

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 2017-18 Local Delivery Plan.

Key Issues to be Considered

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

Areas Meeting or Exceeding Target

- Access to a range of services including Drug and Alcohol Treatment, Antenatal Care, Child and Adolescent Mental Health Services, Psychological Therapies and IVF Treatment continued to either meet or exceed target.
- The number of C.Diff cases continues on track against target.
- Overall response rates to Complaints and Freedom of Information Requests continue to exceed target.
- A&E 4 hour waits are showing an improvement in August despite a 2% increase in overall emergency activity.
- Monthly compliance with the 18 week RTT target remains positive (89.5%) particularly in the context of the latest national compliance rate (latest position 84.8% - June 2017).
- Despite narrowly missing the smoking cessation target there were more quits reported than the same period the previous year.

Areas in need of Improvement

- 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
- The number of delayed discharges and associated bed days lost also continues to remain challenging.

Measures Rated As Red (8)

- 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
- 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

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 2017-18 Local Delivery Plan which has the priorities embedded within it.

Tricia Mullen
Head of Performance
Tel No: 0141 201 4754
17 October 2017

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

RECOMMENDATION

Board members are asked to consider and note the content of the Board performance report. Members are asked to note a number of small changes in content and presentation reflecting the first stage of a review of performance reporting, to be followed by a more thorough review towards the end of the calendar year.

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 2017-18 Local Delivery Plan. The report includes narrative on all performance indicators with an adverse variance of more than 5% and details the actions and timelines to address them.

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.

The report draws on a basic balanced scorecard approach and uses the five strategic priorities as outlined in the 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)
- Health and Social Care Indicators (HSCI)
- National Key Performance Indicators (NKPI)
- 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 Local Delivery Plan.

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

For each indicator, the most recent data available has been used. This means that some indicators reflect different time periods. However, every time period of the data is provided and performance is compared against the same time period in the previous year to ensure comparability and provide a direction of travel.

3. SUMMARY OF PERFORMANCE

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

Areas Meeting or Exceeding the Target

- Access to a range of services including Drug and Alcohol Treatment, Antenatal Care, Child and Adolescent Mental Health Services, Psychological Therapies and IVF Treatment continued to either meet or exceed target.
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Areas for Improvement

- 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:
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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 performance report. Of the 22 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	1	9	5	20
Tackling Inequalities	0	1	1	0	2
TOTAL	8	4	10	6	28

PERFORMANCE AT A GLANCE - OCTOBER 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)*	Aug-17	80.7%	81.2%	95%	RED	↑	Page 8
2	LDPS	All Cancer Treatments (31 days)*	Aug-17	93.0%	91.1%	95%	AMBER	↓	
3	LDPS	Alcohol Brief Interventions*	Apr - Jun17	3,593	2,726	3,273	RED	↓	Page 12
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	Aug-17	92.6%	93.6%	95%	AMBER	↑	
5	LKPI	Total A&E presentations (ED, MIU & AUs)	Aug-17	40,890	41,588	No Target	GREY	—	
		Accident & Emergency Presentations	Aug-17	35,944	35,695	No Target	GREY	—	
		Other Accident and Emergency Presentations	Aug-17	4,946	5,893	No Target	GREY	—	
6	HSCI	Total number of patients delayed across NHSGG&C (taken at Census point)	Sep-17	167	156	TBC	RED	↑	Page 14
		Acute Patients	Sep-17	111	112			↓	
		Adult Mental Health Patients	Sep-17	56	44			↑	
7	HSCI	Total number of Bed Days Lost to Delayed Discharge*	Sep-17	4,943	4,404			↑	
		Acute Bed Days Lost	Sep-17	3282	3,184	↑			
		Mental Health Bed Days Lost	Sep-17	1,661	1,220	↑			
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	Aug-17	90.8%	89.5%	90%	AMBER	↓	
		Combined Linked Pathway	Aug-17	88.1%	86.9%	80%	GREEN	↓	
9	LDPS	12 week Treatment Time Guarantee (TTG)							
		% of patients treated within the 12 week TTG	Aug-17	94.3%	82.3%	100%	RED	↓	Page 17
		Number of inpatients waiting >12 weeks	Aug-17	1,056	3,908	0			
10	LKPI	Patient unavailability (Adults)							
		Inpatient/Day Cases (inc Endoscopy)	Aug-17	2,242	1,397	N/A	GREY	↑	
		Outpatients	Aug-17	1,935	1,111	N/A		↑	
11	LKPI	Access to a Key Diagnostic Test							
		% of patients waiting < 6 weeks for access to a key diagnostic test	Aug-17	95.0%	80.0%	100%	RED	↓	Page 22
		Number of patients waiting >6 weeks for a key diagnostic test	Aug-17	694	4,382	0			
12	LKPI	New Outpatient Appointments							
		% of new outpatient waiting <12 weeks for a new outpatient appointment	Aug-17	91.0%	70.6%	95%	RED	↓	Page 20
		Number of patients waiting > 12 weeks for a new outpatient appointment	Aug-17	7,290	28,572	—			
13	LDPS	% of eligible patients commencing IVF treatment within 12 months	Aug-17	100%	100%	90%	GREEN	↔	
14	LDPS	% patients seen <18 weeks of RTT to Specialist Child and Adolescent Mental Health Services	Aug-17	99.5%	99.8%	100%	GREEN	↑	
15	LDPS	% patients who started treatment <18 weeks of referral for psychological therapies	Apr - June 17	94.8%	98.2%	90%	GREEN	↑	
16	LDPS	Drug and Alcohol: % of patients waiting <3 weeks from referral to appropriate treatment	Apr - June 17	96.8%	98.0%	91.5%	GREEN	↑	
17	LDPS	SAB Infection rate (cases per 1,000 AOBDR rolling year)	Jun-17	0.33	0.33	0.24	RED	↔	Page 25
18	LDPS	C.Diff Infections (cases per 1,000 AOBDR rolling year for 15 years+)	Jun-17	0.30	0.30	0.32	GREEN	↔	
19	LDF	% of complaints responded to within 20 working days	Apr - June 17	—	72.7%	70%	GREEN	—	
		Number of complaints closed at Stage 1 within 5 working days	Apr - June 17	—	96.1%	—	GREY	—	
		Number of complaints closed at Stage 2 within 20 working days	Apr - June 17	—	78.7%	—	GREY	—	
20	LDPS/LDF	Financial Performance	Aug-17	(£12.9m)	(£21.4m)	(£31.0m)	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)	Aug-17	5.47%	5.46%	4.0%	RED	↑	Page 27
		Long Term	Aug-17	3.65%	3.61%	N/A	GREY	↑	
		Short Term	Aug-17	1.82%	1.85%	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	Apr - June 17	81.2%	84.5%	80%	GREEN	↑	
24	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas	Apr - Mar 17	1,884	1,904	2,005	AMBER	↑	

* Data has still to be validated

** Due to IT changes, from Sept 16 data completeness is estimated to be 20% - 25% 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
2	All Cancer Treatment (31 days)	Aug 2017	93.0%	91.1%	95%	AMBER	↓
<p><u>Commentary</u></p> <p>Work to address cancer performance is outlined in the cancer exception report.</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	Aug 2017	90.8%	89.5%	90%	AMBER	↓
<p><u>Commentary</u></p> <p>As at August 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 in 2016/17.</p> <p>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 EXCEPTION REPORTS

