

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 highlights include:

Areas Meeting or Exceeding the Target

- Access to a range of services including Drug and Alcohol Treatment, Alcohol Brief Interventions, Antenatal Care, Child and Adolescent Mental Health Services, Psychological Therapies and IVF Treatment continued to either meet or exceed target.
- Monthly compliance with the 18 week RTT target remains positive and currently achieving target.
- The 31 day cancer target remains positive at 94%.
- The number of C.Diff cases continues on track against target.
- The overall response rate to Complaints continues to exceed target.

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:

- Cancer 62 day wait for suspicion of cancer referrals.
- New outpatients waiting >12 weeks for a new outpatient appointment.
- Number of patients waiting >6 weeks for a key diagnostic test.
- 12 week Treatment Time Guarantee (TTG).
- A&E <4 hour waits.

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

Measures Rated As Red (9)

- Suspicion of Cancer referrals (62 days).
- % of patients waiting <4 hours at A&E from arrival to admission, discharge or transfer for A&E treatment (*new*).
- 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.

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
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20 February 2018**

NHS GREATER GLASGOW AND CLYDE

Board Meeting
20 February 2018

Paper No:18/03

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, Alcohol Brief Interventions, Antenatal Care, Child and Adolescent Mental Health Services, Psychological Therapies and IVF Treatment continued to either meet or exceed target.
- Monthly compliance with the 18 week RTT target remains positive and currently achieving target.
- Performance in relation to the 31 day cancer target remains positive at 94%.
- The number of C.Diff cases continues on track against target.
- The overall response rate to Complaints continues to exceed target.

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:
 - Cancer 62 day wait for suspicion of cancer referrals
 - New Outpatients waiting >12 weeks for a new outpatient appointment
 - Number of patients waiting >6 weeks for a key diagnostic test
 - 12 week Treatment Time Guarantee (TTG)
 - A&E <4 hour waits
- The overall number of delayed discharges and associated bed days lost also continues to remain challenging.

Measures Rated As Red (9)

- Suspicion of Cancer referrals (62 days)
- % of patients waiting <4 hours at A&E from arrival to admission, discharge or transfer for A&E treatment (**new**)
- 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 Treatment Time Guarantee (TTG)
- SAB infection rate cases per 1,000 population
- Sickness Absence
- Smoking Cessation

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	2	0	0	1	3
Improving Quality and Effectiveness	5	1	9	5	20
Tackling Inequalities	1	0	1	0	2
TOTAL	9	2	11	6	28

PERFORMANCE AT A GLANCE - FEBRUARY 2018									
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)*	Dec-17	84.8%	82.7%	95%	RED	↓	Page 8
2	LDPS	All Cancer Treatments (31 days)*	Dec-17	92.8%	94.0%	95%	AMBER	↑	
3	LDPS	Alcohol Brief Interventions*	Apr - Dec 17	10,150	10,526	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	Dec-17	88.8%	81.9%	95%	RED	↑	Page 11
5	LKPI	Total A&E presentations (ED, MIU & AUs)	Dec-17	38,826	43,095	No Target	GREY	—	
		Accident & Emergency Presentations	Dec-17	32,972	37,001	No Target		—	
		Other Accident and Emergency Presentations	Dec-17	5,854	6,094	No Target		—	
6	HSCI	Total number of patients delayed across NHSGG&C (taken at Census point)	Dec-17	146	121	Currently being developed	RED	↑	Page 14
		Acute Patients	Dec-17	97	72			↑	
		Adult Mental Health Patients	Dec-17	49	49			↔	
7	HSCI	Total number of Bed Days Lost to Delayed Discharge	Dec-17	5,138	4,549			↑	
		Acute Bed Days Lost	Dec-17	3,404	2,963	↑			
		Mental Health Bed Days Lost	Dec-17	1,734	1,586	↑			
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	Dec-17	90.0%	90.0%	90%	GREEN	↔	
		Combined Linked Pathway	Dec-17	87.8%	86.2%	80%	GREEN	↓	
9	LKPI	New Outpatient Appointments							
		% of available new outpatient waiting <12 weeks for a new outpatient appointment (inc RHC and Dental)	Dec-17	85.7%	69.9%	95%	RED	↓	Page 17
		Number of available patients waiting > 12 weeks for a new outpatient appointment (inc RHC and Dental)	Dec-17	11,521	27,747				
10	LKPI	Access to a Key Diagnostic Test							
		% of patients waiting < 6 weeks for access to a key diagnostic test	Dec-17	87.3%	79.2%	100%	RED	↓	Page 21
		Number of patients waiting >6 weeks for a key diagnostic test	Dec-17	1,982	4,815	0			
11	LDPS	12 week Treatment Time Guarantee (TTG)							
		% of inpatient / daycases treated within the 12 week TTG	Dec-17	90.4%	81.0%	100%	RED	↓	Page 24
		Number of inpatients / daycases waiting >12 weeks TTG	Dec-17	2,174	4,869	0			
12	LKPI	Patient unavailability (Adults)							
		Inpatient/Day Cases (inc Endoscopy)	Dec-17	1,912	1,574	N/A	GREY	↑	
		Outpatients	Dec-17	1,723	1,294	N/A			
13	LDPS	% of eligible patients commencing IVF treatment within 12 months	Nov-17	100%	100%	90%	GREEN	↔	
14	LDPS	% patients who started their treatment within 18 weeks of RTT to Specialist Child and Adolescent Mental Health Services	Dec-17	99.3%	99.6%	90%	GREEN	↑	
15	LDPS	% patients who started treatment <18 weeks of referral for psychological therapies	Oct - Dec 17	97.5%	92.6%	90%	GREEN	↓	
16	LDPS	Drug and Alcohol: % of patients waiting <3 weeks from referral to appropriate treatment	Jul - Sept 17	96.4%	96.2%	90%	GREEN	↓	
17	LDPS	SAB Infection rate (cases per 1,000 AOBDRolling year)	Sep-17	0.30	0.32	0.24	RED	↓	Page 26
18	LDPS	C.Diff Infections (cases per 1,000 AOBDRolling year for 15 years+)	Sept 17	0.31	0.31	0.32	GREEN	↔	
19	LDF	% of complaints responded to within 20 working days	Oct - Dec 17	57%	75.0%	70%	GREEN	↑	
		Number of complaints closed at Stage 1 within 5 working days	Oct - Dec 17	—	86.0%	—	GREY	—	
		Number of complaints closed at Stage 2 within 20 working days	Oct - Dec 17	57%	70.0%	—	GREY	↑	
20	LDPS/L	Financial Performance	Dec-17	(£15.9m)	(£25.3m)	(£28.0m)	GREEN	↓	See Finance Report
21	LKPI	Freedom of Information requests responded to within 20 working days	Oct - Dec 17	91.3%	89.1%	90%	AMBER	↓	
22	LDPS/L	Sickness Absence (month ending)	Dec-17	5.83%	6.05%	4.0%	RED	↓	Page 27
		Long Term	Dec-17	3.09%	3.03%	N/A	GREY	↑	
		Short Term	Dec-17	2.76%	3.02%	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	Jul - Sept 17	78.1%	81.8%	80%	GREEN	↑	
24	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas	Apr - Sept 17	835	903	1,002	RED	↑	Page 31

* 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
21	Freedom of Information Requests responded to within 20 working days	Oct – Dec 2017	91.3%	89.1%	90%	AMBER	↓

Commentary

As at December 2017, 89.1% of all Freedom of Information (FOI) requests were responded to within 20 working days. Current performance is marginally below the target of 90% and partly due to the year to date increase (20%) in the volume of FOIs increasing from 655 FOIs for the period April – December 2016 to 784 FOIs for the period April – December 2017 and partly due to the complexity of FOIs received resulting in them taking longer to process.

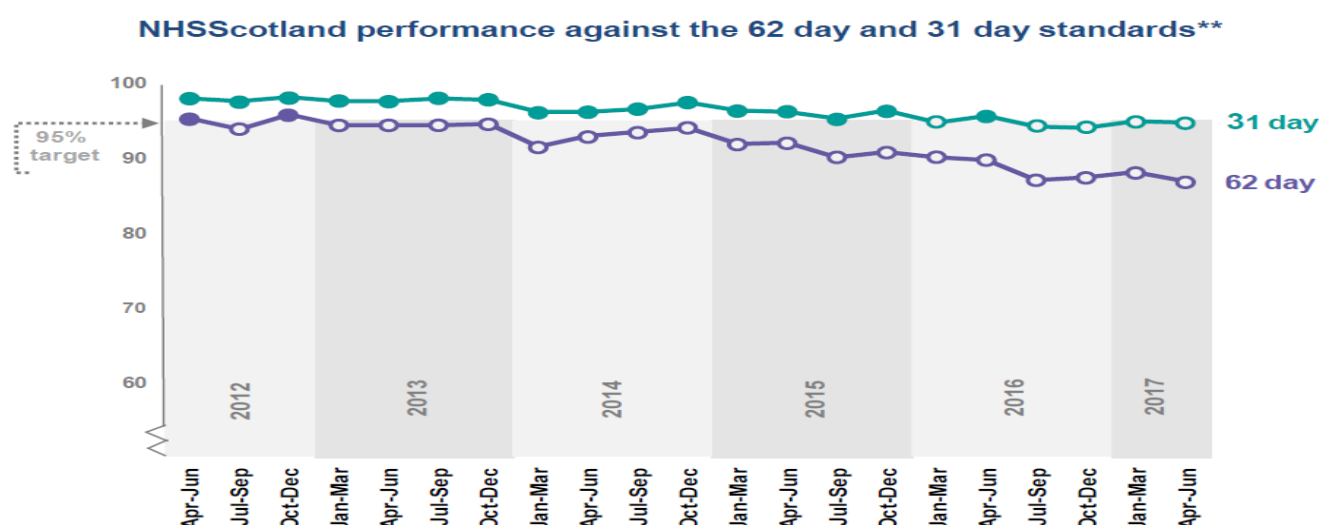
PERFORMANCE EXCEPTION REPORTS

Exception Report: Suspicion of Cancer Referrals (62 days)

Measure	Suspicion of Cancer Referrals
Current Performance	As at December 2017, 82.7% 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



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

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At December 2017, 82.7% (196 out of 237) 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 December 2017 position represents a marginal increase on the November 2017 (82.5%) position.

