

NHS Greater Glasgow &amp; Clyde

NHS BOARD MEETING



Director of Finance

18 December 2018

Paper No: 18/62

## 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

- Access to a range of services including Drug and Alcohol Treatment, Alcohol Brief Interventions, Smoking Cessation, Psychological Therapies and IVF Treatment continued to either meet or exceed target.
- The cancer 31 day waiting times trajectory continues to be met for the sixth consecutive month.
- The number of C.Diff cases remains positive against target.
- The overall response rate to Freedom of Information requests and the percentage of complaints responded to within 20 working days 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.

#### 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.
  - 18 weeks Referral To treatment standard (RTT)
- 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 (9)

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

- Suspicion of Cancer referrals (62 days).
- % of patients waiting >6 weeks for a key diagnostic test.
- Number of available new outpatients waiting >12 weeks for an appointment.
- Number of eligible patients waiting >12 week TTG.
- % of eligible CAMHS patients seen <18 weeks of referral.
- Compliance with 18 week RTT standard. **(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.

**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**  
**18 December 2018**

**NHS GREATER GLASGOW AND CLYDE**

**Board Meeting**  
**18 December 2018**

**Paper No: 18/62**

**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. WHAT'S NEW IN THE REPORT?

Board members are asked to note the performance context section aimed at providing Board members with a wider context to current performance.

### 4. 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 ongoing training of staff with the new system. The data issues are currently being investigated and expected to be resolved within the next few months.

### 5. 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, Smoking Cessation, Psychological Therapies and IVF Treatment continued to either meet or exceed target.
- The cancer 31 day waiting times trajectory continues to be met for the sixth consecutive month.
- The number of C.Diff cases remains positive against target.
- The overall response rate to Freedom of Information requests and the number of complaints responded to within 20 working days 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.

#### **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.
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  - The number of eligible CAMHS patients seen <18 weeks of referral.
  - 18 weeks Referral to Treatment standard (RTT).
- 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 (9)**

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

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- Sickness Absence.

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

## **PERFORMANCE CONTEXT IN RELATION TO KEY WAITING TIMES AND ACCESS TARGETS**

There are a number of key waiting times and access standards that continue to remain a challenge despite the range of improvement activity underway to address performance. This section aims to provide a wider context to the October 2018 performance and highlights that even with best endeavours and an increase in activity in some areas we remain short of achieving the trajectories set out in the 2018-19 Annual Operational Plan.

Previous exception reports to the Board have highlighted the major programmes of work underway to address performance in relation to key waiting times and access targets. For example, the demand and capacity programme that has been underway for each specialty across Acute or the financial improvement work streams also underway to review the potential to yield additional capacity. Both strategic programmes have been established to ensure amongst other things that we are able to maximise our capacity to enable more eligible TTG patients to be treated for an inpatient/day case procedure in addition to increasing the number of new outpatients with a new outpatient appointment. Similarly, the additional Access Funds that have been allocated to NHS GG&C are being spent to further help reduce the number of patients waiting >12 weeks.

Each of the programmes of work are having a positive impact on levels of activity particularly when compared with previous years' activity in that we are now seeing more TTG patients and new outpatients when compared to the same period last year. Unfortunately, the improvements in activity levels have not translated into improvements in performance against agreed trajectories but clearly illustrate that positive progress is being made in the context of levels of activity. However, the drive to reduce the number of longest waiting patients has had an impact on the 18 week RTT target. The focus on reducing the number of patients waiting longest has in effect increased the average waiting time for patients on the waiting list. The deterioration in the 18 week RTT performance highlights the progress that is being made across the Board to reduce the number of patients waiting longest.

In addition, performance in relation to our compliance with the four hour A&E waiting time target has remained challenging particularly during the summer months when traditionally compliance would have shown an improvement. However, compliance has been affected by the unprecedented levels of growth in demand that have been experienced. This has undoubtedly had an impact on our progress toward achieving some of our elective waiting times and access targets.

For this board meeting, the wider performance context will focus on the following measures:

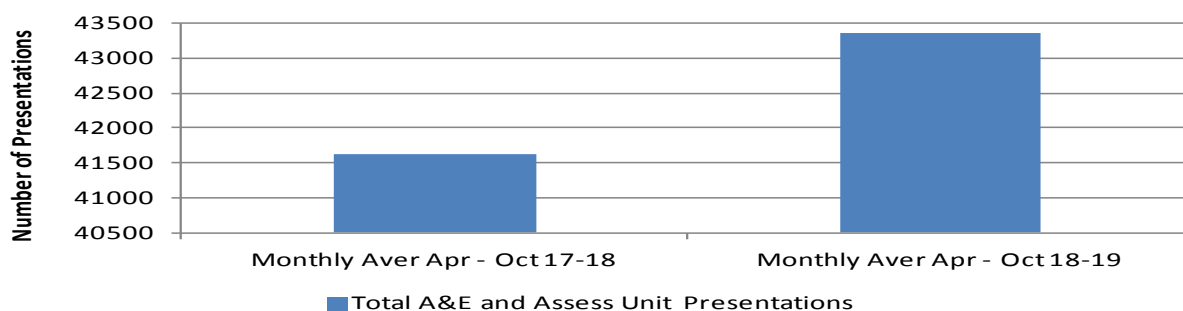
- A&E four hour waiting times standard.
- Number of new outpatients waiting >12 weeks for a new outpatient appointment.
- Number of inpatient/day cases waiting >12 weeks for an inpatient day case procedure.

The information presented overleaf highlights the level of demand and activity using the monthly average position (April – September 2018) and compares current performance with that of the same period during the previous year. The information also shows that the trend in performance is in line with the national trend albeit the level of growth in activity in relation to each of the above measures is higher across NHS GG&C than the national average.

**Performance Context: Number of A&E Presentations**

**Local A&E Demand and Activity – Trend**

**Total A&E and Assess Unit Presentations**



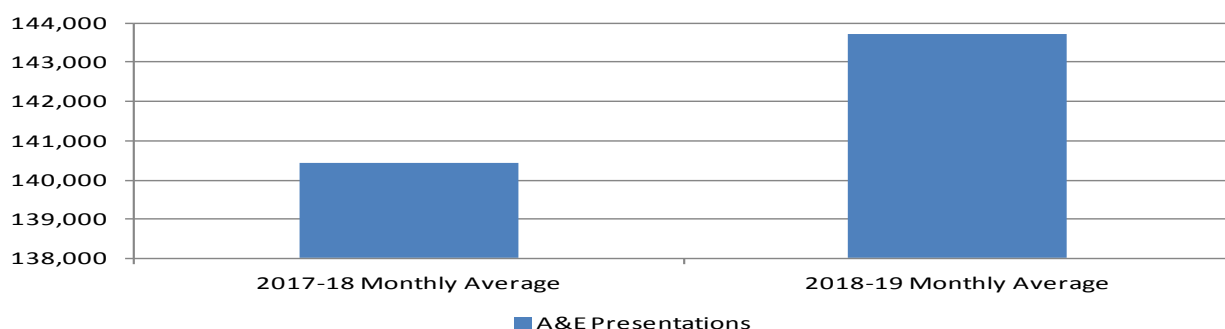
	A&E 4 Hour Wait Performance						
	Apr	May	June	July	Aug	Sept	Oct
2017-18 Monthly Performance	89.3%	90.7%	93.1%	94.4%	93.6%	91.5%	93.2%
2018-19 Monthly Performance	88.1%	92.8%	93.6%	93.6%	91.6%	90.7%	91.1%
% Var on Previous Years' Month	-1.2%	2.1%	0.5%	-0.8%	-2.0%	-0.8%	-2.1%

As seen from the table above, the year to date monthly average (April – October 2018) number of presentations are showing a 4.2% increase on the same period the previous year. As seen in the table above, the increase in activity has had an impact on our compliance with the A&E four hour waiting times target in that each month, with the exception of May and June 2018, the level of compliance is lower than the same month the previous year.

The trend in activity is the same as the trend nationally albeit the growth across NHSGG&C is 2% higher than that reported across NHS Scotland.

**National A&E Demand & Activity Trend**

**A&E Presentations Across NHS Scotland**



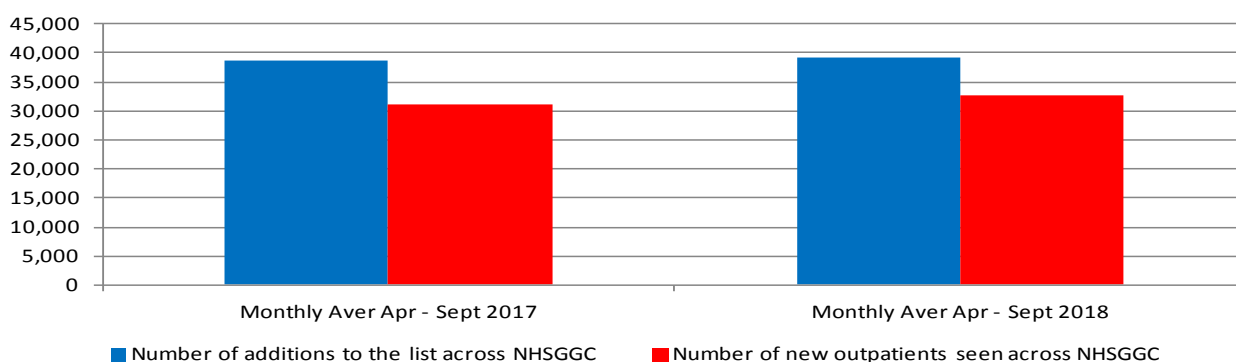
NHSScotland's Compliance with A&E 4 Hour Standard							
	Apr	May	June	July	Aug	Sept	Oct
2017-18	93.4%	94.0%	95.5%	95.7%	95.0%	93.5%	94.4%
2018-19	90.0%	93.1%	92.8%	93.0%	92.0%	90.9%	92.2%

As seen from the table above, the Year To Date (YTD) monthly average number of presentations received across NHS Scotland increased by 2.3% when compared to the same period the previous year. This growth in activity has clearly had an impact in compliance with the A&E four hour across NHS Scotland in that monthly compliance is lower than that recorded during the same months' the previous year.

**Performance Context: New Outpatients Waiting >12 weeks for a New Outpatient Appointment**

**NHSGG&C New Outpatient Demand and Activity Trend**

**New Outpatient Demand and Activity - NHSGGC**

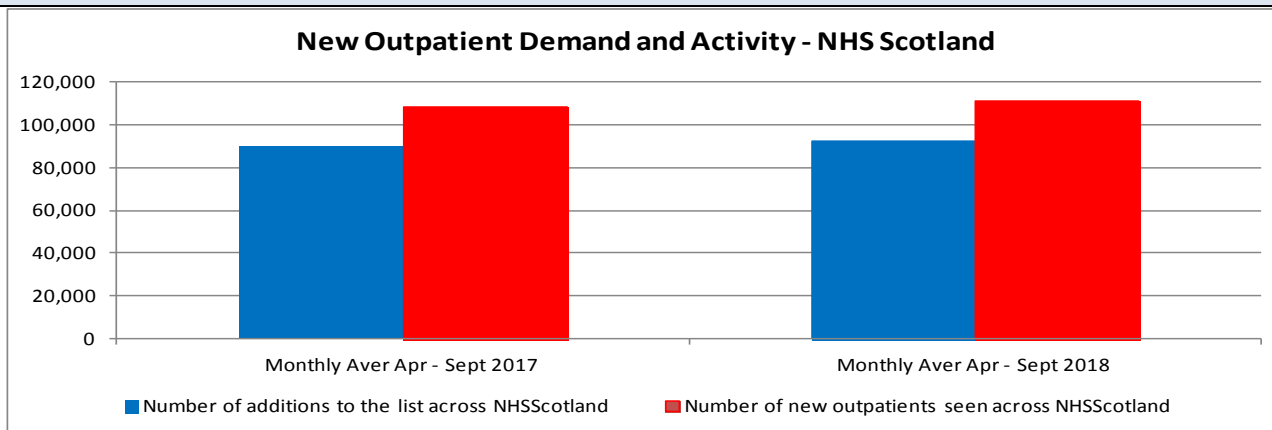


Data Source: National Stage of Treatment publication 27 November 2018.

As seen from the chart above, the six monthly average (April – September 2018) number of new outpatient additions to the waiting list across NHSGG&C increased by 1% when compared to the same period the previous year whereas the overall number of new outpatient attendances across NHSGG&C has increased by almost 5% when compared to the same period the previous year. The chart below highlights NHS Scotland's new outpatient demand and activity and whilst the pattern of demand and activity has increased across NHS Scotland, the level of activity growth across NHSGG&C is higher. As seen from the chart below, across NHS Scotland new outpatient activity grew by almost 3% whereas for the same period across NHSGG&C new outpatient activity grew by 5%. In terms of the number of new outpatient additions onto the waiting list across NHS Scotland during the period under review increased by almost 3% whereas across NHSGG&C the number of new outpatient additions grew by 1%.



