

NHS Greater Glasgow and Clyde	Paper No. 25/53
Meeting:	NHSGGC Board Meeting
Meeting Date:	29 April 2025
Title:	NHSGGC Board Performance Report
Sponsoring Director:	Colin Neil, Director of Finance
Report Author:	Tricia Mullen, Head of Performance

1. Purpose

The purpose of this report is to:

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

2. Executive Summary

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

As at February 2025, 11 of the 29 measures that can be rated against target are currently delivering against target and rated green, three are rated amber (<5% variance from trajectory), 14 have been rated red (>5% adverse variance from trajectory) and the one remaining measure with no target is rated grey.

Key Areas of Performance Improvement:

- The latest nationally published position for the Alcohol and Drugs national waiting times target (95.0%) shows performance continuing to exceed the 90% target.
- The number of GP Out of Hours scheduled shifts that remained open (100%) during February 2025 continued to exceed the 90% planned position.
- Acute activity in relation to new outpatients, inpatient/daycases and imaging is currently exceeding the planned position for the period April - February 2025 providing a total of 25,644 more patients with access to the care they need.

BOARD OFFICIAL

- 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 February 2025.
- The number of patients waiting for an endoscopy test (7,650) remains ahead of the planned position (10,600) for February 2025.
- Performance in relation to the Cancer 31 Day waiting times standard saw an improvement on the previous months' position increasing from 92.5% in January 2025 to 96.4% in February 2025, above the 95% national target.
- Access to Podiatry Services met the national 90% target with 91% of patients seen <4 weeks of referral during February 2025.

Key Areas of Performance in Need of Improvement:

- Overall compliance with the A&E four hour waits (67.7%) marginally improved compared to the previous months' position (67.5%), albeit performance remains below the 2024-25 ADP target of 70%. Performance is in line with the overall national trend.
- The number of acute delayed discharges remains a challenge, albeit the February 2025 (331) position saw a marginal reduction on the previous month's position (334). The number of acute bed days lost to delayed discharge also decreased by 9% when compared to the previous months' position decreasing from 10,092 in January 2025 to 9,170 in February 2025.
- The number of Mental Health delays also remains a challenge, albeit marginally reducing from 85 in January 2025 to 81 in February 2025. The number of mental health bed days lost also reduced by 5% when compared to the previous month, reducing from 2,384 in January 2025 to 2,267 in February 2025.
- In addition, whilst the number of delayed discharged per 100,000 adult population saw a reduction to 42.6 delayed discharges per 100,000 adult population (43.4 the previous month), performance remains above the target of 34.6 per 100,000 adult population.
- At the end of February 2025, the number of new outpatients waiting >52 weeks and >78 weeks was above the 2024-25 ADP target in February 2025.
- Performance in relation to each of the TTG long waiting time reduction targets of >104 weeks and >52 weeks is above the planned position for February 2025.
- Performance in relation to the Cancer 62 Day waiting times also reported an improvement on the previous month's position, increasing from 63.8% in January 2025 to 65.2% in February 2025. Overall performance remains challenged due to the significant increase in USOC referrals since the pandemic.
- February 2025 compliance with the Psychological Therapies target (83.5%) is below the national target of 90%.
- Whilst the percentage of MSK Physiotherapy patients seen <4 weeks remains a challenge, the February 2025 position improved (41%) and is now in line with the 41% trajectory for February 2025.
- Overall sickness absence levels in February 2025 (7.5%) saw a reduction on the previous months' position (8.2%) and performance remains above the local 5% target.

More detail on each of the performance measures that either remain challenged or are below the planned position for February 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 | <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 and the relevant measures have been reviewed by the Acute Services Committee and Finance, Planning and Performance Committee.

8. Date Prepared & Issued

Prepared: 15 April 2025

Issued: 17 April 2025

NHS GREATER GLASGOW & CLYDE BOARD MEETING



Board Assurance Information Framework – February 2025
Performance Report
April Board Meeting

Executive Summary

The Performance Report aims to reflect all of the measures identified in the Board's Assurance Information Framework to be reported at all Board meetings and in the main reflects the February 2025 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.

During February 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 inpatient/daycases continued to exceed the overall planned activity levels providing more patients with access to the care they need during the period April - February 2025. There also continues to be an ongoing focus on reducing the number of long waiting patients. Performance in relation to CAMHS (98.5%) waiting times standards remained positive with current performance continuing to exceed the national target. Access to Podiatry Services (91% of patients seen <4 weeks) and GP Out of Hours service also remains positive where the number of scheduled shifts that remained open (100%) in February 2025 continued to by far exceed the planned position of 90%.

However, the winter challenges across NHSGGC continued to have an impact on our overall ability to treat, discharge and admit patients from our Emergency Departments (EDs) during February 2025. For example, the volume of Acute delays and the high levels of bed occupancy as a result of the winter pressures continued to have an impact on the A&E 4 hour emergency access standard compliance with performance remaining fairly static at 67.7% of patients presenting seen within four hours in February 2025, below the 2024-25 ADP target of 70%. Addressing delayed discharges continues to remain a priority for NHSGGC. Compliance with the 62 day cancer target saw an improvement from 63.8% in January 2025 to 65.2% in February 2025, performance remains a challenge due to the significant increase in the overall volume of USOC referrals since pre-pandemic. There are detailed improvement actions underway to address performance, some of which are outlined in the relevant slides.

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 February 2025, 11 of the 29 measures contained within the report are currently delivering against trajectory, four are rated amber (<5% variance from trajectory), 13 are rated red (>5% adverse variance from trajectory) and the one 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:
29 April 2025


































Reporting Frequency:
Bi-Monthly

AT A GLANCE














































BETTER HEALTH

No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number
1	COBH1&3/ COBC7	OPBH3.0	Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral	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 2025	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number
2	COBC7/10	OPBC9.0	Unscheduled Care: A&E 4 Hour Waits	67.7%	70.0%					7
3	COBC7/10	OPBC9.0	Unscheduled Care: A&E Attendances	3.8% Increase	2% Reduction					9
4	COBC10	OPBC9.0	Delayed Discharges: Number of Acute Delayed Discharges	331	258					12
5	COBC10	OPBC9.0	Delayed Discharges: Number of Acute bed days lost to delayed discharges	9,170	7,889					14
6	COBC10	OPBC9.0	Delayed Discharges: Number of Mental Health Delayed Discharges	81	58					16
7	COBC10	OPBC9.0	Delayed Discharges: Number of Mental bed days lost to delayed discharges	2,267	1,857					18
8	COBC11	OPBC13	Total number of Delayed Discharges per 100,000 adult population	42.6	34.6					20
9	COBC10	OPBC9.0	GP Out Of Hours Activity	11,799	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	158,444	157,991					23
12	COBC7	OPBC7.0	Number of New Outpatients Waiting >78 weeks	47	0					24

Contents (Continued)	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs, Acute & Corporate	Report Date: 29 April 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 2025	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number
13	COBC7	OPBC7.0	Number of New Outpatients Waiting >52 weeks	5,645	3,548					25
14	COBC7	OPBC7.0	New Outpatient Activity	266,143	255,337				✓	27
15	COBC7	OPBC7.0	Number of patients on the TTG Waiting List	49,913	49,522					28
16	COBC7	OPBC7.0	Number of TTG Patients Waiting >104 weeks	3,294	2,369					29
17	COBC7	OPBC7.0	Number of TTG Patients Waiting >78 weeks	7,934	8,224					30
18	COBC7	OPBC7.0	Number of TTG Patients Waiting >52 weeks	16,296	15,417					31
19	COBC7	OPBC7.0	TTG Inpatient/Daycase Activity	62,067	58,556				✓	33
20	COBC7	OPBC8.0	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	96.4%	95.0%					34
21	COBC7	OPBC8.0	Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	65.2%	78.0%					35
22	COBC7	OPBC7.0	Diagnostics: Endoscopy Waiting List	7,650	10,600				✓	38
23	COBC7	OPBC7.0	Diagnostics: Endoscopy Activity	29,084	31,014					39
24	COBC7/ COBH5	OPBC13.1	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	83.5%	90.0%					40
25	COBC7/ COBH5	OPBC13.2	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	98.5%	90.0%				✓	41
26	COBC7	OPBC12.0	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	41.0%	41.0%					42
27	COBC7	OPBC12.0	Podiatry Waiting Times - % of patients seen <4 weeks	91.0%	90.0%					44

Contents (Continued)	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs, Acute & Corporate	Report Date: 29 April 2025	Reporting Frequency: Bi-Monthly
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AT A GLANCE										
BETTER WORKPLACE										
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number
28	COBW20	OPBW6.1	Staff Absence (Total)	23.1%	24.0%					45
29	COBW20	OPBW6.1	Staff Sickness Absence Rate	7.5%	5.0%					46
29	COBW20	OPBW6.1	Short Term Absence Rate	3.3%	2.0%					46
29	COBW20	OPBW6.1	Long Term Absence Rate	4.2%	3.0%					46
BETTER VALUE										
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number
	COBV 11/12	OPBV15.0	The Better Value measures are reflected within the Finance Report							
30	Rationale for Control Limits Applied									50

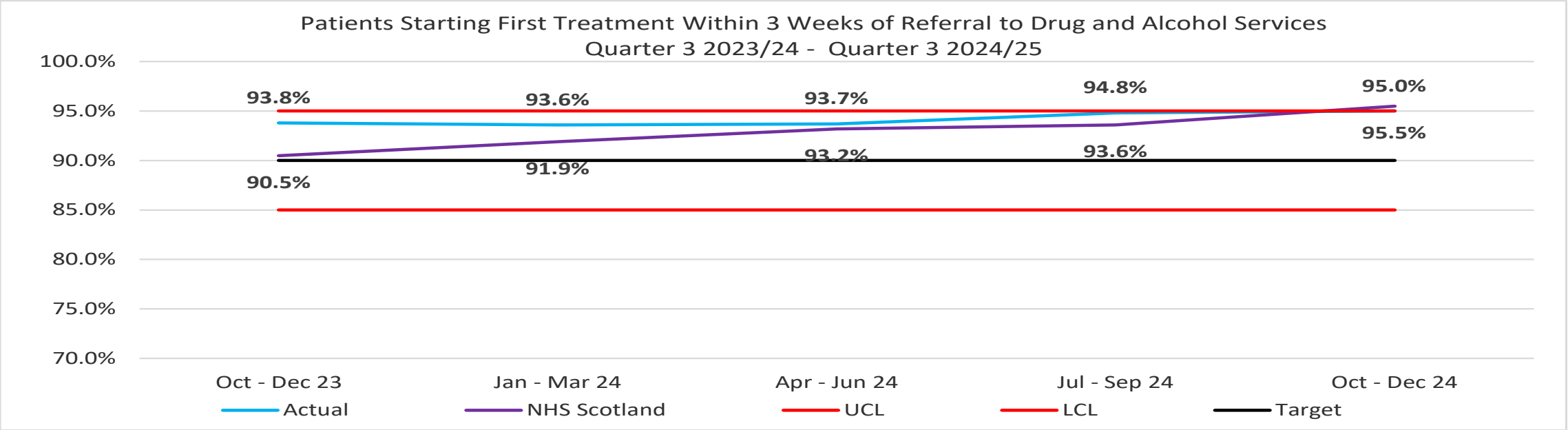
Key	Performance Status	Legend	
On target or better		Improvement on previously reported position	
Adverse variance of up to 5%		Deterioration on previously reported position	
Adverse variance of more than 5%		No change to previously reported position	
No target		Not Applicable	N/A

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 trajectory):

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 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 2025:

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

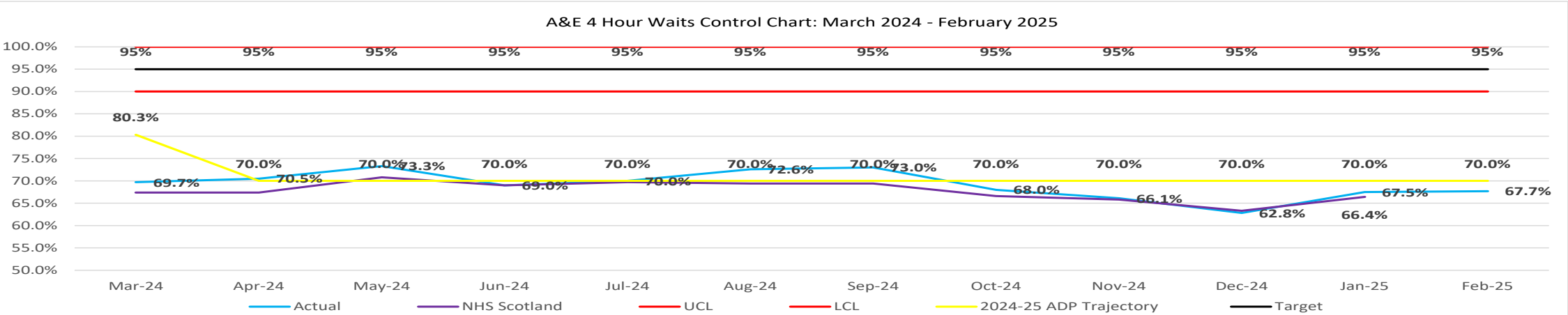
The latest quarterly position shows that NHSGGC continues to exceed the Alcohol and Drugs waiting times target of 90% with the latest quarter showing an increase on all of the four previously reported quarters.

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
70%

Performance
67.7%



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

Summary

Current Position (including against trajectory):

As at February 2025, **67.7%** of patients were seen within four hours, an improvement on the previous months' position of 67.5%. Below the ADP trajectory of 70.0%. Local management information for the week ending 13th April 2025 reported an increase in compliance to 74.8%. Performance remains below the national target of 95%.

Current Position Against National Target:

NHSGGC's performance was above the latest national published position of 66.4% for January 2025 and overall performance is in line with the national trend.

Projection to 31 March 2025:

National target 95%. ADP trajectory 70%.

Key Actions

- As part of the 2025-26 ADP we have highlighted our commitment to advancing a bold transformative programme to reform our urgent care across the whole system. During 2025, we will develop a detailed three year transformation plan which will identify how we better support our immediate and significant urgent care pressures by shifting the balance of care to enable more patients to be safely and effectively cared for at home.
- Our minor injuries and illness redirection programme has been refreshed with a revised Service Operating Procedure (SOP). All adult EDs have seen a sustained increase in associated KPIs, of particular note is over 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.

