

NHS Greater Glasgow & Clyde



NHS BOARD MEETING

Director of Finance

25th June 2019

Paper No: 19/31

**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 2019-20 Corporate Objectives.

Key Issues to be Considered

At our Annual Review held 11th March 2019, we made a commitment to the Cabinet Secretary for Health and Sport that we would include information in relation to our GP out of Hours Services. This report contains an exception report relating to this highlighting levels of activity, closures and actions in place to address some of the pressures that lead to the closure of the service in some areas.

A total of 10 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.

1. A&E 4 hour waits.
2. Delayed discharges and bed days occupied by delayed patients.
3. 18 weeks Referral To Treatment.
4. Number of patients waiting >6 weeks for a key diagnostic test.
5. Suspicion of cancer referrals (62 days).
6. MRSA/MSSA.
7. % of Freedom of information requests completed within 20 working days (*new*).
8. % of complaints responded to within 20 working days (*new*).
9. Sickness Absence.
10. GP Out of Hours Services (*new*).

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 2019-120 Corporate Objectives which has the priorities embedded within it.

**Mark White
Director of Finance
Tel No: 0141 201 4609
25 June 2019**

NHS GREATER GLASGOW AND CLYDE

Board Meeting
25 June 2019

Paper No: 19/31

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 2019-20 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 2019-20 Corporate Objectives. Performance Indicators are grouped under the four themes outlined in the 2019-20 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.

For each indicator, the most recent data available has been used. This means that some indicators reflect different time periods. For every time period of data provided performance is compared against the same time period in the previous year to ensure comparability and provide a direction of travel.

3. WHAT'S NEW IN THE REPORT?

In response to a number of service pressures experienced with our GP Out Of Hours Service, we made a commitment to the Cabinet Secretary for Health and Sport, at our Annual Review held on 11th March 2019, that we would provide regular updates to the Board in relation to General Practice Out Of Hours (OOH) Services. This report contains an exception report outlining levels of activity, closures and actions in place to address some of the pressures that lead to the closure of the service in some areas.

4. SUMMARY OF PERFORMANCE

Measures Rated As Green (11)

Performance in relation to 11 measures has been rated as green as a result of either meeting or exceeding the trajectory / target. Areas we continue to do well in include the year end position in relation to all of our health improvement Local Delivery Plan Standards i.e. smoking cessation, alcohol brief interventions, access to drug and alcohol services within the 3 week waiting time standard all exceeded the expected position as did performance in relation to access to IVF Treatment and Psychological Therapies.

Similarly, the new financial year has started positively in that a number of our key waiting times and access targets including the number of new outpatients waiting > 12 weeks, TTG patients waiting > 12 weeks are within the provisional planned position for the reporting period. In terms of the number of new outpatients waiting > 12 weeks for a new outpatient appointment the April position represents a 20% reduction on the same month the previous year.

We narrowly missed the provisional trajectory in terms of access to Child and Adolescent Mental Health Services however, the programme of work currently underway will work toward ensuring we deliver against the planned milestones throughout the year. Similarly we narrowly missed the trajectory in relation to our cancer waits mainly as a result of 3 cancer types and improvement actions in place to address performance in relation to each is detailed within the exception report on page 10.

Measures Rated As Red (10)

A total of 10 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.

1. A&E 4 hour waits.
2. Delayed Discharges and bed days occupied by delayed patients.
3. 18 weeks Referral To Treatment.
4. Number of patients waiting >6 weeks for a key diagnostic test.
5. Suspicion of cancer referrals (62 days).
6. MRSA/MSSA.
7. % of freedom of information requests completed within 20 working days (**new**).
8. % of complaints responded to within 20 working days (**new**).
9. Sickness absence.
10. GP Out Of Hours Services (**new**).

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

Since the last Board meeting, NHSGGC has undergone a significant amount of work to develop realistic trajectories as part of the 2019-20 Annual Operational Plan planning process. Whilst the trajectories have been used in this report, they have still to be agreed by the Scottish Government. In parallel with this planning process, a robust programme of improvement activity has been developed to help ensure the delivery of trajectories in relation to key a number of key waiting times and access standards e.g. TTG and new outpatients waiting > 12 weeks for a new outpatient appointment. The Recovery Strategy in relation to both will include the following:

- Establishing a fortnightly process with Service Managers and General Managers to ensure waiting time management grip can be demonstrated; systematic reductions in the longest waiting patients and booking in date order is optimised, once urgent cases are accommodated. Once these have been established there are plans to build in the key theatre utilisation / enhanced recovery metrics to systematically drive improved productivity;
- Developing Sector Sustainable Recovery Plans for specialties that are challenged. This process is currently underway and the intention will be to share each Sector Plans as early as possible to promote good practice and optimal cross sector working. Each of the Sector Specialty Plans will include the Independent Sector Scottish Government negotiated activity levels;
- The Access Collaborative Programme is now underway to identify and implement waiting time improvement. Initial focus will be on four priority specialties namely; Orthopaedics, Urology, Gastroenterology and Paediatric Surgery and specialty groups have set up in conjunction with support from the National Scottish Government Access Collaborative. Each specialty process will be used to actively promote and implement the Scottish Access Collaborative (SAC) Challenges which will include setting realistic implementation dates for each specialty.
- The MFT Planned Care work stream continues to progress improvement work plans. The roll out of Active Clinical Referral Triage (ACRT) has been selected as the initial priority, given the evidence that new patient activity can be appropriately reduced. The first meeting took place in May 2019 with key NHSGGC and Scottish Government staff agreeing baseline measures and how to record activity changes. The next steps will be to set broad implementation stage points for all specialties and percentage compliance targets by the end of June 2019.

There is evidence of positive progress in some of the programmes of work that have been underway 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 have significantly reduced the length of waits and number of patients waiting > 6 weeks to access one of the eight key diagnostic tests by 50% when the most recent months' performance (April 2019) is compared to the same month the previous year. Similarly, as mentioned earlier the number of new outpatients waiting > 12 weeks has significantly reduced by almost 20%.

However, 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 during this past year. This has undoubtedly had an impact on our progress towards achieving some of our elective waiting times and access targets.

The wider performance context will focus on the following measures:

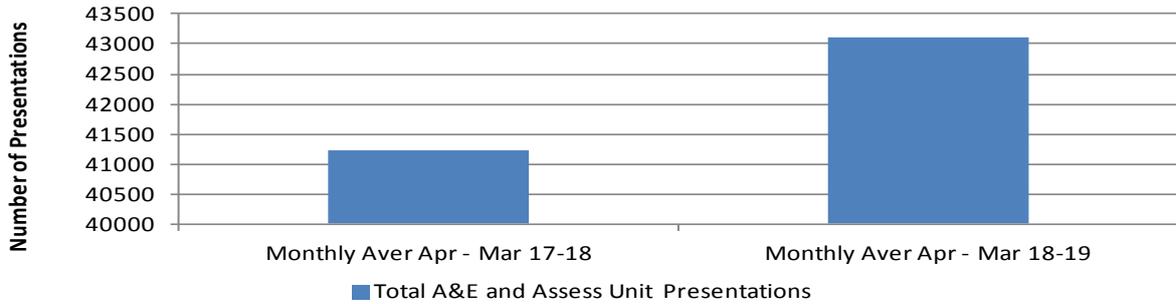
- A&E 4 hour waiting times standard.
- Number of new outpatients waiting >12 weeks for a new outpatient appointment.
- Number of inpatient/daycases waiting >12 weeks for an inpatient daycase procedure.

The information presented below highlights the level of demand and activity using the monthly average position (April – March 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

Total A&E and Assess Unit Presentations



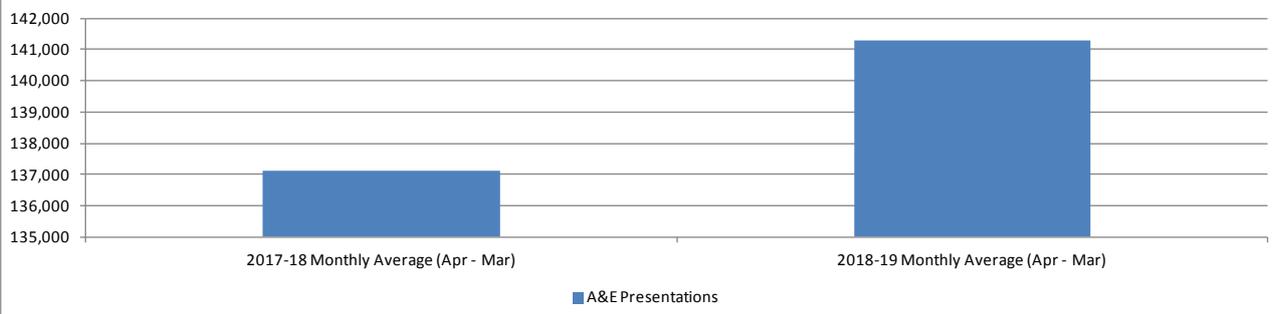
	A&E 4 Hour Wait Performance											
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017-18 Monthly Performance	89.3%	90.7%	93.1%	94.4%	93.6%	91.5%	93.2%	92.0%	81.9%	85.5%	88.3%	86.7%
2018-19 Monthly Performance	88.1%	92.8%	93.6%	93.6%	91.6%	90.7%	91.1%	90.1%	87.4%	87.1%	87.4%	88.9%
% Var on Previous Years' Month	-1.2%	2.1%	0.5%	-0.8%	-2.0%	-0.8%	-2.1%	-1.9%	5.5%	1.6%	-0.9%	2.2%

As seen from the chart above, the year to date (YTD) monthly average (April – March 2019) number of presentations are showing a 4.6% 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. Whilst there were improvements over the months of December, January and March when compared to the same months' the previous year the level of compliance remained below target during 2018-19.

