

<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper Number: 19/64</b>
<b>Meeting:</b>	<b>Board Meeting</b>
<b>Date of Meeting:</b>	<b>17 December 2019</b>
<b>Purpose of Paper:</b>	<b>For Noting</b>
<b>Classification:</b>	<b>Board Official</b>
<b>Sponsoring Director:</b>	<b>Mark White, Director of Finance</b>

### **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.
- II. Note the MSG performance has been recalibrated to reflect the definitions used in the 2015-16 baseline to ensure a like for like comparison.

### **Purpose of Paper**

The purpose of the Integrated Performance Report is to provide Board members with a *balanced overview* of performance against key metrics.

### **Key Issues to be Considered**

Overall, performance is making progress and is within the planned position in relation to a number of key performance areas and clear improvements have been made. However, a number of key challenges remain, most notably in relation to our non elective waiting times alongside delayed discharges. The report highlights some of the improvement activity currently underway in relation to each of the areas of challenge to help drive the required improvements.

### **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 19/69.

**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:** 17 December 2019

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***Board Meeting  
Integrated Performance Report***

***17 December 2019  
(Paper 19/64)***



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.

The format and structure of the report is as follows:

- i) In the main, the data reflects the October 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.
- 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 meeting. Although not exhaustive these include:

- Hosting our 10<sup>th</sup> Celebrating Success 2019 staff event at the Radisson Blu Hotel to celebrate the work of more than 400 members of staff and volunteers. The event was a huge success and provided an opportunity to celebrate the outstanding contributions of colleagues who have shown dedication and gone the extra mile to deliver a first class service to patients. This year was also the first time we commemorated staff with 50 years of service.
- More than 12,000 staff across NHSGG&C have received their annual flu vaccination since its launch on 1 October 2019, protecting themselves, their patients and their family and friends.
- NHSGG&C has been escalated to Stage 4 of the NHS Board Performance Escalation Framework by the Scottish Government. This is to address issues relating to infection prevention, management and control at the Queen Elizabeth University Hospital and the Royal Hospital for Children. A Scottish Government led Oversight Board is being introduced to strengthen current measures already in place to mitigate avoidable harms. NHSGG&C welcome the additional support offered and are committed to working closely with the Scottish Government to implement any recommended additional changes and enhancements across infection control and associated engagement.
- In preparation of implementing person-centred visiting across all inpatient areas in May 2020 a learning event was held on 15 November to share learning and celebrate progress achieved to date. The event, attended by around 100 delegates including patients, relatives and staff from a range of areas of practice aimed to share best practice and underline NHSGG&C's core principles of person-centred visiting that's been developed. In moving forward, the focus will be on the implementation and spread of the key concepts and best practice of person-centred visiting to all inpatient wards.
- Specialist Learning Disability Services developed a new LearnPro module to support staff across all of our services to gain better awareness of the needs of people with a learning disability. The module focuses on working in partnership to improve health outcomes and highlights some reasonable adjustments that all staff can make, including tips on good communication. It also contains real life experiences of the challenges people with learning disabilities, their carers and families continue to face when coming into contact with our services.
- We welcomed 451 new doctors who are about to embark on their first Foundation Year. Of these, 243 are working within NHSGG&C, while the rest are working in other Boards across the West of Scotland.

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# Performance - At A Glance – October 2019



PERFORMANCE AT A GLANCE - DECEMBER 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	Jul - Sept 19	87.2%	86.1%	80.0%	GREEN	↓
2	LDPS	Drugs and Alcohol: % of patients waiting <3 weeks from referral to appropriate treatment	Apr - June 19	94.9%	91.2%	90.0%	GREEN	↓
3	LDPS	Number of Alcohol Brief Interventions delivered	Apr - Sept 19	6,934	6,029	6,544	RED	↓
4	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas	Apr - June 19	429	497	361	GREEN	↑
BETTER VALUE								
Ref	Type	Measure	As At	2018-19 Actual	2019-20 Actual	Target	Perform Status	Dir of Travel
22	LDPS	Financial Performance	Oct-19	£19.3m	£22.6m	£26.1m	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)	Sep-19	5.06%	5.59%	4.0%	RED	↓
		Long Term	Sep-19	2.62%	3.83%	—	GREY	↓
		Short Term	Sep-19	2.44%	1.76%	—	GREY	↑
26	LKPI	% of KSF/PDP&Rs Recorded on Turas	Oct-19	37.3%	53.5%	80.0%	RED	↑
27	LKPI	iMatters						
		Response Rate	Oct-19	54.0%	59.0%	60.0%	AMBER	↑
		Action Plans Completed	Oct-19	50.0%	57.0%	80.0%	RED	↑
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

