

## NHS GREATER GLASGOW AND CLYDE'S INTEGRATED PERFORMANCE REPORT

### Recommendation:

Board members are asked to:

Note and discuss the content of the NHS Greater Glasgow and Clyde's Integrated Performance Report.

### Purpose of Paper:

To bring together high level information from separate reporting strands, to provide an integrated overview of the NHS Greater Glasgow and Clyde's performance in the context of the 2015-16 Strategic Direction.

### Key Issues to be Considered:

Key performance status changes since the last report to the Board Report include:

- The percentage of patients waiting less than 4 hours in A&E has improved since the last Board report. In April 2016 the performance was 93.9% and this has now risen to 94.3% in June 2016. Performance has also improved in comparison with the previous year, when June 2015 performance was 91.8%.
- The number of patients delayed discharge > 14 days has improved, with the June 2016 position of 28 showing a reduction from the previous performance report, which showed 34 in May 2016.
- The Stroke Bundle performance of 64% in June 2016 is an improvement in comparison to the previous year of 55% in June 2015 and the last reported figure of 58% in April 2016.

### Performance Deterioration

- The percentage of new outpatient waiting < 12 weeks for an appointment has deteriorated from 95.4% in April 2016 to 94.4% in June 2016.
- The Board's June 2016 Finance report shows a £9.5m overspend for the first quarter.

### Measures Rated As Red

- Detect cancer early
- Suspicion on cancer referrals (62 days)
- Delayed discharges > 14 days
- Bed days lost to delayed discharge
- % of new outpatient waiting < 12 weeks for an appointment (*new*)
- Stroke Care Bundle
- SAB infection rate (cases per 1,000 population)
- Sickness absence.

**Any Patient Safety/Patient Experience Issues:**

None identified.

**Any Financial Implications from this Paper:**

None identified.

**Any Staffing Implications from this Paper:**

None identified.

**Any Equality Implications from this Paper**

Identified under Strategic Priority 5 - Tackling Inequalities.

**Any Health Inequalities Implications from this Paper**

Identified under Strategic Priority 5 - Tackling Inequalities.

**Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome**

No risk assessment has been carried out.

**Highlight the Corporate Plan priorities to which your paper relates**

The report is structured around each of the five strategic priorities outlined in the 2015-16 Strategic Direction/Local Delivery Plan.

**Tricia Mullen, Head of Performance**

**Tel No: 0141 201 4754**

**16 August 2016**

**NHS GREATER GLASGOW AND CLYDE**

**Board Meeting**  
**16 August 2016**

**Paper No: 16/54**

**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 and approved 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 as outlined in the 2015-16 Strategic Direction. 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. WHAT'S NEW IN THE REPORT?

An exceptions report has been provided for performance relating to the percentage of new outpatient waiting < 12 weeks for an appointment. Also, commentary has been provided for the % of patients waiting < 6 weeks for diagnostic test performance.

### 4. SUMMARY OF PERFORMANCE

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

#### Performance Improvements

- The percentage of patients waiting less than 4 hours in A&E has improved since the last Board report. In April 2016 the performance was 93.9% and this has now risen to 94.3% in June 2016. Performance has also improved in comparison with the previous year, when June 2015 performance was 91.8%.
- The number of patients delayed discharge > 14 days has improved, with the June 2016 position of 28 showing a reduction from the previous performance report, which showed 34 in May 2016.
- The Stroke Bundle performance of 64% in June 2016 is an improvement in comparison to the previous year of 55% in June 2015 and the last reported figure of 58% in April 2016.

#### Performance Deterioration

- The percentage of new outpatient waiting < 12 weeks for an appointment has deteriorated from 95.4% in April 2016 to 94.4% in June 2016.
- Child and Adolescent Mental Health 12 week internal waiting time's performance has deteriorated in June 2016. The position shows that 99.7% of patients waited less than 12 weeks from referral to start treatment down from the 99.8% for April 2016. *Appendix 1* provides an overview of performance against the internal target of 12 weeks during the past two years.
- The Board's June 2016 Finance report shows a £9.5m overspend for the first quarter.

#### Measures Rated As Red

- Detect cancer early
- Suspicion on cancer referrals (62 days)
- Delayed discharges > 14 days
- Bed days lost to delayed discharge
- % of new outpatient waiting < 12 weeks for an appointment (*new*)
- Stroke Care Bundle
- 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 AUGUST 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	
<b>LDPS</b>	Local Delivery Plan Standard	<b>RED</b>	Out with 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	2	1	1	0	<b>4</b>
Shifting The Balance of Care	1	1	0	4	<b>6</b>
Reshaping Care for Older People	1	0	0	1	<b>4</b>
Improving Quality and Effectiveness	4	4	7	4	<b>19</b>
Tackling Inequalities	0	0	2	0	<b>2</b>
<b>TOTAL</b>	<b>9</b>	<b>6</b>	<b>10</b>	<b>9</b>	<b>33</b>

PERFORMANCE AT A GLANCE - AUGUST 2016									
PREVENTING ILL HEALTH AND EARLY INTERVENTION									
Ref	Type	Local Delivery Plan Standard	As At	2015-16 Actual	2016-17 Actual	2016-17 Target	Perform Status	Dir of Travel	Exceptions Report
1	LDPS	Early diagnosis and treated in first stage cancer	Oct - Dec 15	26.6%	—	28.5%	RED	↓	Page 12
2	LDPS	Suspicion of Cancer Referrals (62 days)*	Jun-16	86.7%	88.1%	95%	RED	↑	Page 14
3	LDPS	All Cancer Treatments (31 days)*	Jun-16	96.5%	94.9%	95%	AMBER	↓	
4	LDPS	Alcohol Brief Interventions	Apr - Mar 16	15,534	—	13,086	GREEN	↑	
SHIFTING THE BALANCE OF CARE									
Ref	Type	Local Delivery Plan Standard	As At	2015-16 Actual	2016-17 Actual	2016-17 Target	Perform Status	Dir of Travel	Exceptions Report
5	LDPS	A&E max. 4 hours wait	Jun-16	91.8%	94.3%	95%	AMBER	↑	
6	LKPI	A&E Attendances per 100,000 popu	Jul 15 - Jun 16	2,818	2,478	No Target	GREY	↑	
7	HSCI	Delayed Discharge > 14 days (inc codes)	Jun-16	24	28	0	RED	↓	Page 17
8	HSCI	Delayed Discharge < 72 hours (inc codes)	Jun-16	7	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	2015-16 Actual	2016-17 Actual	2016-17 Target	Perform Status	Dir of Travel	Exceptions Report
11	HSCI	Acute bed days lost to delayed discharge							
		All patients (65 years+)	Jun-16	2,658	3,348	0	RED	↓	Page 18
		AWI patients (65 years+)	Jun-16	1,254	1,549	0	RED	↓	
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	2015-16 Actual	2016-17 Actual	2016-17 Target	Perform Status	Dir of Travel	Exceptions Report
13	LDPS	18 Week Referral To Treatment (RTT)							
		Combined Admitted/Non Admitted	Jun-16	91.1%	92.0%	90%	GREEN	↑	
		Combined Linked Pathway	Jun-16	87.8%	87.9%	80%	GREEN	↑	
14	LDPS	12 week Treatment Time Guarantee (TTG)							
		Inpatient	Jun-16	99.9%	96.9%	100.0%	AMBER	↓	
15	LKPI	Patient unavailability (Adults)							
		Inpatient/Day Case (inc Endoscopy)	Jun-16	5,387	5,885	N/A	GREY	↓	
		Outpatient	Jun-16	2,798	5,062	N/A	GREY	↓	
16	LKPI	% of patients waiting < 6 weeks for diagnostic test	Jun-16	100%	99.9%	100%	AMBER	↓	
17	LDPS	% of new outpatient waiting < 12 weeks for an appointment	Jun-16	95.6%	94.4%	99.9%	RED	↓	Page 19
18	LDPS	% of eligible patients commencing IVF treatment within 12 months	May-16	100%	100%	90%	GREEN	↔	
19	LKPI	Stroke Care Bundle	Jun-16	55%	64%	80%	RED	↑	Page 23
		% of patients admitted to stroke unit	Jun-16	91%	97%	90%	GREEN	↑	
		% of patients CT/MRI scanned within 24hrs of Admission	Jun-16	94%	98%	90%	GREEN	↑	
		% of patients with swallow screen carried out on Day of admission	Jun-16	73%	68%	90%	RED	↓	
		% of Patients prescribed aspirin on Day of Admission, or Day following	Jun-16	91%	91%	90%	GREEN	↑	
20	LDPS	% patient waiting < 18 weeks for RTT to Specialist Child and Adolescent Mental Health Services	Jun-16	100%	99.7%	100%	AMBER	↓	
21	LDPS	% patients who started treatment <18 weeks of referral for psychological therapies	Jan - Mar 16	92.4%	—	90%	GREEN	↓	
22	LDPS	Drug and Alcohol: % of patients waiting < 3 weeks from referral to appropriate treatment	Jan - Mar 16	96.5%	—	91.5%	GREEN	↑	
23	LDPS	SAB Infection rate (cases per 1,000 OBD rolling year)	Apr 15 - Mar 16	0.33	—	0.24	RED	↓	Page 25
24	LDPS	C.Diff Infections (cases per 1,000 OBD rolling year)	Apr 15 - Mar 16	0.31	—	0.32	GREEN	↓	
25	LDF	% of complaints responded to within 20 working days	Jan - Mar 16	81%	72%	70%	GREEN	↓	
26	LDPS/LDF	Financial Performance	Jun-16	(£4.4m)	(£9.5m)	(£10.0m)	AMBER	↓	Agenda Item 16
27	LDPS/LDF	Sickness Absence (rolling year)	May-16	5.34%	5.46%	4%	RED	↓	Page 27
		Long Term	May-16	3.54%	3.63%	N/A	GREY	↓	
		Short Term	May-16	1.80%	1.83%	N/A	GREY	↓	
TACKLING INEQUALITIES									
Ref	Type	Local Delivery Plan Standard	As At	2015-16 Actual	2016-17 Actual	2016-17 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	Jan - Mar 16	76.9%	83.6%	80%	GREEN	↑	
29	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas (Data incomplete)	Apr 15 - Mar 16	1340	1769	1,328	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	2015-16 Actual	2016-17 Actual	2015-16 Target	Perform Status	Dir of Travel
3	All Cancer Treatments - 31 days ( <i>data still to be validated</i> )	June 2016	96.5%	94.9%	95.0%	<b>AMBER</b>	↓

