



# Integrated Performance Report Board Summary Report

**NHS Golden Jubilee  
Board meeting**

**27 March 2025**

**Quality, Performance, Planning & Programmes**



# BOARD SUMMARY REPORT

## PRODUCED IN MARCH 2025

DATA REPORTED UP TO END OF DECEMBER 2024

FOR SUBMISSION TO:

- BOARD MEETING – 27 MARCH 2025

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### Section A: Introduction

The purpose of the Integrated Performance Report (IPR) is to provide assurance on NHS Golden Jubilee's performance relating to National Standards, local priorities and significant risks.

The IPR comprises four section with each section being considered in detail by the appropriate Standing Committee:

- Section A Introduction
- Section B:1 Clinical Governance
- Section B:2 Staff Governance
- Section B:3 Finance, Performance & Planning

This Board Summary Report of the IPR is presented to the Board and contains the summaries from each section of the full IPR.

**Gordon James**  
Chief Executive

**Jonny Gamble**  
Director of Finance

**Carolynne O'Connor**  
Director of Operations & Deputy CEO

# Performance Summary Dashboard – Guidance

(1) Section	(2) RAG (Last period)	(3) Standard	(4) Target for Current Period	Performance Data				Performance Assessment Methodology				
				(5) Current Period	(6) Current Performance	(7) Previous period	(8) Previous Performance	(9) Direction of Travel	(10) 3 periods worse than target	(11) 3 periods better/equal to target	(12) 6 periods better/equal to target	(13) Recent Deterioration

(1)	Section	Details the Committee responsible for the particular standard eg Clinical Governance, Staff Governance or Finance, Performance and Planning									
(2)	RAG (Last point)	Red/Amber/Green rating for the last period available. The rating is based on signed off tolerances for each particular standard. The last period may not be the latest month due to data availability. Some standards are reported on a quarterly basis. For Bed Occupancy indicators there is an additional blue rating which denotes occupancy below a certain level.									
(3)	Standard	Description of the standard being reported. The standards reported are agreed as part of an annual review process									
(4)	Target for current period	Denotes the target for latest period reported									
(5)	Current period	Denotes the current period available for reporting. This is dependent on data availability. Indicators are updated on an ongoing basis from a variety of data sources.									
(6)	Current performance	Describes the performance for the most current period available. Indicators are generally either numeric or percentage based.									
(7)	Previous period	Denotes the previously reported period. Some indicators are not reported on a monthly basis Eg Job Planning. The previous period will reflect the previous period in which the indicator was reported against.									
(8)	Previous Performance	Describes the performance for the last period reported. Indicators are generally either numeric or percentage based.									
Performance Assessment Methodology		Each indicator has been assessed against a defined Performance Assessment Methodology which is intended to highlight both areas of concern and areas of sustained improvement. For this iteration there are six sets of criteria against which each indicator is evaluated. Where an indicator meets the set criteria an alert is recorded against that indicator within the dashboard. The five current sets of criteria are detailed below.									
(9)	Direction of Travel	The direction of travel indicator compares the last two periods of reported performance. Each indicator has been assessed so that an 'up' arrow represents improvement and a 'down' arrow represents deterioration.									
(10)	3 periods worse than target	Each standard is compared against the 'Green' level of performance for that standard for the last three reported periods. If the 'Green' standard has not been achieved in each of the last three periods then the standard will be flagged with a 'cross' and shaded red. This represents continued underperformance against the required standard and may trigger a further drill-down performance report.									
(11)	3 periods better/equal to target	Each standard is compared against the 'Green' level of performance for that standard for the last three reported periods. If the 'Green' standard has been achieved in each of the last 3 periods then the standard will be flagged with a 'tick' and shaded green. This demonstrates a period of continued success in achieving the requisite standard.									
(12)	6 periods better/equal to target	Each standard is compared against the 'Green' level of performance for that standard for the last six reported periods. If the 'Green' standard has been achieved in each of the last six periods then the standard will be flagged with a 'tick' and shaded green. This demonstrates a sustained period of continued success in achieving the requisite level of performance.									
(13)	Recent deterioration	Each standard is compared against the 'Green' level of performance for that standard for the last two reported periods. Where a standard had met the level required in the previously reported period but had not met the level required in the most recent period then the standard will be flagged with a 'cross' and shaded red. This demonstrates a recent deterioration in performance against a particular standard.									
(14)	Recent improvement	Each standard is compared against the 'Green' level of performance for that standard for the last two reported periods. Where a standard had not met the level required in the previously reported period but had met the level required in the most recent period then the standard will be flagged with a 'tick' and shaded green. This demonstrates a recent improvement in performance against a particular standard.									

