

NHS Greater Glasgow and Clyde	Paper No. 24/125
Meeting:	NHSGGC Board Meeting
Meeting Date:	29 October 2024
Title:	Board Performance Report
Sponsoring Director:	Colin Neil, Director of Finance
Report Author:	Tricia Mullen, Head of Performance

1. Purpose

The purpose of this report is to:

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

2. Executive Summary

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

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

- Number of Bed Days Lost to Delayed Discharge per 100,000 Adult Population (for information)
- Staffing Establishment Total
- Clinical Absence Total
- Supplementary Staffing Total

As at August 2024 13 of the 32 measures that can be rated against target are currently delivering against target and rated green, five are rated amber (<5% variance from trajectory), 12 have been rated red (>5% adverse variance from trajectory) and the remaining two measures with no target are rated grey.

Key Areas of Performance Improvement:

- The latest nationally published position for the Alcohol and Drugs national waiting times target (93.7%) shows performance continuing to exceed the 90% target.

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- Whilst compliance with the A&E four hour waits (72.2%) saw an improvement on the previous months' position (69.7%) exceeding the ADP target (70%) overall performance remains below the national target (95%). Performance is in line with the overall national trend.
- The number of GP Out of Hours scheduled shifts that remained open (100%) during August 2024 continued to exceed the 90% planned position.
- Acute activity in relation to new outpatients, endoscopies and TTG remains on track and currently exceeding the planned position for the period April - August 2024.
- Performance in relation to the number of CAMHS patients seen <18 weeks of referral (100%) continues to exceed the national target of 90% and the ADP planned position for August 2024.
- The number of patients waiting for an endoscopy test (8,548) remains ahead of the planned position (11,100) for August 2024.
- Performance in relation to patients accessing Podiatry Services <4 weeks, (91%) continues to exceed the national target (90%).
- Overall staff absence (22.6%) saw an improvement on the previous months' position and remains within the local target of 24.0%.
- The staffing establishment (Nursing and Midwifery) for August 2024 continued to achieve the 90% target.

Key Areas of Performance in Need of Improvement:

- The number of acute delayed discharges reported in August 2024 (299) was similar to the previous month's position (272) and performance remains challenging. The number of acute bed days lost to delayed discharge increased from 8,941 in July 2024 to 9,101 in August 2024.
- The number of mental health delayed discharges also remains a challenge with a total of 93 mental health delays reported in August 2024 (the same as the July 2024 position) however, the number of bed days lost increased from 2,972 in July 2024 to 3,091 in August 2024).
- At the end of August 2024 there were 111 new outpatients waiting >78 weeks, above the 2024-25 ADP target of no new outpatients waiting >78 weeks.
- The number of new outpatients waiting >52 weeks is 2.5% above the planned position of 4,590 and increased from 7,350 in July 2024 to 7,795 in August 2024.
- Performance in relation to each of the TTG long waiting time reduction targets of >104 weeks and >52 weeks is above the planned position for August 2024.
- Performance in relation to the percentage of cancer patients treated within 31 days of decision to treat (93.3%) saw a reduction on the previous months' position (93.8%) and below the national target of 95%.
- Similarly, performance in relation to the Cancer 62 Day waiting times reported a reduction on the previous month's position, reducing from 68.6% in July 2024 to 61.9% in August 2024, overall performance remains challenged. However performance, should be seen in the context of the significant increase in Urgent Suspicion of Cancer referrals.
- Performance in relation to starting a Psychological Therapy <18 weeks of referral (89.4%) saw a reduction on the previous months' position (91.1%) and the current national target (90%) for August 2024.
- Whilst the MSK Physiotherapy Service waiting times performance in terms of percentage of patients seen <4 weeks (39%) increased compared to the previous months' position (38%), performance remains significantly below target as focus continues on reducing the longest waiting times.

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

3. Recommendations

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

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

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

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

6. Engagement & Communications

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

7. Governance Route

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

8. Date Prepared & Issued

Prepared: 9 October 2024
Issued: 22 October 2024

NHS GREATER GLASGOW & CLYDE BOARD MEETING



Board Assurance Information Framework – October 2024 Performance Report

Executive Summary

Board Committee Name:
NHSGGC Board

Responsible Division:
HSCPs, Acute & Corporate

Report Date:
29 October 2024

Reporting Frequency:
Bi-Monthly

Executive Summary

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





































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

Whilst there remained a number of challenges across NHSGGC that continued to have an impact on our overall ability to treat, discharge and admit patients from our Emergency Departments (EDs) during August 2024, there were signs of improvement particularly compared to the previous month's performance. Despite the increase in the number of Acute delays (from 272 in July 2024 to 299 in August 2024), compliance with the A&E 4 hour standard saw an improvement from 69.7% in July to 72.2% of patients presenting seen within four hours in August 2024, above the 2024-25 ADP target of 70%. Addressing delayed discharges continues to remain a priority for NHSGGC. As does compliance with the 62 day cancer target which reduced from 68.6% compliance in July 2024 to 61.9% in August 2024, performance remains challenged as a result of the significant increase in the overall volume of USOC referrals since pre-pandemic. There are detailed improvement actions underway to address performance, some of which are outlined in the relevant slides.














































During August 2024, our focus remained on the delivery of key activity targets, the rigorous management of all health and social care waiting lists and the continued focus on eliminating the backlog of long waiting patients that accumulated during the pandemic, in line with SG targets. This ongoing focus has ensured that our Acute planned care activity measures in relation to key new outpatient appointments, diagnostic tests and inpatient/daycases continued to exceed the overall planned activity levels providing more patients with access to the care they need. There also continues to be an ongoing focus on reducing the number of long waiting patients. An example of the positive impact this is having can be seen in the number of patients waiting >26 and >6 weeks to access an endoscopy test both being ahead of the planned position for August 2024 and continuing to reduce on a monthly basis. Performance in relation to CAMHS (100%) waiting times standards remained positive with current performance continuing to exceed national target. Access to Podiatry Services (91% of patients seen <4 weeks) and GP Out of Hours service remains positive where the number of scheduled shifts that remained open (100%) in August 2024 continued to by far exceed the planned position of 90%.

The At A Glance sheet provides a brief overview of performance in relation to each of the measures contained within the report. As at the end of August 2024, 13 of the 32 measures contained within the report are currently delivering against trajectory, five are rated amber (<5% variance from trajectory), 12 are rated red (>5% adverse variance from trajectory) and the remaining two measures with no target are rated grey to provide further context to performance. Areas in need of further improvement are those listed as either red or amber on the next three slides.






















Contents	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs, Acute & Corporate	Report Date: 29 October2024	Reporting Frequency: Bi-Monthly
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AT A GLANCE											
BETTER HEALTH											
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	New Measures	Slide Number
1	COBH1&3/COBC7	OPBH3.0	Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral	93.7%	90.0%				✓		6
BETTER CARE											
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	New Measures	Slide Number
2	COBC7/10	OPBC9.0	Unscheduled Care: A&E 4 Hour Waits	72.2%	70.0%						7
3	COBC7/10	OPBC9.0	Unscheduled Care: A&E Attendances	2.1% Increase	2% Reduction						9
4	COBC10	OPBC9.0	Delayed Discharges: Number of Acute Delayed Discharges	299	258						12
5	COBC10	OPBC9.0	Delayed Discharges: Number of Acute bed days lost to delayed discharges	9,101	7,889						14
6	COBC10	OPBC9.0	Delayed Discharges: Number of Mental Health Delayed Discharges	93	58						16
7	COBC10	OPBC9.0	Delayed Discharges: Number of Mental bed days lost to delayed discharges	3,091	1,857						18
8	COBC11	OPBC13	Total number of Delayed Discharges per 100,000 adult population	40.6	34.6					✓	20
9	COBC10	OPBC9.0	GP Out Of Hours Activity	12,398	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	163,140	154,230						23
12	COBC7	OPBC7.0	Number of New Outpatients Waiting >78 weeks	111	0						24




Contents (Continued)	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs, Acute & Corporate	Report Date: 29 October 2024	Reporting Frequency: Bi-Monthly
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AT A GLANCE											
BETTER CARE											
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	New Measures	Slide Number
13	COBC7	OPBC7.0	Number of New Outpatients Waiting >52 weeks	7,795	4,590						25
14	COBC7	OPBC7.0	New Outpatient Activity	119,152	114,322				✓		27
15	COBC7	OPBC7.0	Number of patients on the TTG Waiting List	47,945	47,902						28
16	COBC7	OPBC7.0	Number of TTG Patients Waiting >104 weeks	2,776	2,417						29
17	COBC7	OPBC7.0	Number of TTG Patients Waiting >78 weeks	7,315	7,483						30
18	COBC7	OPBC7.0	Number of TTG Patients Waiting >52 weeks	15,088	14,715						31
19	COBC7	OPBC7.0	TTG Inpatient/Daycase Activity	28,070	25,043				✓		33
20	COBC7	OPBC8.0	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	93.3%	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	61.9%	73.0%						35
22	COBC7	OPBC7.0	Diagnostics: Endoscopy Waiting List	8,548	11,100				✓		38
23	COBC7	OPBC7.0	Diagnostics: Endoscopy Activity	14,141	14,129				✓		39
24	COBC7/ COBH5	OPBC13.1	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	89.4%	90.0%						40
25	COBC7/ COBH5	OPBC13.2	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	100.0%	90.0%				✓		41
26	COBC7	OPBC12.0	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	39.0%	90.0%						42
27	COBC7	OPBC12.0	Podiatry Waiting Times - % of patients seen <4 weeks	91.0%	90.0%				✓		44

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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	New Measures	Slide Number	
28	COBW20	OPBW6.1	Staff Absence (Total)	22.6%	24.0%						45	
29	COBW20	OPBW6.1	Clinical Absence (Total)	23.3%	24.0%					✓	46	
30	COBW20	OPBW6.1	Staff Sickness Absence Rate	7.1%	5.0%						47	
30	COBW20	OPBW6.1	Short Term Absence Rate	2.9%	2.0%						47	
30	COBW20	OPBW6.1	Long Term Absence Rate	4.2%	3.0%						47	
31	COBW18	OPBW6.2	Staffing Establishment Total (Nursing and Midwifery)	92.4%	90.0%					✓	48	
32	COBW18	OPBW6.3	Supplementary Staffing - Total	FIO	FIO					✓	49	
BETTER VALUE												
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction of Travel on Previous Month	3 Periods Better/Equal to Target		Slide Number	
	COBV 11/12	OPBV15.0	The Better Value measures are reflected within the Finance Report									
33			Rationale for Control Limits Applied									50

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

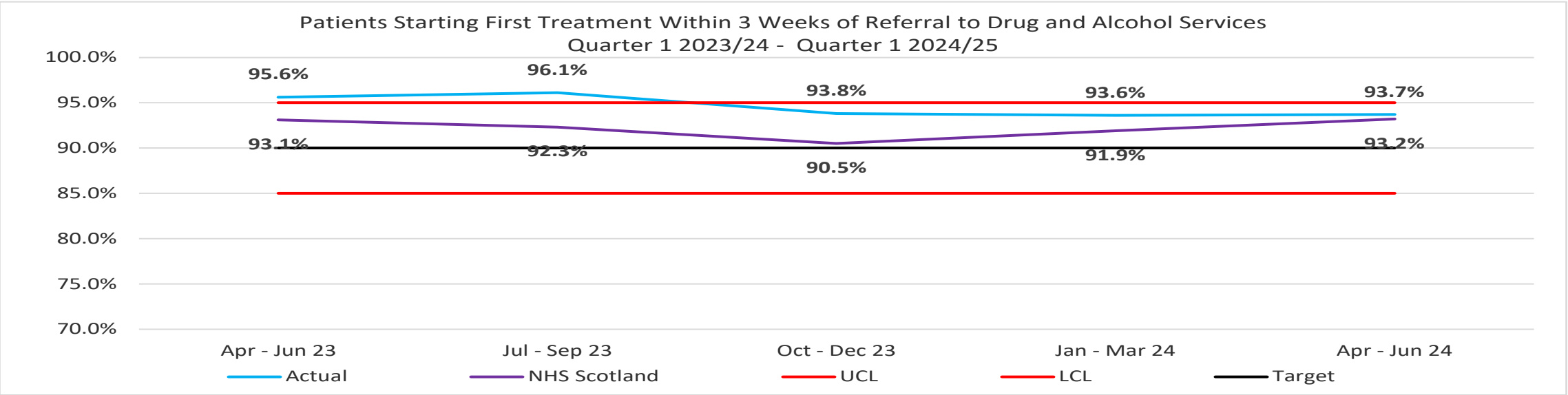
Legend	
Improvement on previously reported position	
Deterioration on previously reported position	
No change to previously reported position	
Not Applicable	N/A

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

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

Target
90%

Performance
93.7%



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

Summary

Current Position (including against trajectory):	As at the quarter April - June 2024, 93.7% of patients referred for alcohol and drugs treatment treated <3 week of referral above the 90% national target. 3.7% above target.
Current Position Against National Target:	NHSGGC performance is above the latest national quarterly published position of 93.2% for the quarter ending June 2024.
Projection to 31 March 2025:	National Target 90%. Performance is expected to continue to exceed target.

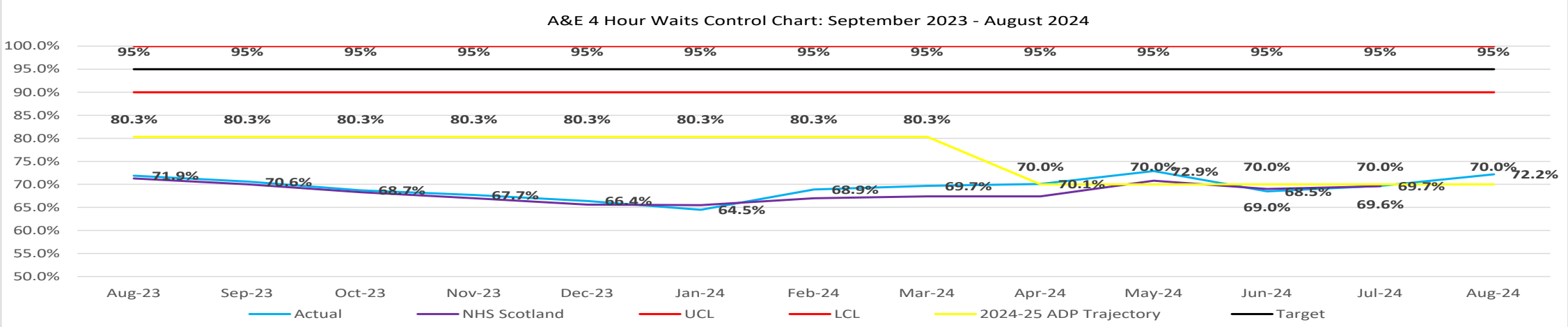
NHSGGC continues to consistently exceed the 90% Alcohol and Drugs waiting times target and has consistently performed above the overall national position.

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

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

Target
70%

Performance
72.2%



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

Summary

Current Position (including against trajectory):

As at August 2024, **72.2%** of patients were seen within four hours, an increase on the previous months position of 69.7%. Exceeding the ADP trajectory of 70.0%. Local management information for the week ending 6 October 2024 reported overall compliance at 66.4%. Performance remains below the national target of 95%.

Current Position Against National Target:

NHSGGC's performance was above the latest national published position of 69.9% for July 2024 and overall performance is in line with the national trend.

Projection to 31 March 2025:

National target 95%. ADP trajectory 70%.

Key Actions

A 2024-25 draft Winter Preparedness Plan has been developed to help mitigate against the challenges of winter and continue to drive the required improvements in unscheduled care. The draft Plan (still to be approved by the Board and SG) has been developed in line with the SGs Whole System Winter Planning Priorities and builds upon some of the successes of the 2023-24 Plan. Key improvement actions include:

- Continuing to progress our programme of improvement to transform the way in which people access urgent care providing person centred care, at the right time, in the right place. This will be done through the continued focus on prioritising our virtual capacity and interface care services to reduce the demand for inpatient care where this care could be provided 'at home' or 'close to home'.
- We will remain committed to further developing our Urgent Care pathways in those areas that will have the greatest impact for our patients and staff, by providing immediate access to urgent advice or urgent care through a 'digital front door' when clinically appropriate and ensuring only those who require to do so attend our EDs, eliminating delays and optimising emergency care for our more urgent patients.

