

NHS GREATER GLASGOW AND CLYDE'S INTEGRATED PERFORMANCE REPORT

Recommendation

Board members are asked to:

Note and discuss the content of NHS Greater Glasgow and Clyde's (NHSGG&Cs) Integrated Performance Report.

Purpose of Paper

To bring together high level information from separate reporting strands, to provide an integrated overview of NHSGG&C's performance in the context of the 2016-17 Strategic Direction/Local Delivery Plan.

Key Issues to be Considered

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

Performance Improvements

- Performance in relation to the overall number of delayed discharges has been showing a month on month improvement since January 2017.
- Access to Drug and Alcohol treatment, Antenatal Care and IVF treatment continues to exceed target.

Performance Deterioration

- The number of patients waiting longer than the national waiting times standards for a number of key Local Delivery Plan targets continues to remain challenging, namely:
 - 12 week Treatment Time Guarantee (TTG)
 - New outpatient waiting >12 weeks for a new outpatient appointment
 - Number of patients waiting >6 weeks for a key diagnostic test
 - Cancer 62 day wait for suspicion of cancer referrals.

Measures Rated As Red (9)

- Suspicion of Cancer Referrals (62 days)
- Alcohol Brief Interventions
- Delayed discharges and bed days occupied by delayed discharge patients
- 12 week TTG
- % of new outpatient waiting <12 weeks for an appointment
- % of patients waiting >6 weeks for a key diagnostic test
- SAB infection rate cases per 1,000 population
- Smoking Cessation 3 months post quit
- Sickness Absence

Board Official

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

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 2016-17 Strategic Direction/Local Delivery Plan.

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Tel No: 0141 201 4754
15 August 2017

Board Meeting
15 August 2017

Paper No:17/43

Head of Performance

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

RECOMMENDATION

Board members are asked to note and discuss the content of the revised Board performance report. The small changes reflect the first stage of reviewing the suite of performance measures contained within the Board report and this will be followed by a more thorough review of how the measures will be presented.

1. INTRODUCTION

The report brings together high level performance information with the aim of providing members with a clear overview of the organisation's performance in the context of the *draft* 2017-18 Local Delivery Plan. An exception reports accompanies all indicators with an adverse variance of more than 5% and details the actions in place to address performance and the 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. 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 *draft* 2017-18 Local Delivery Plan. Some indicators could fit under more than one strategic priority, but are placed in the priority considered the best fit.

The indicators are made up of:

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

The report comprises:

- A summary providing a performance overview of current position.
- An At A Glance scorecard page, containing actual performance against target for all indicators. These have been grouped under the five Strategic Priorities identified in the draft 2017-18 Strategic Direction.

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

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 ON THE REPORT?

As part of the initial review of the performance measures contained within the Board report the following indicators have been removed:

- *Detect Cancer Early* – given the time lag in the data presented and the frequency of reporting this measure lends itself to more appropriately being reported once or twice yearly.
- *GP Advance Booking and GP Access* – this data is reported every two years through the GP Experience Survey and therefore merits a separate report highlighting changes and longer term trends in performance.
- *% of people newly diagnosed with dementia in receipt of post diagnostic support* – there are still some data issues to be resolved nationally.
- *Stroke Care Bundle* – progress against this measure will more appropriately be considered at the Acute Services Committee.

4. SUMMARY OF PERFORMANCE

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

Performance Improvements

- Access to drug and alcohol treatment, Antenatal Care and IVF treatment continues to exceed target.
- All cancer treatments (31 days) have increased from 94.9% in 2016/17 to 95.2% in 2017/18 (*still to be validated*).
- Whilst performance in relation to the overall number of delayed discharges has improved since January 2017, the numbers did rise again in June and remain higher than agreed targets.

Performance Deterioration

- The number of patients waiting longer than the national waiting times standards for a number of key Local Delivery Plan targets continues to remain challenging, namely:
 - 12 week Treatment Time Guarantee (TTG)
 - New outpatient waiting >12 weeks for a new outpatient appointment
 - Number of patients waiting >6 weeks for a key diagnostic test
 - Cancer 62 day wait for suspicion of cancer referrals.

Measures Rated As Red (9)

- Suspicion of cancer referrals (62 days)
- Alcohol Brief Interventions
- Delayed discharges and bed days occupied by delayed discharge patients
- 12 week TTG
- % of patients waiting >6 weeks for a key diagnostic test
- % of new outpatient waiting <12 weeks for an appointment
- MRSA/MSSA
- Sickness Absence

- Smoking Cessation 3 months post quit.

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

Outlined below is the key to the scorecard used on page 4 alongside a summary of overall performance against the five strategic priorities outlined in the draft 2017-18 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 21 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	0	0	3
Shifting The Balance of Care and Reshaping Care for Older People	1	1	0	1	3
Improving Quality and Effectiveness	5	2	7	5	19
Tackling Inequalities	1	0	1	0	2
TOTAL	9	4	8	6	27

PERFORMANCE AT A GLANCE - AUGUST 2017									
PREVENTING ILL HEALTH AND EARLY INTERVENTION									
Ref	Type	Local Delivery Plan Standard	As At	2016-17 Actual	2017-18 Actual	2017-18 Target	Perform Status	Dir of Travel	Exceptions Report
1	LDPS	Suspicion of Cancer Referrals (62 days)*	Jun-17	88.1%	81.9%	95%	RED	↓	Page 8
2	LDPS	All Cancer Treatments (31 days)*	Jun-17	94.9%	95.2%	95%	GREEN	↑	
3	LDPS	Alcohol Brief Interventions*	Apr-Jun17	3,593	2,726	3,273	RED	↓	Page 11
SHIFTING THE BALANCE OF CARE AND RESHAPING CARE FOR OLDER PEOPLE									
Ref	Type	Local Delivery Plan Standard	As At	2016-17 Actual	2017-18 Actual	2017-18 Target	Perform Status	Dir of Travel	Exceptions Report
4	LDPS	% of patients waiting <4 hours at A&E	Jun-17	94.3%	93.1%	95%	AMBER	↓	
5	LKPI	Number of A&E presentations	Jun-17	35,743	34,926	No Target	GREY	↑	
6	HSCI	Total number of patients delayed across NHSGG&C (taken at Census point)	Jun-17	—	140	TBC	RED	—	Page 13
		Acute Patients	Jun-17	—	86			—	
		Adult Mental Health Patients	Jun-17	—	54			—	
7	HSCI	Total number of Bed Days Lost to Delayed Discharge*	Jun-17	—	4,413			—	
		Acute Bed Days Lost	Jun-17	—	2,813	—			
		Mental Health Bed Days Lost	Jun-17	—	1,600	—			
IMPROVING QUALITY, EFFICIENCY AND EFFECTIVENESS									
Ref	Type	Local Delivery Plan Standard	As At	2016-17 Actual	2017-18 Actual	2017-18 Target	Perform Status	Dir of Travel	Exceptions Report
8	LDPS	18 Week Referral To Treatment (RTT)							
		Combined Admitted/Non Admitted	Jun-17	92.0%	89.5%	90%	AMBER	↓	
		Combined Linked Pathway	Jun-17	87.9%	86.7%	80%	GREEN	↓	
9	LDPS	12 week Treatment Time Guarantee (TTG)							
		Number of inpatients waiting >12 weeks	Jun-17	590	3,593	0	RED	↓	Page 15
10	LKPI	Patient unavailability (Adults)							
		Inpatient/Day Case (inc Endoscopy)	Jun-17	6,392	1,740	N/A	GREY	↑	
		Outpatient	Jun-17	5,314	1,644	N/A	GREY	↑	
11	LKPI	Number of patients waiting >6 weeks for a key diagnostic test	Jun-17	13	4,126	0	RED	↓	Page 19
12	LDPS	% of new outpatient waiting <12 weeks for a new outpatient appointment	Jun-17	94.4%	74.8%	99.9%	RED	↓	Page 22
13	LDPS	% of eligible patients commencing IVF treatment within 12 months	May-17	100%	100%	90%	GREEN	↔	
14	LDPS	% patient waiting <18 weeks for RTT to Specialist Child and Adolescent Mental Health Services	Jun-17	99.7%	99.9%	100%	AMBER	↑	
15	LDPS	% patients who started treatment <18 weeks of referral for psychological therapies	Jan - Mar 17	94.7%**	—	90%	GREY	—	
16	LDPS	Drug and Alcohol: % of patients waiting <3 weeks from referral to appropriate treatment	Jan - Mar 17	96.8%	—	91.5%	GREEN	↓	
17	LDPS	SAB Infection rate (cases per 1,000 OBD rolling year for 15 years+)	Apr - Mar 17	0.32	—	0.24	RED	↑	Page 25
18	LDPS	C.Diff Infections (cases per 1,000 OBD rolling year)	Apr - Mar 17	0.29	—	0.32	GREEN	↑	
19	LDF	% of complaints responded to within 20 working days	Jan - Mar 17	74%	—	70%	GREEN	↑	
20	LDPS/LDF	Financial Performance	Jun-17	(£9.5m)	(£13.9m)	(18.0m)	GREEN	↑	See Finance Report
21	LKPI	Freedom of Information Requests	Apr - June 17	89.3%	91.2%	90.0%	GREEN	↑	
22	LDPS/LDF	Sickness Absence (rolling year)	Jun-17	5.49%	5.23%	4.0%	RED	↓	Page 27
		Long Term	Jun-17	3.67%	2.59%	N/A	GREY	↓	
		Short Term	Jun-17	1.82%	2.64%	N/A	GREY	↔	
TACKLING INEQUALITIES									
Ref	Type	Local Delivery Plan Standard	As At	2016-17 Actual	2017-18 Actual	2017-18 Target	Perform Status	Dir of Travel	Exceptions Report
23	LDPS	80% of pregnant women in each SIMD quintile have access to Antenatal Care at 12 week gestation	Jan - Mar 17	83.5%	—	80%	GREEN	↓	
24	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas	Apr - Dec 16	1,241	—	1,503	RED	↑	Page 31

* Data has still to be validated

** Data estimated to be 20% - 30% complete as a result of being in the process of migrating to a new patient management system.

