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

A total of eight 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.
- % of eligible CAMHS patients seen <18 weeks of referral.
- Delayed discharges and bed days occupied by delayed discharge patients.
- 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.
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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Mark White  
Director of Finance  
Tel No: 0141 201 4609  
16 April 2019
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. Performance Indicators are grouped under the four themes outlined in the 2018-19 Corporate Objectives.

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 report comprises:

- A summary providing a performance overview of current position.
- 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. SUMMARY OF PERFORMANCE
Measures Rated As Red (9)

A total of eight 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.
- % of eligible CAMHS patients seen <18 weeks of referral.
- Delayed discharges and bed days occupied by delayed discharge patients.
- 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.

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 non-recurring Access Funds that have been allocated to NHSGG&C are being spent to further help reduce the number of patients waiting longer 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.

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 – February 2019) and compares current performance with that of the same period during the previous year.
Performance Context: Number of A&E Presentations

Local A&E Demand and Activity Trend

As seen from the chart above, the year to date (YTD) monthly average (April – February 2019) number of presentations are showing a 4.3% increase on the same period the previous year. The table shows that the increase in activity has had an impact on our compliance with the A&E 4 hour waiting times target in that each month. There has been some improvement over the months of December and January on previous year of 5.5% and 1.6% respectively despite the increase in activity with May and June 2018 also reporting improvements however for all other months the level of compliance is lower than the same month the previous year.

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

National A&E Demand & Activity Trend

As seen from the chart above, the year to date (YTD) monthly average (April – February 2019) number of presentations are showing a 4.3% increase on the same period the previous year. The table shows that the increase in activity has had an impact on our compliance with the A&E 4 hour waiting times target in that each month. There has been some improvement over the months of December and January on previous year of 5.5% and 1.6% respectively despite the increase in activity with May and June 2018 also reporting improvements however for all other months the level of compliance is lower than the same month the previous year.

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

The chart above highlights that the monthly average (April – Feb 2019) number of new outpatient additions to the waiting list across NHSGG&C remained fairly static when compared to the same period the previous year.

However, the overall number of new outpatient attendances across NHSGG&C has increased by 2.9% when compared to the same period the previous year.

The chart below uses the latest published figures and highlights NHS Scotland's new outpatient demand and activity levels for the period April – December 2018. Whilst the pattern of demand and activity has increased across NHS Scotland, the level of activity growth across NHSGG&C is higher.

**National New Outpatient Activity Trend**

Please Note: NHS Scotland data excludes NHS Ayrshire & Arran 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 26 February 2019.
Performance Context: Number of Inpatient/Daycases Waiting more than the 12 weeks TTG

NHSGG&C Inpatient/Daycase Demand and Activity Trend

As seen from the chart above, the year to date monthly average (April – February 2019) net additions to the waiting list across NHSGG&C decreased by 4%. The overall number of inpatient/daycase admissions remained static across NHSGG&C when compared to the same period the previous year.

For NHS Scotland the monthly average inpatient/daycase demand and activity (using the most up to date published data for the period April – December 2018) has remained fairly static.

NHS Scotland's Inpatient/Daycase Demand and Activity Trend

Please Note: NHS Scotland data excludes NHS Ayrshire & Arran 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 26 February 2019.
PERFORMANCE EXCEPTION REPORTS
Exception Report: Suspicion of Cancer Referrals (62 days)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Suspicion of Cancer Referrals</th>
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</thead>
<tbody>
<tr>
<td><strong>Current Performance</strong></td>
<td>As at February 2019, 72.7% of patients with an urgent referral for suspicion of cancer started their treatment within 62 days of the referral. (Data provisional)</td>
</tr>
<tr>
<td>NHSScotland (Latest published data available)</td>
<td>For the quarter October – 31 December 2018, 82.7% of patients with an urgent referral for suspicion of cancer started their first cancer treatment within 62 days of the referral, an increase from the 81.4% in the previous quarter.</td>
</tr>
<tr>
<td><strong>Lead Director</strong></td>
<td>Frances McLinden, Interim Director of Regional Services</td>
</tr>
</tbody>
</table>

**NHS Scotland’s Performance**

**National Trend**

Across NHS Scotland there were a total of 3,791 eligible referrals within the 62 day standard during the period 1 October – 31 December 2018, almost no change on the 3,776 eligible patients reported in the previous quarter. NHSGG&C accounted for 27% (1,009) of total eligible referrals across NHS Scotland.

82.7% 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 an increase on the 81.4% reported the previous quarter (1 July – 30 September 2018). One NHS Board met the 62 day standard during the quarter ending December 2018 namely NHS Lanarkshire (95.2%). NHSGG&C’s compliance during the same period was 77.4%.

**NHSGG&C Performance**

As at February 2019, 72.7% (232 out of 319) of eligible referrals with an urgent referral for suspicion of cancer started their first treatment within 62 days of referral, below the 95% trajectory. The February 2019 position represents a slight deterioration on the 75.5% reported the previous month.

The cancer types currently below the 95% trajectory are as follows:

- Breast 82.8% (77 out of 93 eligible referrals treated within 62-day target) a slight improvement on the 81.3% reported in January 2019.
- Colorectal 49.0% (25 out of 51 eligible referrals treated within 62-day target) a deterioration on the 60.8% reported in January 2019.
- Lung 85.7% (36 out of 42 eligible referrals treated within 62-day target) a slight deterioration on the 86.4% reported in January 2019.
- Head and Neck 92.3% (12 out of 13 eligible referrals treated within 62-day target) a significant improvement on the 55.6% reported in January 2019.
- Upper GI 75.9% (22 out of 29 eligible referrals treated within 62-day target) a deterioration on the 83.3% reported in January 2019.
Urology 52.3% (34 out of 65 eligible referrals treated within 62-day target) a slight deterioration on the 56.5% reported in January 2019.

A total of four cancer types exceeded the trajectory of 95% in February 2019 namely, Lymphoma (100%), Ovarian (100%), Cervical (100%) and Melanoma (100%).

As at February 2019, 72.7% (232 out of 319) of eligible referrals with an urgent referral for suspicion of cancer started their first treatment within 62 days of referral, below the 95% trajectory. The February 2019 position represents a slight deterioration on the 75.5% reported the previous month.