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
72.2%

Hospital Site	Apr-24	May-24	Jun-24	Jul-24	Total A&E Atts (Aug 24)	Total A&E Breachers (Aug 24)	Aug-24
Queen Elizabeth University Hospital	55.2%	56.8%	47.3%	50.3%	8,463	3,621	57.2%
Glasgow Royal Infirmary	51.1%	63.7%	53.5%	53.8%	6,875	3,119	54.6%
Royal Alexandra Hospital	62.0%	57.6%	53.9%	60.4%	4,755	1,631	65.7%
Inverclyde Royal Hospital	71.2%	71.9%	78.2%	78.0%	2,563	592	76.9%
Royal Hospital for Children	94.9%	95.4%	96.7%	98.4%	5,430	230	95.8%
Emergency Department Sub-Total	65.4%	68.3%	63.2%	64.2%	28,086	9,193	67.2%
Vale of Leven Hospital	87.2%	92.0%	91.2%	91.9%	1,688	162	90.4%
Stobhill Hospital	96.9%	97.2%	91.8%	97.2%	1,767	46	97.4%
New Victoria Hospital	99.8%	98.8%	98.7%	100.0%	2,399	19	99.2%
MIU Sub-Total	95.2%	96.3%	94.5%	96.8%	5,854	227	96.1%
ED & MIU Total	70.1%	72.9%	68.5%	69.7%	33,940	9,420	72.2%
Target	95.0%	95.0%	95.0%	95.0%			95.0%
2024-25 Annual Delivery Plan Target	70.0%	70.0%	70.0%	75.0%			75.0%
National Performance	67.4%	70.8%	69.0%	69.6%			
NHSGGC Variance from National Position	2.7%	2.1%	-0.5%	0.0%			72.2%

Please note: Compliance with the national standard is calculated by subtracting the number of A&E breachers from the overall number of A&E attendances and then multiplying by overall attendances

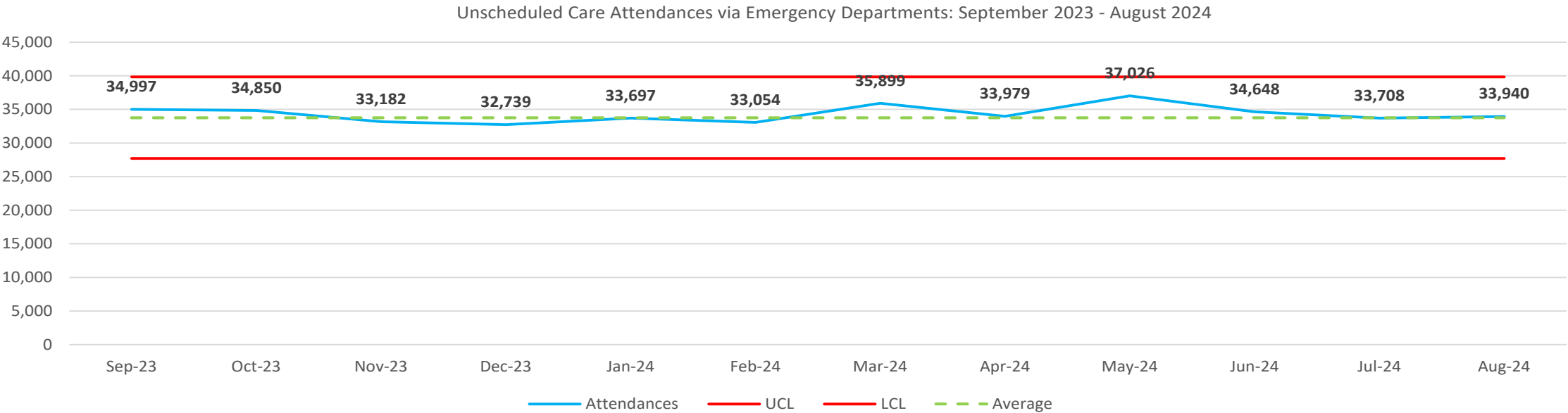
Summary

The information above, provides a monthly breakdown of performance against target at a hospital site level for August 2024. Four sites reported an improvement on the previous month's position. A total of five of the eight sites are currently exceeding the ADP trajectory of 70%. The RHC ED, Stobhill and New Victoria MIUs have continued to exceed the national target. Performance against the national and 2024-25 ADP target at the three busiest sites across NHSGGC namely the QEUH, GRI and the RAH saw an improvement on the previous months position however, overall performance remains an ongoing challenge.

3. BETTER CARE: Accident and Emergency Attendances

Target
2% Reduction

Performance
2.1% increase



Summary

Current Position (including against trajectory):

A total of **173,301** A&E attendances (including MIU attendances) were reported during the period April - August 2024. Current performance represents a 2.1% increase on the 169,772 reported during the same period in 2022-23 (the baseline year for the target reduction).

Current Position Against National Target:

No relevant target.

Projection to 31 March 2025:

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

The number of attendances reported across HSCPs remains at 2.1% above the planned position (2022-23 baseline year). NHSGGC’s 2024-25 Draft Winter Plan is supported by HSCPs who have invested in early intervention and prevention initiatives and revised their Unscheduled Care Delivery Plans for 2024-27, scheduled to be reviewed and approved by the Integrated Joint Boards ahead of winter.

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

**2%
Reduction**

Hospital Site						YTD 24/25 Total	YTD 23/24 Total	2022/23	24/25 YTD Var 22/23	YTD % Var on 22/23
	Apr-24	May-24	Jun-24	Jul-24	Aug-24			Baseline		
Queen Elizabeth University Hospital	8,231	9,002	8,387	8,570	8,463	42,653	41,627	39,189	3,464	8.8%
Glasgow Royal Infirmary	7,032	7,371	6,999	7,108	6,875	35,385	34,995	35,362	23	0.1%
Royal Alexandra Hospital	4,571	5,107	4,688	4,652	4,755	23,773	25,096	24,078	-305	-1.3%
Inverclyde Royal Hospital	2,524	2,750	2,545	2,563	2,563	12,945	12,681	12,644	301	2.4%
Royal Hospital for Children	6,252	6,656	6,149	5,095	5,430	29,582	28,505	30,090	-508	-1.7%
Emergency Department Sub-Total	28,610	30,886	28,768	27,988	28,086	144,338	142,904	141,363	2,975	2.1%
Vale of Leven Hospital	1,630	1,870	1,720	1,675	1,688	8,583	7,552	6,929	1,654	23.9%
Stobhill Hospital	1,560	1,760	1,723	1,688	1,767	8,498	10,143	10,279	-1,781	-17.3%
New Victoria Hospital	2,179	2,510	2,438	2,357	2,399	11,883	12,421	11,206	677	6.0%
MIU Sub-Total	5,369	6,140	5,881	5,720	5,854	28,964	30,116	28,414	550	1.9%
Total	33,979	37,026	34,649	33,708	33,940	173,302	173,020	169,777	3,525	2.1%
2024-25 HSCP Target - 2% Reduction 2022-23 Baseline										

Summary

The information above, provides a monthly breakdown of A&E/MIU attendances by hospital site for the period April - August 2024. Overall, five of the eight hospital sites reported an increase in the number of attendances (173,302) when compared to the same period in the baseline year (169,777). The most notable increases in actual values can be seen at the QEUH (+3,464) and VOL (+1,654). The three sites reporting a reduction in A&E attendances are Stobhill Hospital (-1,781), RHC (-508) and RAH (-305).

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

**2%
Reduction**

HSCP	Number Of A&E/MIU Presentations					2024-25	2022-23	YTD	YTD %
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	YTD Total	YTD Total	Variance	Variance
East Dunbartonshire	2,044	2,103	2,150	1,966	2,057	10,320	11,215	-895	-8.0%
East Renfrewshire	1,855	1,987	1,865	1,758	1,865	9,330	9,000	330	3.7%
Glasgow City	15,758	17,126	15,986	15,557	15,386	79,813	78,436	1,377	1.8%
Inverclyde	2,519	2,646	2,479	2,453	2,426	12,523	12,330	193	1.6%
Renfrewshire	4,444	5,005	4,562	4,383	4,523	22,917	22,369	548	2.4%
West Dunbartonshire	2,684	2,961	2,790	2,682	2,612	13,729	12,744	985	7.7%
HSCP Sub-Total	29,304	31,828	29,832	28,799	28,869	148,632	146,094	2,538	1.7%
Other	4,675	5,198	4,817	4,909	5,071	24,670	23,678	992	4.2%
Total	33,979	37,026	34,649	33,708	33,940	173,302	169,772	3,530	2.1%

Summary

The information above provides a breakdown of A&E/MIU attendances by HSCPs for the period April - August 2024. Overall, there has been a 2.1% increase in A&E attendances across HSCPs when compared to the same period in 2022-23 (the baseline year the 2% reduction target is based on). All HSCPs, with the exception of East Dunbartonshire HSCP (reducing by 8.0%) saw an increase in A&E activity with the most notable increases in terms of volume in Glasgow City (+1,377), West Dunbartonshire (+985) and Renfrewshire (+548) HSCPs when compared to the same period in the baseline year.

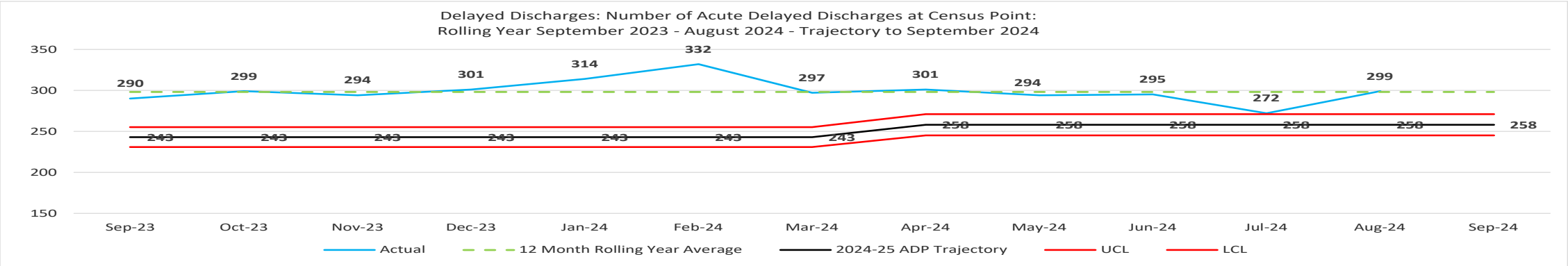
East Dunbartonshire HSCP have implemented number of improvement actions that have helped drive the required reductions including the significant increase in Future Care Plans (previously known as Anticipatory Care Plans), which are in excess of the NHSGGC average, mainstreamed a Test of Change in Care Homes of 7 day cover from care home liaison nursing for end of life care in care homes and embedded the falls pathway. In addition, respiratory specialist physiotherapy care has been put in place to provide preventative care for high hospital attenders for respiratory issues in the community as well as the Frailty Practitioner targeting comprehensive geriatric assessment for frequent attenders aged 65 years and over in addition to extending the senior clinical decision makers to 7 days including public holidays enabling diversion away from Emergency Departments

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
299



Summary

Current Position (including against trajectory):

A total of **299** Acute delayed discharges were reported at the August monthly census point. Performance represents a 10% increase on the previous month’s performance. Local management information for the 7 October 2024 reported an increase to 309 acute delays. **Current performance is 15.9% 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 an increase on the previous month and overall performance remains a significant challenge. Complex delays account for 123 (41%) of the 299 Acute delays reported in August 2024 (At 22/10/24 this reduced to 115 with details overleaf). Improvement actions include:

- The Discharge Team (DC Team) are working with the delayed discharge reset group to improve the communication and escalation processes.
- The DC Team continue to meet with HSCPs Home Care Teams regarding the electronic home care form. E-Health have a follow-up meeting scheduled with East Dunbartonshire HSCP to discuss themes/issues with a view to reviewing the form.
- Weekly meetings continue with West Dunbartonshire and now East Renfrewshire HSCPs. Escalation of any delay to discharge planning is directed to the Delayed Discharge Manager to allow the DC Team on site to support the ward to ensure SAS transport, alternate transport, medications, etc. are requested in a timely manner. The DC Team will also link with the wards if Social Work, Care at Home or Care Homes can not make contact with the ward. Additional touch points have been added by Argyll & Bute to support repatriation and delay prevention. The DC Team also meet with South Lanarkshire on a weekly basis.
- A series of weekly seminars have held to focus on key areas of discharge related workstreams. The purpose of the seminars were to conduct a ‘deep dive’ into each area to review current practices and identify how we might be able to do things differently to reduce the number of people delayed in their discharge. An Action Plan highlighting key areas for improvement is currently being drafted.

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
299

Acute Delayed Discharges	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	23	24	27	39	29	36	46	51	46	39	33	20	25	27	-2	-7%
East Dunbartonshire HSCP	20	15	21	14	31	25	23	17	15	26	28	29	24	18	6	33%
East Renfrewshire HSCP	9	18	11	10	13	19	12	14	14	14	13	11	12	11	1	9%
Glasgow City HSCP	144	156	161	147	148	154	163	140	150	153	146	148	160	125	35	28%
Inverclyde HSCP	17	10	13	20	19	13	15	13	16	7	9	8	6	15	-9	-60%
Renfrewshire HSCP	8	11	9	6	8	10	12	9	7	6	15	9	9	9	0	0%
HSCP Total Acute Delays	221	234	242	236	248	257	271	244	248	245	244	225	236	206	30	15%
Other Local Authorities Acute	62	56	57	58	53	57	61	53	53	49	51	47	63	52	11	21%
NHSGGC Total Acute Delays	283	290	299	294	301	314	332	297	301	294	295	272	299	258	41	16%

Summary

As at August 2024 monthly census point, there were a total of 299 Acute delays reported representing a 10% increase on the previous months' position. Two of the six HSCPs saw a reduction on the previous months position namely East Dunbartonshire (-5) and Inverclyde (-2), the remaining HSCPs and other local authorities reported an increase with the biggest increases reported in Glasgow City HSCP (+12) and other Local Authorities (+16). Performance is currently 16% above the planned monthly performance of no more than 258 delays. HSCPs account for 79% (236) of the overall total number of Acute delays reported with Glasgow City HSCP representing 68% of all HSCP delays reported across NHSGGC. Three of the six HSCPs are currently meeting the 2024-25 ADP monthly target with Glasgow City, East Dunbartonshire and East Renfrewshire HSCPs above the monthly target. The number of NHSGGC Acute delays from other local authorities performance remains a challenge, with a 34% increase on the previous months' position.

Overview – Complex Delays (Acute)

As of 22/10/23, there were **115** people due to complex reasons

While each person delayed has a 'code' which gives a specific reason for their delay, the three common causes are as follows:

Patient requires complex care and these arrangements are difficult to arrange = **8 (7%)**

Patient is awaiting/undergoing a legal process, e.g. guardianship application, court date, etc. = **76 (66%)**

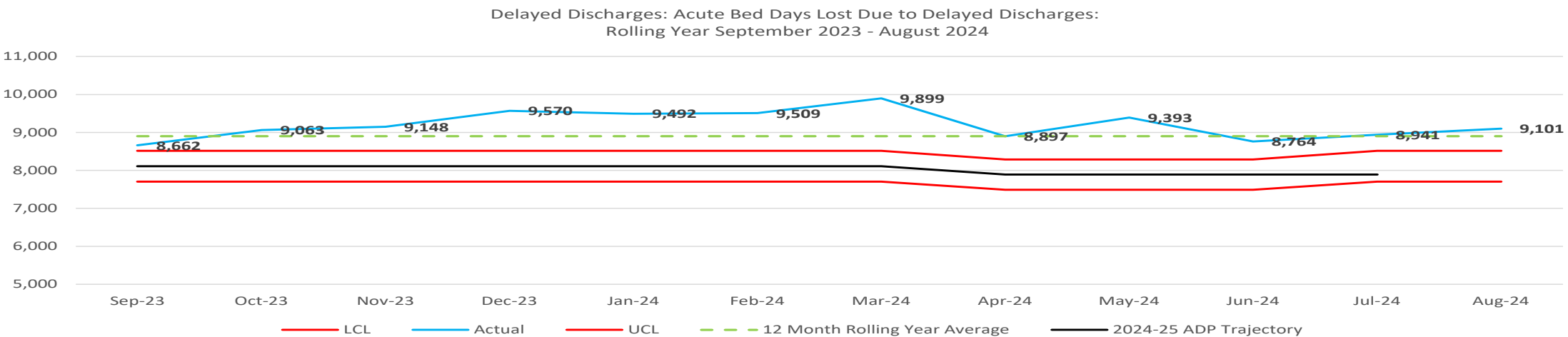
Patient is undergoing a social work (SW)/ Local Authority (LA) intervention, e.g. awaiting a multidisciplinary case conference to determine their needs or SW are considering the use of 13ZA with the patient and/or their carer/family = **31(27%)**

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

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

Target
7,889

Performance
9,101



Summary

Current Position (including against trajectory):

A total of **9,101** Acute bed days were lost to delayed discharges during August 2024, a 1.8% increase on the previous month's position. **Current performance is 15% above the monthly 2024-25 ADP trajectory of 7,889.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

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

Key Actions

August 2024 saw a 1.8% increase in the number of Acute bed days lost to delayed discharge. The actions outlined in slide 12 are aimed at reducing the number of Acute bed days lost to delayed discharge.