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

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

Target
70%

Performance
67.7%

Hospital Site	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Total A&E Atts (Feb 25)	Total A&E Breachers (Feb 25)	Feb-25
Queen Elizabeth University Hospital	55.5%	56.9%	47.4%	50.7%	57.4%	60.0%	48.2%	48.1%	47.5%	48.9%	7,603	4,115	45.9%
Glasgow Royal Infirmary	51.6%	64.0%	53.9%	54.1%	54.9%	54.6%	54.3%	54.0%	48.0%	50.0%	6,356	2,976	53.2%
Royal Alexandra Hospital	62.2%	58.0%	54.6%	60.9%	66.3%	61.7%	57.5%	58.9%	49.1%	55.5%	4,203	1,796	57.3%
Inverclyde Royal Hospital	71.2%	71.9%	78.3%	78.0%	76.9%	81.8%	71.9%	78.6%	69.1%	74.1%	2,101	433	79.4%
Royal Hospital for Children	94.9%	95.4%	96.7%	98.4%	95.8%	94.1%	92.6%	76.7%	79.7%	95.6%	5,568	535	90.4%
Emergency Department Sub-Total	65.4%	68.3%	63.2%	64.2%	67.2%	68.2%	62.5%	60.7%	57.3%	61.7%	25,831	9,855	61.8%
Vale of Leven Hospital	87.3%	92.1%	91.4%	92.0%	90.5%	92.7%	91.4%	90.6%	91.3%	89.9%	1,430	112	92.2%
Stobhill Hospital	97.2%	97.5%	92.6%	97.3%	97.6%	92.0%	94.3%	94.9%	94.1%	97.6%	1,628	77	95.3%
New Victoria Hospital	99.8%	98.9%	98.8%	100.0%	99.3%	99.5%	99.1%	98.8%	96.9%	99.7%	2,200	2	99.9%
MIU Sub-Total	95.2%	96.3%	94.5%	96.8%	96.1%	95.3%	95.3%	95.4%	94.4%	96.1%	5,258	191	96.3%
ED & MIU Total	70.5%	73.3%	69.0%	70.0%	72.6%	73.0%	68.0%	66.1%	62.8%	67.5%	31,089	10,046	67.7%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%			95.0%
2024-25 Annual Delivery Plan Target	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%			70.0%
National Performance	67.4%	70.8%	69.0%	69.7%	69.4%	69.3%	66.5%	65.8%	63.3%	66.4%			
NHSGGC Variance from National Position	3.1%	2.5%	0.0%	0.3%	3.2%	3.7%	1.5%	0.3%	-0.5%	1.1%			

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.

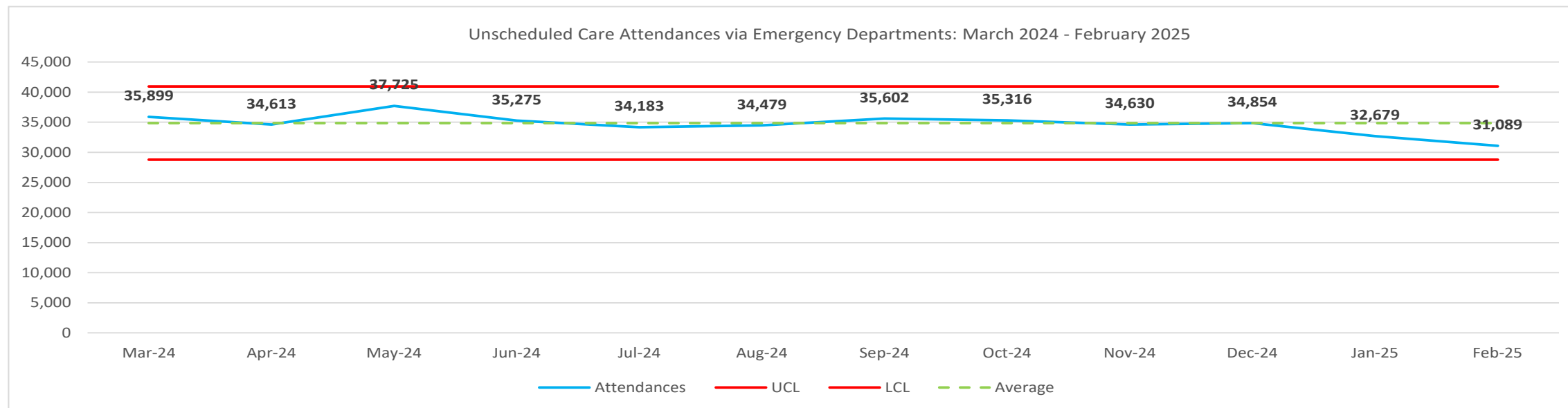
Summary

The information above, provides a monthly breakdown of performance against target at a hospital site level for February 2025. Five of the eight sites reported an improvement on the previous month's position with both the IRH (+5.3%) and GRI (+3.2%) seeing the biggest improvements on the previous months' position. Performance at the QEUH (-3.0%) and the RHC (-5.2%) saw the biggest reductions on the previous months' position. A total of five of the eight sites are currently exceeding the ADP trajectory of 70%. Both the New Victoria MIU and Stobhill Hospital exceeded the national 95.0% target during February 2025. Overall performance at the three busiest sites remains an ongoing challenge.

3. BETTER CARE: Accident and Emergency Attendances

Target
2% Reduction

Performance
3.8% increase



Please note: monthly data includes ED and MIU attendances.

Summary

Current Position (including against trajectory):

A total of **380,445** Accident and Emergency (A&E) attendances (including MIU attendances) were reported during the period April - February 2025. Current performance represents a 3.8% increase on the 366,570 reported during the same period in 2022-23 (the baseline year the reduction target is based upon).

Current Position Against National Target:

No relevant target.

Projection to 31 March 2025:

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

Actions in place to reduce A&E attendances are outlined in the next two slides.

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

**2%
Reduction**

Hospital Site													YTD 24/25 Total	YTD 23/24 Total	2022/23 Baseline	24/25 YTD Var 22/23	YTD % Var on 22/23
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25						
Queen Elizabeth University Hospital	8,321	9,061	8,440	8,669	8,539	8,391	8,648	8,166	8,430	8,245	7,603		92,513	89,686	83,583	8,930	10.7%
Glasgow Royal Infirmary	7,114	7,449	7,066	7,165	6,922	7,162	7,331	6,980	7,094	6,739	6,356		77,378	76,004	74,537	2,841	3.8%
Royal Alexandra Hospital	4,616	5,174	4,780	4,726	4,866	4,895	4,821	4,497	4,687	4,479	4,203		51,744	53,728	50,655	1,089	2.1%
Inverclyde Royal Hospital	2,524	2,750	2,549	2,564	2,564	2,639	2,472	2,249	2,437	2,331	2,101		27,180	27,520	26,675	505	1.9%
Royal Hospital for Children	6,257	6,666	6,151	5,099	5,438	6,223	6,294	7,307	7,105	5,461	5,568		67,569	65,550	70,882	-3,313	-4.7%
Emergency Department Sub-Total	28,832	31,100	28,986	28,223	28,329	29,310	29,566	29,199	29,753	27,255	25,831		316,384	312,488	306,332	10,052	3.3%
Vale of Leven Hospital	1,664	1,913	1,763	1,710	1,713	1,722	1,530	1,447	1,487	1,580	1,430		17,959	16,726	14,242	3,717	26.1%
Stobhill Hospital	1,740	1,971	1,905	1,755	1,891	1,914	1,753	1,697	1,559	1,666	1,628		19,479	20,540	20,892	-1,413	-6.8%
New Victoria Hospital	2,377	2,741	2,621	2,495	2,546	2,656	2,467	2,287	2,055	2,178	2,200		26,623	25,786	25,104	1,519	6.1%
MIU Sub-Total	5,781	6,625	6,289	5,960	6,150	6,292	5,750	5,431	5,101	5,424	5,258		64,061	63,052	60,238	3,823	6.3%
Total	34,613	37,725	35,275	34,183	34,479	35,602	35,316	34,630	34,854	32,679	31,089		380,445	375,540	366,570	13,875	3.8%
2024-25 HSCP Target - 2% Reduction 2022-23 Baseline																	

Summary

The information above, provides a monthly breakdown of A&E/MIU attendances by hospital site for the period April - February 2025. Overall, six of the eight hospital sites reported an increase in the number of attendances (380,445) when compared to the same period in the baseline year (336,570). The most notable increases in actual values can be seen at the Queen Elizabeth University Hospital (QEUH) (+8,930) and the Vale of Leven (VOL) (+3,717).

In addition to the ongoing implementation of the actions highlighted in our 2024-25 Winter Plan, some key deliverable in transforming our Urgent Care outlined in our 2025-26 ADP includes developing a model for Rapid Assessment and Care across our EDs, implementing a digital platform to support remote monitoring and management of patients, strengthening our re-direction primary care pathways and support remote assessment of patients who self-present, using digital patient self-assessment application and developing a Flow Navigation Centre Plus (FNC+) care model.

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

**2%
Reduction**

HSCP	Number Of A&E/MIU Presentations											2024-25 YTD Total	2022-23 YTD Total	YTD Variance	YTD % Variance
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25				
East Dunbartonshire	2,114	2,184	2,243	1,998	2,113	2,252	2,249	2,035	2,205	2,056	1,875	23,324	23,559	-235	-1.0%
East Renfrewshire	1,900	2,046	1,906	1,797	1,913	1,969	2,001	1,927	1,828	1,683	1,691	20,661	20,020	641	3.2%
Glasgow City	16,097	17,476	16,260	15,786	15,627	16,361	16,374	16,447	16,160	15,251	14,603	176,442	171,209	5,233	3.1%
Inverclyde	2,522	2,654	2,486	2,459	2,435	2,598	2,512	2,344	2,452	2,304	2,114	26,880	26,574	306	1.2%
Renfrewshire	4,514	5,072	4,657	4,463	4,599	4,778	4,622	4,431	4,615	4,413	4,043	50,207	47,946	2,261	4.7%
West Dunbartonshire	2,720	2,995	2,825	2,706	2,654	2,683	2,716	2,630	2,624	2,487	2,446	29,486	27,151	2,335	8.6%
HSCP Sub-Total	29,867	32,427	30,377	29,209	29,341	30,641	30,474	29,814	29,884	28,194	26,772	327,000	316,459	10,541	3.3%
Other	4,746	5,298	4,898	4,974	5,138	4,961	4,843	4,816	4,970	4,485	4,317	53,446	50,111	3,335	6.7%
Total	34,613	37,725	35,275	34,183	34,479	35,602	35,317	34,630	34,854	32,679	31,089	380,446	366,570	13,876	3.8%

Summary

The information above provides a breakdown of A&E/MIU attendances by HSCPs for the period April - February 2025. Overall, there has been an 3.8% increase in A&E attendances when compared to the same period in 2022-23 (the baseline year the 2% reduction target is based on). Across HSCPs there has been a 3.3% increase when compared to the same period in 2022-23. All HSCPs, with the exception of East Dunbartonshire HSCP (reducing by 1.0%) reported an increase in A&E activity with the most notable percentage increases in West Dunbartonshire (8.6%) and Renfrewshire (4.7%) HSCPs when compared to the same period in the baseline year.

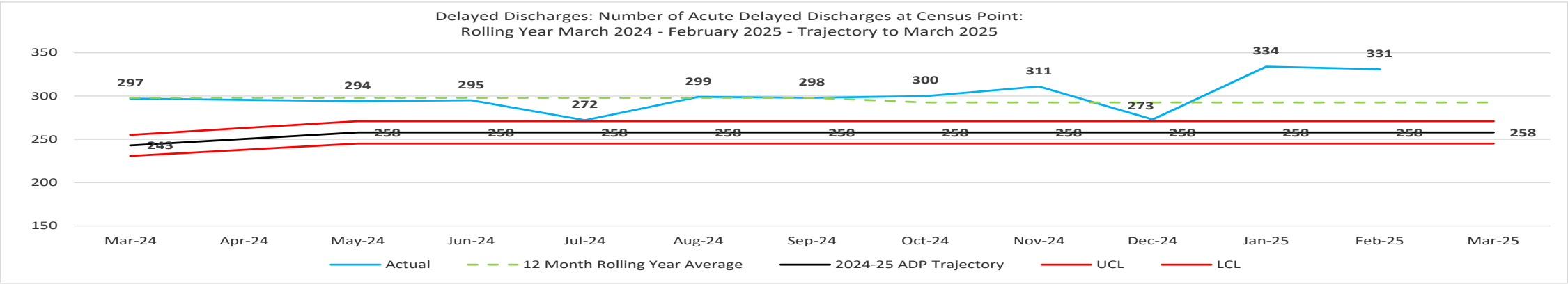
In addition to the actions outlined in the 2024-27 Unscheduled Care Home First Design and Delivery Plan which highlights the strategic aims for unscheduled care for the next three years, the 2025-26 draft ADP (still to be approved by the SG) also identifies a range of improvement actions to support the urgent care transformation programme which includes producing clear consistent messaging, effectively engaging with our public and directing our patients to the most appropriate pathways of care. Plans for 2025-26 will involve continuing to encourage the public to consider alternative pathways, including self-care and community services ahead of calling 111 for advice. Discrete targeted public messaging to different groups and work with key influencer groups to help inform the public on how to appropriately use services. Also the promotion of the redirection policy through messaging throughout the year. There are also plans to enhance public awareness of Pharmacy First Plus through integration into the overall Primary Care Communication Strategy. This approach will utilise a suite of channels including social media, press and some community outreach.

4. 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
331



Summary

Current Position (including against trajectory):

A total of **331** Acute delayed discharges were reported at the February 2025 monthly census point. Performance represents a 1% decrease on the previous month’s performance (334). Local management information as at 14th of April 2025 reported a reduction to 301 acute delays. **Current performance is above the monthly trajectory of 258.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

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

Key Actions

Performance in relation to Acute delayed discharges saw a 1% reduction on the previous month, however, overall performance remains a significant challenge. Complex delays accounted for 139 (42%) of the 331 Acute delays reported in February 2025. Key actions during the period are as follows:

- Chief Officers and Acute Directors met in March 2025 as a matter of urgency to progress actions across both HSCPs and Acute around rising delays.
- As part of the 2025-26 draft ADP there are plans to refresh our Discharge Without Delay (DwD) programme to support further improvement. This includes creating DwD Ward Champions, implementing the new SOP to Planned Date of Discharge (PDD) setting, initially at the RAH, to strengthen cross pathway working and support a multi-disciplinary approach to discharge planning, continuing to promote our DwD programme through sector Unscheduled Care teams to maximise patient flow and support a reduction in length of stay including via Proactive Delay Huddles and long stay reviews.
- HSCPs are currently completing the development of local action plans to support the Delayed Discharge Reset Programme which is focused on reducing wait times for social work assessments; reducing the number of people waiting for care home assessments, reducing the number of Adults with incapacity delayed due to legal reason and implementing the principles of the ‘Final 1,000 Days’. These will be collated to form a NHSGGC-wide action plan.
- The renewed draft of the Discharge Policy was approved in February 2025 outlining the necessary principles to ensure safe and effective discharge for patients delayed in an acute setting. The policy also describes the discharge procedure highlighting the process, roles and responsibilities to ensure patients are discharged before their PDD.

