

**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.

Purpose of Paper

To bring 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 2018-19 Corporate Objectives.

Key Issues to be Considered

The report has been revised to reflect the 2018-19 Corporate Objectives' key themes and the 2018-19 trajectories developed as part of the 2018-19 Annual Operational Plan process.

Key performance changes include:

Areas Meeting or Exceeding the Target

- Access to a range of services including Drug and Alcohol Treatment, Alcohol Brief Interventions, CAMHS, Psychological Therapies and IVF Treatment continued to either meet or exceed target.
- Monthly compliance with the 18 week RTT target remains positive at 88.6% particularly in the context of national performance (81.2% across NHSScotland as at March 2018).
- % of patients waiting < 4 hours at A&E from arrival to admission, discharge or transfer for A&E treatment is currently exceeding the trajectory for May 2018.
- The number of C.Diff cases continues on track against target.
- The overall response rate to Complaints and Freedom of Information requests continue to meet or exceed target.
- The achievement of the 3 key financial targets (including break-even).

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
- Number of patients waiting >6 weeks for a key diagnostic test
- 12 week Treatment Time Guarantee (TTG)

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

Measures Rated As Red (7)

A total of 7 measures have been rated red due a variance of > 5% against target / trajectory. Current performance is 2 fewer than previously reported to the Board.

- Suspicion of Cancer referrals (62 days)
- Delayed discharges and bed days occupied by delayed discharge patients
- % 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 exception 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 exception 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

None identified.

Any Health Inequalities Implications from this Paper

None identified.

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 priorities to which your paper relates

The report is structured around the four key themes outlined in the 2018-19 Corporate Objectives which has the priorities embedded within it.

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Director of Finance
Tel No: 0141 201 4609
26 June 2018

NHS GREATER GLASGOW AND CLYDE

Board Meeting
26 June 2018

Paper No:18/26

Director of Finance

**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 2018-19 Corporate Objectives. 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. CHANGES TO THE REPORT FORMAT AND STRUCTURE

The report has been changed to reflect the 4 key themes outlined in the 2018-19 Corporate Objectives. The report draws on a basic balanced scorecard approach and uses the 4 key themes outlined in the 2018-19 Corporate Objectives. Some indicators could fit under more than one key theme, but are placed in the theme 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 indicators highlighted in *italics* are those indicators that each of the Health and Social Care Partnerships (HSCPs) has a direct influence in delivering. Each of these indicators can be disaggregated by each of the HSCP areas.

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 four key themes identified in the 2018-19 Corporate Objectives.
- 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. 2018-19 ANNUAL OPERATIONAL PLAN

As part of the 2018-19 Annual Operational Plan process, projected March 2018 baseline figures and 2018-19 trajectories for key local delivery plan waiting time targets were submitted to the Scottish Government for approval. Each of the trajectories provide a more realistic plan in which to track and measure progress against and each have been used in this report where appropriate. *Appendix 1* contains the trajectories that are being used to track progress against.

4. SUMMARY OF PERFORMANCE

Key performance changes include:

Areas Meeting or Exceeding the Target/Trajectory

- Access to a range of services including Drug and Alcohol Treatment, Alcohol Brief Interventions, CAMHS, Psychological Therapies and IVF Treatment continued to either meet or exceed target.
- Monthly compliance with the 18 week RTT target remains positive at 88.6% particularly in the context of national performance (81.2% as at March 2018).
- A&E 4 hour waits at 92.8% is current exceeding trajectory for April 2018.
- The number of C.Diff cases continues on track against target.
- The overall response rate to Complaints and Freedom of Information requests continue to meet or exceed target.
- The achievement of the 3 key financial targets (including break-even).

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
 - Number of patients waiting >6 weeks for a key diagnostic test
 - 12 week Treatment Time Guarantee (TTG)
- The overall number of delayed discharges and associated bed days lost also continues to remain challenging.

Measures Rated As Red (7)

A total of 7 measures have been rated red due a variance of > 5% against target / trajectory. Current performance is 2 fewer than previously reported to the Board.

- Suspicion of Cancer referrals (62 days)
- Delayed discharges and bed days occupied by delayed discharge patients
- % 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 exception report outlining the 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 four key themes outlined in the 2018-19 Corporate Objectives. 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
Better Health	1	1	2	0	4
Better Care	5	3	6	2	16
Better Value	0	0	3	0	3
Better Workplace	1	0	0	0	1
TOTAL	7	4	11	2	24

PERFORMANCE AT A GLANCE - JUNE 2018									
BETTER HEALTH									
Ref	Type	Local Delivery Plan Standard	As At	2017-18 Actual	2018-19 Actual	2018-19 Target	Perform Status	Dir of Travel	Exception Reports
1	LDPS	80% of pregnant women in each SIMD quintile have access to Antenatal Care at 12 week gestation	Oct - Dec 17	79.8%	—	80.0%	AMBER	↓	
2	LDPS	Drug and Alcohol: % of patients waiting <3 weeks from referral to appropriate treatment	Oct - Dec 17	95.5%	—	90.0%	GREEN		
3	LDPS	Alcohol Brief Interventions*	Apr - Mar 18	13,937	—	13,086	GREEN	↑	
4	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas	Apr - Dec 17	1,348	—	1,503	RED		Page 24
BETTER CARE									
Ref	Type	Local Delivery Plan Standard	As At	2017-18 Actual	2018-19 Actual	2018-19 Target	Perform Status	Dir of Travel	Exception Reports
5	LDPS	% of patients waiting <4 hours at A&E	May-18	90.7%	92.8%	91.0%	GREEN	↑	
6	LKPI	Total A&E Presentations (ED, MIU & AUs)	May-18	44,686	46,146	—	GREY	—	
		Accident & Emergency Presentations	May-18	38,531	40,020	—	GREY	—	
		Other Accident and Emergency Presentations	May-18	6,155	6,126	—	GREY	—	
7	HSCI	Total number of patients delayed across NHSGG&C (taken at Census point)	Apr-18	151	204	TBC	RED	↓	Page 19
		Acute Patients	Apr-18	107	134				
		Adult Mental Health Patients	Apr-18	44	70				
8	HSCI	Total number of Bed Days Lost to Delayed Discharge	Apr-18	4,743	5,354				
		Acute Bed Days Lost	Apr-18	3,285	3,521				
		Mental Health Bed Days Lost	Apr-18	1,458	1,833				
9	LDPS	18 Week Referral To Treatment (RTT)	Apr-18						
		Combined Admitted/Non Admitted	Apr-18	88.6%	88.6%	90.0%	AMBER	↔	
		Combined Linked Pathway	Apr-18	87.4%	85.5%	80.0%	GREEN	↓	
10	LKPI	New Outpatient Appointments							
		% of available new outpatients waiting <12 weeks for a new outpatient appointment (inc RHC and Dental)	Apr-18	81.3%	72.0%	25,298	AMBER	↓	
		Number of available patients waiting > 12 weeks for a new outpatient appointment (inc RHC and Dental)	Apr-18	16,662	25,624				
11	LKPI	Access to a Key Diagnostic Test							
		% of patients waiting < 6 weeks for access to a key diagnostic test	Apr-18	84.5%	74.2%	4,692	RED	↓	Page 12
		Number of patients waiting >6 weeks for a key diagnostic test	Apr-18	3,165	7,294				
12	LDPS	12 week Treatment Time Guarantee (TTG)							
		% of inpatient / daycases treated within the 12 week TTG	Apr-18	85.4%	79.3%	4,866	RED	↓	Page 16
		Number of inpatients / daycases waiting >12 weeks TTG	Apr-18	3,231	5,382				
13	LKPI	Patient unavailability (Adults)	Apr-18						
		Inpatient/Day Cases (inc Endoscopy)	Apr-18	1,294	1,353	—	GREY	↓	
		Outpatients	Apr-18	1,163	885	—	GREY	↑	
14	LDPS	Suspicion of Cancer Referrals (62 days)*	Apr-18	83.6%	74.1%	84.0%	RED	↓	Page 8
15	LDPS	All Cancer Treatments (31 days)*	Apr-18	92.7%	90.7%	93.0%	AMBER	↓	
16	LDPS	C.Diff Infections (cases per 1,000 AOBDR rolling year for 15 years+)	Dec-17	0.33	—	0.24	GREEN	↓	
17	LDPS	SAB Infection rate (cases per 1,000 AOBDR rolling year)	Dec-17	0.32	—	0.32	RED	↓	Page 22
18	LDPS	% of eligible patients commencing IVF treatment within 12 months	Apr-18	100.0%	100.0%	90.0%	GREEN	↔	
19	LDPS	% patients who started their treatment within 18 weeks of RTT to Specialist Child and Adolescent Mental Health Services	Mar-18	90.0%	—	90.0%	GREEN	↓	
20	LDPS	% patients who started treatment <18 weeks of referral for psychological therapies	Mar-18	91.9%	—	90.0%	GREEN	↓	
BETTER VALUE									
Ref	Type	Local Delivery Plan Standard	As At	2017-18 Actual	2018-19 Actual	2018-19 Target	Perform Status	Dir of Travel	Exception Reports
21	LDPS/LDF	Financial Performance	Mar-18	£0.3m	—	£0.0m	GREEN	↑	
22	LKPI	Freedom of Information requests responded to within 20 working days	Jan - Mar 18	90.0%	—	90.0%	GREEN	↑	
23	LKPI	% of complaints responded to within 20 working days	Jan - Mar 18	74.0%	—	70.0%	GREEN	↔	
		% of complaints closed at Stage 1 within 5 working days	Jan - Mar 18	87.0%	—	—	GREY	—	
		% of complaints closed at Stage 1 between 6 - 10 working days	Jan - Mar 18	8.0%	—	—	GREY	—	
		% of complaints closed at Stage 2 within 20 working days	Jan - Mar 18	60.0%	—	—	GREY	—	
BETTER WORKPLACE									
Ref	Type	Local Delivery Plan Standard	As At	2017-18 Actual	2018-19 Actual	2018-19 Target	Perform Status	Dir of Travel	Exception Reports
24	LDPS/LDF	Sickness Absence (month ending)	Apr-18	5.22%	4.59%	4.0%	RED	↑	Page 26
		Long Term	Apr-18	2.70%	2.33%	—	GREY	↑	
		Short Term	Apr-18	2.53%	2.26%	—	GREY	↑	
* 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	2017-18 Actual	2018-19 Actual	2018-19 Target	Perform Status	Dir of Travel
1	80% of pregnant women in each SIMD quintile have access to Antenatal Care at 12 week gestation	Oct – Dec 2017	79.8%	–	80%	AMBER	↓

