NHS Greater Glasgow & Clyde

NHS BOARD MEETING

Head of Performance **20 December 2016** **Paper No: 16/80**

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 2016-17 Strategic Direction/Local Delivery Plan.

Key Issues to be Considered

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

Performance Improvements:
- The Board continues to exceed target in relation to the number of alcohol brief interventions and access to drug and alcohol treatment.
- Performance continues to exceed target in relation to a number of key access and waiting times targets including 18 week RTT, access to IVF and psychological therapies.
- The number of complaints completed within 20 working days is now back on track and currently exceeding target.

Performance Deterioration:
- The percentage of patients waiting >6 weeks for a key diagnostic test has deteriorated in recent months.
- The percentage of patients accessing antenatal care at 12 week gestation is showing a deterioration, reducing from 83.8% previously reported, to 77.7% reported during July - September 2016. With the exception of mums to be from SMID 1 areas, all other quintiles are exceeding the 80% target.
- The number of successful smoking quits that had previously exceeded target is below trajectory for the period April - June 2016.

Measures Rated As Red:

- Detect Cancer Early
- Suspicion of Cancer Referrals (62 days)
- Delayed Discharges and Bed Days occupied by delayed discharge patients
- 12 week Treatment Time Guarantee
- % of New Outpatient waiting <12 weeks for an appointment
- Stroke Care Bundle
- % of patients waiting <6 weeks for a Key Diagnostic test (***new***)

- SAB infection rate (cases per 1,000 population)
- Smoking Cessation 3 months post quit (***new***)
- Freedom of Information Requests (***new***)
- Sickness absence.

Each of the measures listed above have an accompanying exceptions report outlining actions in place to address performance.

Any Patient Safety/Patient Experience Issues

Yes, all of the performance issues have an impact on patient experience. As detailed in the related exceptions reports work is underway to try and address these issues.

Any Financial Implications from this Paper

The financial challenges are detailed in the Financial Monitoring Report - agenda item 17.

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 2016-17 Strategic Direction/Local Delivery Plan.

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20 December 2016

NHS GREATER GLASGOW AND CLYDE

Board Meeting
20th December 2016 **Paper No: 16/80**

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 with the aim of providing members with a clear overview of the organisation's performance in the context of the 2016-17 Local Delivery Plan. An exceptions report accompanies all indicators with an adverse variance of more than 5%, 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?

Two changes to the integrated performance report:

1. The report has replaced the delayed discharge measures relating to those aged 65 years+ with data relating to *all* delayed discharges and bed days occupied by delayed discharges.
2. Where available, a national comparator position using the most up to date published data has been included within each of the performance exception reports.

4. SUMMARY OF PERFORMANCE

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

Performance Improvements

- The Board continues to exceed target in relation to the number of alcohol brief interventions and access to drug and alcohol treatment.
- Performance continues to exceed target in relation to a number of key access and waiting times targets including 18 week RTT, access to IVF and psychological therapies.
- The number of complaints completed within 20 working days is now back on track and currently exceeding target.

Performance Deterioration

- The percentage of patients waiting >6 weeks for a key diagnostic test has deteriorated in recent months.
- The percentage of patients accessing antenatal care at 12 week gestation is showing a deterioration, reducing from 83.8% previously reported, to 77.7% reported during July - September 2016. With the exception of mums to be from SMID 1 areas, all other quintiles are exceeding the 80% target.
- The number of successful smoking quits that had previously exceeded target is below trajectory for the period April - June 2016.

Measures Rated As Red

- Detect Cancer Early
- Suspicion of Cancer Referrals (62 days)
- Delayed Discharges and Bed Days occupied by delayed discharge patients
- 12 week Treatment Time Guarantee
- % of New Outpatient waiting <12 weeks for an appointment
- Stroke Care Bundle
- % of patients waiting <6 weeks for a Key Diagnostic test (***new***)
- SAB infection rate (cases per 1,000 population)
- Smoking Cessation 3 months post quit (***new***)
- Freedom of Information Requests (***new***)
- Sickness absence.

Each of the measures listed above have an accompanying exceptions report outlining actions in place to address performance.

INTEGRATED PERFORMANCE REPORT
(INCLUDES WAITING TIMES AND ACCESS TARGETS)

20 DECEMBER 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 2016-17 Local Delivery Plan. For each of the indicators with an adverse variance of >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**	Out with 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 and Reshaping Care for Older People	1	1	0	4	**6**
Improving Quality and Effectiveness	7	1	8	2	**18**
Tackling Inequalities	1	1	0	0	**2**
TOTAL	**11**	**4**	**9**	**6**	**30**

PERFORMANCE AT A GLANCE - DECEMBER 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	Apr - June 16	24.2%	25.2%	**28.5%**	**RED**	↑	Page 10
2	LDPS	Suspicion of Cancer Referrals (62 days)*	Oct-16	86.9%	85.8%	**95%**	**RED**	↓	Page 12
3	LDPS	All Cancer Treatments (31 days)*	Oct-16	94.2%	92.9%	**95%**	**AMBER**	↓	
4	LDPS	*Alcohol Brief Interventions*	Apr - Sept 16	7,884	7,193	**6,544**	**GREEN**	↓	
SHIFTING THE BALANCE OF CARE AND 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**
5	LDPS	% of patients waiting <4 hours at A&E	Oct-16	92.4%	93.0%	**95%**	**AMBER**	↑	
6	LKPI	Number of A&E presentations	Oct-16	34,702	36,172	**No Target**	**GREY**	↓	
7	HSCI	*Total number of Delayed Discharge episodes**	Nov-16	–	454	**TBC**	**RED**	–	Page 14
		Acute Episodes	Nov-16	–	373			–	
		Adult Mental Health Episodes	Nov-16	–	81			–	
8	HSCI	*Number of patients delayed (taken at Census point on 24th Nov)*	Nov-16	–	173			–	
9	HSCI	*Total number of Bed Days lost to Delayed Discharge**	Nov-16	–	5,397			–	
		Acute Bed Days	Nov-16	–	3,522			–	
		Mental Health Bed Days	Nov-16	–	1,875			–	
10	LDPS	*GP Access*	N/A	N/A	N/A	**90%**	**GREY**	–	
11	LDPS	*GP Advance Booking*	N/A	N/A	N/A	**90%**	**GREY**	–	
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	Oct-16	92.0%	90.0%	**90%**	**GREEN**	↓	
		Combined Linked Pathway	Oct-16	87.4%	88.1%	**80%**	**GREEN**	↑	
14	LDPS	12 week Treatment Time Guarantee (TTG)							
		Number of inpatients waiting > 12 weeks	Oct-16	9	1,452	**0**	**RED**	↓	Page 16
15	LKPI	Patient unavailability (Adults)							
		Inpatient/Day Case (inc Endoscopy)	Oct-16	5,539	1,493	**N/A**	**GREY**	↑	
		Outpatient	Oct-16	3,385	1,310	**N/A**	**GREY**	↑	
16	LKPI	% of patients waiting < 6 weeks for a key diagnostic test	Oct-16	0%	92.5%	**100%**	**RED**	↓	Page 17
17	LDPS	% of new outpatient waiting < 12 weeks for an appointment	Oct-16	97.8%	90.5%	**99.9%**	**RED**	↓	Page 19
18	LDPS	% of eligible patients commencing IVF treatment within 12 months	Oct-16	100%	100%	**90%**	**GREEN**	↔	
19	LKPI	Stroke Care Bundle	Oct-16	76%	57%	**80%**	**RED**	↓	Page 21
		% of patients admitted to stroke unit	Oct-16	97%	93%	**90%**	**GREEN**	↓	
		% of patients CT/MRI scanned within 24hrs of admission	Oct-16	94%	95%	**95%**	**GREEN**	↑	
		% of patients with swallow screen carried out on within 4 hours of admission	Oct-16	84%	66%	**100%**	**RED**	↓	
		% of Patients prescribed aspirin on Day of Admission, or Day following	Oct-16	93%	91%	**95%**	**AMBER**	↓	
20	LDPS	% patient waiting < 18 weeks for RTT to Specialist Child and Adolescent Mental Health Services	Oct-16	100%	99.4%	**100%**	**AMBER**	↓	
21	LDPS	% patients who started treatment <18 weeks of referral for psychological therapies	July - Sept 16	94.1%	94.6%	**90%**	**GREEN**	↑	
22	LDPS	Drug and Alcohol: % of patients waiting < 3 weeks from referral to appropriate treatment	Apr - June 16	96.0%	96.8%	**91.5%**	**GREEN**	↑	
23	LDPS	SAB Infection rate (cases per 1,000 OBD rolling year)	Jul - June 16	0.27	0.33	**0.24**	**RED**	↓	Page 23
24	LDPS	C.Diff Infections (cases per 1,000 OBD rolling year)	Jul - June 16	0.30	0.29	**0.32**	**GREEN**	↑	
25	LDF	% of complaints responded to within 20 working days	Jul - Sept 16	79%	75%	**70%**	**GREEN**	↓	
26	LDPS/LDF	Financial Performance	Oct-16	(£6.6m)	(£12.5m)	(£14.0m)	**GREEN**	↓	Agenda Item 17
27	LKPI	Freedom of Information Requests	Jul - Sept 16	93.0%	84.1%	90.0%	**RED**	↓	Page 25
28	LDPS/LDF	Sickness Absence (rolling year)	Oct-16	5.47%	5.48%	**4.0%**	**RED**	↓	Page 26
		Long Term	Oct-16	3.65%	2.83%	**N/A**	**GREY**	↑	
		Short Term	Oct-16	1.82%	2.82%	**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**
29	LDPS	80% of pregnant women in each SIMD quintile have access to Antenatal Care at 12 week gestation	July - Sept 16	83.8%	77.7%	**80%**	**AMBER**	↓	
30	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas	Apr - June 16	401	418	**501**	**RED**	↑	Page 29

* Data has 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)

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)	Oct 2016	94.2%	92.9%	95.0%	**AMBER**	↓

Commentary

As at October 2016, 92.9% *(487 out of 524)* of eligible referrals with a new diagnosis of cancer had first treatment within 31 days of decision to treat. The cancer types currently below the 95% target are as follows: Urological 84.1% *(95 out of 113 eligible referrals treated within target*), Breast 93.1% *(94 out of 101 eligible referrals treated within target*), Melanoma 92.7% (25 *out of 27 eligible referrals treated within target*), Upper GI 94.6% (*53 out of 56 eligible referrals treated within target*) and Head & Neck 90% (*27 out of 30 eligible referrals treated within target).*

Urological

The main reason for patients waiting longer is access to surgical slots. Access to timely surgery, in particular in the South sector, both for specialist surgery (renal and prostate) and more generic surgery (trans-urethral resection of bladder tumour - TURBT), remains a challenge. Additional theatre lists for renal surgery are running during November and December 2016 and from January 2017 there should be an additional two theatre sessions a week for renal surgery once two new consultants commence. As regards TURBT, the option of additional capacity in the private sector is currently being investigated with agreement to treat 11 cases.