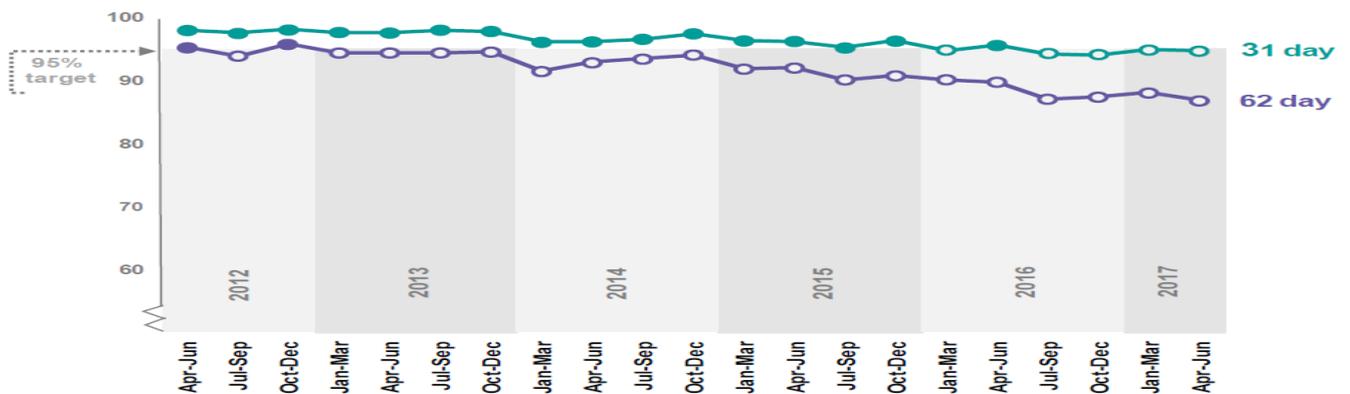
Exception Report: Suspicion of Cancer Referrals (62 days)

Measure	Suspicion of Cancer Referrals
Current Performance	As at August 2017, 81.2% of patients with an urgent referral for suspicion of cancer were treated within 62 days of the referral. <i>(Data provisional)</i>
NHSScotland <i>(Latest published data available)</i>	For the quarter April – June 2017, 86.9% of patients with an urgent referral for suspicion of cancer started their first cancer treatment within 62 days of the referral, a decrease from the 88.1% in the previous quarter.
Lead Director	Gary Jenkins, Director of Regional Services

NHSScotland’s Performance

National Trend

NHSScotland performance against the 62 day and 31 day standards**



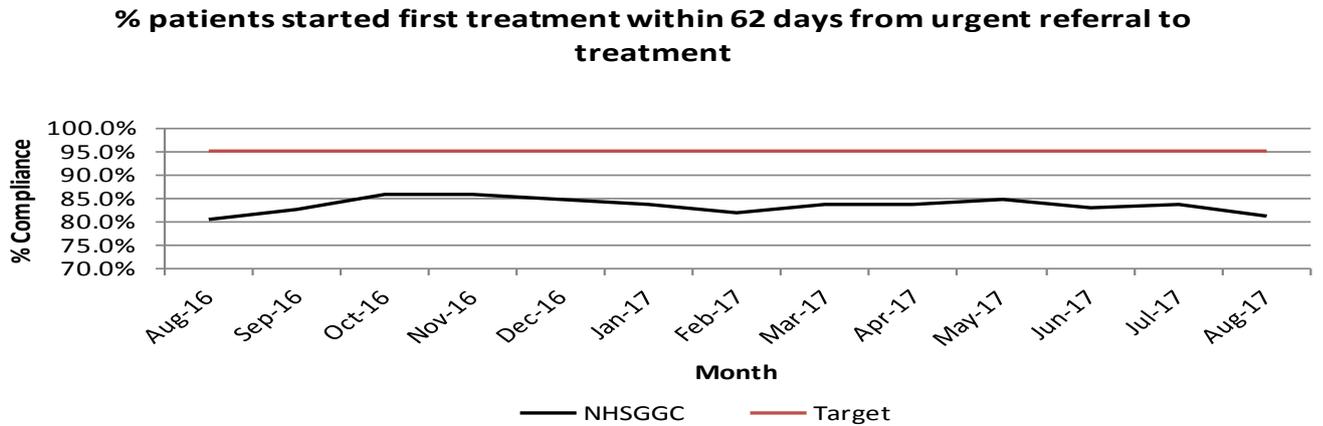
Across NHSScotland there were a total of 3,493 eligible referrals within the 62-day standard during the period April – June 2017, an increase of 364 (11.6%) on the same period the previous year. NHS Greater Glasgow & Clyde accounted for 26% of total eligible referrals across NHSScotland.

86.9% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral, a decrease from the 88.1% reported the previous quarter (Jan – Mar 17). During the period April – June 2017, a total of 3 NHS Boards met the 62 day standard namely Dumfries & Galloway (95.8%), NHS Lanarkshire (96.5%) and NHS Orkney (100%).

During the period April – June 2017, compliance with the cancer 62 day standard was met for breast cancer with 96% of eligible referrals starting their first treatment within 62 days of an urgent referral with a suspicion of cancer. The variation in performance relating to the other cancer types ranged from melanoma (92.6%) to Urological (71.6%) of eligible referrals starting their first treatment within 62 days of an urgent referral with a suspicion of cancer.

During the same period compliance with the 62 day standard across NHS Greater Glasgow & Clyde ranged from Ovarian Cancer (100%) to Urological (61.4%) of eligible referrals starting their treatment within 62 days of an urgent referral with a suspicion of cancer.

NHS Greater Glasgow & Clyde's Performance



At August 2017, 81.2% (246 out of 303) 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 65.9% (29 out of 44 eligible referrals treated within target)
- Head and Neck 66.7% (6 out of 9 eligible referrals treated within target)
- Lymphoma 80.0% (12 out of 15 eligible patients)
- Colorectal 80.5% (33 out of 41 eligible referrals treated within target)
- Lung 81.1% (43 out of 53 eligible referrals treated within the target)
- Breast 83.8% (83 out of 99 eligible referrals treated within target)
- Upper GI 91.3% (21 out of 23 eligible referrals treated within target)

The three remaining cancer types currently exceeding target are Cervical (100%), Melanoma (100%) and Ovarian (100%).

Actions to Address Performance

Following discussion with the Chief Executive, Chief Officer and Director of Regional Services in September 2017, three specific cancer performance focus meetings will be held in October, November and December attended by the Chief Executive, Chief Officer and Acute Directors. The aim of these meetings is to focus on improving compliance with the cancer access standards across the organisation.

Agreed measures to improve compliance include:

An incremental reduction in waits to first appointment for patients referred with a suspicion of cancer:

- No patient waiting > 35 days for first appointment by 29th September 2017
- No patient waiting >14 days for diagnostic imaging on a cancer pathway by 29th September 2017

Progress against the above two measures is as follows:

- Following a review of each patient booked beyond 35 days as of 29th September, it was agreed to leave those patients with an appointment already booked up to and including 13th October 2017. With this exception, all specialties with the exception of colorectal (including some patients coded as upper GI) have met this measure. Discussions are ongoing between the sectors with regards to actions required to ensure the same improvements can be delivered in colorectal services.

- As of 29th September 2017, there were two patients awaiting a diagnostic imaging appointment that had been waiting longer than 14 days and 169 patients that had received an appointment outwith 14 days. This was for a variety of reasons including patient induced delay and is a significant improvement on previous weeks.
- No patient waiting > 29 days for first appointment by 13 October 2017
- No patient waiting > 22 days for first appointment by 27 October 2017

The aim of the above measures is to ensure that patients with a diagnosis of cancer are able to meet subsequent steps on their diagnostic and treatment pathway within 62 days through bringing forward the initial first appointment across all services.

In parallel with the implementation of the above the following actions are currently underway:

A combined review of specialty specific capacity requirements. This process will entail reviewing all 'urgent' and 'urgent suspected cancer' service demands; thereafter assessing the viability of moving toward appointing all patients in those two categories within 14 days of receipt of referral. The timeline for appointing within 14 days will be confirmed following the outcome of the specialty review in December 2017.

