

NHS Greater Glasgow & Clyde



NHS BOARD MEETING

Mr Mark White
Director of Finance

19th February 2019

Paper No: 19/05

**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 number of C.Diff cases remains positive against target.
- 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 waits 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).
 - Compliance with the A&E hour waiting time standard.
- 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 (10)

A total of ten measures have been rated red due a variance of >5% against target/trajectory. Current performance represents an increase on the nine 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.
- A&E 4 Hour Wait. **(new)**
- % of eligible CAMHS patients seen <18 weeks of referral.
- Compliance with 18 week RTT standard.
- 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.

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19 February 2019

NHS GREATER GLASGOW AND CLYDE

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Paper No: 19/05

Mr Mark White
Director of Finance

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

RECOMMENDATION

Board members are asked to consider and note the content of the Board performance report.

1. INTRODUCTION

The report brings together high level performance information with the aim of providing members with a clear overview of the organisation's performance in the context of the 2018-19 Corporate Objectives. The report includes narrative on all performance indicators with an adverse variance of more than 5% and details the actions and timelines in place to address them.

2. REPORT FORMAT AND STRUCTURE

The report reflects the four key themes outlined in the 2018-19 Corporate Objectives and draws on a basic balanced scorecard approach. Indicators are grouped under the four themes outlined in the 2018-19 Corporate Objectives. Some indicators could fit under more than one key theme, but are placed in the theme considered the best fit.

The indicators are made up of:

- Local Delivery Plan Standards (LDPS)
- Health and Social Care Indicators (HSCI)
- National Key Performance Indicators (NKPI)
- Local Key Performance Indicators (LKPI) of high profile.

The indicators highlighted in *italics* are those indicators that each of the Health and Social Care Partnerships (HSCPs) has a direct influence in delivering. Each of these indicators can be disaggregated by each of the HSCP areas.

The report comprises:

- A summary providing a performance overview of current position.
- A "Performance at a Glance" scorecard page, containing actual performance against target for all indicators. These have been grouped under the four key themes identified in the 2018-19 Corporate Objectives.
- An exception report for each measure where performance has an adverse variance of more than 5% from target/trajectory.
- An overview of the trajectories used to track progress against alongside the current position for each in *Appendix 1*.

For each indicator, the most recent data available has been used. This means that some indicators reflect different time periods. For every time period of data provided performance is

compared against the same time period in the previous year to ensure comparability and provide a direction of travel.

3. POINTS TO NOTE

Board members are asked to note the following:

- Access to Antenatal Care – As previously reported to the Board, there were some data quality issues that needed to be resolved due to transition of patient paper records to electronic patient records using the BADGERNET system. These were resolved in August 2018 with all data input from this point being electronic. NHSGG&C will be able to report with confidence the position relating to the period October – December 2018 once the data becomes available.

4. SUMMARY OF PERFORMANCE

Key performance changes include:

Areas Meeting or Exceeding the Target/Trajectory

- Access to a range of services including Drug and Alcohol Treatment, Alcohol Brief Interventions, Smoking Cessation, Psychological Therapies and IVF Treatment continued to either meet or exceed target.
- The number of C.Diff cases remains positive against target.
- 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.
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 - 18 weeks Referral to Treatment standard (RTT).
 - Compliance with the A&E four hour waiting time standard.
- 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 (10)

A total of ten measures have been rated red due to a variance of >5% against target/trajectory. Current performance represents an increase on the nine 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.
- A&E 4 Hour Wait. (**new**)
- % of eligible CAMHS patients seen <18 weeks of referral.
- Compliance with 18 week RTT standard.
- 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.

PERFORMANCE CONTEXT IN RELATION TO KEY WAITING TIMES AND ACCESS TARGETS

As previously reported to the Board, 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 December 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. It should also be noted that traditionally due to the festive season overall elective activity during December and January usually reduces. This is planned to accommodate winter pressures and increased attendances at our Emergency Departments.

There are a range of 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/daycase 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 more than the waiting time standards.

There is evidence of progress in some of the programmes of work particularly when compared with previous months or years' activity in that we are now seeing more new outpatients when compared to the same period last year and overall we are reducing the length of waits for patients accessing one of the eight key diagnostic tests. 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. 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. Compliance has been affected by the levels of growth in demand that have been experienced in the year to date. This has undoubtedly had an impact on our progress towards achieving some of our elective waiting times and access targets.

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

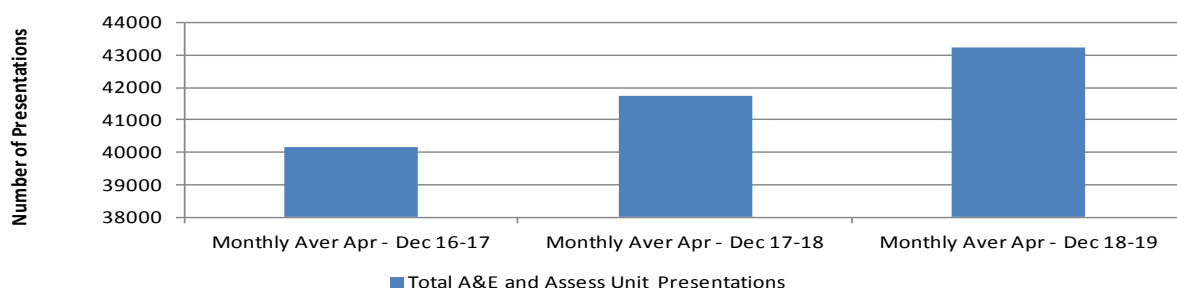
- A&E 4 hour waiting times standard.
- Number of new outpatients waiting >12 weeks for a new outpatient appointment.
- Number of inpatient/daycases waiting >12 weeks for an inpatient daycase procedure.

The information presented overleaf highlights the level of demand and activity using the monthly average position (April – December 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 some 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



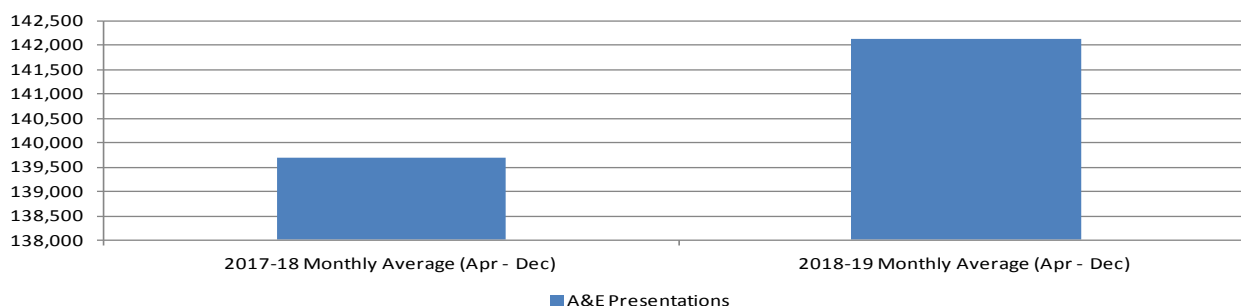
	A&E 4 Hour Wait Performance									
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
2016-17 Monthly Performance	93.9%	92.3%	94.3%	93.0%	92.8%	94.4%	93.1%	91.5%	88.8%	
2017-18 Monthly Performance	89.3%	90.7%	93.1%	94.4%	93.6%	91.5%	93.2%	92.0%	81.9%	
2018-19 Monthly Performance	88.1%	92.8%	93.6%	93.6%	91.6%	90.7%	91.1%	90.1%	87.4%	
% Var on Previous Years' Month	-1.2%	2.1%	0.5%	-0.8%	-2.0%	-0.8%	-2.1%	-1.9%	5.5%	

As seen from the table above, the year to date monthly average (April – December 2018) number of presentations are showing a 3.6% increase on the same period the previous year and a 7.6% increase on the year previous to that. 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, June and more recently December 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 in demand across NHSGG&C is higher than that reported across NHS Scotland.

National A&E Demand & Activity Trend

A&E Presentations Across NHS Scotland



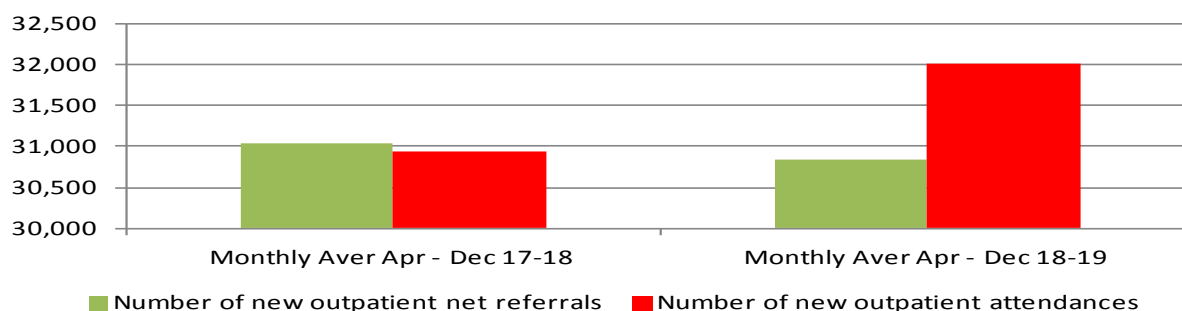
NHSScotland's Compliance with A&E 4 Hour Standard										
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
2017-18	93.4%	94.0%	95.5%	95.7%	95.0%	93.5%	94.4%	93.3%	85.1%	
2018-19	90.0%	93.1%	92.8%	93.0%	92.0%	90.9%	92.2%	91.3%	89.6%	

As seen from the table above, the Year To Date (YTD) monthly average number of presentations received across NHS Scotland increased by almost 2% when compared to the same period the previous year. The level of growth nationally is almost 2% lower than that reported across NHSGG&C. Similar to NHSGG&C, the growth in activity clearly has an impact on compliance with the A&E four hour target across NHS Scotland in that with the exception of December 2018, the 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



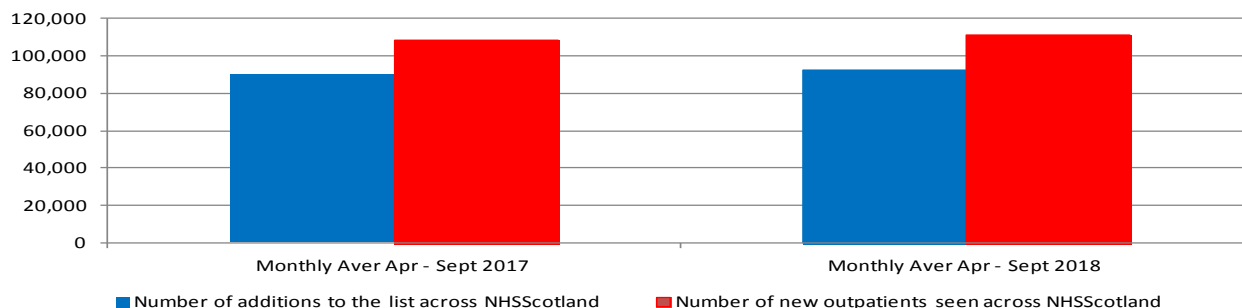
Data Source: Data sourced from Monthly Management Information and still to be validated.

As demonstrated on the chart above, the year to date monthly average (April – December 2018) number of new outpatient net additions to the waiting list across NHSGG&C decreased by almost 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 4% 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, (using the latest published data in relation to April – September 2018) 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

New Outpatient Demand and Activity - NHS Scotland

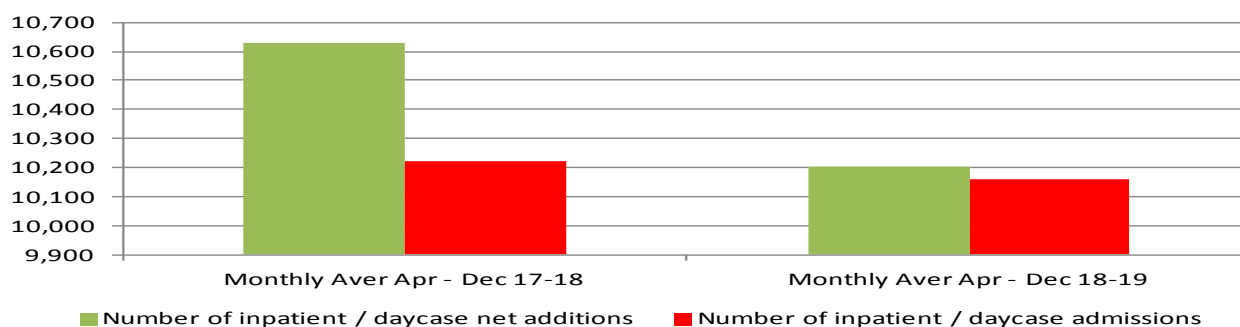


Please Note: NHS Scotland data excludes NHS Ayrshire & Arran, NHS Highland, NHS Lothian and NHS Tayside due to these Boards experiencing technical problems with data submitted to ISD Waiting Times warehouse. Data extracted from the national Stage of Treatment publication 27 November 2018.

Performance Context: Number of Inpatient/Daycases Waiting more than the 12 weeks TTG

NHSGG&C Inpatient/Daycase Demand and Activity Trend

Inpatient/Daycase Demand and Activity

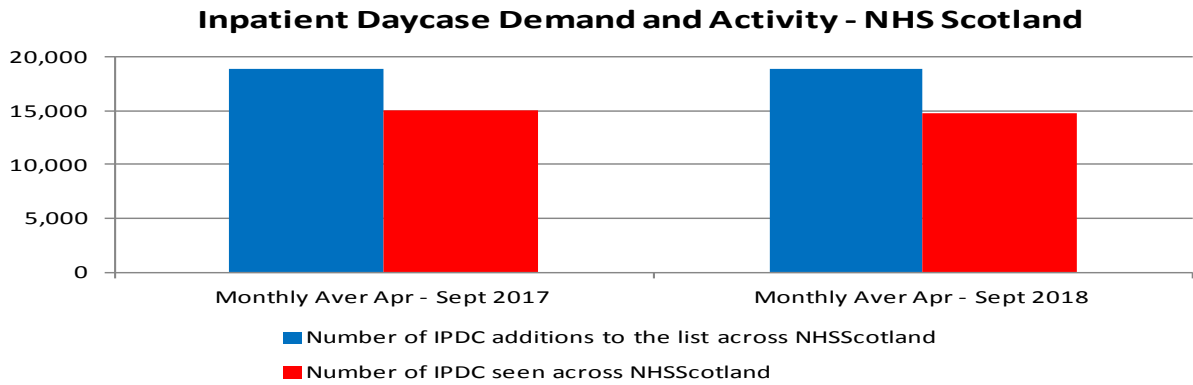


Data Source: Data sourced from Monthly Management Information and still to be validated.

