

NHS Greater Glasgow & Clyde

NHS BOARD MEETING

Director of Finance

16 October 2018



Paper No: 18/51

**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's Integrated 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**

Key performance changes include:

**Areas Meeting or Exceeding the Target**

- The cancer 31 day waiting times trajectory continues to be met for the fourth consecutive month.
- Monthly compliance with the 18 week Referral to Treatment target remains fairly positive with the August 2018 position of 88.5% against the target of 90.0%. Overall financial performance remains within trajectory and current performance represents a significant improvement on the same position reported the previous year.
- 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.
- The number of C.Diff cases remains positive against target.
- The overall response rate to Freedom of Information requests continued to exceed target as did compliance with Stage 2 complaints responded to within 20 working days.

**Areas for Improvement**

- The number of patients waiting longer than the national waiting times standards for a number of key Local Delivery Plan Standards continue to remain challenging, namely:
  - Cancer 62 day wait for suspicion of cancer referrals.
  - Number of available new outpatients waiting >12 weeks for an appointment.
  - Number of patients waiting >6 weeks for a key diagnostic test.
  - Number of eligible patients waiting >12 weeks Treatment Time Guarantee (TTG).
  - The number of eligible CAMHS patients seen <18 weeks of referral.
- The overall number of delayed discharges and associated bed days lost remains an area of real pressure within the Board.
- The number of SABs cases reported continues to be a fluctuate, with current performance above trajectory.

**Measures Rated As Red (8)**

A total of **8** measures have been rated red due a variance of >5% against target/trajectory. Current performance represents an increase on the six previously reported to the Board.

- Suspicion of Cancer referrals (62 days)
- Delayed discharges and bed days occupied by delayed discharge patients
- Number of available new outpatients waiting >12 weeks for an appointment (**new**)
- % of patients waiting >6 weeks for a key diagnostic test
- Number of eligible patients waiting >12 week TTG
- % of eligible CAMHS patients seen <18 weeks of referral (**new**)
- 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 Objectives to which your paper relates**

The Corporate Objectives with a direct link to this Performance Report can be summarised as;

- Redesign the service across hospital, care home and community settings to reduce demand on acute hospital services, with a view to reducing demand by up to 10%, in relation to ED attendances, emergency admissions and unscheduled bed days.
- Review current NHS GG&C and HSCPs preventative programmes in respect of alcohol brief interventions, smoking cessation, obesity, physical exercise and breastfeeding initiatives, in conjunction with the Chief Officers. Agree key priority areas and action plans for focus in 2018/19.
- Met the key Financial Targets for 2018/19 within an agreed profile.
- Review arrangements for the safe and effective delivery of care for frail, older people across the whole system.
- Deliver a detailed annual work programme which delivers the national and local priorities and targets for Infection Prevention and Control (IPC). Provide a systematic approach to all aspects of IPC reporting from ward to NHS Board level and work with key stakeholders to ensure required interventions and actions are fully progressed.
- Deliver the HEAT standards to the agreed level of performance.

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