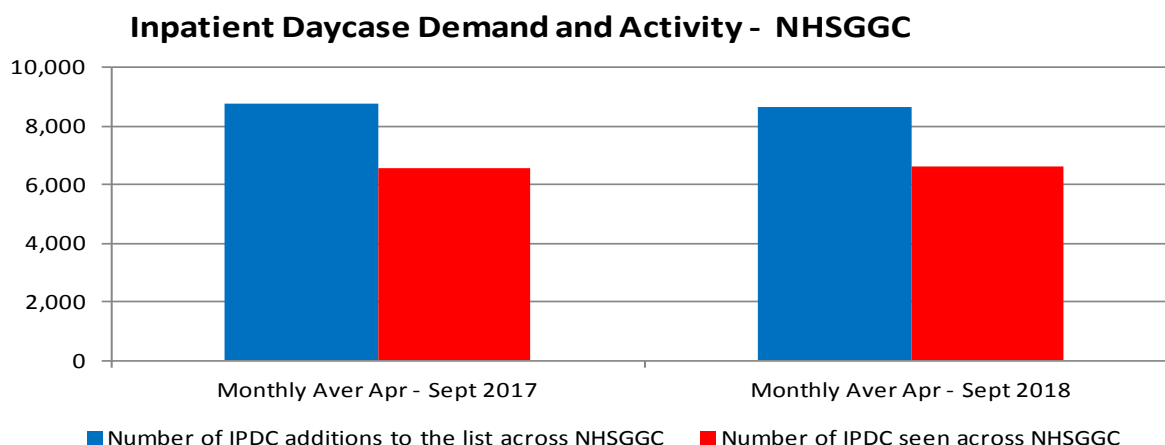
### National New Outpatient Activity Trend



Please Note: NHS Scotland data excludes NHS Ayrshire & Arran, NHS Highland, NHS Lothian and NHS Tayside due to these Boards experiencing technical problems with data submitted to ISD Waiting Times warehouse. Data extracted from the national Stage of Treatment publication 27 November 2018.

### Performance Context: Number of Inpatient/Day cases Waiting more than the 12 weeks TTG

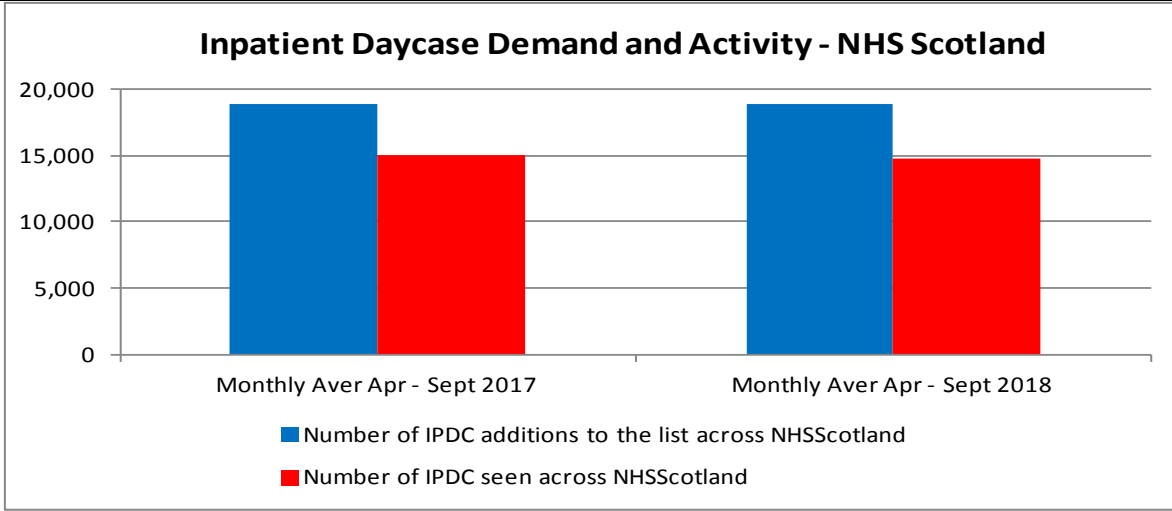
#### NHSGGC Inpatient/Day case Demand and Activity – Trend



Data Source: National Stage of Treatment publication 27 November 2018.

As seen from the chart above, the six monthly average (April – September 2018) number of additions to the waiting list across NHSGG&C decreased by 1% when compared to the same period the previous year whereas the overall number of inpatient/day cases across NHSGG&C increased by 1% when compared to the same period the previous year. For NHS Scotland for the same period the six monthly average inpatient/day case demand has remained fairly static whereas activity across NHS Scotland decreased by almost 2% when compared to the same period the previous year. The monthly average trend across NHSGG&C is slightly different in that the level of demand is showing a higher decrease 1% however the level of activity i.e. the number of patients seen has increased by almost 1% during the period under review.

**NHS Scotland's Inpatient/Day Case Demand and Activity Trend**



*Please Note: NHS Scotland data excludes NHS Ayrshire & Arran, NHS Highland, NHS Lothian and NHS Tayside due to these Boards experiencing technical problems with data submitted to ISD Waiting Times warehouse. Data extracted from the national Stage of Treatment publication 27 November 2018.*

BOARD SENSITIVE

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	
<b>LDPS</b>	Local Delivery Plan Standard	<b>RED</b>	Out with 5% of meeting trajectory	▲	Improving
<b>NKPI</b>	National Key Performance Indicator	<b>AMBER</b>	Within 5% of meeting trajectory	▶	Maintaining
<b>HSCI</b>	Health & Social Care Indicator	<b>GREEN</b>	Meeting or exceeding trajectory	▼	Worsening
<b>LKPI</b>	Local Key Performance Indicator	<b>GREY</b>	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.
		<b>TBC</b>	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	8	1	5	2	16
Better Value	1	0	2	0	3
Better Workplace	0	0	1	0	1
<b>TOTAL</b>	<b>9</b>	<b>1</b>	<b>11</b>	<b>3</b>	<b>24</b>

BOARD SENSITIVE

PERFORMANCE AT A GLANCE - DECEMBER 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	Apr - June 18	97.0%	91.2%	90.0%	GREEN	↓	
3	LDPS	Number of Alcohol Brief Interventions delivered	Apr - Sept 18	6,950	6,988	6,544	GREEN	↑	
4	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas*	Apr - June 18	473	456	416	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	Oct-18	93.1%	91.1%	93.0%	AMBER	↓	
6	LKPI	Total A&E Presentations (ED, MIU & AUs)	Oct-18	41,856	42,977	—	GREY	—	
		Accident & Emergency Presentations	Oct-18	36,172	36,831	—	GREY	—	
		Other Accident and Emergency Presentations	Oct-18	5,684	6,146	—	GREY	—	
7	HSCI	Total number of patients delayed across NHSGG&C (taken at Census point)	Oct-18	144	213	10% Reduction for Acute bed days	RED	↓	Page 31
		Acute Patients	Oct-18	92	158				
		Adult Mental Health Patients	Oct-18	52	55				
8	HSCI	Total number of Bed Days Lost to Delayed Discharge	Oct-18	4,601	5,899				
		Acute Bed Days Lost	Oct-18	3,157	4,149				
		Mental Health Bed Days Lost	Oct-18	1,444	1,750				
9	LDPS	18 Week Referral To Treatment (RTT)							
		Combined Admitted/Non Admitted	Oct-18	89.7%	82.1%	90.0%	RED	↓	Page 27
		Combined Linked Pathway	Oct-18	86.5%	84.8%	80.0%	GREEN	↓	
10	LDPS	New Outpatient Appointments							
		% of available new outpatients waiting <12 weeks for a new outpatient appointment (Inc RHC and Dental)	Oct-18	71.6%	69.8%	21,535	RED	↓	Page 17
Number of available patients waiting >12 weeks for a new outpatient appointment (inc RHC and Dental)	Oct-18	27,594	27,178	↑					
11	NKPI	Access to a Key Diagnostic Test							
		% of patients waiting <6 weeks for access to a key diagnostic test	Oct-18	79.5%	76.0%	3,859	RED	↓	Page 20
Number of patients waiting >6 weeks for a key diagnostic test	Oct-18	4,998	6,188	↓					
12	NKPI	12 week Treatment Time Guarantee (TTG)							
		% of inpatient/daycases treated within the 12 week TTG	Oct-18	81.7%	81.3%	3,535	RED	↓	Page 24
Number of inpatients/daycases waiting >12 weeks TTG	Oct-18	4,136	5,385	↓					
13	LKPI	Patient unavailability (Adults)							
		Inpatient/Day Cases (inc Endoscopy)	Oct-18	1,183	1,181	—	GREY	↑	
		New Outpatients	Oct-18	1,055	927	—	GREY	↑	
14	LDPS	Suspicion of Cancer Referrals (62 days)*	Oct-18	81.7%	77.2%	92.0%	RED	↓	Page 14
15	LDPS	All Cancer Treatments (31 days)*	Oct-18	90.5%	95.1%	94.0%	GREEN	↑	
16	LDPS	C.Diff Infections (cases per 1,000 AOBDD rolling year for 15 years+)	Jun-18	0.30	0.32	0.32	GREEN	↓	
17	LDPS	SAB Infection rate (cases per 1,000 AOBDD rolling year)	Jun-18	0.33	0.34	0.24	RED	↓	Page 35
18	LDPS	% of eligible patients commencing IVF treatment within 12 months	Sep-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*	Oct-18	95.4%	84.8%	90.0%	RED	↓	Page 29
20	LDPS	% patients who started treatment <18 weeks of referral for Psychological Therapies*	Oct-18	92.5%	91.6%	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	Oct-18	(£25.1m)	(£19.3m)	(£31.9m)	GREEN	↑	
22	LKPI	Freedom of Information requests responded to within 20 working days	Jul - Sept 18	91.0%	91.3%	90.0%	GREEN	↑	
23	LKPI	% of complaints closed within 20 working days	Jul - Sept 18	80.0%	80.5%	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)	Sep-18	5.0%	5.1%	4.0%	RED	↓	Page 37
		Long Term	Sep-18	2.4%	2.7%	—	GREY	↓	
		Short Term	Sep-18	2.6%	2.5%	—	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.

BOARD SENSITIVE

**AMBER COMMENTARY**

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

BOARD SENSITIVE

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	October 2018	93.1%	91.1%	93.0%	AMBER	↓

**Commentary**

As at October 2018 (month end), 91.1% of all patients waiting at A&E Departments were waiting <4 hours to be seen, treated or transferred, below the 93% trajectory for October 2018 and lower than the position report the previous year.

As previously reported, 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
<b>All Presentations</b>	<b>122,117</b>	<b>130,339</b>	<b>6.7</b>

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 overall year to date activity shows a 4.2% increase. This increasing trend in the number of A&E presentations can be seen across all sites when compared to the same position the previous year.

Hospital	Number of A&E Presentations								2018-19 Total	2017-18 Total	YTD % Variance
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18				
Glasgow Royal Infirmary	9754	10519	9854	10501	10305	9918	10103	70,954	68,803	3.1	
Stobhill Hospital	1685	2148	1955	2030	1882	1823	1798	13,321	12,166	9.5	
Queen Elizabeth University Hospital	10948	11539	11022	11627	11309	10864	11103	78,412	76,931	1.9	
New Victoria Hospital	2787	3323	3222	3130	3121	2968	2924	21,475	20,237	6.1	
Royal Alexandra Hospital	6558	6871	6556	6612	6582	6421	6500	46,100	44,658	3.2	
Inverclyde Royal Hospital	2586	2936	2968	2914	2716	2635	2792	19,547	19,197	1.8	
Vale of Leven Hospital	1405	1790	1718	1653	1629	1527	1463	11,185	10,476	6.8	
Royal Hospital for Children	6063	7020	6282	5117	5634	6132	6294	42,542	38,942	9.2	
<b>Total</b>	<b>41,786</b>	<b>46,146</b>	<b>43,577</b>	<b>43,584</b>	<b>43,178</b>	<b>42,288</b>	<b>42,977</b>	<b>303,536</b>	<b>291,410</b>	<b>4.2</b>	

Hospital	Performance							
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Oct-17
Glasgow Royal Infirmary	83.1%	88.5%	92.2%	93.3%	88.3%	86.2%	89.8%	93.0%
Stobhill Hospital	99.9%	100.0%	99.9%	99.2%	99.9%	99.9%	100.0%	100.0%
Queen Elizabeth University Hospital	79.2%	88.8%	89.9%	89.5%	85.5%	86.1%	85.5%	86.3%
New Victoria Hospital	100.0%	99.9%	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
Royal Alexandra Hospital	84.4%	90.9%	89.3%	90.6%	89.1%	86.8%	86.5%	91.7%
Inverclyde Royal Hospital	93.8%	94.3%	94.4%	91.9%	94.4%	92.6%	89.8%	95.3%
Vale of Leven Hospital	98.3%	97.0%	97.9%	98.1%	97.6%	97.6%	98.3%	98.5%
Royal Hospital for Children	97.4%	98.2%	98.5%	99.0%	98.7%	98.0%	97.5%	98.1%
<b>Total</b>	<b>88.1%</b>	<b>92.8%</b>	<b>93.6%</b>	<b>93.6%</b>	<b>91.6%</b>	<b>90.7%</b>	<b>91.1%</b>	<b>93.2%</b>

In preparation of the continued pressure during winter, a 2018-19 Winter Plan has been submitted 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. Public communication campaigns are 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.

