

NHS Greater Glasgow & Clyde	Paper Number: 19/42
Meeting:	Board Meeting
Date of Meeting:	20 August 2019
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Mark White, Director of Finance

Paper Title

Board Integrated Performance Report

Recommendation

Board members are asked to:

- I. Discuss the proposed structure of the revised Board report and feedback any recommendations for change; and
- II. Note the current performance position across NHSGG&C and the proposed improvement actions for those areas in need of improvement.

Purpose of Paper

The purpose of the revised Integrated Performance Report is to provide Board members with a *balanced overview* of performance against key metrics. The suite of metrics have been revised to reflect key priorities across NHSGG&C and includes a suite of Local Delivery Plan Standards alongside national key performance indicators, Ministerial Steering Group Measures, HR and Governance related metrics. It is anticipated that the suite of 25 measures will evolve as new priorities emerge.

Key Issues to be Considered

Overall, the Board is making steady progress and within the planned position in relation to a number of key performance areas. There are fewer measures with an adverse variance of >5%. At the last Board meeting a total of nine measures were rated as red whereas in June 2019, this has reduced to seven measures. There have been improvements in relation to access to CAMHS, the number of complaints responded to within 20 working days and the percentage of FOIs responded to within 20 working days. Similarly, the work that has gone into developing more realistic trajectories for the number of new outpatients and TTG patients waiting >12 weeks has placed current performance within the planned position for June 2019.

There are some areas that remain a challenge however, progress has been made in relation to some of these areas. For example, we have fewer patients waiting more than six weeks to

access a key diagnostic test than previously reported and local management information suggests this ongoing improvement is likely to be sustained. Unfortunately, performance in relation to A&E four hour waits remains challenging with high levels of patient activity and, as detailed earlier in the report, effort continues both within Acute and across HSCPs to address this.

Any Patient Safety /Patient Experience Issues

Yes, all of the performance issues have an impact on patient experience. As detailed in the report work is underway to try and address these issues.

Any Financial Implications from this Paper

The financial challenges are detailed in the Financial Monitoring Report 19/43.

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.

Highlight the Corporate Plan priorities to which your paper relates

The report is structured around each of the four key themes outlined in the 2019-20 Corporate Objectives.

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Date: 20 August 2019

OFFICIAL SENSITIVE

***Board Meeting
Integrated Performance Report***

***20 August 2019
(Paper 19/42)***



Mark White, Director of Finance



Purpose and Format of Report

The purpose of this revised report is to provide the Board Members with a balanced overview of performance against key metrics. The suite of measures have been revised to reflect the key priorities across NHS Greater Glasgow & Clyde (NHSGG&C) and includes Local Delivery Plan (LDP) Standards alongside National Key Performance Indicators, Ministerial Steering Group (MSG) measures, HR and Governance related metrics. It is anticipated this suite of 25 measures will evolve as new priorities emerge.

The format and structure of the report is as follows:

- i) In the main, the data reflects the June 2019 position (with the exception of the Health Improvement targets which relate to the latest available position) and should be used for local management information;
- ii) By way of context and where available, the latest nationally published data has also been used to highlight NHSGG&C's performance against NHS Scotland's position and that of other Health Boards;
- iii) An "At A Glance" scorecard is provided reflecting the four key themes outlined in the 2019-20 Corporate Objectives. Each of the indicators have been placed under the key theme considered the best fit (slides 3 & 4);
- iv) Each measure has a trajectory/target in which to track performance against. For the LDP Standards, the 2019-20 Annual Operational Plan (AOP) trajectories have been used; and
- v) Where performance is off-track against target, a narrative highlighting some of the key actions in place to address performance is provided.

Board members are asked to:

- i) Discuss the proposed structure of the revised Board report and feedback any recommendations for change; and
- ii) Note the current performance position across NHSGG&C and the proposed improvement actions for those areas in need of improvement.

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Performance - At A Glance – June 2019



PERFORMANCE AT A GLANCE - AUGUST 2019								
BETTER HEALTH								
Ref	Type	Measure	As At	2018-19 Actual	2019-20 Actual	Target	Perform Status	Dir of Travel
1	LDPS	80% of pregnant women in each SIMD quintile have access to Antenatal Care at 12 week gestation*	Jan - Mar 19	88.7%	—	80.0%	GREEN	↑
2	LDPS	Drugs and Alcohol: % of patients waiting <3 weeks from referral to appropriate treatment	Jan - Mar 19	93.5%	—	90.0%	GREEN	↓
3	LDPS	Number of Alcohol Brief Interventions delivered	Apr - June 19	3,464	2,943	3,272	AMBER	↓
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
5	LDPS	% of patients waiting <4 hours at A&E	Jun-19	92.8%	87.7%	95.0%	RED	↓
6	MSG	Total A&E Presentations (ED, MIU & AUs)	Jun-19	43,577	43,534	70,563	RED	—
		Accident & Emergency Presentations	Jun-19	37,788	37,899			—
		Other Accident and Emergency Presentations	Jun-19	5,789	5,635			—
7	MSG	Total number of patients delayed across NHSGG&C (taken at Census point)	Jun-19	197	211	0	RED	↓
		Acute Patients	Jun-19	135	161			↓
		Adult Mental Health Patients	Jun-19	62	50			↑
8	MSG	Total number of Bed Days Lost to Delayed Discharge	Jun-19	5,637	5,873	—	AMBER	↓
		Acute Bed Days Lost	Jun-19	3,896	4,351	4,722		↓
		Mental Health Bed Days Lost	Jun-19	1,741	1,522	—		↑
9	LDPS	18 Week Referral To Treatment (RTT)					RED	↓
		Combined Admitted/Non Admitted	Jun-19	90.2%	78.1%	90.0%		
		Combined Linked Pathway	Jun-19	84.9%	79.8%	80.0%		
10	LDPS	New Outpatient Appointments					GREEN	↓
		% of available new outpatients waiting <12 weeks for a new outpatient appointment (inc RHC and Dental)	Jun-19	73.6%	71.9%	23,000		
		Number of available patients waiting >12 weeks for a new outpatient appointment (inc RHC and Dental)	Jun-19	24,081	22,857	—		
11	NKPI	Access to a Key Diagnostic Test					RED	↑
		% of patients waiting <6 weeks for access to a key diagnostic test	Jun-19	73.9%	87.2%	1,800		
		Number of patients waiting >6 weeks for a key diagnostic test	Jun-19	6,546	2,855	—		
12	NKPI	12 week Treatment Time Guarantee (TTG)					AMBER	↓
		% of inpatient/daycases treated within the 12 week TTG	Jun-19	78.1%	73.6%	8,500		
		Number of inpatients/daycases waiting >12 weeks TTG	Jun-19	5,164	8,775	—		
13	LKPI	Patient unavailability (Adults)					GREY	↑
		Inpatient/Day Cases (inc Endoscopy)	Jun-19	1,833	1,637	—		
		New Outpatients	Jun-19	1,776	1,417	—		
14	LDPS	Suspicion of Cancer Referrals (62 days)*	Jun-19	78.7%	76.6%	80.0%	AMBER	↓
15	LDPS	All Cancer Treatments (31 days)*	Jun-19	95.9%	94.3%	95.0%	AMBER	↓

Performance - At A Glance – June 2019



PERFORMANCE AT A GLANCE - AUGUST 2019

BETTER CARE

Ref	Type	Measure	As At	2018-19 Actual	2019-20 Actual	Target	Perform Status	Dir of Travel
16	LDPS	Number of C.Diff Infections cases (for 15 years+)	Mar-19	77	—	75	AMBER	—
17	LDPS	Number of S. Aureus Bacteremia Infection cases	Mar-19	111	—	105	RED	—
18	LKPI	Number of GP Out of Hour closures	Jun-19	20	76	—	GREY	—
19	LDPS	% of eligible patients commencing IVF treatment within 12 months	Jun-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*	Jun-19	87.4%	83.2%	77.0%	GREEN	↓
21	LDPS	% patients who started treatment <18 weeks of referral for Psychological Therapies*	Jun-19	94.0%	90.7%	90.0%	GREEN	↓

BETTER VALUE

Ref	Type	Measure	As At	2018-19 Actual	2019-20 Actual	Target	Perform Status	Dir of Travel
22	LDPS	Financial Performance	Apr - Jun 19	(£9.7m)	£11.1m)	(£12.9m)	GREEN	↓
23	LKPI	Freedom of Information requests responded to within 20 working days	Jan - Mar 19	90.8%	86.8%	90.0%	AMBER	↓
24	LKPI	% of complaints closed within 20 working days	Apr - Jun 19	75.2%	68.0%	70.0%	AMBER	↑
		% of complaints closed at Stage 1 within 5 working days	Apr - Jun 19	—	86%	—	GREY	—
		% of complaints closed at Stage 1 between 6 - 10 working days	Apr - Jun 19	—	10%	—	GREY	—

BETTER WORKPLACE

Ref	Type	Measure	As At	2018-19 Actual	2019-20 Actual	Target	Perform Status	Dir of Travel
25	LDPS	Sickness Absence (month ending)	May-19	—	5.6%	4.0%	RED	—
		Long Term	May-19	—	3.4%	—	GREY	—
		Short Term	May-19	—	2.2%	—	GREY	—

* Data has still to be validated

Key		Performance Status	Direction of Travel
LDPS	Local Delivery Plan Standard	RED	Improving ↑
MSG	Ministerial Steering Group Indicator	AMBER	Deteriorating ↓
NKPI	National Key Performance Indicator	GREEN	Maintaining ↔
LKPI	Local Key Performance Indicator	GREY	—
		N/A	—