The February 2019 position in relation to the 31 day cancer performance was above the trajectory of 95.0%. Performance for February 2019 was 95.6% (544 out of 569 eligible referrals treated within 31-day target) a significant increase on the 90.0% reported in January 2019. A total of seven of the 10 cancer types exceeded the 95% trajectory and performance in relation to the three cancer types below the 95% trajectory were:

- Breast 89.7% (105 out of 117 eligible referrals were treated within 31-day target) a significant improvement on the 74.6% reported in January 2019.
- Lung 94.8% (73 out of 77 eligible referrals were treated within 31-day target) a deterioration on the 96.6% reported in January 2019.
- Urology 92.9% (117 out of 126 eligible patients treated within 31-day target) an improvement on the 86.4% reported in January 2019.

The seven cancer types exceeding the 95% trajectory in February 2019 were - Cervical (100%), Lymphoma (100%), Colorectal (100%), Melanoma 100%), Ovarian (100%), Head & Neck (100%) and Upper GI (100%).

**Actions to Address Performance**

A number of actions have recently been agreed to target improvement in the most challenging areas, these include:

- Recruitment of a Cancer Waiting Times Service Manager is underway, interviews scheduled for 6th May 2019.
- Review performance against Effective Cancer Framework Action Plan
  - Weekly PTL meetings in place for all Services
  - Monthly Cancer Sector meetings in place for all Services
- Discussions are underway between Clinical Services and Business Intelligence to develop reporting arrangements for cancer that are aligned to Sector/Directorate and TTG/OP reports to include performance, potential breaches, over 100 days.
- Agree revised cancer performance management process in place of weekly calls
  - Reports aligned to BI process as described above
  - Weekly tracking meetings in place across all services – Cancer CSM to attend those most challenged
  - Monthly Cancer Performance Meeting – Chaired by COO – review performance/long waits/trends from breach reports and corrective actions required for following month.
- Breast
  - Agreed to appoint a Consultant Radiographer and Reporting Mammographer to increase one stop slots with focus on the South Sector
  - Secure 6 month Locum Surgeon for South Sector
  - The above posts are funded via national cancer funding allocation
- Colorectal
  - Discussions are underway to agree how immediate improvement to colonoscopy capacity could be achieved which would also have a significant impact on both symptomatic and screened performance. The potential for additional sessions at QEUH is being reviewed.
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:

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<td><strong>62-Day Cancer Waiting Time</strong></td>
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<tr>
<td>Actual</td>
<td>81.3%</td>
<td>78.9%</td>
<td>76.5%</td>
<td>77.4%</td>
<td>75.5%</td>
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<td>95.0%</td>
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<tr>
<td>Actual</td>
<td>92.7%</td>
<td>94.2%</td>
<td>94.8%</td>
<td>94.4%</td>
<td>90.0%</td>
<td>95.6%</td>
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<tr>
<td>Trajectory</td>
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<td>93.0%</td>
<td>94.0%</td>
<td>94.5%</td>
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<td>95.0%</td>
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</table>

NB Monthly performance figures still to be validated.

The 62 day pathway remains significantly below trajectory of 95% and the actions above aim to address and recover the 62 day position.
Exception Report: % of Patients Waiting >4 Hours to be Seen, Treated or Transferred

<table>
<thead>
<tr>
<th>Measure</th>
<th>% of patients waiting &gt;4 hours to be seen, treated or transferred</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Performance</strong></td>
<td>As at February 2019 (month end), 87.4% of patients presenting at A&amp;E Departments across NHSGG&amp;C waited 4 hours or less to be seen, treated or transferred.</td>
</tr>
<tr>
<td><strong>NHSScotland (Latest published data available)</strong></td>
<td>As at December 2018, 89.6% of patients presenting at A&amp;E Departments across NHS Scotland waited 4 hours or less to be seen, treated or transferred.</td>
</tr>
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</table>

**Lead Director**
Jonathan Best, Chief Operating Officer

**NHSScotland’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 NHSGG&C is similar to that reported across NHS Scotland albeit compliance across NHSGG&C is lower than that reported nationally.

**NHSGG&C’s Performance**
As at February 2019 (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 March 2019. Current performance represents a marginal fall in performance against last year, against a backdrop of higher demand in February compared to this month last year. Four of the eight sites across NHSGG&C are below trajectory namely, Glasgow Royal Infirmary (GRI) (82.4%), Queen Elizabeth University Hospital (QEUH) (79.7%), Royal Alexandra Hospital (RAH) (84.3%) and the Inverclyde Royal Hospital (IRH) (91.3%).
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 below provide a detailed breakdown of the year to date activity and compliance with the standard at each site across NHSSGG&C. As the table highlights, the overall year to date activity shows a 4.4% 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.

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<td>8.49</td>
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<td>1.82</td>
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<td>Inverclyde Royal Hospital</td>
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<td><strong>Total</strong></td>
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<td><strong>37.7</strong></td>
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</table>
Whilst current performance is disappointingly below the 93% target, the position represents a comparable performance with the same month the previous year despite substantial increased demand in February. The year to date figure shows a GGC wide improvement on last year.

### Hospital Performance

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<tr>
<td>Glasgow Royal Infirmary</td>
<td>83.1%</td>
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<td>85.0%</td>
<td>83.9%</td>
<td>82.4%</td>
<td>86.9%</td>
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<tr>
<td>Stobhill Hospital</td>
<td>99.9%</td>
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<tr>
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<td>New Victoria Hospital</td>
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<td>91.3%</td>
<td>91.6%</td>
</tr>
<tr>
<td>Vale of Leven Hospital</td>
<td>98.3%</td>
<td>97.0%</td>
<td>97.9%</td>
<td>98.1%</td>
<td>97.6%</td>
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<td>95.2%</td>
<td>95.9%</td>
<td>96.3%</td>
<td>97.2%</td>
</tr>
<tr>
<td>Royal Hospital for Children</td>
<td>97.4%</td>
<td>98.2%</td>
<td>98.5%</td>
<td>99.0%</td>
<td>98.7%</td>
<td>98.0%</td>
<td>97.5%</td>
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<td>95.1%</td>
<td>95.7%</td>
<td>94.4%</td>
<td>96.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>88.1%</td>
<td>92.8%</td>
<td>93.6%</td>
<td>93.6%</td>
<td>91.6%</td>
<td>90.7%</td>
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<td>87.4%</td>
<td>87.1%</td>
<td>87.4%</td>
<td>90.3%</td>
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</tbody>
</table>

### 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 – positive feedback of the role has seen these post extended to May 2019.