As seen from the chart above, the year to date monthly average (April – December 2018) net additions to the waiting list across NHSGG&C decreased by 4% and the overall number of inpatient/daycase admissions decreased by almost 1% across NHSGG&C when compared to the same period the previous year.

For NHS Scotland the monthly average inpatient/daycase demand (using the most up to date published data for the period April – September 2018) 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 during the same period (April – September 2018) in that the level of demand is showing a decrease 2% however the level of activity i.e. the number of patients seen increased by almost 1% during the period under review.

NHS Scotland's Inpatient/Daycase 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.

Outlined below is the key to the scorecard used on page 4 alongside a summary of overall performance against the four key themes outlined in the 2018-19 Corporate Objectives. For each of the indicators with an adverse variance of >5% there is an accompanying exceptions report identifying the actions to address performance.

Key to the Report

Key to Abbreviations		Key to Performance Status		Direction of Travel Relates to Same Period Previous Year	
LDPS	Local Delivery Plan Standard	RED	Out with 5% of meeting trajectory	▲	Improving
NKPI	National Key Performance Indicator	AMBER	Within 5% of meeting trajectory	▶	Maintaining
HSCI	Health & Social Care Indicator	GREEN	Meeting or exceeding trajectory	▼	Worsening
LKPI	Local Key Performance Indicator	GREY	No trajectory to measure performance against.	—	In some cases, this is the first time data has been reported and no trend data is available. This will be built up over time.
		TBC	Target to be confirmed.		

* It should be noted that the data contained within the report is for management information.

Performance Summary at a Glance

The table below summarises overall performance in relation to those measures contained within the performance report. Of the 21 indicators that have been assigned a performance status based on their variance from targets/trajectories, overall performance is as follows:

STRATEGIC PRIORITIES	RED	AMBER	GREEN	GREY	TOTAL
Better Health	0	0	3	1	4
Better Care	9	1	4	2	16
Better Value	0	1	2	0	3
Better Workplace	1	0	0	0	1
TOTAL	10	2	9	3	24

OFFICIAL SENSITIVE

PERFORMANCE AT A GLANCE - FEBRUARY 2019									
BETTER HEALTH									
Ref	Type	Local Delivery Plan Standard	As At	2017-18 Actual	2018-19 Actual	2018-19 Target	Perform Status	Dir of Travel	Exception Reports
1	LDPS	80% of pregnant women in each SIMD quintile have access to Antenatal Care at 12 week gestation	Oct - Dec 18	79.8%	Data Incomplete	80.0%	GREY	—	
2	LDPS	Drug and Alcohol: % of patients waiting <3 weeks from referral to appropriate treatment	Jul - Sept 18	96.1%	95.3%	90.0%	GREEN	↓	
3	LDPS	Number of Alcohol Brief Interventions delivered	Apr - Sept 18	10,150	10,221	9,816	GREEN	↑	
4	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas*	Apr - Sept 18	937	941	758	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	Dec-18	81.9%	87.4%	93.0%	RED	↑	Page 17
6	LKPI	Total A&E Presentations (ED, MIU & AUs)	Dec-18	43,095	42,975	—	GREY	—	
		Accident & Emergency Presentations	Dec-18	37,001	36,789	—	GREY	—	
		Other Accident and Emergency Presentations	Dec-18	6,094	6,186	—	GREY	—	
7	HSCI	Total number of patients delayed across NHS GG&C (taken at Census point)	Dec-18	121	147	10% Reduction for Acute bed days	RED	↓	Page 36
		Acute Patients	Dec-18	72	106				
		Adult Mental Health Patients	Dec-18	49	41				
8	HSCI	Total number of Bed Days Lost to Delayed Discharge	Dec-18	4,549	5,222				
		Acute Bed Days Lost	Dec-18	2,963	3,780				
		Mental Health Bed Days Lost	Dec-18	1,586	1,442				
9	LDPS	18 Week Referral To Treatment (RTT)							
		Combined Admitted/Non Admitted	Dec-18	90.0%	82.6%	90.0%	RED	↓	Page 31
10	LDPS	Combined Linked Pathway	Dec-18	86.2%	84.8%	80.0%	GREEN	↓	
		New Outpatient Appointments							
		% of available new outpatients waiting <12 weeks for a new outpatient appointment (Inc RHC and Dental)	Dec-18	69.9%	69.5%	21,535	RED	↓	Page 20
Number of available patients waiting >12 weeks for a new outpatient appointment (inc RHC and Dental)	Dec-18	27,747	27,139	↑					
11	NKPI	Access to a Key Diagnostic Test							
		% of patients waiting <6 weeks for access to a key diagnostic test	Dec-18	79.2%	76.1%	3,859	RED	↓	Page 24
Number of patients waiting >6 weeks for a key diagnostic test	Dec-18	4,815	5,724	↓					
12	NKPI	12 week Treatment Time Guarantee (TTG)							
		% of inpatient/daycases treated within the 12 week TTG	Dec-18	81.4%	80.2%	3,535	RED	↓	Page 28
Number of inpatients/daycases waiting >12 weeks TTG	Dec-18	4,869	6,962	↓					
13	LKPI	Patient unavailability (Adults)							
		Inpatient/Day Cases (inc Endoscopy)	Dec-18	1,574	1,146	—	GREY	↓	
		New Outpatients	Dec-18	1,294	1,539	—	GREY	↑	
14	LDPS	Suspicion of Cancer Referrals (62 days)*	Dec-18	82.7%	76.2%	92.0%	RED	↓	Page 14
15	LDPS	All Cancer Treatments (31 days)*	Dec-18	94.0%	92.9%	94.5%	AMBER	↓	
16	LDPS	C.Diff Infections (cases per 1,000 AOBDR rolling year for 15 years+)	Sep-18	0.31	0.31	0.32	GREEN	↔	
17	LDPS	SAB Infection rate (cases per 1,000 AOBDR rolling year)	Sep-18	0.32	0.32	0.24	RED	↔	Page 40
18	LDPS	% of eligible patients commencing IVF treatment within 12 months	Dec-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*	Dec-18	99.6%	82.7%	90.0%	RED	↓	Page 33
20	LDPS	% patients who started treatment <18 weeks of referral for Psychological Therapies*	Dec-18	92.6%	92.2%	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	Dec-18	(£25.3m)	(£19.3m)	(£36.0m)	GREEN	↑	
22	LKPI	Freedom of Information requests responded to within 20 working days	Oct - Dec 18	89.1%	85.0%	90.0%	AMBER	↓	
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)	Dec-18	6.1%	5.9%	4.0%	RED	↑	Page 42
		Long Term	Dec-18	3.0%	3.3%	—	GREY	↓	
		Short Term	Dec-18	3.0%	2.7%	—	GREY	↑	

* Data has still to be validated

Key	Local Delivery Plan Standard	Performance Status	Direction of Travel
LDPS	Local Delivery Plan Standard	RED	Adverse variance of more than 5%
HSCI	Health and Social Care Indicator	AMBER	Adverse variance of up to 5%
NKPI	National Key Performance Indicator	GREEN	On target or better
LKPI	Local Key Performance Indicator	GREY	No target
		N/A	Not Available

Please note the information contained within this report is for management information purposes only as not all data has been validated.

AMBER COMMENTARY

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

OFFICIAL SENSITIVE

Ref	Measure	As At	2017-18 Actual	2018-19 Actual	2018-19 Target	Perform Status	Dir of Travel
15	% of all cancer patients treated within 31 days	Dec 18	94.0%	92.9%	94.5%	AMBER	↓

Commentary

As at December 2018 (month end), 92.9% of patients diagnosed with cancer were treated within 31 days from decision to treat to receiving their first treatment. Current performance is slightly below the trajectory of 94.5% for December 2018 and attributable to performance in relation to three cancer types namely Breast (90.4%), Lung (90.1%) and Urology (89.4%). The remaining seven cancer types all exceeded the local trajectory and the national target of 95%. Details on each are outlined in the Cancer 62 day exception report on page 14.

Ref	Measure	As At	2017-18 Actual	2018-19 Actual	2018-19 Target	Perform Status	Dir of Travel
22	Freedom of Information Requests responded to within 20 working days	Oct - Dec 18	89.1%	85.0%	90%	AMBER	↓

Commentary

During the period October - December 2018, 85.0% of all Freedom of Information (FOI) requests were responded to within 20 working days. Current performance is below the target of 90% due to reduced staff resources caused by the retirement of a member of FOI staff and subsequent vacancy. The vacancy was prolonged with only administrative cover available. The vacancy has now been filled and the performance is expected to improve.

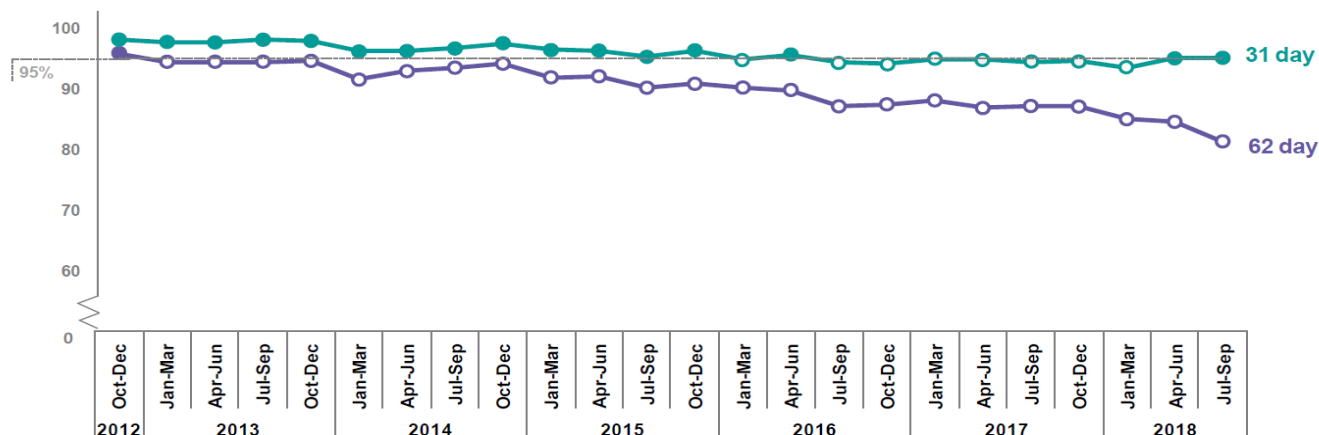
PERFORMANCE EXCEPTION REPORTS

Exception Report: Suspicion of Cancer Referrals (62 days)

Measure	Suspicion of Cancer Referrals
Current Performance	As at December 2018, 76.2% of patients with an urgent referral for suspicion of cancer started their treatment within 62 days of the referral. <i>(Data provisional)</i>
NHSScotland <i>(Latest published data available)</i>	For the quarter 1 July – 30 September 2018, 81.4% 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 84.6% in the previous quarter.
Lead Director	Gary Jenkins, Director of Regional Services

NHS Scotland's Performance

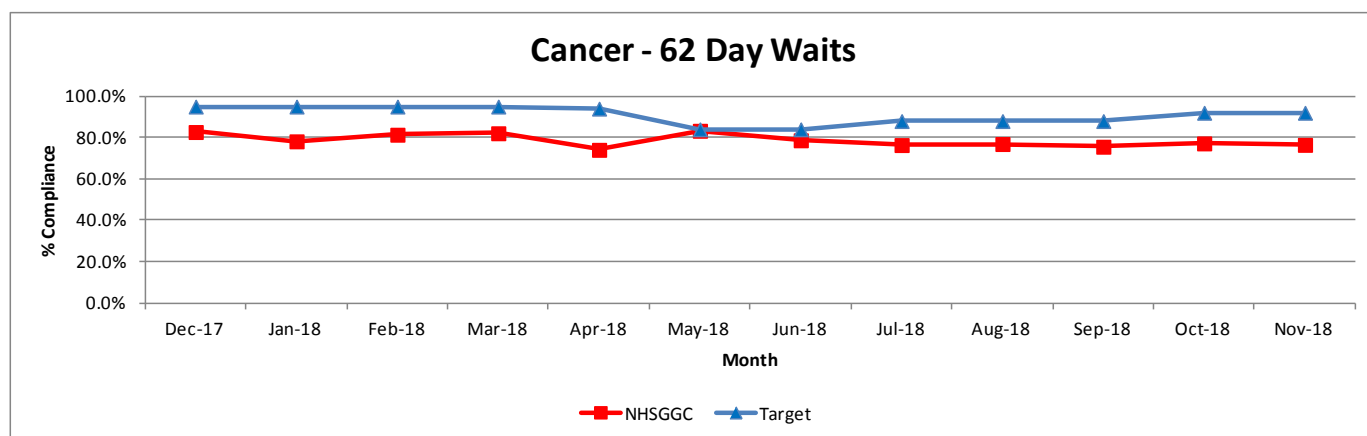
National Trend



Across NHS Scotland there were a total of 3,776 eligible referrals within the 62 day standard during the period 1 July – 30 September 2018, a 3% increase on the 3,664 eligible patients reported in the previous quarter. NHSGG&C accounted for 27% (1,021) of total eligible referrals across NHS Scotland.

81.4% 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 decrease on the 84.6% reported the previous quarter (1 April – 30 June 2018). A total of two NHS Boards met the 62 day standard during the quarter ending September 2018 namely NHS Borders (95.4%) and NHS Lanarkshire (95.7%). NHSGG&C's compliance during the same period was 76.5%.

NHSGG&C's Performance



As at December 2018, 76.2% (221 out of 290) 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 December 2018

position represents a slight deterioration on the 76.5% reported the previous month.

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

- Breast 91.3% (*73 out of 80 eligible referrals treated within trajectory*) a significant improvement on the 76.0% reported in November 2018.
- Colorectal 52.5% (*21 out of 40 eligible referrals treated within trajectory*) deterioration on the 63.4% reported in November 2018.
- Lung 86.5% (*32 out of 37 eligible referrals treated within trajectory*) deterioration on the 97.7% reported in November 2018.
- Head and Neck 90.0% (*9 out of 10 eligible referrals treated within trajectory*) a significant improvement on the 71.4% reported in November 2018.
- Upper GI 68.0% (*17 out of 25 eligible referrals treated within trajectory*) the same level of compliance reported in November 2018.
- Urology 60.3% (*44 out of 73 eligible referrals treated within trajectory*) a marginal decrease on the 61.7% reported in November 2018.

A total of three cancer types exceeded the trajectory of 92% in December 2018 namely, Lymphoma (100%), Ovarian (100%) and Melanoma (100%).

The December 2018 position in relation to the 31 day cancer performance was slightly below the trajectory of 94.5%. Current performance for the month ending December 2018 was 92.9% a marginal decrease on the 93.2% reported in November 2018. 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 90.4% (*85 out of 94 eligible referrals were treated within trajectory*) a significant improvement on the 83.2% reported in November 2018.
- Lung 90.1% (*73 out of 81 eligible referrals were treated within trajectory*) a deterioration on the 96.0% reported in November 2018.
- Urology 89.4% (*126 out of 141 eligible patients treated within trajectory*) an improvement on the 88.8% reported in November 2018.

