# NHS Golden Jubilee

### **Meeting: NHS Golden Jubilee Board**

### **Meeting date: 29 May 2025**

### **Title: Year-end Activity Report**

### **Responsible Executive/Non-Executive: Carole Anderson, Director of Transformation, Strategy, Planning and Performance**

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## 1 Purpose

### This is presented to NHS GJ Board for:

### Discussion

### This report relates to a:

* Annual Operation Plan
* NHS GJ Board Strategy

### This aligns to the following NHS Scotland quality ambition(s):

* Safe
* Effective
* Person Centred

**This aligns to the following NHSGJ Corporate Objectives:**

|  |  |
| --- | --- |
| Leadership, Strategy & Risk | Effective Executive Leadership and Corporate Governance for a High Performing Organisation. |
| High Performing Organisation | High Performing Organisation – Establishing the conditions for success to enable excellent outcomes and experience for patients and staff. |
| Facilities Expansion & Use | Expansion, development and optimal utilisation of facilities including Phase 2 Expansion and effective utilisation of all NHS Golden Jubilee facilities. |

## 2 Report summary

## 2.1 Situation

This year-end activity report outlines NHS Golden Jubilee’s (GJ) performance against the planned levels of patient activity set out in the Annual Delivery Plan (ADP) for 2024-25. The Finance and Performance Committee is invited to discuss performance in relation to the agreed targets.

## 2.2 Background

The NHS GJ activity plan, submitted as part of the ADP to the Scottish Government, covered in-patient, day case and diagnostic procedures, including those delivered through service level agreements (SLAs) in Radiology (CT, MRI, Ultrasound, Dexa). Additional activities funded through the £30 million Planned Care investment were also included, covering Cardiology (TAVI, Electrophysiology [EP], Coronary) and Diagnostics (Cardiac CT, Cardiac MRI, Ultrasound).

Further planned care/ cancer wait times trajectories were submitted for:

* Orthopaedics: percentage of 4 Joint lists
* Ophthalmology: average cataracts per half-day session
* Same-day arthroplasty rates (hip and knee)
* Lung cancer 31-day target

The data in this report reflects final year-end positions up to March 2025. A full update on these outcomes will be presented by the Director of Operations at the next Committee meeting, following the divisional Confirm and Challenge sessions.

## 2.3 Assessment

**Overall Performance**

NHS GJ concluded the year at 99.6% of the plan being delivered, with 119,848 in-patient, day case and diagnostic procedures delivered in the full year against the submitted plan of 120,274 procedures.

For in-patient and day case procedures, planned activity fell short by -3.0%.

**Contextual Challenges**

The delivery of planned care during 2024/25 was shaped by several contextual challenges. For the National Elective Services (NES) Division, patient geography continued to pose barriers in Q2 and Q3, particularly for day surgery, where patients often presented with co-morbidities that necessitated conversion to inpatient care.

In Endoscopy, progress was affected by delays to the opening of the Phase 2 Endoscopy Decontamination Unit along with an inability to achieve sustainable improvement in the same day cancellation rate despite different improvements to the pathway.

For NES specialties, maintaining required levels of referrals to deliver Health Board allocations was a consistent challenge.

Within the Heart, Lung and Diagnostics (HLD) Division ongoing theatre capacity pressures continued to affect NHS GJ’s ability to consistently meet the 31-day lung cancer treatment target; however the target is projected to be achieved for the financial year.

Both Clinical Divisions were affected by shortages in medical and nursing staffing which required creative solutions throughout the year but are reflected in difficulties achieving productivity targets. Several unforeseen events such as Storm Eowyn resulted in disruptions to planned elective activity.

**National Elective Services Division**

At the end of March 2025, the NES Division had delivered 28,605 procedures, which represents a 3.4% shortfall compared to the submitted annual target of 29,600 procedures. Within this, the Orthopaedics specialty concluded the year 3.5% below plan, having carried out 6,223 procedures against a target of 6,448.

A more pronounced variance was noted in Orthopaedic Joint procedures, with a total of 4,771 procedures completed against the original projection of 5,219 – a shortfall of 8.6%. However, it is important to note that the activity plan for this service was adjusted several times throughout the year due to changes in the Phase 2 expansion timeline. The final revised projection was 4,719 cases, meaning the actual number delivered exceeded this by 52 procedures (a positive variance of 1.1%).