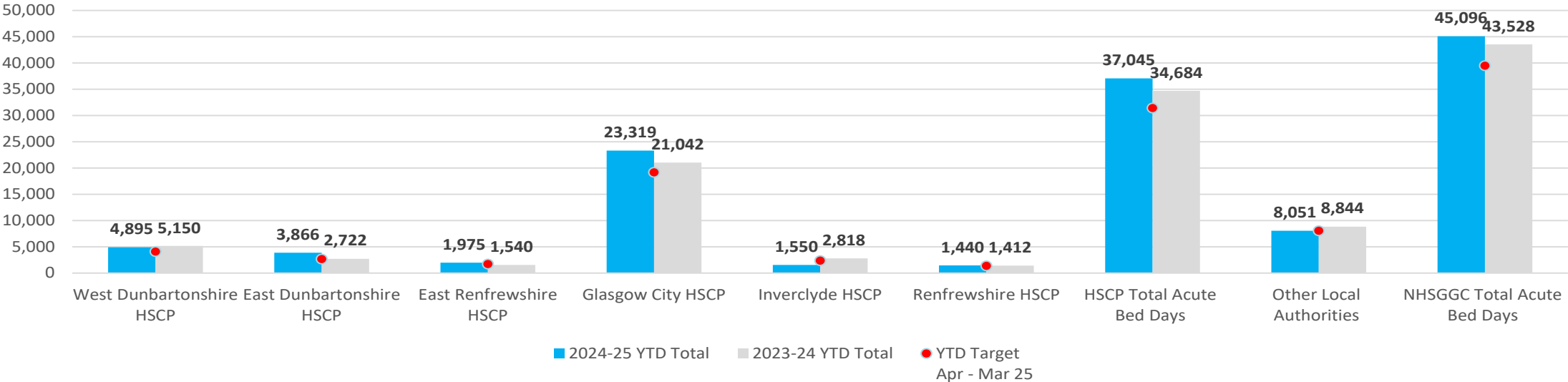
5. BETTER CARE: Year To Date Acute Bed Days Lost to Delayed Discharges by HSCP (Continued)

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

Target
39,455

Performance
45,096

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



Summary

Current Position (including against trajectory):

During April - August 2024, a total of **45,096** acute bed days were lost to delayed discharges representing a 4% increase on the same period the previous year. Current performance is **above the YTD trajectory of no more than 39,455 by 14%**.

Current Position Against National Target:

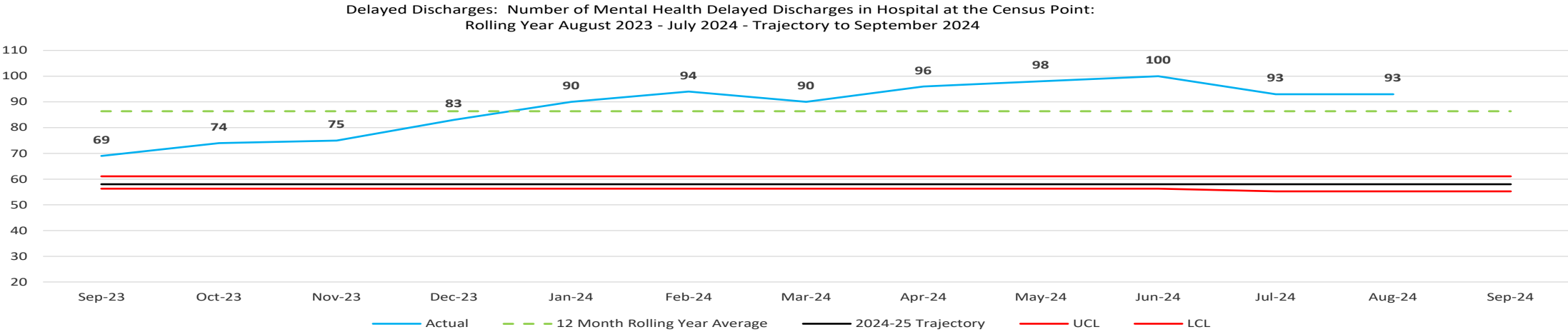
No national target relevant.

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 - August 2024, a total of 45,096 bed days have been lost to delayed discharge across NHSGGC representing a 4% increase on the same period the previous year. All HSCPs with the exception of West Dunbartonshire (-225) and Inverclyde (-1,268) HSCPs reported an increase in the number of Acute Bed Days lost to delayed discharge when compared with the same period the previous year. The HSCPs reporting the highest increases in the number of Acute bed days lost to delayed discharge are Glasgow City (+2,277) and East Dunbartonshire HSCPs (+1,144). Other local authorities account for 18% (8,051) of the overall acute bed days lost to delayed discharge. The actions outlined on slide 12 are aimed at reducing the number of acute bed days lost to delayed discharge.

<div>6. BETTER CARE: Number of Mental Health Delayed Discharges</div> <div>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</div>	<div>Target</div> <div>58</div>	<div>Performance</div> <div>93</div>
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Summary

<div>Current Position (including against trajectory):</div> <div>Currently 93 Mental Health delayed discharges were reported at the monthly census point for August 2024, the same as the number reported the previous months' position. Performance is above the monthly trajectory of 58. Local management information for 7 October 2024 reported a total of 94 Mental Health delays, an increase on the monthly census data.</div>	
<div>Current Position Against National Target:</div> <div>No national target relevant.</div>	
<div>Projection to 31 March 2025:</div> <div>No more than 58 delays by March 2025.</div>	

Key Actions

Overall performance remains a challenge. Of the total delays reported across NHSGGC, 64 are Glasgow City residents (67 last month). Other mental health delays are reported in East Dunbartonshire (7), Renfrewshire (6), West Dunbartonshire (3), East Renfrewshire (2) and 11 from other local authorities. Actions to improve this include:

- In Glasgow City HSCP there continues to be delays in accessing particular types of community placements for the most complex patients and admissions to mental health wards continue to be high due to increase in complexity of patients being admitted and remaining in hospital for longer. Additional places have been commissioned in the east end of the city to provide placements for those aged 55 years+ deemed fit for discharge.
- There was a delay in the opening of Waterloo Close due to ground work being required externally. The transfer of six patients is scheduled to begin at the end of October 2024.
- Following a review of commissioned services, a proposal has been developed to work with a provider to deliver technology enabled care within current supported accommodation. The aim is to work towards the removal of sleepover support and improve service response to promote early intervention and prevention to hospital admission.

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
93

Mental Health Delayed Discharges	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	6	3	4	3	4	4	5	4	6	4	4	4	3	2	1	50%
East Dunbartonshire HSCP	2	2	1	2	4	4	4	3	5	7	7	8	7	0	7	-
East Renfrewshire HSCP	0	0	0	1	1	1	0	0	1	1	1	1	2	0	2	-
Glasgow City HSCP	55	53	58	58	57	64	72	70	70	73	73	67	64	51	13	25%
Inverclyde HSCP	1	1	1	1	2	2	0	0	0	0	0	0	0	0	0	-
Renfrewshire HSCP	6	5	5	5	5	5	5	4	4	4	6	6	6	2	4	200%
HSCP Total Mental Health Delays	70	64	69	70	73	80	86	81	86	89	91	86	82	55	27	49%
Other Local Authorities Mental	5	5	5	5	10	10	8	9	10	9	9	7	11	3	8	267%
NHSGGC Total Mental Health	75	69	74	75	83	90	94	90	96	98	100	93	93	58	35	60%

Summary

Overall the number of patients delayed across Mental Health compared to the previous month has remained the same. Current performance is above the monthly planned position of no more than 58 mental health delays reported. As at August 2024 there were a total of 93 mental health delays reported and local management information for the 7 October 2024 highlights an increase to 94 mental health delays. HSCPs account for 88.0% (82) of the overall total number of mental health delays reported with Glasgow City HSCP representing 78.0% of all HSCP delays reported across NHSGGC.

With the exception of Inverclyde HSCP meeting the agreed monthly target, all other HSCPs are currently above their planned position. Two of the six HSCPs reported no change on the previous months' position whereas West Dunbartonshire, East Dunbartonshire and Glasgow City HSCPs reported a reduction. East Renfrewshire HSCP is the only HSCP highlighting an increase (+1) on the previous month's position.

Mental Health Complex Delays

As of 22/10/24, there were 23 mental health patients who are delayed due to complex reasons (Glasgow City 12, Renfrewshire 6, East Dun 3, West Dun 2)

The cause of these complex delays are due to either the patient requiring complex care packages (**48%**) or are undergoing/awaiting legal processes (**52%**)

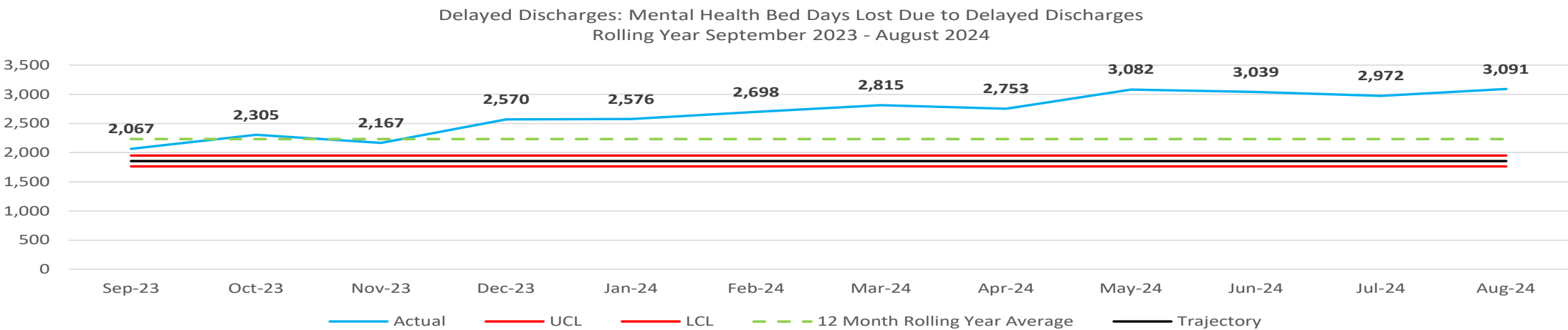
As part of the Scottish Government's 'Coming Home' vision, HSCPs are working with Public Health Scotland to reduce delayed discharge and inappropriate out-of-area placements for people with learning disabilities and complex care needs, local Dynamic Support Registers have been launched and are in use by Integration Authorities to support local case management for complex cases.

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

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

Target
1,857

Performance
3,091



Summary

Current Position (including against trajectory):

A total of **3,091** Mental Health bed days were lost to delayed discharges during August 2024, representing a 4% increase on the previous month's position. **Current performance is above the monthly trajectory of 1,857.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

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

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

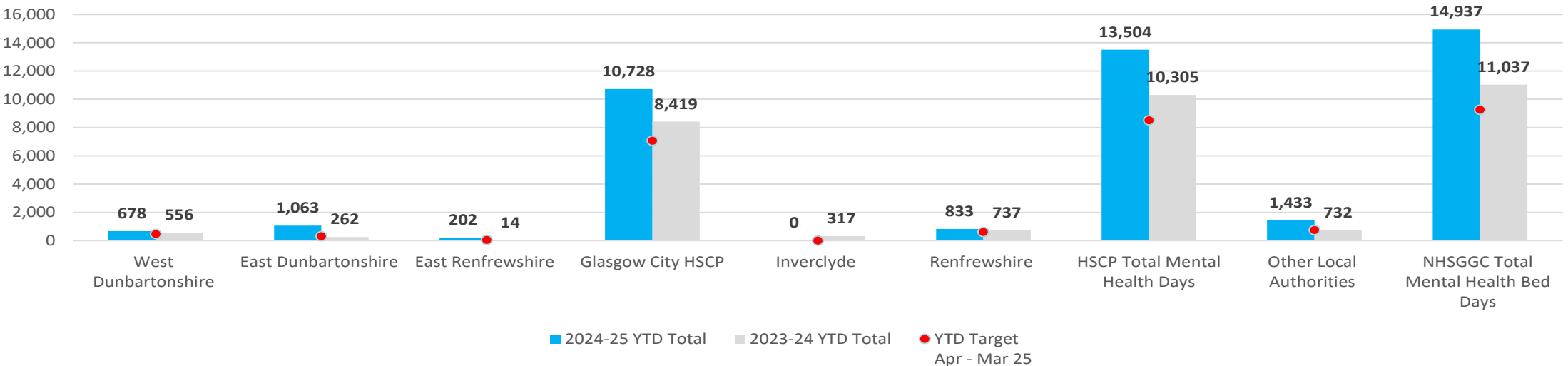
7. BETTER CARE: Year To Date Mental Health Bed Days Lost to Delayed Discharges by HSCP (Continued)

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

Target
9,268

Performance
14,937

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



Summary

Current Position (including against trajectory):

During the period April - August 2024, a total of **14,937** Mental Health bed days were lost to delayed discharges, 35% above the position for the same period the previous year. Current performance is also **above the YTD trajectory of no more than 9,268**.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

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

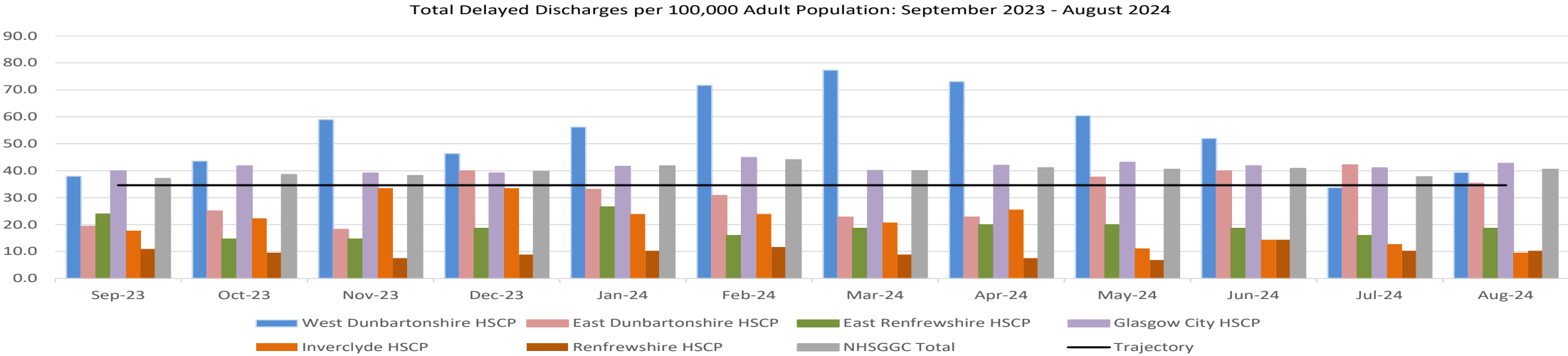
The graph above provides a breakdown of mental health bed days lost to delayed discharges by HSCP. During the period April - August 2024, a total of 14,937 bed days have been lost to delayed discharge across NHSGGC representing a 35% increase on the same period the previous year (11,037). All HSCPs, with the exception of Inverclyde, reported an increase in the number of mental health bed days lost to delayed discharge during the period April - August 2024 when compared to the same month the previous year. The partnerships reporting the highest increase in the number of mental health bed days lost to delayed discharge are Glasgow City (+2,309) and East Dunbartonshire (+801) HSCPs. The YTD number of mental health bed days lost from patients in other local authorities increased by 701 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
40.6



Summary

Current Position (including against trajectory):