The seven cancer types exceeding the 94.5% trajectory in December 2018 were - Cervical (100%), Lymphoma (100%), Colorectal (98.2%), Melanoma (95.7%), Ovarian (100%), Head & Neck (100%) and Upper GI (98.2%).

Actions to Address Performance

The weekly Sector cancer calls continue to review all patients on the 31 day pathway as well as 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.

As reported in December, the challenges associated with the Cowlairs Decontamination Unit impacted on this plan, however the backlog has started to decrease from the position of 103 cases reported in January 2019 in spite of the festive period. As at 4 February 2019, there are 90 patients (52 without a decision to treat yet and 38 with a decision to treat) with a 62 day target before February 2019 who have a treatment date of February 2019 onwards or are still to be booked for treatment. The majority of these cases are in Breast, Colorectal and Urology services.

At the scheduled meeting with all Sectors and Directorates on 9 January, further actions required to address this significant backlog of patients were identified with particular focus on breast services in the South Sector. Actions to address the lack of bowel screening capacity (colonoscopy) are required as is the ongoing actions to improve urology performance. Delivery of improved performance in these three areas in particular is crucial to improved performance from Quarter 1 2019 onwards.

On a positive note 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. The average wait for cases on 62 day pathway from investigation request to investigation was seven days and from investigation request to investigation report was eight days for investigations taking place in January 2019.

The deterioration in performance against the 31 day standard is of disappointment and reflects current challenges in Breast Services within the South Sector which impacts on 31 day performance as well as 62 day performance. The South Sector is now being supported by two additional sessions per week from Clyde as well as the return of one Consultant from sick leave. Further challenges to the 31 day pathway were as a result of the complexity of the lung SABR (Stereotactic Ablative Radiotherapy) pathway which is no longer excluded from the target. Actions have already been taken to increase slots to address this.

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%	76.5%	76.2%			
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%	93.2%	92.9%			
Trajectory	93.0%	93.0%	94.0%			94.5%			95.0%		

NB Monthly performance figures still to be validated.

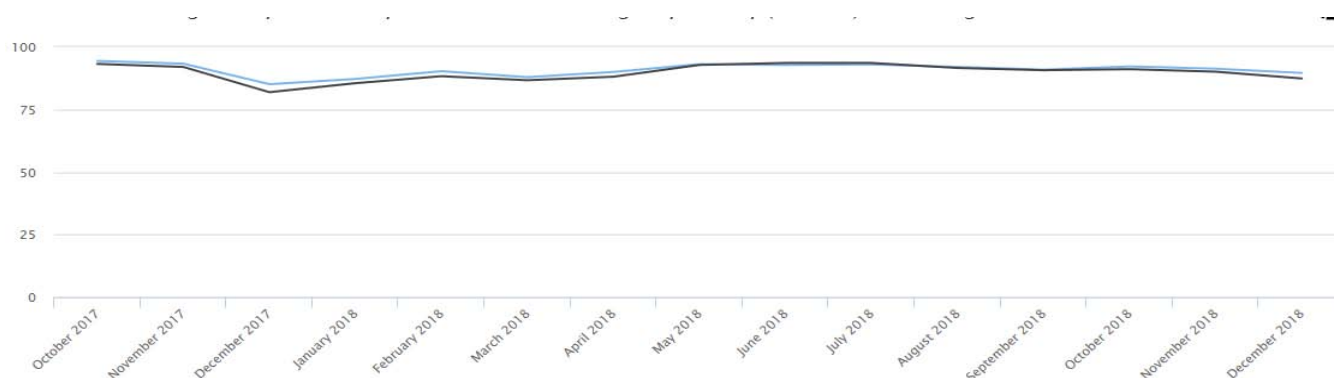
The 62 day pathway remains significantly below trajectory of 92% and the actions above aim to address and recover the 62 day position for those cancer types currently below trajectory by Quarter 1 2019.

Exception Report: % of Patients Waiting >4 Hours to be Seen, Treated or Transferred

Measure	% of patients waiting >4 hours to be seen, treated or transferred
Current Performance	As at December 2018 (month end), 87.4% of patients presenting at A&E Departments across NHS GG&C waited 4 hours or less to be seen, treated or transferred.
NHSScotland <i>(Latest published data available)</i>	As at December 2018, 89.6% of patients presenting at A&E Departments across NHS Scotland waited 4 hours or less to be seen, treated or transferred.
Lead Director	Jonathan Best, Chief Operating Officer

NHS Scotland's Performance

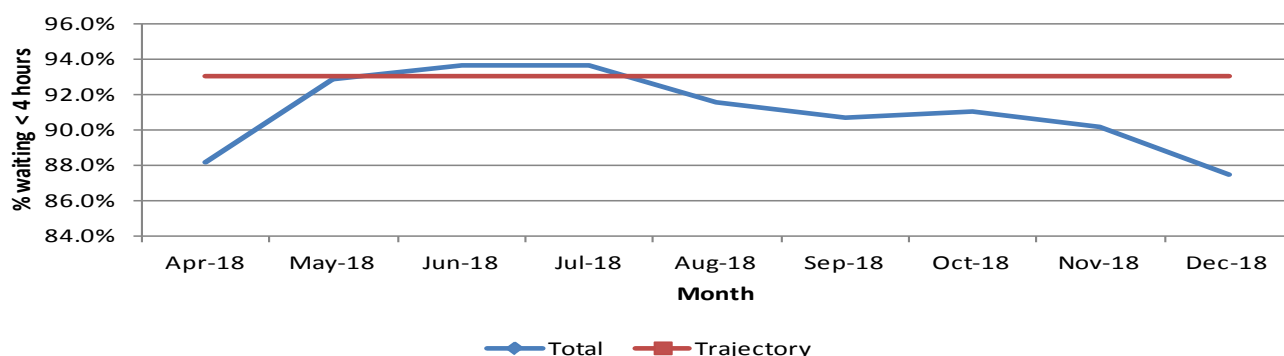
As at December 2018, 89.6% of patients presenting at A&E Departments across NHS Scotland waited 4 hours or less to be seen, treated or transferred a reduction on the previous months' performance (91.3%). The trend in performance across NHS GG&C is similar to that reported across NHS Scotland albeit compliance across NHS GG&C is lower than that reported nationally.



NHSGG&C's Performance

As at December 2018 (month end), 87.4% of all patients waiting at A&E Departments were waiting <4 hours to be seen, treated or transferred, below the 93% trajectory for December 2018. Current performance represents a significant improvement on the position reported the same month the previous year. Four of the eight sites across NHSGG&C are below trajectory namely, Glasgow Royal Infirmary (GRI) (85.0%), Queen Elizabeth University Hospital (QEUH) (79.5%), Royal Alexandra Hospital (RAH) (84.4%) and the Inverclyde Royal Hospital (IRH) (88.2%).

A&E Patients waiting < 4 hours to be seen, treated or transferred



As previously reported to the Board, since April 2018 demand for unscheduled care has increased when compared to the same period the previous year. The tables overleaf provide a detailed breakdown of the year to date activity and compliance with the standard at each site across NHSGG&C. As the table highlights, the overall year to date activity shows a 3.6% increase on the previous years' position. With the exception of the IRH, this increasing trend in the number of A&E presentations can be seen across all

other sites when compared to the same period the previous year and continues to put pressure on each site achieving the 4 hour target.

Hospital	Number of A&E and Assessment Unit Attendances									2018-19	2017-18	% Diff
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	YTD Total	
Glasgow Royal Infirmary	9754	10519	9854	10501	10305	9918	10103	9932	9992	90,878	88,281	2.9
Stobhill Hospital	1685	2148	1955	2030	1882	1823	1798	1705	1612	16,638	15,134	9.9
Queen Elizabeth University Hospital	10948	11539	11022	11627	11309	10864	11103	10688	11215	100,315	98,878	1.5
New Victoria Hospital	2787	3323	3222	3130	3121	2968	2924	2685	2517	26,677	25,345	5.3
Royal Alexandra Hospital	6558	6871	6556	6612	6582	6421	6500	6322	6611	59,033	57,393	2.9
Inverclyde Royal Hospital	2586	2936	2968	2914	2716	2635	2792	2462	2715	24,724	24,750	-0.1
Vale of Leven Hospital	1405	1790	1718	1653	1629	1527	1463	1354	1423	13,962	13,169	6.0
Royal Hospital for Children	6063	7020	6282	5117	5634	6132	6294	7324	6890	56,756	52,581	7.9
Total	42,134	46,146	43,577	43,584	43,178	42,288	42,977	42,472	42,975	388,983	375,531	3.6

Hospital	Performance - % of A&E patients seen, treated or transferred within 4 hours										YTD Total
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD Total	
Glasgow Royal Infirmary	83.1%	88.5%	92.2%	93.3%	88.3%	86.1%	89.8%	89.1%	85.0%		88.4%
Stobhill Hospital	99.9%	100.0%	99.9%	99.2%	99.9%	99.9%	100.0%	100.0%	97.1%		99.6%
Queen Elizabeth University Hospital	79.2%	88.8%	89.9%	89.5%	85.5%	86.1%	85.5%	84.1%	79.5%		85.4%
New Victoria Hospital	100.0%	99.9%	99.9%	99.9%	100.0%	100.0%	100.0%	99.9%	100.0%		100.0%
Royal Alexandra Hospital	84.4%	90.9%	89.3%	90.6%	89.1%	86.8%	86.5%	88.7%	84.8%		87.9%
Inverclyde Royal Hospital	93.8%	94.3%	94.4%	91.9%	94.4%	92.6%	89.8%	92.5%	88.2%		92.5%
Vale of Leven Hospital	98.3%	97.0%	97.9%	98.1%	97.6%	97.6%	98.3%	96.6%	95.2%		97.4%
Royal Hospital for Children	97.4%	98.2%	98.5%	99.0%	98.7%	98.0%	97.5%	91.4%	95.1%		96.9%
Total	88.1%	92.8%	93.6%	93.6%	91.6%	90.7%	91.1%	90.1%	87.4%		91.1%

Whilst current performance is disappointingly below the 93% target, the position represents a significant improvement reported in the same month the previous year with the four main sites currently below target showing the most significant improvements.

Hospital	Dec-17	Dec-18	% Var
Glasgow Royal Infirmary	78.3%	85.0%	6.7%
Stobhill Hospital	97.4%	97.1%	-0.3%
Queen Elizabeth University Hospital	72.2%	79.5%	7.3%
New Victoria Hospital	100.0%	100.0%	0.0%
Royal Alexandra Hospital	75.1%	84.8%	9.7%
Inverclyde Royal Hospital	84.3%	88.2%	3.9%
Vale of Leven Hospital	92.3%	95.2%	2.8%
Royal Hospital for Children	93.1%	95.1%	2.0%
Total	81.9%	87.4%	5.6%

Actions To Address Performance

The detail of actions in place to drive further improvements in unscheduled care performance are outlined in the Board-wide Unscheduled Care Programme Plan and the 2018-19 Winter Plan. Improvement actions currently in place across Acute and more specifically across the three main Emergency Department (ED) sites alongside the HSCPs are as follows:

Acute Sites

- The introduction of Allied Health Professionals (Physiotherapists) in EDs at the QEUH and GRI to ensure patients can be directed to the appropriate specialist, avoid unnecessary delays and reduce the length of stay in EDs.
- The introduction of Daily Dynamic Discharge (DDD) to ensure better management of patient flow at ward level across our hospital sites. In order to facilitate and improve the model a number of IT

improvements are in development to help ward teams e.g. the DDD dashboard creates reports to enable teams to track progress and set improvement aims. The WardView system used by teams has been revised to include bed requesting visibility at some sites i.e. the Royal Alexandra Hospital and Glasgow Royal Infirmary.

- The roll out of the Flow Hub Model which creates a single point of contact for patient management across acute sites. This provides the flexibility to respond to uplifts in demand ensuring appropriate measures are adopted to mitigate any impact on performance.
- Following the roll out of the above model, there has been a renewed focus on improving compliance with Estimated Discharge Dates in order to provide accurate bed availability numbers in addition to reviewing length of stay patient profiles to ensure all tasks are progressed and potential delays avoided.
- The introduction of ED redirection to ensure patients are sign posted to appropriate alternatives to help reduce demand in EDs.
- The introduction of Priority Patient which includes plans to advance the first morning discharge in each ward to generate bed capacity early in the day and the increased utilisation of discharge lounges to ensure timely access for patients across the three major sites, this will see beds becoming available in the downstream wards earlier in the day.
- Following the review of the Scottish Government's Day of Care Audit Report to ensure actions are aligned to local plans – National Day of Care Audit reports have been received and plans are being reviewed to ensure they include all recommendations.

HSCPs

- All HSCPs are undertaking a review of frequent ED attenders with a view to sharing their findings with GP Practices and GP Cluster Leads to initiative action to reduce these.
- HSCPs have been promoting the 'Know Who To Turn To' campaign to raise awareness of available alternatives to A&E.
- HSCPs have also been exploring early intervention models to prevent patients becoming frequent attendees. The highest volume patient groups attending ED have been identified within their local areas highlighting conditions such as COPD, UTI, Fractures and Falls, etc. Each of the HSCPs have agreed to lead on condition specific sub-groups with a view to reducing attendances, admissions and hasten discharges.
- HSCPs have been using the Frailty Assessment Tool to ensure an improved awareness and management of frail people in a community and homely setting thus reducing the rate at which frail patients present at ED. HSCPs have been tasked with developing new pathways to ensure patients within a lower frailty threshold have access to the appropriate services required to be managed within a homely setting. Similarly acute hospital teams will ensure that the processes at discharge give community teams' visibility of patients leaving with newly diagnosed frailty.
- Each of the HSCPs remains focused on achieving immediate and continued reductions in the number of acute delayed patients given the pressures on hospital beds.

Timeline for Improvement

The delivery of the Unscheduled Care 93% target continues to be a challenging area of performance for the Board. As indicated above, both Acute and HSCPs have established actions which they continue to implement. Whilst the initiatives implemented to date have not delivered the sustained improved required to the deliver the 93% target, current compliance is a significant improvement on the same period last year and every effort is being made to drive further improvements.