Commentary

During the period October – December 2017, the percentage of mums booked for antenatal care by 12 weeks gestation was 85.3%. The lowest performing quintile was SIMD 1 (most deprived) at 79.8% marginally below the target of 80%. The marginal decrease in performance is mainly as a result of data quality issues experienced following the introduction of the new maternity system (BADGERNET) in November 2017. These issues are currently being investigated and expected to be resolved for the reporting period April – June 2018. Once resolved it is anticipated that the target will once again be met in all quintiles.

Ref	Measure	As At	2017-18 Actual	2018-19 Actual	2018-19 Target	Perform Status	Dir of Travel
10	Number of available new outpatients waiting > 12 weeks for a new outpatient appointment	Apr 2018	16,662	25,624	25,298	AMBER	↓

Commentary

As at April 2018 (month end), a total of 25,624 available new outpatients were waiting > 12 weeks for a new outpatient appointment. Whilst current performance is 1% above the trajectory (25,298) for April 2018 there has been a month on month improvement in the number of new outpatients waiting > 12 weeks since the peak in February 2018 of 28,172. The April 2018 position represents a further reduction on the previously reported position and is the lowest number of patients reported as waiting > 12 weeks since June 2017. Local management information indicates that the improvements made to date have continued.

Ref	Measure	As At	2017-18 Actual	2018-19 Actual	2018-19 Target	Perform Status	Dir of Travel
15	% of patients diagnosed with cancer treated within 31 days from decision to treat to first treatment	Apr 2018	92.7%	90.7%	93.0%	AMBER	↓

Commentary

As at April 2018 (month end), 90.7% of patients diagnosed with cancer were treated within 31 days from decision to treat to receiving their first treatment. Current performance is slightly below the trajectory of 93.0% for April 2018 and attributable to performance in relation to 2 cancer types namely Breast and Urology. Details on each are outlined in the Cancer 62 day exception report on page 8.

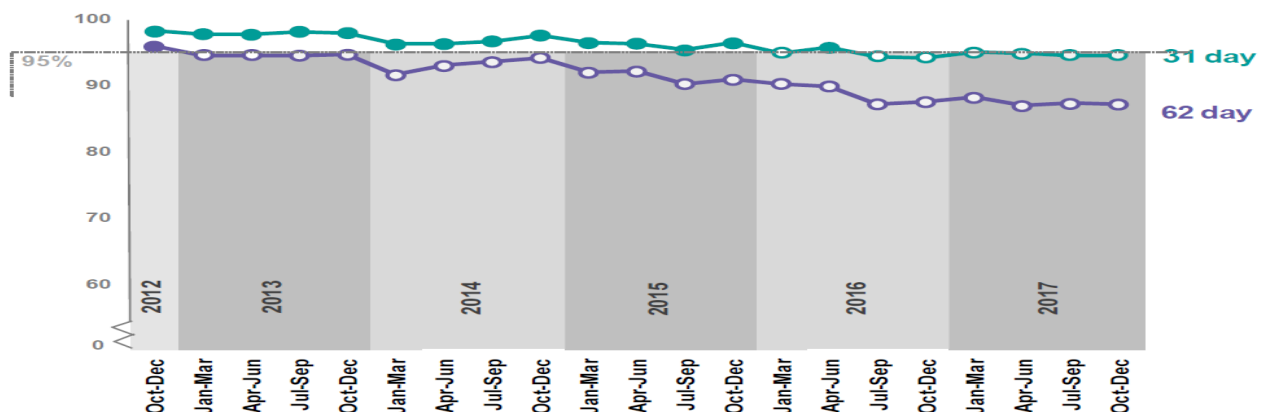
PERFORMANCE EXCEPTION REPORTS

Exception Report: Suspicion of Cancer Referrals (62 days)

Measure	Suspicion of Cancer Referrals
Current Performance	As at April 2018, 74.1% 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 October – December 2017, 87.1% of patients with an urgent referral for suspicion of cancer started their first cancer treatment within 62 days of the referral, a slight decrease from the 87.2% in the previous quarter.
Lead Director	Gary Jenkins, Director of Regional Services

NHSScotland's Performance

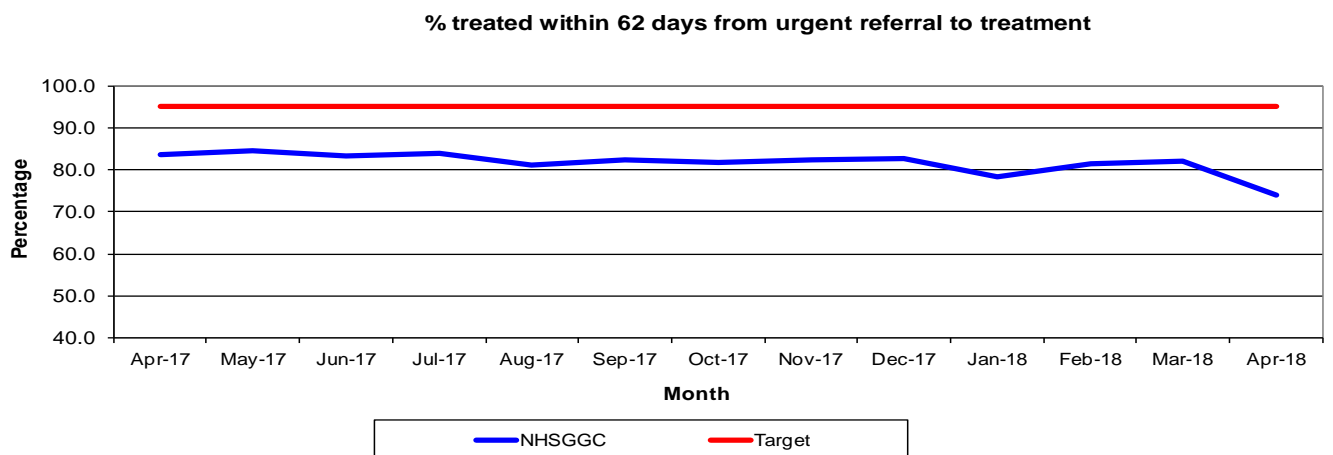
National Trend



Across NHSScotland there were a total of 3,394 eligible referrals within the 62-day standard during the period October – December 2017, a slight increase of 140 (4.3%) on the same period the previous year. NHS Greater Glasgow & Clyde (NHSGG&C) accounted for 25% (864) of total eligible referrals across NHSScotland.

87.1% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral, a slight decrease from the 87.2% reported the previous quarter (July – September 2017). During the period October – December 2017, a total of four NHS Boards met the 62 day standard namely Borders (97.3%), Dumfries & Galloway (95.1%), NHS Lanarkshire (96.1%) and NHS Orkney (100%). NHSGG&C's compliance during the same period was 82.6%.

NHSGG&C's Performance



At April 2018, 74.1% (217 out of 293) of eligible referrals with an urgent referral for suspicion of cancer started their first treatment within 62 days of referral, below the 95% target. The April 2018 position represents a deterioration on the March 2018 (82.1%).

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

- Breast 73.2% (71 out of 97 eligible referrals treated within target) a decrease on the 89.2% reported in March 2018.
- Colorectal 69.7% (23 out of 33 eligible referrals treated within target) a decrease on the 78.0% reported in March 2018.
- Head and Neck 52.6% (10 out of 19 eligible referrals treated within target) a decrease on the 92.3% reported in March 2018.
- Lung 82.1% (23 out of 28 eligible referrals treated within target) a decrease on the 85.7% reported in March 2018.
- Lymphoma 92.9% (13 out of 14 eligible referrals treated within target) a decrease on the 91.7% reported in March 2018.
- Melanoma 93.3% (14 out of 15 eligible referrals treated within target) a decrease on the 100% reported in March 2018.
- Upper GI 89.5% (34 out of 38 eligible referrals treated within target) an increase on the 79.2% reported in March 2018.
- Urological 52.4% (22 out of 42 eligible referrals treated within target) a decrease on the 57.7% reported in March 2018.

The following cancer types continued to exceed the target in April 2018, Cervical (100%) and Ovarian (100%).

April 2018 also saw a deterioration in 31 day performance from 91.9% in March 2018 to 90.7% in April 2018. The cancer types currently below the 95% target are as follows:

- Breast 79.3% (96 out of 121 patients treated within target) a decrease on the 88.4% reported in March 2018.
- Colorectal 93.1% (54 out of 58 eligible patients treated within target) a decrease on the 95.5% reported in March 2018.
- Head and Neck 94.4% (34 out of 36 eligible patients treated within target) a marginal increase on the 94.1% reported in March 2018.
- Urological 82.6% (76 out of 92 patients treated within target) an increase on the 78.8% reported in March 2018.