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

National A&E Demand & Activity Trend

A&E Presentations Across NHS Scotland



	NHSScotland's Compliance with A&E 4 Hour Standard											
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017-18	93.4%	94.0%	95.5%	95.7%	95.0%	93.5%	94.4%	93.3%	85.1%	87.2%	90.3%	87.9%
2018-19	90.0%	93.1%	92.8%	93.0%	92.0%	90.9%	92.2%	91.3%	89.6%	88.8%	89.3%	91.3%

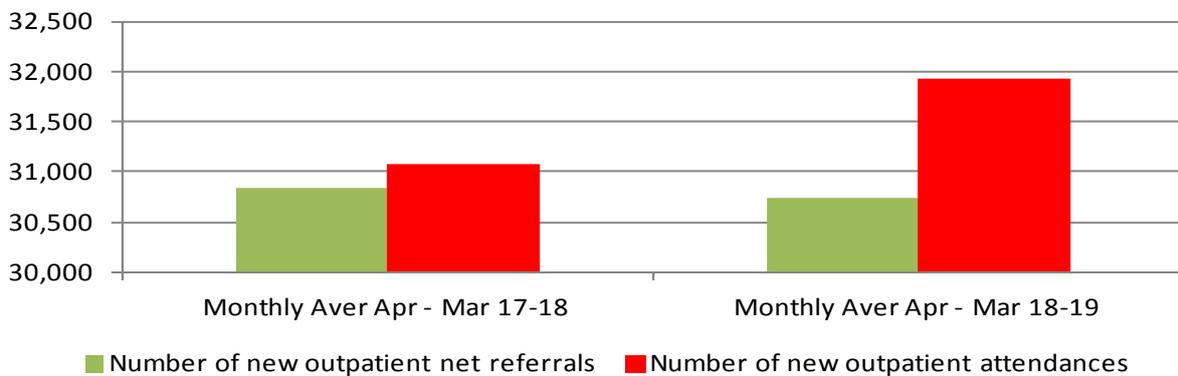
As seen from the table above, the Year To Date (YTD) monthly average number of presentations

received across NHS Scotland increased by 3% 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 and March 2019, the monthly compliance is lower than that recorded during the same months' the previous year and remained below the 95% target throughout 2018-19.

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



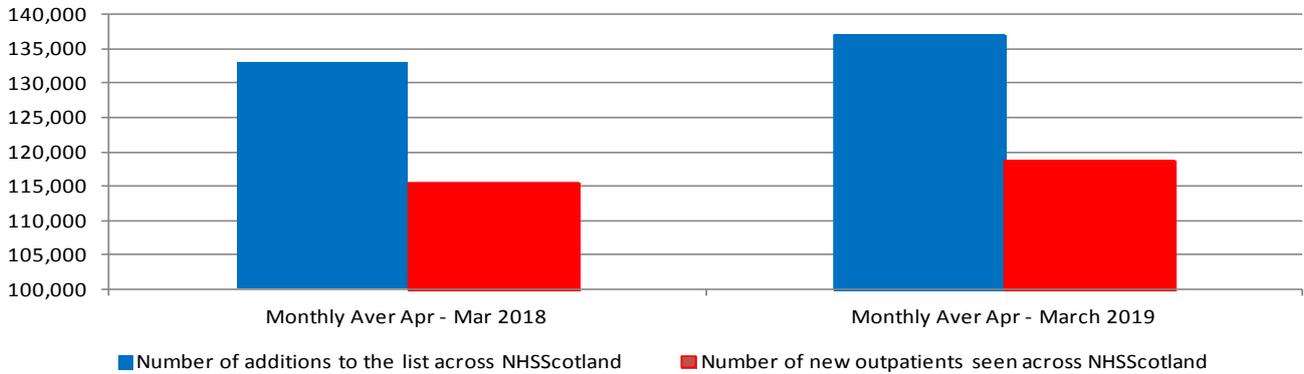
Data Source: Data sourced from Monthly Management Information and still to be validated.

The chart above highlights that the monthly average (April – March 2019) number of new outpatient net 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 almost 3% when compared to the same period the previous year.

The chart overleaf uses the latest published figures and highlights NHS Scotland’s new outpatient demand and activity levels for the period April – March 2019. Whilst the pattern of demand and activity has increased across NHS Scotland, the level of activity growth is the same as that across NHSGGC with an almost 3% increase in the number of new outpatients seen.

National New Outpatient Activity Trend

New Outpatient Demand and Activity - NHS Scotland

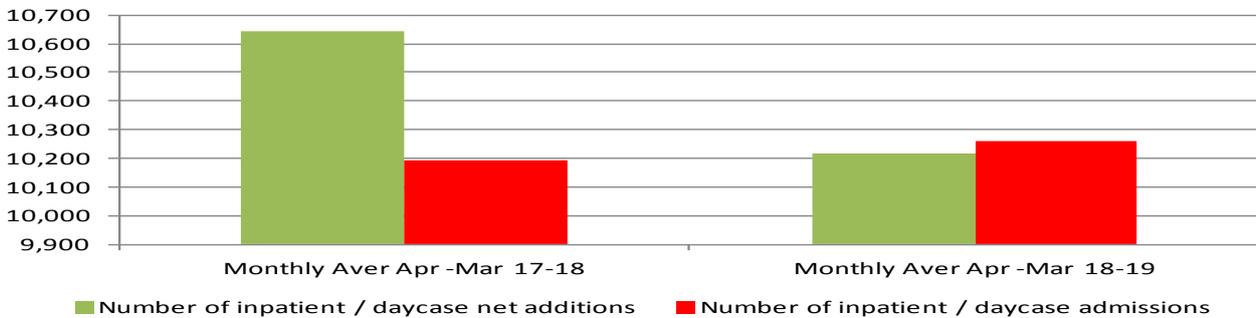


Please Note: NHS Scotland data excludes NHS Tayside due to these Boards experiencing technical problems with data submitted to ISD Waiting Times warehouse. Data extracted from the national Stage of Treatment publication 28 May 2019.

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

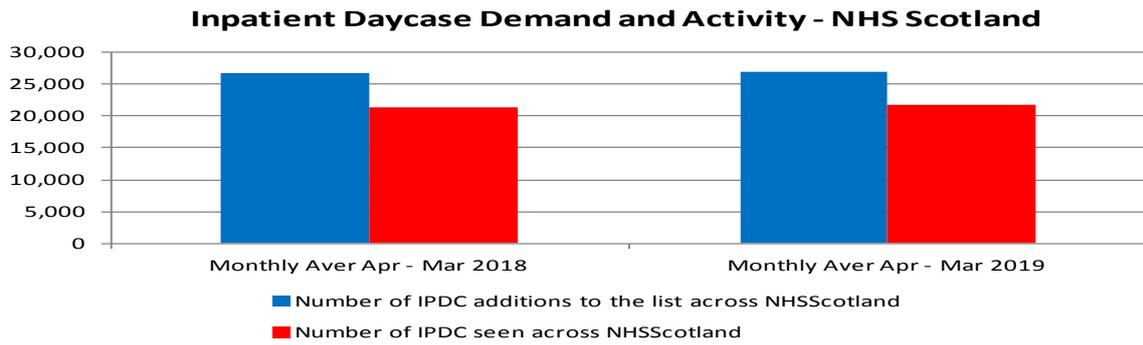


Data Source: Data sourced from Monthly Management Information and still to be validated.

As seen from the chart above, the year to date monthly average (April – March 2019) net additions to the waiting list across NHSGG&C decreased by 4% however, the overall number of inpatient/daycase admissions increased 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 – March 2019) has remained fairly static whereas activity has increased by 1.5% slightly higher than NHSGGC's activity levels.

NHS Scotland's Inpatient/Daycase Demand and Activity Trend



Please Note: NHS Scotland data excludes 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 28 May 2019.

OFFICIAL SENSITIVE

PERFORMANCE AT A GLANCE - JUNE 2019									
BETTER HEALTH									
Ref	Type	Measure	As At	2018-19 Actual	2019-20 Actual	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*	Jan - Mar 19	87.3%	—	80.0%	GREEN	↑	
2	LDPS	Drug and Alcohol: % of patients waiting <3 weeks from referral to appropriate treatment	Oct - Dec 18	95.0%	—	90.0%	GREEN	↓	
3	LDPS	Number of Alcohol Brief Interventions delivered	Apr - Mar 19	13,563	—	13,085	GREEN	↓	
4	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas*	Apr - Mar 19	1,306	—	1,123	GREEN	↓	
BETTER CARE									
Ref	Type	Measure	As At	2018-19 Actual	2019-20 Actual	Target	Perform Status	Dir of Travel	Exception Reports
5	LDPS	% of patients waiting <4 hours at A&E	May-19	92.8%	87.9%	95.0%	RED	↓	Page 13
6	LKPI	Total A&E Presentations (ED, MIU & AUs)	May-19	46,146	45,225	—	GREY	—	
		Accident & Emergency Presentations	May-19	40,020	39,114	—	GREY	—	
		Other Accident and Emergency Presentations	May-19	6,126	6,111	—	GREY	—	
7	HSCI	Total number of patients delayed across NHSGG&C (taken at Census point)	May-19	202	211	0	RED	↓	Page 16
		Acute Patients	May-19	145	163				
		Adult Mental Health Patients	May-19	57	48				
8	HSCI	Total number of Bed Days Lost to Delayed Discharge	May-19	5,795	6,305	—	AMBER	↓	Page 16
		Acute Bed Days Lost	May-19	3,906	4,949	4,722			
		Mental Health Bed Days Lost	May-19	1,889	1,356	—			
9	LDPS	18 Week Referral To Treatment (RTT)							
		Combined Admitted/Non Admitted	Apr-19	88.6%	77.7%	90.0%	RED	↓	Page 23
		Combined Linked Pathway	Apr-19	85.5%	81.9%	80.0%	GREEN	↓	
10	LDPS	New Outpatient Appointments							
		% of available new outpatients waiting <12 weeks for a new outpatient appointment (Inc RHC and Dental)	Apr-19	72.0%	72.4%	23,000	GREEN	↑	
Number of available patients waiting >12 weeks for a new outpatient appointment (inc RHC and Dental)	Apr-19	25,634	21,436						
11	NKPI	Access to a Key Diagnostic Test							
		% of patients waiting <6 weeks for access to a key diagnostic test	Apr-19	74.4%	84.0%	1,800	RED	↑	Page 19
Number of patients waiting >6 weeks for a key diagnostic test	Apr-19	7,294	3,630						
12	NKPI	12 week Treatment Time Guarantee (TTG)							
		% of inpatient/daycases treated within the 12 week TTG	Apr-19	79.1%	74.9%	8,500	GREEN	↓	
Number of inpatients/daycases waiting >12 weeks TTG	Apr-19	5,382	7,750						
13	LKPI	Patient unavailability (Adults)	Apr-19						
		Inpatient/Day Cases (inc Endoscopy)	Apr-19	1,353	1,317	—	GREY	↑	
		New Outpatients	Apr-19	885	941	—	GREY	↓	
14	LDPS	Suspicion of Cancer Referrals (62 days)*	Apr-19	74.1%	75.1%	80.0%	RED	↑	Page 10
15	LDPS	All Cancer Treatments (31 days)*	Apr-19	90.7%	92.1%	95.0%	AMBER	↑	
16	LDPS	C.Diff Infections (cases per 1,000 AOBDR rolling year for 15 years+)	Dec-18	0.31	—	0.32	GREEN	↔	
17	LDPS	SAB Infection rate (cases per 1,000 AOBDR rolling year)	Dec-18	0.31	—	0.24	RED	↔	Page 27
18	LKPI	Number of GP Out of Hour closures	May-19	—	—	—	GREY	—	Page 31
19	LDPS	% of eligible patients commencing IVF treatment within 12 months	Apr-19	100.0%	100.0%	90.0%	GREEN	↔	
20	LDPS	% patients who started their treatment within 18 weeks of RTT to Specialist Child and Adolescent Mental Health Services*	Apr-19	84.0%	75.4%	77.0%	AMBER	↓	
21	LDPS	% patients who started treatment <18 weeks of referral for Psychological Therapies*	Apr-19	90.0%	90.5%	90.0%	GREEN	↑	
BETTER VALUE									
Ref	Type	Measure	As At	2018-19 Actual	2019-20 Actual	Target	Perform Status	Dir of Travel	Exception Reports
22	LDPS	Financial Performance	May-19	(£9.4m)	£8.1m	(£8.6m)	GREEN	↑	
23	LKPI	Freedom of Information requests responded to within 20 working days	Jan - Mar 19	77.1%	—	90.0%	RED	↓	Page 25
24	LKPI	% of complaints closed within 20 working days	Jan - Mar 19	62.0%	—	70.0%	RED	—	Page 26
		% of complaints closed at Stage 1 within 5 working days	Jan - Mar 19	83.0%	—	—	GREY	—	
		% of complaints closed at Stage 1 between 6 - 10 working days	Jan - Mar 19	13.0%	—	—	GREY	—	
BETTER WORKPLACE									
Ref	Type	Measure	As At	2018-19 Actual	2019-20 Actual	Target	Perform Status	Dir of Travel	Exception Reports
25	LDPS	Sickness Absence (month ending)	Mar-19	5.1%	5.4%	4.0%	RED	↑	Page 29
		Long Term	Mar-19	2.5%	2.6%	—	GREY	↓	
		Short Term	Mar-19	2.6%	2.8%	—	GREY	↑	