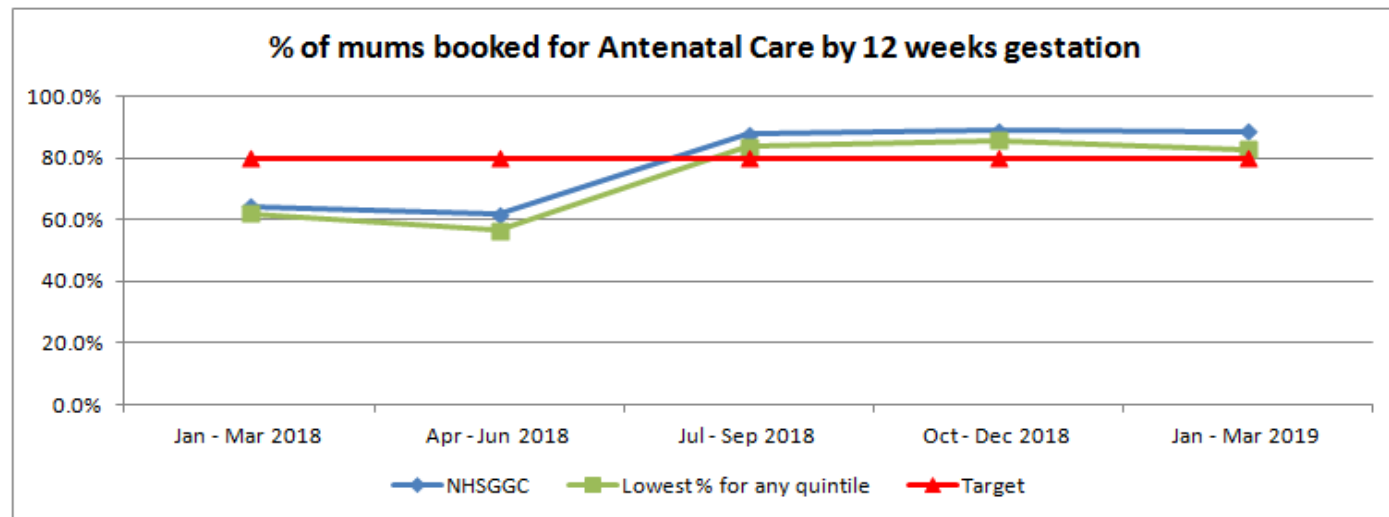
Please note the information contained within this report is for management information purposes only as not all data has been validated.

Better Health – % of mums booked for Antenatal Care by 12 weeks gestation

Target: At least 80% of pregnant women in each SIMD will have booked an antenatal care appointment within 12 weeks gestation.

LDP Standard – Antenatal Care

At the quarter ending March 2019, 88.7% of mums have booked for antenatal care by 12 weeks gestation exceeding the 80% target. The quintile reporting the lowest uptake was SIMD 1 at 82.8%, again exceeding the 80% target.



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Antenatal Care Commentary

- As seen from the trend chart above, NHSGG&C continues to exceed the 80% target for the number of pregnant women that have booked an antenatal care appointment by the 12 week gestation for the third consecutive quarter; and
- Our lowest performing quintile for the latest quarter SIMD 1 also continues to exceed target at 82.8%.

Better Health – Drugs and Alcohol: % of patients referred for treatment to wait no longer than 3 weeks to start their first treatment



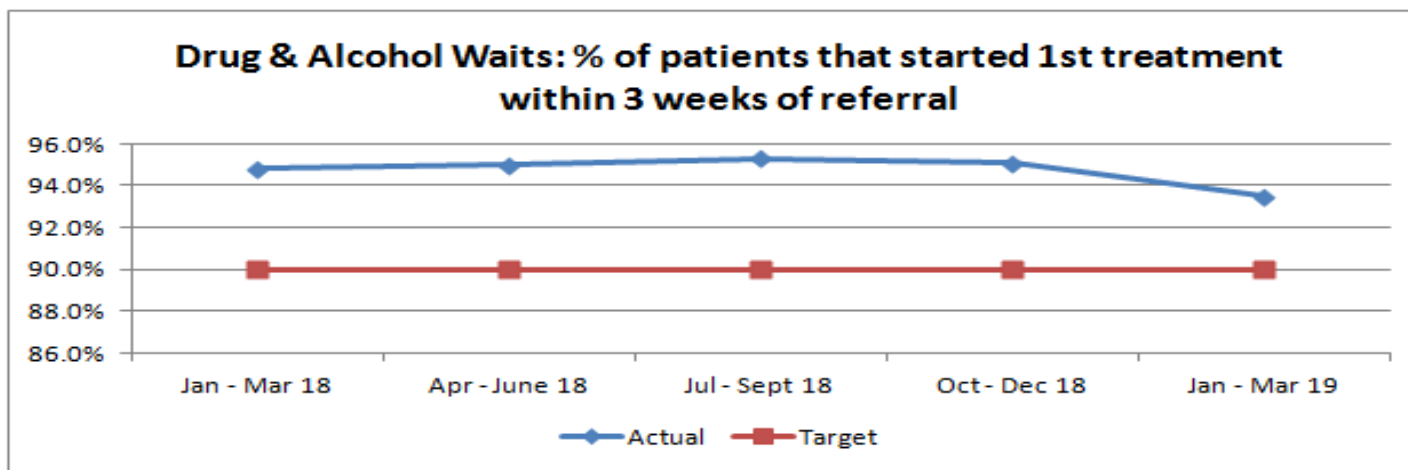
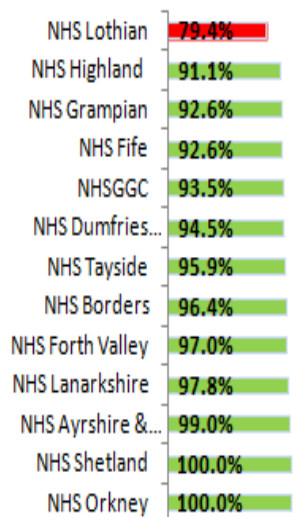
Target: 90% of patients referred for treatment should wait no longer than 3 weeks to start their first treatment.

**Drugs & Alcohol
Latest National
Published Position**

January- March 2019:

LDP Standard – Drugs and Alcohol Waiting Times

As at the quarter ending March 2019, 93.5% of patients referred for treatment to the Drugs and Alcohol Service waited no longer than 3 weeks to start their first treatment, exceeding the 90% target.



NHS Scotland: 93.2%

NHSGG&C: 93.5%

Best Performing: NHS Orkney & Shetland 100%

Lowest Performing: NHS Lothian 79.4%

NHSGG&C Ranking: 8th

Drug and Alcohol Waiting Times Commentary

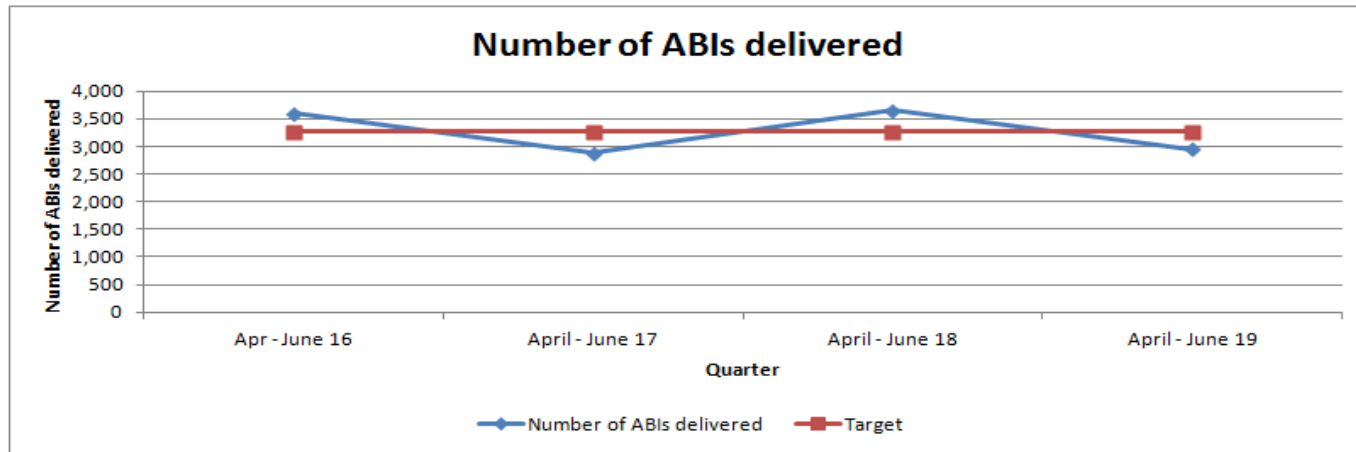
➤ As seen from the trend chart above, NHSGG&C continues to consistently exceed the 90% target in that 93.5% of patients referred to the service had started their treatment within 3 weeks or less from referral.

Better Health – Number of Alcohol Brief Interventions (ABIs) Delivered

Target: A total of 13,086 ABIs to be delivered across NHSGG&C by March 2020.

LDP Standard– Number of ABIs Delivered

During the period April – June 2019, a total of 2,943 ABIs were delivered across NHSGG&C, below the quarterly trajectory of 3,271 ABIs to be delivered.



