

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.
- Whilst the number of patients waiting > 12 weeks for a new outpatient appointment remains a challenge, October 2017 saw a reduction of almost 1,000 patients waiting > than 12 weeks and local data indicates that this progress has continued during November and December 2017.
- Compliance with the A&E 4 hour waiting times target is showing an improvement in October 2017 when compared to the previous month and the same month the previous year despite an increase in overall emergency activity.
- Monthly compliance with the 18 week RTT target remains positive (89.7%) particularly in the context of the latest national compliance rate (latest position 81.4% - September 2017).

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

BOARD OFFICIAL

- The overall 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)
- Delayed discharges and bed days occupied by delayed discharge patients
- % of new outpatient waiting <12 weeks for an appointment
- % of patients waiting >6 weeks for a key diagnostic test
- 12 week TTG
- SAB infection rate cases per 1,000 population
- Sickness Absence
- Smoking Cessation (*new*)

Each of the measures listed above have an accompanying exception report outlining the improvement 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.

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19 December 2017

NHS GREATER GLASGOW AND CLYDE

Board Meeting
19 December 2017

Paper No:17/64

Head of Performance

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.

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 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. For every time period of data provided 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 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.
- 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.
- Whilst the number of patients waiting >12 weeks for a new outpatient appointment remains a challenge, October 2017 saw a reduction of almost 1,000 patients waiting more than 12 weeks and local data indicates that this progress has continued during November and December 2017.
- Compliance with the A&E 4 hour waiting times target is showing an improvement in October 2017 when compared to the previous month (91.5%) and same month the previous year despite an increase in overall emergency activity.
- Monthly compliance with the 18 week RTT target remains positive (89.7%) particularly in the context of the latest national compliance rate (latest position 81.4% - September 2017).

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:
 - 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 overall 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)
- Delayed discharges and bed days occupied by delayed discharge patients
- % of new outpatient waiting <12 weeks for an appointment
- % of patients waiting >6 weeks for a key diagnostic test
- 12 week TTG
- SAB infection rate cases per 1,000 population
- Sickness Absence
- Smoking Cessation (***new***)

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 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	1	1	1	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	1	0	1	0	2
TOTAL	8	3	11	6	28

PERFORMANCE AT A GLANCE - DECEMBER 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)*	Oct-17	85.8%	81.7%	95%	RED	↓	Page 8
2	LDPS	All Cancer Treatments (31 days)*	Oct-17	92.9%	90.5%	95%	AMBER	↓	
3	LDPS	Alcohol Brief Interventions	Apr - Sept 17	7,193	6,723	6,544	GREEN	↓	
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	Oct-17	93.1%	93.2%	95%	AMBER	↑	
5	LKPI	Total A&E presentations (ED, MIU & AUs)	Oct-17	290,376	291,410	No Target	GREY	—	
		Accident & Emergency Presentations	Oct-17	251,244	250,750	No Target	GREY	—	
		Other Accident and Emergency Presentations	Oct-17	39,132	40,660	No Target	GREY	—	
6	HSCI	Total number of patients delayed across NHS GG&C (taken at Census point)	Oct-17	186	144	TBC	RED	↑	Page 11
		Acute Patients	Oct-17	121	92			↑	
		Adult Mental Health Patients	Oct-17	65	52			↑	
7	HSCI	Total number of Bed Days Lost to Delayed Discharge*	Oct-17	5,313	4,601			↑	
		Acute Bed Days Lost	Oct-17	3,517	3,157	↑			
		Mental Health Bed Days Lost	Oct-17	1,796	1,444	↑			
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	Oct-17	90.0%	89.7%	90%	AMBER	↓	
		Combined Linked Pathway	Oct-17	88.1%	86.5%	80%	GREEN	↓	
9	LKPI	New Outpatient Appointments							
		% of available new outpatient waiting <12 weeks for a new outpatient appointment	Oct-17	89.7%	71.6%	95%	RED	↓	Page 15
		Number of available patients waiting > 12 weeks for a new outpatient appointment	Oct-17	8,554	27,594	—			
10	LKPI	Access to a Key Diagnostic Test							
		% of patients waiting < 6 weeks for access to a key diagnostic test	Oct-17	92.7%	80.0%	100%	RED	↓	Page 18
		Number of patients waiting >6 weeks for a key diagnostic test	Oct-17	1,269	4,998	0			
11	LDPS	12 week Treatment Time Guarantee (TTG)							
		% of patients treated within the 12 week TTG	Oct-17	85.2%	81.7%	100%	RED	↓	Page 21
		Number of inpatients waiting >12 weeks	Oct-17	1,452	4,136	0			
12	LKPI	Patient unavailability (Adults)							
		Inpatient/Day Cases (inc Endoscopy)	Oct-17	1,493	1,019	N/A	GREY	↑	
		Outpatients	Oct-17	1,310	944	N/A	GREY	↑	
13	LDPS	% of eligible patients commencing IVF treatment within 12 months	Oct-17	100%	100%	90%	GREEN	↔	
14	LDPS	% patients seen within 18 weeks of RTT to Specialist Child and Adolescent Mental Health Services	Oct-17	99.3%	95.4%	90%	GREEN	↓	
15	LDPS	% patients who started treatment <18 weeks of referral for psychological therapies	Oct-17	90.4%	92.5%	90%	GREEN	↑	
16	LDPS	Drug and Alcohol: % of patients waiting <3 weeks from referral to appropriate treatment	Apr - June 17	96.8%	96.9%	90%	GREEN	↑	
17	LDPS	SAB Infection rate (cases per 1,000 AOBD rolling year)	Jun-17	0.33	0.33	0.24	RED	↔	Page 23
18	LDPS	C.Diff Infections (cases per 1,000 AOBD rolling year for 15 years+)	Jun-17	0.30	0.30	0.32	GREEN	↔	
19	LDF	% of complaints responded to within 20 working days	Jul - Sept 17	—	74.8%	70%	GREEN	—	
		Number of complaints closed at Stage 1 within 5 working days	Jul - Sept 17	—	92.1%	—	GREY	—	
		Number of complaints closed at Stage 2 within 20 working days	Jul - Sept 17	—	61.8%	—	GREY	—	
20	LDPS/LDF	Financial Performance	Oct-17	(£12.5m)	(£25.1m)	(£32.0m)	GREEN	↓	See Finance Report
21	LKPI	Freedom of Information Requests	Jul - Sept 17	84.5%	91.4%	90%	GREEN	↑	
22	LDPS/LDF	Sickness Absence (rolling year)	Oct-17	5.47%	5.42%	4.0%	RED	↑	Page 28
		Long Term	Oct-17	3.65%	2.79%	N/A	GREY	↑	
		Short Term	Oct-17	1.82%	2.63%	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 - Jun 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 - Jun 17	418	451	501	RED	↑	Page 25

* Data has still to be validated

Key	Performance Status	Direction of Travel
LDPS Local Delivery Plan Standard	RED Adverse variance of more than 5%	Improving ↑
HSCI Health and Social Care Indicator	AMBER Adverse variance of up to 5%	Deteriorating ↓
LDF Local Delivery Framework	GREEN On target or better	Maintaining ↔
LKPI Local Key Performance Indicator	GREY No target	
	N/A Not Available	—

Please note the information contained within this report is for management information purposes only as not all data has been validated.

AMBER COMMENTARY

(For those measures rated as Amber that show a downward trend when compared with the same period the previous year)

Ref	Measure	As At	2016-17 Actual	2017-18 Actual	2017-18 Target	Perform Status	Dir of Travel
2	All Cancer Treatment (31 days)	Oct 2017	92.9%	90.5%	95%	AMBER	↓

Commentary

Each of the improvement actions in place to address cancer performance are outlined in the cancer exception report on page 8.

Ref	Measure	As At	2016-17 Actual	2017-18 Actual	2017-18 Target	Perform Status	Dir of Travel
8	18 Week Referral To Treatment	Oct 2017	90.0%	89.7%	90%	AMBER	↓

Commentary

As at October 2017, 89.7% of all patients referred for treatment waited less than 18 weeks for a Referral To Treatment marginally below the target of 90% and marginally lower than the position reported the same month in 2016/17.

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.

Ref	Measure	As At	2016-17 Actual	2017-18 Actual	2017-18 Target	Perform Status	Dir of Travel
4	% of patients waiting <4 hours at A&E	Oct 2017	93.1%	93.2%	95%	AMBER	↑

Commentary

Overall, performance at our Emergency Departments is showing an improvement when compared to the previous months' performance and to that of the same month the previous year. As the table below shows, five of our eight Emergency Departments exceeded the 95% target in October 2017 and performance in relation to the three Emergency Departments currently below target is showing an improvement on the previous month's performance.

Hospital	Performance						
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Glasgow Royal Infirmary	83.1%	84.5%	87.1%	92.6%	94.8%	91.6%	93.0%
Stobhill Hospital	99.8%	99.8%	100.0%	99.9%	100.0%	99.9%	100.0%
Queen Elizabeth University Hospital	79.6%	84.3%	90.7%	92.2%	88.2%	82.0%	86.3%
New Victoria Hospital	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
Royal Alexandra Hospital	90.6%	89.0%	91.7%	91.3%	90.1%	89.8%	91.7%
Inverclyde Royal Hospital	93.7%	95.0%	94.0%	93.4%	92.1%	95.6%	95.3%
Vale of Leven Hospital	96.9%	97.9%	98.2%	98.8%	98.8%	98.0%	98.5%
Royal Hospital for Children	99.4%	99.4%	99.6%	99.7%	98.3%	96.9%	98.1%
Total	89.3%	90.7%	93.1%	94.4%	93.6%	91.5%	93.2%

Local management data indicates that the pressures of winter are beginning to impact on current performance and action is underway to ensure this is minimised.