# Statistical Process Control – Guidance

Types of Special Cause (based on The Health Care Data Guide: Learning from Data Improvement)			
<p>It is possible for more than one type of special cause to be identified at the same time, for example a run of eight points above the centre could include a trend of six increasing points. As the reporting mechanism only allows for one type of special cause they will flag in the following order:</p> <ol style="list-style-type: none"> <li>1. Trend of six points increasing or decreasing.</li> <li>2. Run of eight points above or below the centre line.</li> <li>3. Data point outwith control limits.</li> <li>4. 15 points close to the centre line.</li> <li>5. Two points close to the outer third of the chart.</li> <li>6. Within the control limits will flag if no special cause is identified.</li> </ol> <p>The special cause text may appear blank where the denominator of an indicator is reported at zero or data is absent from a preceeding entry.</p>	<p>Statistical Process Control (SPC)</p>	<p>Shewhart or control charts are statistical tools used to distinguish between variation in a measure due to common causes or to special causes.</p>	
	<p>Special Cause Variation</p>	<p>Special cause variation is a shift caused by a specific factor such as environmental conditions or a process change.</p>	
	<p>Centre</p>	<p>The centre is calculated as the mean position of the first 12 data points in a monthly data set (20 points in a weekly data set) this is then extended for the length of the full data set. The centre will be recalculated if a run of eight points above or below the centre are recorded.</p>	
	<p>Control Limits UCL: Upper Control Limit LCL: Lower Control Limit</p>	<p>Position calculated on three standard deviations either side of the centre.</p>	
<p>Point Above Upper Control Limit</p> <p>Point Below Lower Control Limit</p>	<p>A single point outwith the control limits can indicate a special cause and should trigger further investigation into what has caused the outlying position.</p> <p>This special cause is not identified in run charts as they do not contain control limits.</p>	<p>Fifteen consecutive points in the inner third of chart</p>	<p>Fifteen consecutive points close (inner one third of the chart) to the centre line. This would indicate a stable system with little variation.</p> <p>This special cause is not identified in run charts.</p>
<p>Eight Consecutive Points Above Centre</p> <p>Eight Consecutive Points Below Centre</p>	<p>A run of eight or more points in a row above (or below) the centre line would indicate an improvement or deterioration in performance.</p> <p>If a run is identified the centre line will be recalculated from the first data point in the run.</p>	<p>Two out of three points in outer third of chart</p> <p>Two out of three points in outer third of chart</p> <p>Two out of three points in outer third of chart</p>	<p>Two out of three consecutive points near (outer one-third) a control limit. This could either be an indication of an unstable process which is highly variable or could also indicate that a change has occurred and is impacting (positively or negatively) on the process.</p> <p>This special cause is not identified in run charts.</p>
<p>Six consecutive increasing points</p> <p>Six consecutive decreasing points</p>	<p>Six consecutive points increasing (trend up) or decreasing (trend down).</p>		

# Board Performance Dashboard

RAG Status	Definition	Direction	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within a set level of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is worse than the Standard or Delivery Trajectory by a set level	⇌	Performance unchanged from previous
BLUE	Bed Occupancy is below target		