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ABI Commentary

- Performance in relation to the above LDP standard is slightly below the planned position. This is partly due to primary care delivery remaining a challenge. Work is scheduled within the primary care setting aimed at increasing the recording of the delivery of ABIs during the remainder of the year; and
- Work to develop the delivery of ABIs in new, wider settings continues. For example, work is underway with dieticians to deliver ABIs, and once up and running, this could potentially deliver a sizeable number of ABIs on a recurring basis.

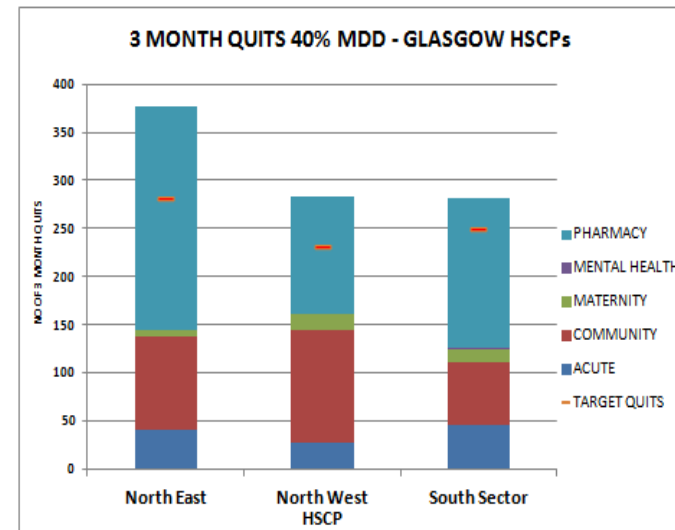
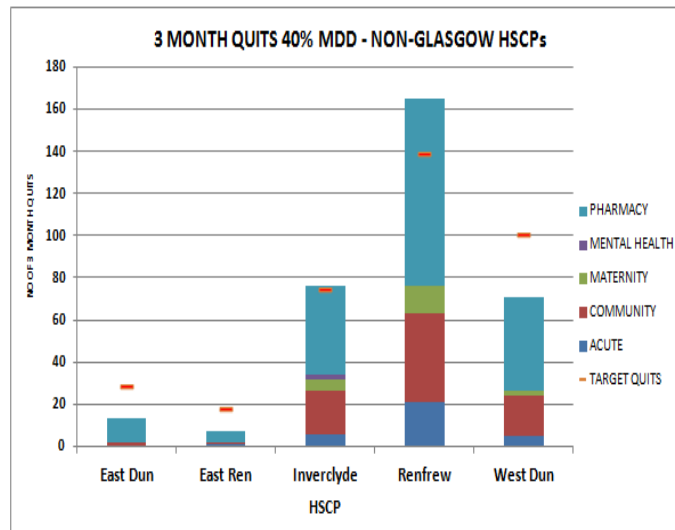
Better Health – Smoking Cessation 3 months post quit from Board’s 40% most deprived areas

Target: A total of 1,123 successful smoking quits in the Board’s 40% most deprived areas



LDP Standard – Smoking Cessation – three months post quit from Board’s 40% most deprived areas

As at March 2019 year end, a total of 1,306 people had successfully quit smoking three months post quit across NHSGG&C’s 40% most deprived areas. Performance exceeded the LDP target of 1,123 smoking quits for this period.



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Smoking Cessation Commentary

- Performance in relation to the above LDP standard remains positive. NHSGG&C has continued to exceed the smoking cessation target for the second consecutive year; and
- Local management information indicates that progress in 2019-20 continues to remain positive.

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Board Meeting – August 2019

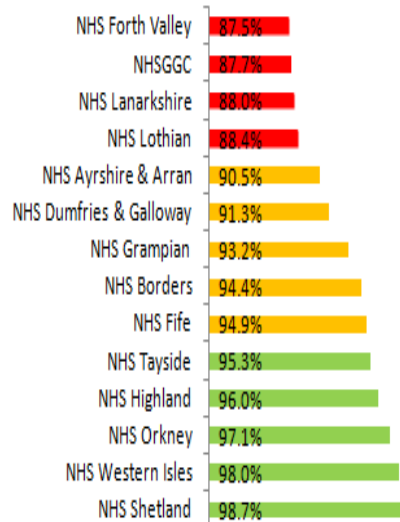
Better Care – Accident & Emergency (A&E) 4 Hour Wait



Target: 95% of patients presenting at A&E to be admitted, discharged or transferred for treatment within four hours or less

A&E 4 Hour Waits Latest National Validated Position

June 2019:



% of patients waiting 4 hours or less:

NHS Scotland: 90.3%

NHSGG&C: 87.7%

Best Performing: NHS Western Isles 98.0%

Lowest Performing: NHS Forth Valley 87.5%

LDP Standard – A&E 4 Hour Waits

As at June 2019, 87.7% of patients presenting at A&E were either admitted, discharged or transferred for treatment <4 hours. Current performance has remained fairly static on the previous months' position and represents a significant reduction on the same month the previous year.

Compliance with A&E 4 Hour Waits Target				
Hospital	Apr-19	May-19	Jun-19	Jun-18
Glasgow Royal Infirmary	79.6%	79.5%	83.5%	92.2%
Stobhill Hospital	99.8%	99.6%	99.9%	99.9%
Queen Elizabeth University Hospital	75.5%	79.9%	77.0%	89.9%
New Victoria Hospital	100.0%	100.0%	100.0%	99.9%
Royal Alexandra Hospital	86.0%	88.6%	84.5%	89.3%
Inverclyde Royal Hospital	91.9%	89.0%	90.2%	94.4%
Vale of Leven Hospital	97.1%	96.4%	98.0%	97.9%
Royal Hospital for Children	96.3%	97.6%	98.6%	98.5%
NHSGGC Total	86.4%	87.9%	87.7%	93.6%
Target	95.0%	95.0%	95.0%	95.0%

Improvement Action

Improvement actions currently in place across Acute and more specifically across the three main Emergency Departments (ED) sites include:

- In collaboration with the North East Commissioning Support Team work continues on the development of a demand and capacity model to support future decision making around service configuration and process change;
- Outputs from the Winter Planning workshop have been produced and operational leads will be assigned to deliver improvements across these areas in advance of winter;
- A new mandatory process for setting and maintaining Estimated Discharge Dates has been implemented alongside Wardview system enhancements to support timely and effective discharge planning; and
- Glasgow Royal Infirmary are progressing with the National sponsored 'take 5' project where they elect to deliver five improvements for five days for a period of five weeks, work has been focused on improving flow in the Acute Receiving Wards.

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Board Meeting – August 2019

Better Care – A&E Attendances

MSG Target: By March 2020, no more than 282,249 presentations at A&E from across the six Health & Social Care Partnerships (HSCP)



MSG Indicator - A&E Attendance

The year to date number of A&E presentations and Assessment Unit attendances increased by almost 1% when compared to the same period the previous year. A monthly reduction target of no more than 23,521 A&E attendances should be reported across HSCPs. The 2019 YTD actual position is significantly above the 70,563 YTD planned position for HSCPs.

Total A&E Attendances (inc MIU attendances)						
Hospital	Apr-19	May-19	Jun-19	19/20 YTD Total	18-19 YTD Total	% Variance on Prev Yr
Glasgow Royal Infirmary	10,370	10,465	10,211	31,046	30,127	3.1
Stobhill Hospital	1,890	2,011	1,865	5,766	5,788	-0.4
Queen Elizabeth University Hospital	11,166	11,388	11,052	33,606	33,509	0.3
New Victoria Hospital	3,044	3,164	3,179	9,387	9,332	0.6
Royal Alexandra Hospital	6,337	6,603	6,603	19,543	19,985	-2.2
Inverclyde Royal Hospital	2,777	3,000	2,679	8,456	8,490	-0.4
Vale of Leven Hospital	1,604	1,684	1,517	4,805	4,913	-2.2
Royal Hospital for Children	6,519	6,910	6,428	19,857	19,365	2.5
Total	43,707	45,225	43,534	132,466	131,509	0.7

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Improvement Action

Complementing Acute improvement activity in ED, a range of actions are underway across HSCPs including:

- All HSCPs are reviewing frequent ED attendees with a view to sharing with GP practices and GP Cluster leads;
- HSCPs have been promoting the 'Know Who To Turn To' campaign to raise awareness of alternatives to A&E;
- Clinical Directors recently visited ED sites and work will progress to promote alternatives to ED focusing initially on Minor Injury patients;
- HSCPs 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; and
- The second phase of the 'Red Bag' rollout across care homes across NHSGG&C has been concluded with positive feedback from staff, care homes, patients and relatives.

Better Care – Delayed Discharges and Bed Days Occupied by Delayed Patients

MSG Target: No more than 56,661 bed days occupied by delayed patients across HSCPs by March 2020 (Target excludes other local authorities). Please note this target also includes mental health bed days.

MSG Indicator – Bed Days Occupied by Delayed Discharge Patients

As at June 2019, a total of 211 patients were delayed across NHSGG&C resulting in an overall total of 5,873 bed days occupied by delayed patients. The 6 NHSGG&C Board areas HSCPs accounted for 4,701 of the overall total in June 2019, within the monthly MSG trajectory of 4,722 bed days occupied by delayed patients agreed by the partnerships.