# Performance - At A Glance – October 2019

PERFORMANCE AT A GLANCE - DECEMBER 2019								
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	Oct-19	91.1%	84.3%	95.0%	RED	↓
6	MSG	Total A&E Presentations (ED, MIU & AUs)	Oct-19	42,977	45,173			—
		Accident & Emergency Presentations	Oct-19	36,831	38,610		GREY	↓
		Other Accident and Emergency Presentations	Oct-19	6,146	6,563			—
7	MSG	Total number of patients delayed across NHSGG&C (taken at Census point)	Oct-19	213	231	0	RED	↓
		Acute Patients	Oct-19	158	169			↓
		Adult Mental Health Patients	Oct-19	55	62			↓
8	MSG	Total number of Bed Days Lost to Delayed Discharge	Oct-19	5,889	7,014	4,722	GREY	↓
		Acute Bed Days Lost	Oct-19	4,149	5,117		RED	↓
		Mental Health Bed Days Lost	Oct-19	1,750	1,897		GREY	↓
9	LDPS	18 Week Referral To Treatment (RTT)						
		Combined Admitted/Non Admitted	Oct-19	82.1%	76.0%	90.0%	RED	↓
		Combined Linked Pathway	Oct-19	84.8%	80.6%	80.0%	GREEN	↓
10	LDPS	Available New Outpatient Appointments						
		% of available new outpatients waiting <12 weeks for a new outpatient appointment (Inc RHC and Dental)	Oct-19	69.8%	71.7%	22,696	GREEN	↑
	Number of available patients waiting >12 weeks for a new outpatient appointment (inc RHC and Dental)	Oct-19	27,178	22,371				
11	NKPI	Access to a Key Diagnostic Test						
		Number of patients waiting >6 weeks for access a <i>scope</i> test	Oct-19	4,977	750	600	RED	↑
		Number of patients waiting >6 weeks for an <i>imaging</i> test	Oct-19	1,096	3,913	0	RED	↓
12	NKPI	12 week Treatment Time Guarantee (TTG)						
		% of inpatient/daycases treated within the 12 week TTG	Oct-19	81.3%	71.9%	8,932	AMBER	↓
	Number of inpatients/daycases waiting >12 weeks TTG	Oct-19	5,385	9,323				
13	LKPI	Patient Unavailability (All)						
		Inpatient/Day Cases (inc Endoscopy)	Oct-19	1,181	1,360	—	GREY	↓
		New Outpatients	Oct-19	927	862	—	GREY	↑
14	LDPS	Suspicion of Cancer Referrals (62 days)	Oct-19	77.2%	75.8%	85.0%	RED	↓
15	LDPS	All Cancer Treatments (31 days)	Oct-19	95.1%	94.3%	95.0%	AMBER	↓
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	Oct-19	19	70	—	GREY	↓
19	LDPS	% of eligible patients commencing IVF treatment within 12 months	Oct-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*	Oct-19	84.8%	69.9%	83.0%	RED	↓
21	LDPS	% patients who started treatment <18 weeks of referral for Psychological Therapies*	Oct-19	91.6%	90.4%	90.0%	GREEN	↓

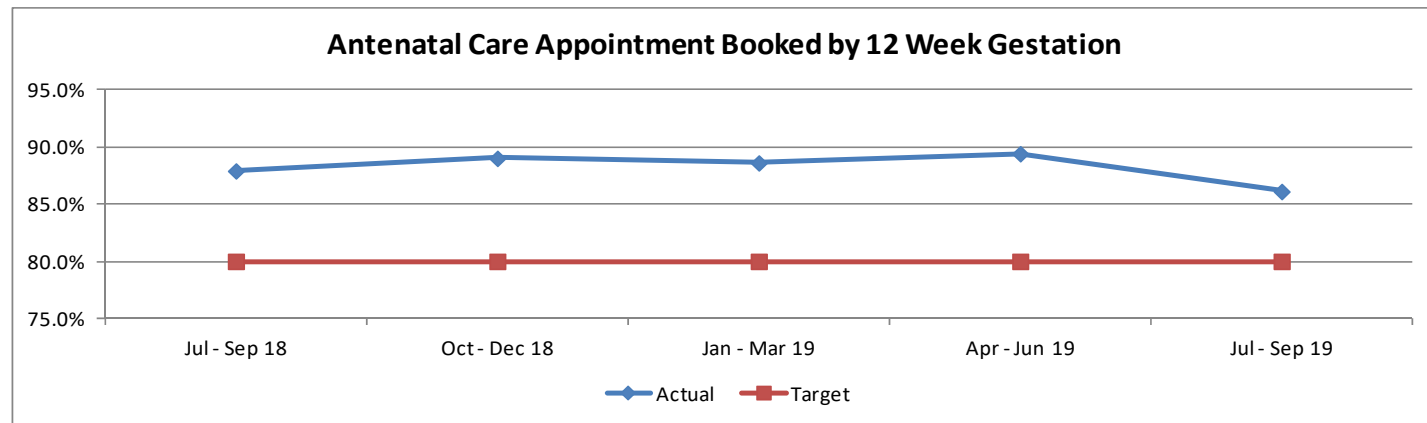
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## Better Health – % of mums booked for Antenatal Care by 12 weeks gestation

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 July – September 2019, 86.1% 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 5<sup>th</sup> consecutive quarter.