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)

Ref	Measure	As At	2016-17 Actual	2017-18 Actual	2017-18 Target	Perform Status	Dir of Travel
5	A&E 4 hour waits	June 2017	94.3%	93.1%	95%	AMBER	↓
<p><u>Commentary</u></p> <p>Whilst performance is below the same month the previous year, the June 2017 position of 93.1% of all patients waiting at A&E Departments were waiting <4 hours to be seen, treated or transferred, represents an improvement on previous months' performance and the highest compliance rate since October 2016.</p> <p>The recent improvements are as a result of progress on locally agreed unscheduled care plans in each sector. The recent comprehensive "root and branch review" of unscheduled care has identified a number of practical projects aimed at tackling the bottlenecks in EDs. The review has also identified examples of best practice and learning that will enable our clinical teams to introduce new ways of working to improve the quality of care we provide and make our processes more effective.</p>							
Ref	Measure	As At	2016-17 Actual	2017-18 Actual	2017-18 Target	Perform Status	Dir of Travel
13	18 Week Referral To Treatment	June 2017	92.0%	89.5%	90%	AMBER	↓
<p><u>Commentary</u></p> <p>As at June 2017, 89.5% of all patients referred for treatment waited less than 18 weeks for a Referral To Treatment marginally below the target of 90% and lower than the position reported the same month the previous year. Current performance is partly due to the recent focus on reducing the number of patients with long waiting times which means once patients have received their treatment their whole patient journey is reported and this will be longer than the 18 weeks therefore lowering the Board-wide average.</p>							

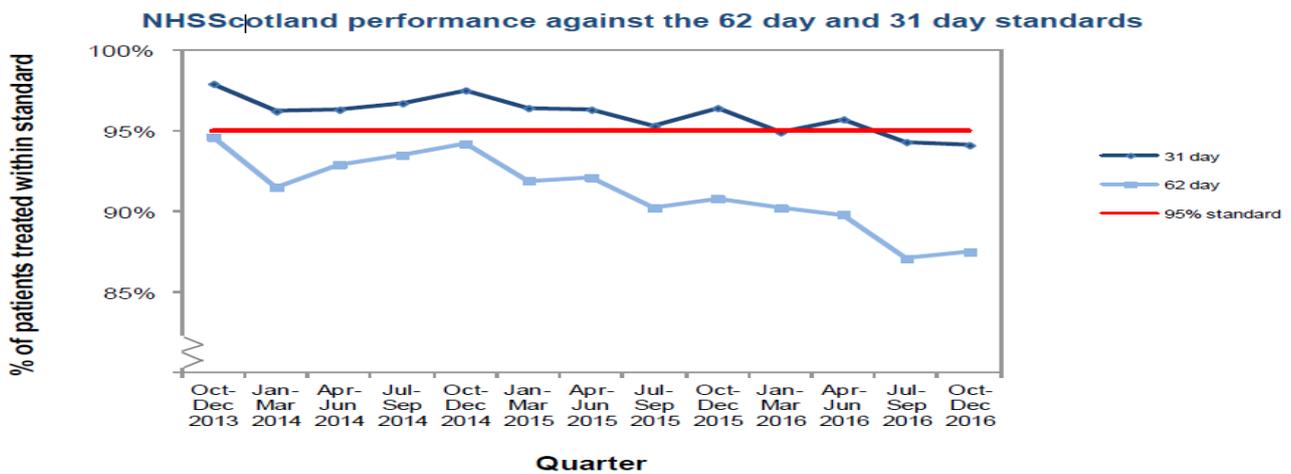
PERFORMANCE EXCEPTIONS REPORTS

Exceptions Report: Suspicion of Cancer Referrals (62 days)

Measure	Suspicion of Cancer Referrals
Current Performance	As at June 2017, 81.9% of patients with an urgent referral for suspicion of cancer were treated within 62 days of the referral. <i>(Data provisional)</i> Performance against the 31 day target in June 2017 was met at 95.2%.
NHSScotland <i>(Latest published data available)</i>	For the quarter January – March 2017, 88.1% 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

NHSScotland’s Performance

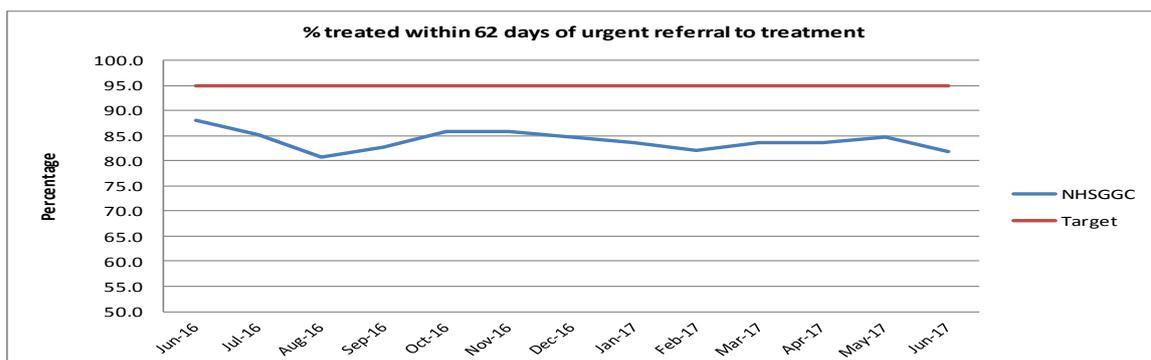
National Trend



As seen from the table above, since December 2014, there has been a downward trend in overall performance in relation to the percentage of eligible patients urgently referred with a suspicion of cancer starting their first cancer treatment. During January – March 2017, 88.1% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral. This is an increase on the 87.5% reported in the previous quarter October – December 2016. The 62 day standard was met by two Health Boards namely NHS Dumfries & Galloway and NHS Lanarkshire.

During the period January – March 2017, the 62 day standard was not met for any of the 10 cancer types included. The variation in NHSScotland’s performance relating to cancer types ranged from 94.8% breast cancer patients starting their treatment within 62 days of referral to 72.8% urological cancer patients starting their treatment within 62 days of referral.

NHS Greater Glasgow & Clyde’s Performance



As at June 2017, 81.9% (263 out of 321) 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 cancer types currently below the 95% target are as follows: Urological 62.8% (27 out of 43 eligible referrals treated within target), Upper GI 80.0% (28 out of 35 eligible referrals treated within target), Colorectal 68.3% (28 out of 41 eligible referrals treated within target), Head and Neck 80.0% (16 out of 20 eligible referrals treated within target), Lung 86.0% (37 out of 43 eligible referrals treated within the target), Breast 91.8% (90 out of 98 eligible referrals treated within target), Melanoma 92.3% (12 out of 13 eligible patients) and Lymphoma 90.5% (19 out of 21 eligible patients). The two remaining cancer types currently exceeding target are Cervical (100%), and Ovarian (100%).

Actions to Address Performance

General

Short-term additional activity continues to support measures to improve cancer waiting times.

The following actions are in place for those cancer types consistently below the 62 day waiting time standard.

Urological Cancer

Whilst Diagnostic hubs in the South and North sectors have now been fully implemented, providing an additional ten TRUS and Biopsy lists and eight flexible cystoscopy lists, there remains significant pressure across the urology service and in particular renal and prostate cancers. Changes to the prostate pathway, with a significant number of patients now undergoing more diagnostic steps (MRI before biopsy) and pressure on the treatment pathway for prostate (surgery) have contributed to poorer performance. Pressure on renal surgery is still significant given the sizable backlog that had developed before the two additional operating lists were implemented.

However, Urology performance in June was 62.8%, an increase from 58.8% in May and the best performance to date in 2017 having dropped as low as 48.8% in April.

Breast Cancer

As a high volume cancer good performance in breast services is essential to overall performance. This remains an area of priority for non recurring funding pending implementation of the breast service redesign recommendations. Particular challenges are evident in booking patients to 14 days in the South and Clyde as well as surgical capacity, particularly access to localisations again particularly in South and Clyde. Performance in June was 91.8% down from 93.2% in May.

Colorectal Cancer

Performance remains challenged particularly with access to scopes pan GGC and booking of patients outwith 14 days within the South Sector.

Performance in June was 66.6%, having dropped from 81.4% in May with the biggest challenge in screened patients due to delay to colonoscopy.

Colorectal has been prioritised for the application of non recurring funding with plans for additional colonoscopy capacity under development. Directors are working on additional plans for colonoscopy capacity against the funding available, this may require outsourcing activity.

Head & Neck Cancer

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 with

between only 5-10% of all tracked patients diagnosed with cancer.

June's performance was 80%, a decrease from 87.5% in May. The main contributing factor was delay to diagnosis, due to wait to first appointment and diagnostic procedures.

Upper GI Cancer

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.

Upper GI performance also dropped in June from 84.4% in May to 80% in June

Lung

Performance started to deteriorate below 90% April, May and June recording 86% in June down from 87.3% in May. Breachers were due to a combination of delay to diagnosis and radiotherapy or surgery as first treatment.

The roll out of the virtual lung cancer clinic piloted in the North East is being discussed with South and Clyde teams, supported by the Improvement team at SGHD.

Timeline For Improvement

The above measures are being undertaken to ensure more timeous steps on the patient pathway. Quarter 2 (April – June) 2017 will not demonstrate the desired improvement. There are still a significant number of cases who have waited longer than the target and are still awaiting treatment, particularly in Urology. 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 results in a dip in performance in monthly figures initially.

Exception Report – Alcohol Brief Interventions (ABIs)

Measure	Alcohol Brief Interventions (ABIs)
Current Performance	For the period April – June 2017 a total of 2726 ABI were delivered across NHSGG&C.
Lead	Linda de Caestecker, Director of Public Health
<u>Commentary</u>	
<p>During the quarter April – June 2017 a total of 2726 ABIs were delivered across NHSGG&C. Current performance represents a 20% decrease on the same period the previous year, and is 4% below target for the quarter. The split of delivery is as follows:</p> <ul style="list-style-type: none"> • Primary Care: 730 ABIs delivered vs. target delivery of 2098 (35% of target) • Acute: 1246 ABIs delivered vs. target delivery of 1175 (106% of target) • Wider settings delivery: 750 ABIs delivered vs. target delivery of 654 (115% of target). <p>Primary Care recorded delivery continues to be the biggest ongoing challenge. This drop in recorded delivery is due to the decoupling of recorded activity from payment in the ABI LES. Scoping exercises have shown that delivery is continuing at 2015-16 levels and the change lies in the recording of the data relating to delivery. Within the other priority settings, Acute delivery was above target for the quarter as was delivery within wider settings.</p>	
<u>Actions to Address Performance</u>	
<p>There is continuing dialogue with our colleagues within Primary Care to look at ways of increasing recording of ABI delivery. We are also working with Board Practice Nurse Support & Development Team, Primary Care Support to look at refresher training and awareness raising sessions for Primary Care Practice Nurse staff later in 2017 which will raise the profile of the ABI LDP and importance of data recording within Primary Care.</p> <p>There is the ongoing development of delivery within new settings. This development is continuing both in Acute and within wider settings such as with Fire and Rescue Service and services within Oral Health Directorate.</p> <p>Further liaison work will be undertaken, using the Q1 data, with planning managers and allied colleagues across the HSCPs and ADPs in order to identify further delivery enhancement opportunities and strategies for ABIs.</p> <p>Within Glasgow ADP/HSCP context, one example of an enhanced delivery arrangement is the newly awarded community ABI contract which went live in July 2017 and is established to deliver enhanced levels of ABIs in community settings in the City over the period to March 2019.</p> <p>Additionally there are a number of known missing data sources from the Q1 submission that are actively being sought including some of the prisons data – once available this would provide a degree of uplift of Q1 figures.</p>	
<u>Timeline For Improvement</u>	
<p>This work is ongoing. The specific work with Primary Care Practice Nurses will start from November at the earliest.</p> <p>The period to the end of the Q2 reporting period will be utilised for active seeking of missing data and</p>	

gathering of further delivery options across the ADP areas. The main issue, on which corporate Health Board guidance is requested, that is the principal driver of the depressed figures for reported ABI activity is the nationally driven and GGCNHS implemented changes to the primary care organisational landscape and associated reporting regime. – i.e. the decoupling of recorded activity from payment in the ABI LES.