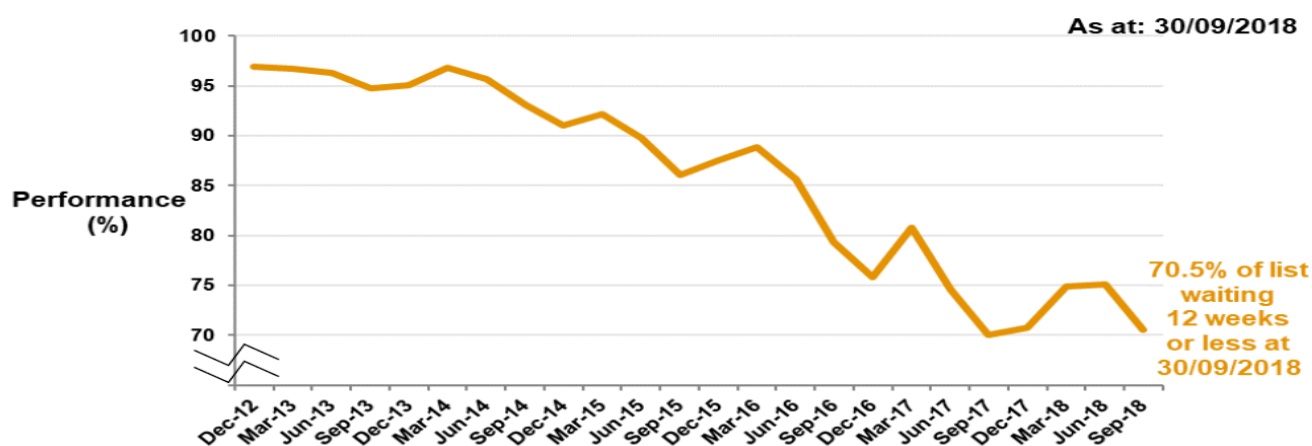
Exception Report: % of New Outpatients Waiting <12 weeks for a New Outpatient Appointment

Measure	% of New Outpatient Waiting <12 Weeks for a New Outpatient Appointment
Current Performance	As at December 2018, 68.5% of available new outpatients were waiting 12 weeks or less for a new outpatient appointment.
NHS Scotland <i>(Latest published data available)</i>	As at 30 September 2018 (month end), 70.5% of new outpatients waiting for a new outpatient appointment had been waiting 12 weeks or less across NHSScotland.
Lead Director	Jonathan Best, 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 across NHS Scotland. For NHSGG&C the figure was 72.5%. A total of five NHS Boards were below the Scotland figure, with NHS Lothian (62.0%), NHS Tayside (59.5%) 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).

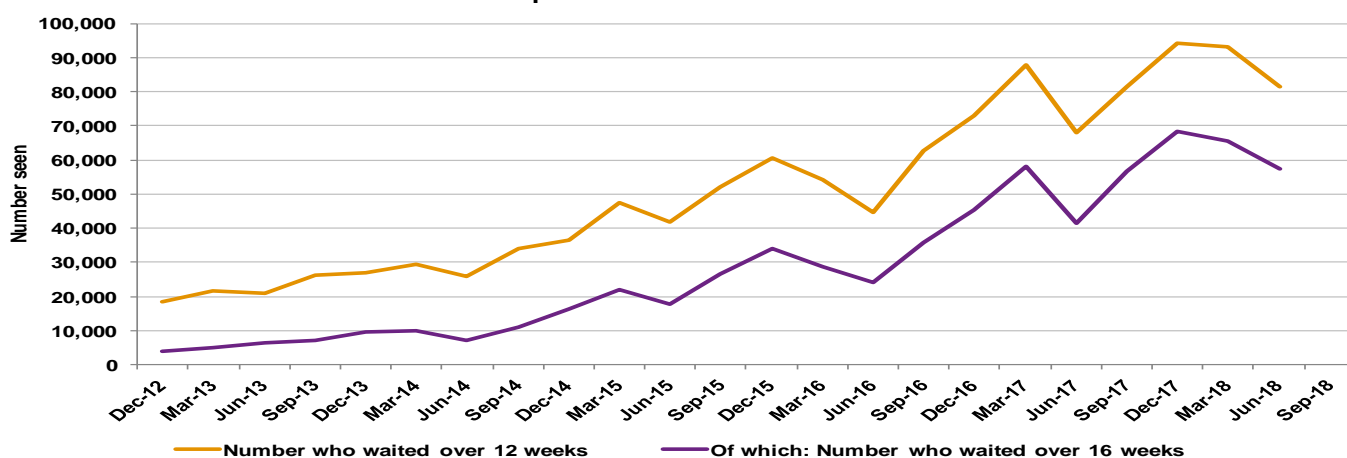
Chart 1: NHSScotland's Performance Against the New Outpatient Standard (12 weeks)



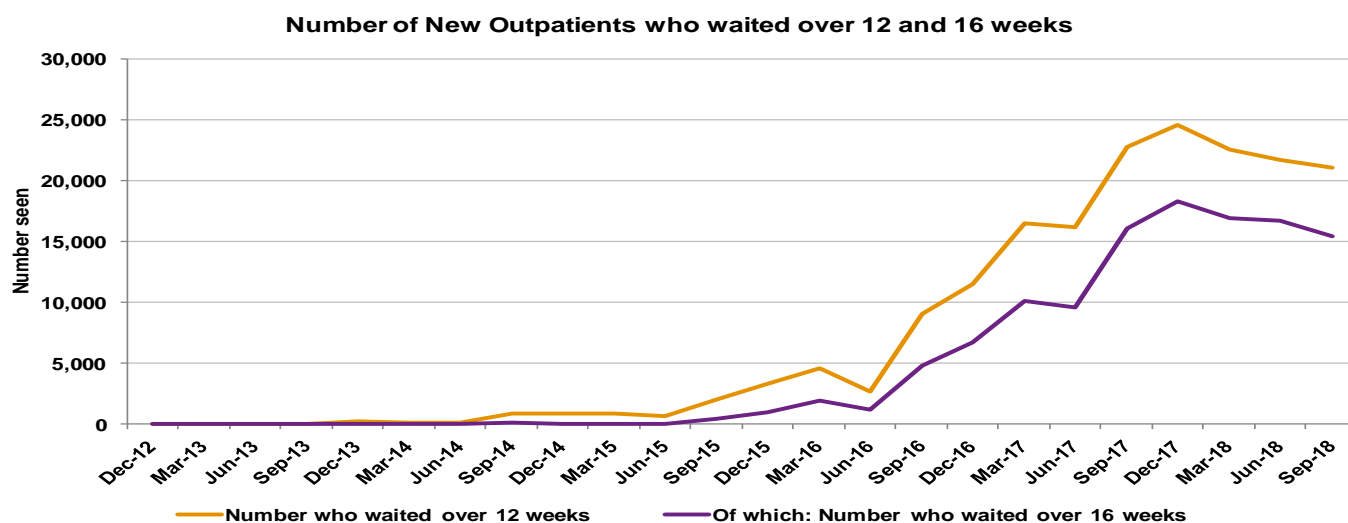
* Please note the vertical scale on the left hand side of the graph does not start at zero.

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.

Number of New Outpatients who waited over 12 and 16 weeks



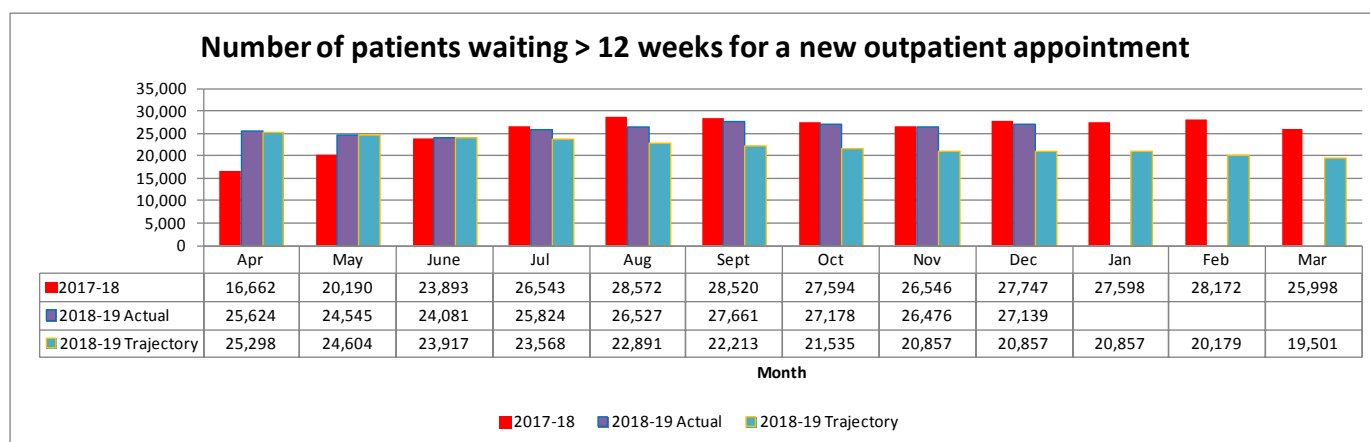
For NHSGG&C the figure was 77.9%. The trend, seen below, in the number of patients seen who waited >12 weeks is similar to the national trend although the increase started later.



NHSGG&C's Performance

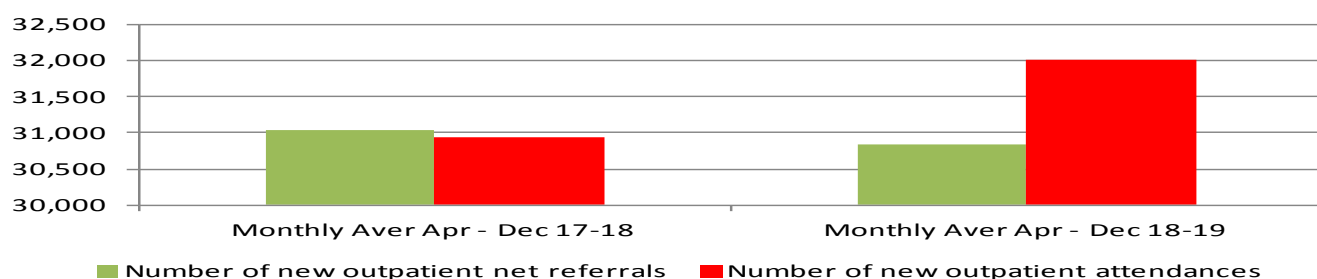
As at December 2018 (month end), 68.5% of available new outpatients were waiting 12 weeks or less for a new outpatient appointment. A total of 27,139 available new outpatients were waiting >12 weeks for a new outpatient appointment, representing a deterioration on the previous months' position in that the overall number of new outpatients waiting >12 weeks increased by 3% on the November 2018 position (26,476). The increase in the number of new outpatients waiting >12 weeks is disappointing however, current performance represents a 2% reduction in the number of new outpatients waiting >12 weeks for a new outpatient appointment during the same month the previous year as seen from the chart below.

During the period April – December 2018 a total of 278,753 new outpatients were seen a 3.4% increase on the 269,660 patients seen during the same period last year.



Whilst performance remains disappointingly above the position planned for December 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 – December 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 - Dec 17-18	Monthly Aver Apr - Dec 18-19	% Variance on 2017
Number of new outpatient net referrals	31,032	30,835	-0.6
Number of new outpatient attendances	30,935	32,007	3.5

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

Based on the monthly average position outlined above, the number of net new outpatient referrals decreased by almost 1% 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 4% 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 almost 4% 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 were marginally 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 has increased by almost 4% when compared with activity levels the previous year. The actions in place to sustain the increase in levels of new outpatient activity and help drive reductions in the number of new outpatients waiting >12 weeks include:

- Work to maximise productivity across services is ongoing with outpatient productivity gains for 2018-19 agreed and monitored through weekly and monthly outpatient booking reports.
- The ‘Patient Focussed Booking’ approach to making an appointment continues to be rolled out across the Board. This allows patients to agree an appointment time that best suits then in order to reduce the number of patients that cancelled appointments or do not attend their appointment
- 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 specialties 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 beginning 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 continued improvements in key specialties currently under pressure and further improvements in those specialties showing reductions in the number of new outpatients waiting >12 weeks for a new outpatient appointment.

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

Measure	Number of Patients Waiting >6 Weeks for a Key Diagnostic Test
Current Performance	As at December 2018 (month end), there were a total of 5,724 patients waiting >6 weeks for one of the key diagnostic tests and investigations. Current performance is in excess of the trajectory of 3,026.
National Performance <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.
Lead	Jonathan Best, Chief Operating Officer

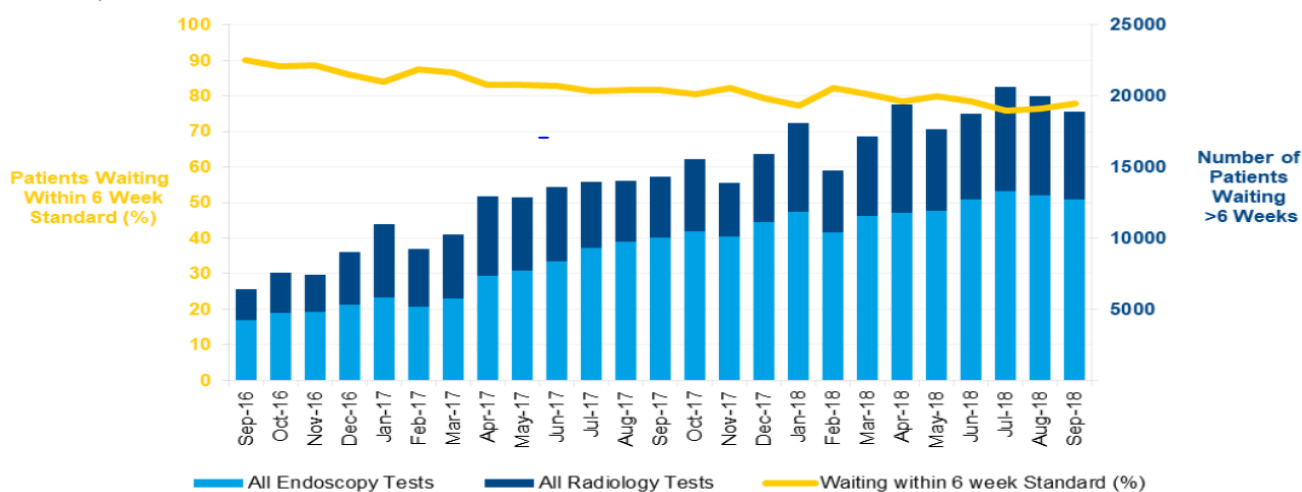
NHS Scotland Performance

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
2017-18 Actual	3,156	3,652	4,126	4,351	4,382	4,421	4,998	4,503	4,815	5,538	4,795	6,139
2018-19 Actual	7,294	6,249	6,546	6,933	6,733	6,188	6,073	5,174	5,724			
2018-19 Trajectory	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 December 2018 (month end) there were a total of 5,724 patients waiting >6 weeks for a key diagnostic test. As seen from the table above, current performance represents an 11% increase on the number of patients reported the previous month (5,174).