Bed Days Occupied by Delayed Patients	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
NHSGG&C Total Delayed Discharges	197	183	184	192	213	177	146	225	213	176	194	211	211
Acute Total	135	125	128	131	158	124	106	170	154	132	149	163	161
MH Total	62	58	56	61	55	53	40	55	59	44	45	48	50
NHSGGC Total Bed Days	5,637	5,742	5,769	5,684	5,899	5,161	5,191	5,959	5,951	5,679	5,682	6,305	5,873
Acute	3,896	3,910	4,093	3,965	4,149	3,673	3,749	4,667	4,326	4,125	4,299	4,790	4,351
Mental Health	1,741	1,832	1,676	1,719	1,750	1,488	1,442	1,292	1,625	1,554	1,383	1,515	1,522

*Target excludes other Local Authorities outwith NHSGG&C

Improvement Action

- We continue to remain focussed on achieving immediate and sustained reductions in the number of patients delayed and occupied bed days. The annual MSG targets agreed by each HSCP will allow us to focus on achieving more realistic and sustained reductions; and
- To date, four HSCPs namely East Dunbartonshire, Inverclyde, Glasgow City and East Renfrewshire are within the planned position and the remaining two HSCPs have clear actions in place to address performance. For example, Renfrewshire HSCP's hospital based Social Work Teams are tracking all referrals for Social Work assessments and referrals to care at home to ensure case management is as efficient as possible. The limited availability of care home placements in West Dunbartonshire HSCP 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.

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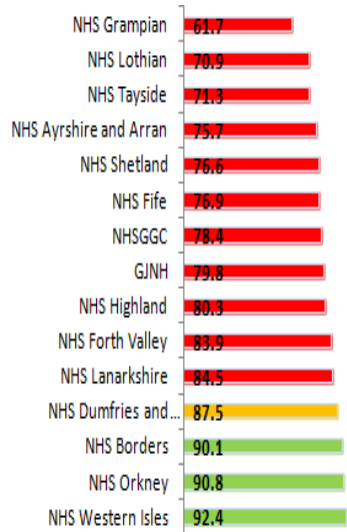
Better Care – 18 Weeks Referral To Treatment (RTT)



Target: 90% of patients to be treated within 18 weeks of RTT

18 Week RTT Latest National Validated Position

May 2019:



NHS Scotland: 77.3%

NHSGG&C: 78.4%

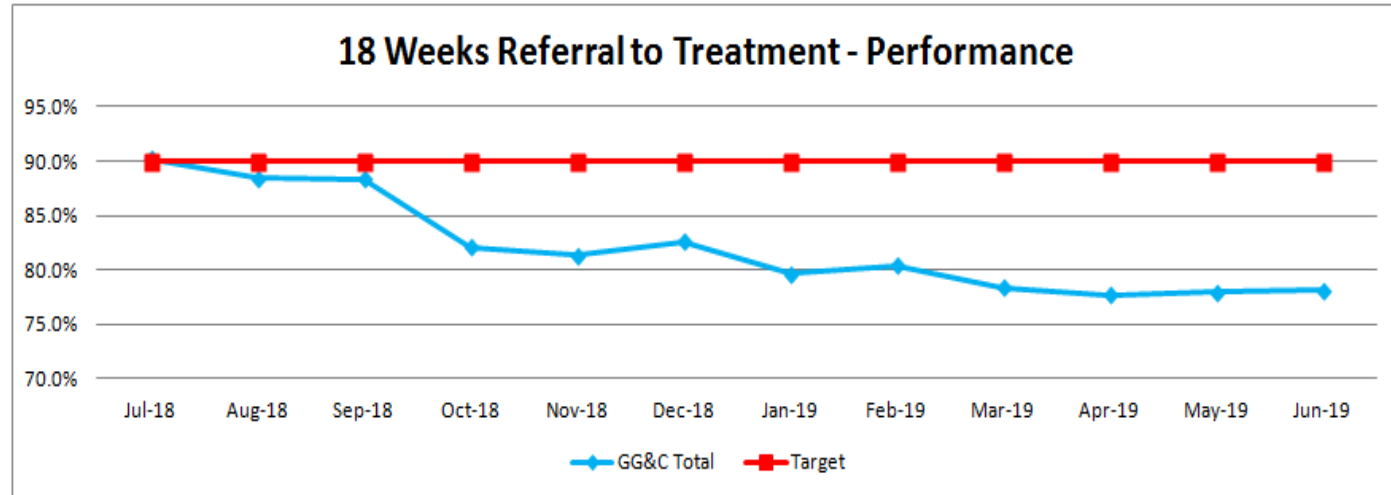
Best Performing: NHS Western Isles 92.4%

Lowest Performing: NHS Grampian 61.7%

NHSGG&C Ranking: 9th

LDP Standard – 18 Weeks RTT

As at June 2019, 78.1% of our patients were treated within 18 weeks of RTT, below the target of 90%. Current performance represents an improvement on the 77.7% reported the previous month.



Improvement Action

The priority continues to be focussed on targeting patients with the highest clinical priority and reducing the number of patients with the longest waiting times. This focus remains a priority for all additional activity taking place. A consequence of the focus on patients waiting longest is the adverse effect on the 18 week RTT performance and this will continue until all patients waiting longest can be seen. Once the number of longest waiting patients are significantly reduced, performance against the 90% target should get back in balance.

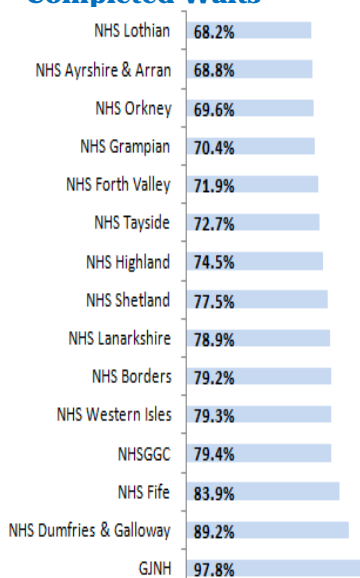
Better Care – New Outpatients Waiting >12 weeks for a new Outpatient Appointment



Trajectory: By June 2019, no more than 23,000 new outpatients will be waiting >12 weeks for a new outpatient appointment

New OP Completed Waits Latest National Validated Position

Qtr End March 2019 - Completed Waits



NHS Scotland: 78.6%

NHSGG&C: 79.4%

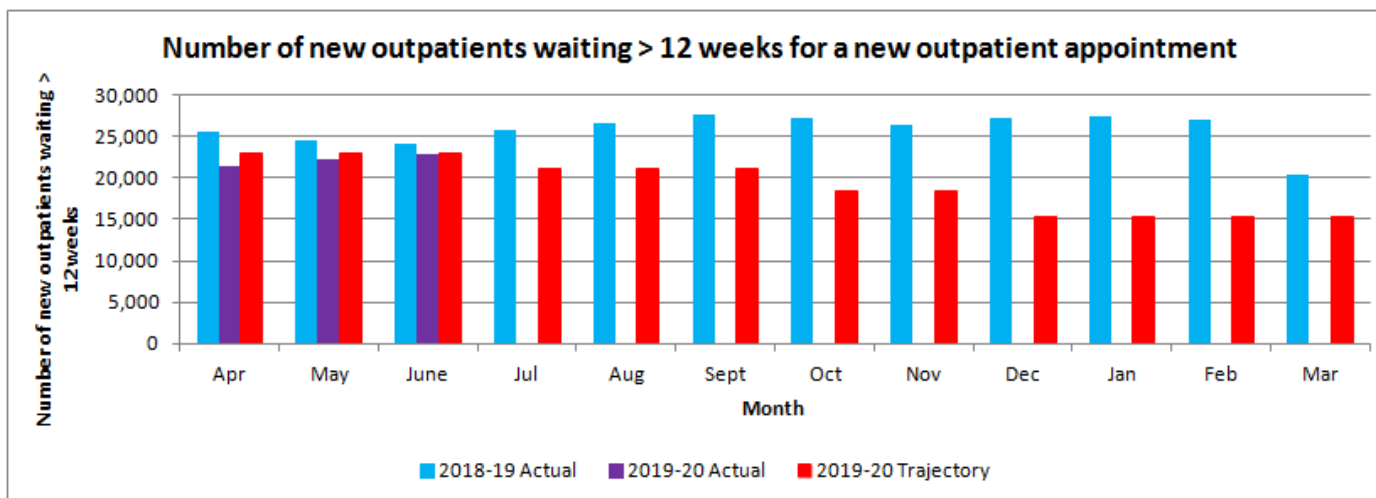
Best Performing: GJNH
97.8%

Lowest Performing: NHS Lothian 68.2%

NHSGG&C Ranking: 4th

LDP Standard – New Outpatients Waiting >12 weeks

As at June 2019, a total of 22,857 available new outpatients were waiting >12 weeks for a new outpatient appointment. Current performance is within the trajectory of 23,000 new outpatients for June 2019. As at June 2019, 71.9% of available new outpatients on the waiting list were waiting <12 weeks for a new outpatient appointment.



Improvement Action

Monthly and weekly performance review meetings with Directors and General Managers continue to take place across Acute tracking progress against trajectories that have been disaggregated to Sector/Directorate and specialty level in addition to the following:

- Continuation of additional waiting list clinics; in-sourcing activity through Medinet for adult and paediatric ENT and Ophthalmology; in-sourcing activity for Neurology and outsourcing activity for Orthopaedic Spinal 'See and Treat'.