PERFORMANCE EXCEPTION REPORTS

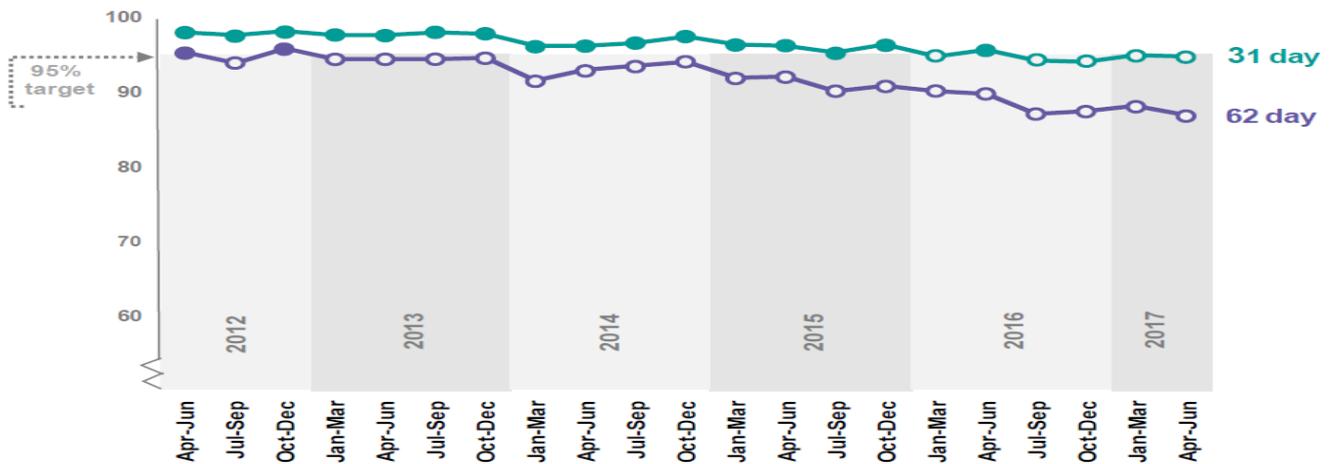
Exception Report: Suspicion of Cancer Referrals (62 days)

Measure	Suspicion of Cancer Referrals
Current Performance	As at October 2017, 81.7% of patients with an urgent referral for suspicion of cancer started their treatment 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**



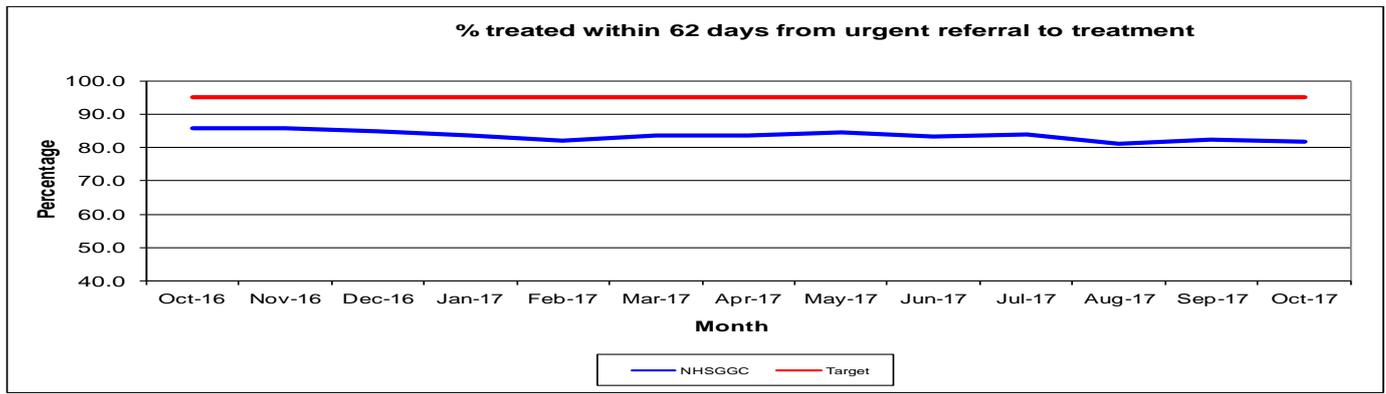
Across NHSScotland there were a total of 3,493 eligible referrals within the 62-day standard during the period April – June 2017, an increase of 364 (11.6%) on the same period the previous year. NHS Greater Glasgow & Clyde (NHSGG&C) accounted for 26% of total eligible referrals across NHSScotland.

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 (January – March 2017). During the period April – June 2017, a total of three 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 compliance variation relating to the other cancer types ranged from melanoma (92.6%) to urological (71.6%) of eligible referrals started 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 NHSGG&C ranged from Ovarian Cancer (100%) to Urological (61.4%) of eligible referrals started their treatment within 62 days of an urgent referral with a suspicion of cancer.

NHSGG&C's Performance



At October 2017, 81.7% (241 out of 295) of eligible referrals with an urgent referral for suspicion of cancer started their first treatment within 62 days of referral, below the target of 95%. The October 2017 position represents a decrease on the September 2017 (82.5%) position but an improvement on the August 2017 position of 81.2%.

The cancer types currently below the 95% target are as follows:

- Urological 66.7% (34 out of 51 eligible referrals treated within target) an increase on the 53.7% reported in September 2017.
- Colorectal 75.8% (25 out of 33 eligible referrals treated within target) a decrease on the 76.7% reported in September 2017.
- Upper GI 77.4% (24 out of 31 eligible referrals treated within target) a decrease on the 91.7% reported in September 2017.
- Breast 80.4% (74 out of 92 eligible referrals treated within target) a decrease on the 88.9% reported in September 2017.
- Head and Neck 92.9% (13 out of 14 eligible referrals treated within target) an increase on the 88.9% reported in September 2017.
- Lymphoma 93.3% (14 out of 15 eligible referrals treated within target) a decrease on the 100% reported in September 2017.

The remaining four cancer types exceeded the target for October 2017 – Cervical (100%), Lung (95.5%), 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, two further specific cancer performance focus meetings will be scheduled and 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 with the aim that no patient will wait >22 days for first appointment by 27 October 2017. The aim of this measure 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.

As regards to waits for imaging, the aim is that no patient waits >14 days for imaging.

Progress against the above two measures is as follows:

- As of 29 November 2017, 109 patients had first appointment booked over 21 days across NHS GG&C.
- As of 21 November 2017, there were 159 patients whose imaging was booked out with 14 days. This was for a variety of reasons including patient induced delay.

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 seven day intervals following the patient entering a suspected cancer pathway. This will include a review of Diagnostic Imaging capacity to assess the possibility of a seven day turnaround to assist with cancer access compliance.
- Capacity for endoscopy has been reviewed across the organisation and a consistent approach to booking is being applied across all sectors. The implementation of this is expected to yield additional capacity.

In addition, cancer specific actions include:

- Revised booking processes to be implemented in breast and colorectal to support appointments within 14 days for urgent suspicion of cancer referrals.
- Progress in training additional urological surgeons to assist overall urology performance. One 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.
- Capital funding to support additional renal cases.
- The use of non recurring funding to support breast performance in advance of the implementation of NHS GG&Cs Breast Service redesign in 2017-18 and confirmation of national funding to develop the ANP role.
- 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 now that national funding has been confirmed.
- Further funding sought to continue additional colonoscopy lists.
- 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 implementation of a one stop neck lump clinic for South/Clyde patients.
- Advice is 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.

Timeline for Improvement

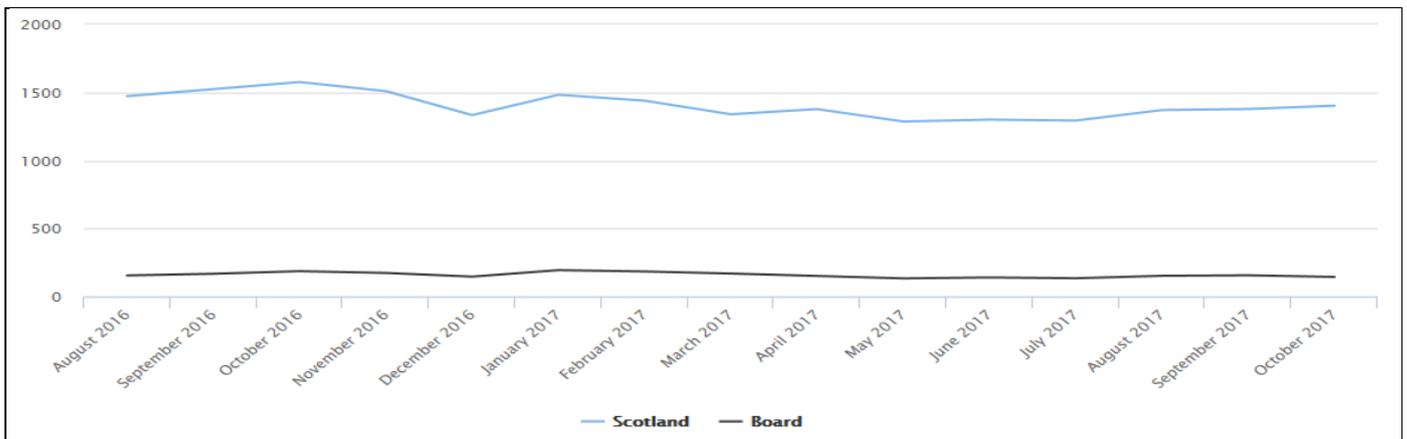
In sustaining the improvements made to date, cancer specific performance focus meetings will be scheduled and attended by the Chief Executive, Chief Officer and Acute Directors. Trajectories for improved performance will be developed and agreed to reflect the actions identified above and will be reported to both Acute Services Committee and a future Board meeting.

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

Measure	Delayed Discharges and Bed Days Lost to Delayed Discharge (inc Adults with Incapacity)
Current Performance	As at October 2017, there were a total of 144 delayed discharge patients across NHSGG&C, resulting in the loss of 4,601 occupied bed days across NHSGG&C in October 2017.
NHSScotland (Latest published data available)	As at October 2017, there were a total of 1,402 patients delayed resulting in the loss of 43,374 occupied bed days across NHSScotland.
Lead Director	Dr Mags Mcguire, Nursing Director

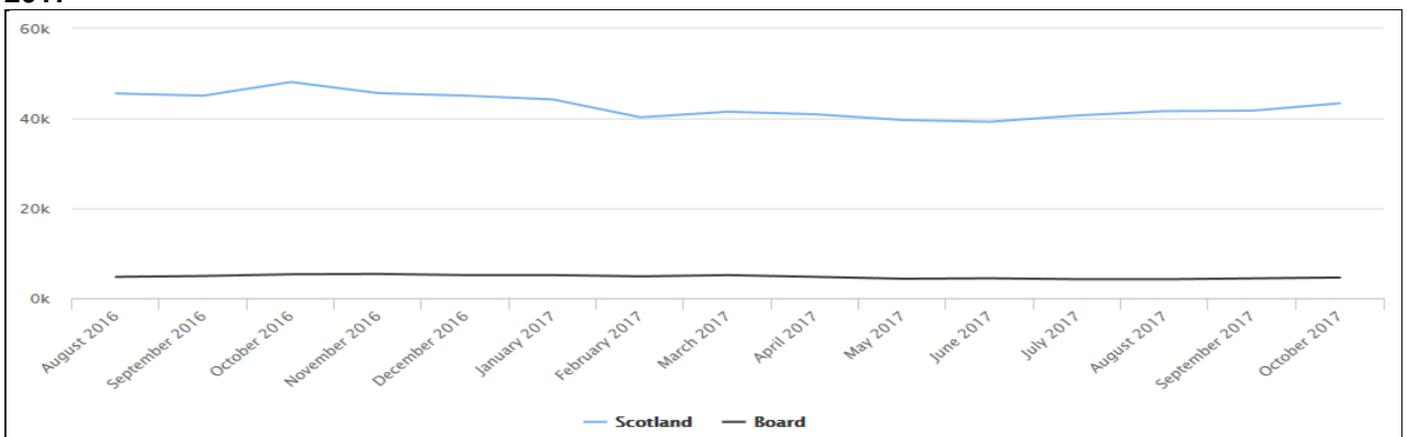
NHSScotland’s Performance

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



Across NHSScotland, there were a total of 1,402 patients delayed at the October 2017 census, NHSGG&C accounted for 10% (144) of the total number of delayed patients reported across Scotland. The number of delays across NHSScotland represents the highest number of patients delayed in this financial year across NHSScotland. For NHSGG&C, the October 2017 position is an 8% reduction on the previous months’ performance (September 2017 – 156 delayed discharges).