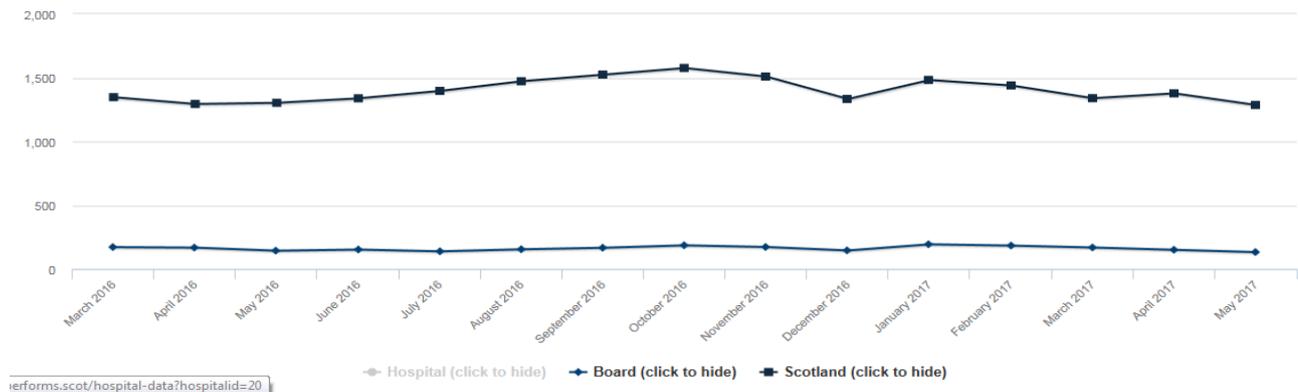
Exceptions Report: Delayed Discharges and Bed Days Lost to Delayed Discharge

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 June 2017, there were a total of 140 delayed discharge patients resulting in the loss of 4,413 occupied bed days across NHSGG&C.
NHSScotland (Latest published data available)	As at May 2017, there were a total of 1,286 patients delayed resulting in the loss of 39,651 occupied bed days across NHSScotland.
Lead Director	Mags Mcguire, Nursing Director

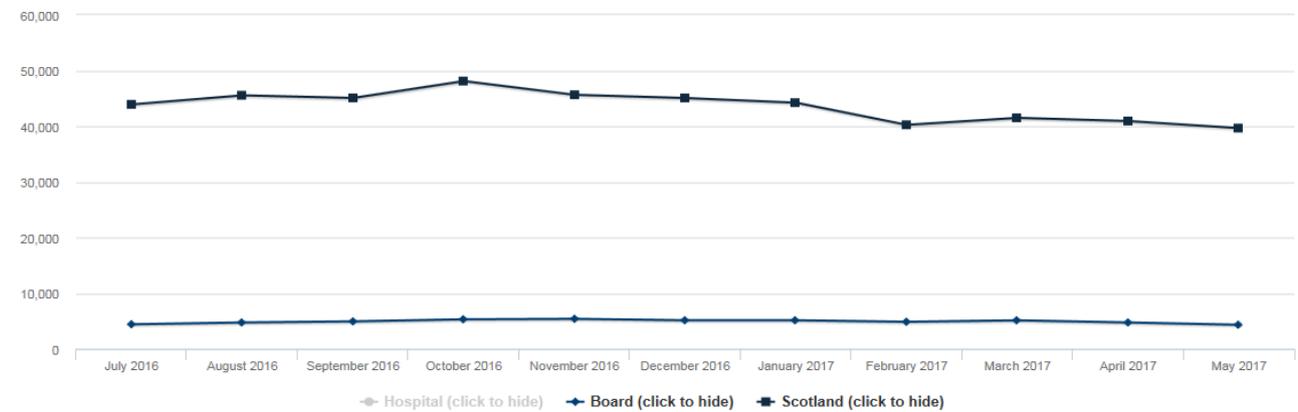
NHSScotland's Performance

Chart 1: Number of Delayed Discharges across NHSScotland – May 2017



Across NHSScotland, there were a total of 1,286 patients delayed at the May 2017 census, NHSGG&C accounted for 10% (133) of the total number of delayed patients reported across Scotland. May 2017 represents the lowest number of patients delayed across NHSScotland during this past year. Similarly, in NHSGG&C, the May 2017 position of 133 delayed patients represents the lowest number of delayed patients reported during this past year.

Chart 2: Number of Bed Days Occupied by Delayed Discharges Across NHSScotland – May 2017



The 1,286 patients delayed across NHSScotland resulted in the loss of 39,651 occupied bed days a marginal reduction (3%) on the number reported the previous month (40,925). NHSGG&C accounted for 10.6% (4,327) of total occupied bed days lost to delayed discharge across Scotland representing a 9% reduction on the number reported the previous month (4,743).

NHS Greater Glasgow & Clyde's Performance**Table 1 – June 2017 – Total Delayed Discharges and Bed Days Lost – NHSGG&C**

TOTAL DELAYED DISCHARGES	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total number of patients delayed (at census point)	139	156	167	186	173	146	194	184	169	151	133	140
Total number of bed days lost to delayed discharge	4,421	4,747	4,943	5,313	5,397	5,318	5,147	4,863	5,133	4,743	4,327	4,413

Table 2 – June 2017 – Acute Delayed Discharges and Bed Days Lost

ACUTE DELAYED DISCHARGES	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total number of patients delayed (at census point)	-	-	111	121	111	97	142	127	117	107	99	86
Total number of bed days lost to delayed discharge	-	-	3,282	3,517	3,522	3,404	3,544	3,319	3,576	3,285	3,078	2,813

As seen from *Table 1* above, at the June 2017 census point an overall total of 140 patients were delayed across NHSGG&C resulting in the loss of 4,413 bed days across the Acute and Mental Health Services. Current performance represents a 5% increase on the number of delayed patients reported the previous month. This increase is in relation to the number of delayed patients in Mental Health.

As seen from *Table 2*, a total of 86 delayed patients were in Acute hospitals, resulting in the loss of 2,813 bed days across the Acute Division. June 2017 performance represents a further improvement on the number of delayed patients reported previously. With the exception of Renfrewshire HSCP and South Lanarkshire all other HSCPs and areas outwith the Board are showing a reduction in the number of delayed patients across Acute. All HSCP areas reported delayed patients across Acute hospitals, Glasgow City reported 33 delayed patients (a reduction on the 35 reported the previous month); West Dunbartonshire reported 8 delayed patients (a reduction on the 10 reported the previous month); East Dunbartonshire reported 3 delayed patients (a reduction on the 7 reported the previous month); East Renfrewshire reported 1 delayed patient (a reduction on the 6 reported the previous month); Inverclyde reported 6 delayed patients (a reduction on the 9 reported the previous month) and Renfrewshire reported 16 delayed patients (an increase on the 11 reported the previous month). The remaining 19 were residents from out with the Board area. Those out with the Board area comprise North Lanarkshire (4 a reduction on the 7 reported previous month); South Lanarkshire (9 an increase on the 7 reported previous month); Argyll and Bute (2 a reduction in the 4 reported previous month); North Ayrshire (2 the same as the previous month) and 2 others.

The number of patients delayed in Acute Hospitals resulted in the 2,813 Acute bed days lost to delayed discharge across NHSGG&C during June 2017. Current performance represents a reduction in the number of bed days lost and the lowest number reported since September 2016. Each of the HSCPs reported bed days lost comprising East Dunbartonshire (138 bed days); East Renfrewshire (102 bed days); Glasgow City (1,190 bed days); Inverclyde (172 bed days); Renfrewshire (297 bed days) and West Dunbartonshire (256 bed days). The remaining bed days lost were from patients out with the NHSGG&C (658 bed days). Those out with the Board area comprise North Lanarkshire (192 bed days); South Lanarkshire (272 bed days); Argyll & Bute (97 bed days); North Ayrshire (55 bed days); East Lothian (3 bed days) and the remaining 39 bed days lost were from other unspecified areas.

Actions to Address Performance

A number of actions have been implemented since the previous Board meeting:

Within NHSGG&C

- An urgent retrieval plan was requested from West Dunbartonshire HSCP to address the high level of delays that emerged relatively recently which has resulted in performance in the number of patients delayed improving - reducing from the 18 delayed patients reported in February 2017 to 8 patients delayed at June 2017. We have continued to support the HSCP to secure a flow of patients into the previous continuing care beds.
- We have also asked Glasgow City HSCP for a revised plan and timescale to deliver the level of 20 delayed patients which was agreed would be delivered from the end of March 2017, the current level whilst showing an improvement continues to exceed that. Weekly discussions have been arranged and improvement in the North East of the City has been achieved with further work across the South being progressed.

Outwith NHSGG&C

- We met South and North Lanarkshire and agreed actions they will take to improve performance and this is already showing in North Lanarkshire's performance reducing from 7 delayed patients in May 2017 to 4 delayed patients in June.
- Weekly conference calls have been established with Ayrshire, Acute and HSCPs to ensure a tighter focus on moving patients through and this effort is showing progress with the reduction in delayed discharge patients across all partnerships with the exception of Renfrewshire HSCP.

Across the Acute Division

- Arrangements have been revised to transfer all patients ready for discharge from our three major acute ED sites to other beds within the Division to ensure that the impact of delays is minimised while continuing to work with HSCPs to reduce delays.

Financial Arrangements

- From the start of the new financial year we have charged the costs of delays to Boards out with NHSGG&C, this will enable us to fund additional capacity beyond our acute plan, or retain beds which we could not otherwise finance.
- In the light of the performance issues outlined above and the financial position of the Acute Division agree financial arrangements with Glasgow City will be agreed to reflect the continuing use of acute facilities to provide care to HSCP patients.

Timeline for Improvement

The aim is to achieve immediate and continuing reductions in the number of patients delayed with short term impact of actions outlined above.