Section	RAG (Last period)	Standard	Target for Current Period	Performance Data				Performance Assessment Methodology							
				Current Period	Current Performance	Previous period	Previous Performance	Direction of Travel	3 periods worse than target	3 periods better/equal to target	6 periods better/equal to target	Recent Deterioration	Recent Improvement	Type of SPC	SPC (Statistical Process Control)
Clinical Governance		Total number of complaints (stage 1 & stage 2)	≤12.7	Nov-24	8	Oct-24	15	↑					✓	C Chart	Within Control Limits
		Stage 1 complaints responded to within 5 working days	≥75.0%	Nov-24	50.0%	Oct-24	28.6%	↑					✓	P Chart	Within Control Limits
		Stage 2 complaints responded to within 20 days	≥75.0%	Nov-24	0.0%	Oct-24	12.5%	↓	✘				✘	P Chart	Eight Consecutive Points Below Centre
		MRSA/MSSA bacterium	≤11.2	Dec-24	0.00	Sep-24	15.47	↑					✓	C Chart	Within Control Limits
		Clostridioides difficile infections (CDI) in ages 15+	≤1.9	Dec-24	0.00	Sep-24	0.00	⇌						C Chart	Within Control Limits
		Gram negative bacteraemia	≤15.5	Dec-24	0.00	Sep-24	0.00	⇌						C Chart	Within Control Limits
		Surgical Site Infection Rate: CABG	≤8.3%	Dec-24	2.6%	Nov-24	0.0%	↓		✓	✓		✘	P Chart	Within Control Limits
		Surgical Site Infection Rate: Other Cardiac	≤7.8%	Dec-24	3.0%	Nov-24	2.4%	↓		✓	✓		✘	P Chart	Within Control Limits
		Surgical Site Infection Rate: Hip	≤2.0%	Dec-24	0.0%	Nov-24	0.0%	⇌		✓	✓			P Chart	Within Control Limits
		Surgical Site Infection Rate: Knee	≤0.6%	Dec-24	0.0%	Nov-24	0.4%	↑		✓			✓	P Chart	Within Control Limits
		Hand Hygiene Compliance	≥95.0%	Dec-24	99.0%	Nov-24	99.0%	⇌		✓	✓			Run Chart	Within Control Limits
		Mortality	≤15.07	Dec-24	16	Nov-24	11	↓					✘	C Chart	Within Control Limits
		Significant Adverse Event Reviews	≤5.96	Dec-24	1	Nov-24	2	↑		✓	✓		✓	C Chart	Within Control Limits
Staff Governance		Disciplinary as a Percentage of Headcount	≤0.2%	Dec-24	0.0000%	Nov-24	0.0000%	⇌		✓	✓			P Chart	Within Control Limits
		Grievances as a Percentage of Headcount	≤0.2%	Dec-24	0.0384%	Nov-24	0.0000%	↓		✓	✓		✘	P Chart	Within Control Limits
		Dignity at Work Investigations as a Percentage of Headcount	≤0.1%	Dec-24	0.00%	Nov-24	0.00%	⇌		✓	✓			P Chart	Within Control Limits
		SWISS Sickness absence	≤4.0%	Jul-24	6.6%	Jun-24	6.0%	↓	✘				✘	P Chart	Within Control Limits
		Sickness absence local figure	≤5.4%	Dec-24	7.0%	Nov-24	6.6%	↓	✘				✘	P Chart	Within Control Limits
		TURAS PDR	≥80.0%	Dec-24	67%	Nov-24	68%	↓	✘				✘	P Chart	Within Control Limits
		Turnover	≤1.0%	Dec-24	0.50%	Nov-24	0.43%	↓		✓			✘	P Chart	Two Outer Third Points
		Job Planning All Hospital	≥95.0%	Nov-24	86.3%	Oct-24	79.6%	↑	✘				✓	N/A	
		Job Planning NES: Consultants	≥95.0%	Nov-24	90.0%	Oct-24	75.0%	↑	✘				✓	N/A	
		Job Planning NES: SAS Doctors	≥95.0%	Nov-24	62.5%	Oct-24	62.5%	⇌	✘					N/A	
	Job Planning HLD: Consultants	≥95.0%	Nov-24	86.4%	Oct-24	84.8%	↑	✘				✓	N/A		
	Medical appraisal with completed interview & form 4	≥50.0%	Dec-24	21.4%	Nov-24	11.9%	↑					✓	N/A		
Finance, Performance and Planning		TTG: Number of patients who have breached the TTG	≤0	Dec-24	181	Nov-24	223	↑	✘				✓	P Chart	Within Control Limits
		TTG: Percentage of patients admitted within 12 weeks	≥99.9%	Dec-24	90%	Nov-24	85%	↑	✘				✓	P Chart	Within Control Limits
		31 Day Cancer	≥95.0%	Nov-24	100%	Oct-24	96%	↑		✓	✓		✓	P Chart	Within Control Limits
		Number of patients on list waiting over 12 weeks	≤0	Dec-24	1893	Nov-24	1895	↑	✘				✓	C Chart	Within Control Limits
		Number of patients on list waiting over 26 weeks	≤0	Dec-24	1257	Nov-24	1313	↑	✘				✓	C Chart	Within Control Limits
		Number of patients on list waiting over 52 weeks	≤0	Dec-24	765	Nov-24	857	↑	✘				✓	C Chart	Above Upper Control
		Treated within 18 weeks of referral	≥90.0%	Dec-24	87%	Nov-24	90%	↓					✘	P Chart	Within Control Limits
		Stage of Treatment Guarantee - Inpatient and Day Cases (H&L only)	≥90.0%	Dec-24	71%	Nov-24	66%	↑	✘				✓	P Chart	Within Control Limits
		Stage of Treatment Guarantee - New Outpatients (H&L only)	≥90.0%	Dec-24	91%	Nov-24	86%	↑					✓	P Chart	Within Control Limits
		Hospital Wide Bed Occupancy	83% - 88%	Dec-24	61.4%	Nov-24	67.3%	↓	✘				✘	P Chart	Below Lower Control
		Orthopaedic DoSA	≥70.0%	Dec-24	76.85%	Nov-24	73.82%	↑		✓			✓	P Chart	Within Control Limits
		Thoracic DoSA	≥35.0%	Dec-24	27.03%	Nov-24	21.43%	↑		✓	✓			P Chart	Two Outer Third Points
		Cardiac DoSA	≥15.9%	Dec-24	20.83%	Nov-24	20.78%	↑		✓	✓		✓	P Chart	Within Control Limits
	All Specialties Cancellation Rate	≤4.8%	Dec-24	5.5%	Nov-24	5.2%	↓	✘				✘	P Chart	Within Control Limits	

