

NHS Greater Glasgow & Clyde



NHS BOARD MEETING

Director of Finance

21 August 2018

Paper No: 18/37

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

Recommendation

The Board 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, Psychological Therapies and IVF Treatment continued to either meet or exceed target.
- Monthly compliance with the 18 week Referral to Treatment target remains positive with the June 2018 position of 90.2% exceeding the target of 90.0%.
- The third consecutive month of improvements were reported in relation to A&E 4 hour waits with the June 2018 position of 93.6% exceeding the trajectory of 93.0%.
- The national cancer 31 day waiting time target continues to be met for the second consecutive month.
- The number of C.Diff cases continues on track against target.
- The overall response rate to Freedom of Information requests continued to exceed target.
- Overall financial performance remains within trajectory and current performance represents a significant improvement on the same position reported the previous year.
- The year-end target in relation to smoking cessation in the Board's 40% most deprived areas was exceeded. A total of 2,015 successful smoking quits were reported across the Board's 40% most deprived areas during the period April – March 2018 exceeding the target of 2,005 smoking quits.

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)

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

Measures Rated As Red (6)

A total of six measures have been rated red due a variance of >5% against target/trajectory. Current performance is one less than the seven 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

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

Mark White
Director of Finance
Tel No: 0141 201 4609
21 August 2018

NHS GREATER GLASGOW AND CLYDE

Board Meeting
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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 in place to address them.

2. CHANGES TO THE REPORT FORMAT AND STRUCTURE

The report has been changed to reflect the four key themes outlined in the 2018-19 Corporate Objectives and draws on a basic balanced scorecard approach. Indicators have been grouped under the four 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 initial changes made to the report represent the first stage of revising the Board performance paper.

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.
- A "Performance 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, 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. *Appendix 1* contains the trajectories that are being used to track progress against alongside the current position for each.

4. POINTS TO NOTE

Board members are asked to note the following:

- Psychological Therapies – current data in relation to access to Psychological Therapies is not directly comparable with that of the data relating to the same period the previous year. This is due to the previous years' data being incomplete as a result of IT system changes to the recording of information.
- Access to Antenatal Care – there are a few data quality issues that need to be resolved prior to being able to report with confidence the current position in relation to access to antenatal care i.e. a high volume of unknown booking dates has resulted in the data being incomplete. The data incompleteness has resulted from the introduction of the new maternity system (BADGERNET) in November 2017 and also reflects the unfamiliarity of staff with the new system. The data issues are currently being investigated and expected to be resolved within the next few months. The previously reported position of 79.8% of mums booked for antenatal care by 12 weeks gestation (October- December 2017) has subsequently been revised to 83.1% following existing data quality issues being resolved.

5. SUMMARY OF PERFORMANCE

As outlined below, with the exception of a few indicators, the overall direction of travel in relation to performance is positive. There are fewer exception reports and a number of key indicators either continue to show month on month improvements or exceed targets/trajectories for the reporting period.

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, Psychological Therapies and IVF Treatment continued to either meet or exceed target.
- Monthly compliance with the 18 week Referral to Treatment target remains positive with the June 2018 position of 90.2% exceeding the target of 90.0%.
- The third consecutive month of improvements were reported in relation to A&E 4 hour waits with the June 2018 position of 93.6% exceeding the trajectory of 93.0%.
- The national cancer 31 day waiting time target continues to be met for the second consecutive month.
- The number of C.Diff cases continues on track against target.
- The overall response rate to Freedom of Information requests continued to exceed target.

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- Overall financial performance remains within trajectory and current performance represents a significant improvement on the same position reported the previous year.
- The year-end target in relation to smoking cessation in the Board's 40% most deprived areas was exceeded. A total of 2,015 successful smoking quits was reported across the Board's 40% most deprived areas during the period April - March 2018 exceeding the target of 2,005 smoking quits.

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 (6)

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

- Suspicion of Cancer referrals (62 days)
- % of patients waiting >6 weeks for a key diagnostic test
- 12 week TTG
- Delayed discharges and bed days occupied by delayed discharge patients
- SAB infection rate cases per 1,000 population
- Sickness Absence

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

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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
NKPI	National Key Performance Indicator	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 20 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	0	0	3	1	4
Better Care	5	2	6	2	15
Better Value	0	0	3	0	3
Better Workplace	1	0	0	0	1
TOTAL	6	2	12	3	23

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PERFORMANCE AT A GLANCE - AUGUST 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	Apr - Jun 18	84.4%	Data Incomplete	80.0%	GREY	—	
2	LDPS	Drug and Alcohol: % of patients waiting <3 weeks from referral to appropriate treatment	Jan - Mar 18	96.6%	94.5%	90.0%	GREEN	↓	
3	LDPS	Number of Alcohol Brief Interventions delivered	Apr - Jun 18	3,593	3,531	13,086	GREEN	↓	
4	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas*	Apr - Mar 18	2,015	—	2,005	GREEN	↑	
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	Jun-18	93.1%	93.6%	93.0%	GREEN	↑	
6	LKPI	Total A&E Presentations (ED, MIU & AUs)	Jun-18	40,648	43,577	—	GREY	—	
		Accident & Emergency Presentations	Jun-18	34,926	37,788	—	GREY	—	
		Other Accident and Emergency Presentations	Jun-18	5,722	5,789	—	GREY	—	
7	HSCI	Total number of patients delayed across NHSGG&C (taken at Census point)	Jun-18	140	197	TBC	RED	↓	Page 19
		Acute Patients	Jun-18	86	135				
		Adult Mental Health Patients	Jun-18	54	62				
8	HSCI	Total number of Bed Days Lost to Delayed Discharge	Jun-18	4,413	5,637				
		Acute Bed Days Lost	Jun-18	2,813	3,896				
		Mental Health Bed Days Lost	Jun-18	1,600	1,741				
9	LDPS	18 Week Referral To Treatment (RTT)							
		Combined Admitted/Non Admitted	Jun-18	89.5%	90.2%	90.0%	GREEN	↑	
		Combined Linked Pathway	Jun-18	86.7%	84.9%	80.0%	GREEN	↓	
10	LDPS	New Outpatient Appointments				23,917	AMBER	↓	
		% of available new outpatients waiting <12 weeks for a new outpatient appointment (inc RHC and Dental)	Jun-18	74.8%	73.5%				
		Number of available patients waiting >12 weeks for a new outpatient appointment (inc RHC and Dental)	Jun-18	23,893	24,081				
11	NKPI	Access to a Key Diagnostic Test				4,275	RED	↓	Page 12
		% of patients waiting <6 weeks for access to a key diagnostic test	Jun-18	81.7%	73.9%				
		Number of patients waiting >6 weeks for a key diagnostic test	Jun-18	4,126	6,546			↓	
12	NKPI	12 week Treatment Time Guarantee (TTG)				4,503	RED	↓	Page 16
		% of inpatient/daycases treated within the 12 week TTG	Jun-18	85.0%	78.1%				
		Number of inpatients/daycases waiting >12 weeks TTG	Jun-18	3,593	5,164			↓	
13	LKPI	Patient unavailability (Adults)				—	GREY	↓	
		Inpatient/Day Cases (inc Endoscopy)	Jun-18	1,740	1,833				
		Outpatients	Jun-18	1,644	1,778			↓	
14	LDPS	Suspicion of Cancer Referrals (62 days)	Jun-18	83.2%	78.7%	84.0%	RED	↓	Page 9
15	LDPS	All Cancer Treatments (31 days)	Jun-18	95.4%	95.9%	93.0%	GREEN	↑	
16	LDPS	C.Diff Infections (cases per 1,000 AOBDRolling year for 15 years+)	Mar-18	0.28	0.31	0.32	GREEN	↓	
17	LDPS	SAB Infection rate (cases per 1,000 AOBDRolling year)	Mar-18	0.32	0.33	0.24	RED	↓	Page 22
18	LDPS	% of eligible patients commencing IVF treatment within 12 months	Jun-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	Jun-18	99.0%	87.0%	90.0%	AMBER	↓	
20	LDPS	% patients who started treatment <18 weeks of referral for psychological therapies**	Jun-18	99.7%	94.0%	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	Financial Performance	Jun-18	£13.7m	£9.7m	£14.0m	GREEN	↑	
22	LKPI	Freedom of Information requests responded to within 20 working days	Apr - Jun 18	89.6%	90.8%	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	Sickness Absence (month ending)	Jun-18	5.23%	5.08%	4.0%	RED	↑	Page 24
		Long Term	Jun-18	2.59%	2.55%	—	GREY	↑	
		Short Term	Jun-18	2.64%	2.53%	—	GREY	↑	

* Data has still to be validated

** June 2017 activity is not directly comparable as a result of data completeness due to IT system changes.

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 ↓
LDL 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.