Exceptions Report: 12 Week Treatment Time Guarantee

Measure	12 week Treatment Time Guarantee (TTG)
Current Performance	As at June 2017 (month end), a total of 3,593 patients waited >12 weeks TTG for an inpatient/daycase procedure.
NHSScotland <i>(Latest published data available)</i>	As at March 2017, there were 11,168 patients waiting >12 weeks TTG for an inpatient/daycase admission across NHSScotland.
Lead Director	Jonathan Best, Interim Chief Operating Officer

NHSScotland's Performance

Table 1 - NHSScotland's Performance - Number of Ongoing Waits Over 12 weeks for an Inpatient or Daycase Admission: NHSScotland - Up to Month Ending March 2017

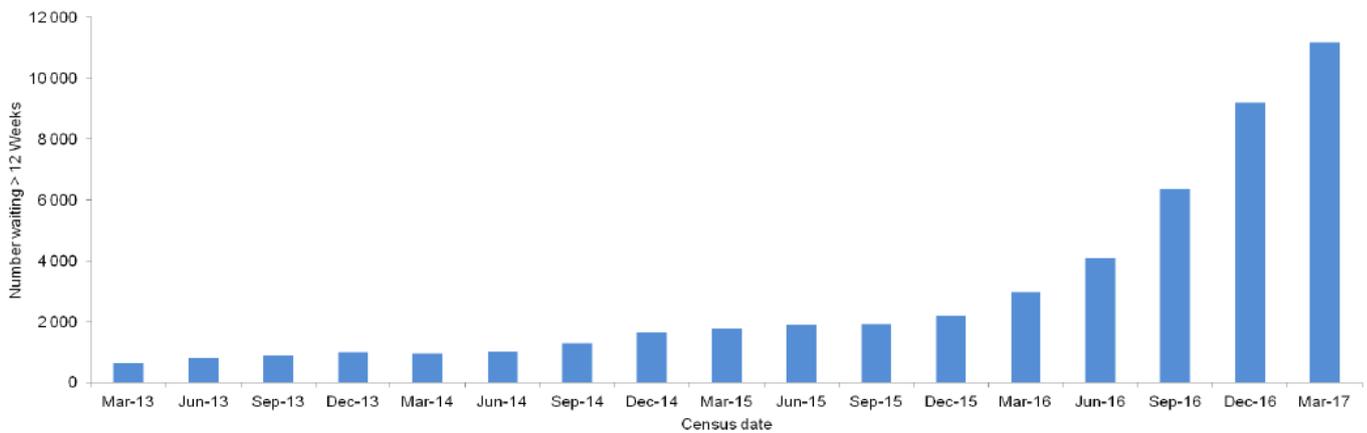
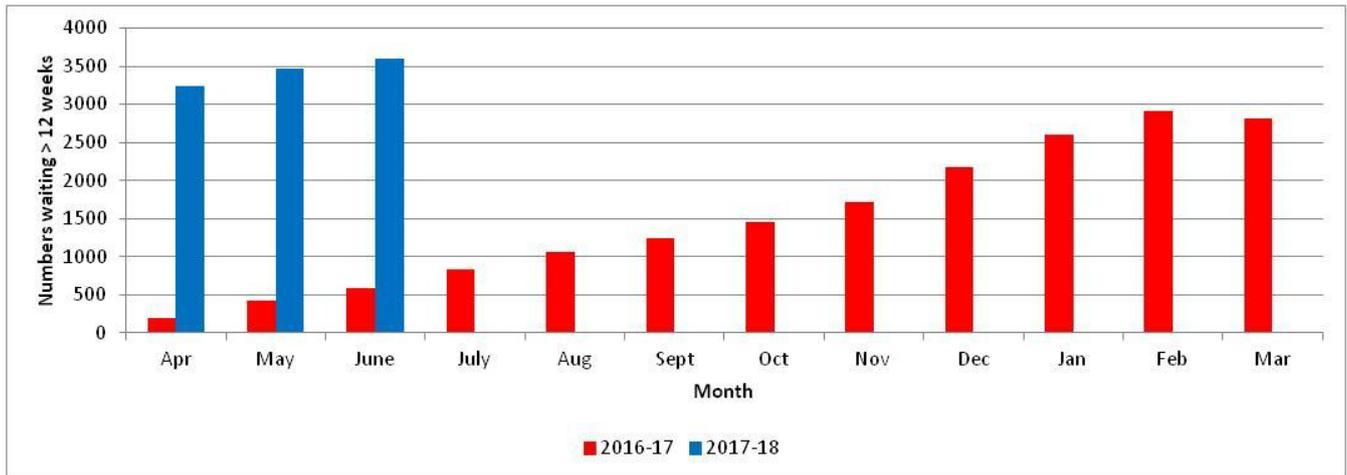


Table 2 - NHSGG&C's Performance - Up to month Ending June 2017



During the quarter ending March 2017, 82.1% of patients admitted for an inpatient or daycase procedure were seen within the 12 week Treatment Time Guarantee (TTG) across NHSScotland. A total of six Health Boards were below the Scotland figure, whereas across NHSGG&C, 87.2% of patients treated were seen within the 12 week TTG.

During the same quarter the median wait for patients covered by the TTG standard was 49 days across NHSScotland. A total of eight Health Boards were above the national median wait whereas, NHSGG&C was below at 41 days. There were only three other Health Boards reporting fewer days waiting (median waits) to be seen namely NHS Western Isles, NHS Borders and NHS Ayrshire & Arran.

During the quarter ending March 2017, there were a total of 11,168 patients waiting >12 weeks across

NHSScotland for an inpatient/daycase procedure, of which NHSGG&C accounted for 26% (2,869) of the total. The charts on the previous page illustrates a steady increase in the number of patients waiting >12 weeks for an inpatient/daycase admission across NHSScotland and the pattern is the same across NHSGG&C.

NHSGG&C

As at June 2017 (month end), a total of 3,593 patients waiting >12 week TTG for an inpatient/daycase procedure representing a 3.4% increase on the number of patients waiting the previous month. Current performance is showing that the rate of growth is beginning to slow down. This reduction in procedures is mostly as a result of the decision to stop unfunded waiting list initiatives during 2017-18.

Number of patients waiting > than the 12 week Treatment Time Guarantee												
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2015-16	1	1	2	4	6	30	9	2	4	34	47	87
2016-17	188	430	590	829	1,056	1,246	1,452	1,723	2,174	2,608	2,915	2,809
2017-18	3,231	3,472	3,593									
Target	0	0	0	0	0	0	0	0	0	0	0	0

The main specialties with patients waiting >12 weeks for an inpatient/daycase procedure are listed below:

Number of Patients Waiting >12 weeks						
Specialty	Jan-17	Feb-17	Mar-17	Apr-17	May 17	Jun 17
Orthopaedic Surgery	1353	1513	1435	1613	1732	1799
Urology	496	504	481	516	522	489
General Surgery	296	349	314	377	354	325
Paediatric Surgery	135	151	146	202	259	324
Neurosurgery	77	90	92	83	83	91
Ophthalmology	84	88	54	61	62	43
Paediatric ENT	25	56	134	195	268	311
Oral Maxillo Facial	33	38	13	44	42	49
Paediatric Plastic Surgery	33	37	44	43	49	58
ENT	31	34	32	29	28	31

Actions to Address Performance

As part of the LDP process all NHS Boards have been asked to take account of what can be done to make scheduled care services more sustainable. As seen from the above figures and those of the new outpatients waiting >12 weeks for a new OP appointments, there are a number of pressures on the delivery of scheduled care, our aim is to maximise delivery of the national targets while remaining within the available resources.

The decision was taken to cease the use of the independent sector and the majority of WLIs from April 2017. The vastly reduced numbers of WLIs currently being run are focusing on patients with the highest clinical priority (e.g. Urgent Suspicion of Cancer patients). A small number of WLIs have continued for prioritised specialties, based on total numbers waiting >12 weeks and those with the longest waiters.

The Demand and Capacity Assessment and Improvement Programme is underway and has four phases:

- Phase 1: Analysis of the elective activity and utilisation across all elective specialties during the year 2016-17.
- Phase 2: Estimate the additional capacity that could be gained if efficiency metrics were achieved.
- Phase 3: Develop a sector level specialty action plan, agreed through a series of sector workshops.
- Phase 4: Implementation of the agreed actions and the ongoing tracking of those actions and their impact on the delivery of access targets through the Acute Director's Access meeting.

The programme is now in Phase 4 and clinical services are working on their agreed actions to improve productivity. The ongoing tracking of these actions and their impact on the delivery of access targets is being monitored through the Acute Director's Access meeting.

In addition, the National Access Team have provided additional funding to assist in reducing the number of both inpatients and new outpatients waiting >12 weeks. The funding has been internally allocated based on patients with the highest clinical priority and those with the longest waits.

Timeline for Improvement

The additional Access Funding that will be used to increase inpatient/daycase capacity will address the number of TTG patients waiting >12 weeks in key specialties currently experiencing demand and capacity pressures. Additional clinical sessions have commenced in some specialty areas and the impact of this work will be monitored.

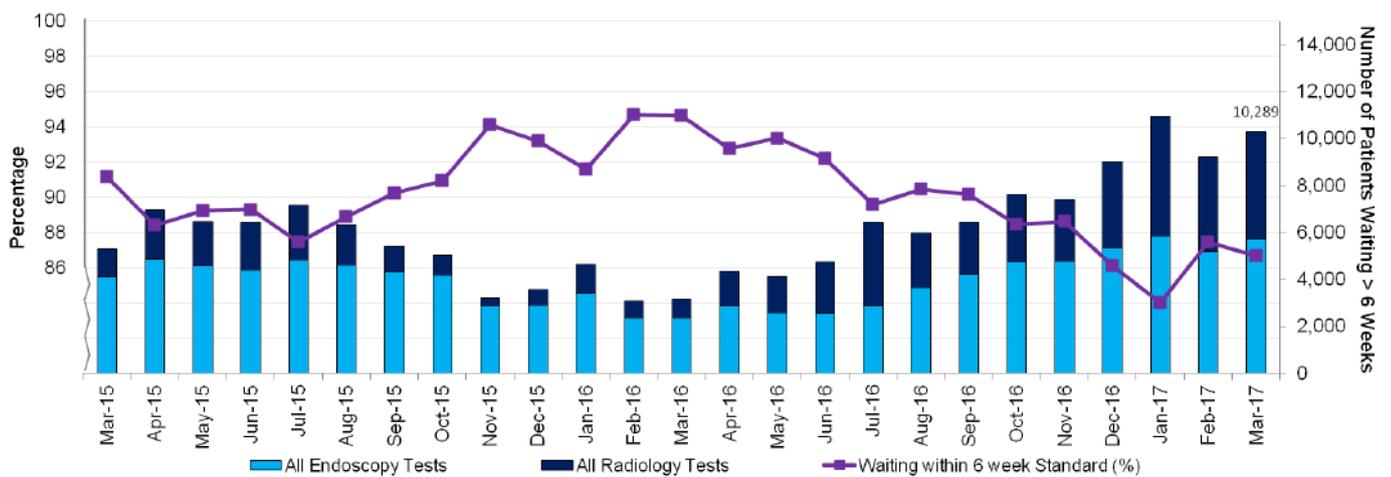
The Specialty improvement plans from the demand and capacity assessment are currently being implemented and productivity gains resulting from these actions are anticipated to start in the coming months.

To inform debate on potential solutions, a forecasted position is being prepared to outline the predicted performance for 2017/18 year end. It is proposed that these projections are analysed in a detailed report to the Acute Services Committee in September 2017.

