

**NHS GREATER GLASGOW AND CLYDE**

**Board Meeting**  
**15 December 2015**

**Paper No: 15/70**

**Head of Performance**

**NHS GREATER GLASGOW AND CLYDE'S INTEGRATED PERFORMANCE REPORT  
(INCLUDES WAITING TIMES AND ACCESS TARGETS)**

**RECOMMENDATION**

Board members are asked to note and discuss the content of the Board's Integrated Performance Report.

**1. INTRODUCTION**

The report brings together high level system wide performance information (including all of the waiting times and access targets previously reported to the Board) with the aim of providing members with a clear overview of the organisation's performance in the context of the 2015-16 Strategic Direction – Local Delivery Plan. An exceptions report accompanies all indicators with an adverse variance of 5% or more, detailing the actions in place to address performance and a timeline for when to expect improvement.

**2. FORMAT AND STRUCTURE OF THE REPORT**

The indicators highlighted in *italics* are those indicators that each of the Health and Social Care Partnerships (HSCPs) have a direct influence in delivering. Each of these indicators can be disaggregated by each of the HSCP areas. For those indicators that can be disaggregated, the Chief Officer of Partnerships experiencing a persistent adverse variance of 5% or more will report direct to the Board. This reflects the fact that the first line of scrutiny and oversight of performance improvement will be undertaken by each of the Integrated Joint Boards.

The report draws on a basic balanced scorecard approach, and uses the five strategic priorities outlined in the 2015-16 Strategic Direction – Local Delivery Plan. Some indicators could fit under more than one strategic priority, but are placed in the priority considered the best fit.

The indicators are made up of:

- Local Delivery Plan Standards (LDPS)
- Service Delivery Framework (SDF) indicators
- Health and Social Care Indicators (HSCI)
- Local Key Performance Indicators (LKPI) of high profile.

The report comprises:

- A summary providing a performance overview of current position.
- A single scorecard page, containing actual performance against target for all indicators. These have been grouped under the five Strategic Priorities identified in the 2015-16 Strategic Direction.

- An exceptions report for each measure where performance has an adverse variance of more than 5%.

The most up to date data available has been used which means that it is not the same for each indicator. The time period of the data is provided and performance is compared against the same time period in the previous year. From this, a direction of travel is calculated.

### 3. SUMMARY OF PERFORMANCE

Key performance status changes since last reported to the Board meeting include:

#### **Performance Improvements**

- Smoking Cessation – the number of successful quits at 12 week post quit in the 40% SIMD areas has moved from **red to green**.

#### **Performance Deterioration**

- No measures showing a deterioration in performance status change since the previous report.

#### **Measures Rated As Red**

- Suspicion on cancer referrals (62 days)
- Delayed discharges > 14 days
- Acute bed days lost to delayed discharge for Adults with Incapacity
- SAB infection rate (cases per 1,000 population)
- Sickness absence.

**INTEGRATED PERFORMANCE REPORT  
(INCLUDES WAITING TIMES AND ACCESS TARGETS)**

**15 DECEMBER 2015**

## PERFORMANCE SUMMARY

Outlined below is the key to the scorecard used on page 5 alongside a summary of overall performance against the five strategic priorities outlined in the 2015-16 Strategic Direction – Local Delivery Plan. For each of the indicators with an adverse variance of more than 5% there is an accompanying exceptions report identifying the actions to address performance.

### Key to the Report

Key to Abbreviations		Key to Performance Status		Direction of Travel Relates to Same Period Previous Year	
<b>LDPS</b>	Local Delivery Plan Standard	<b>RED</b>	Outwith 5% of meeting trajectory	▲	Improving
<b>LDF</b>	Local Delivery Framework	<b>AMBER</b>	Within 5% of meeting trajectory	▶	Maintaining
<b>HSCI</b>	Health & Social Care Indicator	<b>GREEN</b>	Meeting or exceeding trajectory	▼	Worsening
<b>LKPI</b>	Local Key Performance Indicator	<b>GREY</b>	No trajectory to measure performance against.	—	In some cases, this is the first time data has been reported and no trend data is available. This will be built up over time.
		<b>TBC</b>	Target to be confirmed.		

*\* It should be noted that the data contained within the report is for management information.*

### Performance Summary At A Glance

The table below summarises overall performance in relation to those measures contained within the Integrated Performance Report. Of the 24 indicators that have been assigned a performance status based on their variance from targets/trajectories overall performance is as follows:

STRATEGIC PRIORITIES	RED	AMBER	GREEN	GREY	TOTAL
Preventing Ill Health and Early Intervention	1	2	1	0	<b>4</b>
Shifting The Balance of Care	1	1	0	4	<b>6</b>
Reshaping Care for Older People	1	0	1	1	<b>3</b>
Improving Quality and Effectiveness	2	3	9	1	<b>15</b>
Tackling Inequalities	0	0	2	0	<b>2</b>
<b>TOTAL</b>	<b>5</b>	<b>6</b>	<b>13</b>	<b>6</b>	<b>30</b>