* Data has still to be validated

Key	Performance Status	Direction of Travel
LDPS	RED	Improving ↑
HSCI	AMBER	Deteriorating ↓
NKPI	GREEN	Maintaining ↔
LKPI	GREY	
	N/A	—

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

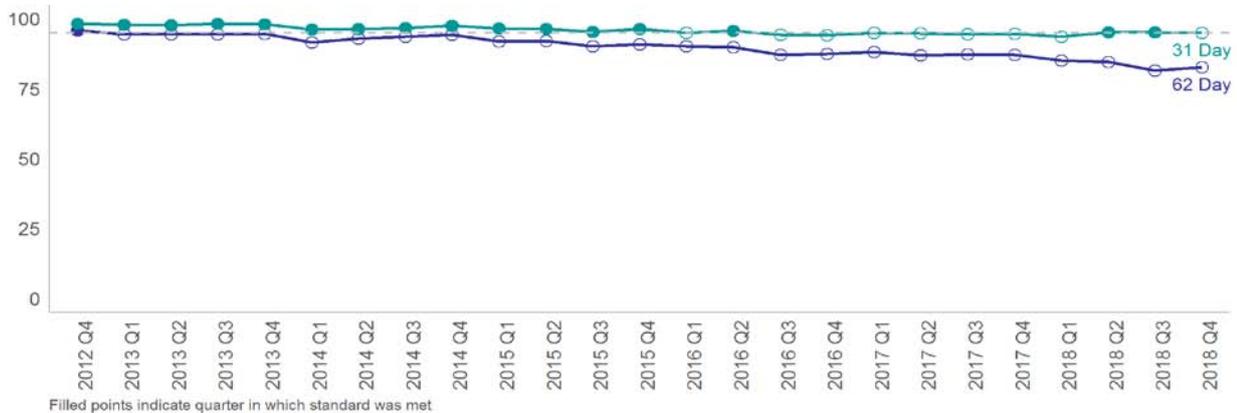
PERFORMANCE EXCEPTION REPORTS

Exception Report: Suspicion of Cancer Referrals (62 days)

Measure	Suspicion of Cancer Referrals
Current Performance	As at April 2019, 75.1% of patients with an urgent referral for suspicion of cancer started their treatment within 62 days of the referral. <i>(Data provisional)</i>
NHS Scotland (Latest published data available)	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.
Lead Director	Frances McLinden, Interim Director of Regional Services

NHS Scotland's Performance

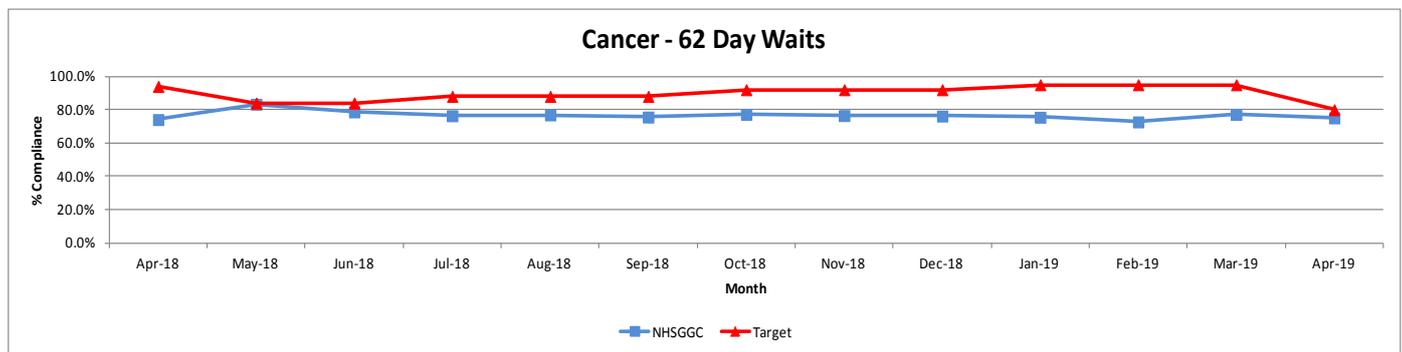
National Trend



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's Performance



As at April 2019, 75.1% (253 out of 337) of eligible referrals with an urgent referral for suspicion of cancer started their first treatment within 62 days of referral, below the proposed 2019-20 Annual Operational Plan trajectory of 80% for June 2019 (still to be agreed by the Scottish Government). The April 2019 position represents deterioration on the 77.2% reported the previous month. Performance in relation to 7 out of the 10 cancer types included in the measure exceeded the proposed 80% trajectory namely: Breast (82.1%); Cervical (100.0%); Head and Neck (86.4%); Lung (86.0%); Lymphoma (100%); Melanoma (90.0%) and Ovarian (100.0%). The 3 cancer types below the proposed 80% trajectory were:

- Colorectal 40.1% (16 out of 40 eligible referrals treated within target) a deterioration on the 57.1% reported in March 2019.
- Upper GI 75.9% (22 out of 29 eligible referrals treated within target) a deterioration on the 92.3% reported in March 2019.
- Urology 57.4% (27 out of 47 eligible referrals treated within target) an improvement on the 51.7% reported in March 2019.

The April 2019 position in relation to the 31 day cancer performance was 92.1%, below the target of 95%. Current performance represents a decrease on the 95.9% reported in March 2019. A total of six of the 10 cancer types included in the measure continued to exceed the 95% target and a further 2 cancer types namely Colorectal (93.8%) and Ovarian (92.3%) narrowly missed target. Performance in relation to the two cancer types below the 95% target is as follows:

- Breast 85.5% (124 out of 145 eligible referrals were treated within target) a deterioration on the 89.0% reported in March 2019.
- Urology 89.2% (99 out of 111 eligible patients treated within trajectory) a deterioration on the 94.8% reported in March 2019.

Actions to Address Performance

A number of actions have been agreed to target improvement in the most challenging areas as noted below:

Cancer Type	Agreed Action	Status June 19
Breast Cancer	Appoint Locum Breast Surgeon	Appointed week of 3 rd June 2019, start date July 2019.
	Appoint Reporting Mammographer	To commence July 2019.
	Appoint Consultant Radiographer	Vacancy approval process complete 3 rd June to advert as soon as possible.
Colorectal Cancer (Screened and Symptomatic)	Model weekly carve out to book patients within 14 days	Demand and Capacity being reviewed and expected to be completed the week ending 14 th June 2019.

Further process improvements that have been / are being actioned include:

Agreed Action	Status June 19
Appoint Cancer Service Manager (CWT)	Commences 8 th July 2019.
Weekly Tracking Meetings Across all Services	Ongoing.
Reinstate Monthly Cancer Performance Meeting	First Meeting on 28 th June 2019.
Implementation Downgrading Policy	Pan NHS Scotland proposal to Scottish Primary Care Cancer Group week of 10 th June 2019.
Complete Microstrategy reporting of Cancer Waiting Times / integration with NHSGGC waiting times dashboard.	Provide specification to BI week ending 21 st June 2019.

Timeline for Improvement

Whilst the Board remains firmly committed to achieving all national cancer targets, this remains a significant challenge as it requires a programme of work underpinned by additional funding which is under discussion with Scottish Government Cancer Access Team. The 2019-20 Annual Operational Plan outlines the proposed revised realistic trajectories for Scottish Government approval. It is anticipated that these trajectories reflect a more realistic position of where we expect to be once the programme of work gets underway. The trajectory (based on validated quarterly figures) is as below:

OFFICIAL SENSITIVE

Standard	Jun-19	Sep-19	Dec-19	Mar-20
Cancer 31 Day	95.0%	95.0%	95.0%	95.0%
Cancer 62 Day	80.0%	83.0%	85.0%	90.0%

NB Monthly performance figures still to be validated.