Further re-modelling work will take place to establish how pathway gaps for patients can be reduced to 7 day intervals (for both diagnostic and treatment aspects) following the patient entering a suspected cancer pathway. This will include a review of Diagnostic Imaging capacity to assess the possibility of 7 day turnaround to assist with cancer access compliance.

Capacity for endoscopy will now be managed as a single organisation pathway. This will have the additional benefit on cancer performance as patients can be allocated to the first available appointment regardless of site or point of referral.

In addition cancer specific actions include:

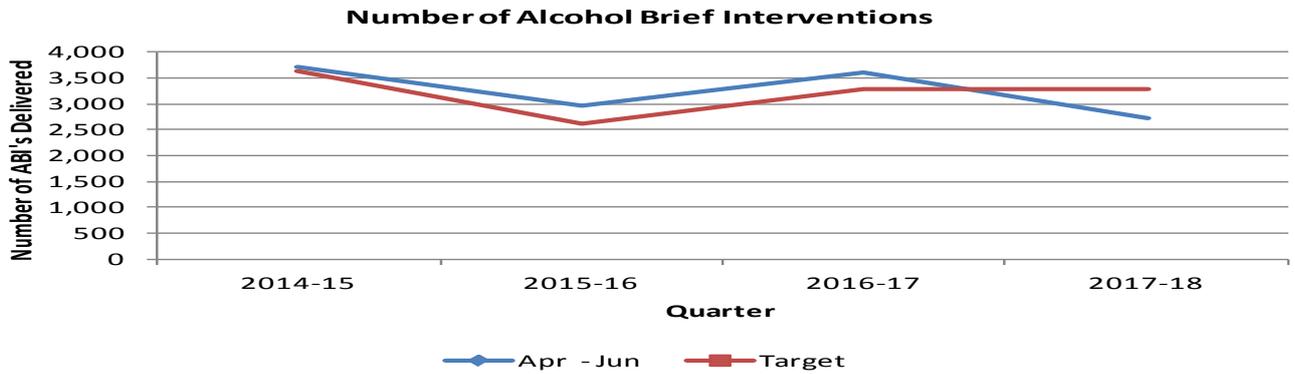
- Progress in training additional urological surgeons to assist overall urology performance. 1 additional surgeon is now trained in robotic prostatectomy, one surgeon is currently undergoing training and a further new appointment of a surgeon in January 2018 will provide the level of service agreed by WOS Boards. WOS Boards are monitoring the level of referral and activity to ensure it remains as planned;
- The move towards a single service management model for scheduling of endoscopy appointments;
- The use of non recurring funding to support Breast performance in advance of the implementation of NHSGG&Cs Breast Service redesign in 2017-18;
- Further discussions are underway with NHS Lanarkshire in relation to the model for screened positive breast cancer cases from the South East of Glasgow being treated in Lanarkshire;
- Colorectal has been prioritised for the application of non recurring funding with plans for additional colonoscopy capacity being finalised. The aim of the colonoscopy model is to have all patients going straight to scope rather than first outpatient appointment as this adds a delay into the diagnostic pathway. One additional weekly colonoscopy list continues in the South Sector at this point to enable urgent suspected cancers to be appointed in a timely manner.
- The implementation of the same day admission/discharge unit for Head and neck Cancer in the Queen Elizabeth University Hospital to avoid patient cancellations and the development of a one stop clinic for neck lumps in the South and Clyde are being progressed;
- Work will be undertaken to scope out what the model pathways are across the sectors for upper GI. Advice is also awaited from the review of cancer waiting times nationally to understand if there will be an exception for radical treatments in upper GI given the number of pathway steps that are now required for patients. and
- The intended roll out of the virtual lung cancer service in the South and Clyde Sectors following the success of the pilot in the North Sector.

Timeline for Improvement

Cancer specific performance focus meetings are scheduled for October, November and December 2017 attended by the Chief Executive, Chief Officer and Acute Directors. Trajectories for improved performance will be developed and agreed to reflect the actions identified above and will be reported to a future Board meeting.

Exception Report – Alcohol Brief Interventions (ABIs)

Measure	Alcohol Brief Interventions (ABIs)
Current Performance	For the period April – June 2017 a total of 2,726 ABI were delivered across NHSGG&C
Lead	Linda de Caestecker, Director of Public Health



Commentary

During the quarter April – June 2017 a total of 2,726 ABIs were delivered across NHSGG&C. Current performance represents a 24% decrease on the same period the previous year, and is 17% below target for the quarter. The split of delivery is as follows:

- 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)

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. Previously, GPs would have been paid for each ABI delivered and reported through the ABI LES however, changes to the GP contract have resulted in their being no requirement to report on the number of ABIs. 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 the delivery of ABIs within wider settings.

Actions to Address Performance

There is continuing dialogue with Primary Care to look at ways of increasing recording of ABI delivery. Management 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 ABIs and the importance of data recording within Primary Care.

There is the ongoing development of delivery within new settings. This development is continuing both within Acute and wider settings such as with Fire and Rescue Service and services within the Oral Health Directorate.

Further liaison work will be undertaken, using the Quarter 1 data, with planning managers and allied colleagues across the HSCPs and Alcohol and Drug Partnerships (ADPs) in order to identify further

delivery enhancement opportunities and strategies for ABIs.

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. This has been established to deliver enhanced levels of ABIs in community settings across the City over the period up to March 2019.

Additionally there are a number of known missing data sources from the Quarter 1 submission that are actively being sought including some of the prisons data – once available this would provide a degree of uplift of Quarter 1 figures.

Timeline For Improvement

This work is ongoing. The specific work with Primary Care Practice Nurses will start from November at the earliest.

The period to the end of the Quarter 2 reporting period will be utilised for active seeking of missing data and gathering of further delivery options across the ADP areas. The main issue driving the reduction in the number of reported ABIs is the changes to national contractual and local organisational arrangements to the primary care organisational landscape and associated reporting regime i.e. the decoupling of recorded activity from payment in the ABI Local Enhanced Service. Whilst every effort will continue to drive improvements, the main issue driving the reduction in the number of ABIs reported remains unresolved.

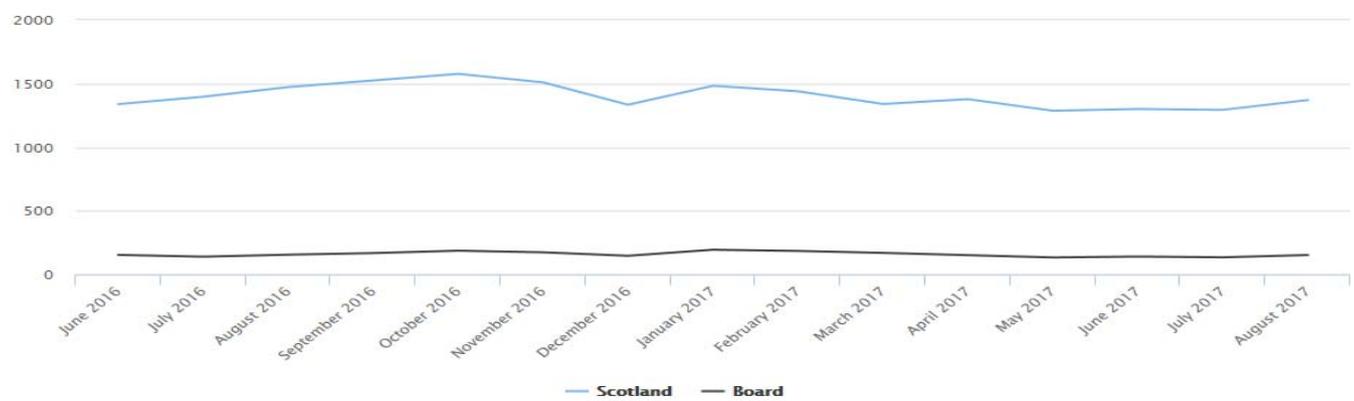
Exception Report: Delayed Discharges and Bed Days Lost to Delayed Discharge