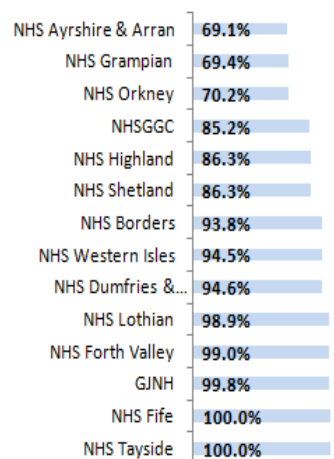
Better Care – Access to 8 Key Diagnostic Tests



Trajectory: By June 2019, no more than 1,800 patients will be waiting >6 weeks to access a scope test (scopes represent 4 of the 8 Diagnostic Tests)

Diagnostics Latest National Validated Position - % patients waiting < 6 weeks

March 2019:



% of patients waiting 6 weeks or less:

NHS Scotland: 84.0%

NHSGG&C: 85.2%

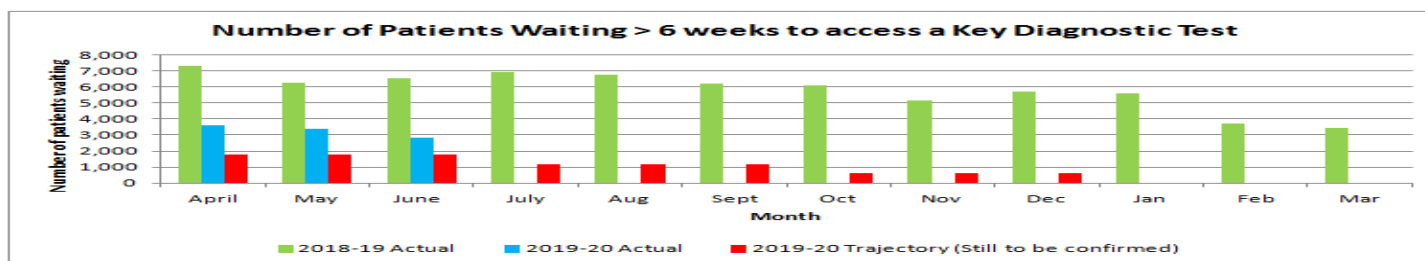
Best Performing: NHS Tayside & Fife 100.0%

Lowest Performing: NHS Ayrshire & Arran 69.1%

NHSGG&C Ranking: 10th

National Performance Indicator – Access to 8 Key Diagnostic Tests

As at June 2019, an overall total of 2,855 patients were waiting >6 weeks to access one of eight key diagnostic tests. Of this total 1,750 patients had been waiting to access a scopes test in line with the projected position of 1,800 for June 2019. However, imaging tests remain a challenge in that the 1,105 remaining patients were waiting >6 weeks for an imaging test.



Improvement Action

- 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 funding bids to support a sustainable model to provide bowel screening colonoscopy in a timely manner. Approval for this has still to be confirmed. Locum endoscopists also continue to support additional activity across both Sectors;
- Golden Jubilee National Hospital (GJNH) capacity continues for 2019-20 providing capacity for 1,270 scopes per year;
- Additional Saturday sessions at Stobhill and Gartnavel Hospital continue;
- 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;
- A review and re-validation of surveillance waiting lists is underway in line with recently revised guidelines to ensure demand is appropriate; and
- Radiology - additional capacity to support the reduction in the number of patients waiting >6 weeks for a CT/MR will remain in place over the coming months to help halt the growth in the number of patients waiting. We are also in the process of tendering for additional private sector reporting capacity from September 2019 onwards.

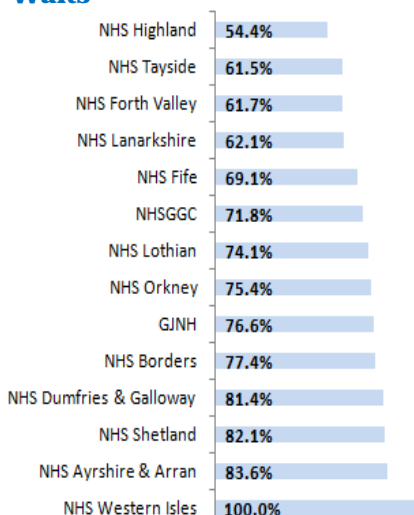
Better Care – Treatment Time Guarantee (TTG)



Trajectory: By June 2019, no more than 8,500 TTG patients will be waiting >12 weeks for an inpatient/day case procedure

TTG Completed Waits Latest National Validated Position

March 2019: Completed Waits



NHS Scotland: 68.4%

NHSGG&C: 71.8%

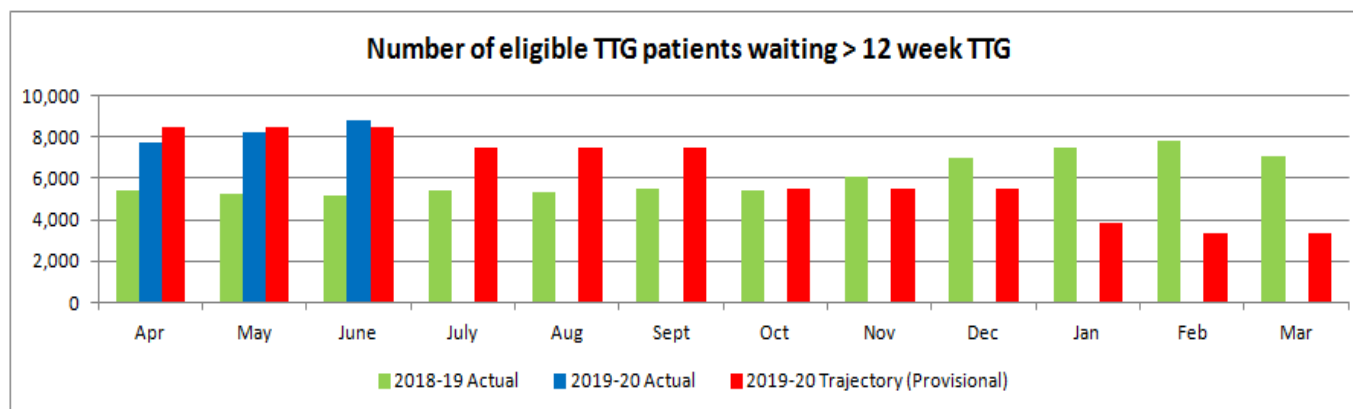
Best Performing: NHS Western Isles 100%

Lowest Performing: NHS Highland 54.4%

NHSGG&C Ranking: 9th

National Waiting Time Standard – TTG

As at June 2019, a total of 8,775 eligible TTG patients (available and unavailable patients) were waiting >12 weeks for an inpatient/day case procedure. Current performance is slightly above the 2019-20 AOP trajectory of no more than 8,500 patients waiting >12 weeks for June 2019.



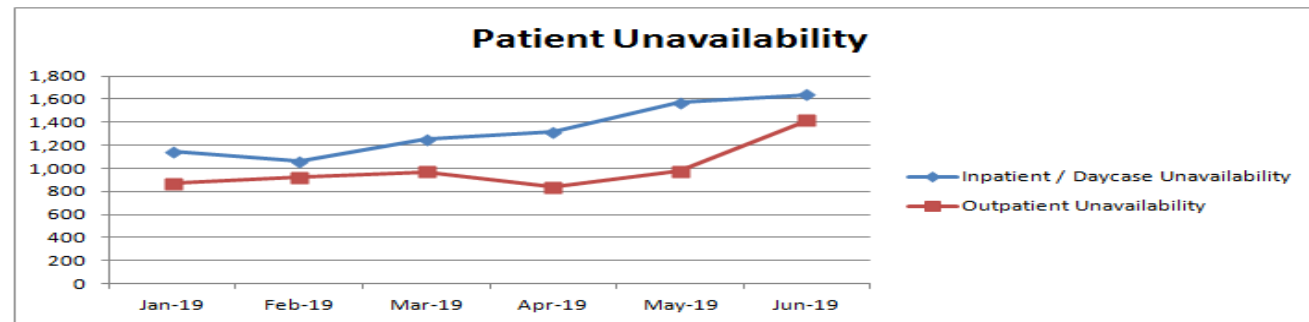
TTG – Improvement Action

Monthly performance review meetings with Directors and General Managers across the Acute Division, and weekly monitoring calls, continue to take place and track progress against individual Sector specialty level trajectories in addition to the following:

- Continuation of additional waiting list sessions; in-sourcing activity through Medinet for adult Ophthalmology and Paediatrics ENT, Ophthalmology and Paediatric surgery; outsourcing activity for Orthopaedics (General and Spinal); appointment of locums to support additional surgery e.g. Anaesthetists and additional capacity secured through GJNH for 2019/20; and
- In order to meet TTG and new Outpatients trajectories, funding to support additional initiatives has been secured for 2019/20. Continuity funding of £19.6m together with an additional £3m has been confirmed by Scottish Government. Additional funding will also be secured from other Health Boards for the additional activity carried out on their behalf which is expected to be circa £5 - 6 million.

LKPI– Patient Unavailability

As at June 2019, a total of 1,637 inpatients / daycases and 1,417 outpatient on the inpatient / daycase and outpatient waiting lists were unavailable for treatment and/or appointment.



Patient Unavailability

As seen from the chart, there has been an increase in the level of unavailability for both inpatient / daycases and outpatients during the past two month. This is mainly due to the holiday period where more patients become unavailable for treatment and / or appointments as a result of holiday commitments.