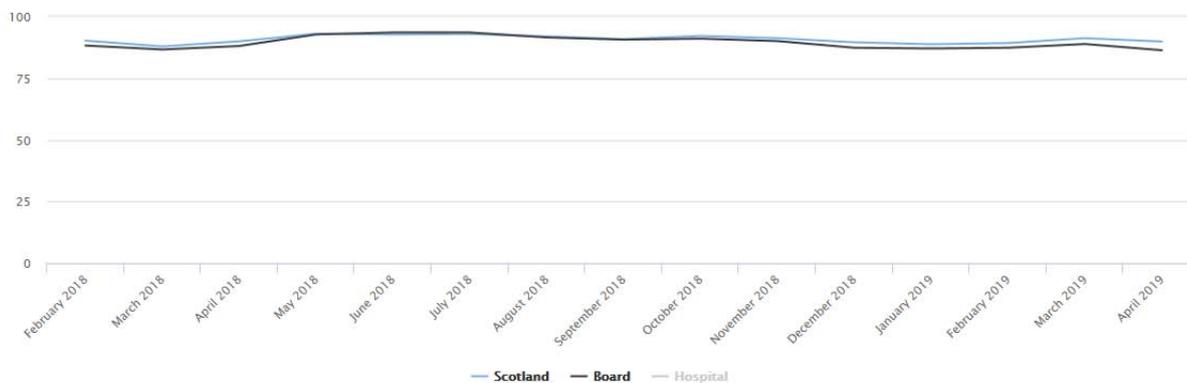
Exception Report: % of A&E patients either admitted, discharged or transferred for A&E treatment within 4 hours or less

Measure	% of A&E patients either admitted, discharged or transferred for A&E treatment < 4 hours
Current Performance	As at May 2019 (month end), 87.9% of patients presenting at A&E Departments across NHSGG&C waited 4 hours or less to be admitted, Discharged or transferred for A&E treatment.
NHS Scotland <i>(Latest published data available)</i>	As at April 2019, 89.9% of patients presenting at A&E Departments across NHS Scotland waited 4 hours or less to be admitted, discharged or transferred for A&E treatment.
Lead Director	Jonathan Best, Chief Operating Officer

NHS Scotland's Performance

As at April 2019, 89.9% 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.

NHS Scotland A&E Compliance – April 2019



NHSGG&C's Performance

As at May 2019 (month end), 87.9% of all patients waiting at A&E Departments were waiting <4 hours to be seen, treated or transferred, below the 95% trajectory for May 2019. Current performance represents a reduction in performance when compared to the same month the previous year (92.8%). Four of the eight sites across NHSGG&C are below trajectory namely, Glasgow Royal Infirmary (GRI) (79.5%), Queen Elizabeth University Hospital (QEUH) (79.9%), Royal Alexandra Hospital (RAH) (88.6%) and the Inverclyde Royal Hospital (IRH) (89.0%). With the exception of the RAH, the other 3 sites experienced an increase in demand when compared to the same period the previous year with the most notable increase at the IRH (4.6%).

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 NHSGG&C. As table 1 highlights, the overall year to date activity shows an almost 1% increase on the previous years' position. With the exception of the RAH, 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. This is contrary to the Board objective to work in partnership with HSCPs to reduce attendances by 5%.

Year to Date A&E Attendances

Hospital	Apr-19	May-19	2019-20 YTD	2018-19 YTD	% Variance
Glasgow Royal Infirmary	10,370	10,465	20,835	20,273	2.8
Stobhill Hospital	1,890	2,011	3,901	3,833	1.8
Queen Elizabeth University Hospital	11,167	11,388	22,555	22,487	0.3
New Victoria Hospital	3,044	3,164	6,208	6,110	1.6
Royal Alexandra Hospital	6,337	6,603	12,940	13,429	-3.6
Inverclyde Royal Hospital	2,777	3,000	5,777	5,522	4.6
Vale of Leven Hospital	1,604	1,684	3,288	3,195	2.9
Royal Hospital for Children	6,519	6,910	13,429	13,083	2.6
Total	43,708	45,225	88,933	88,280	0.7

Compliance with A&E 4 Hour waits Target

Hospital	May-19	May-18	% Variance
Glasgow Royal Infirmary	79.5%	88.5%	-9.0%
Stobhill Hospital	99.6%	100.0%	-0.4%
Queen Elizabeth University Hospital	79.9%	88.8%	-8.9%
New Victoria Hospital	100.0%	99.9%	0.0%
Royal Alexandra Hospital	88.6%	90.9%	-2.3%
Inverclyde Royal Hospital	89.0%	94.3%	-5.3%
Vale of Leven Hospital	96.4%	97.0%	-0.7%
Royal Hospital for Children	97.6%	98.2%	-0.6%
Total	87.9%	92.8%	-4.9%

Actions To Address Performance

The details of the actions in place to drive the required improvements in unscheduled care are outlined in the Board-wide Unscheduled Care Programme Plan. Improvement actions currently in place across Acute and more specifically across the three main Emergency Department (ED) sites alongside the HSCPs include the following:

Acute Sites

- Working in collaboration with the North East Commissioning Support Team we are developing a demand and capacity model to support future decision making around service configuration and process change. The plan will continue throughout the summer with regular progress reports to the Corporate Management Team.
- 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 and work is underway to consider how this resource may be provided going forward.
- 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.
- In April 2019 new Demand and Capacity Flow Managers were introduced to provide additional leadership in the hospital flow hubs. Key to this role is ensure there is effective real time decision making and manage patient movement to improve compliance with the 4 hour standard.
- Complimentary work continues with the introduction of mandatory Estimated Date of Discharge processes on admission (implemented 29th May 2019), continual improvement through the use of Daily Dynamic Discharge and the adoption of Ward task sheets.

- We are collaborating with eHealth to enhance our electronic bed management systems to create a range of supporting information systems to facilitate real time patient management e.g. WardView displaying bed requests and bed allocation, WardView estimated discharge reports or the new Microstrategy live bed state.
- We continue to use the Acute ED redirection process where appropriate ensuring patients are sign posted to appropriate alternatives to help reduce demand in ED.
- The introduction of Priority Patient to promote the first morning discharges continues to generate bed capacity early in the day and to increase utilisation of discharge lounges.
- Work on validation of escalation metrics in underway to ensure sites are signposted to take timely corrective action to avoid and reduce delays.

HSCPs

- All HSCPs are undertaking a review of frequent ED attenders and 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 ED.
- Clinical Directors have made ED site visits during May and will provide feedback on options to reduce attendance where suitable alternatives are available. The initial work will focus on Minor Injury patients.
- 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.
- HSPCs continue to develop local processes 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.
- 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

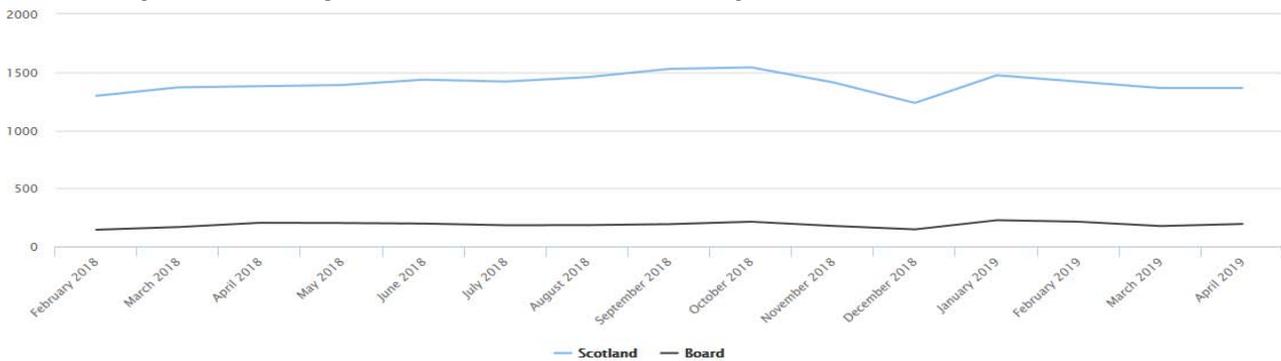
The delivery of the Unscheduled Care 95% target continues to be a challenging area of performance for the Board. As indicated above, both Acute and HSCPs have established actions which they continue to implement in order to achieve the required improvements.

Exception Report: Delayed Discharges and Bed Days Occupied by Delayed Patients

Measure	Delayed Discharges and Bed Days Occupied by Delayed Discharge patients (inc Adults with Incapacity).
Current Performance	As at May 2019, there were a total of 211 patients delayed across NHSGGC resulting in 6,305 bed days occupied by delayed patients.
Latest National Position	As at April 2019, a total of 1,365 patients were delayed across NHS Scotland resulting in the loss of 40,994 occupied bed days.
Lead Director	Dr Mags Mcguire, Nursing Director

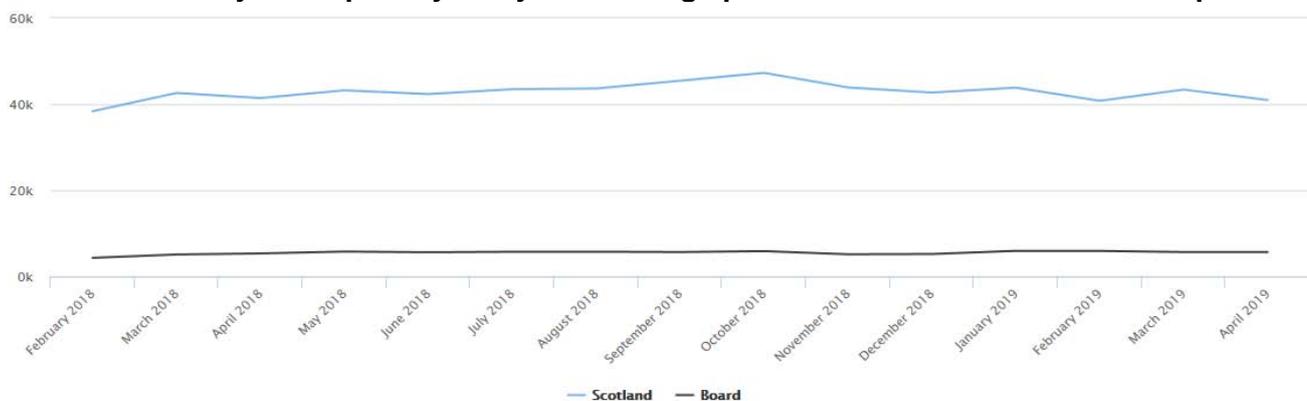
NHS Scotland’s Performance

Number of patients Delayed across NHS Scotland – April 2019



As at April 2019 monthly census a total of 1,365 patients were delayed across NHS Scotland. Performance remained relatively static on the previous months’ position of 1,364 delayed patients across NHS Scotland. NHSGGC accounted for 14% of NHS Scotland total delayed patients reporting 194 delays in April 2019. The April 2019 position reported across NHSGGC represents a 10% increase on the 176 reported the previous month.