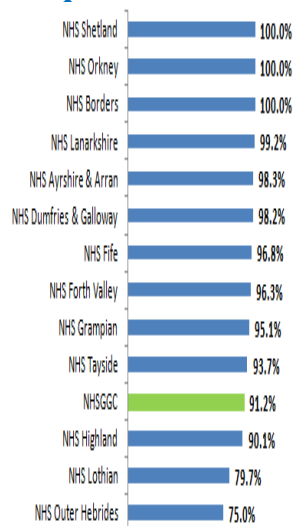
# Better Health – Drugs and Alcohol: % of patients referred for treatment to wait no longer than 3 weeks to start their first treatment



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

## Drugs & Alcohol Waits: Latest Published Position

### April - June 2019:



NHS Scotland: 93.3%

NHSGG&C: 91.2%

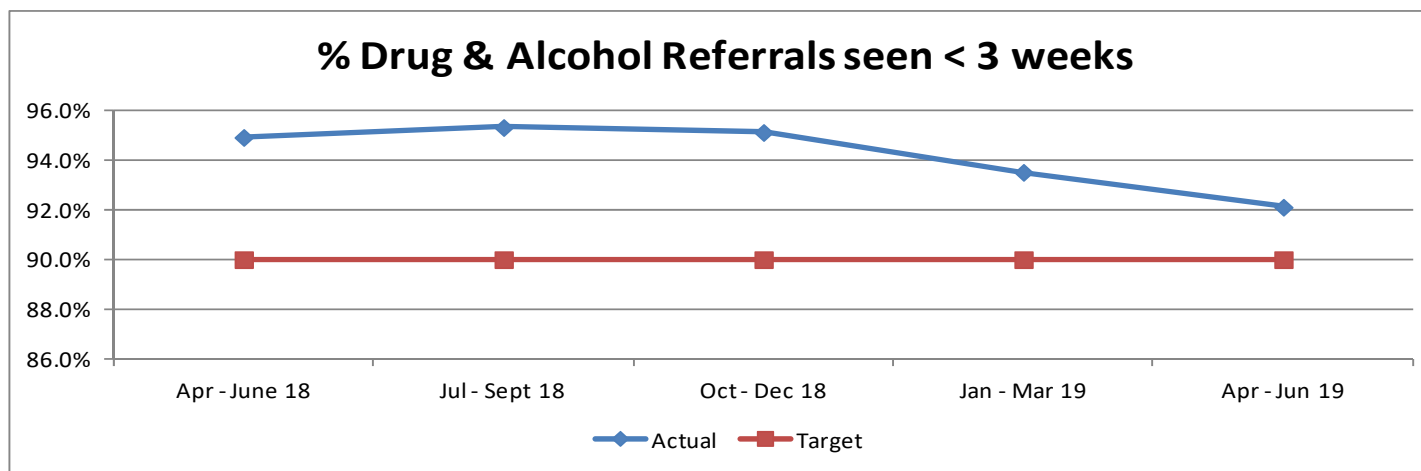
Best Performing: NHS Borders, Orkney & Shetland 100%

Lowest Performing: NHS Outer Hebrides 75.0%

NHSGG&C Ranking: 11th

## LDP Standard – Drugs and Alcohol Waiting Times

As at the quarter ending June 2019, 91.2% 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.

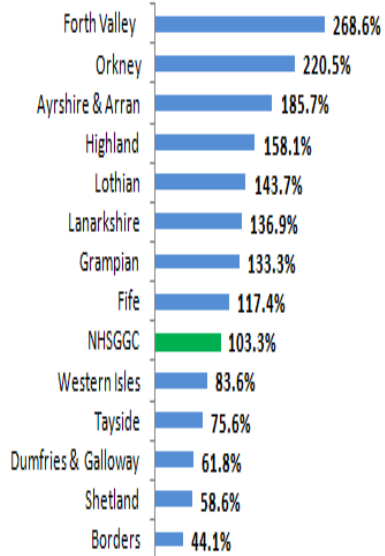
# Better Health – Number of Alcohol Brief Interventions (ABIs) Delivered



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

## ABIs: Latest Published Position

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



NHS Scotland: 131.9%

NHSGG&C: 103.3%

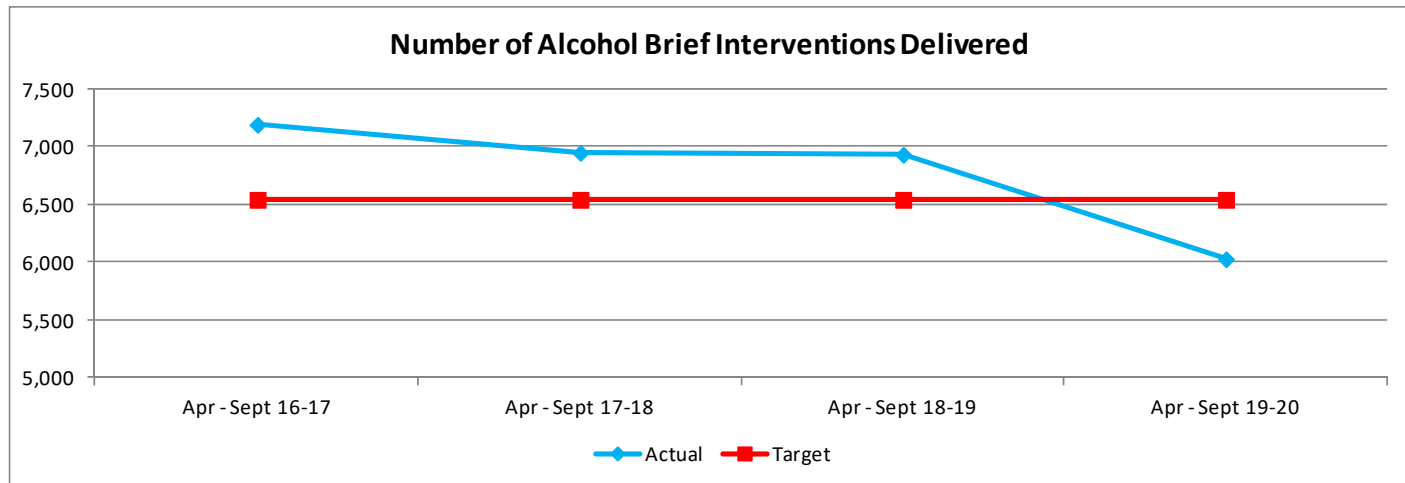
Best Performing: NHS Forth Valley 268.6%