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



The 1,402 patients delayed across NHSScotland resulted in the loss of 43,374 occupied bed days, the highest number of bed days lost since January 2017 (44,222 bed days lost). Overall, NHSGG&C accounted for 11% (4,601) of total occupied bed days lost to delayed discharge across Scotland.

NHSGG&C's Performance

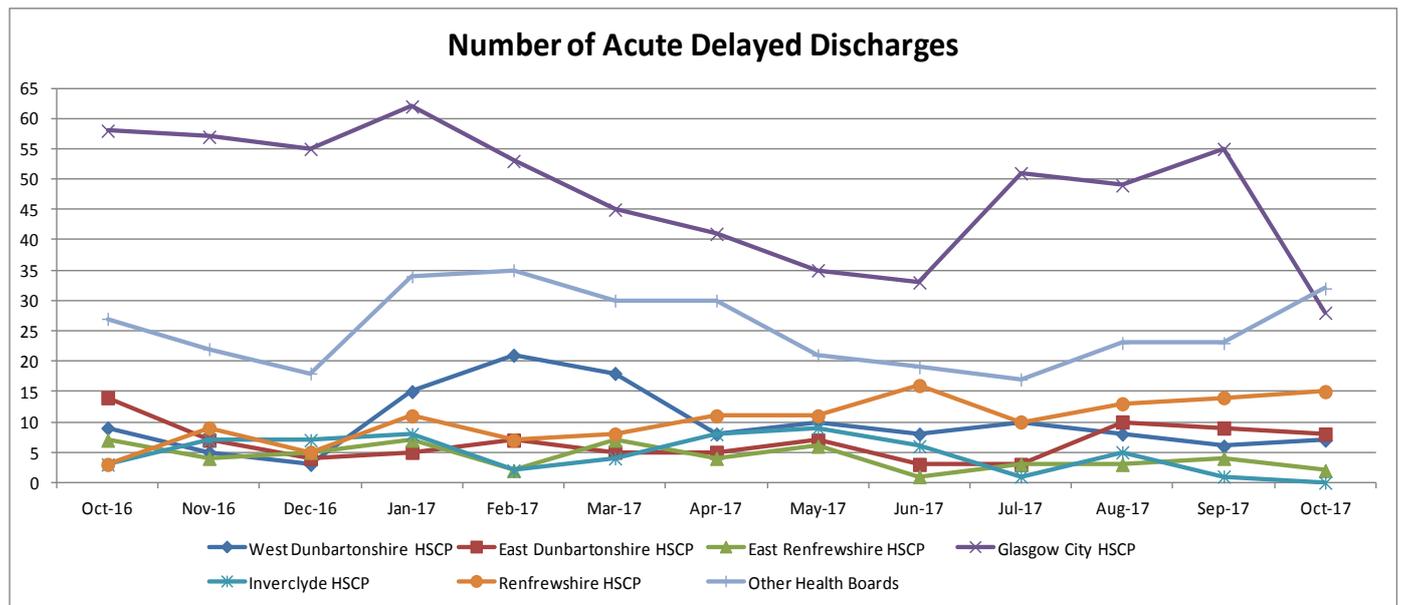
Table 1 – NHSGG&C Total Delayed Discharges and Bed Days Lost – October 2017

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	Jul-17	Aug-17	Sep-17	Oct-17
Total number of patients delayed (at census point)	139	155	161	186	173	146	194	184	169	151	133	140	134	152	156	144
Total number of bed days lost to delayed discharge	-	-	4,943	5,313	5,397	5,138	5,147	4,863	5,133	4,743	4,327	4,413	4,224	4,212	4,404	4,601

Table 2 – Acute Delayed Discharges and Bed Days Lost – October 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	Oct-17
Total number of patients delayed (at census point)	111	121	111	97	142	127	117	107	99	86	95	111	112	92
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	3,076	2,813	2,886	2,947	3,184	3,157

As seen from *Table 1*, a total of 144 delayed patients were reported across NHSGG&C, resulting in the loss of 4,601 bed days. Of this total, 92 delays were in an Acute hospital. The 92 patients delayed across Acute resulted in the loss of 3,157 bed days across the Acute Division. Current performance in Acute represents an 18% decrease on the number of delayed patients reported in September 2017.



The chart above shows the trend in the number of delays reported by HSCPs. The most notable decrease in the number of delayed patients in October was in Glasgow City reducing from 55 patients delayed in September to 28 patients delayed in October 2017 representing a 49% reduction on the previous months' performance. Inverclyde HSCP reported no delayed patients in Acute Hospitals during October 2017.

With the exception of Inverclyde HSCP, all other HSCPs areas reported the following number of delayed patients across Acute hospitals:

- Glasgow City reported 28 delayed patients (a decrease on the 55 reported in September).
- West Dunbartonshire reported 7 delayed patients (an increase on the 6 reported in September).
- East Dunbartonshire reported 8 delayed patients (a decrease on the 9 in September).
- East Renfrewshire reported 2 delayed patients (a decrease on the 4 in September).
- Renfrewshire reported 15 delayed patients (an increase on the 14 in September).

The remaining 32 delayed patients were residents from out with the Board area. Those out with the Board area comprise:

- North Lanarkshire reported 6 delayed patients (a decrease on the 7 in September).
- South Lanarkshire reported 14 delayed patients (an increase on the 10 in September).
- North Ayrshire reported 9 delayed patients (an increase on the 6 in September).
- Other - 1 delayed patient (no change to the 1 in September).

It should be noted that whilst there was an overall improvement in October 2017, however, local management information indicates that this has not been sustained during November/December 2017 and the number of delayed patients has increased and leading to pressures in our Emergency Departments (EDs) due to the lack of available beds.

The number of patients delayed in Acute Hospitals resulted in the 3,157 acute bed days lost to delayed discharge across NHS GG&C during October 2017. Current performance represents a 1% reduction on the number of acute bed days lost the previous month (3,184). In terms of each HSCPs, this equates to:

- Glasgow City – 1,284 acute bed days (a reduction of the 1,464 bed days in September).
- West Dunbartonshire – 246 acute bed days (an increase on the 190 bed days in September).
- East Dunbartonshire – 204 acute bed days (a reduction on the 231 bed days in September).
- East Renfrewshire - 81 acute bed days (a reduction on the 120 bed days in September).
- Inverclyde – 50 acute bed days (a reduction on the 60 bed days in September)
- Renfrewshire – 492 acute bed days (an increase on the 454 bed days in September)

The remaining acute bed days lost were from patients out with the NHS GG&C (800 bed days), split as:

- North Lanarkshire – 181 acute bed days (an increase on the 152 bed days in September).
- South Lanarkshire – 286 acute bed days (an increase on the 227 bed days in September).
- North Ayrshire – 204 acute bed days (a reduction on the 224 bed days in September)
- Argyll & Bute – 98 acute bed days (an increase on the 23 bed days in September)
- Other – 31 acute bed days (a reduction on the 39 bed days in September).

Again, local management information for November/December 2017 indicates this small improvement has not been sustained and is having an impact on the flow of patients from EDs with the lack of beds being a key factor on our unscheduled care performance.

Actions to Address Performance

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 on developing actions on an individual case by case basis and supported with the provision of daily information. More recently there has been a focus on improving processes in relation to patients waiting >72 hours to ensure these are minimised.

Out With NHS GG&C

- The ongoing dialogue with other Health Boards continues and a number of actions they will take to improve performance have been agreed.

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 out with NHS GG&C to reflect the costs of maintaining patients in an acute setting and the corresponding impact on bed capacity on patient flow. However, so far all Boards have refused to pay.
- The number of delayed discharge patients within the Board area, continues to present a real challenge,

both to the standard of patient care and patient flow and the 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 remain subject of close scrutiny and discussion.

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. The local management information indicates the improvements made in October 2017 have not been sustained and this is putting significant pressure on the Acute system. The beds occupied by delayed patients are a key factor influencing on our ED performance.

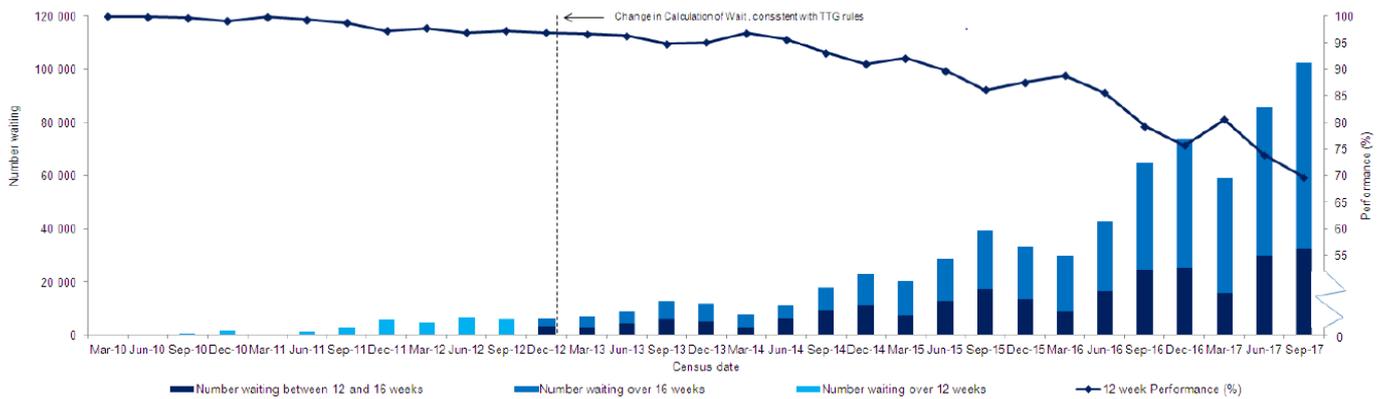
Exception Report: % of New Outpatients Waiting <12 Weeks for a New Outpatient Appointment

Measure	% of New Outpatient Waiting <12 Weeks for a New Outpatient Appointment
Current Performance	As at October 2017, 71.6% of available new outpatients had been waiting 12 weeks or less for a new outpatient appointment. Current performance is lower than the national target of 95%. <i>NB: Overall figures now include Glasgow Dental Hospital.</i>
NHS Scotland (Latest published data available)	At September 2017, 69.7% 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 Performance