- As part of on-going improvement to our Daily Dynamic Discharge (DDD) process, aimed at ensuring better management of patient flow at ward level across our hospital sites; UCC and ehealth colleagues are developing a number of IT improvement projects to support ward teams e.g. the DDD dashboard creates reports to enable teams to track progress and set improvement aims. With the introduction of the Trakcare upgrade T2018, we will roll out a number of additional enhancements focused on patient flow, one of which includes the new functionality in the WardView system used by ward teams to see bed requesting information in real time.
- 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 introduction 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.
- Further to the introduction of the Flow Hubs at QEUH, GRU and RAH – newly appointed Demand and Capacity Flow staff will be taking up their posts in the coming weeks, giving our 3 main sites continuity and leadership focused on patient flow - with shift patterns aligned to our demand profile.
- The introduction of ED redirection ensuring patients are sign posted to appropriate alternatives to help reduce demand in ED.
- 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.
- The NHSGGC escalation policy was approved by the UCC steering group. Local sites are now embedding and calibrating this work – with some sites already enacting escalation plans as per their local policy.

**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 initiate 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. Each of the HSCPs have agreed to lead on condition specific sub-groups with a view to reducing attendances, admissions and hasten discharges.
- HSPCs 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. HSPCs 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.
- The second phase of the ‘Red Bag’ rollout across care homes within NHSGGC catchment has been concluded with positive feedback from, staff, care homes, patients and relatives.
- 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 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.
Measure | % of New Outpatient Waiting <12 Weeks for a New Outpatient Appointment
---|---
**Current Performance** | As at February 2019, 68.0% of available new outpatients were waiting 12 weeks or less for a new outpatient appointment.

**NHS Scotland (Latest published data available)** | As at 31 December 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

**NHSScotland’s Performance**

As at 31 December 2018 (month end), 70.1% of new outpatients were waiting 12 weeks or less for a new outpatient appointment across NHSScotland. For NHSGG&C the figure was 71.3%. 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)**

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 31 December 2018, 75.5% of patients were seen within 12 weeks.

**Number of New Outpatients who waited over 12 weeks, NHS Scotland**

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.

**NHSGGC’s Performance**

As at February 2019 (month end), 68.0% of available new outpatients were waiting 12 weeks or less for a new outpatient appointment. A total of 26,951 available new outpatients were waiting >12 weeks for an appointment, representing a 1.6% improvement on the January 2019 position of 27,380 patients waiting >12 weeks.

During the period April – February 2019 a total of 350,076 new outpatients were seen, a 2.6% increase on the 341,285 patients seen during the same period last year.

The chart below outlines the monthly average position for April – February 2019 and compares the current year with that of the same period the previous year.
Based on the monthly average position outlined above, the number of net new outpatient referrals remained static compared to the period in 2017-18.

In terms of new outpatient activity, there has been a 2.9% 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 3.6% higher than the number of net referrals during the period under review. The current trend in higher activity levels 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.

Note: Outpatient figures include New Patients waiting for a consultation with an Extended Scope Practitioner.

### Actions to Address Performance

As seen from the information highlighted above, new outpatient activity has increased by 2.9% 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.

- Productivity actions continue:
  - ‘Patient Focussed Booking’ is in place for the majority of specialties and continues to be rolled out across the Board.
  - Referral triage is in place to ensure patients are directed into the most appropriate pathway from the outset.
  - Referral Management Centre undertakes a daily review of all cancelled appointments to ensure the full utilisation of all capacity.

- 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.

- Non recurring Access Funding has been internally and externally allocated in key specialities to target...
patients with the highest clinical priority and the patients with the longest wait time. The impact of this work is monitored on an ongoing basis.

- The capacity and demand work continues and specialty analysis work is underway. Specialty plans are being drafted and will include demand and capacity profiles, productivity targets, redesign potential, workforce analysis and waiting times’ performance milestones.

**Timeline for Improvement**

NHSGG&C remains committed to achieving the new outpatient monthly trajectory. Productivity improvements have provided additional capacity for new outpatient activity. Non recurring Access Funds will continue to ensure improvements in key specialties currently under pressure and further improvements in those specialties showing reductions in the number of new outpatients waiting >12 weeks for a new outpatient appointment.
Exception Report: Number of Patients Waiting >6 Weeks for Access to a Key Diagnostic Test

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number of Patients Waiting &gt;6 Weeks for a Key Diagnostic Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Performance</td>
<td>As at February 2019 (month end), there were a total of 3,705 patients waiting &gt;6 weeks for one of the key diagnostic tests and investigations.</td>
</tr>
</tbody>
</table>

**National Performance (using latest published data)**

At the quarter ending 31 December 2018, 83,515 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 31 December 2018, there were a total of 83,515 patients waiting for one of the eight key diagnostic tests and investigations across NHS Scotland. Current performance represents a 2.9% improvement on the number of patients reported at the quarter ending September 2018.

Across NHS Scotland, 78.1% of patients waiting for a key diagnostic test had been waiting <6 weeks. The December 2018 position is the same as the 78.1% reported in September 2018. Across NHSGG&G for the same period (quarter ending December 2018) the figure was 73.0% lower than the 76% reported for the quarter ending September 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 to 11,597 at 31 December 2018. Colonoscopy is the biggest contributors making up 42% of the patients waiting >6 weeks at September 2018. Cystoscopy has shown a 26% decrease in the number waiting >6 weeks during the recent quarter, going from 1,411 at 30 September 2018 to 1042 at 31 December 2018.

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 6,716 patients waiting >6 weeks at 31 December 2018.

**NHSGG&G’S Performance**
As at February 2019 (month end) there were a total of 3,705 patients waiting >6 weeks for a key diagnostic test. As seen from the table above, current performance represents a 34% decrease on the number of patients reported the previous month (5,608).

The overall number of patients waiting >6 weeks represents 16.7% of the total number of patients (22,151) on the waiting list for one of the eight key diagnostic tests. At February 2019 (month end), 58.6% of patients waiting for Scope tests were waiting <6 weeks and 96.4% of patients waiting for Radiology tests were waiting <6 weeks.