The following cancer types all exceeded the 95% target in April 2018, Cervical (100%), Lung (98.6%), Lymphoma (100%), Melanoma (96.7%) Ovarian (100%) and Upper GI (100%).

With regard to breast services, there was a further increase in the number of screened patients treated in April 2018 from 28 in February 2018, 60 in March 2018 to 65 in April 2018; this was again the area of lowest performance against the 95% target.

There remains a significant increase on bowel screening referrals across NHSGG&C which is placing additional pressure on this service. Although an increase in bowel screening referrals was anticipated with the introduction of qFIT, the increase in referrals has exceeded that expected and this is replicated in NHS Boards across Scotland.

Actions to Address Performance

As reported previously, the following additional actions have been agreed by the Chief Officer, Acute and Chief Executive:

- NHSGG&C to deliver the 31 day target by 8 June, the impact of this measure on performance will not

be evident until July 2018.

- NHSGG&C to ensure delivery of the 62 day target for Breast Services by the end of June 2018, the impact of this measure on performance will not be evident until July 2018.

To support these specific measures and ensure the delivery of the 31 day target and improvements in the 62 day target, weekly dedicated meetings are held with each Sector/Directorate team at Director and General Manager level to review waiting times at patient level.

There have been five such meetings at the time of this report, the first two reported through Director's Access in May, 2018.

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

- The review of Diagnostic Imaging capacity to assess the possibility of a seven day turnaround to assist with cancer access compliance has now concluded. This will be considered at the Director's Access meeting in June 2018.
- A Cancer Waiting Times Policy has been developed for NHSGG&C. This builds on best practice across the NHS in both England and Scotland and will ensure roles and responsibilities as well as escalation processes are explicit with regard to managing the cancer pathway. The policy was approved at Director's Access in May 2018 and will be implemented following a pan GGC meeting on 25th June.
- Microstrategy has now been moved into the live environment and will be made available to Services following the pan GGC meeting on 25th June.
- The six Breast Service Advanced Nurse Practitioners have now been appointed and will take up post once the recruitment process concludes. The successful applicants will undergo a period of in-house induction and training prior to their university course commencing in September 2018.
- The three Sectors and Diagnostics Directorate are reviewing breast services across NHS GGC to re-align Surgical and Diagnostic resource to maximise base capacity for both one stop and localisations. At the same time, the Diagnostic Directorate are reviewing options to support additional breast clinic capacity at weekends.
- Following the repatriation of Breast screening work back to NHS Lanarkshire from 1st April 2018, the South Sector team are reviewing the conversion of theatre capacity to create additional clinic capacity to ensure patients are booked within the 14 day pathway milestone.
- The Clyde Sector team have converted clinic capacity to create additional USoC slots for breast services, the numbers of patients booked out with the 14 day pathway milestone continues to decrease.
- A Locum Breast Surgeon has been appointed pending appointment to a substantive Consultant vacancy in Clyde. Once the substantive post has been filled, three of the Breast Surgeons will no longer participate on the on-call rota, further improving available capacity.
- Non recurring funding has been allocated to support the training and backfill of two Radiographers to further support Breast Services. One Radiographer has been identified and further discussions are taking place regarding the second post.

Timeline for Improvement

We have committed to the delivery of both the 31 day and 62 day cancer waiting times target by March 2019 as part of the 2018-19 Annual Operational Plan process. The delivery of this will be subject to the outcome of discussions with the Scottish Government Access Team. The proposed trajectory (based on validated quarterly figures) is as below:

	Apr - Jun 2018	Jul - Sep 2018	Oct - Dec 2018	Jan - Mar 2019
62-day CWT	84.0%	88.0%	92.0%	95.0%
31-day CWT	93.0%	94.0%	94.5%	95.0%

The measures identified above will bring forward the 31 day trajectory to July 2018 thus ensuring delivery from 2018 Quarter 2.

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 April 2018 (month end), there were a total of 7,294 patients waiting >6 weeks for one of the key diagnostic tests and investigations. Current performance is in excess of the trajectory of 4,692.
National Performance <i>(using latest published data)</i>	At the quarter ending 31 March 2018, 88,544 patients in NHSScotland were waiting for one of the eight key diagnostic tests and investigations. 80.6% of patients waiting had been waiting for less than six weeks.
Lead	Jonathan Best, Interim Chief Operating Officer

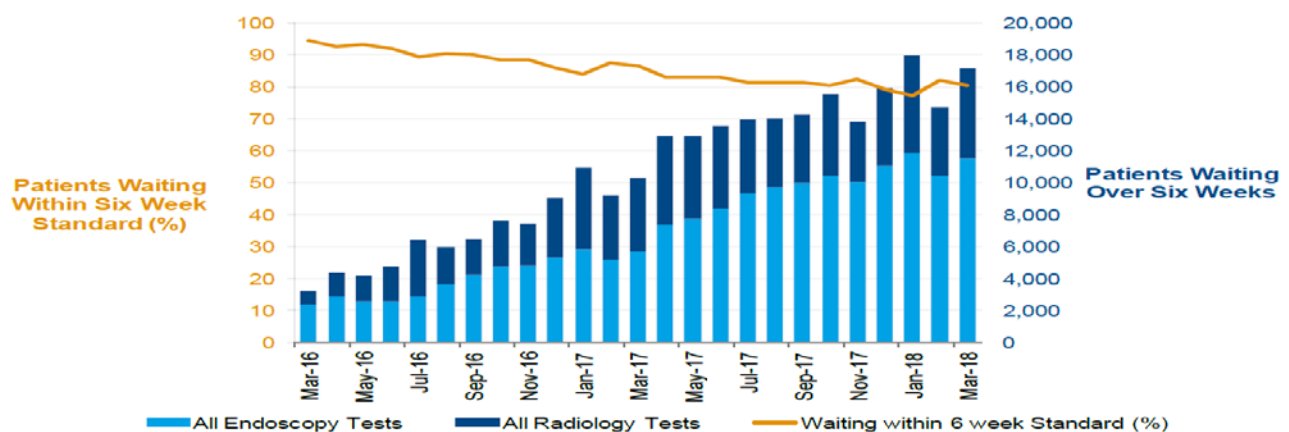
NHSScotland Performance

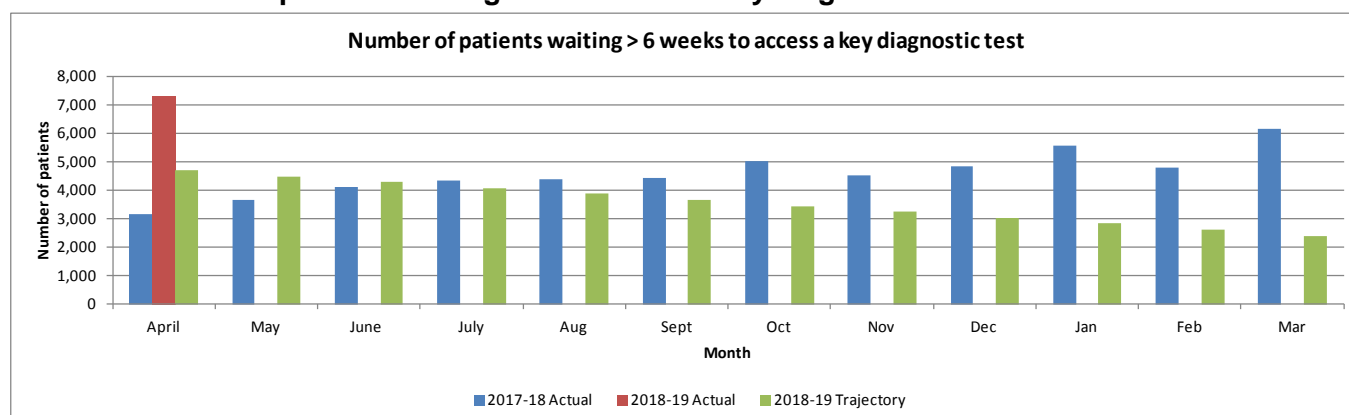
At the quarter ending 31 March 2018, there were a total of 88,544 patients waiting for one of the eight key diagnostic tests and investigations across NHS Scotland. Current performance represents a 15% increase on the number of patients reported at the quarter ending December 2017.

Across NHS Scotland, 80.6% of patients waiting for a key diagnostic test had been waiting within the six weeks waiting time standard. The March 2017 performance is higher than the 79.3% reported in December 2017 and lower than the 86.7% reported during the same quarter the previous year. Across NHSGG&C for the same period (quarter ending March 2018) the figure was 78.8% marginally lower than the 79.2% reported for the quarter ending December 2017.

Chart 1 below shows the monthly trend in the percentage of patients waiting >6 week standard across NHSScotland. Performance has gone from a high of 94.7% of patients waiting within the six week standard at month end 29 February 2016, to a low of 80.6% at month ending 31 March 2018.

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 April 2018 (month end) there were a total of 7,294 patients waiting >6 weeks for a key diagnostic test representing a 19% increase in the number of patients waiting in March 2018 (6,139). Current performance is significantly higher than the trajectory of 4,692 for April 2018. The increase in the number of patients waiting >6 weeks for a key diagnostic test was experienced in both endoscopic and imaging procedures.

The overall number of patients waiting >6 weeks represents 26% of the total number of patients on the waiting list for the eight key diagnostic tests. At April 2018 (month end), 49.7% of patients waiting for endoscopy tests were waiting <6 weeks and 89.2% of patients waiting for radiology tests had been waiting <6 weeks.