PERFORMANCE AT A GLANCE - DECEMBER 2015									
PREVENTING ILL HEALTH AND EARLY INTERVENTION									
Ref	Type	Local Delivery Plan Standard	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel	Exceptions Report
1	LDPS	Early diagnosis and treated in first stage cancer	Apr - June 15	22.0%	26.6%	27.2%	AMBER	↑	
2	LDPS	Suspicion of Cancer Referrals (62 days)*	Oct-15	93.5%	86.9%	95%	RED	↓	Page 11
3	LDPS	All Cancer Treatments (31 days)*	Oct-15	96.4%	94.2%	95%	AMBER	↓	
4	LDPS	Alcohol Brief Interventions	Apr - Sept 15	7,188	7,417	5,236	GREEN	↑	
SHIFTING THE BALANCE OF CARE									
Ref	Type	Local Delivery Plan Standard	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel	Exceptions Report
5	LDPS	A&E max. 4 hours wait	Oct-15	89.2%	92.4%	95%	AMBER	↑	
6	LKPI	A&E Attendances per 100,000 popu	Nov - Oct 15	3,000	2,652	No Target	GREY	↑	
7	HSCI	Delayed Discharge > 14 days (inc codes)	Nov-15	92	30	0	RED	↑	Page 14
8	HSCI	Delayed Discharge < 72 hours (inc codes)	Nov-15	N/A	13	TBC	GREY	—	
9	LDPS	GP Access	N/A	N/A	N/A	90%	GREY	—	
10	LDPS	GP Advance Booking	N/A	N/A	N/A	90%	GREY	—	
RESHAPING CARE FOR OLDER PEOPLE									
Ref	Type	Local Delivery Plan Standard	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel	Exceptions Report
11	HSCI	Acute bed days lost to delayed discharge							
		All patients (65 years+)	Oct-15	5,500	2,542	3,994	GREEN	↑	
		AWI patients (65 years+)	Oct-15	1,542	1,204	1,103	RED	↑	Page 15
12	LDPS	Number of people newly diagnosed with dementia in receipt of 1 years post diagnostic support	N/A	N/A	N/A	TBC	GREY	—	
IMPROVING QUALITY, EFFICIENCY AND EFFECTIVENESS									
Ref	Type	Local Delivery Plan Standard	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel	Exceptions Report
13	LDPS	18 Week Referral To Treatment (RTT)							
		Combined Admitted/Non Admitted	Oct-15	91.7%	92.0%	90%	GREEN	↑	
		Combined Linked Pathway	Oct-15	87.9%	87.4%	80%	GREEN	↓	
14	LDPS	12 week Treatment Time Guarantee (TTG)							
		Inpatient	Oct-15	100%	99.9%	100%	AMBER	↓	
15	LKPI	Patient unavailability							
		Inpatient/Day Case	Oct-15	3,272	4,254	N/A	GREY	↓	
		Outpatient	Oct-15	2,494	3,385	N/A	GREY	↓	
16	LKPI	% of patients waiting < 4 weeks for diagnostic test	Sep-15	100%	100%	100%	GREEN	↔	
17	LDPS	% of new outpatient waiting < 12 weeks for an appointment	Oct-15	99.8%	97.7%	99.8%	AMBER	↓	
18	LDPS	% of eligible patients commencing IVF treatment within 12 months	Oct-15	N/A	100%	90%	GREEN	—	
19	LKPI	% of patients admitted to stroke unit	Oct-15	87%	97%	90%	GREEN	↑	
20	LDPS	% patient waiting < 18 weeks for RTT to Specialist Child and Adolescent Mental Health Services	Oct-15	99.9%	100%	90%	GREEN	↑	
21	LDPS	% patients waiting < 18 weeks for referral to treatment for psychological therapies	Jul - Sept 15	95.3%	94.0%	90%	GREEN	↑	
22	LDPS	Drug and Alcohol: % of patients waiting < 3 weeks from referral to appropriate treatment	Apr - June 15	97.1%	96.1%	91.5%	GREEN	↓	
23	LDPS	SAB Infection rate (cases per 1,000 OBD rolling year)	Jul - June 15	0.32	0.27	0.24	RED	↑	Page 17
24	LDPS	C.Diff Infections (cases per 1,000 OBD rolling year)	Jul - June 15	0.29	0.30	0.32	GREEN	↓	
25	LDF	% of complaints responded to within 20 working days	Jul - Sept 15	83.0%	79.0%	70%	GREEN	↑	
26	LDPS/LDF	Financial Performance	Oct-15	(£1.3m)	(£6.6m)	(£1.8m)	AMBER	↓	Agenda Item 18
27	LDPS/LDF	Sickness Absence (rolling year)	Oct-15	5.2%	5.4%	4%	RED	↓	Page 19
		Long Term	Oct-15	3.5%	3.6%	N/A	GREY	↓	
		Short Term	Oct-15	1.7%	1.8%	N/A	GREY	↓	
TACKLING INEQUALITIES									
Ref	Type	Local Delivery Plan Standard	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel	Exceptions Report
28	LDPS	80% of pregnant women in each SIMD quintile have access to Antenatal Care at 12 week gestation	Jul - Sept 15	73.8%	83.5%	80%	GREEN	↑	
29	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas	Apr - June 15	353	397	332	GREEN	↑	

\* Data still to be validated

Key		Performance Status	Direction of Travel
LDPS	Local Delivery Plan Standard	RED	Adverse variance of more than 5% Improving ↑
HSCI	Health and Social Care Indicator	AMBER	Adverse variance of up to 5% Deteriorating ↓
LDF	Local Delivery Framework	GREEN	On target or better Maintaining ↔
LKPI	Local Key Performance Indicator	GREY	No target
		N/A	Not Available —

Please note the information contained within this report is for management information purposes only as not all data has been validated.