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

Measure	Acute Bed Days Lost to Delayed Discharge (inc Adults with Incapacity)
Current Performance	As at August 2017, there were a total of 152 delayed discharge patients across NHSGG&C, resulting in the loss of 4,212 occupied bed days across NHSGG&C.
NHSScotland (Latest published data available)	As at August 2017, there were a total of 1,370 patients delayed resulting in the loss of 41,632 occupied bed days across NHSScotland.
Lead Director	Mags Mcguire, Nursing Director

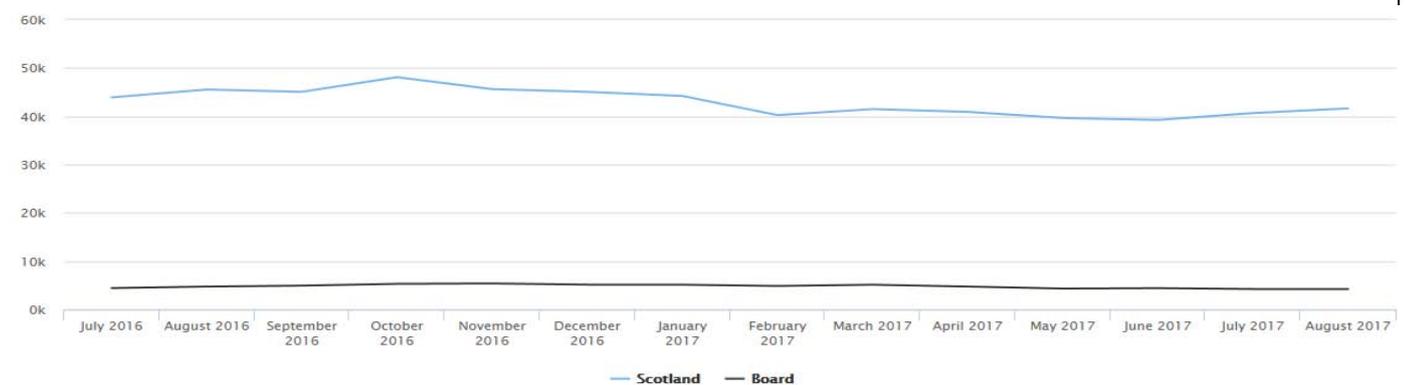
NHSScotland's Performance

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



Across NHSScotland, there were a total of 1,370 patients delayed at the August 2017 census, NHSGG&C accounted for 11% (152) of the total number of delayed patients reported across Scotland. August 2017 represents a marginal increase on number of patients delayed across NHSScotland in July 2017 (1,293). For NHSGG&C, the August position is a 13% increase on July 2017 (134 delayed discharges).

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



The 1,303 patients delayed across NHSScotland resulted in the loss of 41,632 occupied bed days a marginal increase (2.4%) on the number reported the previous month (40,667). Overall, NHSGG&C accounted for 10% (4,212) of total occupied bed days lost to delayed discharge across Scotland representing a fairly static position on the number reported the previous month (4,228).

NHSGG&C's Performance**Table 1 – NHSGG&C Delayed Discharges and Bed Days Lost – September 2017**

TOTAL DELAYED DISCHARGES	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Total number of patients delayed (at census point)	167	186	173	146	194	184	169	151	133	140	134	152	156
Total number of bed days lost to delayed discharge	4,943	5,313	5,397	5,318	5,147	4,863	5,133	4,743	4,327	4,413	4,228	4,212	4,404

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

ACUTE DELAYED DISCHARGES	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Total number of patients delayed (at census point)	111	121	111	97	142	127	117	107	99	86	95	111	112
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	2,886	2,947	3,184

Agenda Item 13 outlines the actions in place to address performance in relation to delayed discharges reported in mental Health. As seen from Table 1, a total of 156 delayed patients were reported across NHSGG&C, resulting in the loss of 4,404 bed days. Of this total, 112 delayed patients were in Acute hospital. The remaining 44 delayed patients are adult mental health patients. The 112 patients delayed across Acute resulted in the loss of 3,184 bed days across the Acute Division.

All Health & Social Care Partnership (HSCP) areas reported delayed patients across Acute hospitals as follows;

- Glasgow City reported 55 delayed patients (an increased on the 49 in July)
- West Dunbartonshire reported 6 delayed patients (an increase on the 8 in July)
- East Dunbartonshire reported 9 delayed patients (a decrease on the 10 in July);
- East Renfrewshire reported 4 delayed patient (an increase on the 3 in July);
- Inverclyde reported 1 delayed patient (a decrease on the 5 in July ;and
- Renfrewshire reported 14 delayed patients (an increase on the 13 in July).

The remaining 23 delayed patients were residents from out with the Board area. Those out with the Board area comprise;

- North Lanarkshire reported 6 delayed patients (a reduction on the 7 in July);
- South Lanarkshire reported 10 delayed patients (an increase on the 5 in July);
- North Ayrshire reported 6 delayed patients (a decrease on the 9 in July).

The number of patients delayed in Acute Hospitals resulted in the 3,184 Acute bed days lost to delayed discharge across NHSGG&C during September 2017. Current performance represents an 8% increase in the number of bed days lost the previous month. In terms of each HSCPs, this equates to;

- Glasgow City (1,464 bed days);
- West Dunbartonshire (190 bed days).
- East Dunbartonshire (231 bed days);
- East Renfrewshire (120 bed days);
- Inverclyde (60 bed days); and
- Renfrewshire (454 bed days)

The remaining acute bed days lost were from patients out with the NHSGG&C (665 bed days), split as:

- North Lanarkshire (152 bed days);
- South Lanarkshire (227 bed days); and
- North Ayrshire (224 bed days)

Actions to Address Performance

Agenda Item 13 outlines the actions in place to address performance in relation to delayed discharges in Mental Health.

A number of actions have been implemented to maintain the focus on reducing the number of patients delayed in Acute hospitals including:

Within NHS GG&C

- Weekly conference meetings have been established with all HSCPs to ensure a tighter focus on moving patients through. These meetings focus developing actions on an individual case by case basis. More recently there has been a focus on improving processes in relation to patients waiting <72 hours to ensure these are minimised.

The recent increase in the number of delayed patients in Glasgow City HSCP is mainly as a result of the lack of available intermediate care beds due to the current model of intermediate care being unable to cope with the increasing level of demand. In addition, there is insufficient throughput in AWI interim beds to cope with the level demand and there is an absence of provision for AWI patients under 65 years.

Outwith NHS GG&C

- We continue to be in ongoing dialogue with other Health Boards and have agreed actions they will take to improve performance.

Financial Arrangements

- Our primary focus remains on treating patients in the most suitable location and surrounding. From the start of the new financial year we have charged the costs of delays to Boards outwith NHS GG&C to reflect the costs of maintaining patients in an Acute setting and the corresponding impact on bed capacity on patient flow.
- The number of delayed discharge patients within the Board area, particularly Glasgow City, continues present a real challenge, both to the standard of patient care and patient flow and corresponding impact on unscheduled care performance.

Whilst we continue to work closely with our relevant partnerships, the financial burden on the Acute Directorate budget is not sustainable and will be the subject of closer scrutiny and discussion as we approach mid-year.

