

NHS GREATER GLASGOW AND CLYDE

Board Meeting
16 February 2016

Paper No: 16/08

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

- Whilst the performance status changes have not changed since previously reported to reflect improvements in performance, there have been some improvements with individual performance measures including:
 - The suspicion of cancer referrals (62 day) - performance increased from the 86.9% in October 2015 previously reported to the Board to 89.5% in December 2015 albeit performance remains below the 95% target.
 - There were further reductions in the number of delayed discharges reported decreasing from 30 in November 2015 previously reported to the Board to 14 in December 2015.
 - The percentage of patients waiting 4 hours or less at A&E increased from 92.4% in October 2015 previously reported to the Board to 94.0% in December 2015.

Performance Deterioration

- Detect Cancer Early moved from green to red.
- Access to Child and Adolescent Mental Health Services moved from green to amber; (one patient from Glasgow City HSCP waited >18 weeks for a referral to treatment in December 2015. The patient has subsequently been treated).

Measures Rated As Red

- Detect cancer early
- Suspicion on cancer referrals (62 days)
- Delayed discharges > 14 days
- Bed days lost to delayed discharge for AWIs
- SAB infection rate (cases per 1,000 population)
- Sickness absence.

Each of the measures listed above have an accompanying exceptions report outlining actions in place to address performance or a more detailed report on the agenda.

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

16 FEBRUARY 2016

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	
LDPS	Local Delivery Plan Standard	RED	Outwith 5% of meeting trajectory	▲	Improving
LDF	Local Delivery Framework	AMBER	Within 5% of meeting trajectory	▶	Maintaining
HSCI	Health & Social Care Indicator	GREEN	Meeting or exceeding trajectory	▼	Worsening
LKPI	Local Key Performance Indicator	GREY	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.
		TBC	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	2	1	1	0	4
Shifting The Balance of Care	1	1	0	4	6
Reshaping Care for Older People	1	0	1	1	3
Improving Quality and Effectiveness	2	4	8	1	15
Tackling Inequalities	0	0	2	0	2
TOTAL	6	6	12	6	30

PERFORMANCE AT A GLANCE - FEBRUARY 2016									
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	July - Sep 15	23.5%	26.5%	28.1%	RED	↑	Page 11
2	LDPS	Suspicion of Cancer Referrals (62 days)*	Dec-15	94.1%	89.5%	95%	RED	↓	Page 13
3	LDPS	All Cancer Treatments (31 days)*	Dec-15	97.0%	93.6%	95%	AMBER	↓	
4	LDPS	Alcohol Brief Interventions	Apr - Dec 15	10,282	11,426	9,162	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	Dec-15	84.5%	94.0%	95%	AMBER	↑	
6	LKPI	A&E Attendances per 100,000 popu	Jan - Dec 15	2,974	2,560	No Target	GREY	↑	
7	HSCI	Delayed Discharge > 14 days (inc codes)	Dec-15	66	14	0	RED	↑	Page 16
8	HSCI	Delayed Discharge < 72 hours (inc codes)	Dec-15	N/A	11	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+)	Dec-15	4,861	2,659	3,994	GREEN	↑	
		AWI patients (65 years+)	Dec-15	1,487	1,299	1,103	RED	↑	Page 18
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	Dec-15	91.5%	92.2%	90%	GREEN	↑	
		Combined Linked Pathway	Dec-15	88.2%	88.0%	80%	GREEN	↓	
14	LDPS	12 week Treatment Time Guarantee (TTG)							
		Inpatient	Dec-15	100%	99.9%	100%	AMBER	↓	
15	LKPI	Patient unavailability (Adults)							
		Inpatient/Day Case	Dec-15	4,761	6,656	N/A	GREY	↓	
		Outpatient	Dec-15	2,963	3,791	N/A	GREY	↓	
16	LKPI	% of patients waiting < 4 weeks for diagnostic test	Dec-15	100%	100%	100%	GREEN	↔	
17	LDPS	% of new outpatient waiting < 12 weeks for an appointment	Dec-15	99.91%	97.16%	99.9%	AMBER	↓	
18	LDPS	% of eligible patients commencing IVF treatment within 12 months	Dec-15	N/A	100%	90%	GREEN	—	
19	LKPI	% of patients admitted to stroke unit	Dec-15	87%	96%	90%	GREEN	↑	
20	LDPS	% patient waiting < 18 weeks for RTT to Specialist Child and Adolescent Mental Health Services	Dec-15	99.9%	99.9%	100%	AMBER	↔	
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	Jul - Sept 15	97.3%	96.8%	91.5%	GREEN	↓	
23	LDPS	SAB Infection rate (cases per 1,000 OBD rolling year)	Oct - Sept 15	0.29	0.30	0.24	RED	↑	Page 19
24	LDPS	C.Diff Infections (cases per 1,000 OBD rolling year)	Oct - Sept 15	0.28	0.29	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	Dec-15	(£0.7m)	(£7.5m)	(£1.1m)	AMBER	↓	
27	LDPS/LDF	Sickness Absence (rolling year)	Nov-15	5.2%	5.4%	4%	RED	↓	Page 21
		Long Term	Nov-15	3.5%	3.6%	N/A	GREY	↓	
		Short Term	Nov-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 (Data incomplete)	Apr - Sept 15	440	827	664	GREEN	↑	

