

NHS Greater Glasgow and Clyde	Paper No. 24/65
Meeting:	NHSGGC Board Meeting
Meeting Date:	25 June 2024
Title:	Board Performance Report
Sponsoring Director:	Colin Neil, Director of Finance
Report Author:	Tricia Mullen, Head of Performance

1. Purpose

The purpose of this report is to:

- Provide Board members with an update on performance against the key indicators as outlined in the Performance Assurance Framework (AIF).

2. Executive Summary

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

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

- Dental Registrations for aged 0 – 2 years and 3 – 5 years as a proxy measure dental registrations and participation;
- Number of Listed Dentists weighted by populations;
- Number of GP List Closures;
- Staffing Establishment Total;
- Clinical Absence Total; and
- Supplementary Staffing Total.

As at April 2024 12 of the 34 measures that can be rated against target are currently delivering against target and rated green, six are rated amber (<5% variance from

trajectory), 12 have been rated red (>5% adverse variance from trajectory) and the remaining four measures with no target are rated grey.

Key Areas of Performance Improvement:

- The number of GP Out of Hours scheduled shifts that remained open (99.6%) during April 2024 continued to exceed the 90% planned position.
- Performance in relation to the number of CAMHS patients seen <18 weeks of referral (96.4%) continues to exceed the national target of 90% and the ADP planned position for April 2024.
- Similarly, performance in relation to starting a Psychological Therapy <18 weeks of referral (90.8%) also continued to exceed the national target for April 2024.
- Acute activity in relation to new outpatients, endoscopies and inpatient/daycases remains on track and currently exceeding the ADP trajectory for April 2024.
- There has been significant improvement in the number of new outpatients waiting >78 weeks in April 2024, the number of patients waiting has reduced from 837 for the month ending April 2023 to 26 for the month ending April 2024.
- Similarly, whilst the number of new outpatients waiting >52 weeks is above the planned position, 5,111 for April 2024, the number of patients waiting has reduced from 10,834 in April 2023 to 6,340 in April 2024.
- The number of patients waiting for an endoscopy test (10,794) is ahead of the planned position (11,351) for April 2024.
- Performance in relation to patients accessing Podiatry Services <4 weeks, (93%) continues to exceed the national target.

Key Areas of Performance in Need of Improvement:

- Performance in relation to the Cancer 62 Day Waiting Times remained challenging reducing from 66.6% in March 2024 to 64.6% in April 2024, however performance, should be seen in the context of the significant increase in Urgent Suspicion of Cancer referrals.
- The percentage of cancer patients treated within 31 days of decision to treat saw a slight reduction on the previous months' position, reducing from 95.1% in March 2024 to 94.7% in April 2024.
- Overall compliance with the A&E four hour waits (70.1%) saw an increase on the previous months' position (69.7%). However, performance remains significantly below the 95% target. Performance is in line with the overall national trend.
- There was a 1% increase in the number of acute delays reported in April 2024 (301 compared to 297 the previous month), performance remains challenging although the number of acute bed days lost to delayed discharge reduced by 10% reducing from 9,889 in March 2024 to 8,897 in April 2024.
- The number of mental health delayed discharges also remains a challenge with a total of 96 mental health delays reported in April 2024 however, the number of bed days lost reduced by 2% (from 2,815 in March 2024 to 2,753 in April 2024).
- Performance in relation to each of the TTG long waiting time reduction targets of >104 weeks is above the planned position for April 2024.
- Whilst there was an improvement in the MSK Physiotherapy waiting times performance in terms of percentage of patients seen <4 weeks (43%) compared to the previous months' position (42%), performance remains significantly below target as focus continues on reducing the longest waiting times.

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

3. Recommendations

- The Board members are asked to note the performance across NHSGGC in relation to the KPIs outlined in the AIF.
- Note that the remaining measures contained within the AIF i.e. those identified to be reported less frequently via other performance reports and Committees, have been aligned to the Board's schedule of business.

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

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

- | | |
|------------------------|------------------------|
| • Better Health | <u>Positive</u> impact |
| • Better Care | <u>Positive</u> impact |
| • Better Value | <u>Positive</u> impact |
| • Better Workplace | <u>Positive</u> impact |
| • Equality & Diversity | <u>Positive</u> impact |
| • Environment | <u>Positive</u> impact |

6. Engagement & Communications

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

7. Governance Route

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

8. Date Prepared & Issued

Prepared on 14 June 2024
Issued on 18 June 2024

NHS GREATER GLASGOW & CLYDE BOARD MEETING



Board Assurance Information Framework – June 2024 Performance Report

Contents

Board Committee Name:
NHSGGC Board












Responsible Division:
HSCPs, Acute & Corporate

Report Date:
25 June 2024




























Reporting Frequency:
Bi-Monthly

AT A GLANCE









































BETTER HEALTH

No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	New Measures	Slide Number
1	COBH1&3/COBC7	OPBH3.0	Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral	93.8%	90.0%				✓		6
2	COBH1/4	OPBH1.2	Dental Registrations and Participation - 0 - 2 years	43.3%	60.0%					✓	7
2	COBH1/4	OPBH1.2	Dental Registrations and Participation - 3 - 5 years	75.1%	87.9%					✓	7
3	COBH1/4	OPBH1.2	Number of Dentists weighted by population (per 10,000 popu)	7.6%	FIO					✓	8




























BETTER CARE





No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target		Slide Number
4	COBC7/10	OPBC9.0	Unscheduled Care: A&E 4 Hour Waits	70.1%	95.0%						9
5	COBC7/10	OPBC9.0	Unscheduled Care: A&E Attendances	33,982	2% Reduction						11
6	COBC10	OPBC9.0	Delayed Discharges: Number of Acute Delayed Discharges	301	258						14
7	COBC10	OPBC9.0	Delayed Discharges: Number of Mental Health Delayed Discharges	96	58						16
8	COBC10	OPBC9.0	Delayed Discharges: Number of Acute bed days lost to delayed discharges	8,897	7,889						18
9	COBC10	OPBC9.0	Delayed Discharges: Number of Mental bed days lost to delayed discharges	2,753	1,857						20
10	COBC10	OPBC9.0	GP Out Of Hours Activity	14,317	FIO						22
11	COBC10	OPBC9.0	GP Out Of Hours: % of Scheduled Shifts Open	99.6%	90.0%				✓		23
12	COBC7	OPBC12.0	Number of GP List Closures	6	FIO					✓	24




Contents (Continued)	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs, Acute & Corporate	Report Date: 25 June 2024	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 2025	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number
13	COBC7	OPBC7.0	Number of patients on the New Outpatient Waiting List	155,945	152,349					25
14	COBC7	OPBC7.0	Number of New Outpatients Waiting >78 weeks	26	0					26
15	COBC7	OPBC7.0	Number of New Outpatients Waiting >52 weeks	6,340	5,111				✓	27
16	COBC7	OPBC7.0	New Outpatient Activity	22,153	21,928				✓	29
17	COBC7	OPBC7.0	Number of patients on the TTG Waiting List	46,953	47,092					30
18	COBC7	OPBC7.0	Number of TTG Patients Waiting >104 weeks	2,590	2,441					31
19	COBC7	OPBC7.0	Number of TTG Patients Waiting >78 weeks	6,843	7,112					32
20	COBC7	OPBC7.0	Number of TTG Patients Waiting >52 weeks	14,454	14,365					33
21	COBC7	OPBC7.0	TTG Inpatient/Daycase Activity	5,366	5,193				✓	35
22	COBC7	OPBC8.0	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	94.7%	95.0%					36
23	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	64.6%	80.0%					37
24	COBC7	OPBC7.0	Diagnostics: Endoscopy Waiting List	10,794	11,351				✓	40
25	COBC7	OPBC7.0	Diagnostics: Endoscopy Activity	3,158	2,881				✓	41
26	COBC7/ COBH5	OPBC13.1	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	90.8%	90.0%					42
27	COBC7/ COBH5	OPBC13.2	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	96.4%	90.0%				✓	43

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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 2025	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number	
28	COBC7	OPBC12.0	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	65.0%	90.0%					44	
29	COBC7	OPBC12.0	Podiatry Waiting Times - % of patients seen <4 weeks	93.0%	90.0%				✓	46	
BETTER WORKPLACE											
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number	
30	COBW20	OPBW6.1	Staff Absence (Total)	24.9%	24.0%					47	
31	COBW18	OPBW6.1	Clinical Absence (Total)	25.5%	24.0%				✓	48	
32	COBW20	OPBW6.1	Staff Sickness Absence Rate	7.3%	5.0%					49	
32	COBW20	OPBW6.1	Short Term Absence Rate	3.2%	2.0%					49	
32	COBW20	OPBW6.1	Long Term Absence Rate	4.1%	3.0%					49	
33	COBW18	OPBW6.2	Staffing Establishment Total (Nursing and Midwifery)	95.3%	90.0%				✓	50	
34	COBW18	OPBW6.3	Supplementary Staffing - Total	FIO	FIO				✓	51	
BETTER VALUE											
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number	
	COBV 11/12	OPBV15.0	The Better Value measures are reflected within the Finance Report								
35			Rationale for Control Limits Applied								52

Key	Performance Status
On target or better	
Adverse variance of up to 5%	
Adverse variance of more than 5%	
No target	

Legend	
Improvement on previously reported position	
Deterioration on previously reported position	
No change to previously reported position	
Not Applicable	N/A

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 2024 position. The measures contained within the report reflect the following:

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

April 2024, presented a number of challenges across the health and care system impacting our ability to treat, discharge and admit patients from our Emergency Departments (EDs). During April 2024 there were a total of 397 patients medically fit for discharge remaining in a hospital bed. This alongside high bed occupancy levels continued to have a negative impact on our performance against the four hour emergency access standard in that 70.1% of patients presenting were seen within four hours in April 2024, a slight increase on the previous months' position (69.7%). Addressing delayed discharges continues to be a priority for NHSGGC. Performance in relation to the 62 day cancer target also remains a challenge due to the significant increase in the overall volume of USOC referrals since pre-pandemic. There are detailed improvement actions underway to address performance, some of which are outlined in the relevant slides.

During April 2024, our focus continued to remain on the delivery of key activity targets, the rigorous management of all health and social care waiting lists and the continued focus on eliminating the backlog of long waiting patients that accumulated during the pandemic, in line with SG targets, alongside managing patient flow through our hospitals to help address the challenges in unscheduled care. This ongoing focus has ensured that our Acute planned care activity measures in relation to key new outpatient appointments, diagnostic tests and inpatient/day cases continued to exceed planned activity levels providing more patients with access to the care they need. There also continues to be an ongoing focus on reducing the number of long waiting patients and the impact of this can be seen the number of patients waiting >52, >26 and >6 weeks to access an endoscopy all being ahead of the planned position for April 2024 and continue to reduce on a monthly basis. Performance in relation to the CAMHS and Psychological Therapies waiting times standards of 90% remained positive with current performance continuing to exceed national target. Access to Podiatry Services (93% of patients seen <4 weeks) and GP Out of Hours service (OOH) also remains positive where the number of scheduled shifts that remained open (99.6%) in April 2024 continued to by far exceed the planned position of 90%.

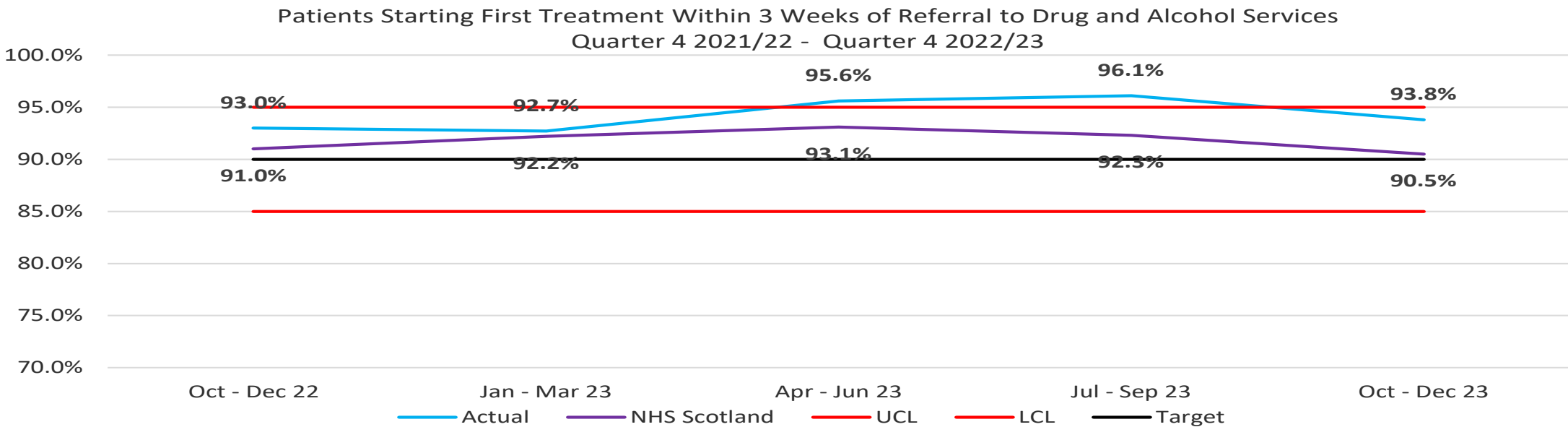
All measures are reflected in the At A Glance sheet however, measures contained within the report only reflect those where the current or projected position has an adverse variance of either >5% or up to 5% i.e. measures rated as either red or amber. As at the end of April 2024, 12 of the 34 measures contained within the report are currently delivering against trajectory, six are rated amber (<5% variance from trajectory), 12 rated red (>5% adverse variance from trajectory) and the remaining four measures with no target 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.

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 4 weeks from referral to start their first treatment

Target
90%

Performance
93.8%



Please note: The national published January - March 2024 data is scheduled to be published on 25 June 2024.

Summary

Current Position (including against trajectory):	As at the quarter October - December 2023, 93.8% of patients referred for alcohol and drugs treatment treated <3 weeks of referral. Above the 90% national target. 3.8% above target.
Current Position Against National Target:	NHSGGC performance is above the latest national quarterly published position of 90.5% for the quarter ending December 2023.
Projection to 31 March 2024:	National Target 90%. Performance is expected to continue to exceed target by March 2024.

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

2. BETTER HEALTH: Dental Registrations and Participation

Target
60%/87.9%

Performance
43.3%/75.1%

HSCP	Sep-19		Sep-21		Sep 2022*		Oct 2023**					
	0-2 yrs old	3-5 yrs old	0-2 yrs old	3-5 yrs old	0-2 yrs old	3-5 yrs old	0-2 yrs old	Target	Status	3-5 yrs old	Target	Status
East Dunbartonshire	52.0%	90.6%	27.1%	82.0%	36.6%	80.2%	43.0%	60.0%		76.2%	85.8%	
East Renfrewshire	53.9%	92.2%	25.2%	79.7%	36.8%	77.8%	46.2%	60.0%		79.7%	87.9%	
Glasgow City	53.6%	91.3%	26.5%	84.5%	29.7%	77.0%	41.3%	55.0%		73.2%	90.0%	
Inverclyde	57.5%	93.6%	30.1%	84.9%	42.2%	78.5%	58.8%	60.0%		78.4%	88.0%	
Renfrewshire	54.8%	93.2%	29.3%	86.8%	36.3%	78.7%	45.7%	60.0%		80.5%	86.0%	
West Dunbartonshire	47.4%	87.0%	18.9%	78.0%	24.9%	68.2%	38.4%	60.0%		68.2%	83.9%	
NHSGGC	53.4%	91.4%	26.5%	83.7%	32.2%	77.1%	43.3%	60.0%		75.1%	87.9%	
Scotland	48.8%	89.8%	22.6%	79.8%	28.1%	73.1%	36.9%			71.2%		
% Variance	4.6%	1.6%	3.9%	3.9%	4.1%	4.0%	6.4%			3.9%		

* Latest data made available by Public Health Scotland.

** Data for October 2023 is local management information and caution should be taken when comparing with previous data. Mid-year population estimates have been used to generate the data and may be subject to change.