Lowest Performing: NHS Borders 44.1%

NHSGG&C Ranking: 9th

## LDP Standard– Number of ABIs Delivered

During the period April – September 2019, a total of 6,029 ABIs were delivered across NHSGG&C. Current performance is below the trajectory of 6,543 ABIs to be delivered by September 2019.



## Improvement Action

- Work is underway across Primary Care to look at identifying new ways of working that will increase the recorded delivery of ABIs in the Primary Care setting.
- Work to develop ABIs in a wider setting also continues including in Pharmacy and Community Mental Health Services to help increase the number of ABIs delivered.
- Across Acute work continues to ensure the delivery of Acute related ABIs is strengthened and maintained.

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

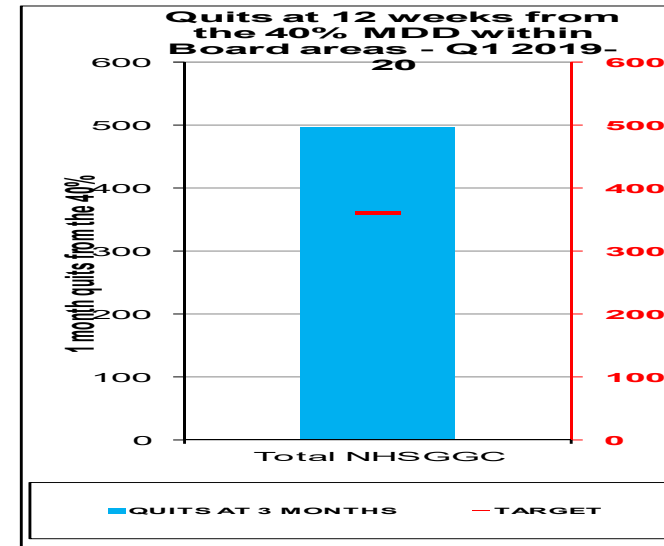
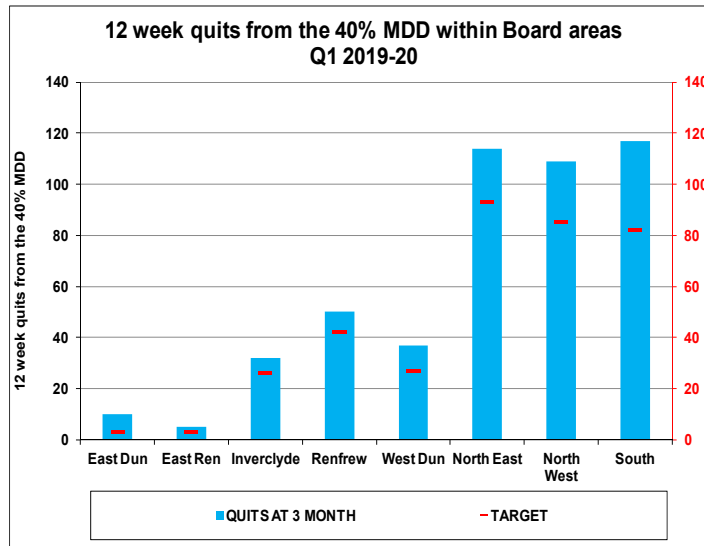
Target: A total of 1,123 successful smoking quits in the Board’s 40% most deprived areas by March 2020.



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

During the period April – June 2019, a total of 497 people had successfully quit smoking three months post quit across NHSGG&C’s 40% most deprived areas. Overall, performance is 38% above the trajectory of 361 smoking quits for this period. All HSCPs exceeded their local trajectory position.

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## Smoking Cessation Commentary

Performance in relation to the above LDP standard remains positive. NHSGG&C continues to exceed the smoking cessation trajectory.

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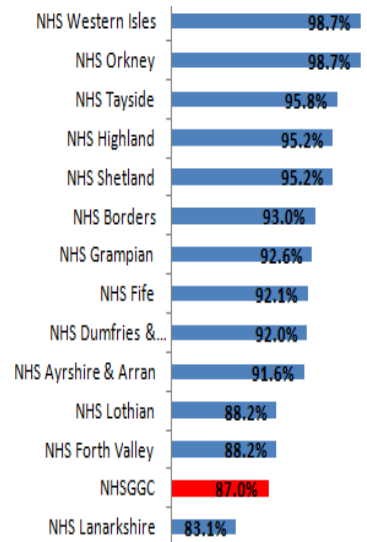
# Better Care – Accident & Emergency (A&E) 4 Hour Waits



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 Published Position

### September 2019:



NHS Scotland: 89.3%

NHSGG&C: 87.0%

Best Performing: NHS Orkney & Western Isles 98.7%

Lowest Performing: NHS Lanarkshire 83.1%

NHSGG&C Ranking: 13th

## LDP Standard – A&E 4 Hour Waits

As at October 2019, 84.3% of patients presenting at A&E were either admitted, discharged or transferred for treatment <4 hours. The YTD average position for the period April - October 2019 was higher at 87.4% however, current performance represents a 4.3% decrease on the previous YTD position and remains below the 95% target. (Please note in April 2019 the RAH corrected a coding error in the attendance and admission pathways and as a consequence the RAH comparison with 2018-19 is not representative). Compliance with target is not only affected by the 3% increase in demand (see slide 11), but the level of complexity and acuity of patients presenting at A&E is also having an impact on compliance. Evidence of this can be seen in the YTD increase in the number of emergency admissions following presentation at our Emergency Departments (EDs) and Assessment Units (AUs). Emergency admissions via EDs and AUs has increased by 5.1% when compared to the same period the previous year.