Overall, a total of **40.6** delayed discharges per 100,000 adult population were reported at the monthly census point in August 2024 across NHSGGC, above the national target of 34.6 per 100,000 adults. Current performance represents a **7% increase on the previous month’s performance**. **17% above the national monthly trajectory of 34.6 per 100,000 adult population.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

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

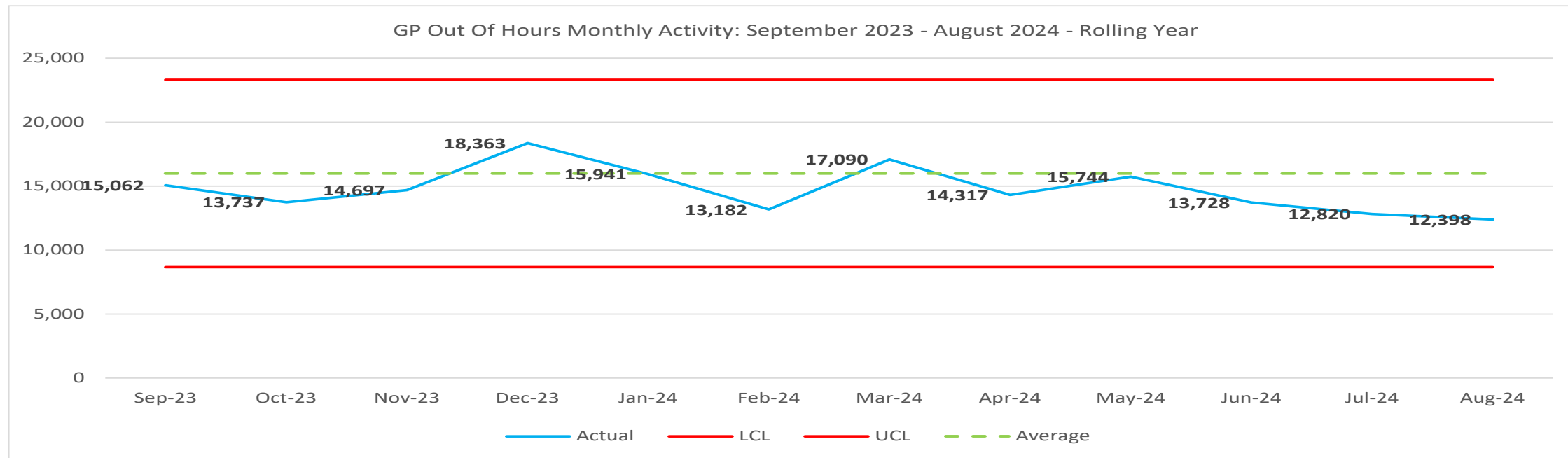
Key Actions

In an effort to reduce the total number of delays across Scotland to the national pre-pandemic levels, a ‘rate cap’ approach has been developed requiring all HSCPs to reduce delayed discharges to a maximum of 34.6 delays per 100,000 resident adults in any areas. Partnerships with delays below 34.6 per 100,000 are required to remain at or below their baseline rate. As at the August 2024 monthly census point, the HSCPs below the 34.6 per 100,000 adult population rate were as follows: East Renfrewshire (18.6), Renfrewshire (10.3) and Inverclyde (9.6). The HSCPs currently above the rate cap were Glasgow City (42.8), West Dunbartonshire (39.4) and East Dunbartonshire (35.3). In driving improvement, the CRAG (Collaborative Response & Assurance Group), chaired by the Cabinet Secretary, meets weekly with all HSCP Chief Officers placing the spotlight on those HSCPs seen to have major reductions needed i.e. more than 35%.

9. BETTER CARE: GP Out Of Hours Activity

The number of patients using the GP out of Hours Services

For Information Only



Summary

Current Position (including against trajectory):

Current Position Against National Target:

Projection to 31 March 2025:

A total of **12,398** GP Out Of Hours contacts were made during August 2024. **No Target.**

No relevant national target.

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

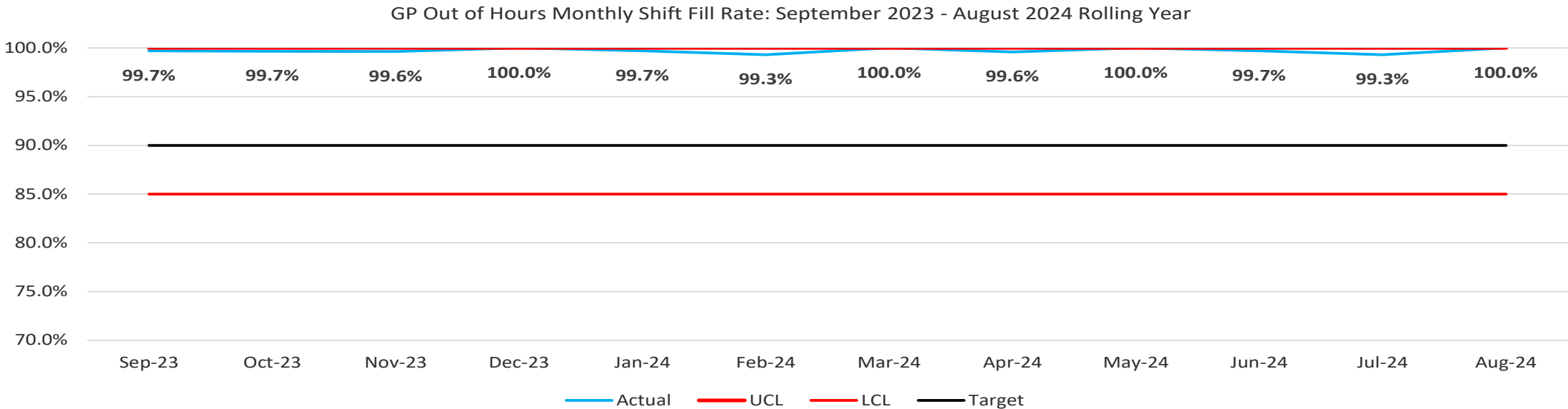
Overall, the GPOOH Service activity represents a monthly average of 14,757 site visits, home visits and GP advice contacts for the period September 2023 - August 2024.

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

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

Target
90%

Performance
100%



Summary

Current Position (including against trajectory):

In August 2024, **100%** (294) of the 294 scheduled shifts were open against the NHSGGC’s target of 90%. **Above the target by 10%.**

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

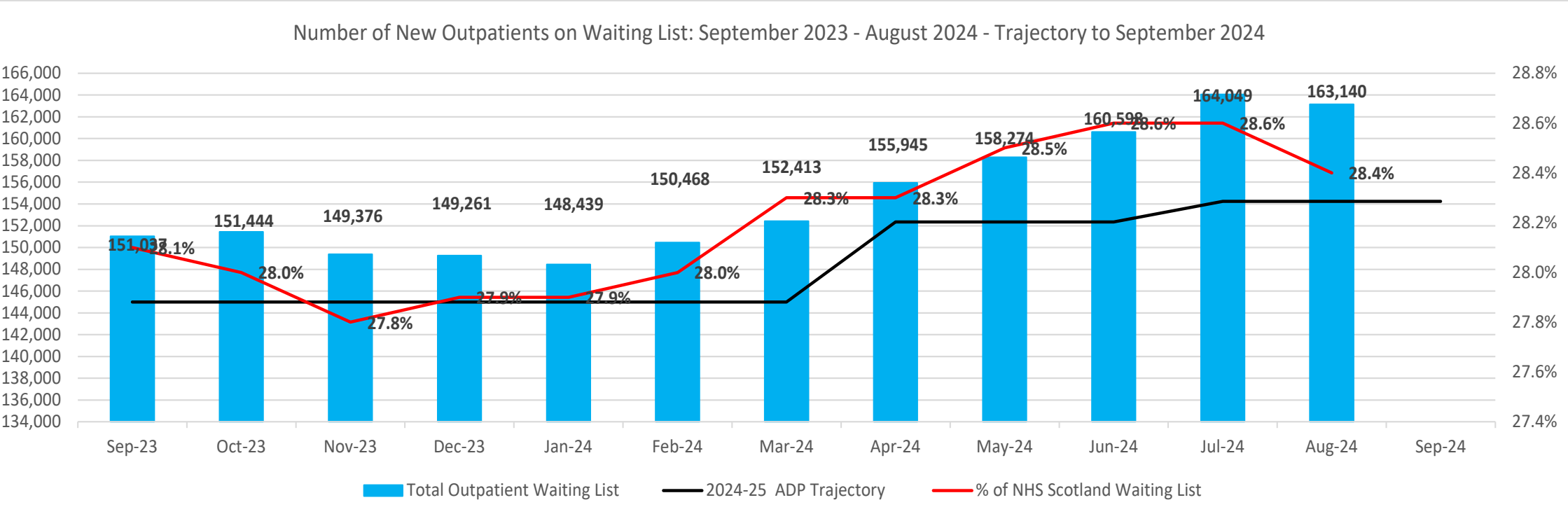
The number of new outpatients on the new outpatient waiting list

Target

154,230

Performance

163,140



Summary

Current Position (including against trajectory):

As at the end of August 2024, there were a total of **163,140** patients waiting for a new outpatient appointment, a 1% reduction on the previous months’ position. Current performance is above the 2024-25 ADP trajectory of 154,230 by September 2024. **Above trajectory by 6%.**

Current Position Against National Position:

28.4% of NHS Scotland’s outpatients waiting for a first new outpatient appointment at the end of August 2024 were NHSGGC patients.

Projection to 31 March 2025:

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

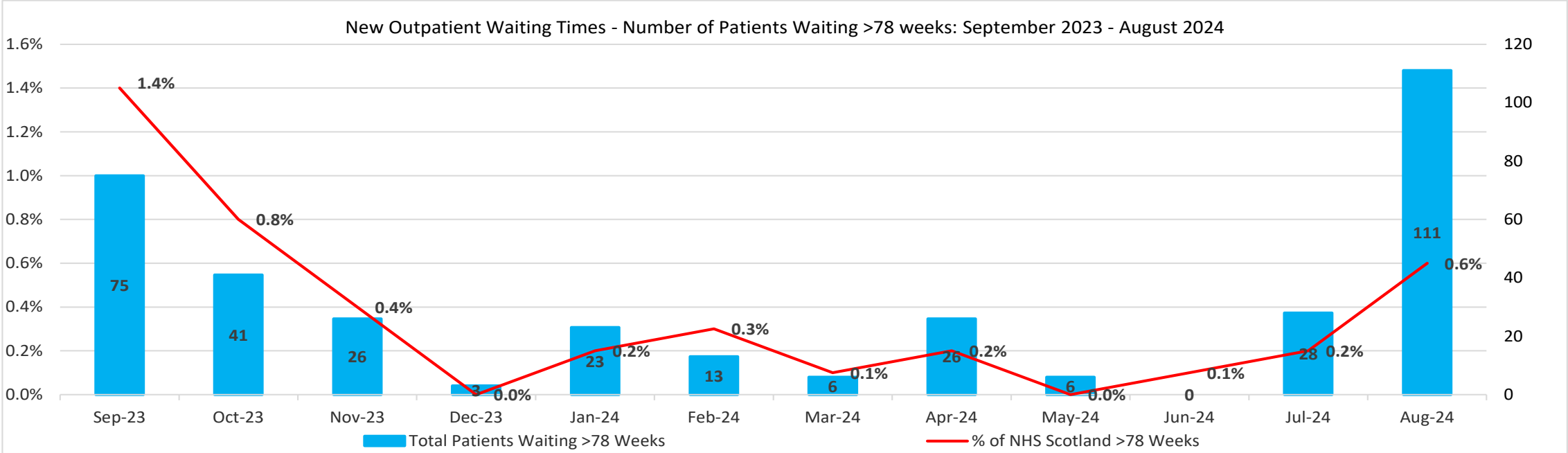
Actions to reduce the number of new outpatients on the waiting list are outlined in slide 26.

23

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

Target
0

Performance
111



Summary

Current Position (including against trajectory):

At the end of August 2024, there were a total of 111 patients waiting >78 weeks for a first new outpatient appointment. 94 patients had a confirmed appointment date. Current performance is above the 2024-25 ADP reduction target of no new outpatients waiting >78 weeks by the end of June 2024.

Current Position Against National Position:

0.6% of NHS Scotland’s total patients waiting >78 weeks for a first new outpatient appointment at the end of August 2024 were NHSGGC patients.

Target to 31 June 2024:

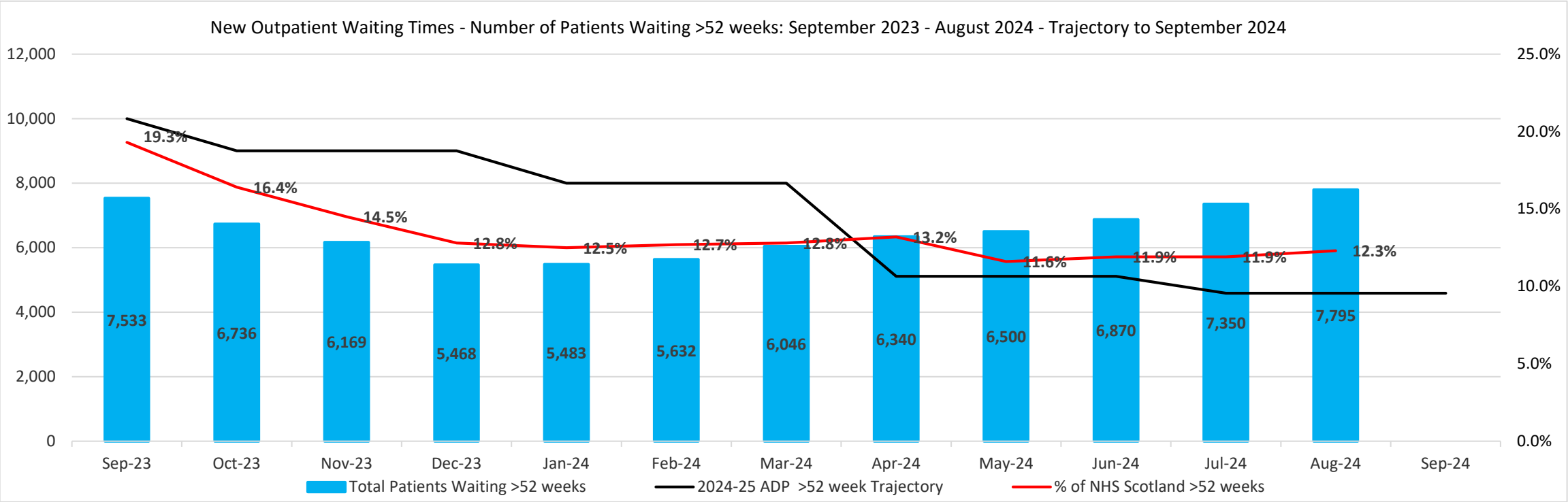
2024-25 ADP target is no new outpatient should be waiting >78 weeks by June 2024. Current performance is above the target of no new outpatients to be waiting >78 weeks by June 2024.

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

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

Target
4,590

Performance
7,795



Summary

Current Position (including against trajectory):	At the end of August 2024, there were a total of 7,795 patients on the new outpatient waiting list waiting >52 weeks for an appointment. Current performance is above the 2024-25 ADP trajectory of no more than 4,590 new outpatients to be waiting >52 weeks by the end of September 2024. Above the trajectory.
Current Position Against National Position:	12.3% of NHS Scotland’s outpatients waiting >52 weeks for a new outpatient appointment at the end of August 2024 were NHSGGC patients.
Target at 31 March 2025:	2024-25 ADP target is no more than 3,548 new patients to be waiting >52 weeks for a new outpatient appointment by March 2025.

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

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

Key Actions

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

- Trauma and Orthopaedics (109 of the 111 patients in Trauma and Orthopaedics) - Extended Scope Practitioner (ESP) capacity continues to be redirected to spinal care – additional sessions being released. Locum consultant position re-appointed with start date end of November 2024. Vacant consultant substantive post was appointed on 27th September 2024 with expected start date end of November / beginning of December 2024..