## **AMBER COMMENTARY**

**(For those measures rated as Amber that show a downward trend when compared with the same period the previous year)**

**AMBER RATED MEASURES SHOWING A DOWNWARD TREND WHEN COMPARED WITH THE SAME PERIOD THE PREVIOUS YEAR**

Ref	Measure	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel
3	All Cancer Treatments - 31 days ( <i>data still to be validated</i> )	Oct 2015	96.4%	94.2%	95.0%	AMBER	↓

**Commentary**

As at October 2015, 94.2% of all patients diagnosed with cancer were treated within 31 days from decision to treat to first treatment. Current performance is slightly below the target of 95% and lower than the position reported during the same month the previous year.

**Actions To Improve Performance**

See exception report on Suspicion of Cancer Referrals (62 days) for the detailed actions in place to improve performance in relation to cancer waiting times.

Ref	Measure	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel
14	% of Treatment Time Guarantee patients waiting < 12 weeks for an appointment	Oct 2015	100% (0)	99.9% (9)	100% (0)	AMBER	↓

**Commentary**

As at October 2015, all patients across NHSGG&C with the exception of nine received treatment within the 12 week Treatment Time Guarantee target. The nine patients waiting more than 12 weeks for treatment were in the following specialties; five in Neurosurgery, two in Oral & Maxillofacial, one in Urology and one in Ophthalmology.

**Actions To Improve Performance**

Four of the five neurosurgery patients waited longer as a result of theatre closures. All five neurosurgery patients have now received their treatment.

The two Oral & Maxillofacial patients were also delayed as a result of theatre closures and treated early November 2015.

The specialist urology service was suspended following clinical outcome concerns and the urology patient has since received treatment at the Royal Marsden Hospital.

The ophthalmology patient was delayed as a result of an administration error – the patient had not been added to the waiting list through the outcome procedure at the clinic. The patient has since received treatment.

Ref	Measure	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel
17	% of new outpatients waiting < 12 weeks for an appointment	Oct 2015	99.8%	97.7%	99.8%	AMBER	↓

**Commentary**

As at October 2015 (month end), 97.7% of new outpatients patients were waiting for less than 12 weeks from the date of their referral for an outpatient appointment, this is slightly below the trajectory

of 99.8% and lower than the position reported during the same month the previous year. The figure represents 1,509 patients waiting over 12 weeks at the end of October 2015 for a new outpatient appointment across the following Sectors and Directorates:

- **South Sector** – a total of 978 patients were waiting more than 12 weeks for a new outpatient appointment in the following specialties; 616 in Gastroenterology, 121 in Respiratory, 121 in Rheumatology, 113 in Cardiology, four in General Medicine, two in Diabetes and one in Geriatric Medicine.
- **Regional Services** – a total of 453 patients were waiting > 12 weeks for a new outpatient appointment in the following specialties; 423 in Neurology, 29 in Rehabilitation Medicine and one in Neurosurgery.
- **Clyde Sector** – a total of 75 patients were waiting > 12 weeks for a new outpatient appointment in the following specialties; 74 in Gastroenterology and one in Cardiology.
- **North Sector** – a total of three patients were waiting > 12 weeks for a new outpatient appointment in the Pain Service.

### **Actions To Improve Performance**

- **South Sector**
  - The Gastroenterology Service has been under pressure for a number of months due to the increase in referrals.
  - The new service model has been implemented in the South Sector where the majority of inpatient services are provided at the QEUH. This has led to considerable changes in working arrangements for senior and junior medical staff.
  - Consultants at the Victoria ACH have taken on the new responsibility of providing an emergency GI bleeding service and this has reduced their availability for outpatient work. In addition junior staff who worked between wards and clinics are no longer available on the Victoria ACH to support clinics.
  - A new capacity plan is being prepared for the service and it will also form part of the national Delivering Outpatient Integration Together work.
  - As this work progresses, a more detailed update will be provided by the Sector regarding the recovery of the 12 week target.
- **Regional Services**

In the immediate term, Neurology are working on a plan to bring all new outpatient waits back into line with the 12 week target. The service is:

  - Using outside agency Medinet to continue to provide new clinics for General Neurology, although access to the required number of appointments has been impacted by the Scottish Government Health Directorates decision to purchase 800 appointment from Medinet for other Health Boards. We are currently in negotiation with Medinet to assess what additional clinics can be provided to enable a sustained reduction in the >12 week cases for the period ending December 2015.
  - Considering other elements of pathway redesign.
  - Two GPs with a special interest were appointed in April/May 2015, these individuals will complete their training programme by November 2015. At that point they will be able to see 32 new headache referrals per month.
  - Additional Waiting List Initiative clinics remain in place, an average of 15 clinics per month are undertaken.
  - Undertaking a waiting list validation exercise to ensure all patients still require their appointment.
  - Displacing return outpatient activity away from Consultant Neurologists to the two newly appointed Epilepsy Clinical Nurse Specialists.
  - Discussing with Consultant staff their availability over the next three months to undertake



further waiting list clinics.

- Seeking to review practice elsewhere in the UK to understand alternative methods of managing referrals into the service.
- Cleansing patient waiting lists for those patients that have been incorrectly coded.

The aim of the Directorate team is to return to a 12 week target by January 2016.

- **Clyde Sector**

- The Gastroenterology position in Clyde has been impacted by short notice leave taken by the Locum consultant as a result; a number of booked patients had to be rescheduled and the service could not accommodate all patients within their guarantee date. This has been further impacted by Consultant sickness resulting in clinical cancellations and patient rescheduling. The sector continues to experience capacity pressures and is working to manage patients as effectively as possible.