Scopes

As at February 2019 (month end), the number of patients waiting >6 weeks for each of the scope tests was as follows:

- 1,125 patients were waiting >6 weeks for an upper endoscopy test (a 19.9% decrease on the 1,405 patients reported in November 2018).
- 410 patients were waiting >6 weeks for a lower endoscopy test (a 20.8% decrease on the 518 patients reported in November 2018).
- 1,613 patients were waiting >6 weeks for a colonoscopy test (a 29.3% decrease on the 2,280 patients reported in November 2018).
- 39 patients were waiting >6 weeks for a cystoscopy test (a 44.3% decrease on the 70 patients reported in November 2018).

The majority of patients waiting >6 weeks for a scope in February 2019 were waiting for an appointment in the South Sector (1,963 patients, a 23% reduction on the 2,547 patients reported in January 2019) and the Clyde Sector (1,093 patients, a 28% decrease on the 1,522 patients reported in January 2019).

Radiology
Overall, there was a significant decrease in the number of patients waiting >6 weeks for a radiology test, decreasing from 1,335 patients reported in January 2019 to 518 patients reported in February 2019. The 518 patients waiting >6 weeks were waiting for the following tests:

- Magnetic Resonance Imaging (MRI) – 206 patients were waiting >6 weeks (a significant decrease on the 731 patients reported in January 2019).
- Computer Tomography (CT) – 311 patients were waiting >6 weeks (a decrease on the 599 patients reported in November 2018).
- Non Obstetric Ultrasound – one patients were waiting >6 weeks (a decrease on the five patients reported in November 2018).
- There were no patients waiting >6 weeks for a Barium Studies.

**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.
- Bowel screening demand remains high with waiting times in South and Clyde Sectors approximately 12-16 weeks. Additional resource has been included in the cancer access bids to support a sustainable model to provide bowel screening colonoscopy in a timely fashion.
- GJNH capacity continues for 2019-20, with a marginally increased allocation of 70 scopes per year, providing capacity for 1200 scopes per annum.
- Plan to reduce waiting time to 126 days maximum by end of April 2019.
- 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.
- Locum Endoscopist continues to support additional activity across Clyde and South Sectors.
- 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, however, following recent supply issues this work is under review. 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 May 2019 at which time a re-tender will be required.
- Review and re-validate surveillance waiting lists in line with recently revised guidelines to ensure the surveillance demand is appropriate.

**Radiology**

Additional capacity has been in place through January – February 2019. This has supported the decrease in patients waiting > 6 weeks for a CT/MR. This additional support is planned to remain until the end of April to further improve the position.

**Timeline for Improvement**

**Scopes**

NHSGG&C remains committed to reducing the number of patients waiting >6 weeks for a scope. The number of patients waiting >6 weeks has decreased month on month since December 2018 with further improvements noted in March 2019. This has been due to the significant increase in capacity as a result of the use of the independent sector since November 2018. Whilst this is expected to continue for 2019-20 there is a requirement to ensure that there is a sustainable model for the delivery of endoscopy across GGC ensuring capacity and demand are matched and the appropriate resources are in place.
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

<table>
<thead>
<tr>
<th>Measure</th>
<th>12 week Treatment Time Guarantee (TTG)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Performance</strong></td>
<td>As at February 2019 (month end), a total of 7,795 patients were waiting &gt;12 weeks TTG for an inpatient/daycase procedure. Current performance is above the AOP trajectory of 3,051 for February 2019.</td>
</tr>
<tr>
<td><strong>NHSScotland (Latest published data available)</strong></td>
<td>As at December 2018 (month end), a total of 25,939 patients were waiting &gt;12 weeks for an inpatient/daycase procedure across NHS Scotland.</td>
</tr>
<tr>
<td><strong>Lead Director</strong></td>
<td>Jonathan Best, Chief Operating Officer</td>
</tr>
</tbody>
</table>

**NHSScotland Performance**

Bitte note: NHS Ayrshire & Arran 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 December 2018, 72.7% 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 (68,497), a total of 18,701 patients had waited over 12 weeks in the quarter ending 31 December 2018, for NHSGG&C the total was 4,110. There were seven Boards below the Scotland figure, with NHS Grampian (57.5%), NHS Lanarkshire (57.2%) and NHS Highland (54.7%) being the lowest.

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

While the 12 week TTG applies to patients seen, the number of patients waiting for treatment at a point in time is a key measure in assessing performance. As at December 2018 (month end), 67.3% 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. The trend across NHSGG&C, seen below, is similar to that nationally in that there has been a decrease in the number of patients seen within 12 weeks however, there has been an increase in the numbers seen who waited >12 weeks.
As at February 2019 (month end), 69.4% of patients treated under the TTG waited <12 weeks for their treatment across NHSGG&C, a decrease on the 75.5% reported in January 2019. There were a total of 7,795 eligible patients waiting >12 weeks TTG for an inpatient/daycase procedure representing a 4.2% increase on the 7,483 patients waiting >12 weeks reported the previous month across NHSGG&C.

Current performance is higher than the AOP trajectory of 3,051 for February 2019. 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 2018 and the impact of festive season where activity traditionally reduces during this time.

As seen from the chart and table below, the level of inpatient/daycase admissions has remained static when compared to the same period the previous year. This is against a backdrop of a significant loss in capacity due to the temporary closure of Cowlairs Decontamination Unit in November 2018.
### Actions To Address Performance

The current patient cohort waiting >12 weeks for an inpatient/daycase procedure is a significant 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 are detailed below.

- The Scottish Government allocated NHSGGC circa £11m of Non-Recurring (NR) National Access funding at the start of 2018-19 and the Board received a further NR allocation of circa £9.1m in December 2018 increasing the level of support for waiting list reduction to just over £20m for 2018-19. The funding has been allocated to support a range of improvement actions, internal WLIs, redesign and private sector capacity.

- Productivity improvement actions are underway to ensure all theatre capacity is fully utilised, cancellations are reduced and patient DNAs are minimised.

- On a medium to longer term basis work is underway to produce a Waiting Times 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 to the Scottish Government.
  - 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. Baseline demand and capacity profiles are being prepared to inform the options for improvement.
  - Options for service re-design and flexible use of capacity will be reviewed 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 robust 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.