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

Scopes

- 1,555 patients were waiting >6 weeks for an upper endoscopy test (an increase on the 1,534 patients reported in March 2018).
- 379 patients were waiting >6 weeks for a lower endoscopy test (a decrease on the 400 patients reported in March 2018).
- 2,159 patients were waiting >6 weeks for a colonoscopy test (an increase on the 1,994 patients reported in March 2018).
- 1,266 patients were waiting >6 weeks for a cystoscopy test (an increase on the 1,185 patients reported in March 2018).

The majority of patients waiting >6 weeks for a scope in April 2018 were waiting for an appointment in the South Sector (3,082 patients, an increase on the 2,824 patients reported in March 2018) and the Clyde Sector (2,212 a marginal decrease on the 2,215 patients reported in March 2018).

Current performance is partly attributed to the pressure created as a result of the introduction of the new bowel screening kits (Faecal Immunochemical Test (FIT)). Local management information indicates a significant increase in the number of positive referrals between January 2018 and March 2018. Prior to the introduction of the FIT in November 2017, there were approximately 260 positive monthly referrals for NHSGG&C, this increased to approximately 450 positive referrals in March 2018 representing a 73% increase. To accommodate the growth in the number of positive referrals, some symptomatic lists have had to be converted to screening and this has impacted further on the waiting list position. The waiting

time for bowel screening colonoscopy is currently six to eight weeks.

Radiology

Overall the number of patients waiting >6 weeks for a radiology test increased from 1,026 reported in March 2018 to 1,935 reported in April 2018. The 1,935 patients waiting >6 weeks were waiting for the following tests:

- Magnetic Resonance Imaging (MRI) – 674 patients were waiting >6 weeks (an increase on the 336 patients reported in March 2018).
- Computer Tomography (CT) – 417 patients were waiting >6 weeks (an increase on the 241 patients reported in March 2018).
- Non Obstetric Ultrasound (NOU) – 844 patients were waiting >6 weeks (an increase on the 449 patients reported in March 2018).
- There were no patients waiting >6 weeks for Barium Studies.

The delays in Radiology continue to remain mainly in the reporting of the exams. Additional scanning capacity remains variable depending on radiographer and sonographer availability.

Actions to Address Performance

Scopes

The following actions are currently underway to improve performance:

- The focus remains on those patients with the highest clinical priority and longest waiting times.
- Given the increase in the number of positive referrals as a result of the introduction of FIT, the priority is given to this cohort of patients. Similarly, the focus on patients waiting longest has had an impact on those waiting <6 weeks. To date the improvement work has focused on ensuring that by May 2018, no patients will be waiting more than 180 days for a scope.
- Work is also underway to redistribute patients across each of the three sectors alongside using the additional capacity secured at the Golden Jubilee which started in January 2018. Discussions are currently underway to continue the arrangement with the Golden Jubilee during 2018-19. 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.
- Additional Saturday sessions at Stobhill and Gartnavel delivered an additional 3,868 scopes during 2017-18 and it is anticipated the same levels will be delivered during 2018-19.
- A locum endoscopist has been secured from June 2018 to deliver eight endoscopy lists per week (approximately 36 – 44 patients per week).

Radiology

Additional scanning sessions are in place with local management information indicating CT appointments are now at 6 weeks. Waiting times for MRI appointments are currently at 8 week waits and expected to return to 6 weeks for an appointment by the end of June 2018. Additional scanning capacity for MRI was lost due to the MRI replacement in the Royal Alexandra Hospital.

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

The trajectory to return scan appointments to six weeks is within the following timescales.

- CT – has now reached the 6 week target for appointment.
- MRI – six week appointments is now by the end of May 2018.
- NOU – six week appointments is on track to be achieved by the end of June 2018.

Radiology continues to look for additional reporting capacity and currently outsourcing and utilising locums to address performance.

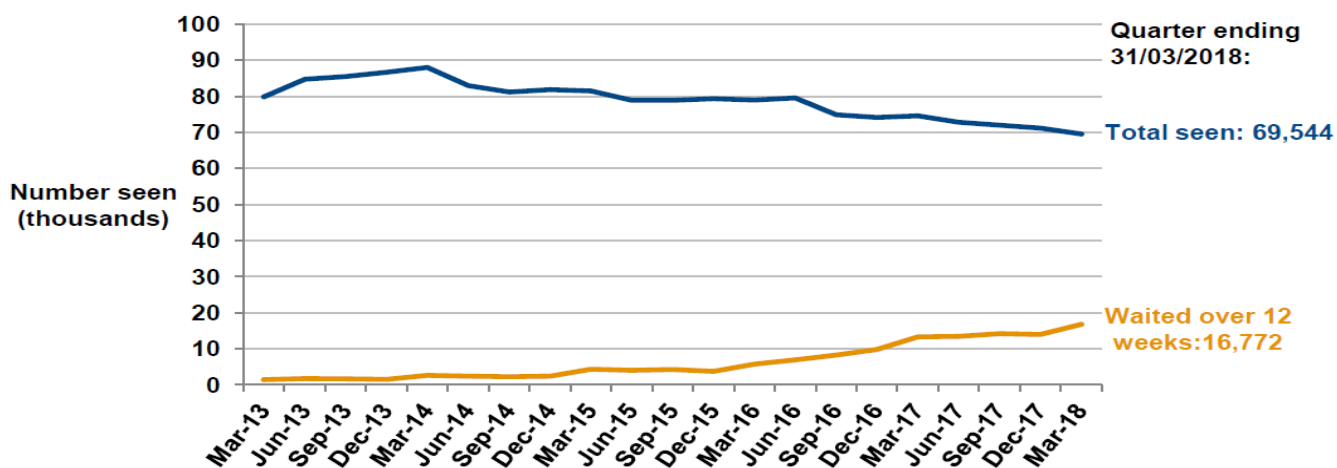
Exception Report: 12 Week Treatment Time Guarantee

Measure	12 week Treatment Time Guarantee (TTG)
Current Performance	As at April 2018 (month end), a total of 5,382 patients were waiting >12 weeks TTG for an inpatient/daycase procedure. Current performance is above the trajectory of 4,866 for April 2018.
NHSScotland <i>(Latest published data available)</i>	As at March 2018 (month end), a total of 20,657 patients were waiting >12 weeks for an inpatient/daycase procedure across NHS Scotland.
Lead Director	Jonathan Best, Interim Chief Operating Officer

NHSScotland Performance

During the quarter ending March 2018, 75.9% of patients seen waited within the TTG of 12 weeks across Scotland, for NHSGG&C during the same period, performance was 80.9%. Of the total number of patients treated across NHS Scotland (69,544), a total of 16,772 patients had waited over 12 weeks in the quarter ending 31 March 2018, for NHSGG&C the total was 4,106. There were five Boards below the Scotland figure, with NHS Lanarkshire (62.6%), NHS Forth Valley (56.1%) and NHS Grampian (64.0%) being the lowest.

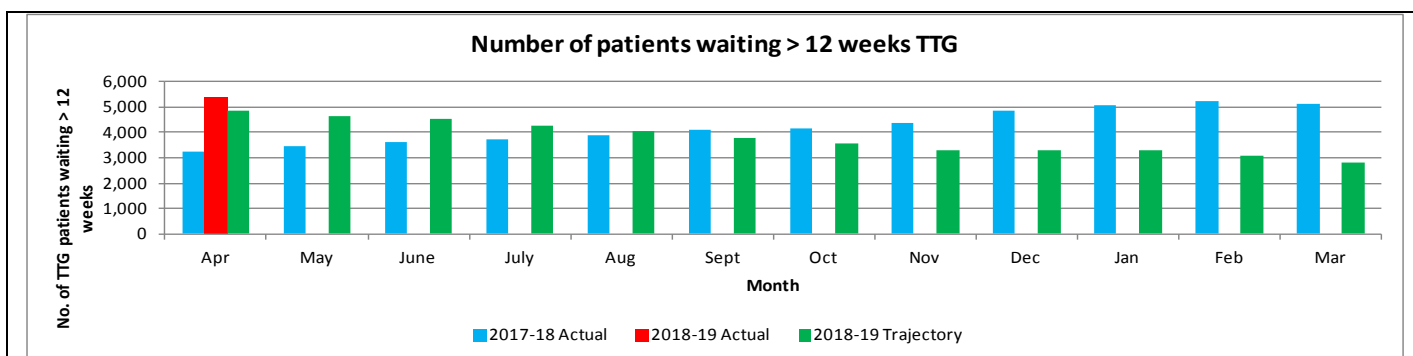
Chart 1: Number of TTG Patients Seen and Number Who Waited >12 Weeks Across NHSScotland



While the 12 week TTG applies to patients seen, the number of patients waiting for treatment at a point in time is a key measure in assessing performance. As at March 2018 (month end), 72.0% of patients' ongoing waits for treatment were waiting within 12 weeks across Scotland, for NHSGG&C the figure was 74.0%.

NHSGG&C Commentary

As at April 2018 (month end), 79.3% of patients treated under the TTG waited <12 weeks for their treatment across NHSGG&C. A total of 5,382 inpatient/daycase patients were waiting >12 weeks TTG for and inpatient/daycase procedure representing a 5% increase on the 5,108 patients waiting the previous month across NHSGG&C. Current performance is 11% higher than the trajectory of 4,866 for April 2018.