**Commentary**

As at June 2016, 94.9% 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	Treatment Time Guarantee - number of patients waiting > 12 weeks for an appointment	June 2016	99.9%	96.9%	100%	<b>AMBER</b>	↓

**Commentary**

Overall, across all Sectors and Directorates, 96.9% of patients were treated within the 12 week Treatment Time Guarantee (TTG) at June 2016 (month end). The remaining 3.1% patients represent a total of 590 patients that were not treated within the 12 week TTG in the following specialties: Orthopaedics (217), Urology (141), General Surgery (136), Neurosurgery (53), Oral Maxillofacial Surgery (23), Ear, Nose and Throat (ENT) (12), Surgical Paediatrics (5), Ophthalmology (1), Plastic Surgery (1) and Gynaecology (1).

**Actions To Improve Performance**

**Neurosurgery (53) patients and Oral Maxillofacial (23) patients** - since June 2016 (at month end), two Neurosurgery and one Oral Maxillofacial (OMFS) patients have received their treatment; 22 Neurosurgery and 3 OMFS patients now have a confirmed date for their procedures to be carried out; 31 Neurosurgery and 12 OMFS patients are waiting for a date to be confirmed for their procedure to be carried out, including 4 patients for neurointerventional radiology and 2 Neurosurgery and 3 OMFS patients were removed from the list. The service is still aiming to reduce the number of >12 weeks cases to 0 by the end of September.

The service now has six fully operational theatres. Additional capacity has been limited due to consultant leave however two full additional days operating is being achieved.

**Plastic Surgery (1) patient** – The plastics patient was an administrative system error. The patient has been offered a date however due to an underlying clinical condition cannot yet be treated.

**Urology (141) patients (136 in South and 5 in North Sectors)** – Urology capacity is under review across GGC. There are ongoing discussions with regard to maximizing the available capacity and productivity including the use of waiting list initiative options and other avenues for accessing additional capacity. In the South, Urology capacity issues are further exacerbated by the removal of location unavailability and also a consultant vacancy that remains unfilled. In addition a further consultant has gone on long term sick leave in August and therefore, the service is challenged in being able to address the backlog.

**Trauma and Orthopaedics (217) patients** (*184 in South and 33 in Clyde Sectors*) - The Orthopaedic service in Clyde is under immense pressure due to an increased demand for emergency and elective surgery at the moment and the teams are working as flexibly as possible to try to maintain prompt access for all patients. Unfortunately due to the impact of this increased demand we are struggling to offer a date for surgery that will meet some patients Treatment Time Guarantee. Further, with the access policy changed to remove option of locational unavailability from 30th June 2016, it will impact our ability to continue management of patients within the Treatment Time Guarantee and so additional capacity requirements are currently being scoped. In the South Sector, Orthopaedic breachers are due to the lack of capacity and the removal of the locational unavailability. There is also a particular difficulty in spinal surgery capacity following the retiral of a Consultant at GRI and the centralisation of the service at the QEUH.

**General Surgery (136) patients** (*135 in South and 1 in Clyde Sectors*) - The one Clyde patient was treated in early July. TTG was unable to be met due to the lack of capacity available within the Sector.

In the South Sector, General Surgery capacity for day surgery continues to be challenging. Additional capacity to address long waiting patients has been provided at the Nuffield hospital. This position has been amplified by the removal of the location unavailability code. Traditionally, there have been a number of patients who have requested to wait for the Victoria site.

**ENT (12) patients** (*12 in South Sector*) – The 12 TTG breachers are thyroid patients that had dates, but were cancelled due to three periods of sickness for one consultant. The consultant has now resumed and the patients are being given a new date.

**Ophthalmology (1) patient** (*1 in South Sector*) - The ophthalmology patient was an administrative error and the patient has now been given a date.

**Surgical Paediatrics (& Urology) (5) patients** – The service is no longer using social unavailability for patients waiting for surgery. This has presented an initial capacity challenge for general surgery and urology to treat all patients within the waiting time target.

To overcome this challenge service is;

- reviewing general surgery and urology capacity including plans for improvements in theatre utilisation
- working with general surgery and urology consultants to agree a process for sharing patients between surgeons when waiting time pressures on individual patients exist
- working with general surgery and urology consultants to agree a process for improved time sensitive booking of patients

**Gynaecology (1) patient** - This patient was subsequently removed from the waiting list because they were no longer resident in the UK.

Ref	Measure	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel
16	% of patients waiting < 6 weeks for diagnostic test	June 2016	100%	99.9%	100%	AMBER	↓

### **Commentary**

As at June 2016, 99.9% of all patients waited less than four weeks for a key Diagnostic test. A total of thirteen patients waited more than six weeks for a diagnostic test. Four patients waited more than 6 weeks for an Upper Endoscopy (3 in Clyde and 1 in South Sectors); Six patients waited more than 6 weeks for a Cystoscopy (in South Sector) and three patients waited more than 6 weeks for a Colonoscopy (1 in Clyde and 2 in South Sectors).

### **Actions To Improve Performance**

Clyde;

- A Nurse Endoscopist is currently undergoing training in Clyde which will support and improve the ability to backfill lists within the sector.
- A full review of capacity within the RAH is required as the unit remains the only endoscopy unit in GG&C that is located within 2 rooms within Theatres. Initial capacity planning suggests a four-room endoscopy unit may be required for RAH to meet the current demand.

South;

- The Service is currently exploring what is required to move to a predominantly nurse led service, which would decrease the loss of capacity attributable to Consultant on-call, ward cover and leave.
- A Locum Consultant has been employed since April 2016, to back fill consultant cancellations.
- Nurse Endoscopists have time-shifted admin sessions to pick up weekday lists.
- Evening Sessions at GGH have begun and Saturday waiting lists continue to run.