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AMBER COMMENTARY

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

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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	June 2018	23,893	24,081	23,917	AMBER	↓

Commentary

As at June 2018 (month end), a total of 24,081 available new outpatients were waiting >12 weeks for a new outpatient appointment. Whilst current performance is 1% above the trajectory (23,917) for June 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 June 2018 position represents a further reduction on the previously reported position and the lowest number of patients reported as waiting >12 weeks since June 2017.

Ref	Measure	As At	2017-18 Actual	2018-19 Actual	2018-19 Target	Perform Status	Dir of Travel
19	% patients who started their treatment within 18 weeks of RTT to Specialist Child and Adolescent Mental Health Services	June 2018	99.0%	87.0%	90.0%	AMBER	↓

Commentary

As at June 2018 (month end), 87.0% of eligible patients started their treatment within 18 weeks of Referral To Treatment (RTT) to Child and Adolescent Mental Health Services. Current performance represents an improvement of the previous two months' performance (84% in April 2018 and 82.0% in May 2018). Current performance is mainly due to significant recruitment challenges. Work is underway to identify particular problem areas with a view to utilising CAPA methodology in an appropriate way to maximise efficiencies and reduce waits for treatment. Demand and capacity data will identify where CAPA could be better applied and where available resources would be best placed. The services aim to continue to ensure month on month improvements and the more recent management information confirms that these improvements are continuing.

Work is also underway to increase clinical capacity based on a lean methodology. The Quality Improvement Programme will launch its main initiative on 1st October 2018 which will work towards a full booking system. It is projected that by the end of December 2018, there will be a significant decrease in the longest waiting time and the number of children waiting, with CAMHS meeting the RTT by then.

In addition, as part of the Scottish Government plans, we have been working on the reduction of rejected referrals decreasing from 35% to 19% during the last six months. Current performance is now below the UK and Scottish average for the number of rejected referrals. This has had an impact on the RTT performance however, the Quality Improvement Programme will ensure that all appropriate children and young people will be accepted to Choice, which will further reduce the rejected referral rate to fewer than 10%, whilst improving the RTT as above.

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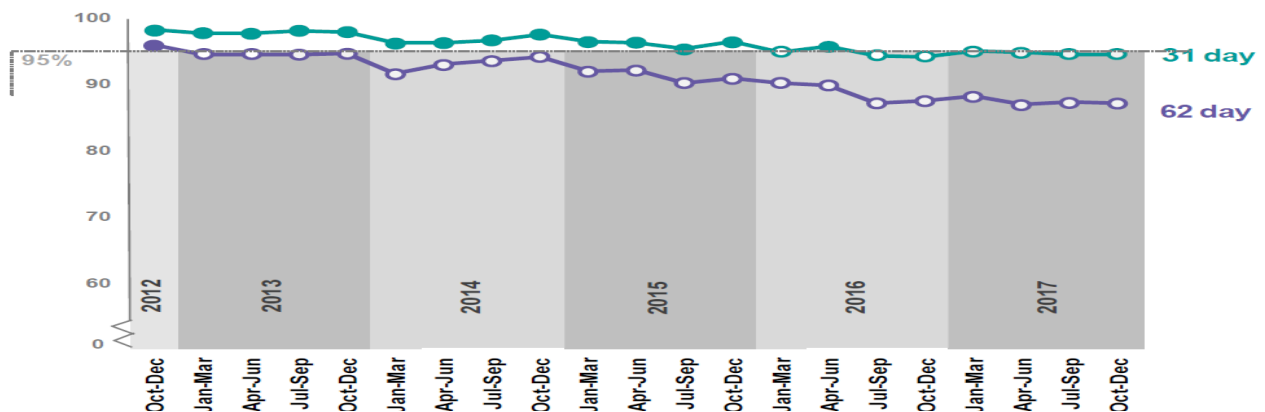
PERFORMANCE EXCEPTION REPORTS

Exception Report: Suspicion of Cancer Referrals (62 days)

Measure	Suspicion of Cancer Referrals
Current Performance	As at June 2018, 78.7% 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 January – March 2018, 85.0% 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 87.1% in the previous quarter.
Lead Director	Gary Jenkins, Director of Regional Services

NHSScotland's Performance

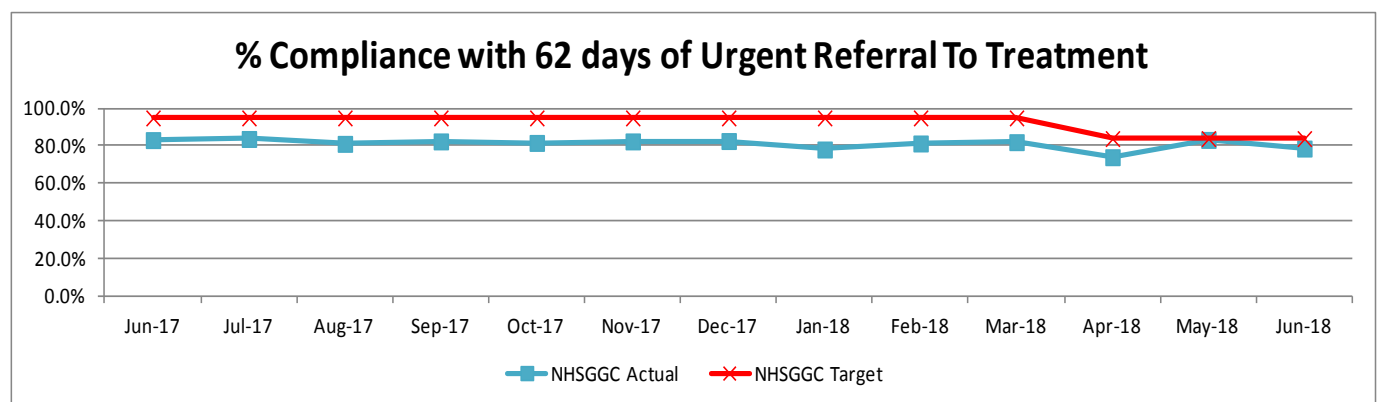
National Trend



Across NHSScotland there were a total of 3,399 eligible referrals within the 62-day standard during the period January - March 2018, an increase of 118 (3.6%) on the same period the previous year. NHS Greater Glasgow & Clyde (NHSGG&C) accounted for 25% (855) of total eligible referrals across NHSScotland.

85.0% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral across NHSScotland, a decrease from the 87.1% reported the previous quarter (October - December 2017). During the period January - March 2018, a total of three NHS Boards met the 62 day standard namely NHS Borders (95.7%), NHS Lanarkshire (96.5%) and NHS Shetland (100%). NHSGG&C's compliance during the same period was 81.3%.

NHSGG&C's Performance



At June 2018, 78.7% (240 out of 305) of eligible referrals with an urgent referral for suspicion of cancer started their first treatment within 62 days of referral, below the 84% trajectory. The June 2018 position represents a deterioration on previous months' position (83.3%).

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The four cancer types currently below the 84% trajectory are as follows:

- Colorectal 71.9% (23 out of 32 eligible referrals treated within target) a decrease on the 72.1% reported in May 2018.
- Head and Neck 72.7% (16 out of 22 eligible referrals treated within target) a decrease on the 80.0% reported in May 2018.
- Upper GI 73.7% (28 out of 38 eligible referrals treated within target) a decrease on the 90.6% reported in May 2018.
- Urological 53.7% (29 out of 54 eligible referrals treated within target) a decrease on the 58.0% reported in May 2018.

The remaining six cancer types exceeding the 84% trajectory in June 2018 were Breast (86.0%), Cervical (100%), Lymphoma (100%), Melanoma (100%), Lung (92.9%) and Ovarian (100%).

Overall performance in relation to the 31 day cancer target remains positive in that the June 2018 position continued to exceed target at 95.9%. Current performance represents an increase on the 90.7% reported in April 2018 and a marginal decrease on 96.6% reported in May 2018. Urological cancer is the only cancer type below the 93% trajectory for June 2018 with current performance representing a marginal improvement on the previous months position:

- Urological 90.3% (102 out of 113 patients treated within target) a marginal increase on the 90.0% reported in May 2018.