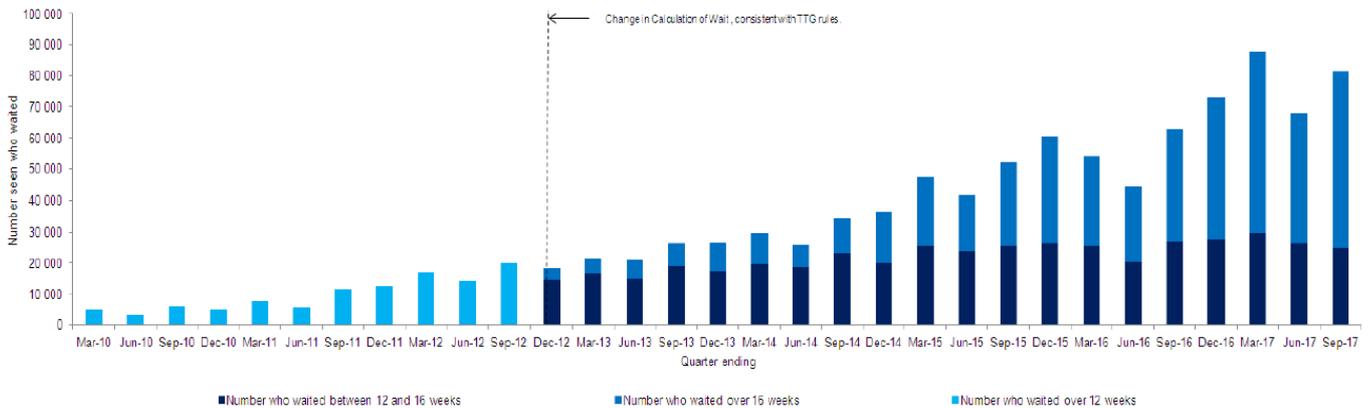
As at September 2017 (month end), 69.7% of patients waiting for a new outpatient appointment had been waiting 12 weeks or less across Scotland. For NHSGG&C the figure was 71.9%. *Chart 1* below demonstrates the decreasing trend in performance against the 12 week new outpatient standard across NHSScotland, interrupted by a slight improvement in the first quarter of 2017. The performance across NHSScotland has dropped by 9.6% from September 2016 to September 2017.

Chart 1: Number of patients waiting > 12 weeks across NHSScotland



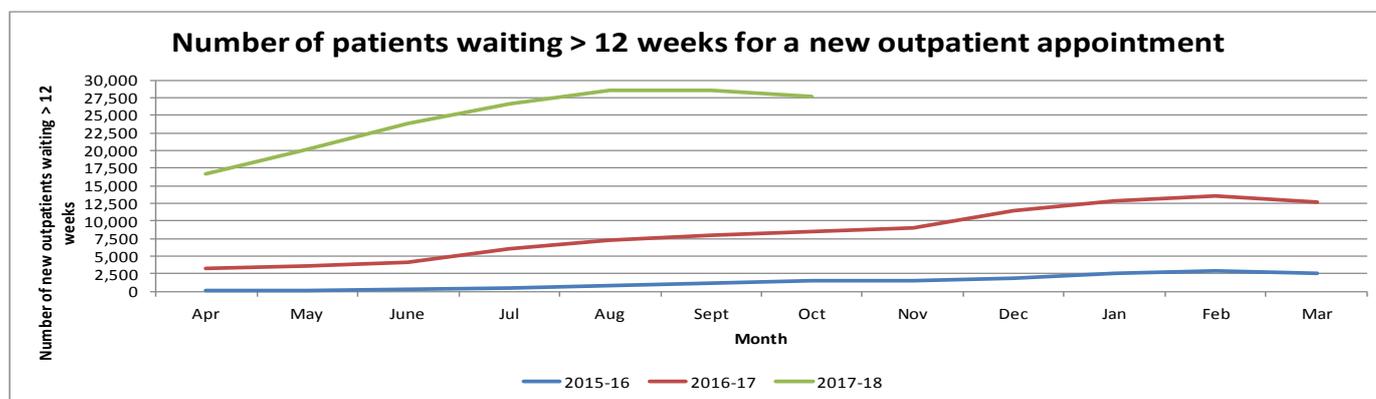
While the 12 week national standard applies to patients waiting, the number of patients seen shows the complete picture of waiting time experience. During the quarter ending 30 September 2017, 76.1% of patients were seen within 12 weeks. Across NHSGG&C during the same period performance was 75.8%. There has been a reduction in patient seen performance over time across NHSScotland. *Chart 2* shows that the number of patients seen who waited over 12 and 16 weeks is generally increasing over time.

Chart 2: Number of New outpatients who waited over 12 weeks, NHSScotland



NHSGG&C's Performance

As at October 2017 (month end), 71.6% of available new outpatients were waiting <12 weeks for a new outpatient appointment. Whilst current performance is below the national target of 95%, the rate of growth has halted in that the number of new outpatients waiting >12 weeks for a new outpatient appointment reduced by almost 1,000 new outpatients waiting >12 weeks for a new outpatient appointment when compared to the previous month.



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	28,520	27,594					

The 28% (27,594) of available new outpatients waiting >12 weeks for a new outpatient appointment were in the following specialties (these account for 87% of all available new outpatients waiting over 12 weeks):

Number of New Outpatients Waiting >12 weeks							
Specialties	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Orthopaedics	5,427	6,242	7,339	8,009	8,479	8,557	8,099
General Surgery	2,126	2,594	2,872	2,968	3,061	3,040	2,934
Gastroenterology	1,468	1,439	1,534	1,617	1,564	1,220	892
Ophthalmology	1,560	1,801	2,022	2,386	2,544	2,675	2,635
Respiratory	1,095	1,349	1,582	1,767	1,955	1,894	1,859
Urology	1,263	1,546	1,880	2,120	2,326	2,192	2,083
Neurology	817	1,051	1,238	1,333	1,598	1,776	2,021
ENT	1,262	1,830	2,094	2,256	2,390	2,447	2,428
Rheumatology	247	402	568	786	945	1,014	926

As the table above highlights, with the exception of Neurology, there has been a reduction in the number of patients waiting >12 weeks across all other specialties compared to the previous months performance. The most notable reductions in terms of the number of patients were in Gastroenterology and Orthopaedics both reducing by 27% and 5% respectively.

Actions to Address Performance

Actions in place to continue to drive improvement include:

- The planned care Capacity Assessment and Improvement Programme currently underway to analyse and improve existing base elective capacity across NHSGG&C. The current phase of the programme (Phase 4) is analysing new and return outpatient clinic slots booked against what is available in key elective specialties. Reports of this analysis have been drafted and shared with leads from each specialty showing the potential gain for each individual clinic not achieving the target utilisation.

Meetings have taken place with Sector/Directorate Directors and specialty General Managers to review the clinic under utilisation identified.

- Linked to the above, 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. Analysis of relevant NHSGG&C data indicates a number of areas where productivity and efficiency improvement are possible, e.g. DNA rates, new to return clinic ratios, theatre utilisation and throughput, etc.

The improvement actions identified as part of the above processes are currently being implemented across each of the Sectors and Directorates and productivity gains resulting from these actions are beginning to translate into improvements in performance.

- As part of the Modern Outpatient Programme a number of outpatient workstreams are underway including:
 - Funding has been awarded to implement a test for change in Gastroenterology (celiac disease) to stream all new referrals to a dietician rather than a new Consultant appointment and to discharge long term follow-up to non Consultant care.
 - Funding has also been awarded to work in the Clyde Sector to develop new treatment pathways between rheumatology and primary care to maximise access to consistent advice and reduce referral rates into secondary care.
 - Other actions include the further roll out of Patient Focussed Booking, the implementation of advice only GP referrals within Neurology (Headache and Epilepsy), Telehealth is being trialled in Neurology, Dermatology and Diabetes and self care advice with the back-up of patient self-referral for further advice/treatment is being trialled in Orthopaedics.
- The National Access Team provided additional funding to assist in reducing the number of both new outpatients and inpatients waiting >12 weeks. The funding has been internally allocated to target 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.
- We have submitted a further bid for non recurring Access Funding for additional capacity in Outpatients, Inpatient/Daycases, Diagnostics and Imaging. This additional capacity will be delivered both internally and externally in key specialties to reduce waiting times for approximately 5,000 Outpatients, Inpatient Daycases and patients waiting for a scope. Patients with the highest clinical priority and the longest waiting time will be prioritised with this funding and the impact will be monitored on an ongoing basis.

Timeline for Improvement

The Board remains committed to the new outpatient target. As seen from above, a number of work programmes are underway and beginning to show results with the reduction of almost 1,000 new outpatients waiting >12 weeks when compared to the previous month. Local data indicates that these improvements have continued in November/December 2017 with further reductions in the number of new outpatients waiting >12 weeks for a new outpatient appointment.

The demand and capacity work, which started in Dermatology has yielded additional recurring capacity of 1,500 new outpatients continues, the success of this is being rolled out across other specialities. This work internally alongside the bid for additional non-recurring Access Funds should ensure that the improvements made to date continue.

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 October 2017 (month end), there were a total of 4,998 patients waiting >6 weeks for one of the key diagnostic tests and investigations. Current performance is below the target of 0.
National Performance (using latest published data)	As at 30 September 2017, 77,819 patients in NHSScotland were waiting for one of the eight key diagnostic tests and investigations.
Lead	Jonathan Best, Interim Chief Operating Officer

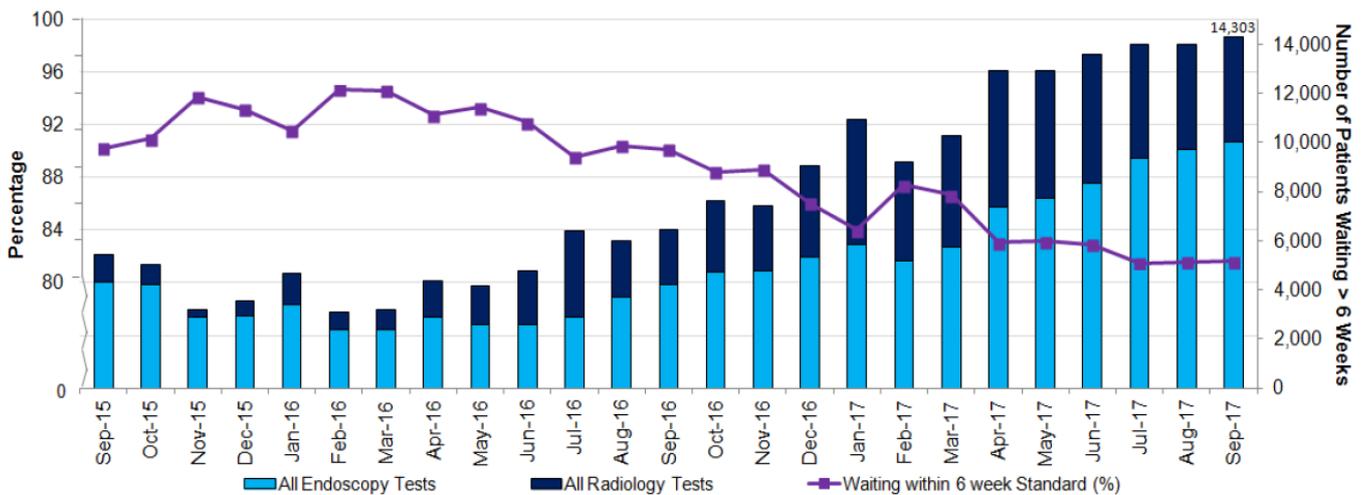
NHSScotland Performance

As at 30 September 2017, there was a total of 77,819 patients waiting for one of the eight key diagnostic tests and investigations across NHSScotland. Current performance represents a 2.2% decrease on the number of patients reported in June 2017.

