

NHS GREATER GLASGOW AND CLYDE

Board Meeting
16 October 2018

Paper No: 18/51

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. REPORT FORMAT AND STRUCTURE

The report reflects the four key themes outlined in the 2018-19 Corporate Objectives and draws on a basic balanced scorecard approach. Indicators are 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 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.
- An overview of the trajectories used to track progress against alongside the current position for each in *Appendix 1*.

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. POINTS TO NOTE

Board members are asked to note the following:

- Access to Antenatal Care – the 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 remain 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.

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, Psychological Therapies and IVF Treatment continued to either meet or exceed target.
- 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%.
- The cancer 31 day waiting times trajectory continues to be met for the fourth consecutive month.
- 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.
- Overall financial performance remains within trajectory and current performance represents a significant improvement on the same position reported the previous year.

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 also continues to remain challenging.
- The number of SABs cases reported continues to be a challenge.

Measures Rated As Red (8)

A total of 8 measures have been rated red due to 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).
- % of patients waiting >6 weeks for a key diagnostic test.

Board Official

- Number of available new outpatients waiting >12 weeks for an appointment. **(new)**
- Number of eligible patients waiting >12 week TTG.
- % of eligible CAMHS patients seen <18 weeks of referral. **(new)**
- 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.

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 21 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	7	2	5	2	16
Better Value	0	0	3	0	3
Better Workplace	1	0	0	0	1
TOTAL	8	2	11	3	24

Board Official

PERFORMANCE AT A GLANCE - OCTOBER 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	Jul - Sept 18	81.8%	Data Incomplete	80.0%	GREY	—	
2	LDPS	Drug and Alcohol: % of patients waiting <3 weeks from referral to appropriate treatment	Jun-18	97.0%	91.2%	90.0%	GREEN	↓	
3	LDPS	Number of Alcohol Brief Interventions delivered	Apr - June 18	2,882	3,543	3,273	GREEN	↑	
4	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas*	Mar-18	2,017	—	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	Aug-18	93.6%	91.6%	93.0%	AMBER	↓	
6	LKPI	Total A&E Presentations (ED, MIU & AUs)	Aug-18	41,588	43,178	—	GREY	—	
		Accident & Emergency Presentations	Aug-18	35,695	36,987	—	GREY	—	
		Other Accident and Emergency Presentations	Aug-18	5,893	6,191	—	GREY	—	
7	HSCI	Total number of patients delayed across NHS GG&C (taken at Census point)	Aug-18	152	184	TBC	RED	↓	Page 23
		Acute Patients	Aug-18	111	128				
		Adult Mental Health Patients	Aug-18	41	56				
8	HSCI	Total number of Bed Days Lost to Delayed Discharge	Aug-18	4,212	5,769	3,859	RED	↓	Page 15
		Acute Bed Days Lost	Aug-18	2,947	4,093				
		Mental Health Bed Days Lost	Aug-18	1,265	1,676				
9	LDPS	18 Week Referral To Treatment (RTT)							
		Combined Admitted/Non Admitted	Aug-18	89.5%	88.5%	90.0%	AMBER	↓	
		Combined Linked Pathway	Aug-18	86.9%	84.4%	80.0%	GREEN	↓	
10	LDPS	New Outpatient Appointments				23,568	RED	↑	Page 12
		% of available new outpatients waiting <12 weeks for a new outpatient appointment (inc RHC and Dental)	Aug-18	70.6%	71.6%				
		Number of available patients waiting >12 weeks for a new outpatient appointment (inc RHC and Dental)	Aug-18	28,572	26,527				
11	NKPI	Access to a Key Diagnostic Test	Aug-18			3,859	RED	↓	Page 15
		% of patients waiting <6 weeks for access to a key diagnostic test	Aug-18	80.2%	73.7%				
		Number of patients waiting >6 weeks for a key diagnostic test	Aug-18	4,382	6,733				
12	NKPI	12 week Treatment Time Guarantee (TTG)				4,019	RED	↓	Page 18
		% of inpatient/daycases treated within the 12 week TTG	Aug-18	82.3%	78.1%				
		Number of inpatients/daycases waiting >12 weeks TTG	Aug-18	3,908	5,360				
13	LKPI	Patient unavailability (Adults)							
		Inpatient/Day Cases (inc Endoscopy)	Aug-18	1,397	1,364	—	GREY	↑	
		New outpatients	Aug-18	1,035	1,251	—	GREY	↓	
14	LDPS	Suspicion of Cancer Referrals (62 days)	Aug-18	81.2%	76.9%	88.0%	RED	↓	Page 9
15	LDPS	All Cancer Treatments (31 days)	Aug-18	91.1%	94.1%	94.0%	GREEN	↑	
16	LDPS	C.Diff Infections (cases per 1,000 AOBDRolling year for 15 years+)	Jun-18	0.30	0.32	0.32	GREEN	↓	
17	LDPS	SAB Infection rate (cases per 1,000 AOBDRolling year)	Jun-18	0.33	0.34	0.24	RED	↓	Page 27
18	LDPS	% of eligible patients commencing IVF treatment within 12 months	Jul-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*	Aug-18	97.4%	74.4%	90.0%	RED	↓	Page 21
20	LDPS	% patients who started treatment <18 weeks of referral for Psychological Therapies*	Aug-18	94.2%	92.0%	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	Aug-18	(£21.4m)	(£16.3m)	(£23.4m)	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 closed at Stage 2 within 20 working days	Jul - Sept 18	80.0%	81.0%	70.0%	GREEN	↑	
		% of complaints closed at Stage 1 within 5 working days	Jul - Sept 18	92.0%	89.0%	—	GREY	↓	
		% of complaints closed at Stage 1 between 6 - 10 working days	Jul - Sept 18	6.0%	7.0%	—	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)	Aug-18	5.17%		4.0%	RED	↑	Page 29
		Long Term	Aug-18	2.65%		—	GREY	↑	
		Short Term	Aug-18	2.52%		—	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	↓	
	NKPI	National Key Performance Indicator		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
5	% of patients waiting <4 hours at A&E	August 2018	93.6%	91.6%	93.0%	AMBER	↓

Commentary

As at August 2018 (month end), 91.6% of all patients waiting at Accident and Emergency Departments were waiting <4 hours to be seen, treated or transferred, below the 93% trajectory for August 2018 and lower than the position report the previous year.

Demand for unscheduled care during the summer months reflects levels of activity traditionally experienced during the winter months. The table below outlines the number of A&E presentations reported during the period June – August 2018 and compares that with the same period the previous year. As seen from the table the overall number of presentations increased by 6.7% when compared to the same summer months the previous year.

	June - Aug 17	June - Aug 18	% Var
Number of A&E Presentations	105,082	112,404	7.0
Number of Assessment Unit Presentations	17,035	17,935	5.3
All Presentations	122,117	130,339	6.7

A more detailed breakdown of year to date activity and compliance with the standard at each site can be seen in the tables below. As the table highlights, the year to date activity shows an increase across all sites when compared to the same position the previous year.

Hospital	Number of First Visits							
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	2018-19 Total	2017-18 Total	YTD % Variance
Glasgow Royal Infirmary	9754	10519	9854	10501	10305	50,933	48,867	4.2
Stobhill Hospital	1685	2148	1955	2030	1882	9,700	8,700	11.5
Queen Elizabeth University Hospital	10948	11539	11022	11627	11309	56,445	54,777	3.0
New Victoria Hospital	2787	3323	3222	3130	3121	15,583	14,532	7.2
Royal Alexandra Hospital	6558	6871	6556	6612	6582	33,179	32,257	2.9
Inverclyde Royal Hospital	2586	2936	2968	2914	2716	14,120	13,892	1.6
Vale of Leven Hospital	1405	1790	1718	1653	1629	8,195	7,600	7.8
Royal Hospital for Children	6063	7020	6282	5117	5634	30,116	26,750	12.6
Total	41,786	46,146	43,577	43,584	43,178	218,271	207,375	5.3

Hospital	Performance						
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Aug 17	
Glasgow Royal Infirmary	83.1%	88.5%	92.2%	93.3%	88.3%	94.8%	
Stobhill Hospital	99.9%	100.0%	99.9%	99.2%	99.9%	100.0%	
Queen Elizabeth University Hospital	79.2%	88.8%	89.9%	89.5%	85.5%	88.2%	
New Victoria Hospital	100.0%	99.9%	99.9%	99.9%	100.0%	100.0%	
Royal Alexandra Hospital	84.4%	90.9%	89.3%	90.6%	89.1%	90.1%	
Inverclyde Royal Hospital	93.8%	94.3%	94.4%	91.9%	94.3%	92.1%	
Vale of Leven Hospital	98.3%	97.0%	97.9%	98.1%	97.6%	98.8%	
Royal Hospital for Children	97.4%	98.2%	98.5%	99.0%	98.7%	98.3%	
Total	88.1%	92.8%	93.6%	93.6%	91.6%	93.6%	

In preparation of the continued pressure during winter, a 2018-19 Winter Plan has been drafted for submission to the Scottish Government for approval. The plan outlines the arrangements in place to respond to the levels of demand projected during the winter months. Specific emphasis has been placed on improving discharge rates during weekends and holiday periods in addition to an updated Self-Assessment checklist of Winter Preparedness (see agenda item 13 - NHSGGC's

Winter Plan). There are also significant public communication campaigns planned both nationally and locally to direct people to the most appropriate services such as minor injury units or local pharmacy experts to ensure patients are treated in the appropriate healthcare settings.

It is worth highlighting that the Board's Corporate objectives are to reduce demand by up to 10%, in relation to ED attendances, emergency admissions and unscheduled bed days. The HSCPs continue to work towards this target, both with dedicated projects and in conjunction with the Board through the Unscheduled Care Groups.

Ref	Measure	As At	2017-18 Actual	2018-19 Actual	2018-19 Target	Perform Status	Dir of Travel
9	18 weeks Referral To Treatment combined performance	August 2018	89.5%	88.5%	90.0%	AMBER	↓

Commentary

As at August 2018, 88.5% of all patients referred for treatment waited less than 18 weeks for a Referral To Treatment. This is marginally below the target of 90%.

The Board remains committed to achieving the target. The current focus remains on reducing the number of patients with the longest waiting times. In terms of the overall performance statistic, once a patient has received their treatment their whole journey is reported, skewing the overall average.