The other nine cancer types exceeding the 93% trajectory in June 2018 were Breast (93.4%), Cervical (100%), Colorectal (98.2%), Head & Neck (100%), Lung (98.6%), Lymphoma (100%), Melanoma (100%), Ovarian (100%) and Upper GI (98.4%).

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 June 2018 and this was delivered earlier than anticipated exceeding the target in both May and June 2018.
- NHSGG&C to ensure delivery of the 62 day target for Breast Services by the end of June 2018. Delivery against this particular action continues to be challenging however, performance at June 2018 was ahead of trajectory at 86.0% compliance.

To support these specific measures and ensure the delivery of the 31 day target and improvements in the 62 day target, weekly dedicated meetings continue to be held with each Sector/Directorate team at Director and General Manager level to review waiting times at patient level. The output of these meetings continue to be reported through the monthly Director's Access meeting.

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 was considered at the Director's Access meeting in June 2018 with agreement to focus the new seven day turnaround on Head and Neck (CT/MR/US), Prostate (MR/Bonescan), UGI (PETCT) and Lung Cancers (PETCT). This has now been funded non-recurringly against 2018-19 National Waiting Times funding.
- Non recurring funding has been confirmed from the Cancer Access Improvement Team at the Scottish Government Health Directorate for a number of non recurring proposals to improve the 62 day target performance.
- A Cancer Waiting Times Policy has now been implemented following a pan GGC meeting on 25 June. A joint service/tracking workshop for NHSGG&C is being held on 31 August 2018.

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- Microstrategy has now been made available to Cancer Services following the pan GGC meeting on 25 June.
- Plans are being developed to update clinical pathways across NHSGG&C and will reflect national best practice pathways where available.
- The six Breast Service Advanced Nurse Practitioners have now been appointed and will all be in post by the end of August. 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 have reviewed breast services across NHSGG&C to re-align Surgical and Diagnostic resource to maximise base capacity for both one stop and localisations. A forward planner with priority sessions to be protected has been developed for clinics and lists.
- Following the repatriation of Breast screening work back to NHS Lanarkshire from 1 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.
- Several attempts to recruit to vacant specialty doctor sessions within the North Sector have been unsuccessful. The team are now exploring alternative options and in the meantime have reorganised existing manpower to enable a new weekly low risk breast clinic to be established.
- A Locum Breast Surgeon has been appointed pending appointment to a substantive Consultant vacancy in Clyde and is in post. Following interview at the end of July 2018, an offer of appointment has been made with confirmation of start date awaited.
- A review of dual trained staff is being undertaken with a view to backfilling non breast related work to create additional capacity for mammography.
- The Diagnostic Directorate are exploring the possibility of developing a Clinical Fellow post utilising vacant Consultant sessions.

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 proposed trajectory (based on validated quarterly figures) is as below:

	Apr - June 2018			July - Sept 18			Oct - Dec 2018			Jan - Mar 2019		
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
62 day wait <i>Actual</i>	74.1%	83.3%	78.7%									
62 day wait <i>Target</i>	84.0%			88.0%			92.0%			95.0%		
31 day wait <i>Actual</i>	90.7%	96.6%	95.9%									
31 day wait <i>Target</i>	93.0%			94.0%			94.5%			95.0%		

As seen in the table above, performance continues to exceed the planned position in relation to the 31 day cancer waiting time target. The actions outlined above aim to help drive the required improvements in relation to the 62 day trajectory.

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

Measure	Number of Patients Waiting >6 Weeks for a Key Diagnostic Test
Current Performance	As at June 2018 (month end), there were a total of 6,546 patients waiting >6 weeks for one of the key diagnostic tests and investigations. Current performance is in excess of the trajectory of 4,275.
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

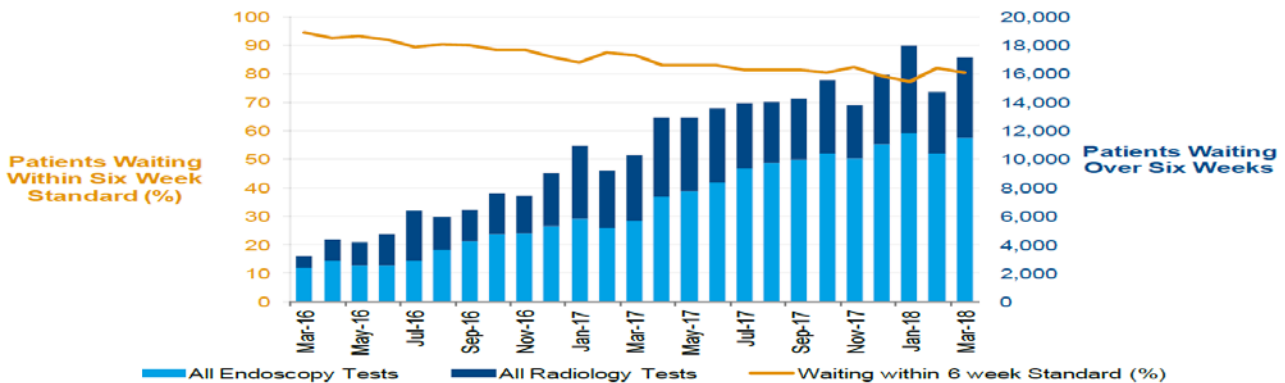
NHSScotland Performance

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 2018 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.

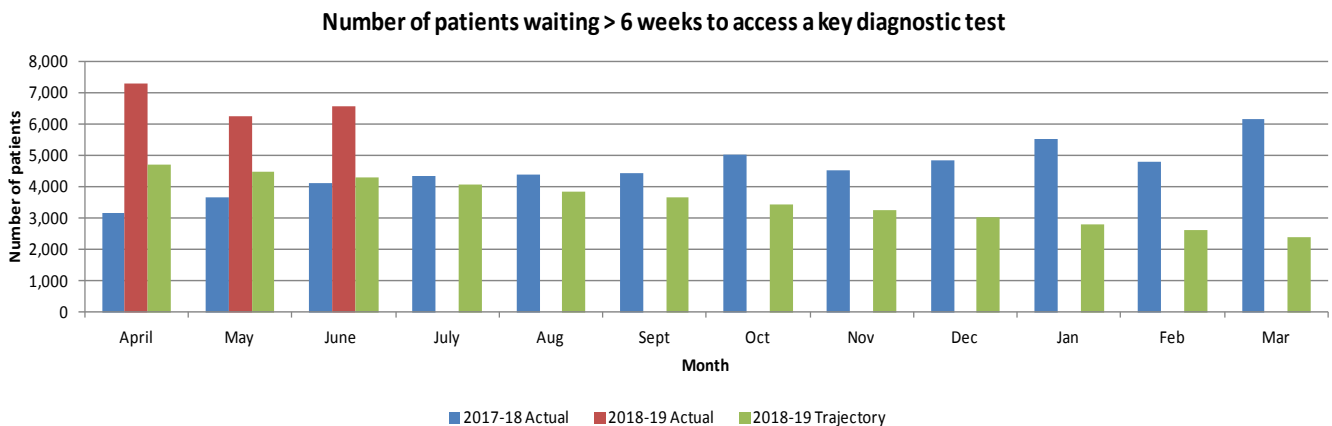
Chart 1 below shows the monthly trend in the percentage of patients waiting >6 week standard across NHSScotland. Performance has gone from a high of 94.7% of patients waiting within the six week standard at month end 29 February 2016, to a low of 80.6% at month ending 31 March 2018.

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 June 2018 (month end) there were a total of 6,546 patients waiting >6 weeks for a key diagnostic test representing a 5% increase on the number of patients waiting in May 2018 (6,249). Current performance is higher than the trajectory of 4,275 for June 2018.

The overall number of patients waiting >6 weeks represents 26% of the total number of patients on the waiting list for one of the eight key diagnostic tests. At June 2018 (month end), 46.1% of patients waiting for scope tests were waiting <6 weeks and 95.8% 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

- 1,585 patients were waiting >6 weeks for an upper endoscopy test (an increase on the 1,530 patients reported in May 2018).
- 371 patients were waiting >6 weeks for a lower endoscopy test (an increase on the 331 patients reported in May 2018).
- 2,453 patients were waiting >6 weeks for a colonoscopy test (an increase on the 2,253 patients reported in May 2018).
- 1,355 patients were waiting >6 weeks for a cystoscopy test (a reduction on the 1,390 patients reported in May 2018).