Across NHSScotland, 81.6% of patients waiting for a key diagnostic test had been waiting within the six weeks waiting time standard. The September 2017 performance is lower than the 82.9% reported in June 2017 and the 90.1% at September 2016. Across NHS G&C for the same period the figure was 80.6%.

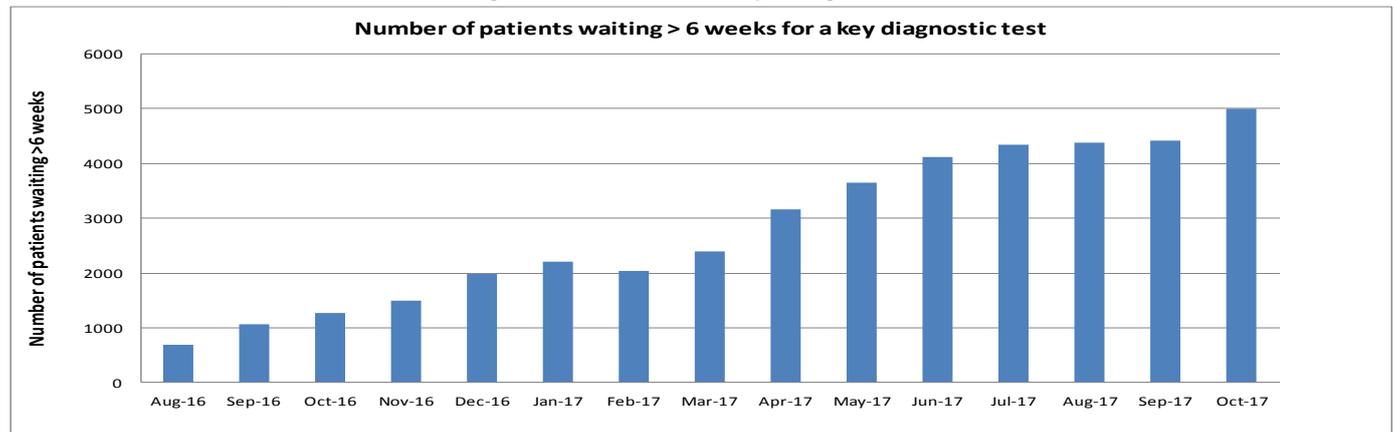
Chart 1 below shows the decreasing trend in the percentage of patients waiting >6 week standard across NHSScotland and while performance has been decreasing for over a year, the last two quarters have shown a more stable level of around 82% of patients waiting within the six week standard.

Chart 1: Number of patients waiting within 6 week standard



NHSGG&C

Chart 1: Number of patients waiting >6 weeks for a key diagnostic test



Commentary

As at October 2017 (month end) there were a total of 4,998 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. *Chart 1* shows the growth in the number of patients waiting >6 weeks for a key diagnostic test. The October position shows a 13% increase on the previous months' performance. Overall, patients were waiting >6 weeks for the following key diagnostic tests:

Scopes:

- 1,409 patients were waiting >6 weeks for an upper endoscopy test (an increase on the 1,292 patients reported in September 2017).
- 380 patients were waiting >6 weeks for a lower endoscopy test (a decrease on the 384 patients reported in September 2017).
- 2,111 patients were waiting >6 weeks for a Colonoscopy test (a decrease on the 2,160 patients reported in September 2017).
- 645 patients were waiting >6 weeks for a Cystoscopy test (an increase on the 524 patients reported in September 2017).

The majority of patients waiting >6 weeks were waiting for an appointment in the South Sector (2,812 patients) and Clyde Sector (1,691 patients).

Radiology:

Overall the number of patients waiting >6 weeks for a radiology test increased from 61 in September 2017 to 453 in October 2017. The total patients waiting >6 weeks were as follows:

- 175 patients were waiting >6 weeks for Magnetic Resonance Imaging (MRI) – (an increase on the 41 patients reported in September 2017).
- 38 patients were waiting >6 weeks for Computer Tomography (CT) – (an increase on the 18 patients reported in September 2017).
- 240 patients were waiting >6 weeks for non-obstetric ultrasound – (an increase on the 2 patients reported in September 2017).

Actions to Address Performance

Scopes

A demand and capacity review of scopes provision across NHSGG&C was undertaken to assess the capacity position across the three Sectors and explore service redesign options to improve productivity, patient flow and waiting times. 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.

In addition, additional capacity for 300 endoscopies has been scheduled to start in January 2018 at the Golden Jubilee focussing particularly on patients waiting longest.

Radiology

Radiology has a number of Consultant vacancies, particularly with musculoskeletal expertise, which generates high volumes of demand in Ultrasound. In addition, sonographer vacancies are in the process of being filled and another two sonographers have sustained hand injuries which has reduced scanning capacity overall. In terms of CT and MRI, the pressure is related to reporting turnaround. All of this has impacted on performance, most notably on Ultrasound. A number of measures have been put in place:

- 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 NHSGG&C Radiologist.
- Agency sonographers employed for short term contracts.
- 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 by the end of December 2017.

Radiology

The improvements made to date in radiology are expected to continue as capacity and job plan reviews continue. The turnaround has improved and is currently within six weeks for CT, MR and Ultrasound.

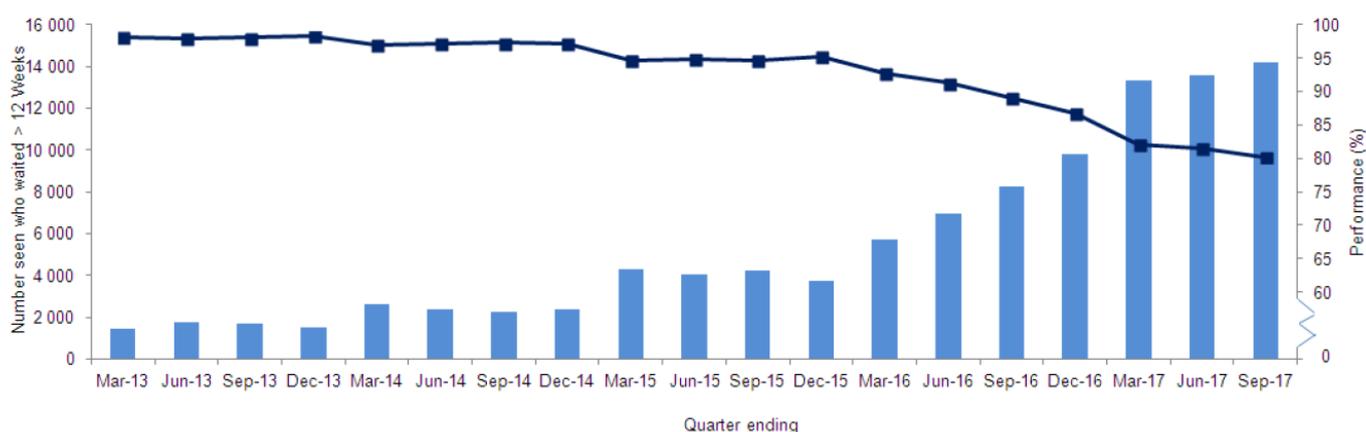
Exceptions Report: 12 Week Treatment Time Guarantee

Measure	12 week Treatment Time Guarantee (TTG)
Current Performance	As at October 2017 (month end), a total of 4,136 patients were waiting >12 weeks TTG for an inpatient/daycase procedure.
NHSScotland <i>(Latest published data available)</i>	As at the quarter ending September 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 Performance

During the quarter ending September 2017, 80.2% of patients seen waited within the TTG of 12 weeks across Scotland, for NHSGG&C during the same period performance was 82.8%. Of the total number of patients treated across NHSScotland, a total of 14,191 patients had waited over 12 weeks in the quarter ending 30 September 2017, for NHSGG&C the total was 3,313.

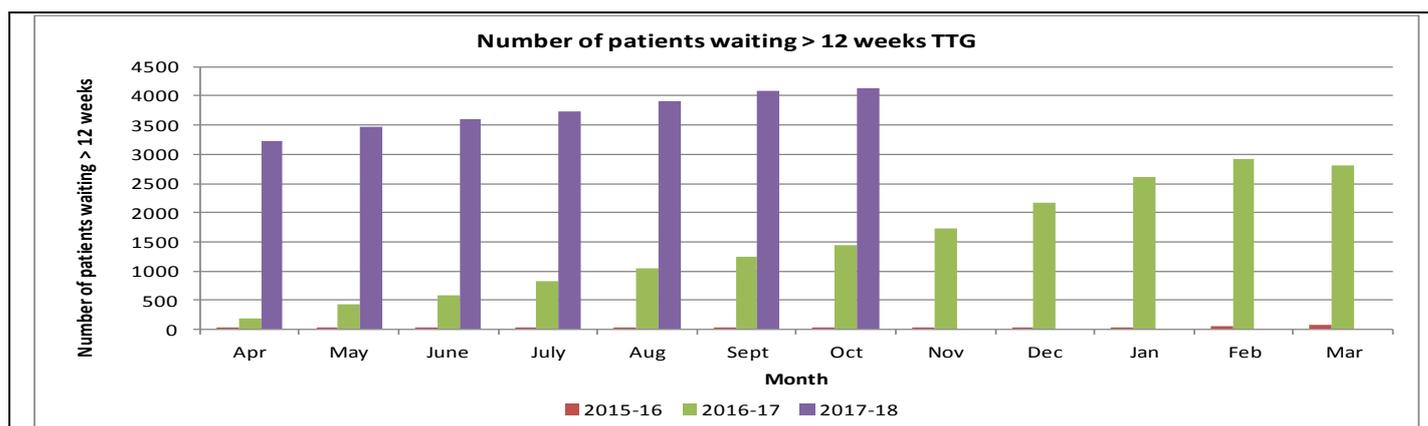
Chart 1: Number of TTG patients seen who waited >12 weeks across NHSScotland



While the 12 week TTG applies to patients seen, the number of patients waiting for treatment at a point in time is a key performance measure in assessing performance. As at September 2017 (month end), 76.6% of patients were waiting within 12 weeks for treatment across Scotland, for NHSGG&C the figure was 77.6%.

NHSGG&C Commentary

As at October 2017 (month end), 81.7% of patients admitted under the TTG waited <12 weeks for their treatment across NHSGG&C. A total of 4,136 inpatient/daycase patients were waiting >12 weeks TTG for treatment representing a 1% increase on the 4,086 patients waiting the previous month across NHSGG&C. The improvements made in relation to the new outpatient performance is likely to create a risk in the corresponding inpatient/daycase performance.