- **North Sector**

- The three patients waiting > 12 weeks for a new outpatient appointment were for the Chronic Pain Service which recently transferred to the North Sector. There is pressure on the Chronic Pain Service outpatient waiting list due to staff vacancies alongside a high demand on the service causing capacity issues. A plan is currently being produced to better manage the waiting demands and capacity over coming months.

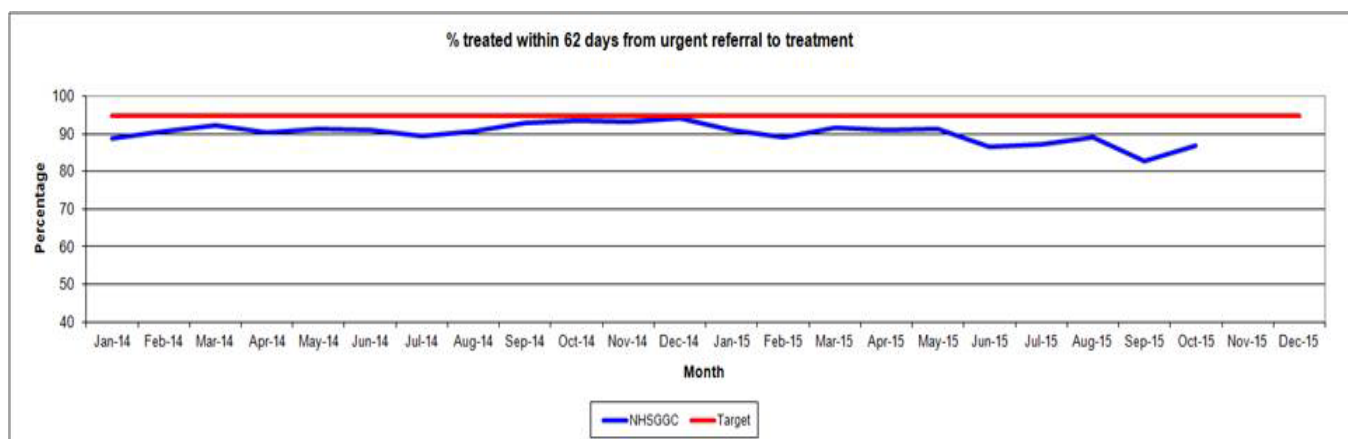
### **Timeline for Improvement**

Ongoing.

## **PERFORMANCE EXCEPTIONS REPORTS**

## Exceptions Report: Suspicion of Cancer Referrals (62 days)

<b>Measure</b>	<b>Cancer Waiting Times (62-Day and 31-Day Standards)</b>
<b>Current Performance</b>	As at October 2015, 86.9% of patients with an urgent referral for suspicion of cancer were treated within 62 days of the referral and 94.2% of patients with a new diagnosis of cancer were treated within 31 days of decision to treat.
<b>Lead Director</b>	Gary Jenkins



### Commentary

As at October 2015, 86.9% of patients with an urgent referral for suspicion of cancer were treated within 62 days of the referral. Whilst performance is lower than the target of 95% it represents an improvement on the September 2015 performance of 82.7%.

In terms of performance by cancer type, the two lowest performing cancer types for the 62-day standard were in Urology (71.4%) and Head and Neck (83.3%).

It should be noted that cancer waiting times are reported by month of treatment (rather than month of referral). Therefore, poor performance in a month is indicative of challenges to the pathways in the two-three months prior to the month demonstrating the poor performance. It was predicted and agreed with the Cancer Performance Support Team (CPST) that performance in September and October 2015 would demonstrate a lower performance percentage in order to clear the backlog of patients who were waiting longer than the 62 days and still awaiting treatment. Additional activity was carried out.

When comparing performance with the first week of October and last week of November, the overall number of patients who waited longer than the 62-day target and awaiting treatment had reduced by 31%.

As at October 2015, 94.2% of patients with a new diagnosis of cancer were treated within 31 days of decision to treat. Whilst performance is lower than the target of 95% it represents an improvement on the September 2015 performance of 93.2%.

In terms of performance by cancer type for the 31 day standard, 86.9% of breast cancer patients were treated within 31 days of decision to treat and 87.1% of urological cancer patients were treated within 31 days of decision to treat.

The clinical services are currently working on a number of actions to improve performance and bring the Board position back within the national targets. These actions will be carried out over the coming months and early indicative figures for Quarter 4 (October–December) 2015 suggest an improvement in the overall 62-day and 31-day performance position compared to Q3 (July–September) 2015.

## **Actions to Address Performance**

Current actions to improve the performance of the treatment pathways in relation to both the 62 day and 31 day targets include:

- Weekly conference calls continue to take place with the Scottish Government's CPST and local weekly meetings with sector leads are in place to review individual potential patients and patients who have waited longer than the standard to prevent where possible, monitor overall performance and discuss emerging themes and potential solutions.
- Sector specific reports have been developed and escalated to Directors.
- Additional non recurring resource allocation has been made to alleviate a number of ongoing pressures in relation to Urology, Head and Neck and Breast Services.

- **Urological Cancer**

Urology pathways remain challenging due to pressures on surgical capacity, diagnostic capacity and, in particular for prostate cancer patients, the number of steps on the pathway, thus affording only a short period for each step to take place.

The CPST have allocated non-recurring monies to reduce the backlog and improve performance within Urology between September to December 2015.