* Data still to be validated

Key		Performance Status	Direction of Travel
LDPS	Local Delivery Plan Standard	RED	Improving ↑
HSCI	Health and Social Care Indicator	AMBER	Deteriorating ↓
LDF	Local Delivery Framework	GREEN	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>)	Dec 2015	97.0%	93.6%	95.0%	AMBER	↓

Commentary

As at December 2015, 93.6% of all patients diagnosed with cancer were treated within 31 days from decision to treat to first treatment. Current performance is below the 95% target 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 the 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	Dec 2015	100% (0)	99.9% (4)	100% (0)	AMBER	↓

Commentary

In December 2015, all patients across NHS Greater Glasgow & Clyde (NHSGG&C), with the exception of four, received their treatment within the 12 Week Treatment Time Guarantee. The four patients waiting more than 12 weeks for treatment were in the following specialties: two in neurosurgery in Regional Services and two in Urology in the South Sector.

Actions To Improve Performance

- **Two Neurosurgery patients** - both patients were reported in November 2015. Their procedures were cancelled due to medical complications. Both patients remain unfit for treatment, however, the consultants wish both patients to remain on the waiting list until they become fit for treatment.
- **Two Urology patients** - one of the Urology patients has subsequently received their treatment in January 2016 and the other Urology patient cancelled their treatment that was rescheduled for 14 January 2016. This is being rearranged.

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	Dec 2015	99.9%	97.1%	99.9%	AMBER	↓

Commentary

As at December 2015 (month end), 97.1% 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 99.9% and lower than the position reported during the same month the previous year.

The figure represents 1,859 patients waiting over 12 weeks at the end of December 2015 for a new outpatient appointment across the following Sectors and Directorates:

- **South Sector** - a total of 1,224 patients were waiting more than 12 weeks for a new outpatient appointment in the following specialties; 791 in Gastroenterology, 184 in Respiratory, 157 in Rheumatology, 58 in Cardiology, seven in General Medicine, seven in Diabetes, six in Anaesthetics, five in Ophthalmology, five in Geriatric Medicine and four in Endocrinology.
- **Regional Services** - a total of 222 patients were waiting > 12 weeks for a new outpatient appointment in the following specialties; 206 in Neurology, and 16 in Rehabilitation Medicine.
- **Clyde Sector** - a total of 236 patients were waiting > 12 weeks for a new outpatient appointment in the following specialties; 233 in Gastroenterology, two in Anaesthetics and one in General Surgery.
- **North Sector** - a total of 177 patients were waiting > 12 weeks for a new outpatient appointment in the following specialties: 176 in Anaesthetics and one in Gastroenterology.

Actions To Improve Performance

South Sector

- Within the South Sector 5% of the total number of available patients were waiting >12 weeks for a new outpatient appointment. This is mainly due to ongoing capacity issues within a number of key specialties that are resulting in patients waiting >12 weeks i.e. Gastroenterology - 791 (3% of total available list), Respiratory - 184 (0.7% of total available list) and Rheumatology - 157 (0.6%) of the total waiting list. The Cardiology specialty (with 58 patients waiting > 12 weeks) has been under pressure predominantly due to a Consultant vacancy which is now out to advert. The reasons for the continuing pressures in the other specialties have been detailed previously including:
 - The increased number of referrals in Gastroenterology.
 - The new service model that has been implemented in the South Sector where the majority of inpatient services are provided at the Queen Elizabeth University Hospital (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.
- Work is ongoing to try to resolve some of these issues through reviewing job plans and current clinic capacity. A number of waiting list initiatives are being undertaken to try to manage the waiting lists.

Regional Services

- In the immediate term, Neurology are working on a plan to bring all 206 new outpatient waits reported in December 2015 back into line with the 12 week target. The service is actively:
 - Using outside agency Medinet to continue to provide new clinics for General Neurology alongside looking at other elements of redesign.
 - Two GPWSI were appointed in April/May, these individuals completed their training programme in November 2015 and now 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.
 - A waiting list validation exercise is currently underway to ensure all patients still require their appointment.
 - In negotiation with Medinet to assessing what additional clinics can be provided to enable a sustained reduction in the >12 week cases for the period ending December 2015.
 - 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.
- Quality assuring the waiting lists for those patients that have been incorrectly coded.
- Scottish Government Health Department Access Team have negotiated additional national capacity from Medinet for February and March 2016 and will allocate this to NHSGG&C, in addition to existing NHSGG&C contract for WLIs.
- There is a potential NHS locum available at the end of May 2016, and this is being followed up with the individual concerned. It is also hoped that substantive appointments to currently vacant posts will be possible from June/July 2016 from current NHS Scotland trainees.

The aim of the Directorate team is to meet the 12 week target by March 2016.