It is worth

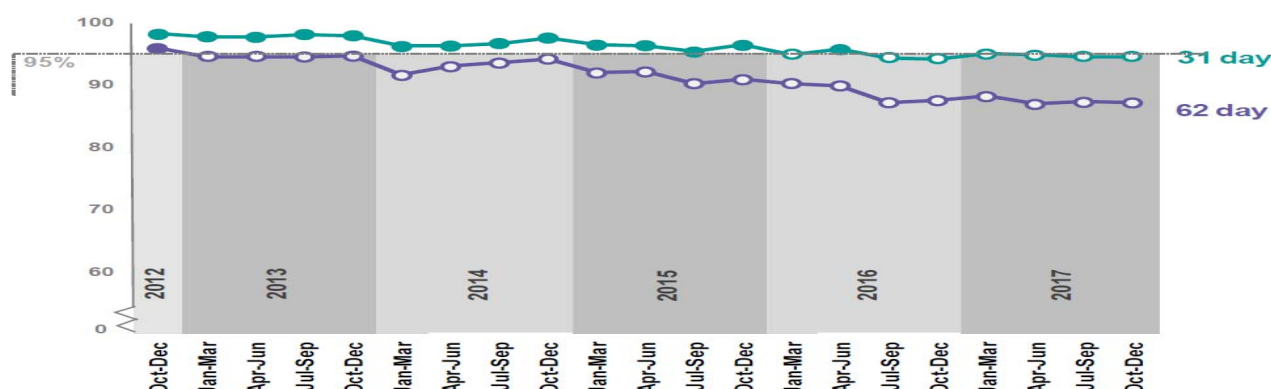
PERFORMANCE EXCEPTION REPORTS

Exception Report: Suspicion of Cancer Referrals (62 days)

Measure	Suspicion of Cancer Referrals
Current Performance	As at August 2018, 76.9% 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 1 April – 30 June 2018, 84.6% of patients with an urgent referral for suspicion of cancer started their first cancer treatment within 62 days of the referral, a marginal decrease from the 85.0% in the previous quarter.
Lead Director	Gary Jenkins, Director of Regional Services

NHS Scotland's Performance

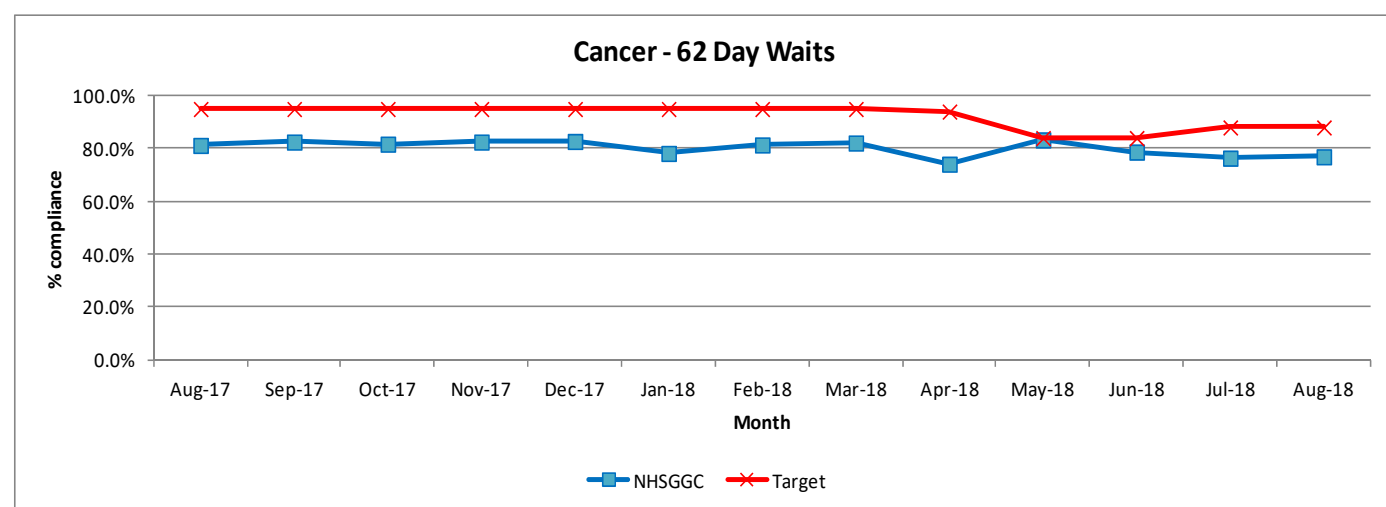
National Trend



Across NHS Scotland there were a total of 3,664 eligible referrals within the 62-day standard during the period 1 April – 30 June 2018, a 7.8% increase on the 3,399 eligible patients reported in the previous quarter. NHSGG&C accounted for 26% (953) of total eligible referrals across NHS Scotland.

84.6% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral across NHS Scotland. The latest quarter position represents a marginal decrease on the 85.0% reported the previous quarter (1 January – 31 March 2018). A total of three NHS Boards met the 62 day standard during the quarter ending June 2018 namely NHS Dumfries and Galloway (95.3%), NHS Lanarkshire (96.7%) and NHS Western Isles (100%). NHSGG&C's compliance during the same period was 78.9%.

NHSGG&C's Performance



As at August 2018, 76.9% (279 out of 363) of eligible referrals with an urgent referral for suspicion of cancer started their first treatment within 62 days of referral, below the 88% trajectory. The August 2018 position represents a slight improvement on the July 2018 position of 76.4%.

The cancer types currently below the 88% trajectory are as follows:

- Colorectal 63.8% (30 out of 47 eligible referrals treated within trajectory) an increase on the 61.7% reported in July 2018.
- Head and Neck 86.7% (13 out of 15 eligible referrals treated within trajectory) an increase on the 66.7% reported in July 2018.
- Lung 86.7% (39 out of 45 eligible referrals treated within trajectory) an increase on the 79.2% reported in July 2018.
- Lymphoma 84.6% (11 out of 13 eligible referrals received treated within trajectory) a decrease on the 91.7% reported in July 2018.
- Upper GI 73.5% (25 out of 34 eligible referrals treated within trajectory) a decrease on the 76.2% reported in July 2018.
- Urology 56.6% (47 out of 83 eligible referrals treated within trajectory) an increase on the 52.6% reported in July 2018.

The four remaining cancer types exceeded the trajectory of 88% in August 2018, Breast (88.3%), Cervical (100%), Melanoma (100%) and Ovarian (100%).

The August 2018 position in relation to the 31 day cancer performance continued to exceed the trajectory of 94% for the fourth consecutive month. Current performance of 94.1% has remained fairly static when compared to the 94.2% reported in July 2018. A total of eight of the 10 cancer types exceeded the 94% trajectory. The two cancer types below the 94% trajectory, namely:

- Breast 88.2% (120 out of 136 eligible referrals were treated within trajectory) a decrease on the 89.1% reported in July 2018.
- Urology 89.3% (151 out of 169 eligible patients treated within trajectory) a marginal increase on the 89.2% reported in July 2018.

The following cancer types all exceeded the 94% trajectory in August 2018, Colorectal (95.9%), Cervical (100%), Head & Neck (100%), Lung (100%), Lymphoma (100%), Melanoma (97.2%), Ovarian (100%) and Upper GI (98.4%).

Actions to Address Performance

The weekly Sector cancer calls continue to review all patients on the 31 day pathway and Breast cancer patients on the 62 day pathway. Progress has also been made on the additional actions reported on in September 2018 and a series of further measures agreed as described below.

Explore Use of Medinet to Support Urology

From 2 November, a Consultant colleague from the North Sector will undertake a full day operating list weekly rather than alternate weeks, providing additional capacity for the renal service in the South Sector. Further opportunity to release additional cancer operating capacity is being reviewed including the use of Medinet to provide core Urology non cancer activity.

Ensure Booking of Breast Service USoCs Within 14 Days

The mapping work has been completed and an additional one stop clinic for the South Sector at NVH is in the process of being implemented. A four week rolling review of clinic and list cover for October has been shared with the Sectors with only five clinics/list pan NHS GG&C not covered. This process will now commence for November 2018 and include additional mammography capacity that has been created with the backfill of non breast work.

62 Day Pathway Recovery Plans

A plan which collates the schemes that will be undertaken against the £1.7 million allocation from SGHD has been submitted to the Cancer Performance Team. A monitoring template has been developed to review month on month progress against the pre DDT (Decision To Treat) and 31 day targets that have been agreed.

In addition to this, escalation plans for Breast, Colorectal, Head & Neck, Prostate, Upper GI and Lung Cancers are being refined to define escalation points on the cancer pathway in line with agreed seven or 14 day intervals. These plans will be implemented the week of 15 October 2018 in parallel to changed 62 day performance monitoring arrangements on the weekly calls.

From the week of 15 October, 62 day performance review will be extended to include Colorectal, Head and Neck, Prostate, UGI and Lung Cancers as well as Breast Cancer. Currently patients with a breach date within 14 days are reviewed, this will be brought forward to ensure sufficient time for corrective action to be taken within Sectors and Directorates.

Implementation of Seven Day Waiting Times For Head and Neck (CT/MR/US), Prostate (MR/Bonescan), UGI (PETCT) And Lung Cancers (PETCT)

This will be implemented for patients booked from 1 November, 2018. A monitoring process has been agreed which will form part of the weekly Sector/Directorate calls as well as the monthly pan NHS GG&C Cancer Performance meeting.

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

62 Day Cancer Waiting Time						
	Mar-18	Apr - June 18	Jul - Sept 18		Oct - Dec 18	Jan - Mar 19
Actual	80.7%	78.9%	76.4%	76.9%		
Trajectory	84.0%	84.0%	88.0%		92.0%	95.0%
31 Day Cancer Waiting Time						
	Mar-18	Apr - June 18	Jul - Sept 18		Oct - Dec 18	Jan - Mar 19
Actual	92.2%	94.2%	94.2%	94.1%		
Trajectory	93.0%	93.0%	94.0%		94.5%	95.0%

NB Actual monthly performance figures still to be validated.

The 31 day pathway continues to exceed trajectory for the fourth consecutive month. The 62 day pathway remains significantly below trajectory and recovery plans are in place with the aim to address and recover the 62 day position by Quarter 1 2019.

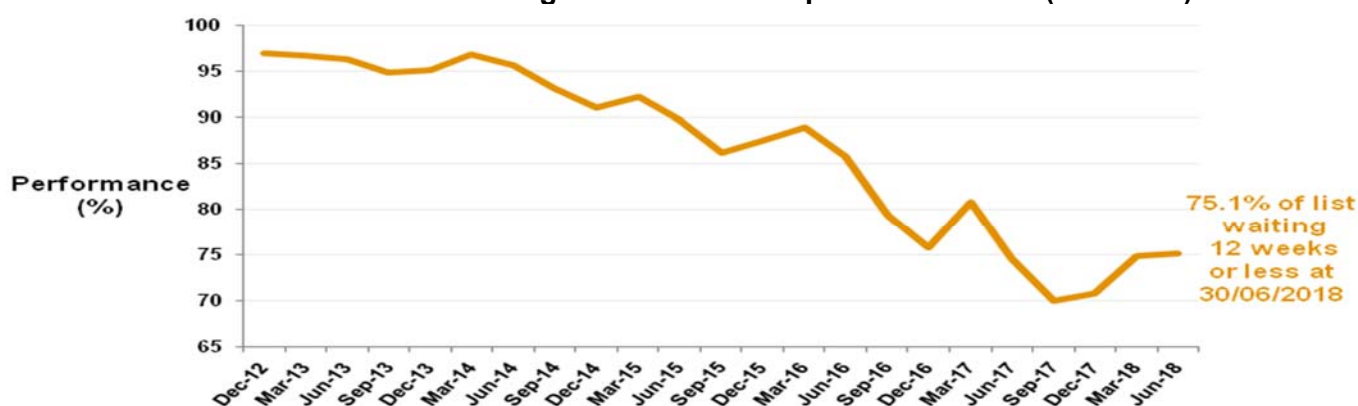
Exception Report: % of New Outpatients Waiting <12 weeks for a New Outpatient Appointment

Measure	% of New Outpatient Waiting <12 Weeks for a New Outpatient Appointment
Current Performance	As at August 2018, 71.6% of available new outpatients were waiting 12 weeks or less for a new outpatient appointment.
NHS Scotland <i>(Latest published data available)</i>	As at 30 June 2018, 75.1% of new outpatients waiting for a new outpatient appointment had been waiting 12 weeks or less across NHSScotland.
Lead Director	Grant Archibald, Chief Operating Officer

NHSScotland's Performance

As at 30 June (month end), 75.1% of new outpatients were waiting <12 weeks for a new outpatient appointment. For NHSGG&C the figure was 76.3%. A total of five NHS Boards were below the Scotland figure, with NHS Orkney (61.8%), NHS Lothian (64.5%) and NHS Grampian (65.2%) being the lowest. The number of new outpatients waiting >12 weeks increased from 76,769 at 31 March 2018 (month end) to 80,998 at 30 June 2018 (month end).