### 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.
<table>
<thead>
<tr>
<th>Measure</th>
<th>% of patients who started their treatment within 18 weeks of Referral to specialist CAMHS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current NHSGGC Performance</td>
<td>As at February 2019 (month end), 79.2% of eligible patients who started their treatment, had started within 18 weeks of referral to specialist CAMHS. <em>(Data Provisional)</em></td>
</tr>
<tr>
<td>National Performance</td>
<td>As at quarter ending December 2018, 72.8% of children and young people started their treatment within 18 weeks of referral to specialist CAMHS.</td>
</tr>
<tr>
<td>Lead Director</td>
<td>Susan Manion, East Dunbartonshire HSCP</td>
</tr>
</tbody>
</table>

**NHSGGC Performance (As at Feb19)**

As at February 2019 (month end), 79.2% of eligible patients who started their treatment, had started within 18 weeks of referral to specialist CAMHS across NHSGGC. As seen in the table below, current performance, based on the RTT indicator, fluctuates when compared with the previous month’s position.
Actions to Address Performance

Actions to address performance include the following:

- The work to identify particular problem areas and utilise 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 lean methodology also continues. The Quality Improvement Programme launched its main initiative (the Central Choice Team) on 29 October 2018. This will work towards establishing 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 reducing rejected referrals (or increasing acceptance rate). There has been a decrease from 35% of referrals rejected to less than 9% by February 2019 in GGC. Current performance is now far below the UK and Scottish average for percentage of rejected referrals. This has, however, had an impact on the RTT performance. 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 9% (4.9% in Greater Glasgow), whilst improving the RTT.

- Further to increasing access for children and young people, NHSGGC 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 11% in our most recent data. This brings GGC in line with UK and Scottish averages.

- In the last quarter of 2018, NHSGGC CAMHS experienced its highest ever volume of referrals. This has had an impact on the waiting times, especially when taken alongside changes in rejected referral rate seen 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 in GGC is 8 weeks (4 weeks in Greater Glasgow). The number of accepted referrals in February was the 2nd highest GGC CAMHS has ever experienced, with March
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 February 2019, there were a total of 154 patients delayed across Acute resulting in the loss of 4,326 bed days occupied by delayed patients. Current bed days lost is significantly above the monthly reduction target of 2,736.

Lead Director

Dr Mags Mcguire, Nursing Director

NHSGG&C’s Performance

Table 1: Total Number of Acute Delayed Discharges – February 2019

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<tbody>
<tr>
<td>Total Number of patients delayed across NHSGGC (At census point)</td>
<td>144</td>
<td>167</td>
<td>204</td>
<td>202</td>
<td>197</td>
<td>183</td>
<td>184</td>
<td>192</td>
<td>213</td>
<td>177</td>
<td>146</td>
<td>226</td>
<td>213</td>
</tr>
<tr>
<td>Total Number of patients delayed across Acute (At census point)</td>
<td>85</td>
<td>105</td>
<td>134</td>
<td>145</td>
<td>135</td>
<td>125</td>
<td>128</td>
<td>131</td>
<td>158</td>
<td>124</td>
<td>106</td>
<td>170</td>
<td>154</td>
</tr>
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</table>

As seen from Table 1 above, a total of 154 patients were delayed across Acute hospitals resulting in the loss of 4,326 occupied acute bed days. Current performance remains difficult, however the February figures show a marginal decrease from the January 2019 high.

Total Number of Delayed Discharge Patients – February 2019

The chart above shows the trend in the number of delays reported across Greater Glasgow and Clyde. As seen from the chart above the significant increase in the number of delays in January with the trend in February showing a reduction in delayed bed days lost.
As the graph above shows – delays across GGGCs 6 main HSCP partners have seen an improvement in the total number of delayed discharges occupied bed days, with only Renfrewshire HSCP showing an increase in the total number of delayed patients.

All HSCPs have seen a relatively similar pattern of increasing delayed discharge over the winter period. However, with the exception of Renfrewshire, the numbers are on track to record a post winter fall in the number of delayed patients.

Table 2: Total Number of Bed Days Occupied by Delayed Patients – February 2019

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</tr>
</thead>
<tbody>
<tr>
<td>Total Number of bed days occupied by delayed patients across NHSGGC</td>
<td>4332</td>
<td>5119</td>
<td>5354</td>
<td>5795</td>
<td>5742</td>
<td>5769</td>
<td>5684</td>
<td>5899</td>
<td>5161</td>
<td>5191</td>
<td>5959</td>
<td>5951</td>
<td></td>
</tr>
<tr>
<td>Total Number of bed days occupied by delayed patients across Acute</td>
<td>2752</td>
<td>3212</td>
<td>3521</td>
<td>3906</td>
<td>3896</td>
<td>3910</td>
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<td>3673</td>
<td>3749</td>
<td>4667</td>
<td>4326</td>
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<tr>
<td>Acute Monthly 10% Reduction Target</td>
<td>2736</td>
<td>2736</td>
<td>2736</td>
<td>2736</td>
<td>2736</td>
<td>2736</td>
<td>2736</td>
<td>2736</td>
<td>2736</td>
<td>2736</td>
<td>2736</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overall performance is significantly above the monthly 10% reduction target of no more than 2,736 acute bed days lost to delayed discharge. Current performance is 58% over the target. The total number of Acute bed days lost to delayed discharge in February 2019 represents a 0.1 reduction in bed days lost on the previous month’s performance. As shown in the graphs above the fall in delayed discharges total occupied bed days is due to movement across almost all HSCPs as compared to the January figure. However, occupied bed days lost still sits above the 10% reduction target and in recent months the gap between targets and actual has widened.

A breakdown of the number of acute delayed discharges and the associated occupied bed days lost to delayed discharge is as follows:

- Glasgow City HSCP reported 68 delayed patients and 1,743 acute occupied bed days (an increase on the 66 delayed patients and a decrease on the 2094 acute occupied bed days reported in January 2019). Current performance is 554 occupied bed days more than the 1,189 monthly target for February 2018.
• West Dunbartonshire HSCP reported 7 Acute delayed patients and 201 acute occupied bed days (an unchanged figure on January's delayed patients however with a decrease on the 240 acute bed days occupied reported in February 2019). Current performance is within the acute monthly bed day's target of 216 for February 2019.