- In terms of the patients reported in Rehabilitation Medicine a data quality check of the outpatient waiting list identified booking and process issues highlighting the following:
 - Nine4 of the 16 patients were incorrectly recorded and should have been reported as stroke patients from the South Sector Medicine specialty.
 - The remaining seven patients were recorded correctly against the appropriate specialty however the patients involved patients were continuing care inpatients that have now progressed to longer term outpatient treatment – they had been incorrectly coded as new outpatients. The Data Quality Team will update these records.
 - As of 8 February local outpatient waiting list data suggests there were no patients waiting >nine weeks for a new outpatient appointment.

Clyde Sector

- The majority of new outpatients (233) were Gastroenterology patients and current performance is partly due to the unexpected leave and sickness. A number of booked patients have been rescheduled as the service could not accommodate all patients within their guarantee date. The sector continues to experience capacity pressures and is working to manage patients as effectively as possible. A new Consultant has been appointed and is due to take up post at the end of February 2016.

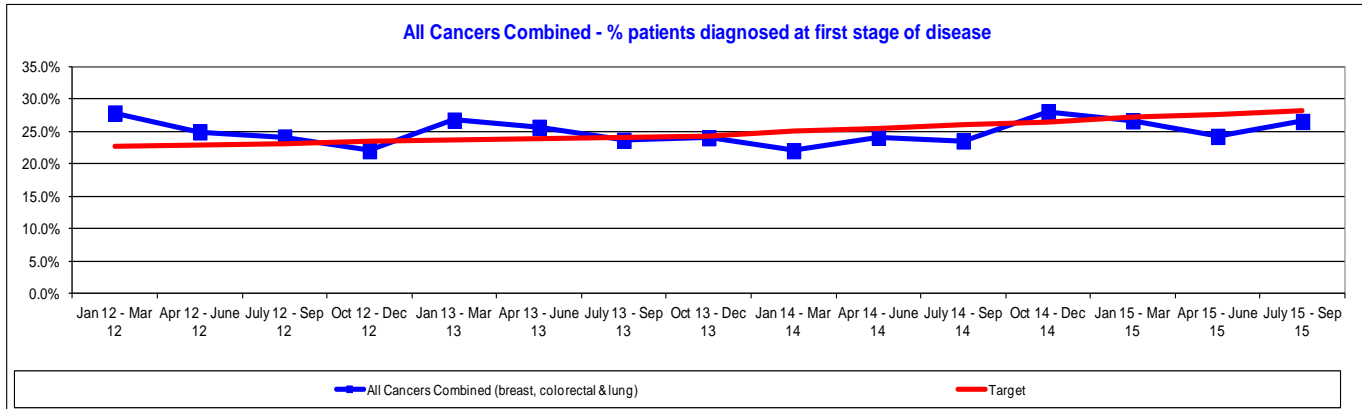
North Sector

- All but one of the 177 new outpatients waiting for a new outpatient appointment (176) were Chronic Pain Service patients. This service recently transferred to the North Sector. There remains significant pressure on the Chronic Pain Service outpatient waiting list due to long term consultant absence and a maternity leave gap. The service has been experiencing very high referral rates which have also caused capacity issues. Additional clinics have been arranged over the coming months to mitigate these challenges and further steps are being explored to address this. For example a review of the vetting process to allow more patients to be seen by non-consultant staff in the first instance.

PERFORMANCE EXCEPTIONS REPORTS

Exceptions Report: Detect Cancer Early

Measure	Detect Cancer Early
Current Performance	Overall, for the period July – September 2015 the percentage of patients diagnosed with Stage 1 cancer was 26.5%. Current performance is lower than the trajectory of 28.1%.
Lead Director	Gary Jenkins, Director of Regional Services



Commentary

For the period July - September 2015, the overall percentage of patients diagnosed with cancer at Stage 1 was 26.5%, lower than the 28.1% trajectory for that period. Current performance represents an improvement on the percentage of patients diagnosed at Stage 1 cancer reported during April - June 2015 (24.2%). Two of the three cancer types are below trajectory namely breast and colorectal. 39.0% of patients diagnosed with Stage 1 breast cancer, lower than the trajectory of 42.2% and 0.4% lower than the previous reporting period. 17.1% of patients diagnosed with Stage 1 colorectal cancer, lower than the trajectory of 25.3% however, current performance represents a 4.6% increase on the previous reporting period. The 20.6% of patients diagnosed with Stage 1 lung cancer is currently exceeding the trajectory of 19.0% and represents a 1.2% increase on the previous reporting period.

Actions to Address Performance

Breast Cancer

July - September 2015 data (39.0%) showed a decrease compared to April - June 2015 (39.4% - which was below the trajectory of 42.2% for that period) but an increase compared to 35.7% for the same period in 2014/2015.

Review of previous quarters' performance throughout 2012 to 2015 demonstrates a degree of variation between quarters which may suggest that April to September data may be a result of normal variation between quarters rather than indicative of a trend. However, as breast cancer performance has now been below trajectory for two consecutive quarters, a detailed review of the data will be undertaken to determine if there are underlying cause(s).

Colorectal Cancer

July - September 2015 data (17.1%) showed a significant increase compared to April - June 2015 (4.6%) but significantly below the trajectory of 25.3%. It is noted that the percentage of Stage 1 colorectal cancers has been consistently below the trajectory since Q1 2013.

