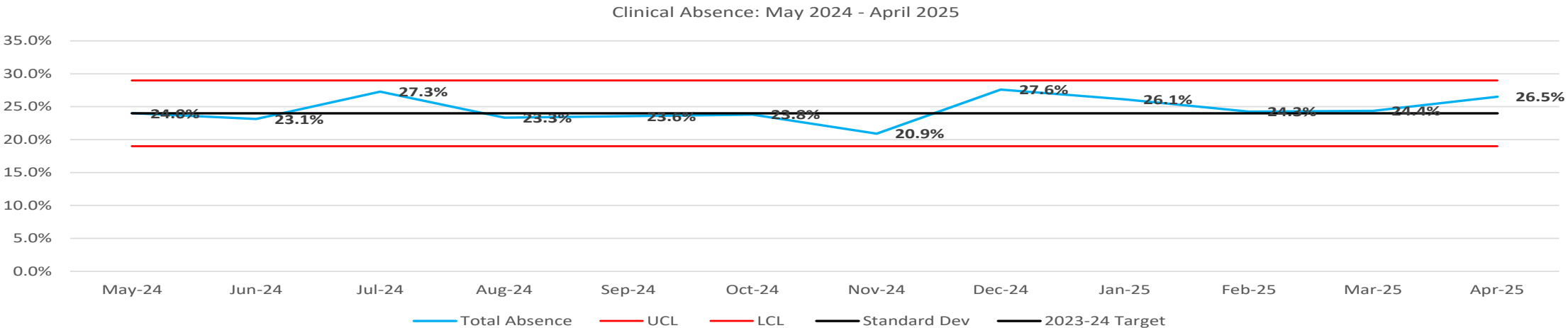
Target for 31 March 2026: Local target of no more than 24.0% during 2025-26. **Overall performance is outwith the local target.**

Overall absence across NHSGGC was 26.4% in April 2025, an increase on the 23.8% reported the previous month. This is mainly due to the two Public Holidays during April 2025 accounting for 4.4% of the overall absence reported. Actions to address sickness absence are outlined on slide 47.

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

Target
24.0%

Performance
26.5%



Summary

Current Position (including against trajectory):

At the end of April 2025, the overall clinical absence total was **26.5%**, outwith the target of 24.0%. **Outwith the 24.0% target by 2.5%**

Current Position Against National Target:

No national data available.

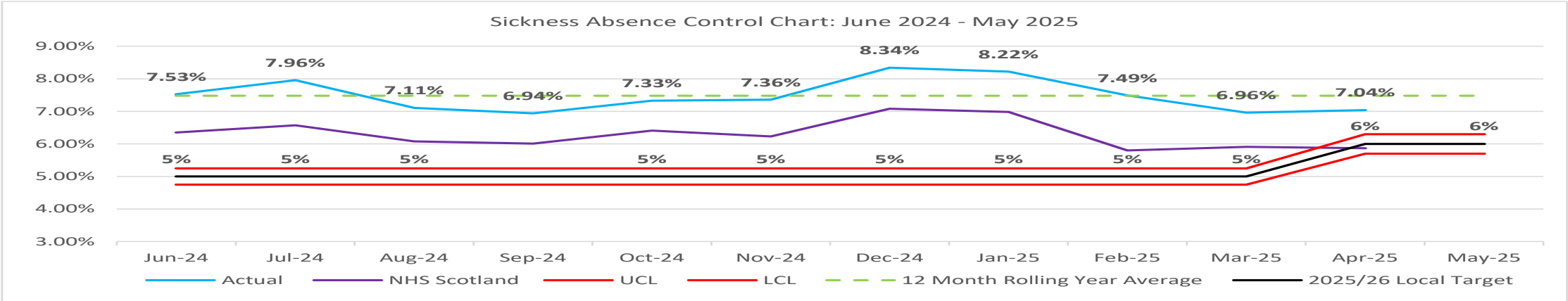
Target for 31 March 2025:

Local target 24.0%. **Overall performance is outwith the local 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 April 2025 were annual leave (11.0%), sickness absence (7.1%) and public holidays (3.3%). Actions in place to address levels of sickness absence are outlined on the next slide.