	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	4,086	4,136					

The main specialties experiencing considerable pressure and accounting for the majority (84%) of patients waiting >12 weeks for an inpatient/daycase procedure are listed below:

Specialty	Apr-17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Orthopaedic Surgery	1,613	1,732	1,799	1,891	1,941	2,013	2,018
Urology	516	522	489	468	426	452	402
General Surgery	377	354	325	313	297	270	266
Paediatric ENT	195	268	311	376	375	404	475
Paediatric Surgery	202	259	324	319	387	352	329

As seen from the table above, three of the five specialties above are showing small reductions in the number of patients waiting >12 week TTG.

Actions to Address Performance

A number of the actions outlined in the new outpatient exception report around Demand and Capacity Assessment and the Sustainability and Value Action Group are also relevant to addressing the number of TTG patients waiting >12 weeks.

Similarly, the bid for additional Access Funding will also be used to assist in reducing the number of inpatient/daycases waiting >12 weeks. The plan is to allocate funding both internally and externally to target patients with the highest clinical priority and patients with the longest wait time.

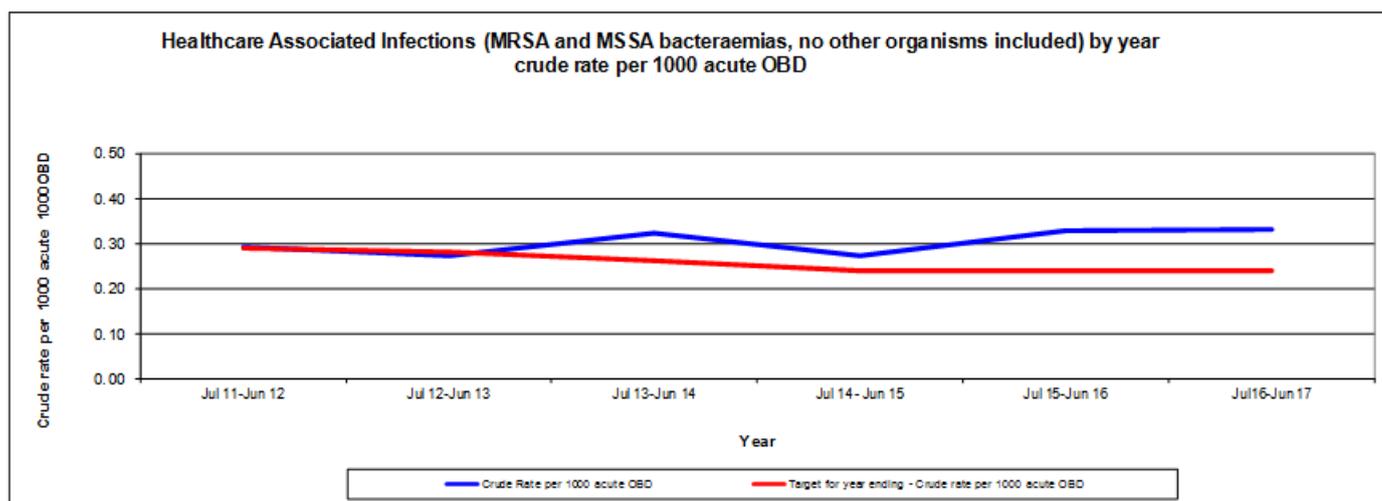
Also further orthopaedic capacity has been agreed with the Golden Jubilee National Hospital to tackle the patients with the longest waiting time and work has commenced to redesign the spinal service to ensure additional capacity is identified to reduce the waiting list for surgery.

Timeline for Improvement

The Board remains committed to improving performance in relation to the 12 week TTG target and the focus for improvement will remain on targeting patients with the highest clinical priority and on reducing the number of patients with the longest waiting time.

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 1,000 Acute Occupied Bed Days (AOBDs) was 0.33 current performance is higher than the trajectory of 0.24
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

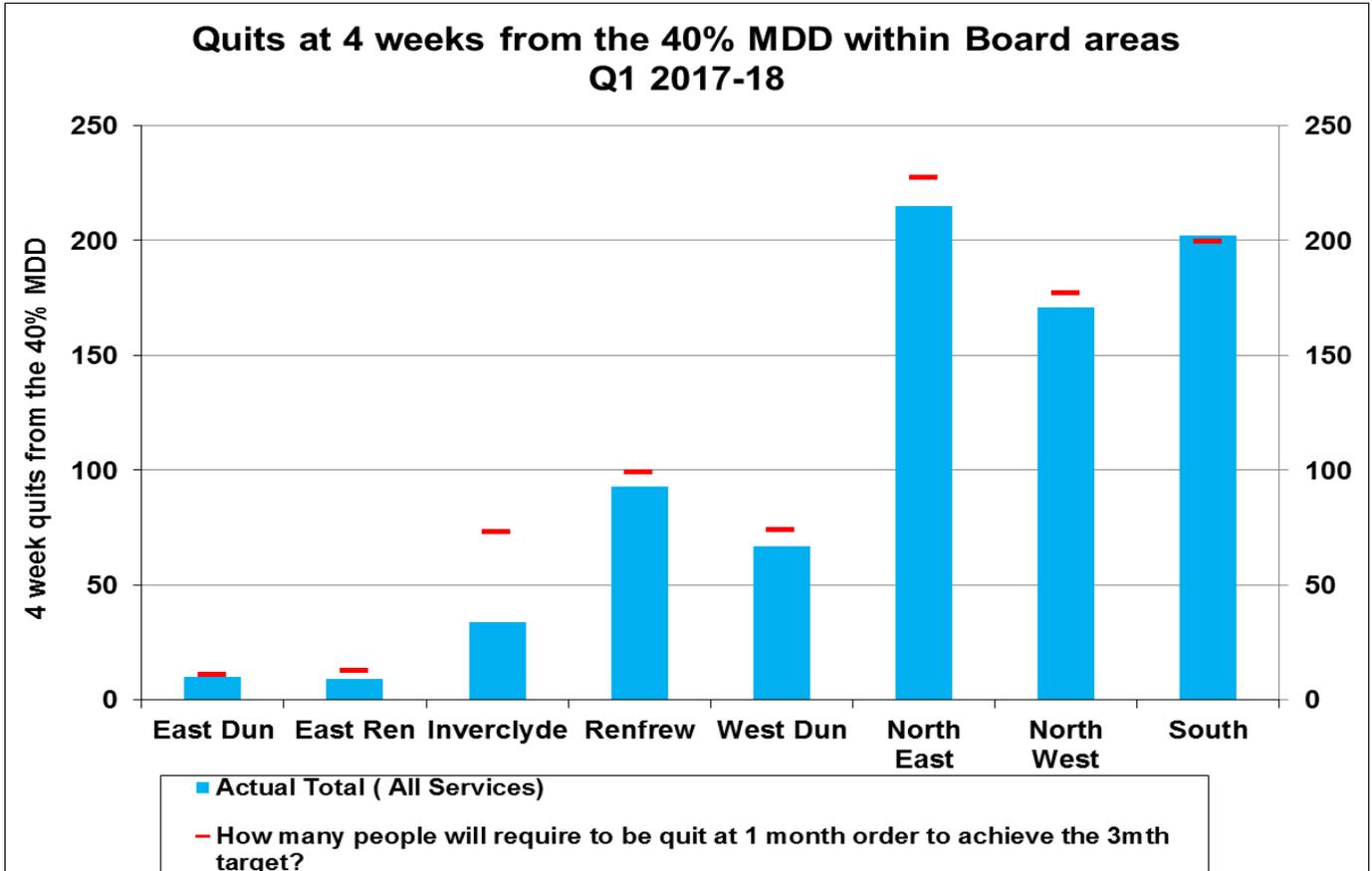
Evidence from the literature suggests that a substantial proportion of *S. aureus* bacteraemia originate in the patient's nose and 50% of hospitalised patients have nasal carriage of *S. aureus*. Scientific literature suggests that decolonising patients who are natural carriers of *S. aureus* may reduce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

Measure	Smoking Cessation – 3 months post quit in the 40% most deprived within Board SIMD areas.
Current Performance	For the period April – June 2017, there were a total of 451 successful smoking quits. Current performance is below the trajectory of 501 successful quits for this period.
Lead Director	Linda de Caestecker, Director of Public Health



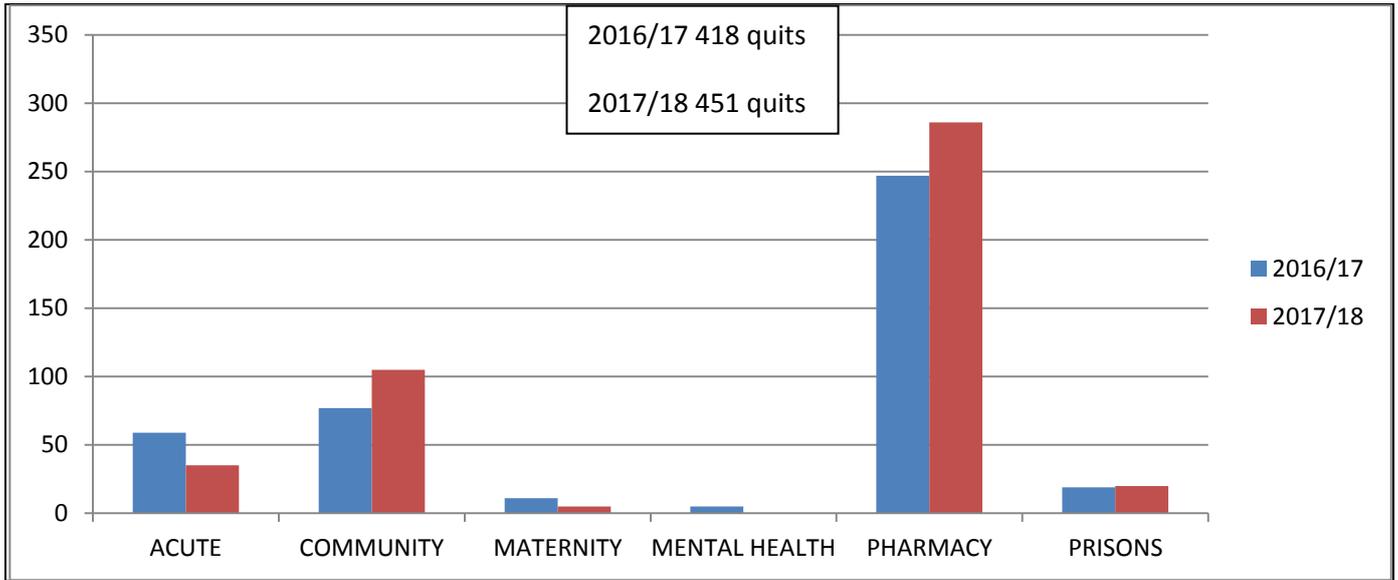
Commentary

The Local Delivery Plan (LDP) smoking cessation standard for 2017-18 has been maintained at 2,004 successful quits at 12 weeks from the 40% most deprived areas. Similar to last year, this continues to present a challenge for NHSGG&C smoking cessation services, given the significant increase in the target compared to 2015-16 (51% compared to a Scottish average of 29%).