Ref	Measure	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel
20	% of patients waiting < 18 for RTT to Specialist Children and Adolescent Mental Health Services	June 2016	100%	99.7%	100%	AMBER	↓

### **Commentary**

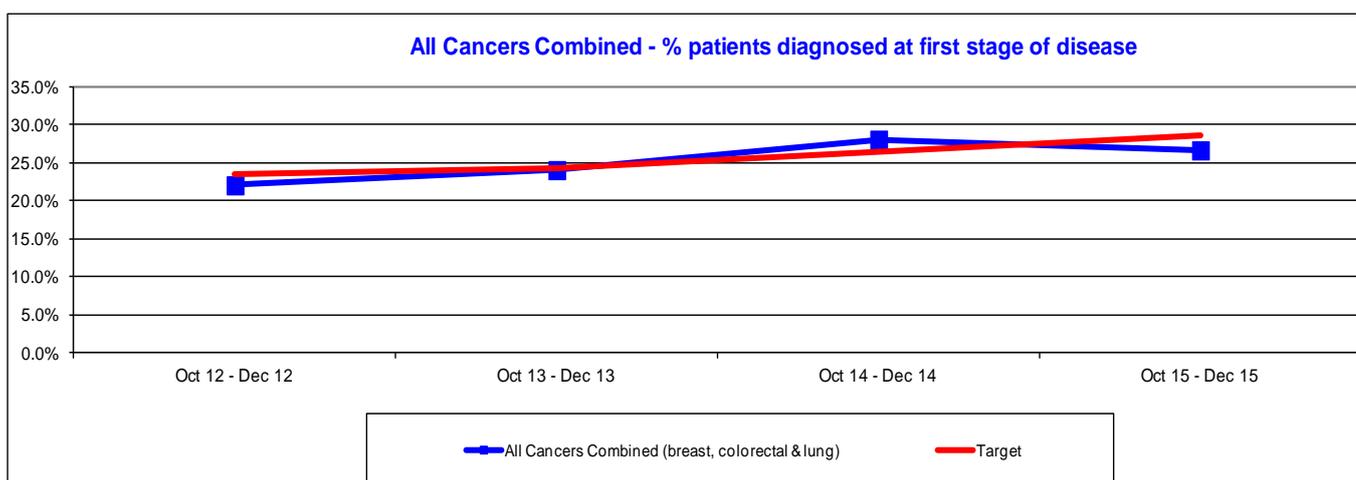
As at June 2016, 99.7% of all patients waited less than 18 weeks from referral to start of treatment. The three patients from Renfrewshire HSCP that waited > 18 weeks received their treatment at the beginning of July 2016.

*Appendix 1* provides an overview of performance against the internal target of 12 weeks during the past two years.

## **PERFORMANCE EXCEPTIONS REPORTS**

## Exceptions Report: Detect Cancer Early

<b>Measure</b>	Detect Cancer Early (DCE)
<b>Current Performance</b>	Overall, for the period October – December 2015 the percentage of patients diagnosed with Stage 1 cancer was 26.6%. Current performance is lower than the trajectory of 28.5%. <b>Please Note:</b> The DCE data is reported four months after the end of the reported quarter. This timeline had been agreed by Health Boards and ISD as the earliest timeframe in which complete data would be available.
<b>Lead Director</b>	Gary Jenkins, Director of Regional Services



### Commentary

#### **NHS Greater Glasgow & Clyde: October – December 2015**

##### **All cancers combined**

There has been an increase of 0.1% in the percentage of patients diagnosed at stage 1 for October – December 2015 (26.6%) compared to July – September 2015. October – December 2015 is 1.9% below trajectory for period (28.5%)

##### **Breast cancer**

There has been an increase of 6.1% in the percentage of patients diagnosed at stage 1 for October – December 2015 (45.1%) compared to July – September 2015. October – December 2015 is 2.4% above trajectory for period (42.7%)

##### **Colorectal cancer**

There has been a decrease of 3.8% in the percentage of patients diagnosed at stage 1 for October – December 2015 (13.3%) compared to July – September 2015.

October – December 2015 is 12.5% below trajectory for period (25.8%)

As previously noted, the baseline data may have been affected by the introduction of the bowel screening programme and discussions with other NHS Boards regarding data indicate that they experienced similar trends in DCE for colorectal cancer

As can be seen from the 2014/2015 combined data in table 1, NHS Greater Glasgow & Clyde colorectal performance in 2014/2015 is in line with other NHS Boards and overall national performance.

##### **Lung cancer**

There has been a decrease of 3.7% in the percentage of patients diagnosed at stage 1 for October – December 2015 (16.9%) compared to July – September 2015.

October – December 2015 is 2.6% below trajectory for period (19.5%) However, it is noted that performance throughout other quarters in 2013, 2014 and 2015 was above trajectory Performance over future quarters will be monitored closely to determine if this drop is indicative of a trend or due to normal variation. If indicative of a trend, work will be undertaken with the MCN.

## **NHS Scotland: 2014/2015 Combined 2-Year Performance**

2014/2015 combined data for NHS Scotland demonstrates that 25.1% of people were diagnosed with breast, colorectal and lung cancer at the earliest stage (stage 1). This is an 8.0% increase from the baseline 2010/2011 combined. However, it was below the target of 25% increase in Stage 1 diagnoses. For the same period 25.2% of people were diagnosed with breast, colorectal and lung cancer at the earliest stage (stage 1) in NHS Greater Glasgow and Clyde. This is a 12.5% increase from the baseline (2010/2011 combined).

**Table 1: National % Stage 1 Cancers – Baseline (2010/2011) and 2014/2015**

Area of Residence	Breast/Colorectal/Lung Combined		Breast		Colorectal		Lung	
	% Stage 1		% Stage 1		% Stage 1		% Stage 1	
	Baseline (2010/2011)	2014/2015	Baseline (2010/2011)	2014/2015	Baseline (2010/2011)	2014/2015	Baseline (2010/2011)	2014/2015
<b>NHS SCOTLAND</b>	<b>23.2%</b>	<b>25.1%</b>	<b>38.4%</b>	<b>40.5%</b>	<b>17.8%</b>	<b>15.4%</b>	<b>13.1%</b>	<b>17.9%</b>
<b>NOSCAN</b>	<b>22.2%</b>	<b>22.0%</b>	<b>37.5%</b>	<b>38.1%</b>	<b>15.9%</b>	<b>12.1%</b>	<b>10.9%</b>	<b>13.9%</b>
NHS Grampian	20.2%	20.1%	36.8%	35.9%	13.5%	10.9%	8.5%	12.1%
NHS Highland	25.7%	23.1%	40.8%	37.8%	21.9%	14.7%	11.5%	14.0%
NHS Orkney	19.7%	28.2%	33.3%	40.8%	16.7%	5.3%	14.8%	17.6%
NHS Shetland	19.3%	16.9%	19.4%	26.9%	26.8%	11.8%	10.8%	13.8%
NHS Tayside	21.3%	23.2%	36.5%	40.8%	12.6%	11.9%	12.4%	16.1%
NHS Western Isles	28.9%	23.9%	40.4%	46.8%	25.5%	12.5%	19.1%	11.8%
<b>SCAN</b>	<b>23.6%</b>	<b>27.3%</b>	<b>39.5%</b>	<b>42.9%</b>	<b>17.2%</b>	<b>17.7%</b>	<b>13.9%</b>	<b>19.2%</b>
NHS Borders	26.2%	25.9%	41.3%	44.0%	19.7%	14.8%	14.0%	14.7%
NHS Dumfries & Galloway	26.6%	26.1%	40.6%	42.7%	25.0%	21.5%	10.7%	11.3%
NHS Fife	23.2%	28.6%	42.3%	44.6%	16.9%	19.5%	10.3%	21.3%
NHS Lothian	22.6%	27.1%	37.4%	42.0%	14.6%	16.6%	16.1%	20.2%
<b>WOSCAN</b>	<b>23.5%</b>	<b>25.3%</b>	<b>38.2%</b>	<b>40.4%</b>	<b>19.3%</b>	<b>15.8%</b>	<b>13.7%</b>	<b>18.9%</b>
NHS Ayrshire & Arran	24.5%	24.9%	39.8%	41.3%	18.7%	16.2%	13.5%	17.0%
NHS Forth Valley	26.1%	26.1%	41.7%	41.2%	18.2%	17.3%	14.2%	16.6%
NHS Greater Glasgow & Clyde	22.4%	25.2%	36.8%	39.4%	19.7%	15.6%	13.2%	20.0%
NHS Lanarkshire	23.9%	25.7%	37.9%	41.4%	19.4%	15.2%	14.9%	18.6%

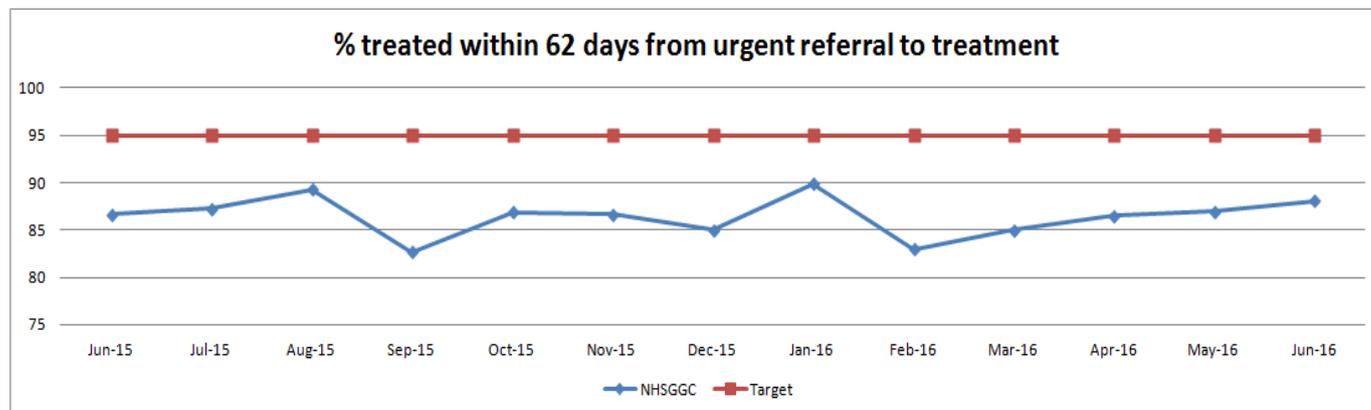
Source: <http://www.isdscotland.org/Health-Topics/Cancer/Detect-Cancer-Early/Statistics/>  
2014/2015 Data Published 26 July 2016

### **Timeline For Improvement**

Ongoing with continual review of performance.