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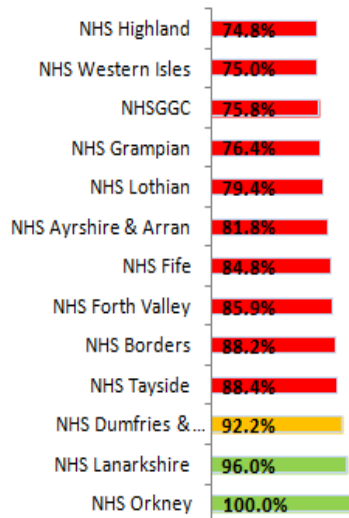
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Better Care – Cancer 62 day target from receipt of an urgent referral with a suspicion of cancer to first cancer treatment

Trajectory: For quarter ending June 2019, 80% of patients referred with a suspicion of cancer to receive first cancer treatment within 62 days

Latest National Validated Position

January - March 2019:



NHS Scotland: 81.4%

NHSGG&C: 75.8%

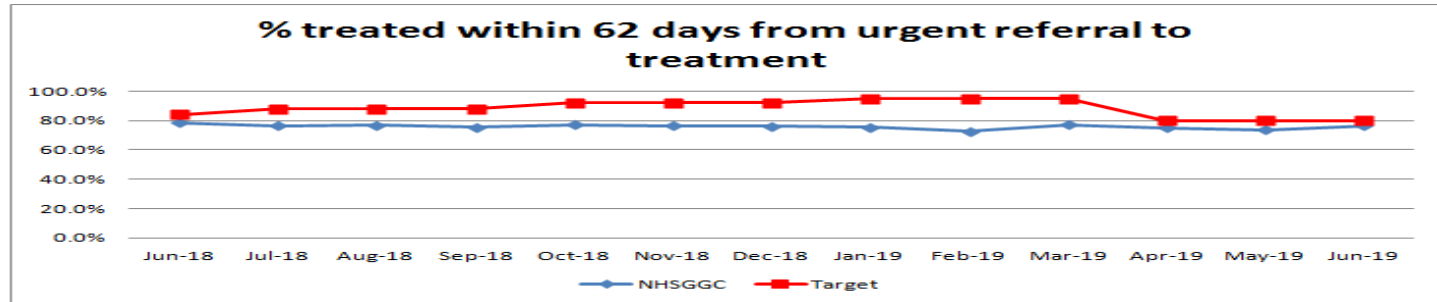
Best Performing: NHS Orkney 100.0%

Lowest Performing: NHS Highland 74.8%

NHSGG&C Ranking: 11th

LDP Standard – Cancer 62 Days Target

As at June 2019, 76.6% of patients referred urgently with a suspicion of cancer began treatment within 62 days of receipt of referral. Performance is below the 80% trajectory for quarter ending June 2019. A total of four of the 10 cancer types either met or exceeded the 80% trajectory for June 2019. The cancer types currently below trajectory are Cervical (75.0%), Colorectal (55.6%), Head & Neck (75.0%), Lung (71.4%), Ovarian (42.9%) and Urology (65.7%).



Improvement Action

- A dedicated Cancer Waiting Times (CWT) Service Manager commenced post on 8 July 2019;
- Weekly tracking meetings are in place across the majority of services alongside monthly cancer performance meetings, where there are gaps, CWT Service Managers are working with teams to re-establish tracking meetings;
- Breast - a locum Breast Surgeon was appointed in June with a start date of August 2019; a Reporting Mammographer has been appointed and now in post; recruitment is ongoing for a Consultant Radiographer;
- Colorectal - the demand and capacity review is now complete with an additional five bowel screening lists agreed and will be implemented from August 2019. Fortnightly cross sector meetings have been established to ensure additional activity is best utilised to clear the current backlog of patients who have been waiting for an appointment as quickly as possible and move towards ensuring patients entering the pathway will be appointed to scope within 21 days; and
- The first meeting of the national Short Life Working Group to secure improvements in Colorectal and Urological Services took place on 21 June 2019 and actions will be progressed via the three Regional Cancer networks. The WoSCAN meeting was held on 18 July with clinical and managerial representation from NHSGG&C. A pan NHSGG&C meeting to review local pathways has now been scheduled for 30 August 2019.

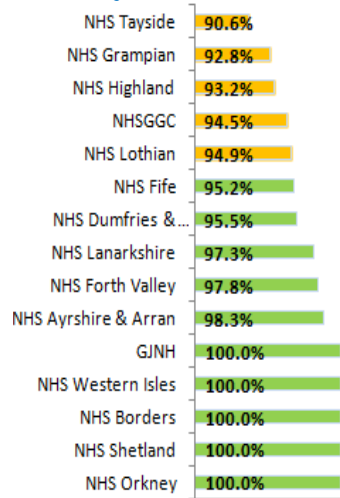
Better Care – Cancer 31 Day target from diagnosis with cancer to treatment

Target: 95% of patients diagnosed with cancer to be treated within 31 days of diagnosis



Latest National Validated Position

January - March 2019:



NHS Scotland: 94.9%

NHSGG&C: 94.5%

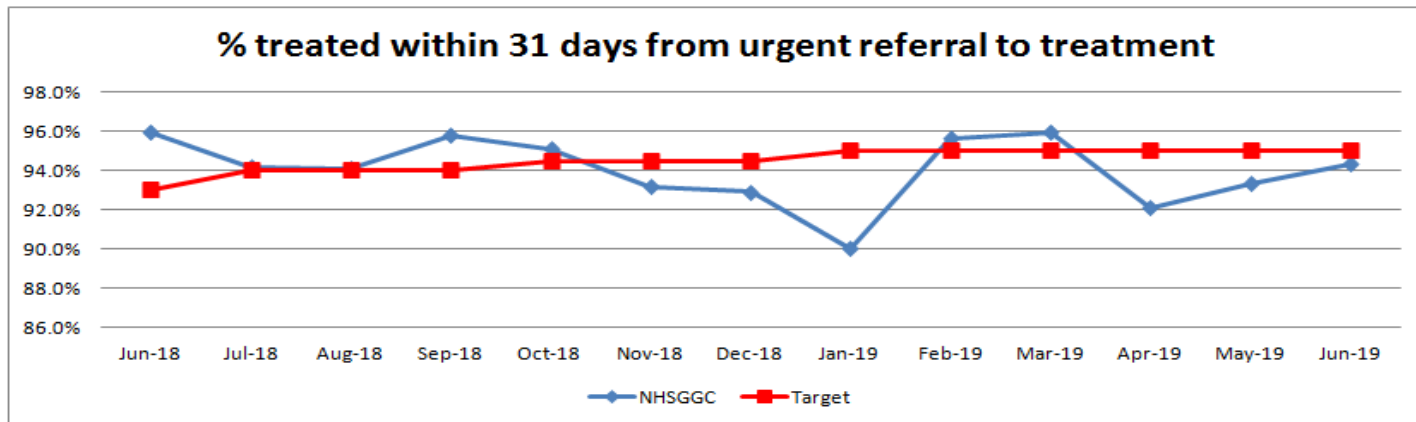
Best Performing: GJNH, NHS Borders, Orkney, Western Isles & Shetland 100.0%

Lowest Performing: NHS Tayside 90.6%

NHSGG&C Ranking: 12th

LDP Standard - Cancer 31 Days Target

As at June 2019, 94.3% of all cancer patients diagnosed with cancer were treated within 31 days from decision to treat to first treatment, marginally below the 95.0% trajectory for quarter ending June 2019.



Cancer 31 Days Commentary

See cancer 62 days, slide 17.

Better Care – Staphylococcus Aureus Bacteraemia (SABs) and Clostridioides Difficile Infections (CDIs)

Target: Aim is to have no more than 75 SAB Infections and 105 C. Diff Infections reported each quarter

LDP Standard – SABs and CDIs



As at the quarter ending March 2019, a total of 111 validated SAB cases were reported for January to March 2019 with a Healthcare Associated rate of 18.7 cases per 100,000 bed days (n=80). This is above the national rate but within expected confidence intervals.

During the same period a total of 77 validated CDI cases in age 15 years+ were reported for January to March 2019 with a Healthcare Associated rate of 15.0 cases per 100,000 bed days (n=64). This is a reduction in CDI cases compared to the previous reporting quarter, however is above the national rate but within expected confidence intervals.

Validated HPS / ISD data : Quarter 1 2019 (January – March)					
		Healthcare Associated Rate per 100 000 bed days		Community Associated Rate per 100 000 population	
		GGC	National	GGC	National
S. aureus Bacteraemia	111 cases	18.7	15.6	10.7	10.7
C. difficile in age 15+	77 cases	15.0	11.8	4.5	4.0

Table 1 NHSGGC and national comparison rates for 01/01/2019- 31/03/2019.

SABs and CDIs Commentary

- See HAIRT report for the detailed actions underway in relation to each of the above – Paper 19/43.

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LKPI– GP Out of Hours Service Closures

As at June 2019, a total of 76 closures were reported across the GP Out Of Hours Service, a significant increase on the same month the previous year. All closures reported were as a result of GP availability.



GP Out Of Hours Closures			
	2017	2018	2019
January	3	1	21
February	6	10	13
March	1	30	62
April	9	29	51
May	5	20	72
June	5	20	76
Grand Total	29	110	295

Improvement Actions

In addition to the new service model currently being developed and 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 six HSCPs 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 NHSGG&C 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 includes:

- An increase to a second doctor overnight at the Victoria ACH, Stobhill ACH and Royal Alexandra Hospital ;
- 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.