Exception Report – Number of Patients Waiting >6 Weeks for Access to a Key Diagnostic Test

Measure	Number of Patients Waiting >6 Weeks for a Key Diagnostic Test
Current Performance	As at June 2017 (month end), there were a total of 4,126 patients waiting >6 weeks for a key diagnostic test. Current performance is below the target of 0.
National Performance <i>(using latest published data)</i>	As at March 2017, 77,230 patients in NHSScotland were waiting for 1 of the 8 key diagnostic tests and investigations.
Lead	Jonathan Best, Interim Chief Operating Officer

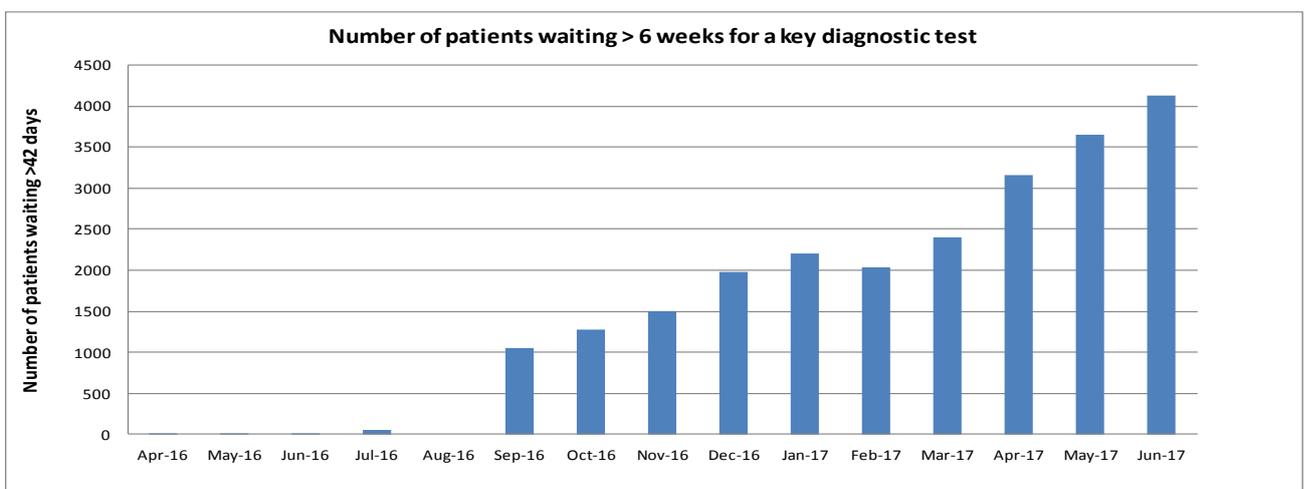
NHSScotland's Performance



As at March 2017, 77,230 patients across NHSScotland were waiting for one of the eight key diagnostic tests and investigations representing a 30.3% increase when compared to the same period the previous year. 86.7% of patients waiting for a key diagnostic test had been waiting less than six weeks across NHSScotland, lower than the 94.6% reported at March 2016.

For the same period (March 2017), 88.4% of patients waiting for a key diagnostic test had been waiting less than six weeks across NHS GG&C.

NHS GG&C



NHSGG&C patients awaiting Radiology tests were scanned and reported within 6 weeks until May 2017. In May 2017 and June 2017 patients continue to be scanned within six weeks, however a number of patients are included in the >6 week figures, these patients were waiting on the examination being reported.

Commentary

As at June 2017 (month end) there were a total of 4,126 patients waiting >6 weeks for a key diagnostic test representing 18.3% of the total number of patients on the waiting list for the eight key diagnostic tests. Current performance represents a 13.0% increase in the number of patients waiting >6 weeks for a key diagnostic test the previous month (3,652). Overall, patients were waiting >6 weeks for the following key diagnostic tests:

Scopes:

- 1,137 patients were waiting >6 weeks for an upper endoscopy test.
- 306 patients were waiting >6 weeks for a lower endoscopy test.
- 1,860 patients were waiting >6 weeks for a Colonoscopy test.
- 271 patients were waiting >6 weeks for a Cystoscopy test.

The majority of patients waiting >6 weeks were waiting for a South Sector appointment (2,330 patients) or a Clyde Sector appointment (1,214 patients). In Clyde, the lack of capacity to meet demand particularly at the RAH remains. 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 and flexibility across Acute to pick up sessions has also reduced.

Radiology:

- 377 patients were waiting >6 weeks for Magnetic Resonance Imaging (MRI). All patients were scanned within 6 weeks however were waiting on the examination being reported;
- 175 patients were waiting >6 weeks for Computer Tomography (CT). All patients were scanned within six weeks however were waiting on the examination being reported.

Until May 2017, all patients waiting for MRI or CT were seen, and had their examination reported, within six weeks. However, in May 2017 365 patients were waiting >6 weeks for an MRI, rising to 377 in June 2017. Additionally, 76 patients were waiting >6 weeks for a CT in May 2017, rising to 175 in June 2017. **Patients continue to be appointed and scanned within the six week target those patients that are showing as over the six weeks are waiting on the examination being reported.**

Actions to Address Performance

Scopes

A demand and capacity review of scopes provision across NHS GG&C is underway; the review will assess the capacity position across the three Sectors and explore service redesign options to improve productivity, patient flow and waiting times. A paper indicating improvement actions has been drafted and one proposal to move to a single NHS GG&C waiting list for scopes is being considered for implementation. A short life working group will convene in August 2017 to take this forward.

Radiology

- Review of job plans and reporting numbers to ensure all resources are being used efficiently and effectively.
- Review of current demand versus available capacity.
- Continue to use cost per case additional reporting from GG&C Radiologist.
- Continue to use outsourcing (Medica) to provide additional capacity.
- Implement pilot for an Advanced Business Information system to provide useful and meaningful business information from the data stored within PACS and RIS. This type of information is vital in planning service provision, developing demand management methodologies and ensuring the service is as efficient as it can be.

Timeline For Improvement

Scopes

Demand and Capacity Review

The short life working group to take improvements forward will convene in August 2017.

South Sector

Whilst having secured access to Glasgow University to dual train five Nurse Endoscopists this will future proof the service for flexibility to meet changes in demand but not increase capacity per se. Two Nurse Endoscopists completed their training in April 2017 and this will assist with back filling Consultant cancellations. There is the potential to increase capacity with funding of vacant unfunded sessions however; this will be dependent on funding being available.

Clyde Sector

Within Clyde, the main solution is increased physical endoscopy space and associated staffing. However, the completion of training for one Nurse Endoscopist in 2017 and a further Nurse Endoscopist in 2018 will backfill sessions cancelled due to on call and annual leave. Whilst this will improve utilisation and help improve the position regarding surveillance backlogs/urgent patients, it will not achieve a full reduction in the number of patients waiting >six weeks.

Radiology

Capacity and job plan review underway in August. Business analytical model software plan for install is October following CRIS upgrade.

Exceptions 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 June 2017, 74.8% of new outpatients had been waiting 12 weeks or less for a new outpatient appointment. Current performance is lower than the target of 99.9%. <i>NB: Overall figures now include Glasgow Dental Hospital.</i>
NHS Scotland (Latest published data available)	At 31 March 2017, 80.7% of patients waiting for a new outpatient appointment had been waiting 12 weeks or less across NHSScotland.
Lead Director	Jonathan Best, Interim Chief Operating Officer

NHSScotland's Performance

As at March 2017, 80.7% of patients had been waiting 12 weeks or less for a new outpatient appointment across NHSScotland. A total five Health Boards were below the Scotland figure, whereas across NHSGG&C, 86.1% of patients waiting for a new outpatient appointment had been waiting 12 weeks or less.

As at March 2017, a total of 59,029 new outpatients had been waiting >12 weeks for a new outpatient appointment across NHSScotland. Of the total number of patients waiting >12 weeks for a new outpatient appointment 73.6% (43,436) were waiting >16 weeks. NHSGG&C accounted for 20% (11,910) of NHSScotland patients waiting >12 weeks for a new outpatient appointment and of this total 66.3% (7,892) were waiting > 16 weeks.

Chart 1: NHSScotland's Performance – Number of patients waiting > 12 and 16 weeks for a new outpatient appointment – Up to month ending March 2017

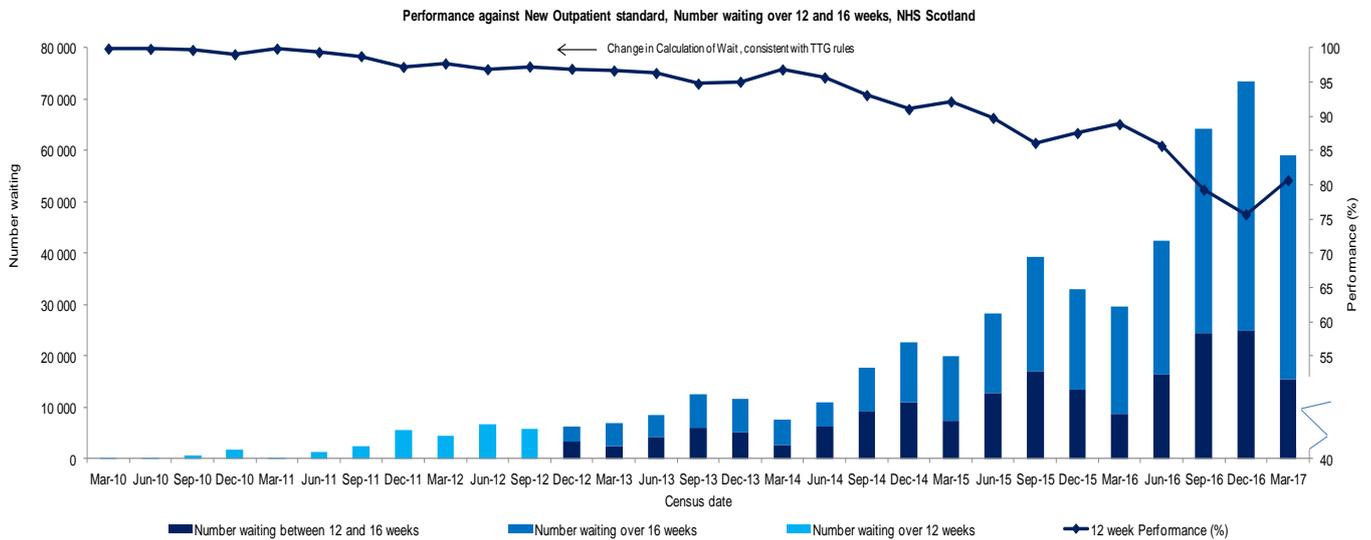
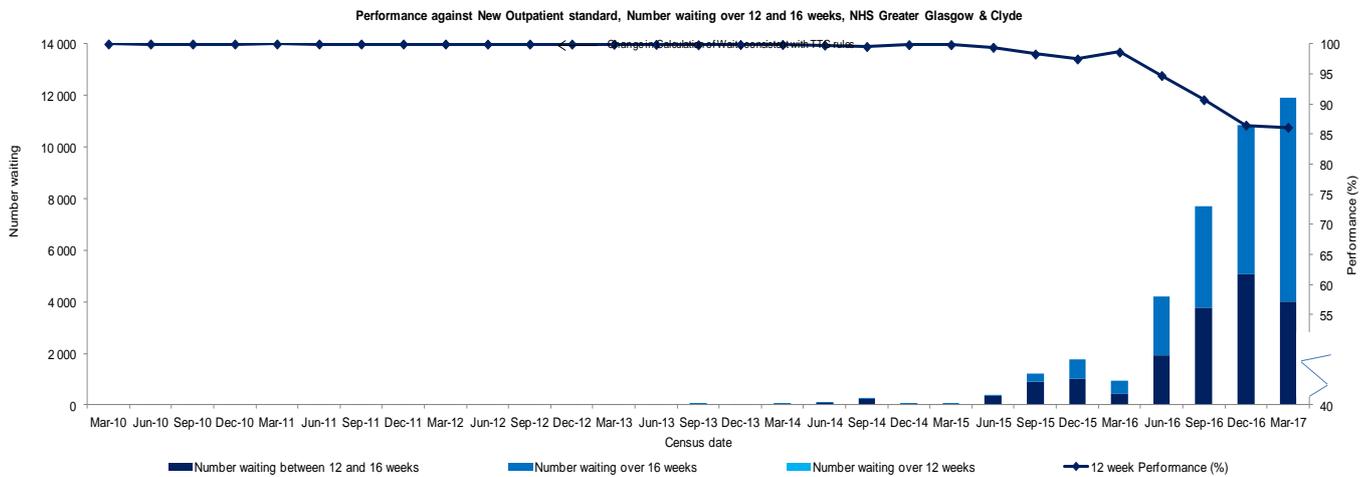


Chart 2: NHSGG&C Performance - Number of patients waiting > 12 and 16 weeks for a new outpatient appointment – Up to Month ending March 2017



While the national standard applies to the number of patients waiting, the number of patients seen shows the complete picture of waiting time experienced. During the quarter ending March 2017, a total of 371,004 new outpatients patients across NHSScotland were seen within 12 weeks. Of the total number of patients seen, the median number of days waited was 45 days. During the same period a total of 100,599 new outpatients were seen within 12 weeks across NHSGG&C accounting for 27.1% of NHSScotland’s total. The median number of days waiting for those patients seen across NHSGG&C was 49 days.