<div> 29. BETTER WORKPLACE: Staff Sickness Absence Rate Reduce sickness absence percentage to meet local target of 5% </div>	<div> Target 6.0% </div>	<div> Performance 7.04% </div>
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Summary

Current Position (including against trajectory):

Current performance **7.04%**, an increase on the 6.96% reported the previous month. **1.04% above the 2025-26 target of 6.0%.**

Current Position Against National Target:

Above national average of 5.87% for April 2025.

Target for 31 March 2026:

2025-26 local target of 6% and national target of 4%. Current performance is above both targets.

Key Actions

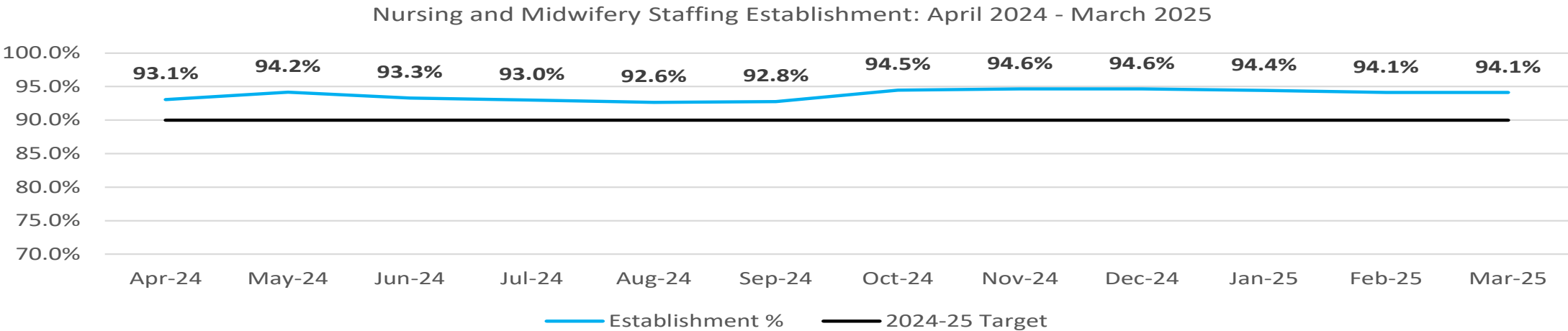
Current performance of 7.04% (2.78% short term and 4.26% long term) represents an increase on the March 2025 position (6.96%). Overall, short term absence remained the same and long term absence increased by 0.12% on the previous month’s position. Acute conveys an increase of 0.33%, HSCPs increased by 0.04%, Estates and Facilities position increased by 0.39% and Corporate Services decreased by 0.29% when compared to the previous month.

The focus in 2025 has been on reducing long term sickness absence cases to address the increase. The actions have included senior HR reviewing all cases over 120 days, requiring action plans to resolve cases with a duration of over nine months and the Depute Director of HR reviewing all cases over 12 months in duration. While this resulted in a reduction in long term absence to 4.14% in March 2025 from 4.64% in December 2024 long term absence has increase again to 4.26%. Focused efforts will continue into Quarter 2.

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

Target
90.0%

Performance
94.0%



Summary

Current Position (including against trajectory):

At the end of March 2025, 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.

Target for 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%.

31. BETTER WORKPLACE: Supplementary Staffing Total

For Information

Agency: Shifts Filled	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Nursing & Midwifery: Premium Rate Agency	1	0	0	0	0	0	0	0	0	0	0	0	0
PRA Reduction from March 25	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%
Nursing & Midwifery: Standard Rate Agency	1,787	2,161	1,828	1,686	1,336	1,099	862	549	393	927	893	973	728
SRA Reduction from March 25	73.7%	68.4%	73.2%	75.3%	80.2%	83.9%	87.4%	92.0%	94.3%	86.4%	86.9%	85.8%	89.4%
Nursing & Midwifery: Bank	36,836	38,857	38,772	39,248	39,927	37,693	37,021	34,193	31,839	36,107	34,740	38,817	34,615
Reduction from March-25	8.1%	3.1%	3.3%	2.1%	0.4%	6.0%	7.7%	14.7%	20.6%	10.0%	13.4%	3.2%	13.7%

Summary

Current Position (including against trajectory):

Since May 2024 there has been no premium rate agency nursing and midwifery staff used and an overall reduction in the use standard rate agency nursing and midwifery staff. Similarly, there has been an overall reduction in the use of nursing and midwifery bank staff.