It should be noted that performance in Urology may drop over the next few months as there are currently a significant number of cases awaiting treatment. Additional capacity in November - January 2017 will assist in clearing this backlog, particularly in relation to renal cancer. As the Cancer Waiting Time is reported against month of treatment, treatment of these cases may result in a drop in overall performance.

Breast

Performance for breast (screened only) 31-day target continues to be challenged in October. All patients waiting beyond the 31 day standard are patients undergoing surgery as first treatment in Clyde and South sectors. Starting in December 2016, it has been agreed that a total of 17 breast screening patients (included are the patients waiting beyond the 62 day standard) will be re-directed to NHS Lanarkshire direct from the Breast Screening Unit. This should assist in relieving pressure on surgical capacity in NHSGG&C in December 2016 and January 2017.

Melanoma

The two patients waiting beyond the 31-day target for melanoma related to patients with unusual pathways who were not initially referred as Urgent Suspected Cancer and were picked up on tracking a significant time after decision to treat (and after first treatment in one case).

Upper GI

It is recognised that some patients on the Upper GI pathway can undergo a significant number of staging investigations in order to ensure that they receive the optimal treatment. The three patients waiting beyond the 31 day standard in October 2016 were patients with hepatocellular cancer undergoing microwave ablation as first treatment. Microwave ablation is currently being considered by the Cancer Waiting Times Data Definitions Group for inclusion in the list of non-standard technologies. If included, a waiting time adjustment would be applicable to pathways for microwave ablation.

Head & Neck

It is recognised that there is significant pressure on outpatient and diagnostic capacity within Head & Neck services given the volume of referrals compared with the numbers of patients actually diagnosed with cancer. Additional clinics continue to be implemented and non-recurring funding has been re-allocated to allow additional clinics to run through November and December 2016.

Ref	Measure	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel
20	% of patients waiting < 18 Wks for RTT to Specialist Children and Adolescent Mental Health Services	Oct 2016	100%	99.4%	100%	**AMBER**	↓

Commentary

As at October 2016, 99.4% of all patients waited less than 18 weeks from referral to start of treatment. A total of five patients who waited >18 weeks for an appointment have since received an appointment for November 2016.

Ref	Measure	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel
25	80% of pregnant women in each SIMD quintile have access to Antenatal Care at 12 week gestation	Jul - Sept 2016	83.8%	77.7%	80%	**AMBER**	↓

Commentary

The recent decline in performance is due to the following:

The data used for reporting antenatal care has undergone a data quality check which has flagged up a number of issues that have had an impact on performance. Action is in place to address the issues as outlined below:

- The Service has experienced particular challenges with timely booking in relation to ethnic minority women and young women aged 16 – 24 years. The extent of these challenges has become more apparent due to the recent data quality check. The Service is working closely with the Health Improvement Team in local geographical areas to encourage early booking with all clients and the teenage pregnancy midwives and others are carrying out targeted work.

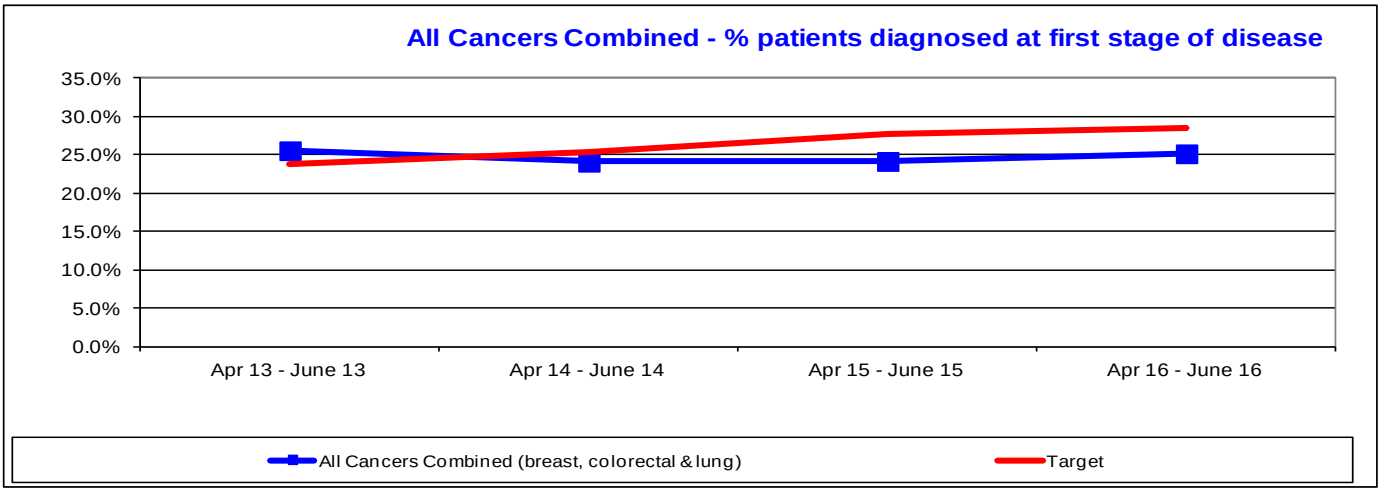
- Women who book in Lanarkshire and come to NHSGG&C for a follow-up appointment are recorded as a first booking within NHSGG&C. This then looks as if they have booked late. This issue has been addressed and will be reflected in reporting from here on in.

- For those women that deliver before 40 weeks (anything between 38 - 42 weeks is considered term however, if a woman books at 12 weeks + 6 days and delivers at 38 weeks then it looks as if they have booked at 14 weeks+ 6 days) and therefore looks like they are late bookers as the time from booking appointment to delivery is how this indicator is measured. Amendments to the reporting are being made and will be reflected in subsequent reporting.

PERFORMANCE EXCEPTIONS REPORTS

Exceptions Report: Detect Cancer Early

Measure	Detect Cancer Early (DCE)
Current Performance	Overall, for the period April - June 2016 the percentage of patients diagnosed with Stage 1 cancer was 25.2%. Current performance is lower than the previously reported January - March 2016 performance (26.6%) and also lower than the end point target of 28.5% for December 2015. *Please Note: 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.*
NHS Scotland *(Latest published data available)*	The 2014/2015 combined data for NHS Scotland demonstrate that 25.1% of people were diagnosed with breast, colorectal and lung cancer at the earliest stage (Stage 1), an 8.0% increase from the baseline 2010/2011 combined.
Lead Director	Gary Jenkins, Director of Regional Services



Q2 (April - June) 2016

	Stage 1		Stage 2		Stage 3		Stage 4		Not Known		Total	
Cancer Type	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Breast	94	46.1%	80	39.2%	13	6.4%	14	6.9%	3	1.5%	204	100.0%
Colorectal	20	11.8%	38	22.5%	48	28.4%	48	28.4%	15	8.9%	169	100.0%
Lung	50	17.9%	34	12.2%	62	22.2%	118	42.3%	15	5.4%	279	100.0%
All (Breast/Colorectal/Lung) Combined	164	25.2%	152	23.3%	123	18.9%	180	27.6%	33	5.1%	652	100.0%

Commentary

The delivery date for the Detect Cancer Early (DCE) target (25% increase in Stage 1 diagnoses) ended in December 2015. The 2014/2015 combined data for NHS Scotland demonstrate that 25.1% of people were diagnosed with breast, colorectal and lung cancer at the earliest stage (stage 1), an 8.0% increase from the baseline 2010/2011 combined. For the same period 25.2% of people were diagnosed with breast, colorectal and lung cancer at the earliest stage (stage 1) across NHSGG&C, a 12.5% increase from the baseline 2010/2011 combined.

Whilst the agreed target delivery date was December 2015, NHSGG&C will continue to collect and submit data on the three cancer types included within this measure and await confirmation on how the DCE programme will progress e.g. whether new baselines will be set or whether the programme will be fully rolled out to other cancer types.

When the DCE programme board discussed and stratified the options for extending the programme to other tumour types, melanoma scored highest. Three pilot projects for melanoma are currently underway in NHS Tayside, NHS Grampian and NHS Fife. On 30 November 2016 the Scottish Government wrote to all NHS Boards inviting applications for funding of further projects aimed at enhancing current or introducing

novel referral methods which would allow for optimal triage of suspected melanomas and/or raise diagnostic expertise in primary care and the community. Initial expressions of interest are requested by early January 2017 and outline project submissions are to be submitted by 10 February 2017.

The above data relates to the period April - June 2016 and uses the December 2015 target in which to measure performance against. As seen from the data above, 25.2% (164/652) of all cancers combined were detected at Stage 1. Current performance remains below the national delivery target of 28.5% set for December 2015 and also below performance in January - March 2016 (26.6%).

