

NHS Greater Glasgow & Clyde	Paper Number: 19/52
Meeting:	Board Meeting
Date of Meeting:	22 October 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. 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 Integrated Performance Report is to provide Board members with a *balanced overview* of performance against key metrics. The suite of metrics reflects 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. Following feedback from the last Board meeting, two further indicators have been added to the Better Workplace Theme namely, % of KSF/PDP&Rs recorded on Turas and iMatters.

Key Issues to be Considered

Board members will note that the 2019-20 Annual Operational Plan trajectories relating to new outpatients waiting >12 weeks for a new outpatient appointment and the number of eligible TTG patients waiting >12 weeks for an inpatient/daycase procedure have been revised in agreement with the Scottish Government. The original trajectories were based on financial assumptions around cross boundary flow which remains subject to further discussion with the Scottish Government.

A context page has been added to the report to help provide a more balance approach to performance reporting.

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 Revenue and Capital Report 19/58.

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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Tel No: 0141 201 4609

Date: 22 October 2019

BOARD OFFICIAL

***Board Meeting
Integrated Performance Report***

***22 October 2019
(Paper 19/52)***



Mark White, Director of Finance



Purpose and Format of Report

The purpose of this 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. Following the feedback received at the last Board meeting two further indicators have been added to the Better Workplace theme namely, % of KSF/PDP&Rs recorded on Turas and iMatters.

The format and structure of the report is as follows:

- i) In the main, the data reflects the August 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 4 & 5);
- 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) 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 Context



NHSGG&C Context

In terms of context to performance and ensuring a more balanced view, a number of key qualitative highlights have taken place since the last Board. Although not exhaustive these include:

- We launched the annual staff flu vaccination programme on 1 October 2019;
- We recruited approximately 450 newly qualified nurse graduates, a clear indication that NHSGG&C continues to be seen by graduates as a desirable employer. The new recruits will join the existing 12,300 qualified nurses to deliver patient centred care to patients in hospitals and the community;
- The Childsmile Teams, who travel around NHSGG&C schools and nurseries to carry out their prevention work, are doing it with a new fleet of Childsmile electric vans. The Teams, who provided fluoride varnishing applications on 46,000 occasions last year, have taken ownership of all electric vans, allowing them to transport their dental equipment from school to school across NHSGG&C;
- Glasgow Royal Infirmary (GRI), serving the east end of Glasgow since 1794, was recognised as a world-leading healthcare facility – named by Newsweek earlier in the year as one of the top 100 hospitals in the world. The GRI is the only Scottish Hospital to make the list, which included top facilities in Germany, Japan, Switzerland and the United States. All hospitals on this list are at the forefront of adapting to new challenges while providing outstanding patient care;
- The Scottish Government announced a Public Inquiry to examine issues at the new Royal Hospital for Children and Young People (NHS Lothian) and the Queen Elizabeth University Hospital (QEUH) sites following recent concerns from affected patients over safety and wellbeing. The Inquiry will determine how vital issues relating to ventilation and other key building systems occurred, and what steps can be taken to prevent this being repeated in future projects; and
- We received 395 nominees for this year's Chairman's Awards, a record number of entries for our annual staff awards scheme with the Celebrating Success event scheduled to take place on Monday 4 November 2019.

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Performance - At A Glance – August 2019

PERFORMANCE AT A GLANCE - OCTOBER 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*	Apr - Jun 19	86.8%	88.3%	80.0%	GREEN	↑
2	LDPS	Drugs and Alcohol: % of patients waiting <3 weeks from referral to appropriate treatment	Apr - Jun 19	94.9%	91.2%	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	Aug-19	91.6%	88.4%	95.0%	RED	↓
6	MSG	Total A&E Presentations (ED, MIU & AUs)	Aug-19	43,178	44,343	23,221	RED	—
		Accident & Emergency Presentations	Aug-19	36,987	38,728			
		Other Accident and Emergency Presentations	Aug-19	6,191	5,615			
7	MSG	Total number of patients delayed across NHSGG&C (taken at Census point)	Aug-19	184	216	0	RED	↓
		Acute Patients	Aug-19	128	170			
		Adult Mental Health Patients	Aug-19	56	46			
8	MSG	Total number of Bed Days Lost to Delayed Discharge	Aug-19	5,769	6,330	4,722	GREY	↓
		Acute Bed Days Lost	Aug-19	4,093	4,798		AMBER	↓
		Mental Health Bed Days Lost	Aug-19	1,676	1,532		GREY	↑
9	LDPS	18 Week Referral To Treatment (RTT)						
		Combined Admitted/Non Admitted	Aug-19	88.5%	76.7%	90.0%	RED	↓
10	LDPS	Combined Linked Pathway	Aug-19	84.4%	79.2%	80.0%	AMBER	↓
		New Outpatient Appointments						
		% of available new outpatients waiting <12 weeks for a new outpatient appointment (inc RHC and Dental)	Aug-19	71.2%	71.0%	21,000	RED	↓
Number of available patients waiting >12 weeks for a new outpatient appointment (inc RHC and Dental)	Aug-19	26,527	23,526					
11	NKPI	Access to a Key Diagnostic Test						
		Number of patients waiting >6 weeks for access a <i>scope</i> test	Aug-19	5,432	1,074	1,200	GREEN	↑
12	NKPI	Number of patients waiting >6 weeks for an <i>imaging</i> test	Aug-19	1,301	2,933	0	RED	↓
		12 week Treatment Time Guarantee (TTG)						
13	LKPI	% of inpatient/daycases treated within the 12 week TTG	Aug-19	78.1%	69.9%	7,500	RED	↓
		Number of inpatients/daycases waiting >12 weeks TTG	Aug-19	5,360	9,425			
14	LDPS	Patient Unavailability (All)						
		Inpatient/Day Cases (inc Endoscopy)	Aug-19	1,364	1,485	—	GREY	↓
15	LDPS	New Outpatients	Aug-19	1,265	1,099	—	GREY	↑
		Suspicion of Cancer Referrals (62 days)*	Aug-19	76.9%	78.1%	83.0%	AMBER	↑
15	LDPS	All Cancer Treatments (31 days)*	Aug-19	94.1%	93.2%	95.0%	AMBER	↓

* Data has still to be validated

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

Performance - At A Glance – August 2019



PERFORMANCE AT A GLANCE - OCTOBER 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+)	Apr - Jun 19	97	83	105	GREEN	↑
17	LDPS	Number of S. Aureus Bacteremia Infection cases	Apr - Jun 19	105	102	75	RED	↑
18	LKPI	Number of GP Out of Hour closures	Aug-19	32	66	—	GREY	↓
19	LDPS	% of eligible patients commencing IVF treatment within 12 months	Aug-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*	Aug-19	74.4%	69.5%	80.0%	RED	↓
21	LDPS	% patients who started treatment <18 weeks of referral for Psychological Therapies*	Aug-19	92.0%	90.1%	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 - Aug 19	(£16.3m)	(£17.2m)	(£20.2m)	GREEN	↓
23	LKPI	Freedom of Information requests responded to within 20 working days	Jul - Sept 19	91.3%	86.9%	90.0%	AMBER	↓
24	LKPI	% of complaints closed at Stage 2 within 20 working days	Jul - Sept 19	80.5%	70.0%	70.0%	GREEN	↓
		% of complaints closed at Stage 1 within 5 working days	Jul - Sept 19	89.0%	86.0%	—	GREY	↓
		% of complaints closed at Stage 1 between 6 - 10 working days	Jul - Sept 19	7.0%	9.0%	—	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)	Aug-19	—	5.5%	4.0%	RED	—
		Long Term	Aug-19	—	3.9%	—	GREY	—
		Short Term	Aug-19	—	1.6%	—	GREY	—
26	LKPI	% of KSF/PDP&Rs Recorded on Turas	Aug-19	46.2%	54.7%	80.0%	RED	↑
27	LKPI	iMatter						
		Response Rate	Aug-19	54.0%	59.0%	60.0%	AMBER	↑
		Action Plans Completed	Aug-19	50.0%	42.0%	80.0%	RED	↓
* 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				—	

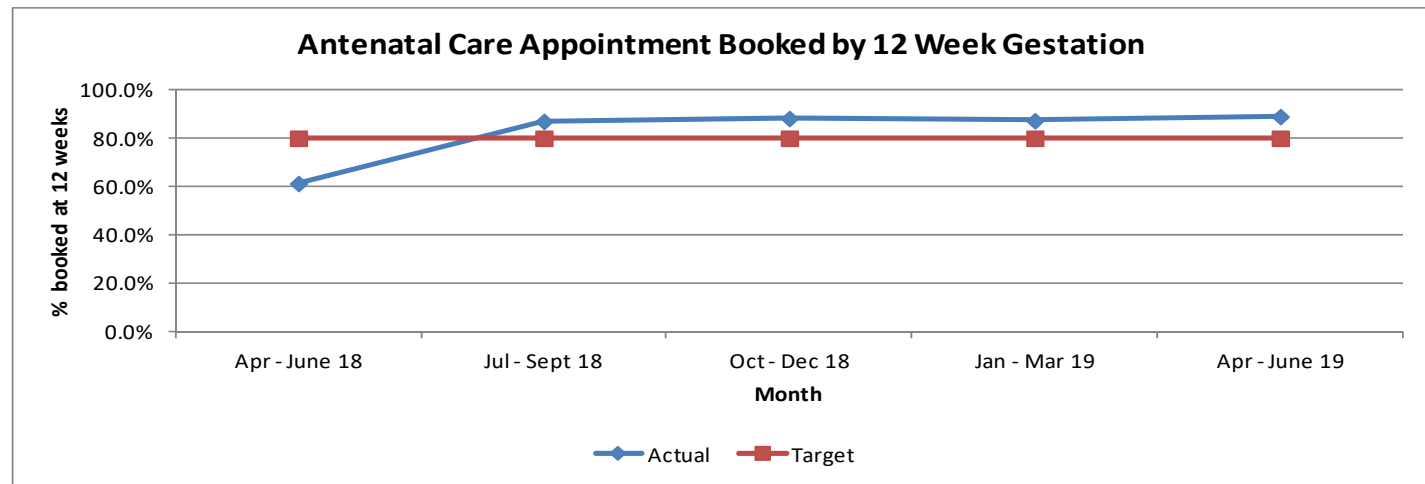
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Better Health – % of mums booked for Antenatal Care by 12 weeks gestation

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

During the period April – June 2019, 89.0% of pregnant women had booked an antenatal care appointment by 12 weeks gestation, exceeding the target of 80%.