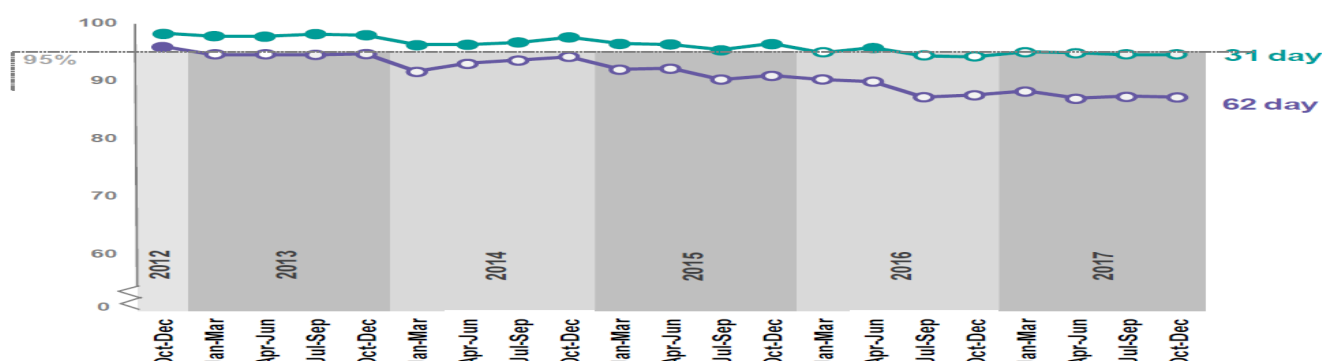
## **PERFORMANCE EXCEPTION REPORTS**

**Exception Report: Suspicion of Cancer Referrals (62 days)**

<b>Measure</b>	Suspicion of Cancer Referrals
<b>Current Performance</b>	As at October 2018, 77.2% of patients with an urgent referral for suspicion of cancer started their treatment within 62 days of the referral. <i>(Data provisional)</i>
<b>NHSScotland</b> <i>(Latest published data available)</i>	For the quarter 1 April – 31 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.
<b>Lead Director</b>	Gary Jenkins, Director of Regional Services

**NHS Scotland's Performance**

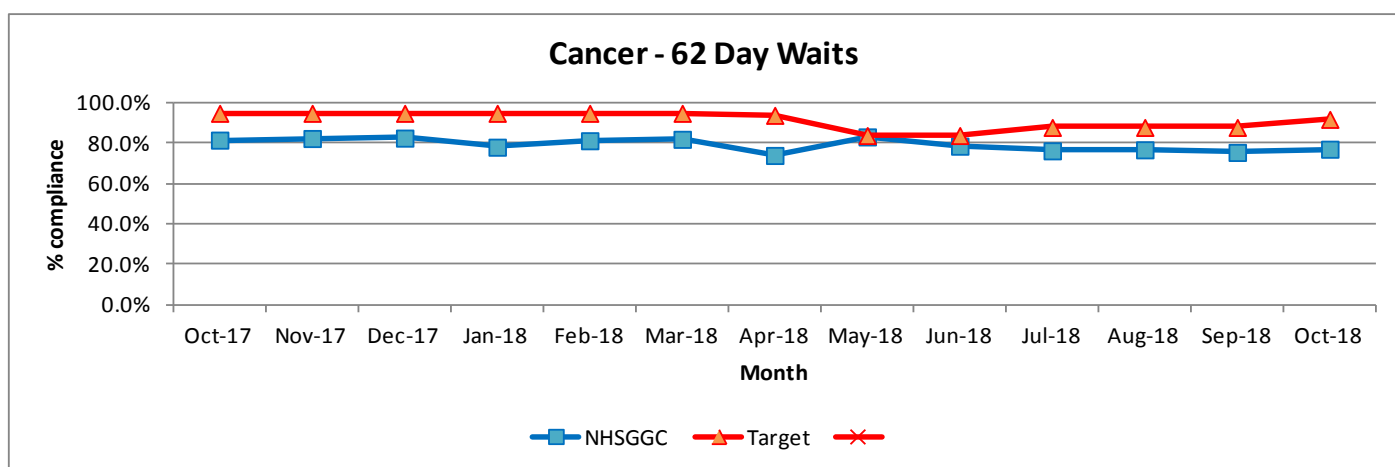
**National Trend**



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. NHS Greater Glasgow & Clyde (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 October 2018, 77.2% (277 out of 359) of eligible referrals with an urgent referral for suspicion of



cancer started their first treatment within 62 days of referral, below the 92% trajectory. The October 2018 position represents an improvement on the 75.6% reported the previous month.

The cancer types currently below the 92% trajectory are as follows:

- Breast 88.5% (*100 out of 113 eligible referrals treated within trajectory*) a marginal increase on the 88.4% reported in September 2018.
- Colorectal 59.1% (*26 out of 44 eligible referrals treated within trajectory*) a decrease on the 60.5% reported in September 2018.
- Head and Neck 72.2% (*13 out of 18 eligible referrals treated within trajectory*) a decrease on the 85.7% reported in September 2018.
- Lung 85.5% (*47 out of 55 eligible referrals treated within trajectory*) a decrease on the 86.5% reported in September 2018.
- Lymphoma 90.9% (10 out of 11 eligible referrals treated within trajectory) the same position as reported in September 2018.
- Ovarian 83.3% (*5 out of 6 eligible referrals treated within trajectory*) a decrease on the 100% reported in September 2018.
- Upper GI 78.1% (*25 out of 32 eligible referrals treated within trajectory*) an increase on the 69.6% reported in September 2018.
- Urology 54.0% (*34 out of 63 eligible referrals treated within trajectory*) an increase on the 39.6% reported in September 2018.

The two remaining cancer types exceeding the trajectory of 92% in October 2018 were Cervical (100%) and Melanoma (100%).

The September 2018 position in relation to the 31 day cancer performance continued to exceed the trajectory of 94.5% for the sixth consecutive month. Current performance for the month ending October 2018 was 95.1%. A total of seven of the 10 cancer types exceeded the 94.5% trajectory and performance in relation to the three cancer types below the 94.5% trajectory are:

- Breast 94.0% (*125 out of 133 eligible referrals were treated within trajectory*) an increase on the 91.3% reported in September 2018.
- Lung 94.3% (*99 out of 105 eligible referrals were treated within trajectory*) a decrease on the 96.6% reported in September 2018.
- Urology 89.5% (*119 out of 133 eligible patients treated within trajectory*) a decrease on the 93.3% reported in September 2018.

The following cancer types all exceeded the 94.5% trajectory in October 2018; Colorectal (97.5%), Cervical (100%), Head & Neck (97.9%), Lymphoma (100%), Melanoma (100%), Ovarian (100%) and Upper GI (100%).

### **Actions to Address Performance**

The weekly Sector cancer calls continue to review all patients on the 31 day pathway and have now been extended to include all patients on the 62 day pathway with a diagnosed cancer without a decision to treat at day 31.

From the week of 5 November 2018, the weekly calls were to focus on prospective monitoring of patients on the 62 day pathway at day 31 as well as clearing the remainder of the backlog. The aim being to ensure all patients with a breach date before 1 December 2018 were treated by the end of November to secure improved performance against the 62 day target from December 2018 onwards.

The challenges associated with the Cowlairs Decontamination Unit has impacted on this plan. From the reports issued the week ending 25 November, 2018 there were 90 patients (56 without decision to treat yet and 34 with a decision to treat) with a 62-day target date before December 2018 who had a treatment date of December onwards or were still to be booked for treatment. The Sectors and Directorates will continue work to clear this backlog at the earliest opportunity.

The implementation of seven day waiting times for Head and Neck (CT/MR/US), Prostate (MR/Bonescan), UGI (PETCT) and Lung Cancers (PETCT) commenced from 5 November 2018 as planned.

A gap analysis template has now been completed by each Sector to assess where each service is against milestones in the escalation pathways. As anticipated, this has highlighted significant gaps across those cancer types that are continuing to fail against the waiting times standards. Non recurring opportunities to address this are being reviewed and requirements will be fed into the Board's overarching Access Plan.

The National Cancer Framework Consultant visited NHSGG&C over three days from 30 October to 1 November 2018 and a written report has now been received. A report outlining progress against the recommendations has been produced for consideration at the next Director's Access 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-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Actual	80.7%	78.9%	76.4%	76.9%	75.6%	77.2%					
Trajectory	84.0%	84.0%	88.0%			92.0%			95.0%		
31 Day Cancer Waiting Time											
	Mar-18	Apr - June 18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Actual	92.2%	94.5%	94.2%	94.1%	95.8%	95.1%					
Trajectory	93.0%	93.0%	94.0%			94.5%			95.0%		

*NB Monthly performance figures still to be validated.*

The 31 day pathway continues to exceed trajectory for the sixth consecutive month. Despite the improvement in performance in October 2018, the 62 day pathway remains significantly below trajectory of 92% and the actions above aim to address and recover the 62 day position by Quarter 1 2019.

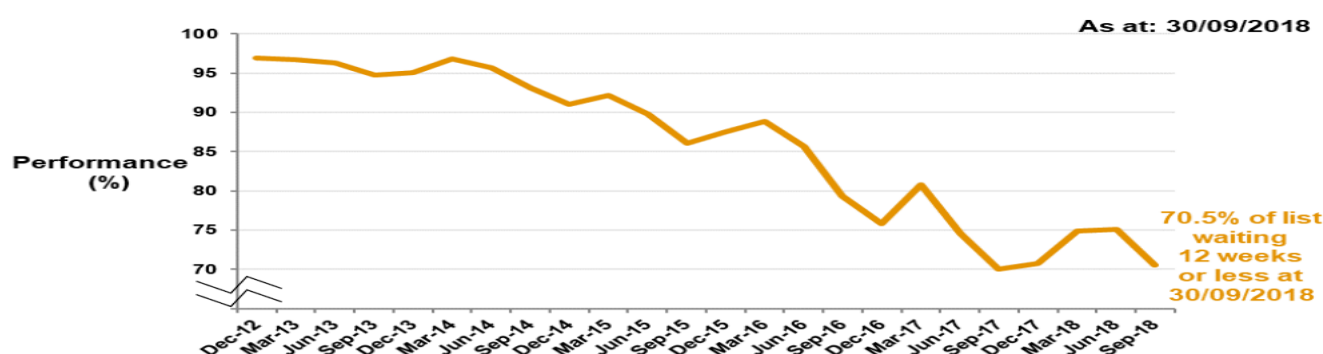
**Exception Report: % of New Outpatients Waiting <12 weeks for a New Outpatient Appointment**

<b>Measure</b>	% of New Outpatient Waiting <12 Weeks for a New Outpatient Appointment
<b>Current Performance</b>	As at October 2018, 69.8% of available new outpatients were waiting 12 weeks or less for a new outpatient appointment.
<b>NHS Scotland (Latest published data available)</b>	As at 30 September 2018 (month end), 70.5% of new outpatients waiting for a new outpatient appointment had been waiting 12 weeks or less across NHSScotland.
<b>Lead Director</b>	Grant Archibald, Chief Operating Officer

**NHS Scotland's Performance**

As at 30 September (month end), 70.5% of new outpatients were waiting 12 weeks or less for a new outpatient appointment. For NHSGG&C the figure was 72.5%. A total of five NHS Boards were below the Scotland figure, with NHS Tayside (59.5%), NHS Lothian (62.0%) and NHS Grampian (57.9%) being the lowest. The number of new outpatients waiting >12 weeks increased from 80,998 at 30 June 2018 (month end) to 96,993 at September 2018 (month end). NHSGG&C accounted for 24% of the overall number of patients waiting >12 weeks (23,713).

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



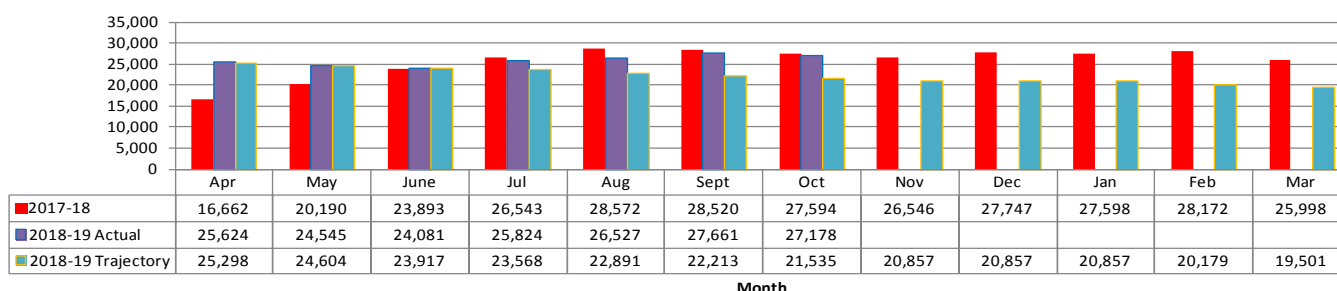
\* Please note the vertical scale on the left hand side of the graph does not start at zero.

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 September 2018, 74.5% of patients were seen within 12 weeks. For NHSGG&C the figure was 77.9%.

**NHSGG&C's Performance**

As at October 2018 (month end), 69.8% of available new outpatients were waiting 12 weeks or less for a new outpatient appointment. A total of 27,178 available new outpatients were waiting >12 weeks for a new outpatient appointment, representing a 2% decrease on the number of patients waiting the previous month (27,661). Despite performance being above the trajectory of 21,535 for October 2018, current performance represents a 2% reduction on the same month the previous year.

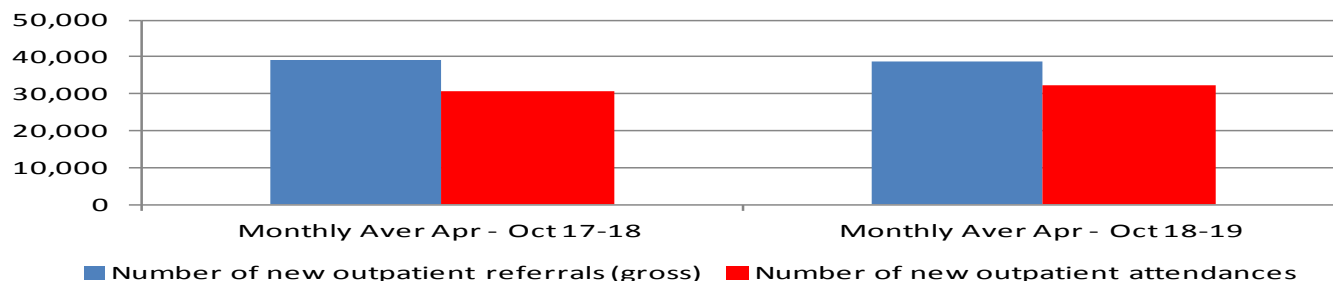
**Number of patients waiting > 12 weeks for a new outpatient appointment**



2017-18 2018-19 Actual 2018-19 Trajectory

Whilst performance is disappointingly below the position planned for October 2018, the level of new outpatient activity has increased when compared to the same period the previous year. The chart below outlines the monthly average position for April – October 2018 and compares the current year with that of the same period the previous year.