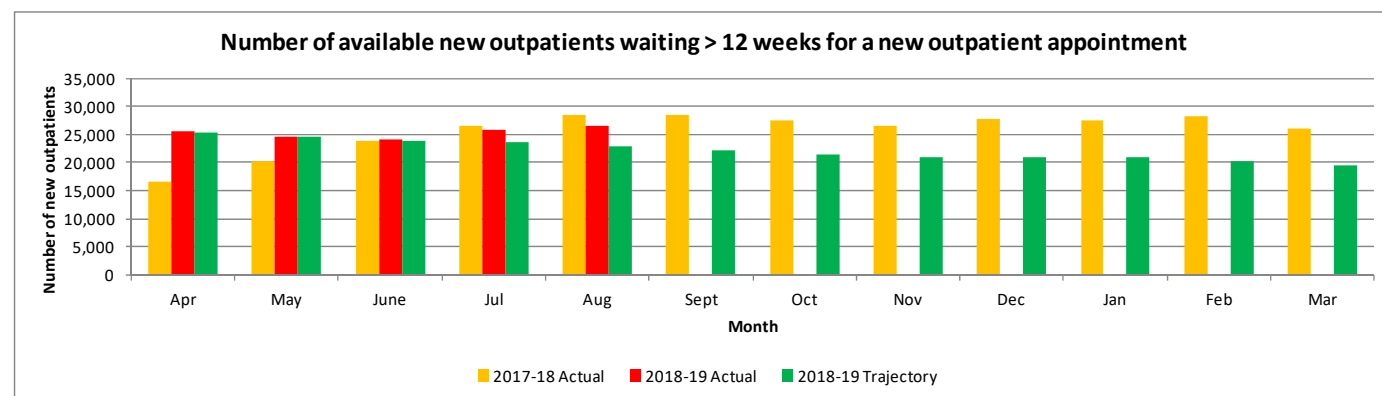
Chart 1: NHSScotland's Performance Against the New Outpatient Standard (12 weeks)



Whilst the 12 week national standard applies to patients waiting, the number of patients seen shows the complete picture of waiting times experienced. During the quarter ending 30 June 2018, 77.1% of patients were seen within 12 weeks. For NHSGG&C the figure was 78.3%.

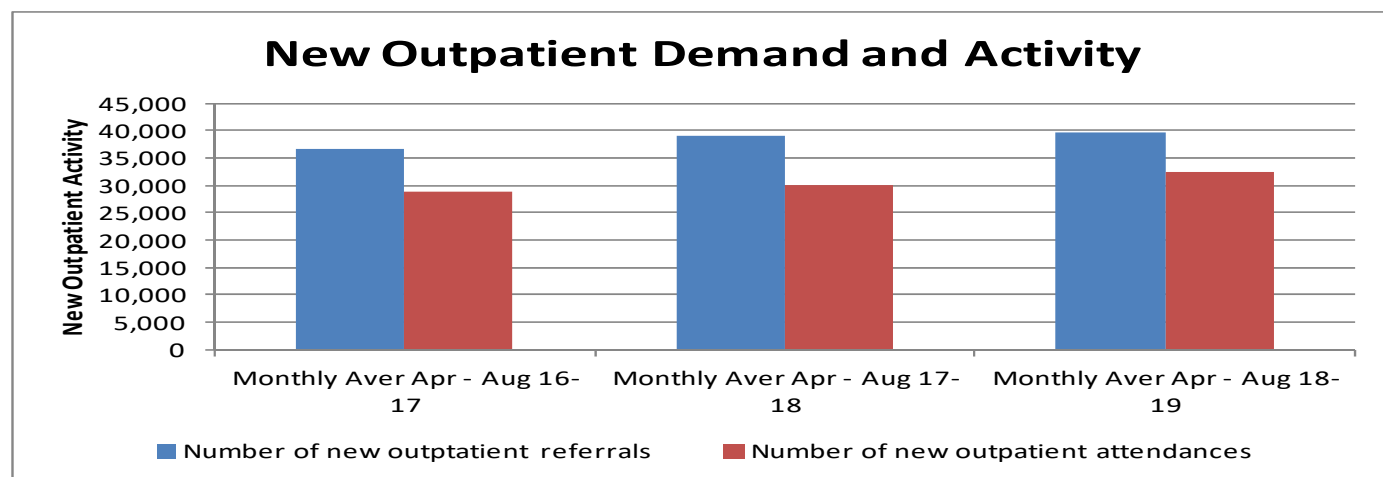
NHSGG&C's Performance

As at August 2018 (month end), 71.6% of available new outpatients were waiting 12 weeks or less for a new outpatient appointment. A total of 26,527 available new outpatients were waiting >12 weeks for a new outpatient appointment, representing a 3% increase on the previous month's performance. The month on month improvements that had been made since February 2018 were not sustained during July and August, largely attributable to capacity constraints during the peak holiday period. Despite performance being above the trajectory of 22,891 for August 2018, current performance represents a 7% reduction on the same month the previous year. Extensive is continuing through the Autumn to address the trend.



Number of available new outpatients waiting > 12 weeks for a new outpatient appointment (Adults and Children) includes Dental												
	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017-18 Actual	16,662	20,190	23,893	26,543	28,572	28,520	27,594	26,546	27,747	27,598	28,172	25,998
2018-19 Actual	25,624	24,545	24,081	25,824	26,527							
2018-19 Trajectory	25,298	24,604	23,917	23,568	22,891	22,213	21,535	20,857	20,857	20,857	20,179	19,501

Whilst performance is below the position planned for August 2018, the level of new outpatient demand and activity continues to show a year-on-year increase when compared to the previous two years. The chart below outlines the monthly average position for April – July 2018 and compares the current year with that of the same period the previous two years.



New Outpatient Demand and Activity	Monthly Aver Apr - Aug 16-17	Monthly Aver Apr - Aug 17-18	Monthly Aver Apr - Aug 18-19
Number of new outptatient referrals	36,659	39,077	39,557
Number of new outpatient attendances	28,887	29,953	32,293

Based on the monthly average position (April – August) outlined above, the number of new outpatient referrals increased by 8% when compared to the number of referrals received during same period in 2016-17 (*the baseline year the 2018-19 new outpatient trajectory is based upon*). When compared with 2017-18, current monthly average performance for April – August 2018 is showing a 1% increase in the number of new outpatient referrals received.

In terms of new outpatient activity, there has been a 12% increase in the number of new outpatients seen when compared to the same period in 2016-17 (*the baseline year the 2018-19 new outpatient trajectory is based upon*). Compared to the previous year, the current monthly average performance (April – August 2018) is showing an 8% increase in the number of new outpatients seen.

Actions to Address Performance

As seen from the information highlighted above, new outpatient activity is constantly increasing, rendering achievement of the target within the financial envelope a significant challenge. The actions in place to sustain the increased levels of new outpatient activity and help drive further improvement include:

- The capacity and demand progamme has recently been reviewed and work is underway to draft a detailed plan for each speciality across the acute division. The plans will include demand and capacity profiles, productivity targets, redesign potential, workforce analysis and waiting times' performance milestones.
- The first phase of the outpatients productivity review is now complete. The productivity gains for 2018-19 were agreed and are monitored through weekly and monthly outpatient booking reports. The second

phase of the review is underway for inpatient, day cases, utilisation has been analysed and specialties are currently agreeing productivity gains.

- A number of the financial improvement work streams are reviewing the potential to yield additional capacity across outpatients, theatres and workforce. Working groups have been established and benchmarking exercises undertaken to confirm productivity key performance indicators for acute specialties and action plans for each are currently being implemented.
- As indicated in the TTG exception report, the National Access Team have provided further non recurring Access Funding for additional capacity to assist in reducing the number of new outpatients, inpatients/day cases, diagnostics patients waiting >12 weeks. The funding has been internally and externally allocated in key specialities to target patients with the highest clinical priority and the patients with the longest wait time. The impact of this work is monitored on an ongoing basis.

Timeline for Improvement

NHSGG&C remains committed to achieving the new outpatient monthly trajectory (outlined above and at Appendix 1). The current focus remains on clearing long waiters, whilst also improving the overall number on the list in line with the trajectory. The demand and capacity work is expected to highlight additional recurring capacity and therefore potential new outpatient activity. This work alongside the additional non recurring Access Funds should ensure improvements in key specialties currently under pressure and further improvements in those specialties showing reductions in the number of new outpatients waiting >12 weeks for a new outpatient appointment.

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 August 2018 (month end), there were a total of 6,733 patients waiting >6 weeks for one of the key diagnostic tests and investigations. Current performance is in excess of the trajectory of 3,859.
National Performance <i>(using latest published data)</i>	At the quarter ending 30 June 2018, 87,482 patients in NHS Scotland were waiting for one of the eight key diagnostic tests and investigations. 78.7% of patients waiting had been waiting for less than six weeks.
Lead	Grant Archibald, Chief Operating Officer

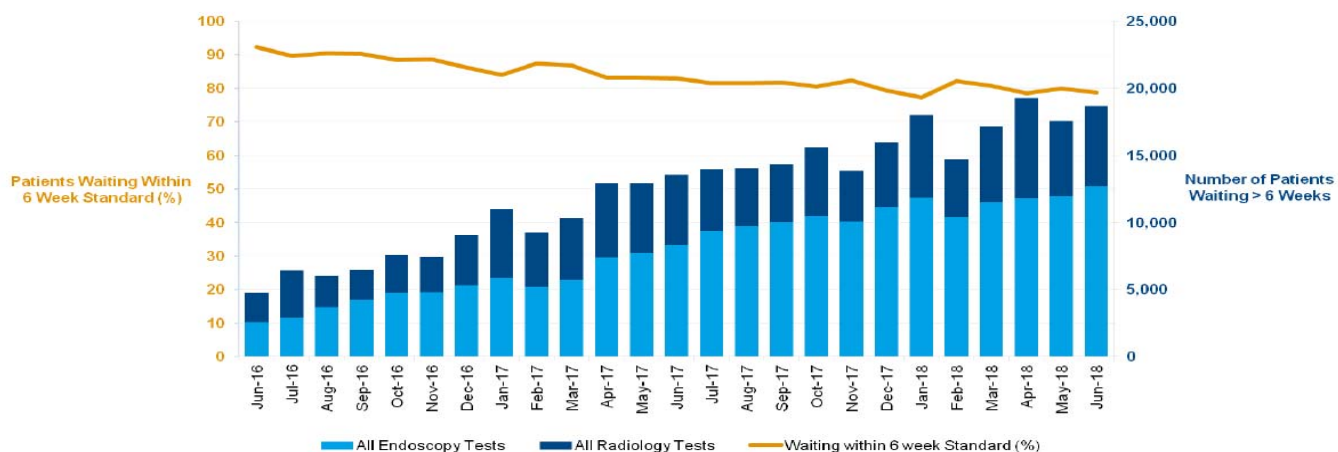
NHSScotland Performance

At the quarter ending 30 June 2018, there were a total of 87,482 patients waiting for one of the eight key diagnostic tests and investigations across NHS Scotland.

Across NHS Scotland, 78.7% of patients waiting for a key diagnostic test had been waiting <6 weeks. The June 2018 performance is lower than the 80.6% reported in March 2018 and lower than the 82.9% at June 2017. Across NHSGG&C for the same period (quarter ending June 2018) the figure was 73.8%, a reduction from the 78.8% reported for the quarter ending March 2018.