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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.

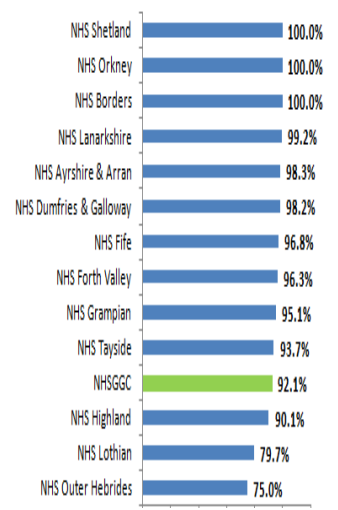
Better Health – Drugs and Alcohol: % of patients referred for treatment to wait no longer than 3 weeks to start their first treatment



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

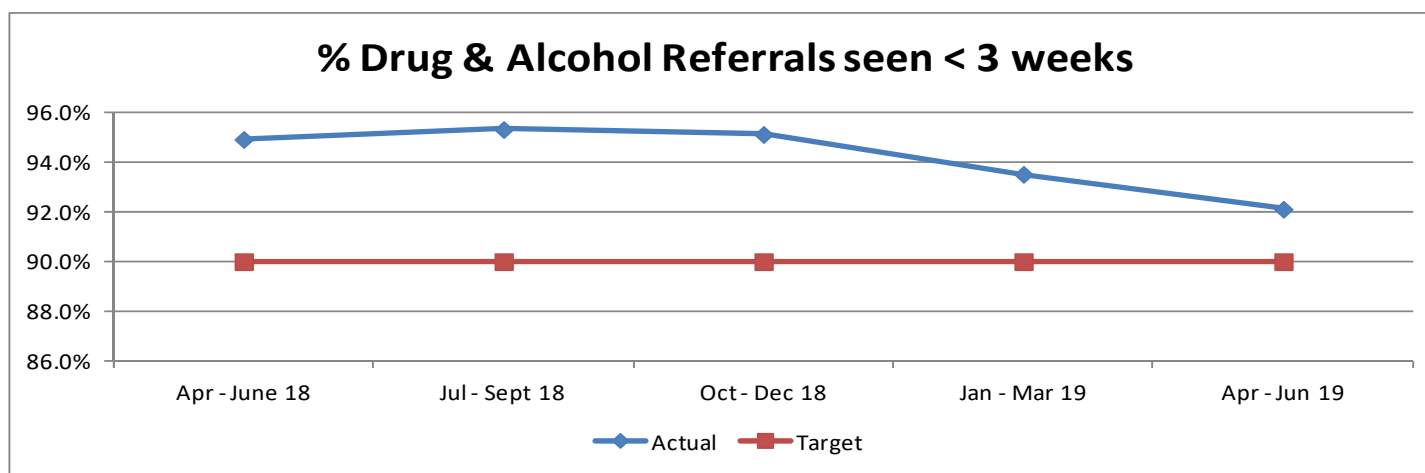
**Drugs & Alcohol
Latest National
Published Position**

April - June 2019:



LDP Standard – Drugs and Alcohol Waiting Times

As at the quarter ending June 2019, 92.1% of patients referred to the Drug and Alcohol Service were seen within three weeks of referral. Current performance continues to remain above the target of 90%.



Drug and Alcohol Waiting Times Commentary

As seen from the trend chart above, NHSGG&C continues to consistently exceed the 90% target in that 92.1% of patients referred to the service had started their treatment within three weeks or less from referral.

NHS Scotland: 93.3%

NHSGG&C: 92.1%

Best Performing: NHS Borders, Orkney & Shetland 100%

Lowest Performing: NHS Outer Hebrides 75.0%

NHSGG&C Ranking: 11th

Board Official

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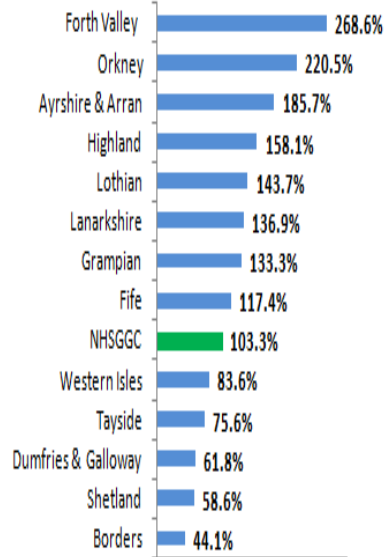
Board Meeting – October 2019

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.

Latest National Published Position

April - March 2019:
Total ABIs delivered as a % of Target



NHS Scotland: 131.9%

NHSGG&C: 103.3%

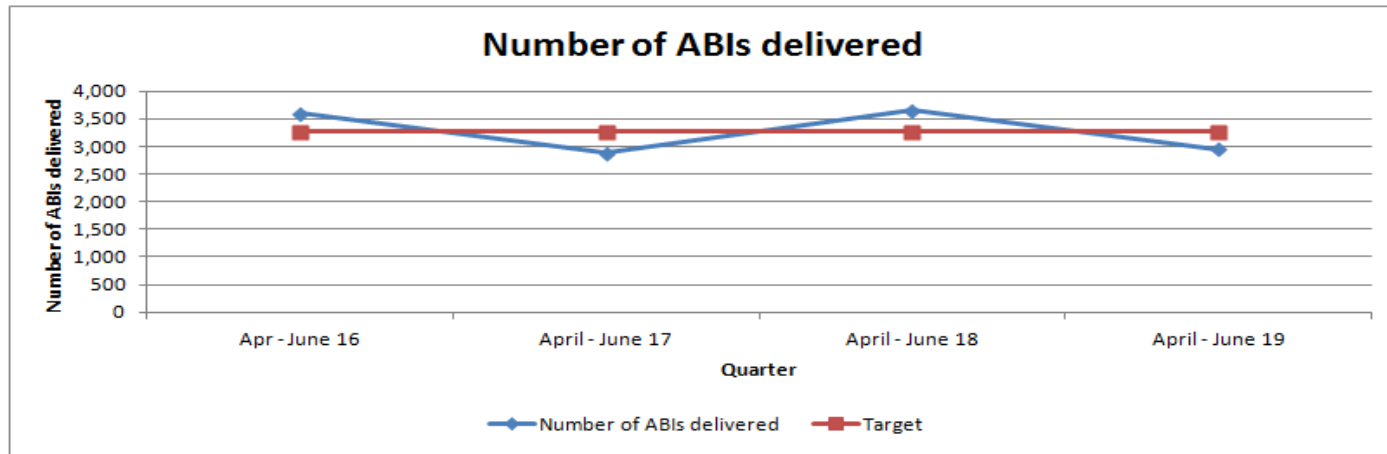
Best Performing: NHS Forth Valley 268.6%

Lowest Performing: NHS Borders 44.1%

NHSGG&C Ranking: 9th

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.



ABI Commentary

- The reduction in the number of ABIs delivered is mainly as a result of the challenges in Primary Care. 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.