### New Outpatient Demand and Activity



New Outpatient Demand and Activity	Monthly Aver Apr - Oct 17-18	Monthly Aver Apr - Oct 18-19	% Variance on 2017
Number of new outpatient referrals (gross)	39,009	38,906	-0.3
Number of new outpatient net referrals	31,646	31,544	-0.3
Number of new outpatient attendances	30,633	32,327	5.5

*\*Please note: data sourced from local management information and still to be validated.*

Based on the monthly average position outlined above, the number of new outpatient referrals has remained fairly static when compared to the number of referrals received during same period in 2017-18.

In terms of new outpatient activity, there has been an almost 6% increase in the number of new outpatients seen when compared to the same period in 2017-18. In addition, the level of activity i.e. number of attendances is 2.5% higher than the number of *net* referrals during the period under review whereas for the same period the previous year the number of net referrals was 3% higher than the number of new outpatient attendances. The current trend in activity levels being higher than the number of net referrals is a good indicator that progress is being made in reducing the number of patients on the waiting list.

#### Actions to Address Performance

As seen from the information highlighted above, new outpatient activity is improving as seen through the almost 6% increase in levels of activity when compared with the previous year. The actions in place to sustain the increased levels of new outpatient activity and help drive further improvement include:

- Outpatient productivity gains for 2018-19 have been agreed and are monitored through weekly and monthly outpatient booking reports.
- 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 non recurring Access Funding for additional capacity to assist in reducing the number of new outpatients and inpatients/daycase 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.
- The capacity and demand work continues and specialty analysis work is underway. Specialty plans are being drafted and will include demand and capacity profiles, productivity targets, redesign potential, workforce analysis and waiting times' performance milestones.

**Timeline for Improvement**

NHSGG&C remains committed to achieving the new outpatient monthly trajectory. The demand and capacity work is expected to yield additional recurring capacity in new outpatient activity and evidence of this is seen in the increasing levels of activity. This work internally 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**

<b>Measure</b>	Number of Patients Waiting >6 Weeks for a Key Diagnostic Test
<b>Current Performance</b>	As at October 2018 (month end), there were a total of 6,073 patients waiting >6 weeks for one of the key diagnostic tests and investigations. Current performance is in excess of the trajectory of 3,442.
<b>National Performance</b> <i>(using latest published data)</i>	At the quarter ending 30 September 2018, 86,052 patients in NHS Scotland were waiting for one of the eight key diagnostic tests and investigations. 78.1% of patients waiting had been waiting for less than six weeks.
<b>Lead</b>	Grant Archibald, Chief Operating Officer

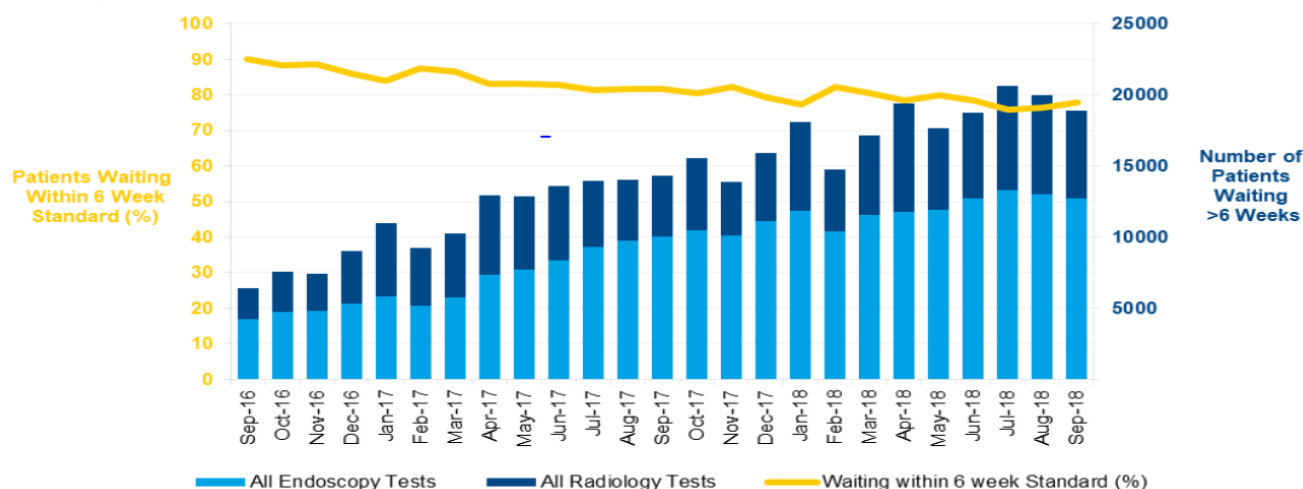
**NHS Scotland Performance**

At the quarter ending 30 September 2018, there were a total of 86,052 patients waiting for one of the eight key diagnostic tests and investigations across NHS Scotland. Current performance represents a 1.9% improvement on the number of patients reported at the quarter ending June 2018.

Across NHS Scotland, 78.1% of patients waiting for a key diagnostic test had been waiting <6 weeks. The September 2018 position is lower than the 78.6% reported in June 2018 and lower than the 81.6% at September 2017. Across NHSGG&C for the same period (quarter ending September 2018) the figure was 76.0% higher than the 73.8% reported for the quarter ending June 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**



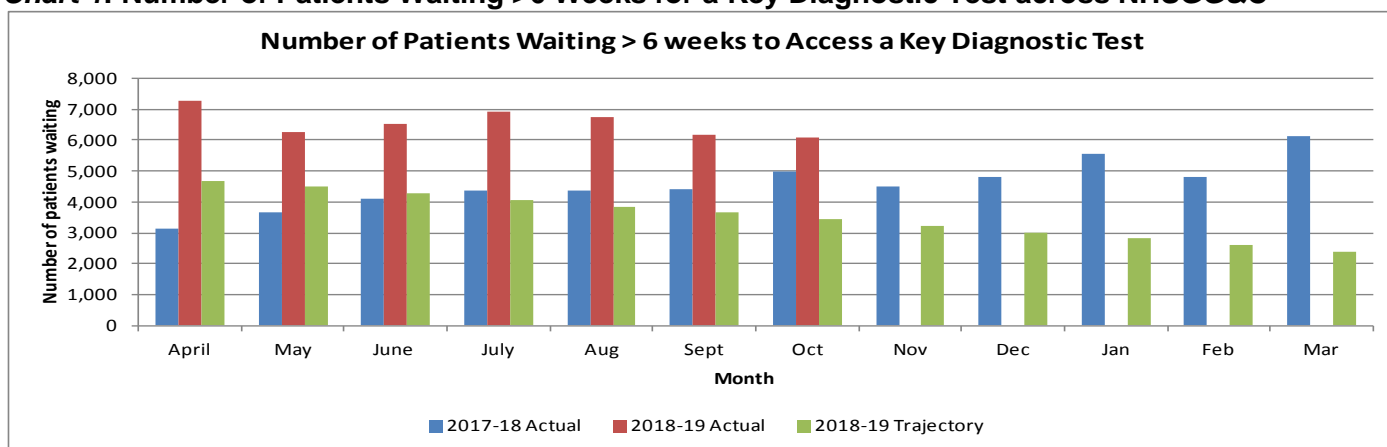
As seen from Chart 1 above, there has been an increasing trend in the number of patients waiting >6 weeks for one of the eight key diagnostic tests over the past two years. Performance has gone from a high of 90.1% of patients waiting within the six week standard at September 2016, to a low of 78.1% at September 2018 across NHS Scotland.

Across NHS Scotland the number of patients waiting >6 weeks for all endoscopy tests has continued to increase over the last two years, reaching a high of 13,314 at July 2018. This decreased slightly to 12,995 at 20 September 2018. Colonoscopy is the biggest contributors making up 44% of the patients waiting >6 weeks at September 2018. Cystoscopy has shown a 41% decrease in the number waiting >6 weeks during the recent quarter, going from 2,393 at 20 June 2018 to 1,411 at 30 September 2018. This is mainly due to decreases in the number of patients waiting >6 weeks in NHSGG&C and NHS Lothian.

The number of patients waiting >6 weeks for all radiology tests across NHSScotland has been variable over recent months but overall has shown an increasing trend over the past two years, with 6,190 patients waiting >6 weeks at 30 September 2018. Non-obstetric ultrasound tests have continued to decrease from 2,685 at 30 April 2017 to 597 at 30 September 2018. All radiology tests have shown a decrease in the number of patients waiting >6 weeks from the start to the end of the current quarter.

**NHSGG&C'S Performance**

**Chart 1: Number of Patients Waiting >6 Weeks for a Key Diagnostic Test across NHSGG&C**



Number of patients waiting > 6 week to access Key Diagnostic Test												
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>2017-18 Actual</b>	3,156	3,652	4,126	4,351	4,382	4,421	4,998	4,503	4,815	5,538	4,795	6,139
<b>2018-19 Actual</b>	7,294	6,249	6,546	6,933	6,733	6,188	6,073					
<b>2018-19 Trajectory</b>	4,692	4,484	4,275	4,067	3,859	3,651	3,442	3,234	3,026	2,818	2,609	2,401

**Commentary**

As at October 2018 (month end) there were a total of 6,073 patients waiting >6 weeks for a key diagnostic test. As seen from the table above, current performance represents a further improvement for the third consecutive month. The October 2018 position represents a 2% reduction in the number of patients waiting the previous month (6,188 – September 2018) and a 10% reduction on the month previous to that (6,733 – August 2018). Whilst performance is showing an improvement for the third consecutive month, the current position remains higher than the planned position of 3,442 for October 2018.

The overall number of patients waiting >6 weeks represents 24% of the total number of patients (25,086) on the waiting list for one of the eight key diagnostic tests. At October 2018 (month end), 48% of patients waiting for scope tests were waiting <6 weeks and (93%) of patients waiting for radiology tests were waiting <6 weeks.

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

**Scopes**

Overall, there has been a 5% reduction in the number of patients waiting for a scope test, reducing from 5,243 patients waiting >6 weeks in September 2018 to 4,977 patients waiting >6 weeks in October 2018. The number of patients waiting >6 weeks for a scope test is as follows:

- 1,549 patients were waiting >6 weeks for an upper endoscopy test (a 3% increase on the 1,510 patients reported in September 2018).
- 391 patients were waiting >6 weeks for a lower endoscopy test (a 2% decrease on the 399 patients reported in September 2018).
- 2,741 patients were waiting >6 weeks for a colonoscopy test (a 2% decrease on the 2,788 patients reported in September 2018).
- 296 patients were waiting >6 weeks for a cystoscopy test (a 46% decrease on the 546 patients reported in September 2018).

The majority of patients waiting >6 weeks for a scope in September 2018 were waiting for an appointment in the South Sector (2,668 patients, a 6% reduction on the 2,843 patients reported in September 2018) and the Clyde Sector (2,108 patients, a 6% decrease on the 2,249 patients reported in September 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 increased (27%) 945 patients reported in September 2018 to 1,096 patients reported in October 2018. The 1,096 patients waiting >6 weeks were waiting for the following tests:

- Magnetic Resonance Imaging (MRI) – 576 patients were waiting >6 weeks (a 34% increase on the 431 patients reported in September 2018).
- Computer Tomography (CT) – 473 patients were waiting >6 weeks (a 14% decrease on the 551 patients reported in September 2018).
- Non Obstetric Ultrasound – 47 patients were waiting >6 weeks (a significant increase on the three patients reported in September 2018).
- There were no patients waiting >6 weeks for a Barium Studies.

The delays in Radiology continue to be mostly in the reporting of the exams. The monthly variation in performance remains due to the availability of radiographers and sonographers.

### 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. This has improved over the past 2 months.
- 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 October 2018 position, the number of patients waiting >6 weeks for an endoscopy procedure is beginning to show a reduction.
- A bid for funding from the Scottish Government to support NHSGG&C's recovery plan has 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. The impact of these challenges is noted in the Clyde figures detailed above.
- Medinet Endoscopy lists started at the Queen Elizabeth University Hospital at week-ends on 24 November. This work supports the further reduction of patients waiting >6 weeks for their diagnostic test.

#### 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

NHSGG&C remain committed to reducing the number of patients waiting >6 weeks for a scope. The waiting times across NHSGG&C continue to reduce as do the number of patients waiting >6 weeks. Local weekly management information indicates that the longest wait in weeks for a scope test has reduced to 26 weeks from 40 weeks.

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 and the expected improvements are evident in the reduction in the number of patients waiting. It is anticipated that this improvement will be sustained during the next few months.