Number of bed days occupied by delayed discharge patients across NHS Scotland – April 2019



Across NHS Scotland, total of 40,994 bed days were occupied by delayed patients during April 2019. Current performance represents an almost 6% reduction on the number of occupied bed days lost to delayed patients the previous month (43,419 bed days occupied by delayed patients). NHSGGC accounted for 14% of the total bed days occupied by delayed patients across NHS Scotland. The April 2019 position reported across NHSGGC (5,682) represents a marginal increase on the 5,679 bed days occupied by delayed patients reported the previous month.

NHSGG&C’s Performance

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

OFFICIAL SENSITIVE

Delayed Discharges at monthly census	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
NHSGGC Total Number of Delayed Discharges	202	197	183	184	192	213	177	146	225	213	176	194	211
Acute Total	145	135	125	128	131	158	124	106	170	154	132	149	163
MH Total	57	62	58	56	61	55	53	40	55	59	44	45	48

As seen from *Table 1* above, a total of 211 patients were delayed across NHSGGC resulting in the loss of 6,305 occupied bed days. Current performance remains a challenging.

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

Bed Days Occupied by Delayed Patients	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	April 2019 MSG Target
NHSGGC Total	5,795	5,637	5,742	5,769	5,684	5,899	5,161	5,191	5,959	5,951	5,679	5,682	6,305	-
Acute	3,906	3,896	3,910	4,093	3,965	4,149	3,673	3,749	4,667	4,326	4,125	4,299	4,790	-
Mental Health	1,889	1,741	1,832	1,676	1,719	1,750	1,488	1,442	1,292	1,625	1,554	1,383	1,515	-
HSCP Total	4,859	4,752	5,037	4,817	4,584	4,709	3,990	4,452	4,887	4,797	5,011	4,491	4,949	4,722
Other Local Authorities	936	885	705	952	1,100	1,190	1,171	1,099	1,427	1,464	1,000	1,191	1,356	-

The table above shows the number of bed days occupied by delayed patients across NHSGGC. As seen from the table, current performance is showing a deterioration on the previous months' position across both Acute and Mental Health.

As seen from Table 3 below, overall performance across the 6 HSCPs is almost 5% above the monthly Ministerial Steering Group (MSG) target of 4,722 however, 3 of the 6 HSCPs are currently achieving the monthly target namely East Dunbartonshire, East Renfrewshire and Inverclyde HSCPs and all 3 HSCPs reported a notable decrease on the number of bed days reported the previous month. The remaining 3 HSCPs were above the monthly target position with both Glasgow City and West Dunbartonshire HSCPs reporting a notable increase in the number of bed days occupied by delayed patients when compared to the previous month. Similarly, there was a significant increase in the number of bed days occupied by delayed patients from other local authority areas.

Table 3: Bed days Occupied by Delayed Discharge Patients by HSCP – May 2019

Bed Days Occupied by Delayed Patients	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	April 2019 MSG Target
HSCP Total	4,859	4,752	5,037	4,817	4,584	4,709	3,990	4,452	4,887	4,797	5,011	4,491	4,949	4,722
West Dunbartonshire	387	216	261	348	343	195	239	248	271	261	467	388	629	287
East Dunbartonshire	401	493	496	538	519	346	268	311	385	343	493	333	275	403
East Renfrewshire	177	160	180	210	179	143	165	136	133	142	169	150	101	158
Glasgow City HSCP	3,448	3,426	3,554	3,094	2,838	3,400	2,824	2,855	3,136	3,067	2,923	2,780	3,391	3,327
Inverclyde	46	29	63	59	73	31	48	63	86	49	48	71	50	173
Renfrewshire	400	428	483	568	632	594	446	479	521	625	579	769	503	375
Other Local Authorities	936	885	705	952	1,100	1,190	1,171	1,099	1,427	1,464	1,000	1,191	1,356	-

Actions to Address Performance

The number of delayed discharge patients and associated bed days occupied by delayed patients across NHSGGC has remained a challenge. The actions agreed as part of the 2018-19 Winter Planning arrangements across HSCPs continue to be a focus reducing the number of delayed patients. Key actions specifically relating to those HSCPs currently above the planned MSG monthly position for the number of bed days occupied by delayed patients include:

- West Dunbartonshire HSCP – unfortunately West Dunbartonshire HSCP had one particular delayed patient where circa 20 care homes had assessed and determined that they could not appropriately support the individual's care needs. This led to a significant delay for that individual however, the individual was discharged to a care home on 11th June and the situation was resolved. In addition,

West Dunbartonshire HSCP have been required to convene a number of 'choices' meetings in the last month or so, as individuals / their families have declined interim offers of care home placements awaiting placements of choice. The limited availability of care home placements has been compounded by a moratorium on a local nursing home due to a large scale investigation under the auspice of the Adult Support and Protection Act. West Dunbartonshire HSCP continue to work with the care home regarding an improvement plan which will at an appropriate juncture enable the care home to be re-opened to admissions. Finally, contract monitoring colleagues have liaised with care home managers, where pre-admission assessments were unacceptably delayed

- Renfrewshire HSCP continue to operate a very proactive Social Work Team who work to ensure positive and close working relationships with ward based staff, patients, family members and with care providers in the Community. Renfrewshire HSCP have also been working to ensure the new care at home providers have the right capacity to meet the levels and types of demand in Renfrewshire and this has improved over recent weeks. The hospital based Social Work Team continues to:
 - track all referrals for social work assessments and referrals to care at home to ensure case management is as efficient and effective as possible;
 - ensure close links and clear pathways into local care at home services;
 - work proactively through daily huddles and with service managers to ensure lengths of stay and delays in discharge are minimised; and
 - work proactively with local nursing and care homes to ensure the smooth discharge planning for those patients who are unable to return home.
- In Glasgow City HSCP there is a continued weekly focus on managing delays. In addition, the following actions are underway:
 - The process for management of adult delays is being refreshed;
 - There are improved links with complex wards at the Queen Elizabeth University Hospital to improve early referral;
 - Actions are underway to speed up the RAG processes; and
 - Potential additional staffing in the home is best team including realignment of roles to better respond to demand.
- All HSCPs continue as a priority to ensure processes are in place to systematically review and expedite delayed patients.
- All HSCPs also proactively identify and target homecare clients who lack capacity and promote Powers of Attorney as part of this process.

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. An annual MSG target has been agreed by each of the HSCPs to allow us to focus on achieving more realistic immediate and sustained reductions. As mentioned earlier, three of the HSCPs have been successful in achieving their reduction target for the number of bed days occupied by delayed patients with the other 3 with room for improvement. The actions outlined above should help drive further improvements in the other HSCPs.

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 April 2019 (month end), there were a total of 3,630 patients waiting >6 weeks for one of the key diagnostic tests and investigations. Current performance is in excess of the provisional trajectory of 1,800 for June 2019.
National Performance <i>(using latest published data)</i>	At the quarter ending 31 March 2019, 89,431 patients in NHS Scotland were waiting for one of the eight key diagnostic tests and investigations. 84.0% of patients waiting had been waiting for less than six weeks.
Lead	Jonathan Best, Chief Operating Officer

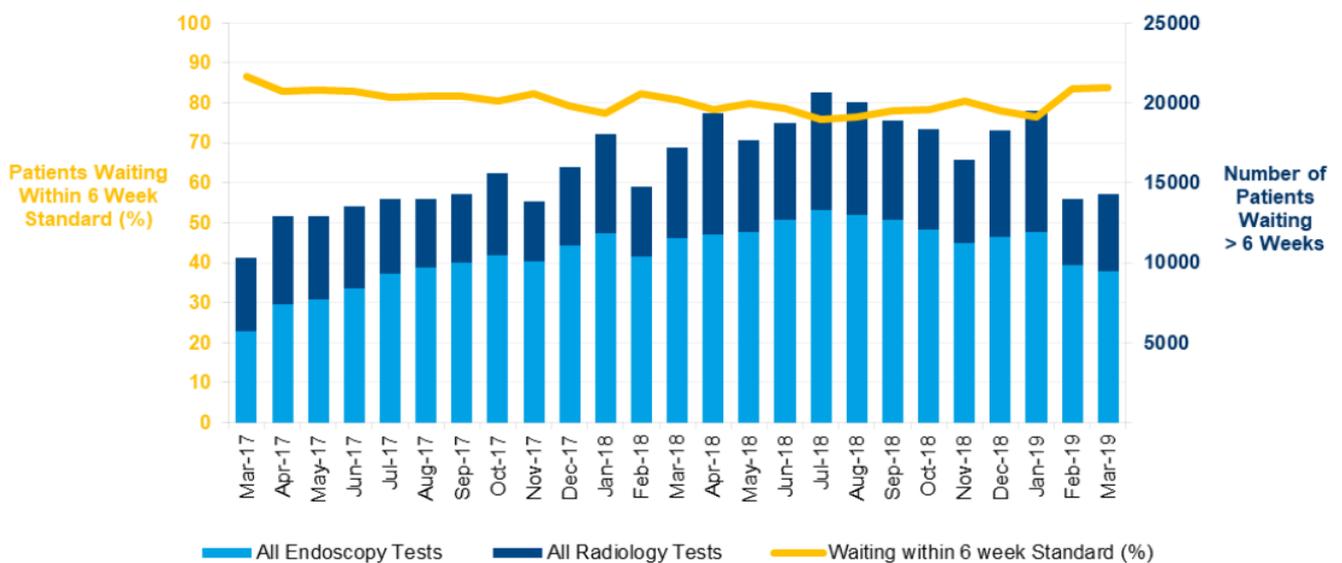
NHS Scotland Performance

At the quarter ending 31 March 2019, there were a total of 89,431 patients waiting for one of the eight key diagnostic tests and investigations across NHS Scotland. Current performance represents a 7.1% increase on the number of patients reported at the quarter ending December 2018.