• East Dunbartonshire HSCP reported 11 delayed patients and 270 acute occupied bed days (an increase on the 10 delayed patients but a decrease in the 352 acute occupied bed days reported in January 2019). Current performance is 71 acute occupied bed days more than the 199 monthly targets for February 2019.

• East Renfrewshire HSCP reported 7 delayed patients and 142 acute occupied bed days (the same number of delayed patients but with an increase on the 133 acute occupied bed days reported in February 2019). Current performance is 38 acute occupied bed days more than the 103 monthly targets for February 2019.

• Renfrewshire HSCP reported 17 delayed patients and 541 acute occupied bed days (a decrease on the 21 delayed patients but with an increase on the 428 acute occupied bed days reported in January 2019). Current performance is 280 acute occupied bed days more than the 261 monthly targets for February.

• Inverclyde HSCP reported 1 delayed patient and 49 acute occupied bed days (a decrease on the 4 delayed patients and a decrease on the 86 acute occupied bed days reported in February 2019). Current performance is within the monthly acute bed day's target of 105 for February 2019.

The remaining 43 delayed patients and 1,380 acute occupied bed days were from residents from Local Authorities out with the Board area (a decrease on the 53 delayed patients but an increase in the 1334 acute occupied bed days reported in January 2019). The overall acute bed days occupied by delayed patients from out with the Board area is currently above the monthly target of 662 for February 2019.

The most challenging areas continue to be North and South Lanarkshire.

**Actions to Address Performance**

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

• In Glasgow specifically, there is a continued weekly focus on managing 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.

• All HSCPs continue as a priority to ensure processes are in place to systematically review and expedite delayed patients.

• Identifying and targeting homecare clients who lack capacity and promotion of Powers of Attorney as part of this process.

• Shared learning across HSCPs to identify best practice. A seminar was held in December 2018 to focus on areas such as:
  - Workers access to digitised AHP records/assessment through Clinical Portal/Trakcare/EMIS, etc.
  - Access to inpatient dashboards.
  - Electronic referrals – to reduce time between referrals sent to and received by hospital teams.
  - Improvements in care pathways with Scottish Ambulance Service (SAS) to increase the number of patients not conveyed to hospital.
  - Engagement with Out Of Hours services to identify better pathways that manage risk, including NHS24 and SAS.
  - Improved anticipatory care planning and more robust use of escalation plans with GP involvement.
- Ensuring Care at Home prioritise hospital discharge. Investment in this service and focus on recruitment and retention to sustain performance.
- Availability of beds for patients under 65 years with complex needs with a view to explore joint commissioning.
- Dedicated Mental Health Officers input regarding delayed discharges.

**Timeline for Improvement**

A separate report accompanies the March Acute Services papers.

We continue to remain focussed on achieving immediate and sustained reductions in the number of patients delayed and occupied bed days with the actions outlined above. A 10% monthly reduction target for the number of Acute bed days occupied by delayed patients has been set for each of the HSCPs to allow us to focus on achieving more realistic immediate and sustained reductions. To date two HSCPs have been successful in achieving the 10% reduction target for the number of Acute bed days lost to delayed discharge namely West Dunbartonshire and Inverclyde HSCPs. The actions outlined above should help drive further improvements in the other HSCPs.
Exception Report: Sickness Absence Rates

<table>
<thead>
<tr>
<th>Measure</th>
<th>Sickness Absence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Performance</strong></td>
<td>The rate of sickness absence across the Board was 5.5% (February 2019)</td>
</tr>
<tr>
<td><strong>National Performance</strong></td>
<td>The NHS Scotland reported SWISS absence figure was 5.2% (February 2019) – most recent data available at time of publication.</td>
</tr>
</tbody>
</table>

**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 February 2019 (using the NHS Scotland reported level), was 5.5%, comprising 2.5% long term and 3% short term. This figure is 0.1% higher than the same time last year, February 2018.

**Acute Services**

<table>
<thead>
<tr>
<th>Sector/Directorate</th>
<th>Feb-18</th>
<th>Jan-19</th>
<th>Feb-19</th>
<th>Inter-month variance</th>
<th>Inter-year variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clyde Sector</td>
<td>5.6%</td>
<td>6.4%</td>
<td>6.5%</td>
<td>+ 0.1%</td>
<td>+ 0.9%</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>4.8%</td>
<td>5.7%</td>
<td>5.6%</td>
<td>-0.1%</td>
<td>+ 0.7%</td>
</tr>
<tr>
<td>North Sector</td>
<td>5.8%</td>
<td>6.4%</td>
<td>5.9%</td>
<td>-0.6%</td>
<td>+ 0.1%</td>
</tr>
<tr>
<td>Regional Services</td>
<td>5.8%</td>
<td>7.1%</td>
<td>6.2%</td>
<td>-1.0%</td>
<td>+ 0.4%</td>
</tr>
<tr>
<td>South Sector</td>
<td>6.4%</td>
<td>7.7%</td>
<td>6.9%</td>
<td>-0.9%</td>
<td>+ 0.5%</td>
</tr>
<tr>
<td>Women &amp; Children’s</td>
<td>5.7%</td>
<td>6.4%</td>
<td>5.8%</td>
<td>-0.5%</td>
<td>+ 0.1%</td>
</tr>
<tr>
<td>Acute Total</td>
<td>5.8%</td>
<td>6.8%</td>
<td>6.2%</td>
<td>-0.5%</td>
<td>+ 0.4%</td>
</tr>
</tbody>
</table>

Absence within Acute has an inter-month decrease in all Acute Sectors and Directorates with the exception of Clyde Sector. The largest decrease is 1% in Regional Services.

**Board Wide Services (excluding Estates and Facilities Management)**
Board wide services have for the most part seen a decrease over inter-month absence variance, Inter-year variance is relatively unchanged overall, with a 0.2% increase compared to February 2018.

**Estates and Facilities Management**

<table>
<thead>
<tr>
<th>Sector/Directorate/HSCP</th>
<th>Feb-18</th>
<th>Jan-19</th>
<th>Feb-19</th>
<th>Inter-month variance</th>
<th>Inter-year variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estates and Facilities</td>
<td>8.8%</td>
<td>9.4%</td>
<td>8.9%</td>
<td>-0.5%</td>
<td>+ 0.1%</td>
</tr>
</tbody>
</table>

Estates and Facilities Management continue to report the highest rate of absence across NHS Greater Glasgow and Clyde and action is being led by the Director of Estates and Facilities supported by Human Resources to target key areas.