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

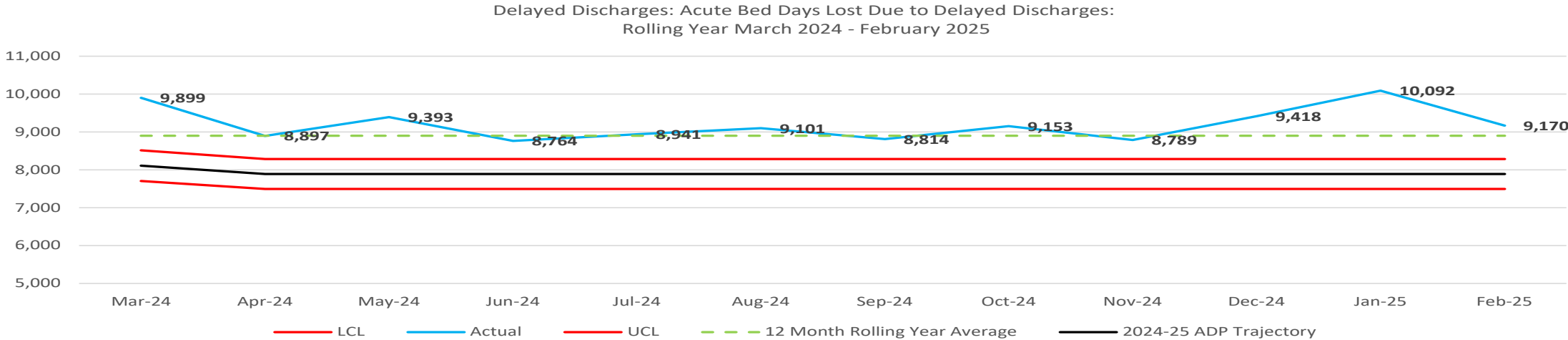
Performance
331

Acute Delayed Discharges	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Monthly Variance	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	46	51	46	39	33	20	25	21	20	24	23	35	28	-7	27	1	4%
East Dunbartonshire HSCP	23	17	15	26	28	29	24	21	21	13	13	26	28	2	18	10	56%
East Renfrewshire HSCP	12	14	14	14	13	11	12	5	10	9	10	9	10	1	11	-1	-9%
Glasgow City HSCP	163	140	150	153	146	148	160	174	170	176	150	176	190	14	125	65	52%
Inverclyde HSCP	15	13	16	7	9	8	6	7	7	9	6	7	5	-2	15	-10	-67%
Renfrewshire HSCP	12	9	7	6	15	9	9	6	14	13	8	9	10	1	9	1	11%
HSCP Total Acute Delays	271	244	248	245	244	225	236	234	242	244	210	262	271	9	206	65	32%
Other Local Authorities Acute	61	53	53	49	51	47	63	64	58	67	63	72	60	-12	52	8	15%
NHSGGC Total Acute Delays	332	297	301	294	295	272	299	298	300	311	273	334	331	-3	258	73	28%

Summary

As at February 2025 monthly Census point, there were a total of 331 Acute delays reported representing a 1% reduction on the previous months' position. All HSCPs, with the exception of West Dunbartonshire and Inverclyde HSCPs, saw an increase on the previous months position namely East Dunbartonshire (2), East Renfrewshire (1), Glasgow City (14) and Renfrewshire (1). Performance is currently 28% above the planned monthly performance of no more than 258 delays. Two of the six HSCPs are currently meeting the 2024-25 ADP target namely East Renfrewshire and Inverclyde HSCPs. HSCPs account for 81% (271) of the overall total number of Acute delays reported with Glasgow City HSCP representing 57% of all HSCP delays reported across NHSGGC. The number of NHSGGC Acute delays from other local authorities performance remains a challenge, current performance (60) represents a 16.6% decrease on the number reported the previous month (72).

<div> 5. 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>9,170</div>
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Summary

Current Position (including against trajectory):	A total of 9,170 Acute bed days were lost to delayed discharges during February 2025, a 9.1% reduction on the previous month's position. Current performance is 16.2% above the monthly 2024-25 ADP trajectory of 7,889.
Current Position Against National Target:	No national target relevant.
Projection to 31 March 2025:	Provisional target of no more than 7,889 bed days lost to delayed discharge each month by March 2025.

Key Actions

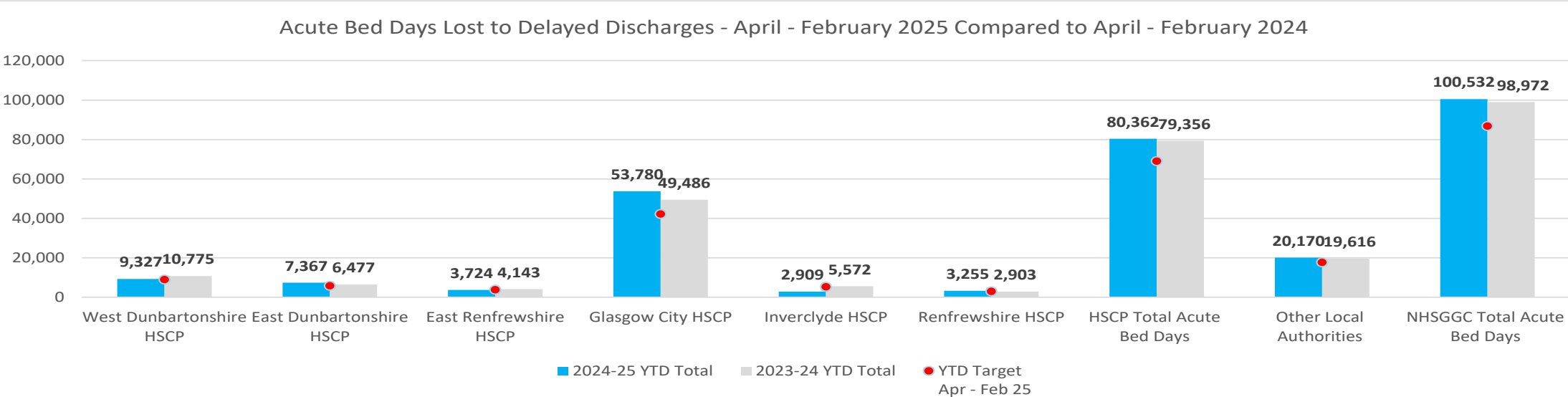
February 2025 saw a 9.1% reduction on the number of Acute bed days lost to delayed discharge reported the previous month. The actions outlined in slide 12 are aimed at reducing the number of Acute bed days lost to delayed discharge.

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
86,801

Performance
100,532



Summary

Current Position (including against trajectory):

During April - February 2025, a total of **100,532** acute bed days were lost to delayed discharges representing a 2% increase on the same period the previous year. Current performance is **above the YTD trajectory of no more than 86,801 by 15.8%.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

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

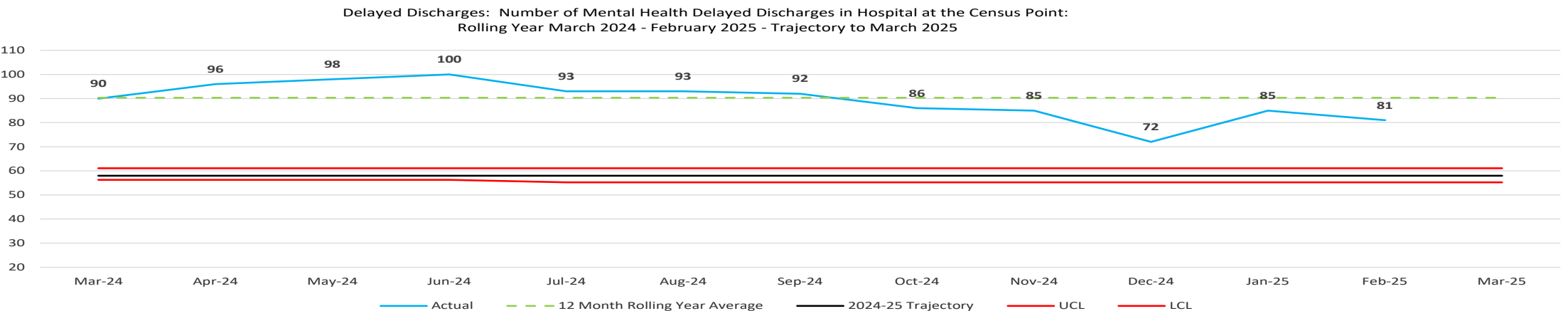
The graph above provides a year to date breakdown of acute bed days lost to delayed discharges by HSCP. During the period April - February 2025, a total of 100,532 bed days have been lost to delayed discharge across NHSGGC representing a 2.0% increase on the same period the previous year. Three HSCPs reported an improvement in the number of Acute Bed Days lost to delayed discharge when compared with the same period the previous year namely West Dunbartonshire (-1,448), East Renfrewshire (-419) and Inverclyde (-2,663). 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 (+4,294), East Dunbartonshire (+890) and Renfrewshire (+352) HSCPs. Performance remains a challenge in relation to the number of acute bed days used by other local authorities, the YTD total (20,170) accounts for 20.0% of the overall acute bed days lost to delayed discharge. The actions outlined in slide 12 are aimed at reducing the number of acute bed day lost to delayed discharge.

6. BETTER CARE: Number of Mental Health Delayed Discharges

A delayed discharge occurs when a hospital 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
81



Summary

Current Position (including against trajectory):

Currently **81** Mental Health delayed discharges were reported at the monthly census point for February 2025, a decrease on the previous months' position. **Performance is above the monthly trajectory of 58.** Local management information as at 14th April 2025 reported a reduction to 74 Mental Health delays compared to the monthly census data.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

No more than 58 delays by March 2025.

Key Actions

No HSCPs are currently meeting the agreed monthly target. All HSCPs reported an increase on the previous months position with the most notable increase in Glasgow City (6). Of the total delays reported across NHSGGC, 57 are Glasgow City residents (63 last month). A total of nine mental health delays were from other local authorities (a reduction on the 11 last month). Actions to improve this include:

- A part of the 2025-26 Annual Delivery Plan a whole system approach will be undertaken to support the timely discharge of patients who have been delayed for >200 days and raise awareness of the importance of have Power of Attorney in place.
- There is currently an ongoing complex legal issue resulting in a delay for one patient moving into Waterloo Close. Guardianship will be progressed to allow this to take place as soon as possible.
- Learning Disability (LD) delays have reduced significantly since last year and work will continue to ensure this continues.
- Both Mental Health and LD delays are discussed on a weekly basis to ensure any actions required are taken as soon as possible.
- Final report with options will be discussed at Adult Core Leadership Team following conclusion of the Discharge Team review at the end of March 2025.

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
81

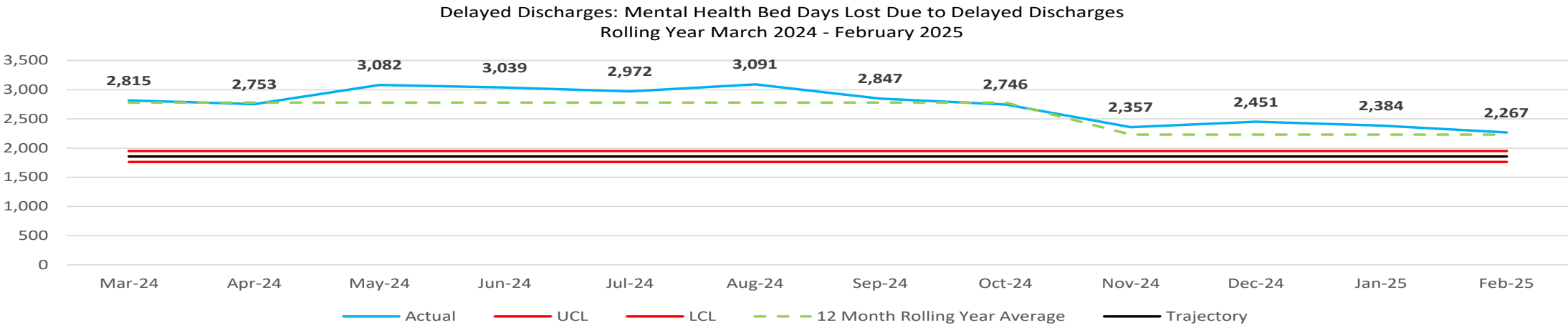
Mental Health Delayed Discharges	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Monthly Variance	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	5	4	6	4	4	4	3	3	4	6	3	2	5	3	2	3	150%
East Dunbartonshire HSCP	4	3	5	7	7	8	7	7	6	4	4	5	5	0	0	5	-
East Renfrewshire HSCP	0	0	1	1	1	1	2	2	2	2	2	0	1	1	0	1	-
Glasgow City HSCP	72	70	70	73	73	67	64	63	60	56	47	63	57	-6	51	6	12%
Inverclyde HSCP	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0	1	-
Renfrewshire HSCP	5	4	4	4	6	6	6	6	5	3	3	4	3	-1	2	1	50%
HSCP Total Mental Health Delays	86	81	86	89	91	86	82	82	77	71	59	74	72	-2	55	17	31%
Other Local Authorities Mental	8	9	10	9	9	7	11	10	9	14	13	11	9	-2	3	6	200%
NHSGGC Total Mental Health	94	90	96	98	100	93	93	92	86	85	72	85	81	-4	58	23	40%

Summary

Current performance is above the monthly planned position of no more than 58 Mental Health delays. The overall number of patients delayed across Mental Health compared to the previous month has reduced. As at February 2025, there were a total of 81 Mental Health delays reported and local management information for the 31 March 2025 reported a further reduction in Mental Health delays (67). HSCPs account for 85% (72) of the overall total number of Mental Health delays reported with Glasgow City HSCP representing 67% of all HSCP delays reported across NHSGGC.

All HSCPs are currently above their planned position. Three of the six HSCPs reported an increase on the previous months' position whereas Glasgow City (-6) and Renfrewshire (-1) HSCPs reported an improvement on the previous months position. East Dunbartonshire HSCP remained the same as the previous month.