Bowel screening was introduced in NHS GG&C in 2009. As a result, it is likely that the volume of early stage presentations were picked up sooner than anticipated when the initial trajectory was set. An analysis of colorectal cancers indicates that the bowel screening crude detection rate has decreased

whilst the uptake of bowel screening has not.

A comparison of data from 2010 and 2014 demonstrated a decrease in diagnoses via screening and a subsequent impact on the percentage of Stage 1 cancer diagnoses. The decrease in cancer diagnoses via screening may be indicative of the success of the screening programme in identifying/treating possible pre-cancerous conditions and preventing the development of invasive cancer. However, detailed statistical analysis would be required to substantiate this.

Comparison of published 2013/2014 data for NHS Scotland demonstrates that the percentage of Stage 1 colorectal cancers in NHSGG&C (17.9%) was higher than the NHS Scotland percentage (17.0%) and was the fifth highest percentage of the 14 NHS Boards. Discussions with other NHS Boards regarding 2015 data indicate that they are experiencing similar trends in colorectal cancer.

Lung Cancer

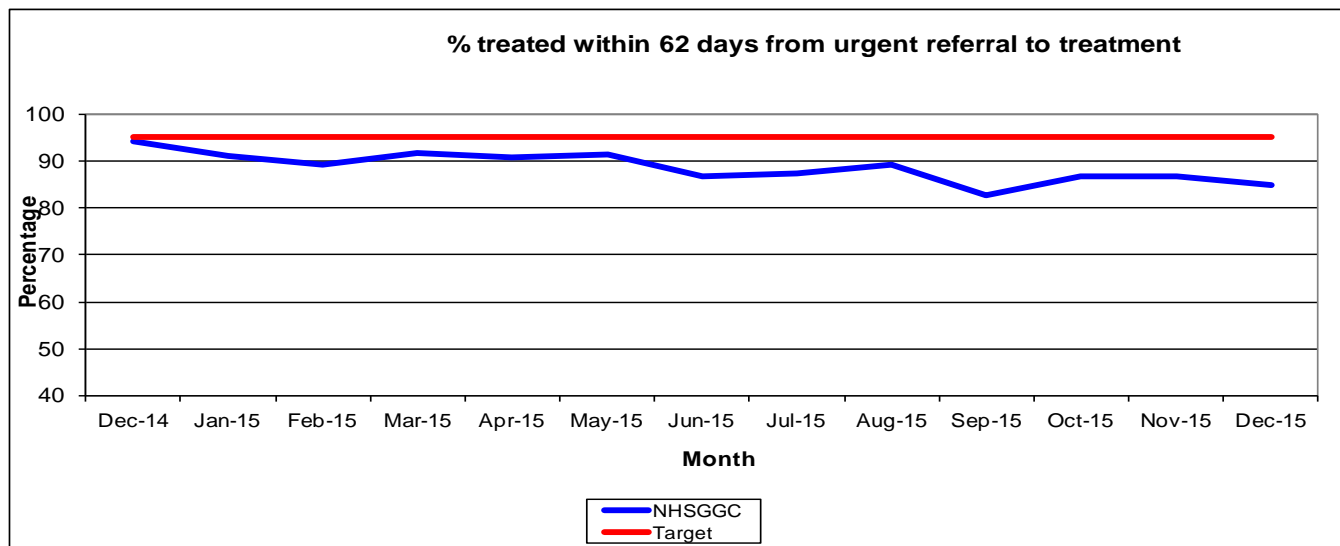
July - September 2015 data (20.6%) remains above the trajectory of 19.0% and highlights an improvement in performance when compared to the previous reporting period April - June 2015 (19.4%).

Timeline For Improvement

Ongoing with continual review of performance.

Exceptions Report: Suspicion of Cancer Referrals (62 days)

Measure	Suspicion of Cancer Referrals
Current Performance	As at December 2015, 89.5% of patients with an urgent referral for suspicion of cancer were treated within 62 days of the referral.
Lead Director	Gary Jenkins, Director of Regional Services



Commentary

As at December 2015, 89.5% of patients with an urgent referral for suspicion of cancer were treated within 62 days of referral, and although this is an improvement on 86.6% in November 2015, is significantly lower than the target of 95%.

The cancer types currently below the 95% target are as follows; Urology (75% - 27 out of 36 eligible referrals treated within target), Head and Neck (81.8% - 9 out of 11 eligible referrals treated within target), Colorectal (93.1% - 27 out of 29 eligible referrals treated within target), Upper GI (88% - 22 out of 25 eligible referrals treated within target) and Breast (89% - 73 out of 82 eligible referrals treated within target). All cancer types with the exception of breast saw an improved performance between November and December. Breast deteriorated from 91.3% in November 2015 to 89% in December 2015.

As at December 2015, 93.6% of patients with a decision to treat were treated within 31 days. The cancer types below the 95% were Urology (76.3% - 71 out of 93 eligible referrals treated within target) and Breast (91.9% - 102 out of 111 eligible referrals treated within target). This was deterioration in performance from 94.1% in November 2015.