NHS Greater Glasgow and Clyde’s Performance

As at June 2017 (month end), 74.8% of new outpatients waited <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 (94.4%).

Performance across each of the three Sectors and Regional Services was below target of 99.9% in June 2017: the North Sector 82.6% of available new outpatients, South Sector 60.0% of available new outpatients, Clyde Sector 86.0% of available new outpatients and Regional Services 77.4% of available new outpatients were waiting <12 weeks for a new outpatient appointment.

The remaining 25.2% (23,893) of available new outpatients were waiting >12 weeks for a new outpatient appointment. The main specialties were the 23,893 new outpatients were waiting over 12 weeks are listed below:

Number of New Outpatients Waiting >12 weeks						
Specialties	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Orthopaedics	3629	4025	4194	5427	6242	7339
General Surgery	1471	1723	1710	2126	2594	2872
Gastroenterology	1759	1546	1315	1468	1439	1534
Ophthalmology	1136	1353	1287	1560	1801	2022
Respiratory	1249	1118	882	1095	1349	1582
Urology	836	953	959	1263	1546	1880
Neurology	838	802	604	817	1051	1238
ENT	615	688	648	1262	1830	2094
Paediatric ENT	0	0	0	41	273	554
Pain	487	410	297	362	411	429
Neurosurgery	171	303	278	365	267	471
Cardiology	176	199	149	195	267	492

Rheumatology	327	151	166	247	402	568
General Medicine	76	117	82	125	157	191
Endocrinology	68	108	115	150	212	221

Actions to Address Performance

As indicated in the TTG exception report, the LDP process requires all NHS Boards to take account of what can be done to make scheduled care services more sustainable. As seen from the above figures and the TTG performance, there are a number of pressures on the delivery of scheduled care and our aim is to maximise delivery of the national targets while remaining within the available resources.

The decision was taken to cease the use of the independent sector and the majority of WLIs from April 2017. The vastly reduced numbers of WLIs currently being run are focusing on patients with the highest clinical priority (e.g. Urgent Suspicion of Cancer patients). A small number of WLIs have continued for prioritised specialties, based on total numbers waiting >12 weeks and those with the longest waiters.

The actions outlined in the TTG exception report are also being applied to address new outpatient waiting times performance. In addition, in response to the Scottish Governments Modernising Outpatient Programme, NHS Greater Glasgow & Clyde have set up a Modern Outpatient Programme (MOP) Board with the aim of reducing outpatient activity and providing practical examples of change, which if adopted at scale, could have a significant impact in addressing pressures on outpatient services and improve productivity.

Implementation proposals to date include:

- Agreeing and implementing core principles of the Modern Outpatients agenda as the norm for all specialties.
- Agreeing and implementing a Patient Focussed Booking roll out programme to all services currently working within the waiting time standards.
- Establishing a Short Life Working Group tasked with developing a specification of the administrative infrastructure and IM&T necessary to support the ‘Modern Outpatient’ agenda.
- All of the above will be implemented at specialty level either as part of existing service reviews or as part of a programme of change and supported by a dedicated project team.

The National Access Team have provided funding to buy additional outpatient capacity targeted at those patients waiting >12 weeks and those patients reporting the longest waits. The funding has been internally allocated based on patients with the highest clinical priority and those with the longest waits. Specialties have identified the expected number of patients that will benefit from the additional resource and activity will be tracked month on month.

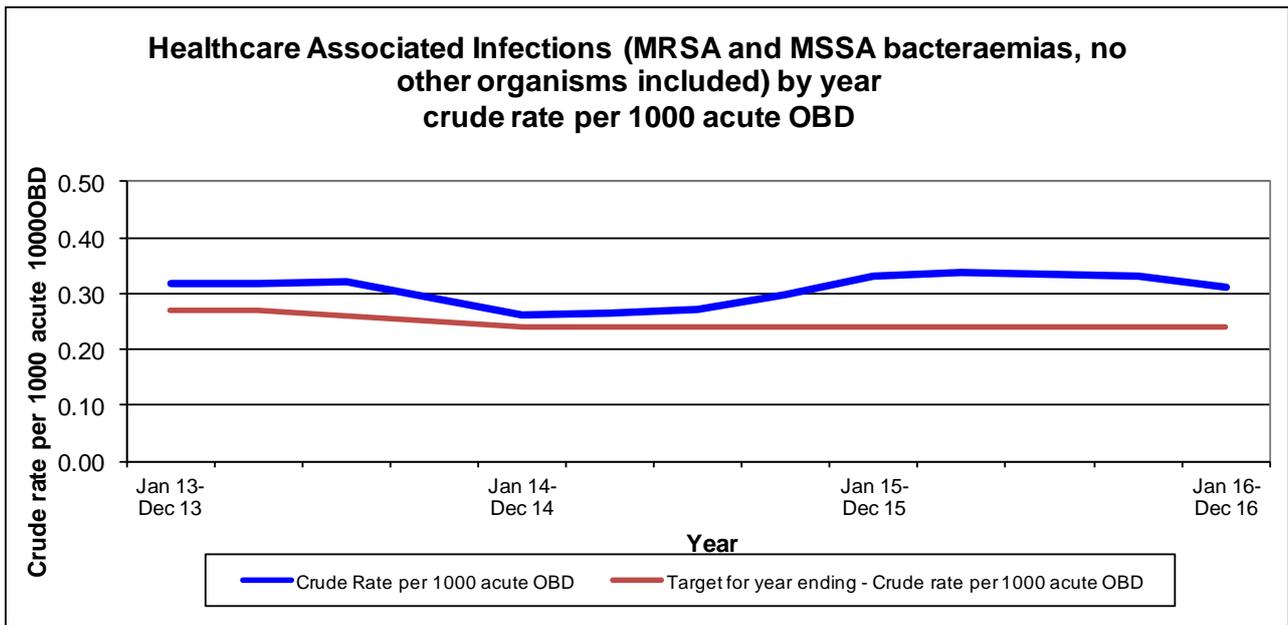
Timeline for Improvement

The additional Access Funding that will be used to increase outpatient capacity will help temporarily address the number of new outpatients waiting >12 weeks in key specialties currently experiencing demand and capacity pressures. Specifically, the longest waiting patients are being prioritised which will improve the average waiting times for a new outpatient appointment in key specialties.

As noted in the TTG exception report, the Specialty improvement plans from the demand and capacity assessment are currently being implemented and productivity gains resulting from these actions are anticipated to start in the coming months.

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

Measure	MRSA/MSSA Bacteraemia (cases per 1,000 AOB)
Current Performance	For the quarter ending March 2017, the number of MRSA/MSSA cases per 100,000 Acute Occupied Bed Days (AOBDs) was 32.9; current performance is higher than the trajectory of 24.0.
National Performance	For the quarter ending March 2017, the number of MRSA/MSSA cases per 100,000 Acute Occupied Bed Days (AOBD) across NHSScotland was 32.9.
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 AOBs 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 2017, Quarter 1 (January – March 2017) confirm a total of 114 SAB patient cases for NHSGG&C, between January and March 2017. This equates to a SAB rate of 32.9 cases per 100,000 AOB. This is an increase of 9.6% upon the previous quarter in SAB patient cases. Current performance is equal to NHSScotland’s performance of 32.9 cases per 100,000 AOB.

The Quarterly Rolling Year ending March 2017 rate as per the Local Delivery Plan for SAB is 0.32 cases per 1,000 AOBs. This is against the March 2017 target of 0.24 cases per 1,000 AOBs.

Actions to Address Performance

Guidance, Education and Practice

The vascular access device policy is currently being reviewed and will be issued and promoted by IPCT and Practice Development Colleagues when ratified.

The NSS Discovery platform hosts published enhanced *Staphylococcus aureus* bacteraemia data which indicates that the majority of other Scottish NHS Boards have identified vascular access

devices as the main cause of hospital acquired cases. NHSGG&C should continue to focus on reducing any avoidable harm cases associated with these devices.

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 available at <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 also reviewed all cases for six months post infection to examine long term consequences of this infection.

Based on an audit of 99 cases of adult SAB in Quarter 3 of 2016 there was clear evidence of under treatment and high relapse rate/mortality despite availability of guidance and regular recommendations made by colleagues in microbiology and infectious diseases.

Two actions were identified and implemented:

In those patients with SAB who are clinically improving with source control, completion of IV antibiotic therapy through OPAT may be possible following referral via Trakcare and contacting OPAT

Infection Prevention & Control Nurses currently issue antimicrobial guidelines to clinical staff when a SAB has been identified in order to support best practice in relation to prescribing. From June 2017 the IPCNs will also place a SAB 'sticker' in the patient's case notes to provide a prompt for appropriate management and to highlight guidance. This should be completed and dated by medical staff during treatment of the SAB.

Audit

Local SAB surveillance data shows that IVDs account for about a third of all hospital acquired SAB infections. These audits continue and a continuous improvement strategy is being developed with the Chief Nurses in order to support areas with poor compliance.

Community

Thirty per cent of all SABs are now defined as community acquired. A short-life working group was established February 2016 to review community SAB data and to identify areas where focussed improvement work could be implemented. Unfortunately the group conceded that because of the lack of significant risk factors to establish interventions that this group should be stepped down.