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 increased to 3,077 patients over 52 weeks at the end of August 2024. Spinal subspecialty patients are 45% of the patients to be managed. ESP support arrangements being maintained to give maximum flexibility for long waiting patients. Cross sector smoothing outpatient allocation for non spinal patients continues to direct allocation of patients to first available capacity. Additional locum in Clyde Sector to support NHSGGC-wide management of hand referrals has commenced. Additional locum in the North Sector to support NHSGGC-wide management of knee referrals is now in place.
- Neurosurgery had 220 patients waiting >52 weeks for new outpatient appointment. ESP vetting input continues to release consultant capacity. Replacement consultant posts have been recruited with start dates at the end of November 2024 and January 2025.
- Ophthalmology had 508 patients >52 weeks at the end of August 2024. Additional capacity for Waiting List Initiative's (WLIs) approved. Recruitment to senior Optometry posts will support the delivery of maximum base capacity. The recruitment process has commenced.
- Gynaecology had 2,030 patients waiting >52 weeks at the end of August 2024. The service continues to be challenged in balancing Urgent Suspicion of Cancer (USOC) and routine demand given continued high referral numbers for USOC patient management. Full assessment of all Outpatient Department capacity and approval of WLI activity for Quarter 3 under review. Expansion of workforce with locum cover to support outpatients exclusively has now been successful. Insourcing continues to support general Gynaecology patient management.

14. BETTER CARE: New Outpatient Activity

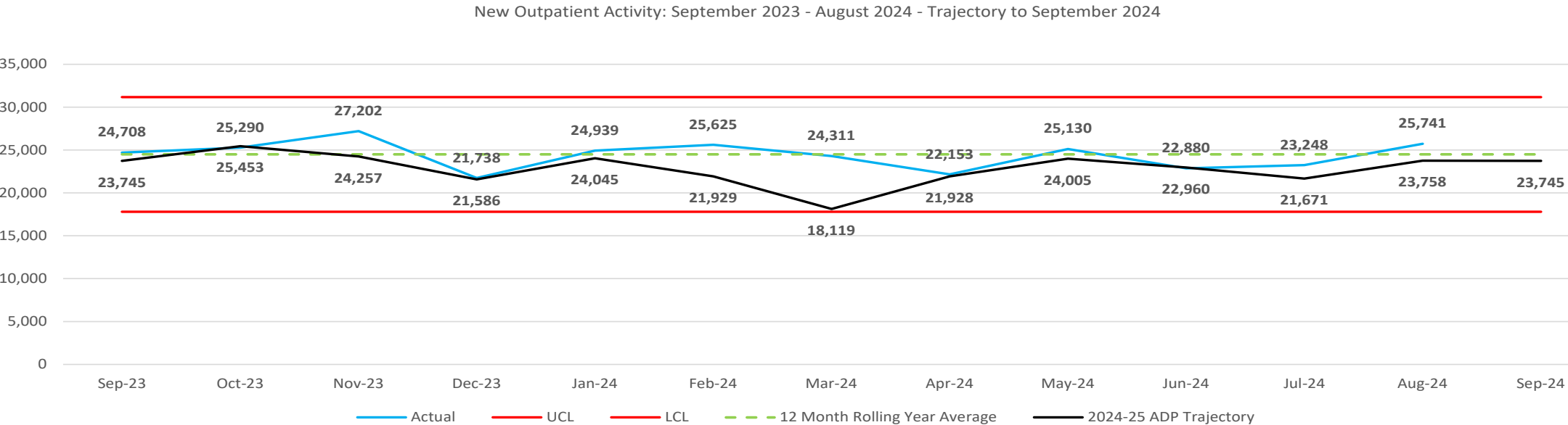
The number of new outpatients seen

Target

114,322

Performance

119,152



Summary

Current Position (including against trajectory):

A total of **119,152** new outpatients were seen during the period April - August 2024, above the 2024-25 ADP trajectory of 114,322. **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.

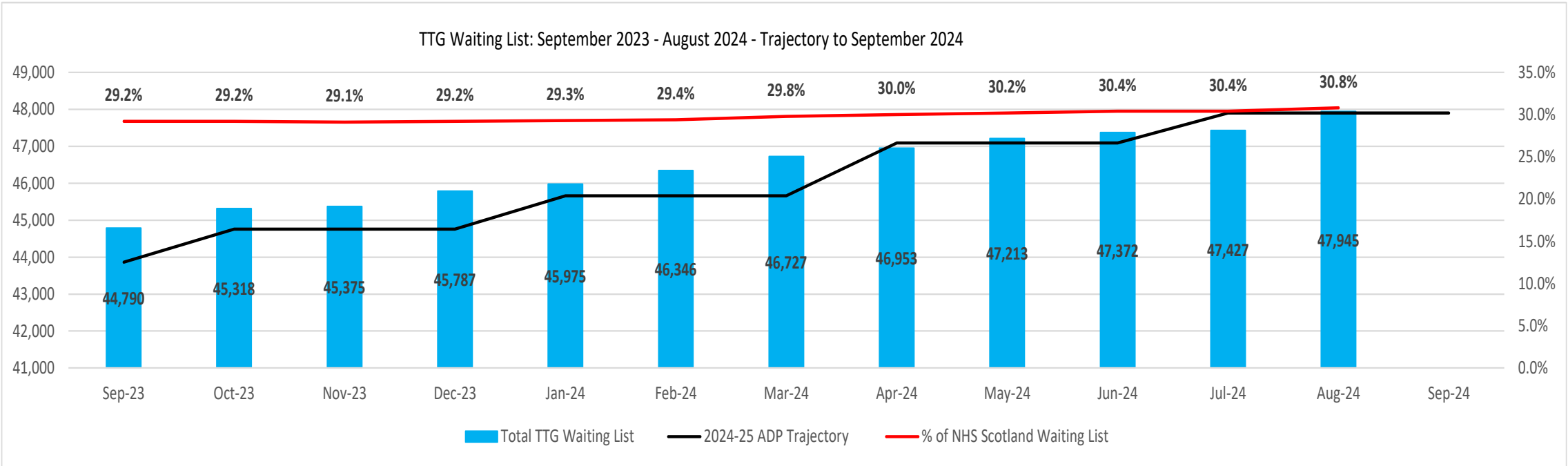
As seen from the chart above, NHSGGC continues to exceed the planned activity levels providing 4,830 more patients with access to the new outpatient care they need.

15. BETTER CARE: TTG Waiting List

The number of TTG patients on the TTG waiting list

Target
47,902

Performance
47,945



Summary

Current Position (including against trajectory):

At the end of August 2024, there were a total of **47,945** 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 47,902 TTG patients on the TTG waiting list by the end of September 2024. **Above trajectory by 0.1%.**

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

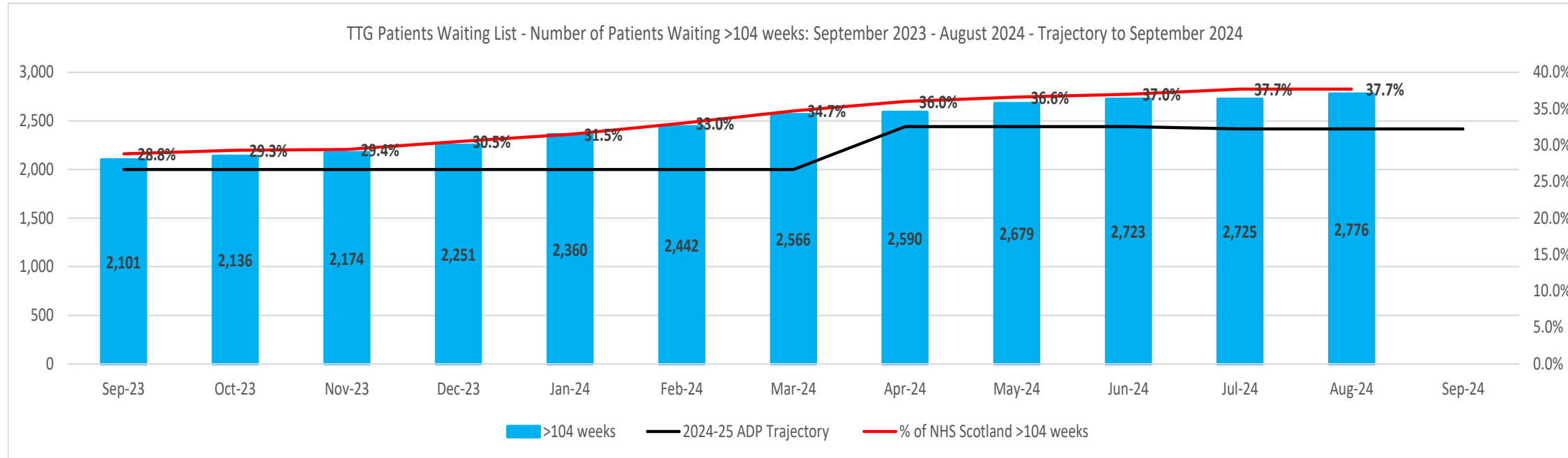
30.8% of NHS Scotland's total TTG patients waiting at the end of August 2024 were NHSGGC patients.
2024-25 ADP target of no more than 49,522 patients on the TTG waiting list by March 2025.

Current performance is marginally above the planned position for the end of August 2024. Capacity continues to be targeted at urgent, highest priority cases and long waiting patients. Actions to reduce the number of patients waiting are outlined in slide 32.

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

Target
2,417

Performance
2,776



Summary

Current Position (including against trajectory):

At the end of August 2024, there were a total of **2,776** TTG patients waiting >104 weeks for an inpatient/daycase procedure on the TTG waiting list. Current performance is above the planned position of under 2,417 TTG patients waiting in this timeband by the end of September 2024. **15.0% above trajectory.**

Current Position Against National Position:

37.7% of NHS Scotland's total patients waiting >104 weeks at the end of August 2024 were NHSGGC patients.

Projection to 31 March 2025:

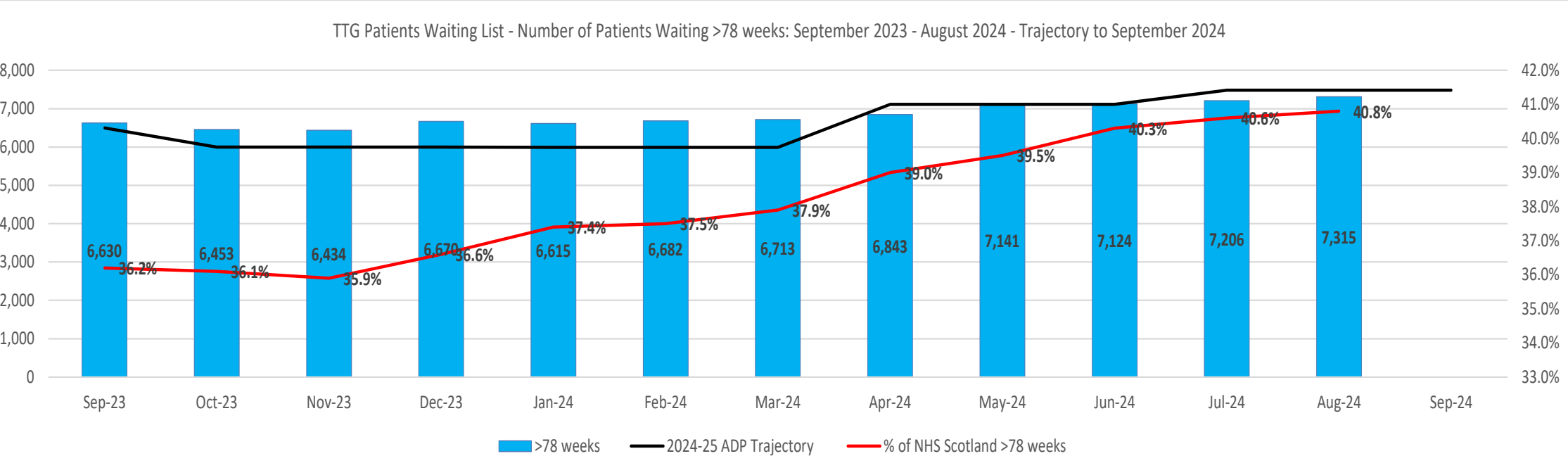
2024-25 ADP target of no more than 2,369 patients to be waiting >104 weeks by the end of March 2025.

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

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

Target
7,483

Performance
7,315



Summary

Current Position (including against trajectory):

As at August 2024 month end, a total of **7,315** TTG patients were waiting >78 weeks for an inpatient/daycase procedure on the TTG waiting list, within the 2024-25 ADP target of no more than 7,483 by the end of September 2024. **Within trajectory by 2.0%.**

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

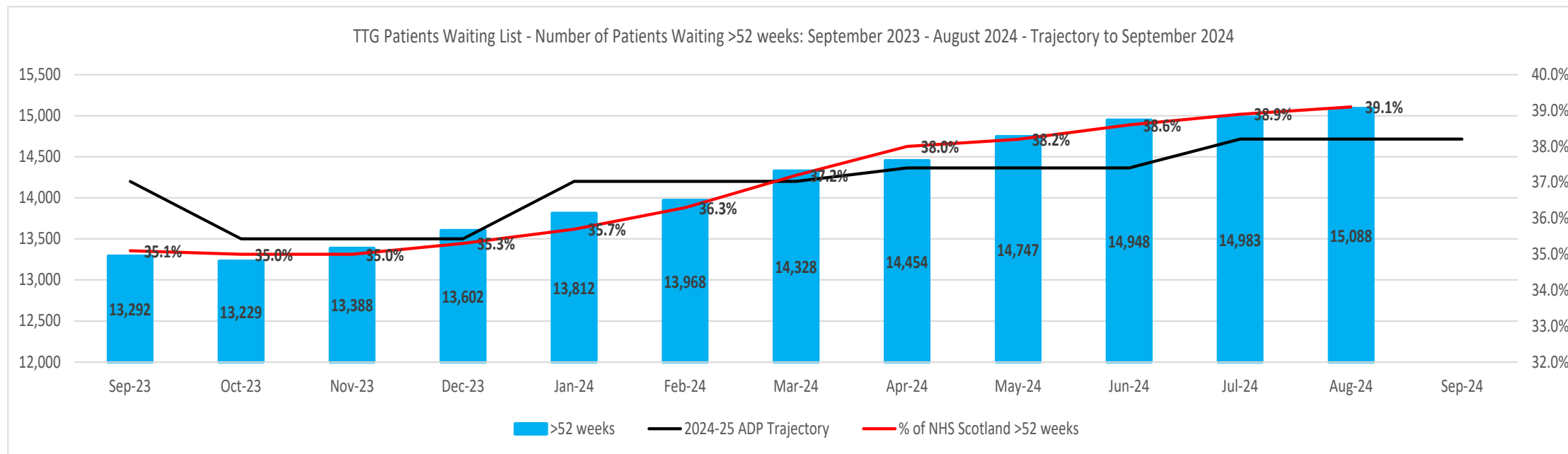
40.8% of NHS Scotland’s total patients waiting >78 weeks at the end of August 2024 were NHSGGC patients. **2024-25 ADP of no more than 8,224 TTG patients waiting >78 weeks by March 2025. Current performance is ahead of the year end planned position.**

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

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

Target
14,715

Performance
15,088



Summary

Current Position (including against trajectory):

At the end of August 2024, there were a total of **15,088** 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 14,715 by September 2024. **3.0% above trajectory.**

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

39.1% of NHS Scotland's total patients waiting >52 weeks at the end of August 2024 were NHSGGC patients. **2024-25 ADP of no more than 15,417 TTG patients waiting >52 weeks by March 2025. Current performance is within the planned year end position for March 2025.**

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

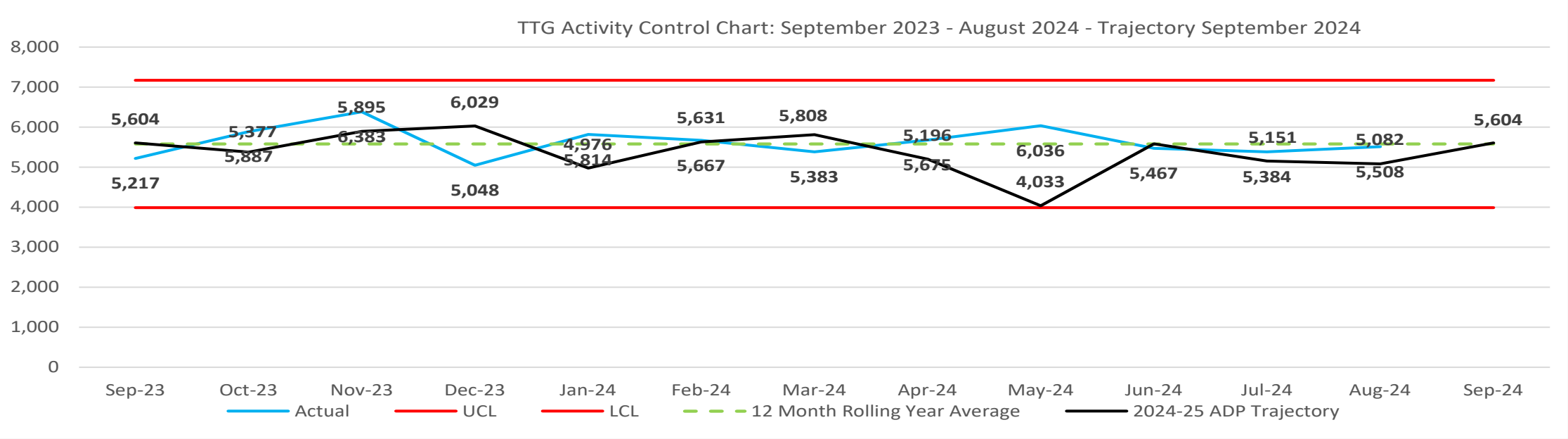
18. BETTER CARE: Actions in place to reduce the number of long waiting TTG inpatients /daycases (Continued)