The majority of patients waiting >6 weeks for a scope in June 2018 were waiting for an appointment in the South Sector (3,418 patients, an increase on the 3,208 patients reported in May 2018) and the Clyde Sector (2,212 patients, a marginal increase on the 2,204 patients reported in May 2018).

As previously reported, 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. Prior to the introduction of the FIT in November 2017, there were approximately 260 positive monthly referrals for NHS GG&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 marginally increased from 745 patients reported in May 2018 to 782 patients reported in June 2018. The 782 patients waiting >6 weeks were waiting for the following tests:

- Magnetic Resonance Imaging (MRI) – 167 patients were waiting >6 weeks (a slight increase on the 146 patients reported in May 2018).
- Computer Tomography (CT) – 355 patients were waiting >6 weeks (a slight increase on the 339 patients reported in May 2018).
- Non Obstetric Ultrasound (NOU) – 260 patients were waiting >6 weeks (no change to the 260 patients reported in May 2018).
- There were no patients waiting >6 weeks for Barium Studies.

The remaining delays in Radiology continue to be mostly 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, 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.
- Additional endoscopy capacity has been secured at the Golden Jubilee National Hospital (GJNH) which started in January 2018 and will continue during 2018-19 however, there are some operational challenges at the GJNH which mean that NHSGG&C is currently under its year to date allocation.
- 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).
- The use of an external service provider is currently at procurement with tenders received in August 2018.
- The implementation of the FIT for symptomatic patients is scheduled to start in September 2018. Part of this will be to offer a FIT test to all patients on the waiting list for lower GI investigation. Pathways are currently being finalised to manage this process.

Radiology

The progress made to date is as a result of the additional scanning sessions that have been put in place. Local management information indicates that appointments for CT, MR and US are now at six weeks. Reporting capacity remains a challenge and solutions continue to be sought.

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. The waiting times have reduced although they are currently static at around 180 days due to specialty pressures, particularly in Gastroenterology in Clyde. Whilst the overall waiting times have reduced, this has had little impact on the number of patients waiting >6 weeks. A different model is required to help drive the significant improvements required and this will need to comprise significant additional capacity, the implementation of symptomatic FIT and a sustainable capacity model for Endoscopy Services across NHSGG&C.

Radiology

The trajectory to return scan appointments to six weeks has been achieved however, radiology continues to look for additional reporting capacity and currently outsourcing and utilising locums to address performance.

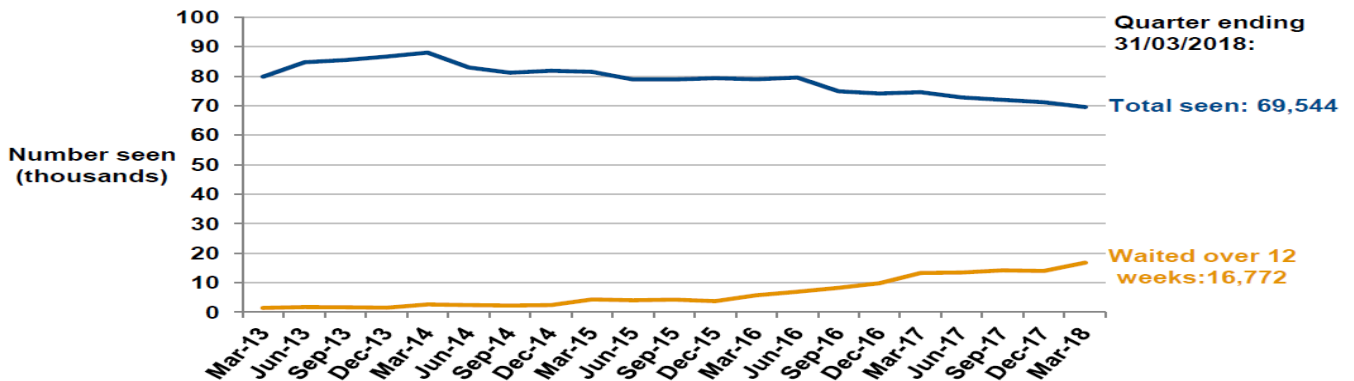
Exception Report: 12 Week Treatment Time Guarantee

Measure	12 week Treatment Time Guarantee (TTG)
Current Performance	As at June 2018 (month end), a total of 5,164 patients were waiting >12 weeks TTG for an inpatient/daycase procedure. Current performance is above the trajectory of 4,503 for June 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.

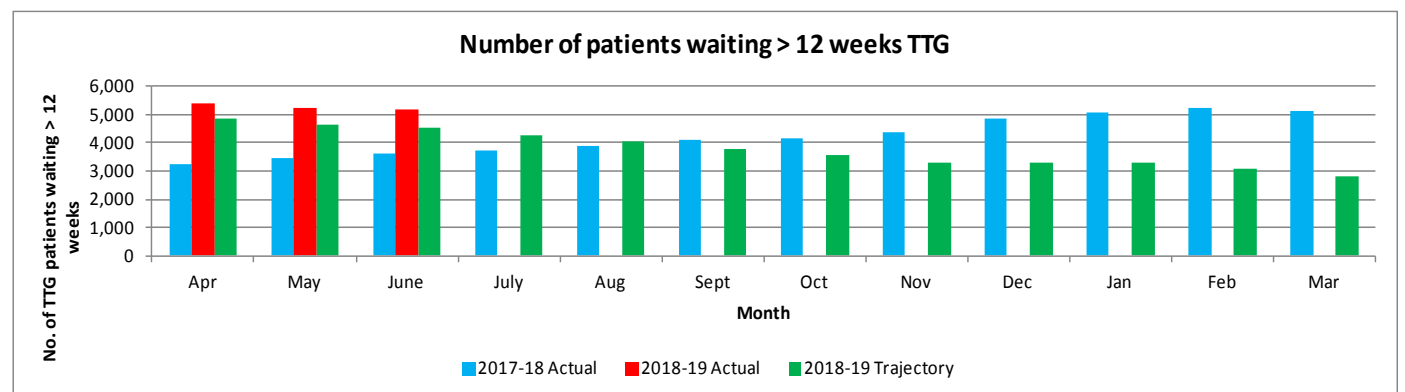
Chart 1: Number of TTG Patients Seen and Number Who Waited >12 Weeks Across NHSScotland



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 June 2018 (month end), 78.1% of patients treated under the TTG waited <12 weeks for their treatment across NHSGG&C an increase on the 77.2% reported in May 2018. A total of 5,164 eligible patients were waiting >12 weeks TTG for an inpatient/daycase procedure representing a 1% decrease on the 5,236 patients waiting the previous month across NHSGG&C. Whilst performance is 15% higher than the trajectory of 4,503 for June 2018, for the third consecutive month, performance is showing a month on month improvement in the number of eligible TTG patients waiting >12 weeks for a TTG procedure.



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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	5,236	5,164									
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 (80%) of patients waiting >12 weeks (4,139) for an inpatient/daycase procedure remain the same as previously reported and are listed below:

Number of TTG patients waiting > 12 weeks					
Specialty	Apr-18	May-18	Jun-18	June 18 Trajectory	%Variance From Trajectory
Orthopaedic Surgery	2555	2332	2232	2196	1.6
Urology	361	383	427	297	43.8
General Surgery (inc Vascular)	256	218	174	163	6.7
Paediatric ENT	804	824	873	703	24.2
Paediatric Surgery	412	440	433	344	25.9

As seen from the table above, each of the specialties are currently above the planned position for June 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 are working with NHSGG&C's South Sector Urology Management Team to review scheduling processes and identify potential capacity gains. This work was piloted in the South Sector in June 2018 and a report on the recommendations is currently under review by the Clinical Service. The next steps will be to roll out associated improvement actions over the coming weeks. The scheduling review has been extended to Urology in the North and Clyde Sectors, this analysis will be completed in September 2018 and will be combined with the South Sector output into a Board-wide action plan.
- The capacity and demand programme has recently been reviewed and work is underway to draft a detailed plan for each specialty. The plans will include demand and capacity profiles, productivity targets, redesign potential, workforce analysis and waiting times' performance milestones.
- As part of the Financial Improvement Programme (FIP) 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