In terms of cancer types performance is as follows:

Breast Cancer
46.1% of patients were diagnosed at Stage 1 for the period April - June 2016 (*94 out of 204 patients*), an improvement on the January - March 2016 position of 40.7% and above the December 2015 target of 42.7%.

Colorectal Cancer
11.3% of patients were diagnosed at Stage 1 for the period April - June 2016 (*20 out of 169 patients*), a reduction on the January - March 2016 position of 19.0% and below the target of 28.5% for December 2015.

Lung Cancer
17.9% of patients were diagnosed at Stage 1 for the period April - June 2016 (*50 out of 279 patients*), a reduction on the January - March 2016 position of 20.2% and below the target of 19.5% for December 2015.

Actions to Address Performance

A national Detect Cancer Early conference was held on 2 September 2016. A number of speakers presented on varying topics. Whilst it was acknowledged that the challenging 25% increase in Stage 1 cancers had not been achieved, it was highlighted that the programme had been successful in achieving an increase in Stage 1 cancer diagnoses overall.

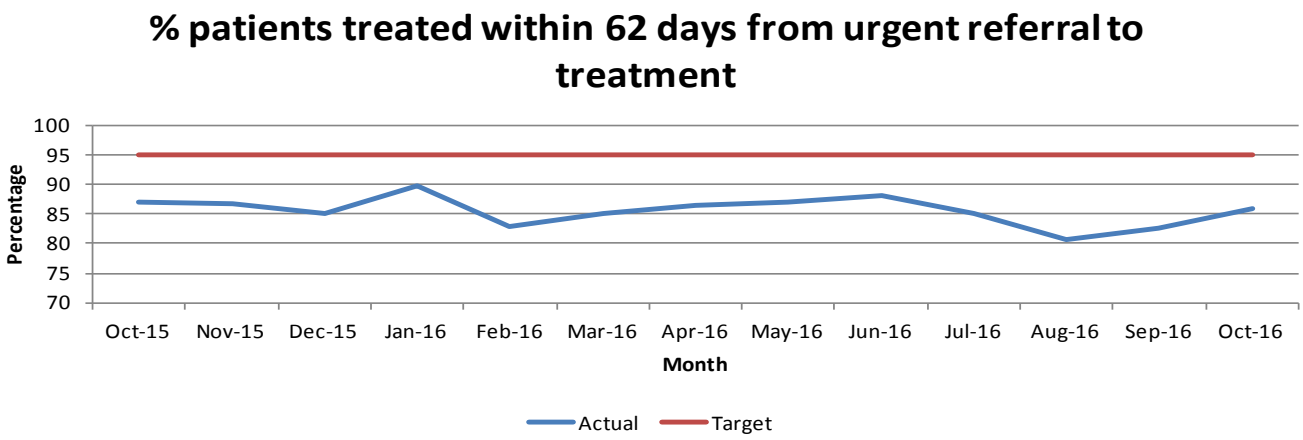
At a national level, work continues to encourage people to participate in screening programmes and to present early to GPs with worrying symptoms. Recent National Bowel Screening and Lung Cancer advertising campaigns have been broadcast on Scottish TV and plans are in place for further campaigns on Breast Cancer.

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 October 2016, 85.8% of patients with an urgent referral for suspicion of cancer were treated within 62 days of the referral. (*Data provisional*)
NHS Scotland *(Latest published data available)*	For the quarter July - September 2016 87.1% 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

62-Day Target

As at October 2016, 85.8% *(217 out of 253)* of eligible referrals with an urgent referral for suspicion of cancer had first treatment within 62 days of referral, below the target of 95%. The October 2016 position represents an improvement on the previous month's performance increasing from 82.7% in September 2016 to 85.8% in October 2016.

The cancer types currently below the 95% target are as follows: Lung 91.3% *(42 out of 46 eligible referrals treated within target*), Head and Neck 61.5% *(8 out of 13 eligible referrals treated within target*), Upper GI 88.5% *(23 out of 26 eligible referrals treated within target*), Colorectal 89.3% *(25 out of 28 eligible referrals treated within target*), Urological 65.9% *(29 out of 44 eligible referrals treated within target*) and Breast 91.3% (*63 out of 69 eligible referrals treated within target*).

Actions to Address Performance

General

Implementation of the Urology Improvement Plan continues and is anticipated to be complete by Quarter One 2017. Short-term additional activity continues, funded by the non-recurring allocation of £545k from Scottish Government, to support measures to improve cancer waiting times.

Urological Cancer

It has been recognised that there are challenges throughout the urology pathway and implementation of the Urology Improvement Plan commenced in July 2016 and will continue until Quarter One 2017. This plan will deliver more timely access to diagnostic procedures in the North and South sectors and treatment in the South Sector and Regional Services. Performance against the 62-day target reflects issues both pre and post diagnosis. October 2016 performance showed an improvement compared to September 2016, which can be attributed to more timely access to the pre-diagnosis steps. However, it should be noted that there are still significant waits to TRUS&biopsy, particularly in the Clyde and South Sectors. In October 2016, there were 15 cases waiting beyond the 62-day target, of which 10 were prostate cases, four were renal cases and one was a bladder case.

It should be noted that performance in Urology for the 62-day and 31-day targets may drop over the next few months as there are currently a significant number of patients awaiting treatment. Additional capacity in November 2016 - January 2017 will assist in clearing this backlog, particularly in relation to renal cancer. As cancer waiting times are reported against month of treatment, treatment of these cases may result in a drop in overall performance.

Breast Cancer

Performance against the 62-day target for breast (screened excluded) for October 93.8% (*30 out of 32 eligible referrals treated within 62 days)* shows an increase compared to September 83.3% *(35 out of 42 eligible referrals treated within 62 days)*. This is a result of a reduced wait to first appointment, in particular in the North Sector where additional clinics are being run. Non-recurring funding has been re-allocated to ensure additional clinics continue through December 2016.

Performance for breast (screened only) for 62-day and 31-day targets continues to be challenging. All patients waiting longer than the standard relate to those undergoing surgery as first treatment in Clyde and South sectors. Commencing in December 2016, it has been agreed that a total of 17 breast screening patients will be re-directed to NHS Lanarkshire direct from the Breast Screening Unit. This should assist in relieving pressure on surgical capacity in NHSGG&C in December 2016 and January 2017.

Colorectal Cancer

Performance for colorectal patients coming via the Bowel Screening Programme demonstrated an improvement in October 2016 with 100% (*9 out of 9 of eligible referrals treated within 62 days)*. Performance for non-screened patients was 84.2% (*16 out of 19 of eligible referrals treated within 62 days*). No common theme was identified across the three cases which breached.

Head & Neck Cancer

It is recognised that there is significant pressure on outpatient and diagnostic capacity within Head & Neck services given the volume of referrals compared with the numbers of patients actually diagnosed with cancer. Additional clinics continue to be implemented a total of 912 patients were seen in the 53 additional clinics run during this period. Non-recurring funding has been allocated to continue to run additional clinics during November and December 2016.

Lung Cancer

The virtual lung cancer clinic pilot started in October 2016 to assess the effectiveness of a virtual clinic to streamline the initial stages of the lung pathway. Initial feedback from the clinical team is positive and a full evaluation will take place at the end of pilot in December 2016.

Upper GI Cancer

It is recognised that some patients on the Upper GI pathway can undergo a significant number of staging investigations in order to ensure that they receive the optimal treatment. Monthly performance against the 62-day target is variable dependent on case mix of patients treated in the month.

Timeline For Improvement

The above measures being undertaken to ensure more timeous steps on the patient pathways are expected to show an incremental improvement during Quarter 4 (October - December) 2016 and Quarter 1 (January - March) 2017. It should be noted that due to the nature of Cancer Waiting Times reporting and the fact that cases are reported in the month of treatment, additional activity to clear the backlog of cases is likely to result in a dip in performance in monthly figures initially.

Exceptions Report: Delayed Discharges and Bed Days Lost to Delayed Discharge

It should be noted that the data below is indicative of performance and will be subject to validation by ISD.

Measure	Bed Days Lost to Delayed Discharge (inc Adults with Incapacity)
Current Performance	As at November 2016, there were a total 173 patients delayed resulting in 454 delayed discharge episodes and the loss of 5,397 occupied bed days.
NHS Scotland *(Latest published data available)*	As at September 2016, there were a total of 1,524 patients delayed at census point, resulting in the loss of 45,074 occupied bed days.
Lead Director	Catriona Renfrew, Director of Planning & Policy

Table 1 - November 2016

DELAYED DISCHARGES	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016
Total number of patients delayed (*at census point*)	139	155	167	186	173
Total number of delayed discharge episodes (*month end*)	407	412	421	423	454
Total number of bed days occupied by delayed discharge patients (*month end*)	4,421	4,747	4,943	5,313	5,397

As previously mentioned in the Delayed Discharges exceptions report, there have been a number of significant changes to the reporting of delayed discharges. These changes also mean there is no trend data available to make comparisons with previous years' performance. As the monthly data is gathered from July 2016 onwards the trend data will become available over time.

Commentary

For the month of November 2016 a total of 454 delayed episodes were reported across Acute and Mental Health. As seen from *Table 1* above, the November 2016 position represents a deterioration in performance when compared to the previous two months. *Table 2* below highlights the total number of patients delayed (at 24 November 2016 Census), the number of delayed episodes and the number of bed days occupied by delayed patients as a result of patients being delayed by Health & Social Care Partnership (HSCP) during the month of November 2016.

Table 2 below, highlights the number of delays and bed days lost as a result of patients staying in hospital when they have been deemed clinically fit for discharge across all HSCP areas. All HSCP areas are reporting patients delayed.