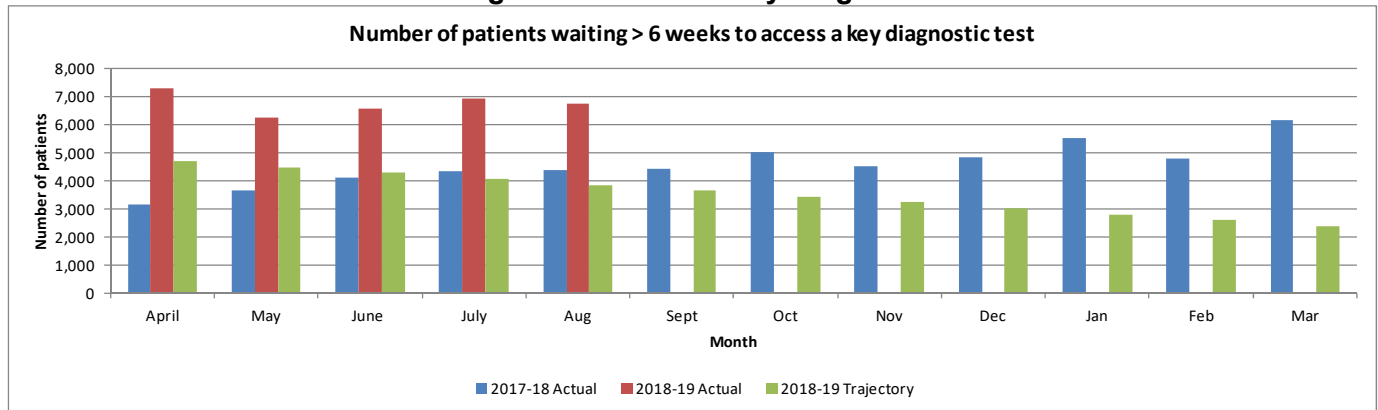
Chart 1 below shows the monthly trend in the percentage of patients waiting >6 week standard across NHS Scotland during the past two years.

Chart 1: Number of Patients Waiting Within 6 Week Standard



As seen from Chart 1 above, performance has gone from a high of 92.2% of patients waiting within the six week standard at June 2016, to a low of 78.7% at June 2018 across NHS Scotland.

Across NHS Scotland the number of patients waiting >6 weeks for all endoscopy tests has increased substantially over the last two years. At 30 June 2016, there were 2,563 patients waiting longer than six weeks for all endoscopy tests. This increased to a high of 12,701 at 30 June 2018. Upper Endoscopy and Colonoscopy are the biggest contributors making up 70.9% of the patients waiting >6 weeks at June 2018. The introduction of the new bowel cancer screening test in November 2017 may be linked to increasing pressure in Colonoscopy after this time. The number of patients waiting >6 weeks for all radiology tests across NHSScotland has shown an increasing trend over the past eight months. At April 2018, it reached a peak of 7,529 patients waiting over six weeks but decreased to 5,943 at June 2018. The number of patients waiting >6 weeks for CT and MRI has steadily increased over the past two years whereas non-obstetric ultrasound tests decreased from 2,685 in April 2017 to 898 in June 2018.

NHSGG&C'S Performance**Chart 1: Number of Patients Waiting >6 Weeks for a Key Diagnostic Test Across NHSGG&C****Commentary**

As at August 2018 (month end) there were a total of 6,733 patients waiting >6 weeks for a key diagnostic test. Current performance represents an improvement on the previous month with a 3% reduction in the number of patients waiting (6,933 – July 2018). Whilst performance is showing an improvement the current position remains higher than the planned position of 3,859 for August 2018.

The overall number of patients waiting >6 weeks represents 26% of the total number of patients (25,560) on the waiting list for one of the eight key diagnostic tests. At August 2018 (month end), 47% of patients waiting for scope tests were waiting <6 weeks and 92% of patients waiting for radiology tests were waiting <6 weeks.

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

Scopes

- 1,525 patients were waiting >6 weeks for an upper endoscopy test (a 5% decrease on the 1,602 patients reported in July 2018).
- 382 patients were waiting >6 weeks for a lower endoscopy test (a 4% decrease on the 398 patients reported in July 2018).
- 2,708 patients were waiting >6 weeks for a colonoscopy test (a 3% increase on the 2,640 patients reported in July 2018).
- 817 patients were waiting >6 weeks for a cystoscopy test (a 28% decrease on the 1,132 patients reported in July 2018).

The majority of patients waiting >6 weeks for a scope in August 2018 were waiting for an appointment in the South Sector (3,028 patients, a 10% decrease on the 3,361 patients reported in July 2018) and the Clyde Sector (2,201 patients, a 3% decrease on the 2,269 patients reported in July 2018).

As previously reported and similar to the national position mentioned earlier, 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 continues to indicate a significant increase in the number of positive referrals. To accommodate the growth in the number of positive referrals, some symptomatic lists have been converted to screening and this has impacted further on the waiting list position.

Radiology

Overall the number of patients waiting >6 weeks for a radiology test marginally increased from 1,161 patients reported in July 2018 to 1,301 patients reported in August 2018. The 1,301 patients waiting >6 weeks were waiting for the following tests:

- Magnetic Resonance Imaging (MRI) – 738 patients were waiting >6 weeks (an 11% increase on the 663 patients reported in July 2018).

- Computer Tomography (CT) – 559 patients were waiting >6 weeks (a 12% increase on the 498 patients reported in July 2018).
- Non Obstetric Ultrasound – four patients were waiting >6 weeks (an increase on the July 2018 were no patients were waiting >6 weeks for a non obstetric ultrasound).
- There were no patients waiting >6 weeks for a 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 remain in place to improve performance:

- The focus continues to be 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 Bowel Screening 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.
- Additional endoscopy capacity has been secured at the Golden Jubilee National Hospital (GJNH) throughout 2018-19 however, there are some operational challenges at the GJNH which mean that NHSGG&C is currently significantly 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 in place since June 2018 to deliver eight endoscopy lists per week (approximately 36 - 44 patients per week). As seen in the August 2018 position, the number of patients waiting >6 weeks for an endoscopy procedure is beginning to show a reduction.
- A bid for funding to support NHSGG&C's recovery plan was submitted to the Scottish Government in August 2018 and has recently been approved.
- The implementation of the FIT in Primary Care for symptomatic patients started in September 2018. Part of this work is to offer a FIT test to all patients on the waiting list for lower GI investigation starting with the longest waiting patients first. This will allow patients with a positive test to be appropriately fast-tracked for investigation.
- Workforce challenges remain in the Clyde Sector which has impacted on the ability to reduce waiting times below the 180 days.

Radiology

Local management information indicates that appointments for CT, MR and US are now at six weeks however, the reporting capacity remains a challenge and solutions continue to be sought. Reporting is currently being prioritised in terms of urgency and work is underway with clinical colleagues to look at ways to reduce demand.

Timeline for Improvement

Scopes

The waiting times across NHSGG&C have reduced as have 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 of significant additional capacity, the implementation of symptomatic FIT testing 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. An action plan to have a multi-faceted approach to addressing the reporting issue is now in place.

Exception Report: 12 Week Treatment Time Guarantee

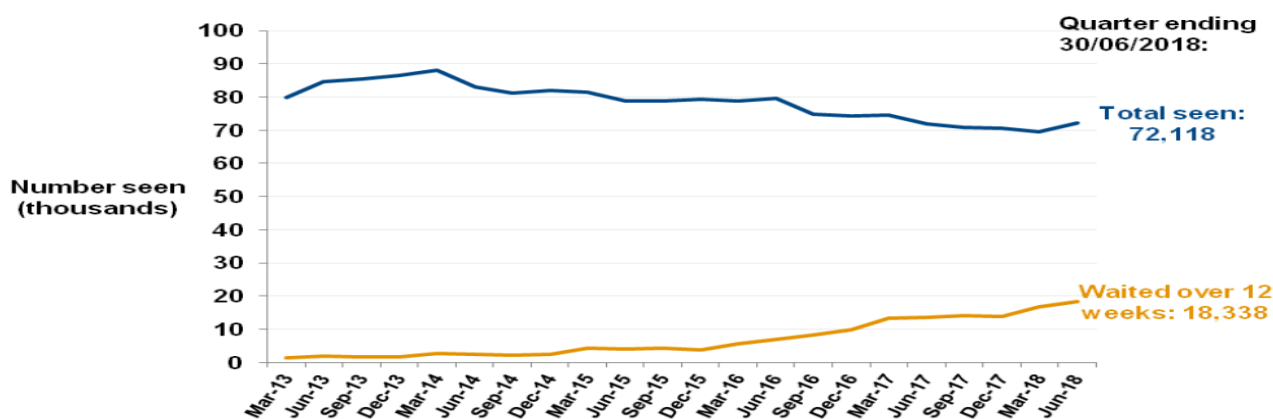
Measure	12 week Treatment Time Guarantee (TTG)
Current Performance	As at August 2018 (month end), a total of 5,360 patients were waiting >12 weeks TTG for an inpatient/day case procedure. Current performance is above the trajectory of 4,019 for August 2018.
NHSScotland <i>(Latest published data available)</i>	As at June 2018 (month end), a total of 21,482 patients were waiting >12 weeks for an inpatient/day case procedure across NHS Scotland.
Lead Director	Grant Archibald, Chief Operating Officer

NHSScotland Performance

During the quarter ending June 2018, 74.6% of patients seen for inpatient/day case treatment waited within the TTG of 12 weeks across Scotland.

NHSGG&C exceeded the national performance. During the same period, performance was 77.5%. Of the total number of patients treated across NHS Scotland (72,118), a total of 18,338 patients had waited over 12 weeks in the quarter ending 30 June 2018, for NHSGG&C the total was 4,495. There were five Boards below the Scotland figure, with NHS Forth Valley (56.1%), NHS Grampian (59.4%) and NHS Highland (61.7%) being the lowest.

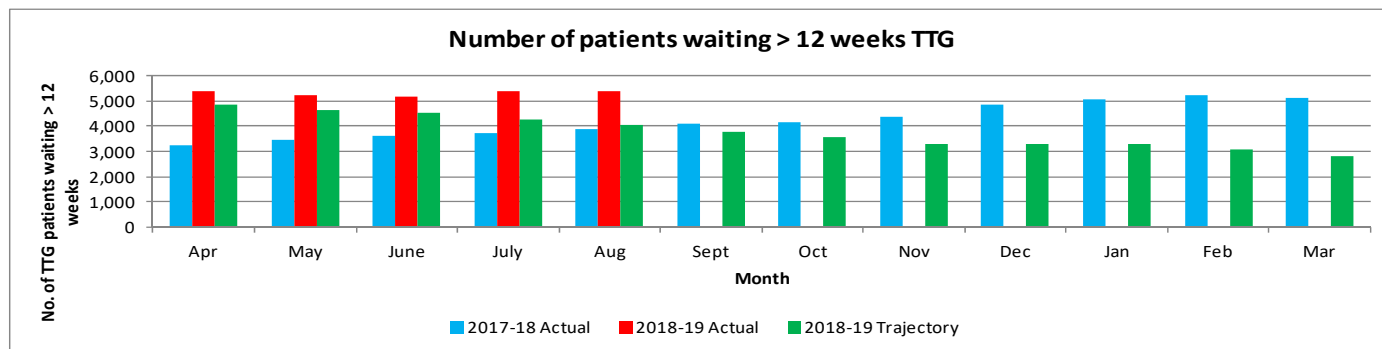
Chart 1: Number of TTG Patients Seen and Number Who Waited >12 Weeks Across NHSScotland



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 June 2018 (month end), 70.7% of patients' ongoing waits for treatment were waiting within 12 weeks across Scotland, for NHSGG&C the figure was 72.9%.