Timeline for Improvement

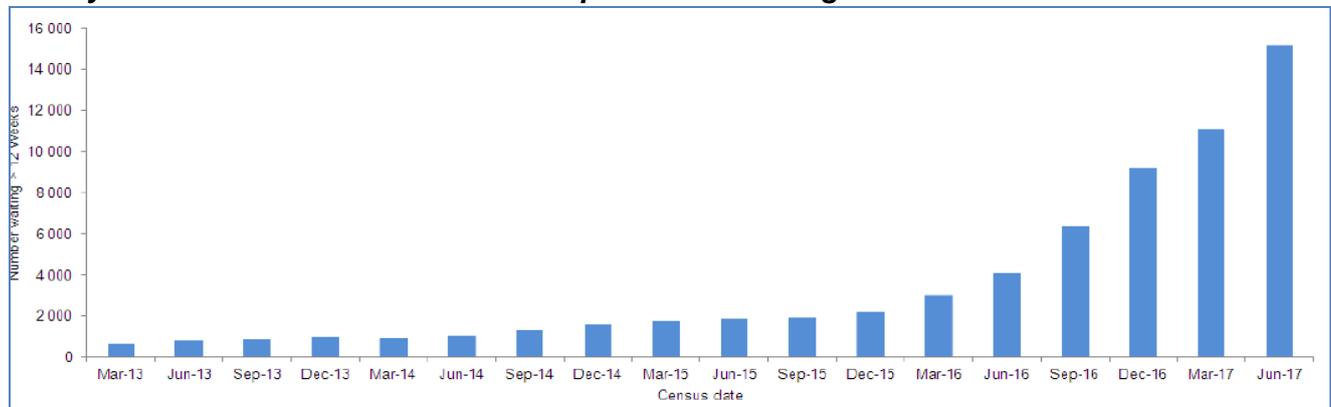
The aim is to remain focussed and achieve immediate reductions in the number of patients delayed with short term impact of actions outlined above.

Exception Report: 12 Week Treatment Time Guarantee

Measure	12 week Treatment Time Guarantee (TTG)
Current Performance	As at August 2017 (month end), a total of 3,908 patients were waiting >12 weeks TTG for an inpatient/daycase procedure.
NHSScotland <i>(Latest published data available)</i>	As at the quarter ending June 2017, there were 13,357 patients waiting >12 weeks for an inpatient/daycase procedure across NHSScotland a similar number to the previous quarter. Prior to this, the figure had been steadily increasing for over a year.
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 June 2017



During the quarter ending 30 June 2017, 81.4% of patients admitted waited within the Treatment Time Guarantee (TTG) of 12 weeks across NHSScotland. A total of five Health Boards were below the Scotland figure, whereas across NHS GGC, 85.2% of patients treated were seen within the 12 week TTG.

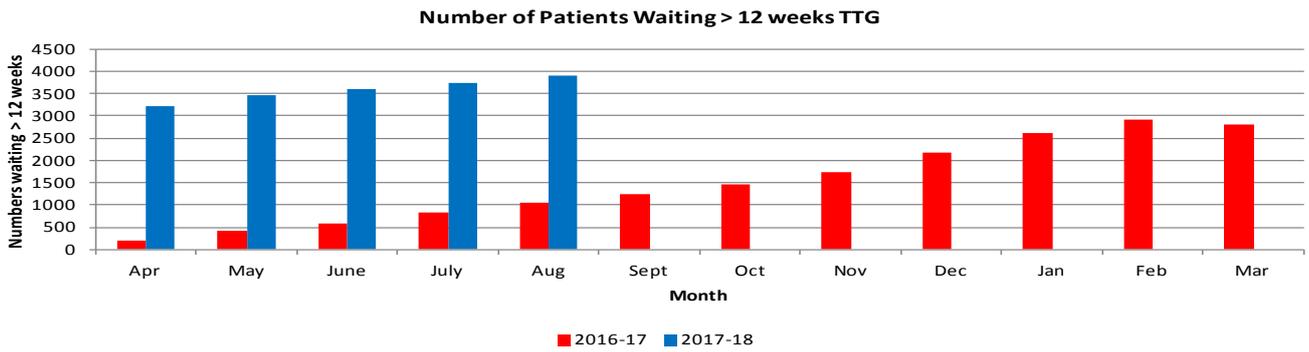
During the same quarter the median wait for patients covered by the TTG standard was 47 days across NHSScotland. A total of eight Health Boards were above the national median wait whereas, NHS GGC was below at 41 days.

During the quarter ending 30 June 2017, there were a total of 13,357 patients waiting >12 weeks across NHSScotland for an inpatient/daycase procedure, of which NHS GGC accounted for 22% (2,904) of the total. The charts on the above illustrate 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 NHS GGC.

NHS GGC Commentary

As at August 2017 (month end), 82.3% of patients admitted waited within the Treatment Time Guarantee of 12 weeks across NHS GGC.

At August 2017 (month end) there were a total of 3,908 patients waiting >12 week TTG for an inpatient/daycase procedure representing a 5% increase on the number of patients waiting the previous month.



	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	3,733	3,908							

The main specialties experiencing considerable pressure and accounting for the majority (88%) of patients waiting >12 weeks for an inpatient/daycase procedure are listed below:

Specialty	Feb-17	Mar-17	Apr-17	May 17	Jun 17	Jul 17	Aug 17
Orthopaedic Surgery	1513	1435	1613	1732	1799	1891	1941
Urology	504	481	516	522	489	468	426
General Surgery	349	314	377	354	325	313	297
Paediatric ENT	56	134	195	268	311	376	375
Paediatric Surgery	151	146	202	259	324	319	387

As previously highlighted, there are a number of pressures on the delivery of scheduled care and our aim is to continue to maximise the delivery of the national targets while at the same time remaining within the available resources.

The current pressures are mainly as a result of the following:

- For a number of specialties, demand has by far exceeded capacity in recent years and this has led to an increase in waiting times.
- A reduction in the level of non-recurring activity to live within available resources.
- The decision to change the implementation of the Access Policy in order to reduce the increasing number of inpatients that chose to exercise their choice to wait for their inpatient procedure to be carried out by a named Consultant or at a particular hospital site. At the time of the decision April 2016 there were 5,379 inpatients on the inpatient requested unavailability list, in September 2017 this had reduced to a total of 296 inpatients on the inpatient requested unavailability list, all of which are waiting for a named Consultant. This has also created additional capacity pressures in those specialties where there is limited Consultant provision.

Actions to Address Performance

The Capacity and Demand Assessment and Improvement Programme to assess the current impact of the available funding is currently underway. The programme has examined the current gap with and without the use of additional sessions and then developed a series of actions for each specialty at the Division and Sector level that could increase the available capacity without additional funding. This

provided a re-assessment of the potential gap between demand and the improved capacity after actions have been put in place. It also identified areas of ongoing pressure and priority areas for any additional funds.

The Board has established a Sustainability and Value Action Group to implement the principles of a range of national initiatives such as the Realistic Medicine initiative and Effective Prescribing, and a range of more local ideas around clinical transformation. This is linked to the Capacity and Demand Assessment and Improvement Programme outlined above. Analysis of relevant NHSGGC data indicates a number of areas where productivity and efficiency improvement are possible, e.g. DNA rates, return to clinic ratios, theatre utilisation and throughput etc.

The improvement actions identified as part of the above process are currently being implemented across each of the Sectors and Directorates and productivity gains resulting from these actions are anticipated to start in the coming months.

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 to target both the patients with the highest clinical priority and the patients with the longest wait time. Additional sessions have commenced in some specialty areas and the impact of this work is currently being monitored on an ongoing basis.

In addition, the Scottish Government launched a new initiative to reduce NHS waiting times and improve the way elective care services are managed. The Elective Access Collaborative Programme will bring together experts to provide support to health boards in improving the way elective services are configured. The Collaborative will build on the extra £50 million of investment allocated to reduce waiting times in 2017-18 and is expected to deliver 12,000 extra inpatient appointments across Scotland by Spring 2018. Work on this will begin immediately.

Timeline for Improvement

The Board remains committed to the 12 week TTG target. As such, the Board has established various working groups and work streams to address the current position. The focus for improvement is on patient waits over 12 weeks in a prioritised order, addressing longest waits first.

The current capacity and demand analysis work will result in a defined timeline for improvement.