Current Position Against National Target:

No national data available.

Target for 31 March 2026:

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, the use of Premium Rate Agency has stopped since April 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. The reasons for the trend in performance us as follows::

- Agency spend has been completely removed from Community areas, including Mental Health Services.
- Agency spend within Acute is dominated by the requirement to have one-to-one supervision of patients undertaken by a Registered Mental Health Nurse (RMN). This role does not exist within Acute Services, so when it is prescribed by a psychiatrist it is typically undertaken by an agency nurse due to limited bank staff being available. As this requirement now represents over 90% of all agency use, the patterns in this requirement directly influence the overall agency usage and spend.
- Agency usage in Acute is no longer influenced by under-establishment or sickness absence to any significant degree.

32. Rational For Control Limits Applied

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	2025-26 Whole System Plan Target	Based on 5% variance from trajectory	7
3	Unscheduled Care: A&E Attendances	Local Target (To be agreed)	Not Applied	9
4	Delayed Discharges: Number of Acute Delayed Discharges	Local Target (To Be Agreed)	Based on 5% variance from trajectory	12
5	Delayed Discharges: Number of Acute bed days lost to delayed discharges	Local Target (To Be Agreed)	Based on 5% variance from trajectory	14
6	Delayed Discharges: Number of Mental Health Delayed Discharges	Local Target (To Be Agreed)	Based on 5% variance from trajectory	16
7	Delayed Discharges: Number of Mental bed days lost to delayed discharges	Local Target (To Be Agreed)	Based on 5% variance from trajectory	18
8	Total number of Delayed Discharges per 100,000 adult population	National Target		20
9	GP Out Of Hours Activity	For Information	Not Applied	21
10	GP Out Of Hours: % of Scheduled Shifts Open	Local Target	Based on 5% variance from target	22
11	Number of patients on the New Outpatient Waiting List	For Information	Not Applied	23
12	Number of New Outpatients Waiting >78 weeks	For Information	Not Applied	24
13	Number of New Outpatients Waiting >52 weeks	2025-26 DP Target	Not Applied	25
14	New Outpatient Activity	2025-26 DP Target	Standard deviation is based on 12 month rolling average	27
15	Number of patients on the TTG Waiting List	For Information	Not Applied	28
16	Number of TTG Patients Waiting >104 weeks	For Information	Not Applied	29

32. Rationale For Control Limits (Applied Continued)

RATIONALE				
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
17	Number of TTG Patients Waiting >78 weeks	For Information	Not Applied	30
18	Number of TTG Patients Waiting >52 weeks	2025-26 DP Target	Not Applied	31
19	TTG Inpatient/Daycase Activity	2025-26 DP 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 / 2025-26 DP 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 / 2025-26 DP Target	Based on 5% variance from trajectory	35
22	Diagnostics: Endoscopy Waiting List	For Information	Not Applied	38
23	Diagnostics: Endoscopy Activity	2025-26 DP Target	Standard deviation is based on 12 month rolling average	39
24	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	National Waiting Times 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	National Waiting Times Target	Not Applied	41
26	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	National Waiting Target	Based on 5% variance from trajectory	42
27	Podiatry Waiting Times - % of patients seen <4 weeks	National Waiting Times 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
28	Clinical Absence (Total)	Local Target		46
29	Staff Sickness Absence Rate	National / Local Target		47
29	Short Term Absence Rate	Local Target	Based on 5% variance from target	47
29	Long Term Absence Rate	Local Target	Not Applied	47
30	Staffing Establishment Total (Nursing and Midwifery)	Local Target	Not Applied	48
31	Supplementary Staffing - Total	Local Target		49
BETTER VALUE				
No	Measure	Targets		Slide Number
32	Rationale for Control Limits Applied			50