Summary

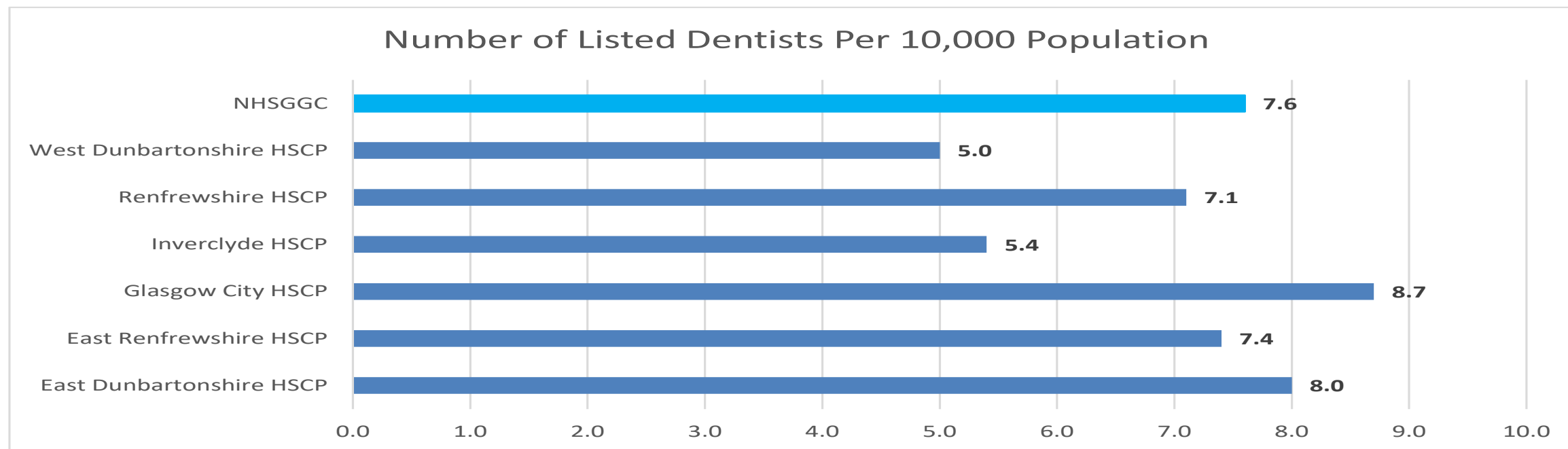
The above dental registration data reflects child registration as the adult registration data has limited utility. There is no current up to date participation data available in same way as was previously included in Public Health Scotland reports. The above dental registrations relating to young children highlights the impact of the pandemic particularly amongst the 3 - 5 year old age group. There has been an improvement for the 0 - 2 year old registrations and NHSGGC average remains above the national average for NHS Scotland. Performance is currently below the planned position.

Improvement Actions

- Activity to increase dental registrations in young children, with a particular focus on the most vulnerable children and families, is underway as part of the Health Visiting Universal Pathway.
- Work is also underway to increase the uptake of the Child smile Programme, with a particular focus on the most deprived areas, to establish tooth brushing.

3. BETTER HEALTH: Number of Lists Dentists Per 10,000 Population

For Information



Please note: the above data is generated using NHS List Numbers in NHSGGC and 2022 mid-year population estimates.

Summary

As seen from the chart above there are 7.6 registered dentists per 10,000 population across NHSGGC. Both Glasgow City and East Dunbartonshire HSCPs currently have more dentists per head of population than that of NHSGGC. West Dunbartonshire and Inverclyde HSCPs have the lowest number of registered dentists per head of population when compared with other HSCPs.

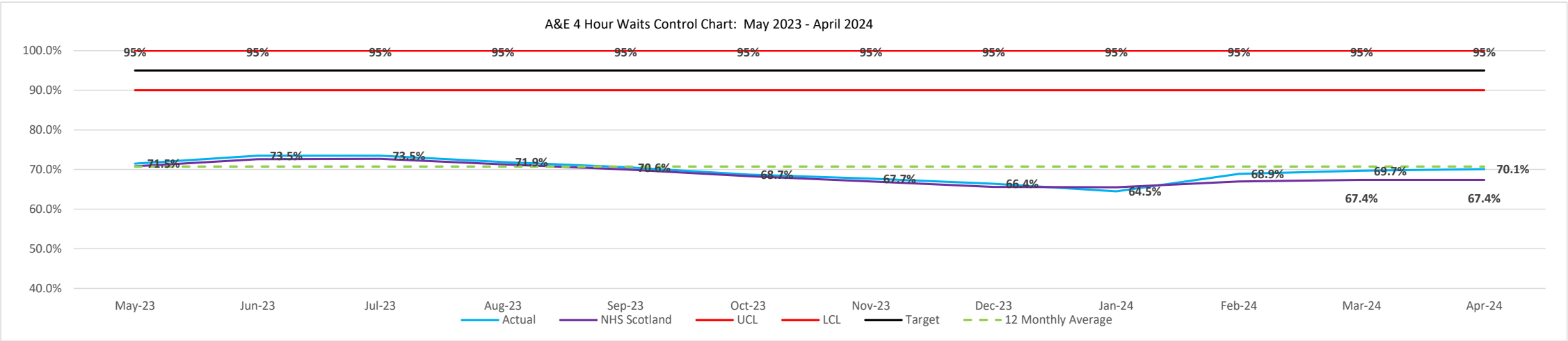
N.B. the figures for the number of NHS dentists per head of population are a crude measure, used in the absence of any other meaningful statistic. There is no benchmark for this data (and no national comparator). Furthermore, the data does not provide a WTE figure i.e. the number of NHS sessions a dentist works, the proportion of time spent in NHS versus private and does not take into consideration where a dentist may hold multiple list numbers working across more than one practice.

4. 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
95%

Performance
70.1%



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

Summary

Current Position (including against trajectory):

Currently **70.1%** of patients were seen within four hours, an improvement on the previous months position of 69.7%. Local management information for the week ending 9 June 2024 shows a further improvement in overall compliance at 72.9%. Performance remains below the national target of 95%.

Current Position Against National Target:

NHSGGC’s performance was above the latest national published position of 67.4% for April 2024 and overall performance is in line with the national trend.

Projection to 31 March 2025:

National target 95%. Provisional Quarter 4 trajectory of 70% (included in recent Unscheduled Care Funding Bid to SG).

Key Actions

A number of actions are outlined in the 2024-25 ADP recently submitted to the SG, have been identified to help drive the required improvements in unscheduled care including:

- Increasing Professional-to-Professional pathways to provide increased advice and support to community urgent care pathways.
- Maximising the Flow Navigation Centre using current pathways and the development of additional pathways.
- Continuing to promote our redirection message and optimise this message to further develop and widen its scope with a focus on minor illness.
- Extending access to the Hospital at Home (H@H) service through providing access to the Northwest locality to GPs who normally refer to the Queen Elizabeth University Hospital (QEUH) and increasing referrals to H@H for Acute Assessment Units.

4. 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
95%**

**Performance
70.1%**

Hospital Site	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Queen Elizabeth University Hospital	51.7%	51.8%	55.2%	53.3%	48.1%	47.9%	45.5%	45.1%	45.3%	40.6%	53.0%	51.1%	55.2%
Glasgow Royal Infirmary	41.9%	51.3%	57.2%	58.3%	60.6%	56.6%	51.9%	50.3%	51.3%	52.2%	55.8%	58.6%	51.1%
Royal Alexandra Hospital	67.1%	65.8%	66.1%	72.5%	68.6%	65.8%	66.2%	58.4%	56.8%	50.2%	55.5%	55.1%	62.0%
Inverclyde Royal Hospital	81.8%	82.1%	83.1%	86.8%	80.1%	74.6%	72.4%	75.2%	65.8%	64.5%	70.8%	72.5%	71.2%
Royal Hospital for Children	94.8%	97.3%	98.4%	99.1%	96.5%	94.8%	92.9%	92.9%	93.6%	95.1%	90.0%	92.5%	94.9%
Emergency Department Sub-Total	63.7%	66.5%	68.9%	68.9%	66.9%	65.1%	63.1%	61.0%	59.4%	58.8%	63.9%	64.7%	65.4%
Vale of Leven Hospital	93.0%	92.3%	91.3%	92.1%	91.7%	93.2%	91.5%	90.9%	88.7%	85.0%	88.3%	90.6%	87.2%
Stobhill Hospital	98.4%	98.3%	98.4%	99.9%	99.5%	98.7%	99.1%	99.7%	99.5%	99.8%	97.3%	95.1%	96.9%
New Victoria Hospital	97.6%	93.1%	92.4%	96.4%	94.7%	96.5%	97.9%	96.6%	97.5%	95.9%	97.4%	98.9%	99.8%
MIU Sub-Total	96.7%	94.7%	94.2%	96.5%	95.5%	96.2%	96.5%	95.8%	95.0%	93.9%	94.9%	94.9%	95.2%
ED & MIU Total	69.4%	71.5%	73.5%	73.5%	71.9%	70.6%	68.7%	67.7%	66.4%	64.5%	68.9%	69.7%	70.1%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
National Performance	69.3%	70.8%	72.6%	72.7%	71.3%	70.0%	68.3%	67.0%	65.6%	65.5%	67.0%	67.4%	67.4%
NHSGGC Variance from National Position	0.1%	0.7%	0.9%	0.8%	0.6%	0.6%	0.4%	0.7%	0.8%	-1.0%	1.9%	2.3%	

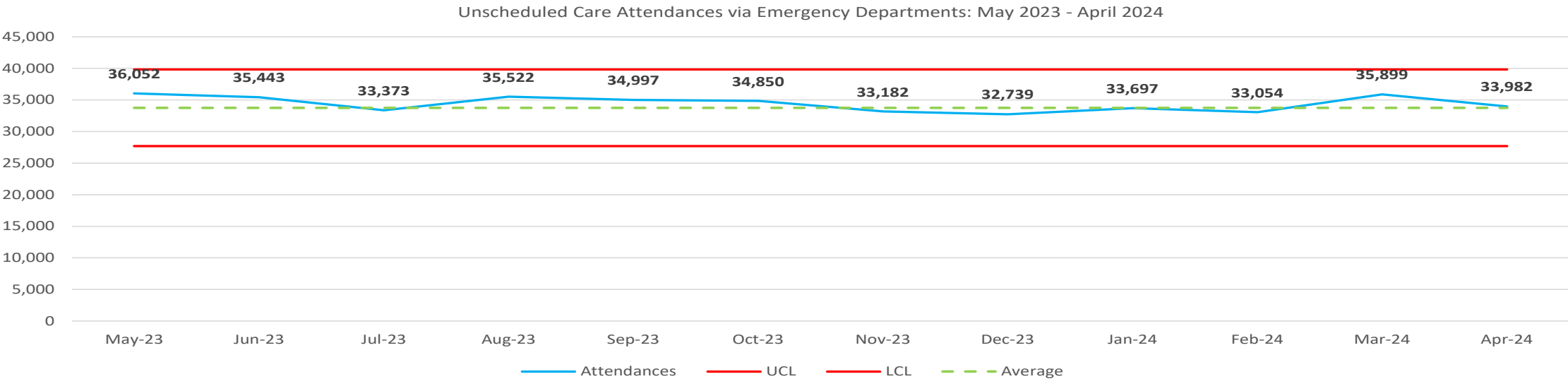
Summary

The information above, provides a monthly breakdown of performance against target at a hospital site level for April 2024. As seen from the table, Stobhill MIU consistently exceeds target and the New Victoria Hospital MIU has continued to exceed target since September 2023. All other hospital sites are below 95.0% target. Performance against target at the three busiest sites across NHSGGC namely the QEUH, GRI and the RAH remains an ongoing challenge however, two of the three namely the QEUH and RAH have seen an improvement on the previous months' position.

5. BETTER CARE: Accident and Emergency Attendances

Target
2% Reduction

Performance
8.1% increase



Please note: monthly data includes ED and MIU attendances.

Summary

Current Position (including against trajectory):

A total of **33,982** A&E attendances (including MIU attendances) were reported during April 2024. Current performance represents a 8% increase on the 31,423 reported during the same month in 2022-23 (the baseline year for the target reduction).

Current Position Against National Target:

No relevant target.

Projection to 31 March 2025:

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

5. BETTER CARE: Accident and Emergency Attendances by Hospital Site

**2%
Reduction**

Hospital Site	April 24-25 Total	April 23/24 Total	2022/23	24/25 YTD Var 23/24	YTD % Var
			Baseline		
Queen Elizabeth University Hospital	8,231	7,715	7,301	516	6.7%
Glasgow Royal Infirmary	7,032	6,586	6,679	446	6.8%
Royal Alexandra Hospital	4,571	4,635	4,555	-64	-1.4%
Inverclyde Royal Hospital	2,524	2,308	2,378	216	9.4%
Royal Hospital for Children	6,252	5,828	5,453	424	7.3%
Emergency Department Sub-Total	28,610	27,072	26,366	1,538	5.7%
Vale of Leven Hospital	1,630	1,375	1,217	255	18.5%
Stobhill Hospital	1,563	1,865	1,821	-302	-16.2%
New Victoria Hospital	2,179	2,319	2,019	-140	-6.0%
MIU Sub-Total	5,372	5,559	5,057	-187	-3.4%
Total	33,982	32,631	31,423	1,351	4.1%
2024-25 HSCP Target - 2% Reduction 2022-23 Baseline					

Summary

The information above, provides a monthly breakdown of A&E/MIU attendances by hospital site for April 2024. Overall, five of the eight hospital sites reported an increase (33,982) in the number of attendances in April 2024 when compared to the same month the previous year (32,631). The most notable increases in actual values can be seen at the QEUH (+516), GRI (+446) and the RHC (424). The three sites reporting a reduction in A&E attendances are the RAH (-64), Stobhill Hospital (-302) and New Victoria Hospital (-140). The April 2024 position is 8% above the same month in the baseline year for the target reduction (2022-23).

A number of actions are underway to help reduce the number of A&E attendances particularly at our busier sites including communication around urgent and unscheduled care remaining a top priority following our ABC Winter Campaign, and a continuation of the ABC messaging. Similarly, our redirection message continues to be shared across our social channels and within our hospital sites to raise awareness with members of the public, staff and patients on our policy when dealing with non-life threatening emergencies at our Emergency Departments. A recent paediatrics redirection video was circulated across our social media pages where engagement reached over 15% representing a significant interaction.

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

**2%
Reduction**

HSCP	2024-25 April Total	2022-23 April Total	Variance	% Variance
East Dunbartonshire	2,045	1,953	92	4.7%
East Renfrewshire	1,858	1,659	199	12.0%
Glasgow City	15,769	14,547	1,222	8.4%
Inverclyde	2,517	2,326	191	8.2%
Renfrewshire	4,451	4,177	274	6.6%
West Dunbartonshire	2,681	2,354	327	13.9%
HSCP Sub-Total	29,321	27,016	2,305	8.5%
Other	4,661	4,407	254	5.8%
Total	33,982	31,423	2,559	8.1%

Summary

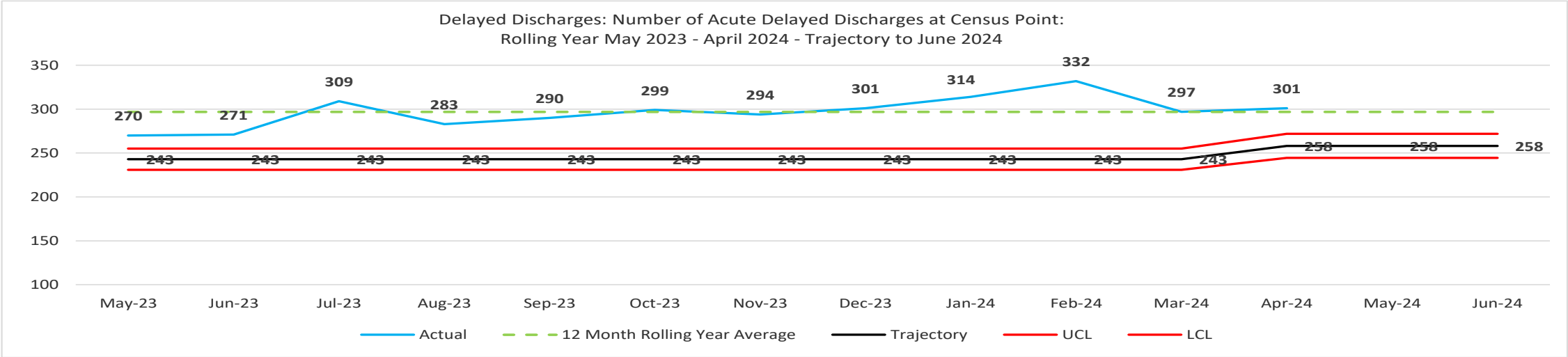
The information above provides a breakdown of A&E/MIU attendances by HSCPs for the month of April 2024. Overall, there has been an 8.5% increase in A&E attendances across HSCPs when compared to the same month in 2022-23 (the baseline year the 2% reduction target is based on). All HSCPs saw an increase in A&E activity with the most notable increases in terms of volume in Glasgow City (+1,222), West Dunbartonshire (327) and Renfrewshire (274) HSCPs when compared to the same month in the baseline year.