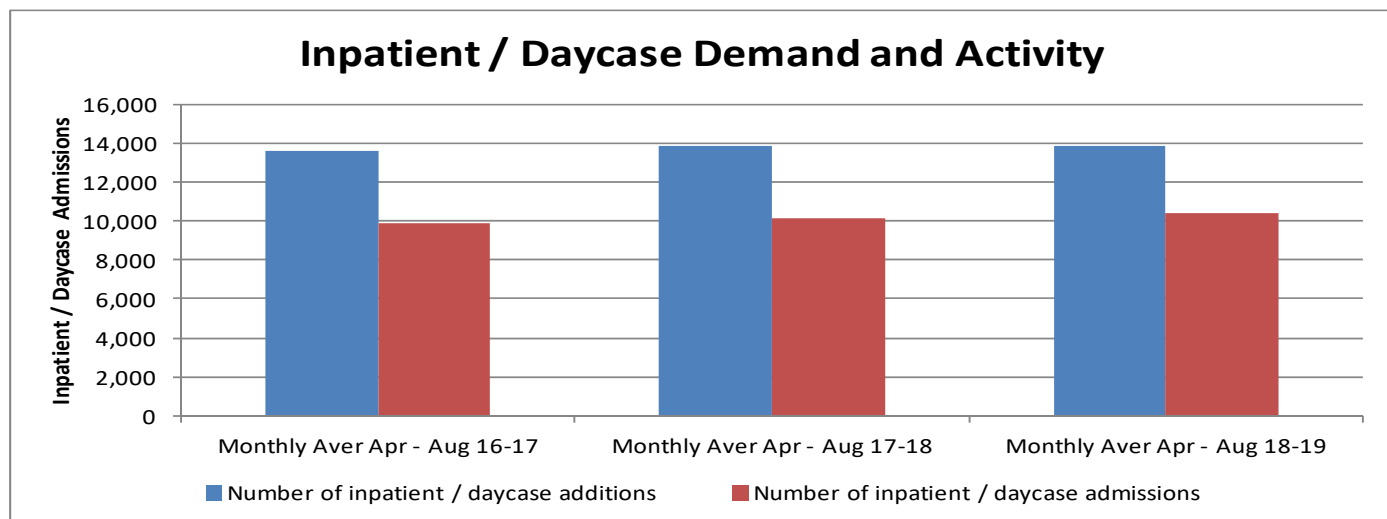
NHSGG&C Commentary

As at August 2018 (month end), 78.1% of patients treated under the TTG waited <12 weeks for their treatment across NHSGG&C, a decrease on the 79.6% reported in July 2018. There were a total of 5,360 eligible patients waiting >12 weeks TTG for an inpatient/day case procedure representing a 1% decrease on the 5,394 patients waiting the previous month across NHSGG&C. Current performance is above the trajectory of 4,019 for August 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	5,236	5,164	5,394	5,360							
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

Whilst current performance is below the planned position for August 2018, the level of inpatient/day case demand and activity shows an increase when compared to the previous two years. The chart below outlines the monthly average position for April – August 2018 and compares the current year with that of the same period the previous two years.



Inpatient / Day Case Demand and Activity	Monthly Aver Apr - Aug 16-17	Monthly Aver Apr - Aug 17-18	Monthly Aver Apr - Aug 18-19
Number of inpatient / daycase additions	13,581	13,871	13,888
Number of inpatient / daycase admissions	9,867	10,106	10,428

Based on the monthly average position outlined above, the number of inpatient/daycase additions received increased by 2.3% when compared to the number of inpatient/day case additions received during the same period 2016-17 (*the baseline year the 2018-19 TTG trajectory is based upon*). When compared to 2017/18 the current monthly average performance for April – August 2018 is showing a marginal increase in the number of inpatient/day case additions. The clearly demonstrates the pressure of increased demand.

In terms of inpatient/day case activity, there has been a 6% increase in the number of inpatient/day case admissions when compared to the same period in 2016-17 (*the baseline year the 2018-19 TTG trajectory is based upon*). Compared to 2017/18, the current monthly average performance (April – August 2018) is showing a 3% increase in the number of inpatient/day cases seen.

Actions To Address Performance

As seen from the information highlighted above, the level of inpatient/day case activity is improving as seen through the year on year increase in the number of inpatient/day case admissions. The increase in admissions is against the backdrop of a continued increase in demand during the same time. The actions in place to sustain the increased level of admissions and help drive further improvements in the number of eligible TTG patients waiting >12 weeks include:

- 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 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 across Acute. The plans will include demand and capacity profiles, productivity targets, redesign potential, workforce analysis and waiting times' performance milestones.
- As indicated in the new outpatient exception report a number of financial improvement work streams currently underway are reviewing the potential to yield additional capacity. The two key work streams expected to yield additional capacity to enable more eligible TTG patients to be treated for an inpatient/day case procedure are the Theatres and the Consistency and Variation work stream. The theatres productivity work stream is 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 day case 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/day cases 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 reducing the number of eligible patients waiting >12 weeks. The priority also remains on targeting patients with the highest clinical priority and on reducing the number of patients with the longest waiting time. The actions outlined above are targeted at improving performance in both these areas.

Exception Report: Child and Adolescent Mental Health Services (CAMHS)

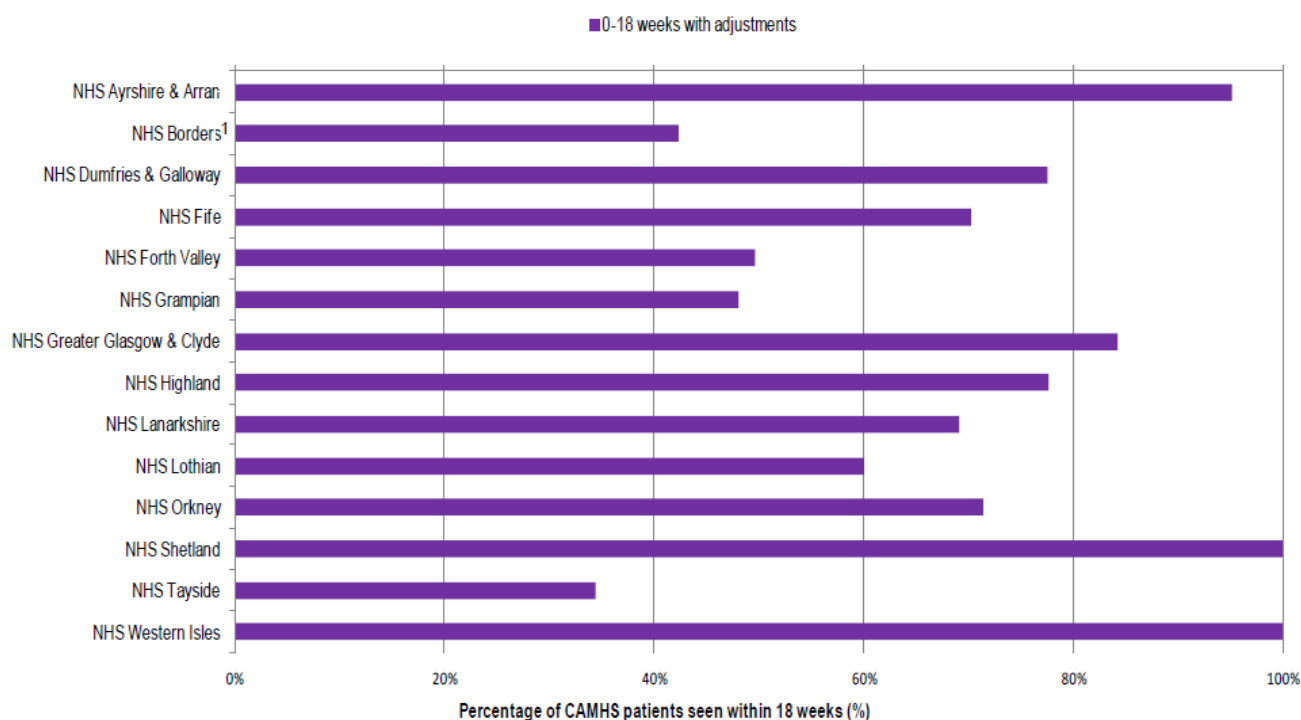
Measure	% of patients who started their treatment within 18 weeks of Referral to specialist CAMHS.
Current Performance	As at August 2018 (month end), 74.4% of eligible patients who started their treatment, had started within 18 weeks of referral to specialist CAMHS. (<i>Data Provisional</i>)
National Performance	As at quarter ending June 2018, 67.8% of children and young people started their treatment within 18 weeks of referral to specialist CAMHS.
Lead Director	Susan Manion, East Dunbartonshire HSCP

NHS Scotland's Performance

Across NHS Scotland, 4,664 children and young people started treatment at CAMHS, an increase on the 3,995 reported the previous quarter and on the quarter ending June 2017 (4,092). For NHSGG&C during this same quarter a total of 1,050 children and young people started treatment at CAMHS an increase on the 849 reported the previous quarter and on 936 reported for the quarter ending June 2017.

67.8% of the total number of children who started their treatment were seen <18 weeks across NHS Scotland, this compares with 71.1% in the previous quarter and 80.7% for the quarter ending June 2017. For NHSGG&C during the quarter ending June 2018, compliance with the national standard was above the national position at 84.2%. Despite being below the standard, NHSGG&C is Scotland's fourth best performing Health Board for the quarter ending June 2018.

As seen from the bar chart below, a total of three NHS Boards listed met the 18 week standard namely NHS Ayrshire & Arran (95.1%), NHS Shetland (100%) and NHS Western Isles (100%).

Percentage of People Who Started Their Treatment Within 18 Weeks, (April – June 2018 by NHS Board of Treatment)

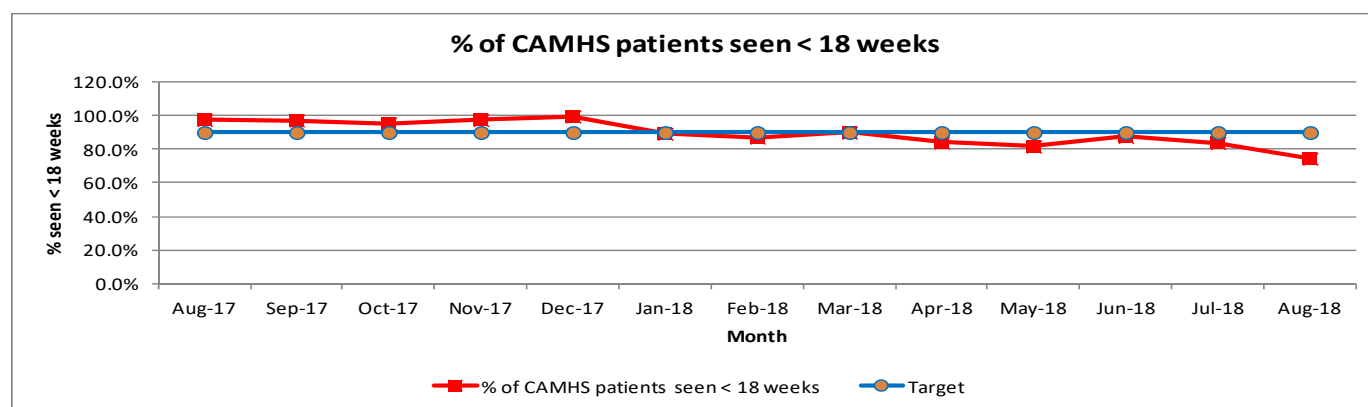
NB: NHS Borders were unable to submit data for June 2018 due to staff shortages and data extraction issues.

NHSGG&C's Performance

As at August 2018 (month end), 74.4% of eligible patients who started their treatment, had started within 18 weeks of referral to specialist CAMHS across NHSGG&C. Current performance represents a significant

reduction in overall compliance with the standard reported during the past 12 months. Current performance is mainly due to significant recruitment challenges.