The main areas focussed on were reducing waiting time to: diagnostic procedures, standard urological surgical procedures, urology appointments, oncology appointments. The following activity has been carried out or scheduled:

- Additional private sector capacity for Transurethral Resection of Bladder Tumour (TURBT)/GA lists in September and October 2015.
- Additional private sector capacity for Trans-Rectal Ultrasound (TRUS) and biopsy lists in October and November 2015.
- Additional urology and oncology clinics in November and December 2015.
- Additional urology surgical lists in November and December 2015.
- Short-term recruitment of locum to commence on 8 December 2015 and who will provide two all day clinical sessions per week.

In terms of the impact of the measures above, the activity has delivered/will deliver the following:

- Prevention of bladder cancer patients breaching 62-day target as undergoing TURBT within 62 days.
- Earlier diagnosis for patients presenting with haematuria.
- Earlier diagnosis for prostate cancer patients in October/November, thus increasing the likelihood of meeting 62-day target at point of treatment in November/December.
- Earlier oncology appointments for patients in November/December thus increasing the likelihood of meeting 62-day target at point of treatment in November/December.

Comparing data for the first week in October and last week of November, the overall number of urology patients who have already waited longer than the 62-day target and awaiting treatment has decreased by 32% and it is anticipated that activity in December 2015 will further reduce this figure.

- **Breast Cancer**

15 breast cancer patients were identified within the analysis where surgery with associated localisation would improve the overall 62 day performance position. It is proposed that additional theatre lists are carried out. The CPST allocated £22,800 for additional capacity. One additional list was undertaken in October 2015 and existing lists have been extended to allow additional patients to be added.

Diagnostics and Surgery also liaise on a weekly basis to maximise capacity for localisation. A meeting of the Breast Services Strategy Group took place in November 2015.

- **Colorectal Cancer**

There are 14 cases currently in tracking on the colorectal cancer pathway. Whilst the main reason for patients waiting longer than 62 days is the planning time required for rectal cancers undergoing first treatment with concomitant chemo radiation therapy; that problem is exacerbated by delays earlier in the diagnostic pathway. In order for cases to arrive at an earlier point in both the specialist oncology and surgical pathway CPST allocated £6,000 for additional colonoscopy capacity and two additional colonoscopy lists were run on 19 September and 17 October 2015.

- **Head & Neck Cancer**

The delays in the head and neck pathway are mainly associated with first outpatient appointment within 14 days, and pan endoscopy. There are two Consultant Surgeon vacancies, and a significant number of waiting list initiative clinics are already in place to meet the outpatient targets. The service has explored the options for locum and substantive consultants as additional activity from existing consultants has been maximised.

CPST allocated non-recurring monies to reduce the waiting time for first appointments for Urgent Suspected Cancer referrals. In order to achieve this, 80 patients were seen in clinics in the private sector during October and November 2015 and an additional seven clinics have been scheduled to take place in December 2015 in NHSGG&C.

Reducing the waiting time to first appointment leads to earlier diagnosis for patients, therefore increasing the likelihood that they will be treated within 62-day target if cancer is diagnosed.

- **Lung Cancer**

Re-modelling of Diagnostic Imaging capacity has enabled a reduction in the wait for CT to seven days, rather than the previous 14 days. This occurred with effect from 31 August and will run for a three month period to evaluate the impact.

- **Upper GI Cancer**

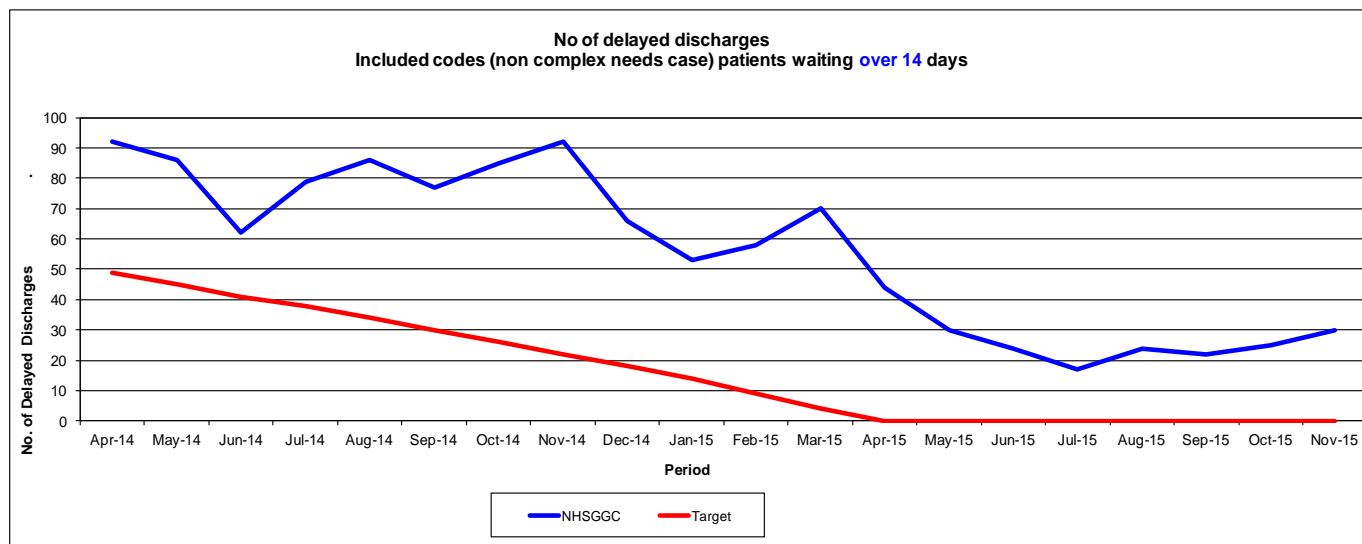
The re-modelling of Diagnostic Imaging capacity has enabled a reduction in the waiting time for CT to seven days, rather than 14 days. This came into effect from 31 August and will run for a three month period to evaluate the impact.