Compliance with A&E 4 Hour Waits Target										
Hospital	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	2019-20 YTD Aver	2018-19 YTD Aver	Var on Prev YTD
Glasgow Royal Infirmary	79.6%	79.5%	83.5%	83.0%	89.7%	85.8%	77.5%	82.7%	88.8%	-6.1%
Stobhill Hospital	99.8%	99.6%	99.9%	99.9%	99.5%	98.8%	99.9%	99.6%	99.8%	-0.2%
Queen Elizabeth University Hospital	75.5%	79.9%	77.1%	81.1%	81.6%	76.2%	73.4%	77.9%	86.4%	-8.5%
New Victoria Hospital	100.0%	100.0%	100.0%	100.0%	99.8%	99.4%	99.6%	99.8%	100.0%	-0.2%
Royal Alexandra Hospital	86.0%	88.6%	84.5%	85.3%	83.0%	81.1%	80.9%	84.2%	88.2%	-4.0%
Inverclyde Royal Hospital	91.9%	89.0%	90.2%	90.4%	93.1%	88.5%	89.5%	90.4%	93.0%	-2.6%
Vale of Leven Hospital	97.1%	96.4%	98.0%	97.4%	97.2%	95.1%	94.8%	96.6%	97.8%	-1.2%
Royal Hospital for Children	96.3%	97.6%	98.6%	98.8%	97.8%	96.2%	95.2%	97.1%	98.2%	-1.1%
<b>NHSGG&amp;C Total</b>	<b>86.4%</b>	<b>87.9%</b>	<b>87.7%</b>	<b>88.4%</b>	<b>89.9%</b>	<b>87.0%</b>	<b>84.3%</b>	<b>87.4%</b>	<b>91.7%</b>	<b>-4.3%</b>
<b>Target</b>	<b>95.0%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>-</b>

## Improvement Action

Whilst improvement work is underway to address performance across NHSGG&C (as outlined in slides 11 and 12) variation in the daily emergency attendances and an increasingly complex case mix remain a continuing challenge to the system.

**Slide 10**

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**JB2**

Jonathan Best, 13/08/2019

# Better Care – Total A&E /MIU Attendances



## Total A&E/MIU Attendances

The YTD number of A&E/MIU attendances reported across all hospital sites increased by 3% compared to the same period the previous year. Each of the hospital sites (excluding RAH as unable to show like for like comparison with 2018-19 due to corrected coding error in the attendance and admissions pathways) reported an increase in A&E and MIU attendances. As mentioned in slide 10, the increase in attendances is reflected in a decrease in compliance against the 4 hour standard.

	Number Of A&E Presentations							2019-20 YTD Total	2018-19 YTD Total	% Variance
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19			
Glasgow Royal Infirmary	8,262	8,304	8,180	8,346	8,397	8,391	8,499	58,379	56,952	2.5
Stobhill Hospital	1,890	2,011	1,865	1,949	2,076	2,015	1,951	13,757	13,321	3.3
Queen Elizabeth University Hospital	8,762	8,892	8,755	9,301	9,143	8,744	8,735	62,332	61,889	0.7
New Victoria Hospital	3,044	3,164	3,179	3,111	3,268	3,103	3,030	21,899	21,475	2.0
Royal Alexandra Hospital	5,795	6,079	6,012	5,875	5,881	5,983	5,853	41,478	39,725	4.4
Inverclyde Royal Hospital	2,777	3,000	2,679	3,014	2,834	3,000	2,821	20,125	19,547	3.0
Vale of Leven Hospital	1,604	1,684	1,517	1,690	1,703	1,625	1,565	11,388	11,185	1.8
Royal Hospital for Children	5,628	5,980	5,712	4,836	5,425	6,280	6,156	40,017	37,437	6.9
<b>Total</b>	<b>37,762</b>	<b>39,114</b>	<b>37,899</b>	<b>38,122</b>	<b>38,727</b>	<b>39,141</b>	<b>38,610</b>	<b>269,375</b>	<b>261,531</b>	<b>3.0</b>

## Improvement Action

In addition to the improvement actions outlined in our 2019-20 Winter Plan, Acute actions, although not exhaustive, currently underway to complement those being carried out across HSCPs include:

- **Increased Awareness** – continuing to develop local public messaging within MFT, supported through the identification of target high user groups to improve our understanding of the choices made when accessing emergency care.
- **Alternative Pathways** – The Unscheduled Care Team continue to support the adoption and implementation of new models of care for high volume conditions. For example, the development of a revised model of care for heart failure utilising the skills of specialty nurse practitioners and other professionals to develop alternatives to admissions.
- **Frailty Units** – Frailty Units within the Emergency Complex across core sites have been established alongside established pathways that facilitate access to elderly care specialist nurses and timely comprehensive geriatric assessments.