Across NHS Scotland, 84.0% of patients waiting for a key diagnostic test had been waiting <6 weeks. The March 2019 position is an improvement on the 78.1% reported in December 2018. Across NHSGG&C for the same period (month ending March 2019) the figure was 85.2% higher than the 76.1% reported for the month ending December 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: Patients Waiting Within 6 Week Standard (%)



As seen from Chart 1 above, there has been an overall increasing trend in the number of patients waiting >6 weeks for one of the eight key diagnostic tests over the past 18 months with performance improving in recent months. There has been an increase in performance over the most recent quarter, from 76.5% in January 2019 rising to 84.0% at March 2019 across NHS Scotland.

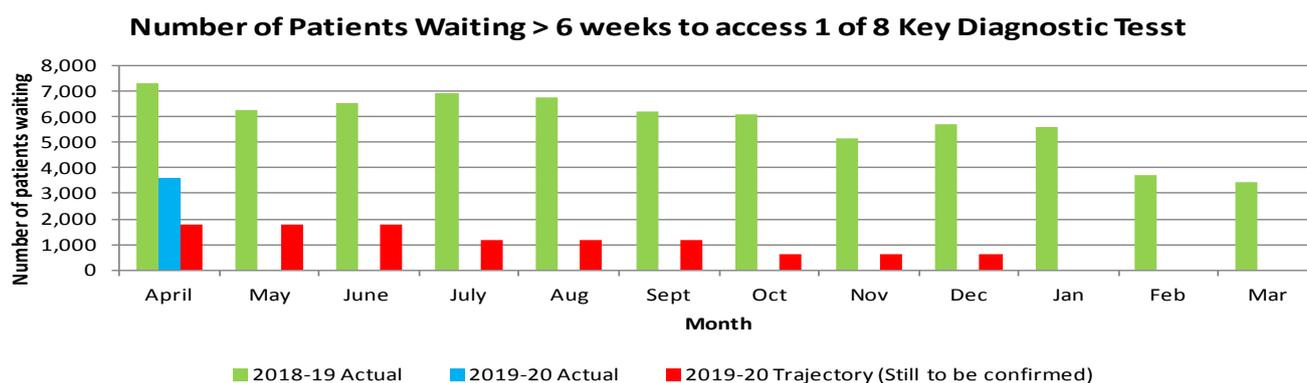
Across NHS Scotland the number of patients waiting >6 weeks for all endoscopy tests has shown an increasing trend between 31 March 2017 and 31 July 2018, increasing from 5,724 to 13,314 (in July

2018), before decreasing to 9,476 at 31 March 2019. Cystoscopy and Colonoscopy have been the main contributors to this decrease, with cystoscopy, in particular showing a 52.3% decrease in the number of patients waiting > 6 weeks since July 2018.

The number of patients waiting >6 weeks for all radiology tests across NHSScotland has fluctuated over the last two years. In the most recent quarter, it reached 7,572 at 31 January 2019 before decreasing to 4,854 at 31 March 2019. MRI has seen the biggest increase in patients waiting > 6 weeks over the past 2 years, increasing from 1,088 at 31 March 2017 to 2,658 at 31 March 2019.

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
2018-19 Actual	7,294	6,249	6,546	6,933	6,733	6,188	6,073	5,174	5,724	5,608	3,705	3,434
2019-20 Actual	3,630											
2019-20 Trajectory	1,800	1,800	1,800	1,200	1,200	1,200	600	600	600	0	0	0

Commentary

As at April 2019 (month end) there were a total of 3,630 patients waiting >6 weeks for a key diagnostic test. Current performance represents a 50% reduction on the number of patients waiting the same month the previous year (7,292 – April 2018). Whilst overall April’s performance is disappointingly higher than the provisional trajectory of no more than 1,800 patients waiting > 6 weeks for June 2019, overall there has been a month on month reduction in the number of patients waiting > 6 weeks. Local weekly management information indicates a further reduction on the number of patients waiting > 6 weeks.

The overall number of patients waiting >6 weeks to access a key diagnostic test represents 16% of the total number of patients (22,410) on the waiting list for one of the eight key diagnostic tests. At April 2019 (month end), 64% of patients waiting for scope tests were waiting <6 weeks and 92% of patients waiting for Imaging tests were waiting <6 weeks.

Scopes

Overall, there has been a 11% reduction in the number of patients waiting over 6 weeks for a scope test, reducing from 2,730 in March 2019 to 2,447 in April 2019. With the exception of the number of patients waiting >6 weeks for a cystoscopy, all other scope tests saw a decrease in the number of patients waiting >6 weeks. The number of patients waiting >6 weeks for each of the scope tests is as follows:

- 886 patients were waiting >6 weeks for an upper endoscopy test (a 14% decrease on the 1,027 patients reported in March 2019);
- 279 patients were waiting >6 weeks for a lower endoscopy test (a 13% decrease on the 321 patients

reported in March 2019);

- 1,204 patients were waiting >6 weeks for a colonoscopy test (a 9% decrease on the 1,322 patients reported in March 2019); and
- 78 patients were waiting >6 weeks for a cystoscopy test (a 30% increase on the 60 patients reported in March 2019).

As previously reported and similar to the national position mentioned earlier, current performance is partly attributed to the pressure created as a result of the introduction of the new bowel screening kits (Faecal Immunochemical Test (FIT)). Local management information continues to indicate a significant increase in the number of positive referrals. To accommodate the growth in the number of positive referrals, some symptomatic lists have been converted to screening and this has had a further impact on the waiting list position.

Imaging

Overall the number of patients waiting >6 weeks for an Imaging test increased from 704 patients reported in March 2019 to 1,183 patients reported in April 2019. The 1,183 patients waiting >6 weeks in April 2019 were waiting for the following tests:

- Magnetic Resonance Imaging (MRI) – 451 patients were waiting >6 weeks (a 76% increase on the 256 patients reported in March 2019);
- Computer Tomography (CT) – 661 patients were waiting >6 weeks (a 48% increase on the 446 patients reported in March 2019);
- Non Obstetric Ultrasound – 71 patients were waiting >6 weeks (a significant increase on the 2 patients reported in March 2019); and
- 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. There have been additional pressures in ultrasound due to maternity leave and sickness absence however, a locum has now been secured and will assist in improving performance.

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 manner and approval for this additional resource has still to be confirmed;
- GJNH capacity continues for 2019-20 providing capacity for 1270 scopes per annum;
- Additional Saturday sessions at Stobhill and Gartnavel General Hospital continue;
- A Locum Endoscopist continues to support additional activity across Clyde and South Sectors;
- The Independent Sector re-tender has been concluded and decision letters are to be issued in the coming weeks. It is anticipated the Independent Sector will continue until March 2020; and
- Review and re-validate surveillance waiting lists in line with recently revised guidelines to ensure the surveillance demand is appropriate.

Radiology

Additional capacity was in place to the end of April 2019 to support the decrease in patients waiting > 6 weeks for a CT/MR. This additional support is planned to remain over the coming months and should help halt the growth in the number of patients waiting.

Timeline for Improvement

Scopes

NHSGG&C remains committed to reducing the number of patients waiting >6 weeks for a scope. The waiting times across NHSGG&C continue to reduce month on month as do the number of patients waiting >6 weeks. Local weekly management information indicates that the longest wait in weeks for a scope test has reduced from 40 weeks to less than 26 weeks. Work continues to further reduce the waiting time to 126 days (18 weeks).

Imaging

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 it is anticipated that this will deliver the required sustained improvements during the next few months.

Exception Report: 18 Weeks Referral to Treatment

Measure	18 weeks Referral to Treatment
Current Performance	As at April 2019 (month end), 77.7% of patients across NHSGG&C were reported as being seen within 18 weeks of referral to treatment.
National Performance	As at March 2019 (month end), 77.3% 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

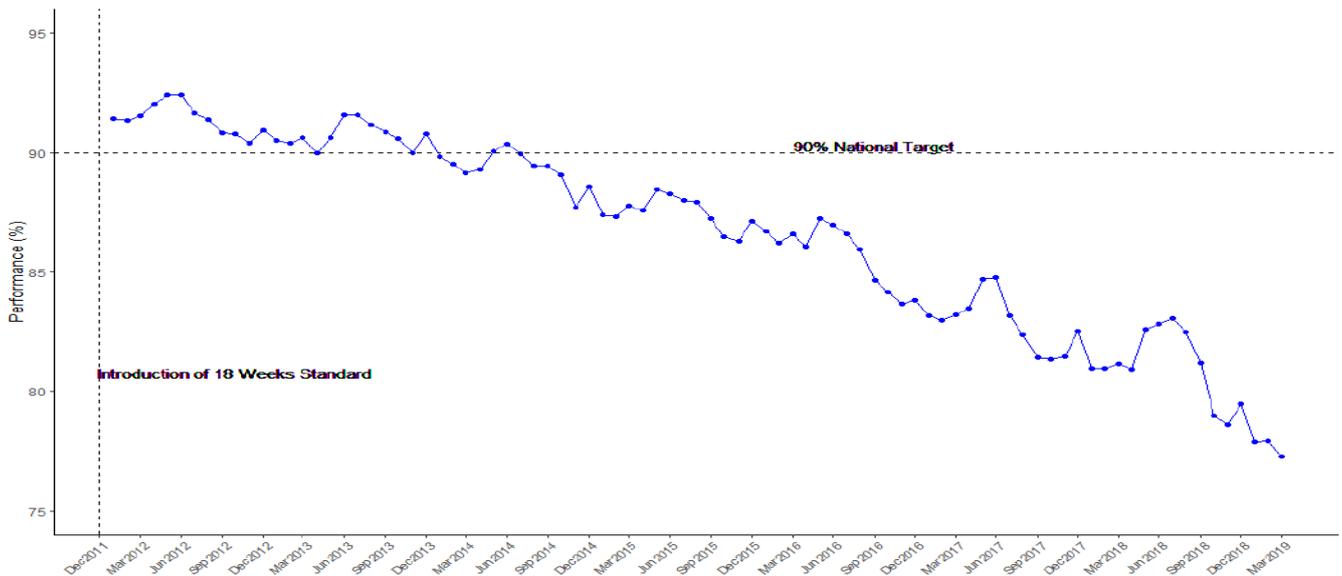
The 18 week Referral to Treatment (RTT) standard is different from other waiting times targets e.g. TTG. The standard does not focus on a single stage of treatment i.e. the time from referral to first outpatient appointment but instead applies to the whole patient pathway i.e. from receipt of referral for treatment and ends with the start of treatment. The 18 weeks RTT performance is dependent on Stage of Treatment and Diagnostics.