Table 2 - November 2016

HSCP	No. of Patients Delayed	No. of Delayed Episodes	No. of Bed Days Occupied
Glasgow City	105	251	3,186
Inverclyde	9	25	267
West Dunbartonshire	5	26	208
East Dunbartonshire	8	31	304
East Renfrewshire	4	20	197
Renfrewshire	11	24	247
Other Health Boards	31	77	988
TOTAL	**173**	**454**	**5,397**

Table 3 below outlines the main reasons for patient delays and the number of bed days lost as a result of the reasons listed.

Table 3 - Reasons for Delayed Discharges - November 2016

HSCP	No. of Bed Days Lost	Reasons For Bed Days Lost to Delayed Discharge
Glasgow City	3,186	2,051 - Health and Social Care 65 - Patient/Carer/Family 1,070 - Complex
Inverclyde	267	240 - Health and Social Care 27 - Complex
West Dunbartonshire	208	170 - Health and Social Care 38 - Complex
East Dunbartonshire	304	235 - Health and Social Care 69 - Complex
East Renfrewshire	197	107 - Health and Social Care 90 - Complex
Renfrewshire	247	100 - Health and Social Care 147 - Complex
Other Health Boards	988	739 - Health and Social Care 8 - Patient/Carer/Family 241 - Complex
TOTAL	**5,397**	**3,642 - Health and Social Care** **73 - Patient/Carer/Family** **1,682 - Complex**

- *Health and Social Care* reasons include: waiting for or completion of a community care assessment, waiting for community care arrangement funding, availability of a care home or intermediate facility or waiting for community care arrangements being in place to allow patients to return home.
- *Patient/Carer/Family* reasons include: legal, financial or patient/family disagreement.
- *Complex* reasons include: awaiting availability of a place in a specialist facility for high level older age groups (aged 65 years+) where the facility is not currently available and an interim option is not appropriate, adults with incapacity or patient exercising statutory right of choice as an interim placement is not possible or reasonable.

Actions to Address Performance

We continue to work with Partnerships to reduce delayed discharges. Agreed reductions have not been delivered for Greater Glasgow & Clyde residents and the HSCPs are developing further action to address this. We are also considering how there can be a financial underpinning the additional 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.

Exception Report: Treatment Time Guarantee (TTG)

Measure	12 week Treatment Time Guarantee (TTG)
Current Performance	As at October 2016 (month end), a total of 1,452 patients on the TTG waiting list were waiting >12 week TTG.
NHS Scotland *(latest published data available)*	As at September 2016 (month end), a total of 6,563 patients on the TTG waiting list were waiting >12 week TTG.
Lead Director	All Acute Directors

Table 1

Number of patients waiting > than the 12 week Treatment Time Guarantee													
	Apr	**May**	**June**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**TOTAL**
2014-15	1	2	0	7	2	0	0	1	0	1	0	1	**15**
2015-16	1	1	2	4	6	30	9	2	4	34	47	87	**227**
2016-17	188	430	590	829	1,056	1,246	1,452						**5,791**
Target	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Commentary

At October 2016 (month end) there were a total of 1,452 patients waiting beyond the 12 week Treatment Time Guarantee (TTG) representing an 16.5% increase on the patients waiting >12 week TTG the previous month. Patients were waiting in the following specialties: Trauma and Orthopaedic Surgery (628); Urology (340); General Surgery (263); Neurosurgery (52); Ear, Nose and Throat (46); Oral and Maxillofacial Surgery (43); Plastic Surgery (9); Ophthalmology (24); Surgical Paediatrics (46) and Haematology (1).

Actions to Address Performance

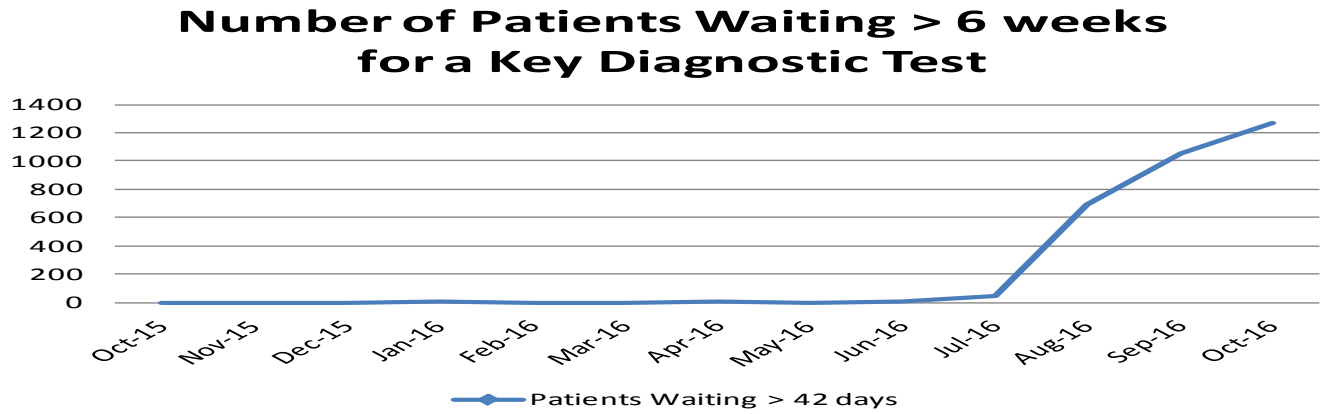
In addressing the month on month deterioration in performance, an urgent and detailed review of the levels of supply, demand and productivity that can be delivered for each specialty within budget to reduce variance and maximise output is being carried out. An integral part of this work will include benchmarking activity at a specialty, sector, NHSGG&C, Scottish and UK level to assess levels of productivity and identify a benchmark in which to track success against. The completion of this process is expected in February - March 2017.

Timeline for Improvement

Once complete, the timelines for improvement and a more realistic level of performance that can be expected within budget will be identified.

Exception Report: Number of patients waiting >6 weeks for a Key Diagnostic Test

Measure	Number of patients waiting >6 weeks for a key diagnostic test
Current Performance	As at October 2016 (month end), a total of 1,269 patients were waiting >6 weeks for one of the eight key diagnostic tests. Current performance is below the target of 0.
NHS Scotland *(Latest available data)*	As at September 2016, a total of 6,442 patients were waiting > 6 weeks for a key diagnostic test.
Lead	All Acute Directors



Commentary

As at October 2016 (month end) 92.5% of patients had been waiting less than the six week waiting time standard for access to a key diagnostic test across NHSGG&C. A total of 1,269 patients were waiting >6 weeks for a key diagnostic test in the following areas:

- 363 patients were waiting >6 weeks for an upper endoscopy procedure.
- 68 patients were waiting >6 weeks for a lower endoscopy procedure.
- 695 patients were waiting >6 weeks for an endoscopic procedure in Colonoscopy.
- 143 patients were waiting >6 weeks for an endoscopic procedure in Cystoscopy.

Most of the above patients waiting were in the South and Clyde Sectors. In Clyde there is a lack of capacity to meet demand particularly at the RAH. The South Sector has historically had demand and capacity issues which have been exacerbated with further reduced capacity from GS and GI consultants following service reconfiguration alongside a nurse endoscopy vacancy. Options to increase capacity have been developed.

Actions to Address Performance

Actions to address performance in the South Sector include:

- A locum consultant in place until the end of October 2016 with another locum being sought.
- Working with GS/GI colleagues to increase capacity where possible, including reviewing all training lists.
- Working on an Endoscopy Nurse led service to increase capacity and control the number of cancellations.
- Obtaining quotes for a Vanguard Service to further increase capacity.
- Continue to run Waiting List Initiative sessions during weekends.
- Further training of two nurse endoscopists is currently underway.

Actions to address performance in the Clyde Sector include:

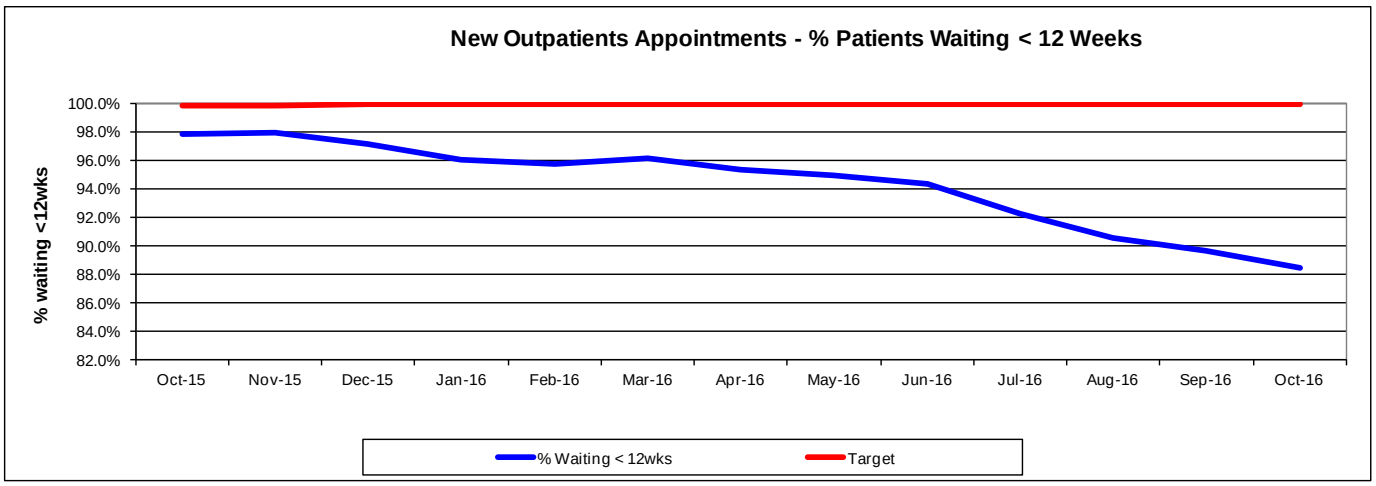
- There is a proposal to increase the number of endoscopy rooms from two to four at the RAH. Additional physical capacity is required to bring the waiting times down to six weeks.
- Waiting List Initiatives are run for approximately four Saturdays per month across the Clyde Sector (two in IRH and two at the RAH).
- The training of two nurse endoscopists is currently underway. It is anticipated that this will improve the ability to back fill cancelled sessions once their training has been completed and the benefit of this will be realised during 2017.
- In addition to the number of patients waiting >6 weeks for a key diagnostic test, there are a significant number of surveillance patients overdue their repeat scope, particularly on the RAH site. There has been a focus on surveillance patients in order catch up on this high risk group and reduce the numbers overdue which will have a further impact on patients waiting for new diagnostic tests.