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# Better Care – HSCP A&E Attendances

MSG Target: By March 2020, no more than 282,249 presentations at A&E (adults 18 years+) from across the six Health & Social Care Partnerships (HSCP)



## MSG Indicator – A&E Attendance

As seen in the table below, the overall number of A&E attendances (adults 18 years+) reported across HSCPs are 8% above the planned YTD (April - October 2019) position. All HSCPs, with the exception of East Renfrewshire HSCP, are above the planned position for the period under review. (Please Note: the HSCP data has been re-calibrated to reflect the 2015-16 baseline definition).

A&E / MIU Presentations (18 years+)				
HSCP	2019-20 YTD (Apr - Oct 19) Actual	2019-20 YTD (Apr - Oct 19) Planned Position	% Var from YTD Planned Position	2019-20 Annual Planned Position
East Dunbartonshire HSCP	11,889	11,477	4%	19,674
East Renfrewshire HSCP	10,490	10,695	-2%	18,335
Glasgow City HSCP	95,661	89,711	7%	153,791
Inverclyde HSCP	15,013	13,404	12%	22,978
Renfrewshire HSCP	28,952	26,322	10%	45,123
West Dunbartonshire HSCP	15,218	13,036	17%	22,348
<b>HSCP Grand Total</b>	<b>177,223</b>	<b>164,645</b>	<b>8%</b>	<b>282,249</b>
Others	28,379			
<b>NHSGGC Total</b>	<b>205,602</b>			

## Improvement Action

Complementing Acute improvement activity in ED highlighted on slide 11, a programme of improvement activity is also underway across HSCPs including:

- *Hospital at Home* – HSCPs are exploring different ways to approach hospital at home schemes including intermediate care, and step up care and an ‘in-reach’ service being piloted in West Dunbartonshire HSCP.
- *Frailty* – HSCPs are focussed on patients with Frailty using a generic assessment tool (Rockwood) with a view to developing community based responses that avoid unnecessary hospital attendances and/or admissions.
- *Care Homes* – Work is underway to focus on the needs of Care Home residents and the resources they currently have available to respond to their needs. The short term aim is to develop a work plan in collaboration with Care Home providers to ensure that the most appropriate pathways are being used and a range of community and primary care services can be accessed.
- *Falls Prevention* – Work continues across the National pathway in collaboration with the Ambulance Service and Falls Teams to reduce conveyance rates and refer to the community falls teams across NHSGG&C.

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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

As at October, a total of 231 patients were delayed comprising 169 Acute patients and 62 Mental Health patients, resulting in the loss of 5,117 bed days. As seen below, HSCPs reported a YTD total of 35,802 bed days occupied by delayed patients (81% of all bed days lost). HSCPs' current performance is 8% above the planned position of 33,052 bed days. Three of the six HSCPs are within the planned YTD position namely East Renfrewshire, East Dunbartonshire and Inverclyde HSCPs.



Number of Bed Days Lost to Delayed Discharge	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	2019 YTD Actual	2019 YTD Planned Position	% Variance from YTD Trajectory
Total Acute Bed Days	4,149	3,673	3,749	4,667	4,326	4,125	4,299	4,790	4,351	4,482	4,798	5,217	5,117	33,054		
Total Mental Health Bed Days	1,750	1,488	1,442	1,292	1,625	1,554	1,383	1,515	1,522	1,532	1,532	1,475	1,897	10,856		
<b>HSCP Total</b>	<b>4,709</b>	<b>3,990</b>	<b>4,452</b>	<b>4,887</b>	<b>4,797</b>	<b>5,011</b>	<b>4,491</b>	<b>4,949</b>	<b>4,701</b>	<b>4,862</b>	<b>5,368</b>	<b>5,616</b>	<b>5,815</b>	<b>35,802</b>	<b>33,052</b>	<b>8</b>
Other Local Authorities	1,190	1,171	1,099	1,427	1,464	1,000	1,191	1,356	1,172	1,152	962	1,076	1,199	8,108		
<b>NHSGGC Total Bed Days Lost</b>	<b>5,899</b>	<b>5,161</b>	<b>5,191</b>	<b>5,959</b>	<b>5,951</b>	<b>5,679</b>	<b>5,682</b>	<b>6,305</b>	<b>5,873</b>	<b>6,014</b>	<b>6,330</b>	<b>6,692</b>	<b>7,014</b>	<b>43,910</b>		

### Improvement Action

- *West Dunbartonshire HSCP* – the moratorium on the local care home has now been lifted following the significant improvements made; an ‘Early Assessor’ initiative implemented early December means discharge staff will be in all Acute sites identifying local residents admitted and working with families and Acute colleagues to plan discharge earlier; the Focused Intervention Team introduced in August 2019, continues to provide rapid, intensive care at home and helped avoid hospital admission for 50% of referrals.
- *Glasgow City HSCP* – weekly operational meetings continue to manage delays involving HSCP operational and commissioning leads, Acute Operational Managers and discharge management representation to ensure all actions to improve performance are progressed. The Home is Best Team has resulted in a dedicated hospital Social Work Team and management arrangements to ensure consistency of practice and process across hospital sites.
- *Renfrewshire HSCP* – the work to overcome some of the challenges experienced around availability and flexibility of packages of support for delayed patients continues; Acute, HSCP and the Care at Home Team continue to meet three times a day to discuss discharge planning, review active cases/delayed discharges and agree appropriate action.