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

<b>Measure</b>	Suspicion of Cancer Referrals
<b>Current Performance</b>	As at June 2016, 88.1% of patients with an urgent referral for suspicion of cancer were treated within 62 days of the referral. ( <i>Data provisional</i> )
<b>Lead Director</b>	Gary Jenkins, Director of Regional Services



### Commentary

#### **62-Day Target**

As at June 2016, 88.1% (251 out of 285) of eligible referrals with an urgent referral for suspicion of cancer had first treatment within 62 days of referral below the target of 95%. This shows an improvement compared to performance in May 2016 (87.0%)

The cancer types currently below the 95% target are as follows; Urology 51.4% (18 out of 35 eligible referrals treated within target), Head and Neck 76.5% (13 out of 17 eligible referrals treated within target), Colorectal – screened excluded 82.8% (24 out of 29 eligible referrals treated within target), Lung 91.5% (54 out of 59 eligible referrals treated within target) and Melanoma 93.8% (15 out of 16 eligible referrals treated within target),

#### **31-Day Target**

As at June 2016, 94.9% (521 out of 549) of eligible referrals with a new diagnosis of cancer had first treatment within 31 days of decision to treat. This shows an improvement compared to performance in May 2016 (92.5%)

The cancer types below 95% were Urology 80.7% (71 out of 88 eligible referrals treated within target), Head & Neck 93.9% (31 out of 33 eligible referrals treated within target) and Melanoma 94.1% (32 out of 34 eligible referrals treated within target)

### Actions to Address Performance

#### General

In July bids were invited nationally by the Scottish Government Cancer Performance Support Team for non-recurring short-term funds to improve cancer waiting times performance. NHS Greater Glasgow & Clyde have submitted a bid which includes measures to increase short-term capacity in Breast, Colorectal, Head & Neck, Upper GI, Urology, Oncology and Diagnostics. The decision regarding allocation of funds is awaited.

## Urological Cancer

The main pressures within Urology are timely access to general anaesthetic surgical lists for core procedures, general anaesthetic surgical lists for complex surgery (prostatectomy & nephrectomy) and diagnostic procedures (flexible cystoscopy / ureteroscopy / TRUS & biopsy). There is also pressure on timely access to the urological oncology service, especially clinical oncology.

An improvement plan was presented to the Acute Strategic Management Group in May. Confirmation was received from the Cancer Performance Support Team on 25 May 2016 that non recurring revenue would be allocated to NHSGGC to support an improvement plan for Urology, This plan includes the following:

- Additional urological diagnostic (flexible cystoscopy/TRUS&biopsy) sessions (North & South sectors) through the development of two Diagnostic Hubs;
- Introduction of TURis (Trans-urethral resection in saline) service (North & South sectors)
- Additional theatre sessions for renal surgery (South sector)
- Additional Clinical Oncologist
- Additional Pathologist/laboratory support

The above measures will allow more timely access to urological diagnostic and surgical procedures as well as specimen reporting and therefore, deliver an improvement in cancer waiting times performance. Sectors have produced implementation plans which demonstrate an incremental implementation of the measures above from July to December 2016. Measures implemented to date include:

- 3.5 additional urological diagnostic sessions to improve the pre-diagnosis stage of the patient pathway were implemented July 2016
- The Consultant Clinical Oncologist was appointed in July 2016 (to commence in October 2016)

Through August to October an additional 10.5 urological diagnostic sessions will be introduced as well as implementation of TURis (transurethral resection in saline) in North and South Glasgow. By December 2016, a further 4 urological diagnostic sessions will be introduced as will an additional 2 renal surgery lists per week.

## Breast Cancer

Overall Breast performance has shown an improvement compared to recent months.

Work is progressing on the NHSGGC Breast model and a further review of this tumour type will be undertaken once the outcome of the NHSGGC Breast model is concluded.

## Colorectal Cancer

Colorectal performance for screening patients has been challenged of late. Detailed analysis of cases has demonstrated that timely access to colonoscopy pre-assessment and colonoscopy is variable. It is also noted that bowel screening cases are not currently tracked pre-diagnosis and are only added to tracking once there is a histological diagnosis reported.

It has been identified that the following measures should improve waiting times performance:

- Increased dedicated colonoscopy pre-assessment capacity.
- Introduction of bowel screening tracker to allow early identification of pre-diagnosis issues and peaks in demand and earlier identification of cancer diagnoses.
- Review of bowel screening colonoscopy capacity as part of an overall review of endoscopy capacity within sectors.

An action plan is in place with the first two actions being progressed. Temporary pre-assessment capacity has been introduced for July and August with permanent additional resource to be implemented in September. The bowel screening tracker post is at recruitment with the candidate expected to be in post by October 2016.

June 2016 saw an increased number of colorectal – non-screened breachers. Review of pathways indicate that there were a greater number of cases treated with more unusual pathways.

#### Head & Neck Cancer

It is recognised that there is significant pressure on outpatient and diagnostic capacity within Head and Neck services given the volume of referrals compared with the numbers of patients actually diagnosed with cancer. Additional clinics continue to be implemented. In addition, a bid for aforementioned non-recurring short-term cancer monies has been submitted to develop a same day admission area to facilitate patient recovery and discharge for patients unsuitable for ACH based procedures.

#### Lung Cancer

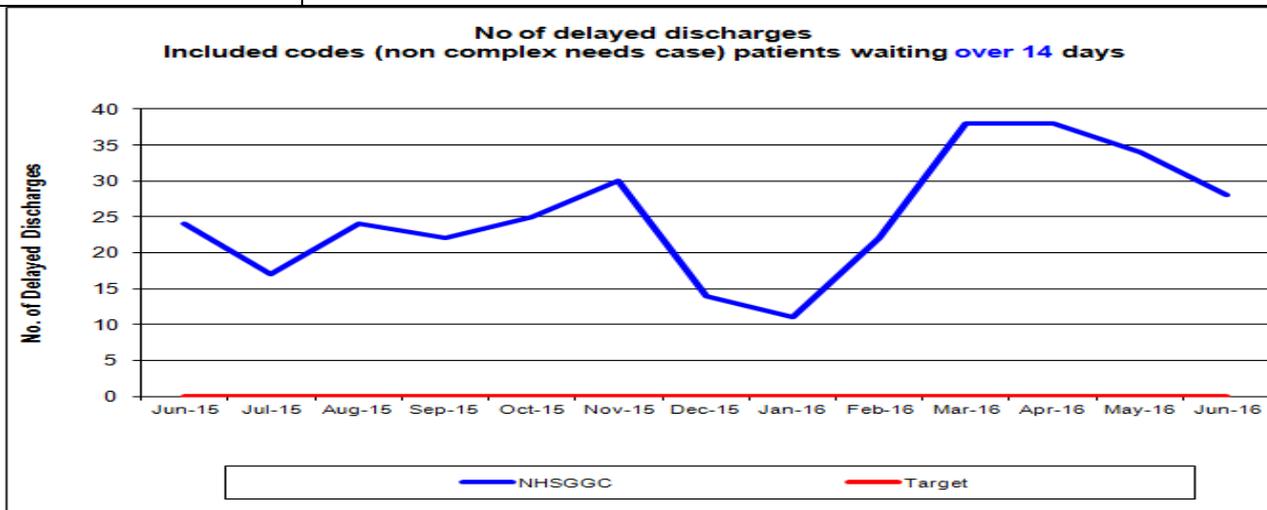
Lung virtual clinic pilot is due to commence in September 2016 to assess the effectiveness of a lung virtual clinic to streamline the initial stages of the lung pathway. A new referral template has recently been agreed through the Referral Management Group and will be piloted in the North East Sector to support the virtual clinic.

#### Timeline For Improvement

As cancer waiting times are reported based on month of treatment, the aforementioned measures being undertaken to ensure more timeous steps on the patient pathways will be reflected in the cancer waiting times performance from September 2016 onwards, with an incremental improvement expected through Quarter 4 (Oct – Dec) 2016 and Quarter 1 (Jan – March) 2017.