**Exception Report: 12 Week Treatment Time Guarantee**

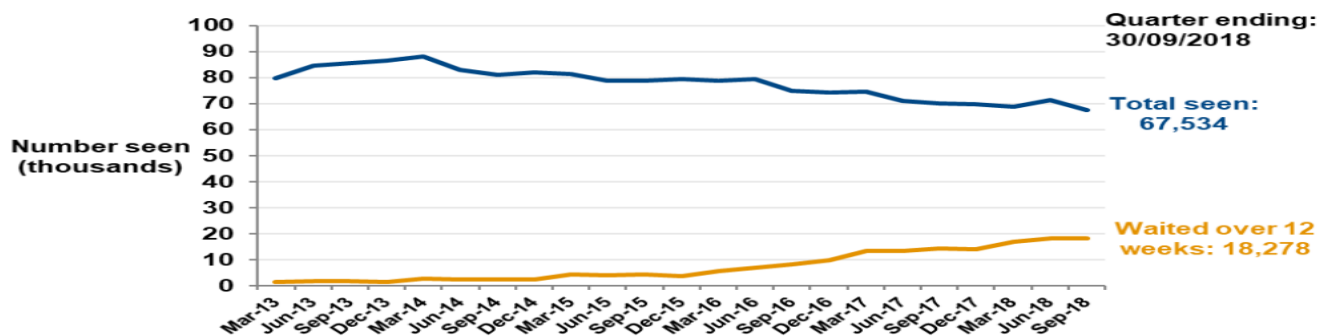
<b>Measure</b>	12 week Treatment Time Guarantee (TTG)
<b>Current Performance</b>	As at October 2018 (month end), a total of 5,385 patients were waiting >12 weeks TTG for an inpatient/daycase procedure. Current performance is above the trajectory of 3,535 for October 2018.
<b>NHSScotland</b> <i>(Latest published data available)</i>	As at September 2018 (month end), a total of 24,355 patients were waiting >12 weeks for an inpatient/daycase procedure across NHS Scotland.
<b>Lead Director</b>	Grant Archibald, Chief Operating Officer

**NHSScotland Performance**

*Please note: NHS Ayrshire & Arran, NHS Highland, NHS Lothian and NHS Tayside experienced technical problems with data submitted to ISD therefore locally derived figures were used for the national publication.*

During the quarter ending September 2018, 72.9% of patients seen for inpatient/daycase treatment waited within the TTG of 12 weeks across Scotland, for NHSGG&C during the same period, performance was 78.7%. Of the total number of patients treated across NHS Scotland (67,534), a total of 18,278 patients had waited over 12 weeks in the quarter ending 30 September 2018, for NHSGG&C the total was 4,110. There were six Boards below the Scotland figure, with NHS Forth Valley (57.4%), NHS Grampian (55.3%) and NHS Highland (56.0%) being the lowest.

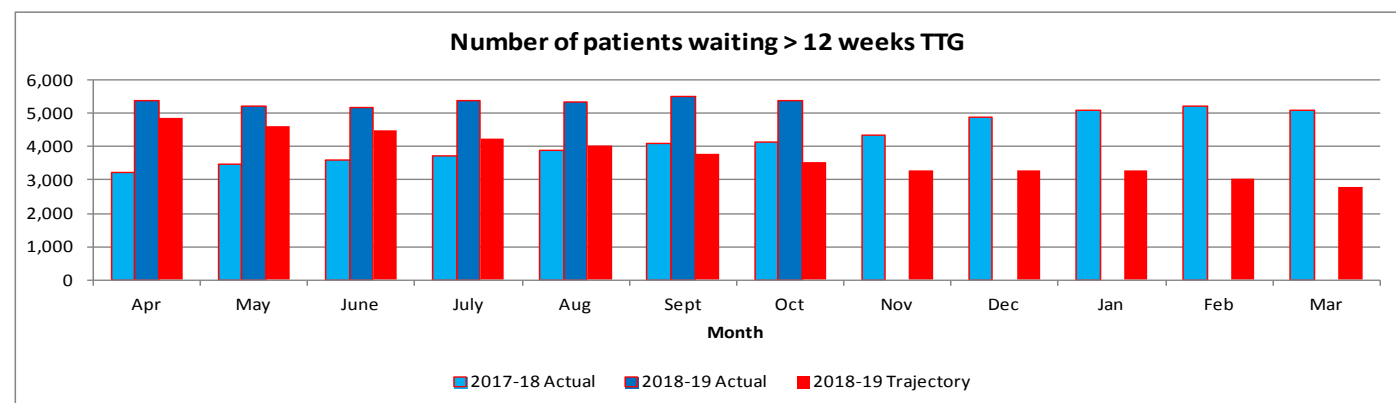
**Chart 1: Number of TTG Patients Seen and Number Who Waited >12 Weeks Across NHSScotland**



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 September 2018 (month end), 67.9% of patients' ongoing waits for treatment were waiting within 12 weeks across Scotland, for NHSGG&C the figure was 71.7%.

**NHSGG&C Commentary**

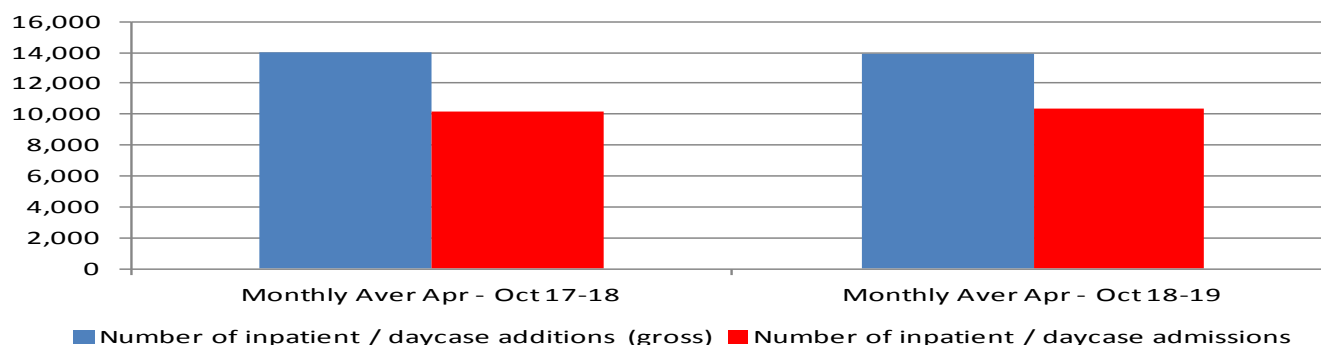
As at October 2018 (month end), 81.3% of patients treated under the TTG waited <12 weeks for their treatment across NHSGG&C, an increase on the 79.8% reported in September 2018. There were a total of 5,385 eligible patients waiting >12 weeks TTG for an inpatient/daycase procedure representing a 2% decrease on the 5,505 patients waiting >12 weeks reported the previous month across NHSGG&C. Current performance is higher than the trajectory of 3,535 for October 2018.



Number of patients waiting > 12 week Treatment Time Guarantee												
Year	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	5,505	5,385					
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 disappointingly above the planned position for October 2018, the level of inpatient/daycase activity shows an increase when compared to the same period last year. The chart below outlines the monthly average position for April – October 2018 and compares the current year with that of the same period the previous year.

### Inpatient/Daycase Demand and Activity



Inpatient / Day Case Demand and Activity	Monthly Aver Apr - Oct 17-18	Monthly Aver Apr - Oct 18-19	% Variance on 2017
Number of inpatient / daycase additions (gross)	13,995	13,872	-0.9
Number of inpatient / daycase net additions	10,654	10,355	-2.8
Number of inpatient / daycase admissions	10,219	10,402	1.8

Please note: data sourced from local management information and still to be validated

Based on the monthly average position outlined above, the number of inpatient/daycase gross additions and net additions received decreased by almost 1% and 3% respectively when compared to the number of inpatient/daycase additions received during the same period the previous year. This is a good indicator of demand slowing down.

In terms of inpatient/daycase activity, there has been an almost 2% increase in the number of inpatient/daycase admissions when comparing the monthly average position with that of the same period in 2017-18 (activity includes all inpatient/daycase admissions). The number of inpatient/daycase admissions was marginally higher than the number of net referrals received.

### Actions To Address Performance

As seen from the information highlighted above, the level of inpatient/daycase activity is improving as seen through the 2% increase in the number of inpatient/daycase admissions. 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 Urology Management Team to review scheduling processes and identify potential capacity gains. This work was piloted in the South Sector and an action plan has been implemented based on the report recommendations. The scheduling review has been extended to Urology in the North and Clyde Sectors, initial analysis work is underway and site visits commenced in November 2018. Once completed all recommendations will be combined 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/daycase 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.
- In addition to the improvement work that is underway, non-recurring access funding has been deployed to support supplementary activity. A number of waiting list initiatives have been implemented this year, patients with the highest clinical priority and patients with the longest waiting time are prioritised for these additional sessions.

### **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 expected to yield further improvements in performance and activity. However, these improvements are unlikely to play through in the immediate months as a result of the recent temporary closure of Cowlairs Decontamination Unit. This has had an impact on the number of planned procedures that were expected to be carried out during the period of temporary closure.

**Exception Report: 18 Weeks Referral to Treatment**

<b>Measure</b>	18 weeks Referral to Treatment
<b>Current Performance</b>	As at October 2018 (month end), 82.1% of patients across NHSGGC were reported as being seen within 18 weeks of referral to treatment.
<b>National Performance</b>	As at September 2018 (month end), 81.2% of patients across NHS Scotland were reported as being seen within 18 weeks of referral to treatment.
<b>Lead Director</b>	Grant Archibald, Chief Operating Officer

**NHS Scotland's Performance**

Background

Given this is the first time that NHSGGC reported an adverse variance of more than 5% against the 18 week standard a brief explanation of what the standard entails has been provided for background. The 18 week Referral to Treatment (RTT) standard is different from other waiting times targets e.g. TTG. The standard does not focus on a single stage of treatment i.e. the time from referral to first outpatient appointment but instead applies to the whole patient pathway i.e. from receipt of referral for treatment and ends with the start of treatment. The 18 weeks RTT performance is dependent on Stage of Treatment and Diagnostics.

The standard states that “90% of patients should have a completed pathway from referral to first treatment commencing within 18 weeks” and allows for the relatively small proportion of cases where it is not clinically appropriate for the patient to be seen and treated within the 18 weeks.

Current NHSScotland's Performance

In September 2018, 81.2% of patients across Scotland were reported as being seen within 18 weeks. The figures for July and August 2018 were 83.0% and 83.5% respectively. A total of four of the fifteen NHS Boards met the 18 weeks RTT Standard in September 2018 namely, NHS Borders (90%), NHS Dumfries & Galloway (90.5%), Golden Jubilee National Hospital (95.4%) and NHS Orkney (90.5%). Eleven NHS Boards did not meet the 90%. NHSGGC narrowly missed the target at September 2018 (month end) at 88.4%.

The chart below highlights the national trend in performance relating to the 18 week RTT.

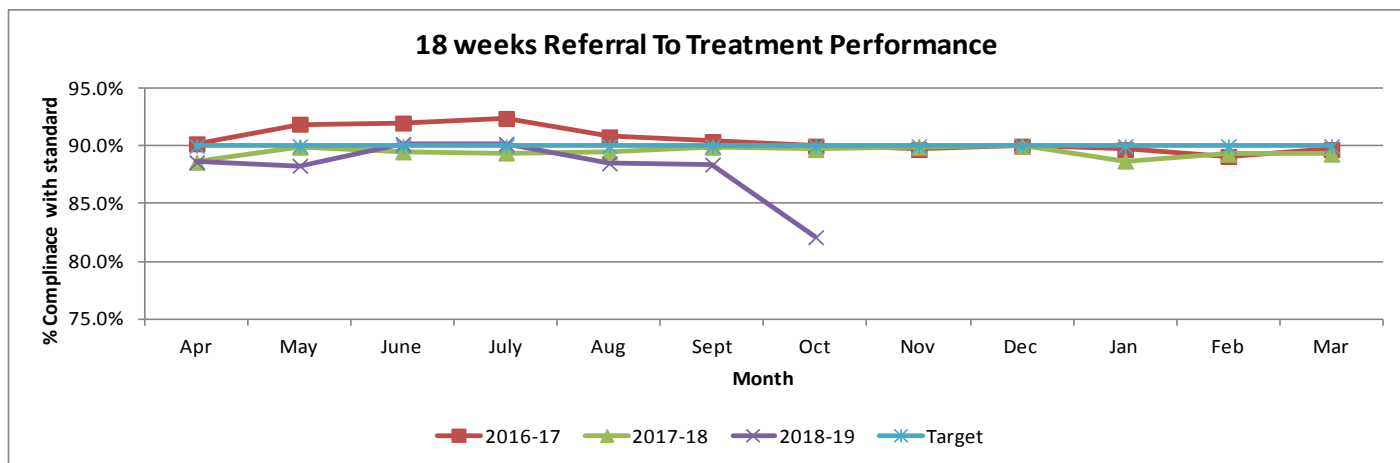


To calculate the individual patient’s whole journey waiting time, it is necessary for NHS Boards to link all the stages of the patients’ journey from initial referral to the start of treatment, recording all delays. As seen in the table below, in September 2018, a total of 101,571 patient journeys eligible under the 18 weeks RTT standard were identified. It was not possible to fully calculate the waiting time for 8,400 patient journeys. The waiting time could be fully measured for 93,171 patient journeys (91.7%). Across NHSGGC for the same period the waiting time could be fully measured for 25,392 patient journeys (86.3%).

NHS Board of Treatment	Patient journeys within 18 weeks (%)	Number of patient journeys within 18 weeks	Number of patient journeys over 18 weeks	Patient journeys that could be fully measured (%)
All Scotland	81.2	75633	17538	91.7
Greater Glasgow & Clyde	88.4	22435	2957	86.3

**NHSGG&C's Performance**

As at October 2018 (month end), 82.1% of patients across NHSGG&C were reported as being seen within 18 weeks of referral to treatment. As seen from the table below, current performance represents a significant reduction on any previous months' performance reported in any previous year.



As mentioned earlier, the 18 week RTT performance is dependent on Stage of Treatment targets i.e. new outpatient appointments and Diagnostics. As highlighted in previous stage of treatment exception reports to the Board, one of the key priorities in reducing the number of patients waiting >12 weeks for a new outpatient appointment, TTG procedure or a key diagnostic test has been to focus effort on targeting patients with the longest waits. Current performance is as a consequence of this focus as increasing the number of longer waiting patients being seen, increases the average waiting time, resulting in the average wait of patients seen growing. In essence, this highlights the progress being made in reducing the number of patients waiting longest.