Actions to Address Performance

The actions described previously continue and include:

- Weekly conference calls continue to take place with the Scottish Government's Cancer Performance Support Team (CPST) and local weekly meetings with sector leads are in place to review individual patients. Each service monitors overall performance and discuss emerging themes and potential solutions on a weekly basis.
- Sector specific reports have been developed and escalated to Directors.

The additional non recurring resource allocated to alleviate ongoing pressures in relation to Urology, Head and Neck and Breast Services was used in the final quarter of 2015, however the Urology locum is still in place and additional diagnostic capacity has been secured through the purchase of Trans-rectal -

Ultrasound (TRUS) probes.

The key pressures remain in Urology, Breast and Head and Neck Cancers.

Urological Cancer

Clyde:

Based on the last breakdown of cancer performance by Sector team, Clyde's performance against the 62 day target is 75% (December 2015). The service is currently booking urgent suspicion of cancer outpatient appointments within two – three weeks and diagnostics within three – four weeks. The service has been unable to fill a new fifth post which would allow the realignment of the Vale of Leven service from the North to Clyde although efforts continue. The key challenges within the Clyde pathway are improving capacity at Inverclyde Royal Hospital for diagnostics through the implementation of a session for the Associate Specialist doctor to do check cystoscopy, allowing more capacity for diagnostic cystoscopy to be undertaken on consultant lists. Cross site booking for outpatient appointments has been in place across Clyde since December 2015. A review of the Urology cancer pathway will be undertaken with the Clinical Services Manager and Cancer Pathway Lead.

North:

Challenges within the North in the main relate to access to diagnostic capacity. Current performance against the 62 day target is 80%. Plans to implement additional TRUS and GA cystoscopy slots through redesign of current capacity will be in place in March 2016. This will improve the front end of the pathway and therefore, will not impact on improved performance until early summer. The service is currently booking urgent suspicion of cancer first outpatient appointments within two – three weeks, flexible cystoscopies within two – three weeks and core urology surgical procedures for cancer patients within four – five weeks.

South:

There are significant challenges within the South Sector currently in relation to Urology with performance currently at 70.6% (December 2015) and whilst booking and waiting list processes have been improved, there is a mismatch between current capacity and demand. There are currently two vacant posts with a possible third later this year as well as gaps in middle grade staffing although it is planned to extend the locum currently in post until summer of 2016. The service is currently booking urgent suspicion of cancer first outpatient appointments within two – three weeks, flexible cystoscopies within seven weeks; core urology surgical procedures for cancer patients are being prioritised. In December 2015, 21 (23.7%) patients waited more than 31 days and nine (25%) patients waited more than 62 days.

Breast Cancer

Clyde:

There are significant challenges within Clyde currently due to available capacity compounded by the resignation of a Consultant Surgeon at the end of December 2015. This has resulted in a further loss of one stop capacity of approximately 25 appointments per week from January 2016. Additional clinics are being run when possible with Consultant and Radiology support. Support is being provided by Consultants from NHS Lanarkshire and the service is hopeful of securing a locum, starting in April 2016. The service is currently booking urgent suspicion of cancer outpatient appointments within three – four weeks and patients listed for surgery are generally booked within four – six weeks.

North:

The service is currently booking urgent suspicion of cancer outpatient appointments within two – three weeks and patients are generally booked within targets.

South:

There are major challenges within the South Sector currently in relation to patients waiting for outpatient appointment. The service is currently booking urgent suspicion of cancer outpatient appointments as a priority over routine referrals and patients listed for surgery are generally booked within six weeks although there are particular difficulties with patients requiring localisation. In common with both Clyde and the North, there are challenges with immediate reconstruction surgical slots.

The South currently has one surgeon who has just returned from five weeks compassionate leave and another surgeon who is on long term sick leave to the end of February. In addition, the Sector has lost 21 slots each week from the one stop clinics due to a reduction of two clinical assistant sessions.

Plans to improve the current situation include low risk clinics to free up more slots in the one stop clinic for urgent patients and review of the pathway for breast screening patients so that they are allocated a theatre slot based on availability of theatre rather than sector. The South plan to move to a centralised vetting service for South/West patients to streamline patients to the earliest available appointment and job plans are being changed to improve utilisation of new clinics and theatres that are supported by radiology. With the above, an improvement in booking urgent suspicion of cancer patients to outpatient appointment is anticipated in March which should then see an overall improvement in performance from May 2016.

Upper GI

The service is currently booking urgent suspicion of cancer referrals to gastroscopy within two weeks and aim for CT within one week. The upper GI pathway contains multiple steps (in particular for patients for whom radical treatment is considered) and in order to meet the target for these patients, each step would require to be carried out within one week. Previous scoping for the delivery of this has demonstrated that this would be a significant challenge to deliver.

Complex pathways are now supported in administration terms with additional staff to ensure maximum use of slots for EUS/ERCP. An additional OG consultant will commence in April 2016, providing additional support to the service to cover flexible sessions and target patient assessment and operative waiting times.