Timeline For Improvement

With the implementation of the actions identified above, it is anticipated that improvements will be made during 2017-18.

Exception Report: % of New Outpatients waiting <12 weeks for a new Outpatient Appointment

Measure	% of new outpatient waiting < 12 weeks for a new outpatient appointment
Current Performance	As at October 2016, 89.0% of available new outpatients were waiting <12 weeks for a new outpatient appointment. Current performance is lower than the target of 99.9%. A total of 8,554 available new outpatients were waiting >12 weeks for a new outpatient appointment.
NHS Scotland *(latest available published data)*	As at September 2016, 78.7% of available new outpatients were waiting <12 weeks for a new outpatient appointment. A total of 66,239 new outpatients patients were waiting >12 weeks for a new outpatient appointment.
Lead Director	All Acute Directors



Commentary

As at October 2016 (month end), 89.0% of new outpatients were waiting <12 weeks for a new outpatient appointment, current performance is below the target of 99.9% and lower than the position reported during the same month the previous year (97.8%).

Performance across each of the three Sectors and Regional Services was below target of 99.9% in October 2016: the North Sector 92.0% of available new outpatients, South Sector 82.4% of available new outpatients, Clyde Sector 94.5% of available new outpatient and Regional Services 85.3% of available new outpatients were waiting <12 weeks for a new outpatient appointment.

The remaining 10.9% of available new outpatients were waiting >12 weeks for a new outpatient appointment representing 8,554 new outpatients. Current performance represents a 6.5% increase on the number of new outpatients waiting more than 12 weeks for a new outpatient appointment reported in the previous month (8,034 available new outpatients). The 8,554 new outpatients waiting >12 weeks for a new outpatient appointment were in the following specialities: Gastroenterology (2,095); Neurology (992); Respiratory (1,152); Orthopaedics (1,356); General Surgery (880); Pain Management (476); Rheumatology (595); Ophthalmology (306); Ear Nose & Throat (299); Dermatology (103); Cardiology (73); Diabetes/Endocrinology (90); Neurosurgery (63); Urology (63); Oral & Maxillofacial Surgery (1); Geriatric Medicine (1); Infectious Diseases (7), Rehabilitation Medicine (1) and General Medicine (1).

Actions to Address Performance

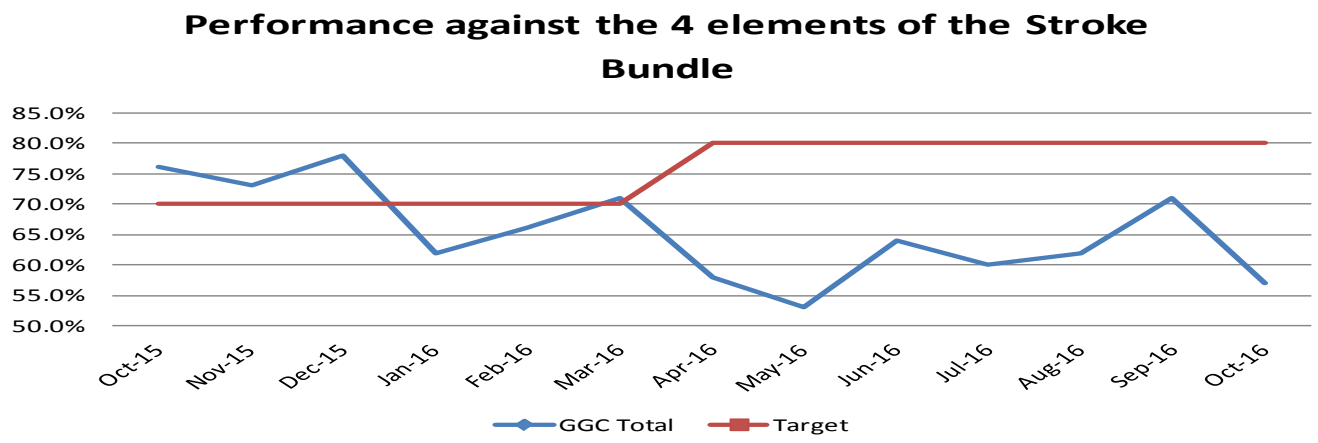
In addressing the month on month deterioration in performance, similar to the 12 week TTG, the urgent detailed review of the levels of supply, demand and productivity that can be delivered for each specialty within budget to reduce variance and maximise output is being carried out. An integral part of this work included benchmarking activity at a specialty, sector, NHSGG&C, Scottish and UK level to assess levels of productivity and identify a benchmark in which to track success against. The completion of this process is expected in February - March 2017.

Timeline for Improvement

Once the process outlined above is complete, the timelines for improvement and a more realistic level of performance that can be expected within budget will be identified.

Exception Report: Stroke Care Bundle

Measure	Stroke Care Bundle
Current Performance	As at October 2016, overall performance against the Stroke Care Bundle was 57% which is below the target of 80%.
Lead Director	Sector Directors across Acute



Commentary

Performance in relation to the stroke bundle in October 2016 was 57% against a target of 80%. This represents a deterioration on the previous months' performance of 71%. The decline in performance is mainly as a result of the significant deterioration at Glasgow Royal Infirmary (GRI) 59%, a reduction on the 73% reported the previous month and the Queen Elizabeth University Hospital (QEUH) 49%, a reduction on the 70% reported the previous month. Performance at the Royal Alexander Hospital (RAH) 75%, has remained the same as the previous month and Inverclyde Royal Hospital (IRH) is currently exceeding the stroke care bundle target of 80% at 82%.

The current stroke bundle position is mostly driven by performance in relation to the Swallow Screen element of the stroke care bundle which has remained a challenge across the Acute Division.

Overall performance against the swallow screen element was 66% in October 2016. Current performance is below the 100% target and represents a deterioration on the 74% reported the previous month. The decline in performance is as a result of a decline in performance at both the GRI (65%) and QEUH (57%) previously reporting 77% and 72% respectively.

The IRH reported 100% compliance against this element of the bundle and the RAH reported 88% an increase on the 82% reported the previous month.

Actions to Address Performance

The Board Nurse and Medical Directors have issued direction with regards to completion of the swallow test by Emergency Department nurses which is anticipated to substantially improve performance. In addition, the work of the Stroke Care Review Group, established to oversee the developments in relation to stroke care continues, with the final report on key issues and proposals for action scheduled to be complete by the end of December 2016.

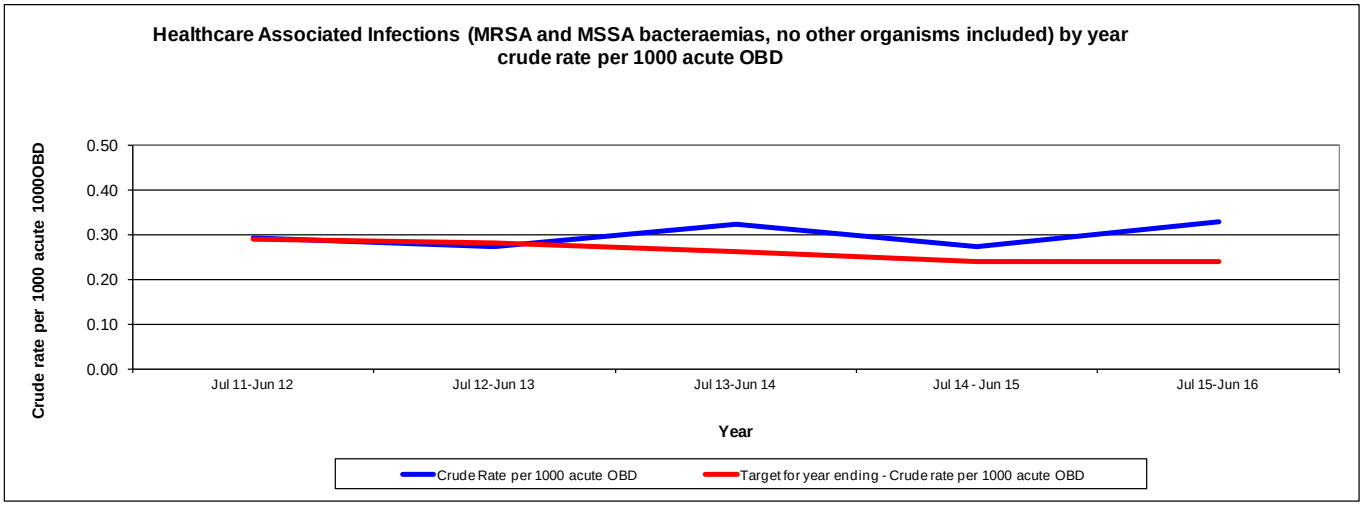
Locally, both the QEUH and the GRI are progressing their improvement model to increase compliance against each of the elements of the stroke care bundle. Both Hospitals are also reviewing the Clyde Emergency Department/Acute Assessment Unit (ED/AAU) models to gain a better understanding of their processes and adapting these to fit their local needs. They continue to work with their ED/AAU teams to achieve a sustainable improvement in performance.