Number of patients waiting > 12 week Treatment Time Guarantee												
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017-18 Actual	3,231	3,472	3,593	3,733	3,908	4,086	4,136	4,364	4,869	5,076	5,228	5,108
2018-19 Actual	5,382											
2018-19 Trajectory	4,866	4,624	4,503	4,261	4,019	3,777	3,535	3,293	3,293	3,292	3,051	2,809

The main specialties with the highest volume of patients waiting >12 weeks experiencing pressure and accounting for the majority (82%) of patients waiting >12 weeks (4,388) for an inpatient/daycase procedure are listed below:

Number of TTG patients waiting > 12 weeks			
Specialty	Apr-18	Apr 18 Trajectory	% Variance From Trajectory
Orthopaedic Surgery	2555	2363	8.1
Urology	361	320	12.8
General Surgery (inc Vascular)	256	172	48.8
Paediatric ENT	804	756	6.3
Paediatric Surgery	412	371	11.1

As seen from the table above, each of the specialties are currently above the planned position for April 2018.

Actions To Address Performance

A number of actions are in place to help reduce the number of eligible TTG patients waiting >12 weeks including:

- Inpatient Urology Scheduling Pilot Project – the National Access Support Team have agreed to provide additional support to look at our urology scheduling processes with the view of identifying additional capacity. This work will be piloted in the South Sector starting mid-June 2018 with the report on the recommendations expected by the end of June 2018. If the findings are positive and additional capacity has been identified, the next stage will be to roll out the recommendations across Acute.
- As part of the capacity planning programme, the Chief Executive is scheduled to meet with each of the Directors and General Managers from across the Acute Sectors/Directorates to confirm the specific actions they have in place to address patients waiting the longest. Progress against each will be tracked on a weekly basis.
- As part of the Financial Improvement Programme currently underway there are two key work streams that are expected to yield additional capacity to enable more eligible TTG patients to be treated for an inpatient/daycase procedure. Firstly, the Theatres productivity work stream, currently looking at the utilisation of all theatres sessions across Acute to ensure they are fully utilised. Those areas identified as being under-utilised will be converted into additional scheduled sessions in order to maximise productivity. In addition, day surgery procedures are currently being considered as part of the Consistency and Variation work stream particularly in our Ambulatory Care Hospitals (ACHs) to ensure

that the throughput is maximised and to identify whether other additional daycase procedures can be carried out in ACHs.

- The additional Access Funds received from the Scottish Government 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 waiting time.

Timeline for Improvement

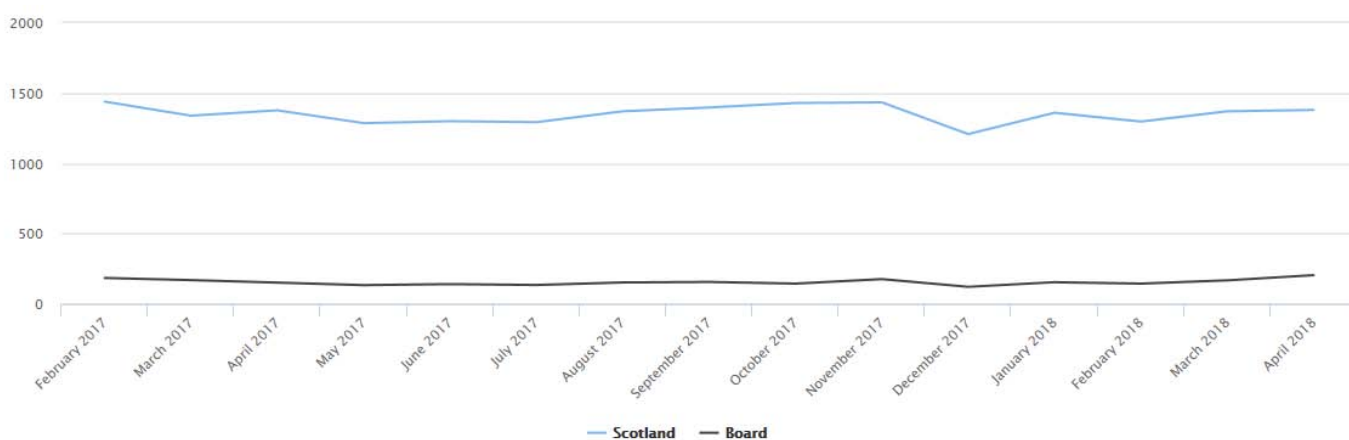
NHSGG&C remains committed to improving performance in relation to the 12 week TTG target and the focus for improvement will remain on targeting patients with the highest clinical priority and on reducing the number of patients with the longest waiting time.

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

Measure	Delayed Discharges and Bed Days Occupied by Delayed Discharge patients (inc Adults with Incapacity).
Current Performance	As at April 2018, there were a total of 204 patients delayed across NHSGG&C resulting in the loss of 5,354 bed days occupied by delayed patients.
NHSScotland (Latest published data available)	As at April 2018, there were a total of 1,380 patients delayed resulting in the loss of 41,453 bed days occupied by delayed patients across NHSScotland.
Lead Director	Dr Mags Mcguire, Nursing Director

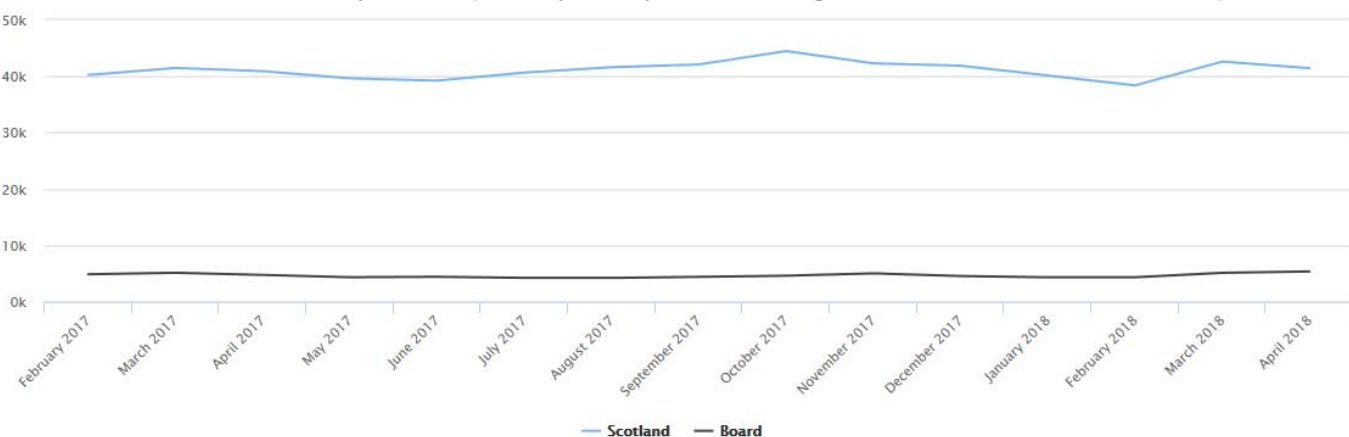
NHSScotland's Performance

Chart 1: Number of Delayed Discharges across NHSScotland – April 2018



Across NHSScotland, there were a total of 1,380 patients delayed at the April 2018 census. The number of delays across NHSScotland represents a 1% increase on the previous months' performance (March 2018 – 1,370 delayed discharges). NHSGG&C accounted for 15% (204) of the total number of delayed patients reported across Scotland in April 2018 and performance represents a 22% increase in the number of delays reported the previous month (167).

Chart 2: Number of Bed Days Occupied by Delayed Discharges Across NHSScotland – April 2018



The 1,380 patients delayed across NHSScotland resulted in the loss of 41,453 occupied bed days, a 3% reduction on the number of bed days occupied by delayed discharge patients reported the previous month (March 2018 – 42,628 bed days occupied by delayed discharge patients). Overall, NHSGG&C accounted for 13% (5,354) of total occupied bed days lost to delayed discharge across Scotland in April 2018 and performance represented a 5% increase on the previous months' performance (5,119).

NHSGG&C's Performance**Table 1: Total number of delayed discharge patients across NHSGG&C – April 2018**

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Total number of patients delayed (at census point)	151	133	140	134	152	156	144	177	121	154	144	167	204
Acute	107	99	86	95	111	112	92	117	72	102	85	105	134
Mental Health	44	34	54	39	41	44	52	60	49	52	59	62	70

As seen from *Table 1* above, a total of 204 patients were delayed across NHSGG&C. The Total comprises 134 acute patients and 70 mental health patients delayed. Overall performance represents a deterioration on the monthly average of 148 delayed patients for the previous 12 months (April – March 2018) and a 22% increase on the previous months' performance.

The increase in the number of delayed patients is as a result of the significant increase in the number of delayed patients from West Dunbartonshire HSCP (increasing from six in March 2018 to 17 in April 2018); Glasgow City HSCP (increasing from 93 delays in March 2018 to 116 patients delayed in April 2018) and the other four health boards outwith NHSGG&C that collectively reported an increase of 12 delayed patients when compared to the previous month with the most notable being South Lanarkshire and Argyll and Bute both increasing by four delayed patients respectively.

Table 2: Total number of bed days occupied by delayed patients across NHSGG&C – April 2018

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Total number of bed days occupied by delayed patients	4,743	4,327	4,413	4,224	4,212	4,404	4,601	5,068	4,549	4,320	4,332	5,119	5,354
Acute	3,285	3,076	2,813	2,886	2,947	3,184	3,157	3,440	2,963	2,760	2,752	3,212	3,521
Mental Health	1,458	1,251	1,600	1,338	1,265	1,220	1,444	1,628	1,586	1,560	1,580	1,907	1,833

Table 2 highlights a total of 5,354 bed days occupied by delayed patients across NHSGG&C comprising 3,521 acute beds and 1,833 mental health beds occupied by delayed patients. Current performance across NHSGG&C represents an 18% increase on the monthly average bed days occupied by delayed patients for the previous 12 months (4,526 for the period April – March 2018) and a 5% increase on the previous month.