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

- Breast 90.3% (56 out of 62 eligible referrals treated within target) an increase on the 89.0% reported in November 2017.
- Colorectal 82.1% (23 out of 28 eligible referrals treated within target) an increase on the 78.0% reported in November 2017.
- Head and Neck 86.7% (13 out of 15 eligible referrals treated within target) a decrease on the 93.8% reported in November 2017.
- Lung 91.7% (33 out of 36 eligible referrals treated within target) a decrease on the 100% reported in November 2017.
- Upper GI 70.4% (19 out of 27 eligible referrals treated within target) a decrease on the 88.6% reported in November 2017.
- Urological 57.5% (23 out of 40 eligible referrals treated within target) an increase on the 49.1% reported in November 2017.

The following cancer types exceeded the target for December 2017 – Lymphoma (100% an improvement on the 87.5% reported in November 2017), Melanoma (100%) and Ovarian (100%).

Actions to Address Performance

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 8 February 2018, 120 out of 848 patients had first appointment booked over 21 days across NHSGG&C.
- As of 2 February 2018, there were 59 out of 214 patients whose imaging was booked out with 14 days.

This was for a variety of reasons including patient-induced delay, medical reasons and specialist procedures.

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

- 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 have been implemented in colorectal services to support appointments within 14 days for urgent suspicion of cancer referrals; There is little scope to roll this model out to breast services due to current capacity challenges which are being addressed through the Breast Strategy Group.
- 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 however, the new appointment is not now expected until Spring 2018. 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 NHSGG&Cs Breast Service redesign.
- The recruitment process for the 6 Breast Service ANPs for NHS GGC is now underway.
- Agreement has been reached with NHS Lanarkshire in relation to the model for screened positive breast cancer cases with confirmation that this work will transfer to NHS Lanarkshire 1st April, 2018.
- Funding to continue additional colonoscopy lists. There has been an increase in bowel screening referrals across NHS GGC which is currently being reviewed, this is placing additional pressure on this service.
- Prioritisation of additional non recurring funding recently allocated via SGHD is underway.
- The implementation of the same day admission/discharge unit for head and neck cancer in the Queen Elizabeth University Hospital (QEUH) to avoid patient cancellations and implementation of a one stop neck lump clinic for South/Clyde patients.

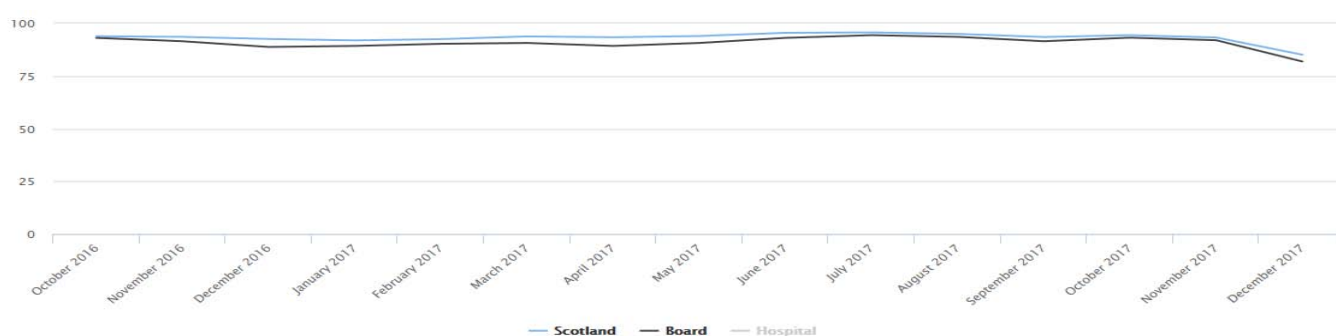
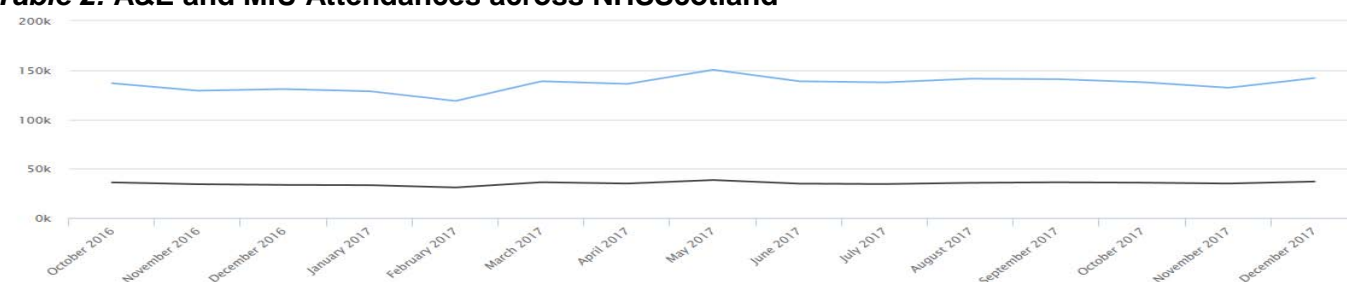
Advice is awaited from the review of cancer waiting times nationally to understand if there will be an exception for radical treatments in upper GI given the number of pathway steps that are now required for patients.

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: Accident and Emergency <4 hours wait compliance

Measure	% of patients waiting <4 hours from arrival to admission, discharge or transfer for A&E treatment.
Current Performance	As at December 2017 (month end), 81.9% of patients presenting at A&E Departments across NHSGG&C were seen <4 hours. Current compliance is below the target of 95%.
NHSScotland (Latest published data available)	As at December 2017 (month end) 85.1% of patients presenting at A&E Departments across Scotland were seen <4 hours.
Lead Director	Jonathan Best, Interim Chief Operating Officer

NHSScotland**Table 1: A&E <4 hour Compliance across NHSScotland****Table 2: A&E and MIU Attendances across NHSScotland**

As seen from *Table 1* above, compliance with the A&E <4 hour target across NHSScotland was 85.1% a significant reduction on the 92.6% reported the same month the previous year. The reduction in compliance was as a result of the 8.5% increase in the number of A&E presentations across NHSScotland when compared to the same month the previous year increasing from 130,848 to 141,988 presentations. The pattern of activity and compliance with the <4 hour targets is similar across NHSGG&C to that reported nationally for December 2017 as detailed below.

NHSGG&C Commentary**Table 1: <4 Hour A&E Compliance**

Hospital	Dec-15	Dec-16	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Glasgow Royal Infirmary	91.2%	80.9%	83.1%	84.5%	87.1%	92.6%	94.8%	91.6%	93.0%	92.0%	78.3%
Stobhill Hospital	99.8%	100.0%	99.8%	99.8%	100.0%	99.9%	100.0%	99.9%	100.0%	99.9%	97.4%
Queen Elizabeth University Hospital	92.6%	82.6%	79.6%	84.3%	90.7%	92.2%	88.2%	82.0%	86.3%	86.1%	72.2%
New Victoria Hospital	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Royal Alexandra Hospital	91.0%	88.1%	90.6%	89.0%	91.7%	91.3%	90.1%	89.8%	91.7%	87.9%	75.1%
Inverclyde Royal Hospital	91.4%	91.8%	93.7%	95.0%	94.0%	93.4%	92.1%	95.6%	95.3%	92.8%	84.3%
Vale of Leven Hospital	96.2%	96.7%	96.9%	97.9%	98.2%	98.8%	98.8%	98.0%	98.5%	97.7%	92.3%
Royal Hospital for Children	99.6%	99.0%	99.4%	99.4%	99.6%	99.7%	98.3%	96.9%	98.1%	96.5%	93.1%
Total	94.0%	88.8%	89.3%	90.7%	93.1%	94.4%	93.6%	91.5%	93.2%	92.0%	81.9%

Table 2: A&E and MIU Attendances

Hospital	Number Of A&E Presentations											% Var on Dec 16
	Dec-15	Dec-16	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	
Glasgow Royal Infirmary	7,248	7,454	7,708	8,353	7,709	7,779	7,792	7,948	8,175	7,617	8,061	8
Stobhill Hospital	1,300	1,304	1,714	1,995	1,716	1,552	1,723	1,814	1,652	1,508	1,460	12
Queen Elizabeth University Hospital	7,404	7,854	8,232	8,950	8,283	8,689	8,726	8,639	8,710	8,222	8,848	13
New Victoria Hospital	2,068	2,215	2,703	3,270	2,928	2,747	2,883	2,932	2,774	2,627	2,481	12
Royal Alexandra Hospital	5,377	5,492	5,575	5,851	5,350	5,305	5,420	5,285	5,211	5,145	5,927	8
Inverclyde Royal Hospital	2,515	2,612	2,716	2,939	2,691	2,784	2,762	2,623	2,682	2,654	2,908	11
Vale of Leven Hospital	1,118	1,241	1,424	1,698	1,484	1,468	1,526	1,467	1,409	1,321	1,372	11
Royal Hospital for Children	4,656	4,800	4,918	5,475	4,765	4,137	4,863	5,537	5,289	5,946	5,944	24
Total	31,686	32,972	34,990	38,531	34,926	34,461	35,695	36,245	35,902	35,040	37,001	12

Table 3: A&E Assessment Unit Attendances

Assessment Unit	Number of Assessment Unit First Visits											% Var on Dec 16
	Dec-15	Dec-16	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	
GRI Acute Assessment Unit	1,877	1,880	1,808	2,026	1,873	1,850	1,969	1,864	1,949	1,890	1,910	2
QEUH Immediate Assessment Unit	2,382	2,375	1,865	2,031	1,980	1,850	1,967	2,004	1,986	1,927	2,182	(8)
QEUH Surgical Asssssment Unit	-	-	420	465	453	431	435	387	428	397	371	-
RAH MAU Medical Assessment Unit	514	778	637	755	634	678	712	743	688	643	566	(27)
RAH Surgical Assessment Unit	-	211	331	296	277	223	213	223	251	260	194	(8)
RHC Clinical Decision Unit	652	610	520	582	505	388	597	693	673	878	871	43
Total	5,425	5,854	5,581	6,155	5,722	5,420	5,893	5,914	5,975	5,995	6,094	4

Commentary

As highlighted in *Table 1* above, overall compliance with the A&E four hour waiting times target was 81.9% at December 2017 - the lowest compliance reported during this financial year and lower than the same month the previous two years. Performance varies across A&E Departments ranging from 72.2% compliance with the A&E 4 hour target at the QEUH to 100% compliance at the New Victoria Hospital.