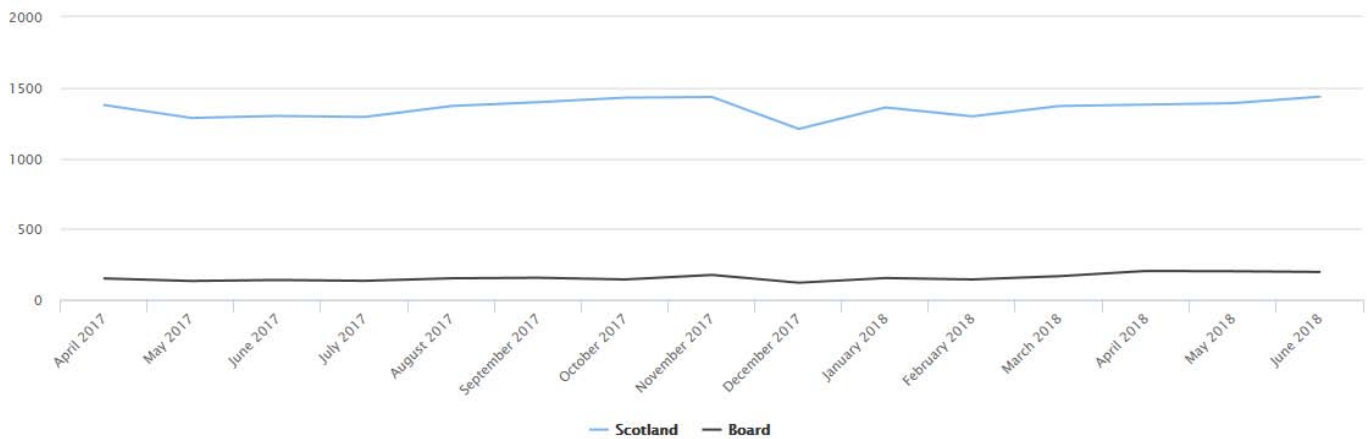
NHSGG&C remains committed to improving performance in relation to the 12 week TTG target and on sustaining the month on month improvements made during the past three months and further reducing the number of eligible patients waiting >12 weeks. In addition, the priority will also remain on targeting 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 June 2018, there were a total of 197 patients delayed across NHSGG&C resulting in the loss of 5,637 bed days occupied by delayed patients.
NHSScotland (Latest published data available)	As at June 2018, there were a total of 1,436 patients delayed resulting in the loss of 42,375 bed days occupied by delayed patients across NHSScotland.
Lead Director	Dr Mags Mcguire, Nursing Director

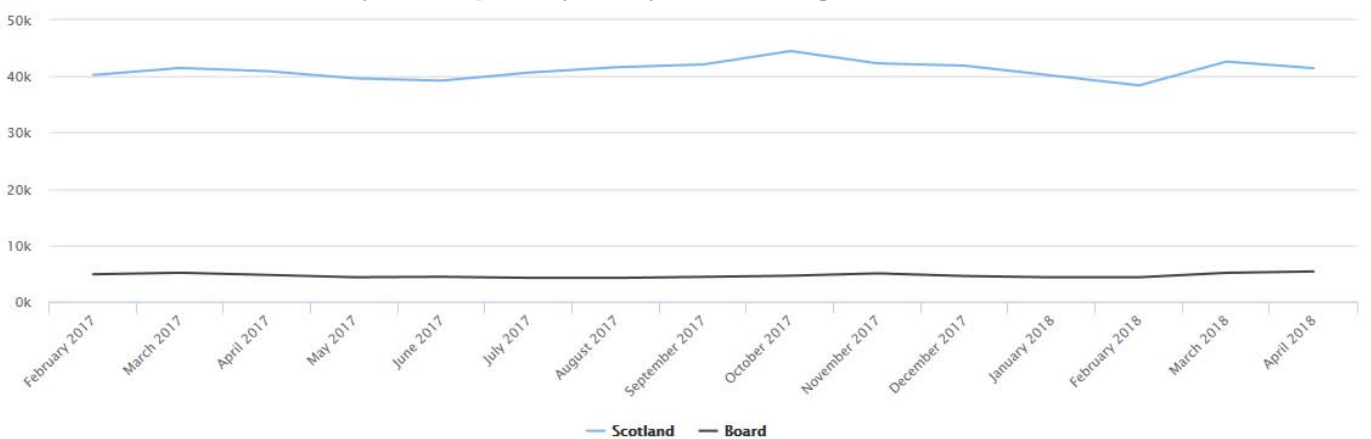
NHSScotland's Performance

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



Across NHSScotland, there were a total of 1,436 patients delayed at the June 2018 census. The number of delays across NHSScotland represents a 3% increase on the previous months' performance (May 2018 – 1,390 delayed discharges). NHSGG&C accounted for 14% (197) of the total number of delayed patients reported across Scotland in June 2018 and performance represents a 2% decrease in the number of delays reported the previous month (202).

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



The 1,436 patients delayed across NHSScotland resulted in the loss of 42,375 occupied bed days, a 2% reduction on the number of bed days occupied by delayed discharge patients reported the previous month (May 2018 – 43,244 bed days occupied by delayed discharge patients). Overall, NHSGG&C accounted for 13% (5,637) of total occupied bed days lost to delayed discharge across Scotland in June 2018 representing a 3% improvement on the previous months' performance (5,795).

NHSGG&C's Performance

Table 1: Total Number of delayed discharge patients across NHSGG&C – June 2018

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total number of patients delayed (at census point)	140	134	152	156	144	177	121	154	144	167	204	202	197
Acute	86	95	111	112	92	117	72	102	85	105	134	145	135
Mental Health	54	39	41	44	52	60	49	52	59	62	70	57	62

As seen from *Table 1* above, a total of 197 patients were delayed across NHSGG&C. The total comprises 135 acute patients and 62 mental health patients delayed. Overall performance represents a marginal improvement on the previous two months performance.

Three of the six HSCPs reported reductions in the number of delayed patients in June 2018 when compared to the previous month namely Glasgow City (decreasing from 124 delayed patients in May 2018 to 119 delayed patients in June 2018), West Dunbartonshire HSCP (decreasing from 14 delayed patients in May 2018 to nine delayed patients in June 2018) and East Renfrewshire HSCP (decreasing from five delayed patients in May 2018 to four delayed patients in June 2018). The remaining three HSCPs reported an increase both Inverclyde and Renfrewshire increased by one (the only delayed patient reported in Inverclyde) and two respectively, whereas East Dunbartonshire reported a more notable increase of five delayed patients when compared to the previous month. The other four health boards out with NHSGG&C collectively reported a decrease of three delayed patients when compared to the previous month.

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

Total number of bed days occupied by delayed patients	4,413	4,224	4,212	4,404	4,601	5,068	4,549	4,320	4,332	5,119	5,354	5,795	5,637
Acute	2,813	2,886	2,947	3,184	3,157	3,440	2,963	2,760	2,752	3,212	3,521	3,906	3,896
Mental Health	1,600	1,338	1,265	1,220	1,444	1,628	1,586	1,560	1,580	1,907	1,833	1,889	1,741

Table 2 highlights a total of 5,637 bed days occupied by delayed patients across NHSGG&C comprising 3,896 acute beds and 1,741 mental health beds occupied by delayed patients. Current performance across NHSGG&C represents a 3% improvement on the previous months' performance.

A total of four HSCPs reported a decrease in the number of bed days occupied by delayed patients with the most notable decrease in West Dunbartonshire HSCP decreasing from 387 occupied bed days previously reported in May 2018 to 216 occupied bed days in June 2018. With the exception of South Lanarkshire, each of the other Health Boards out with NHSGG&C reported a decrease in the number of bed days occupied by delayed patients, the most notable decrease in North Lanarkshire decreasing from 272 bed days occupied by delayed patients in May 2018 to 166 in June 2018.

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. To maintain the focus on reducing the number of delayed patients, a number of actions have been implemented 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 out with NHSGG&C to ensure cases can be tracked and appropriate action taken.

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Specific reduction targets in relation to bed days occupied by delayed patients have now been agreed with each of the HSCPs in which to track progress against. In addition, 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 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 caring for patients in the most suitable location and surrounding. We continue to charge the costs of delays to boards out with NHSGG&C to reflect the costs of maintaining patients in an acute and mental health setting and the corresponding impact on bed capacity on patient flow.