## Exceptions Report: Delayed Discharges > 14 days

<b>Measure</b>	Delayed Discharges > 14 days
<b>Current Performance</b>	As at June 2016, 28 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 and Policy



### Commentary

The June 2016 position of 28 patients delayed shows a decline in the number of monthly delayed discharges reported since March-April 2016.

In June 2016, a total of 28 patients were delayed > 14 days, an increase on the 24 reported in June 2015. Of the total number of patients delayed > 14 days; 18 were residents of Glasgow City (11 residents from the South, 7 residents from the North West Sector). The remaining 10 patients delayed were out with the Board area.

The above figures exclude the 85 patients delayed > 14 days for legal reasons and who lack capacity (AWI) in June 2016. The total comprises 56 patients from Glasgow City, 7 from Renfrewshire, 7 from West Dunbartonshire, 2 from East Dunbartonshire, 2 from Inverclyde, 3 from East Renfrewshire and the remaining 8 were out with NHSGG&C boundary.

There were 13 patients delayed < 72 hours for legal reasons and who lacked capacity (AWI) in June 2016. One patient was from West Dunbartonshire, one patient was from East Renfrewshire, 2 patients were resident in East Dunbartonshire H&SCP's and 7 patients were from Glasgow City (2 from North East and 5 from South Glasgow). Two patients were resident in Inverclyde.

### Actions to Address Performance

- We continue to work with Partnerships to reduce delayed discharges. There are particular issues with GCC which we are actively working with the HSCP to address;
- New targets have been proposed to HSCPs which would drive further reductions and enable the Acute Division to address pressures in unscheduled care and to reduce beds.

### Timeline For Improvement

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

## Exceptions Report: Bed Days Lost to Delayed Discharge (Inc 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 June 2016, the number of bed days lost to delayed discharge was 3,348 (1,549 for AWI patients).
<b>Lead Director</b>	Catriona Renfrew, Director of Planning & Policy

**Table 1**

<b>Bed Days Lost to Delayed Discharge (inc AWIs) - Acute</b> (patients aged 65 & over on day of admission)						
	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
HSCP	June 11 Actual	June Actual	June Actual	June Actual	June Actual	June Actual
East Dunbartonshire	680	393	270	283	287	238
East Renfrewshire	291	539	236	274	112	187
<b>Glasgow City</b>	<b>5,799</b>	<b>3,709</b>	<b>3,514</b>	<b>3311</b>	<b>1513</b>	<b>2155</b>
Inverclyde	703	246	294	116	80	115
Renfrewshire	1,577	1,253	558	356	436	285
West Dunbartonshire	483	510	295	413	230	368
<b>GGC(All above areas)</b>	<b>9,533</b>	<b>6,650</b>	<b>5,167</b>	<b>4,753</b>	<b>2,658</b>	<b>3,348</b>

**Table 2**

<b>Bed Days Lost to Delayed Discharge for AWIs - Acute</b> (patients aged 65 & over on day of admission)						
	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
HSCP	June 11 Actual	June Actual	June Actual	June Actual	June Actual	June Actual
East Dunbartonshire	140	30	0	53	63	0
East Renfrewshire	0	60	0	30	7	119
<b>Glasgow City</b>	<b>1,703</b>	<b>782</b>	<b>808</b>	<b>905</b>	<b>752</b>	<b>1127</b>
Inverclyde	30	0	0	0	0	0
Renfrewshire	116	252	156	330	321	111
West Dunbartonshire	128	125	120	125	111	192
<b>GGC(All above areas)</b>	<b>2,117</b>	<b>1,249</b>	<b>1,084</b>	<b>1,443</b>	<b>1,254</b>	<b>1,549</b>

### Commentary

As seen from *Table 1* above, in June 2016 the number of bed days lost to delayed discharge was 3,348 representing a 26% increase from the June 2015 position. (from 2,658 bed days lost in June 2015 to 3,348 in June 2016).

*Table 2* highlights a total of 1,549 bed days lost to delayed discharge for AWI patients in June 2016 representing a 24% increase on the number reported during the same period the previous year (from 1,254 bed days lost in June 2015 to 1,549 in June 2016). As part of the service and financial planning for 2016-17 we are aiming to agree with Partnerships a target of zero bed days lost.

### Actions to Address Performance

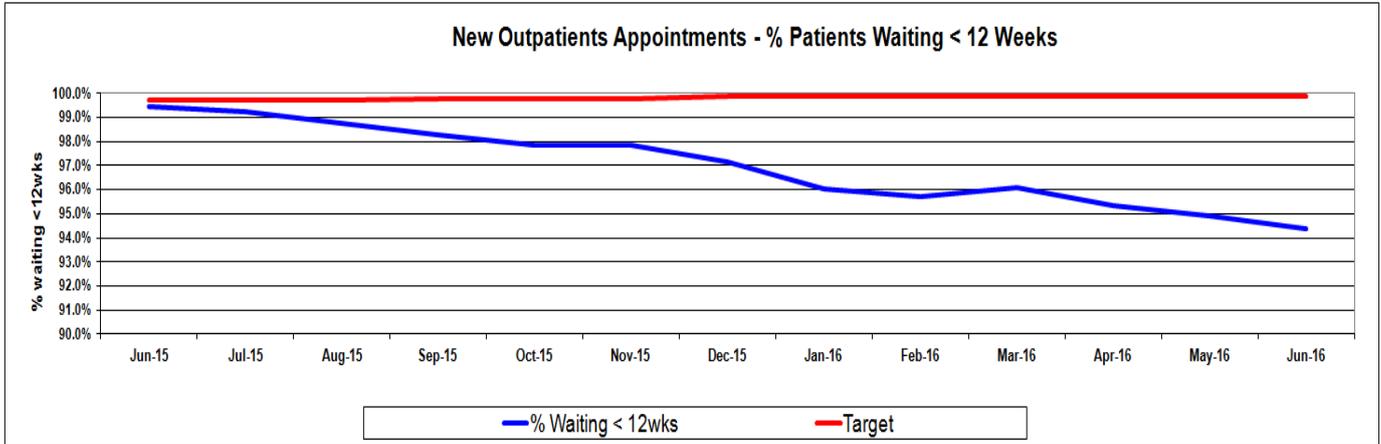
As per the actions outlined in the delayed discharge exception report.

### Timeline for Improvement

As identified in the delayed discharge exception report.

**Exceptions Report: % of new outpatient waiting < 12 weeks for an appointment**

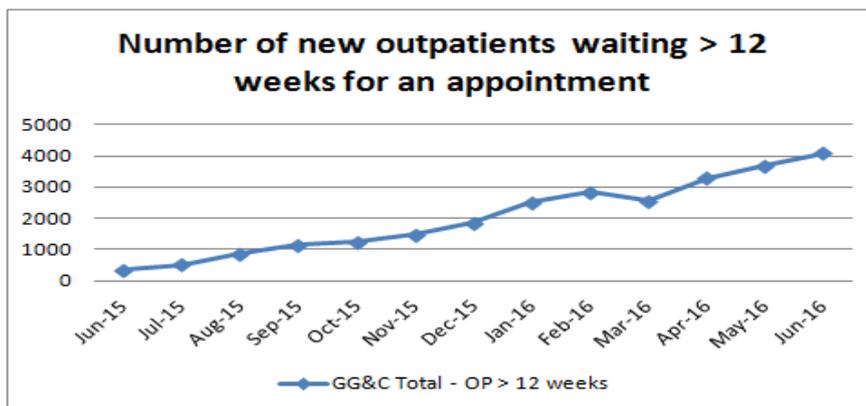
<b>Measure</b>	% of new outpatient waiting < 12 weeks for an appointment
<b>Current Performance</b>	As at June 2016, 94.4% of new outpatients waited less than 12 weeks for an appointment from a target of 99.9%.
<b>Lead Director</b>	



**Commentary**

As at June 2016 (month end), current performance in relation to the percentage of new outpatients waiting less than 12 weeks for an appointment was 94.4%, this is below the target of 99.9% and lower than the position reported during the same month the previous year.

Performance across each of the 3 Sectors and Regional Services Directorate was below target in June 2016 with; North Sector providing 92.5%, South Sector providing 93.3% and Clyde Sector providing 96.2% of new outpatient appointments in less than 12 weeks to patients on the outpatient waiting list, whilst Regional Services provided 88.8% of patients on the outpatient waiting list with new outpatient appointments in less than 12 weeks.



Across GGC there are 4093 patients waiting more than 12 weeks for a new outpatient appointment. Gastroenterology has the largest number of patients waiting, 1563 (38%), followed by Neurology with 736 (18%), Anaesthetics with 619 (15%), Respiratory with 557 (14%) and Rheumatology with 389 (10%). The remaining specialties of Dermatology and Neurosurgery have 113 and 38 patients waiting more than 12 weeks for a new outpatient appointment in June 2016.