**Actions to Address Performance**

As reported in other exception reports, the priority has and will continue to be focused on targeting patients with the highest clinical priority and on reducing the number of patients with the longest waiting time. This focus will remain a priority for all additional activity that is likely to take place between now and the end of March 2019 and likely to continue to have an adverse effect on the 18 week RTT standard until all patients waiting longest can be seen. Once we are able to significantly reduce the number of patients waiting longest, performance against the 90% standard should get back in balance.

**Timeline For Improvement**

The next few months will see an increase in activity aimed at further reducing the number of patients with the longest waits following confirmation from the Scottish Government that additional funding will be made available to increase activity aimed at reducing patients with the longest waits. This is likely to continue to impact on the 18 week RTT standard until the end of March 2019.

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

<b>Measure</b>	% of patients who started their treatment within 18 weeks of referral to specialist CAMHS.
<b>Current Performance</b>	As at October 2018 (month end), 84.8% of eligible patients who started their treatment, had started within 18 weeks of referral to specialist CAMHS. ( <i>Data Provisional</i> )
<b>National Performance</b>	As at quarter ending September 2018, 69.0% of children and young people started their treatment within 18 weeks of referral to specialist CAMHS.
<b>Lead Director</b>	Susan Manion, East Dunbartonshire HSCP

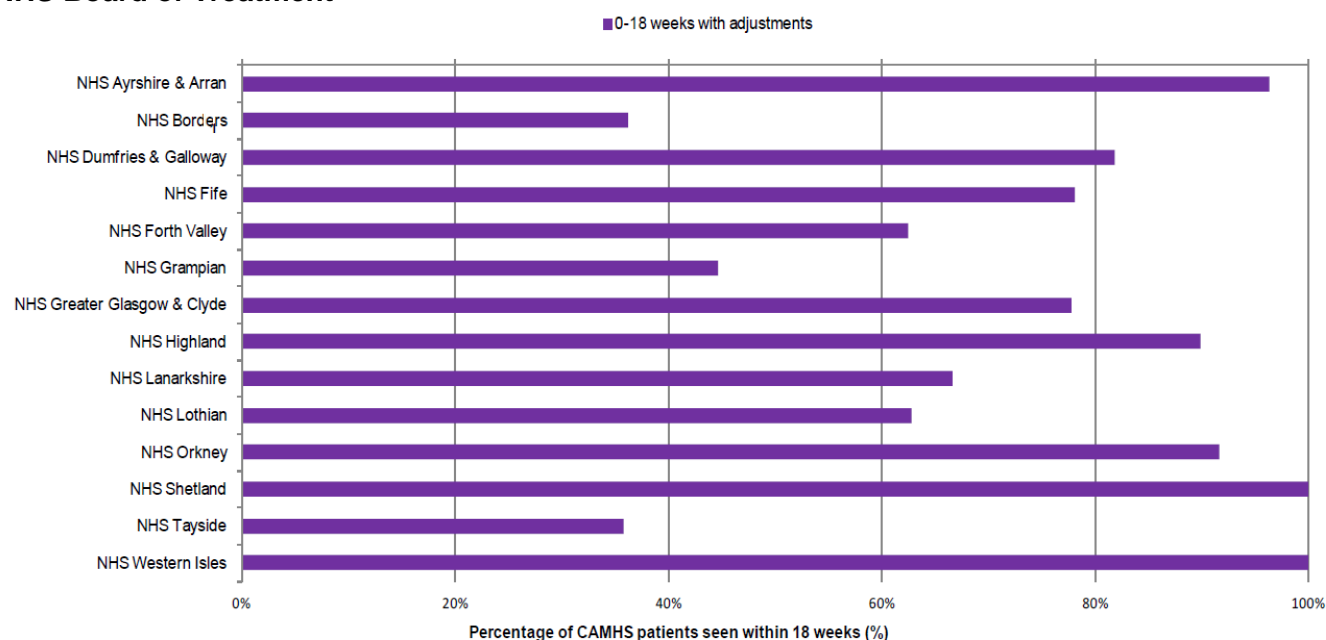
**NHS Scotland's Performance**

Across NHS Scotland, 4,239 children and young people started treatment at CAMHS, a decrease on the 4,694 reported the previous quarter ending June 2018. Current performance represents a 24% increase on the number of children and adolescents seen (3,412) during the same quarter in 2017. For NHSGG&C during the same quarter a total of 1,056 children and young people started treatment at CAMHS remaining fairly static on the 1,050 reported the previous quarter ending June 2018. The number of patients seen across NHSGG&C during the quarter ending September 2018 represents a 22% increase on the number of patients seen in the same quarter the previous year (864 patients).

69.0% of the total number of children who started their treatment were seen <18 weeks across NHS Scotland, this compares with 67.5% in the previous quarter ending June 2018. For NHSGG&C during the quarter ending September 2018, compliance with the national standard was above the national position at 77.8%, this compares to 84.2% in the previous quarter ending June 2018.

As seen from the bar chart below, NHS Ayrshire & Arran (96.4%) and the NHS Island Boards (98.3%) were the only Health Boards to meet the 18 week standard.

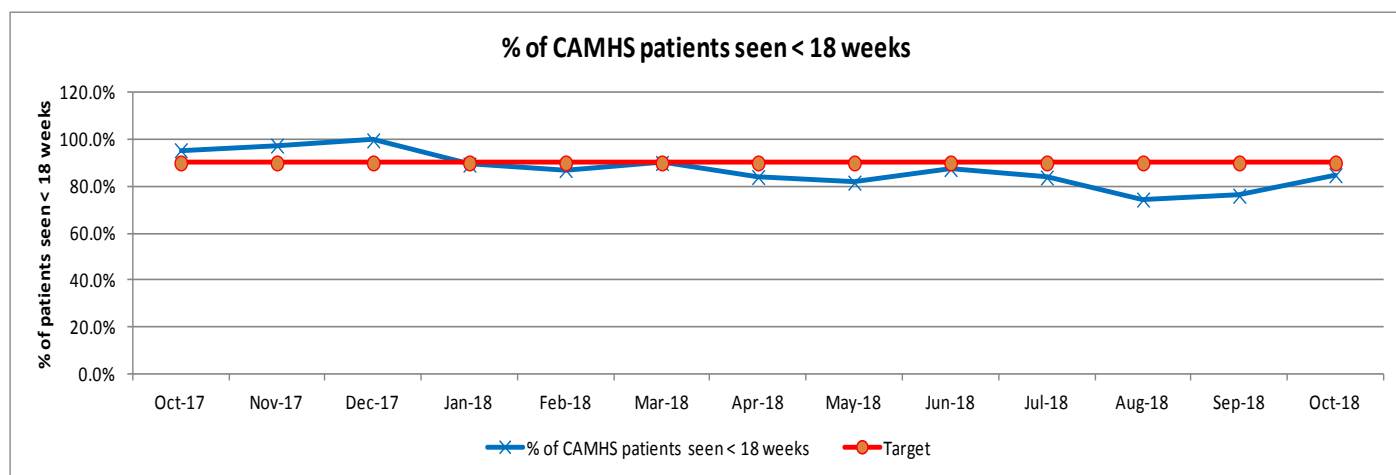
**Percentage of People Who Started Their Treatment Within 18 Weeks, (July – September 2018) by NHS Board of Treatment**



**NHSGG&C's Performance**

As at October 2018 (month end), 84.8% of eligible patients who started their treatment, had started within 18 weeks of referral to specialist CAMHS across NHSGG&C. As seen in the table below, current performance represents an overall improvement for the third consecutive month despite seeing a higher volume of patients when compared with any previous month and the persistent recruitment challenges.

CAMHS	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Total number of patients seen	306	345	251	281	299	269	325	385	340	328	391	337	401
Seen < 18 weeks	292	336	250	251	260	242	273	314	297	275	291	256	340
Seen > 18 weeks	14	9	1	30	39	27	52	71	43	53	100	81	61
% of CAMHS patients seen < 18 weeks	95.4%	97.4%	99.6%	89.3%	87.0%	90.0%	84.0%	81.6%	87.4%	83.8%	74.4%	76.0%	84.8%
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%



### Actions to Address Performance

Actions to address performance include the following:

- The work 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 continues. 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 that are beginning to play through in overall performance.
- The work to increase clinical capacity based on a lean methodology also continues. The Quality Improvement Programme launched 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 13% during the last year. Current performance is now far 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.
- Further to increasing access for children and young people, NHSGG&C CAMHS has been working on reducing the missed appointment rate. Following the introduction of SMS Texts, along with ongoing research based work, we have reduced the DNA Rate from 18% last year to 10% in our most recent data. This brings NHSGG&C in line with UK and Scottish averages.

### Timeline For Improvement

With the developments in the Quality Improvement Programme, the new Central Choice Team came into effect on the 29 October 2018. Over the next few months, the size of the waiting list will decrease, with a gradual decrease in the longest waits 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.

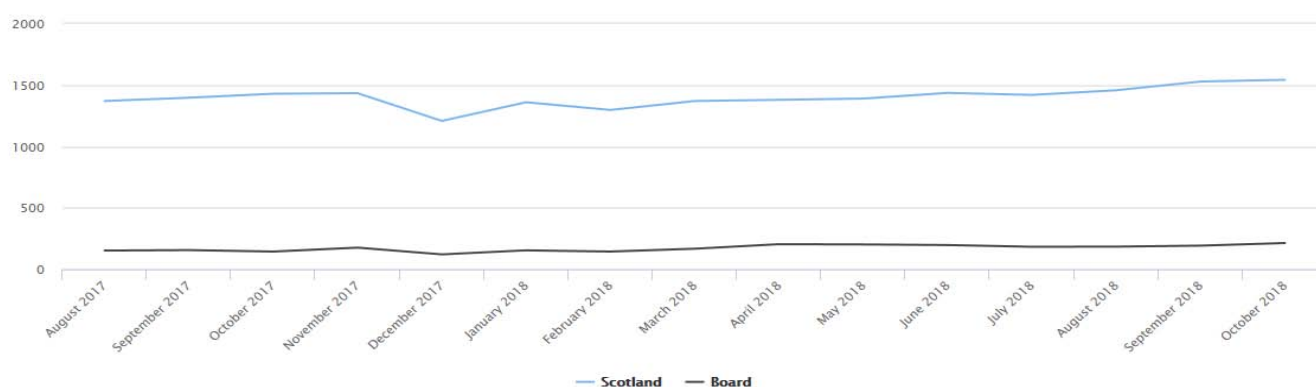


**Exception Report: Delayed Discharges and Bed Days Lost to Delayed Discharges**

<b>Measure</b>	Delayed Discharges and Bed Days Occupied by Delayed Discharge patients (inc Adults with Incapacity).
<b>Current Performance</b>	As at October 2018, there were a total of 213 patients delayed across NHSGG&C resulting in the loss of 5,899 bed days occupied by delayed patients.
<b>NHS Scotland (Latest published data available)</b>	As at October 2018, there were a total of 1,543 patients delayed resulting in the loss of 47,325 bed days occupied by delayed patients across NHS Scotland.
<b>Lead Director</b>	Dr Mags McGuire, Nursing Director

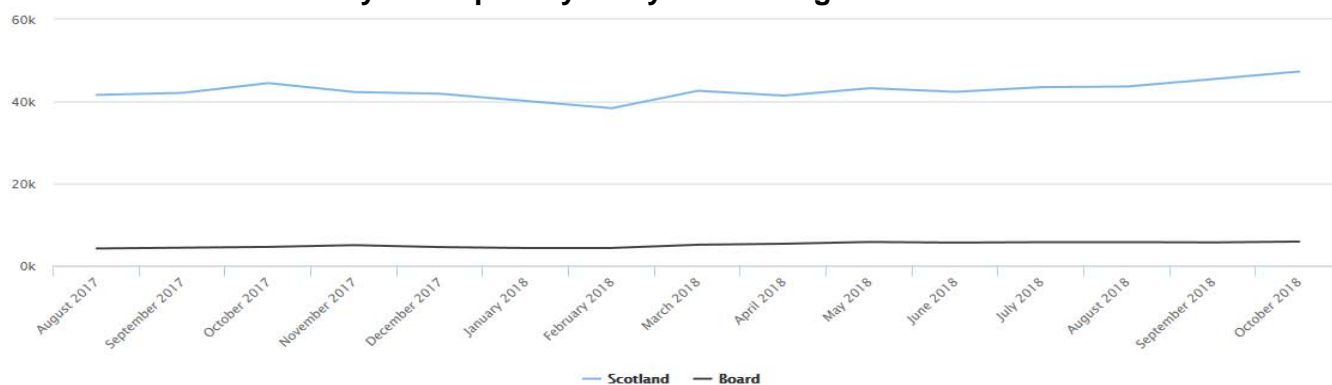
**NHS Scotland's Performance**

**Chart 1: Number of Delayed Discharges across NHS Scotland – October 2018**



Across NHS Scotland, there were a total of 1,543 patients delayed at the October 2018 census. The number of delays across NHS Scotland represents a 1% increase on the previous months' performance (September 2018 – 1,529 delayed discharges). NHSGG&C accounted for 14% (213) of the total number of delayed patients reported across NHS Scotland in October 2018 and performance represents an 11% increase in the number of delays reported the previous month (192).