At each meeting, the Standing Committees of NHS Golden Jubilee consider targets and standards specific to their area of remit using the Integrated Performance Report (IPR). There is a section of the IPR which provides a summary of performance Standards and targets identified as areas of note which is reproduced below. Topics are grouped under the heading of the Committee responsible for scrutiny of performance.

## Section B: 1 Clinical Governance

Clinical Governance		
KPI	RAG	Position:
Total complaints (Stage 1 and 2) by volume	Green	In November 2024 there were eight complaints reported. Latest position available.
Stage 1 complaints response time	Red	In November 2024, there were two Stage 1 complaints, one was responded to within the five day target (50%). Latest position available.
Stage 2 complaints response time	Red	In November 2024 there were six Stage 2 complaint, none were responded to within the twenty day target (0%). Latest position available.
Mortality	Red	The mortality figure for December 2024 was reported as 16.
Significant adverse events	Green	There was one significant adverse event review in December 2024.
MRSA/MSSA cases	Green	There were zero instances of Staphylococcus aureus Bacteraemia (SAB) reported in December 2024. In December 2024, the rate per 100,000 bed days stood at 0.0. Similarly, at the conclusion of Q3, the rate was 0.0 per 100,000 bed days.
Clostridiodes Difficile	Green	There were zero Clostridiodes Difficile Infections (CDI) reported in December 2024. In December 2024, the rate per 100,000 bed days stood at 0.0. Similarly, at the conclusion of Q3, the rate was 0.0 per 100,000 bed days.
Gram Negative Bacteraemia	Green	There were zero reported instances of Gram Negative Bacteraemia in December 2024. In December 2024, the rate per 100,000 bed days stood at 0.0. Similarly, at the conclusion of Q3, the rate was 0.0 per 100,000 bed days.
SSI: CABG	Green	There was one CABG SSI reported in December 2024.
SSI: Other Cardiac	Green	There was one Other Cardiac SSI reported in December 2024.
SSI: Hip	Green	There were no Hip SSIs reported in December 2024.
SSI: Knee	Green	There was one Knee SSI reported in December 2024.