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

Current NHS Scotland's Performance

In March 2019, 77.3% of patients across Scotland were reported as being seen within 18 weeks. The figures for January and February 2019 were 77.9% and 77.9% respectively. A total of three of the fifteen NHS Boards met the 18 weeks RTT Standard in March 2019 namely, NHS Borders (90.1%), NHS Orkney (90.8%), and NHS Western Isles (92.4%). 12 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.



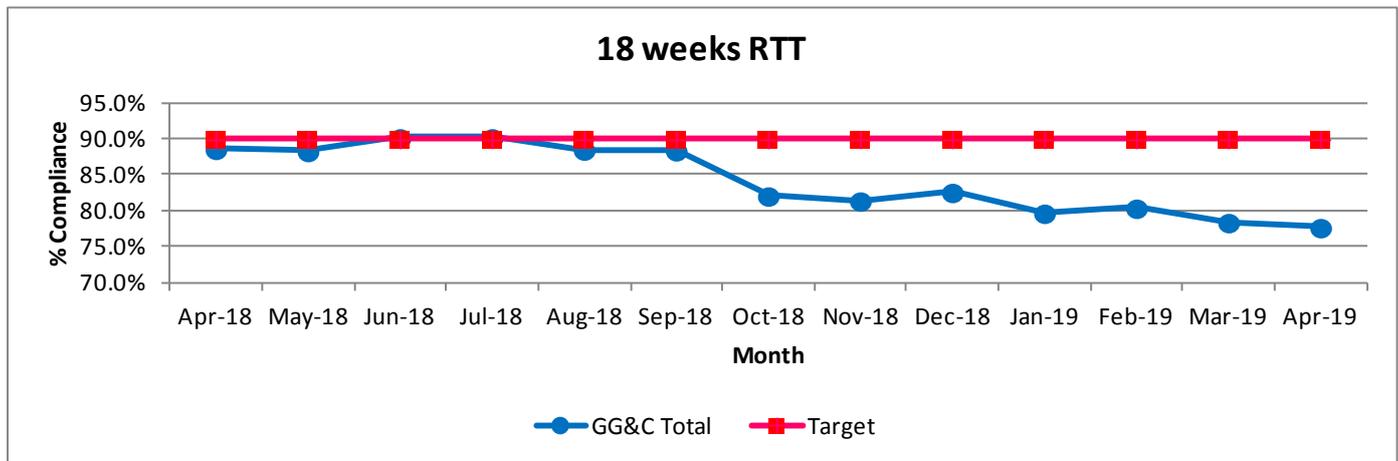
To calculate the individual patient's whole journey waiting time, it is necessary for NHS Boards to link all the stages of the patients' journey from initial referral to the start of treatment, recording all delays. As seen in the table below, in March 2019, a total of 12,692 patient journeys eligible under the 18 weeks RTT standard were identified. It was not possible to fully calculate the waiting time for 10,099 patient journeys. The waiting time could be fully measured for 102,593 patient journeys (91.0%). Across NHSGG&C for the

same period the waiting time could be fully measured for 21,372 patient journeys (82.8%).

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	77.3%	79,267	23,326	91.0%
Greater Glasgow & Clyde	78.4%	21,372	5,873	82.8%

NHSGG&C's Performance

As at April 2019 (month end), 77.7% of patients across NHSGG&C were reported as being seen within 18 weeks of referral to treatment. As seen from the table below, current performance represents a further reduction on last months' position of 78.4%.



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 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.

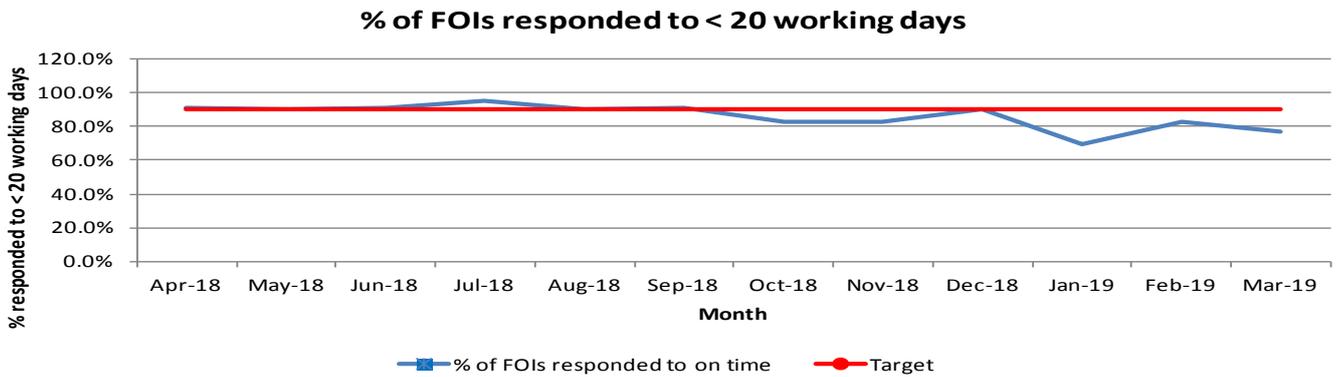
Timeline For Improvement

All activity aimed at further reducing the number of patients with the longest waits is likely to continue to impact on the 18 week RTT standard.

Exception Report: Freedom of Information Requests Responded to Within 20 Working Days

Measure	% of Freedom of Information (FOI) Requests Responded to Within 20 Working Days
Current Performance	For the period January – March 2019 overall compliance with the percentage of FOIs responded to within 20 working days was 77.1% against a target of 90%.
Lead	Elaine Vanhegan, Head of Board Administration and Corporate Governance

Trend Chart



Commentary

There have been some staffing challenges in recent months within the FOI Team. During January 2019, staffing within the FOI Team was only 66% of its establishment. A new member of staff commenced early February 2019 following a period of vacancy.

There has been a focus on staff training and internal promotion has facilitated another member of the team to undertake the FOI Practitioner course, enhancing skills and knowledge levels within the team.

For the Quarter 4 period 2017-18 a total of 265 requests were received with 226 (90%) of these being answered within the timescale whereas for Quarter 4 period 2018-19 a total of 304 requests were received with 232 being answered on time. Although the percentage figure of 77.1% shows a reduction in performance, this reflects a 2.65% increase in provision of responses on time, acknowledging a 14.7% increase in demand.

During this period we have also seen an increase in other FOI-related activity, such as Reviews and Appeals, which has affected resource available for dealing with initial FOI requests.

Improvement Actions

Additional resources have been made available during March, April and May 2019 to support a focus on dealing with outstanding requests, while also aiming to continue to manage requests received during the period and respond to reviews and appeals.

A closer system of monitoring the position within the department has also been put in place.

Timeline For Improvement

Challenges still remain within the system, including a number of complex requests for information on recent issues highlighted in the media. In addition, the number of requests received continues to increase on an annual basis.

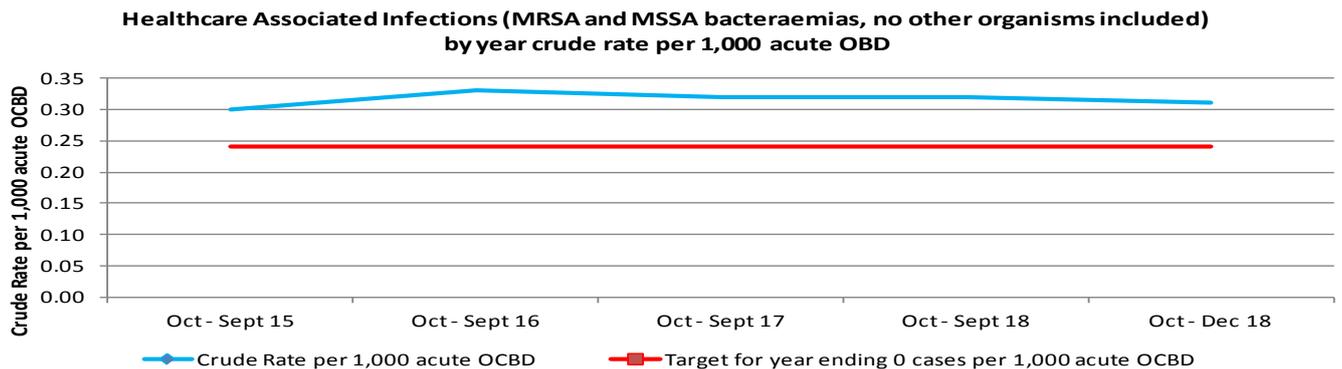
Performance for the quarter to date (Apr – June 2019) is currently showing an improved position at around 85%.