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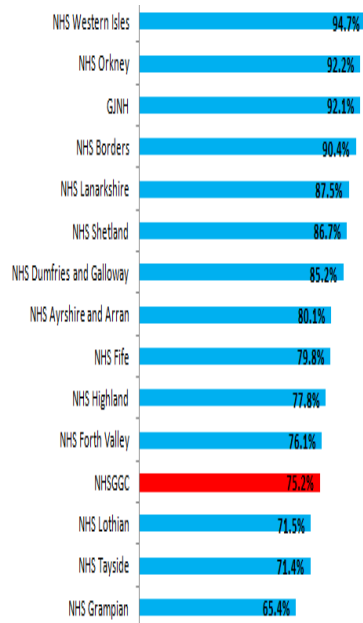
# Better Care – 18 Weeks Referral To Treatment (RTT)



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

## 18 Week RTT: Latest Published Position

September 2019:



NHS Scotland: 76.9%

NHSGG&C: 75.2%

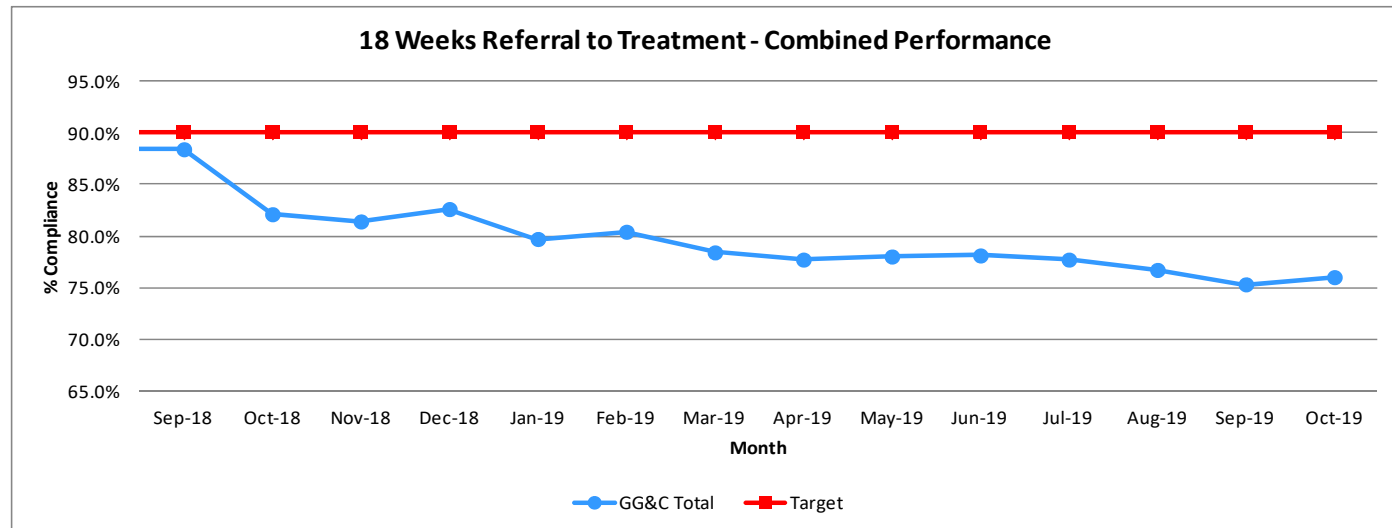
Best Performing: NHS Western Isles 94.7%

Lowest Performing: NHS Grampian 65.4%

NHSGG&C Ranking: 12th

## LDP Standard – 18 Weeks RTT

As at October 2019, 76% of our patients were treated within 18 weeks of RTT, below the target of 90%. Current performance represents an improvement on the 75.3% reported the previous month.



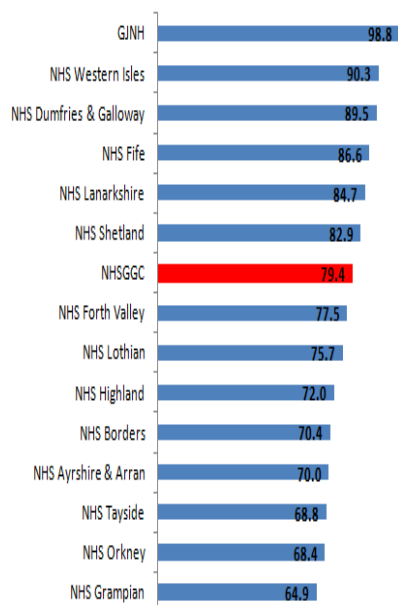
## Improvement Action

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 have been significantly reduced, performance against the 90% target should get back in balance.