# Clinical Governance Executive Summary

## Executive Summary

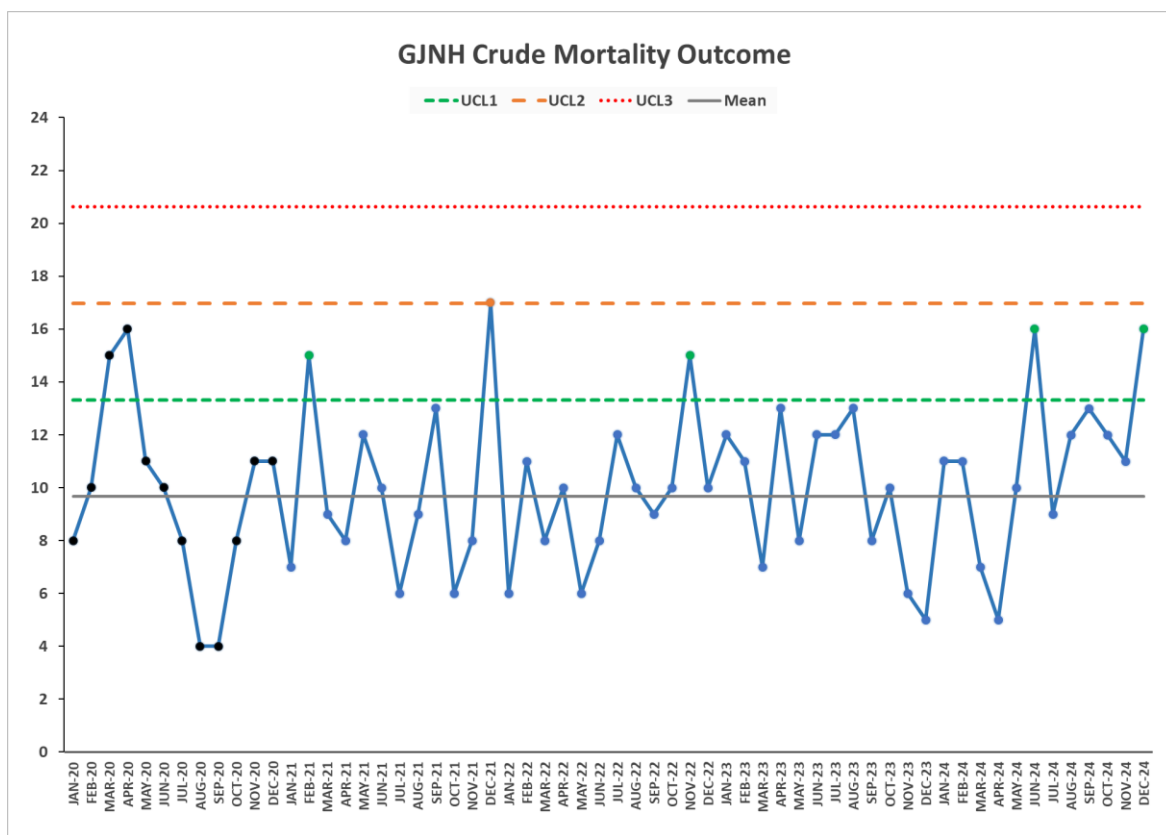
In November 2024 we received two Stage 1 complaints and six Stage 2 complaints.

50% (1) of the Stage 1 complaints that were investigated were responded to within guidance timescale of 5 days.

The average time taken to complete and respond to the Stage 1 complaints, was 6 working days.

Two stage 2 complaints breached the 20 day timescales. Four Stage 2 complaints remain open and has therefore breached the 20 day timescale.

Mortality data for December 2024 breached the first upper control limit (n=16).



\* The baseline data has been recalculated from January 2020 in line with reporting of other quality measures.

No whistleblowing concerns have been raised during Nov 2024.

## Healthcare Associated Infection Report - December 2024

### Key Healthcare Associated Infection Headlines

- **Staphylococcus aureus Bacteraemia** – 0 cases to report in December.
- **Clostridioides difficile infection**- 0 cases to report in December, last case June 2024.

- **Gram Negative/E.coli Bacteraemia (ECB)**- 0 cases to report in December, last case June 2024.
- **Hand Hygiene**- This report contains HH data from all clinical areas, as opposed to previous national Hand Hygiene Campaign methodology of 15 selected areas. This data is now auto generated in Sharepoint. Overall compliance score for December is 99%.

**Cleaning and the Healthcare Environment -Facilities Management Tool**

**Housekeeping Compliance: 98.23 %. Estates Compliance: 96.3%**

**Both compliance rates are above national trajectories.**

- **Orthopaedic Surgical Site Surveillance**- 0 SSI to report in December.
- **Cardiac Surgical Site Surveillance**- 1 CABG SSI/1 Cardiac SSI to report in December.
- **Other HAI Activity Overview**
  - PCIT support to facilitate CSPD handover
  - Mpox preparedness as part of resilience and business continuity ongoing. Dedicated page on NHS GJ Sharepoint Staffnet site
  - Gap analysis ongoing re Chapter 4 of NIPCM (National Infection Prevention Control Manual) with estates colleagues.