CAMHS	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Total number of patients seen	343	252	306	345	251	281	299	269	325	385	340	328	391
Seen < 18 weeks	334	245	292	336	250	251	260	242	273	314	297	275	291
Seen > 18 weeks	9	7	14	9	1	30	39	27	52	71	43	53	100
% patients seen < 18 weeks	97.4%	97.2%	95.4%	97.4%	99.6%	89.3%	87.0%	90.0%	84.0%	81.6%	87.4%	83.8%	74.4%
% patients seen > 18 weeks	2.6%	2.8%	4.6%	2.6%	0.4%	10.7%	13.0%	10.0%	16.0%	18.4%	12.6%	16.2%	25.6%



Actions to Address Performance

Actions to address performance include the following:

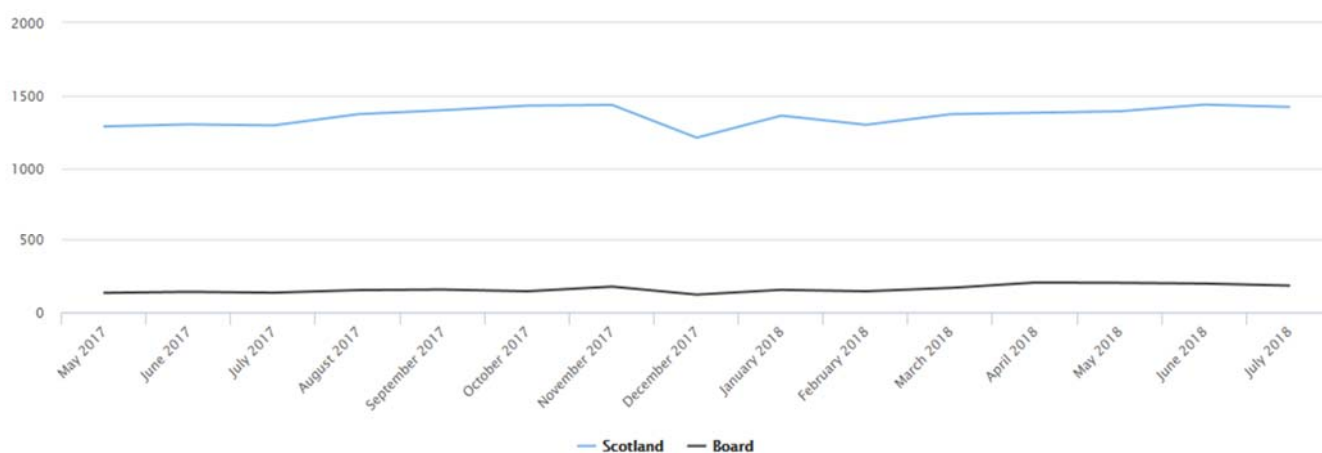
- Work is underway to identify particular problem areas with a view to utilising the Choice and Partnership Approach (CAPA) methodology in an appropriate way to maximise efficiencies and reduce waits for treatment. Demand and capacity data will identify where CAPA could be better applied and where resources would be best placed. The services aim to ensure month on month improvements.
- Work is also underway to increase clinical capacity based on a lean methodology. The Quality Improvement Programme will launch its main initiative on 29 October 2018 which will work towards a full booking system. It is projected that by the end of December 2018, there will be a decrease in the longest waiting time and the number of children waiting, with CAMHS meeting the 18 week standard by then.
- 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.

Timeline For Improvement

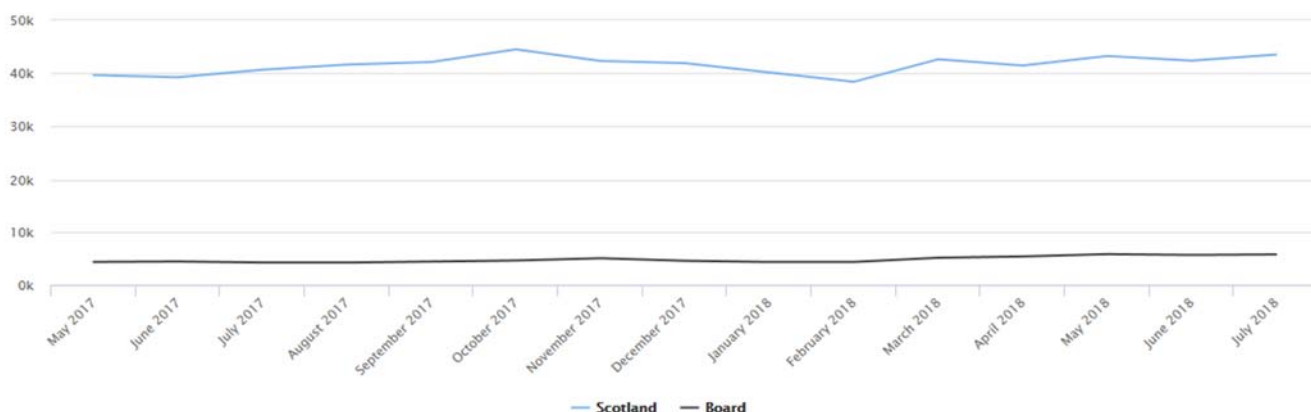
With the developments in the Quality Improvement Programme, the new Central Choice Team will take effect as of the 29 October 2018. Over the next few months, the size of the waiting list will decrease, with a gradual decrease in the longest wait initially. Throughout the next three years, CAMHS are working towards a longest wait of four weeks. However, we aim to be within the 18 week target by the end of 2018.

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 August 2018, there were a total of 184 patients delayed across NHSGG&C resulting in the loss of 5,769 bed days occupied by delayed patients.
NHS Scotland (Latest published data available)	As at July 2018, there were a total of 1,420 patients delayed resulting in the loss of 43,511 bed days occupied by delayed patients across NHS Scotland.
Lead Director	Dr Mags Mcguire, Nursing Director

NHS Scotland's Performance**Chart 1: Number of Delayed Discharges across NHS Scotland – July 2018**

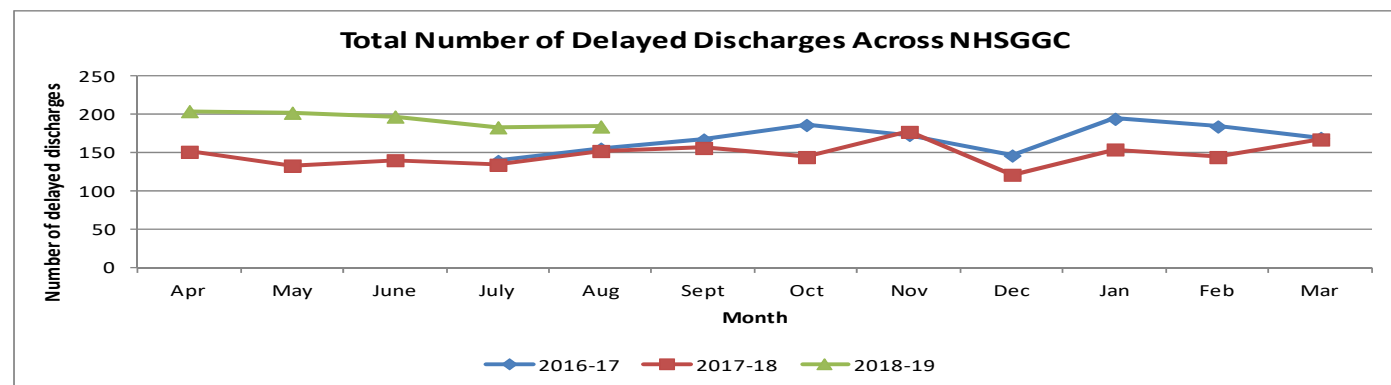
Across NHS Scotland, there were a total of 1,420 patients delayed at the July 2018 census. The number of delays across NHS Scotland represents a 1% decrease on the previous months' performance (June 2018 – 1,436 delayed discharges). NHSGG&C accounted for 13% (183) of the total number of delayed patients reported across NHS Scotland in July 2018 and performance represents a 7% decrease in the number of delays reported the previous month (197).

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

The 1,420 patients delayed across NHS Scotland resulted in the loss of 43,511 occupied bed days, a 3% increase on the number of bed days occupied by delayed discharge patients reported the previous month (June 2018 – 42,375 bed days occupied by delayed discharge patients). Overall, NHSGG&C accounted for 13% (5,742) of total occupied bed days lost to delayed discharge across NHS Scotland in July 2018 and performance represented a 2% increase on the previous months' performance (5,637).

NHSGG&C's Performance**Table 1: Total Number of Delayed Discharge Patients Across NHSGG&C – August 2018**

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Total number of patients delayed (at census point)	152	156	144	177	121	154	144	167	204	202	197	183	184
Acute	111	112	92	117	72	102	85	105	134	145	135	125	128
Mental Health	41	44	52	60	49	52	59	62	70	57	62	58	56



As seen from *Table 1* above, there were a total of 184 patients delayed across NHSGG&C. The total comprises 128 acute patients and 56 mental health patients delayed. Current performance represents a significant increase in the total number of delayed patients reported when compared with the number of delays reported during previous years.

With the exception of Glasgow City HSCP reporting a 12% reduction in the number of delayed patients (reducing from 112 delayed patients reported in July 2018 to 99 reported in August 2018), all other HSCPs reported an increase in the number of delayed patients in August 2018 when compared to the previous month. The increases were as follows:

- West Dunbartonshire HSCP increased from nine delayed patients in July 2018 to 15 delays in August 2018.
- East Dunbartonshire increased from 13 delayed patients in July 2018 to 16 delayed patients in August 2018.
- East Renfrewshire increased from five delayed patients reported in July 2018 to six delayed patients in August 2018.
- Inverclyde HSCP increased from no delayed patients reported in July 2018 to two reported in August 2018.
- Renfrewshire HSCP increased from 15 delayed reported in July 2018 to 18 delayed patients in August 2018.
- The other Local Authority areas out with NHSGG&C collectively reported a decrease when compared to the previous month reducing from 29 delayed patients to 28 delayed patients in August 2018.

Table 2: Total Number of Bed Days Occupied by Delayed Patients Across NHSGG&C – August 2018

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Total number of bed days occupied by delayed patients	4,212	4,404	4,601	5,068	4,549	4,320	4,332	5,119	5,354	5,795	5,637	5,742	5,769
Acute	2,947	3,184	3,157	3,440	2,963	2,760	2,752	3,212	3,521	3,906	3,896	3,910	4,093
Mental Health	1,265	1,220	1,444	1,628	1,586	1,560	1,580	1,907	1,833	1,889	1,741	1,832	1,676

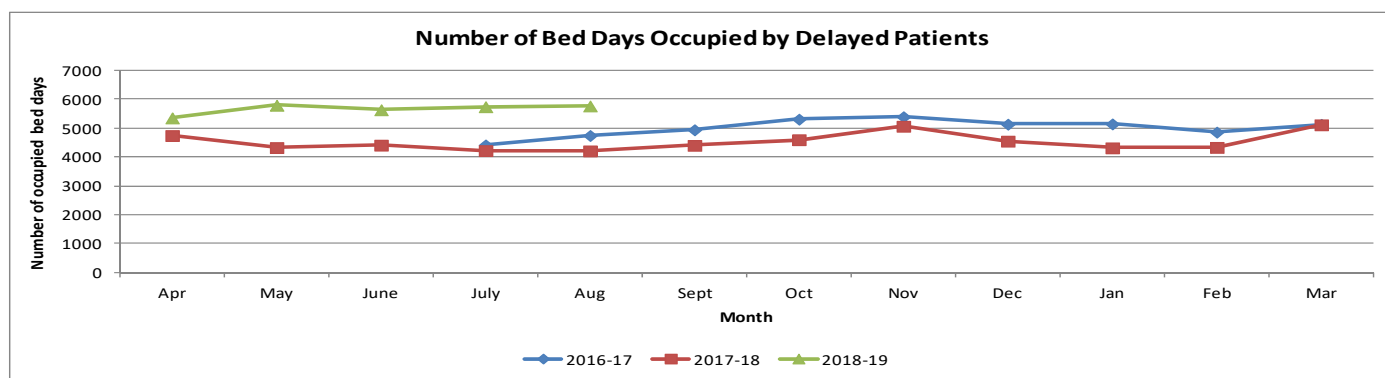


Table 2 highlights a total of 5,769 bed days occupied by delayed patients across NHSGG&C comprising 4,093 acute beds and 1,676 mental health beds occupied by delayed patients. Current performance across NHSGG&C has shown a significant increase in the number of bed days occupied by delayed patients when compared with the previous years' performance.