Testing for *S. aureus* in Renal Dialysis Patients

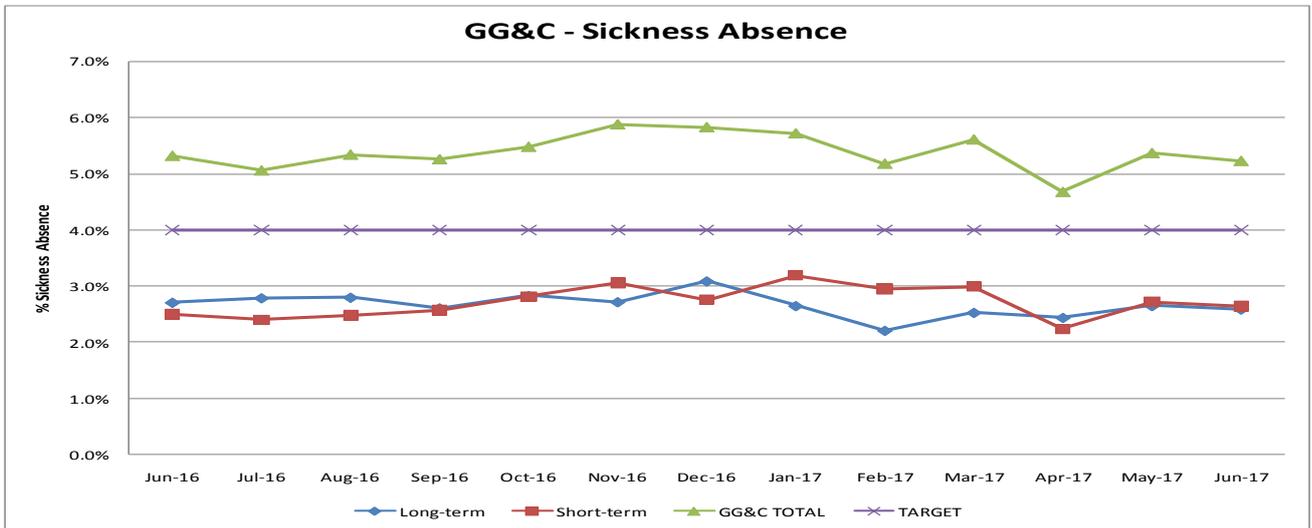
Evidence from the literature suggests that a substantial proportion of *S. aureus* bacteraemia originate in the patient's nose and 50% of hospitalised patients have nasal carriage of *S. aureus*. Scientific literature suggests that decolonising patients who are natural carriers of *S. aureus* may reduce 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*. This screening process began in February 2017. 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.

Timeline For Improvement

As detailed in the above actions, work continues on an ongoing basis to drive improvement however, despite these efforts performance seems to be at an irreducible minimum and every effort will continue to be made to maintain and improve where possible.

Exception Report: Sickness Absence

Measure	Sickness Absence Rate
Current Performance	The rate of sickness absence across the Board was 5.23% (June 2017)
National Performance	The NHS Scotland reported absence figure is 5.23% (June 2017)
Lead Director	Anne MacPherson, Director of Workforce & Organisational Development



Commentary

The reported sickness absence rate in June 2017 is 5.23%. The split between short term and long term absence for is 2.64% for short term absence and 2.59% for long term absence. The June 2017 figure has decreased from 5.37% in May 2017.

The Board overall sickness absence rate for the current rolling year from July 2016 to June 2017 is 5.49%.

Performance

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

Area	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Acute	5.40%	5.28%	5.23%	5.18%	5.46%	5.68%	5.81%	5.77%	5.44%	5.16%	4.91%	5.28%	5.05%
Board Wide Facilities	8.69%	8.15%	8.39%	7.87%	7.99%	8.86%	9.05%	8.31%	7.91%	7.91%	7.48%	7.91%	7.97%
Other Functions	5.15%	4.53%	4.59%	4.44%	4.49%	5.05%	4.81%	4.75%	4.39%	4.35%	3.89%	4.24%	4.55%
Partnership	6.19%	5.96%	5.93%	5.55%	6.15%	6.40%	6.31%	6.34%	6.13%	6.15%	5.52%	6.26%	5.89%

Acute Division

The Acute Division absence rate in June 2017 was reported at 5.05% which is a 0.2% decrease from the previous month. The absence rates for Acute Sectors and Directorates during the period June 2016 to June 2017 are detailed in the following table.

Acute - Sickness Absence	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Variance May-17 to Jun-17
North	5.3%	5.2%	5.2%	5.0%	5.6%	5.9%	5.9%	5.7%	4.8%	5.2%	4.7%	5.0%	5.0%	0.0%
South	6.3%	5.9%	6.3%	6.1%	6.2%	6.0%	6.4%	6.5%	6.3%	5.6%	5.4%	6.0%	5.7%	-0.2%
Clyde	5.2%	5.0%	4.9%	5.2%	5.6%	5.8%	5.9%	5.5%	5.5%	5.4%	5.0%	5.5%	4.7%	-0.8%
Regional	5.7%	5.8%	5.0%	5.4%	5.3%	5.8%	5.8%	6.1%	5.8%	5.6%	5.4%	5.8%	5.4%	-0.3%
W&C	5.3%	5.4%	5.0%	5.0%	5.7%	5.9%	5.8%	6.0%	5.5%	5.2%	5.0%	4.8%	4.4%	-0.4%
Diagnostics	4.5%	4.1%	4.5%	4.1%	4.0%	4.6%	4.7%	4.5%	4.4%	4.1%	4.0%	4.0%	4.5%	0.5%
ACUTE TOTAL	5.4%	5.3%	5.2%	5.2%	5.5%	5.7%	5.8%	5.8%	5.4%	5.2%	4.9%	5.3%	5.1%	-0.2%

The Acute Sector continues to work towards in ensuring a sustained improvement in attendance levels and reducing absence levels to the target of 4%.

South Sector absence has improved since May 2017 from 6.0% to 5.7% in June 2017. The short term absence rate in June 2017 was reported at 2.15% with long term absence reported at 3.59%. The South Sector has implemented revised absence reporting arrangements for staff. A lead absence contact will ensure consistent absence reporting procedures for staff reporting absent. The South Sector continues to facilitate attendance training and is also implementing stress awareness sessions for managers. These will take place in September 2017.

Regional Services absence shows a reduction since January 2017 from 6.02% to 5.41% in June 2017. This is a 0.4% downward movement since May 2017. The short term absence rate was reported at 2.02% with long term absence reported at 3.39%. To support managers training is provided to ensure managers have the skills and knowledge to manage staff attendance.

The June 2017 absence figure for Clyde was 4.7% which is a reduction of 0.82% from 5.52% in May. The short term absence rate in June was reported at 1.87% and long term absence was reported at 2.83%. Human Resources continue to work with managers to review absence patterns for staff.

The North Sector absence in June 2017 was reported at 5.01% which is an increase of 0.02% from May 2017. The short term absence rate in June 2017 was reported at 2.14% and long term absence was reported at 2.87%. Absence training was delivered in July 2017. A further programme of training will form part of the Sector training calendar during the Autumn period.

Absence within Diagnostics has shown a slight increase from 4.0% in May 2017 to 4.52% in June 2017. The June 2017 report shows a short term absence rate of 1.99% and long term absence rate of 2.52%. Long term case are under active review with plans to facilitate staff returning to work.

Within Women and Children's the June absence figure is 4.4%. This has reduced slightly from 4.8% in May 2017. The absence rate is comprised of a long term absence rate of 2.37% and short term absence rate of 2.03%. Long term absence is under review and managers and Occupational Health are working closely to ensure rapid assessment of long term conditions.

Board Wide Services

Within Property, Procurement and Facilities Management (PPFM) June 2017 absence is reported at 7.97%, up 0.08% since May 2017. Both short and long term absence remain at high levels with short term absence reported at 3.18% and long term absence reported at 4.79%.

PPFM's absence reduction strategy focuses on three key areas which include applying the RESOLVE methodology. This approach advocates a personalised approach to managing health and attendance including support to staff with key health issues and health improvement advice. The Directorate is focusing on staff who are absent for four or more occasions and supporting people on long term absence return to work quicker, particularly between 28 and 100 days.

The reported absence rate in June 2017 for Corporate Services is 4.55%. The split between short term and long term absence is 2.02% for short term absence and 2.53% for long term absence. The June

figure has increased slightly from 4.24% in May 2017. An attendance action plan continues to be rolled out across Corporate Services. Training sessions are being scheduled for Finance and Payroll Services Corporate Services is also working with the Health Improvement Team to promote the Staff Health Strategy and improve awareness on health resources for staff

Partnerships

The overall figure for Partnerships is reported at 5.9% in June 2017 which has decreased from the May 2017 figure of 6.3%.

Partnership - Sickness Absence	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Variance May-17 to Jun-17
East Dunbartonshire	5.8%	6.4%	6.0%	6.3%	5.0%	5.4%	4.3%	5.4%	5.5%	4.8%	2.4%	4.9%	6.1%	1.2%
East Renfrewshire	8.1%	6.5%	5.8%	5.5%	7.6%	7.5%	7.7%	8.1%	8.3%	8.7%	7.2%	6.5%	6.7%	0.2%
Glasgow City	6.4%	6.2%	6.2%	5.8%	6.2%	6.6%	6.6%	6.5%	6.2%	6.2%	5.6%	6.7%	6.1%	-0.5%
Inverclyde	6.8%	7.8%	8.2%	7.0%	7.5%	7.4%	6.2%	7.2%	6.5%	6.8%	6.6%	7.7%	6.7%	-1.0%
Renfrewshire	6.1%	5.7%	5.0%	5.1%	6.3%	6.5%	6.3%	6.1%	6.3%	5.7%	5.0%	5.0%	5.4%	0.4%
West Dunbartonshire	5.8%	5.3%	5.4%	4.8%	5.5%	5.2%	5.4%	5.8%	5.6%	6.0%	5.3%	5.6%	4.7%	-0.9%
East Dunbartonshire - Oral Health	3.2%	3.0%	3.5%	3.3%	4.9%	5.0%	5.6%	4.1%	3.9%	5.3%	5.2%	5.4%	6.0%	0.6%
Partnership Total	6.2%	6.0%	5.9%	5.6%	6.2%	6.4%	6.3%	6.3%	6.1%	6.2%	5.5%	6.3%	5.9%	-0.4%

In June 2017 East Dunbartonshire Health and Social Care Partnership reported an absence rate of 6.1% which is comprised of a short term absence rate of 1.96% and long term absence rate of 4.13%. The increase in absence relates to staff who have moved from short to long term absence during the period as a result of long term conditions.

The absence rate within Glasgow City Health and Social Care Partnership has decreased from 6.7% in May 2017 to 6.1% in June 2017. The absence rate is comprised of a short term absence rate of 1.97% and long term absence rate of 4.14%. Training continues for all hotspot areas with a specific focus in North East locality. Work is underway to identify areas of non-compliance with the Attendance Management Policy and KSF processes, along with levels of Employee Relations cases, to establish if there is any correlation between absence and other employee relations metrics.

Inverclyde Health and Social Care Partnership has shown a reduction in absence from 7.7% in May 2017 to 6.7% in June. The absence rate is comprised of a short term absence rate of 2.28% and long term absence rate of 4.39%. The management team is supporting areas with high absence with Occupational Health input and absence training has been provided by Human Resources.

East Renfrewshire Health and Social Care Partnership has seen a reduction in absence from the early part of 2017. The overall absence rate in June 2017 was reported at 6.7% and is comprised of a short term absence rate of 3.39% and long term absence rate of 3.34%. Absence Support panels with Senior Management and Human Resources staff are ongoing to review managers actions to ensure the correct application of policy and appropriate intervention in relation to absence cases.

Renfrewshire Health and Social Care Partnership reported an overall absence rate of 5.37% in June 2017. This is comprised of a short term absence rate of 2.20% and long term absence rate of 3.18%. The management of long term absence for staff who experience chronic ill health remains a priority for the Partnership and work continues with line managers and Occupational Health support in managing long term cases.