6. BETTER CARE: Number of Acute 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 Acute delayed discharges at monthly census point

Target
258

Performance
301



Summary

Current Position (including against trajectory):

A total of **301** Acute delayed discharges were reported at the monthly census point for April 2024, a **1% increase on the previous months' performance**. Local management information for the 10 June 2024 reported a total of 298 acute delays. **Current performance is 17% above the monthly trajectory of 258.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

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

Key Actions

Performance in relation to Acute delayed discharges remains a significant challenge. Complex delays account for 110 (36%) of the 301 Acute delays reported in April 2024. Improvement actions have resulted in a reduction of number of people delayed over 200 days from 24 in March 2024 to 14 in April 2024. Further improvement actions include:

- Test of Change (ToC) to review patients over seven days and identify early interventions that will prevent delays to discharges within medicine at the QEUH progressing well. As a result, length of stay has reduced from 30.9 days to 26.3 as of the week beginning 13 May 2024. A further ToC is scheduled within Medicine at the GRI.
- Discharge Team Service Manager working with e-Health and Argyll & Bute (A&B) to ensure access to systems to support the discharge of A&B patients.
- Weekly meetings with NHSGGC, A&B, North Lanarkshire, South Lanarkshire, West Dunbartonshire HSCP and North Ayrshire continue.

6. 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
301

Acute Delayed Discharges	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	31	34	33	23	24	27	39	29	36	46	51	46	27	19	70%
East Dunbartonshire HSCP	14	20	23	20	15	21	14	31	25	23	17	15	18	-3	-17%
East Renfrewshire HSCP	8	2	20	9	18	11	10	13	19	12	14	14	11	3	27%
Glasgow City HSCP	135	126	144	144	156	161	147	148	154	163	140	150	125	25	20%
Inverclyde HSCP	13	18	20	17	10	13	20	19	13	15	13	16	15	1	7%
Renfrewshire HSCP	8	14	10	8	11	9	6	8	10	12	9	7	9	-2	-22%
HSCP Total Acute Delays	209	214	250	221	234	242	236	248	257	271	244	248	205	43	21%
Other Local Authorities Acute	61	57	59	62	56	57	58	53	57	61	53	53	53	0	0%
NHSGGC Total Acute Delays	270	271	309	283	290	299	294	301	314	332	297	301	258	43	17%

Summary

Overall there has been a increase in the number of patients delayed across Acute hospitals since the previous month. Current performance is also above the planned monthly performance of no more than 258 delays. As at April 2024, there were a total of 301 Acute delays reported and local management information for the 10 June 2024 highlights a reduction to 298 Acute delays. HSCPs account for 82.4% (248) of the overall total number of Acute delays reported with Glasgow City HSCP representing 49.8% of all HSCP delays reported across NHSGGC.

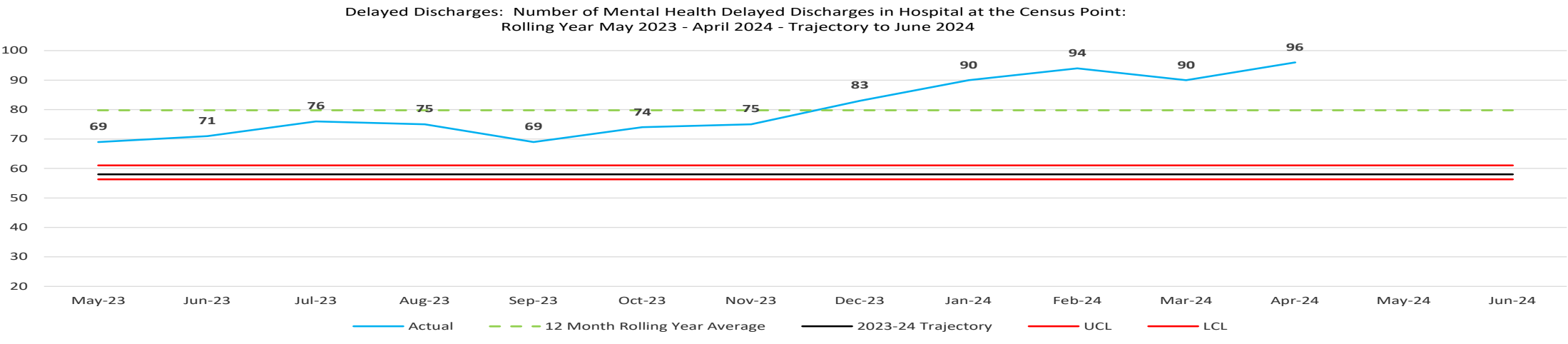
With the exception of East Dunbartonshire and Renfrewshire HSCPs currently outperforming against target, all other HSCPs are currently above the monthly planned position. Both Glasgow City and West Dunbartonshire HSCPs are reporting the biggest variance (in terms of numbers) from the planned position. Three of the six reported a reduction on the previous months position with the biggest decrease in West Dunbartonshire HSCP (-5). Both Glasgow City (10) and Inverclyde (3) HSCPs reported an increase on the previous months' position. The number of delays across Acute reported by NHSGGC's HSCPs and from other local authorities remains a challenge.

7. 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
96



Summary

Current Position (including against trajectory):

Currently **96** Mental Health delayed discharges were reported at the monthly census point for April 2024, **a 7% increase** on the previous months' position. **Performance is above the monthly trajectory of 58.** Local management information for 10 June 2024 reported a total of 105 Mental Health delays, a further increase on the monthly census data.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

No more than 58 delays by March 2025.

Key Actions

Overall performance remains a challenge. Of the total delays reported across NHSGGC, 70 are Glasgow City residents (70 last month). Other mental health delays are reported in Renfrewshire (4), West Dunbartonshire (6), East Dunbartonshire (5) East Renfrewshire (1) and 10 from other local authorities. Actions to improve this include:

- Within Glasgow City HSCP six Learning Disability (LD) patients will move to Waterloo Close by end of June 2024. This will reduce the number of LD delays with work ongoing to support discharge into other appropriate accommodation for those who are not deemed suitable for Waterloo Close.
- AMH and OPMH delays continue to be a priority and are discussed on a regular basis to ensure there are options to move people on timeously when discharge date is confirmed. The review of discharge teams is being finalised and recommendations to be approved by senior management in order to progress implementation of any agreed changes.

7. 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
96

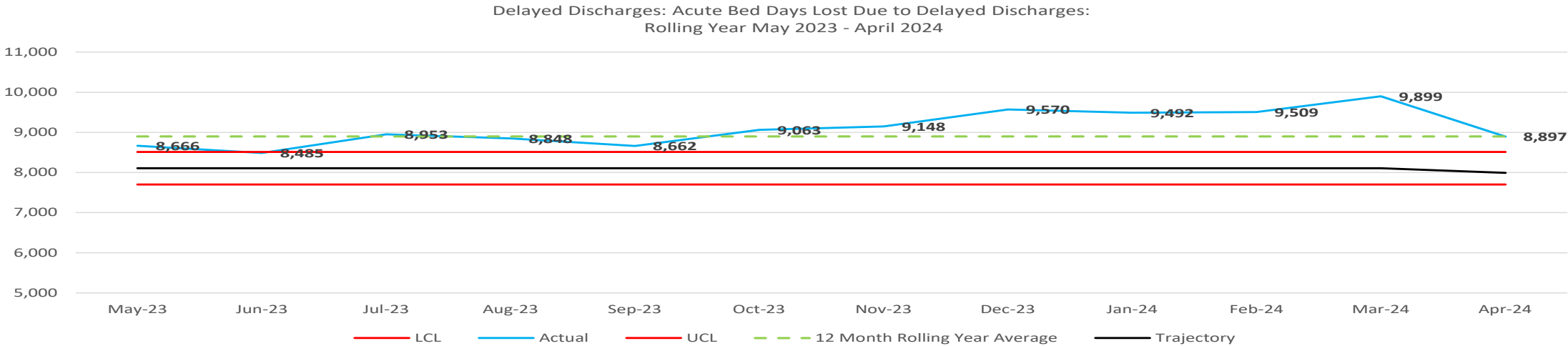
Mental Health Delayed Discharges	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	4	4	4	6	3	4	3	4	4	5	4	6	2	4	200%
East Dunbartonshire HSCP	1	2	2	2	2	1	2	4	4	4	3	5	0	5	500%
East Renfrewshire HSCP	0	0	0	0	0	0	1	1	1	0	0	1	0	1	100%
Glasgow City HSCP	51	51	58	55	53	58	58	57	64	72	70	70	51	19	37%
Inverclyde HSCP	3	2	1	1	1	1	1	2	2	0	0	0	0	0	0%
Renfrewshire HSCP	5	5	5	6	5	5	5	5	5	5	4	4	2	2	100%
HSCP Total Mental Health Delays	64	64	70	70	64	69	70	73	80	86	81	86	55	31	56%
Other Local Authorities Mental	5	7	6	5	5	5	5	10	10	8	9	10	3	7	233%
NHSGGC Total Mental Health	69	71	76	75	69	74	75	83	90	94	90	96	58	38	66%

Summary

Overall there has been a 7% increase in the number of patients delayed across Mental Health since the previous month. Current performance is above the monthly planned position of no more than 58 Mental Health delays reported. As at April 2024 there were a total of 96 Mental Health delays reported and local management information for the 10 June 2024 highlights a further increase to 105 Mental Health delays. HSCPs account for 90.0% (86) of the overall total number of Mental Health delays reported with Glasgow City HSCP representing 81.6% of all HSCP delays reported across NHSGGC.

With the exception of Inverclyde HSCP meeting the agreed monthly target, all other HSCPs are currently above their planned position. Three of the six HSCPs reported an increase on the previous months position namely West Dunbartonshire (2), East Dunbartonshire (2) and East Renfrewshire (1).

<div>8. BETTER CARE: Number of Acute Bed Days Lost to Delayed Discharge</div> <div>A reduction in the number of hospital bed days associated with delayed discharges</div>	<div>Target</div> <div>7,889</div>	<div>Performance</div> <div>8,897</div>
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Summary

Current Position (including against trajectory):	A total of 8,897 Acute bed days were lost to delayed discharges during April 2024, a 10% reduction on the previous month's position. Current performance is 13% above the monthly trajectory of 7,889.
Current Position Against National Target:	No national target relevant.
Projection to 31 March 2025:	Provisional target of accumulating no more than 94,673 bed days lost to delayed discharge by March 2025.

Key Actions

April 2024 saw a 10% reduction in the number of Acute bed days lost to delayed discharge. Focus work continues to further reduce the number of bed days lost by Chief Officers.

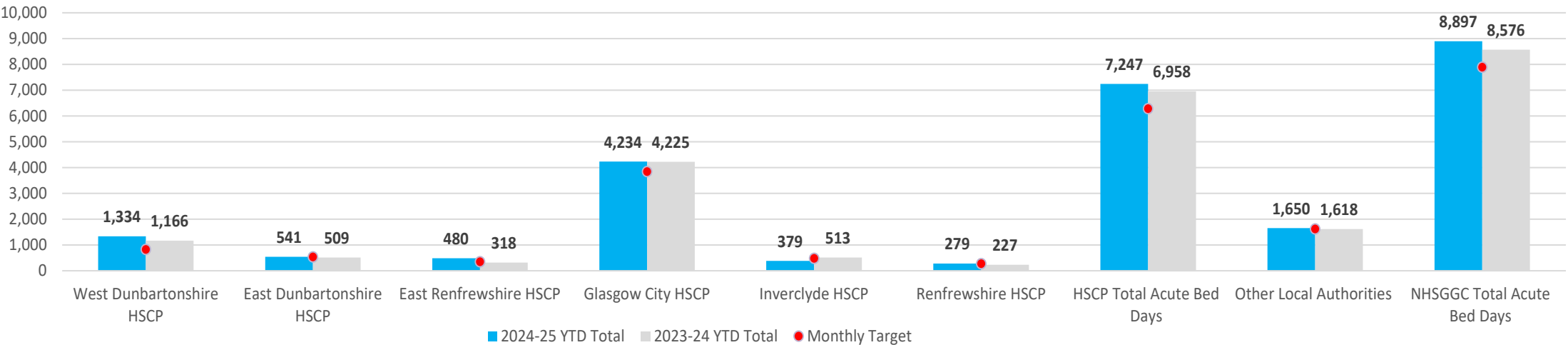
8. BETTER CARE: Acute Bed Days Lost to Delayed Discharges by HSCP (Continued)

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

Target
7,889

Performance
8,897

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



Summary

Current Position (including against trajectory):

As at April 2024, a total of **8,897** acute bed days were lost to delayed discharges representing a 3.7% increase on the same month the previous year. Current performance is **above the monthly trajectory of no more than 7,889 by 13%.**

Current Position Against National Target:

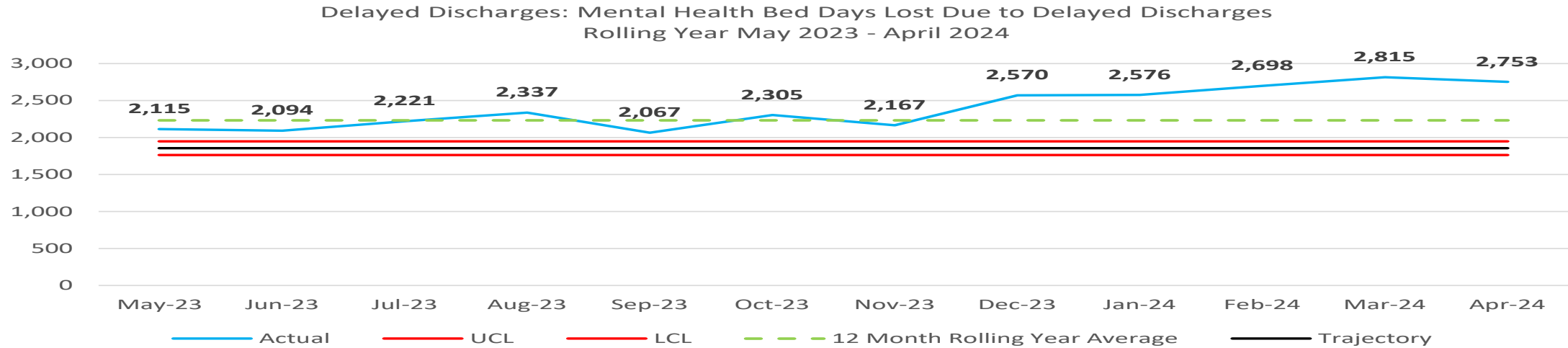
No national target relevant.

Projection to 31 March 2025:

Provisional target of accumulating no more than 94,673 acute bed days lost to delayed discharge by March 2025.

The graph above provides a year to date breakdown of acute bed days lost to delayed discharges by HSCP. During April 2024, a total of 8,897 bed days have been lost to delayed discharge across NHSGGC representing an almost 4% increase on the same period the previous year. All HSCPs with the exception of Inverclyde reported an increase in the number of Acute Bed Days Lost to Delayed Discharge when compared with the same month the previous year. The HSCPs reporting the highest increases in the number of Acute bed days lost to delayed discharge are West Dunbartonshire HSCP (+168) and East Renfrewshire HSCP (+162). Other local authorities account for 19% (1,650) of the overall acute bed days lost to delayed discharge. The actions outlined in the previous slide are aimed at reducing the number of acute bed day lost to delayed discharge.

<div> 9. BETTER CARE: Number of Mental Health Bed Days Lost to Delayed Discharge </div> <div> A reduction in the number of mental health bed days associated with delayed discharges </div>	<div> Target </div> <div> 1,857 </div>	<div> Performance </div> <div> 2,753 </div>
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Summary

Current Position (including against trajectory):	A total of 2,753 Mental Health bed days were lost to delayed discharges during April 2024, representing a 2.2% reduction on the previous month's position. Current performance is above the monthly trajectory of 1,857.
Current Position Against National Target:	No national target relevant.
Projection to 31 March 2025:	No more than 1,857 bed days lost to delayed discharge per month by March 2025.