The breakdown of the 4,093 patients waiting over 12 weeks at the end of June 2016 for a new outpatient appointment was:

**South Sector** – a total of 1711 patients were waiting more than 12 weeks for a new outpatient appointment in the following specialties: 1137 in Gastroenterology; 280 in Respiratory; 232 in Rheumatology; 37 in Diabetes 13 in Cardiology and 12 in Endocrinology.

Changes to working patterns in medical specialties as a result of the move to the Queen Elizabeth University Hospital and the reduction in junior doctors and vacancies/ sickness (two Consultants off long term sick with no locum in place) have reduced the number of available new outpatient slots. It has also been challenging to cover these gaps with waiting list initiatives. Changes to the application of patient availability is also impacting on the ability to manage the lists within 12 weeks.

**Regional Services** – a total of 782 patients were waiting > 12 weeks for a new outpatient appointment in the following specialties: 736 in Neurology; 38 in Neurosurgery, 7 in Oral and Maxillofacial and one in Rehabilitation

**Clyde Sector** – a total of 696 patients were waiting > 12 weeks for a new outpatient appointment in the following specialties: 426 in Gastroenterology, 157 in Rheumatology and 113 in Dermatology. In Rheumatology, there has been a recent resignation from a Rheumatology Consultant within the IRH. In Dermatology, Clyde operates with two part time consultants and their absence on annual leave over the summer holiday period has reduced capacity. Also, the need for registrars to have a compensatory day off when on call has reduced capacity.

**North Sector** – a total of 903 patients were waiting > 12 weeks for a new outpatient appointment in the following specialties: 619 in Anaesthetics, 276 in Respiratory and 8 in General Surgery. The increase in the numbers of patients waiting more than 12 weeks in Respiratory was driven by vacancies and a noted increase in referrals to the specialty. Waiting times in the Chronic Pain Service, which is now hosted in the North Sector following the sectorisation process across the city, are under significant pressure due to consultant gaps for a range of reasons including maternity leave, sick leave and unanticipated retirements.

### **Actions to Address Performance**

#### **South Sector :**

**Cardiology** a new Consultant has now been appointed with an academic Consultant also starting and this additional capacity will bring the specialty back within 12 weeks.

**Endocrine/Diabetes** – key areas of pressure are at Victoria ACH and changes to clinic templates have allowed the introduction of an additional weekly clinic which will help bring this service back under 12 weeks. One of the long term absences is in this service.

**Respiratory** – a recruitment process is underway with interviews set for 3<sup>rd</sup> week in September 2016. Recruitment of a Respiratory Consultant will provide additional capacity to help reduce the waiting lists. At the same time a more structured approach to junior doctor input to clinics is also being undertaken that will provide some additional capacity. One of the long term absences is in this service.

**Rheumatology** – a new Consultant has now started which is providing additional capacity to support reducing the waiting list. Pressures in this service are likely to be sustained due to imminent Consultant retirement who has now reduced to 3 day working pattern. Consultant interviews have been set for end September 2016.

**Gastroenterology** – this is the most significantly challenged service to bring back to within 12 weeks. Focused work is being progressed to review: pathways; clinic templates; role of nurse practitioners; maximising use of all available slots. This work is also linked to the national DO-IT initiative which will focus on patient pathways to improve self care management of certain conditions supported by primary/community services. Initial work which has been implemented is (a) reducing the number of clinics cancelled when covering Bleeding Rota and (b) a robust system has now been put in place to ensure that any clinic cancelled while Consultants are covering ward is time shifted where possible.

## **North Sector:**

**Respiratory** - Two new consultants have been appointed to posts within the sector and are due to commence in August/September 2016.

**Anaesthetics** - Previous attempts to recruit both substantively and on a locum basis have been unsuccessful and it is not felt that a further attempt at this stage will be more fruitful. The service is currently depending on WLI sessions.

Work is ongoing in relation to:

- Waiting list cleansing / housekeeping
- Telephone contact is being made with all patients on the list to confirm they still wish to attend the Service
- Rejection of all out of area referrals (with the exception of Argyll and Bute patients where there is an ongoing arrangement with NHS Highland)
- Potential redistribution of sessions freed up by removing acupuncture as a treatment offered
- Restriction of repeat procedures without new GP referral
- Robust MDT vetting of all referrals
- Analysis and tighter management of waiting lists and consistent application of New Ways
- Introduction of significantly greater use of specialist nurses, AHPs and clinical psychologists as first contact for new patients

**General Surgery** Significant increases in Urgent Suspicion of Cancer and urgent referrals to the breast service have resulted in capacity issues, these are being managed by a limited amount of additional clinics.

## **Clyde Sector :**

**Gastroenterology** – 2 new posts have been approved and are with recruitment to improve efficiency of the service across the Sector. Phased return for one of the Consultants within RAH/VoL now complete. Paper work being finalised for two Clinical Nurse Specialist roles to assist the service.

**Rheumatology** – A Clinical Nurse Specialist is now back on a phased return from long term sick leave and an IRH Consultant is undertaking a clinic in RAH for new patients and introducing a triage vetting system to ensure consistency to referrals. Patients are also being appointed to the first available appointment within the Clyde sector and pressure is on the RAH site only at present.

**Dermatology** - currently has 36 vacant consultant sessions with a further 10 due to be vacated at the end of August. To date, suitable candidates have not been available to recruit, however, in the past month a potential suitable candidate has been identified and the recruitment process has recommenced. In addition to the 36 vacant sessions, two consultants, two registrars and one specialty doctor are on maternity leave all of which reduces capacity. There has been part time locum input with a further locum now taken up post again on a part time basis.

Locum allocation has been realigned to meet the areas of greatest need i.e. Clyde  
Additional clinics have been sought for routine and urgent cancer referrals, the latter to ensure cancer targets are met.

## **Regional Services:**

**Neurology** continues to have pressures on demand/capacity. Four new consultant posts out to advert with interview date of 26<sup>th</sup> August (in conjunction with A&A/LHB) supported by Scottish Government. Three locum consultant posts funded by Scottish Government from August – November to provide additional new capacity.

The MS Redesign event took place at the end of July 2016, with the objective to increase new capacity and provide a more efficient service to patients including a follow up with a nurse.

The service;

- Have implemented a vetting panel
- Are implementing a manual Patient Focused Booking process
- Are awaiting the launch of an 'advice only' option within SCI Gateway
- Looking within the service for further redesign opportunities

**Neurosurgery** has lost capacity due to theatre recovery plan until end June is 48 new slots. We also had 3 Bank Holidays during this period. In addition Neurosurgery waiting list initiative numbers for the quarter were 220 compared to 309 new slots in the previous quarter – a reduction of 89 new slots. Consultant annual leave has resulted in further reduction in available capacity. Additional clinics provided by locum consultant equating to 56 new patients per month. Additional clinics required but limited availability due to leave at present however further clinics planned for mid-end August.

## **Timeline For Improvement**

**North Sector** - Following appointment of the posts in Respiratory, it is expected that a progressive reduction in the number over 12 weeks will be noted by the end of September 2016. Sustainable recovery of the 12 week position is not expected until the end of the year.

In General Surgery, Patients waiting over 12 weeks will be resolved at the end of August 2016 if a limited number of additional clinics can be supported by Radiology staff to run.

In Anaesthetics, It is envisaged that the service will return to a balanced position by March 2017.

**South Sector** - In Cardiology and Endocrine/Diabetes the creation of additional capacity this should bring the waiting list back under 12 weeks and within 8 weeks. For Respiratory and Rheumatology this will require a longer timeline dependent upon Consultant availability. Gastroenterology is subject of a detailed review and a plan will be developed by the end of August 2016.

**Clyde Sector** - Rheumatology should improve within the next 6-8 weeks. Gastroenterology will improve with the implementation of a new model, when new posts are appointed to. In Dermatology, the Job plan for a replacement candidate is under discussion and due for completion on the 9<sup>th</sup> of August, then the recruitment process to commence. The successful candidate will likely be in post in early 2017. We also expect some returns from Maternity leave between September 2016 and June 2017 and therefore gradual improvement in Clyde is expected from October 2016.