7. BETTER CARE: Number of Mental Health Bed Days Lost to Delayed Discharge	Target 1,857	Performance 2,267
A reduction in the number of mental health bed days associated with delayed discharges		



Summary

Current Position (including against trajectory):	A total of 2,267 Mental Health bed days were lost to delayed discharges during February 2025, representing a 4.9% 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:	Provisional target of no more than 1,857 bed days lost to delayed discharge per month by March 2025.

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

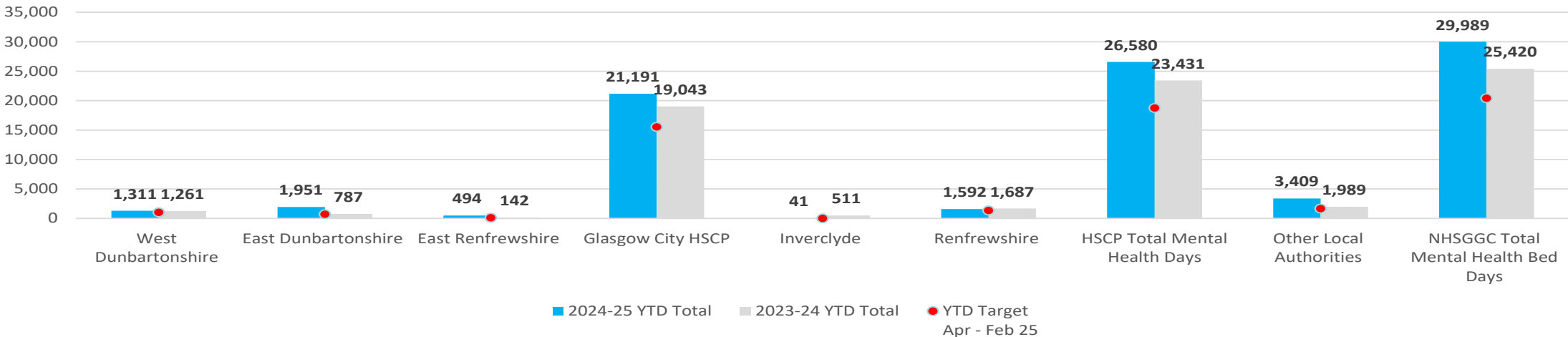
7. BETTER CARE: Year To Date Mental Health Bed Days Lost to Delayed Discharges by HSCP (Continued)

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

Target
20,390

Performance
29,989

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



Summary

Current Position (including against trajectory):

During the period April - February 2025, a total of **29,989** Mental Health bed days were lost to delayed discharges, 18.0% above the position for the same period the previous year. Current performance is also **above the YTD trajectory of no more than 20,390**.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

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

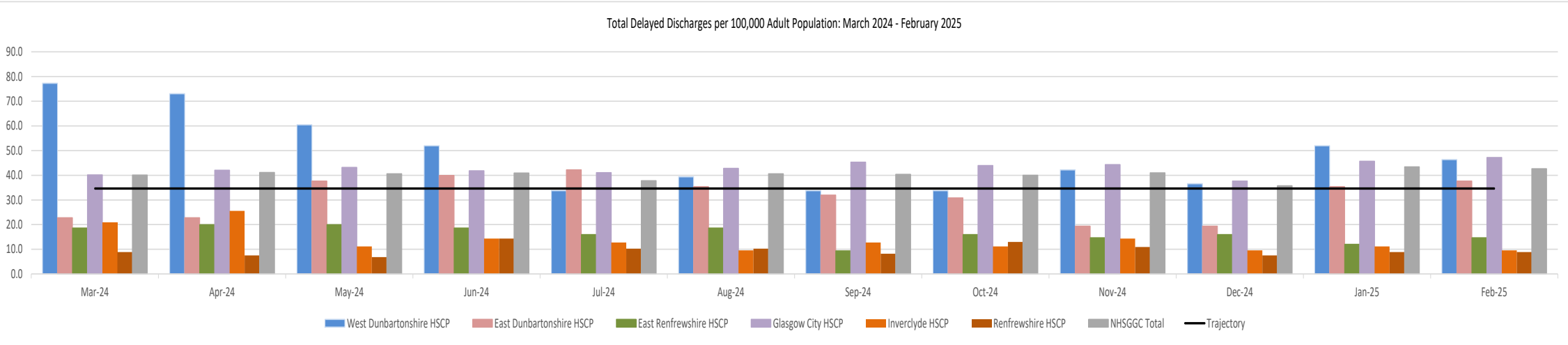
The graph above provides a breakdown of mental health bed days lost to delayed discharges by HSCP. During the period April - February 2025, a total of 29,989 bed days have been lost to delayed discharge across NHSGGC representing a 18.0% increase on the same period the previous year (25,420). All HSCPs, with the exception of Inverclyde and Renfrewshire, reported an increase in the number of Mental Health bed days lost to delayed discharge during the period April - February 2025 when compared to the same period the previous year. The partnerships reporting the highest increases in the number of Mental Health bed days lost to delayed discharge are Glasgow City (+2,148) and East Dunbartonshire (+1,164) HSCPs. The YTD number of Mental Health bed days lost from patients in other local authorities also increased by 1,650 when compared to the same period the previous year. The actions outlined in slide 16 are aimed at reducing the number of Mental Health bed days lost to delayed discharge.

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

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

Target
34.6

Performance
42.6



Summary

Current Position (including against trajectory):

Overall, a total of **42.6** delayed discharges per 100,000 adult population were reported at the monthly census point in February 2025 across NHSGGC, above the national target of 34.6 per 100,000 adults. Current performance represents an improvement on the previous month’s performance of 43.4 per 100,000 adults. **23.2% above the national monthly trajectory of 34.6 per 100,000 adult population.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

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

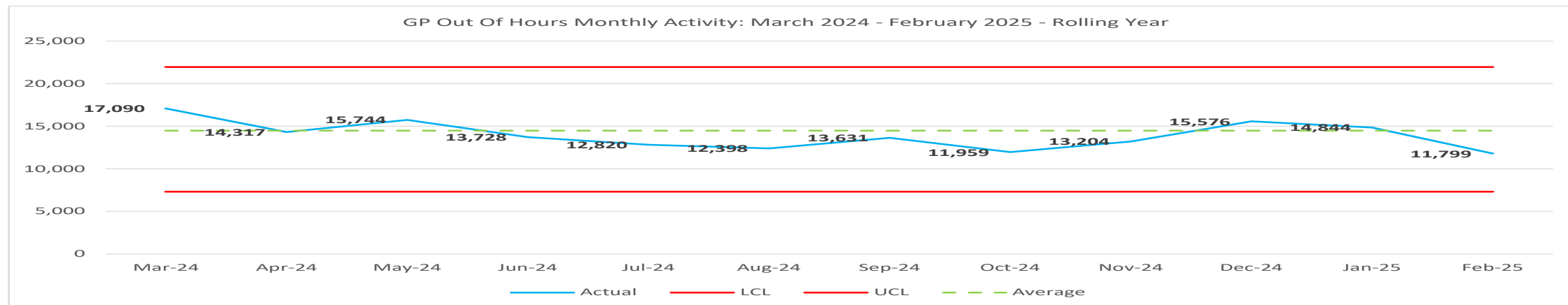
Key Actions

In an effort to reduce the total number of delays across Scotland to the national pre-pandemic levels, a ‘rate cap’ approach has been developed requiring all 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. Overall, a total of 42.6 delayed discharges per 100,000 adult population were reported in February 2025, an improvement on the 43.4 reported the previous month. Partnerships with delays below 34.6 per 100,000 are required to remain at or below their baseline rate. As at the February 2025 monthly Census point, three of the six HSCPs were below the 34.6 per 100,000 adult population rate: East Renfrewshire (14.6), Inverclyde (9.6) and Renfrewshire (8.9). The remaining three namely, Glasgow City (47.2 an increase on the 45.6 reported the previous month), West Dunbartonshire HSCP (46.4 a decrease on the 52.0 reported the previous month) and East Dunbartonshire HSCP (37.6 an increase on the 35.3 reported the previous month) are currently above the rate cap and current performance in relation to each represents an improvement on the January 2025 position. 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):

A total of **11,799** GP Out Of Hours contacts were made during February 2025, a 10.5% reduction on the 13,182 contacts made during the same month the previous year. **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 13,926 site visits, home visits and GP advice contacts for the period March 2024 - February 2025. There has been a drop in activity in February, this is the normal pattern due to a reduced number of days in the month when compared to other months. There has also been an overall reduction in activity nationally.

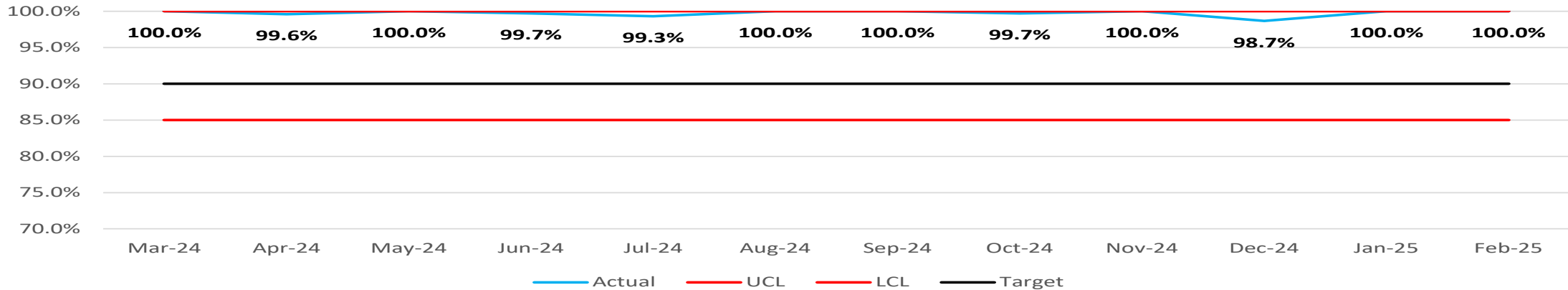
10. BETTER CARE: Number of GP Out of Hours Scheduled Shifts Open

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

Target
90%

Performance
100.0%

GP Out of Hours Monthly Shift Fill Rate: March 2024 - February 2025 Rolling Year



Summary

Current Position (including against trajectory):

In February 2025, 100.0% (264) of the 264 scheduled shifts were open, exceeding NHSGGC's target of 90%. **Above the target by 10.0%.**

Current Position Against National Target:

No relevant national target.

Projection to 31 March 2025:

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

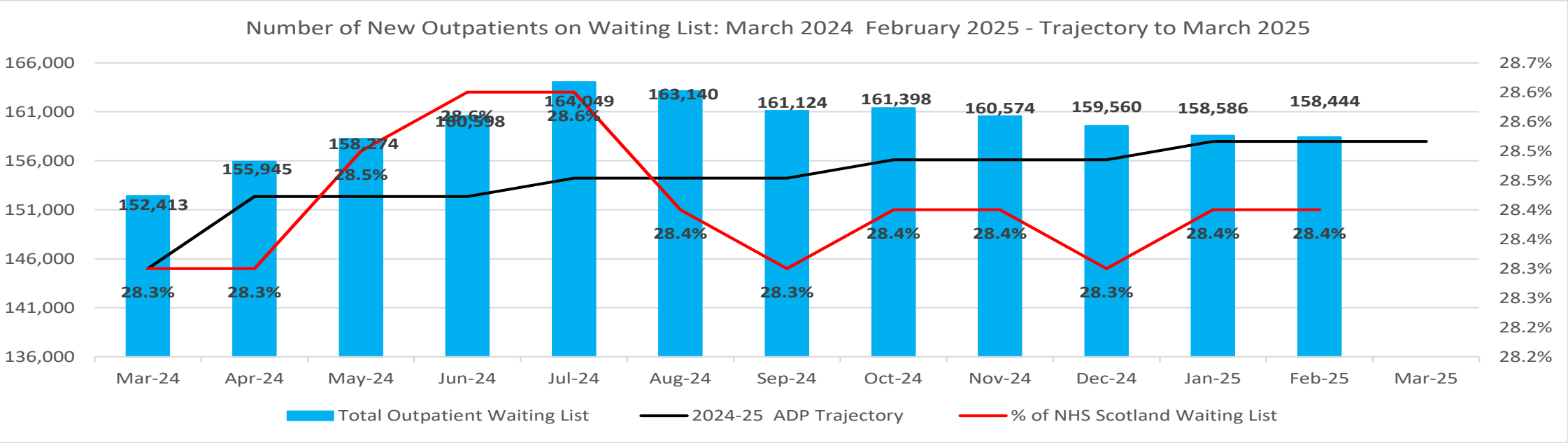
As seen in the chart above, overall performance in relation to the number of scheduled GP OOH shifts that are open to patients remains positive with performance continuing to consistently exceed the 90% target.

11. BETTER CARE: New Outpatient Wait List

The number of new outpatients on the new outpatient waiting list

Target
157,991

Performance
158,444



Summary

Current Position (including against trajectory):

As at the end of February 2025, there were a total of **158,444** patients waiting for a new outpatient appointment, a 1% reduction on the previous months' position. Current performance is marginally above the 2024-25 ADP trajectory of 157,991 by March 2025. **Above trajectory by 0.3%.**

Current Position Against National Position:

28.4% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of February 2025 were NHSGGC patients.

Projection to 31 March 2025:

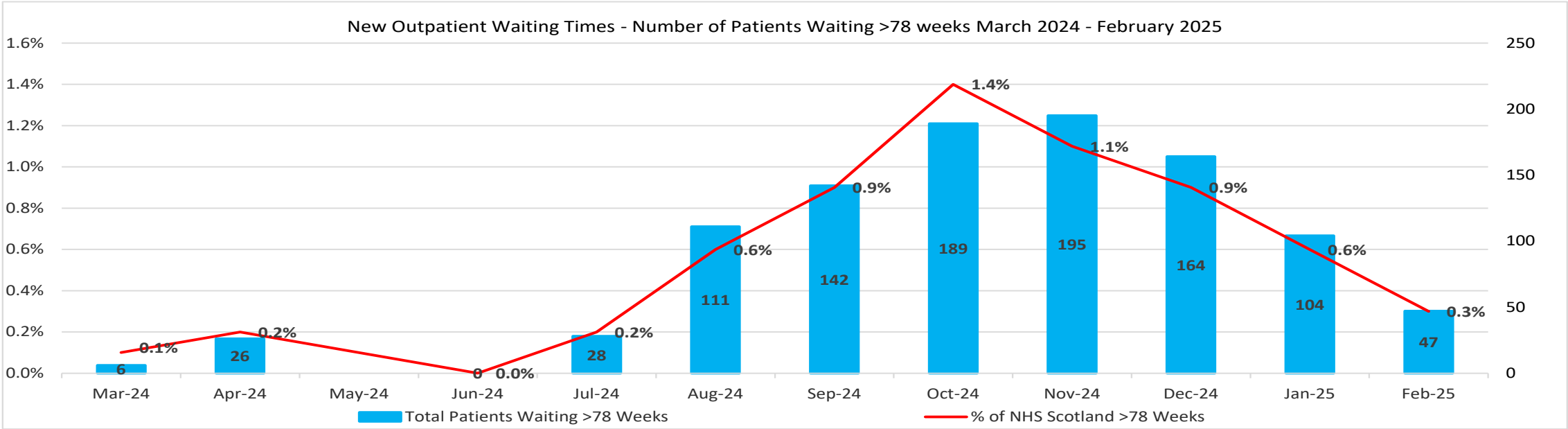
2024-25 ADP target is no more than 157,991 patients on the new outpatient waiting list by March 2025.