### **Timeline For Improvement**

The aim of all of the above measures is to improve the overall 62-day and 31-day performance position for Quarter 4 (October – December 2015). October 2015 figures demonstrate an improvement compared to September 2015 figures (62-day cancer wait increased from 82.7% to 86.9%, 31-day cancer wait increased 93.2% to 94.2%) and early indicative figures for Quarter 4 (October – December 2015) suggest an improvement compared to performance in Quarter 3 (July – September 2015).

## Exceptions Report: Delayed Discharge > 14 days

<b>Measure</b>	Delayed Discharges > 14 days
<b>Current Performance</b>	As at November 2015, 30 patients were delayed for > 14 days against a target of zero and 13 patients were delayed for < 72 hours.
<b>Lead Director</b>	Catriona Renfrew, Director of Planning & Policy



### Commentary

As at November 2015, a total of 30 patients were delayed > 14 days. Of the total number of patients delayed > 14 days; 16 were residents of Glasgow City (10 were residents from the South Sector; five were residents from the North West and one patient delayed from the North East Sector), two patients were from Renfrewshire; one from East Dunbartonshire and the remaining 11 patients delayed were from outwith the Board area.

A total of 13 patients were delayed for < 72 hours in November 2015. Of the total number of patients delayed < 72 hours; eight were from Glasgow City (six residents from North West and two from South Sector), three from East Dunbartonshire, one from East Renfrewshire and the remaining patient delayed was from outwith the Board area.

These figures exclude the 71 patients delayed > 14 days and the one patient delayed < 72 hours for legal reasons and who lacked capacity (AWI).

### Actions to Address Performance

- Chief Officers and the Director of Planning and Policy, coordinating for the Acute Services remain focused on identifying and addressing the issues causing delays.
- The 2015-16 Acute Winter Plan has been developed detailing specific actions to address delays. This Plan is complemented by Winter Plans developed in each of the partnership areas detailing actions to support the reduction in delays.
- Revised scrutiny and escalation arrangements remain in place with Glasgow City Council.
- Fund to temporarily accommodate patients in two identified nursing homes whilst remaining in the care of the NHS until legal issues are resolved remains in place. This will ensure that Acute beds are not compromised.

### Timeline For Improvement

The aim is to achieve immediate and continuing reductions in the number of patients delayed given the pressures on hospital beds particularly with winter approaching.

## Exceptions Report: Bed Days Lost to Delayed Discharge for Adults with Incapacity

<b>Measure</b>	Bed Days Lost to Delayed Discharge For Adults with Incapacity (AWI) Patients (65 years+)
<b>Current Performance</b>	As at October 2015, the number of bed days lost to delayed discharge for AWI patients was 1,204 against a monthly target of 1,103.
<b>Lead Director</b>	Catriona Renfrew, Director of Planning & Policy

**Table 1**

Bed Days Lost to Delayed Discharge for AWIs - Acute (patients aged 65 & over on day of admission)								
	2011/12	2012/13	2013/14	2014/15	2015/16		2015/16	
CH(C)P	Oct 11 Actual	Oct Actual	Oct Actual	Oct Actual	Oct Actual	Oct 50% Target	Cumulative Actual 2015/16	Cumulative 50% Target
East Dunbartonshire	145	0	0	127	31	133	586	933
East Renfrewshire	0	31	0	30	61	51	148	356
<b>Glasgow City</b>	<b>1,772</b>	<b>768</b>	<b>899</b>	<b>750</b>	<b>811</b>	<b>779</b>	<b>5,511</b>	<b>5,455</b>
Inverclyde	31	0	0	0	0	13	0	88
Renfrewshire	207	171	240	404	148	89	1,989	621
West Dunbartonshire	93	216	153	231	153	39	820	272
<b>GGC(All above areas)</b>	<b>2,248</b>	<b>1,186</b>	<b>1,292</b>	<b>1,542</b>	<b>1,204</b>	<b>1,103</b>	<b>9,054</b>	<b>7,724</b>

**Table 2**

Bed Days Lost to Delayed Discharge (inc AWIs) - Acute (patients aged 65 & over on day of admission)								
	2011/12	2012/13	2013/14	2014/15	2015/16		2015/16	
CH(C)P	Oct 11 Actual	Oct Actual	Oct Actual	Oct Actual	Oct Actual	Oct 50% Target	Cumulative Actual 2015/16	Cumulative 50% Target
East Dunbartonshire	608	569	260	408	283	307	2,160	2,146
East Renfrewshire	306	292	258	170	163	201	883	1,408
<b>Glasgow City</b>	<b>5,316</b>	<b>3,495</b>	<b>3,380</b>	<b>3,392</b>	<b>1,563</b>	<b>2,213</b>	<b>12,042</b>	<b>15,490</b>
Inverclyde	519	371	385	421	116	280	932	1,961
Renfrewshire	1,920	1,063	536	580	198	675	2,614	4,727
West Dunbartonshire	735	544	396	529	219	318	1,791	2,228
<b>GGC(All above areas)</b>	<b>9,404</b>	<b>6,334</b>	<b>5,215</b>	<b>5,500</b>	<b>2,542</b>	<b>3,994</b>	<b>20,422</b>	<b>27,961</b>

### Commentary

As seen from *Table 2* above, in October 2015 the 50% monthly reduction target was met reporting 2,542 monthly bed days lost against a monthly target of 3,994. The October 2015 performance represents a 54% reduction in October 2014 position.