The overall number of patients waiting >6 weeks represents 24% of the total number of patients (23,921) on the waiting list for one of the eight key diagnostic tests. At December 2018 (month end), 46% 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 1% increase in the number of patients waiting for a scope test, increasing from 4,533 patients waiting >6 weeks in November 2018 to 4,584 patients waiting >6 weeks in December 2018. The number of patients waiting >6 weeks for each of the scope tests is as follows:

- 1,380 patients were waiting >6 weeks for an upper endoscopy test (a 1% decrease on the 1,395 patients reported in November 2018).
- 490 patients were waiting >6 weeks for a lower endoscopy test (a 17% increase on the 419 patients reported in November 2018).
- 2,605 patients were waiting >6 weeks for a colonoscopy test (a 1% decrease on the 2,634 patients reported in November 2018).
- 109 patients were waiting >6 weeks for a cystoscopy test (a 28% increase on the 85 patients reported in November 2018).

The majority of patients waiting >6 weeks for a scope in December 2018 were waiting for an appointment in the South Sector (2,598 patients, fairly static on the 2,594 patients reported in November 2018) and the Clyde Sector (1,811 patients, a 2% increase on the 1,779 patients reported in December 2018).

Radiology

Overall, there was a significant increase in the number of patients waiting >6 weeks for a radiology test, increasing from 641 patients reported in November 2018 to 1,140 patients reported in December 2018. The 1,140 patients waiting >6 weeks were waiting for the following tests:

- Magnetic Resonance Imaging (MRI) – 609 patients were waiting >6 weeks (a significant increase on the 286 patients reported in November 2018).
- Computer Tomography (CT) – 528 patients were waiting >6 weeks (a 50% increase on the 351 patients reported in November 2018).
- Non Obstetric Ultrasound – three patients were waiting >6 weeks (a decrease on the four patients reported in November 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 help drive further improvement in 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, the demand for colonoscopy has increased significantly. The service is challenged to meet the demand for bowel screening within its existing resource. The cohort of patients coming through Bowel Screening is prioritised into additional capacity/lists, where appropriate. 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 and NHS GG&C is now sending 100 patients per month for scopes. This will continue into 2019-20. We are in discussion with GJNH to further increase the allocation.
- Additional Saturday sessions at Stobhill and Gartnavel delivered an additional 3,868 scopes during 2017-18 and it is anticipated the same levels will be delivered during 2018-19.
- A locum Endoscopist has been in place since June 2018 to deliver eight endoscopy lists per week (approximately 36 – 44 patients per week).
- 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. This work will start in February 2019.
- 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 QEUH at week-ends on 24 November. This work supports the further reduction of patients waiting >6 weeks for their diagnostic test. Medinet have been contracted to provide this service until March 2019.

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**

NHS GG&C remains committed to reducing the number of patients waiting >6 weeks for a scope. Whilst

the number of patients waiting >6 weeks increased in December due to the festive season, these have reduced again in January 2019. Local weekly management information indicates that the longest wait in weeks for a scope test has reduced from 40 weeks to 26 weeks with twelve patients waiting in this time band.

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

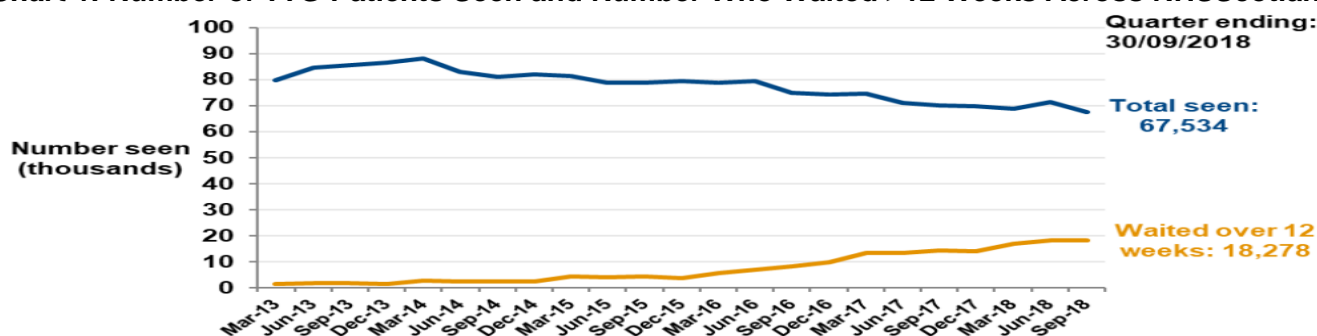
Measure	12 week Treatment Time Guarantee (TTG)
Current Performance	As at December 2018 (month end), a total of 6,962 patients were waiting >12 weeks TTG for an inpatient/daycase procedure. Current performance is above the trajectory of 3,293 for December 2018.
NHSScotland <i>(Latest published data available)</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.
Lead Director	Jonathan Best, 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 NHS 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 Highland (56.0%) and NHS Grampian (55.3%) being the lowest.

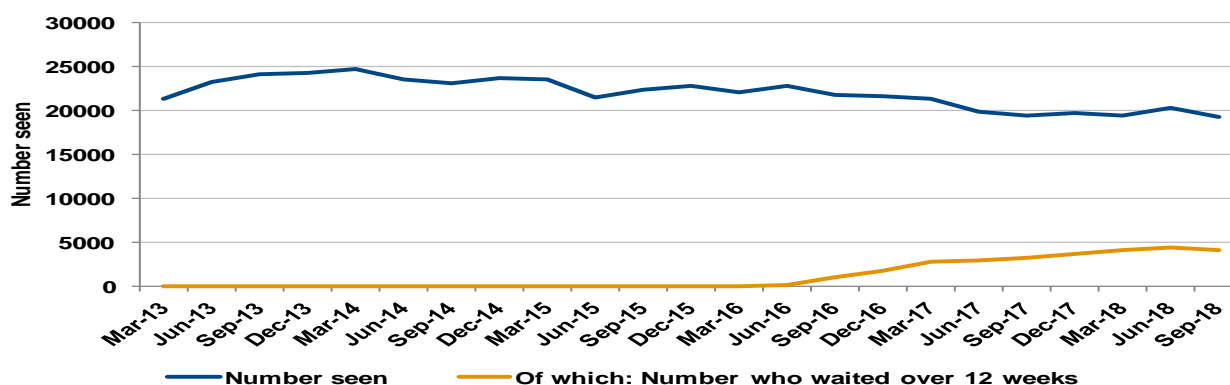
Chart 1: Number of TTG Patients Seen and Number Who Waited >12 Weeks Across NHSScotland



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 with an ongoing wait for treatment were waiting within 12 weeks across Scotland.

For NHSGG&C, 71.7% with an ongoing wait for treatment were waiting within 12 weeks above the national position. As seen in the chart below, the trend across NHSGG&C is similar to that nationally in that there has been an decrease in the number of patients seen within 12 weeks however, there has been an increase in the numbers seen who waited >12 weeks.

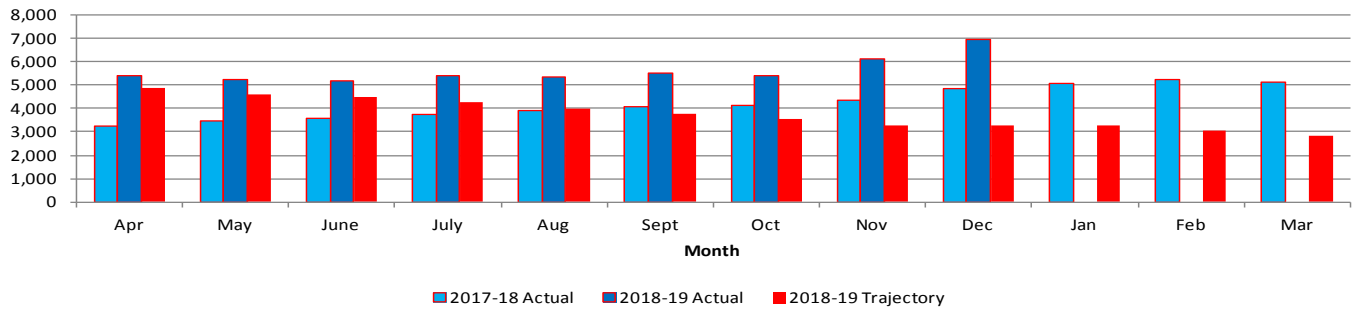
Number of inpatients and day cases seen and number who waited over 12 weeks



NHSGG&C Commentary

As at December 2018 (month end), 80.2% of patients treated under the TTG waited <12 weeks for their treatment across NHS GG&C, a decrease on the 83.4% reported in November 2018. There were a total of 6,962 eligible patients waiting >12 weeks TTG for an inpatient/daycase procedure representing a 14% increase on the 6,098 patients waiting >12 weeks reported the previous month across NHS GG&C. Current performance is higher than the trajectory of 3,293 for December 2018. The significant increase in the number of patients waiting >12 weeks is mainly due to the temporary closure of the Cowlairs Decontamination Unit in November and the impact of festive season where activity traditionally reduces during this time.

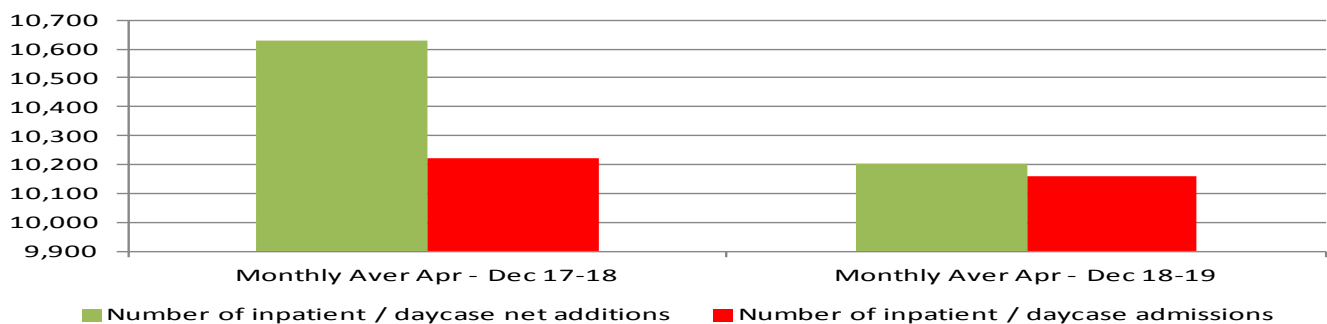
Number of patients waiting > 12 weeks TTG



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	6,098	6,962			
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

As seen from the chart and table below, the level of inpatient/daycase activity reduced by almost 1% when compared to the same period the previous year. In real terms, current performance represents a reduction of 64 patients seen when compared to the same period last year. This is against a backdrop of a significant loss in capacity due to the temporary closure of Cowlairs Decontamination Unit in November 2018. Based on the monthly average position April – December 2018, the number of inpatient/daycase net additions received decreased by 4% (a reduction of 430 inpatient/daycase additions) when compared to the number of inpatient/daycase additions received during the same period the previous year.

Inpatient/Daycase Demand and Activity



Inpatient / Day Case Demand and Activity	Monthly Aver Apr - Dec 17-18	Monthly Aver Apr - Dec 18-19	% Variance on 2017-18
Number of inpatient / daycase net additions	10,631	10,201	-4.0
Number of inpatient / daycase admissions	10,223	10,159	-0.6

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

Actions To Address Performance

It is recognised that the current patient cohort waiting >12 weeks for an inpatient/daycase procedure is a significant and growing challenge that requires redesign of the current operating model. The current and planned actions underway to help drive improvements in reducing the number of eligible TTG patients waiting >12 weeks include:

- On a medium to longer term basis work is underway to produce a 3 Year Patient Access Improvement Plan in order to secure long term sustainable improvements in performance. The Plan will inform the basis of the medium to long term funding bid the Scottish Government have requested and will require effective staff and patient engagement. As part of this process, an analysis of the pressure areas at a sub-specialty level is underway to identify how to address key challenges across clinical specialties and establish a baseline demand and capacity profile with appropriate actions identified as required. The Plan will review options for service re-design and flexible use of capacity with the aim being to build up and optimise internal capacity and minimise any reliance on waiting list initiatives and private sector capacity.
- To ensure a realistic plan is agreed, NHSGG&C is in the process of setting up an Access Collaborative Model to identify the required actions and align with the Moving Forward Together Programme. Initially first four priority specialties have been identified namely; Orthopaedics, Urology, Gastroenterology and Paediatric Surgery and specialty groups will be set up in the coming weeks in conjunction with support from the National Scottish Government Access Collaborative. It is anticipated that the first draft of the specialty plans will be available for internal review by early March 2019 and be further refined as each of the Access Collaborative Specialty Groups conclude. The process will be reviewed following the conclusion of the work on the first 4 specialties.
- 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 plan is due from the National Access Team in late February 2019.
- The capacity and demand programme has recently been reviewed and work is underway to draft a detailed plan for each specialty across acute specialties. 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 to enable more eligible TTG patients to be treated for an inpatient/daycase procedure.
- In addition to the improvement work that is underway, non-recurring Access Funds have been deployed across schemes with the biggest pressures to support additional 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. All of the patients cancelled due to the closure of Cowlairs have now been rebooked.

Exception Report: 18 Weeks Referral to Treatment

Measure	18 weeks Referral to Treatment
Current Performance	As at December 2018 (month end), 82.6% of patients across NHSGG&C were reported as being seen within 18 weeks of referral to treatment.
National Performance	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.
Lead Director	Jonathan Best, Chief Operating Officer

NHS Scotland's Performance

Background

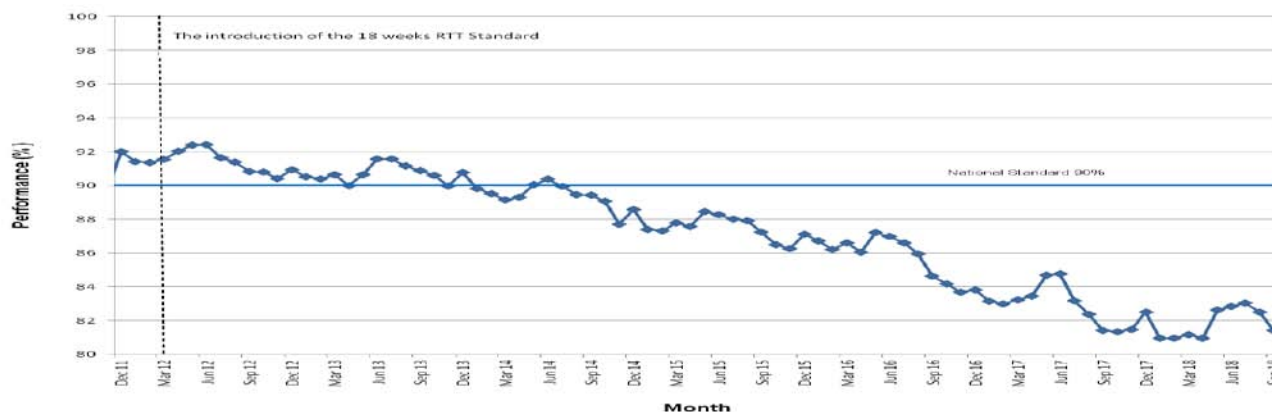
Given this is the first time that NHSGG&C reported an adverse variance of more than 5% against the 18 week standard a brief explanation of what the standard entails has been provided for background. The 18 week RTT standard is different from other waiting times targets e.g. TTG. The standard does not 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 NHS Scotland'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%), GJNH (95.4%) and NHS Orkney (90.5%). Eleven NHS Boards did not meet the 90%. NHSGG&C 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.