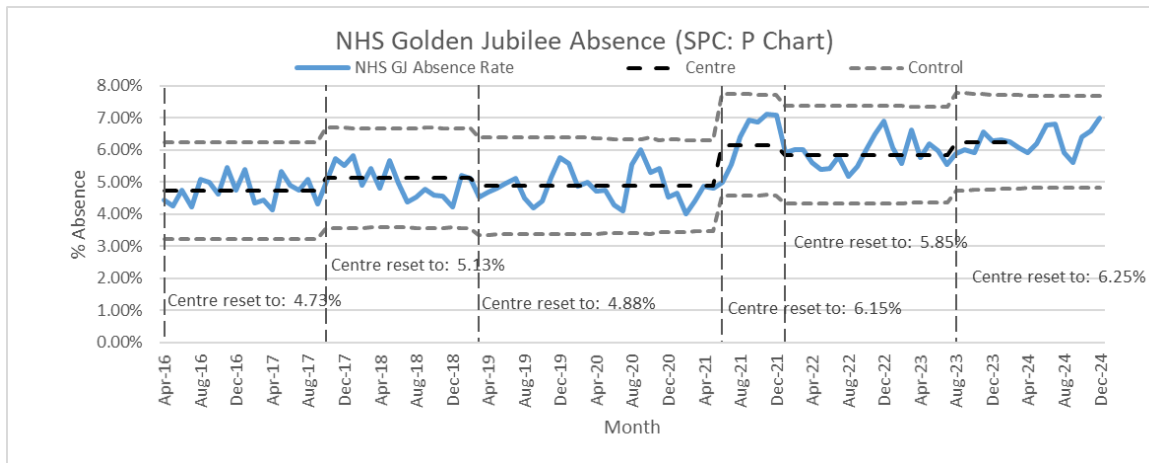
## Section B: 2 Staff Governance

Staff Governance		
Disciplinary cases		There were no disciplinary cases raised in December 2024.
Grievances		There was one grievance case raised in December 2024.
Dignity of work		There were no dignity cases raised in December 2024.
Local Sickness absence		Sickness absence in December 2024 was reported at 7.0%. This is within control limits.
Turnover		Turnover in December 2024 was reported as within control limits at 0.5%.
Medical appraisal with completed interview & form		The appraisal year for medical staff runs from 1 April to 31 March. As at 7 January 2025, 7 doctors out of 178 had completed their 2024/2025 appraisal, and 8 had an ARCP. This is 18 higher than in November, and reflects that the majority of appraisals are completed in the last four months of the appraisal year. January to March should see much higher numbers of completed appraisals.
TURAS Appraisal rates		Position for December 2024 reported as 67%.
Job Planning: All Hospital		As at 7 January 2025, 1 of the 138 job plans for 2024/2025 was yet to be published (new starter), 6 were sitting in discussion; 6 were awaiting sign off by the doctor; 1 was awaiting first manager sign off, 1 was awaiting second manager sign off; 1 was locked down; and 122 had been signed off. December position not available for reporting.

### Staff Governance Executive Summary

In December 2024, NHS Golden Jubilee's sickness absence rate was 7.0%, 0.4% higher than the previous month. Across the Directorates, sickness absence was as follows:

- Corporate: 5.2% (+0.1 % on November);
- Golden Jubilee Conference Hotel: 4.4% (-0.7%);
- Heart, Lung and Diagnostic Services: 7.0% (+1.0%); and
- National Elective Services: 8.8% (+0.1%).



The rolling 12-month sickness absence rate for the Board was 6.1%. The 12-month breakdown for the Directorates was:

- Corporate: 4.6%;
- Golden Jubilee Conference Hotel: 3.8%;
- Heart, Lung and Diagnostic Services: 6.4%; and
- National Elective Services: 7.2%.

“Anxiety/stress/ depression/other psychiatric illnesses” was the highest cause of sickness absence in December, accounting for 24.2% of all sickness absence (down 2.5% on November). It accounted for 1.7% of contracted hours. It was the main cause of absence in all four Directorates:

- Corporate: 21.9% of sickness absence, and 1.1% of contracted hours;
- Golden Jubilee Conference Hotel: 58.4% and 2.6%;
- Heart, Lung and Diagnostic Services: 20.1% and 1.4%; and
- National Elective Services: 26.5% and 2.3%.

“Cold, cough, flu - influenza” was the second top cause of sickness absence overall in November, accounting for 10.1% of sickness absence hours, a marked increase of 6.7% on the previous month.