Head and Neck Cancer

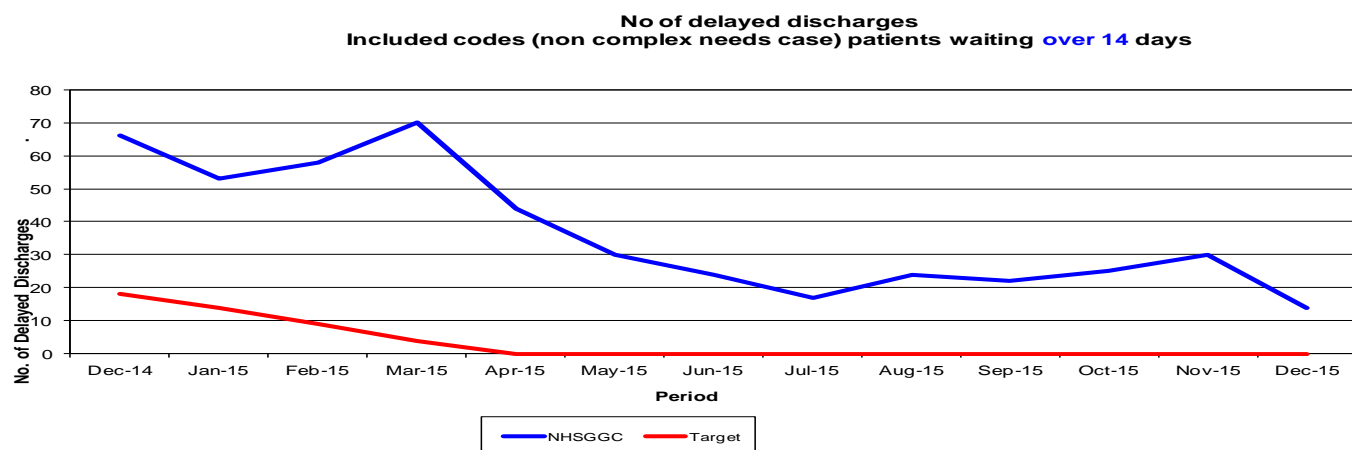
The service is currently booking urgent suspicion of cancer outpatient appointments within two weeks and patients listed for surgery are generally booked within three weeks. In December 2015, one (2.9%) patient waited more than 31 days and two (18.2%) patients waited more than 62 days.

Timeline For Improvement

The Directors' Cancer Access Meeting will review the above pathway issues and to ensure Directorate focus on sustainable improvement is delivered.

Exceptions Report: Delayed Discharge > 14 days

Measure	Delayed Discharges > 14 days
Current Performance	As at December 2015, 14 patients were delayed for > 14 days against a target of zero and 11 patients were delayed for < 72 hours.
Lead Director	Catriona Renfrew, Director of Planning & Policy



Commentary

The December 2015 position of 14 patients delayed represents the lowest number of monthly delayed discharges reported since the introduction of the Local Delivery Plan Standard in April 2013. This is also having a positive impact on the overall number of bed days lost to delayed discharge.

In December 2015, a total of 14 patients were delayed > 14 days, a significant improvement on the 66 reported in December 2014. Of the total number of patients delayed > 14 days; five were residents of Glasgow City (three residents from the South, two residents from the North West Sector). One patient delayed was resident in East Renfrewshire and one resident in Renfrewshire. The remaining seven patients delayed were outwith the Board area.

There were a total of 13 patients delayed for < 72 hours.

The above figures exclude the 69 patients delayed > 14 days for legal reasons and who lack capacity (AWI) in December 2015. The total comprises 48 patients from Glasgow City, eight from Renfrewshire, seven from West Dunbartonshire, two from Inverclyde, one from East Renfrewshire and the remaining three were outwith NHSGG&C boundary.

There was one patients delayed < 72 hours for legal reasons and who lacked capacity (AWI) in December 2015. The patient was from West Dunbartonshire H&SCP.

Actions to Address Performance

- There are major issues with homecare services in South Lanarkshire. We have agreed with the Council action to place delayed patients in care homes and the Council have also agreed to use Scottish Government funding to place a team in the QEUH to try to improve the speed of discharge. Glasgow City Council has undertaken to spot purchase care home beds to try to move patients as soon as they are fit for discharge and we expect this to further improve the position and enable us to deliver unscheduled care more effectively.
- The 2015-16 Acute Winter Plan details specific actions to address delays across Acute. This Plan is complemented by Winter Plans developed for each of the partnership areas detailing actions to support the reduction in delays.
- Chief Officers and the Director of Planning and Policy, coordinating for the acute services, remain

focused on identifying and addressing the issues causing delays.

- Revised scrutiny and escalation arrangements remain in place with Glasgow City Council.
- Funding for temporarily accommodating 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 acute beds are not compromised.

Timeline For Improvement

The aim of achieving immediate and continuing reductions in the number of patients delayed given the pressures on hospital beds is beginning to show some positive results with the December 2015 position of 14 patients delayed representing the lowest number of monthly delayed discharges reported since the introduction of the Local Delivery Plan Standard in April 2013.