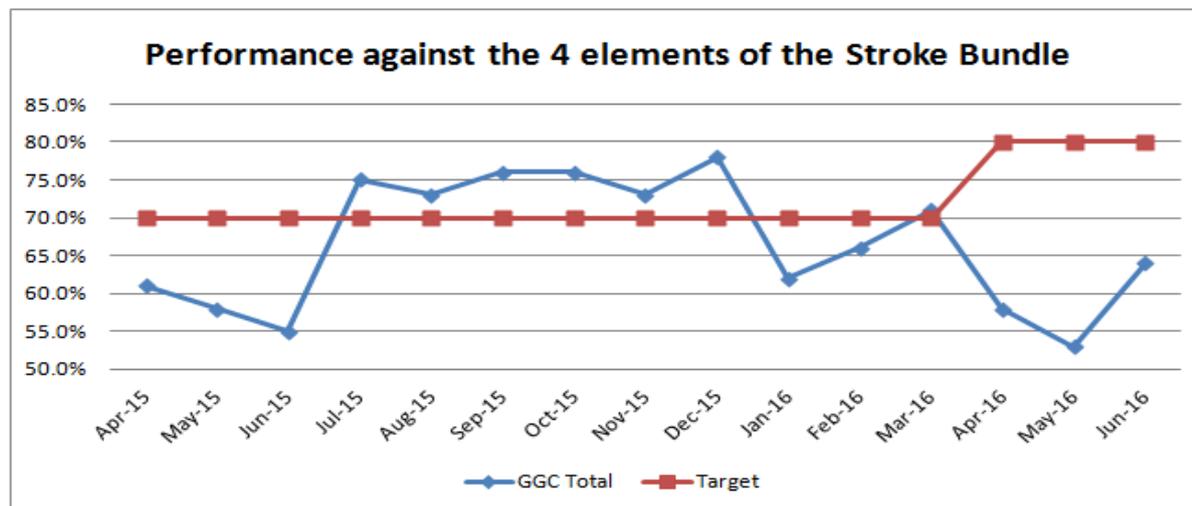
## **Regional Services**

In Neurology, between August and November 2016, additional capacity will be provided via locums. Service will implement actions and continue to monitor within these 3 months to allow a review on identified shortfall.

Within Neurosurgery, improvement is expected by the end of September 2016.

## Exception Report: Stroke Care Bundle

<b>Measure</b>	Stroke Care Bundle
<b>Current Performance</b>	As at June 2016, overall performance against the Stroke Care Bundle was 64% which is below the target of 80%.
<b>Lead Director</b>	



### Commentary

As seen from the graph above, current performance in relation to the stroke bundle was below target in June 2016 at 64% against a target of 80%. Performance across 3 of the 4 hospitals delivering the stroke care bundle was below the target of 80% with The Royal Alexandria Hospital (RAH) at 62%; Glasgow Royal Infirmary at (GRI) 69% and Queen Elizabeth University Hospital (QEUI) at 61%. Inverclyde Royal Hospital (IRH) was the only site to perform above the target at 87%;

The current stroke bundle position is mainly driven by performance in relation to the Swallow Screen element of the stroke care bundle which has remained a challenge across the Acute Division. As of the 1<sup>st</sup> April 2016, the swallow screen element of the stroke care bundle was revised and amended from the previous; swallow screen test to be carried out on day of admission, to the test being carried out within 4 hours of admission, in addition to the target being revised upwards from 90% to 100%.

Overall performance against the swallow screen element was 68%, below the 100% target as at June 2016. Performance across each of the hospital sites was below target: the IRH at 93%; RAH at 71%; GRI at 69% and QEUI at 64% overall performance was 68%. This element of the stroke care bundle remains particularly challenging as seen in the performance and further work is required to ensure stroke teams and medical receiving teams understand the target and focussed on improving performance.

### Actions to Address Performance

There is a system wide review of Stroke Care currently underway to address the challenges across the Division. In addition, a number of short term improvement actions to address performance are currently underway across Acute and at each of the hospital sites including:

- **Across Acute** – work is currently underway in all Emergency Departments (ED) to ensure that all patients (not just stroke related patients) that require a swallow screen test receive it.

Specific action at hospital sites include:

- **IRH** – clinical teams continue with the current actions which have lead to improvements in the bundle performance to 87% in month. Significant work has been undertaken over recent months with the focus being on swallow assessment in ED and Acute Receiving. Speech and Language Therapy staff provided education sessions for ED and Acute Receiving teams in March 2016. From April 2016 ownership of the swallow assessment whilst viewed as a collective approach, has firmly been seen as

an integral part of the assessment process for all patients in ED. The General Manager works with the stroke and acute receiving teams sharing stroke performance on a weekly basis and addressing any aspects of performance which require further work and development.

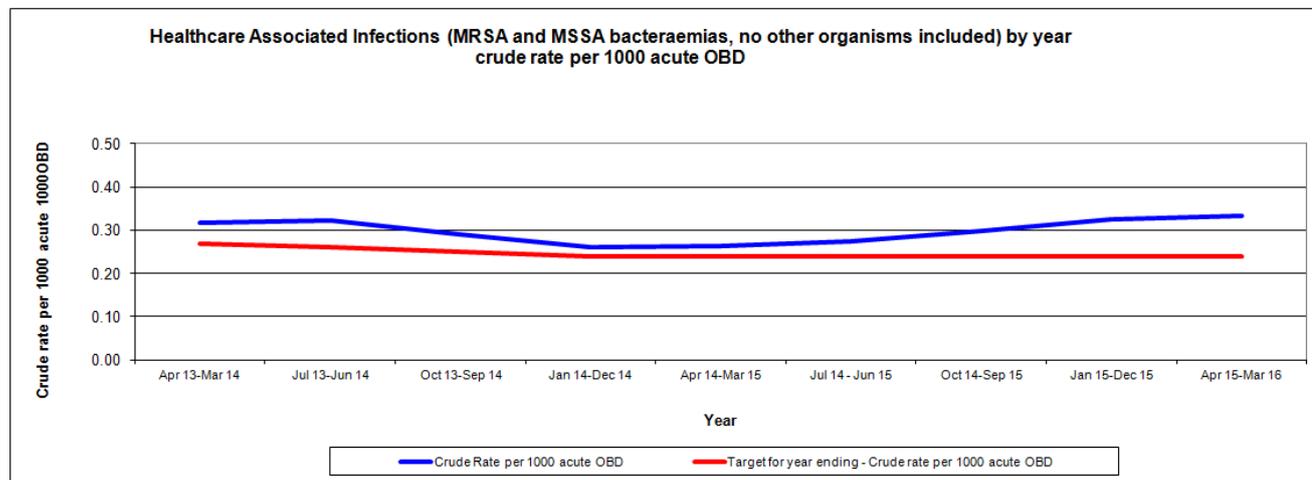
- **RAH** - Performance has fluctuated in recent months. Ward 4 (stroke unit RAH) was closed from the 1<sup>st</sup> – 6<sup>th</sup> June due to infection control reasons which impacted upon the admission to stroke unit target and subsequent targets within the bundle. Weekly meetings continue each Friday lunchtime with the clinical and managerial team to review the previous 7 day bundle performance, identifying areas of good practice whilst clearly focusing on any failure to meet the individual elements of the stroke bundle and Identifying actions to address and improve upon performance.  
Swallow assessment whilst improving at 71% remains well off the target. Approach mirrors that of the IRH albeit improvements and progress slower.
- **GRI** - Revised arrangements have been agreed and implemented whereby ED / AAU staff undertake swallow screening assessments on appropriate patients as part of their initial review  
A weekly swallow performance report is reviewed by the relevant General Managers and any failure to meet the 4 hour target is challenged on an individual patient basis  
Ongoing monitoring of performance takes place at both the Sector and Acute Directors Access Groups.
- **QEUH** – The review of stroke nursing continues within QEUH. During the month of June, it has been challenging to provide dedicated specialist nursing resource within the Emergency Department (ED), to support the swallow screen due to annual leave and staff vacancies.  
Across the South Sector, we have successfully recruited to a number of stroke nursing posts and over the next few months this will provide capacity to concentrate improvement with the stroke care bundle.  
Following a period of orientation and induction, new nursing staff will be deemed competent within their role, which in turn will free up experienced nursing staff to support ED.  
It is anticipated that we will incrementally work towards achieving compliance against the stroke swallow, with full compliance demonstrated by the month of November. Targeted education for ED staff will also be addressed.

### **Timeline For Improvement**

A Stroke Care Review Group has been established to oversee developments in relation to Stroke Care. The outcome of this will shape the future delivery of Stroke Care and drive improvements in performance across the Division.

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

<b>Measure</b>	MRSA/MSSA Bacteraemia (cases per 1,000 AOB)D)
<b>Current Performance</b>	As at the March 2016 rolling year, the number of MRSA/MSSA cases per 1,000 Acute Occupied Bed Days (AOBDs) was 0.33, higher than the trajectory of 0.24.
<b>Lead Director</b>	Dr Jennifer Armstrong



### Commentary

All NHS Boards across Scotland were set a target to achieve *Staphylococcus aureus* Bacteraemia (SAB) of 24 cases or less per 100,000 AOB)Ds by 31 March 2016. 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 2016, Quarter 1 confirm a total of 106 SAB patient cases for NHSGG&C, between January and March 2016. This equates to a SAB rate of 29.4 cases per 100,000 AOB)D. This is a reduction of 17% upon the previous quarters in SAB patient cases.