Overall, there has continued to be an ongoing reduction in the number of patients on the new outpatient waiting list since July 2024. Actions 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
47



Summary

Current Position (including against trajectory):

At the end of February 2025, there were a total of **47** patients waiting >78 weeks for a first new outpatient appointment. Current performance represents a significant improvement on the 104 reported the previous month. Local management information relating to 31 March 2025 highlighted a further reduction to 1 patient waiting in this time band and all patients have a confirmed appointment. Performance is above the 2024-25 ADP reduction target of no new outpatients waiting >78 weeks by the end of June 2024.

Current Position Against National Position:

0.3% of NHS Scotland’s total patients waiting >78 weeks for a first new outpatient appointment at the end of February 2025 were NHSGGC patients.

Target to 31 June 2024:

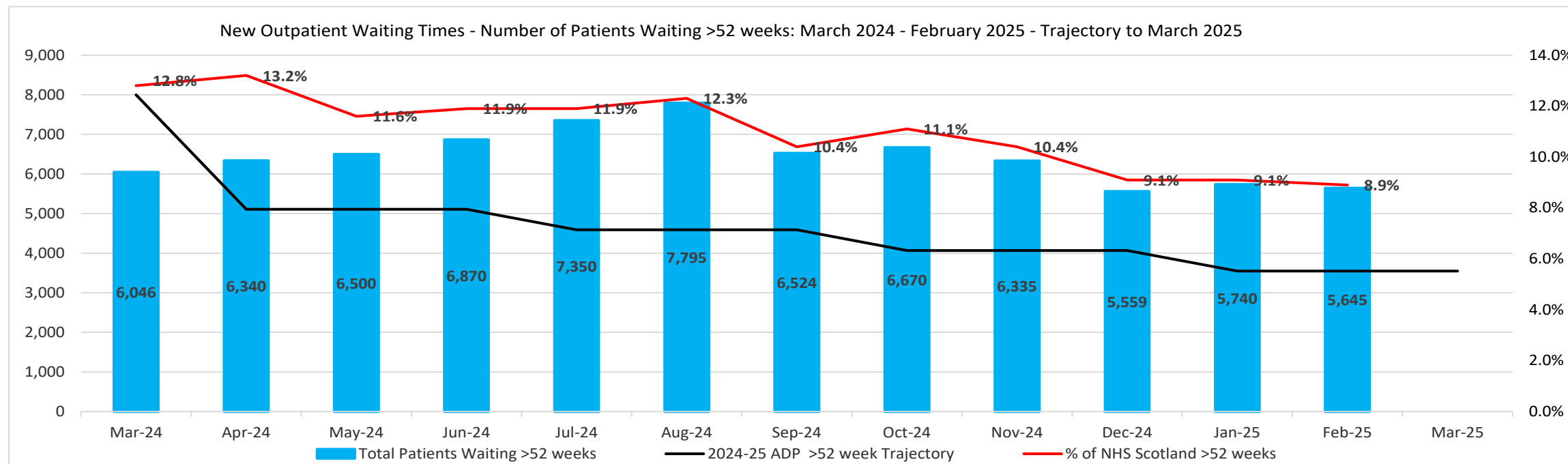
2024-25 ADP target is no new outpatient should be waiting >78 weeks by June 2024. Current performance is above the target of no new outpatients to be waiting >78 weeks by June 2024.

There has continued to be an ongoing reduction in the number of patients waiting >78 weeks for a new outpatient appointment since November 2024. 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
3,548

Performance
5,645



Summary

Current Position (including against trajectory):

At the end of February 2025, there were a total of **5,645** patients on the new outpatient waiting list waiting >52 weeks for an appointment representing a **2% decrease** on the previous months' position. Current performance is above the 2024-25 ADP trajectory of no more than 3,548 new outpatients to be waiting >52 weeks by the end of March 2025. **Above the trajectory.**

Current Position Against National Position:

8.9% of NHS Scotland's outpatients waiting >52 weeks for a new outpatient appointment at the end of January 2025 were NHSGGC patients.

Target at 31 March 2025:

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

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

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

Key Actions

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

- Trauma and Orthopaedics (45 of the 46 patients in Trauma and Orthopaedics are spinal patients) has shown significant reduction in the patients over 78 weeks (100 patients were waiting in in this timeband January 2025). Supporting measures continue with MSK ESP staff. The impact of the substantive consultant and the locum consultant has seen improvement of face to face waiting times. Additional consultant Waiting List Initiatives (WLIs) are continuing.

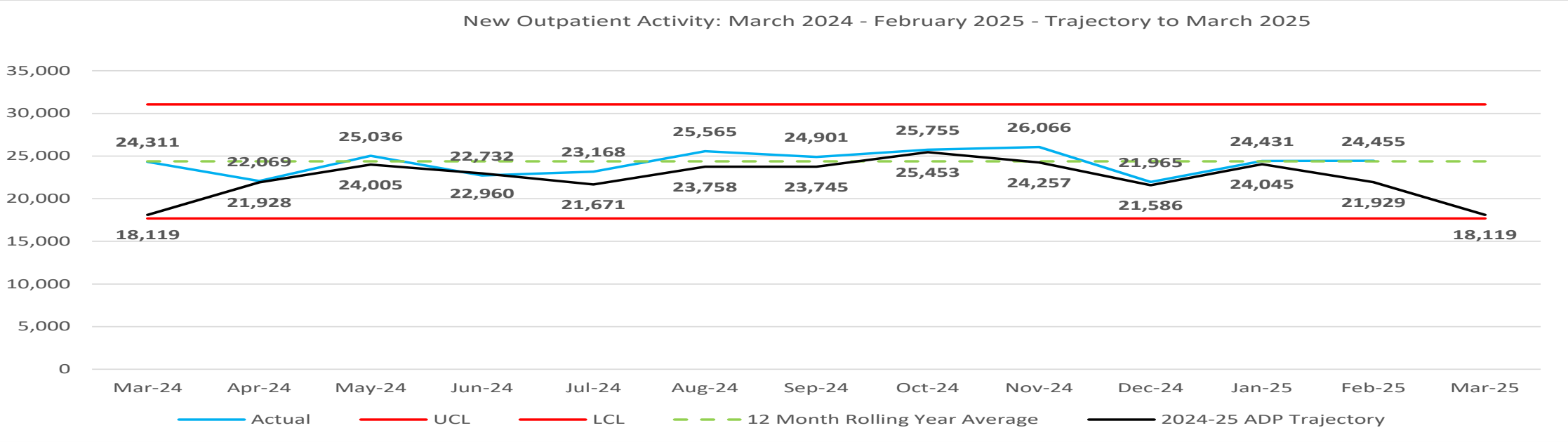
Key actions in place across a range of specialties to help further reduce the number of new outpatients waiting >52 weeks include:

- Trauma and Orthopaedic services had 2,030 patients waiting >52 weeks at the end of February 2025 (a reduction on the 2,350 waiting in January 2025). Spinal subspecialty patients remain the largest proportion (40%) of Trauma and Orthopaedic patients waiting in this time band. The actions as noted above will continue to support a reduction in patient numbers waiting. A spinal cross specialty group is being led by the Chief of Medicine for the South Sector to optimise patient pathways. Cross sector smoothing of non spinal outpatient referrals continues to balance the wait at all sites. Locum support in Clyde and North Sectors have supported a reduction in overall wait. Additional WLIs are continuing on a cross-sector basis.
- Gynaecology had 1,207 patients waiting >52 weeks at the end of February 2025 (1,296 in December 2024 and 1,211 in January 2025). The service continues to be challenged in balancing Urgent Suspicion of Cancer (USOC) and routine demand. Expansion of workforce with locum cover to support outpatients exclusively is now in place. Insourcing continues to support general Gynaecology outpatient management and additional funding has also been allocated to support WLI activity. It has been necessary to realign an increased proportion of the WLI capacity to USOC management. Additional Clinical Nurse Specialist posts have been advertised to supplement current provision. Two substantive consultant posts have also been approved with interviews taking place in April 2025.
- Neurosurgery had 255 patients waiting >52 weeks at the end of February 2025 (a reduction in the 309 waiting in January 2025). Replacement consultant posts have been recruited to with two consultants now in post. All new consultant capacity continues to be directed to long waiting patients.
- Ophthalmology had 519 patients waiting >52 weeks at the end of February 2025. Locum consultant support is in place to the end of March 2025 to cover extended consultant sickness. Extension of this arrangement is planned. Additional WLI sessions have been approved for clinics. A model for virtual care is currently being tested as a pilot through weekend diagnostic hub approach for 32 patients per day through supported additional funding.

14. BETTER CARE: New Outpatient Activity

The number of new outpatients seen

Target	Performance
255,337	266,143



Summary

Current Position (including against trajectory):	A total of 266,143 new outpatients were seen during the period April - February 2025, above the 2024-25 ADP trajectory of 255,337. Above trajectory by 4%.
Current Position Against National Target:	No national position relevant.
Projection to 31 March 2025:	2024-2025 ADP target of 273,456 new outpatients to be seen by March 2025.

As seen from the chart above, NHSGGC continues to exceed the planned activity levels providing 10,806 more patients with access to the new outpatient care they need during the period April - February 2025.

15. BETTER CARE: TTG Waiting List

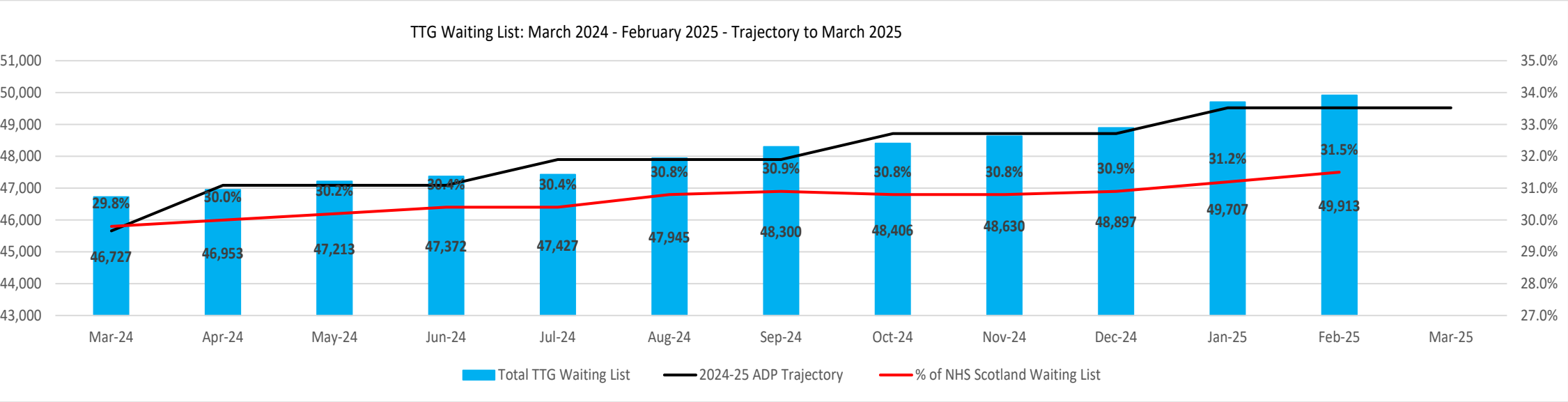
The number of TTG patients on the TTG waiting list

Target

49,522

Performance

49,913



Summary

Current Position (including against trajectory):

At the end of February 2025, there were a total of **49,913** patients on the TTG waiting list waiting for an inpatient/daycase procedure, an increase on the previous months’ position. Performance is marginally above the 2024-25 ADP trajectory of no more than 49,522 TTG patients on the TTG waiting list by the end of March 2025. **Above trajectory by 0.8%.**

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

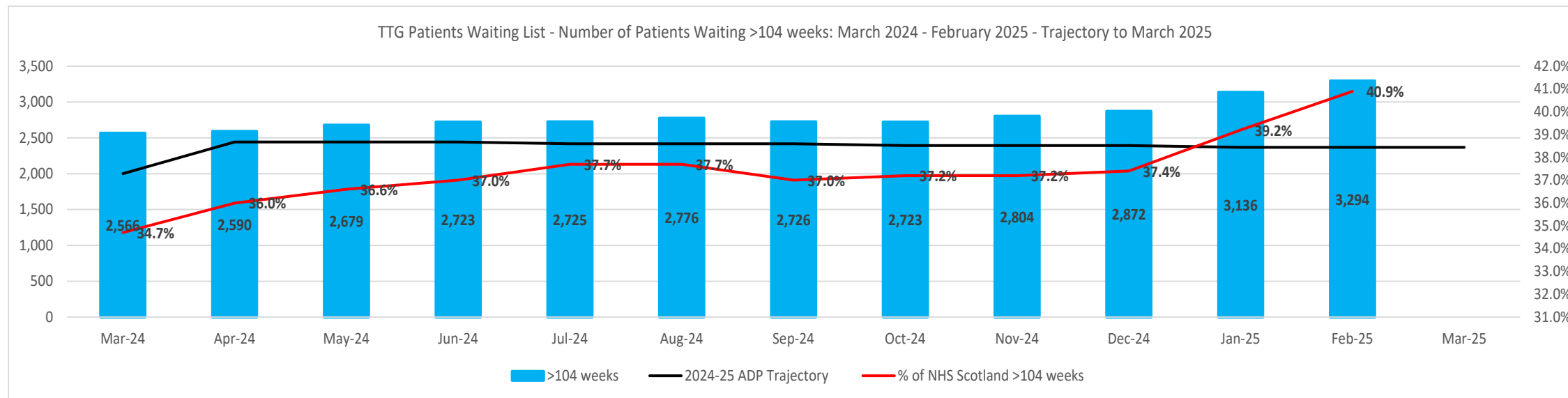
31.5% of NHS Scotland’s total TTG patients waiting at the end of February 2025 were NHSGGC patients. **2024-25 ADP target of no more than 49,522 patients on the TTG waiting list by March 2025. Performance is currently above the planned year end position.**

Current performance is marginally above the planned position (0.8%) for the end of March 2025. Capacity continues to be targeted at urgent, highest priority cases and long waiting patients. Actions to reduce the number of patients waiting are outlined in slide 32.