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

Measure	Bed Days Lost to Delayed Discharge For Adults with Incapacity (AWI) Patients (65 years+)
Current Performance	As at December 2015, the number of bed days lost to delayed discharge for AWI patients was 1,299 against a monthly target of 1,103.
Lead Director	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	
CH(C)P	Dec 11 Actual	Dec Actual	Dec Actual	Dec Actual	Dec Actual	Dec 50% Target
East Dunbartonshire	93	0	0	114	10	133
East Renfrewshire	0	21	0	0	47	51
Glasgow City	1,710	695	671	672	934	779
Inverclyde	31	0	0	0	0	13
Renfrewshire	155	171	279	502	108	89
West Dunbartonshire	124	204	124	199	200	39
GGC(All above areas)	2,113	1,091	1,074	1,487	1,299	1,103

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	
CH(C)P	Dec 11 Actual	Dec Actual	Dec Actual	Dec Actual	Dec Actual	Dec 50% Target
East Dunbartonshire	374	595	178	328	379	307
East Renfrewshire	330	304	198	158	170	201
Glasgow City	5,003	3,296	3,245	2897	1566	2,213
Inverclyde	295	249	177	347	90	280
Renfrewshire	1,548	909	405	589	153	675
West Dunbartonshire	908	378	432	542	301	318
GGC(All above areas)	8,458	5,731	4,635	4,861	2,659	3,994

Commentary

As seen from *Table 2* above, in December 2015 the 50% monthly reduction target was met reporting 2,659 monthly bed days lost against a monthly target of 3,994. The December 2015 performance represents a 45% reduction in December 2014 position.

Table 1 highlights a total of 1,299 bed days lost to delayed discharge for AWI patients in December 2015 representing a 13% reduction on the number reported during the same period the previous year (from 1,487 bed days lost in December 2014 to 1,299 in December 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 72% of the total bed days lost for AWI. Both West Dunbartonshire and Renfrewshire reported 15% and 8% respectively of the overall bed days lost for AWIs. These figures also include those patients that are delayed but not occupying an acute bed.

Actions to Address Performance

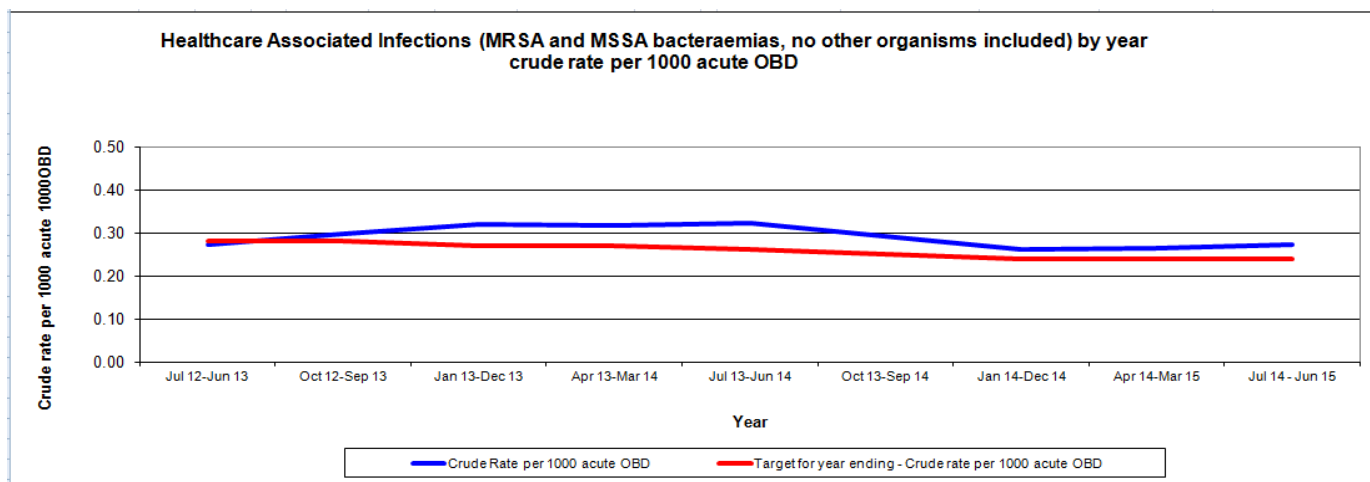
As per the actions outlined in the delayed discharge exception report.

Timeline for Improvement

As identified in the delayed discharge exception report.

Exceptions Report: MRSA/MSSA Bacteraemia (cases per 1,000 AOB)D)

Measure	MRSA/MSSA Bacteraemia (cases per 1,000 OBD)
Current Performance	As at the September 2015 rolling year, the number of MRSA/MSSA cases per 1,000 Acute Occupied Bed Days (AOBDs) was 0.30, current performance is above the trajectory of 0.24.
Lead Director	Dr Jennifer Armstrong, Medical Director



Commentary

All Scottish NHS Boards are to achieve *Staphylococcus aureus* Bacteraemia (SAB) HEAT target of **24** cases or less per 100,000 AOBs by 31 March 2016. For NHSGG&C this is estimated to equal 25 patients or less each month developing a SAB.