The increase in the number of bed days occupied by delayed patients is mainly driven by increases in Glasgow City HSCP which has seen a month on month increase since January 2018 and increases in bed days from local authority areas outwith NHSGG&C namely North Lanarkshire, Argyll & Bute and North Ayrshire.

Actions to Address Performance

The number of delayed discharge patients and associated bed days occupied by delayed patients across NHSGG&C continues to present a real challenge, both to the standard of patient care, patient flow and the corresponding impact on unscheduled care performance. A number of actions have been implemented to maintain the focus on reducing the number of delayed patients including:

Within NHSGG&C

- The Board's nurse director continues to work with each individual partnership to help drive the required improvements. Daily, weekly and monthly reports are shared with each of the HSCPs and other health boards outwith NHSGG&C to ensure cases can be tracked and appropriate action taken. In addition, delayed discharges and the associated beds lost to delayed discharge are part of the suite of measures submitted to the Ministerial Steering Group in February 2018. A lead Chief Officer has been

identified to ensure reducing the number of delayed discharges remains a priority and drives the necessary improvements over the coming months.

Out With NHS GG&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 caring for patients in the most suitable location and surrounding. We continue to charge 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.

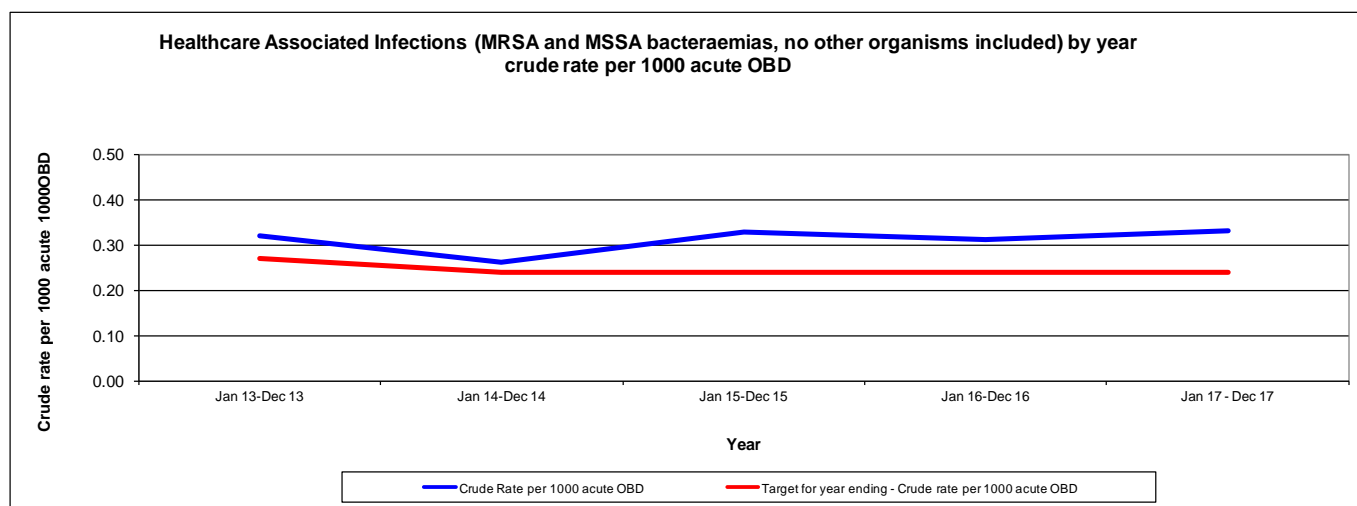
Whilst we continue to work closely with all HSCPs, the financial burden to NHS GG&C budget remains the subject of close scrutiny and discussion.

Timeline for Improvement

The number of 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 will continue to remain focussed on achieving immediate and sustained reductions in the number of patients delayed and occupied bed days with the actions outlined above.

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 December 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 December 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 4 (October – December 2017) confirm a total of 116 SAB patient cases for NHSGG&C. This equates to a SAB rate of 33.4 cases per 100,000 AOB. This is an increase of 9% upon the previous quarter in SAB patient cases. Current performance is higher than NHSScotland's performance of 32.6 cases per 100,000 AOB.

The Quarterly Rolling Year ending December 2017 rate as per the Local Delivery Plan standard 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

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 and this will be jointly chaired by the Infection Control Manager and a Chief of Medicine.

Other improvement actions include:

Rapid Alert Initiative – SAB

As of 1 February 2018, if a SAB occurs which after review by the IPCT is considered to have been caused by a breach in established practice, e.g. PVC which has been in for an excessive amount of time without a risk assessment, this will now be subject to a Rapid Alert Process.

Education

To support the implementation of optimum practice across all acute sectors through a series of education and audit initiatives. One example of recent education initiative can be viewed by clicking on the link below: <http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/education-training/pvc-insertion-good-practice-video/>

Review of Compliance with Antimicrobial Therapy - SAB

A review of all SAB cases which occurred in the fourth quarter of 2017 showed 100% compliance with the correct antimicrobial route of administration and duration in those patients who remained hospitalised for at least 14 days after identification of SAB.

Review by Antimicrobial Pharmacists

All new SABs are referred to the antimicrobial pharmacists for review. This ensures that all patients have the optimum type of antimicrobial for the correct length of time.

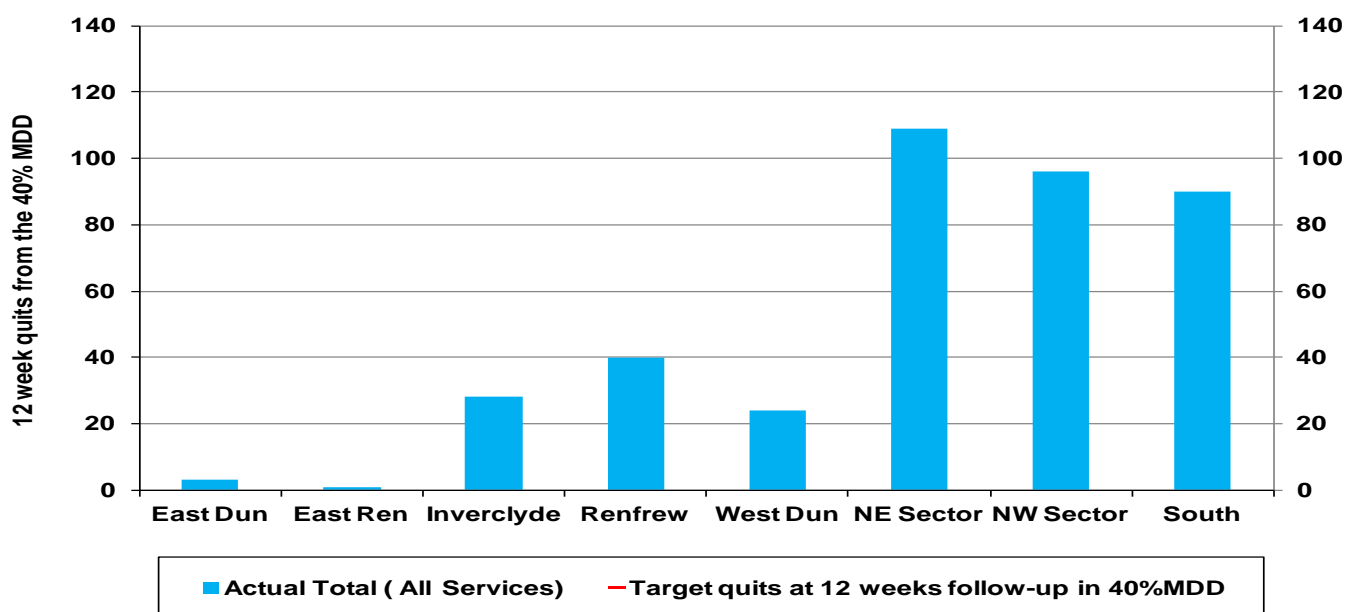
Timeline For Improvement

As detailed in the above actions, work continues on an ongoing basis to help drive the required improvements.

Exception Report: Smoking Cessation

Measure	Smoking Cessation – 3 months post quit in the 40% most deprived within Board SIMD areas
Current Performance	For the period April – December 2017, there were a total of 1,348 successful smoking quits. Current performance is below the trajectory of 1,503 successful quits for this period.
NHSScotland	For the period April – December 2017, there were a total of 5,359 successful smoking quits at 3 months post quit in the 40% most deprived SIMD areas. Current performance is below the trajectory of 7,016.
Lead Director	Linda de Caestecker, Director of Public Health

**12 week quits from the 40% MDD within Board areas
Q3 2017-18**

**Commentary**

As previously reported, the Local Delivery Plan (LDP) smoking cessation standard for 2017-18 was maintained at 2,004 successful quits at 12 weeks from the 40% most deprived areas in 2017-18. Similar to the previous year, this has continued 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%).

Cumulatively for the period April to December 2018, services have achieved 1,348 quits at 12 weeks against a target of 1,503 (91% of the target). This is above the Scottish average performance of the cessation services, which is at 76.4% 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 the year to date means that there is potential for the target to be achieved at year end. There was an 8% improvement in the number of 12-week quits in Quarter 3 in 2017/18 (439) compared to Quarter 3 in 2016/17 (406), maintaining the improvement in performance that has been seen in both Quarter 1 and Quarter 2. If this level of improvement is seen in Quarter 4 we would anticipate 708 successful 12 week quits taking the annual figure to 2,056, 51 quits above the target of 2,005 12-week quits.