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

Target
2,369

Performance
3,294



Summary

Current Position (including against trajectory):

At the end of February 2025, there were a total of **3,294** TTG patients waiting >104 weeks for an inpatient/daycase procedure on the TTG waiting list. Current performance is above the planned position of no more than 2,369 TTG patients waiting in this timeband by the end of March 2025. **39% above trajectory.**

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

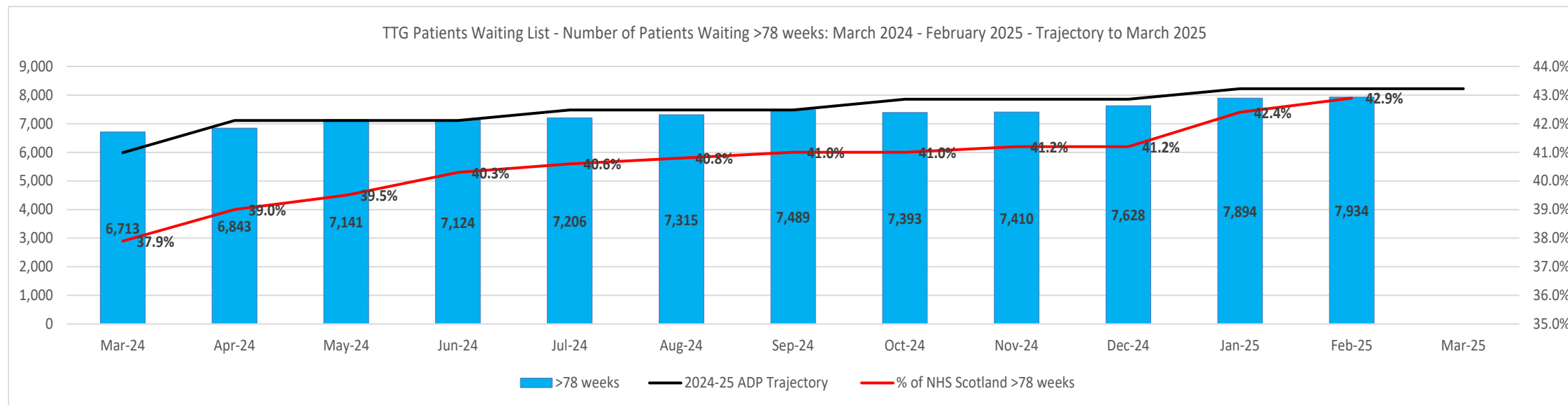
40.9% of NHS Scotland's total patients waiting >104 weeks at the end of February 2025 were NHSGGC patients. **2024-25 ADP target of no more than 2,369 patients to be waiting >104 weeks by the end of March 2025.**

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

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

Target
8,224

Performance
7,934



Summary

Current Position (including against trajectory):

As at February 2025 month end, a total of **7,934** 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 8,224 by the end of March 2025. **Within trajectory by 3.5%.**

Current Position Against National Position:

42.9% of NHS Scotland's total patients waiting >78 weeks at the end of February 2025 were NHSGGC patients.

Projection to 31 March 2025:

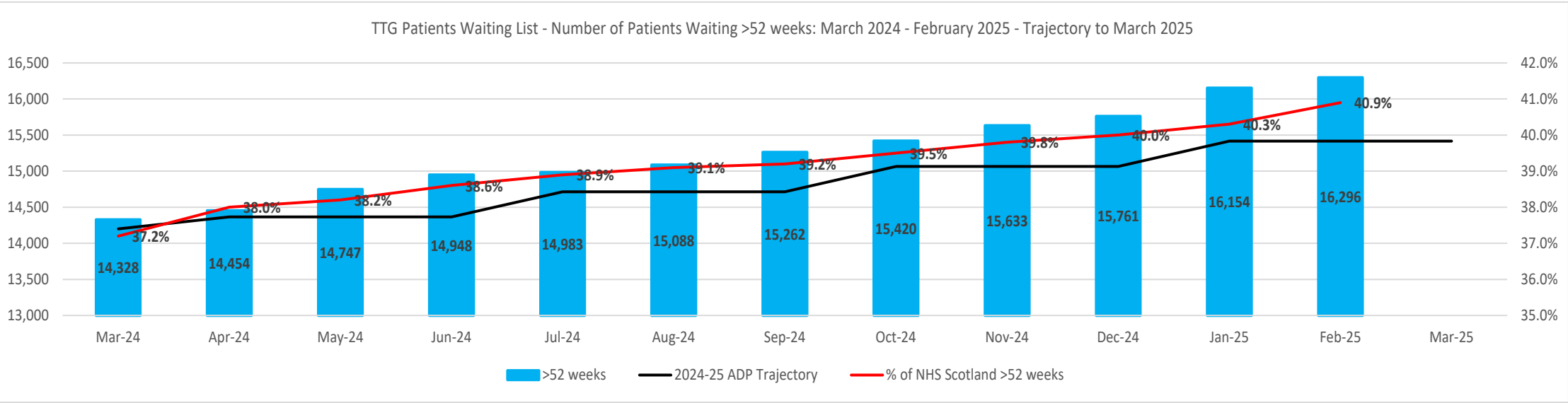
2024-25 ADP of no more than 8,224 TTG patients waiting >78 weeks by March 2025. Current performance is ahead of the year end planned position.

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

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

Target
15,417

Performance
16,296



Summary

Current Position (including against trajectory):

At the end of February 2025, there were a total of **16,296** TTG patients waiting >52 weeks for an inpatient/daycase procedure on the TTG waiting list. Current performance is above the 2024-25 ADP target of no more than 15,417 by March 2025. **5.7% above trajectory.**

Current Position Against National Position:

40.9% of NHS Scotland’s total patients waiting >52 weeks at the end of February 2025 were NHSGGC patients.

Projection to 31 March 2025:

2024-25 ADP of no more than 15,417 TTG patients waiting >52 weeks by March 2025.

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

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

Key Actions

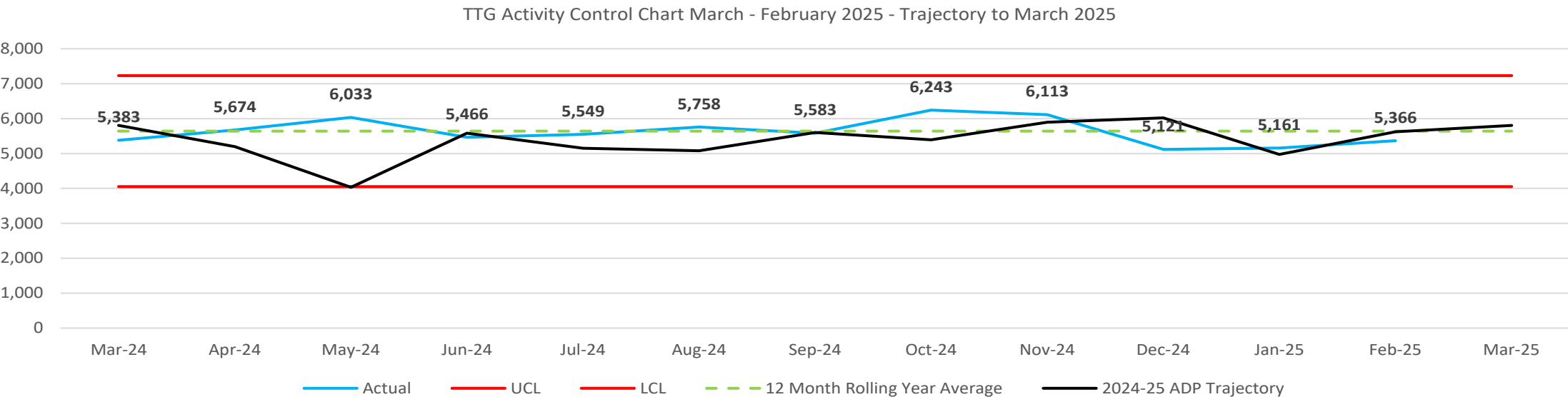
Key actions in place to help reduce the number of long waiting TTG patients include the following:

- Trauma and Orthopaedics had 511 patients waiting >104 weeks at the end of February 2025 (a reduction on the 559 reported in January 2025). Theatre teams are being asked to deliver improvement in Orthopaedic elective session delivery and the focus continues on the delivery of four joint lists.
- The revised plan for the expansion of Orthopaedic elective activity via surgical hubs at Gartnavel General Hospital (GGH) and Inverclyde Royal Hospital (IRH) has been approved and work is underway to progress this. Locum support for knee and upper limb operative care remains in place targeting longest waiting patients in North and Clyde sectors.
- Management of Orthopaedic patients through Forth Valley National Treatment Centre is in the final stages. 127 patients will have been treated by end of March 2025 with a further 40 patients booked.
- Gynaecology - (821 patients were waiting >104 weeks at the end of February 2025). Cover of theatre sessions is currently compromised due to maternity leave in Obstetrics, options for cover through locum consultant route are being pursued. Additional clinical nurse specialist posts has now been advertised to supplement current provision. Two additional substantive consultant posts are also being progressed.
- Neurosurgery options for expanding the current theatre provision have been outlined for extended working days and are included in the 2025-26 ADP request to the SG.
- Plastic surgery management of long waiting routine patient care remains challenged (310 patients waiting >104 weeks at the end of February 2025). Sessions have been reinstated in the North sector to provide additional theatre activity. This will support the risk reduction surgery. Locum posts have now been extended to March 2026.
- Theatre workforce development including the recruitment of 12 Operating Department Practitioners (ODPs) in 2024-25 with a further cohort of up to 23 ODPs starting training in 2025-26 - aligned to sector vacancies. An assistant perioperative practitioner (Band 4) role is in place across most sectors with nine staff in training - five of which are due to complete training in June 2025. Theatre establishment position and vacancy rate has significantly improved following 2024 New Outpatient/Outpatient Department intakes.

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

Target
58,556

Performance
62,067



Summary

Current Position (including against trajectory):

A total of **62,067** patients were seen during the period April - February 2025, exceeding the 2024-25 ADP trajectory of 58,556 for April - February 2025. **Above trajectory by 6%.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

2024-25 Annual Delivery Plan target is for 64,359 TTG patients to be seen by March 2025. Performance exceeded the planned position of 58,556 between April – February 2025 and remains on track to meet the year end planned position.

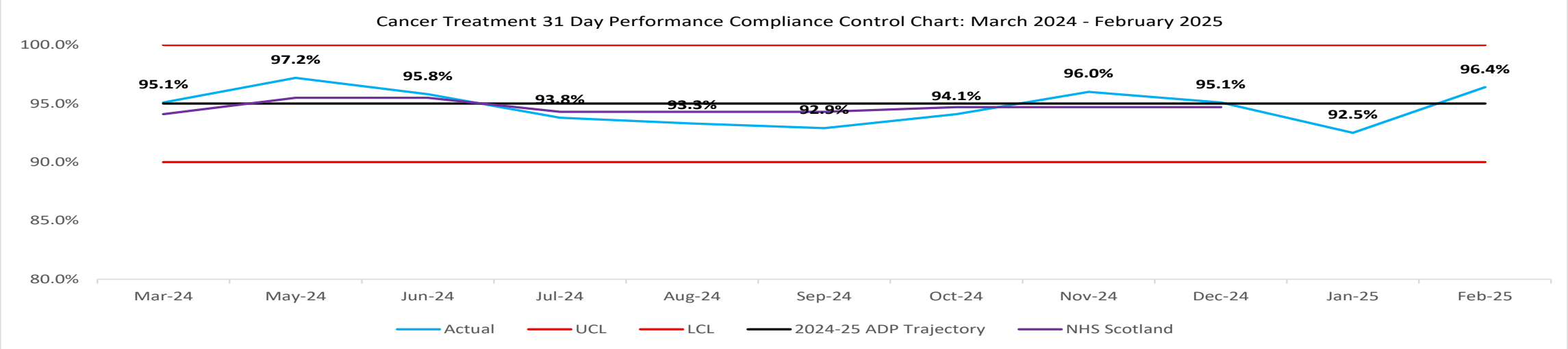
As seen from the chart above, NHSGGC continues to exceed planned activity levels providing 2,972 more patients with access to the inpatient/daycase treatment they need.

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

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

Target
95%

Performance
96.4%



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 **96.4%** (534 of the 554 eligible patients started treatment within 31 days) for the month ending February 2025, **above target by 1.4%**.

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%.

Projection to 31 March 2025:

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

Key Actions

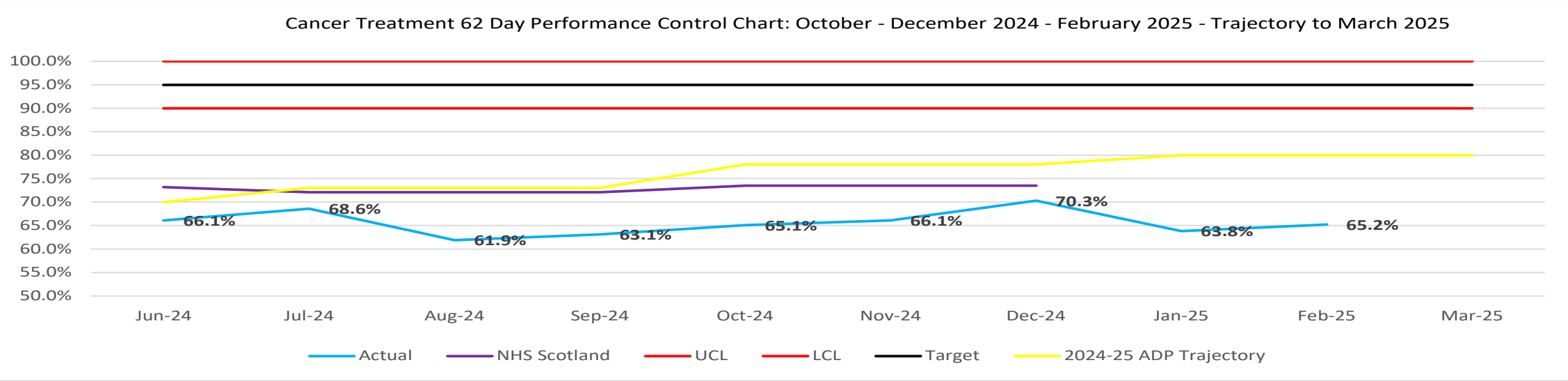
Overall compliance with the Cancer 31 Day Waiting Times Standard increased from 92.5% in January 2025 to 96.4% in February 2025. A total of eight of the ten cancer types exceeded the 95% target. The two cancer type below target were Urological (92.9% - 144 of the 155 eligible referrals started their treatment within 31 days of referral) and Lung was marginally below target (94.5% - 69 of the 73 eligible referrals started their treatment within 31 days of referral). Actions to address performance in relation to the high volume challenged Colorectal are outlined in slides 36 and 37.