Current performance can be attributed to the overall 12% increase in A&E attendances during December 2017 alongside the further 4% increase in A&E assessment unit attendances when compared to the same month the previous year. During December 2017, all A&E Departments experienced a particularly challenging period as a result of the significant increase in emergency activity when compared to the same month the previous year ranging from an 8% increase at both Glasgow Royal Infirmary and the Royal Alexandra Hospital to a 24% increase in emergency activity at the Royal Hospital for Children. In addition, the increase in the volume of patients arriving for treatment has led to increases in patients needing to be admitted particularly the elderly more complex cases presenting at A&E when compared to previous months' performance during 2017. The winter pressures from the flu, respiratory infections and norovirus all contributed to the winter pressures. This has also impacted on the recent progress made in relation to the elective programme as detailed in the elective exception reports.

More recent management information indicates that compliance with the overall four hour standard has since improved as a result of the implementation of the improvement actions detailed below. Current year to date (April – December 2017) overall compliance across NHSGG&C is at 91.0%.

Actions to Address Performance

Actions in place to address performance in relation to the winter pressures include:

- The provision of additional winter bed capacity including extra in-patient beds at Gartnavel Hospital.
- Temporarily re-opening the West Glasgow Minor Injuries Unit (MIU) from 3 January 2018.
- Conference calls three times a day (including weekends) with the Acute Senior Management Team to

manage the winter flow and pressures and share best practice and learning across sites.

- Twice daily conference calls with IJB Chief Officers to ensure the effective management of patient flows in relation to delayed discharges and demand.
- Extended pharmacy opening hours.
- Flow hubs in place on the main sites.
- Additional Band 8a staff and senior managers on sites at weekends and Out Of Hours.
- Working closely with the Scottish Ambulance Service who have provided additional vehicles to assist in discharging patients in a timely manner.
- Public and staff media campaigns to ensure better use of MIUs and help relieve some of the pressures of the Emergency Departments (EDs).

Timeline for Improvement

The level of scrutiny and effort outlined above will continue throughout February 2018 to address the winter challenges and to continue to drive the required improvements in performance across each of our hospital sites.

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 December 2017, there were a total of 121 patients delayed across NHSGG&C resulting in the loss of 4,549 bed days occupied by delayed patients.
NHSScotland (Latest published data available)	As at December 2017, there were a total of 1,182 patients delayed resulting in the loss of 40,464 bed days occupied by delayed patients across NHSScotland.
Lead Director	Dr Mags Mcguire, Nursing Director

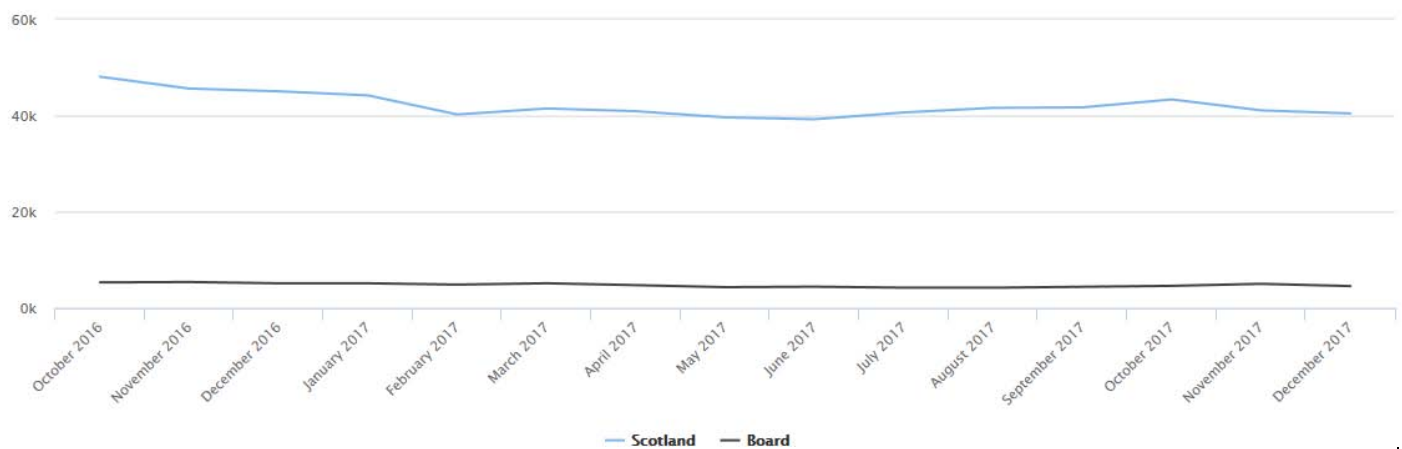
NHSScotland's Performance

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



Across NHSScotland, there were a total of 1,182 patients delayed at the December 2017 census, NHSGG&C accounted for 10% (121) of the total number of delayed patients reported across Scotland. The number of delays across NHSScotland represents a 16% reduction from the previous months' performance (November 2017 - 1,413 delayed discharges). For NHSGG&C, the December 2017 position also represents a significant reduction (32%) on the previous months' performance (November 2017 – 177 delayed discharges).

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



The 1,182 patients delayed across NHSScotland resulted in the loss of 40,464 occupied bed days, a 2% reduction on the number of bed days occupied by delayed discharge patients reported the previous month (November 2017 - 41,104 bed days occupied by delayed discharge patients). Overall, NHSGG&C accounted for 11% (4,549) of total occupied bed days lost to delayed discharge across Scotland.

NHSGG&C's Performance**Table 1 – Total number of delayed patients across NHSGG&C – December 2017**

TOTAL DELAYED DISCHARGES	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Total number of patients delayed (at census point)	146	194	184	169	151	133	140	134	152	156	144	177	121
Acute	97	142	127	117	107	99	86	95	111	112	92	117	72
Mental Health	49	52	57	52	44	34	54	39	41	44	52	60	49

Table 2 – Total number of bed days occupied by delayed patients across NHSGG&C – December 2017

	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Total number of bed days occupied by delayed patients	5,318	5,147	4,863	5,133	4,743	4,327	4,413	4,224	4,212	4,404	4,601	5,068	4,549
Acute	3,404	3,544	3,319	3,576	3,285	3,076	2,813	2,886	2,947	3,184	3,157	3,440	2,963
Mental Health	1,734	1,603	1,544	1,557	1,458	1,251	1,600	1,338	1,265	1,220	1,444	1,628	1,586

As seen from *Table 1*, a total of 121 patients were delayed across NHSGG&C. The total comprises 72 acute patients and 49 mental health patients delayed. Overall performance represents a significant improvement on the monthly average of 158 delayed patients for the previous 12 months (November 2016 – November 2017) and a 32% reduction on the previous months' performance.

Table 2 highlights a total of 4,549 bed days occupied by delayed patients across NHSGG&C comprising 2,963 acute bed days and 1,586 mental health bed days. Current performance across NHSGG&C represents a 4% reduction on the monthly average bed days occupied by delayed patients for the previous 12 months (November 2016 – November 2017) and an overall 10% reduction in the number of bed days occupied by delayed patients on the previous months' performance. This reduction was reported in both acute and mental health both reducing by 14% and 3% respectively in December 2017 compared to the November 2017 position.

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 NHSGG&C

- The weekly conference meetings established with all Health & Social Care Partnerships (HSCPs) to ensure a tighter focus on moving patients through have been replaced with individualised interventions. Daily conference calls with IJB Chief Officers took place through December and January 2018 and followed up with senior teams. This had a positive impact on overall performance. In addition, clear reduction trajectories are currently being developed for each of the HSCPs to further help drive the required reductions. These trajectories will be used to track progress against and help focus effort on those areas in need of improvement.

Out With NHSGG&C

- The ongoing communication with other health boards has significantly increased. In addition, regular calls are taking place with each of the other health boards to focus on agreeing actions on an individual case by case basis. These are further supported with the provision of daily information.

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 NHSGG&C to

reflect the costs of maintaining patients in an acute setting and the corresponding impact on bed capacity on patient flow. However, to date 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 all HSCPs, the financial burden on the Acute Directorate budget remains subject of close scrutiny and discussion.

Timeline for Improvement

The number of acute beds occupied by delayed patients is a key factor in influencing on our ED performance and a key reason for patients waiting >4 hours in our A&E Departments. We continue to remain focussed on achieving immediate reductions in the number of patients delayed with short term impact of actions outlined above. Improvement trajectories currently being developed with each of the HSCPs and other health boards out with NHS GG&C.

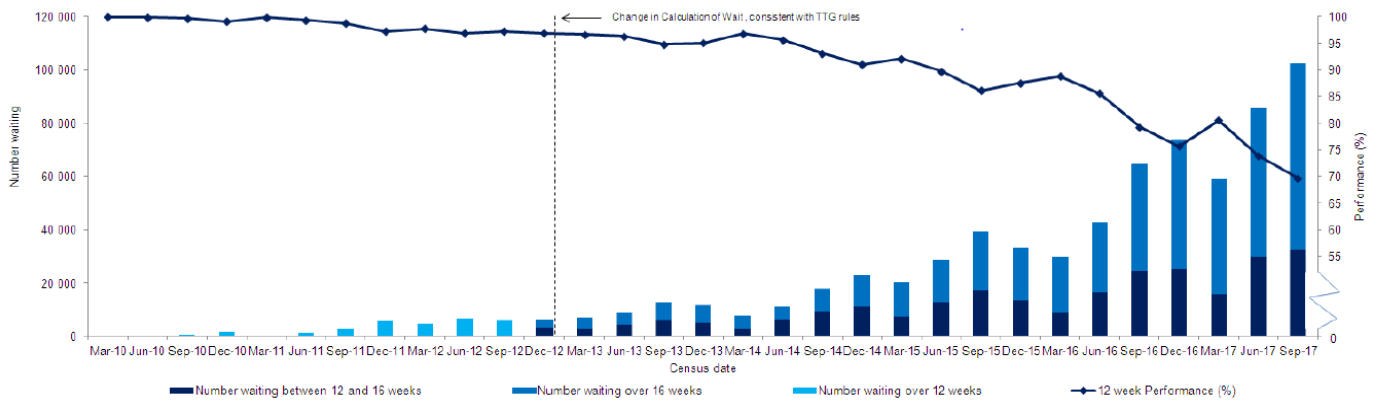
Exception Report: % of New Outpatients Waiting <12 Weeks for a New Outpatient Appointment