**Partnerships**

<table>
<thead>
<tr>
<th>Sector/Directorate/HSCP</th>
<th>Feb-18</th>
<th>Jan-19</th>
<th>Feb-19</th>
<th>Inter-month variance</th>
<th>Inter-year variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Dunbartonshire - Oral Health</td>
<td>6.7%</td>
<td>6.5%</td>
<td>4.1%</td>
<td>-2.4%</td>
<td>-2.6%</td>
</tr>
<tr>
<td>East Dunbartonshire HSCP</td>
<td>5.2%</td>
<td>5.0%</td>
<td>4.5%</td>
<td>-0.5%</td>
<td>-0.7%</td>
</tr>
<tr>
<td>East Renfrewshire HSCP</td>
<td>6.3%</td>
<td>8.6%</td>
<td>8.6%</td>
<td>+ 0%</td>
<td>+ 2.3%</td>
</tr>
<tr>
<td>Glasgow City HSCP</td>
<td>6.1%</td>
<td>7.3%</td>
<td>7.1%</td>
<td>-0.2%</td>
<td>+ 1%</td>
</tr>
<tr>
<td>Inverclyde HSCP</td>
<td>5.9%</td>
<td>6.3%</td>
<td>6.9%</td>
<td>+ 0.6%</td>
<td>+ 1%</td>
</tr>
<tr>
<td>Renfrewshire HSCP</td>
<td>5.4%</td>
<td>7.3%</td>
<td>6.4%</td>
<td>-0.9%</td>
<td>+ 1%</td>
</tr>
<tr>
<td>West Dunbartonshire HSCP</td>
<td>4.3%</td>
<td>5.8%</td>
<td>5.3%</td>
<td>-0.5%</td>
<td>+ 0.9%</td>
</tr>
<tr>
<td>Partnerships Total</td>
<td>5.8%</td>
<td>7.0%</td>
<td>6.6%</td>
<td>-0.4%</td>
<td>+ 0.8%</td>
</tr>
</tbody>
</table>

Absence performance has been mixed across the Health and Social Care Partnerships this month. Absence has reduced on an inter-month basis by 0.4%, however the overall HSCP absence level is still 0.8% above where it was in February 2018.

**Absence Comparison – Rolling 12 Months**

The graphs below compare the sickness absence levels in Acute, Partnership, and Board-wide services for the period March 2017 to February 2018 with the period March 2018 to February 2019.
Acute Sectors (rolling 12 months)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Mar 17 to Feb 18</th>
<th>Mar 18 to Feb 19</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clyde Sector</td>
<td>5.2%</td>
<td>5.7%</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>4.6%</td>
<td>4.8%</td>
<td></td>
</tr>
<tr>
<td>North Sector</td>
<td>5.2%</td>
<td>5.6%</td>
<td></td>
</tr>
<tr>
<td>Regional Services</td>
<td>5.5%</td>
<td>5.9%</td>
<td></td>
</tr>
<tr>
<td>South Sector</td>
<td>6.1%</td>
<td>6.3%</td>
<td></td>
</tr>
<tr>
<td>Women &amp; Children’s</td>
<td>5.0%</td>
<td>5.7%</td>
<td></td>
</tr>
</tbody>
</table>

Partnership Sectors (rolling 12 months)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Mar 17 to Feb 18</th>
<th>Mar 18 to Feb 19</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Dunbartonshire Oral Health</td>
<td>6.0%</td>
<td>5.0%</td>
<td></td>
</tr>
<tr>
<td>East Dunbartonshire HSCP</td>
<td>5.0%</td>
<td>5.5%</td>
<td></td>
</tr>
<tr>
<td>East Renfrewshire HSCP</td>
<td>7.9%</td>
<td>7.3%</td>
<td></td>
</tr>
<tr>
<td>Glasgow City HSCP</td>
<td>6.1%</td>
<td>6.4%</td>
<td></td>
</tr>
<tr>
<td>Inverclyde HSCP</td>
<td>6.7%</td>
<td>5.9%</td>
<td></td>
</tr>
<tr>
<td>Renfrewshire HSCP</td>
<td>5.6%</td>
<td>5.7%</td>
<td></td>
</tr>
<tr>
<td>West Dunbartonshire HSCP</td>
<td>5.1%</td>
<td>4.9%</td>
<td></td>
</tr>
</tbody>
</table>
Actions to Address Performance

Sustaining improvement in staff attendance remains a priority for the Board and the Director of Human Resources and Organisational Development continues to explore new approaches and initiatives to maximise staff attendance.

There are three main areas of Board activity in terms of managing attendance including:

1. A revised Attendance Management process being developed by Partnership representatives and Human Resources. The revised process will clarify the roles and responsibilities of line managers, Human Resources staff and the support available to staff in managing their health. The revised process will take into account the new NHS Scotland Attendance Management Policy and ensure that there is a focus on supporting staff with long term health conditions back to work.

2. The Absence Support Team project evaluation has been completed and the final report is being analysed. A set of learning outcomes will be used to help inform the future Attendance management process and improve our support for managers and staff.

3. The other area of activity is delivering the action plan from the external auditor report.

The new Attendance Management pages are also now available on HR Connect. This site provides line managers with essential information, guidance and resources to manage attendance at work.

Timeline For Improvement

All Directors and Chief Officers have been asked to focus on managing attendance through 2019/20.
Measure: MRSA/MSSA Bacteraemia (cases per 1,000 AOBD)

Current Performance: For the quarterly rolling year ending December 2018, the number of MRSA/MSSA cases per 1,000 Acute Occupied Bed Days (AOBDs) was 0.31, current performance is higher than the trajectory of 0.24.

National Performance: For the quarterly rolling year ending December 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 AOBDs 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 4 (October - December) confirm a total of 103 SAB patient cases for NHSGG&C. This equates to a SAB rate of 30.9 cases per 100,000 AOBD. This is an increase of 13.2% upon the previous quarter in SAB patient cases. Current performance is lower than NHS Scotland’s performance of 32.4 cases per 100,000 AOBD.