Key Actions

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

- Trauma and Orthopaedic TTG patients continue, by volume, to create the greatest pressure for long waiting patients. Small reduction to 596 patients waiting >104 weeks for care at the end of August 2024. Orthopaedic spinal care compromised by medical workforce. Vacant consultant substantive post was appointed on 27th September 2024 with expected start date at the end of November / beginning of December 2024. Locum appointment has been re-offered with a start date at the end of November 2024. ESP support being maximised to release consultants for operative opportunities.
- The revised plan for expansion of Orthopaedic elective activity via surgical hubs at Gartnavel General Hospital (GGH) and Inverclyde Royal Hospital (IRH) submitted and positively received by SG remains unfunded. This will be reviewed when additional SG funding becomes available.
- Trauma and Orthopaedics External capacity - the delivery for joint patients remains steady at 87% at the end of August 2024. Acceptance criteria at Golden Jubilee National Hospital (GJNH) team has been altered to include patients with higher BMI and co-morbidities. Close monitoring of patient management.
- Transfer of Orthopaedic patients to Forth Valley NTC progressed with initial treatment dates for October 2024. The allocation to March 2025 in the region of 450, (to be confirmed). Over 100 patients have been referred for review.
- Gynaecology (616 patients waiting >104 weeks at the end of August 2024) - increased urgent demand has required redirection of theatre resource from elective lists managing routine care delivery. Opportunities to increase laparoscopic activity at Victoria ACH are being worked through.
- Equipment to progress change in practice with development of Endoscopic Spinal Surgery now approved. Implementation plan from end of October 2024 with proctor support now progressing. This will support the management of long waiting patients through current theatre capacity.
- Plastic surgery management of long waiting routine patient care is challenged (251 patients waiting >104 weeks at the end of August 2024). Delivered sessions reviewed to ensure job plans cover offered theatre sessions. North Sector team asked to reinstate two sessions per week from October 2024. Additional WLIs supported to address the backlog of patients relating to smaller duration procedures both breast and non-breast. Plans for management of patients awaiting risk reduction surgery are ongoing though will require additional investment and capacity.

<div> 19. BETTER CARE: TTG Inpatient/Daycase Activity The number of TTG inpatient/Daycases seen </div>	<div> Target 25,043 </div>	<div> Performance 28,070 </div>
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Summary

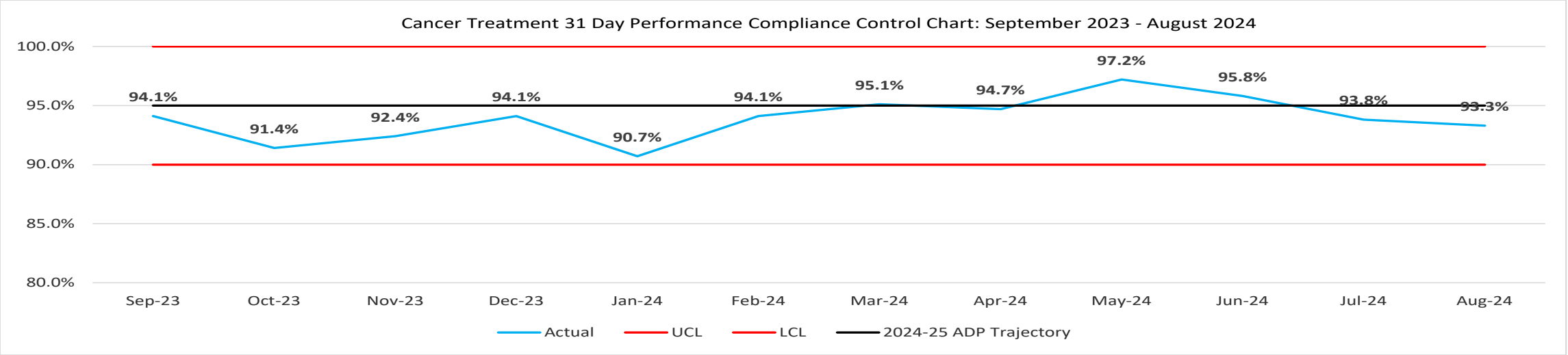
<div>Current Position (including against trajectory):</div>	<div>A total of 28,070 patients were seen during the period April - August 2024, exceeding the 2024-25 ADP trajectory of 25,043 for April - August 2024. Above trajectory by 12%.</div>
<div>Current Position Against National Target:</div> <div>Projection to 31 March 2025:</div>	<div>No national target relevant.</div> <div>2024-25 Annual Delivery Plan target is for 64,359 TTG patients to be seen by March 2025. Performance exceeded the planned position of 25,043 for the end of August 2024 and remains on track to meet the year end planned position.</div>
<div>As seen from the chart above, NHSGGC continues to exceed planned activity levels providing 3,027 more patients with access to the inpatient/daycase treatment they need.</div>	

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
93.3%



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

Summary

Current Position (including against trajectory):

The latest provisional position is 93.3% (541 of the 580 eligible patients started treatment within 31 days) for the month ending August 2024, a reduction on the previous months’ position and marginally below **target by 1.7%.**

Position Against National Target:

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

Projection to 31 March 2025:

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

Key Actions

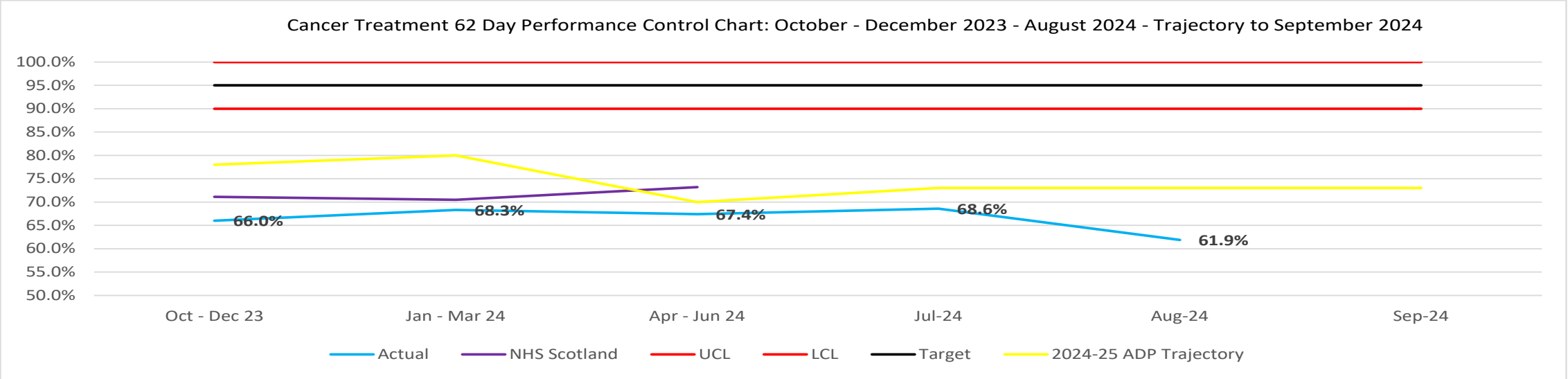
Current performance highlights a marginal reduction on the previous months’ performance. A total of seven of the ten cancer types exceeded the 95% target. The cancer types below target were Colorectal (94.9% - 74 of the 78 eligible referrals started their treatment within 31 days, a significant improvement on the 84.7% reported the previous month) and Urological (84.1% - 127 of the 151 eligible referrals started their treatment within 31 days, a reduction on the 86.6% reported the previous month). Actions to address performance in relation to Urology are outlined in slide numbers 36 and 37. Breast was also below the national target at 90.5% (95 of the 105 eligible referrals started treatment within 31 days, a reduction on the 95.4% reported the previous month). The additional screening referrals have had an impact on capacity.

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
73.0%

Performance
61.9%



Please note: data from April 2024 onwards is provisional and subject to validation. The published data July - September 2024 is scheduled to be published at the end of December 2024

Summary

Current Position (including against trajectory):

The latest provisional position is **61.9%** (226 of the 381 eligible referrals were seen) for the month ending August 2024, a reduction on the previous month's position of 68.6% and **below the trajectory of 73%.**

Against National Target:

At the quarter ending June 2024, NHSGGC's performance (67.4%) is below the latest national published position of 73.3%.

Projection to 31 March 2025:

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

In terms of volume of patients, the main challenges to performance continue to be in Colorectal (36.7% - 22 of the 60 eligible referrals started their treatment within 62 days) however, the volume of USOC referrals has increased during the period April - August 2024 by 75.7% on pre-pandemic levels, and Urology (26.9% - 25 of the 93 eligible referrals started their treatment within 62 days of referral) again the volume of USOC referrals April - August 2024 increased by 85.8% on pre-pandemic levels. Breast was also challenged in August 2024 with additional screening referrals impacting on capacity (90.8% - 89 of the 98 eligible referrals started their treatment within 62 days of referral). Lower volume cancer types challenged during August 2024 include Head and Neck (53.8% - seven of the 13 eligible referrals started their treatment within 62 days of referral, an improvement on the 45.0% reported the previous month), the YTD volume of USOC referrals has increased by 50.3% on the pre-pandemic levels. Key actions to address performance in those cancer types facing ongoing challenges are outlined in the next two slides.

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

Overall

- Overall performance should be seen in the context of the increase in the number of USOC referrals since pre-pandemic. By way of context the number of USOC referrals increased by 75.4% in the first five months, increasing from 18,482 during the period April - August 2019-20 to 32,411 during April - August 2024-25.
- A Short Life Working Group with Primary Care has agreed actions to ensure only appropriate referrals are classified as USOC. Template referral guidelines for GP's have been developed to assist with this process, and work on the necessary changes made to SCI Gateway is complete for Urology and Breast Template Referrals. This went live on 19 August 2024.
- A further review of conversion rates for USOC referrals has been undertaken to identify how increased referrals are reflected in the number of cases going for surgery, showing an overall increase of 6%, but in some specialities the increase is over 20% (in particular Urology, Colorectal and Breast), whilst in others it remains the same or has decreased (Gynaecology and Lung).
- From March 2020, NHSGGC was above the NHS Scotland position for median wait time for referral to treatment, this is now back in line at 50 days. 95% of patients are treated within 140 days of referral, in line with the NHS Scotland position.

Colorectal - August 2024 Performance: 36.7% - 22 of the 60 eligible referrals started their treatment within 62 days of referral (below the July - September 2024 trajectory of 55.0%).

- Colorectal performance reduced from 42.9% in July to 36.7% in August 2024 and Colonoscopy delays continue to be the main reason for breach. The Endoscopy Insourcing continues delivering six Endoscopy lists running on a Saturday. This is in addition to the initiatives already in place and previously reported and with the patient mix, which includes bowel screening, the Saturday sessions will scope approximately 150 patients per month for six months.
- National guidance supporting changed values of qFit to be implemented to support prioritisation of higher risk patients to colonoscopy, implementation from end of October 2024. Fully implemented the expectation is a reduction of 15% of patients requiring scope. Plans for clinical revalidation of patients on Endoscopy waiting list as Category 3 or Category 4 being developed.
- Option for extension of mobile unit provision funding for Quarter 4 is under consideration.

Head & Neck - August 2024 Performance: 53.8% - Seven of the 13 eligible referrals started their treatment within 62 days of referral (below the July - September 2024 trajectory of 80.0%).

- Head & Neck performance increased from 45.0% in July 2024 to 53.8% in August 2024.
- Within ENT a number of patients remain over 14 days for first outpatient appointment despite additional clinics being run. This is an improving position however, a more robust solution is being worked on with the training of Nurse Practitioners to support a diagnostic hub.
- The OMFS Head & Neck cancer service have agreed the transfer of NHS Lanarkshire activity and funding to NHSGG&C. The service is now out at recruitment to sustainably deliver the activity required.

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

Head & Neck (continued)

- Further bids for the Optimal Head & Neck Pathway in 2024-25 are currently with CfSD for consideration. The funding will facilitate the following:
 - ENT Diagnosis Hub at the QEUH, will significantly increase capacity and reduce waiting times for rapid diagnosis. Capital to support the staff who are currently being trained to undertake biopsy, which will support diagnosis of patients.
 - Pathology equipment and locum consultant posts to facilitate prompt testing and reporting of specimens.

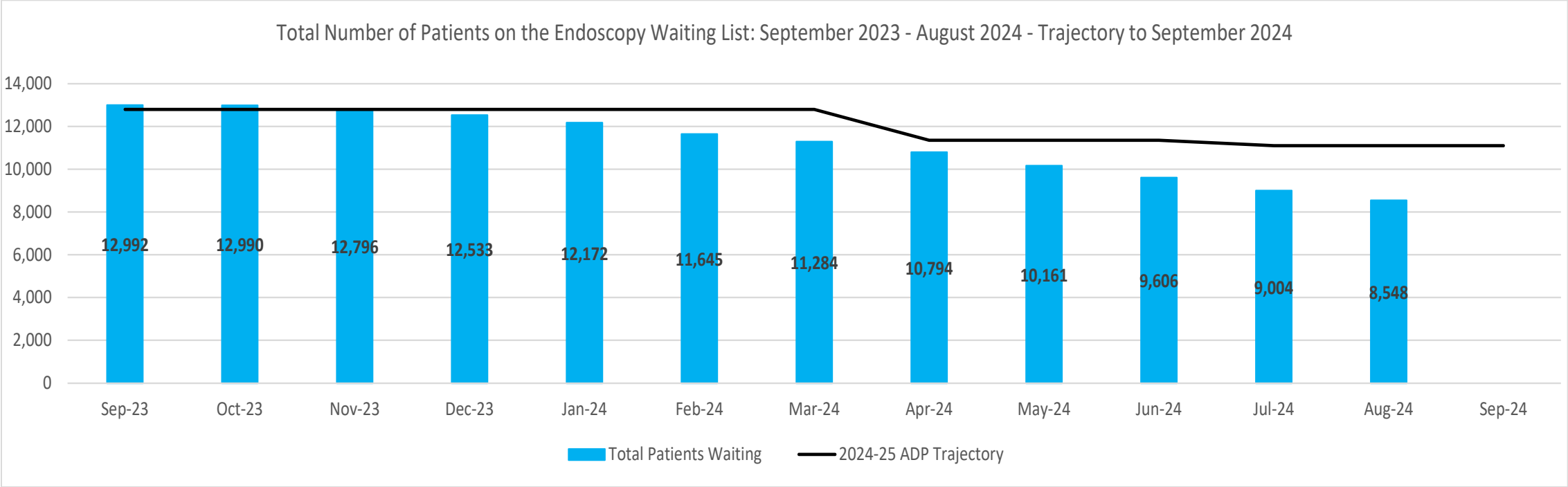
Upper GI - August 2024 Performance: 73.5% - 25 of the 34 eligible referrals started their treatment within 62 days of referral (below the July - September 2024 trajectory of 83.0%).

- Upper GI performance increased from 67.7% in July 2024 to 73.5% in August 2024. The endoscopy actions mentioned earlier continue to support the Upper GI position.
- Diagnostic tests, particularly PET CT reporting in June/July 2024 were the main reason for breach. This was resolved since mid-July 2024 with the re-allocation of staff to support PET CT reporting.

Urology - August 2024 Performance: 26.9% - 25 of the 93 eligible referrals started their treatment within 62 days of referral (below the July - September 2024 trajectory of 50.0%).