Exception Report: % of New Outpatients Waiting <12 Weeks for a New Outpatient Appointment

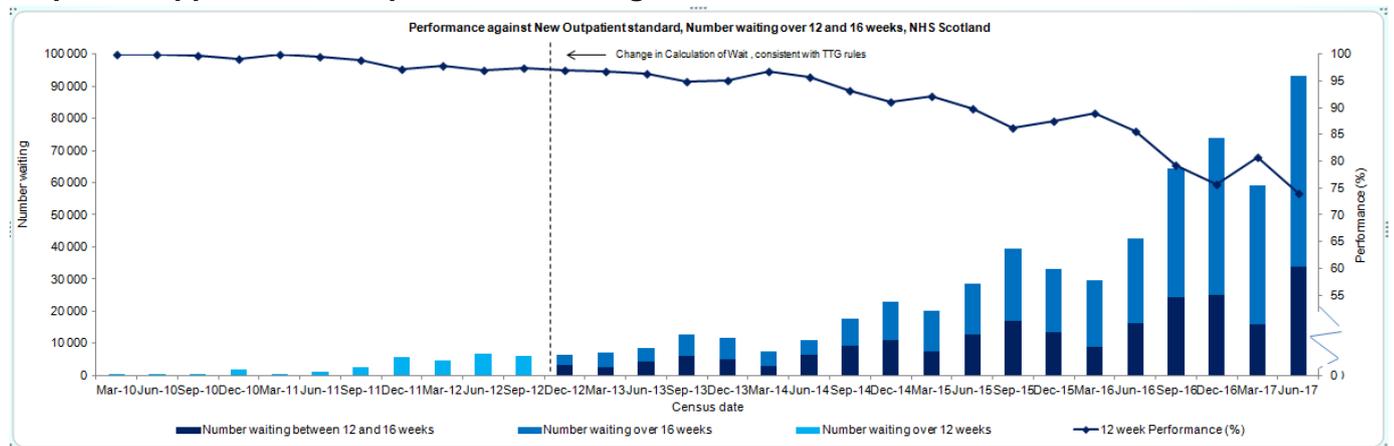
Measure	% of New Outpatient Waiting <12 Weeks for a New Outpatient Appointment
Current Performance	As at August 2017, 71% of available new outpatients had been waiting 12 weeks or less for a new outpatient appointment. Current performance is lower than the target of 95%. <i>NB: Overall figures now include Glasgow Dental Hospital.</i>
NHS Scotland (Latest published data available)	At 30 June 2017, 74.0% 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 June 2017, 74.0% of patients had been waiting 12 weeks or less for a new outpatient appointment across NHSScotland. A total of five Health Boards were below the Scotland figure, whereas across NHS G&C, 76.5% of patients waiting for a new outpatient appointment had been waiting 12 weeks or less.

As at June 2017, the number of new outpatients waiting >12 weeks for a new outpatient appointment across NHSScotland increased from 59,070 in March 2017 to 93,139 in June 2017. Of the total number of patients waiting >12 weeks for a new outpatient appointment 63.5% (59,190) were waiting >16 weeks. NHS G&C accounted for 23% (21,735) of NHSScotland patients waiting >12 weeks for a new outpatient appointment and of this total 59% (12,741) were waiting >16 weeks.

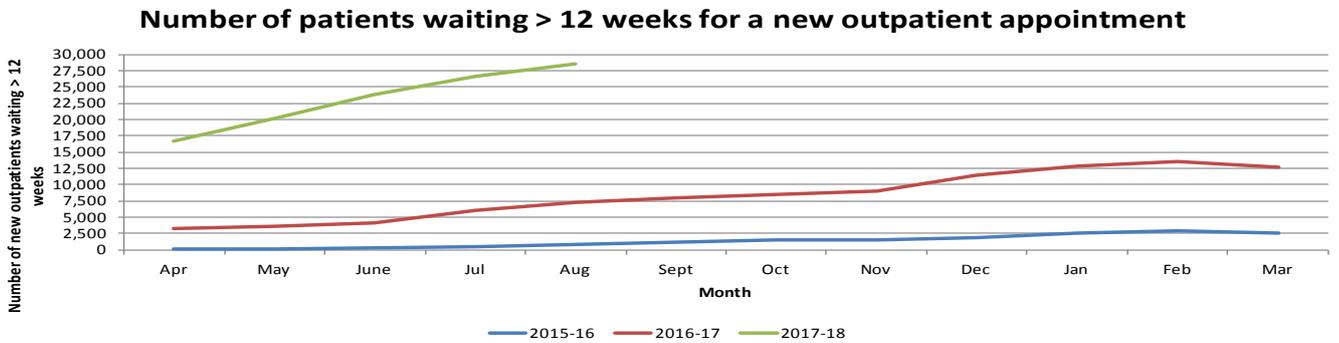
Chart 1: NHSScotland's Performance – Number of patients waiting >12 and 16 weeks for a new outpatient appointment – Up to month ending June 2017



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 June 2017, a total of 335,353 new outpatients patients across NHSScotland were seen within 12 weeks. Of the total number of patients seen, the median number of days waited was 41 days. During the same period a total of 90,412 new outpatients were seen within 12 weeks across NHS G&C accounting for 27% of NHSScotland's total. The median number of days waiting for those patients seen across NHS G&C was 46 days.

NHSGG&C's Performance

As at August 2017 (month end), 71% of available new outpatients were waiting <12 weeks for a new outpatient appointment, current performance is below the target of 95% and lower than the position reported during the previous month (73%).



Number of available new outpatients waiting > 12 weeks for a new outpatient appointment (Adults and Children)												
	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2015-16	80	174	365	521	860	1,160	1,509	1,467	1,859	2,518	2,845	2,549
2016-17	3,290	3,680	4,093	6,102	7,290	8,034	8,554	9,071	11,517	12,916	13,592	12,747
2017-18	16,662	20,190	23,893	26,543	28,572							

The remaining 29% (28,572) of available new outpatients were waiting >12 weeks for a new outpatient appointment. The main specialties accounting for 87% of the 28,572 new outpatients waiting over 12 weeks and are listed below:

Number of New Outpatients Waiting >12 weeks							
Specialties	Feb 17	Mar 17	Apr 17	May 17	Jun 17	July 17	Aug 17
Orthopaedics	4025	4194	5427	6242	7339	8009	8479
General Surgery	1723	1710	2126	2594	2872	2968	3061
Gastroenterology	1546	1315	1468	1439	1534	1617	1564
Ophthalmology	1353	1287	1560	1801	2022	2386	2544
Respiratory	1118	882	1095	1349	1582	1767	1955
Urology	953	959	1263	1546	1880	2120	2326
Neurology	802	604	817	1051	1238	1333	1598
ENT	688	648	1262	1830	2094	2256	2390
Rheumatology	151	166	247	402	568	786	945

Actions to Address Performance

The actions identified in the TTG exception report are the same actions being applied to reduce the number of new outpatients waiting >12 weeks for a new outpatient appointment. In addition, the work of the Elective Access Collaborative Programme is expected to deliver 80,000 extra new outpatient appointments across Scotland by Spring 2018.