Measure	% of New Outpatient Waiting <12 Weeks for a New Outpatient Appointment
Current Performance	As at December 2017, 69.9% 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 includes RHC and 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

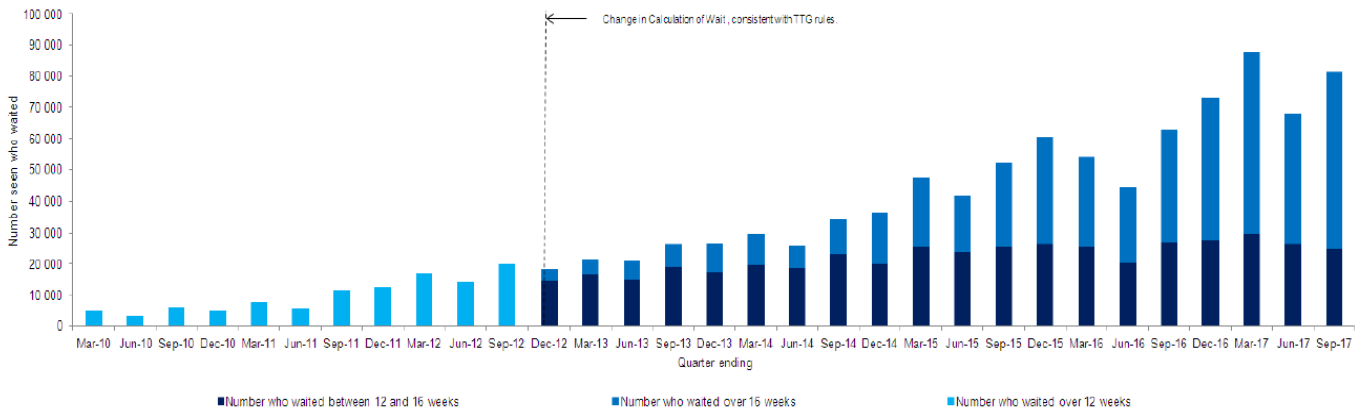
As at September 2017 (month end), 69.7% of patients waiting for a new outpatient appointment had been waiting 12 weeks or less across Scotland. For NHSGG&C the figure was 71.9%. *Chart 1* below demonstrates the decreasing trend in performance against the 12 week new outpatient standard across NHSScotland, 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



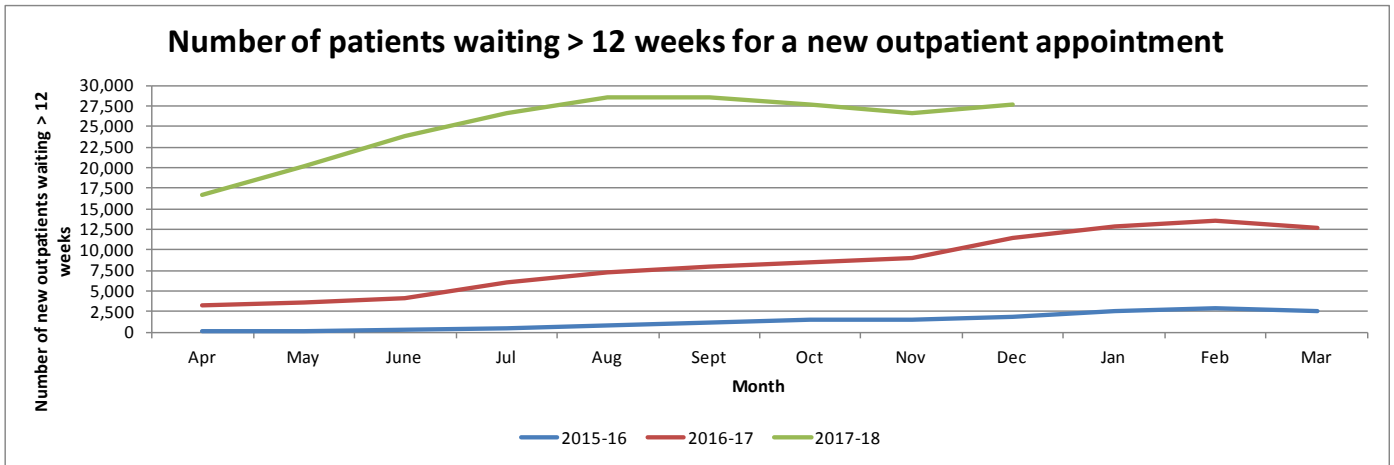
While the 12 week national standard applies to patients waiting, the number of patients seen shows the complete picture of waiting time experience. During the quarter ending 30 September 2017, 76.1% of patients were seen within 12 weeks. Across NHSGG&C during the same period performance was 75.8%. There 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 December 2017 (month end), 69.9% of available new outpatients were waiting <12 weeks for a new outpatient appointment. Current performance is below the national target of 95%. Unfortunately the improvements made in October and November 2017, which saw the number of new outpatients waiting >12 weeks for a new outpatient appointment reducing by just over 2,000 reducing the monthly total to 26,546 new outpatients waiting >12 weeks for a new outpatient appointment was not sustained. The 5% increase in the number of new outpatients waiting >12 weeks for a new outpatients appointment when compared to the November 2017 position was mainly as a result of the winter pressures mentioned in the earlier A&E exception.



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	26,546	27,747			

The 30.1% (27,747) of available new outpatients waiting >12 weeks for a new outpatient appointment were in the following specialties (accounting for 93% of all available new outpatients waiting over 12 weeks):

Number of New Outpatients waiting > 12 weeks for a new outpatient appointment (Adults)										
Specialties	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	
Orthopaedics	5427	6242	7339	8009	8479	8557	8099	7961	8304	
General Surgery	2126	2594	2872	2968	3061	3040	2934	2794	2958	
Cardiology	149	195	267	638	943	976	1034	959	1025	
Gastroenterology	1468	1439	1534	1617	1564	1220	892	618	520	
Ophthalmology	1560	1801	2022	2386	2544	2675	2635	2664	2891	
Respiratory	1095	1349	1582	1767	1955	1894	1859	1694	1641	
Urology	1263	1546	1880	2120	2326	2192	2083	1796	1678	
Neurology	817	1051	1238	1333	1598	1776	2021	2209	2517	
ENT	1262	1830	2094	2256	2390	2447	2428	2585	2810	
Neurosurgery	278	365	406	528	623	680	736	756	831	
Rheumatology	247	402	568	786	945	1014	926	704	692	

As seen from the table above, seven of the 11 specialties experienced further pressure during December 2017 when compared to the previous months' performance increasing the number of new outpatients waiting >12 weeks for a new outpatient appointment. The four remaining specialties continued to show month on month reductions in the number of new outpatients waiting >12 weeks for a new outpatient appointment in December 2017 namely, Gastroenterology (16% reduction), Urology (7% reduction), Respiratory (3% reduction) and Rheumatology (2% reduction) when compared to the previous month.

For each of the four specialties current monthly performance in December 2017 also represents an overall reduction on the monthly average reported for the period April – November 2017:

- Gastroenterology – a monthly average of 1,294 new out patients waiting >12 weeks for a new outpatient appointment for the period April – November 2017 – 520 new outpatients were waiting December 2017 (month end).
- Urology – monthly average of 1,900 new outpatients waiting >12 weeks for a new outpatient appointment for the period April – November 2017 – 1,678 new outpatients were waiting December 2017 (month end).
- Respiratory – monthly average of 1,649 new outpatients waiting >12 weeks for a new outpatient appointment for the period April – November 2017 – 1,641 new outpatients were waiting December 2017 (month end).
- Rheumatology – monthly average of 699 for the period April – November 2017 – 692 new outpatients were waiting December 2017 (month end).

Actions to Address Performance

Actions in place to sustain the improvements made to date include:

- Work continues in implementing and monitoring the productivity gains identified as part of the Capacity Assessment and Improvement Programme. The productivity gain actions are being monitored on a weekly basis.
- 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.
- 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. The positive impact of this can be seen in the overall reduction in the number of available new outpatients waiting >12 weeks for a new outpatient appointment in Gastroenterology.
 - 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 have provided further non recurring Access Funding for additional capacity that will assist in reducing the number of new outpatients, inpatients/daycases, diagnostics and imaging patients waiting >12 weeks. The funding has been internally and externally allocated in key specialities to target patients with the highest clinical priority and the patients with the longest wait time. Approximately 5,000 additional outpatients, inpatients/daycases and patients waiting for a scope will be treated and the impact of this work will continue to be monitored on an ongoing basis.

Timeline for Improvement

NHSGG&C remains committed to the new outpatient target. The demand and capacity work, which started in Dermatology and yielded an additional recurring capacity of 1,500 new outpatients during the next six months continues. The success of this has since been rolled out to other specialties and expected to yield a further 3,500 new outpatients appointments during the next six months. This work internally alongside the additional non-recurring Access Funds should ensure improvements in key specialties currently under pressure and further improvements in the specialties showing month on month reductions.

In working towards realistically achieving the new outpatient waiting times standard, an internal improvement trajectory is under review. This trajectory will be based on the additional base capacity that will be generated following the demand and capacity review alongside using the additional Access Funding received from the National Access Team.

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 December 2017 (month end), there were a total of 4,815 patients waiting >6 weeks for one of the key diagnostic tests and investigations. Current performance is in excess of the 0 target.
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

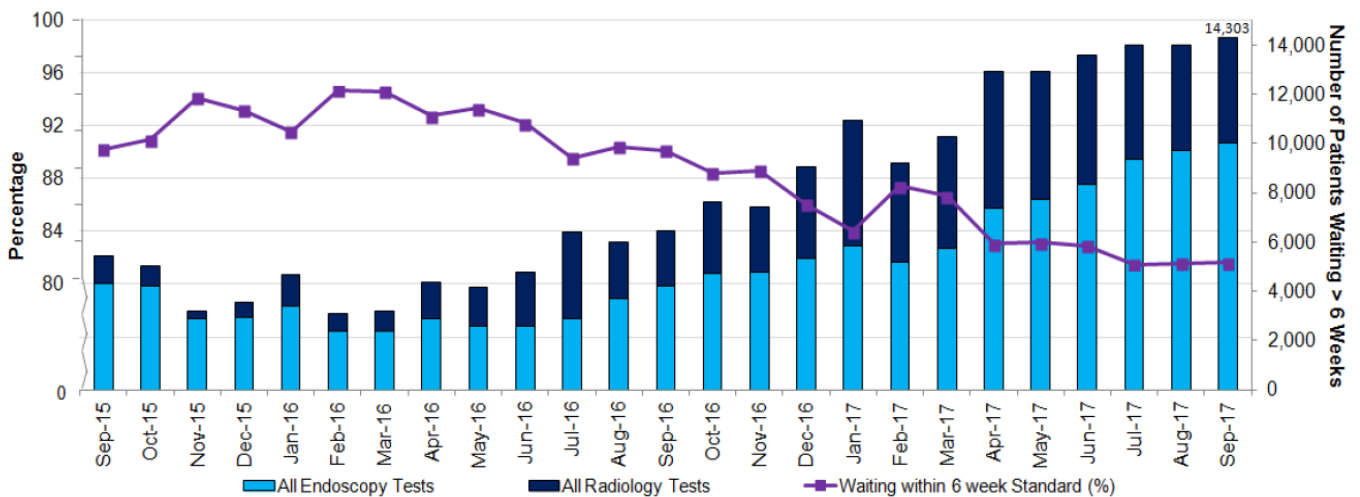
NHSScotland Performance

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%.