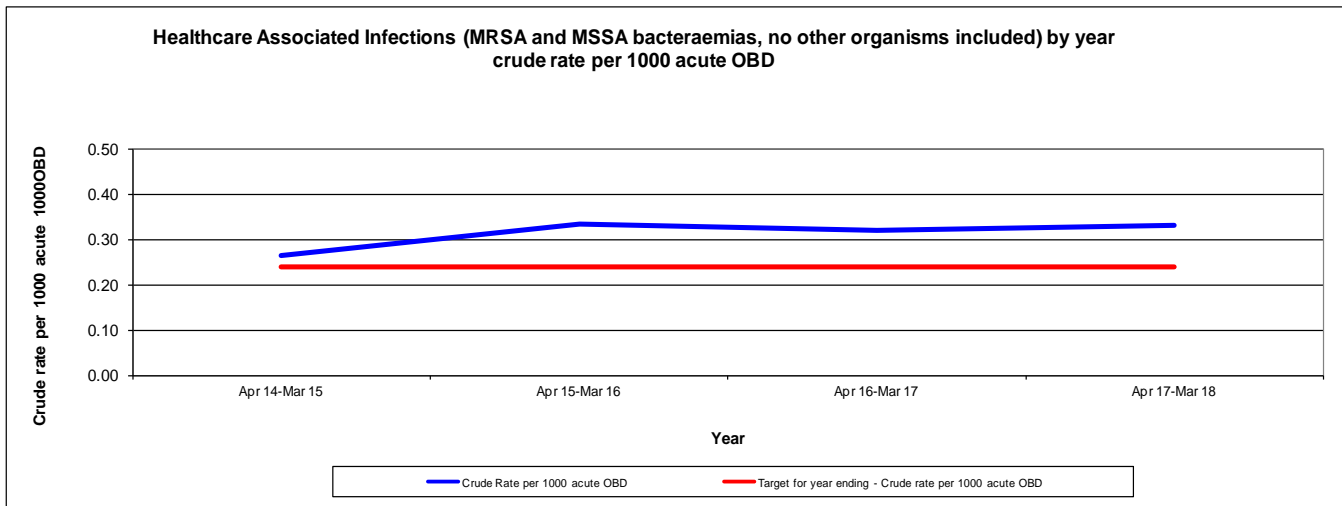
Whilst we continue to work closely with all HSCPs, the financial burden to NHSGG&C budget remains the subject of close scrutiny and discussion.

Timeline for Improvement

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. A 10% monthly reduction target has been set for each of the HSCPs to allow us to focus on achieving more realistic immediate and sustained reductions.

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 March 2018, 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 March 2018, 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 2018, Quarter 1 (January - March 2018) confirm a total of 122 SAB patient cases for NHSGG&C. This equates to a SAB rate of 33.9 cases per 100,000 AOB. This is an increase of 4% upon the previous quarter in SAB patient cases. Current performance is marginally higher than NHSScotland's performance of 33.2 cases per 100,000 AOB.

The quarterly rolling year ending March 2018 rate as per the Local Delivery Plan Standard for SABs 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.

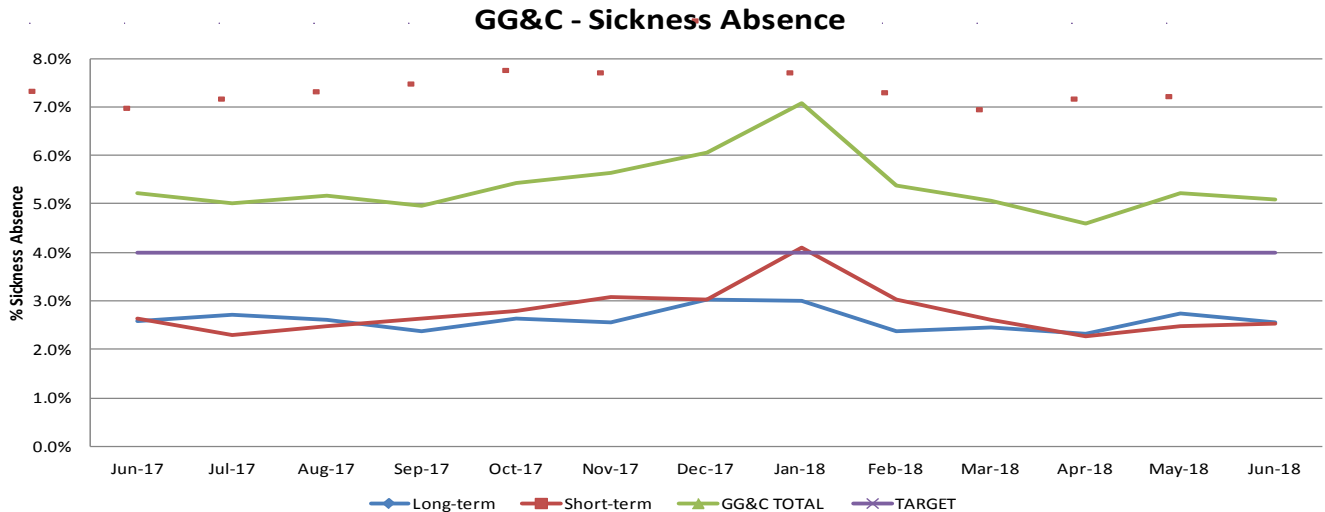
Timeline For Improvement

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

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Exception Report: Sickness Absence Rates

Measure	Sickness Absence Rate
Current Performance	The rate of sickness absence across the Board was 5.08% (June 2018)
National Performance	The NHS Scotland reported SWISS absence figure was 4.97% (June 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's overall sickness absence rate for the month ending June 2018, this is the NHS Scotland reported level, was 5.08% comprising 2.53% short term and 2.55% long term. This is a decrease of 0.15 percentage points from the May 2018 report.

Performance by Area

Acute Division

The Acute Division absence rate in June 2018 was reported at 5.23% which is a 0.24 percentage point decrease on the previous month. The overall Acute short term absence rate is 1.93% and long term absence rate is reported at 3.30%. The absence rates for Acute Sectors and Directorates during the period June 2017 to June 2018 are detailed in the following table:

Acute - Sickness Absence	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Variance May-18 to Jun-18
North	5.0%	4.8%	4.5%	4.2%	5.0%	5.9%	6.1%	7.1%	5.8%	5.4%	5.4%	5.8%	5.4%	-0.4%
South	5.7%	5.5%	5.5%	5.6%	6.1%	6.2%	6.7%	8.0%	6.4%	5.7%	5.2%	5.5%	5.7%	0.2%
Clyde	4.7%	4.7%	4.7%	4.5%	5.1%	5.0%	5.2%	6.8%	5.6%	5.0%	4.7%	5.6%	5.0%	-0.7%
Regional	5.4%	5.0%	5.0%	4.8%	5.2%	5.5%	5.7%	7.2%	5.8%	5.3%	4.6%	5.5%	5.3%	-0.1%
W&C	4.4%	4.3%	4.2%	4.6%	4.4%	5.3%	5.5%	7.0%	5.7%	5.3%	5.1%	5.6%	5.3%	-0.3%
Diagnostics	4.5%	4.1%	4.8%	4.3%	5.3%	5.2%	4.7%	5.7%	4.8%	4.7%	4.0%	4.7%	4.3%	-0.5%
ACUTE TOTAL	5.1%	4.8%	4.9%	4.7%	5.2%	5.6%	5.8%	7.1%	5.8%	5.3%	4.9%	5.5%	5.2%	-0.2%

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 June 2018, however, absence rates have dropped to 5.2% a 1.9 percentage point improvement from their January high.