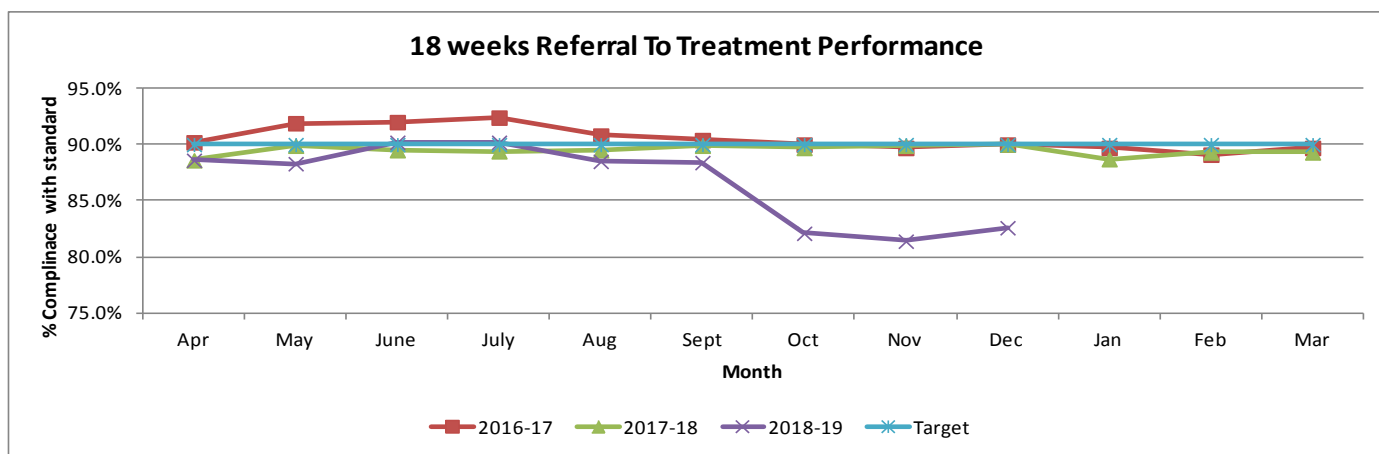


To calculate the individual patient's whole journey waiting time, it is necessary for NHS Boards to link all the stages of the patients' journey from initial referral to the start of treatment, recording all delays. As seen in the table below, in September 2018, a total of 101,571 patient journeys eligible 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 NHSGG&C 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 December 2018 (month end), 82.6% 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 an improvement on last months' position.



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)

Measure	% of patients who started their treatment within 18 weeks of referral to specialist CAMHS.
Current Performance	As at December 2018 (month end), 82.7% of eligible patients who started their treatment, had started within 18 weeks of referral to specialist CAMHS. <i>(Data Provisional)</i>
National Performance	As at quarter ending September 2018, 69.0% of children and young people started their treatment within 18 weeks of referral to specialist CAMHS.
Lead Director	Susan Manion, Chief Officer, East Dunbartonshire HSCP

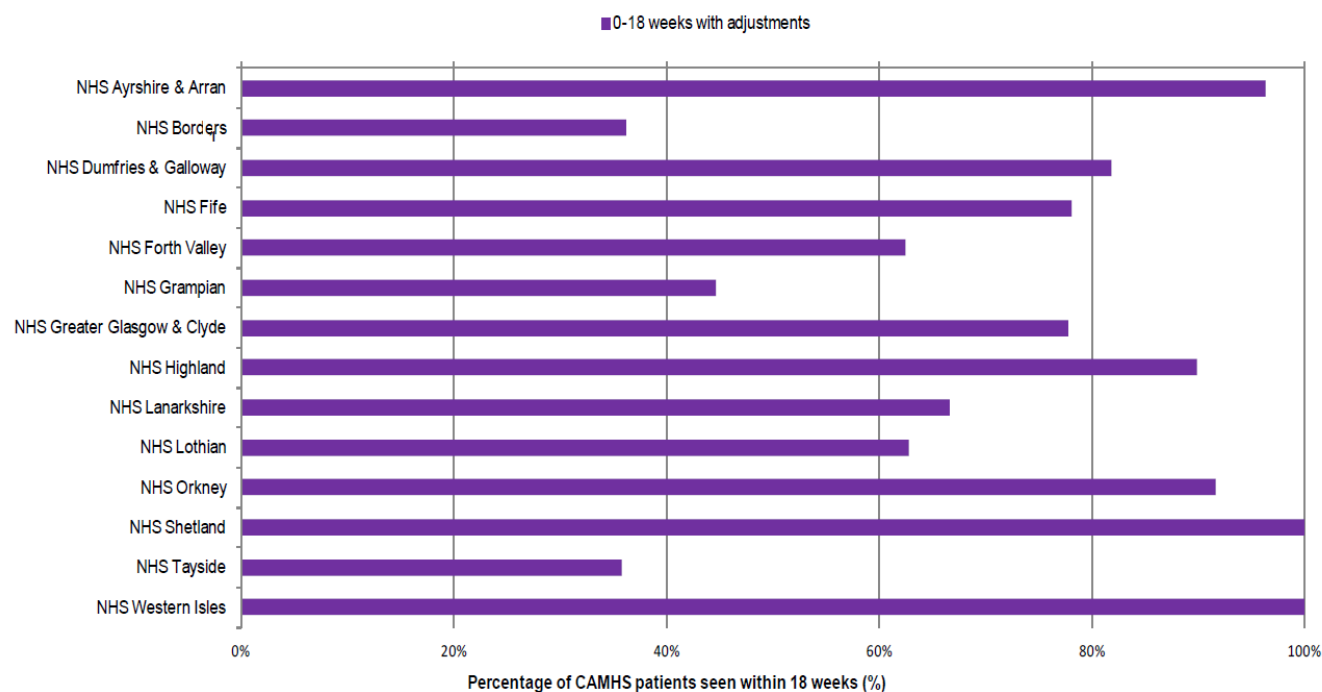
NHS Scotland's Performance

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.

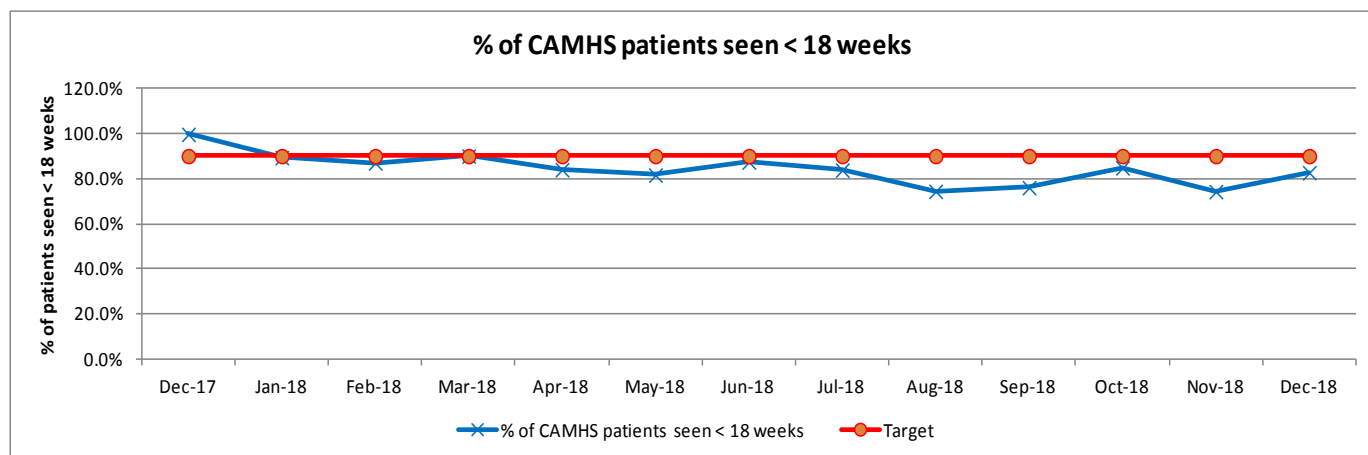
Percentage of People Who Started Their Treatment Within 18 Weeks, (July – September 2018) by NHS Board of Treatment



NHSGG&C's Performance

As at December 2018 (month end), 82.7% 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 when compared with the previous month's position despite the persistent recruitment challenges.

CAMHS	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total number of patients seen	251	281	299	269	325	385	340	328	391	337	401	494	415
Seen < 18 weeks	250	251	260	242	273	314	297	275	291	256	340	367	343
Seen > 18 weeks	1	30	39	27	52	71	43	53	100	81	61	127	72
% of CAMHS patients seen < 18 weeks	99.6%	89.3%	87.0%	90.0%	84.0%	81.6%	87.4%	83.8%	74.4%	76.0%	84.8%	74.3%	82.7%
% patients seen > 18 weeks	0.4%	10.7%	13.0%	10.0%	16.0%	18.4%	12.6%	16.2%	25.6%	24.0%	15.2%	25.7%	17.3%
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 June 2019, 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 less than 10% by December 2018 in NHS GG&C. 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% (3.5% in Greater Glasgow), whilst improving the RTT.
- Further to increasing access for children and young people, NHS GG&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 NHS GG&C in line with UK and Scottish averages.
- In the last quarter of 2018, NHS GG&C CAMHS experienced its highest ever volume of referrals. This has had an impact on the waiting times following improvements as part of the Quality Improvement Programme. This also had a large impact on clinical capacity, though we aim to see these children as quickly as possible. The median average waiting time for a first appointment across NHS GG&C is seven weeks (four weeks in Greater Glasgow).

Timeline For Improvement

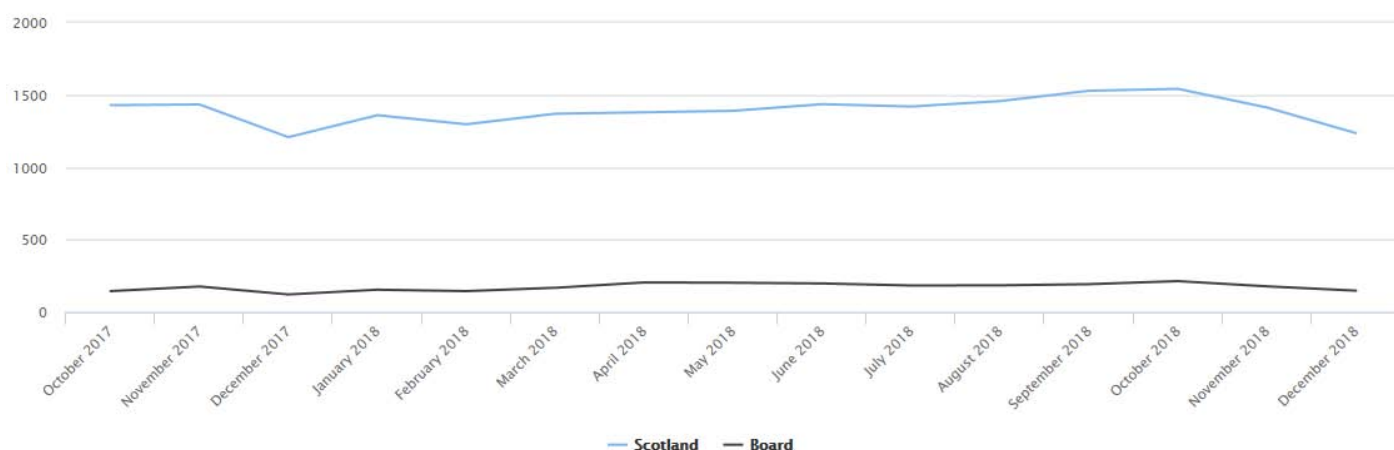
With the developments in the Quality Improvement Programme, the new Central Choice Team came into effect on the 29 October 2018. Over the next few months, the size of the waiting list will decrease, with a gradual decrease in the longest waits initially. CAMHS teams have been operating waiting list initiatives and this has benefited many children and young people.

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

Measure	Delayed Discharges and Bed Days Occupied by Delayed Discharge patients (inc Adults with Incapacity).
Current Performance	As at December 2018, there were a total of 147 patients delayed across NHSGG&C resulting in the loss of 5,222 bed days occupied by delayed patients.
NHS Scotland (Latest published data available)	As at December 2018, there were a total of 1,236 patients delayed resulting in the loss of 42,732 bed days occupied by delayed patients across NHS Scotland.
Lead Director	Dr Mags McGuire, Nursing Director

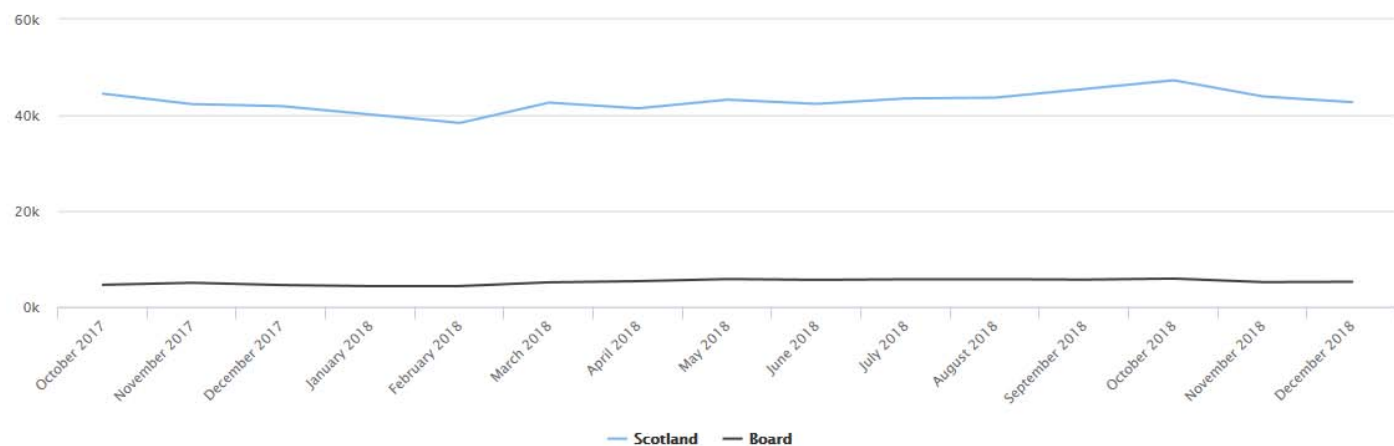
NHS Scotland's Performance

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



Across NHS Scotland, there were a total of 1,236 patients delayed at the December 2018 census. The number of delays across NHS Scotland represents a 13% decrease on the previous months' performance (November 2018 – 1,413 delayed discharges). NHSGG&C accounted for 12% (147) of the total number of delayed patients reported across NHS Scotland in December 2018 and performance represents a 17% decrease in the number of delays reported the previous month (177).