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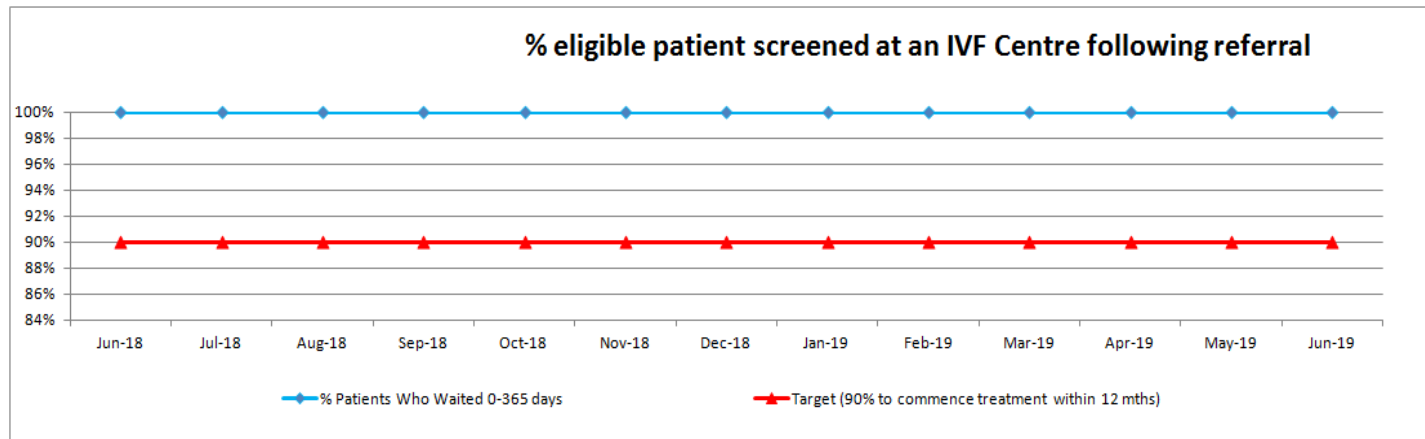
Better Care – % of eligible patients screened for IVF Treatment within 12 months receipt of referral

Target: 90% of eligible patients to be screened at an IVF Centre within 365 days of receipt of referral.



LDP Standard – IVF

As at June 2019, 100% of eligible patients screened for IVF treatment were screened within the 365 days of receipt of referral from a secondary care/Acute consultant.



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IVF Commentary

- As seen from the trend chart above, NHSGG&C continues to consistently exceed the IVF target of 90% eligible patients to be screened at an IVF centre within 365 days of receipt of referral from a secondary care/Acute Consultant. The standard has been consistently met since it was first introduced and measured in March 2015.

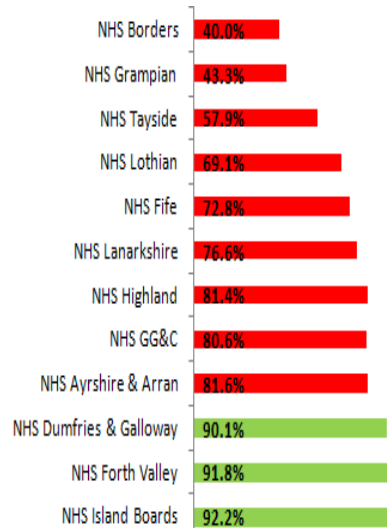
Better Care – Child and Adolescent Mental Health Services (CAMHS)



Target: 90% eligible patients to be seen within 18 weeks of referral to treatment

Latest National Validated Position

January - March 2019:



NHS Scotland: 73.6%

NHSGG&C: 80.6%

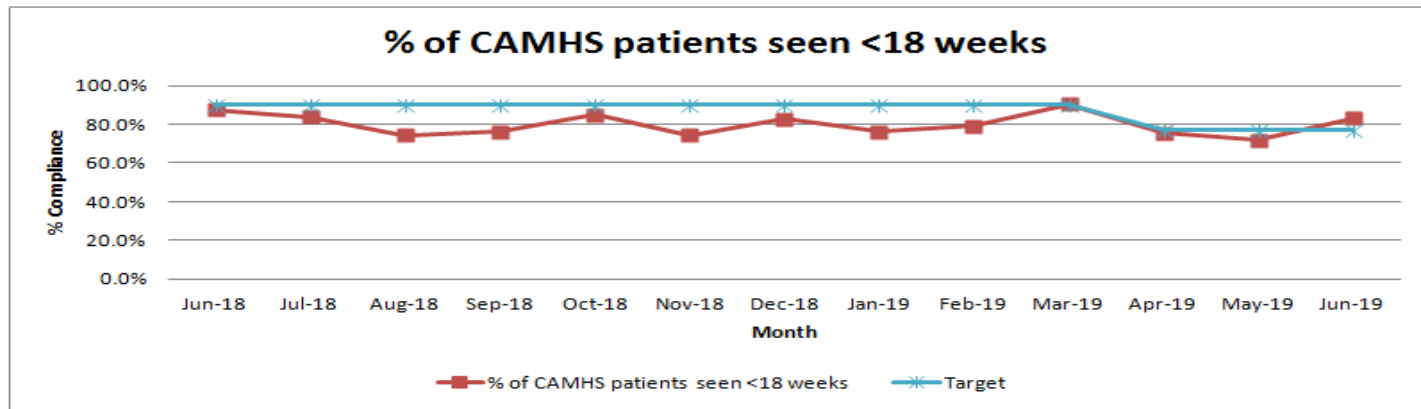
Best Performing: NHS Island Boards 92.2%

Lowest Performing: NHS Borders 40.0%

NHSGG&C Ranking: 5th

LDP Standard – CAMHS

As at June 2019, 83.2% of eligible CAMHS patients who started treatment in the CAMHS had started <18 weeks of referral. Current performance represents a significant improvement on the 71.9% reported the previous month and is exceeding the 77% trajectory for June 2019.



Improvement Action

- The work to increase clinical capacity based on lean methodology also continues with a Central Choice Team full booking system now in place. A decrease in the longest waiting time and the number of children waiting is expected with CAMHS meeting the 18 week standard by then;
- Work continues on reducing the number of rejected referrals (or increasing acceptance rates);
- Work continues on reducing DNAs;
- CAMHS teams are working on various initiatives to help reduce waiting times including the development of group therapies, development of care bundles and improving the discharge/letting go process;
- CAMHS are in the process of recruiting an additional 12wte clinical staff from funding for the Scottish Government’s Children and Young People’s Mental Health Taskforce; and
- Implementation of the updated ISD RTT Definitions to align national reporting to improve comparisons between Boards.

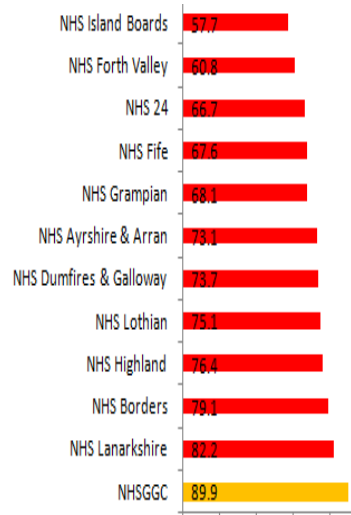
Better Care – % of patients who started their treatment < 18 weeks of referral for Psychological Therapy



Target: 90% of eligible patients referred for a Psychological Therapy to be seen within 18 weeks of referral

Latest National Validated Position

January - March 2019:



NHS Scotland: 69.3%

NHSGG&C: 89.9%

Best Performing:

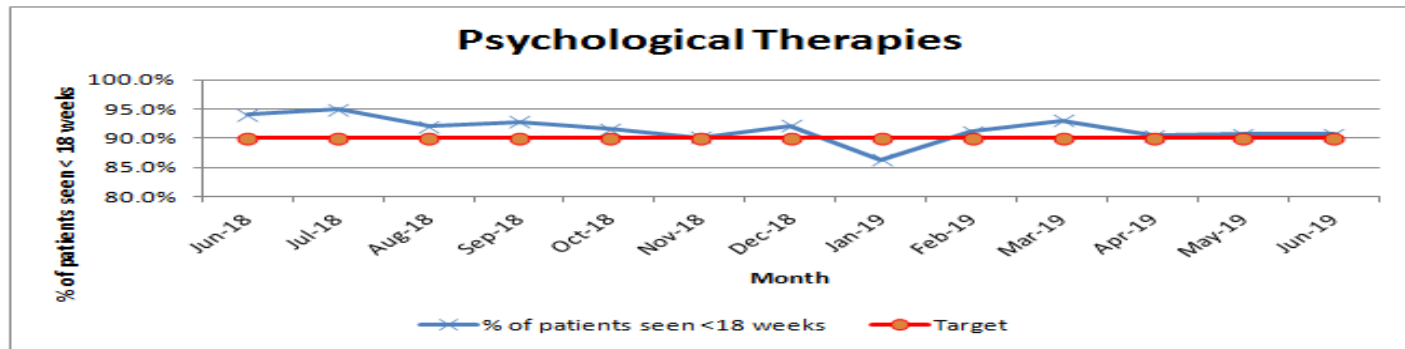
NHSGG&C 89.9%

Lowest Performing: NHS Island Boards 57.7%

NHSGG&C Ranking: 1st

LDP Standard– % of patients seen within 18 weeks of referral to Psychological Therapy

As at June 2019, 90.7% of eligible patients referred for a Psychological Therapy were seen <18 weeks. Current performance continues to exceed the 90% standard. As seen from the national validated data, NHSGG&C remains the best performing Health Board across Scotland in terms of the % of patients seen <18 weeks.



Psychological Therapy Commentary

- Overall, performance across NHSGG&C continues to remain positive.