- Urology performance reduced from 37.9% in July 2024 to 26.9% in August 2024. The focus remains on reducing the backlog of patients currently waiting over 62 days, substantial additional treatment capacity is required to improve the performance.
- The prostate pathway has been mapped and steps removed to aid early diagnosis. The main blockages continue to be Transrectal Ultrasound (TRUS)/Trans Perineal (TP) biopsy and FLEXI, oncology clinic appointment following Multi-Disciplinary Team (MDT) and the capacity for Robotic Assisted Laparoscopic Prostatectomy (RALP).
- The issues highlighted above with the diagnostics (TP Biopsy/FLEXI/TRUS) part of the pathway will be overcome longer term as the service is developing a Nurse supported model (and staff are being trained to support this). The first of these should be fully trained from October 2024, and the service is working NHSGGC-wide to ensure equity of access for these tests.
- Filters and Cascades model of direct to test is being rolled out in South Sector in September 2024.
- Additional WLI TRUS, TP Biopsy sessions, clinics (surgery and oncology) and RALP lists continue to run. Between April and August 2024 cancer funding was utilised for a total of four weekend RALP WLI lists and a total of eight cases were undertaken. Six Saturday RALP Theatre WLI's requested for Quarter 3 of 2024-25, awaiting confirmation of theatre staff.
- NHS Ayrshire & Arran started undertaking RALP procedures from January 2024, and NHS Lanarkshire started undertaking RALP in July 2024. Both will help reduce the demand on NHSGGC.
- Fourth substantive robotic Surgeon appointed within South Sector August 2024. Maternity leave consultant returns November 2024 and further consultant vacancy is at recruitment.

22. BETTER CARE: Diagnostics – Endoscopy Waiting List			Target	Performance
Number of patients on the Endoscopy waiting list			11,100	8,548



Summary

Current Position (including against trajectory):

As at August 2024 month end, there were **8,548** patients on the overall waiting list, representing a 5.1% reduction on the previous months' position. Current performance is within the 2024-25 ADP trajectory of no more than 11,100 patients on the Endoscopy Waiting List by the end of September 2024. **23% within trajectory.**

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

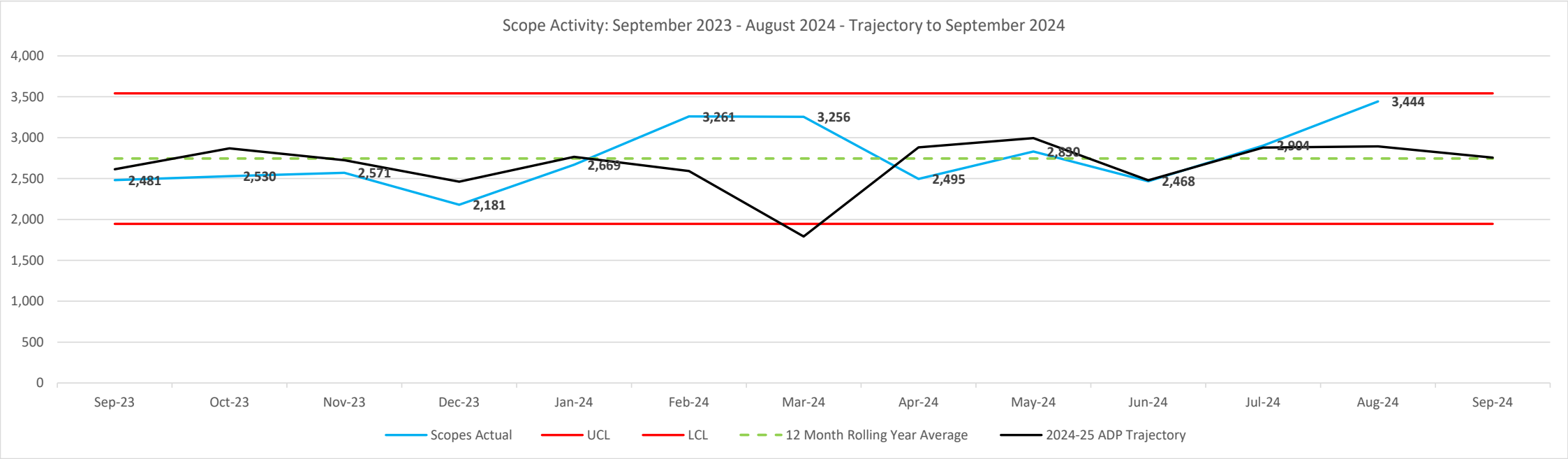
No relevant national position.
2024-25 ADP target of no more than 10,600 patients on the endoscopy waiting list by March 2025. Current performance is ahead of the year end planned position for March 2025.

23. BETTER CARE: Diagnostics - Endoscopy Activity

Number of Endoscopy tests carried out

Target
14,129

Performance
14,141



Summary

Current Position (including against trajectory):

A total of **14,141** endoscopies were carried out during April - August 2024, above the 2024-25 ADP trajectory of 14,129. **Exceeding trajectory by 0.1%.**

Current Position Against National Target:

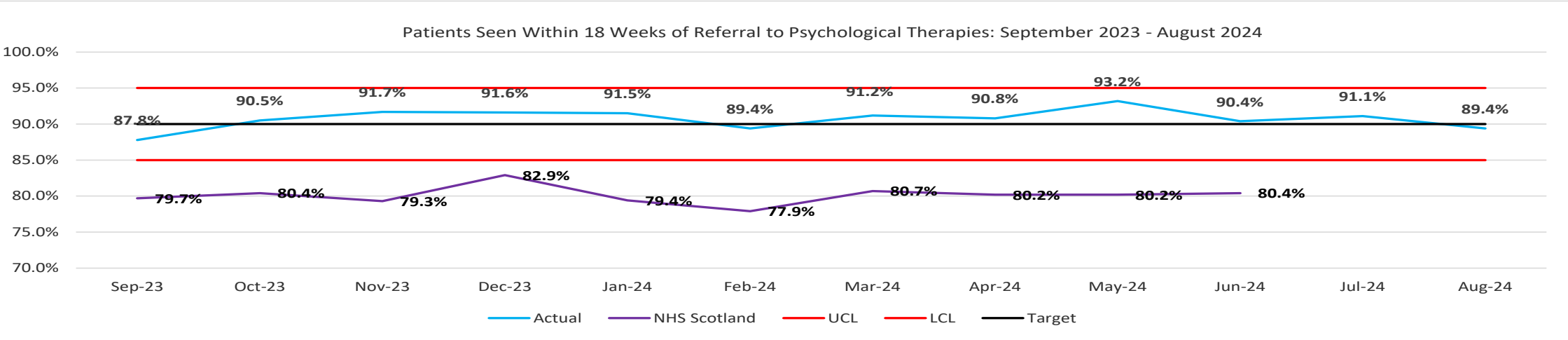
No national target relevant.

Target at March 2025:

2024-25 ADP target of 32,950 endoscopies will be carried out by March 2025. Performance exceeded the end of August 2024 planned position of 14,129 endoscopies carried out and remains on track to deliver the year end planned position.

Overall, NHSGGC continues to exceed the planned activity levels.

<div> 24. BETTER CARE: Psychological Therapies - % of eligible referrals starting treatment <18 weeks of referral </div> <div> At least 90% of eligible referrals will wait no longer than 18 weeks from referral to start their first treatment </div>	<div>Target</div> <div>90%</div>	<div>Performance</div> <div>89.4%</div>
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Please note: The national published July - September 2024 data is scheduled to be published on 3 December 2024.

Summary

Current Position (including against trajectory):	In August 2024, 89.4% eligible referrals were seen <18 weeks of referral, marginally below the expected position of 90.0%. 0.6% below the national target of 90%.
Current Position Against National Target:	National Target 90%. Performance for the latest quarterly published position (June 2024) was 90.4%, significantly above the national position of 80.4%.
Projection to 31 March 2025:	Current performance is close to exceeding the national target of 90%.

Key Actions

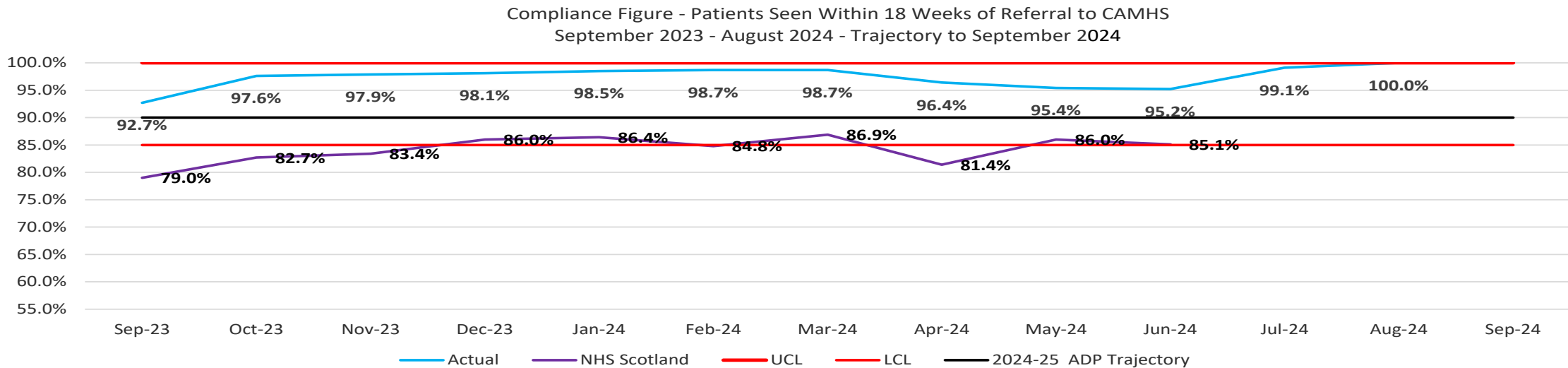
- Performance is marginally below the planned position for August 2024. The latest national Psychological Therapies publication shows NHSGGC as the best performing territorial Health Board across NHS Scotland. Actions to improve performance include:
- Review of SG Mental Health funding and impact on Psychological Therapies funded posts, and decisions affecting vacancies and recruitment will all have an impact on maintaining/delivering the target to March 2025.
 - Services are continuing to action ways to embed new methods to increase access, improve effectiveness and efficiency, and achieve greater consistency in performance across NHS GGC.
 - WLIs and utilising peripatetic resource across services to assist in maximising available resources and opportunities continues.

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
100.0%



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

Summary

Current Position (including against trajectory):

In August 2024, 100% 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 10%.**

Current Position Against National Target:

National Target 90%. Performance for the latest quarterly published position (June 2024) was 95.2%, significantly above the national position of 85.1%.

Projection to 31 March 2025:

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

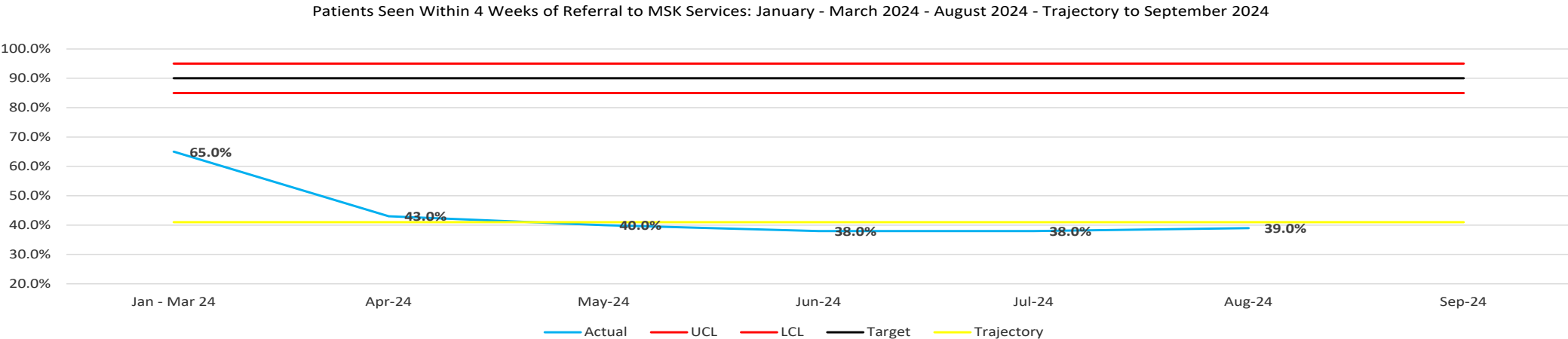
Current monthly performance continues to exceed the planned position. The latest national CAMHS publication shows NHSGGC as the best performing mainland Health Board across NHS Scotland.

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

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

Target
90%

Performance
39.0%



Summary

Current Position (including against trajectory):

In August 2024, **39%** of patients were seen within four weeks, an improvement on the previous months’ position and **below the national target of 90% and the trajectory of 41%**. This figure relates to the percentage of urgent referrals seen. Until the routine waiting times are closer to the four week target, the percentage of patients seen within four weeks will not vary greatly as they constitute the urgent referrals. A test of change was introduced where GP Advanced Practice Physiotherapists (APPs) saw routine patients at point of referral. This resulted in the anticipated positive impact on the percentage seen within four week target and provided learning regarding future modelling of service delivery. Steps will be taken to introduce the learning and efficiencies into the service.

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:

A revised trajectory has been developed to reflect actual referral rates being higher than the previous trajectory and will be reflected in the next report once agreed. There has been a significant increase in capacity as a result of the waiting times project work (n = 7,825 more New Patient appointments when compared to 2022-23) but this increased capacity has only offset the 13.3% in demand last year. Maximum routine waiting times have remained static when compared to previous month.

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

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

Key Actions

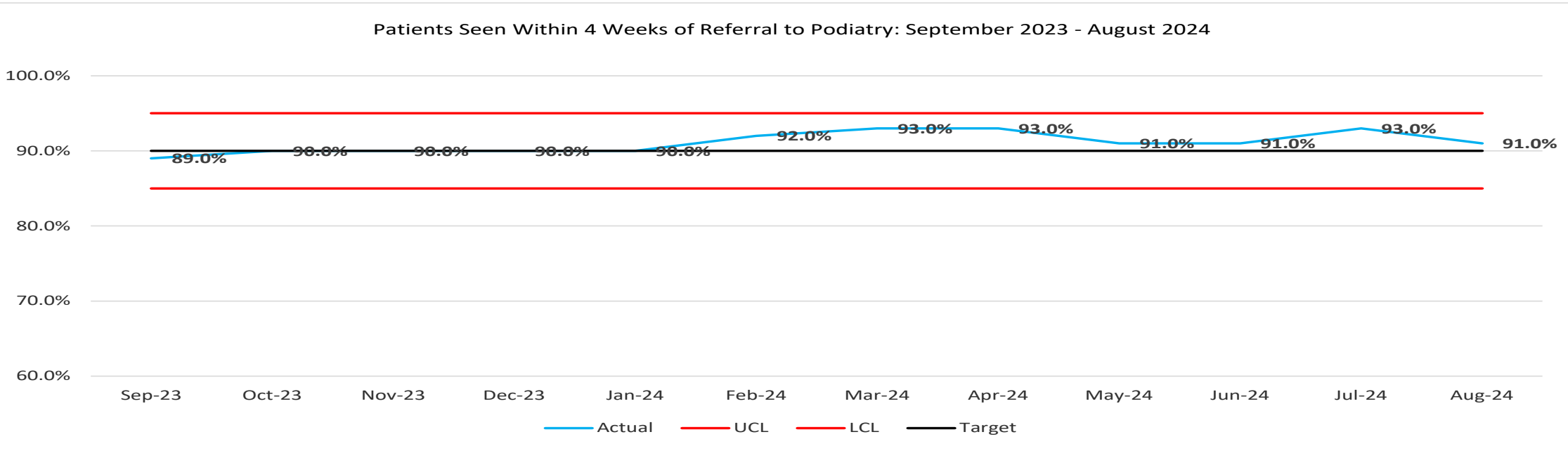
- A “Streamlining Patient Pathways” project is underway within MSK aimed at managing patients with Osteo Arthritis (OA) more effectively. Patients with a known diagnosis of OA are sent information and exercises at the point of referral. They are also offered an appointment with a Healthcare Support Worker or to attend a class providing OA education/information.
- Another priority project underway within MSK is standardising the vetting practice across NHSGGC. The main drivers behind this project are to ensure our patients reach the correct grade and expertise of clinician at point of access (e.g. APP) through to Health Care Support Worker, thus ensuring the right care is provided by the right clinician in a more timely manner, improving the patient journey and utilising the available clinical skills more effectively and also optimising capacity across the service. This change in vetting has just been implemented and evaluation continues.
- 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 will focus on patients who self refer (i.e. they have not already seen a GP APP or other Health Care Practitioner). This test of change stopped at the end of July 2024. Unfortunately the impact on the percentage seen within four week target was not achieved. However some of the learning will result in future changes in service delivery to maximise efficiency (e.g. Patient Initiated Review (PIR) was utilised as part of the project to ensure that the service did not breach the Access Policy by being seen before others on the waiting list - 76% of patients did not opt back in by PIR when they reached the 12 week point i.e. top of waiting list). The service is working through all the learning to inform future service model of delivery.
- The MSK service has scoped out the number of referrals where the evidence base states that the patient is “less likely” to benefit from MSK. Early indicators are that “widespread body pain” (i.e. non MSK condition) equates to around 3.6% on average of each staff caseload. This would equate to just over 2,000 new patient appointments each year. The service has asked clinical staff to manage these patients differently with supported self management information (staff have been emailed this week). The service will be mindful that any actions do not impact on any other Primary or Secondary Care services. If these patients can be identified at vetting they will be sent a package of appropriate self management. If they cannot be identified at vetting then they will receive a consistent package of self management when they are seen as a new patient. As yet it is unknown the percentage of patients that can be identified at vetting.
- Any return slots not utilised continue to be merged and converted to new patient slots as part of an ongoing test of change to improve efficiency. This resulted in an additional 100 new patient appointments within August 2024.
- The use of agency staff has ceased due to lack of reserves budget to cover and this has stalled improvements in waiting times.