Whilst incomplete, the Quarter 4 figures for the one month quit rates are indicating the improvement in

performance has been maintained. Final Quarter 4 data will not be available until August 2018.

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 has been running on Facebook over Quarter 4. 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, 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 NHS GG&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.

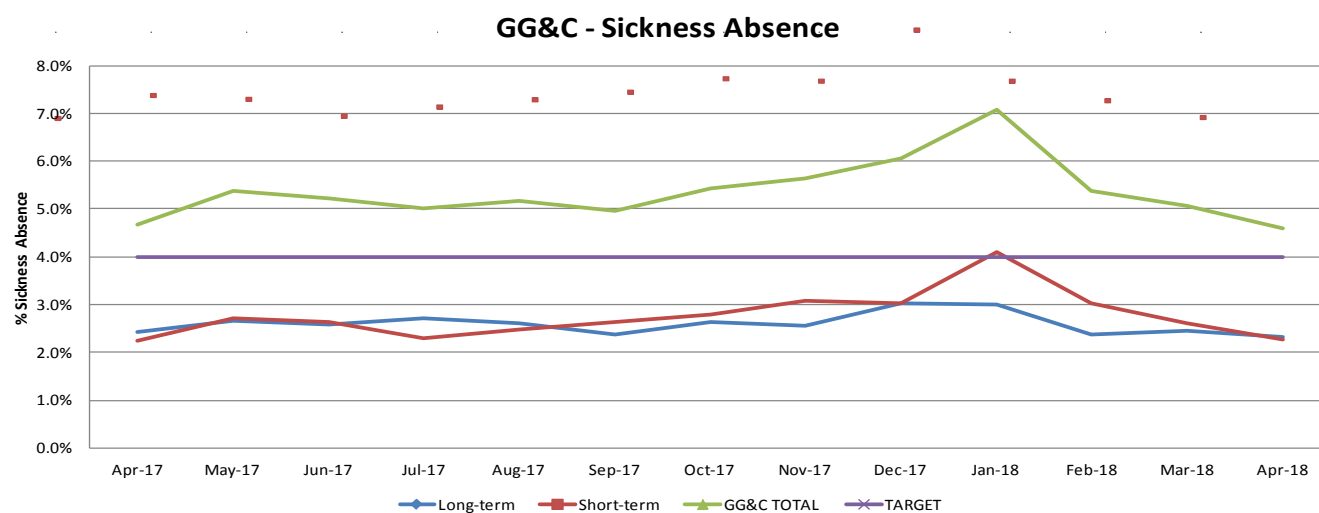
We have engaged with the Scottish Government to resolve issues in relation to NHS GG&C pregnancy data which arise as a result of our shared care model of support and this will result in improved reporting and an increase in successful 12 week quits.

Timeline for Improvement

We anticipate that the actions we have put in place will continue to yield the performance improvements made to date with the expectation that NHS GG&C will achieve the LDP smoking cessation standard at the year end. The final year end data will be available at the end of August 2018.

Exception Report: Sickness Absence

Measure	Sickness Absence Rate
Current Performance	The rate of sickness absence across the Board was 4.59% (April 2018)
National Performance	The NHS Scotland reported SWISS absence figure was 4.78% (April 2018)
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 April 2018 is 4.59% comprising 2.26% short term and 2.33% long term. This is a decrease of 0.47 percentage points from the March 2018 report. Current performance is lower than that reported across NHSScotland (4.78%) for April 2018. For the period May 2017 – April 2018, the average days lost per employee (Board average) was 13.05 days.

Performance by Area**Acute Division**

The Acute Division absence rate in April 2018 was reported at 4.88% which is a 0.42 percentage point decrease on the previous month. The overall Acute short term absence rate is 2.45% and long term absence rate is reported at 2.43%. The absence rates for Acute Sectors and Directorates during the period April 2017 to April 2018 are detailed in the following table.

Acute - Sickness Absence	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Variance Mar-18 to Apr-18
North	4.7%	5.0%	5.0%	4.8%	4.5%	4.2%	5.0%	5.9%	6.1%	7.1%	5.8%	5.4%	5.4%	0.0%
South	5.4%	6.0%	5.7%	5.5%	5.5%	5.6%	6.1%	6.2%	6.7%	8.0%	6.4%	5.7%	5.2%	-0.6%
Clyde	5.0%	5.5%	4.7%	4.7%	4.7%	4.5%	5.1%	5.0%	5.2%	6.8%	5.6%	5.0%	4.7%	-0.3%
Regional	5.4%	5.8%	5.4%	5.0%	5.0%	4.8%	5.2%	5.5%	5.7%	7.2%	5.8%	5.3%	4.6%	-0.8%
W&C	5.0%	4.8%	4.4%	4.3%	4.2%	4.6%	4.4%	5.3%	5.5%	7.0%	5.7%	5.3%	5.1%	-0.2%
Diagnostics	4.0%	4.0%	4.5%	4.1%	4.8%	4.3%	5.3%	5.2%	4.7%	5.7%	4.8%	4.7%	4.0%	-0.6%
ACUTE TOTAL	4.9%	5.3%	5.1%	4.8%	4.9%	4.7%	5.2%	5.6%	5.8%	7.1%	5.8%	5.3%	4.9%	-0.4%

The Acute Sector performance has improved since January 2018, with a significant increase in absence during January 2018, mostly due to colds and flu. In April 2018, however, absence rates have dropped to 4.9% (a 0.4 percentage point improvement on March 2018).

Board-wide Services (excluding Property, Procurement and Facilities Management)

Board Official

The Board-wide Services absence rate in April 2018 was reported at 5.92% which is a 0.7% percentage point decrease from the previous month. The absence rates for Board-wide Service Directorates during the period April 2017 to April 2018 are detailed in the following table.

Board Wide Services - Sickness Absence	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Variance Mar-18 to Apr-18
Board Administration	0.3%	0.2%	2.7%	2.0%	0.0%	0.0%	0.0%	0.3%	1.4%	0.0%	0.5%	0.3%	0.6%	0.4%
Board Medical Director	4.1%	5.0%	5.7%	4.6%	3.8%	3.7%	4.6%	4.5%	3.8%	5.0%	4.7%	4.1%	3.8%	-0.3%
Centre For Population Health	0.2%	0.4%	0.4%	0.0%	0.5%	3.5%	0.0%	1.5%	2.4%	6.9%	5.9%	1.7%	2.4%	0.8%
eHealth	4.7%	5.3%	5.6%	5.0%	5.0%	4.3%	5.6%	6.2%	6.8%	8.2%	6.5%	6.3%	5.2%	-1.1%
Finance	3.1%	3.9%	3.7%	3.0%	3.2%	2.5%	2.9%	2.6%	4.2%	5.3%	4.1%	5.8%	3.3%	-2.6%
HR & Organisational Development	2.2%	1.8%	2.7%	1.8%	2.4%	3.4%	2.7%	3.0%	3.4%	4.1%	4.0%	3.5%	1.4%	-2.1%
Nursing Director	0.4%	0.0%	1.1%	3.9%	3.0%	0.2%	2.5%	1.8%	1.9%	5.2%	3.5%	4.1%	4.3%	0.2%
Pharmacy	3.5%	4.4%	4.0%	4.5%	5.7%	4.6%	4.2%	4.7%	4.3%	4.6%	4.6%	3.9%	3.6%	-0.4%
Planning & Policy	8.8%	3.8%	1.8%	0.6%	2.1%	1.1%	2.0%	1.2%	2.9%	0.5%	2.6%	2.0%	4.4%	2.4%
Public Health	3.3%	4.0%	3.8%	4.7%	4.4%	4.0%	4.2%	6.5%	6.0%	6.3%	5.7%	2.5%	0.7%	-1.8%
Support Services	3.1%	3.8%	6.4%	5.0%	4.5%	4.5%	3.9%	7.3%	5.6%	10.6%	9.9%	4.9%	3.7%	-1.1%
Board Wide Services Total	3.8%	4.2%	4.5%	4.2%	4.4%	3.8%	4.3%	4.8%	5.0%	6.1%	5.3%	6.6%	5.9%	-0.7%

Property, Procurement and Facilities Management

PPFM absence rate within April 2018 was 7.79%, this is a decrease of 0.59 percentage points compared to March 2018.