The most recent validated and published results for 2015, Q3 confirm a total of 116 SAB cases for NHSGGC, between July and September 2015. This equates to a SAB rate of **34.3** cases per 100,000 AOB. This is also above the NHS Scotland rate of 31.6 cases for the quarter.

The Quarterly Rolling Year ending September 2015 rate as per the Local Delivery Plan for SAB is 0.30 cases per 1,000 AOBs. This is against the September 2015 trajectory of 0.24 cases per 1,000 AOBs.

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

Actions to Address Performance

- PVC and CVC ward sweeps to be undertaken in every sector by ward staff using IPC sweep proforma. Completed PVC and CVC sweep proforma returned to IC Data Team to enable analysis and report on results.
- Validation audit February 2016: PVC and CVC ward sweeps to be undertaken in every sector by IPC staff. This will also include availability of PVC patient information leaflet for all applicable patients at time of sweep. Analysis/report produced by IPC Data Team.
- Focused Quality Improvement work:
 - Neonatal Units: RAH, RHC & PRM:
Reduction of IV access device related SABs by standardised PVC/CVC insertion and maintenance bundles and care plans.
 - RAH Admission Wards:
Reduction of IV access device related SABs by increasing PVC care plan compliance.

- Community:
Reduction of non hospital acquired SAB cases (Community and Healthcare Associated Infection).
- RHC: Neonatal Unit:
Reduction of IV access device related SABs by increasing PVC care plan compliance.
- Development and production of educational videos demonstrating adherence with aseptic technique when inserting and accessing PVCs and obtaining a blood culture. (This will be undertaken in conjunction with Practice Development).
- Review of PVC care plan commencement on device insertion in Emergency Departments and Theatres.
- Review of incorporation of PVC and CVC care plans as eForms within Nursing Admission Documentation.
- Assurance that medical staff induction and education incorporates healthcare associated infection information e.g. aseptic technique, venepuncture and cannulation.
- Provide information on completed LearnPro Aseptic Technique module by staff groups for 2015.
- Active promotion of antibiotic review to optimise timely IV to oral switch on all hospital sites; Daily review of all patients receiving IV antibiotic therapy with minimum standard of documented review and plan at 72 hours.
- Incorporation of antibiotic IVOST indicators into PVC care plan.
- Incorporation of antibiotic review IVOST and PVC review to “ward round checklist” (in development).
- AMT to retrospectively review clinical management of patients with SAB in Q3 2015.
- Promotion of SAB management guideline; ensure appropriate management of source and correct antibiotic therapy.
- IPC Data Team will inform sector Antimicrobial Pharmacists of SAB patient CHIs to enable real time review of appropriate therapy, and assurance that appropriate source control had been undertaken.

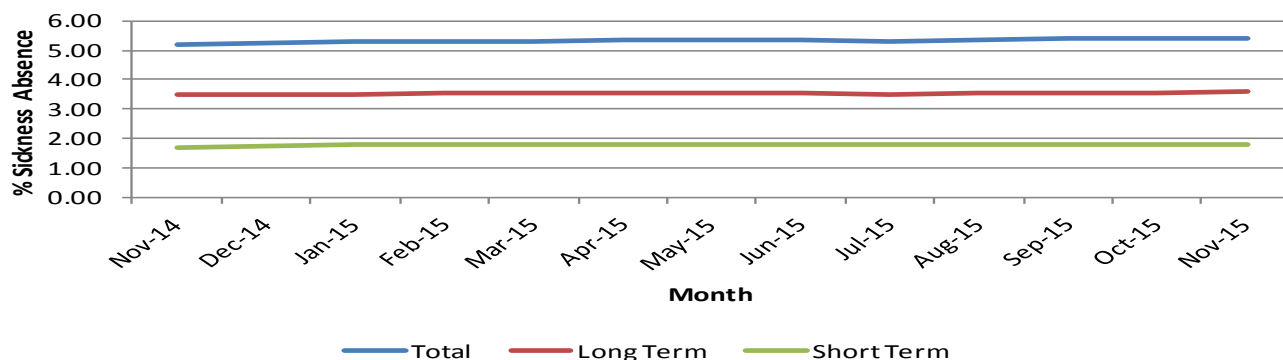
Timeline For Improvement

Ongoing.

Exceptions Report: Sickness Absence

Measure	Sickness Absence Rate
Current Performance	As at November 2015, the rate of sickness absence across the Board was 5.39%.
Lead Director	Anne MacPherson, Director of Workforce and Organisational Development

Absence Rate rolling year (month ending)



Commentary

The 2015-16 Local Delivery Plan Standard requires 'NHS Boards to achieve a sickness absence rate of 4%'. The overall sickness absence rate for the rolling year to November 2015 was 5.39%. This is higher than the rate reported for same period in the previous year (November 2014) which was 5.21%.

The split between long term and short term absence for the period under review is 3.59% and 1.80% respectively.

Actions to Address Performance

Agenda Item 13 - Attendance Management Trends and Activity provides a detailed report on actions currently in place to address sickness absence.

Timeline For Improvement

Ongoing attendance management remains a key productivity and staff welfare issue for NHSGG&C and action to improve performance is ongoing.