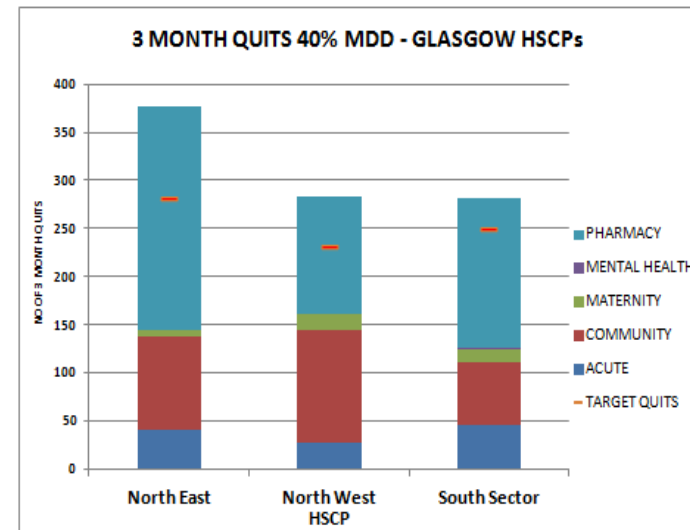
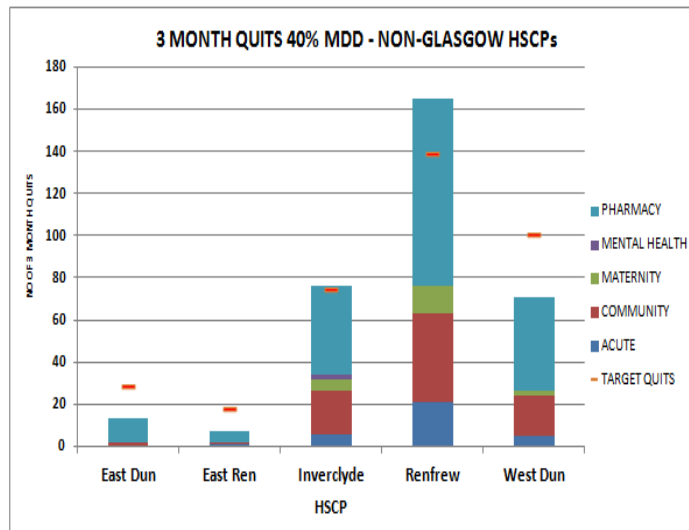
Better Health – Smoking Cessation 3 months post quit from Board’s 40% most deprived areas

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.

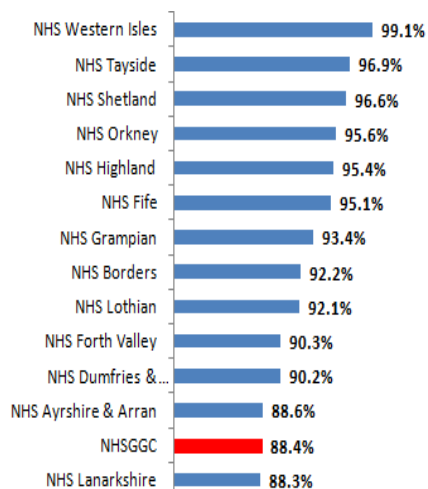
Better Care – Accident & Emergency (A&E) 4 Hour Wait



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

July 2019:



% of patients waiting 4 hours or less:

NHS Scotland: 91.2%

NHSGG&C: 88.4%

Best Performing: NHS Western Isles 99.1%

Lowest Performing: NHS Lanarkshire 88.3%

NHSGG&C Ranking: 13th

LDP Standard – A&E 4 Hour Waits

As at August 2019, 89.8% of patients presenting at A&E were either admitted, discharged or transferred for treatment <4 hours. Whilst current performance is showing an improvement on the previous months' position, it remains below the 95% target.

Compliance with A&E 4 Hour Waits Target							
Hospital	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Var on Prev Month	Aug-18
Glasgow Royal Infirmary	79.6%	79.5%	83.5%	83.0%	89.7%	6.7%	93.3%
Stobhill Hospital	99.8%	99.6%	99.9%	99.9%	99.5%	-0.4%	99.2%
Queen Elizabeth University Hospital	75.5%	79.9%	77.1%	81.1%	81.6%	0.5%	89.5%
New Victoria Hospital	100.0%	100.0%	100.0%	100.0%	99.8%	-0.2%	99.9%
Royal Alexandra Hospital	86.0%	88.6%	84.5%	85.3%	83.0%	-2.3%	90.6%
Inverclyde Royal Hospital	91.9%	89.0%	90.2%	90.4%	93.1%	2.7%	91.9%
Vale of Leven Hospital	97.1%	96.4%	98.0%	97.4%	97.2%	-0.2%	98.1%
Royal Hospital for Children	96.3%	97.6%	98.6%	98.8%	97.8%	-1.0%	99.0%
NHSGGC Total	86.4%	87.9%	87.7%	88.4%	89.8%	1.4%	93.6%
Target	95.0%	95.0%	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 Department (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. The Board has received the Teams report and will start working up an action plan;
- Outputs from the Winter Planning workshop have been produced and five areas agreed for action, they are: ACPs, Consultant Connect, Public Messaging, Hot Clinics for abdominal pain and Follow Up work to GP presentations to AAUs; and
- 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.

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

Each HSCP has agreed an overall 2019-20 A&E attendance reduction target of 282,477 based on their 2015-16 baseline position. In the absence of monthly trajectories, the annual figure has been crudely calculated to provide a YTD trajectory. As seen below, all HSCPs are significantly above their local trajectories for the period April – August 2019. (Please note the HSCP data excludes AU attendances as these were not included as part of the 2015-16 baseline).

A&E & MIU Presentations									
HSCP	Apr-19	May-19	Jun-19	Jul-19	Aug-19	YTD Actual	YTD Target	% Var from YTD Target	2019-20 MSG Target
East Dunbartonshire HSCP	2,363	2,489	2,296	2,324	2,407	11,879	8,198	45%	19,674
East Renfrewshire HSCP	2,069	2,076	2,109	2,022	2,206	10,482	7,640	37%	18,335
Glasgow City HSCP	17,609	17,962	17,646	17,584	17,755	88,556	64,080	38%	153,791
Inverclyde HSCP	2,607	2,768	2,473	2,713	2,557	13,118	9,574	37%	22,978
Renfrewshire HSCP	5,166	5,422	5,392	5,146	5,303	26,429	18,801	41%	45,123
West Dunbartonshire HSCP	2,773	2,946	2,703	2,787	2,849	14,058	9,312	51%	22,348
HSCP Grand Total	32,587	33,663	32,619	32,576	33,077	164,522	117,604	40%	282,249
Others	5,175	5,451	5,280	5,546	5,651	27,103			
NHSGGC Total (Excl AU attends)	37,762	39,114	37,899	38,122	38,728	191,625			
NHSGGC Grand Total (inc AU attends)	43,707	45,225	43,558	43,904	44,343	220,737			

Improvement Action

Complementing Acute improvement activity in ED on slide 12, 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;
- Work is ongoing to reduce attendances from care homes and with Scottish Ambulance Service (SAS) to reduce the % of fallers conveyed to A&E;
- Inverclyde HSCP are currently undertaking a ‘deep dive’ into HRIs, taking account of learning from elsewhere to develop a more effective targeted approach; and
- 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.

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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

A total of 1,041 patients have been reported as delayed during the period April – August 2019 comprising 800 Acute patients and 241 Mental Health patients, resulting in the loss of 30,204 bed days. As seen below, HSCPs reported a YTD total of 24,371 bed days occupied by delayed patients (81% of all bed days lost). HSCPs current performance is 3% above the planned position of 23,609 bed days. All HSCPs, with the exception of West Dunbartonshire and Renfrewshire HSCPs are within the local YTD trajectory.



Number of Bed Days Lost to Delayed Discharge	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	2019 YTD Actual	2019 YTD MSG
Total Acute Bed Days	4,093	3,965	4,149	3,673	3,749	4,667	4,326	4,125	4,299	4,790	4,351	4,482	4,798	22,720	
Total Mental Health Bed Days	1,676	1,719	1,750	1,488	1,442	1,292	1,625	1,554	1,383	1,515	1,522	1,532	1,532	7,484	
HSCP Total	4,817	4,584	4,709	3,990	4,452	4,887	4,797	5,011	4,491	4,949	4,701	4,862	5,368	24,371	23,609
Other Local Authorities	952	1,100	1,190	1,171	1,099	1,427	1,464	1,000	1,191	1,356	1,172	1,152	962	5,833	
NHSGG&C Total Bed Days Lost	5,769	5,684	5,899	5,161	5,191	5,959	5,951	5,679	5,682	6,305	5,873	6,014	6,330	30,204	

Improvement Action

- *West Dunbartonshire HSCP* – 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 Adult Support and Protection investigation - has led to a spike in the number of delayed discharges. Work is underway to reduce the number of delays and to work with the care home to develop an improvement plan to enable the care home to be re-opened to admissions; the Focused Intervention Team went 'live' on 19 August and aims to reduce admissions to hospital; and a clear daily process has been put in place to ensure progress with more complex cases;
- *Renfrewshire HSCP* – Care at Home – work is underway to overcome some of the challenges experienced with framework providers around availability and flexibility of packages of support; Acute, HSCP and Care at Home meet three times a day to discuss discharge planning and review active cases/delayed discharges and agree appropriate action; and a number of actions are currently being implemented to address those delays that are due to user and family choice; and
- *Inverclyde HSCP* – Home First Service continues to deliver high quality support to enable people to leave hospital when clinically fit to do so and with immediate access to re-ablement support.