*Table 1* highlights a total of 1,204 bed days lost to delayed discharge for AWI patients in October 2015 representing a 22% reduction on the number reported during the same period the previous year (from 1,542 bed days lost in October 2014 to 1,204 in October 2015). There were no bed days lost to delayed discharge for AWI in Inverclyde. All other partnerships reported bed days lost to delayed discharge for AWI patients with Glasgow City reporting 67% of the total bed days lost for AWI. Both West Dunbartonshire and Renfrewshire reported 13% and 12% respectively of the overall bed days lost for AWIs.

### Actions to Address Performance

As per the actions outlined in the delayed discharge exception report.

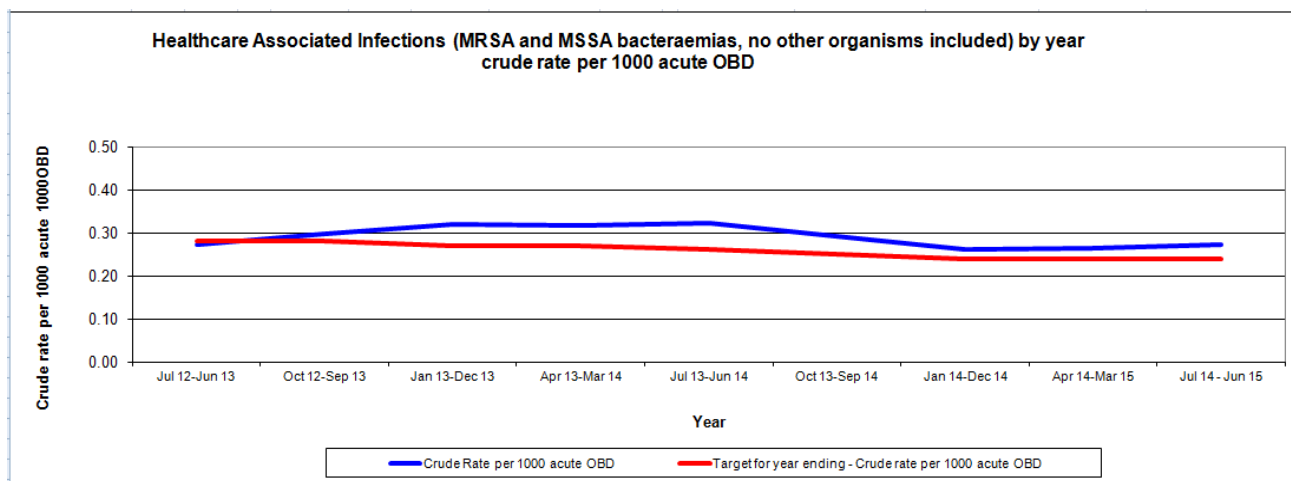
**Timeline for Improvement**

As identified in the delayed discharge exception report.



## Exceptions Report: MRSA/MSSA Bacteraemia (cases per 1,000 AOBDD)

<b>Measure</b>	MRSA/MSSA Bacteraemia (cases per 1,000 OBD)
<b>Current Performance</b>	As at the June 2015 rolling year, the number of MRSA/MSSA cases per 1,000 Acute Occupied Bed Days (AOBDs) was 0.27, current performance is above the trajectory of 0.24.
<b>Lead Director</b>	Dr Jennifer Armstrong, Medical Director



### Commentary

All NHS Boards across Scotland were set a target to achieve *Staphylococcus aureus* Bacteraemia (SAB) of 24 cases or less per 100,000 AOBDDs by 31 March 2015. This target has now been extended for one further year. For NHSGG&C this is estimated to equal 25 patients or less each month developing a SAB.

The most recent validated results for 2015, Quarter 2 confirm a total of 116 SAB patient cases for NHSGG&C, between April and June 2015. This equates to a SAB rate of 33.0 cases per 100,000 AOBDD.

The Quarterly Rolling Year ending June 2015 rate as per the Local Delivery Plan for SAB is 0.27 cases per 1,000 AOBDDs. This is against the June 2015 trajectory of 0.24 cases per 1,000 AOBDDs.

Agenda Item 8 – Board-wide Healthcare Associated Infection Exception Reporting Template (HAIRT) provides more detail on current position.

### Actions to Address Performance

- In clinical areas that have an increased incidence of HAI SAB cases, a prospective review of all patients is undertaken by the Infection Prevention and Control Team and the Clinical team. This enables real time review, evaluation of features that may be amenable to improvement and development of local clinical action plans for improvement.
- All SAB data is sent quarterly to Health Protection Scotland as part of the National eSAB Surveillance Programme.
- Enhanced SAB data given to Antimicrobial Prescribing Team for analysis of appropriate prescribing and treatment of each case.
- Clinical Review Tools are issued to the Consultant in Charge of each patient with a Hospital Acquired SAB, or those that are Healthcare Associated and linked to a clinical specialty or have an invasive device *in situ* to enable prospective local clinical review to identify any areas that may be amenable to improvement.