PPFM - Sickness Absence	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Variance Mar-18 to Apr-18
PPFM	7.5%	7.9%	8.0%	8.1%	8.0%	8.3%	9.0%	9.2%	8.3%	10.3%	8.8%	8.4%	7.8%	-0.6%

Health and Social Care Partnerships

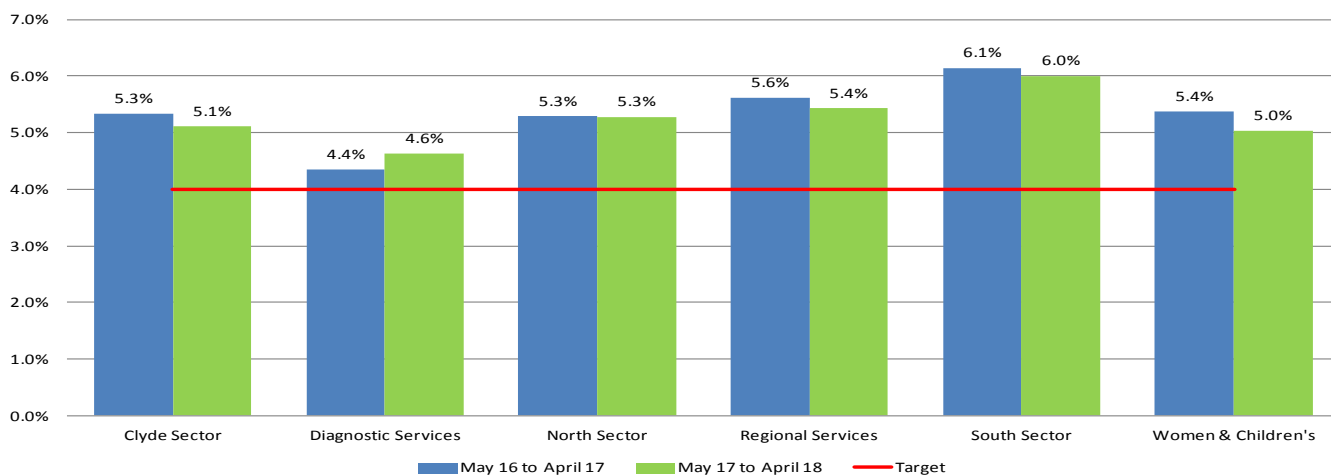
The overall figure for Partnerships is reported at 4.88% in April 2018 which represents a 0.5 percentage point decrease from the position in March 2018 when absence was 5.38%. The overall Partnerships short term absence rate is 2.68% and long term absence rate is reported at 2.20%.

Partnership - Sickness Absence	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Variance Mar-18 to Apr-18
East Dunbartonshire	2.4%	4.9%	6.1%	5.2%	4.2%	4.0%	4.6%	5.9%	5.9%	6.0%	5.2%	5.6%	5.6%	0.0%
East Renfrewshire	7.2%	6.5%	6.7%	7.4%	8.3%	10.2%	10.2%	7.5%	7.1%	9.0%	6.3%	7.3%	6.5%	-0.7%
Glasgow City	5.6%	6.7%	6.1%	5.4%	5.6%	5.1%	5.9%	6.2%	6.3%	7.8%	6.1%	5.4%	4.8%	-0.6%
Inverclyde	6.6%	7.7%	6.7%	6.1%	6.3%	6.5%	7.7%	6.1%	6.1%	7.8%	5.9%	5.6%	4.3%	-1.3%
Renfrewshire	5.0%	5.0%	5.4%	5.2%	5.2%	5.2%	6.0%	6.2%	6.2%	7.5%	5.4%	5.5%	5.2%	-0.3%
West Dunbartonshire	5.3%	5.6%	4.7%	5.1%	4.5%	4.4%	5.8%	5.3%	5.3%	5.2%	4.3%	3.9%	3.7%	-0.1%
East Dunbartonshire - Oral Health	5.2%	5.4%	6.0%	4.4%	5.4%	6.3%	7.1%	7.5%	6.3%	7.0%	6.7%	4.3%	5.0%	0.7%
Partnership Total	5.5%	6.3%	5.9%	5.4%	5.5%	5.3%	6.2%	6.2%	6.2%	7.4%	5.8%	5.4%	4.9%	-0.5%

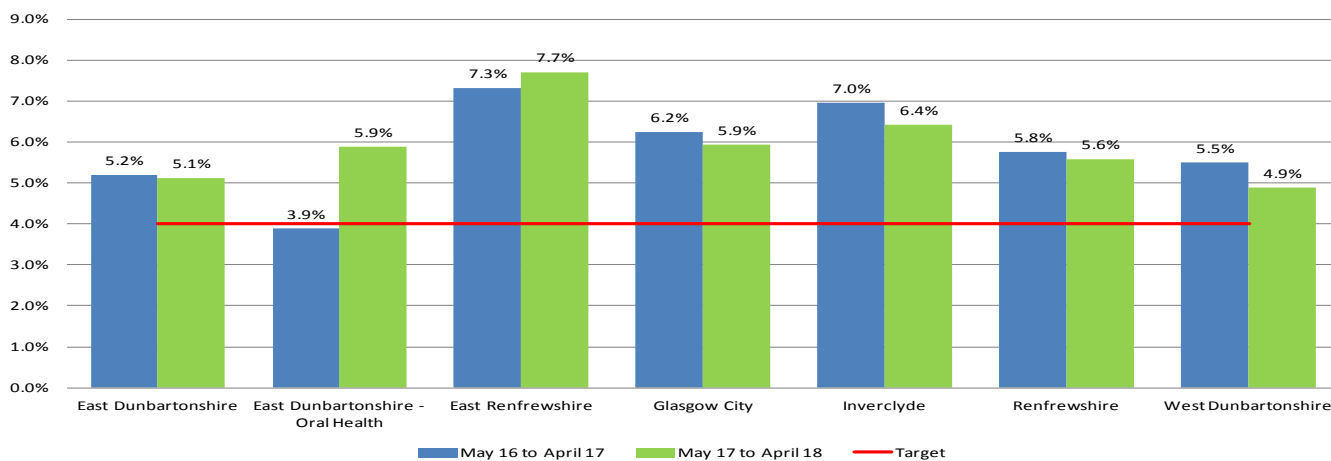
Absence Comparison

The graphs below compare the sickness absence percentages for the Acute, Partnership, and Other Function sectors for the periods May 2016 to April 2017 with the period May 2017 to April 2018.

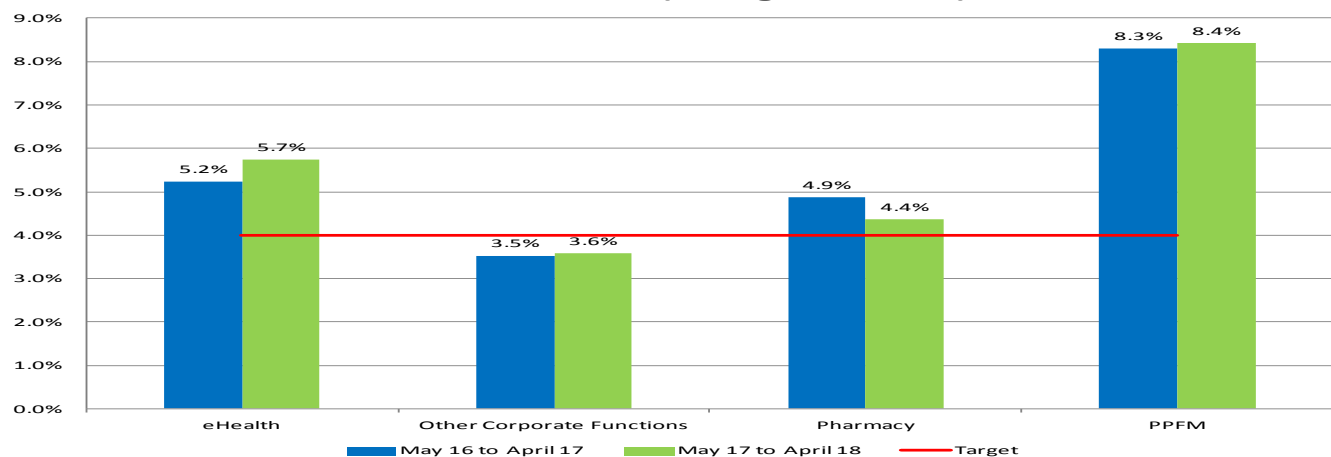
Acute Sectors (rolling 12 months)



Partnership Sectors (rolling 12 months)



Other Functions (rolling 12 months)



Actions to Address Performance

Improving staff attendance remains an ongoing priority for the Board and each Head of People and Change is supporting their management team to ensure performance remains within the agreed trajectory for their area. We will continue to work towards trajectories and actions will be taken to support services, staff and managers where there are absence increases.

In addition, and in support of the Board Financial Improvement Programme, an Attendance Workstream

has been established to identify opportunities to improve staff attendance and manage additional staffing resources e.g. backfill staffing costs including bank and additional hours due to sickness.

The clear focus and commitment on managing attendance will support overall delivery of the Staff Health Strategy and create a Better Workplace.

Timeline For Improvement

Management of attendance continues to be an ongoing priority for the Board ensuring performance is within trajectory and performance improvements continue during 2018/2019.

APPENDIX 1: 2018-19 ANNUAL OPERATIONAL PLAN TRAJECTORIES

New Outpatient Waits													
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	March'19
Actual	25,998												
Trajectory	25,998	25,298	24,604	23,917	23,568	22,891	22,213	21,535	20,857	20,857	20,857	20,179	19,501

TTG													
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	March'19
Actual	5,108												
Trajectory	5,108	4,866	4,624	4,503	4,261	4,019	3,777	3,535	3,293	3,293	3,293	3,051	2,809

Key Diagnostic Tests													
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	March'19
Scopes	5,113												
Imaging	1,026												
Actual	6,139												
Trajectory	4,900	4,692	4,484	4,275	4,067	3,859	3,651	3,442	3,234	3,026	2,818	2,609	2,401

Cancer 62 Day Waiting Time													
	Mar-18	Apr - June 18			Jul - Sept 18			Oct - Dec 18			Jan - Mar 19		
Actual													
Trajectory	84.0%	84.0%			88.0%			92.0%			95.0%		

Cancer 31 Day Waiting Time													
	Mar-18	Apr - June 18			Jul - Sept 18			Oct - Dec 18			Jan - Mar 19		
Actual													
Trajectory	93.0%	93.0%			94.0%			94.5%			95.0%		

A&E 4 Hour Wait													
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	March'19
Actual	86.7%												
Trajectory	91.0%												93.0%