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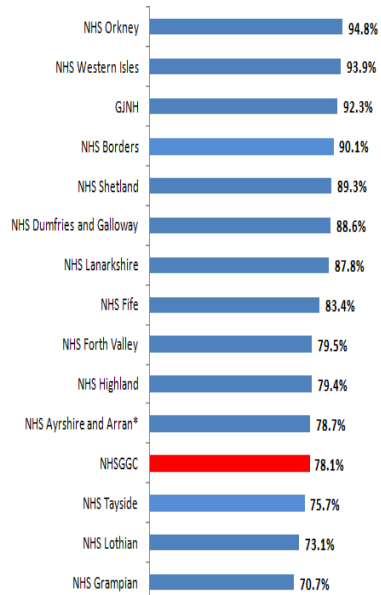
Better Care – 18 Weeks Referral To Treatment (RTT)



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

18 Week RTT Latest National Validated Position

June 2019:



NHS Scotland: 79.2%

NHSGG&C: 78.1%

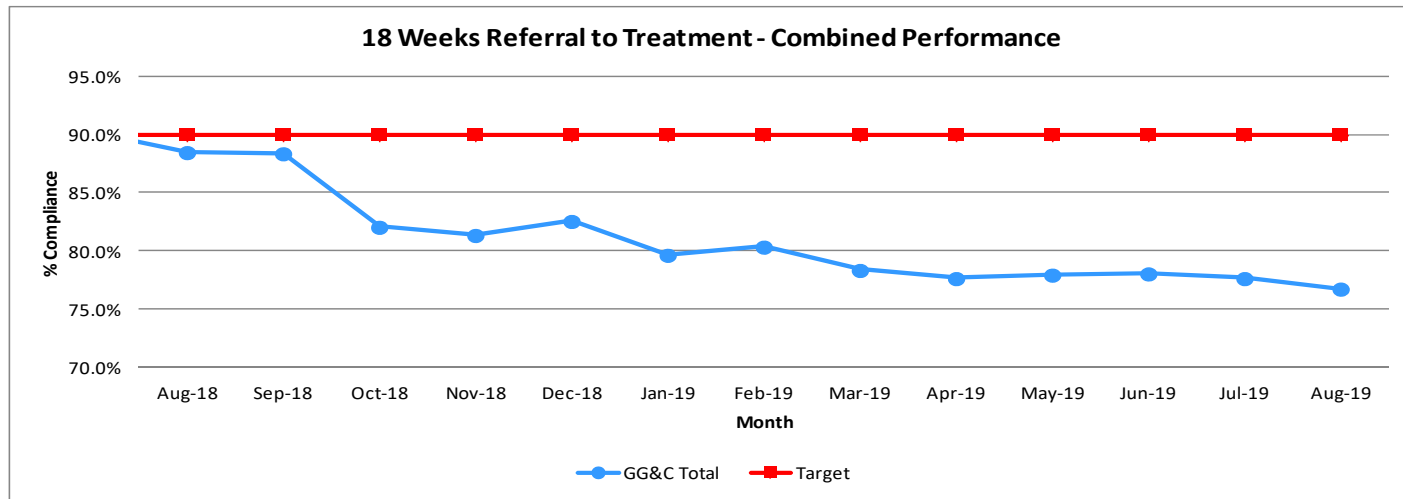
Best Performing: NHS Orkney 94.8%

Lowest Performing: NHS Grampian 70.7%

NHSGG&C Ranking: 12th

LDP Standard – 18 Weeks RTT

As at August 2019, 76.7% of our patients were treated within 18 weeks of RTT, below the target of 90%. Current performance represents a reduction on the 77.7% reported the previous month.



Improvement Action

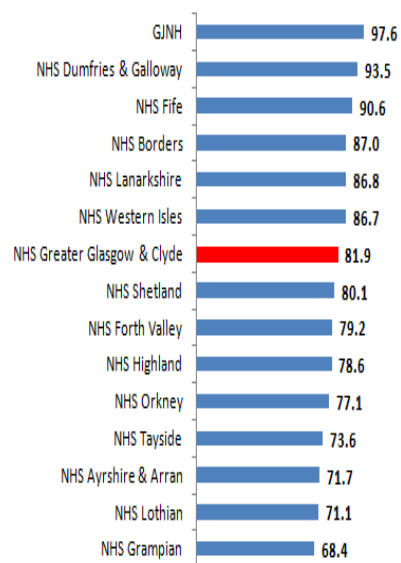
The priority continues to be focussed on targeting patients with the highest clinical priority and reducing the number of patients with the longest waiting times. This focus remains a priority for all additional activity taking place. A consequence of the focus on patients waiting longest is the adverse 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 December 2019, no more than 21,500 new outpatients will be waiting >12 weeks for a new outpatient appointment

New OP Completed Waits Latest National Validated Position

April - June 2019 - Completed Waits



NHS Scotland: 78.5%

NHSGG&C: 81.9%

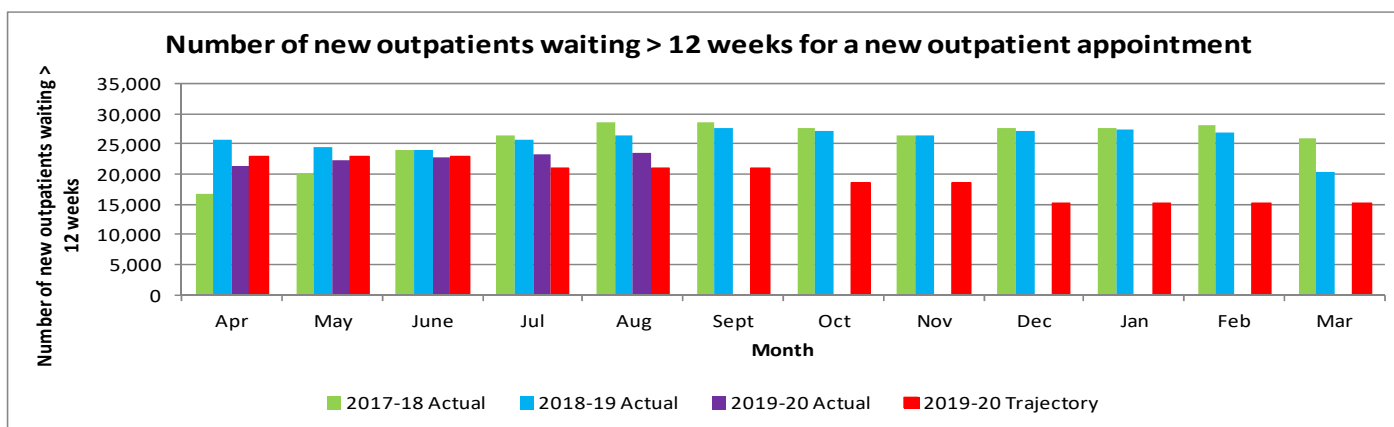
Best Performing: GJNH 97.6%

Lowest Performing: NHS Grampian 68.4%

NHSGG&C Ranking: 7th

LDP Standard - New Outpatients Waiting >12 weeks

As at August 2019, a total of 23,526 available new outpatients were waiting >12 weeks for a new outpatient appointment. Current performance is above the revised trajectory of 21,500 new outpatients for December 2019. As at August 2019, 71% of available new outpatients on the waiting list were waiting <12 weeks for a new outpatient appointment.



Improvement Action

- Both the Gastroenterology and Trauma and Orthopaedic Access Collaboratives' have been established to review patient pathways across primary and secondary care. The purpose of the reviews is to ensure each of the services work to the same clinical pathway in all locations allowing equity of patient access and care, that clinical care is optimised and unwarranted variation is reduced in order to more effectively deliver against targets;
- Vacant outpatient clinic slots are currently being reviewed daily in order to maximise available outpatient capacity;
- 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 speciality level; and
- 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'.

Board Official

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Board Meeting – October 2019

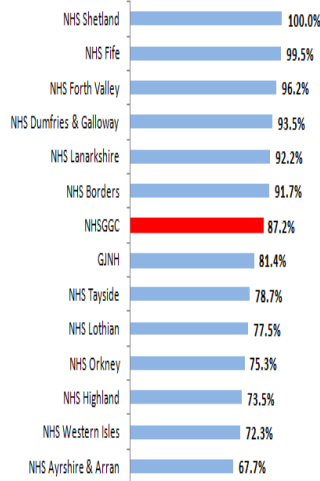
Better Care – Access to 8 Key Diagnostic Tests



Trajectory: By September 2019, no more than 1,200 patients will be waiting >6 weeks to access a *scope test* (scopes represent four of the eight Diagnostic Tests)

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

June 2019:



% of patients waiting 6 weeks or less NHS Scotland: 81.7%

NHS GGC: 87.2%

Best Performing: NHS Shetland 100.0%

Lowest Performing: NHS Grampian 64.5%

NHS GGC Ranking: 7th

National Performance Indicator – Access to 8 Key Diagnostic Tests

As at August 2019, a total 1,074 patients were waiting >6 weeks to access a *scope test*, within the projected position of 1,200 for September 2019. As seen from the table below, the positive month on month reduction trend in the number of patients waiting >6 weeks to access a scope continued in August 2019 and has already delivered the projected position for the quarter ending September 2019. Of the total number of patients on the waiting list for a scope 79% had been waiting <6 weeks.

	Scopes							
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Upper Endoscopy	1,405	1,125	1,027	886	787	733	593	409
Lower Endoscopy	518	410	321	279	239	212	191	143
Colonoscopy	2,280	1,613	1,322	1,204	944	750	622	478
Cystoscopy	70	39	60	78	71	55	50	44
Total	4,273	3,187	2,730	2,447	2,041	1,750	1,456	1,074
Target	2,818	2,609	2,401	1,800	1,800	1,800	1,200	1,200

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. Five Band 8a Nurse Endoscopist posts have been advertised. 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, Gartnavel Hospital and across the Clyde Sector continue;
- The independent sector work continues to be run from QEUH each weekend. It is anticipated the Independent Sector will continue until March 2020; and
- A review and re-validation of surveillance waiting lists is underway in line with recently revised guidelines to ensure demand is appropriate. Monthly data is returned to the Scottish Government.