Certain Orthopaedic sub-specialties performed significantly above expectations. Procedures related to soft tissue knees were up by 128%, and hand and wrist procedures exceeded plan by 27%.

Despite challenges during the year, there were improvements in operational metrics. The percentage of Orthopaedic sessions conducted as four-joint lists stood at 48% for the year, which fell short of the March 2025 trajectory of 75%. However, performance in March showed a notable increase, with 61% of sessions delivered as four-joint lists—the highest monthly figure achieved.

In terms of same-day procedures, Knee Arthroplasty performance reached an annual rate of 2.8% against a final trajectory of 3%. October 2024 represented the peak of performance in this area, with 6.4% of knee arthroplasties conducted on a same-day basis. Hip Arthroplasty same-day procedures followed a similar trend, achieving an annual rate of 4.7% against a 5% target. The highest monthly figure was observed in December 2024 at 6.9%.

Ophthalmology activity also fell slightly short of target, concluding the year 3.6% below plan. A total of 11,889 procedures were performed, compared to a planned figure of 12,327. Productivity per half-day session averaged 6.9 cataract procedures across the financial year. In March 2025, this figure rose slightly to 7.0, with the highest level of productivity recorded in July 2024, at 7.3 cataracts per session. The final quarter trajectory had set a target average of 7.3.

General Surgery, which includes colorectal procedures, ended the year 1.8% below plan, with 1,651 procedures completed out of a planned 1,680. There have been recent challenges in receiving sufficient referrals for major colorectal procedures. Similarly, Endoscopy activity reached 8,842 procedures, falling 3.3% short of the planned 9,145.

**Heart, Lung and Diagnostic Division**

At the end of March 2025, the HLD Division slightly exceeded planned expectations, finishing 0.6% ahead of plan with a total of 91,243 procedures delivered against a plan of 90,675.

Within this division, Cardiac Surgery completed 1,388 procedures, which was marginally below the planned total of 1,393 (a variance of -0.4%). Thoracic Surgery, on the other hand, performed strongly, with 1,320 procedures carried out—exceeding the plan of 1,277 by 3.4%.Cardiology activity concluded the year 3.4% behind plan, with 6,725 procedures delivered out of a projected 6,963. Despite this, specific areas within Cardiology demonstrated notable success. The Transcatheter Aortic Valve Implantation (TAVI) service met its baseline target of 229 procedures and, with additional investment under the Planned Care initiative, delivered a further 220 cases. This was slightly below the additional target of 232.

Two further initiatives funded under the £30 million Planned Care investment also yielded strong results. Electrophysiology (EP) delivered 72 cases, exceeding its planned volume of 64. The Coronary service met its planned 70-case target in full.

Additionally, the Advanced Heart Failure Service undertook 29 heart transplants during the 2024/25 financial year, reinforcing NHS GJ’s role as a key provider of specialist cardiac care.

**Cancer Performance**

NHS GJ delivers lung cancer procedures which are reported under the 31-day cancer target.

Current national reporting is available up to February 2025, with performance recorded at 100% (24 out of 24 cases). The year-to-date aggregated position for 2024/2025 stands at 98.9% with 346 out of 350 patients treated within target timescales..

### 2.3.1 Quality/ Patient Care

Delivery of the 2024/25 activity plan is a key focus to optimise quality services and patient care.

### 2.3.2 Workforce

Delivery of the 2024/25 activity plan is underpinned by robust workforce planning.

### 2.3.3 Financial

Delivery of the 2024/25 activity plan is managed in line with the Board Financial Plan.

### 2.3.4 Risk Assessment/Management

Delivery risks associated with the activity plan are considered during monthly Confirm and Challenge meetings.

### 2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this report describes routine “business as usual” activity reporting.

### 2.3.6 Other impacts

**Climate Emergency and Sustainability**

N/A

### Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

* Month 12 data provided to Divisional Teams and Director of Operations in April 2025.

### Route to the Meeting

* Finance and Performance Committee

## Recommendation

* **Discussion** – NHS GJ Board is invited to discuss this report.

## List of appendices

The following appendices are included with this report:

* Appendix No 1 2024/25 End of year activity position and Planned Care profiles 24/25