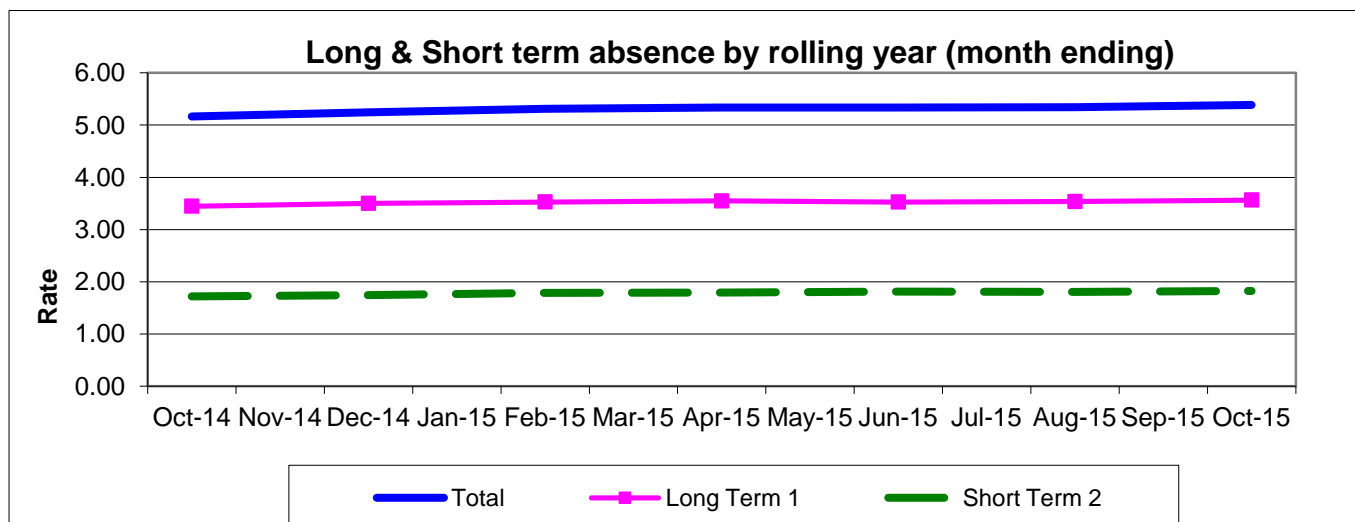
- Ward audit of IV access device care plan undertaken by Infection Prevention and Control Team in SAB cases attributed to CVC or PVC – Nurse in Charge and Chief Nurse prospectively notified of audit result. This is collectively reported in the Monthly Enhanced SAB Report.
- Patient specimen information on blood cultures deemed as ‘contaminants’ reported to Consultant in Charge and Chief Nurse to enable local review of Blood Culture aseptic technique.
- Continued adherence to CVC and PVC Standard Operating Procedures for all healthcare workers within NHSGG&C clinical teams remains crucial in reducing the number of Hospital Acquired or Healthcare Associated cases that are attributed to IV access devices.
- *Staphylococcus aureus* Bacteraemia is a standing agenda item at the Bi - monthly Acute Control of Infection Committee.
- Compliance with GGC SOPs for the insertion, care and maintenance of CVC and PVC will now be monitored via the Infection Prevention and Control Audit. Audit results will be returned to the Chief Nurses for the area and included in the sector/directorate monthly reports.
- Trajectories have been issued to sectors/directorates in order for them to assess their performance against the SAB HEAT target.
- A bi-monthly Cross Sector SABs group will be reconvened in November 2015. This will enable review and discussion of all reported SAB cases and permit sharing of best practice initiatives to cultivate a standardised improvement approach.

**Timeline For Improvement**

Ongoing.

## Exceptions Report: Sickness Absence

<b>Measure</b>	Sickness Absence Rate
<b>Current Performance</b>	As at October 2015, the rate of sickness absence across the Board was 5.4%.
<b>Lead Director</b>	Anne MacPherson, Director of Workforce and Organisational Development



### Commentary

The 2015/16 Local Delivery Plan (LDP) Standard requires '*NHS Boards to achieve a sickness absence rate of 4%*'. The overall sickness absence rate for the rolling year to October 2015 was 5.4%. This is higher than the rate reported for same period in the previous year (October 2014) which was 5.2%.

The split between long term and short term absence for the period under review is 3.6% and 1.8% respectively.

### Actions to Address Performance

Attendance management continues as an objective in performance plans for 2015-16. In recognition of the importance of ensuring staff attendance at work and to facilitate an improvement in attendance levels the Human Resources and Organisational Development function will continue to apply the NHSGG&C Attendance Management Policy. To support the delivery of the objectives for improved staff attendance we will share good practice across the Board and will implement the RESOLVE absence model which facilitates a culture and values based approach to absence management. This has been piloted in the Facilities Directorate and achieved improvements in staff attendance levels in some areas of high absence.

The Human Resources and Organisational Development function will also undertake a line management survey in readiness for the new Human Resources and Organisational Development structure to identify support requirements for current and new line managers which will inform the line management Human Resources capability programme. This work will be led by the Organisational Effectiveness Unit to help line managers effectively manage sickness absence.

Healthy Working Lives initiatives also have the potential to minimise sickness absence levels and different parts of NHSGG&C are in receipt of Silver and Gold Awards. All staff are invited to participate in the Flu Immunisation clinics and managers should encourage individuals to maintain their health and well being by engaging with Board initiatives to promote good health and to seek support from their line manager if they have any health issues which impact on their ability to attend work.

**Timeline For Improvement**

Ongoing attendance management remains a key productivity and staff welfare issue for NHSGG&C.