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

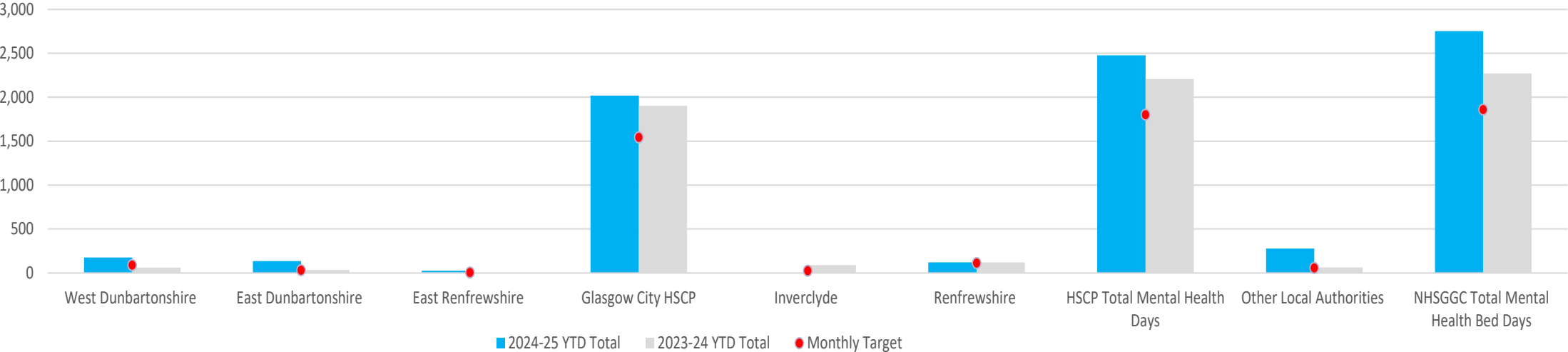
9. BETTER CARE: Year To Date Mental Health Bed Days Lost to Delayed Discharges by HSCP (Continued)

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

Target
1,857

Performance
2,753

Mental Health Bed Days Lost to Delayed Discharges - April 2024 Compared to April 2023



Summary

Current Position (including against trajectory):

As at April 2024 a total of **2,753** Mental Health bed days were lost to delayed discharges, 21.3% above the position for the same month the previous year. Current performance is also **48% above the monthly trajectory of no more than 1,857**.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

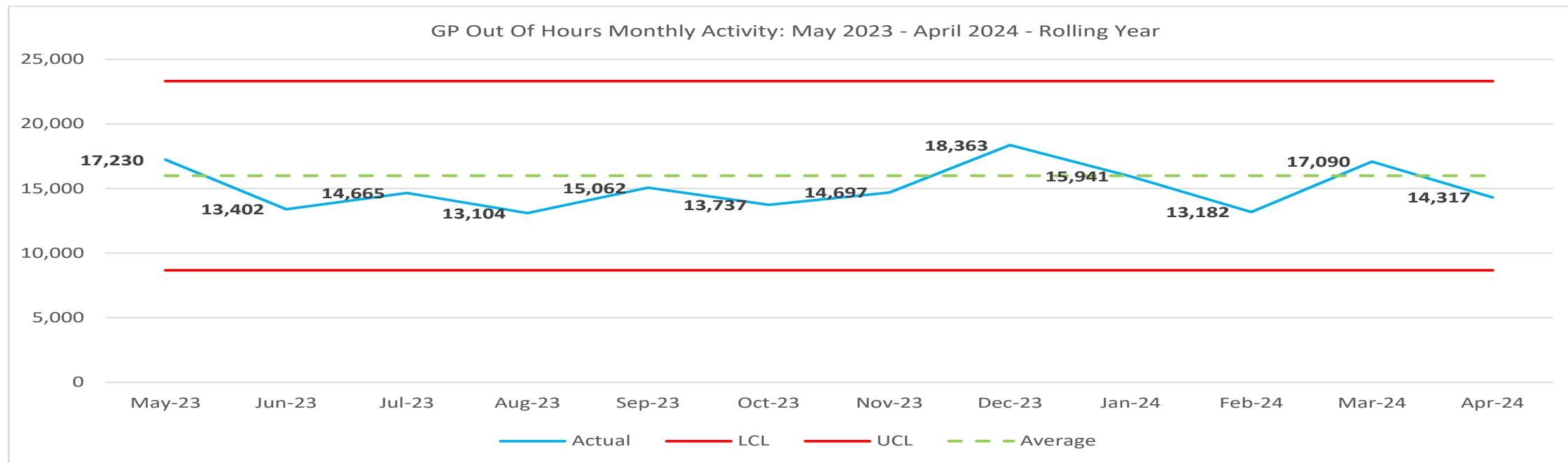
No more than 1,857 mental health bed days lost to delayed discharge per month by March 2025.

The graph above provides a breakdown of mental health bed days lost to delayed discharges by HSCP. During April 2024, a total of 2,753 bed days have been lost to delayed discharge across NHSGGC representing a 21.3% increase on the same month the previous years. All HSCPs, with the exception of Inverclyde, reported an increase in the number of Mental Health bed days lost to delayed discharge in April 2024 when compared to the same month the previous year. The partnerships reporting the highest increase in the number of Mental Health bed days lost to delayed discharge are Glasgow City (+117) and West Dunbartonshire (+116) HSCPs. The number of Mental Health bed days lost from patients in other local authorities increased by 213 when compared to the same month the previous year. The actions outlined in slide 16 are aimed at reducing the number of mental health bed days lost to delayed discharge.

10. BETTER CARE: GP Out Of Hours Activity

The number of patients using the GP out of Hours Services

For Information Only



Summary

Current Position (including against trajectory):

A total of **14,317** GP Out Of Hours contacts were made during April 2024. **No Target.**

Current Position Against National Target:

No relevant national target.

Projection to 31 March 2025:

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

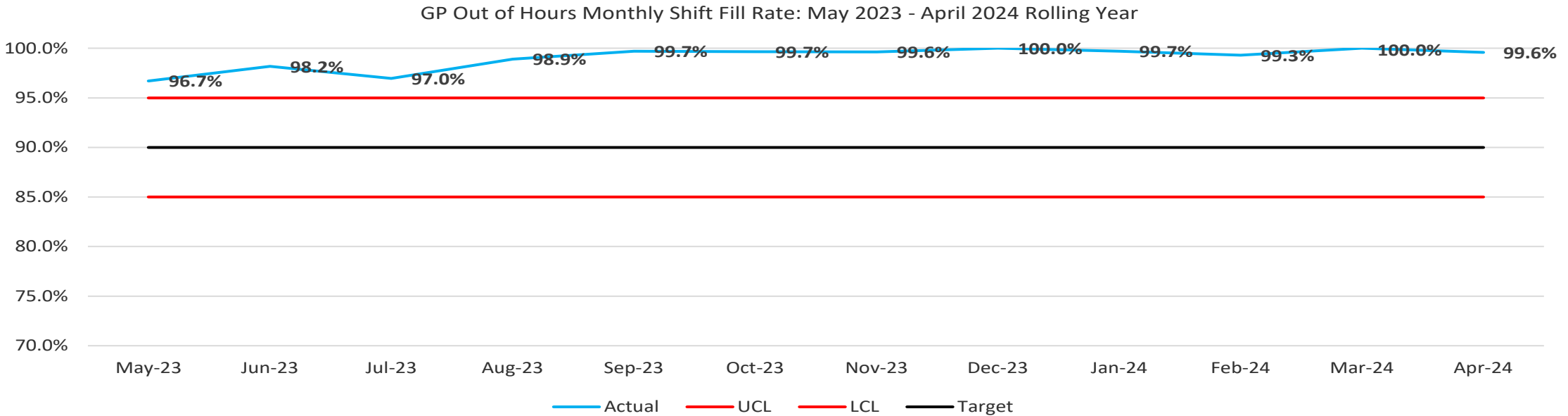
Overall, the GPOOH Service activity represents a monthly average of 15,066 site visits, home visits and GP advice contacts for the period May 2023 - April 2024.

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

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

Target
90%

Performance
99.6%

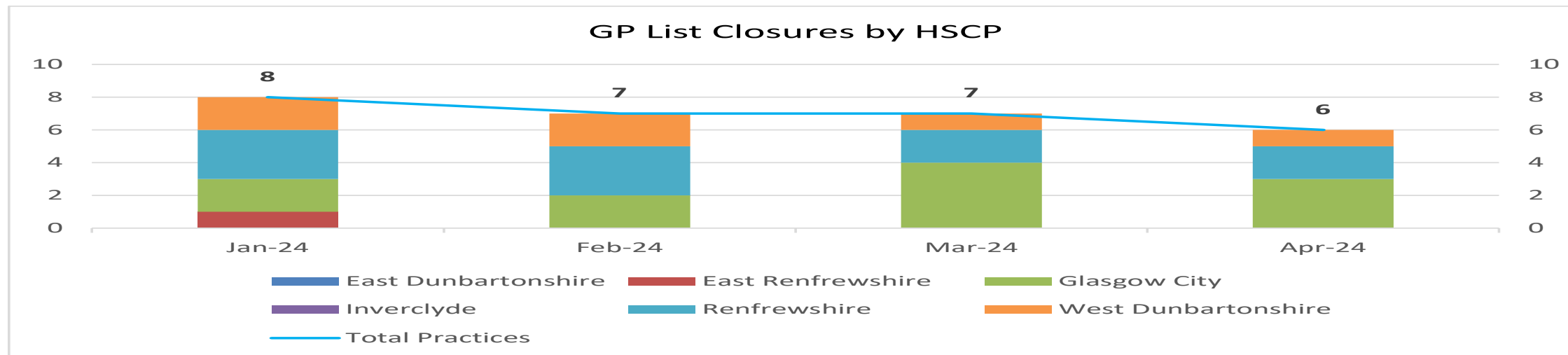


Summary

Current Position (including against trajectory):	In April 2024, 99.6% (280) of the 281 scheduled shifts were open against the NHSGGC’s target of 90%. Above the target by 9.6%.
Current Position Against National Target:	No relevant national target.
Projection to 31 March 2025:	NHSGGC Target 90%. The target continues to be exceeded.
As seen in the chart above, overall performance in relation to the number of scheduled GP OOH shifts that are open to patients remains positive with performance continuing to consistently exceed the 90% target.	

12. BETTER CARE: GP List Closures

For Information Only



Please note: Data is provisional.

Summary

Current Position (including against trajectory):

Current Position Against National Target:

Projection to 31 March 2025:

A total of **6 GP lists were closed** from the 225 General Practices across NHSGGC at the end of April 2024.

No relevant national target.

No agreed projection.

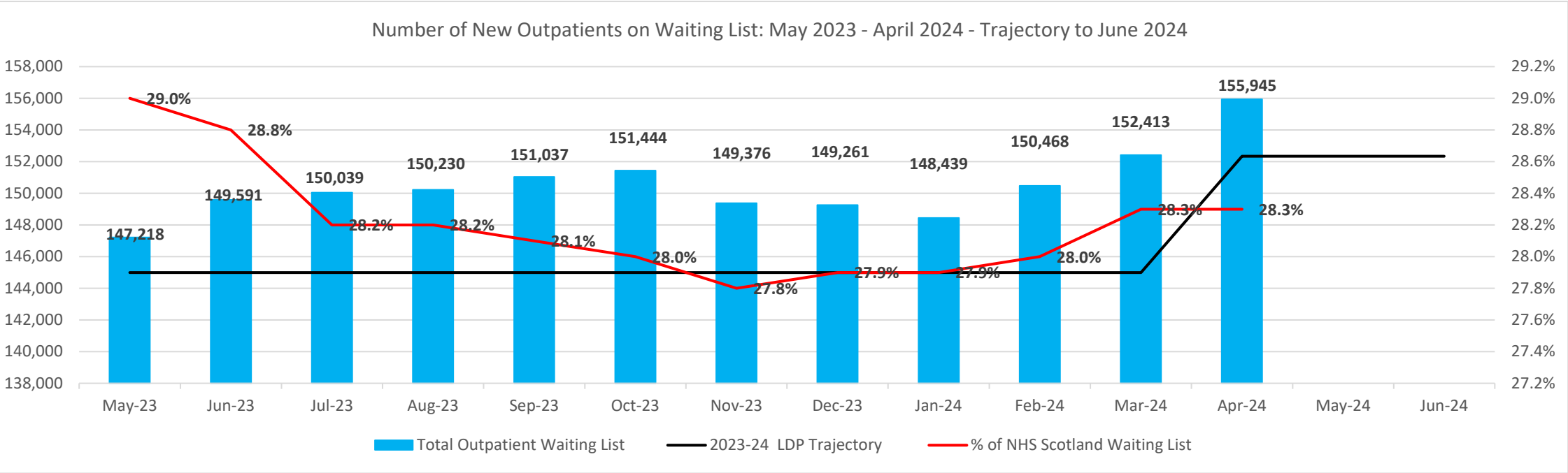
Commentary

As seen from the chart above there has been a month on month reduction in the number of GP List Closures since January 2024. Of the total 225 GP practices across NHSGGC, six closed practice lists were reported at the end of April 2024. Of the total practices with a closed list, three were in Glasgow City HSCP, two in Renfrewshire HSCP and one in West Dunbartonshire HSCP. The main reasons for the closures are the increase in demand and vacancies. All practices with list closures are reviewed around 14 days before the expected list re-opening to assess whether they are in a position to fully open their list.

13. BETTER CARE: New Outpatient Wait List
The number of new outpatients on the new outpatient waiting list

Target
152,349

Performance
155,945



Summary

Current Position (including against trajectory):

As at the end of April 2024, there were a total of **155,945** patients waiting for a new outpatient appointment, above the 2024-25 ADP trajectory of 152,349 by June 2024. **Above trajectory by 2.4%.**

Current Position Against National Position:

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

Projection to 31 March 2025:

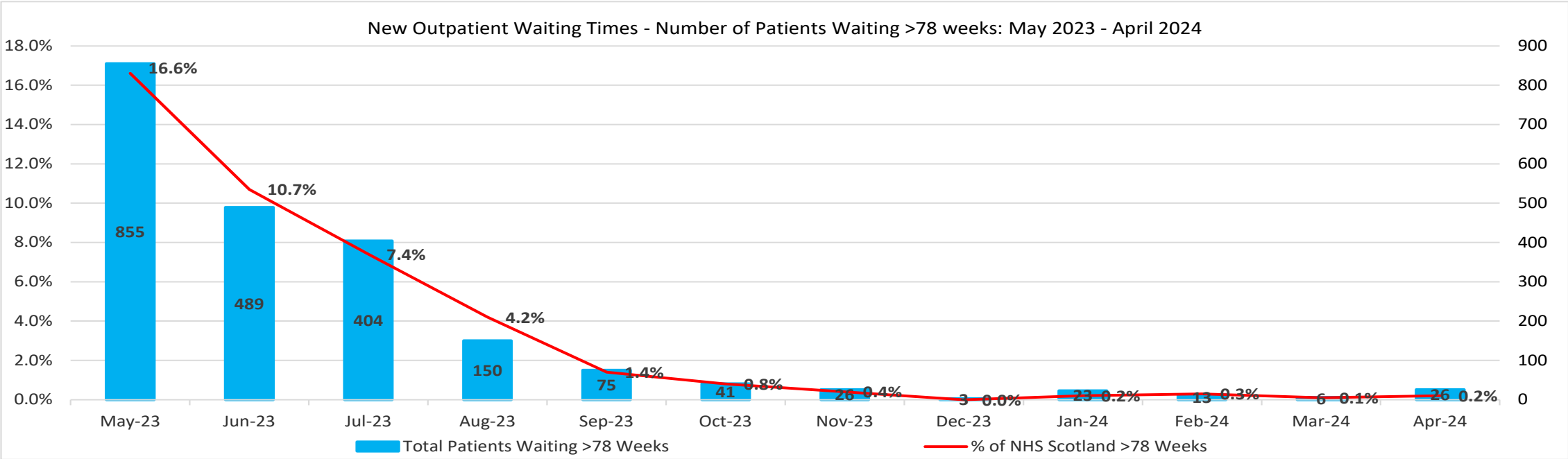
2024-25 ADP target is no more than 157,991 patients on the new outpatient waiting list by March 2025. Performance is currently exceeding the year end planned position.

Actions to reduce the number of new outpatients on the waiting list are outlined in slide 28.

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

Target
0

Performance
26



Summary

Current Position (including against trajectory):

At the end of April 2024, there were a total of **26** patients waiting >78 weeks for a first new outpatient appointment. Current performance is marginally above the 2024-25 ADP reduction target of no new outpatients waiting >78 weeks by June 2024.

Current Position Against National Position:

0.2% of NHS Scotland’s total patients waiting >78 weeks for a first new outpatient appointment at the end of April 2024 were NHSGGC patients.