Exception Report: % of Stage 2 complaints responded to within 20 working days

Measure	% of Stage 2 complaints Responded to within 20 working days
Current Performance	For the period January – March 2019 overall compliance with the percentage of Stage 2 complaints responded to within 20 working days was 62% against a target of 70%.
Lead	Elaine Vanhegan, Head of Board Administration and Corporate Governance
<u>Commentary</u>	
<p>Whilst we remained off target by 8% for Quarter 4 of 2018-19, a significant amount of work has gone into improving this since the end of the financial year. Early figures indicate an improved performance so far in Quarter 1 of 2019-20 and the focus going forward will be to continue to sustain this.</p>	
<u>Improvement Actions</u>	
<p>A range of actions have been put in place to achieve an improved performance, and we are beginning to see the benefit of that in the new financial year. This has included:</p> <ul style="list-style-type: none"> - new, timely and focussed reporting; - appropriately dealing with more of the less complicated Complaints at Stage 1 level; - working more closely with services to get the information needed to reply to complaints in a timely manner; - a bespoke training package being delivered to all service areas which also considered SPSO requirements; and - consideration as to quality not just timeliness. <p>Focus is also being given to sharing and learning from complaints over and above the response target with further linkage to overall patient experience and feedback.</p>	
<u>Timeline For Improvement</u>	
<p>Local management information indicates that performance is showing an improvement during Quarter 1 of 2019-20 as a result of the implementation of the actions outlined above. Work is ongoing to ensure these improvements are sustained.</p>	

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 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 NHS Scotland 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 total number of SAB infections in March 2019 was 30:

- 25 Healthcare Associated
- 5 Community Associated

Healthcare Associated Cases: The March 2019 rate was 0.18 per 1000 occupied bed days with the 12 month rolling rate 0.19.

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

Clinical teams in 3 areas of the QEJH (Hospital at Night, IAU and INS) are involved in a trial of a PVC insertion pack to evaluate its effectiveness in improving overall compliance with insertion technique and therefore reducing risk of infection. Trial starts 20th May for 1-2 weeks. If clinical areas approve it is possible that this could be available for use by end of June 2019.

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

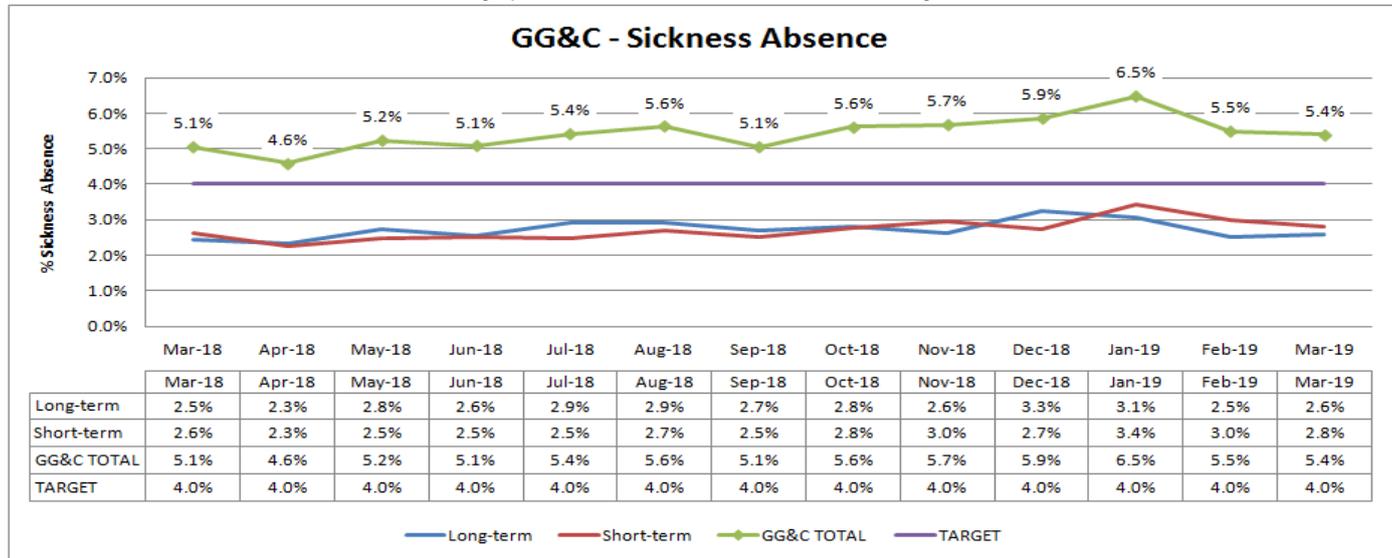
Timeline For Improvement

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.

Exception Report: Sickness Absence Rate

Measure	Sickness Absence Rate
Current Performance	The rate of sickness absence across the Board was 5.4% (March 2019)
National Performance	The NHS Scotland reported SWISS absence figure was 5.1% (March 2019) – most recent data available at time of publication.
Lead Director	Anne MacPherson, Director of Human Resources and Organisational Development

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



Summary

The Board overall sickness absence rate for the month ending March 2019 (using the NHS Scotland reported level), was 5.4%, comprising 2.6% long term and 2.8% short term. This figure is 0.3% higher than the same time last year, March 2018.

Actions to Address Performance

The Deputy Director of Human Resources and Organisational Development is leading the implementation of a comprehensive action plan to address all improvement actions identified by the external audit on Attendance Management. The actions are being managed and monitored as part of the Financial Improvement Planning Programme (FIP) process with a revised mandate on cost containment through improved attendance management and staff health support.

The target is to reduce absence by 0.5% each year from the average NHS Greater Glasgow and Clyde absence rate of 5.8% to a new NHS Scotland average of 4% by 2021. This target will be achieved through changes in policy, health improvement interventions and workplace innovation which will help an ageing workforce with chronic health issues continue to attend work.

Key improvement actions including actions agreed nationally are:

- A paper based appeal at all stages;
- Trigger changed to '8 or more working days within a rolling 12 month period'; and
- Absence to be counted in working days rather than calendar days.

These changes have been communicated to all Service areas by Human Resources leads and support for line managers is available from the Human Resources Support and Advisory Unit.

In addition, the Human Resources and Organisational Development function is finalising the changes to Human Resources in house support to line managers and staff in managing attendance at work and will conclude the implementation of all absence changes in August/September 2019 following the publication

of the new Once for Scotland Attendance Management Policy. This will ensure consistency in how NHS staff are treated should they become unwell during their employment and require support from NHS Greater Glasgow and Clyde in returning to work and living and working with a health condition.

Timeline For Improvement

The actions identified above should help drive the required improvements throughout 2019-20.

Exception Report: GP Out Of Hours Services

Measure	GP Out Of Hours Service
Current Performance	For the period Jan – May 2019, there were a total of 222 GP Out of Hours Service closures.
Lead Director	Jonathan Best, Chief Operating Officer

Background

Each year, the GP Out Of Hours service sees a significant number of patients across eight Primary Care Emergency Centres (PCEC) of which, 5 are open overnight.

A Home Visiting Service is always provided for patients unable to attend a centre and usually used by frail older people, children and / or people at the end of their lives. The table below outlines the level of activity reported during the past 3 years.

Table 1: GP Out of Hours Activity During the Past 3 years

GP Out of Hours Activity			
	2016-17	2017-18	2018-19
Number of GP OOH Cases	222,552	223,805	209,644
Number of Consultations	243,855	244,471	224,913
Home Visits	35,377	35,766	32,029
PCEC	150,635	151,834	145,069
Speak to Nurse / Doctor	40,162	37,444	26,660
Other	17,681	19,427	21,155

In 2016/17 the service provided a phone triage service to NHS 24 – that service has now ceased leading to a reduction in speak to doctor calls and a reduction in overall activity

Where the service has insufficient staff, PCECs are closed and patients are re-directed by NHS 24 to their nearest available centre. A Home Visiting Service is always provided and transport is arranged if people do not clinically require a home visit or do not have access to transport.

NHSGG&C's Performance

As seen in Table 2, there were a total of 222 GP Out of Hours closures were reported during the period January – May 2019. Of this total, 9 closures were for < 2 hours. The closures are due to a number of challenges which have impacted on our ability to deliver a sustainable service overall. At weekends every effort is made to ensure that all areas have a service for part of the day, closures are planned for the morning, afternoon, evening and overnight. The GP workforce have a number of options for employment and fewer are choosing to work in the OOH service.

Table 2: GP Out of Hours Service Closures (Jan – May 2019)

January - May 2019	
Month	Number of GP Out Of Hour Closures
January	24
February	13
March	62
April	51
May	72
Grand Total	222

Actions to Address Performance

Following the publication of Professor Sir Lewis Ritchie Report, a local review of Health and Social Care Out of Hours provision was commissioned across the 6 Health and Social Care Partnerships led by Glasgow City HSCP. Work to improve the resilience of the GP Out of Hours Service is included within the scope of this review and a phased programme of work continues to be implemented across NHSGGC to address some of the pressures and reduce the number of closures. To date work to ensure a full service across all centres and respond to home visiting service requests promptly has included:

- An increase to a 2nd doctor overnight at the Victoria ACH, Stobhill ACH and RAH;
- Provision of additional GP advisor and home visiting shifts at weekends;
- Developing nursing and support roles in the PCECs;
- Appointing additional Advanced Nurse Practitioners;
- Community Pharmacist support;
- Enhancing rates of pay during periods of high demand to increase the opportunity to fill GP rotas; and
- Advertising salaried GP posts.

In addition, to the above and in order to develop a new service model more significant changes are being developed including:

- Service Identity – in recognition that many patients see the service as an extension of the in hours GP service despite only being intended to meet those needs that cannot wait until GPs re-open the next working day a Focus Group was held to explore public understanding of current GP OOHs service and test if an alternative identity would help patients understanding of what the service is for. The feedback received will be collated into wider work on urgent care and further engagement work is being progressed to ensure representation from younger members of population is included in this work i.e. parents with young children;
- Professional to Professional Support – as present there is no way for another health professional working during the out of hours, except a Community Psychiatric Nurse, to speak directly with a GP who is working in the out of hours service. This must go via NHS24. A direct line from District Nurse into the service is being piloted in order to gauge the workload and then rolled out to other areas assuming no staffing increases are required;
- Frequent Attenders – in recognition that frequent attenders may also frequently attend the in hours service and Emergency Departments, details of this cohort of patients has been requested to allow HSCPs to incorporate this into their work on people who frequently attend A&E;
- Service Access Route – NHSGGC is encouraging the use of NHS 24 as the access route to the GP OOH Service, in line with other Health Boards, The aim of this is to improve patient experience by ensuring an efficient and responsive service and ensuring that those who can be seen by other professionals more locally receive that option.

Timeline for Improvement

Ongoing work to increase the number of GPs working in the service and ongoing service review for the remainder of 2019/20.