Chart 2: Number of Bed Days Occupied by Delayed Discharges Across NHS Scotland – December 2018



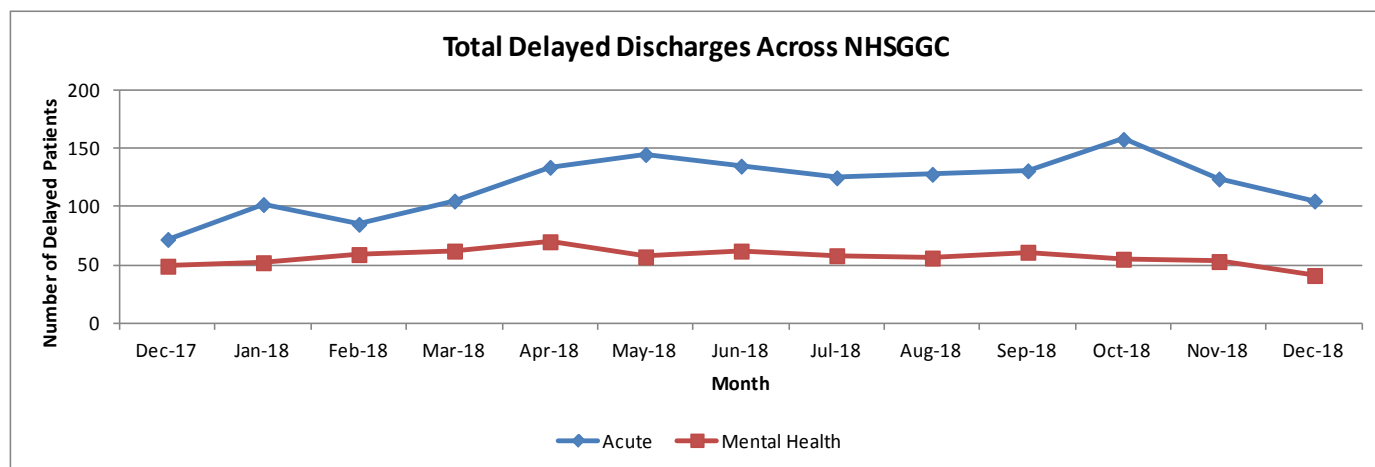
The 1,236 patients delayed across NHS Scotland resulted in the loss of 42,732 occupied bed days, a 3% reduction on the number of bed days occupied by delayed discharge patients reported the previous month (November 2018 – 43,918 bed days occupied by delayed discharge patients). Overall, NHSGG&C accounted for 12% (5,222) of total occupied bed days lost to delayed discharge across NHS Scotland in

December 2018 and performance represented a 1% increase on the previous months' performance (5,161).

NHSGG&C's Performance

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

	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total number of patients delayed (at census point)	121	154	144	167	204	202	197	183	184	192	213	177	147
Acute	72	102	85	105	134	145	135	125	128	131	158	124	106
Mental Health	49	52	59	62	70	57	62	58	56	61	55	53	41

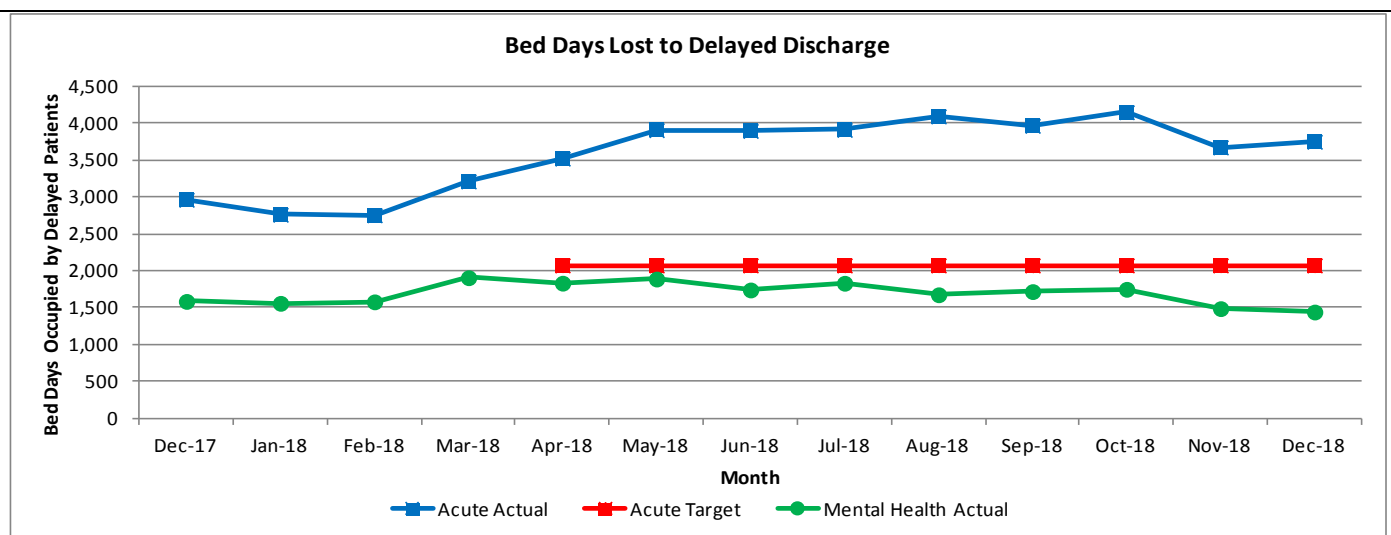


As seen from *Table 1* above, there were a total of 147 patients delayed across NHSGG&C a further reduction on the number of delays reported during October and November 2018. The total comprises 106 acute patients and 41 mental health patients delayed. Current performance represents a 17% reduction on the number of delayed patients reported the previous month, a further improvement in the total number of delayed patients reported the previous two months November (177) and October (213).

The decrease in the number of delayed patients is mainly due to the significant decrease in the number of delayed patients from Glasgow City and Renfrewshire HSCPs. In Glasgow City HSCP, the total number of delayed patients decreased from 104 delayed patients reported in November 2018 to 79 delayed patients in December 2018. In Renfrewshire HSCP, the total number of delayed patients reduced by more than half reducing from 15 delays reported in November 2018 to seven delays reported in December 2018.

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

	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total number of bed days occupied by delayed patients	4,549	4,320	4,332	5,119	5,354	5,795	5,637	5,742	5,769	5684	5899	5,161	5222
Acute Actual	2,963	2,760	2,752	3,212	3,521	3,906	3,896	3,910	4,093	3965	4149	3673	3780
Mental Health Actual	1,586	1,560	1,580	1,907	1,833	1,889	1,741	1,832	1,676	1719	1750	1488	1442



There were a total of 5,222 bed days occupied by delayed patients across NHSGG&C comprising 3,780 acute beds and 1,442 mental health beds occupied by delayed patients. Current performance across NHSGG&C represents a marginal increase (1%) in the number of bed days occupied by delayed patients when compared to the previous month. With the exception of East Renfrewshire HSCP showing a decrease in bed days lost when compared to the previous month all other HSCPs reported an increase in the number of bed days lost to delayed discharge.

In terms of other local authority areas, North Lanarkshire reported a 22% reduction in the number of bed days occupied by delayed patients reducing from 469 bed days lost in November to 367 bed days lost in December 2018. All other Local Authority areas either reported an increase in the number of bed days lost to delayed discharge when compared to the previous month or reported the same number of bed days as the previous month.

The main reason for the number of bed days lost across NGHSGG&C are health and social care related accounting for 64% of bed days lost (3,364 bed days lost) i.e. waiting for a place at a care/nursing home (2,070 bed days lost) or care arrangements being put in place (661 bed days lost). The other main reason is due to the complexity of patients with a total of 1,498 bed days lost due to AWI patients.

Actions to Address Performance

Whilst the number of delayed discharge patients and associated bed days occupied by delayed patients across NHSGG&C remains a challenge, progress has been made in reducing the number of delayed patients for the third consecutive month. 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.
- A seminar was held in December 2018 to identify best practice and share learning across HSCPs. Key areas agreed to be further explored were:
 - Inverclyde’s model of Home First – all HSCPs have been tasked with exploring the possibility of implementing all or some elements of the model Home First that has been in place in Inverclyde for some time and delivered the best sustainable performance improvements.
 - Risk Audit – in recognition of some delays being caused by patients waiting for care home placements, the Director of Allied Health Professionals has agreed to lead on an audit of our collective approach to managing risk for people living in the community. Risk threshold levels will be considered across partnerships as part of this audit. An example is, where appropriate, a

patient with dementia being able to live at home with appropriate levels of support rather than moving to long term care following discharge from hospital.

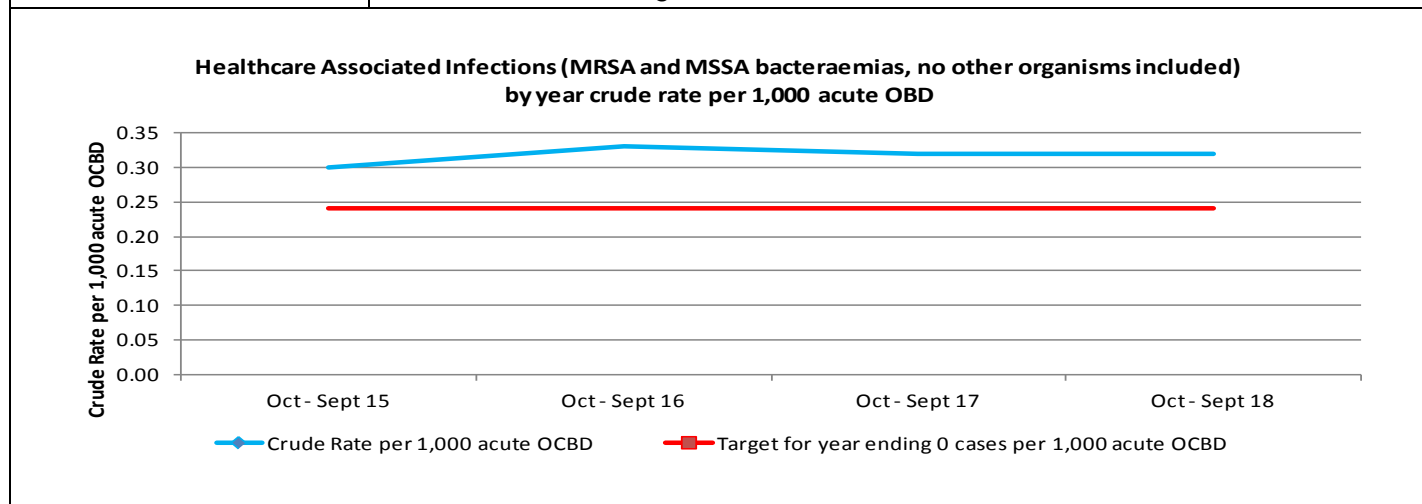
- Communications – East Renfrewshire will lead on sharing best practice in relation to communication with families when they have a family member in hospital. This is to replicate some of the work that is in place in England to help people be mindful that hospital is not always the most appropriate place to be. This will mean introducing the ‘Home is Best/Home First’ model as soon as someone is admitted to hospital (and prior to admission if possible) and share the message across all staff also.
- In Glasgow City HSCP 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. The impact of this can be seen in recent performance reported reducing from a total of 140 delays reported in October to 104 reported in November to 79 in December.

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. The impact of the actions in place have for the third consecutive month seen an overall reduction in the total number of delayed patients reported.

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

Measure	MRSA/MSSA Bacteraemia (cases per 1,000 AOB)
Current Performance	For the quarterly rolling year ending September 2018, the number of MRSA/MSSA cases per 1,000 Acute Occupied Bed Days (AOBDs) was 0.32, current performance is higher than the trajectory of 0.24.
National Performance	For the quarterly rolling year ending September 2018, the number of MRSA/MSSA cases per 1,000 Acute Occupied Bed Days (AOBD) across NHSScotland was 0.33.
Lead Director	Dr Jennifer Armstrong, Medical Director



Commentary

NHS Boards across Scotland were set a target to achieve *Staphylococcus aureus* Bacteraemia (SAB) of 24 cases or less per 100,000 AOBs by 31 March 2017. For NHSGG&C this is estimated to equal 25 patients or less each month developing a SAB.

The most recent validated results for 2018, Quarter 3 (July – September) confirm a total of 91 SAB patient cases for NHSGG&C. This equates to a SAB rate of 27.8 cases per 100,000 AOB. This is a decrease of 17.3% upon the previous quarter in SAB patient cases. Current performance is lower than NHSScotland’s performance of 33.1 cases per 100,000 AOB.

The Quarterly Rolling Year ending September 2018 rate as per the Local Delivery Plan standard for SAB is 0.32 cases per 1,000 AOBs. This is against the March 2017 target of 0.24 cases per 1,000 AOBs.

Actions to Address Performance

Improvement actions include the following:

Peripheral Venous Catheter (PVC) Care Plan

The PVC care plan has been approved by Chiefs of Nursing and Medicine and rolled out to NHSGG&C, the week beginning 3 December. All possible routes of communication are being used to inform staff of this including twitter, facebook and staffnet in conjunction with traditional methods, i.e. information cascaded via professional groups. It will also be promoted by local Infection Prevention Control Teams during their ward visits. A tool box talk has been developed for SCNs and managers to use as an aid at safety briefs and huddles etc. This plan now focuses on the removal of the device as soon as possible, rather than the maintenance of it and increases the number of daily checks from once to twice per day.

PVC Packs

PVC procedure packs were reported by NHS Ayrshire and Arran as a key success factor in their SAB reduction strategy. A procedure pack ensures all of the necessary equipment is in a single pack and this

promotes the safe insertion of PVCs. Procurement has sourced cost effective versions of the packs and these are being tested at Inverclyde Royal Hospital.

SAB Ward Rounds

These have now been established in all sectors. 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 clinical staff.

Timeline For Improvement

As detailed in the above actions, work continues on an ongoing basis to help drive the required improvements and evidence of this is beginning to play through with the improvements seen during this quarter.

Exception Report: Sickness Absence Rates

Measure	Sickness Absence Rate
Current Performance	The rate of sickness absence across the Board was 5.9% (December 2018)
National Performance	The NHS Scotland reported SWISS absence figure was 5.5% (December 2018) – most recent data available at time of publication.
Lead Director	Anne MacPherson, Director of Human Resources and Organisational Development

Please note the above graph is based on the national SWISS figures in arrears

Summary

The Board overall sickness absence rate for the month ending December 2018 (using the NHS Scotland reported level), was 5.9%, comprising 3.3% long term and 2.7% short term. The Board's overall sickness absence rate has risen slightly by 0.8% compared to the end of the previous quarter, September 2018, and is in a comparable position with sickness absence in December 2017.