Target to 31 June 2024:

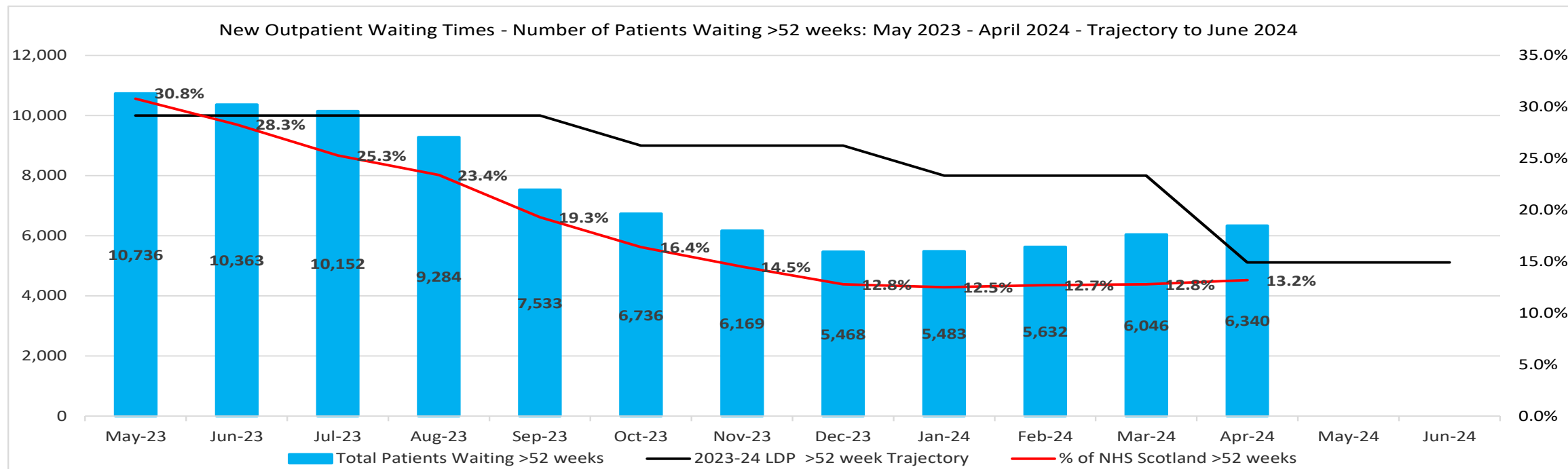
2024-25 ADP target is no new outpatient should be waiting >78 weeks by June 2025. The position has been held with a small number of patients breaching the 78 week target. As of 3 June 2024, there were a total of 6 new outpatients waiting in this time band and 5 patients had a confirmed appointment.

Actions to reduce the number of new outpatients on the waiting list are outlined in slide 28.

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

Target
5,111

Performance
6,340



Summary

Current Position (including against trajectory):

At the end of April 2024, there were a total of **6,340** patients on the new outpatient waiting list waiting >52 weeks for an appointment. Current performance is above the 2024-25 ADP trajectory of no more than 5,111 new outpatients to be waiting >52 weeks by the end of June 2024.

Current Position Against National Position:

13.2% of NHS Scotland's outpatients waiting >52 weeks for a new outpatient appointment at the end of April 2024 were NHSGGC patients.

Target at 31 March 2025:

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

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

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

Key Actions

Key actions in place to help further reduce the number of new outpatients waiting >78 weeks (12 Neuro-surgery and three Orthopaedic) include the following:

- Neurosurgery continue to have a small number of patients waiting >78 weeks due to consultant workforce challenges. Supporting arrangements with Extended Scope Practitioner (ESP) activity have been applied where possible thus limiting the consultant only demand.
- Trauma and Orthopaedic - patients waiting for spinal care are being reviewed with ESP support. Additional ESP resource aligned. Back pain pathway changes being made within South Sector to implement a standard NHSGGC approach.

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

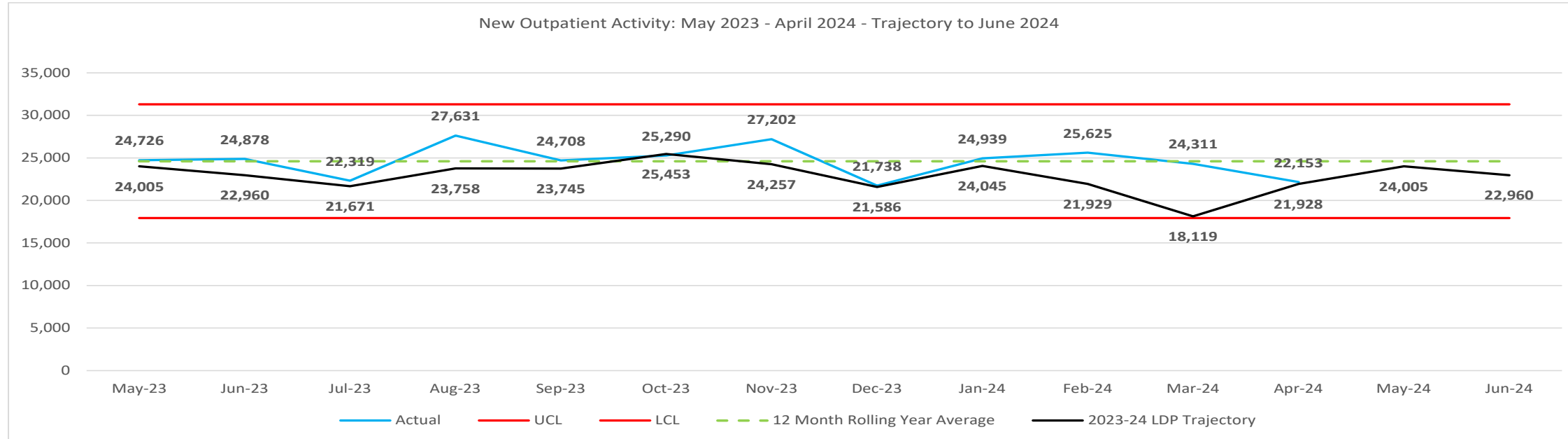
- Trauma and Orthopaedic services had 2,114 patients over 52 weeks at the end of April 2024. Capacity is being utilised across the sites together with additionality where possible to support the management of this patient group. ESP recruitment successful with team members commenced or starting next month.
- Ophthalmology had 463 patients over 52 weeks at the end of April 2024. Additionality through locum capacity and using optometry support has provided the mechanism to reduce the number of patients waiting. The Community Glaucoma project activity has 557 patients discharged.
- Gynaecology had 1,785 patients over 52 weeks at the end of April 2024. The service continues to balance USOC and routine demand. Insourcing contract will be completed in June. Whilst additional CNS posts are progressing the overall OPD capacity remains a challenge given the volume of patients to be accommodated. A number of workforce options being assessed. SG have funded a number of additional clinics in Quarter 1 to support.
- ENT clinical validation has been applied to long waiting patients. Pathway redesign remains a key focus with opt-in pathways for Rhinology care being progressed. A Head and Neck Hub approach has been approved with the intention of early assessment for patients. This will ensure a robust vetting and triage process for patient care.

16. BETTER CARE: New Outpatient Activity

The number of new outpatients seen

Target
21,928

Performance
22,153



Summary

Current Position (including against trajectory):

A total of **22,153** new outpatients were seen in April 2024, above the 2024-25 ADP trajectory of 21,928.
Above trajectory by 1%.

Current Position Against National Target:

No national position relevant.

Projection to 31 March 2025:

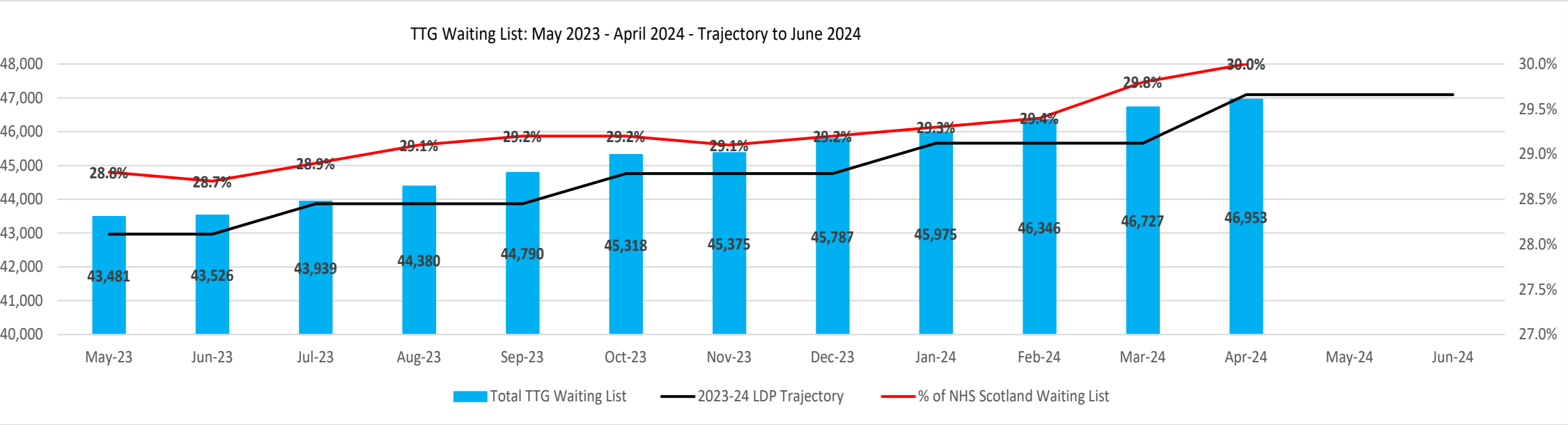
2024-2025 ADP target of 273,456 new outpatients to be seen by March 2025.

17. BETTER CARE: TTG Waiting List

The number of TTG patients on the TTG waiting list

Target
47,092

Performance
46,953



Please note: data relating to April 2024 is provisional.

Summary

Current Position (including against trajectory):

Current Position Against National Position:

Projection to 31 March 2025:

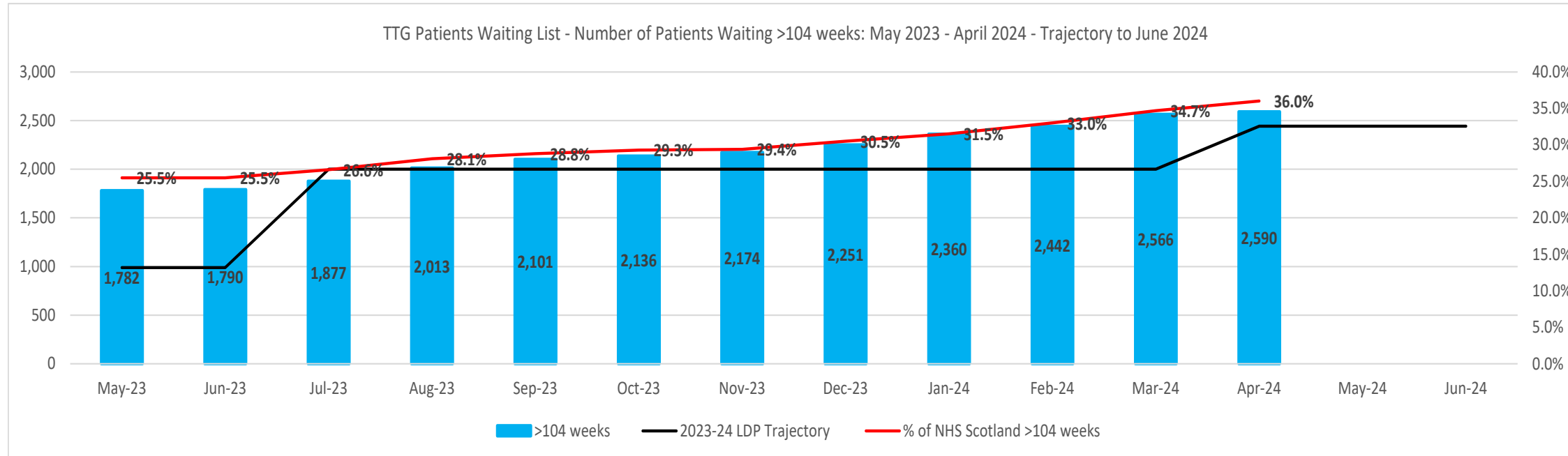
At the end of April 2024, there were a total of **46,953** patients on the TTG waiting list waiting for an inpatient/daycase procedure, a marginal increase on the previous months’ position and within the 2024-25 ADP target of no more than 47,092 TTG patients on the TTG waiting list by June 2024. **Within trajectory.** 30.0% of NHS Scotland’s total TTG patients waiting at the end of April 2024 were NHSGGC patients. **2024-25 ADP target of no more than 49,522 patients on the TTG waiting list by March 2025. Performance is currently within the planned position of 47,092 for June 2024 and the year end position.**

Current performance is exceeding the planned position for June 2024. Capacity continues to be targeted at urgent, highest priority cases and long waiting patients.

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

Target
2,441

Performance
2,590



Summary

Current Position (including against trajectory):

At the end of April 2024, there were a total of **2,590** TTG patients waiting >104 weeks for an inpatient/ daycase procedure on the TTG waiting list. Current performance is above the planned position of under 2,441 TTG patients waiting in this timeband by June 2024. **6.1% above trajectory.**

Current Position Against National Position:

36.0% of NHS Scotland's total patients waiting >104 weeks at the end of April 2024 were NHSGGC patients.

Projection to 31 March 2025:

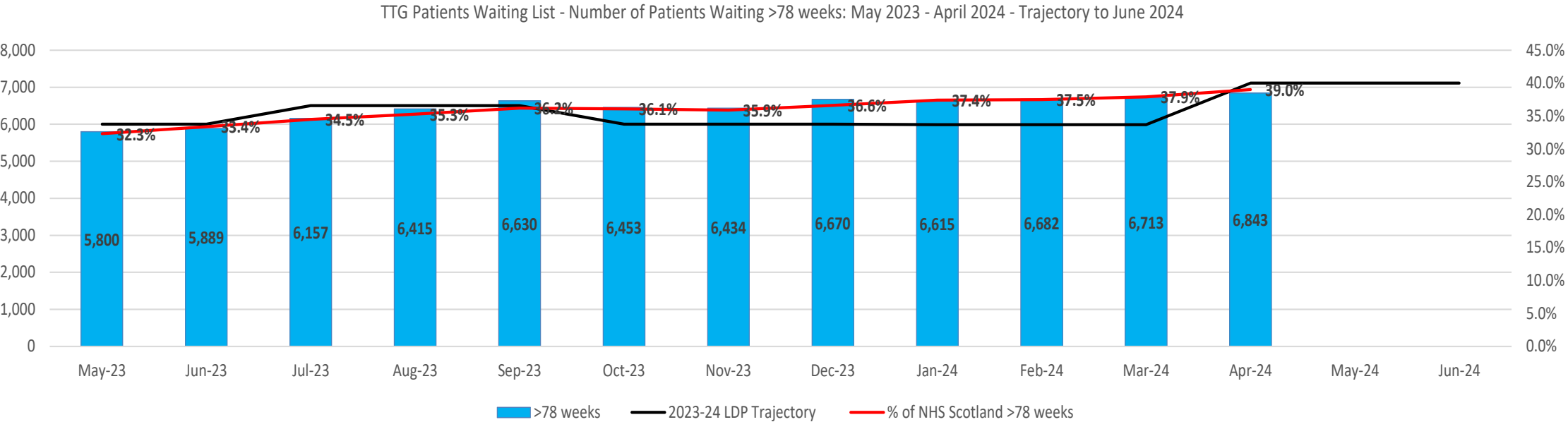
2024-25 ADP target of no more than 2,369 patients to be waiting >104 weeks by the end of March 2025.

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

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

Target
7,112

Performance
6,843



Please note: data relating to April 2024 is provisional.

Summary

Current Position (including against trajectory):

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

As at April 2024 month end, a total of **6,843** TTG patients were waiting >78 weeks for an inpatient/daycase procedure on the TTG waiting list, within the 2024-25 ADP target of no more than 7,112 by June 2024. **Within trajectory by 3.8%.**

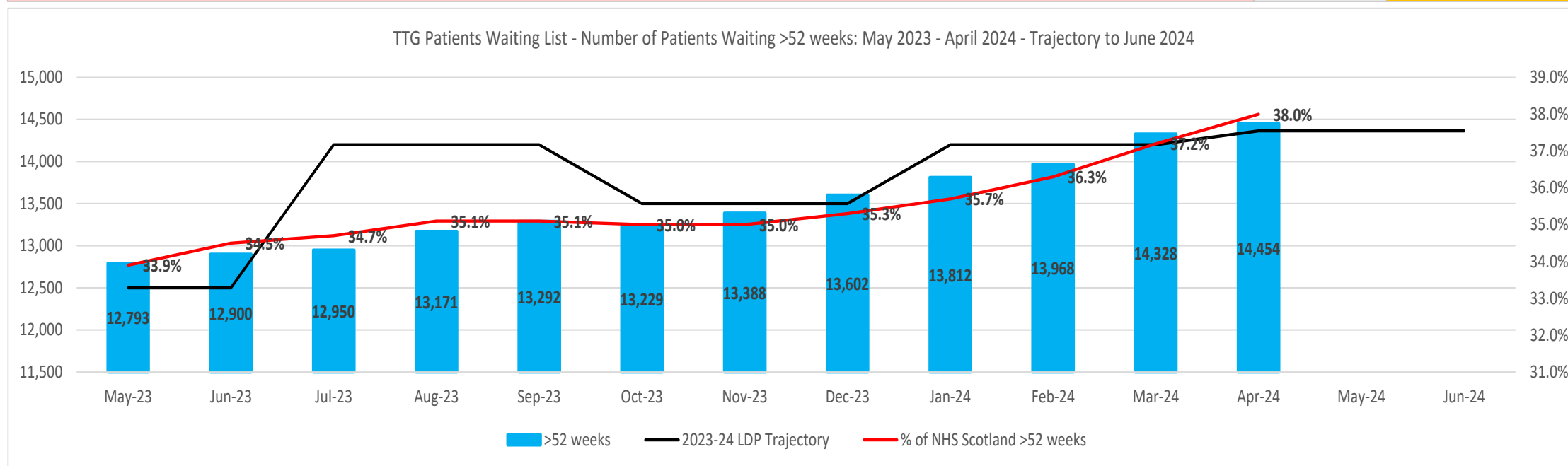
37.9% of NHS Scotland’s total patients waiting >78 weeks at the end of April 2024 were NHSGGC patients. **2024-25 ADP of no more than 8,224 TTG patients waiting >78 weeks by March 2025. Current performance is ahead of the year end planned position ad the quarter ending June 2024.**

Actions to reduce long waiting TTG patients are outlined on slide 34.