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

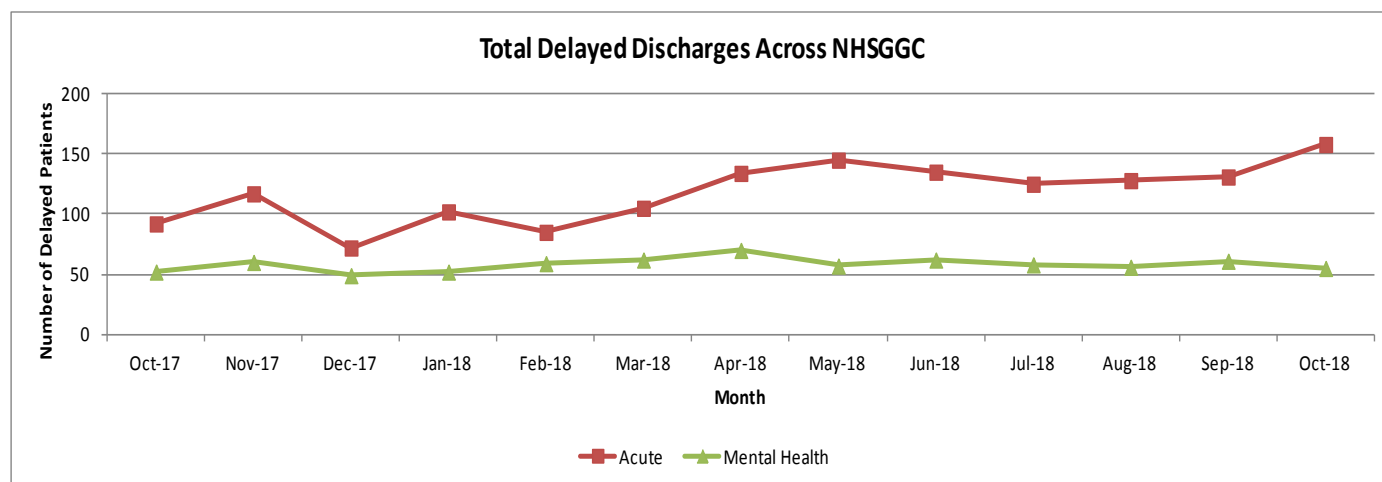


The 1,543 patients delayed across NHS Scotland resulted in the loss of 47,325 occupied bed days, a 4% increase on the number of bed days occupied by delayed discharge patients reported the previous month (September 2018 – 45,470 bed days occupied by delayed discharge patients). Overall, NHSGG&C accounted for 12% (5,899) of total occupied bed days lost to delayed discharge across NHS Scotland in October 2018 and performance represented a 4% increase on the previous months' performance (5,684).

**NHSGG&C's Performance**

**Table 1: Total Number of Delayed Discharge Patients Across NHSGG&C – October 2018**

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
<b>Total number of patients delayed (at census point)</b>	<b>144</b>	<b>177</b>	<b>121</b>	<b>154</b>	<b>144</b>	<b>167</b>	<b>204</b>	<b>202</b>	<b>197</b>	<b>183</b>	<b>184</b>	<b>192</b>	<b>213</b>
Acute	92	117	72	102	85	105	134	145	135	125	128	131	158
Mental Health	52	60	49	52	59	62	70	57	62	58	56	61	55



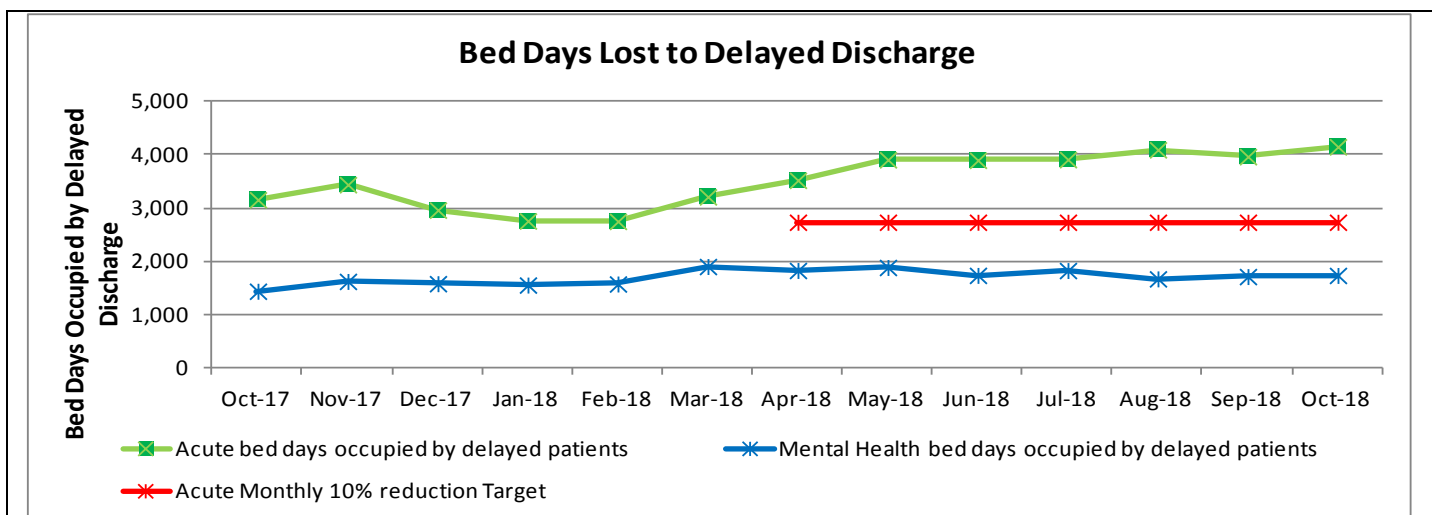
As seen from *Table 1* above, there were a total of 213 patients delayed across NHSGG&C – the highest number reported during the past 12 months. The total comprises 158 acute patients and 55 mental health patients delayed. Current performance represents a significant increase in the total number of delayed patients reported when compared with the previous month and with the same month the previous year.

The significant increase in the number of delays is mainly due to the significant increase in the number of delayed patients from Glasgow City HSCP as the number of delayed patients in all other HSCPs either remained the same or reported a reduction in the number of delayed patients. The total number of delayed patients from Glasgow City increased from 98 delayed patients reported in September 2018 to 140 delayed patients in October 2018. It was during this time (23 and 24 October 2018) that Cordia staff took industrial action against Glasgow City Council around equal pay and this has clearly had an impact on the number of patients delayed in hospital.

Two HSCPs reported notable reductions in the number of delayed patients when compared to the previous month namely, Renfrewshire HSCP (reducing from 31 delayed patients reported in September 2018 to 17 delayed patients reported in October 2018) and West Dunbartonshire HSCP (decreasing from 10 delayed patients reported in September 2018 to three delayed patients delayed in October 2018).

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

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
<b>Total number of bed days occupied by delayed patients</b>	<b>4,601</b>	<b>5,068</b>	<b>4,549</b>	<b>4,320</b>	<b>4,332</b>	<b>5,119</b>	<b>5,354</b>	<b>5,795</b>	<b>5,637</b>	<b>5,742</b>	<b>5,769</b>	<b>5684</b>	<b>5899</b>
Acute	3,157	3,440	2,963	2,760	2,752	3,212	3,521	3,906	3,896	3,910	4,093	3965	4149
Mental Health	1,444	1,628	1,586	1,560	1,580	1,907	1,833	1,889	1,741	1,832	1,676	1719	1750



There were a total of 5,899 bed days occupied by delayed patients across NHSGG&C comprising 4,149 acute beds and 1,750 mental health beds occupied by delayed patients. Current performance across NHSGG&C has shown an increase in the number of bed days occupied by delayed patients when compared to the previous month and with the same month the previous year.

Again, the overall increase in the number of bed days occupied by delayed patients is mainly as a result of the 20% increase in the number of beds occupied by Glasgow City HSCP residents when compared to the previous months' position increasing from 2,838 occupied bed days in September 2018 to 3,400 in October 2018. Local management information indicates that the number of bed days occupied by delayed discharge patients from Glasgow City have reduced by over 500 beds in November 2018. All other HSCPs reported a reduction in the number of bed days occupied by delayed patients in October 2018 when compared to the previous months' position.

With the exception of North Lanarkshire and North Ayrshire reporting an increase in the number of bed days occupied by delayed patients, the four remaining local authority areas that previously reported occupied bed days in September 2018, reported reductions.

### **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. 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.
- 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 has been re-scheduled for 16 December 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 Scottish Ambulance Service (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 SAS.
  - 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.
- In Glasgow specifically, there is a continued weekly focus on managing delays including mental health, learning disabilities and older people with mental health delays. In addition, there is an immediate care improvement programme underway to better manage throughput and increase the number of people going home. Additional intermediate care capacity is being introduced as part of the HSCPs winter planning arrangements. The HSCP is also currently implementing its new Home is Best Team to improve discharge working with each acute hospital in Glasgow.

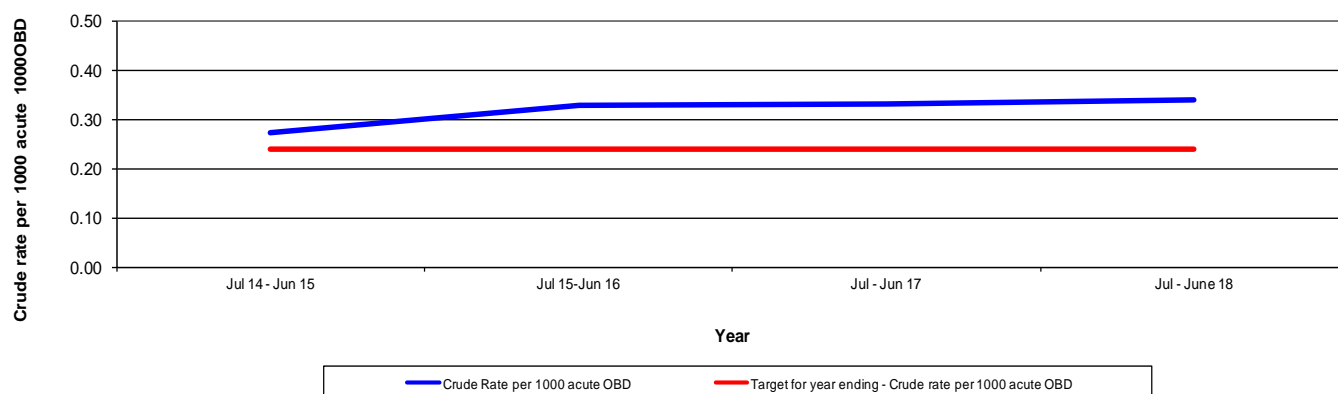
**Timeline for Improvement**

We 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 acute 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. To date, two HSCPs have achieved the agreed 10% reduction target for the number of acute bed days occupied by delayed patients namely, West Dunbartonshire HSCP and Inverclyde HSCP.

**Exception Report: MRSA/MSSA Bacteraemia (cases per 1,000 AOB)**

<b>Measure</b>	MRSA/MSSA Bacteraemia (cases per 1,000 AOB)
<b>Current Performance</b>	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.
<b>National Performance</b>	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.
<b>Lead Director</b>	Dr Jennifer Armstrong, Medical Director

Healthcare Associated Infections (MRSA and MSSA bacteraemias, no other organisms included) by year  
crude rate per 1000 acute OBD

**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 AOBs. 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 AOBs.

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 13, 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.

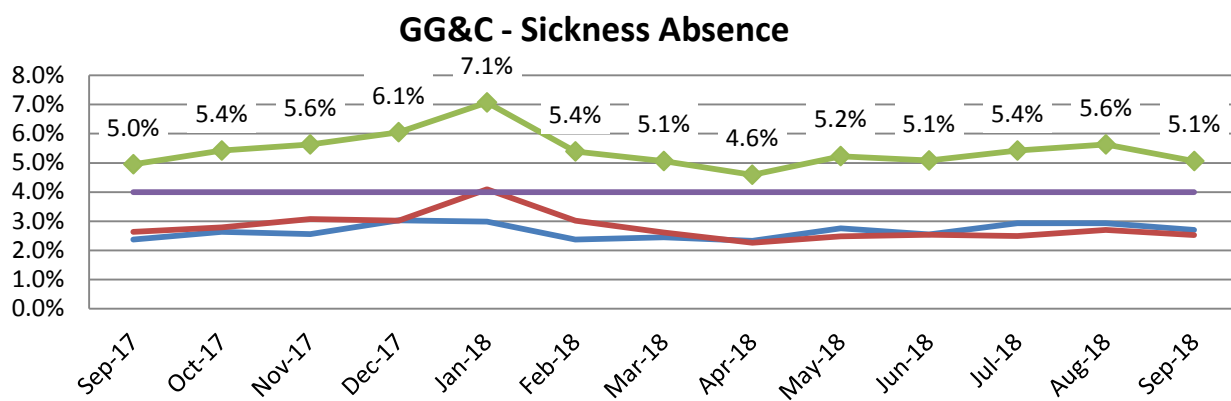
The Chair of the SAB Steering Group has sent a message out to all Chiefs of Medicine regarding SAB prevention. This message will be included in all weekly huddle reports during October and the chair of the SAB Steering group will attend sector huddle groups to discuss and reinforce the content of this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

<b>Measure</b>	Sickness Absence Rate
<b>Current Performance</b>	The rate of sickness absence across the Board was 5.1% (September 2018)
<b>National Performance</b>	The NHS Scotland reported SWISS absence figure was 5.02% (September 2018) – most recent data available at time of publication.
<b>Lead Director</b>	Anne MacPherson, Director of Human Resources and Organisational Development



	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Long-term	2.4%	2.6%	2.6%	3.0%	3.0%	2.4%	2.5%	2.3%	2.8%	2.6%	2.9%	2.9%	2.7%
Short-term	2.6%	2.8%	3.1%	3.0%	4.1%	3.0%	2.6%	2.3%	2.5%	2.5%	2.5%	2.7%	2.5%
GG&C TOTAL	5.0%	5.4%	5.6%	6.1%	7.1%	5.4%	5.1%	4.6%	5.2%	5.1%	5.4%	5.6%	5.1%
TARGET	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

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 September 2018 (using the NHS Scotland reported level), was 5.1% comprising 2.7% long term and 2.5% short term. This is a decrease of 0.5% from the August 2018 figure.