Board Official

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Board Meeting – October 2019

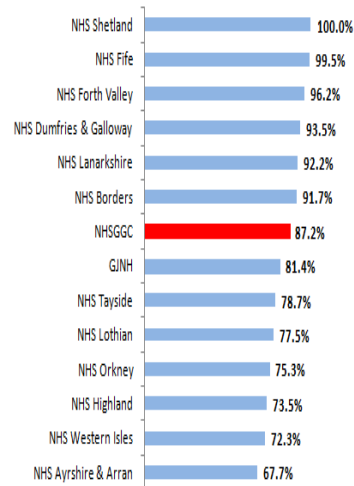
Better Care – Access to 8 Key Diagnostic Tests



Trajectory: No patient should wait more than 6 weeks to access an *imaging test* (imaging represents four of the eight Diagnostic Tests)

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

June 2019:



% of patients waiting 6 weeks or less:

NHS Scotland: 81.7%

NHSGG&C: 87.2%

Best Performing: NHS Shetland 100.0%

Lowest Performing: NHS Grampian 64.5%

NHSGG&C Ranking: 7th

National Performance Indicator – Access to 8 Key Diagnostic Tests

As at August 2019, a total of 2,933 patients had been waiting >6 weeks to access an *imaging test*. Current performance is significantly above the standard of no patients waiting >6 weeks to access a key diagnostic test and the previous months' performance. 84% of all patients on the waiting list for an imaging test had been waiting <6 weeks.

Imaging								
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
MRI	731	206	256	451	544	380	1,017	1,105
CT	599	311	446	661	660	697	1,459	1,552
Non-obstetric Ultrasound	5	1	2	71	168	28	109	276
Barium Studies	0	0	0	0	0	0	0	0
Total	1,335	518	704	1,183	1,372	1,105	2,585	2,933

Improvement Action

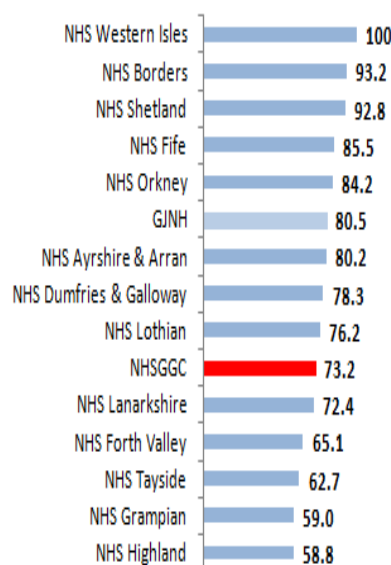
- In addressing the challenges in Radiology, additional capacity to support the reduction in the number of patients waiting >6 weeks for a CT/MRI will remain in place over the coming months to help halt the growth in the number of patients waiting;
- We are also in the process of tendering for additional private sector reporting capacity from September 2019 onwards;
- Three Radiology Consultant posts have been recruited and taken up post; and
- An Access Collaborative meeting is scheduled to take place in October 2019 to work on imaging demand management.

Better Care – Treatment Time Guarantee (TTG)

Trajectory: By December 2019, no more than 7,500 TTG patients will be waiting >12 weeks for an inpatient/day case procedure

TTG Completed Waits Latest National Validated Position

June 2019: Completed Waits



NHS Scotland: 72.5%

NHSGG&C: 73.2%

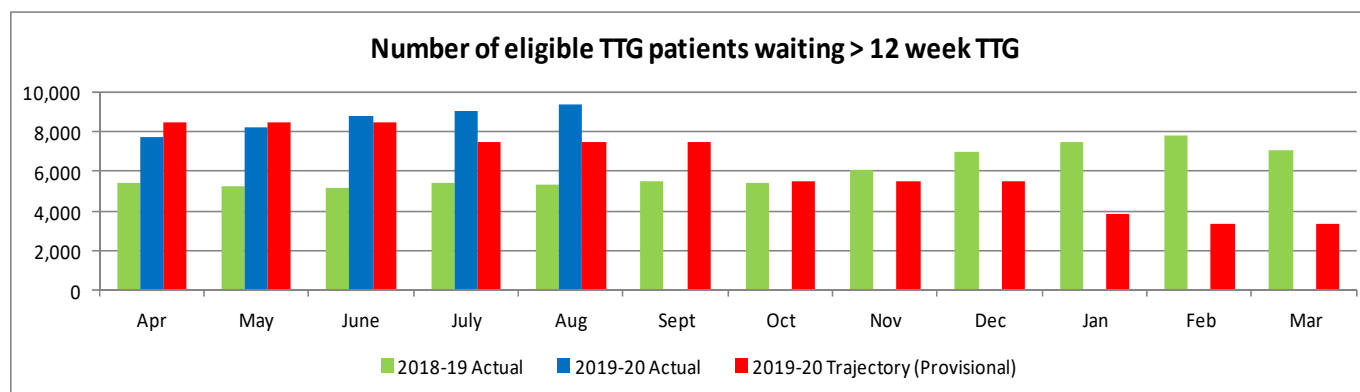
Best Performing: NHS Western Isles 100%

Lowest Performing: NHS Highland 58.8%

NHSGG&C Ranking: 10th

National Waiting Time Standard – TTG

As at August 2019, a total of 9,425 eligible TTG patients were waiting >12 weeks for an inpatient/day case procedure. Current performance is above the revised 2019-20 AOP trajectory of no more than 7,500 patients waiting >12 weeks for December 2019.



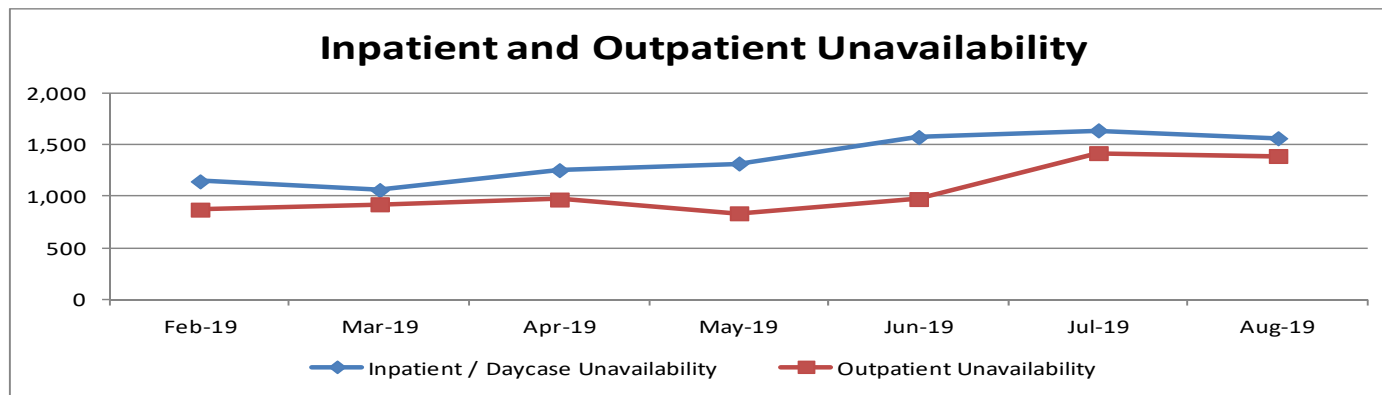
TTG – Improvement Action

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/Directorate 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 of £22.1 million has been received from Scottish Government for 2019-20 which is £3 million more than the 2018-19 allocation. Included in our planning for 2019-20 was a further £5 - 6 million for cross boundary flow, however the Scottish Government were not in agreement with this approach and have agreed to revised trajectories.

LKPI– Patient Unavailability

As at August 2019, a total of 1,485 inpatients/daycases and 1,099 outpatient on the inpatient/daycase and outpatient waiting lists were unavailable for treatment and/or appointment.



Patient Unavailability

As seen from the chart, not only has the growth in the number of unavailable patients during the holiday period halted but the number of unavailable patients is beginning to reduce for both inpatient/daycases and outpatients on the waiting list.