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

Target
14,365

Performance
14,454



Summary

Current Position (including against trajectory):

At the end of April 2024, there were a total of **14,454** TTG patients waiting >52 weeks for an inpatient/daycase procedure on the TTG waiting list. Current performance is marginally above the 2024-25 ADP target of no more than 14,365 by June 2024. **0.6% above trajectory.**

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

38.0% of NHS Scotland's total patients waiting >52 weeks at the end of April 2024 were NHSGGC patients. **2024-25 ADP of no more than 15,417 TTG patients waiting >52 weeks by March 2025. Current performance is above the planned position for June 2024.**

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

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

Key Actions

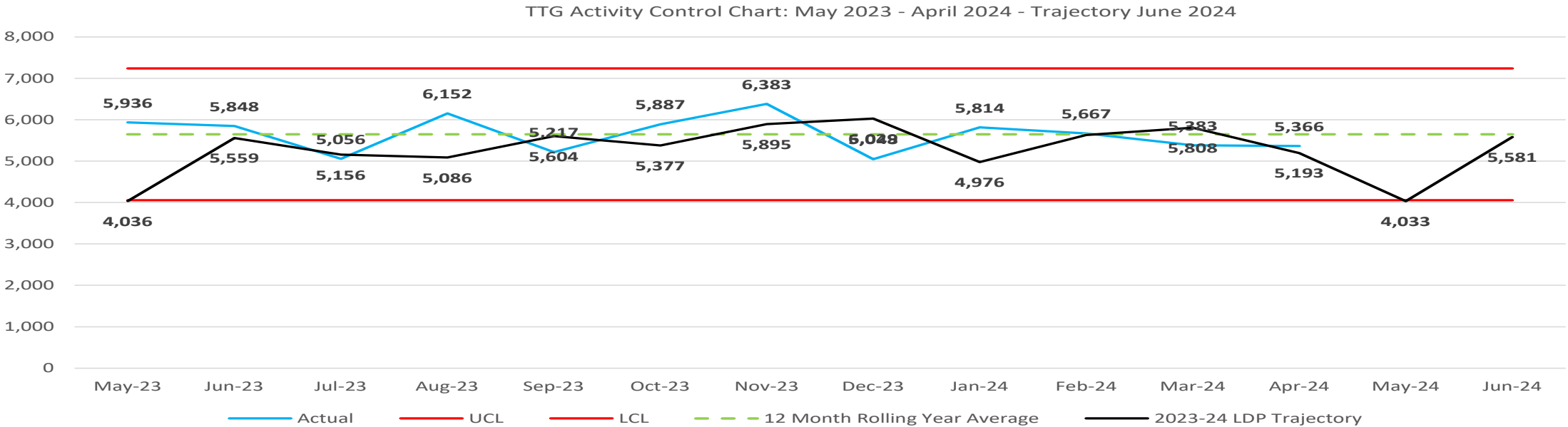
Key actions in place to help reduce the number of long waiting TTG patients include the following:

- Increasing elective session delivery incrementally remains the focus with specialty by specialty review to ensure available sessions are used effectively.
- Trauma and Orthopaedic TTG patients continue, by volume, to create the greatest pressure for long waiting patients. 659 patients were waiting >104 weeks for care at the end of April 2024. Capacity continues to be utilised across the sites to support the management of this patient group. The plan to increase Orthopaedic sessions at Gartnavel General Hospital (GGH) has been implemented with session changes also at Victoria ACH to stream subspecialty care for hands to the ambulatory site. A revised plan for expansion of Ortho elective activity via surgical hubs at GGH and Inverclyde Royal Hospital was submitted to SG. It was positively received however, funding was not approved within the current allocation. This will be reviewed when additional funding becomes available.
- Trauma and Orthopaedics External capacity - 98% of the Joints SLA was achieved by end of March 2024. Close liaison with Golden Jubilee National Hospital (GJNH) operational staff to ensure sufficient patient referrals and patient preparation undertaken to maximise available capacity with more detailed clinical discussions now progressing relating to patient suitability and preparation for care at the GJNH. Proposed annual capacity for 2024-25 has been reviewed with Quarter 1 allocations filled.
- Capacity at Forth Valley NTC remains a potential with an allocation for NHSGGC of around 450 patients to have joint replacements.
- Gynaecology (474 patients waiting >104 weeks at the end of April 2024) - increased urgent demand has required redirection of theatre resource from elective lists managing routine care delivery. At the Victoria ACH a same day operating pathway has been introduced for key sessions to increase ambulatory care. Plans progressing for intermediary cases to be undertaken through laparoscopic approach. Further day case capacity on track for reinstatement in June 2024 at Victoria ACH.
- Reduction in the number of long waiting patients at Royal Hospital for Children for religious and cultural circumcision. Realigned capacity used to generate a continued reduction of this list.
- Options for new procedures in Neurosurgery to support endoscopic care for a specific group of surgical patients are being explored.

21. BETTER CARE: TTG Inpatient/Daycase Activity
The number of TTG inpatient/Daycases seen

Target
5,193

Performance
5,366



Summary

Current Position (including against trajectory):

A total of **5,366** patients were seen during April 2024, exceeding the 2024-25 ADP trajectory of 5,193 for April 2024. **Above trajectory by 3%.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

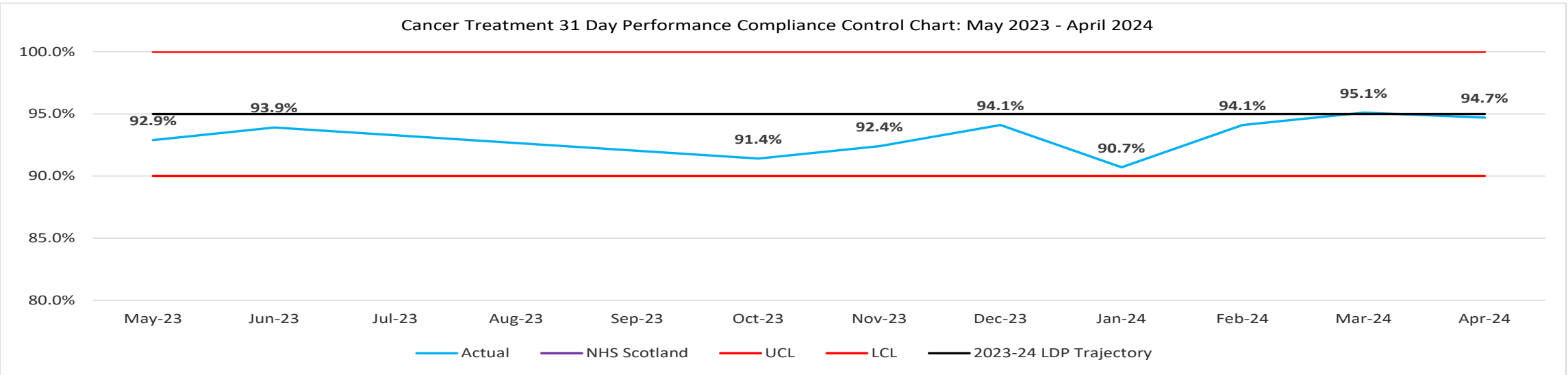
2024-25 ADP target is for 64,359 TTG patients to be seen by June 2024. Performance is currently on track to achieve the planned position of 14,797 by June 2024.

22. 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
94.7%



Please note: data from January 2024 onwards is provisional and subject to validation. The published data January - March 2024 is scheduled to be published 25 June 2024.

Summary

Current Position (including against trajectory):

The latest provisional position is **94.7%** (520 of the 549 eligible patients started treatment within 31 days) for the month ending April 2024, a marginal reduction on the previous months’ position and below **target by 0.3%**.

Position Against National Target:

At the quarter ending December 2023, NHSGGC’s performance was marginally below the latest national published position of 94.1%.

Projection to 31 March 2024-25:

The 2024-25 ADP target is 95% patients treated within 31 days of decision to treat.

Key Actions

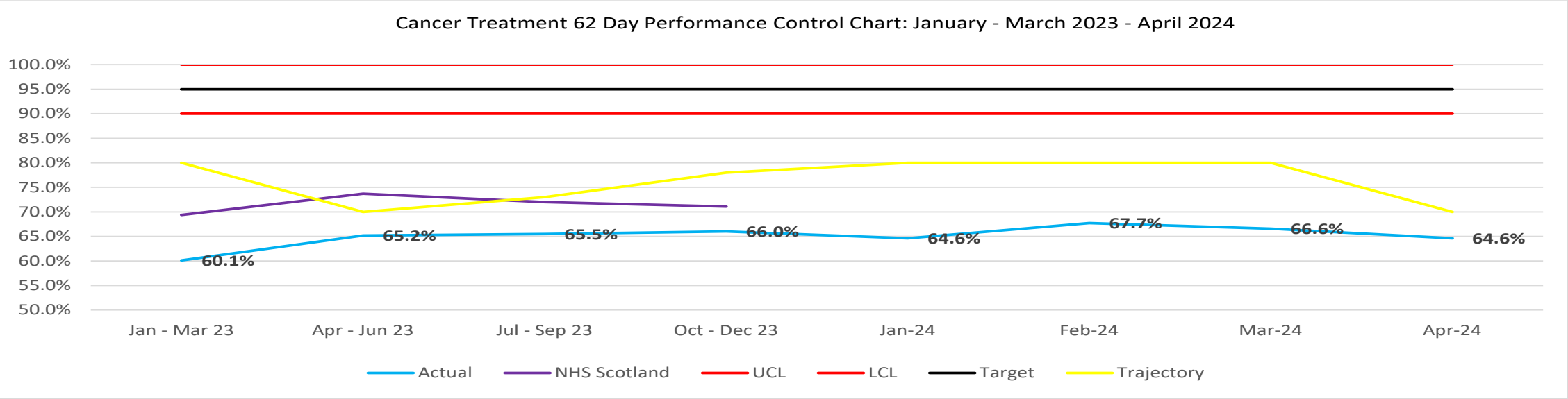
Current performance highlights a marginal reduction on the previous months’ performance. A total of seven of the ten cancer types exceeded the 95% target. The cancer types below target are Colorectal (91.9% - 57 of the 62 eligible referrals started their treatment within 31 days), Melanoma, (91.9% - 34 out of the 37 eligible referrals started their treatment within 31 days) and Urological (88.8% - 127 of the 143 eligible referrals started their treatment within 31 days, an increase on 87.4% reported the previous month). Actions to address performance in relation to tumour types more challenged are outlined in slide numbers 38 and 39.

23. 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
70.0%

Performance
64.6%



Please note: data from January 2024 onwards is provisional and subject to validation. The published data January - March 2024 is scheduled to be published 25 June 2024

Summary

Current Position (including against trajectory):

The latest provisional position is **64.6%** (223 of the 345 eligible referrals were seen) for the month ending April 2024, a decrease on the previous month's position of 66.6% and **below the trajectory of 70%.**

Against National Target:

At the quarter ending December 2023, NHSGGC's performance is below the latest national published position of 71.1%.

Projection to 31 March 2025:

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

In terms of volume of patients, the main challenges to performance continue to be in Colorectal (38.3% - 18 of the 47 eligible referrals started their treatment within 62 days) however, the volume of USOC referrals has increased by 60% on pre-pandemic levels, and Urology (47.1% - 40 of the 85 eligible referrals started their treatment within 62 days of referral) again the volume of USOC referrals has increased by 78.6% on pre-pandemic levels. Other lower volume cancer types challenged during April 2024 include, Lymphoma (60.0% - three of the five eligible referrals started their treatment within 62 days of referral), Head and Neck (40.0% - four of the 10 eligible referrals started their treatment within 62 days of referral), the volume of USOC referrals has increased by 25% on pre-pandemic levels. Key actions to address performance in those cancer types facing ongoing challenges are outlined in the next two slides.

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

Overall

- Overall performance should be seen in the context of the increase in the number of USOC referrals since pre-pandemic. By way of context the number of USOC referrals increased by 76%, increasing from 3,548 in April 2019-20 to 6,255 in April 2023-24 across all cancer types.
- A Short Life Working Group with Primary Care has met to agree actions to ensure only appropriate referrals are classified as USOC. Template referral guidelines for GP's have been developed to assist with this process, and updates to SCI Gateway/Trackcare to facilitate the process.
- A further review of conversion rates for USOC referrals has been undertaken to identify how increased referrals are reflected in the number of cases going for surgery, showing an overall increase of 6%, but in some specialities the increase is over 20% (in particular Urology, Colorectal and Breast)

Colorectal - April 2024 Performance: 38.3% - 18 of the 47 eligible referrals started their treatment within 62 days of referral (Below the April – June 2024 Colorectal trajectory of 50%).

- Colorectal performance reduced from 57.1% in March 2024 to 38.7% in April 2024. Colonoscopy delays continue to be the main reason for breach. The Endoscopy Insourcing commenced in September 2023, delivering six Endoscopy lists running on a Saturday. This is in addition to the initiatives already in place and previously reported and with the patient mix, which includes bowel screening, the Saturday sessions will scope approximately 150 patients per month for six months.
- Bowel screening Qfit parameters have been reviewed and revised for the three highest risk categories and updated triage guidance provided.

Head & Neck - April 2024 Performance: 40.0% - four of the 10 eligible referrals started their treatment within 62 days of referral (Below the April – June 2024 Head & Neck trajectory of 75%).

- Head & Neck performance reduced from 73.7% in March 2024 to 40.0% in April 2024. Overall, patient activity reduced by nine patients.
- Within ENT a number of patients remain over 14 days for first outpatient appointment despite additional clinics being run. This is an improving position however, a more robust solution is being worked on with the training of Nurse Practitioners to support a diagnostic hub.
- The OMFS Head & Neck cancer service continues to provide mutual aid to NHS Lanarkshire.

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

Head & Neck (Continued)

- We have been successful in securing £390k non-recurring funding for the Optimal Head & Neck Pathway. The funding will facilitate the following:
 - ENT Diagnosis Hub at the QEUH, will significantly increase capacity and reduce waiting times for rapid diagnosis.
 - ENT Ultrasound Service development, develop and train Sonographers to support service expansion. This additional capacity will support faster diagnostics at the front end of the Head & Neck pathway.
 - The Capital equipment procurement is progressing in Quarter 4, but the staff training and development above will take nine to 12 months to have an impact on services and capacity.

Upper GI - April 2024 Performance: 81.6% - 31 of the 38 eligible referrals started their treatment within 62 days of referral (Above the April – June 2024 Upper GI trajectory of 80%).

Upper GI performance increased from 80% in March 2024 to 81.6% a further increase in performance. The endoscopy actions mentioned earlier continue to support the Upper GI position. There was also an increase in total activity from 25 eligible referrals in March 2024, to 38 in April 2024.

- Diagnostic tests, particularly PET CT are the main reason for breach. PET CT is running additional evening sessions to address waiting times.
- The review of the Lothian GI Pathway Group is being progressed.

Urology - April 2024 Performance: 47.1% - 40 of the 85 eligible referrals started their treatment within 62 days of referral (Above the April – June Urology trajectory of 40%).