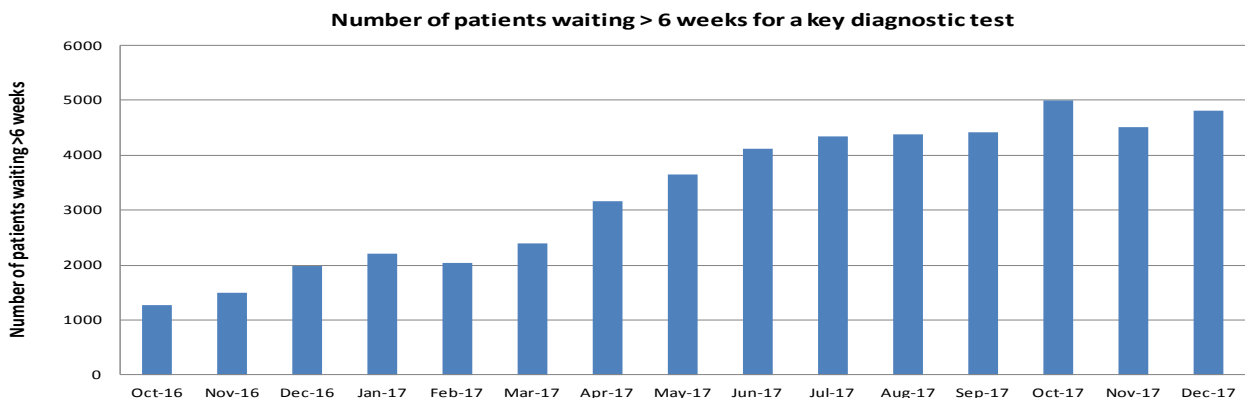
Chart 1 below shows the decreasing trend in the percentage of patients waiting >6 week standard across NHSScotland and while performance has been decreasing for over a year, the last two quarters have shown a more stable level of around 82% of patients waiting within the six week standard.

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 December 2017 (month end) there were a total of 4,815 patients waiting >6 weeks for a key diagnostic test representing a 7% increase in the number of patients waiting in November 2017 (4,503). The overall number of patients waiting >6 weeks represents 21% of the total number of patients on the waiting list for the eight key diagnostic tests. *Chart 1* shows the monthly trend in the number of patients waiting >6 weeks to access a key diagnostic test. Unfortunately, the improvements reported in November 2017 were not sustained as a result of the winter pressures experienced during December 2017.

Overall, patients were waiting >6 weeks for the following key diagnostic tests:

Scopes

- 1,400 patients were waiting >6 weeks for an upper endoscopy test (a marginal increase on the 1,391 patients reported in November 2017).
- 359 patients were waiting >6 weeks for a lower endoscopy test (a decrease on the 364 patients reported in November 2017).
- 2,008 patients were waiting >6 weeks for a Colonoscopy test (a marginal increase on the 1,936 patients reported in November 2017).
- 953 patients were waiting >6 weeks for a Cystoscopy test (an increase on the 791 patients reported in November 2017).

The majority of patients waiting >6 weeks were waiting for an appointment in the South Sector (2,679 patients, a marginal increase on the 2,676 patients reported in November 2017) and the Clyde Sector (1,977 a 14% increase on the 1,740 patients reported in November 2017).

Radiology

Overall the number of patients waiting >6 weeks for a radiology test increased from 21 reported in November 2017 to 95 reported in December 2017. The 95 patients waiting >6 weeks were waiting for MRI (70 patients), CT (11 patients) and non obstetric ultrasound (14) in December 2017. There were no patients waiting > than 6 weeks for Barium Studies.

Actions to Address Performance

Scopes

Unfortunately the 2% improvement in the number of patients waiting for a scope reported in November 2017 were not sustained in December 2017 due to winter pressures reported previously. Work continues to drive the required improvements with a particular focus on those patients with the highest clinical priority and longest waiting times. Part of this involves the redistribution of patients across the three Sectors alongside some additional capacity for 300 endoscopies secured at the Golden Jubilee which started in January 2018. This additional capacity alongside the redistribution of patients is expected to deliver improvements in the number of patients waiting > 6 weeks to access a key diagnostic test.

Radiology

The delays in radiology relate to the reporting of the exams which have significantly improved through the additional reporting sessions recently organised. MR reporting remains a particular pressure due to the vacancies within two areas of sub-specialism namely neuro-radiology and musculoskeletal imaging. For this reason there are fewer Consultants able to contribute to additional reporting sessions. External reporting has been implemented to ensure clinical governance in relation to reporting remains robust. Ultrasound has been a particular pressure due to a combination of vacancies and sickness levels.

Timeline For Improvement

Scopes

Improvements in reducing the number of patients with the longest waiting time and urgent patients are expected during the next few months.

Radiology

For ultrasound, new staff are now in post, absent staff returned to work and additional evening and weekend sessions have been arranged to improve the position. The next few months will see the recruitment to vacant radiologist posts and assist in dealing with the reporting pressures.

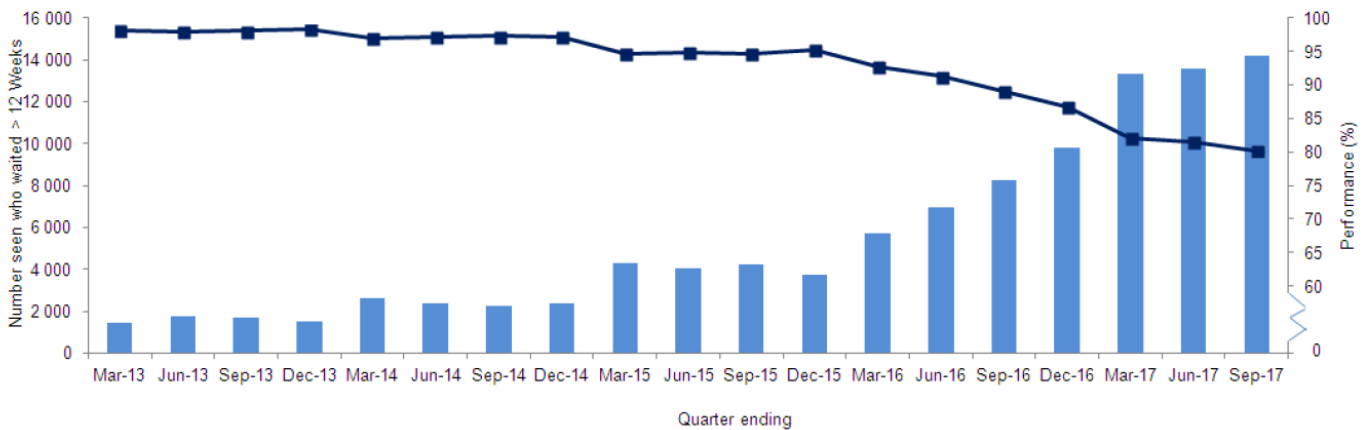
Exception Report: 12 Week Treatment Time Guarantee

Measure	12 week Treatment Time Guarantee (TTG)
Current Performance	As at December 2017 (month end), a total of 4,869 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.

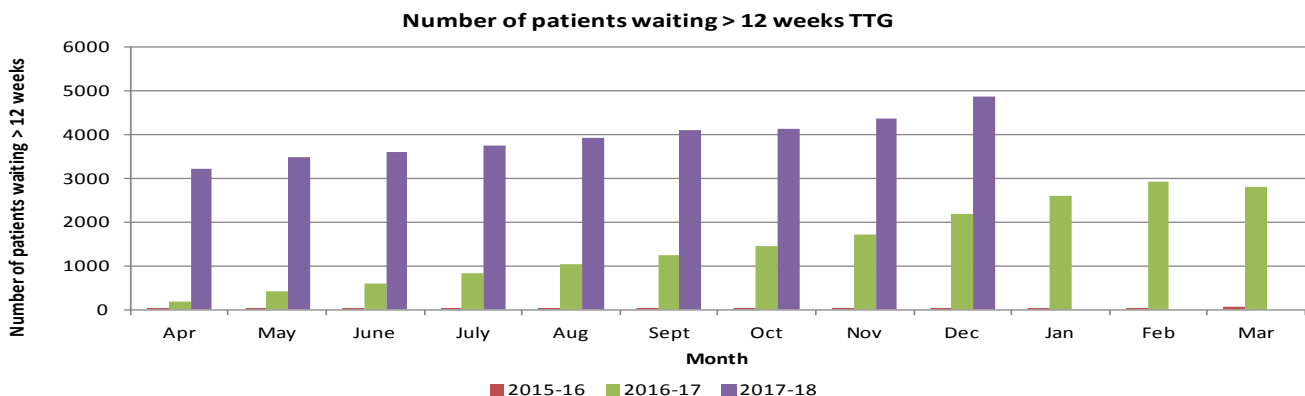
Chart 1: Number of TTG patients seen who waited >12 weeks across NHSScotland



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 December 2017 (month end), 81.4% patients treated under the TTG waited <12 weeks for their treatment across NHSGG&C. A total of 4,869 inpatient/daycase patients were waiting >12 weeks TTG for treatment representing a 12% increase on the 4,364 patients waiting the previous month across NHSGG&C.