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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

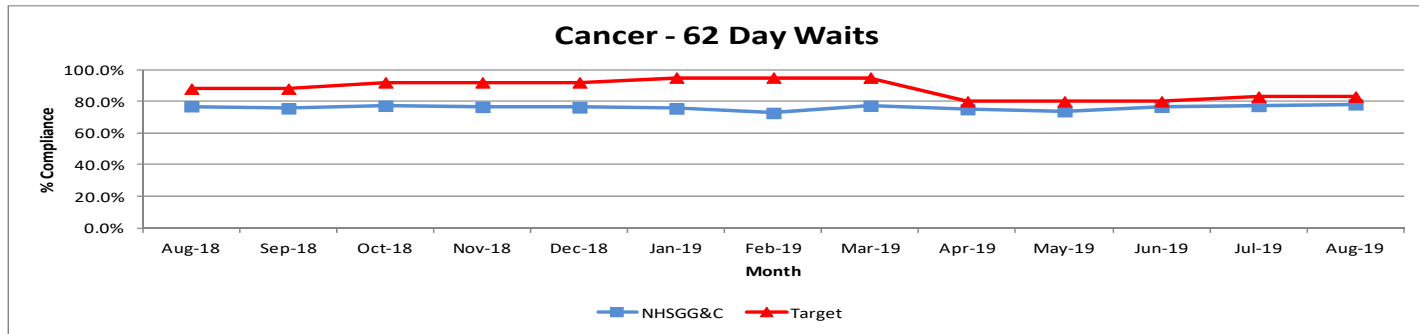
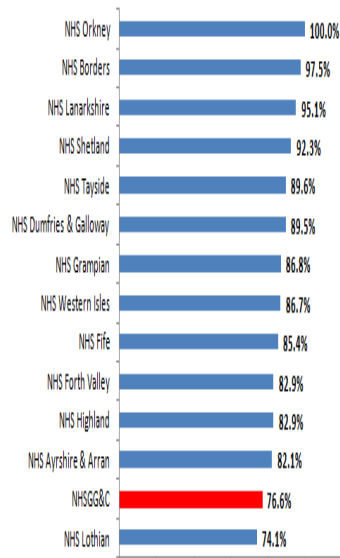
Trajectory: For quarter ending September 2019, 83% of patients referred with a suspicion of cancer to receive first cancer treatment within 62 days

LDP Standard – Cancer 62 Days Target

As at August 2019, 78.1% of patients referred urgently with a suspicion of cancer began treatment within 62 days of receipt of referral. Whilst performance has been improving month on month since May 2019, it remains below the 83% provisional trajectory for quarter ending September 2019. A total of six of the 10 cancer types either met or exceeded the 83% trajectory for September 2019. The four cancer types currently below trajectory are Colorectal (66.7%), Head & Neck (64.7%), Ovarian (80.0%) and Urology (48.3%).

Latest National Validated Position

April - June 2019:



Improvement Action

- Breast – 25 patients per week are redirected from South Sector to help reduce clinic waiting times; a locum Breast Surgeon has been appointed two days per week and started 9 September 2019; Magseeds rolled out pan-NHSGG&C to improve scheduling of surgery and provide patient benefit;
- Colorectal – five Nurse Endoscopist posts advertised and interviews scheduled for beginning October 2019. Backfill funding in place to support five additional bowel screening lists per week from August 2019. Fortnightly cross sector meetings established to ensure this additional activity is best utilised to clear the backlog of patients waiting as quickly as possible and move towards ensuring patients entering the pathway will be appointed to scope within 21 days;
- A pan-NHSGG&C meeting to review Colorectal cancer pathways took place on 30 August with actions identified to improve the diagnostic pathway. A meeting to review Urological cancer pathways took place on 7 October 2019; and
- Downgrading – national agreement sought to downgrade urgent suspicion of cancer referrals where these do not meet agreed referral criteria. NHSGG&C standard operating procedure developed for implementation in October 2019.

NHS Scotland: 82.4%

NHSGG&C: 76.6%

Best Performing: NHS Orkney 100.0%

Lowest Performing: NHS Highland 74.8%

NHSGG&C Ranking: 13th

Board Official

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Board Meeting – October 2019

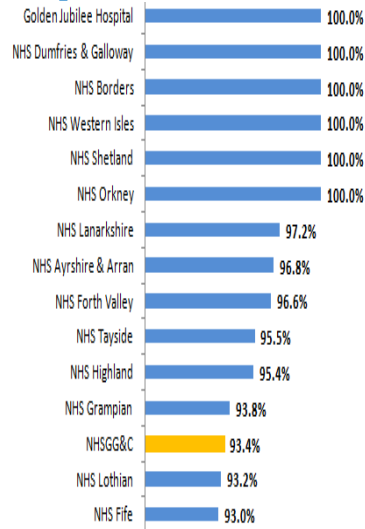
Better Care – Cancer 31 Day target from diagnosis with cancer to treatment



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

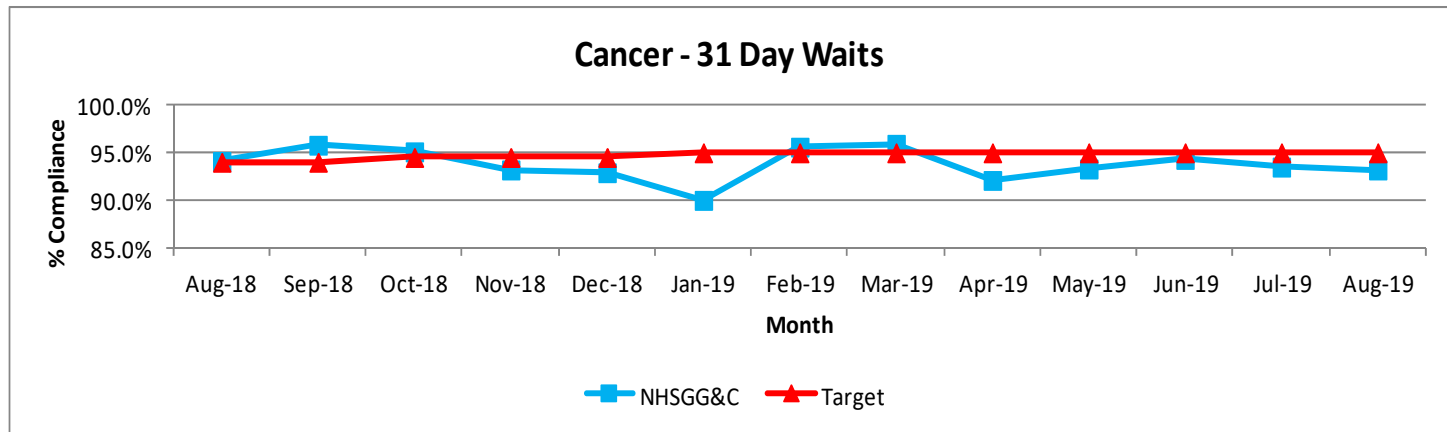
Latest National Validated Position

April - June 2019:



LDP Standard - Cancer 31 Days Target

As at August 2019, 93.2% 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 September 2019.



Cancer 31 Days Commentary

See cancer 62 days, slide 19.

NHS Scotland: 94.7%

NHSGG&C: 93.4%

Best Performing: GJNH, NHS Dumfries & Galloway Borders, and Island Health Boards 100.0%

Lowest Performing: NHS Fife 93.0%

NHSGG&C Ranking: 13th

Board Official

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Board Meeting – October 2019

Better Care – Staphylococcus Aureus Bacteraemia (SABs) and Clostridiodes 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 June 2019, a total of 84 *Healthcare Associated* and 18 *Community Associated* SABs cases were reported resulting in a *Healthcare Associated* rate of 20.0 per 100,000 bed days, above the national position of 16.6 and a *Community Associated* rate of 6.1 per 100,000 population, below the national position of 9.8.

During the same period, a total of 71 *Healthcare Associated* and 12 *Community Associated* CDI cases were reported resulting in a *Healthcare Associated* rate of 16.9 cases per 100,000 bed days, above the national position of 12.1 and a *Community Associated* rate of 4.1 per 100,000 population, below the national rate of 4.9.

Validated HPS / ISD Data: Quarter 2 April - June 2019						
	Number of Cases	Healthcare Associated Rate per 100,000 bed days		Number of Cases	Community Associated Rate per 100,000 popu	
		NHSGGC	National		NHSGGC	National
C.Difficile Infections	71	16.9	12.1	12	4.1	4.9
S.aureus Bacteraemia	84	20.0	16.6	18	6.1	9.8

SABs and CDIs Commentary

See HAIRT report for the detailed actions underway in relation to each of the above – Paper 19/54.

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LKPI– GP Out of Hours Service Closures

As at August 2019, a total of 66 closures were reported across the GP Out Of Hours Service, a significant increase on the same month the previous year. With the exception of three closures due to building works all others reported were as a result of GP availability.



GP Out of Hour Closures			
	2017	2018	2019
January	3	1	24
February	6	10	13
March	1	30	62
April	9	29	51
May	5	20	72
June	5	20	76
July	3	48	64
August	0	32	66
Grand Total	32	190	428

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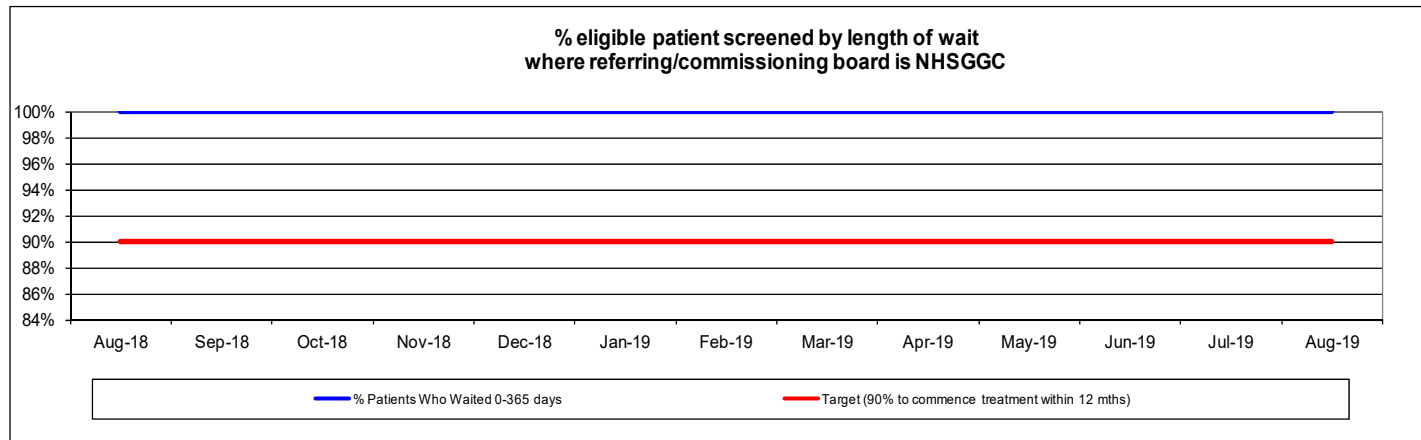
Better Care – % of eligible patients screened for IVF Treatment within 12 months receipt of referral

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



LDP Standard – IVF

As at August 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.