**Acute Division**

Sector/Directorate/HSCP	Oct-17	Sep-18	Oct-18	Inter-month variance	Inter-year variance
Clyde Sector	5.1%	5.5%	6.0%	+ 0.4%	+ 0.9%
Diagnostic Services	5.3%	4.5%	4.6%	+ 0.1%	-0.7%
North Sector	5.0%	5.1%	5.2%	+ 0.1%	+ 0.2%
Regional Services	5.2%	5.7%	6.1%	+ 0.4%	+ 0.9%
South Sector	6.1%	5.9%	6.5%	+ 0.6%	+ 0.4%
Women & Children's	4.4%	5.6%	5.9%	+ 0.3%	+ 1.5%
Acute Total	5.2%	5.5%	5.8%	+ 0.3%	+ 0.6%

Absence within Acute has increased in all Acute Sectors and Directorates with only a slight increase in the Diagnostic Directorate.

**Board Wide Services (excluding Estates and Facilities Management)**

Sector/Directorate/HSCP	Oct-17	Sep-18	Oct-18	Inter-month variance	Inter-year variance
Acute Directors	3.9%	0.0%	0.0%	0.0%	-3.9%
Board Administration	0.0%	1.1%	1.2%	+ 0.1%	+ 1.2%
Board Medical Director	4.3%	4.4%	5.3%	+ 0.9%	+ 1%
Centre For Population Health	0.0%	3.3%	5.1%	+ 1.8%	+ 5.1%
Corporate Communications	-	0.0%	1.6%	+ 1.6%	-
eHealth	5.6%	5.4%	6.6%	+ 1.2%	+ 1.1%
Finance	2.9%	5.0%	4.4%	-0.5%	+ 1.6%
GP Trainees	-	0.0%	3.7%	+ 3.7%	-
HR & OD	2.7%	3.7%	2.8%	-0.9%	+ 0.1%
Nursing Director	2.5%	2.0%	1.1%	-1.0%	-1.4%
Public Health	4.2%	3.3%	3.8%	+ 0.5%	-0.5%
Board-Wide Services Total	4.3%	4.5%	5.2%	+ 0.7%	+ 0.9%

Board wide services also demonstrate an increase in absence with a marked increase in the e-Health Directorate.

**Estates and Facilities Management**

Sector/Directorate/HSCP	Oct-17	Sep-18	Oct-18	Inter-month variance	Inter-year variance
Estates and Facilities	8.99%	9.04%	9.01%	-0.03%	+ 0.02%

Estates and Facilities Management continue to report the highest rate of absence across NHSGG&C and action is being led by the Director of Estates and Facilities to target key areas.

**Partnerships**

Sector/Directorate/HSCP	Oct-17	Sep-18	Oct-18	Inter-month variance	Inter-year variance
East Dunbartonshire - Oral Health	7.1%	3.3%	5.8%	+ 2.5%	-1.2%
East Dunbartonshire HSCP	4.6%	5.8%	6.6%	+ 0.8%	+ 2%
East Renfrewshire HSCP	10.2%	6.4%	6.8%	+ 0.3%	-3.5%
Glasgow City HSCP	5.9%	6.1%	6.9%	+ 0.7%	+ 1%
Inverclyde HSCP	7.7%	5.4%	6.3%	+ 0.9%	-1.3%
Renfrewshire HSCP	6.0%	5.1%	4.9%	-0.2%	-1.0%
West Dunbartonshire HSCP	5.8%	5.0%	4.4%	-0.6%	-1.4%
Partnerships Total	6.2%	5.8%	6.3%	+ 0.6%	+ 0.2%

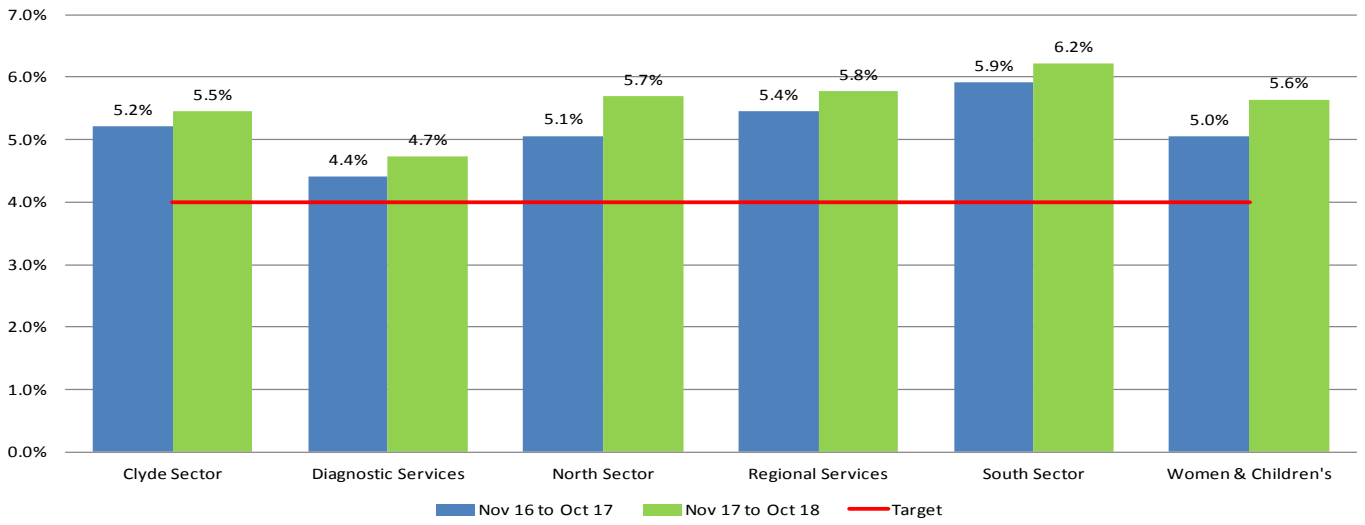
Absence levels increased across the HSCPs with the exception of West Dunbartonshire HSCP and Renfrewshire HSCP.

**Absence Comparison – Rolling 12 Months**

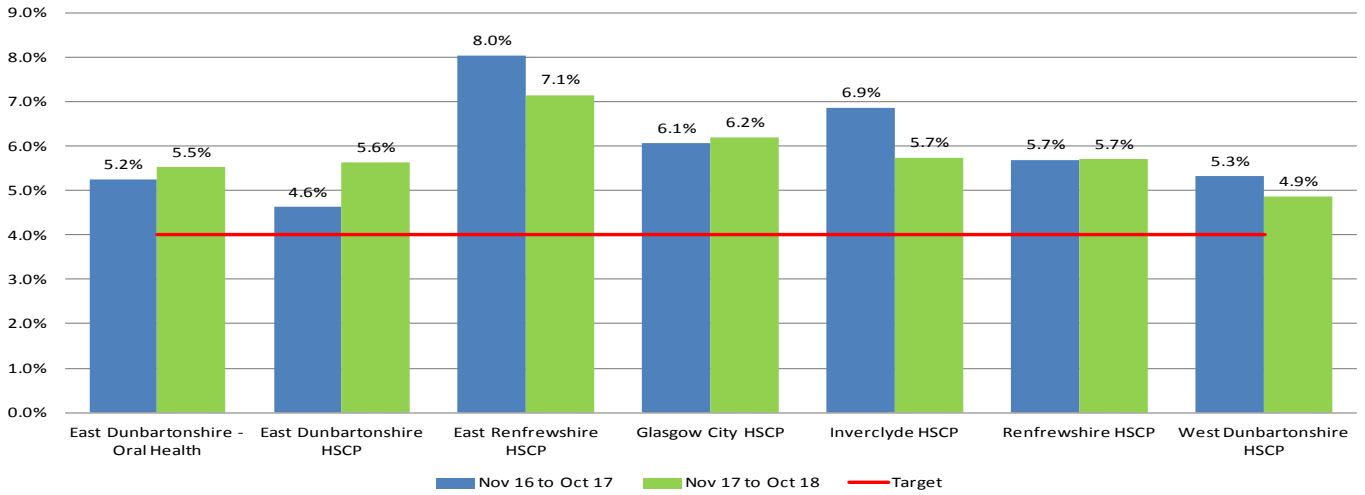
The graphs below compare the sickness absence levels in Acute, Partnership, and Board-wide services for the period November 2016 to October 2017 with the period November 2017 to October 2018.



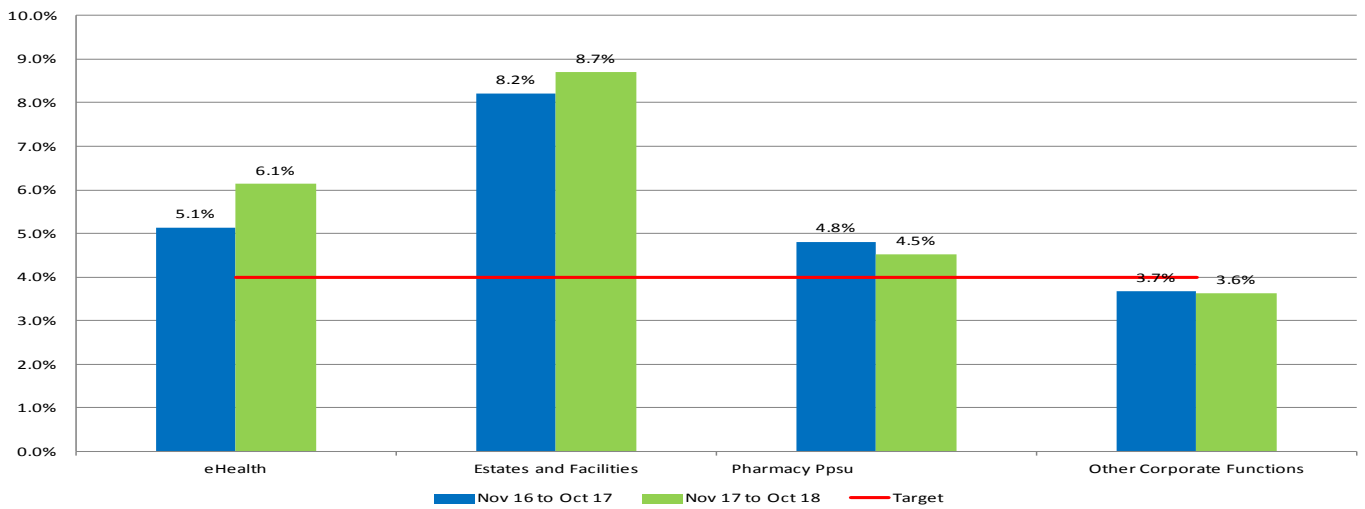
### Acute Sectors (rolling 12 months)



### Partnership Sectors (rolling 12 months)



### Board Wide Services(rolling 12 months)



**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.

All Acute Sectors, Directorates and HSCPs have winter staffing plans to support staff to attend work during the winter period. In addition, work continues to increase uptake of the flu vaccine with peer immunisation being offered to staff across the Board.

As part of Workstream 3 of the Financial Improvement Programme, a new action plan on attendance management has been agreed and will be delivered by the Heads of People & Change.

**Timeline For Improvement**

Local trajectories have been agreed for the end of March 2019. These will be part of the Performance Review Group discussions.

**APPENDIX 1: 2018-19 ANNUAL OPERATIONAL PLAN TRAJECTORIES**

<b>New Outpatients Waiting &gt; 12 weeks for a New Outpatient Appointment (available patients)</b>													
	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	27,661	27,178					
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
<b>Number of eligible patients waiting &gt; 12 weeks Treatment Time Guarantee</b>													
Actual	5,108	5,382	5,236	5,164	5,394	5,360	5,505	5,385	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
<b>Number of patient waiting &gt; 6 weeks to access a Key Diagnostic Tests</b>													
Actual	6,139	7,294	6,249	6,546	6,933	6,733	6,188	6,073	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
<b>62 Day Cancer Waiting Time</b>													
	Mar-18	Apr - June 18		Jul - Sept 18			Oct - Dec 18		Jan - Mar 19				
Actual	80.7%	78.9%		76.4%	76.9%	75.6%	77.2%						
Trajectory	84.0%	84.0%		88.0%			92.0%		95.0%				
<b>31 Day Cancer Waiting Time</b>													
	Mar-18	Apr - June 18		Jul - Sept 18			Oct - Dec 18		Jan - Mar 19				
Actual	92.2%	94.2%		94.2%	94.1%	95.8%	95.1%						
Trajectory	93.0%	93.0%		94.0%			94.5%		95.0%				
<b>A&amp;E 4 Hour Wait</b>													
Actual	86.7%	88.1%	92.8%	93.6%	93.6%	91.6%	90.7%	91.1%					
Trajectory	91.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%					93.0%
<b>18 weeks Referral To Treatment Child and Adolescent Mental Health (% of patients seen)</b>													
Actual	88.7%	84.0%	82.0%	87.0%	83.8%	74.4%	76.0%	84.8%					
Trajectory	90.0%	Maintain 2018 position		Maintain 2018 position			Maintain 2018 position		Maintain 2018 position				
<b>18 weeks Referral to Psychological Therapies (% of patients seen)</b>													
Actual	91.9%	90.0%	91.5%	94.0%	95.0%	92.0%	90.9%	91.6%					
Trajectory	90.0%	Maintain 2018 position		Maintain 2018 position			Maintain 2018 position		Maintain 2018 position				