Number of patients waiting > than the 12 week Treatment Time Guarantee												
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2015-16	1	1	2	4	6	30	9	2	4	34	47	87
2016-17	188	430	590	829	1,056	1,246	1,452	1,723	2,174	2,608	2,915	2,809
2017-18	3,231	3,472	3,593	3,733	3,908	4,086	4,136	4,364	4,869			

The main specialties experiencing considerable pressure and accounting for the majority (87%) of patients waiting >12 weeks for an inpatient/daycase procedure are listed below:

Number of TTG patients waiting > 12 weeks										
Specialty	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	
Orthopaedic Surgery	1613	1732	1799	1891	1941	2000	1999	2116	2316	
Urology	516	522	489	468	426	370	323	315	323	
General Surgery	377	354	325	313	297	270	269	211	207	
Paediatric ENT	195	268	311	376	375	404	475	564	700	
Paediatric Surgery	202	259	324	319	387	434	415	422	465	
Dental Community	0	0	1	8	64	124	159	177	215	

With the exception of General Surgery showing a marginal improvement, each of the specialties are showing an increase in the number of patients waiting >12 week TTG. Clearly the winter pressures have impacted on our ability to sustain the improvements in TTG performance.

Actions to Address Performance

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

The additional Access Funding received will also be used to help reduce the number of inpatient/daycases waiting >12 weeks. This funding has been allocated both internally and externally to target patients with the highest clinical priority and patients with the longest wait time.

More specifically, work has commenced to redesign the Spinal Service to identify additional capacity and reduce the waiting list for surgery alongside referring a number of spinal patients waiting longest to Ross Hall Hospital for treatment.

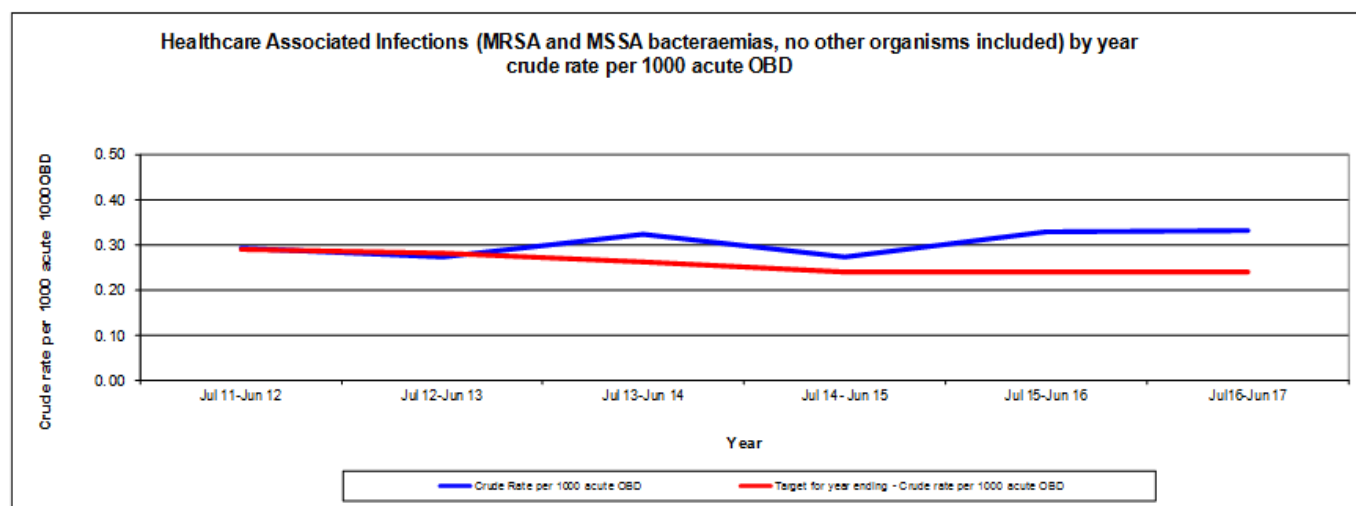
Timeline for Improvement

NHSGG&C 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.

In working towards realistically reducing the number of TTG patients waiting >12 weeks for an inpatient/daycase procedure an internal trajectory remains under review. This trajectory will be based on realising the productivity gains identified as part of the demand and capacity review alongside the additional Access Funds received from the National Access Team.

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 September 2017, the number of MRSA/MSSA cases per 1,000 Acute Occupied Bed Days (AOBDs) was 0.32, current performance is higher than the trajectory of 0.24.
National Performance	For the quarterly rolling year ending September 2017, the number of MRSA/MSSA cases per 1,000 Acute Occupied Bed Days (AOBD) across NHSScotland was 0.33.
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 3 (July - September 2017) confirm a total of 106 SAB patient cases for NHSGG&C. This equates to a SAB rate of 31.8 cases per 100,000 AOB. This is a decrease of 9% upon the previous quarter in SAB patient cases. Current performance is below NHSScotland's performance of 34.2 cases per 100,000 AOB.

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

Actions to Address Performance

The Board Medical Director has initiated a meeting with senior clinical staff and IPCT to discuss any new initiatives from the published literature which we would be able to adopt to reduce the number of SABs. The output from this will be included in the SAB action plan which is reviewed by the Acute Infection Control Committee. In addition, it was agreed to reconvene the NHSGG&C SAB group; this group will be jointly chaired by the Infection Control Manager and a Chief of Medicine.

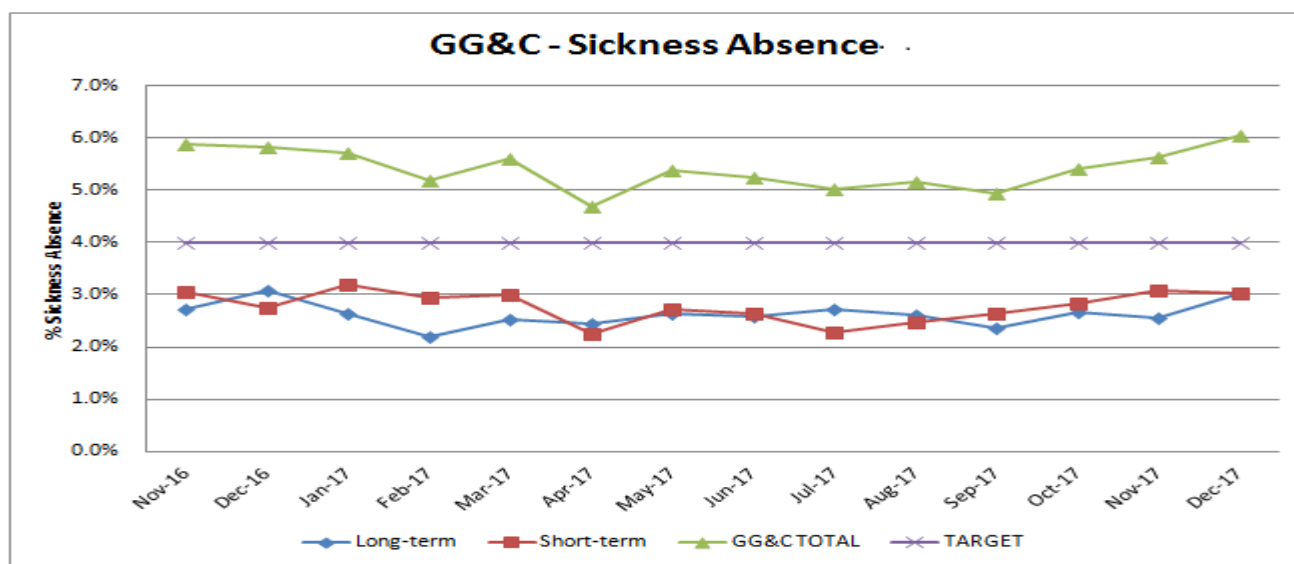
See agenda item 14 – Healthcare Associated Infection Report for more detail.

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 6.05% (December 2017)
National Performance	The NHS Scotland reported SWISS absence figure was 5.80% (December 2017)
Lead Director	Anne MacPherson, Director of Human Resources and Organisational Development



Please note the above graph is based on the national SWISS figures in arrears

Commentary

The Board overall sickness absence rate for the month ending December 2017 is 6.05% comprising 3.02% short term and 3.03% long term. This is an increase of 0.42 percentage points from the previous months' report. The average days lost per employee (Board average) was 12.91 days for the period February 17 to January 2018.

Performance by Area**Acute Division**

The Acute Division absence rate in January 2018 was reported at 7.09% which is a 1.32 percentage point increase on the previous month. The overall Acute short term absence rate is 3.31% and long term absence rate is reported at 3.78%. The absence rates for Acute Sectors and Directorates during the period January 2017 to January 2018 are detailed in the table below.

Acute - Sickness Absence	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Variance Dec-17 to Jan-18
North	5.7%	4.8%	5.2%	4.7%	5.0%	5.0%	4.8%	4.5%	4.2%	5.0%	5.9%	6.1%	7.1%	1.0%
South	6.5%	6.3%	5.6%	5.4%	6.0%	5.7%	5.5%	5.5%	5.6%	6.1%	6.2%	6.7%	8.0%	1.3%
Clyde	5.5%	5.5%	5.4%	5.0%	5.5%	4.7%	4.7%	4.7%	4.5%	5.1%	5.0%	5.2%	6.8%	1.6%
Regional	6.1%	5.8%	5.6%	5.4%	5.8%	5.4%	5.0%	5.0%	4.8%	5.2%	5.5%	5.7%	7.2%	1.4%
W&C	6.0%	5.5%	5.2%	5.0%	4.8%	4.4%	4.3%	4.2%	4.6%	4.4%	5.3%	5.5%	7.0%	1.5%
Diagnostics	4.5%	4.4%	4.1%	4.0%	4.0%	4.5%	4.1%	4.8%	4.3%	5.3%	5.2%	4.7%	5.7%	1.0%
ACUTE TOTAL	5.8%	5.4%	5.2%	4.9%	5.3%	5.1%	4.8%	4.9%	4.7%	5.2%	5.6%	5.8%	7.1%	1.3%

The Acute Sector performance has declined since September 2017 with a significant increase in absence from 5.8% in December 2017 to 7.1% in January 2018.

Board Wide Services (excluding Property, Procurement and Facilities Management)

The Board-wide Services absence rate in January 2018 was reported at 6.1% which is a 1.1% percentage point increase from the previous month. The absence rates for Board-wide Service Directorates during the period January 2017 to January 2018 are detailed in the table below.