Currently NHSGG&C data systems show that the services have achieved 451 quits at 12 weeks in Quarter 1 (90% of the target).

Whilst NHSGG&C is below the trajectory, positive analysis of Quarter 1 data shows that for quit attempts, 4-week quits and 12-week quits in the 40% most deprived areas, the numbers have increased in 2017-18 (by 11%, 9% and 8% respectively) compared to Quarter 1 last year (see *Chart 2* on next page). Compared to the performance of other NHS Boards, NHSGG&C is the second highest performing mainland board and is above the Quarter 1 national average performance of 80%.

Chart 2: Quits at 12 weeks in the 40% most deprived: A comparison of Quarter 1 2016-17 with 2017-18



Early analysis of the Quarter 2 data indicates that this trend of improved performance in 2017/18 compared to 2016/17 is being maintained with a 7% increase in the number of four week quits from the 40% most deprived.

Given that NHSGG&C achieved 95% of the target set last year, the improved performance observed in Quarter 1 this year means that there is potential for the target to be achieved at year end.

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.

The successful social media campaign from 2016-17 will be enhanced and repeated in January – March 2018 targeting the data-zones that support the LDP standard.

With the introduction of smoke free prisons in November 2018, we are focusing on increasing the capacity of the smoking cessation service in prisons and anticipate increased numbers coming through the services as a result.

We are continuing to work closely with pharmacy colleagues to improve data collection and accuracy.

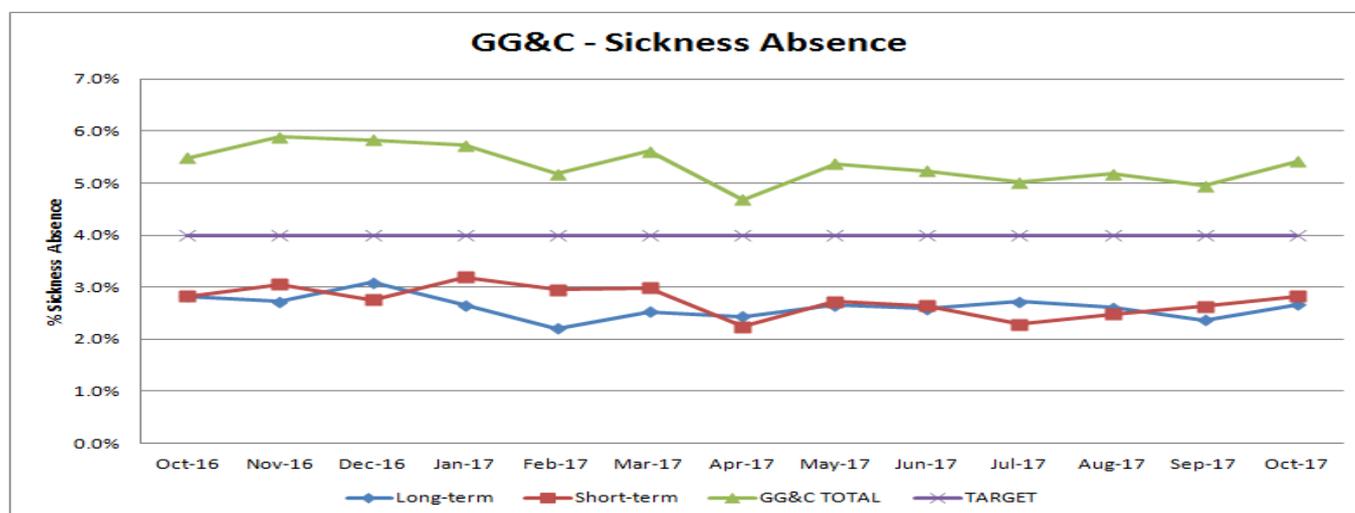
The majority of NHSGG&C pharmacists have now received training on the prescribing of varenicline and as a result the level of varenicline prescribing is increasing. As the quit rate with varenicline is better than with NRT we anticipate an associated increase in the number of successful 12-week quits through the service.

We are also working closely with Scottish Government to resolve issues in relation to pregnancy data which arise as a result of our shared care model of support and we anticipate that this will yield additional 12 week quits.

Timeline for Improvement

We anticipate that the actions we have put in place will continue to yield the improvements that we have observed in Quarter 1 performance and in the initial figures for Quarter 2 this year compared to last year, with the expectation that NHSGG&C will achieve the LDP smoking cessation standard for 2017-18 at year end.

Measure	Sickness Absence Rate
Current Performance	The rate of sickness absence across the Board was 5.42% (October 2017)
National Performance	The NHS Scotland reported absence figure was 5.26% (October 2017)
Lead Director	Anne MacPherson, Director of Human Resources and Organisational Development



Commentary

The Board overall sickness absence rate for the month ending October 2017 is 5.42% comprising 2.79% short term and 2.63% long term. This is an increase of 0.47 percentage points from the previous months report. The average days lost per employee (Board average) was 18.45 days for the period April – September 2017.

Performance

Acute Division

The Acute Division absence rate in November 2017 was reported at 5.58% which is a 0.34 percentage point increase on the previous month. The overall Acute short term absence rate is 2.55% and long term absence rate is reported at 3.03%. The absence rates for Acute Sectors and Directorates during the period November 2016 to November 2017 are detailed in the following table.

Acute - Sickness Absence	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Variance Oct-17 to Nov-17
North	5.9%	5.9%	5.7%	4.8%	5.2%	4.7%	5.0%	5.0%	4.8%	4.5%	4.2%	5.0%	5.9%	0.9%
South	6.0%	6.4%	6.5%	6.3%	5.6%	5.4%	6.0%	5.7%	5.5%	5.5%	5.6%	6.1%	6.2%	0.1%
Clyde	5.8%	5.9%	5.5%	5.5%	5.4%	5.0%	5.5%	4.7%	4.7%	4.7%	4.5%	5.1%	5.0%	0.0%
Regional	5.8%	5.8%	6.1%	5.8%	5.6%	5.4%	5.8%	5.4%	5.0%	5.0%	4.8%	5.2%	5.5%	0.3%
W&C	5.9%	5.8%	6.0%	5.5%	5.2%	5.0%	4.8%	4.4%	4.3%	4.2%	4.6%	4.4%	5.3%	0.9%
Diagnostics	4.6%	4.7%	4.5%	4.4%	4.1%	4.0%	4.0%	4.5%	4.1%	4.8%	4.3%	5.3%	5.2%	-0.1%
ACUTE TOTAL	5.7%	5.8%	5.8%	5.4%	5.2%	4.9%	5.3%	5.1%	4.8%	4.9%	4.7%	5.2%	5.6%	0.3%

The Acute Sector performance has declined since September 2017 and further work is being led by the Heads of People and Change and Sector management teams to address the areas of high absence. This includes:

- South Sector - additional attendance management clinics will be put in place from December 2017 to ensure all attendance cases can be reviewed and appropriate actions implemented. The introduction of Lead Nurse meetings (with Chief Nurse, Head of People and Change and a General Manager in attendance) further ensures senior management oversight on the level of and approach to attendance

management. The South Sector continues to actively engage with the Occupational Health Service and has utilised the case conference facility to develop approaches to difficult and complex attendance cases.

- Regional Services - a Winter Absence Plan is now in place emphasising key actions for line managers at this time of year and also provides guidance on absence handling, self-help for staff and adverse weather arrangements.
- Clyde Sector - absence rates across Older People's services remain high and during 2017 and targeted meetings have taken place with a focus on the Older People's services resulting in absence rates improving in this area.
- North Sector - absence continues to be monitored and managed with support for new line managers. The North Sector has communicated with the service details of the winter staffing plan and facilitated awareness session on key policies e.g. adverse weather and special leave policies to assist staff during the winter months. In recognition of line manager support requirements, attendance management sessions have been organised to help managers in supporting staff with attendance issues.
- Diagnostics - Human Resources are meeting with line managers to review staff with high levels of absence and provide advice and coaching to support the management of these individuals. Additionally, peer support networks for line managers have been established with managers discussing elements of absence management which they find difficult to raise confidence and capability and build consistency of approach.
- Women and Children's - the Head of People and Change has worked extensively with managers to help the Directorate prepare for winter by raising awareness of Board policies and procedures. Long term absence has increased and cases are under review with managers and Occupational Health working closely to ensure rapid assessment of long term conditions.

Board Wide Services

The Board Wide Services absence rate in November 2017 was reported at 7.1% which is a 0.4% percentage point increase from the previous month. The absence rates for Board Wide Service Directorates during the period November 2016 to November 2017 are detailed in the following table.

Board Wide Services - Sickness Absence	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Variance Oct-17 to Nov-17
Board Administration	0.2%	0.0%	0.0%	0.0%	1.9%	0.3%	0.2%	2.7%	2.0%	0.0%	0.0%	0.0%	0.3%	0.3%
Board Medical Director	3.5%	3.1%	3.1%	4.1%	3.9%	4.1%	5.0%	5.7%	4.6%	3.8%	3.7%	4.6%	4.5%	-0.1%
Centre For Population Health	0.8%	3.3%	0.6%	4.1%	2.5%	0.2%	0.4%	0.4%	0.0%	0.5%	3.5%	0.0%	1.5%	1.5%
eHealth	5.3%	5.5%	5.2%	5.1%	5.2%	4.7%	5.3%	5.6%	5.0%	5.0%	4.3%	5.6%	6.2%	0.6%
Finance	6.7%	5.3%	4.9%	4.0%	5.4%	4.4%	3.9%	3.7%	3.0%	3.2%	2.5%	2.9%	2.6%	-0.3%
HR & Organisational Development	2.6%	3.3%	3.5%	2.2%	1.2%	1.9%	1.8%	2.7%	1.8%	2.4%	3.4%	2.7%	3.0%	0.3%
Non Paid Employees	2.9%	1.7%	3.4%	3.9%	4.9%	5.1%	1.7%	2.0%	1.1%	1.3%	0.7%	2.0%	2.4%	0.4%
Nursing Director	5.3%	4.7%	4.5%	1.9%	0.9%	0.4%	0.0%	1.1%	3.9%	3.0%	0.2%	2.5%	1.8%	-0.7%
Pharmacy	5.9%	5.3%	5.0%	4.6%	4.2%	3.5%	4.4%	4.0%	4.5%	5.7%	4.6%	4.2%	4.7%	0.5%
Planning & Policy	6.5%	3.2%	6.3%	3.8%	5.5%	8.8%	3.8%	1.8%	0.6%	2.1%	1.1%	2.0%	1.2%	-0.8%
PPFM	8.9%	9.1%	8.3%	7.9%	7.9%	7.5%	7.9%	8.0%	8.1%	8.0%	8.3%	9.0%	9.2%	0.2%
Public Health	6.9%	5.7%	8.7%	5.8%	6.2%	3.3%	4.0%	3.8%	4.7%	4.4%	4.0%	4.2%	6.5%	2.3%
Support Services	5.0%	6.3%	5.3%	3.6%	3.5%	3.1%	3.8%	6.4%	5.0%	4.5%	4.5%	3.9%	7.4%	3.5%
Board Wide Services Total	7.1%	7.1%	6.7%	6.2%	6.2%	5.8%	6.1%	6.3%	6.2%	6.3%	6.1%	6.7%	7.1%	0.4%

Actions to address include:

- Property, Procurement and Facilities Management (PPFM) - the ongoing development of Project Plan which will provide a longer term shift in approach and culture within the Directorate relating to Absence and health and Wellbeing, and an in depth review of current processes with the aim of short term improvements. The immediate areas for improvement relate to line manager responsibilities in managing attendance with a focus on communication with absent staff and how the Directorate

adheres to the overall process. The PPFM team have already identified opportunities for improvement which should help support improved performance.