Urology performance increased from 36.6% in March 2024 to 47.1% in April 2024. The number of eligible referrals decreased from 123 in March 2024 to 85 In April 2024. Improvements being progressed:

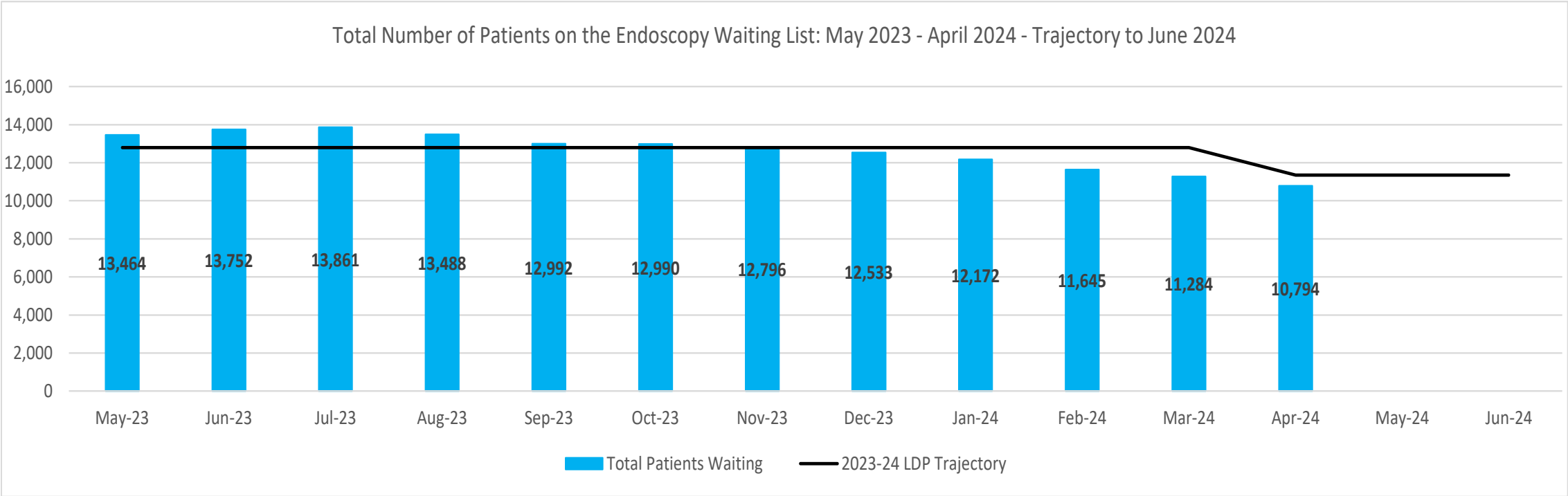
- The prostate pathway has been mapped and steps removed to aid early diagnosis. The main blockages continue to be Transrectal Ultrasound (TRUS)/Transperineal (TP) biopsy, clinic appointment following MDT and the capacity for Robotic Assisted Laparoscopic Prostatectomy (RALP).
- Additional TRUS, TP Biopsy sessions , clinics (surgery and oncology) and RALP lists continue to run.
- 350 RALP procedures were undertaken in 2023-24, against a 2022-23 delivery of 277 and an initial business case for 250 procedures. NHS Ayrshire & Arran started undertaking RALP procedures from January 2024, which will reduce demand on NHSGG&C and discussion ongoing about NHS Lanarkshire and Forth Valley capacity.
- Consultant staffing remains challenging due to vacancy and maternity leave.
- The audit of the National Haematuria Pathway, has now been completed and shows good compliance and a reduction in the patients progressing to cystoscopy.
- The backlog of Trans Urethral Resection of Bladder Tumour (TURBT) procedures has halved in the past three months - additional capacity is being sought to drive the waiting time down from six weeks to below 31 days.

24. BETTER CARE: Diagnostics - Endoscopy Waiting List

Number of patients on the Endoscopy waiting list

Target
11,351

Performance
10,794



Summary

Current Position (including against trajectory):

As at April 2024 month end, there were **10,794** patients on the overall waiting list, within the 2024-25 ADP trajectory of no more than 11,351 patients on the Endoscopy Waiting List by June 2024. **4.9% within trajectory.**

Current Position Against National Position:

No relevant national position.

Target at 31 March 2025:

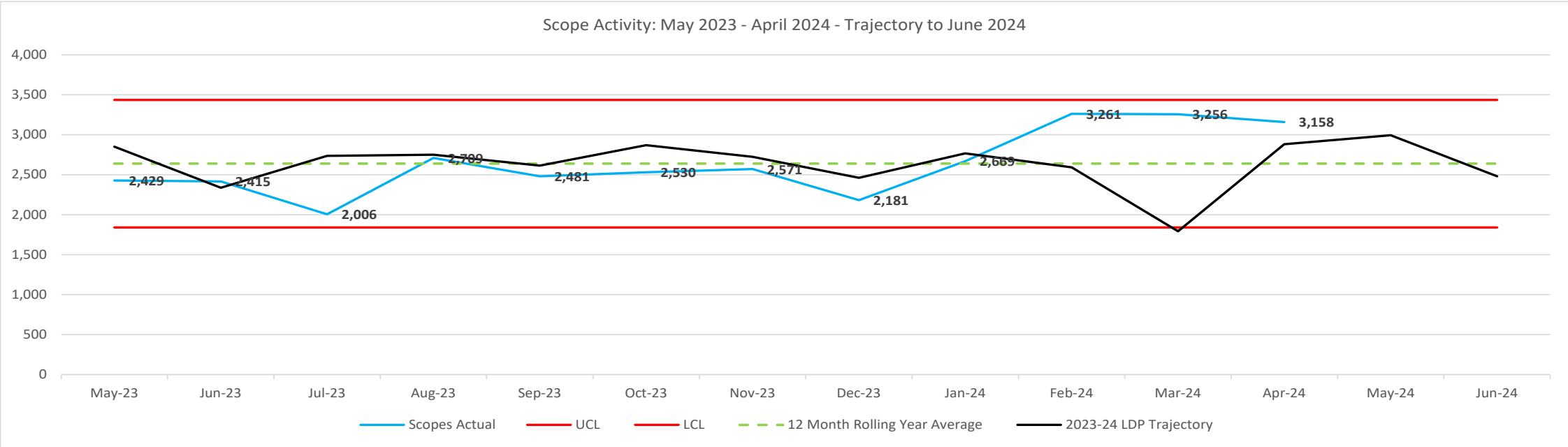
2024-25 ADP target of no more than 10,600 patients on the endoscopy waiting list by March 2025. Current performance is ahead of the planned position for June 2024.

25. BETTER CARE: Diagnostics - Endoscopy Activity

Number of Endoscopy tests carried out

Target
2,881

Performance
3,158



Please note: data relating to April 2024 is provisional.

Summary

Current Position (including against trajectory):

A total of **3,158** endoscopies were carried out in April 2024, above the 2024-25 ADP trajectory of 2,881. **Exceeding trajectory by 10%.**

Current Position Against National Target:

No national target relevant.

Target at March 2025:

2024-25 ADP target of 32,950 endoscopies will be carried out by March 2025. Performance is currently on track to deliver the June 2024 planned position of 8,355 endoscopies carried out.

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

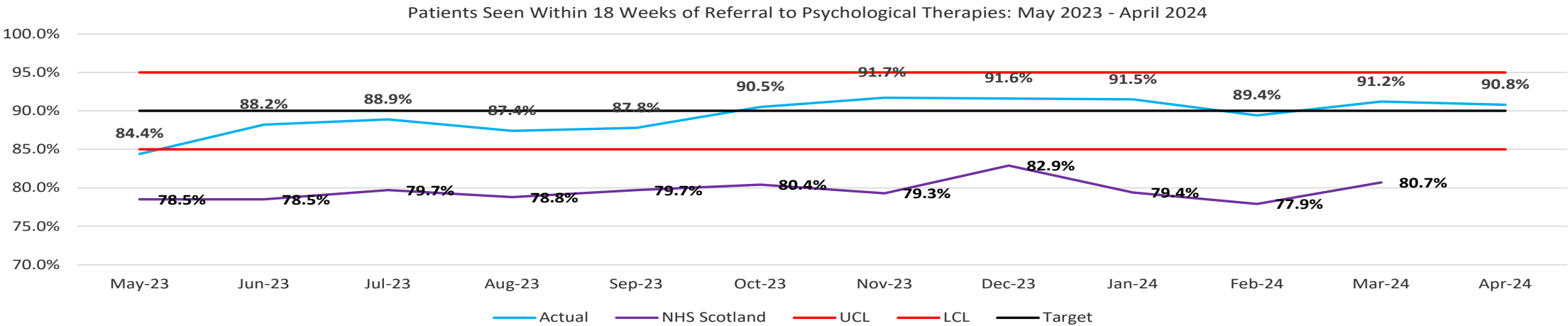
At least 90% of eligible referrals will wait no longer than 18 weeks from referral to start their first treatment

Target

90%

Performance

90.8%



Please note: The national published April – June 2024 data is scheduled to be published on 3rd September 2024.

Summary

Current Position (including against trajectory):

In April 2024, **90.8%** eligible referrals were seen <18 weeks of referral, exceeding the national target of 90.0%. **0.8% above the national target of 90%.**

Current Position Against National Target:

National target 90%. Performance remains significantly above the national position of 80.7% for the latest published month ending March 2024.

Projection to 31 March 2025:

Current performance is exceeding the national target of 90%.

Key Actions

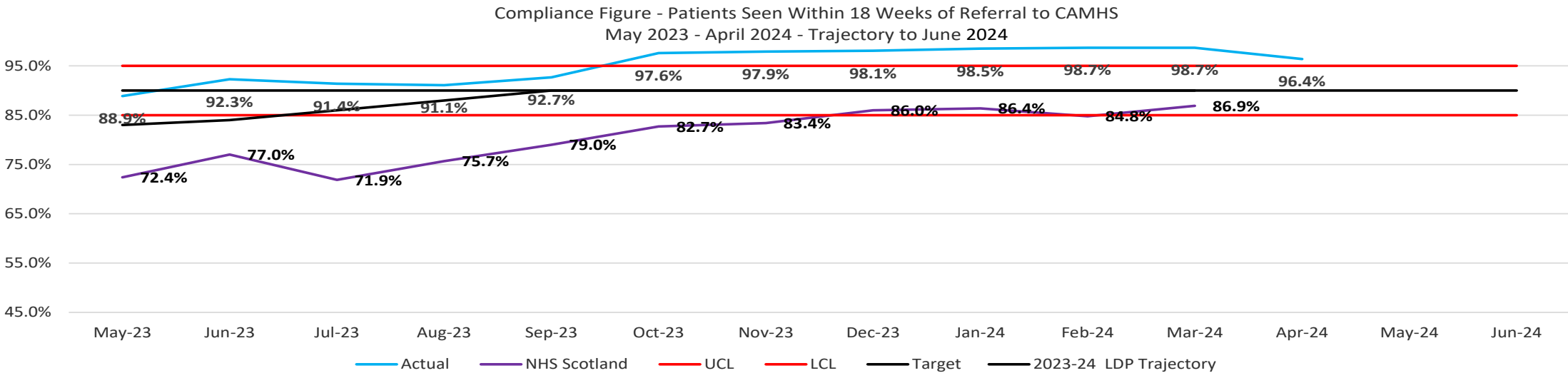
Performance continued to exceed the planned position for April 2024. Services have continued to prioritise actions to deliver against the standard and reduce the number of long waiting patients.

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

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

Target
90%

Performance
96.4%



Please note: The national published April - June 2024 data is scheduled to be published on 3 September 2024.

Summary

Current Position (including against trajectory):

In April 2024, **96.4%** of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral, exceeding the 2024-25 ADP trajectory the national target of 90%. **Above the 2024-25 ADP target by 6.4%.**

Current Position Against National Target:

National Target 90%. Performance for the latest monthly published position (March 2024) was 98.7%, significantly above the national position of 86.9%.

Projection to 31 March 2025:

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

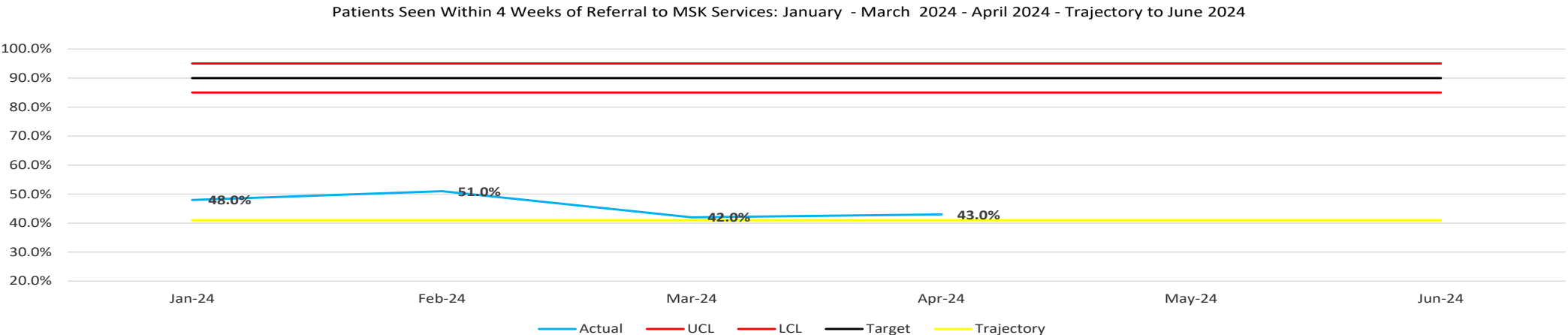
Current monthly performance continues to exceed the planned position.

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

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

**Target
90%**

**Performance
43.0%**



Summary

Current Position (including against trajectory):

In April 2024, **43%** of patients were seen within four weeks, a marginal increase on the previous months' position and **below the national target of 90%**. This figure relates to the percentage of urgent referrals seen. Until the routine waiting times are closer to the four week target, the percentage of patients seen within four weeks will not vary greatly as they constitute the urgent referrals. Performance remains improved generally since January 2024 due to ongoing Tests of Change using GP APPs to see routine self referred patients at point of referral. This Test of Change will be completed in July 2024 and fully evaluated.

Current Position Against National Target:

Performance for the latest national published position (quarter ending December 2023) is 46%, marginally below the national position of 47%.

Projection to 31 March 2025:

A revised trajectory has been developed based on a projected referral rate of 71k referrals however, the actual referral rate in 2023/24 was almost 74k. There has been a significant increase in capacity as a result of the waiting times project work (n = 7,825 more new patient appointments when compared to 2022/23) but this increased capacity has only offset the 13.3% in demand last year. Maximum routine waiting times have remained relatively static at 12-13 weeks in last financial year despite the rising demand.

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

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

Key Actions

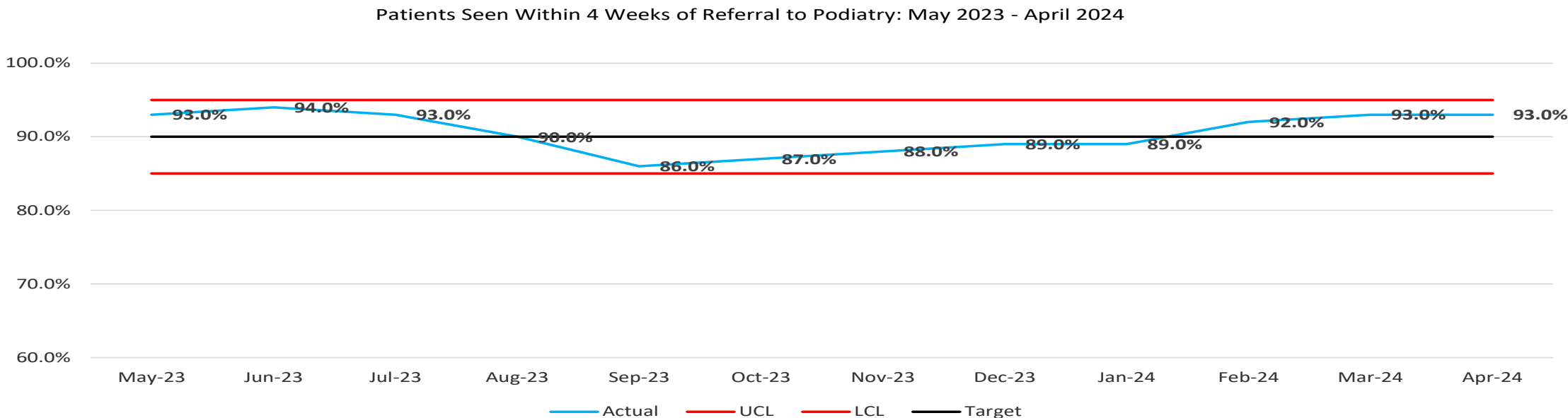
- The increase in demand experienced in 2023-24 has continued with April 2024 reporting a further 6% increase on the March 2024 position.
- GP Advanced Practice Physiotherapists (APP), in their MSK sessional commitment, have started to assess routine self referred patients at point of referral to provide bespoke advice and supported self management information. This utilises their skillset to replicate their role within GP practice and will focus on patients who self refer (i.e. they have not already seen a GP APP or other Health Care Practitioner). Data will be monitored to assess whether the percentage of patients supported to self manage (without re-accessing the service) is similar to the 79% achieved in a primary care setting. The project will run for six months and will be fully evaluated. The March 2024 position reduced due to ending of a subsequent CFT project which impacted on % seen within four week target and due to second half of March 2024 being a peak annual leave period for GP APPs however, the April 2024 position for the % of new outpatients seen less than four weeks increased to 43%.
- The MSK service is scoping out the number of referrals where the evidence base states that the patient is “less likely” to benefit from MSK. This relates to three categories of patients i.e. those patients who have been to MSK in the last year with the same condition; those patients who have been through the Pain Management Service with the same condition; and those patients with widespread body pain (as will not truly be MSK pathology). This is with a view to focusing service provision on those who are most likely to benefit. Early indicators are that “widespread body pain” (i.e. non MSK condition) equates to around 3.6% on average of each staff caseload. This would equate to just over 2,000 new patient appointments each year. The service plan to manage these patients differently with supported self management information and is working to progress this. The service will be mindful that any actions do not impact on any other Primary or Secondary Care services.
- Any return slots not utilised are merged and converted to new patient slots as part of an ongoing test of change to improve efficiency. This resulted in an additional 122 new patient appointments within April 2024 the same as the March 2024 position.