Board Wide Services - Sickness Absence	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Variance Dec-17 to Jan-18
Board Administration	0.0%	0.0%	1.9%	0.3%	0.2%	2.7%	2.0%	0.0%	0.0%	0.0%	0.3%	1.4%	0.0%	-1.4%
Board Medical Director	3.1%	4.1%	3.9%	4.1%	5.0%	5.7%	4.6%	3.8%	3.7%	4.6%	4.5%	4.2%	4.7%	0.5%
Centre For Population Health	0.6%	4.1%	2.5%	0.2%	0.4%	0.4%	0.0%	0.5%	3.5%	0.0%	1.5%	2.5%	6.9%	4.4%
eHealth	5.2%	5.1%	5.2%	4.7%	5.3%	5.6%	5.0%	5.0%	4.3%	5.6%	6.2%	6.8%	8.2%	1.4%
Finance	4.9%	4.0%	5.4%	4.4%	3.9%	3.7%	3.0%	3.2%	2.5%	2.9%	2.6%	4.2%	5.3%	1.1%
HR & Organisational Development	3.5%	2.2%	1.2%	1.9%	1.8%	2.7%	1.8%	2.4%	3.4%	2.7%	3.0%	3.4%	4.2%	0.8%
Non Paid Employees	3.4%	3.9%	4.9%	5.1%	1.7%	2.0%	1.1%	1.3%	0.7%	2.0%	2.4%	1.6%	1.9%	0.3%
Nursing Director	4.5%	1.9%	0.9%	0.4%	0.0%	1.1%	3.9%	3.0%	0.2%	2.5%	1.8%	1.9%	5.2%	3.3%
Pharmacy	5.0%	4.6%	4.2%	3.5%	4.4%	4.0%	4.5%	5.7%	4.6%	4.2%	4.7%	4.3%	4.6%	0.3%
Planning & Policy	6.3%	3.8%	5.5%	8.8%	3.8%	1.8%	0.6%	2.1%	1.1%	2.0%	1.2%	2.9%	0.5%	-2.3%
Public Health	8.7%	5.8%	6.2%	3.3%	4.0%	3.8%	4.7%	4.4%	4.0%	4.2%	6.5%	6.0%	6.3%	0.3%
Support Services	5.3%	3.6%	3.5%	3.1%	3.8%	6.4%	5.0%	4.5%	4.5%	3.9%	7.4%	5.6%	10.6%	5.0%
Board Wide Services Total	4.8%	4.3%	4.3%	3.9%	4.2%	4.6%	4.2%	4.4%	3.8%	4.3%	4.8%	5.0%	6.1%	1.1%

Property, Procurement and Facilities Management (PPFM)

PPFM absence rate within January 2018 was 10.30%, this is an increase of 2.0 percentage points compared to December 2017 and the same increase on January 2017.

PPFM - Sickness Absence	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Variance Dec-17 to Jan-18
PPFM	8.30%	7.90%	7.90%	7.50%	7.90%	8.00%	8.10%	8.00%	8.30%	9.00%	9.20%	8.30%	10.30%	2.00%

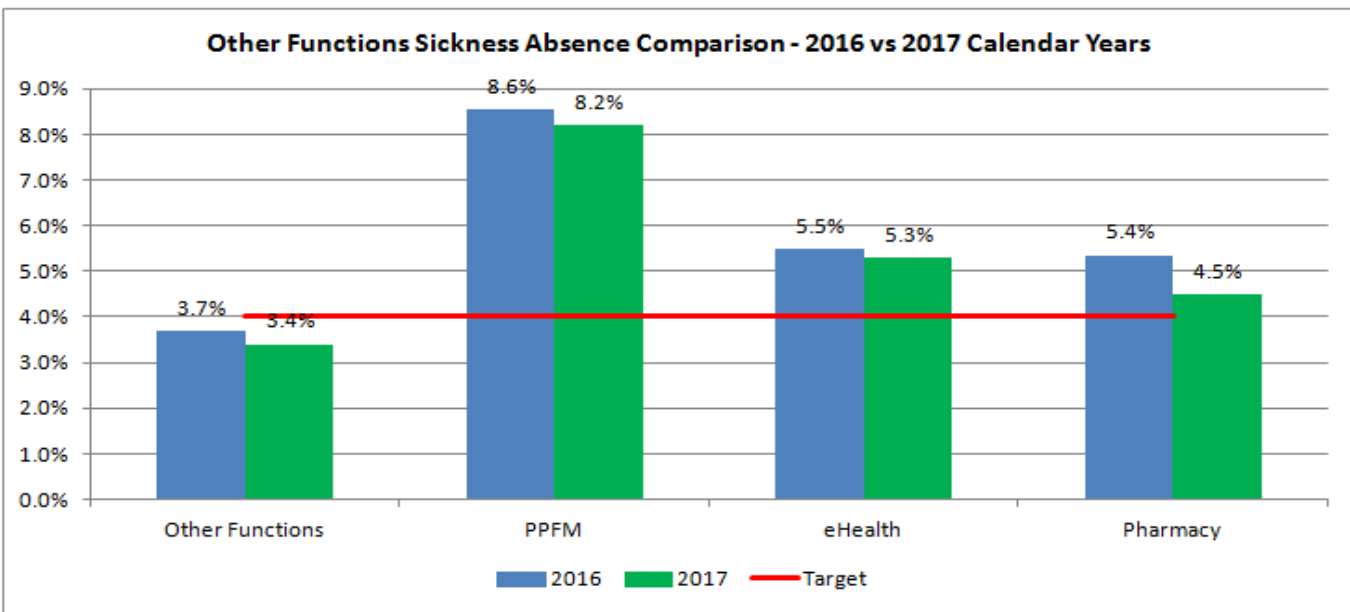
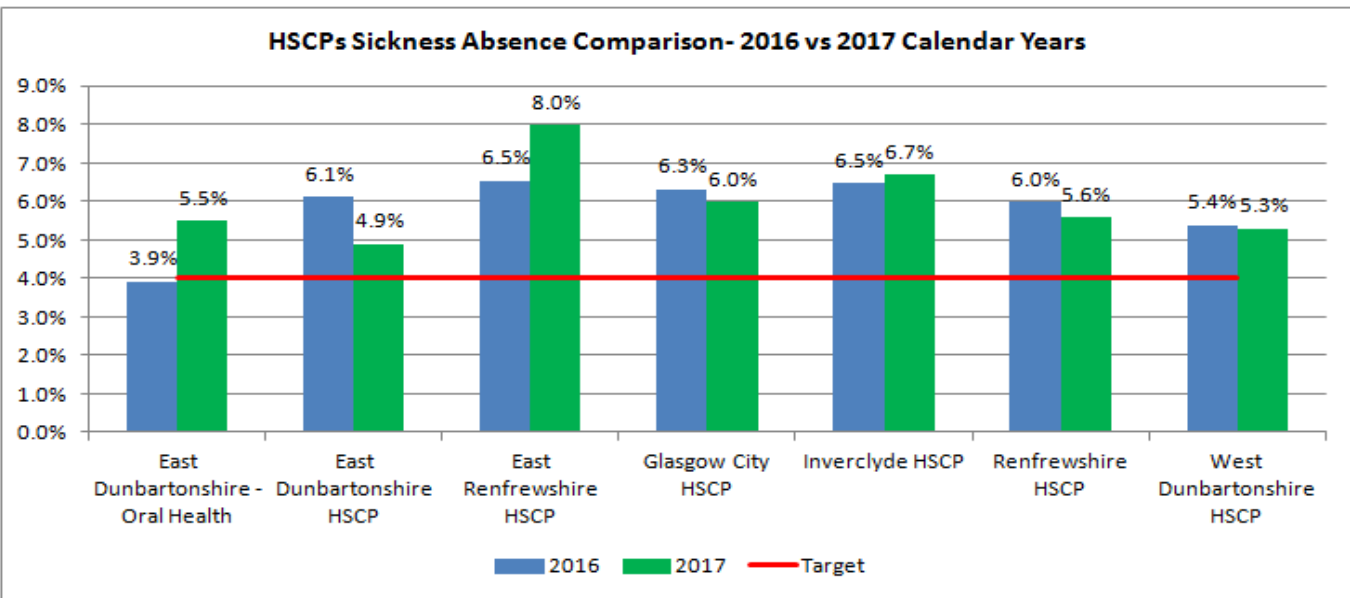
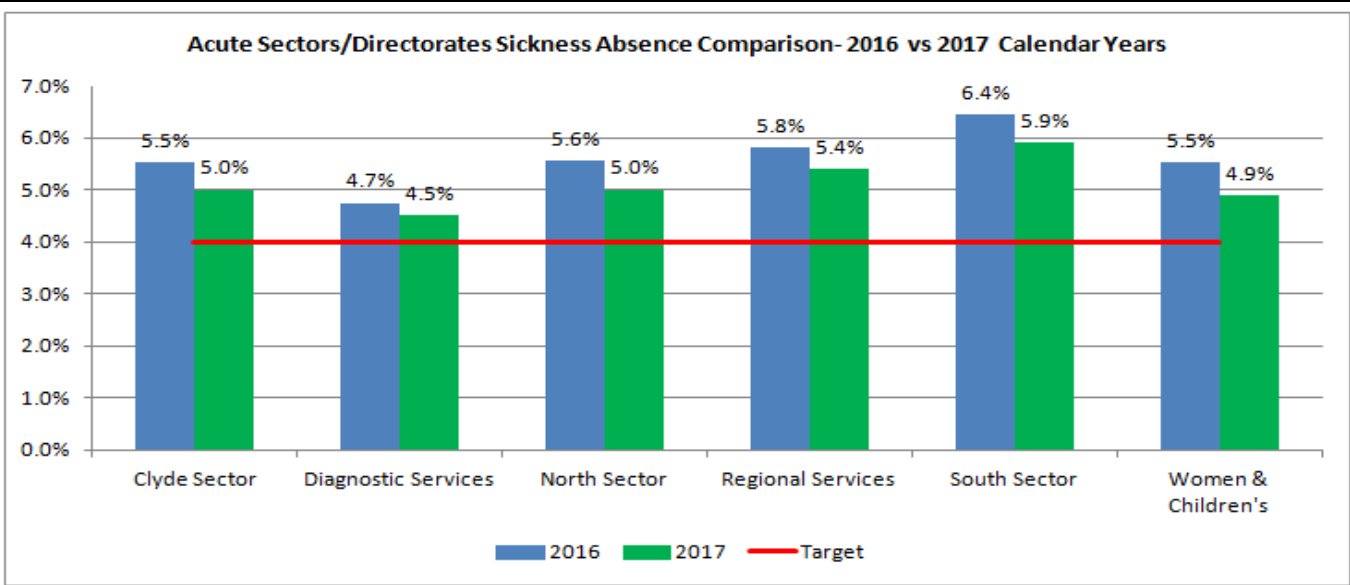
Partnerships

The overall figure for Partnerships is reported at 7.4% in January 2018 which represents a 1.2 percentage point increase on the December 2017 position of 6.2%. The overall Partnerships short term absence rate is 3.59% and long term absence rate is reported at 3.84%.