Local action plans are in place at the RAH and IRH to ensure the improvements made to date are

sustainable as are appropriate local governance arrangements in the form of monitoring through local sector and senior management team meetings.
Timeline For Improvement Following the write up work is underway to implement the plans across the acute Division to ensure long term sustainable improvements during 2017.

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

Measure	MRSA/MSSA Bacteraemia (cases per 1,000 AOBD)
Current Performance	As at the June 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.
NHS Scotland *(latest available published data)*	As at Quarter 2 (April - June 2016) the national position for the number of SABs cases was 31.1 cases per 100,000 AOBD. NHSGG&C's position was 31.4 cases per 100,000 AOBD.
Lead Director	Dr Jennifer Armstrong, Medical Director



Commentary

NHS Boards across Scotland were set a target to achieve *Staphylococcus aureus* Bacteraemia (SAB) of 24 cases or less per 100,000 AOBDs by 31 March 2017. 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 2 confirm a total of 110 SAB patient cases for NHSGG&C, between April and June 2016. This equates to a SAB rate of 31.4 cases per 100,000 AOBD. This is an increase of 3.8% upon the previous quarter in SAB patient cases.

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

Agenda item 16 - Board-wide Healthcare Associated Infection Exception Reporting Template (HAIRT) provides more detail on current position.

Actions to Address Performance

Guidance/Education

A full set of guidance documents, including care plans, were developed and promoted locally by Practice Development Nurses and IPC Nurses in wards and departments across NHSGG&C and reinforced during all educational sessions linked to the use and management of Intravascular Devices (IVDs).

A short video on the correct management of one of the most commonly used IVDs (Peripheral Vascular Cannula or PVC) was developed in 2016 and disseminated via the Chief of Medicine and the Chief Nurses. The video is https://www.youtube.com/watch?v=41V3eO3u5HU and is also promoted through existing educational sessions.

Antimicrobial Management Team (AMT)

Prospective information on cases of SAB is referred to the AMT by the IPC Data Team and a review is

undertaken to ensure that patients are on the correct treatment regimen. The AMT are also reviewing all cases for six months post infection to try and demonstrate the long term consequences of this infection.

Audit

Local SAB surveillance data shows that IVDs account for about a third of all hospital acquired SAB infections. In 2014 care plans and guidance documents were reviewed and redeveloped to support the implementation of the Health Protection Scotland National Care Bundles to prevent infections caused by PVC and Central Venous Catheters (CVC).

Community

Thirty per cent of all SABs are now defined as community acquired. A short-life working group (SLWG) was established February 2016 to review community SAB Data and to identify areas where focussed improvement work could be implemented. Two SAB cohorts were identified for further exploration; illicit drug use and those with diabetes. It should be noted that it is extremely difficult to modify risk behaviours in the first of these groups and a collaborative approach involving Public Health and Addictions Teams is necessary.

Testing for *S. aureus* in Renal Dialysis Patients

Evidence from the literature suggests that a substantial proportion of *S. aureus* bacteraemia originate in the patient's nose and 50% of hospitalised patients have nasal carriage of *S. aureus*. Scientific literature suggests that decolonising patients who are natural carriers of *S. aureus* may reduce the incidence of infection. Although *S. aureus* is not part of any national screening policy, in this specific group of patients it may be useful in preventing SABs. In collaboration with Renal Services Clinicians, all renal haemodialysis patients will be screened for *S. aureus*. It is planned that this screening process will commence in November 2016. If patients are positive they will be commenced on a decolonisation regimen to reduce the amount of bacteria on their skin and nose and this in turn should reduce SABs. Depending on the impact, this may be extended to other high-risk groups.

Paediatrics and Neonatology

Interventions to reduce SABs in neonates and children are extremely complicated. Neonates especially are much less tolerant to the insertion of vascular access devices because of their fragility. The Chief Nurse for Paediatrics and Neonates is currently chairing a quality improvement group to look at the literature and policies and procedures in relation to the use of these devices in this group of patients.

IPC Quality Improvement Facilitator (QIF)

In collaboration with Health Improvement Scotland a QIF was appointed to test using improvement methodology/new ways of managing IVDs. This work is currently ongoing in GRI directed by a SLWG of clinical staff based in GRI and includes the following work strands:

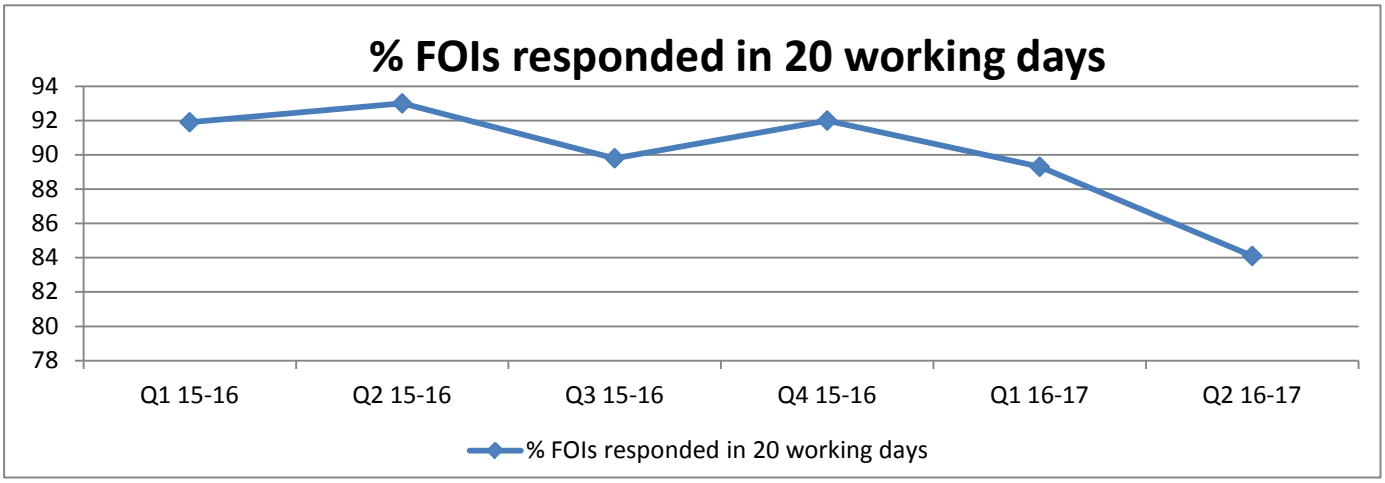
- Avoiding the use of IVDs in the first instance. Decision making acronym to encourage clinical staff to consider if the device is necessary in the first place.
- Audit of how many of the IVDs are used in practice. This will support the use of tools detailed in the above bullet.
- Update and testing of new PVC Care Plan (two wards in GRI) with scheduled PDSA cycles.
- Testing of methods to encourage clinical staff in EDs and Theatres to complete insertion criteria.
- Ward based education.
- PVC Driver Diagram developed.
- Education resource for clinical staff.

Timeline For Improvement

Work continues on an ongoing basis to improve performance.

Exceptions Report: Freedom of Information (FOI) Requests

Measure	Percentage of requests under Freedom of Information (Scotland) Act 2002 responded to within the statutory time period of 20 working days.
Current Performance	As at Quarter 2 (July - September 2016), overall performance for Freedom of Information was 84.4% which is below the target of 90%.
Lead Director	John Hamilton, Head of Administration



Commentary

FOISA requires that requests for information under the Act are responded to "promptly" but in any event no more than 20 working days following receipt. The overall performance for Freedom of Information (FOI) for Quarter 2 (July - September 2016) was 84.4%. Performance for Quarters 1-4 of 2015/16 and Quarters 1 and 2 of 2016/17 are shown in the graph above. The table below also shows the total number of requests responded to during the same period.

	Q1 15-16	Q2 15-16	Q3 15-16	Q4 15-16	Q1 16-17	**Q2 16-17**
% FOIs responded in 20 working days	91.9%	93.0%	89.8%	92.0%	89.3%	**84.4%**
Total FOIs received	177	222	198	198	218	**221**
Total FOIs responded	160	227	206	187	169	**231**

The number of responses received fluctuates from quarter to quarter, and the table shows that a higher number of requests were responded to during the period under review. Of 231 responses issued in this reporting period, 195 were responded to within the 20 working day timescale but 36 were issued outwith the guaranteed respond period. Current performance (84.4%) is lower than that reported in the previous quarter at 89.3%. Overall YTD performance is 86.9%.

Current performance is a result of a staff vacancy which has now been filled and changes to the system for FOI reporting.

Actions to Address Performance

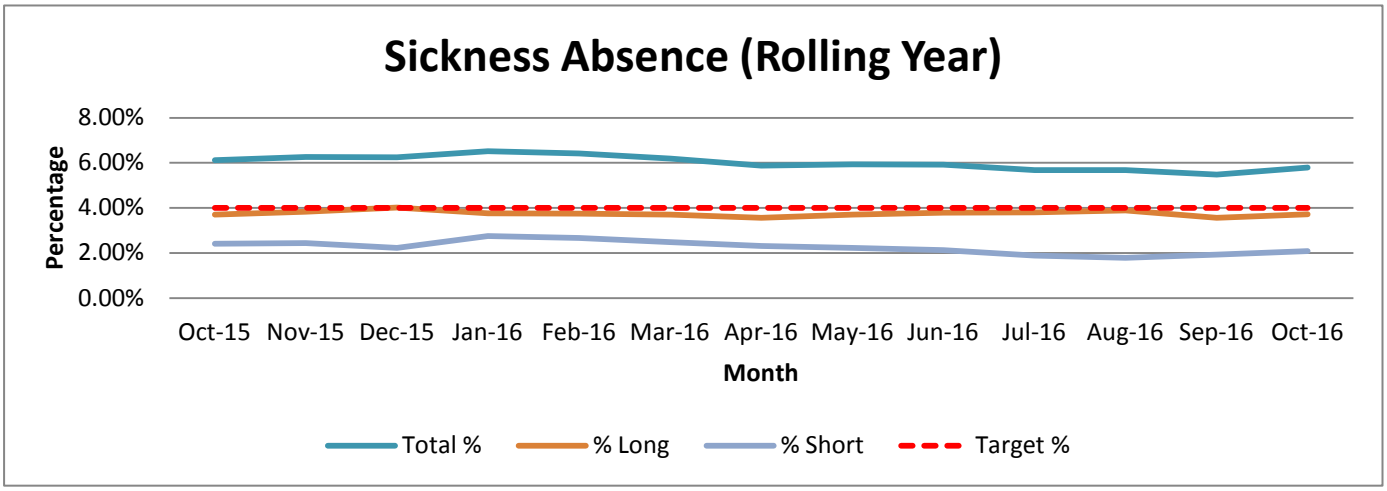
The temporary decline in performance, due to changes in staffing and systems is being addressed by the officers who handle FOIs with improvements anticipated during Quarter 3.