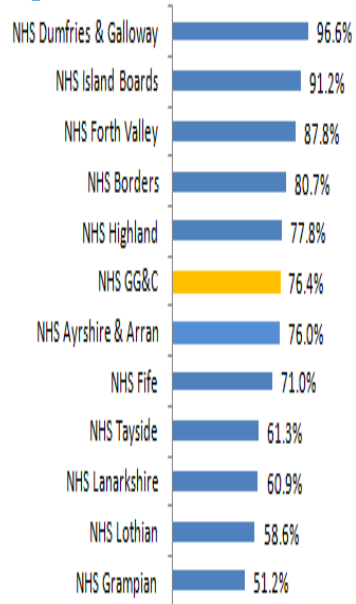
Better Care – Child and Adolescent Mental Health Services (CAMHS)



Target: 80% eligible patients to be seen within 18 weeks of referral to treatment by end of September 2019

Latest National Validated Position

April- June 2019:



NHS Scotland: 69.7%

NHSGG&C: 76.4%

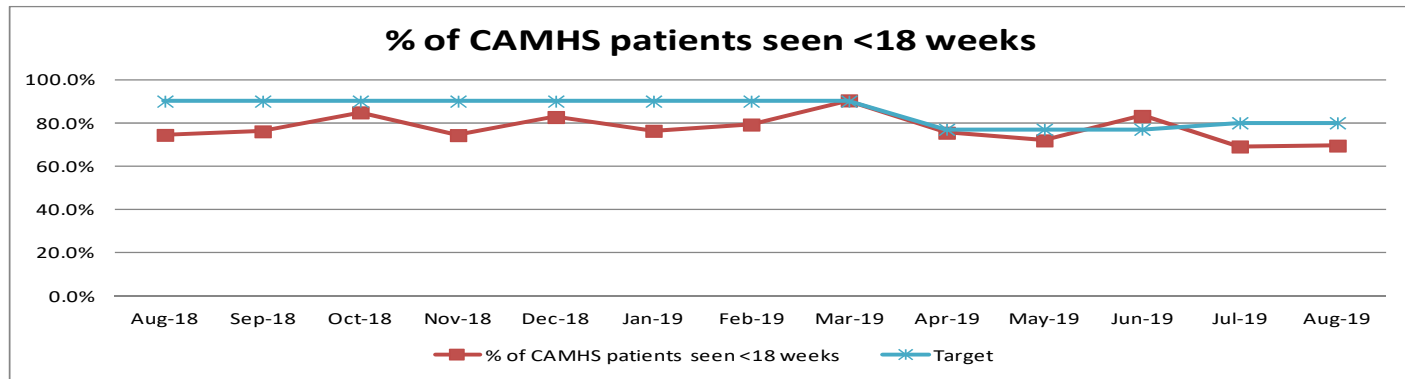
Best Performing: NHS Dumfries & Galloway 96.6%

Lowest Performing: NHS Grampian 51.2%

NHSGG&C Ranking: 6th

LDP Standard – CAMHS

As at August 2019, 69.5% of eligible CAMHS patients who started treatment in the Child and Adolescent Mental Health Services had started <18 weeks of referral. Current performance is significantly below the 80% trajectory for August 2019.



Improvement Action

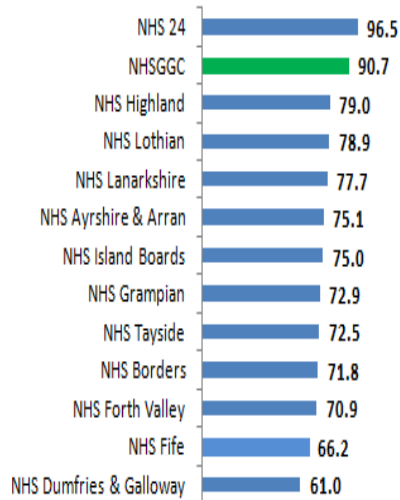
- The work to increase clinical capacity based on lean methodology continues within Central Choice Team;
- Ongoing recruitment of additional clinical staff from Taskforce funding. Six out of 12 have been recruited, but the high turnover has caused further issues with the full recruitment of these posts;
- Work continues on reducing the number of rejected referrals – rejection rate is currently 9%;
- Work continues on reducing DNAs, though the rate has risen slightly over the summer holiday period;
- CAMHS are implementing Attend Anywhere (Near Me) across all CAMHS teams to support video consultation and offer flexibility of appointment mode;
- Data and performance workshops are being held with each team to update and support all teams;
- Group therapies and care bundles have been launched to support an increase in those starting treatment;
- Implementation of the revised RTT guidelines is expected in October/November 2019 to ensure recording of NHSGG&C CAMHS waiting lists is in line with the rest of the country (no proxy used); and
- Paper under development to review CAMHS service delivery model that would address recent increasing demands.

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
April - June 2019:



NHS Scotland: 78.7%

NHSGG&C: 90.7%

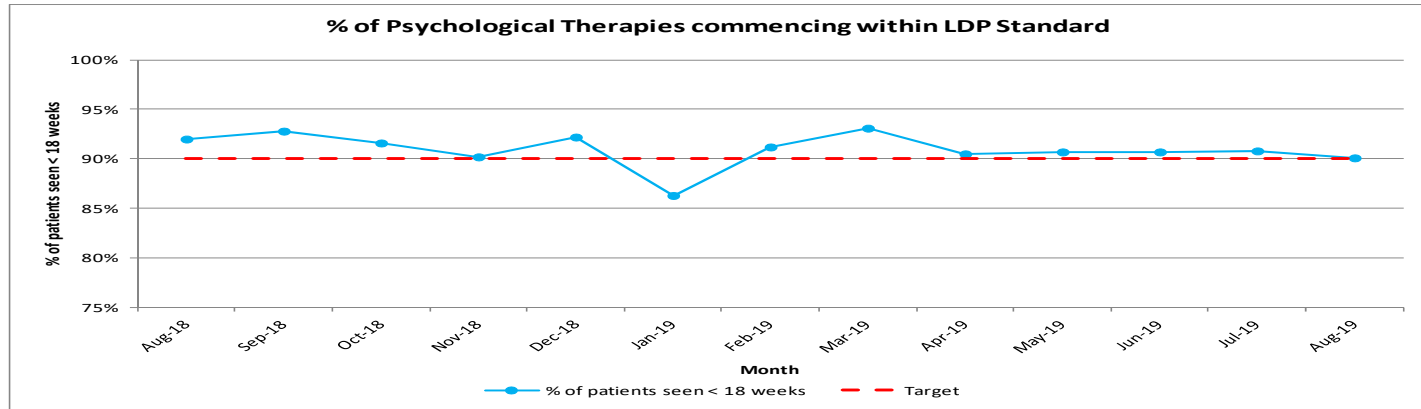
Best Performing Territorial Board: NHSGG&C 90.7%

Lowest Performing: NHS Dumfries & Galloway 61.0%

NHSGG&C Ranking: 2nd

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

As at August 2019, 90.1% of eligible patients referred for a Psychological Therapy were seen <18 weeks. Current performance remains within the 90% standard.



Psychological Therapy Commentary

As seen from the latest nationally published data, NHSGG&C remains the best performing territorial Health Board across NHS Scotland in terms of the % of patients seen <18 weeks. NHS 24 were the best performing Board however, by way of context, NHS 24 saw a total of 82 patients within 18 weeks during the quarter ending June 2019 whereas NHSGGC saw 4,218 patients within 18 weeks during the same quarter.

Better Value – Financial Performance

Target: A breakeven position by March 2020



LDP Standard – Financial Performance

As at August 2019, the financial overspend across NHSGG&C was £17.2m. Current performance is within the projected position of £20.2m for August 2019. The current position represents an increase on the £16.3m overspend reported during the same period the previous year.



Measure	April - August 18 Actual	April - August 19 Actual	April - August 2019 Target
Financial Performance	(£16.3m)	(£17.2m)	(£20.2m)

Improvement Action

For more detail, see the Revenue and Capital Report – Paper 19/58.