West Dunbartonshire Health and Social Care Partnership reported an improved absence position in June 2017 with an overall absence rate of 4.7%. This is a positive movement from the reported May figure of 5.6%. The absence rate is comprised of a short term absence rate of 1.65% and long term absence rate of 3.01%. The management team continues to review absence and work with Human Resources to improve attendance and staff health.

Actions to Address Performance

The Absence Performance Group, chaired by the Director of Human Resources and Organisational Development, has agreed examples of best practice in managing attendance. The examples include models for managing stress at work, improved absence monitoring reports and health resources which can assist employees. The best practice guidance is being cascaded and implemented by Heads of People and Change and will be incorporated into local absence improvement plans. The collated guidance will be shared with the Service in August 2017.

The Absence Performance Group has reviewed Absence guidance available on HRConnect and work is underway to improve the relevance and accessibility of absence information. This will include improved navigation and accessibility for HRConnect visitors. The revised guidance will be available from September 2017

In recognition of the challenges experienced by Disabled staff the Health Inequalities Team and Disability Forum have prepared a guide for managers on the Disability Discrimination Act and reasonable adjustments. The guidance aims to improve manager awareness and understanding of a range of medical conditions which are covered by the Disability Discrimination Act and provides recommendations on suggested adjustments which managers may consider. The guidance is currently in draft and will be considered by the Area Partnership Forum.

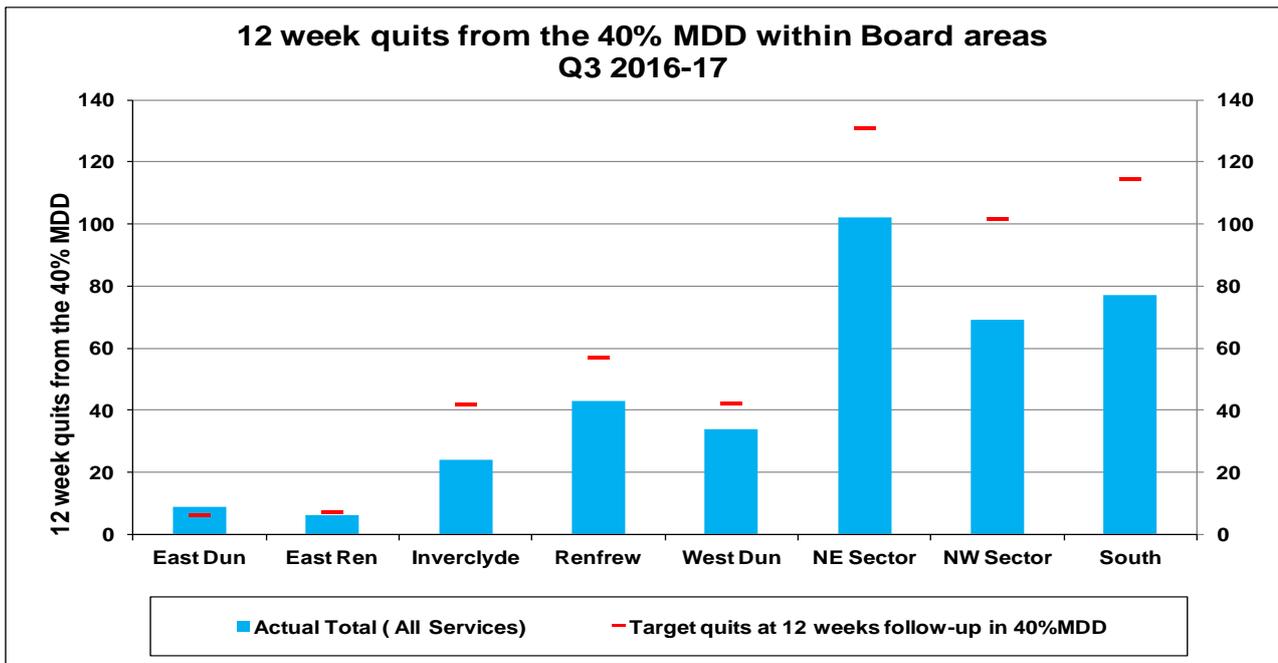
Following an evaluation of the People Management Programme the course content has been revised. From August 2017 training will include a half day session with supporting LearnPro provision. This ensures that the same content is covered and the face-to-face element can focus on the application of the policy and in particular skills development through role play and case studies. The frequency of delivering the module has also been increased with two sessions per month.

Timeline For Improvement

This remains an ongoing priority for the Board and will be subject to continued performance monitoring and evaluation of work to ensure absence performance is improved and best practice applied across NHSGG&C.

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 – December 2016 there were a total of 1,244 successful smoking quits. Current performance is below the trajectory of 1,503 successful quits for this period.
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. As previously highlighted 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 actual increase in 12 week outcomes is therefore 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.

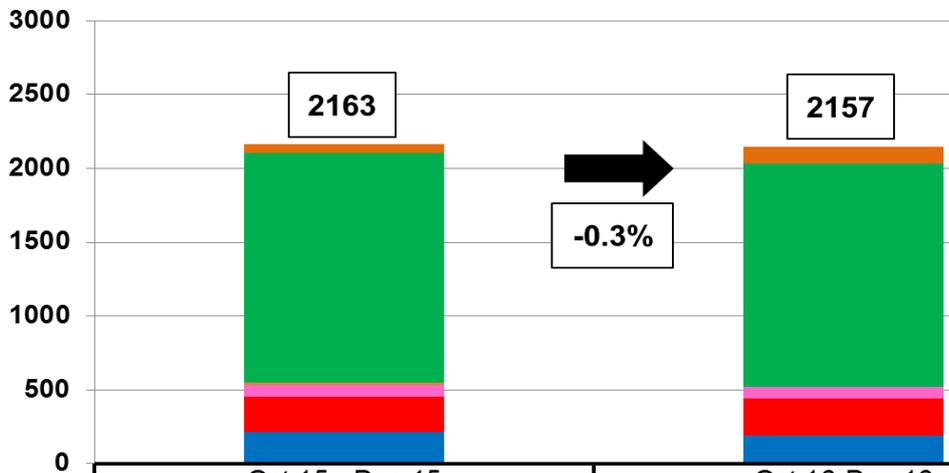
Chart 2 shows that the quit attempts made in Quarter 3 this year compared to Quarter 3 in 2015/16 are comparable and that the actual number of successful quits from the 40% most deprived areas has increased by 3% in 2016/17 reflecting the effort that local areas have put in to improve performance.

However, given that the target for 2016/17 has increased significantly, the increased quits in Quarter 3 is not sufficient to meet our Quarter 3 target with services only achieving 81% of the required 12 week quits in Quarter 3.

In terms of cumulative figures for Quarter 1 – Quarter 3, NHSGG&C services have achieved 1,244 successful quits at 12 weeks compared to a target of 1,503 which is 80% of the Quarter 1 – Quarter 3 target and equates to 67% of the annual target for NHSGG&C. Nationally, NHSScotland has achieved 73% of the Quarter 1 – Quarter 3 target and 55% of the annual target. Therefore, despite

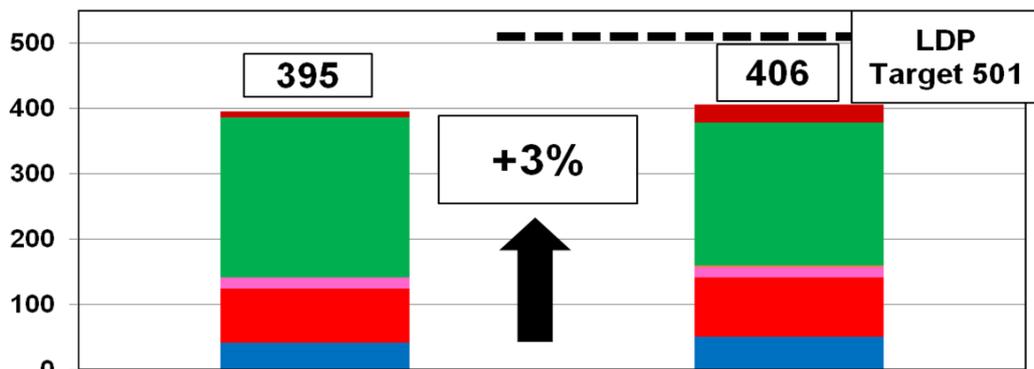
being below target NHSGG&C is performing above the national average and better than the majority of NHS Boards in Scotland reflecting the scale of the challenge presented by the new target.

Chart 2: NHSGGC Smokefree Services Quit Attempts 40% MDD Q3 15-16 and Q3 16-17



	Oct 15 - Dec 15	Oct 16-Dec 16
PRISONS	60	115
PHARMACY	1557	1514
MENTAL HEALTH	14	4
MATERNITY	80	76
COMMUNITY	241	253
ACUTE	211	187

Chart 5 - NHSGGC Smokefree Services 12 week Quits Q3 15-16 and Q3 16-17 40% MDD within Board areas



	Oct 15 - Dec 15	Oct 16-Dec 16
PRISONS	9	27
PHARMACY	244	219
MENTAL HEALTH	0	3
MATERNITY	18	15
COMMUNITY	83	91
ACUTE	41	51

We do not have the 12 week quit data for Quarter 4, but available data indicates that the number of quit attempts for this quarter has increased from 3,050 in 2015/16 to 3,148 in 2016/17. Given our quit rate of 19% this indicates that we can anticipate a further 599 quits by the end of Quarter 4. This means that we will achieve a total of 1,843 12 week quits over 2016/17 compared to a target of

2,005 (92% of target) and therefore we anticipate that NHSGG&C will not meet the LDP smoking cessation standard for 2016/17.

Actions to Address Performance

We continue to implement the actions to improve performance that were previously highlighted. These include working with smoking cessation teams within HSCPs on:

- A focus on engagement with primary care to generate quit attempt activity.
- A focus on developing joint working models with Smokefree Pharmacy.
- A move towards establishing a cluster based approach to service delivery.
- Replicating the successful Possil model with agreed joint working proposals between Pharmacy and Community Services in Bridgeton, Castlemilk, Govan and Pollok.

During January – March 2017 we implemented a new social media campaign with an enhanced level of targeting at the data zones that support the LDP standard. We have analysed the cost effectiveness of this approach and as a result will be continuing to use this as a means of promoting services.

We have produced a report on key actions to improve engagement and communication and will be implementing the recommendations through the Tobacco Control sub group of the Tobacco PIG going forward.

We are proposing to focus on smoking cessation in pregnancy and smoking cessation in prisons and anticipate increased numbers coming through the services as a result.

We are working closely with pharmacy colleagues to improve data collection and accuracy and to increase the level of varenicline prescribing which again we anticipate will have positive results in terms of improved performance.

Timeline for Improvement

We anticipate that there will be an improvement in performance as measured by the actual number of quits at 12 weeks in 2016-17 compared to 2015-16 but this will be insufficient to meet the required target.

The actions we have put in place will continue to yield improvements in performance and the new programmes proposed for both pharmacy and pregnancy, in combination with improved reporting and increased varenicline prescribing will mean that this improvement will continue with the expectation that we will achieve the target in 2017-18.