Timeline For Improvement

Improvement is targeted for Quarter 3 (September - December 2016).

Exceptions Report: Sickness Absence

Measure	Sickness Absence Rate
Current Performance	As at October 2016, the rate of sickness absence across the Board was 5.48%.
Lead Director	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 October 2016 was 5.48%. This is slightly lower than the rate reported for same period in the previous year (October 2015) which was 5.59%.

The split between long term and short term absence for the period under review is 2.83% and 2.82% respectively.

Actions To Address Performance

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

Area	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
Acute	5.89	5.96	6.18	6.37	6.05	6.03	5.78	5.53	5.40	5.28	5.23	5.18	5.46
Board Wide Facilities	8.69	9.38	8.31	8.95	9.12	8.25	8.50	8.86	8.69	8.15	8.39	7.87	7.99
Other Functions	4.06	4.62	4.50	4.92	5.22	4.94	4.53	4.96	5.15	4.53	4.59	4.44	4.49
Partnership	6.22	6.17	6.08	6.35	6.50	6.09	5.45	5.94	6.19	5.96	5.93	5.55	6.15

Acute Division

The Acute overall absence rate decreased month on month since April 2016 and started to increase slightly from the reported figure of 5.18% in September 2016 to 5.46% in October 2016. This increase is in line with seasonal variations in absence which peak during the onset of the winter period. Since the last Board report, the Heads of People and Change have agreed a set of absence priority actions for the Acute Division. These include adopting the methodology applied by the Women and Children's Directorate for managing absence, identifying alternative roles and work projects that individuals can support during their phased return and close working with Occupational Health to ensure staff receive health support. These interventions will be assessed to determine the impact on attendance levels.

The South Sector remains by exception the area with the highest staff absence however there is a high level of attendance clinic utilisation at 76% uptake. Furthermore, line managers have also been provided with training opportunities on absence management and a number of managers have attended training programmes. In managing long term absence all cases are actively reviewed to determine staff options with regard to their ability to return to work and potential ill health termination.

Acute Directorates	Partnerships/HSCPs
North Sector - 5.59%	East Dunbartonshire - 5.01%
South Sector - 6.24%	East Renfrewshire - 7.59% (*Discussions underway to address*)
Women & Children - 5.68%	Glasgow City - 6.18%
Diagnostics - 4.02%	West Dunbartonshire - 5.48%
Clyde - 5.60%	Renfrewshire - 6.27%
Facilities (board-wide) - 7.99%	East Dunbartonshire OH - 4.94%
Regional Services - 5.29%	Inverclyde - 7.47%

Partnerships

The overall headline figure for Partnerships is reported at 6.15% at October 2016 and has increased from the September 2016 figure of 5.55%. Within Partnerships, absence rates during October 2016 in East Renfrewshire HSCP, Renfrewshire HSCP and Inverclyde HSCP have all increased in recent months. The increases in absence levels are being analysed by each HCSP and local improvement plans are being developed to ensure targeted action in key absence hot spots.

In East Renfrewshire the current full time equivalent (FTE) staffing number is approximately 360 FTE. This includes the Learning Disability in patient hosted service for NHSGG&C. The absence within this service has decreased significantly during the last six months from reported level of 14% in January 2016 to 8% in October 2016 and continues to move in a positive direction. The rest of the HSCP absence levels fluctuate, however, the main contributing factor is staff with long term chronic health conditions. In recognition of the joint management arrangements within the HSCP training needs for line managers will be identified and supported through training activity.

Inverclyde HSCP also reports a high absence level of 7.47% and the absence rates are being actively managed by a review of both short and long term cases.

Facilities

In comparing October 2015 to October 2016 there has been an overall reduction from 8.69% to 7.99%, with short term absence reducing from 3.59% to 2.78% but long term absence increasing from 5.10% to 5.21%.

In reviewing absence triggers, the number of people meeting these triggers have all reduced during 2016. It is apparent, however that the majority of long term (86%) of those meeting long term triggers are between 28 days and six months.

The Facilities Directorate continues to apply the Board Attendance Management Policy and during the current performance year conducted 37% of all absence disciplinary hearings with 57% of all ill health terminations for NHSGG&C. In parallel to high levels of employee relations activity the Directorate has introduced staff development groups to facilitate staff engagement and improved communication in addition to hosting a pilot to assist staff in developing personal coping strategies. The Directorate continues to focus on staff safety at work and is also implementing the “Safety Climate Tool”.

Actions to Address Performance

Line manager training on managing attendance is core to supporting an improvement in staff attendance across NHSGG&C. The Board has an established *People Management Programme* which aims to provide line managers with the knowledge and skills in managing short and long term absence by reference to the NHSGG&C policies on Attendance, Capability and Discipline.

Nine sessions have been delivered to date at different venues to minimise access and travel issues for staff. 160 managers have attended. Initial feedback regarding the sessions has been very positive with 99% of attendees indicating they would recommend the session to a colleague. The Human Resources and Learning and Development function will monitor uptake of staff training by Sector and evaluate outcomes from the training to assess the impact of the programme.

Attendance management clinics continue to operate across NHSGG&C to ensure focused health support

for line managers and staff. The Human Resources and Advisory Unit are analysing the actual clinic utilisation rates per Sector/Directorate/Partnership and this information will be correlated against the absence levels per area. Initial feedback indicates that clinic utilisation can be improved to ensure there is a positive uptake on clinic support.

A focused piece of work led by the Medical Staffing Team has commenced to review Medical Staff absence and undertake specific work in improving absence recording, reporting and management of junior and senior medical staff absence.

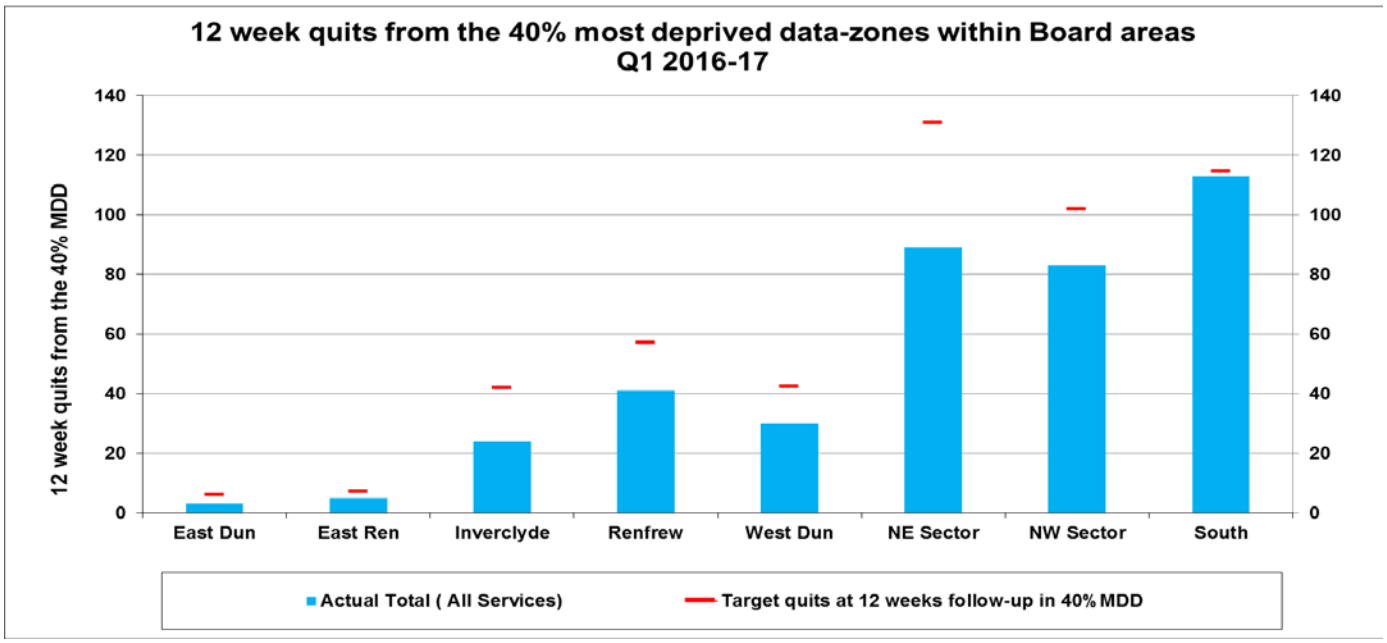
In managing long term absence all Heads of People and Change are working with Occupational Health to review and manage complex and difficult cases to ensure that all actions are being taken to support staff in returning to work. There is continued review of the approach to ill health termination and work to improve timely initiation of the conclusion of absence cases and early engagement with staff side colleagues on potential outcome of long term sickness issues.

Timeline For Improvement

Ongoing attendance management remains a key productivity and staff welfare issue for NHSGG&C and action to improve performance is ongoing. Further work in evaluating the impact of training and development activity and monitoring absence clinic utilisation will be essential in refining and improving our staff attendance strategy.