### Turnover

In December, turnover for NHS Golden Jubilee stood at 0.5%, 0.1% higher than November. This was due to 13 people leaving employment in December. The Directorate breakdown was as follows:

- Corporate: 0.1% (+/- 0.0% on November);
- Golden Jubilee Conference Hotel: 3.2% (+/-0.0%);
- Heart, Lung and Diagnostic Services: 0.4% (-0.2%); and
- National Elective Services: 0.7% (+0.5%).

The rolling 12-month turnover rate for the Board was 8.1%. The 12-month breakdown for the Directorates was:

- Corporate: 9.3%;
- Golden Jubilee Conference Hotel: 8.8%;
- Heart, Lung and Diagnostic Services: 6.0%; and
- National Elective Services: 9.1%.

### Agenda for Change appraisal

Within the twelve months to 31 December 2024, 67% of staff who come under the Agenda for Change terms and conditions completed their appraisal using TURAS, which is 1% lower than the previous month. The Directorate breakdown is as follows:

- Corporate: 61% (-2% on November);
- Golden Jubilee Conference Hotel: 67% (-3%);
- Heart, Lung and Diagnostic Services: 65% (+/-0%); and
- National Elective Services: 75% (-1%).

### **Medical appraisal**

The appraisal year for medical staff runs from 1 April to 31 March. As at 7 January 2025, 7 doctors out of 178 had completed their 2024/2025 appraisal, and 8 had an ARCP. This is 18 higher than in November, and reflects that the majority of appraisals are completed in the last four months of the appraisal year. January to March should see much higher numbers of completed appraisals.

### **Medical job planning**

As at 7 January 2025, 1 of the 138 job plans for 2024/2025 was yet to be published (new starter), 6 were sitting in discussion; 6 were awaiting sign off by the doctor; 1 was awaiting first manager sign off, 1 was awaiting second manager sign off; 1 was locked down; and 122 had been signed off.

## Section B:3 Finance, Performance and Resources

Finance & Performance		
Lung Cancer 31 Day		In November 2024, nationally reported performance was 100% (29/29). Latest position available.
TTG: Number of patients who have breached the TTG		In December 2024 there were 181 patients who exceeded their twelve week treatment time guarantee.
TTG: Percentage of patients admitted within 12 weeks		The percentage of patients admitted within their twelve week treatment time guarantee was reported at 90% during December 2024.
SoT Guarantee – Inpatient and DC cases (H & L only)		71% of Heart and Lung patients were admitted within 12 weeks in December 2024.
DOSA rate: Cardiac Surgery		There were 10 DoSA cases in December 2024 (20.8%).
DOSA rate: Thoracic Surgery		There were 20 DoSA cases in December 2024 (27.0%).
DOSA rate: Orthopaedics		In December 2024 there were 298 Orthopaedic primary joint admissions, 229 (76.9%) of which were on the day of surgery.
Theatre Cancellation Rates		In December 2024, the overall hospital cancellation rate was 5.2% (142/2572) Within Control Limits but above target.
Hospital Bed Occupancy		Hospital wide bed occupancy was reported as 61.4% in December 2024.
National Comparison Table, Corporate Dashboard, Waiting list & Productivity table		
The GJNH nationally reported elective cancellation rate, in November 2024, was reported as 5.2%. This ranked GJNH as 1 out of 15. The Scotland rate was 8.4%.		
Golden Jubilee comparative performance against the national 31 Day Lung Cancer target is reported using the Information Services Division (ISD) nationally published position. In November 2024 GJNH reported 100% of eligible patients treated within the target (Ranked 1 out of 22).		
Health Protection Scotland published figures for Quarter 2 2024 report a GJNH incidence rate (per 100,000 total occupied bed days) of 13.3 for CDiff incidence, 33.1 for SAB and 39.8 for Ecoli. The Scotland rates were 17.0, 17.3 and 39.4 respectively.		
Corporate sickness rate in December 2024 was 5.2%. Departments over the 4% threshold were: Business Services, Catering, Clinical Governance, Housekeeping, Learning and Organisational Development, Occupational Health, Marketing and Communications, Quality, Performance, Planning and Programmes, and Procurement.		
Referral numbers in December 2024 were 2602 (-1647). The total outpatient waiting list decreased by 385 from 2907 to 2522. The total inpatient waiting list month end position decreased by 409 from 6472 to 6063.		
For current inpatient waiters the number waiting between 12-26 weeks increased to 636 (+54). The number of patients waiting 26-52 weeks increased to 492 (+36). The number of patients waiting >52 weeks decreased to 765 (-92).		