Acute Division

Sector/Directorate/HSCP	Dec-17	Nov-18	Dec-18	Inter-month Variance	Inter-year Variance
Clyde Sector	5.2%	6.4%	6.0%	-0.4%	+ 0.8%
Diagnostic Services	4.7%	5.1%	5.2%	+ 0%	+ 0.4%
North Sector	6.1%	5.6%	6.2%	+ 0.6%	+ 0.1%
Regional Services	5.7%	5.8%	6.0%	+ 0.2%	+ 0.3%
South Sector	6.7%	6.6%	7.1%	+ 0.6%	+ 0.4%
Women & Children's	5.5%	6.1%	5.9%	-0.2%	+ 0.4%
Acute Total	5.8%	6.0%	6.2%	+ 0.2%	+ 0.4%

Absence within Acute has had an inter-month increase in all Acute Sectors and Directorates with the exception of Clyde Sector and Women & Children's. All Acute Sectors have seen an increase in absence levels compared to December 2017.

Board Wide Services (excluding Estates and Facilities Management)

Sector/Directorate/HSCP	Dec-17	Nov-18	Dec-18	Inter-month Variance	Inter-year Variance
Acute Directors	5.6%	0.0%	0.4%	+ 0.4%	-5.2%
Board Administration	1.4%	5.5%	8.4%	+ 2.9%	+ 7%
Board Medical Director	4.1%	5.0%	4.5%	-0.5%	+ 0.3%
Centre For Population Health	2.4%	9.1%	4.6%	-4.5%	+ 2.1%
Corporate Communications	-	2.1%	0.4%	-1.7%	-
eHealth	6.8%	7.1%	6.7%	-0.5%	-0.1%
Finance	4.2%	5.4%	5.9%	+ 0.5%	+ 1.6%
GP Trainees	-	15.6%	3.4%	-12.3%	-
HR and OD	3.4%	4.9%	4.1%	-0.8%	+ 0.8%
Nursing Director	1.9%	3.8%	4.6%	+ 0.8%	+ 2.7%
Public Health	6.0%	4.6%	3.1%	-1.5%	-2.9%
Board-Wide Services Total	5.1%	5.8%	5.3%	-0.5%	+ 0.2%

Board Wide Services also has seen an overall reduction in its inter-month absence variance. Some Directorates within Board Wide Services appear to show significant variance both for inter-month and inter-year levels, but it should be noted that these are areas with small headcounts and therefore a small real-terms WTE absence level can have a significant impact on derived percentages.

Estates and Facilities Management

Sector/Directorate/HSCP	Dec-17	Nov-18	Dec-18	Inter-month Variance	Inter-year Variance
Estates and Facilities	8.3%	9.3%	9.0%	-0.3%	+ 0.7%

The Estates and Facilities management team are working to reduce absence levels and have seen a reduction from November to December 2018, although the absence level in December 2018 has risen compared to the same time last year.

Partnerships

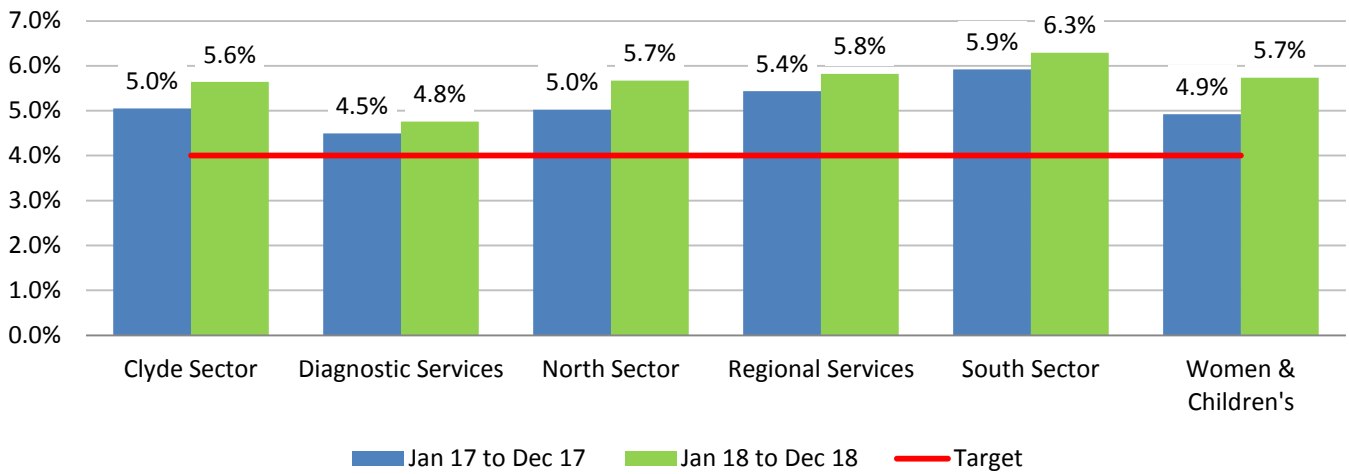
Sector/Directorate/HSCP	Dec-17	Nov-18	Dec-18	Inter-month Variance	Inter-year Variance
East Dunbartonshire - Oral Health	6.3%	5.8%	5.6%	-0.2%	-0.7%
East Dunbartonshire HSCP	5.9%	6.3%	5.2%	-1.1%	-0.7%
East Renfrewshire HSCP	7.1%	7.7%	7.1%	-0.6%	+ 0.1%
Glasgow City HSCP	6.3%	7.5%	7.0%	-0.5%	+ 0.7%
Inverclyde HSCP	6.1%	7.1%	7.1%	0%	+ 1%
Renfrewshire HSCP	6.2%	5.8%	5.7%	-0.1%	-0.5%
West Dunbartonshire HSCP	5.3%	5.0%	4.9%	0.0%	-0.3%
Partnerships Total	6.2%	6.9%	6.5%	-0.4%	+ 0.3%

Absence decreased in December 2018 compared to November across the HSCPs with the exception of Inverclyde HSCP and West Dunbartonshire HSCP.

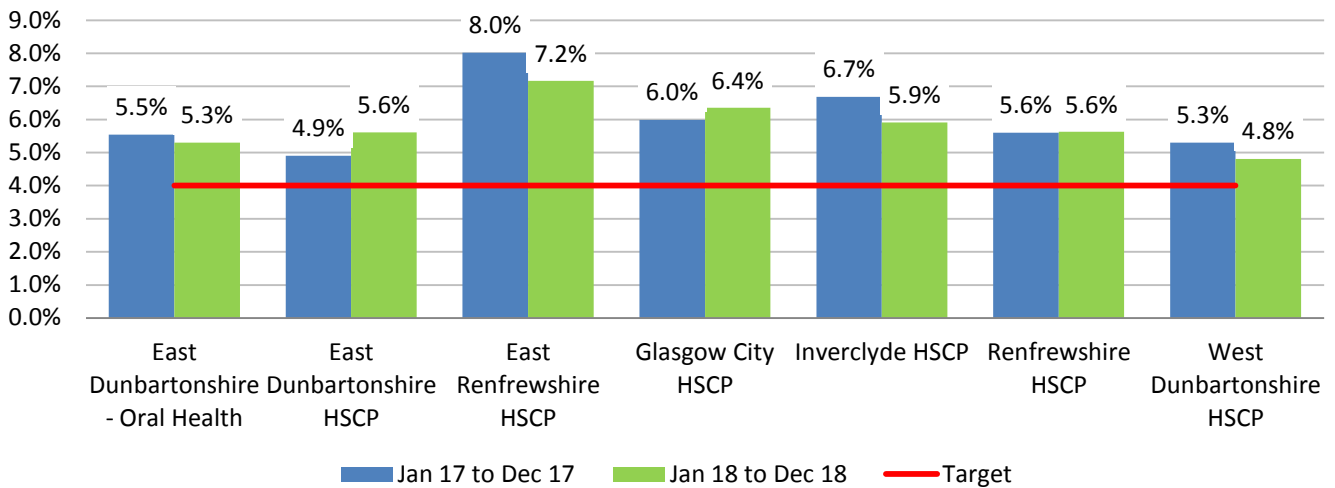
Absence Comparison – Rolling 12 Months

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

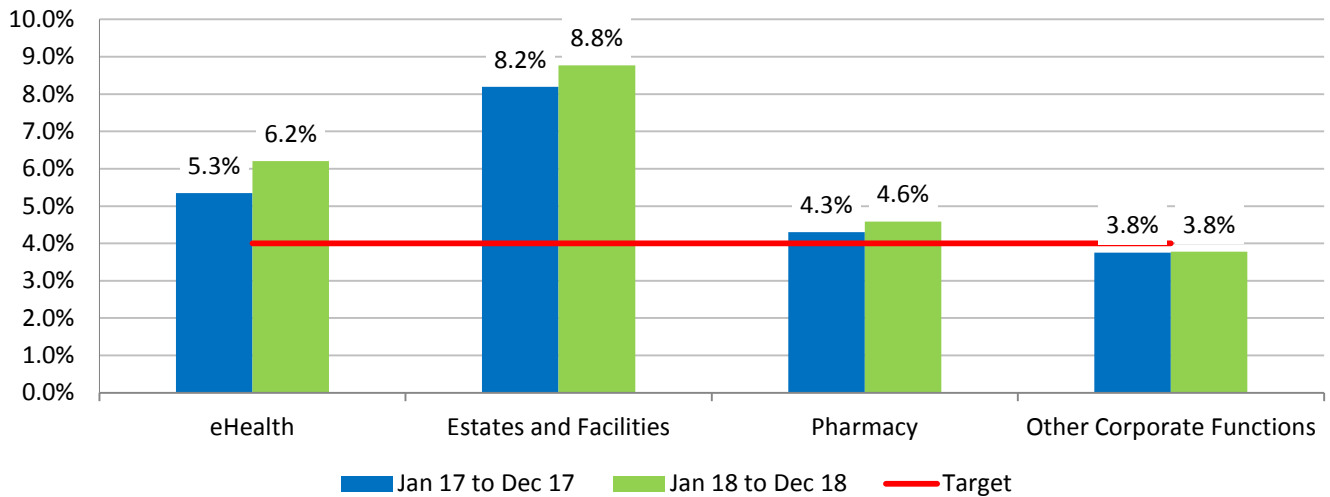
Acute Sectors (rolling 12 months)



Partnership Sectors (rolling 12 months)



Board Wide Services(rolling 12 months)



Actions to Address Performance

The continued increase in staff absence remains a priority for the Board and an action and improvement plan has been agreed to improve staff attendance at work. All Directors, Chief Officers and Heads of People and Change have agreed trajectories for their service to improve staff absence and these will be review and monitored as part of the Performance Review Group (PRG) meetings in addition to weekly management monitoring arrangements.

In addition to revised trajectories, the Board has agreed an Attendance Improvement Plan which forms a response to an absence audit conducted by Scott Moncrieff. The Audit report was requested by the Director of Human Resources and Organisational Development to explore opportunities for improvement in the management of sickness absence within NHS GG&C. The Audit Report highlighted areas for consideration which have been included in an action plan which outlines the key actions and commitments to improve the management of absence, the lead officers and timescales for improvement. Specifically the plan includes improved recording of staff absence using SSTS, and improvements to the overall absence process using LEAN methodology to support staff absence.

In view of the long term absence and the high number of absences categorised as stress, anxiety and depression, the Occupational Health Service has increased the number of Employee Counsellors to provide increased counselling capacity for staff. This service is supported by line management training to improve levels of awareness and understanding of mental health. The Board is proactively seeking to help staff with long term mental health conditions and a short life working group has been established to consider the current support measures in place for our staff and to identify any gaps. The Occupational Health service will continue to monitor trends in staff mental health issues and to provide support and direction.

Timeline For Improvement

In view of the current absence levels which exceed the NHS Scotland target of 4%, the management of absence is a key objective for all line managers and Human Resources staff and subject to weekly and monthly performance review to ensure optimum staffing levels. The increased level of management review will continue until performance levels have improved.

APPENDIX 1: 2018-19 ANNUAL OPERATIONAL PLAN TRAJECTORIES

New Outpatients Waiting > 12 weeks for a New Outpatient Appointment (available patients)													
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	March'19
Actual	25,998	25,624	24,545	24,081	25,824	26,527	27,661	27,178	26,476	27,139			
Trajectory	25,998	25,298	24,604	23,917	23,568	22,891	22,213	21,535	20,857	20,857	20,857	20,179	19,501
Number of eligible patients waiting > 12 weeks Treatment Time Guarantee													
Actual	5,108	5,382	5,236	5,164	5,394	5,360	5,505	5,385	6,098	6,962	0	0	0
Trajectory	5,108	4,866	4,624	4,503	4,261	4,019	3,777	3,535	3,293	3,293	3,293	3,051	2,809
Number of patient waiting > 6 weeks to access a Key Diagnostic Tests													
Actual	6,139	7,294	6,249	6,546	6,933	6,733	6,188	6,073	5,174	5,724	0	0	0
Trajectory	4,900	4,692	4,484	4,275	4,067	3,859	3,651	3,442	3,234	3,026	2,818	2,609	2,401
62 Day Cancer Waiting Time													
	Mar-18	Apr - June 18		Jul - Sept 18			Oct - Dec 18			Jan - Mar 19			
Actual	80.7%	78.9%		76.5%			77.2%	76.5%	76.2%				
Trajectory	84.0%	84.0%		88.0%			92.0%			95.0%			
31 Day Cancer Waiting Time													
	Mar-18	Apr - June 18		Jul - Sept 18			Oct - Dec 18			Jan - Mar 19			
Actual	92.2%	94.2%		94.8%			95.1%	93.2%	92.9%				
Trajectory	93.0%	93.0%		94.0%			94.5%			95.0%			
A&E 4 Hour Wait													
Actual	86.7%	88.1%	92.8%	93.6%	93.6%	91.6%	90.7%	91.1%	90.1%	87.4%			
Trajectory	91.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
18 weeks Referral To Treatment Child and Adolescent Mental Health (% of patients seen)													
Actual	88.7%	84.0%	82.0%	87.0%	83.8%	74.4%	76.0%	84.8%	74.3%	84.7%			
Trajectory	90.0%	Maintain 2018 position			Maintain 2018 position			Maintain 2018 position			Maintain 2018 position		
18 weeks Referral to Psychological Therapies (% of patients seen)													
Actual	91.9%	90.0%	91.5%	94.0%	95.0%	92.0%	90.9%	91.6%	90.2%	92.2%			
Trajectory	90.0%	Maintain 2018 position			Maintain 2018 position			Maintain 2018 position			Maintain 2018 position		