The Quarterly Rolling Year ending March 2016 rate as per the Local Delivery Plan for SAB remains at 0.33 cases per 1,000 AOB)Ds. This is against the March 2017 target of 0.24 cases per 1,000 AOB)Ds.

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

### Actions to Address Performance

A Board wide SAB action plan is in place and progress against actions is reviewed each month.

Actions include:

- Ongoing local educational and training actions across all Acute sectors to improve and sustain compliance with intravenous access device (PVC & CVC) care plan requirements and documentation.
- Practice Development team have incorporated the prevention of SABs to all education regarding insertion / care of PVCs and administration of Intravenous medications.
- IV access device/vessel health 'drop in' awareness sessions to be hosted by the vascular access service/ device manufacturer during the summer to highlight 'right device for the right treatment'.
- HAI Quality Improvement Facilitator has commenced QI project to avoid harm to patients from the use of vascular access devices at Glasgow Royal Infirmary. This site was chosen as identified as an occupied bed day SAB rate outlier. This project is in conjunction with the HAI improvement team from Healthcare Improvement Scotland.

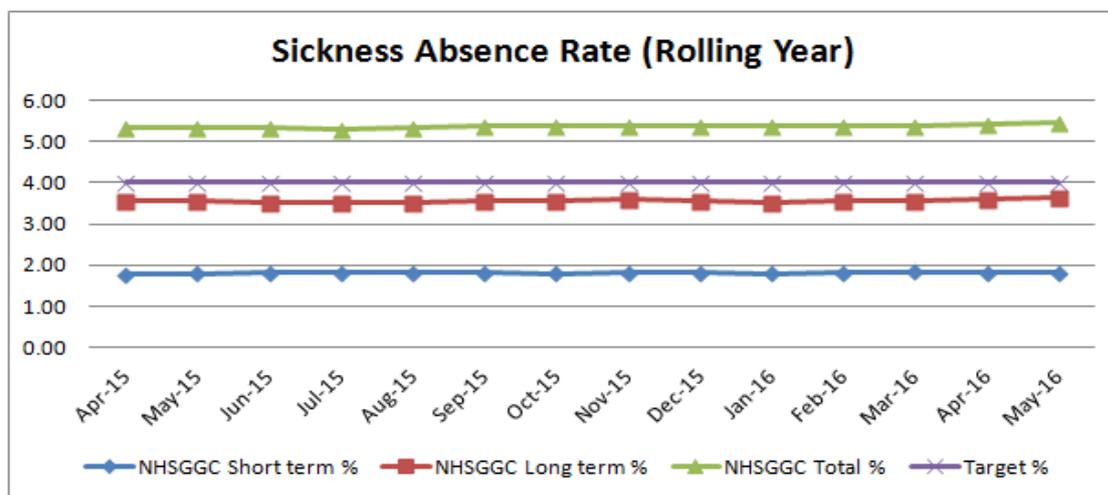
- Sector Antimicrobial Pharmacists are informed of SAB patient CHIs to enable real time review of appropriate therapy, and assurance that appropriate source control had been undertaken.
- Extreme 'patient harm' SAB cases should be considered as Significant Clinical Incidents and have a Datix instigated for review & completion by local clinical team.
- Development of a cost effectiveness study for MSSA screening in NHSGGC renal population
- Additional Educational Sessions for clinical staff within Paediatrics on Aseptic Non Touch Technique – hosted by external educational provision and co-ordinated by Practice Development and Chief Nurse Paediatrics.
- Review of community SABs in conjunction with Public Health, Acute Addiction Services and GP/District Nursing to determine if intervention measures in cases in people who inject drugs and diabetic patients are feasible.

**Timeline For Improvement**

Ongoing.

## Exceptions Report: Sickness Absence

<b>Measure</b>	Sickness Absence Rate
<b>Current Performance</b>	As at May 2016, the rate of sickness absence across the Board was 5.46%.
<b>Lead Director</b>	Anne MacPherson, Director of Workforce & Organisational Development



### 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 May 2016 was 5.46%. This is higher than the rate reported for same period in the previous year (May 2015) which was 5.34%.

The split between long term and short term absence for the period under review is 3.63% and 1.83% respectively.

### Actions to Address Performance

The figures showing comparative absence for the last 12 months across the board are detailed below;

Area	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Acute	5.53	5.59	5.89	5.87	5.84	5.89	5.96	6.18	6.37	6.05	6.03	5.78	5.53
Board Wide Facilities					8.46	8.69	9.38	8.31	8.95	9.12	8.25	8.50	8.86
Other Functions	3.94	3.94	3.90	3.85	4.40	4.06	4.62	4.50	4.92	5.22	4.94	4.53	4.96
Partnership	5.68	5.84	5.74	5.56	5.94	6.22	6.17	6.08	6.35	6.50	6.09	5.45	5.94

Whilst the actual overall total shows a slight increase on the total level for the board last year, the figures below show a similar level of absence as in the same period last year in the Acute Division. The overall headline figure for Partnerships, however, does show an overall increase when compared with May 2015.

The detailed breakdown across both Acute Services, Facilities and Partnerships is detailed below;

Acute Directorates	Partnerships / HSCPs
North Sector – 5.33%	East Dunbartonshire – 5.34%
South Sector – 6.77%	East Renfrewshire – 7.10%
Women's & Children's – 4.96%	Glasgow City – 6.43%
Diagnostics – 4.77%	West Dunbartonshire – 5.87%

South Clyde – 5.07%	Renfrewshire – 5.09%
Facilities ( <b>Board Wide</b> ) – 8.86%	East Dun O H – 2.96%
Regional Services – 5.83%	Inverclyde – 5.44%

### Acute Division

Within the absence figures, it should be noted that an improved position has been achieved within the Acute Division for all service and sector areas apart from the North Sector, which reports a similar level of absence to the previous month of April (5.33%).

### Partnerships

Within Partnerships, absence levels within East Dunbartonshire, Oral health and Renfrewshire have shown a reduction. All other HSCPs have seen a slight increase on the previous month reported.

With the full establishment of the new H R Support Unit, Attendance Management clinics are now in place across 'cluster' sites within the Board. Continued targeted support is in place within the South Sector in recognition of the continued high levels of absence in this area, and specific activity continues to deliver improvement in attendance.

Within Partnerships, East Renfrewshire has seen an increase in absence, which is accounted for with the inclusion of the absence figures for Learning Disabilities as a hosted service for that area. Work continues across all partnership areas to support increased use of workforce data now available through the Workforce Analytics Microstrategy site along with targeted activity around areas of most concern, particularly inpatient mental health sites.

The People Management Development Programme is now in place, with the first training module in Absence Management scheduled to run. This is being widely publicised across all service areas to ensure as many managers as possible have the opportunity to attend.

As requested previously, the table below provides a breakdown per staff group of absence across NHS Greater Glasgow and Clyde.

% Sickness Absence - May 2016	Administrative Services	Allied Health Profession	Senior Managers	Healthcare Sciences	Medical & Dental	Medical and Dental	Nursing and Midwifery	Personal and Social	Support Services	Other Therapeutic
<b>Acute</b>	5.60%	3.58%	3.74%	4.77%	2.66%	0.73%	7.32%	2.10%	7.06%	4.46%
<b>Board Wide Facilities</b>	5.90%	-	1.50%	-	-	-	-	-	9.10%	-
<b>Corporate Functions</b>	5.00%	0.60%	3.79%	2.04%	-	0.00%	4.91%	6.22%	7.90%	5.22%
<b>Partnership</b>	5.90%	4.36%	0.00%	1.89%	3.81%	2.45%	7.29%	4.21%	7.22%	1.69%
<b>Total</b>	<b>5.47%</b>	<b>3.82%</b>	<b>2.58%</b>	<b>4.66%</b>	<b>3.75%</b>	<b>0.99%</b>	<b>7.28%</b>	<b>4.64%</b>	<b>8.97%</b>	<b>3.97%</b>

These figures illustrate the percentage sickness absence across each of NHSGGC's job families at a high-level. This enables an easy comparison of, for example, Nursing and Midwifery between partnership (HSCP) areas and the Acute Division. Within Board-Wide Facilities the majority of staff, such as domestics, catering and portering are described within the Support Services job family. A small number remain within Acute Services, for example, patient transport within out-of-hours is classified within the Support Services job family. The table indicates areas below 4% and also highlights job families which are a focus for managers to address, namely Facilities 8.97% and Nursing and Midwifery 7.28%

### Timeline For Improvement

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

Appendix 1

### CAMHS RTT - 12 Week Target Progress - Apr 14-June 16