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

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

Trajectory
80.0%

Performance
65.2%



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 **65.2%** (223 of the 342) eligible referrals were seen) for the month ending February 2025, an improvement on the previous month’s position of 63.8%. **Below the trajectory of 80%.**
- 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%.
- Projection to 31 March 2025:**

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

In terms of volume of patients, the main challenges to performance continue to be in Colorectal (47.5% - 19 of the 40 eligible referrals started their treatment within 62 days) however, the volume of USOC referrals have increased by 55.8% on pre-pandemic levels comparing February 2025 with February 2020 and Urology (35.7% - 30 of the 84 eligible referrals started their treatment within 62 days of referral) again the volume of USOC referrals has increased by 103.8% on pre-pandemic levels. Other lower volume cancer types challenged during February 2025 include, Head and Neck (47.1% - 8 of the 17 eligible referrals started their treatment within 62 days of referral), and the volume of USOC referrals have increased by 59.6% on the pre-pandemic levels, Cervical (42.9% - three of the seven eligible referrals started their treatment within 62 days of referral) and Ovarian (40.0% - two of the five eligible referrals started their treatment within 62 days of referral) and the volume of gynaecology referrals have increased by 252.7%. 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 since pre-pandemic. By way of context the number of USOC referrals increased by 72.0% during the period April - February 2025 when compared to the same period in 2019-20, increasing from 40,829 in 2019-20 to 70,230 in 2024-25.
- In Dermatology, Digital Dermatology was launched at the beginning of November 2024 in Clyde and subsequently rolled out across the rest of NHSGGC in December 2024. The impacts of this will be reviewed at the end of the quarter.

Colorectal - February 2025 Performance: 47.5% - 19 of the 40 eligible referrals started their treatment within 62 days of referral (below the January - March 2025 trajectory of 70.0%).

- Colorectal performance increased from 38.1% in January 2025 to 47.5% in February 2025 and Colonoscopy delays continue to be the main reason for breach.
- The Acute Clinical Governance Committee supported new guidelines for Qfit score that will assist with streamlining patients. These 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 discussion and began in April 2025. This should further reduce the number of patients being treated as an Urgent Suspicion of Cancer.
- Funding to re-provide some of the Mobile Unit activity on base sites has been agreed, operational requirements for this are currently being reviewed and confirmed.

Head & Neck - February 2025 Performance: 47.1% - eight of the 17 eligible referrals started their treatment within 62 days of referral (below the January - March 2025 trajectory of 95.0%).

- Head & Neck performance reduced from 61.1% in January 2025 to 47.1% in February 2025. The reduction 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 started in post in January 2025. It is anticipated that they will require circa six months training, after which there should be increased capacity in the service, with the individuals able to support a One Stop model of outpatient appointment and diagnostic testing (scope).

25. 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 - February 2025 Performance: 35.7% - 30 of the 84 eligible referrals started their treatment within 62 days of referral (below the January - March 2025 trajectory of 70.0%).

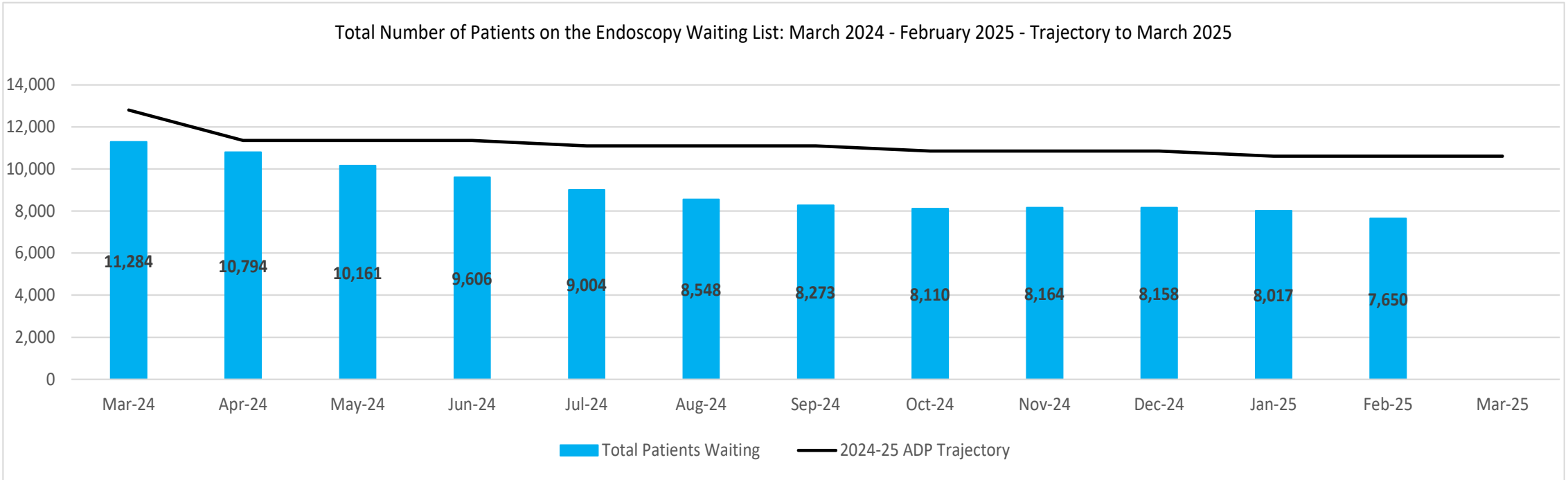
- Urology performance increased from 31.3% in January 2025 to 35.7% in February 2025. The focus remains on reducing the backlog of patients currently waiting over 62 days, substantial additional treatment capacity is required to improve the performance.
- A common waiting list is now in place for Trans Urethral Resection of Bladder Tumour (TURBT) and additional sessions have been run since the new year which has seen a reduction in the waiting time to five weeks in 2025, from a high of eight weeks.
- Additional sessions continue to address the backlog of Robotic Assisted Laparoscopic Prostatectomy (RALP) patients, with one list being switched from Colorectal to Urology from April 2025. The waiting times for RALP has reduced from eight weeks in 2024 to six weeks in 2025. Monthly demand and capacity information has been gathered to facilitate analysis of ongoing capacity requirements.
- Additional WLI funding is in place for TP Biopsy and Transrectal Ultrasound (TRUS). Additional staffing capacity for TP Biopsy has been identified from January 2025 in the North sector and from April 2025 in the South sector.
- A trial to carry out TP Biopsy at the Diagnostic Hub has also commenced, with 10 sessions run during January, February and March 2025. There are plans to review the outcome of these, the funding implications and potential to implement on a permanent basis.
- The Urology Filters and Cascades model was rolled out across NHSGGC in November 2024 and is facilitating more patients going direct to test, hence reducing the time for patients between USOC Referral and Decision to Treat.
- Delays continue from MDT to decision to treat, particularly in the prostate pathway and waiting list clinics are in place to support this.
- A plan to progress joint Surgical and Oncology clinics is a priority for the next quarter. Joint clinics are anticipated to reduce waiting times between clinic appointments for patients considering alternative radical options. 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 specialty.

22. BETTER CARE: Diagnostics – Endoscopy Waiting List

Number of patients on the Endoscopy waiting list

Target
10,600

Performance
7,650



Please note: data relating to February 2025 reflects the position as of 3 March 2025 and will be updated following the release of the February 2025 DMMI report.

Summary

Current Position (including against trajectory):

As at February 2025 month end, there were **7,650** patients on the overall waiting list, representing a further 5.7% improvement on the previous months' position. Current performance is within the 2024-25 ADP trajectory of no more than 10,600 patients on the Endoscopy Waiting List by the end of March 2025. **27.8% within trajectory.**

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

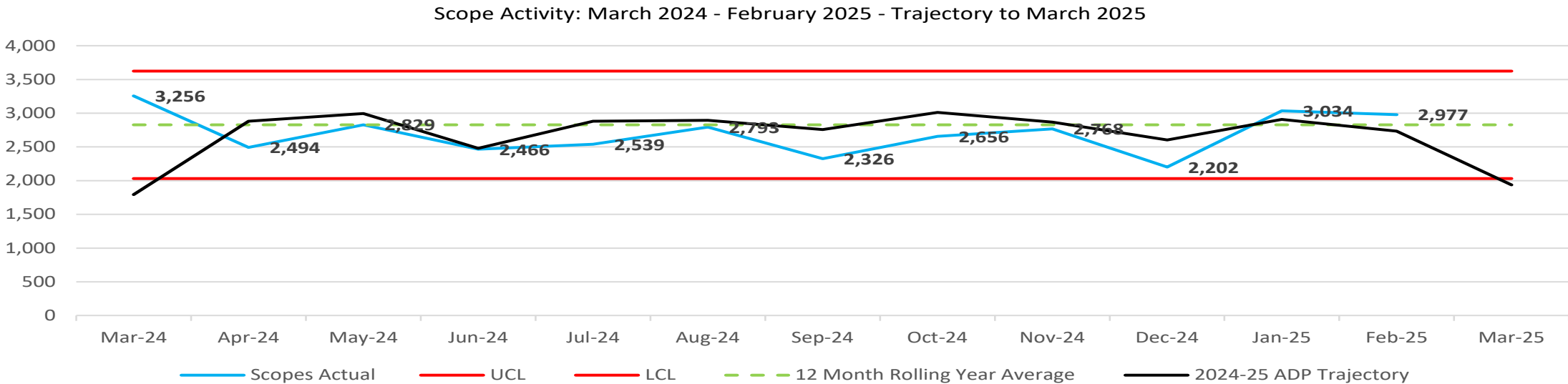
No relevant national position.
2024-25 ADP target of no more than 10,600 patients on the endoscopy waiting list by March 2025. Current performance is ahead of the year end planned position for March 2025.

23. BETTER CARE: Diagnostics - Endoscopy Activity

Number of Endoscopy tests carried out

Target
31,014

Performance
29,084



Summary

Current Position (including against trajectory):

A total of **29,084** endoscopies were carried out during April - February 2025, below the 2024-25 ADP trajectory of 31,014. **Below trajectory by 6.2%.**

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.

It should be noted that in endoscopy where the actual procedure extends to therapeutic management, the Endoscopy will be recorded as TTG activity and not Diagnostic Endoscopy Activity. Current TTG activity is above (6%) the expected position.

Actions to support Endoscopy activity include:

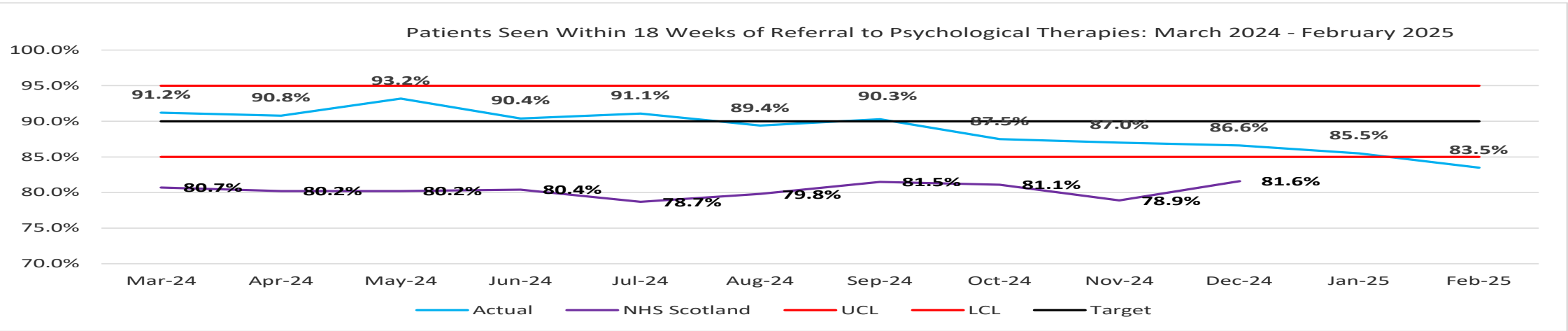
- Access to mobile endoscopy unit - funding has been put in place until the end of March 2025 using NHSGGC Access funds.
- Additionality from WLI and Insourcing for weekend activity.
- Training of nurse endoscopists continues to ensure maximum use of base capacity.

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

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

Target
90%

Performance
83.5%



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

Summary

Current Position (including against trajectory):

In February 2025, **83.5%** eligible referrals were seen <18 weeks of referral, a reduction on the previous months’ position. **6.5% below the national target of 90%.**

Current Position Against National Target:

National Target 90%. Performance for the latest monthly published position (December 2024) was 86.6%, above the national position of 81.6%.

Projection to 31 March 2025:

Current performance is below the national target of 90%.

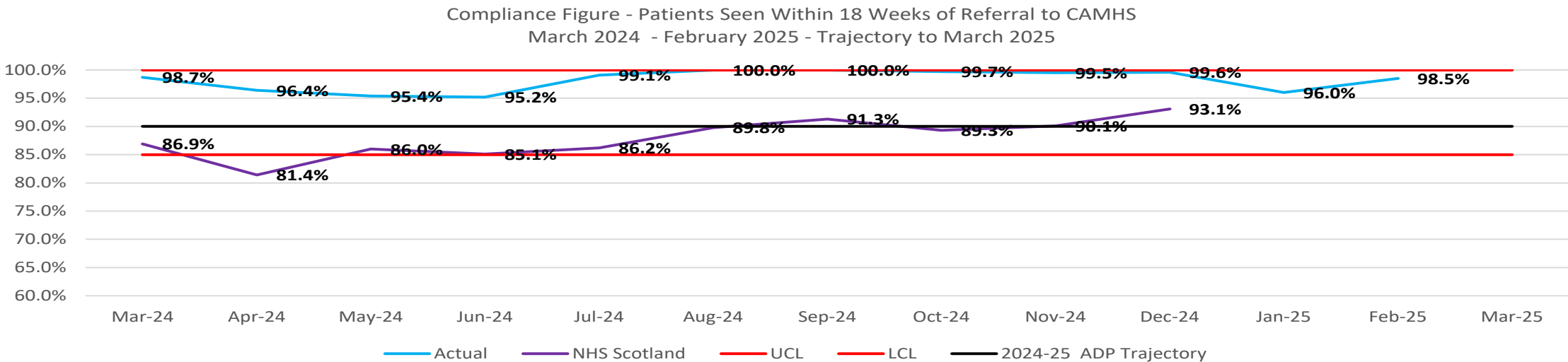
Key Actions

- The further reduction in compliance with target in February 2025 is due to the ongoing increase in number of patients seen who had been waiting >18 weeks (increasing from 118 in December 2024, 194 in January 2025 and 205 in February 2025). The continued focus on addressing the longest waiting patients has resulted in a reduction in compliance with the target. This coupled with an increase in demand, a 6.7% reduction in overall activity alongside the review of SG Mental Health funding and the impact this has had on Psychological Therapies (PT) funded posts compounded by the lengthy recruitment process are all having impact on maintaining the delivery of the target and this is likely to continue to impact into 2025-26.
- Services continue to prioritise actions to deliver against the standard and reduce the number of long waiting patients. The 160+ services monitored for PT activity are, as a whole, managed to collectively deliver the standard.
- A small number of local short-term initiatives, e.g. targeting long waits following the process of a successful recruitment, increases both the number accessing a PT (total number starting a PT) and the number starting a PT who had waited over target.