Timeline for Improvement

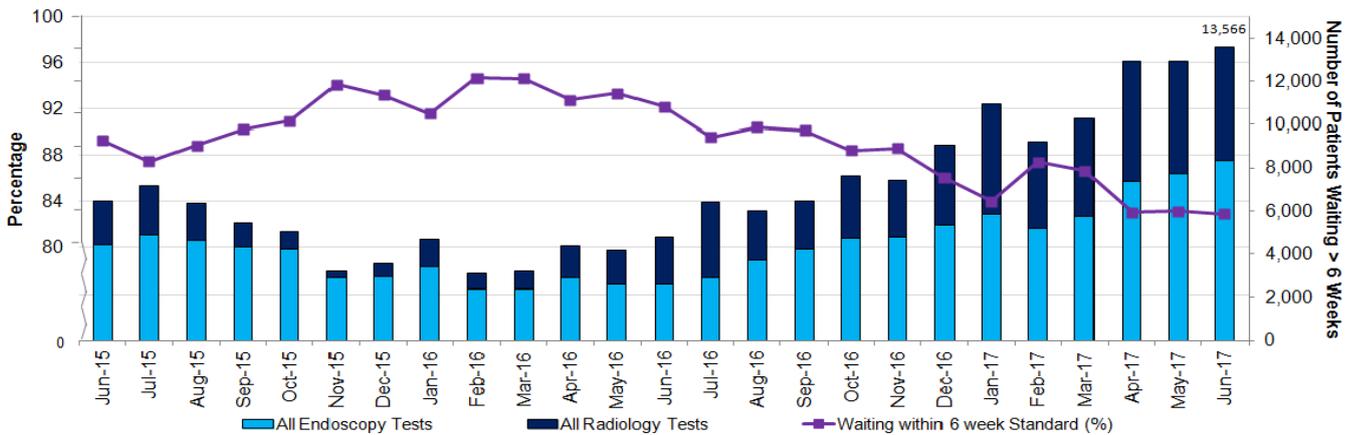
The Board remains committed to the Outpatient target. As such, the Board has established various working groups and work streams to address the current position. Work continues, with particular focus on the specialties with the greatest waits.

Managers and clinicians are working together to seek increases in capacity within available resources in relation to clinical templates and improved rates of DNA.

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 August 2017 (month end), there were a total of 4,382 patients waiting >6 weeks for one of the key diagnostic tests and investigations. Current performance is below the target of 0.
National Performance <i>(using latest published data)</i>	As at 30 June 2017, 79,529 patients in NHSScotland were waiting for one of the eight key diagnostic tests and investigations.
Lead	Jonathan Best, Interim Chief Operating Officer

NHSScotland’s Performance

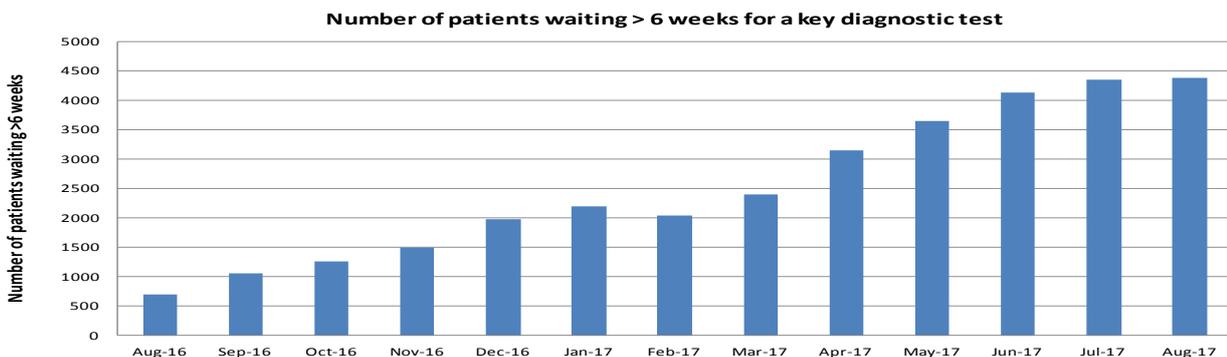


As at June 2017, 79,529 patients across NHSScotland were waiting for one of the eight key diagnostic tests and investigations representing a 30.9% increase when compared to June 2017. 82.9% of patients waiting for a key diagnostic test had been waiting less than six weeks across NHSScotland, lower than the 92.2% reported at June 2016. A total of 13,566 patients were waiting >six weeks to access a key diagnostic test.

For the same period (30 June 2017), 81.7% of patients waiting for a key diagnostic test had been waiting less than six weeks across NHSGG&C.

NHSGG&C

It should be noted that NHSGG&C patients awaiting imaging tests were scanned and reported within 6 weeks until May 2017. Since May 2017 patients continue to be scanned within six weeks, however a number of patients are included in the >6 week figures (178), these patients were waiting on the examination being reported and have continued to reduce month on month.



Commentary

As at August 2017 (month end) there were a total of 4,382 patients waiting >6 weeks for a key diagnostic test representing 20% of the total number of patients on the waiting list for the eight key diagnostic tests. Growth in the number of patients waiting >6 weeks for a key diagnostic test has slowed compared to the previous month (4,351). Overall, patients were waiting >6 weeks for the following key diagnostic tests:

Scopes:

- 1,256 patients were waiting >6 weeks for an upper endoscopy test (1,254 reported in July 2017).
- 393 patients were waiting >6 weeks for a lower endoscopy test (356 reported in July 2017).
- 2,109 patients were waiting >6 weeks for a Colonoscopy test (1,991 reported in July 2017).
- 446 patients were waiting >6 weeks for a Cystoscopy test (376 reported in July).

The majority of patients waiting >6 weeks were waiting for a South Sector appointment (2,645 patients) or a Clyde Sector appointment (1,502 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:

Overall the number of patients waiting > 6 weeks is showing a significant improvement reducing from 552 patients in June 2017 to 178 patients in August 2017 representing a 68% decrease. The total patients waiting > 6 weeks were as follows:

- 125 patients were waiting >6 weeks for Magnetic Resonance Imaging (MRI). All patients were scanned within six weeks however were waiting on the examination being reported. Current performance represents an increase on the 67 patients reported in July 2017.
- 53 patients were waiting >6 weeks for Computer Tomography (CT). All patients were scanned within six weeks however were waiting on the examination being reported. Current performance represents a significant increase on the 307 patients reported in July 2017.

Up until May 2017, all patients waiting for MRI or CT were seen, and had their examination reported < 6 weeks. However, since May 2017 whilst all patients continue to be appointed and scanned < 6 weeks those patients that are showing as waiting > 6 weeks are waiting on the examination being reported.

Actions to Address Performance

Scopes

Following a demand and capacity review of scopes provision across NHSGG&C to assess the capacity position across the three Sectors and explore service redesign options to improve productivity, patient flow and waiting times, a paper indicating improvements actions has been drafted. A lead has now been appointed to implement and co-ordinate each of the actions identified with a focus on those patients with the longest waiting times. This will involve the redistribution of patients across the three Sectors.

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

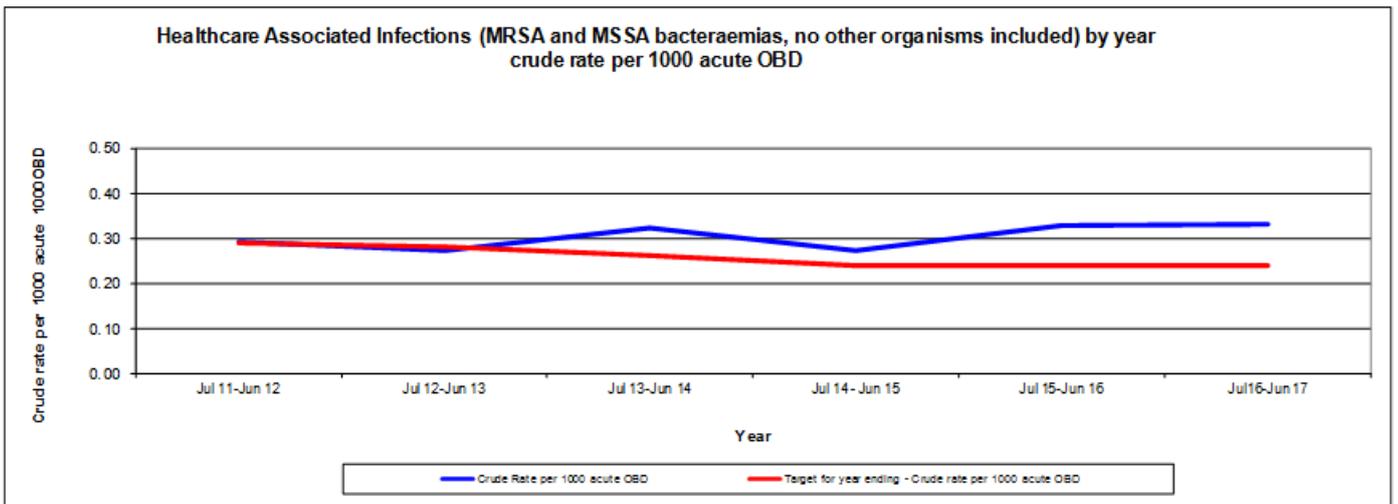
The implementation of the improvement actions identified as part of the demand and capacity review are expected to deliver improvements in reducing the number of patients with the longest waiting time alongside the number of patients waiting >6 weeks within the next eight weeks.