29. 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
93.0%



Summary

Current Position (including against trajectory):

93% of eligible podiatry patients were seen <4 weeks of referral in April 2024, remaining static compared to the previous months' position and above the 90% target. **3% above target.**

Current Position Against National Target:

No national position available.

Projection to 31 March 2025:

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

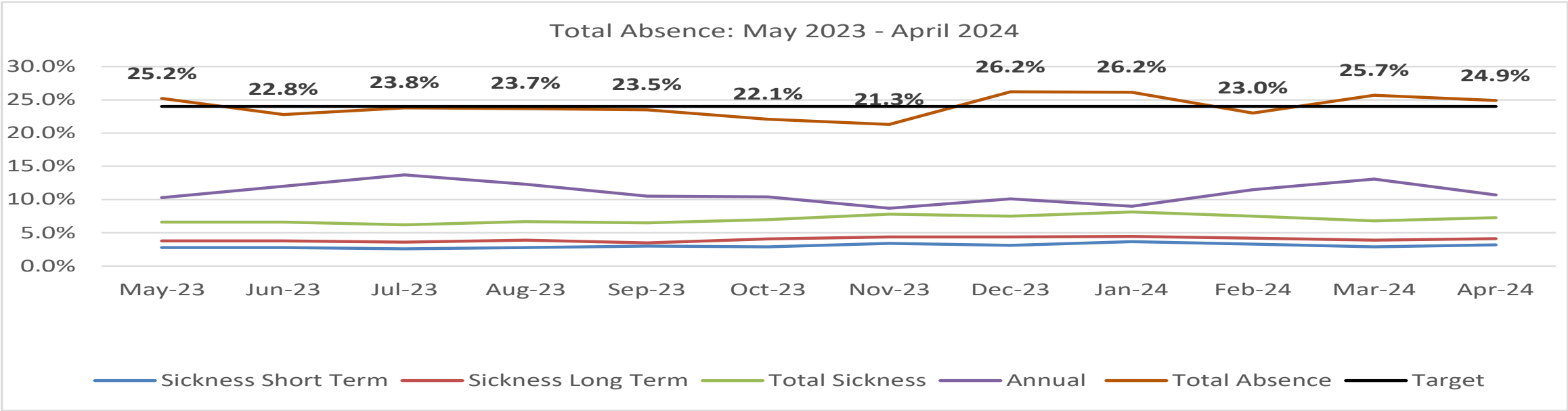
Overall, performance continues to exceed the national target of 90%.

30. BETTER WORKPLACE: Staff Absence Total

The reasons for absence across NHSGGC

Target
24.0%

Performance
24.9%



Summary

Current Position:

During April 2024, overall absence across NHSGGC was 24.9%, a decrease on the 25.7% reported the previous month. The highest levels of absence across NHSGGC were due to annual leave (10.7%), sickness absence (7.3%), and public holidays (2.4%).

Current Position Against National Target:

No relevant national target.

Projection to 31 March 2025:

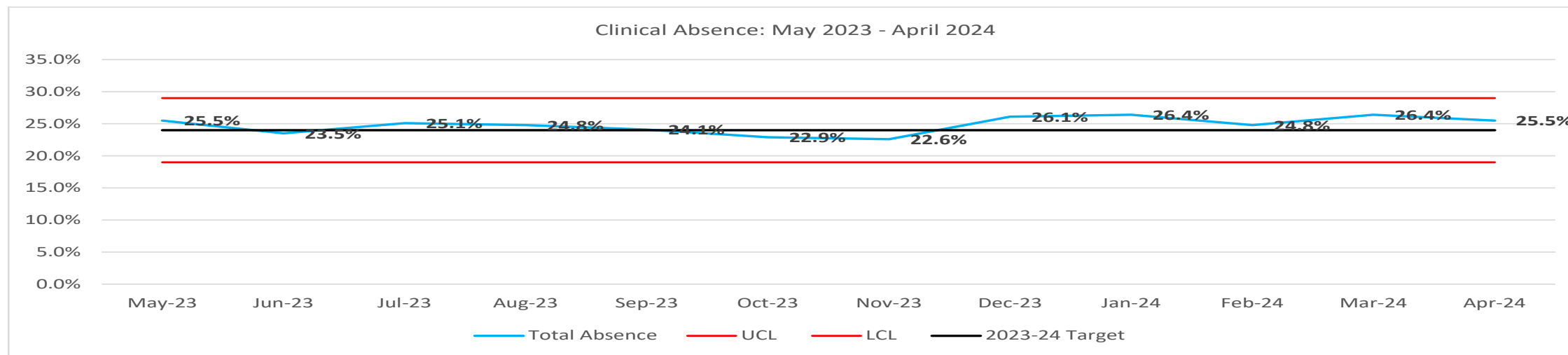
No projection has been agreed.

Overall absence across NHSGGC was 24.9% in April 2024 an improvement on the 25.7% reported the previous month. Actions in place to address levels of sickness absence are outlined on slide 49.

31. BETTER WORKPLACE: Clinical Absence Total

Target
24.0%

Performance
25.5%



Summary

Current Position (including against trajectory):

At the end of April 2024, the overall clinical absence total was **25.5%**, marginally above the target of 24.0%.

Above the 24.0% target by 1.5%

Current Position Against National Target:

No national data available.

Projection to 31 March 2025:

Local target 90%. **Overall, performance is within the target.**

Commentary

It should be noted that the clinical absence figures include Allied Health Professionals, Medical, Dental and Nursing and Midwifery job Families. The three main reasons for clinical absence during April 2024 were annual leave (10.9%), sickness absence (7.4%) and maternity leave (2.8%). Actions in place to address levels of sickness absence are outlined on the next slide.

32. BETTER WORKPLACE: Staff Sickness Absence Rate

Reduce sickness absence percentage to meet local target of 5%

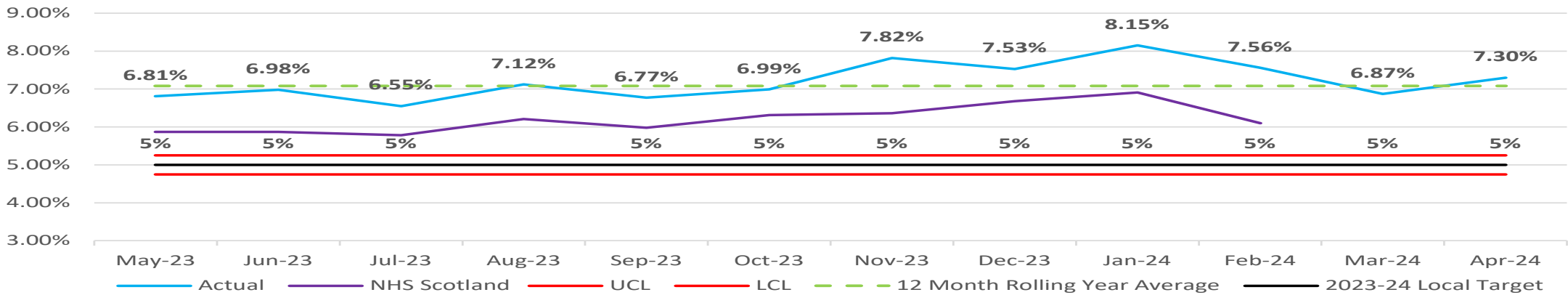
Target

5.0%

Performance

7.30%

Sickness Absence Control Chart: May 2023 - April 2024



Summary

Current Position (including against trajectory):

Current performance **7.3%**, an increase on the previous months' position. **2.3% above the local target of 5.0%.**

Current Position Against National Target:

Above national average of 6.10% for February 2024. Not yet received data for March 2024 onwards.

Projection to 31 March 2025:

Local target of 5% and national target of 4%. Current projection is above both targets.

Key Actions

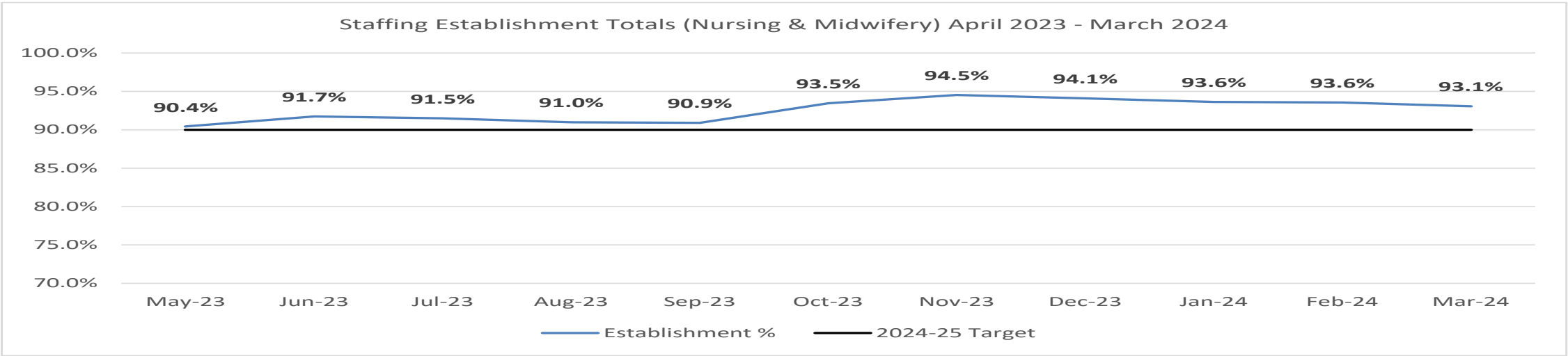
Current performance of 7.30% (3.19% short term and 4.11% long term) represents a 0.43% increase on the previous months' position (6.87%). Overall, short and long term absence increased on the previous month by 0.26%, and 0.17% respectively. Acute conveys an overall increase of 0.53%, HSCPs increased by 0.57%, Estates and Facilities decreased by 0.30% and Corporate Services increased by 0.40% when compared to the previous month.

Action plans and trajectories (see next slide) are in place for each area to reduce sickness absence and support employees back to work. Meetings are currently taking place for all areas with senior management teams, the Depute Director of Human Resources and Human Resources teams to review hotspot areas, trends and themes and to discuss their sickness absence challenges and identify any further support required. Best practice emerging from these meetings is being shared across Human Resources and with management teams to ensure actions that have resulted in improvements in levels of sickness absence are replicated across NHSGGC.

Support is being prioritised on taking forward cases over the frequent absence triggers, mental health related absence, concluding the longest running cases and providing enhanced support to new or inexperienced managers earlier in the process. Case conferences and focus groups continue every month along with provision of training for managers on Attendance Management. As the current activity is not yet yielding improvement a performance management approach is being introduced by the Director of Human Resources.

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

Target	Performance
90.0%	93.1%



Please note: April 2024 figures are not available due to finance year end reporting therefore the figures reflect the most up to date position available.

Summary

Current Position (including against trajectory):	At the end of March 2024, the overall staffing establishment total was 93.1%. Exceeding the 90% target by 3.1%.
Current Position Against National Target:	No national data available.
Projection to 31 March 2025:	Local target 90%. Overall, performance is within the target.

34. BETTER WORKPLACE: Supplementary Staffing Total

For Information

Agency: Shifts Filled	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Nursing & Midwifery: Premium Rate Agency	1,853	1,662	1,409	890	600	87	9	8	7	0	0	1
PRA Reduction from Jan-23	31.3%	38.4%	47.7%	67.0%	77.7%	96.8%	99.7%	99.7%	99.7%	100.0%	100.0%	100.0%
Nursing & Midwifery: Standard Rate Agency	6,393	6,360	6,837	5,938	5,349	4,331	3,115	2,869	2,326	1,952	1,997	1,796
SRA Reduction from Jul-23	-	-	0.0%	13.1%	21.8%	36.7%	54.4%	58.0%	66.0%	71.4%	70.8%	73.7%
Nursing & Midwifery: Bank	35,432	33,989	37,895	39,185	37,439	37,720	37,663	35,769	40,103	40,204	41,464	36,836
Reduction from Jan-24	-	-	-	-	-	-	-	-	0.0%	0.3%	3.4%	-8.1%

Summary

Current Position (including against trajectory):

Since January 2023 there has been an overall reduction in the use of both premium and standard rate agency nursing and midwifery staff. Whereas there has been an overall increase in the use of nursing and midwifery bank staff for the same period however, the April 2024 position has shown an 8.1% reduction in the use of bank since January 2024.

Current Position Against National Target:

No national data available.

Projection to 31 March 2025:

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

35 . Control Limits

RATIONALE				
BETTER HEALTH				
No	Measure	Targets	Control Limits	Slide Number
1	Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral	National Target	Based on 5% variance from target	6
2	Dental Registrations and Participation	FIO		7
3	Number of Dentists weighted by population (per 10,000 popu)	Local Target		8
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
4	Unscheduled Care: A&E 4 Hour Waits	National Target	Based on 5% variance from trajectory	9
5	Unscheduled Care: A&E Attendances	Local Target	Not Applied	11
6	Delayed Discharges: Number of Acute Delayed Discharges	2024-25 ADP Target	Based on 5% variance from trajectory	14
7	Delayed Discharges: Number of Mental Health Delayed Discharges	Local Target	Based on 5% variance from trajectory	16
8	Delayed Discharges: Number of Acute bed days lost to delayed discharges	2024-25 ADP Target	Based on 5% variance from trajectory	18
9	Delayed Discharges: Number of Mental bed days lost to delayed discharges	Local Target	Based on 5% variance from trajectory	20
10	GP Out Of Hours Activity	Local Target	Based on 5% variance from target	22
11	GP Out Of Hours: % of Scheduled Shifts Open	For Information	Not Applied	23
12	Number of GP List Closures			24

35. Control Limits (Continued)

RATIONALE				
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
13	Number of patients on the New Outpatient Waiting List	2024-25 Planned Care Reduction Target	Not Applied	25
14	Number of New Outpatients Waiting >78 weeks	2024-25 Planned Care Reduction Target	Not Applied	26
15	Number of New Outpatients Waiting >52 weeks	2024-25 Planned Care Reduction Target	Not Applied	27
16	New Outpatient Activity	2024-25 Planned Care Reduction Target	Standard deviation is based on 12 month rolling average	29
17	Number of patients on the TTG Waiting List	2024-25 Planned Care Reduction Target	Not Applied	30
18	Number of TTG Patients Waiting >104 weeks	2024-25 Planned Care Reduction Target	Not Applied	31
19	Number of TTG Patients Waiting >78 weeks	2024-25 Planned Care Reduction Target	Not Applied	32
20	Number of TTG Patients Waiting >52 weeks	2024-25 Planned Care Reduction Target	Not Applied	33
21	TTG Inpatient/Daycase Activity	2024-25 Planned Care Reduction Target	Standard deviation is based on 12 month rolling average	35
22	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	National Target	Based on 5% variance from target	36
23	Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	National Target	Based on 5% variance from trajectory	37
24	Diagnostics: Endoscopy Waiting List	2024-25 Planned Care Reduction Target	Not Applied	40
25	Diagnostics: Endoscopy Activity	2024-25 Planned Care Reduction Target	Standard deviation is based on 12 month rolling average	41
26	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	2024-25 Planned Care Reduction Target	Based on 5% variance from target	42
27	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	2024-25 Planned Care Reduction Target	Not Applied	43

34. Control Limits (Continued)

RATIONALE				
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
28	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	National Target	Based on 5% variance from trajectory	44
29	Podiatry Waiting Times - % of patients seen <4 weeks	National Target	Based on 5% variance from target	46
BETTER WORKPLACE				
No	Measure	Targets	Control Limits	Slide Number
30	Staff Absence (Total)	Local Measure	Not applied	47
31	Clinical Absence (Total)	Local Target		48
32	Staff Sickness Absence Rate	Local Target	Based on 5% variance from target	49
32	Short Term Absence Rate	Local Target	Not Applied	49
32	Long Term Absence Rate	Local Target	Not Applied	49
33	Staffing Establishment Total (Nursing and Midwifery)	Local Target		50
34	Supplementary Staffing - Total	Local Target		51
BETTER VALUE				
No	Measure	Targets		Slide Number
35	Rationale for Control Limits Applied			52