With the exception of Glasgow City and Inverclyde HSCPs reporting a decrease in the number of bed days occupied by delayed patients when compared to the previous month, the remaining four reported an increase with the most notable increases in Renfrewshire and West Dunbartonshire HSCPs increasing by 18% and 33% respectively when compared with the previous month. Each of the other local authority areas reported an increase in the number of occupied bed days lost to delayed discharge when compared to the previous month. The most notable increase can be seen in Argyll and Bute increasing from 89 bed days occupied by delayed patients in July 2018 to 213 in August 2018.

Actions to Address Performance

The number of delayed discharge patients and associated bed days occupied by delayed patients across NHSGG&C has remained a challenge during the summer months which have traditionally seen a decrease in the numbers reported. A number of actions have been agreed as part of the 2018-19 Winter Planning arrangements across HSCPs to maintain the focus on reducing the number of delayed patients including:

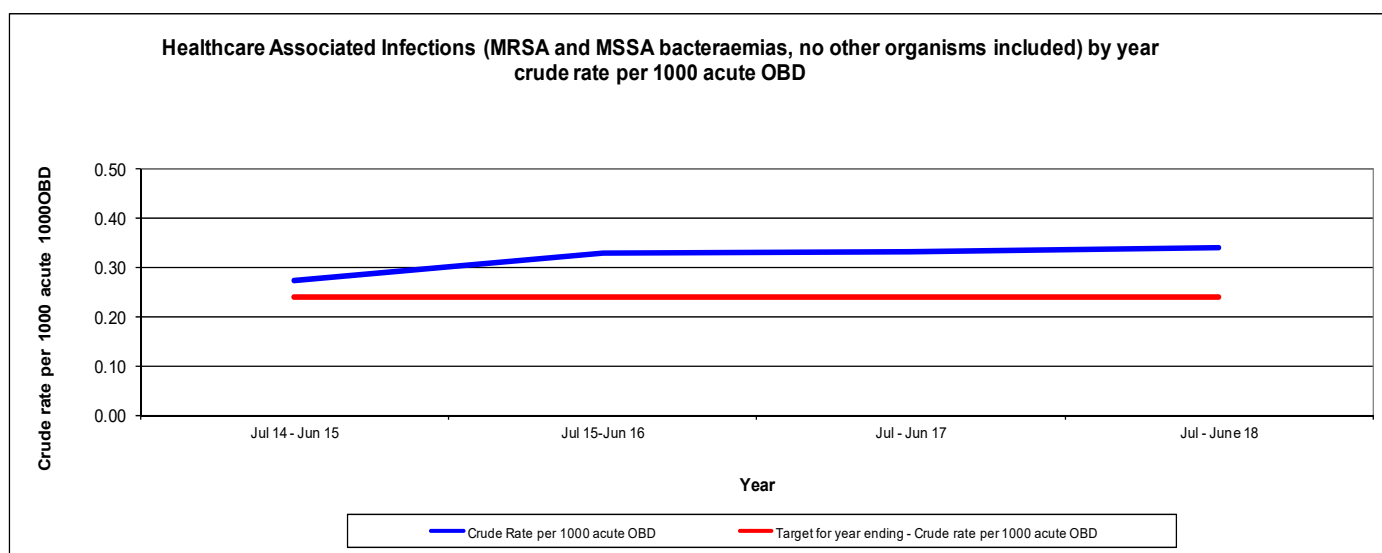
- All HSCPs continue as a priority to ensure processes are in place to systematically review and expedite delayed patients.
- Implementing anticipatory structures with the aim of ensuring potential areas of need, particularly in respect of adults with incapacity (AWI) are best met and delays minimised. Identifying and targeting homecare clients who lack capacity and promotion of Powers of Attorney as part of this process.
- Shared learning across HSCPs to identify best practice. A seminar is scheduled for mid-October 2018 to focus on areas such as:
 - Workers access to digitised AHP records/assessment through Clinical Portal/Trakcare/EMIS, etc.
 - Access to inpatient dashboards.
 - Electronic referrals – to reduce time between referrals sent to and received by hospitals teams.
 - Improvements in care pathways with SAS to increase the number of patients not conveyed to hospital.
 - Engagement with Out Of Hours services to identify better pathways that manage risk, including NHS24 and Scottish Ambulance Service.
 - Improved anticipatory care planning and more robust use of escalation plans with GP involvement.
 - Ensuring Care at Home prioritise hospital discharge. Investment in this service and focus on recruitment and retention to sustain performance.
 - Availability of beds for patients under 65 years with complex needs with a view to explore joint commissioning.
 - Dedicated Mental Health Officers input regarding delayed discharges.

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 for the number of bed days occupied by delayed patients 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 June 2018, the number of MRSA/MSSA cases per 1,000 Acute Occupied Bed Days (AOBDs) was 0.34, current performance is higher than the trajectory of 0.24.
National Performance	For the quarterly rolling year ending June 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 2 (April-June 2018) confirm a total of 113 SAB patient cases for NHSGG&C. This equates to a SAB rate of 33.9 cases per 100,000 AOB. This is a decrease of 7.4% upon the previous quarter in SAB patient cases. Current performance is marginally higher than NHSScotland's performance of 32.7 cases per 100,000 AOB.

The Quarterly Rolling Year ending July 2018 rate as per the Local Delivery Plan standard for SAB is 0.34 cases per 1,000 AOBs. This is against the March 2017 target of 0.24 cases per 1,000 AOBs.

Actions to Address Performance

In addition to the actions identified in the HAIRT report – **Agenda Item 16**, the Board's 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 is now jointly chaired by the Infection Control Manager and a Chief of Medicine.

Further improvement actions in addition to those included in previous updates includes:

SAB Ward Rounds

The Infection Control Doctors (ICDs) are now conducting SAB ward rounds. This is a real time review of the patient which includes an assessment of antimicrobial therapy and the identification of the source of the SAB

if possible. There is also a review of PVC and CVC documentation where appropriate and feedback regarding any learning to medical staff.

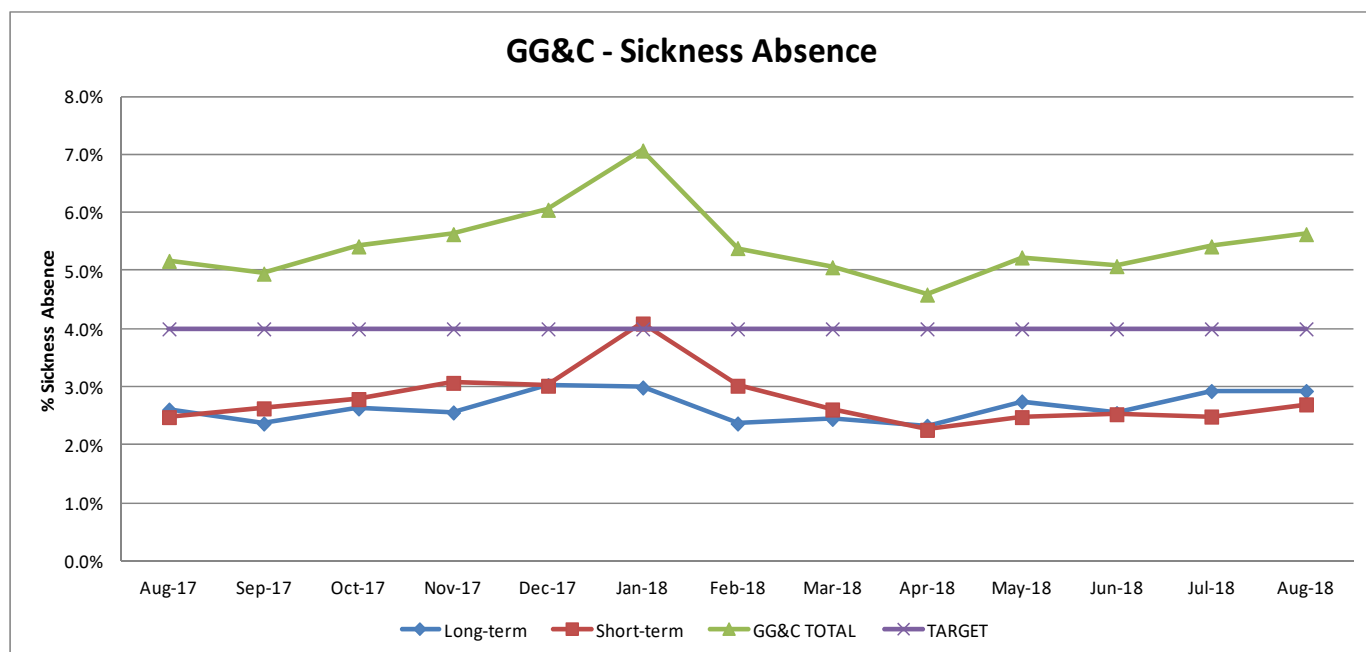
The Chair of the SAB Steering Group has sent a communication to all Chiefs of Medicine regarding SAB prevention. This message will be included in all weekly huddle reports during October and the chair of the SAB Steering group will attend sector huddle groups to discuss and reinforce the content of this message.

Timeline For Improvement

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

Exception Report: Sickness Absence Rates

Measure	Sickness Absence Rate
Current Performance	The rate of sickness absence across the Board was 5.63% (August 2018)
National Performance	The NHS Scotland reported SWISS absence figure was 5.36% (August 2018) – most recent data available at time of publication.
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

Summary

The Board overall sickness absence rate for the month ending August 2018 (using the NHS Scotland reported level), was 5.63% comprising 2.93% long term and 2.70% short term. This is an increase of 0.21% from the July 2018 report.

Acute Division

Acute - Sickness Absence	Sep-17	Aug-18	Sep-18	Inter-month variance	Interyear variance
North	4.2%	5.6%	5.2%	-0.42%	1.0%
South	5.6%	6.4%	5.9%	-0.53%	0.3%
Clyde	4.5%	5.7%	5.5%	-0.16%	1.1%
Regional	4.8%	6.5%	5.7%	-0.79%	1.0%
W&C	4.6%	5.9%	5.6%	-0.30%	0.9%
Diagnostics	4.3%	4.9%	4.5%	-0.45%	0.2%
ACUTE TOTAL	4.7%	5.9%	5.5%	-0.45%	0.7%

Absence within the Acute Division has decreased overall and there is a continued focus in all areas with high absence to ensure improved and sustained attendance levels in preparation for the winter period.

Board Wide Services (excluding Estates and Facilities Management)

	Sep-17	Aug-18	Sep-18	Inter-month variance	Inter-year variance
Board Administration	0.0%	2.4%	1.1%	-1.3%	1.1%
Board Medical Director	3.7%	4.4%	4.4%	0.0%	0.7%
Centre For Population Health	3.5%	5.2%	3.3%	-1.9%	-0.2%
eHealth	4.3%	6.2%	5.4%	-0.8%	1.1%
Finance	2.5%	4.1%	5.0%	0.9%	2.4%
HR & Organisational Development	3.4%	3.1%	3.7%	0.6%	0.3%
Nursing Director	0.2%	1.9%	2.0%	0.1%	1.8%
Pharmacy	4.6%	5.2%	4.5%	-0.8%	-0.1%
Planning & Policy	1.1%	0.0%	0.0%	0.0%	-1.1%
Public Health	4.0%	1.8%	3.3%	1.5%	-0.8%
Board Wide Services Total	3.8%	4.8%	4.5%	-0.3%	0.7%

The August 2018 position for Board Wide Services (excluding Estates and Facilities) is currently 4.88%. Key areas of focus are those with absence rates above 4% which includes eHealth (6.2%), Board Medical Directorate (4.4%), Centre for Population Health (5.2%), Pharmacy (5.2%), and Finance (4.1%). Across Board wide Services, detailed monthly workforce performance reports are provided to help inform discussion at Directorate Senior Management Team meetings so that problem areas are highlighted and appropriate actions agreed.