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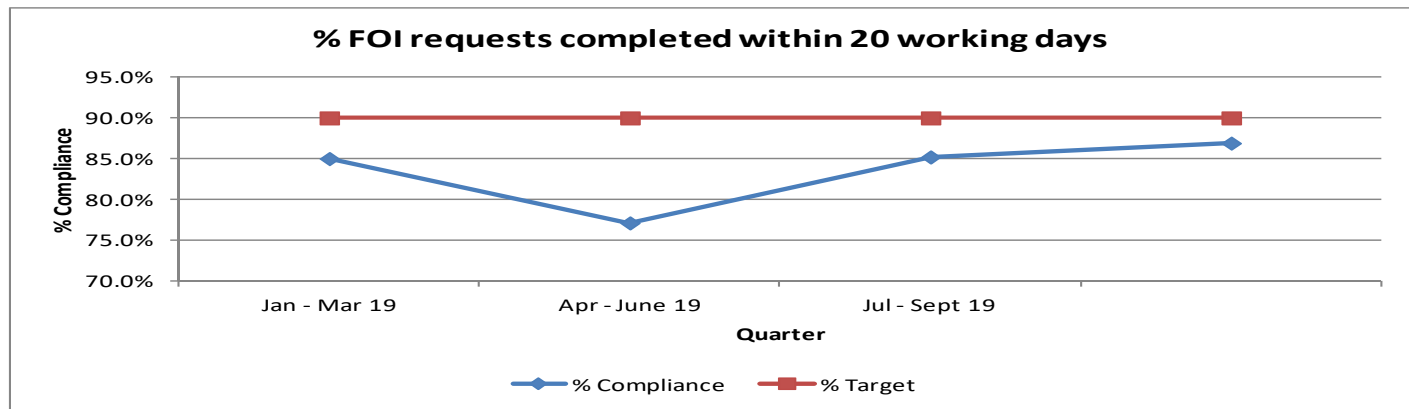
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Better Value – Freedom of Information (FOIs) Requests

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

LKPI – FOIs

During the quarter ending September 2019, 86.9% of FOIs were responded to within 20 working days. Whilst current performance is below the 90% target, it represents a further improvement on the 85.2% reported for the previous quarter.



FOI Commentary

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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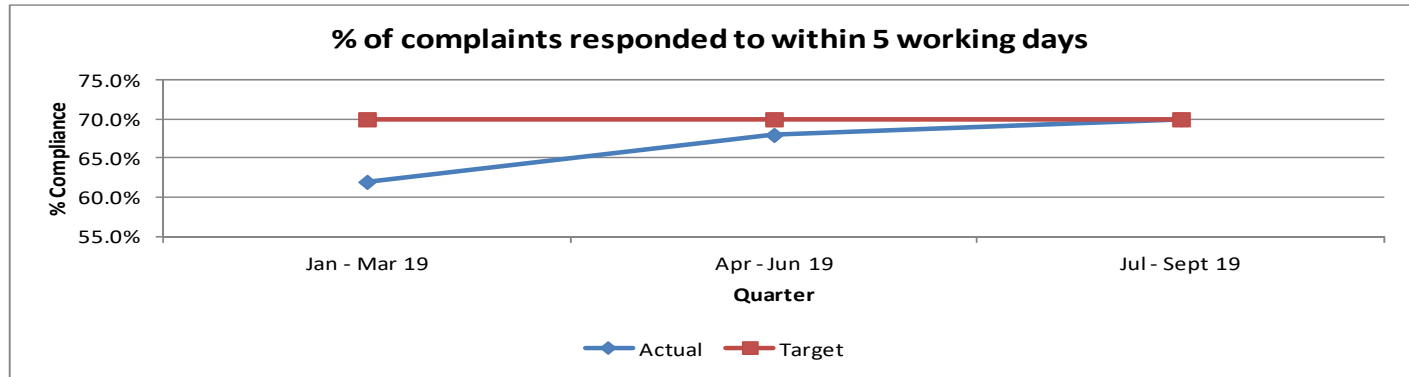
www.nhsggc.org.uk

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 July – September 2019, 70% of stage 2 complaints were responded to within 20 working days. Current performance represents a further improvement on the 68% compliance reported the previous quarter and achieving the 70% target.



Complaints Commentary

As highlighted at previous Board meetings, a range of improvement actions were put in place to address performance in relation to complaints responded to within 20 working days. As demonstrated in the chart above, performance is showing an ongoing improvement and is now back on track achieving the 70% target.

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Better Workplace – Sickness Absence

Target: Sickness absence to be no more than 4%

LDP Standard – Sickness Absence

As at August 2019 (month end), sickness absence across NHSGG&C was 5.5% comprising 3.9% long term and 1.6% short term.



	Absence Rate		
	Total	Long Term	Short Term
NHS Greater Glasgow & Clyde	5.55	3.92	1.62
Data extracted 6th October 2019			
Data still to be validated			

Improvement Actions

- Launched the staff flu immunisation programme to help keep staff well during the winter period and minimise flu related absences. This year there is an increased focus on peer immunisation;
- Focus on Board Staff Health Strategy mental health actions;
- Targeted one to one intervention on long term cases. Review of all support mechanisms in place and consideration of wider factors – being targeted in specific service;
- Proactive engagement from HR Enquiry Team to ensure early intervention and all support being accessed;
- Soft launch of the Once for Scotland NHS Workforce Policies from 1 November 2019. Policy familiarisation activity to support new national policies commencing November 2019; and
- Performance support meetings completed with agreed improvement actions for the six highest absence areas across the Board.

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Better Workplace – % of KSF/PDP&Rs Recorded on Turas

Target: 80% of KSF/PDP&R to be recorded on Turas Appraisal



National Key Performance Indicator – % of KSF/PDP&Rs recorded on Turas

As at August 2019, 54.7% of staff across NHSGG&C had a KSF/PDP&R recorded on Turas Appraisal, an increase on the 51.1% reported the previous month. Current compliance ranged from 12.5% in Board Administration to 87.0% in the Centre for Population Health.

% of KSF / PDP reviews recorded on Turas													
NHSGG&C Board Area	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
NHSGG&C Total	42.6%	41.1%	37.3%	30.6%	19.9%	24.3%	29.5%	39.2%	44.4%	47.3%	49.1%	51.1%	54.7%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

Improvement Action

- Compliance figures have continued to rise each month since December 2018. All areas are required to achieve continuous improvement against their action plans/trajectories to ensure target compliance March 2020;
- To promote best practice and to assist managers and staff with Personal Development Planning and Review, case studies are being collated and will be shared on HR Connect and in the October 2019 Staff News issue; and
- Further guidance has been provided to support those using the system which will improve the recording of review outcomes.

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Better Workplace – iMatter

Target: iMatter response rate of 60% or more and 80% action planning complete within 12 weeks



Local Performance Indicator – iMatter

As seen from the table below, across NHSGG&C the iMatter response rate was 59% an improvement on the 54% reported during the same period the previous year and just below the target of 60%. Current performance of 42% of action plans completed within 12 weeks is significantly below the 80% target. This represents a reduction on the final position the previous year, however the final position in regards to action planning will be known mid-November 2019.

Directorate	2019 Response Rate	2018 Response Rate	2019 Variance on 2018	Action Plans Completed (in 12 weeks) 2019	Action Plans Completed (in 12 weeks) 2018	2019 Variance on 2018
NHSGG&C	59.0%	54.0%	+5%	42.0%	50.0%	-8%

Commentary on iMatter performance

- The questionnaire stage of the 2019 iMatter run has now concluded, with action planning still underway in some areas. The 2019 response rate improved in nineteen areas across the Board, with Regional Services in Acute achieving in excess of the 60% target for the first time;
- Six areas each increased their response rate by more than 10%; and
- The current Action Planning progress to date identifies an improvement in 12 areas so far, with five areas still to conclude the 12 week action planning phase.

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Conclusion



Conclusion

In conclusion, the Board is making progress and within the planned position in relation to a number of key performance areas whilst other areas remain a challenge.

NHSGG&C remain on track in relation to most of the health improvement targets often exceeding the trajectory/target. There have also been performance improvements in relation to the number of complaints responded to within 20 working days which is now achieving target, there has been a further improvement in compliance with the FOI response standard. NHSGG&C remains the best performing territorial Health Board in terms of access to Psychological Therapies. The number of patients waiting >6 weeks to access a scope (representing four of the eight key diagnostics tests) has reduced month on month since the start of the year and reduced significantly when compared to the same period last year and current performance is within the planned position, a month ahead of schedule; the number of C.Diff cases reported during the latest quarter is within the planned position and lower than the same period the previous year. Whilst performance remains above trajectory in relation to the number of new outpatients waiting >12 week for a new outpatient appointment, current performance represents an 11% reduction on the same period the previous year.

However, despite these improvements, there are some areas that remain a challenge. For example, performance in relation to the A&E four hour wait target remains challenging with levels of patient activity 3% higher than the same period the previous year and the number of acute bed days lost to delayed discharge remaining high. As detailed earlier in the report, a focussed effort continues both within Acute and across HSCPs to address this. Similarly, the number of eligible TTG patients remains significantly above the planned position and continues to increase. This is partly attributable to changes to the pension tax laws which has had a detrimental impact on the availability of Consultants for additional theatre sessions. Despite this change and as indicated earlier in the report, we remain committed to rigorously tracking patients on a daily, weekly and monthly basis with priority given to those patients with the highest clinical need and those patients who have been waiting longest.

The Scottish Government have noted our revised 2019-20 AOP trajectories in relation to the number of new outpatients waiting >12 weeks for a new outpatient appointment and the number of eligible TTG patients waiting >12 weeks for treatment. The original trajectories were based on funding assumptions around cross boundary flow which is subject to further discussion with Scottish Government colleagues.

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