Board Wide Services (excluding Estates and Facilities Management)

The Board Wide Services absence rate in June 2018 was reported at 4.15% which is a 0.09%

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percentage point decrease from the previous month. The absence rates for Board Wide Service Directorates during the period June 2017 to June 2018 are detailed in the following table:

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Variance Apr-18 to May-18
Board Administration	2.7%	2.0%	0.0%	0.0%	0.0%	0.3%	1.4%	0.0%	0.5%	0.3%	0.6%	0.0%	2.9%	2.9%
Board Medical Director	5.7%	4.6%	3.8%	3.7%	4.6%	4.5%	3.8%	5.0%	4.7%	4.1%	3.8%	4.3%	2.8%	-1.5%
Centre For Population Health	0.4%	0.0%	0.5%	3.5%	0.0%	1.5%	2.4%	6.9%	5.9%	1.7%	2.4%	4.5%	3.1%	-1.4%
eHealth	5.6%	5.0%	5.0%	4.3%	5.6%	6.2%	6.8%	8.2%	6.5%	6.3%	5.2%	5.5%	5.4%	-0.1%
Finance	3.7%	3.0%	3.2%	2.5%	2.9%	2.6%	4.2%	5.3%	4.1%	5.8%	3.3%	2.9%	3.8%	0.9%
HR & Organisational Development	2.7%	1.8%	2.4%	3.4%	2.7%	3.0%	3.4%	4.1%	4.0%	3.5%	1.4%	1.6%	2.1%	0.4%
Nursing Director	1.1%	3.9%	3.0%	0.2%	2.5%	1.8%	1.9%	5.2%	3.5%	4.1%	4.3%	3.0%	4.2%	1.3%
Pharmacy	4.0%	4.5%	5.7%	4.6%	4.2%	4.7%	4.3%	4.6%	4.6%	3.9%	3.6%	4.8%	4.2%	-0.6%
Planning & Policy	1.8%	0.6%	2.1%	1.1%	2.0%	1.2%	2.9%	0.5%	2.6%	2.0%	4.4%	4.0%	0.0%	-4.0%
Public Health	3.8%	4.7%	4.4%	4.0%	4.2%	6.5%	6.0%	6.3%	5.7%	2.5%	0.7%	1.2%	2.7%	1.5%
Support Services	6.4%	5.0%	4.5%	4.5%	3.9%	7.3%	5.6%	10.6%	9.9%	4.9%	3.7%	4.6%	3.8%	-0.8%
Board Wide Services Total	4.5%	4.2%	4.4%	3.8%	4.3%	4.8%	5.0%	6.1%	5.3%	4.8%	3.9%	4.2%	4.2%	-0.1%

Estates and Facilities Management

Estates and Facilities Management absence rate in June 2018 was 7.78%; this is a decrease of 0.42 percentage points compared to May 2018.

Estates and Facilities Management - Sickness Absence	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Variance Apr-18 to May-18
Estates and Facilities Management	8.0%	8.1%	8.0%	8.3%	9.0%	9.2%	8.3%	10.3%	8.8%	8.4%	7.8%	8.2%	7.8%	-0.4%

Partnerships

The overall figure for Partnerships is reported at 5.62% in June 2018 which represents a 0.03 percentage point increase from the position in May 2018 when absence was 4.88%. The overall Partnerships short term absence rate is 2.32% and long term absence rate is reported at 3.31%.

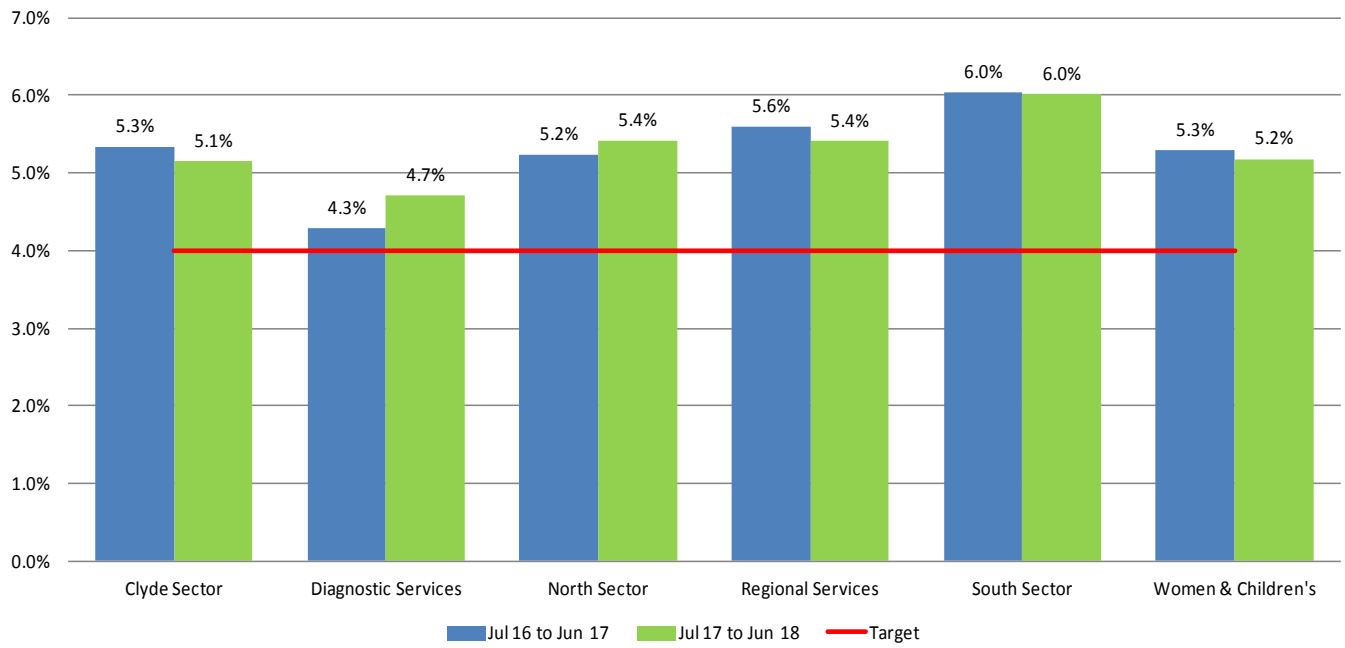
Partnership - Sickness Absence	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Variance May-18 to Jun-18
East Dunbartonshire	6.1%	5.2%	4.2%	4.0%	4.6%	5.9%	5.9%	6.0%	5.2%	5.6%	5.6%	5.2%	4.8%	-0.4%
East Renfrewshire	6.7%	7.4%	8.3%	10.2%	10.2%	7.5%	7.1%	9.0%	6.3%	7.3%	6.5%	7.7%	6.2%	-1.5%
Glasgow City	6.1%	5.4%	5.6%	5.1%	5.9%	6.2%	6.3%	7.8%	6.1%	5.4%	4.8%	5.7%	5.9%	0.2%
Inverclyde	6.7%	6.1%	6.3%	6.5%	7.7%	6.1%	6.1%	7.8%	5.9%	5.6%	4.3%	5.3%	4.6%	-0.8%
Renfrewshire	5.4%	5.2%	5.2%	5.2%	6.0%	6.2%	6.2%	7.5%	5.4%	5.5%	5.2%	5.1%	5.5%	0.5%
West Dunbartonshire	4.7%	5.1%	4.5%	4.4%	5.8%	5.3%	5.3%	5.2%	4.3%	3.9%	3.7%	5.0%	5.3%	0.3%
East Dunbartonshire - Oral Health	6.0%	4.4%	5.4%	6.3%	7.1%	7.5%	6.3%	7.0%	6.7%	4.3%	5.0%	5.6%	4.7%	-0.9%
Partnership Total	5.9%	5.4%	5.5%	5.3%	6.2%	6.2%	6.2%	7.4%	5.8%	5.4%	4.9%	5.6%	5.6%	0.0%