Partnership - Sickness Absence	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Variance Dec-17 to Jan-18
East Dunbartonshire	5.4%	5.5%	4.8%	2.4%	4.9%	6.1%	5.2%	4.2%	4.0%	4.6%	5.9%	5.9%	6.0%	0.1%
East Renfrewshire	8.1%	8.3%	8.7%	7.2%	6.5%	6.7%	7.4%	8.3%	10.2%	10.2%	7.5%	7.1%	9.0%	1.9%
Glasgow City	6.5%	6.2%	6.2%	5.6%	6.7%	6.1%	5.4%	5.6%	5.1%	5.9%	6.2%	6.3%	7.8%	1.4%
Inverclyde	7.2%	6.5%	6.8%	6.6%	7.7%	6.7%	6.1%	6.3%	6.5%	7.7%	6.1%	6.1%	7.8%	1.7%
Renfrewshire	6.1%	6.3%	5.7%	5.0%	5.0%	5.4%	5.2%	5.2%	5.2%	6.0%	6.2%	6.2%	7.5%	1.3%
West Dunbartonshire	5.8%	5.6%	6.0%	5.3%	5.6%	4.7%	5.1%	4.5%	4.4%	5.8%	5.3%	5.3%	5.2%	-0.1%
East Dunbartonshire - Oral Health	4.1%	3.9%	5.3%	5.2%	5.4%	6.0%	4.4%	5.4%	6.3%	7.1%	7.5%	6.3%	7.0%	0.6%
Partnership Total	6.3%	6.1%	6.2%	5.5%	6.3%	5.9%	5.4%	5.5%	5.3%	6.2%	6.2%	6.2%	7.4%	1.2%

Absence Comparison

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



Actions to Address Performance

The increase in absence from December 2017 onwards will require review of all absences and additional Human Resources guidance and support to line managers who are responding to the challenge of increased sickness absence. Individual trajectories for improvement will be agreed and reported on as part of regular performance reporting to monitor and manage attendance levels.

The increase in absence from December 2017 will also require a detailed review of the reasons for sickness absence during the peak winter period and evaluation of winter planning arrangements including the flu immunisation programme to ensure that during 2018 we increase the number of staff participating in the NHS Scotland influenza immunisation programme.

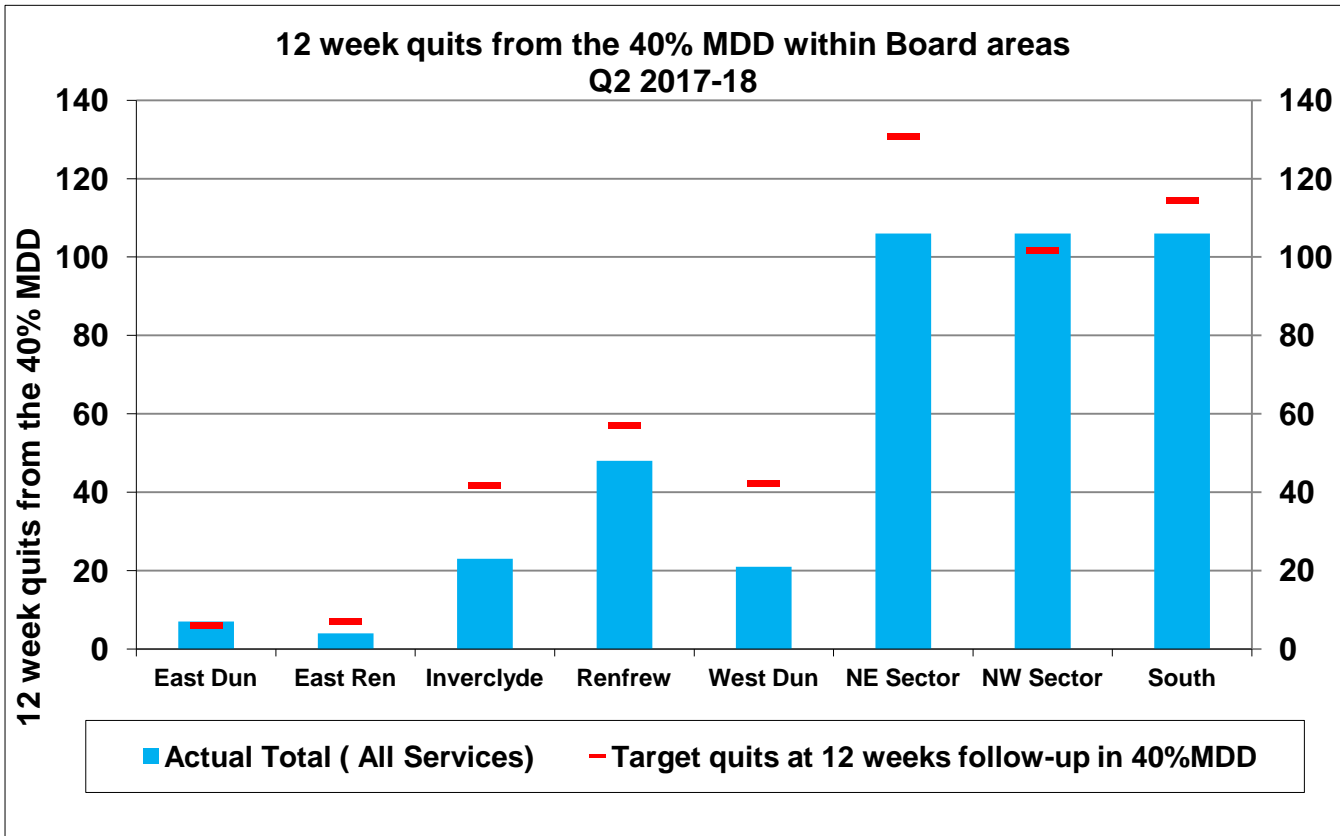
In parallel to the work in addressing performance, the Director of Human Resources and Organisational Development continue to drive the staff health and well being strategy and long term strategies to maximise staff attendance. This work is aligned to the Board culture programme.

Timeline For Improvement

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

Exception Report: Smoking Cessation

Measure	Smoking Cessation – 3 months post quit in the 40% most deprived within Board SIMD areas
Current Performance	For the period April – September 2017, there were a total of 903 successful smoking quits. Current performance is below the trajectory of 1,002 successful quits for this period.
Lead Director	Linda de Caestecker, Director of Public Health

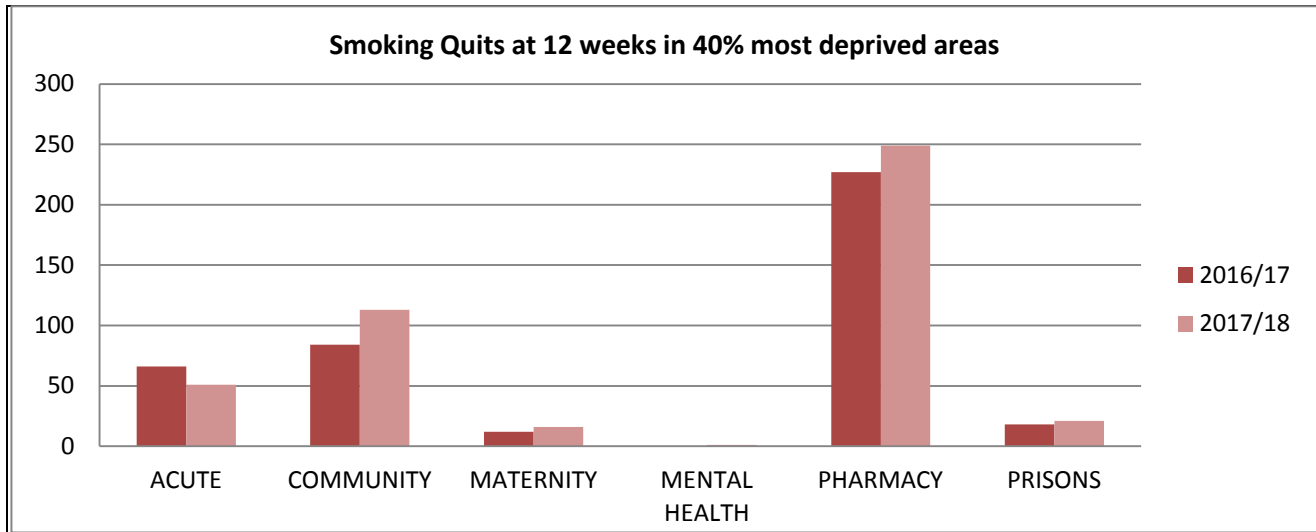


Commentary

The 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%).

In Q2 in 2017-18, the cessation services in NHSGG&C achieved 451 successful quits at 12 weeks against a target of 501. Whilst below target for this quarter, the services have again improved their performance this quarter compared to Q2 in 2016-17 (407 quits at 12 weeks), continuing the trend observed in Q1 of this year. This was a result of improved performance both in the pharmacy and in the community services. With the exception of North West Sector in Glasgow City and East Dunbartonshire, all local areas are below trajectory (*Chart 1 and Chart 2*).

Cumulatively, over Q1 and 2 NHSGG&C data systems show that the services have achieved 903 quits at 12 weeks in Quarter 1 against a target of 1,002 (90% of the target). This is above the Scottish average performance of the cessation services, which is at 80% of the target. Compared to the performance of other NHS Boards, NHSGG&C is the second highest performing mainland board.



Given that NHSGG&C achieved 95% of the target set last year, the improved performance observed in Quarter 1 and 2 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.

A targeted social media campaign is running on Facebook over Q4. There has been significant engagement with the campaign and a number of direct referrals have been generated.

With the introduction of Smokefree prisons in November 2018, 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 have engaged with the Scottish Government to resolve issues in relation to NHSGG&C pregnancy data which arise as a result of our shared care model of support and this will result in improved reporting and an increase in successful 12 week quits.

Timeline for Improvement

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