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
91.0%



Summary

Current Position (including against trajectory):

91% of eligible podiatry patients were seen <4 weeks of referral in August 2024, a reduction on the previous months' position. **Currently 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 above the national target of 90%.**

Key Actions

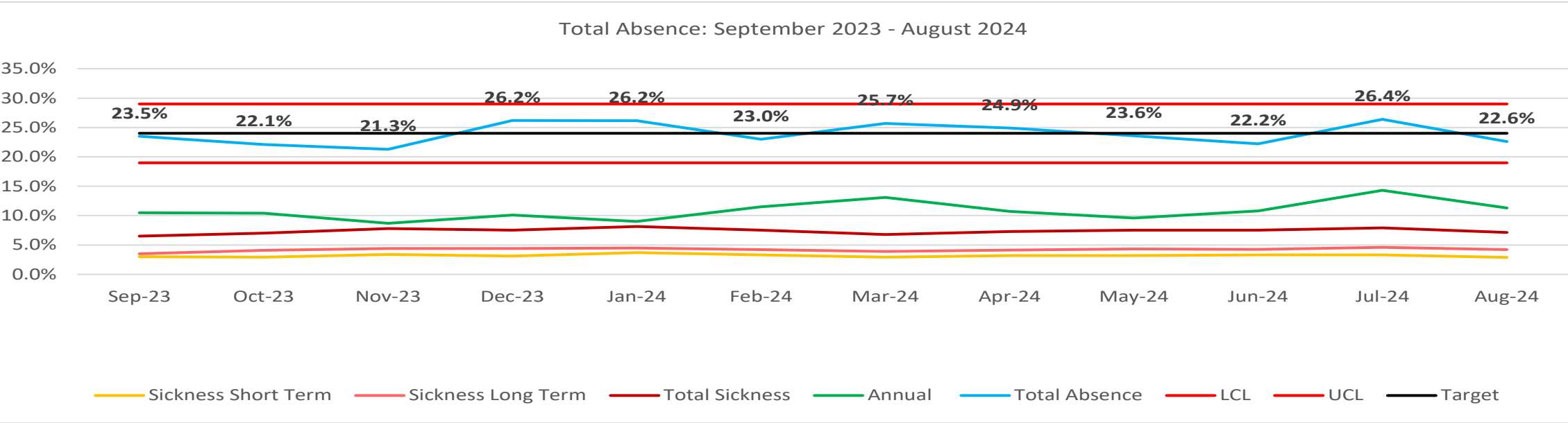
As seen from the chart above, performance continues to exceed the 90% target with the service seeing more than the expected number of podiatry patients <4 weeks.

28. BETTER WORKPLACE: Staff Absence Total

The reasons for absence across NHSGGC

Target
24.0%

Performance
22.6%



Summary

Current Position:

During August 2024, overall absence across NHSGGC was 22.6%, an improvement on the 26.4% reported the previous month. The highest levels of absence across NHSGGC were due to annual leave (11.3% a reduction on the 14.3% the previous month and reflecting the holiday period), sickness absence (7.1%), and Maternity (2.1%).

Current Position Against National Target:

No relevant national target.

Projection to 31 March 2025:

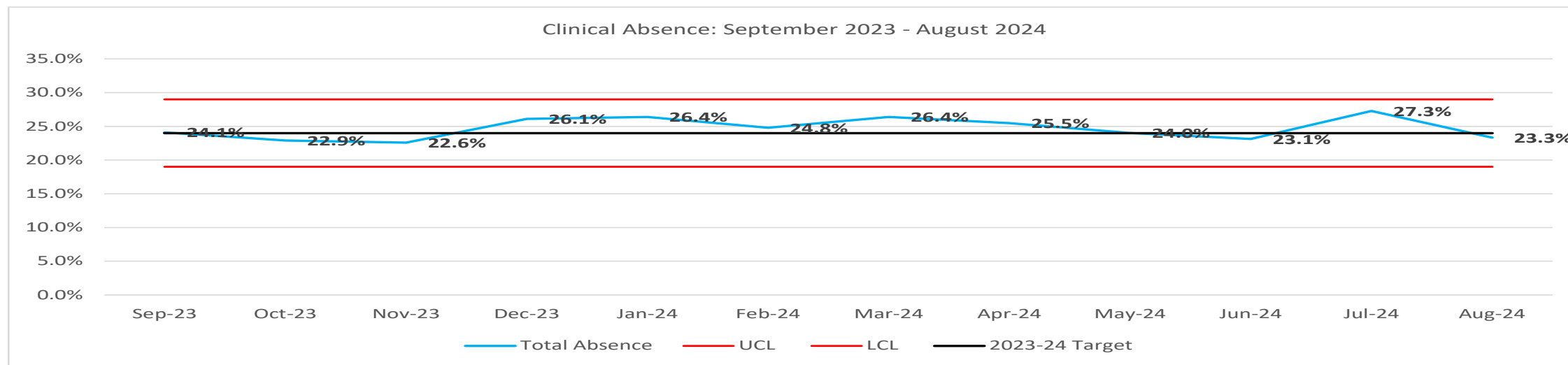
No projection has been agreed.

Overall absence across NHSGGC was 22.6% in August 2024, an improvement on the 26.4% reported the previous month.

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

Target
24.0%

Performance
23.3%



Summary

Current Position (including against trajectory):

At the end of August 2024, the overall clinical absence total was **23.3%**, within the target of 24.0%. **Within the 24.0% target by 0.7%**

Current Position Against National Target:

No national data available.

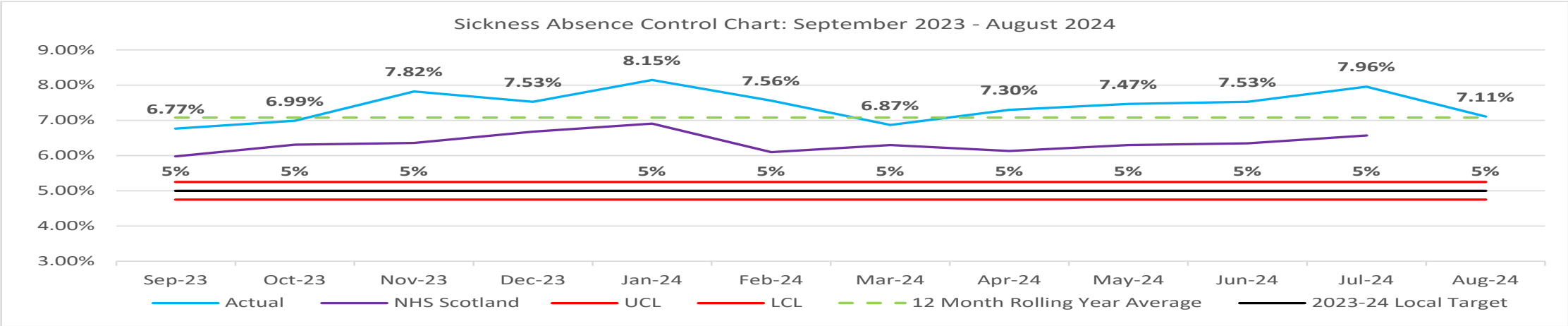
Projection to 31 March 2025:

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

Commentary

It should be noted that the clinical absence figures include Allied Health Professionals, Medical, Dental and Nursing and Midwifery job families. The three main reasons for clinical absence during August 2024 were annual leave (9.4%), sickness absence (8.0%) and public holidays (3.7%). Actions in place to address levels of sickness absence are outlined on the next slide.

<div> 30. BETTER WORKPLACE: Staff Sickness Absence Rate </div> <div> Reduce sickness absence percentage to meet local target of 5% </div>	<div>Target</div> <div>5.0%</div>	<div>Performance</div> <div>7.11%</div>
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Summary

<div>Current Position (including against trajectory):</div>	<div>Current performance 7.11%, an improvement on the previous months’ position. 2.11% above the 2024-25 ADP target of 5.0%.</div>
<div>Current Position Against National Target:</div> <div>Projection to 31 March 2025:</div>	<div>Above national average of 6.35% for June 2024. Not yet received July/August 2024 data.</div> <div>2024-25 ADP target of 5% and national target of 4%. Current performance is above both targets.</div>

Key Actions

Current performance of 7.11% (2.89% short term and 4.22% long term) represents a 0.85% improvement on the July 2024 position (7.96%). Overall, short term absence improved on the previous month by 0.33%, and long term absence improved by 0.42% respectively. Acute improved by 0.84%, HSCPs improved by 0.80%, Estates and Facilities improved by 1.0% and Corporate Services reduced by 0.90% compared to the previous month. Trajectories are in place for each area to reduce sickness absence. Estates and Facilities are currently reviewing their trajectory to reduce to 6.0%.

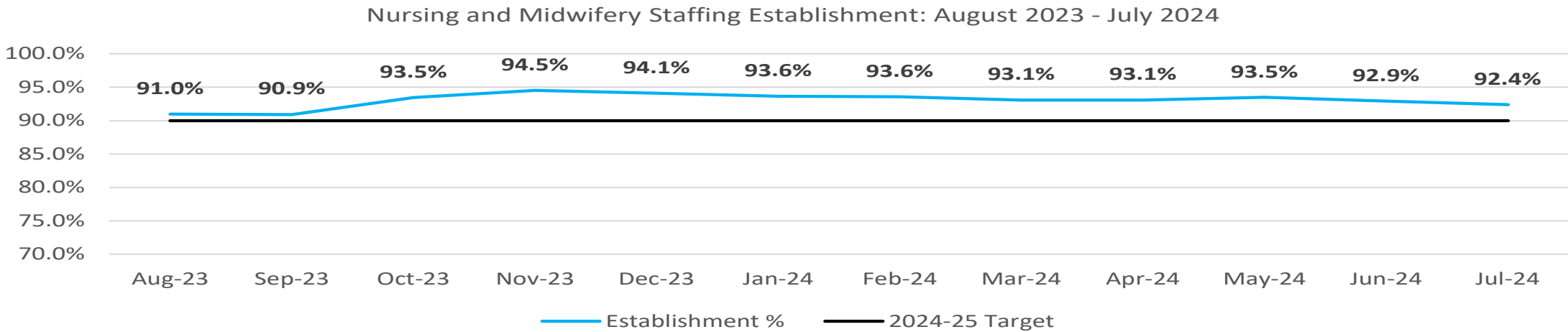
The action being taken due to the high level of sickness absence across NHSGGC has had an impact and the focus is continuing in order to reduce levels of sickness absence further. Human Resources are reviewing cases to ensure that they are being managed in line with the Attendance Policy, and are also undertaking spot checks and providing feedback to managers on absence records and return to work paperwork. Occupational Health and Human Resources case conferences are ensuring appropriate progression of cases.

Best practice is being shared across NHSGGC by Heads of Human Resources so that interventions that result in a reduction in sickness absence can be adopted in other areas. The Occupational Health Psychological Therapies team are providing enhanced support for staff on sick leave with anxiety, stress or depression as well as providing proactive input to retain staff at work in areas with the highest levels of mental health-related sickness absence.

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

Target
90.0%

Performance
92.4%



Please note: August 2024 figures are not available - the figures reflect the most up to date position available.

Summary

Current Position (including against trajectory):	At the end of July 2024, the overall Nursing and Midwifery staffing establishment total was 92.4%. Exceeding the 90% target by 2.4%.
Current Position Against National Target:	No national data available.
Projection to 31 March 2025:	Local target 90%. Overall, performance is within the target.

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

32. BETTER WORKPLACE: Supplementary Staffing Total

For Information

Agency: Shifts Filled	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Nursing & Midwifery: Premium Rate Agency	600	87	9	8	7	0	0	1	0	0	0	0
PRA Reduction from Jan-23	-77.7%	-96.8%	-99.7%	-99.7%	-99.7%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%
Nursing & Midwifery: Standard Rate Agency	5,349	4,331	3,115	2,869	2,326	1,952	1,997	1,796	2,159	1,557	1,680	1,068
SRA Reduction from Jan-23	-9.4%	-26.7%	-47.3%	-51.4%	-60.6%	-67.0%	-66.2%	-69.6%	-63.5%	-73.6%	-71.6%	-81.9%
Nursing & Midwifery: Bank	37,439	37,720	37,663	35,769	40,103	40,204	41,464	36,836	37,897	33,519	38,460	31,594
Reduction from Jan-24	-	-	-	-	0.0%	0.3%	3.4%	-8.1%	-5.5%	-16.4%	-4.1%	-21.2%

Summary

Current Position (including against trajectory):

Since January 2023 there has been an overall reduction in the use of both premium and standard rate agency nursing and midwifery staff. Similarly, there has been an overall reduction in the use of nursing and midwifery bank staff since January 2024 with the August 2024 position showing a 21.2% reduction in the use of bank since January 2024.

Current Position Against National Target:

No national data available.

Projection to 31 March 2025:

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

Overall, with the exception of April 2024, the use of Premium Rate Agency has stopped since February 2024. There has also been an overall reduction in Standard Rate Agency and Bank use in line with the Sustainability and Best Value approach to vacancy management. As agreed at NHSGGC's Corporate Management Team, the expectation is that all agency use will have ceased by the end of October 2024.

33 . Control Limits

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

33. Control Limits (Continued)

RATIONALE				
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
19	TTG Inpatient/Daycase Activity	2024-25 Planned Care Reduction Target	Standard deviation is based on 12 month rolling average	33
20	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	National Target	Based on 5% variance from target	34
21	Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	National Target	Based on 5% variance from trajectory	35
22	Diagnostics: Endoscopy Waiting List	2024-25 Planned Care Reduction Target	Not Applied	38
23	Diagnostics: Endoscopy Activity	2024-25 Planned Care Reduction Target	Standard deviation is based on 12 month rolling average	39
24	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	2024-25 Planned Care Reduction Target	Based on 5% variance from target	40
25	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	2024-25 Planned Care Reduction Target	Not Applied	41
26	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	National Target	Based on 5% variance from trajectory	42
27	Podiatry Waiting Times - % of patients seen <4 weeks	National Target	Based on 5% variance from target	44
BETTER WORKPLACE				
No	Measure	Targets	Control Limits	Slide Number
28	Staff Absence (Total)	Local Target	Not Applied	45
29	Clinical Absence (Total)	Local Target	Not Applied	46
30	Staff Sickness Absence Rate	Local Target	Based on 5% variance from target	47
30	Short Term Absence Rate	Local Target	Not Applied	47
30	Long Term Absence Rate	Local Target	Not Applied	47
31	Staffing Establishment Total (Nursing and Midwifery)	Local Target	Not Applied	48
32	Supplementary Staffing - Total	Local Target	Not Applied	49
BETTER VALUE				
No	Measure	Targets		Slide Number
33	Rationale for Control Limits Applied			50