Radiology

The improvements made to date in radiology are expected to continue as capacity and job plan reviews get underway in August. In addition, the business analytical model software plan for installation will be October following CRIS upgrade.

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

Measure	MRSA/MSSA Bacteraemia (cases per 1,000 AOB)
Current Performance	For the quarterly rolling year ending June 2017, the number of MRSA/MSSA cases per 100,000 Acute Occupied Bed Days (AOBDs) was 32.7; current performance is higher than the trajectory of 24.0.
National Performance	For the quarterly rolling year ending June 2017, the number of MRSA/MSSA cases per 100,000 Acute Occupied Bed Days (AOBD) across NHSScotland was 32.5.
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 2 (April - June 2017) confirm a total of 116 SAB patient cases for NHSGG&C. This equates to a SAB rate of 34.3 cases per 100,000 AOB. This is an increase of 1.8% upon the previous quarter in SAB patient cases. Current performance is above NHSScotland's performance of 31.3 cases per 100,000 AOB.

The Quarterly Rolling Year ending June 2017 rate as per the Local Delivery Plan for SAB is 0.33 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 will 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:

1. 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.
2. Infection Prevention and Control Nurses (IPCNs) 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 now 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.

Testing for *S. aureus* in Renal Dialysis Patients

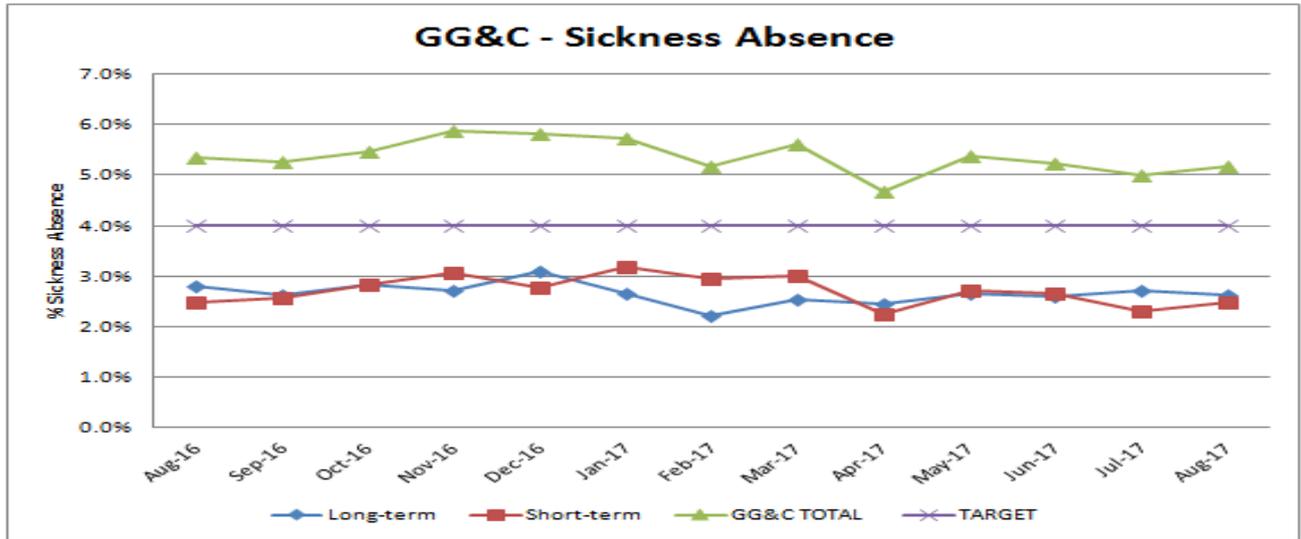
Evidence from the literature suggests that a substantial proportion of *S. aureus* bacteraemia originate in the patient's nose and 50% of hospitalised patients have nasal carriage of *S. aureus*. Scientific literature suggests that decolonising patients who are natural carriers of *S. aureus* may reduce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

Exception Report: Sickness Absence

Measure	Sickness Absence Rate
Current Performance	The rate of sickness absence across the Board was 5.17% (August 2017)
National Performance	The NHS Scotland reported absence figure is 5.09% (August 2017)
Lead Director	Anne MacPherson, Director of Human Resources and Organisational Development



Commentary

The Board overall sickness absence rate for the current rolling year month ending August 2017 was 5.46%. The split between short term and long term absence for is 1.85% for short term absence and 3.61% for long term absence.

The Board overall sickness absence rate for the month ending August 2017 is 5.17% comprising 2.52% short term and 2.65% long term. This is an increase of 0.16 percentage points from the previous month’s report.

Actions to Address Performance

Actions include the following:

- The Absence Performance Group has implemented a range of initiatives for managers and staff in support of staff health and managing attendance.
- The HRConnect site has now been updated to include staff support materials which include guides on key issues affecting staff such as stress and anxiety, carer support, finance and depression. Improved awareness of support materials will enable managers to support staff in creating a Healthier workplace and help staff deal with life issues which impact on their well being.
- The Absence Performance Group has also commissioned a review of absence within Mental Health and Learning Disability services which will focus on key challenges in managing attendance within these services. The work will include an analysis of the reasons for absence and proposals on actions required to address staff absence within the context of Mental Health and Learning Disability Services. The report and recommendations will be shared with Chief Officers and Heads of Service for Mental Health and Learning Disability.
- The Occupational Health Service has launched the winter flu immunisation programme to encourage NHS Greater Glasgow and Clyde to prepare for winter. The Flu vaccination drop in sessions for NHS

Greater Glasgow & Clyde employees started on 2nd October 2017 and will be held across a range of NHS Greater Glasgow and Clyde sites.

- Attendance Management clinics which are provided by the Human Resources Support and Advice Unit continue to be held Board wide with a high uptake in Acute Services. The Human Resources Support and Advice Unit is also reviewing attendance templates to ensure the templates are a helpful resource to line managers in communicating and advising staff on the attendance management process during their absence.
- The Attendance Management programme has been revised with increased focus on scenarios to assist managers in their learning. The Session content is more focused on the practical application of the policy, concentrating on the Return to Work discussion; decision making when employees are approaching or reaching a trigger point and some interactive role play on the formal absence review meeting. The session emphasises the importance of early intervention and sign posts managers to the Health and Wellbeing strategy and self-help materials now available via HRConnect. The revised sessions commenced in August 2017 and 73 managers have attended. The initial feedback from delegates (Webropol Survey) remains very positive in terms of the overall value of the session.
- In recognition of the role of line managers in supporting staff, work is being led by Learning and Education to develop bespoke training on Managing Stress at work. The training will be based on the Health and Safety Executive Stress Management Audit tool and provide line managers with understanding and awareness of how to identify stress and support staff to remain at work. This programme will be implemented Board wide as an addition to existing training on managing Attendance.

Timeline For Improvement

Attendance Management 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 NHS Greater Glasgow and Clyde.