Absence Comparison

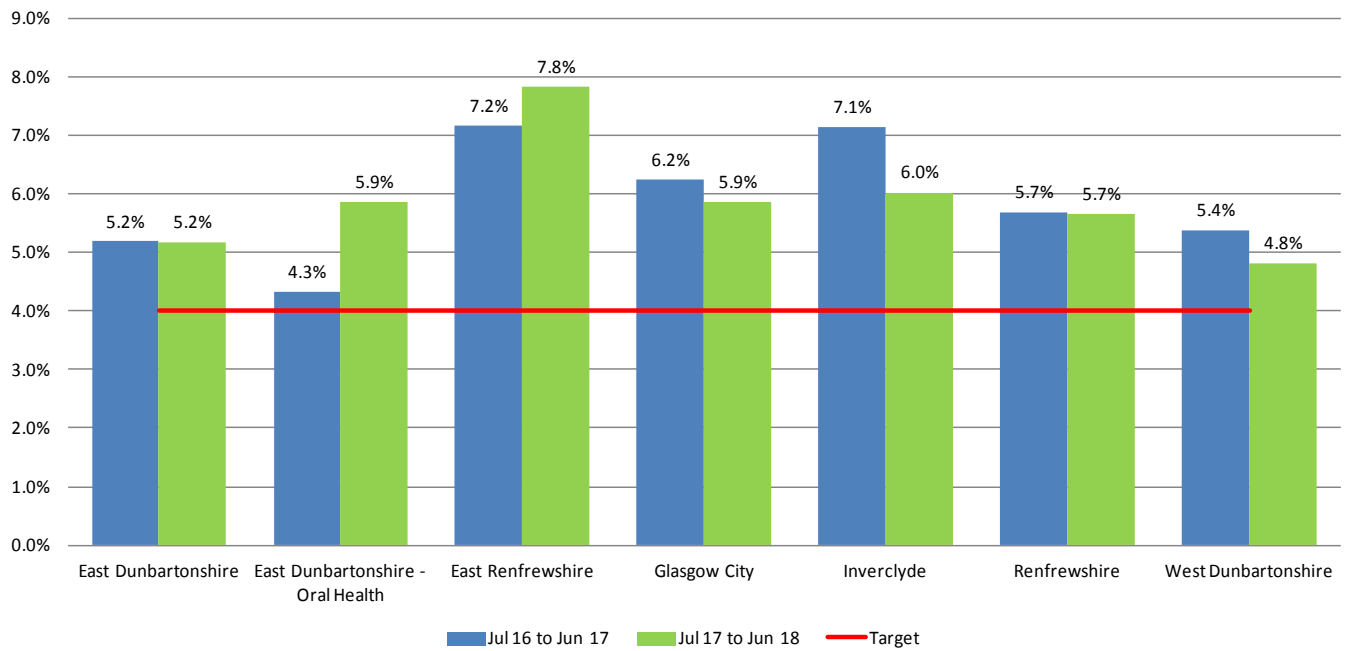
The graphs below compare the sickness absence percentages for the Acute, Partnership, and Other Function sectors for the periods July 2016 to June 2017 with the period July 2017 to June 2018.

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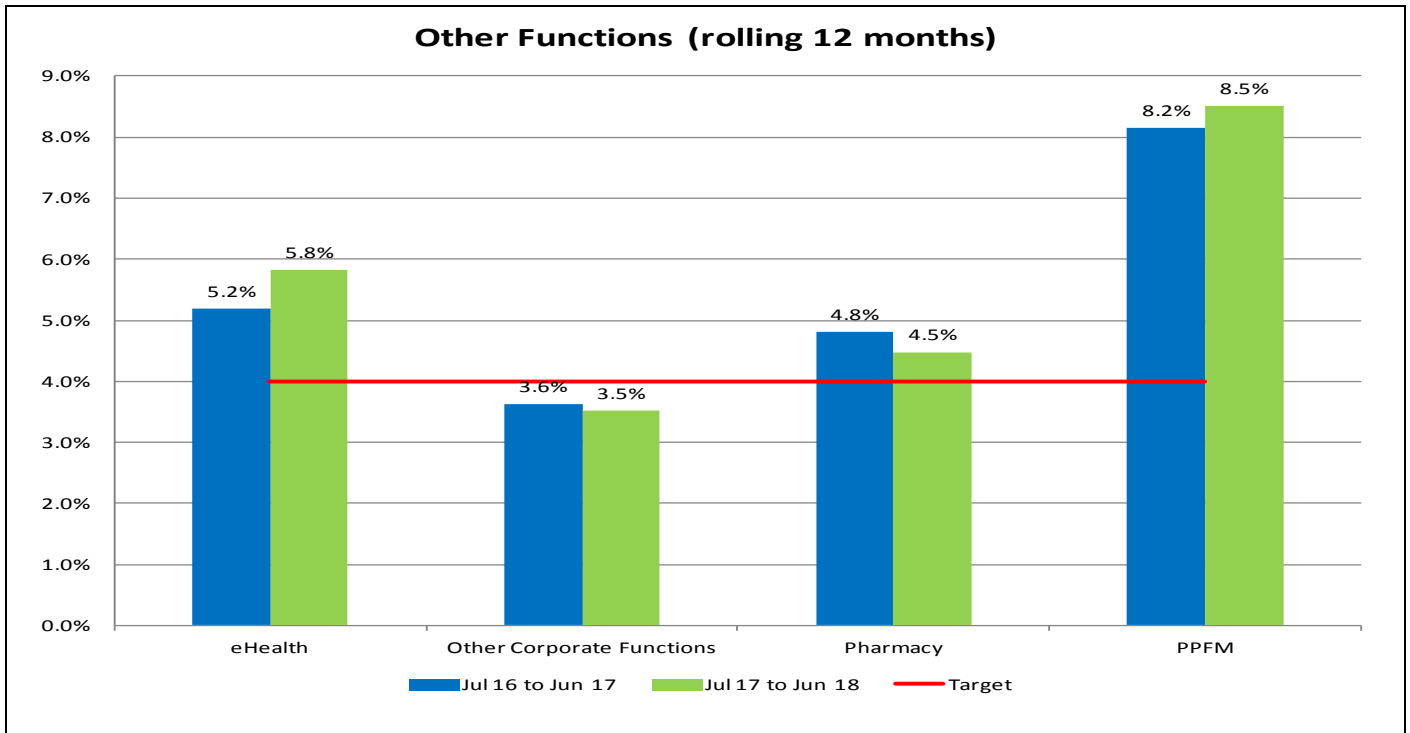
Acute Sectors (rolling 12 months)



Partnership Sectors (rolling 12 months)



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Actions to Address Performance

Improving staff attendance remains an ongoing priority for the Board and the Director of Human Resources and Organisational Development continues to drive the staff health and well being strategy and long term strategies to maximise staff attendance.

As part of the Board's Financial Improvement Programme, a targeted absence initiative, whereby Human Resources staff are released to focus on attendance for a trial period of six months, are assigned to supporting the Health Board's hardest hit areas i.e. tier 1 (10%+), tier 2 (8-10%) and tier 3 (6-8%). Their brief is to identify services with these high levels of absence, prioritise, engage the local managers and bring Human Resources expertise directly out to the Service to drive down that absence which can be foreshortened to bring about a swift return to duties.

The Human Resources Support and Advisory Unit is transitioning to a new experimental model over the month of August 2018, with the absence experts extracting themselves from their current general portfolios/workload and focusing their energies in the areas of highest absence.

Timeline For Improvement

Management of attendance will be a key priority for the Board during 2018/19 where we hope to sustain continued improvements across the six Health and Social Care Partnerships and Acute Sector in attendance levels.

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APPENDIX 1: 2018-19 ANNUAL OPERATIONAL PLAN TRAJECTORIES

New Outpatients Waiting > 12 weeks for a New Outpatient Appointment (<i>available patients</i>)														
	Mar-17	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	12,783	25,998	25,624	24,545	24,081									
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
Number of eligible patients waiting > 12 weeks Treatment Time Guarantee														
Actual	2,809	5,108	5,382	5,236	5,164	0	0	0	0	0	0	0	0	0
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
Number of patient waiting > 6 weeks to access a Key Diagnostic Tests														
Actual	2401	6,139	7,294	6,249	6,546	0	0	0	0	0	0	0	0	0
Trajectory	0	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
62 Day Cancer Waiting Time														
Actual	83.3%	80.7%	74.1%	83.8%	78.7%									
Trajectory	95.0%	84.0%	84.0%	84.0%	84.0%		88.0%			92.0%			95.0%	
31 Day Cancer Waiting Time														
Actual	93.0%	92.2%	90.7%	96.6%	95.9%									
Trajectory	95.0%	93.0%	93.0%	93.0%	93.0%		94.0%			94.5%			95.0%	
A&E 4 Hour Wait														
Actual	90.7%	86.7%	88.1%	92.8%	93.6%									
Trajectory	95.0%	91.0%	93.0%	93.0%	93.0%									93.0%
18 weeks Referral To Treatment Child and Adolescent Mental Health (% of patients seen)														
Actual	98.0%	88.7%	84.0%	82.0%	87.0%									
Trajectory	90.00%	90.0%	Maintain 2018 position			Maintain 2018 position			Maintain 2018 position			Maintain 2018 position		
18 weeks Referral to Psychological Therapies (% of patients seen)														
Actual	94.7%	91.9%	90.0%	91.5%	94.0%									
Trajectory	90.0%	90.0%	Maintain 2018 position			Maintain 2018 position			Maintain 2018 position			Maintain 2018 position		