The Quarterly Rolling Year ending December 2018 rate as per the Local Delivery Plan standard for SAB is 0.31 cases per 1,000 AOBDs. This is against the March 2017 target of 0.24 cases per 1,000 AOBDs.

Please note that Health Protection Scotland (HPS) now publish SAB data in a different format (healthcare associated and community associated) and therefore the figures included above are not available on the HPS website.

Actions to Address Performance

Improvement actions include the following:

**PVC Care Plan**

The PVC care plan has been approved by Chiefs of Nursing and Medicine and is currently being rolled out throughout NHSGGC. 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. It also promotes the switch from IV to oral antibiotics which is a key message from the antimicrobial management team. IPCT will monitor the impact of this initiative during 2019.
### PVC Packs

Samples of this pack are currently being evaluated. If clinical areas approve it is possible that this could be available for use by May 2019.

A further SAB group meeting in which to explore any other areas for improvement is scheduled for 28th May 2019.

### 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.
# APPENDIX 1: 2018-19 ANNUAL OPERATIONAL PLAN TRAJECTORIES

## New Outpatients Waiting > 12 weeks for a New Outpatient Appointment (available patients)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>25,998</td>
<td>25,624</td>
<td>24,545</td>
<td>24,081</td>
<td>25,824</td>
<td>26,527</td>
<td>27,661</td>
<td>27,178</td>
<td>26,476</td>
<td>27,139</td>
<td>27,380</td>
<td>26,951</td>
<td></td>
</tr>
<tr>
<td>Trajectory</td>
<td>25,998</td>
<td>25,298</td>
<td>24,604</td>
<td>23,917</td>
<td>23,568</td>
<td>22,891</td>
<td>22,213</td>
<td>21,535</td>
<td>20,857</td>
<td>20,857</td>
<td>20,857</td>
<td>20,179</td>
<td>19,501</td>
</tr>
</tbody>
</table>

## Number of eligible patients waiting > 12 weeks Treatment Time Guarantee

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>5,108</td>
<td>5,382</td>
<td>5,236</td>
<td>5,164</td>
<td>5,394</td>
<td>5,360</td>
<td>5,505</td>
<td>5,385</td>
<td>6,098</td>
<td>6,962</td>
<td>7,483</td>
<td>7,795</td>
<td></td>
</tr>
<tr>
<td>Trajectory</td>
<td>5,108</td>
<td>4,866</td>
<td>4,624</td>
<td>4,503</td>
<td>4,261</td>
<td>4,019</td>
<td>3,777</td>
<td>3,535</td>
<td>3,293</td>
<td>3,293</td>
<td>3,293</td>
<td>3,051</td>
<td>2,809</td>
</tr>
</tbody>
</table>

## Number of patient waiting > 6 weeks to access a Key Diagnostic Tests

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>6,139</td>
<td>7,294</td>
<td>6,249</td>
<td>6,546</td>
<td>6,933</td>
<td>6,733</td>
<td>6,188</td>
<td>6,073</td>
<td>5,174</td>
<td>5,724</td>
<td>5,608</td>
<td>3,705</td>
<td></td>
</tr>
<tr>
<td>Trajectory</td>
<td>4,900</td>
<td>4,692</td>
<td>4,484</td>
<td>4,275</td>
<td>4,067</td>
<td>3,859</td>
<td>3,651</td>
<td>3,442</td>
<td>3,234</td>
<td>3,026</td>
<td>2,818</td>
<td>2,609</td>
<td>2,401</td>
</tr>
</tbody>
</table>

## 62 Day Cancer Waiting Time

<table>
<thead>
<tr>
<th></th>
<th>Mar-18</th>
<th>Apr - June 18</th>
<th>Jul - Sept 18</th>
<th>Oct - Dec 18</th>
<th>Jan - Mar 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>80.7%</td>
<td>78.9%</td>
<td>76.5%</td>
<td>77.2%</td>
<td>76.5%</td>
</tr>
<tr>
<td>Trajectory</td>
<td>84.0%</td>
<td>84.0%</td>
<td>88.0%</td>
<td>92.0%</td>
<td>95.0%</td>
</tr>
</tbody>
</table>

## 31 Day Cancer Waiting Time

<table>
<thead>
<tr>
<th></th>
<th>Mar-18</th>
<th>Apr - June 18</th>
<th>Jul - Sept 18</th>
<th>Oct - Dec 18</th>
<th>Jan - Mar 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>92.2%</td>
<td>94.2%</td>
<td>94.8%</td>
<td>95.1%</td>
<td>92.9%</td>
</tr>
<tr>
<td>Trajectory</td>
<td>93.0%</td>
<td>93.0%</td>
<td>94.0%</td>
<td>94.5%</td>
<td>95.0%</td>
</tr>
</tbody>
</table>

## A&E 4 Hour Wait

<table>
<thead>
<tr>
<th></th>
<th>Mar-18</th>
<th>Apr - June 18</th>
<th>Jul - Sept 18</th>
<th>Oct - Dec 18</th>
<th>Jan - Mar 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>86.7%</td>
<td>88.1%</td>
<td>92.8%</td>
<td>93.6%</td>
<td>93.6%</td>
</tr>
<tr>
<td>Trajectory</td>
<td>91.0%</td>
<td>93.0%</td>
<td>93.0%</td>
<td>93.0%</td>
<td>93.0%</td>
</tr>
</tbody>
</table>

## 18 weeks Referral To Treatment Child and Adolescent Mental Health (% of patients seen)

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Trajectory</th>
<th>Actual</th>
<th>Trajectory</th>
<th>Actual</th>
<th>Trajectory</th>
<th>Actual</th>
<th>Trajectory</th>
<th>Actual</th>
<th>Trajectory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>88.7%</td>
<td>Maintain 2018 position</td>
<td>84.0%</td>
<td>Maintain 2018 position</td>
<td>82.0%</td>
<td>Maintain 2018 position</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>83.8%</td>
<td>Maintain 2018 position</td>
<td>74.4%</td>
<td>Maintain 2018 position</td>
<td>76.0%</td>
<td>Maintain 2018 position</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>84.8%</td>
<td>Maintain 2018 position</td>
<td>74.3%</td>
<td>Maintain 2018 position</td>
<td>82.7%</td>
<td>Maintain 2018 position</td>
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## 18 weeks Referral to Psychological Therapies (% of patients seen)

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NB Monthly performance figures still to be validated.