Better Value – Financial Performance

Target: A breakeven position by March 2020



LDP Standard – Financial Performance

As at June 2019, the financial overspend across NHSGG&C was £11.1m. Current performance is within the projected position of £12.9m for June 2019. The current position represents an increase on the £9.7m overspend reported during the same period the previous year.



Measure	April - June 18 Actual	April - June 19 Actual	April - June 2019 Target
Financial Performance	(£9.7m)	(£11.1m)	(12.9m)

Improvement Action

- See Financial Monitoring Report – Paper 19/44.

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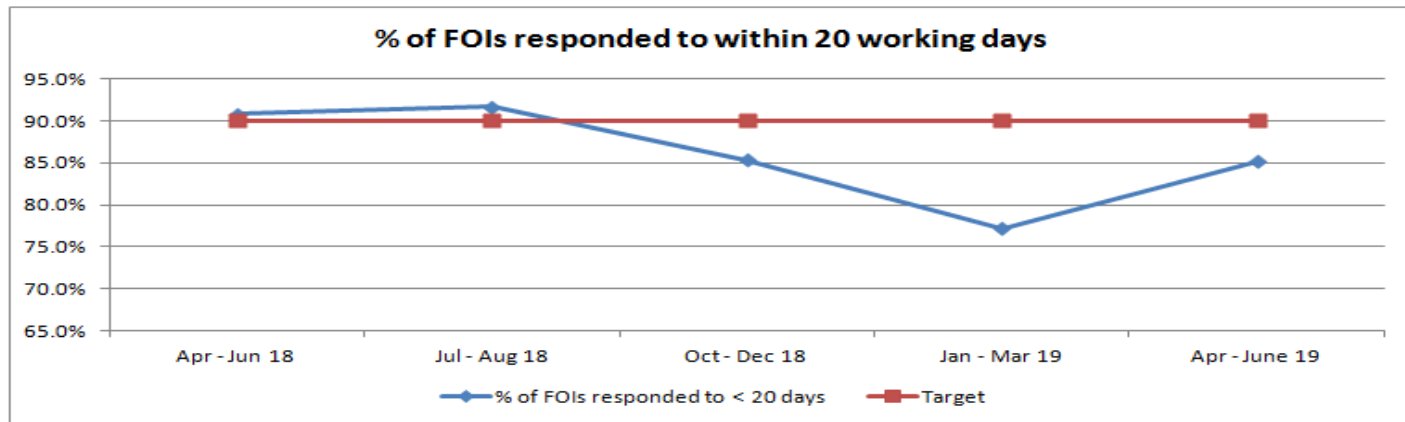
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Better Value – Freedom of Information (FOIs) Requests

Target: 90% of Freedom of Information requests to be responded to within 20 working days

LKPI – FOIs

During the quarter ending June 2019, 85.2% of FOIs were responded to within 20 working days. Whilst performance is below the 90% target, it represents a significant improvement on the 77.2% reported for the previous quarter.



Improvement Action

- Additional resource was made available during March, April and May to focus on the backlog and to provide capacity to deal with a number of Reviews; and
- Some challenges remain within the system including a number of complex requests for information, increasing requests in general and complex Reviews.

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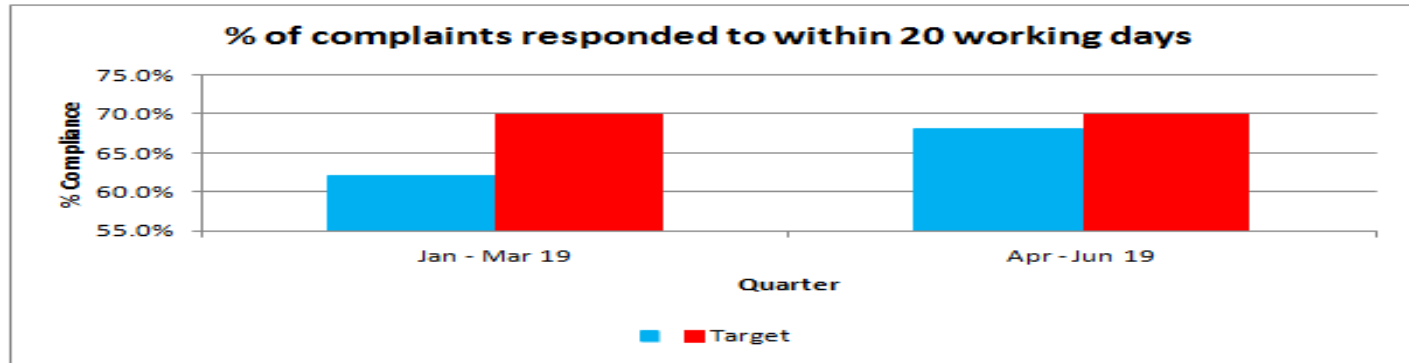
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Better Value – % of Stage 2 Complaints responded to within 20 working days

Target: 70% of Stage 2 complaints to be responded to within 20 working days

LKPI– % of Complaints responded to within 20 working days

During the period April – June 2019, 68% of stage 2 complaints were responded to within 20 working days. Current performance represents a significant improvement on the 62% compliance reported the previous quarter. Local management information indicates that the improvements in performance have been sustained and further improvements have been achieved.



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Improvement Action

A range of actions have been put in place to achieve the ongoing improvements in performance including:

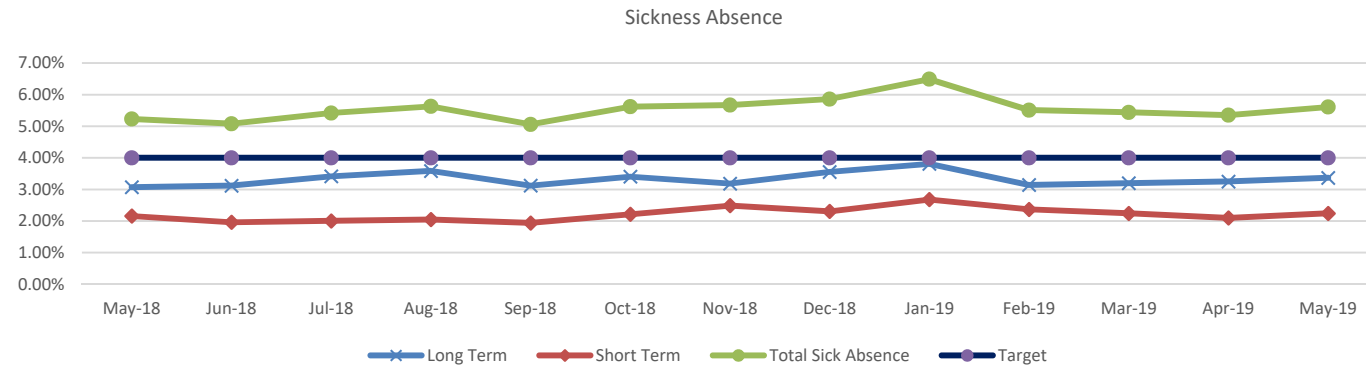
- New, timely and focussed reporting;
- Appropriately dealing with more of the less complicated Stage 1 complaints; and
- Working more closely with Services to obtain the information required to reply to complaints in a more timely manner.

Better Workplace – Sickness Absence

Target: Sickness absence to be no more than 4%

LDP Standard – Sickness Absence

As at May 2019, the level of sickness absence across NHSGG&C was 5.6%, comprising 3.4% long term and 2.2% short term absence. Sickness absence had been on a slow decline since the winter peak in January 2019, however May 2019 reversed this decline with an increase of 0.25 percentage points on April 2019.



Improvement Actions

Key actions include:

- A full review of the Board’s approach to promoting attendance in line with the new Once for Scotland Policy and Guidance (due in October 2019), ensuring a person centred approach and tailored coaching and support for managers across the Board area;
- The implementation of a targeted approach that focuses on long term absence cases. This involves reviewing each case one by one and contacting managers to discuss other potential roles/duties to allow staff to be able to attend work;
- Earlier interventions for short term absences, with daily monitoring and contact from HR Enquiry Team is being piloted across a number of Sectors; and
- All services with absence over 4% reviewing top ten absence areas to ensure prompt action and support to staff.

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Conclusion



Conclusion

The purpose of this report is to provide Board members with a balanced overview of performance in relation to key performance indicators namely, LDP Standards alongside a few additional national key performance indicators, MSG Measures, HR and Governance related metrics.

As seen in the report, the Board is making steady progress and within the planned position in relation to a number of key performance areas. There are fewer measures with an adverse variance of >5%. At the last Board meeting a total of nine measures were rated as red whereas in June 2019, this has reduced to seven measures. There have been improvements in relation to access to CAMHS, the number of complaints responded to within 20 working days and the percentage of FOIs responded to within 20 working days. Similarly, the work that has gone into developing more realistic trajectories for the number of new outpatients and TTG patients waiting >12 weeks has placed current performance within the planned position for June 2019.

There are some areas that remain a challenge, however progress has been made in relation to some of these areas. For example, we have fewer patients waiting more than six weeks to access a key diagnostic test than previously reported and local management information suggests this ongoing improvement is likely to be sustained. Unfortunately, performance in relation to A&E four hour waits remains challenging with high levels of patient activity and, as detailed earlier in the report, effort continues both within Acute and across HSCPs to address this.

Board members are asked to:

- i) Discuss the proposed structure of the revised Board performance report and feedback any recommendations for change; and
- ii) Note the current performance position across NHSGG&C and the proposed improvement actions for those areas in need of improvement.

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