- Corporate Services - 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 6.2% in November 2017 which represents no movement from the position in October 2017 when absence was also 6.2%. The overall Partnerships short term absence rate is 2.78% and long term absence rate is reported at 3.43%.

Partnership - Sickness Absence	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Variance Oct-17 to Nov-17
East Dunbartonshire	5.4%	4.3%	5.4%	5.5%	4.8%	2.4%	4.9%	6.1%	5.2%	4.2%	4.0%	4.6%	5.9%	1.3%
East Renfrewshire	7.5%	7.7%	8.1%	8.3%	8.7%	7.2%	6.5%	6.7%	7.4%	8.3%	10.2%	10.2%	7.5%	-2.7%
Glasgow City	6.6%	6.6%	6.5%	6.2%	6.2%	5.6%	6.7%	6.1%	5.4%	5.6%	5.1%	5.9%	6.2%	0.3%
Inverclyde	7.4%	6.2%	7.2%	6.5%	6.8%	6.6%	7.7%	6.7%	6.1%	6.3%	6.5%	7.7%	6.1%	-1.6%
Renfrewshire	6.5%	6.3%	6.1%	6.3%	5.7%	5.0%	5.0%	5.4%	5.2%	5.2%	5.2%	6.0%	6.2%	0.2%
West Dunbartonshire	5.2%	5.4%	5.8%	5.6%	6.0%	5.3%	5.6%	4.7%	5.1%	4.5%	4.4%	5.8%	5.3%	-0.5%
East Dunbartonshire - Oral Health	5.0%	5.6%	4.1%	3.9%	5.3%	5.2%	5.4%	6.0%	4.4%	5.4%	6.3%	7.1%	7.5%	0.4%
Partnership Total	6.4%	6.3%	6.3%	6.1%	6.2%	5.5%	6.3%	5.9%	5.4%	5.5%	5.3%	6.2%	6.2%	0.0%

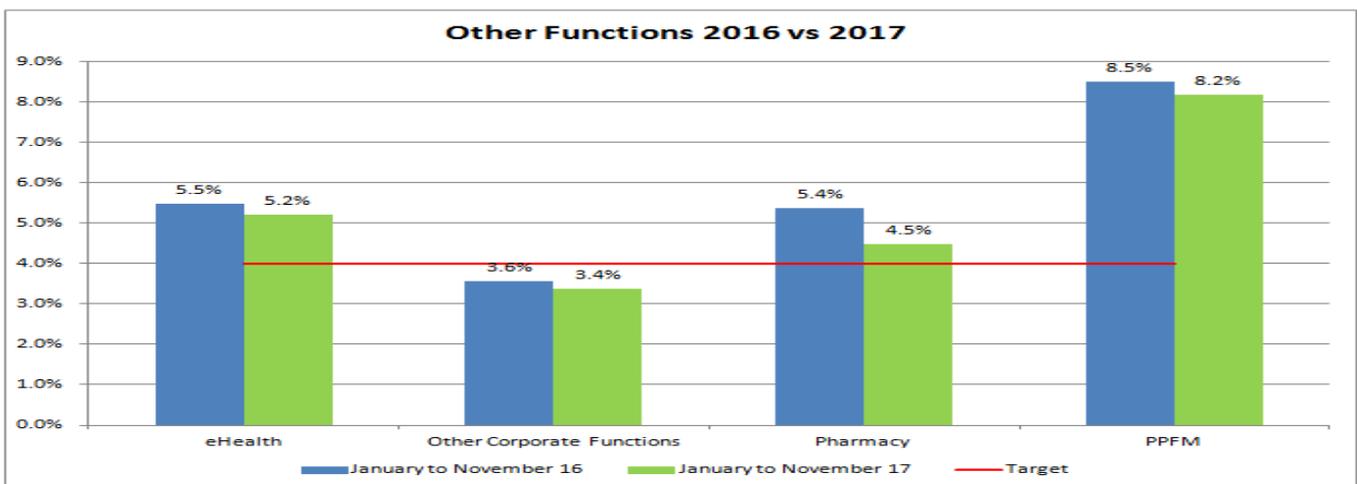
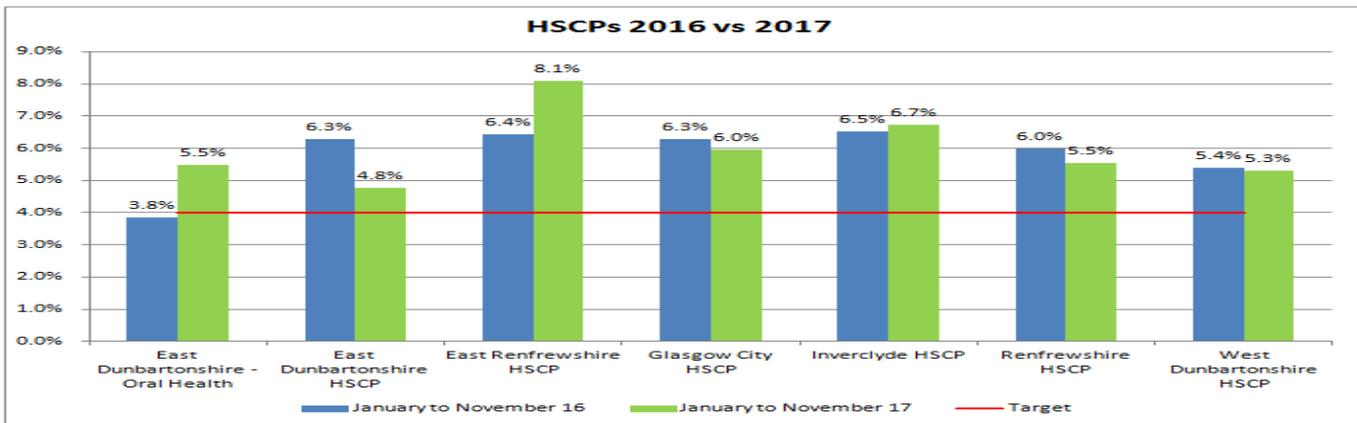
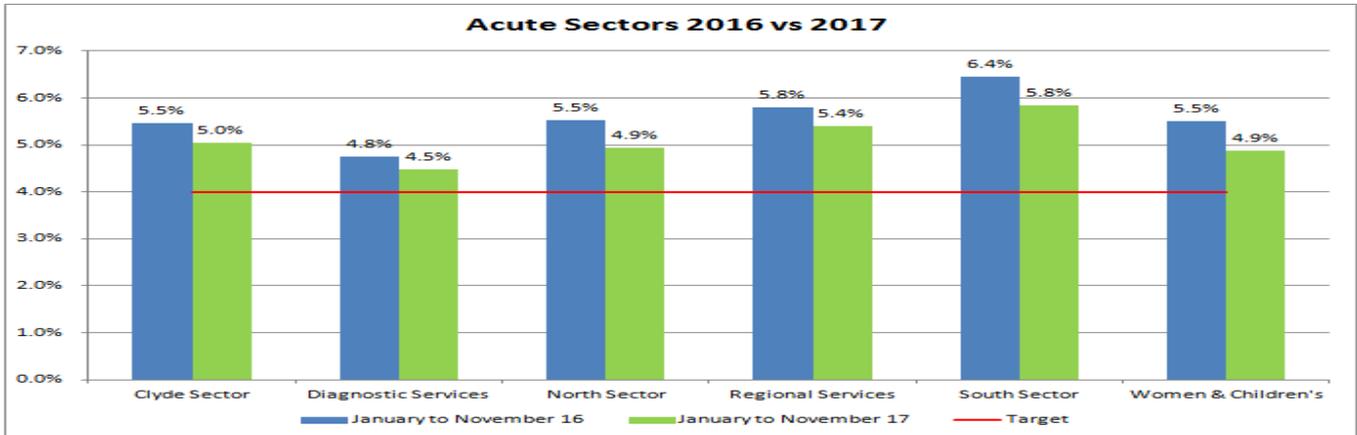
Actions in place to address performance in each Health and Social Care Partnership (HSCP) include:

- East Dunbartonshire HSCP - road shows on main sites will offer advice and information, directing staff to our "A Healthier place to work site" and provide staff and managers with resources and Human Resources have launched a Winter Staff Plan to assist line managers in managing attendance during the winter months.
- Glasgow City HSCP - 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 HSCP - a Business Support Coordinator has been appointed to act as absence champion. Further training has been agreed with Band 6 nurses, team leads and line managers in dealing with difficult conversations to enable them to ascertain if there are any supportive measures which can be implemented to assist staff in a return to work. Monthly Occupational Health sessions have been approved and agreed with Occupational Health staff whereby managers can meet the Occupational Health nurse to discuss a particular case, Occupational Health referral and appropriate questions, support measures, reasonable adjustments, redeployment and ill health retirement/termination where appropriate.
- East Renfrewshire HSCP - the reduction in absence is in part due to the change project within the hosted learning disability service and a number of employees who were seeking redeployment taking up new posts elsewhere in the Board. The decrease is likely to continue in December 2017 as the number of long term absence cases has decreased. Absence Management support panels are ongoing across the HSCP to ensure managers are supporting absence and following the Boards policy.
- Renfrewshire HSCP - a review of local attendance management processes has identified that line managers were not accessing support from the Human Resources Support Unit and a plan to improve awareness of support has been agreed for the service. In addition, attendance management clinics for health visiting are being reviewed due to an increase in absence within this staff group

- West Dunbartonshire HSCP - the management team continues to review absence and work with Human Resources to improve attendance and staff health.

Absence Comparison

The graphs below compare the sickness absence percentages for the Acute, Partnership, and Other Function sectors for the periods January 2016 to November 2016 with the period January 2017 to November 2017.



Actions to Address Performance

The Absence Performance Group has implemented a range of initiatives for managers and staff in support of staff health and managing attendance.

Across all HSCPs there is an ongoing review of attendance rates including mental health, addictions and

Learning disability inpatient services. Heads of People and Change are working with Heads of Service on this issue and a paper will go to Chief Officers in early 2018 with the review findings and recommendations.

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.

All Acute Sectors and HSCPs have implemented Winter staffing plans to support the service in managing attendance during the winter months. The plan provides guidance and information on core Human Resources policies and helpful information for managers and staff.

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.