Estates and Facilities Management

Estates and Facilities Management - Sickness Absence	Sep-17	Aug-18	Sep-18	Inter-month variance	Inter-year variance
Estates and Facilities Management	8.3%	9.3%	9.0%	-0.3%	0.8%

Estates and Facilities Management absence is higher than other Board services. The reasons for absence relate to a range of factors including the workforce age profile, physically demanding work, a high proportion of part time staff and the highest proportion of multiple employments. Focused work is underway, which includes a review of current cases and implementation of the Board Attendance Management policy with focused efforts in hot spot areas.

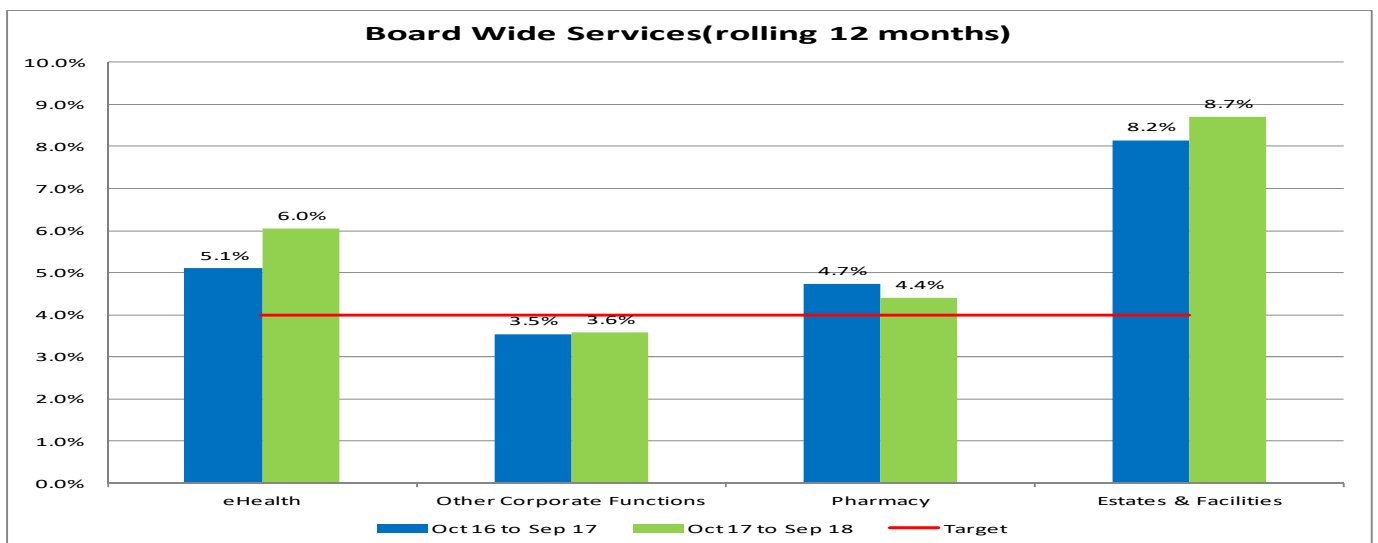
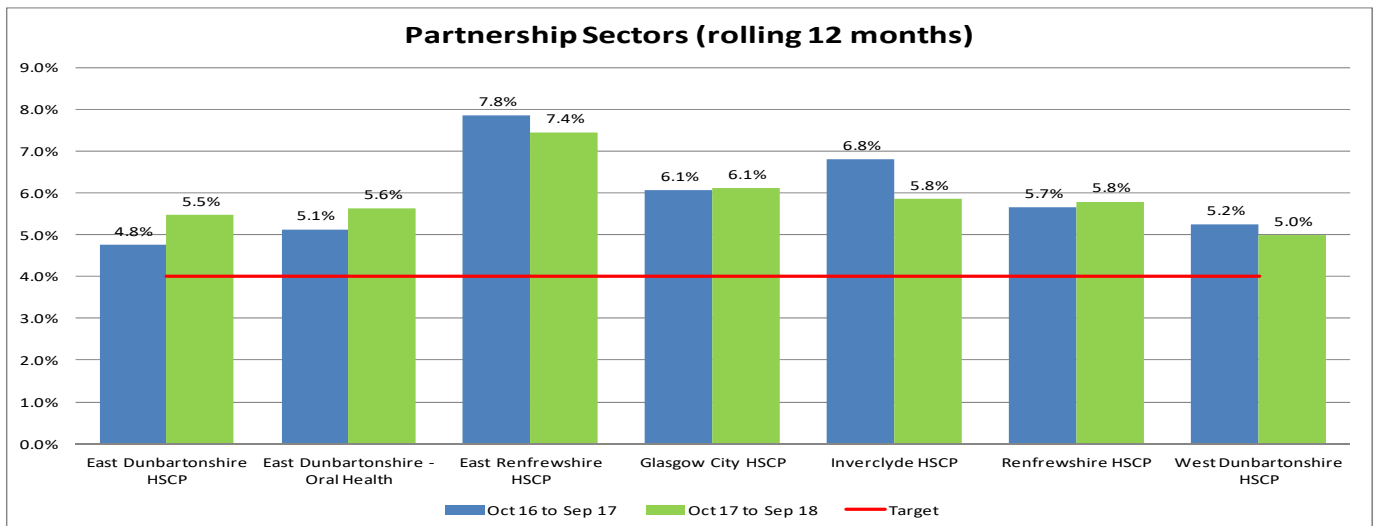
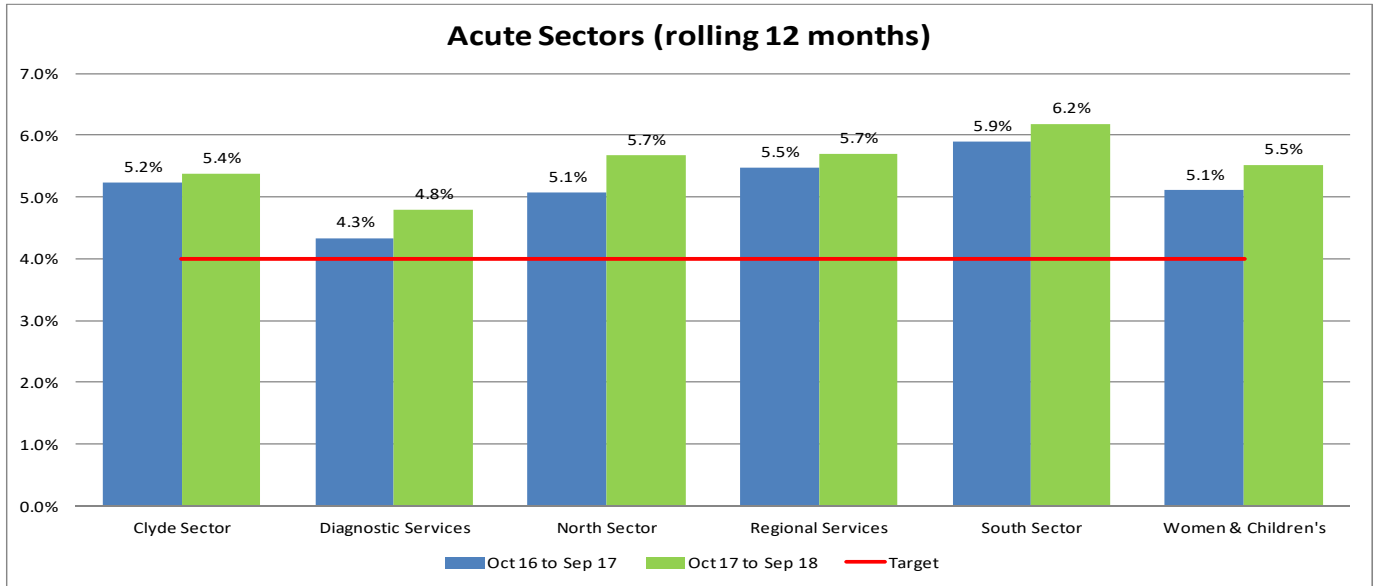
Partnerships

Partnership - Sickness Absence	Sep-17	Aug-18	Sep-18	Inter-month variance	Inter-year variance
East Dunbartonshire	4.0%	5.2%	5.8%	0.7%	1.9%
East Renfrewshire	10.2%	8.0%	6.4%	-1.5%	-3.7%
Glasgow City	5.1%	6.6%	6.1%	-0.4%	1.0%
Inverclyde	6.5%	5.5%	5.4%	0.0%	-1.0%
Renfrewshire	5.2%	5.7%	5.1%	-0.6%	0.0%
West Dunbartonshire	4.4%	6.2%	5.0%	-1.2%	0.6%
East Dunbartonshire - Oral Health	6.3%	4.7%	3.4%	-1.3%	-3.0%
Partnership Total	5.3%	6.3%	5.8%	-0.5%	0.4%

Absence levels increased during the month of August 2018, however local information shows an improvement in September 2018 across Partnership. With the exception of East Dunbartonshire HSCP highlighting a marginal increase in absence all other HSCPs reported a reduction in absence levels.

Absence Comparison – Rolling 12 Months

The graphs below compare the sickness absence levels in Acute, Partnership, and Board-wide services for the period October 2016 to September 2017 with the period October 2017 to September 2018.



Actions to Address Performance

Improving staff attendance remains a 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.

A focus for the Board remains in managing improved staff attendance in Estates and Facilities as a Board wide service and Acute Sector hot spots. The new Absence Support model is targeting these areas and the impact of this intervention will be evaluated.

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 Health and Social Care Partnerships, Acute Division and Board-wide services in attendance levels.

APPENDIX 1: 2018-19 ANNUAL OPERATIONAL PLAN TRAJECTORIES

New Outpatients Waiting > 12 weeks for a New Outpatient Appointment (available patients)													
	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	25,624	24,545	24,081	25,824	26,527							
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	5,108	5,382	5,236	5,164	5,394	5,360	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	6,139	7,294	6,249	6,546	6,933	6,733	0	0	0	0	0	0	0
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
62 Day Cancer Waiting Time													
	Mar-18	Apr - June 18			Jul - Sept 18			Oct - Dec 18			Jan - Mar 19		
Actual	80.7%	78.9%			76.4%	76.9%							
Trajectory	84.0%	84.0%			88.0%			92.0%			95.0%		
31 Day Cancer Waiting Time													
	Mar-18	Apr - June 18			Jul - Sept 18			Oct - Dec 18			Jan - Mar 19		
Actual	92.2%	94.2%			94.2%	94.1%							
Trajectory	93.0%	93.0%			94.0%			94.5%			95.0%		
A&E 4 Hour Wait													
Actual	86.7%	88.1%	92.8%	93.6%	93.6%	91.6%							
Trajectory	91.0%	93.0%	93.0%	93.0%	93.0%	93.0%							93.0%
18 weeks Referral To Treatment Child and Adolescent Mental Health (% of patients seen)													
Actual	88.7%	84.0%	82.0%	87.0%	83.8%	74.4%							
Trajectory	90.0%	Maintain 2018 position			Maintain 2018 position			Maintain 2018 position			Maintain 2018 position		
18 weeks Referral to Psychological Therapies (% of patients seen)													
Actual	91.9%	90.0%	91.5%	94.0%	95.0%	92.0%							
Trajectory	90.0%	Maintain 2018 position			Maintain 2018 position			Maintain 2018 position			Maintain 2018 position		