Exception Report: Smoking Cessation

Measure	Smoking Cessation - 3 months post quit in the 40% most deprived within Board SIMD areas.
Current Performance	For the period April - June 2016 there were a total of 418 successful smoking quits at 3 month post quit representing 84% of the trajectory for Quarter 1. Current performance is below that trajectory of 501 successful quits for this period.
NHS Scotland *(latest available published data)*	For the period April - June 2016, there were a total of 1,779 successful smoking quits at 3 month post quit for the target population representing 76% of the Quarter 1 trajectory.
Lead Director	Linda de Caestecker, Director of Public Health



Commentary

The current performance gives rise for concern and reflects the challenge that NHSGG&C has been set as part of the LDP Standard for 2016-17. The new target represents a 51% increase on 2015-16 and is higher than the Scottish average increase of 29%.

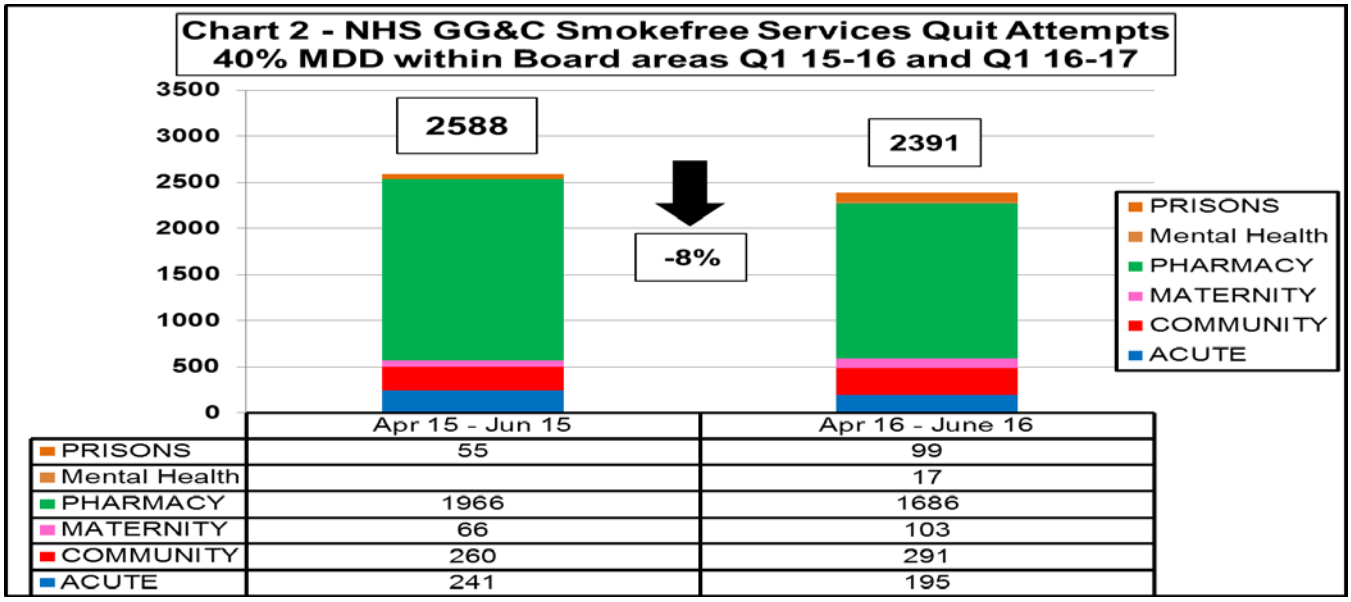
This significant challenge is somewhat mitigated when we calculate the increase in outcomes we need to achieve compared to what was delivered in 2015-16. The table below shows that our actual required increase in 12 week outcomes is just over 6% throughout the year. This 6.4% increase in 12 week outcomes is the key benchmark we are working towards when we analyse our service patterns compared to any time period from 2015-16.

LDP Standard		
	Target	Actual
2015-16	1328	1884
2016-17	2005	2005
Increase	51%	6.4%

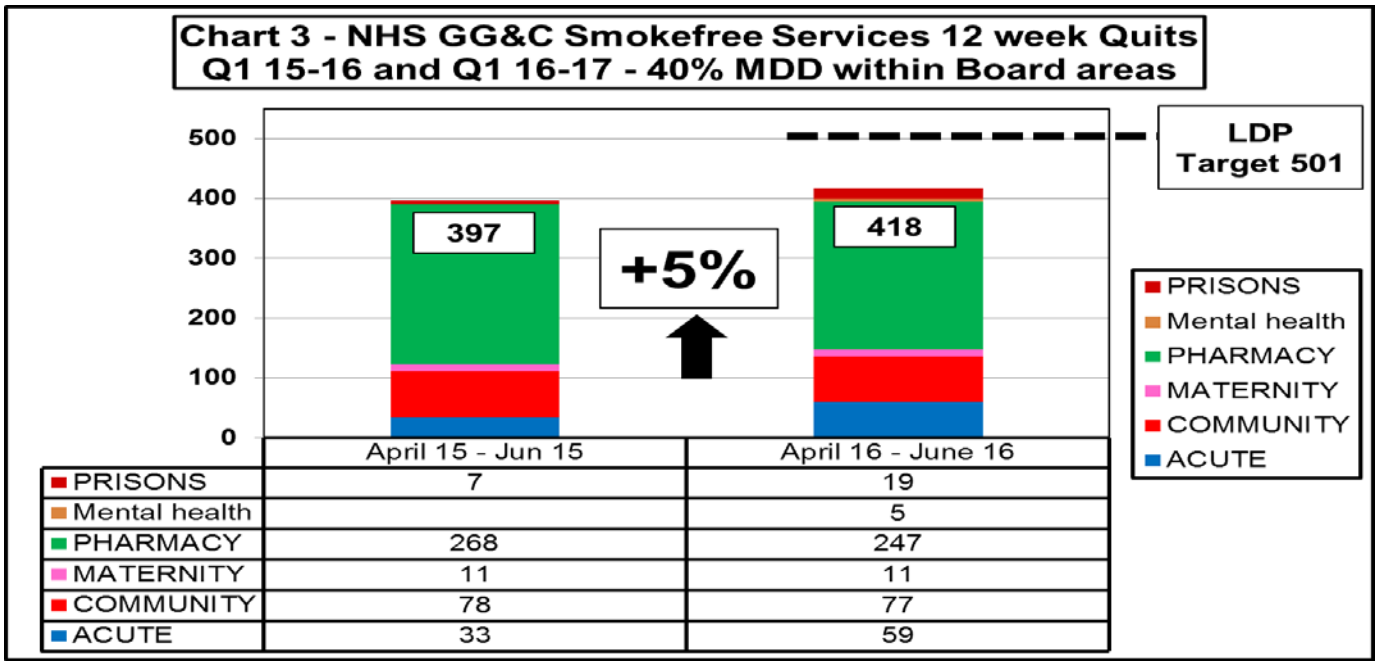
Cessation activity has an established seasonal pattern and Q1 accounts for approximately 22% of annual activity, whereas the current LDP model is divided into four equal quarters. Were we to adjust to take account of this we would be currently at 21% of our annual target, and therefore at one percentage point below target.

Despite these mitigating factors there still remains a level of concern around achieving LDP for 2016-17. The concern moving forward is the continuing decline in quit attempts across the Board with 8% fewer attempts compared to Q1 2015-16. This is mostly associated with our Pharmacy Service and during Q1 Pharmacy recorded a 14% drop against the same quarter in 2015-16.

Charts 2 and *3* below show that whilst we have experienced an 8% drop in quit attempts, improvements in retention, recording and service outcomes led to a 5% increase in 12 week quits during Q1 2016-17. These improvements have mostly been a result of the review processes explored since late 2014 across NHSGG&C and where implemented locally via the partnerships we have evidenced some improvements.



	Apr 15 - Jun 15	Apr 16 - June 16
PRISONS	55	99
Mental Health		17
PHARMACY	1966	1686
MATERNITY	66	103
COMMUNITY	260	291
ACUTE	241	195



	April 15 - Jun 15	April 16 - June 16
PRISONS	7	19
Mental health		5
PHARMACY	268	247
MATERNITY	11	11
COMMUNITY	78	77
ACUTE	33	59

Quit attempts across Scotland have declined around 14% from the same period previous year and this remains a concern longer term and is only likely to be improved with national mass media activity.

Actions to Address Performance

Learning from the various service improvement activities has been collated and highlights some of the opportunities and challenges around implementing service changes across the various partnerships. The current structure of a mixed model of Board wide services and services devolved to partnerships can be challenging in ensuring consistent service improvement implementation.

Glasgow City HSCP has recently undertaken a formal review process of their tobacco control activity and this has been concluded during Q1 and Q2 2016-17. This process has led to a number of shared learning changes across the three Sectors and the following have been implemented this year including:

- A focus on engagement with primary care to generate quit attempt activity.
- Best practice guidelines around patient data recording pathways, GP engagement, and the new rolling programme of service delivery.
- A move towards establishing a cluster based approach to service delivery.
- Replicating the successful Possilpark model with agreed joint working proposals between Pharmacy and Community Services in Bridgeton, Castlemilk and Govan.
- A proposal submitted to the Glasgow Community Pharmacy Scotland (formally Area Contractor Committee) to begin targeted support for pharmacies with high footfall and low quit rates.

Timeline for Improvement

Early service data from Quarter 2 shows a similar decline in quit attempts to the same time period from the previous year, and this will potentially mean that Quarter 4 will need to be significantly more successful than the same time period from 2015-16.

The joint working with Pharmacy proposals in Glasgow City, also West Dunbartonshire and Renfrewshire should impact upon 12 week outcomes during Q4 2016-17.

The targeted promotional campaign activity will take place during January - March 2017.