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

Target
90%

Performance
98.5%



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

Summary

Current Position (including against trajectory):

In February 2025 98.5% of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral, **exceeding the 2024-25 ADP trajectory and the national target of 90%. Above the 2024-25 ADP target by 8.5%.**

Current Position Against National Target:

National Target 90%. Performance for the latest quarterly published position (ending December 2024) was 99.6%, significantly above the national position of 93.1%.

Projection to 31 March 2025:

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

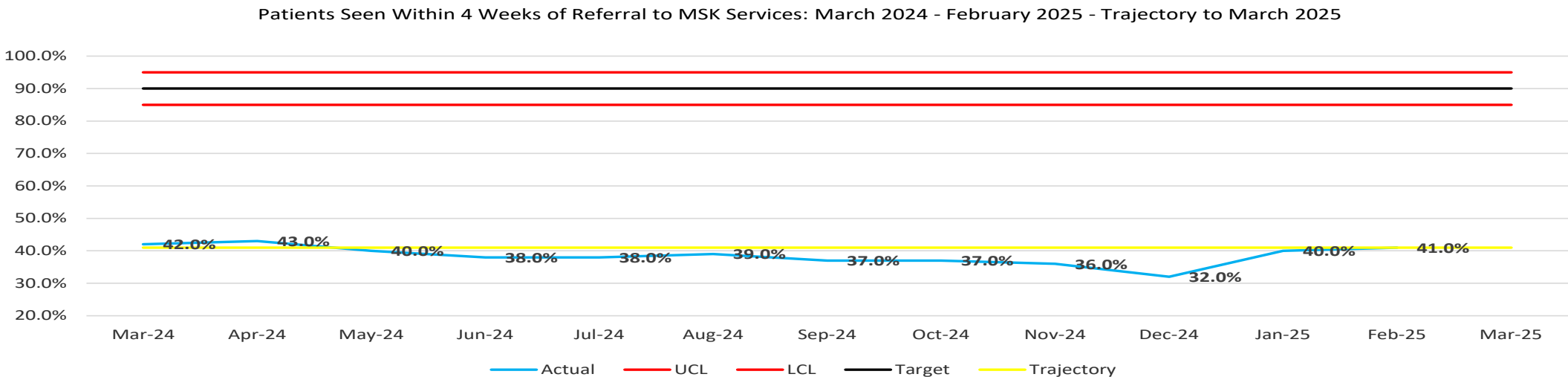
Current monthly performance continues to by far exceed the national waiting times target of 90% and NHS Scotland's overall position.

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

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

Target
41.0%

Performance
41.0%



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

Summary

Current Position (including against trajectory):

In February 2025, **41.0%** of patients were seen within four weeks, an improvement on last month’s position and in line with 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).

Current Position Against National Target:

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

Projection to 31 March 2025:

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

The programme of quality improvement work underway to improve performance are outlined on the next slide. The service continues to see an increase in demand. For example, the number of referrals increased by just over 6.6% increasing from 67,309 in April - February 2024 to 71,742 during April - February 2025.

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

Commentary

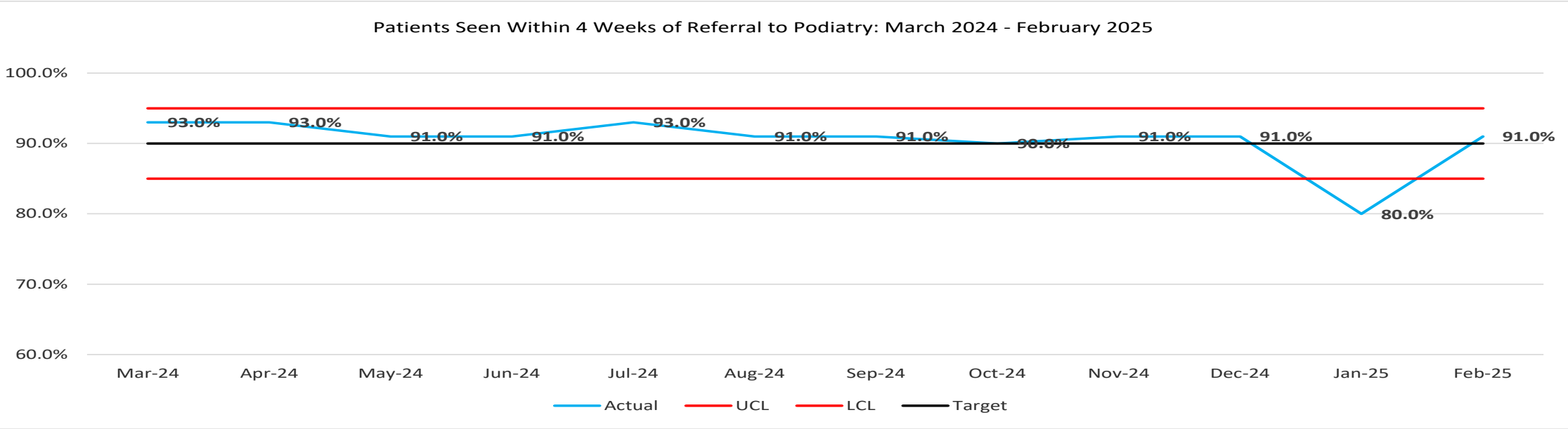
- HIS have agreed to support MSK Physiotherapy service with a seven-week sprint QI model to support waiting times work. The HIS team are supporting three projects, all aimed at improving access and increasing service efficiency. The three projects are: Patient Initiated Review (PIR); Empowerment of patient at point of referral (Netcall evaluation) and the spread of Osteo Arthritis (OA) pathways work. The first two tests of change are just starting as part of the sprint QI model and the findings will inform larger project work due to start in April 2025.
- The service has refreshed representation on the priority project group to address routine waiting times. A webinar will take place to generate staff ideas at the end of March 2025.
- A “Streamlining Patient Pathways” project is underway within MSK aimed at managing patients with OA more effectively to release New Patient (NP) capacity. Patients with a known diagnosis of OA are sent information and exercises at the point of referral. They are also offered an appointment with a Healthcare Support Worker or to attend a class. This test of change within West Quadrant released 259 new patient slots (opt-in rate was 17%). This is being rolled out currently in South, East and Clyde quadrants. HIS has agreed to support this roll out.
- A test of change where GP APPs, in their MSK sessional commitment, assessed routine self referred patients at point of referral to provide bespoke advice and supported self management information. This utilised their skillset to replicate their role within GP practice and incorporated PIR. 76% of patients did not opt in when they reached the top of the waiting list. This is a priority project within the MSK service moving forward and project work started January 2025 supported by HIS.
- Return slots not utilised continue to be merged and converted to NP slots as part of an ongoing test of change to improve efficiency. This resulted in an additional 95 NP appointments in February 2025.
- The service is now supporting Orthopaedics with patients waiting for a spinal appointment. This will impact on MSK waiting times and the revised trajectory. Funding has been received to offer extra hours and overtime to minimise the impact and the service has a small group of staff who are able to undertake extra hours and overtime.

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

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

Target
90%

Performance
91%



Summary

Current Position (including against trajectory):

91% of eligible podiatry patients were seen <4 weeks of referral in February 2025, a significant improvement on the previous months' position. **Above the national target by 1%.**

Current Position Against National Target:

No national position available.

Projection to 31 March 2025:

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

Key Actions

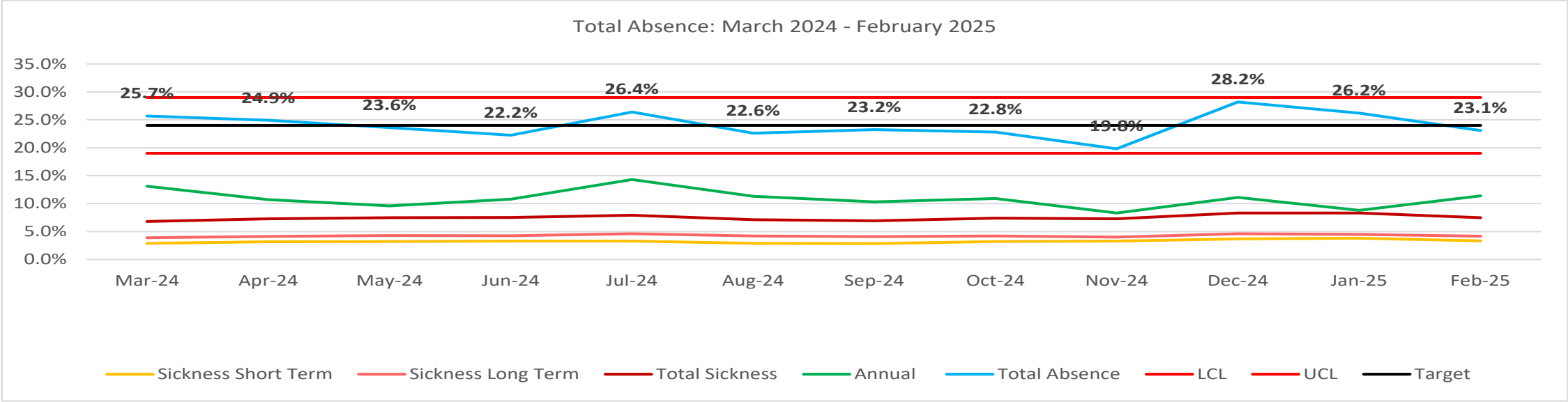
As seen from the chart above, performance in relation to the number of podiatry patents seen <4 weeks is now back on track and currently exceeding the national target of 90%. Compliance with target had deteriorated the previous month due to a considerable reduction in capacity over the festive period and the lag effect of that alongside the appointment cancellations due to the adverse weather day. During February 2025, the Podiatry Teams focussed their effort on working through the delays and the positive results of this can be seen in February's performance.

28. BETTER WORKPLACE: Staff Absence Total

The reasons for absence across NHSGGC

Target
24.0%

Performance
23.1%



Summary

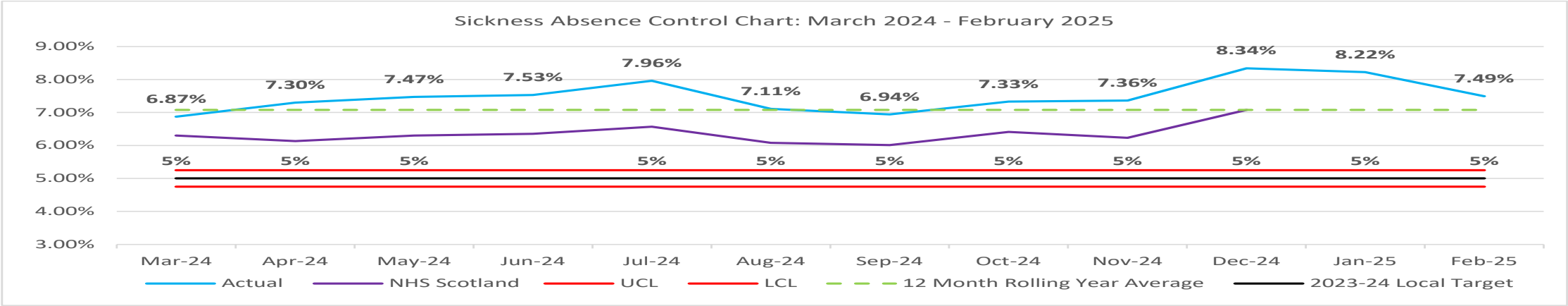
Current Position:	During February 2025, overall absence across NHSGGC was 23.1%, a decrease on the 26.2% reported the previous month. The highest levels of absence across NHSGGC are due to annual leave (11.4% an increase on the 8.8% the previous month) and sickness absence (7.5% an improvement on the 8.3% the previous month).
Current Position Against National Target:	No relevant national target.
Projection to 31 March 2025:	No projection has been agreed.

Overall absence across NHSGGC was 23.1% in February 2025, an improvement on the 26.2% reported the previous month. Actions to address sickness absence are outlined on the next slide.

29. BETTER WORKPLACE: Staff Sickness Absence Rate
Reduce sickness absence percentage to meet local target of 5%

Target
5.0%

Performance
7.49%



Summary

Current Position (including against trajectory): Current performance **7.49%**, an improvement on the 8.22% reported the previous month. **4.49% above the 2024-25 ADP target of 5.0%.**

Current Position Against National Target: Above national average of 7.08% for December 2024. January 2025 national data unavailable.

Projection to 31 March 2025: **2024-25 ADP target of 5% and national target of 4%. Current performance is above both targets.**

Key Actions

Current performance of 7.49% (3.3% short term and 4.2% long term) represents an improvement (0.71%) on the January 2025 position (8.2%). Overall, short term absence improved by 0.4% and long term absence improved by 0.3% on the previous month's position. Acute conveys a decrease of 0.65%, HSCPs decreased by 0.81%, the Estates and Facilities position decreased by 1.45% and Corporate Services decreased by 0.24% when compared to the previous month. Trajectories are in place for each area to reduce sickness absence.

The focus in January and February 2024 has been on reducing long term sickness absence cases as there was an increase of 0.63% in long term absence in the December 2024 figures. 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. This has resulted in a reduction in long term absence to 4.16% in February 2025 from 4.64% in December 2024.

The actions agreed by CMT are all progressing. Twelve of the current Board-wide actions are complete and the final action is due to be complete by end of March 2025. All areas are updating their action plans and trajectories for 2025-26.

30. Control Limits

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

30. Control Limits (Continued)

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