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

Revised Trajectory: By end of October 2019, no more than 22,696 new outpatients will be waiting >12 weeks for a new outpatient appointment

**% new OP seen < 12 weeks: Latest Published Position**  
**September 2019**



**NHS Scotland:** 76.5%

**NHSGG&C:** 79.4%

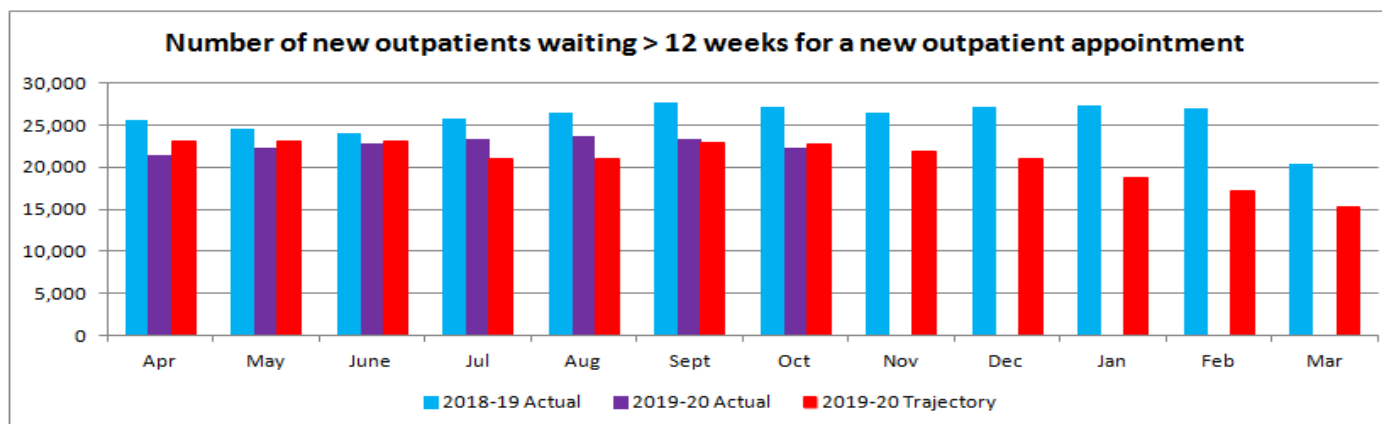
**Best Performing:** GJNH 98.8%

**Lowest Performing:** NHS Grampian 64.9%

**NHSGG&C Ranking:** 7th

## LDP Standard – New Outpatients Waiting >12 weeks

As at October 2019, a total of 22,371 available new outpatients were waiting >12 weeks for a new outpatient appointment. Current performance represents a further improvement on the previous months' position and is within the revised trajectory of 22,696 new outpatients for October 2019. During the same month, 71.7% of available new outpatients on the waiting list were waiting <12 weeks for a new outpatient appointment.



## Improvement Action

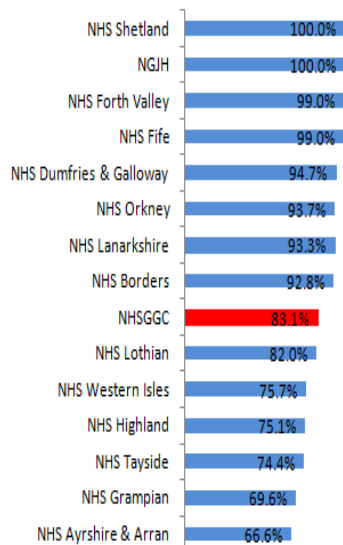
- Both the Gastroenterology and Trauma and Orthopaedic Access Collaboratives' have been established to review patient pathways across primary and secondary care. The purpose of the reviews is to ensure each of the services work to the same clinical pathway in all locations allowing equity of patient 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, fortnightly and weekly performance review meetings with Directors and General Managers continue to take place across all Sectors/Directorates tracking progress against trajectories that have been disaggregated to Sector/Directorate and specialty level.

# Better Care – Access to 8 Key Diagnostic Tests

Trajectory: By December 2019 (month end), no more than 600 patients will be waiting >6 weeks to access a *scope test* (scopes represent four of the eight key Diagnostic Tests)

## Diagnostics: Latest Published Position - % patients waiting <6 weeks

September 2019:



Scotland: 82.3%

NHSGG&C: 83.1%

Best Performing: NHS Shetland 100.0%

Lowest Performing: NHS Ayrshire & Arran 66.6%

NHSGG&C Ranking: 9th

## National Performance Indicator – Access to 8 Key Diagnostic Tests

As at October 2019, a total of 750 patients were waiting >6 weeks to access a *scope test*. 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 October 2019 and is on track to deliver the projected position of 600 by December 2019 (month end). Of the total number of patients on the waiting list for a scope in October 2019, 83.6% had been waiting <6 weeks.

	Scopes									
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Upper Endoscopy	1,405	1,125	1,027	886	787	733	593	409	284	311
Lower Endoscopy	518	410	321	279	239	212	191	143	119	95
Colonoscopy	2,280	1,613	1,322	1,204	944	750	622	478	348	282
Cystoscopy	70	39	60	78	71	55	50	44	40	62
<b>Total</b>	<b>4,273</b>	<b>3,187</b>	<b>2,730</b>	<b>2,447</b>	<b>2,041</b>	<b>1,750</b>	<b>1,456</b>	<b>1,074</b>	<b>791</b>	<b>750</b>
<b>Target</b>	<b>2,818</b>	<b>2,609</b>	<b>2,401</b>	<b>1,800</b>	<b>1,800</b>	<b>1,800</b>	<b>1,200</b>	<b>1,200</b>	<b>1,200</b>	<b>600</b>

## Improvement Action

- Bowel screening demand remains high with waiting times recently improved with all Sectors now booking under 21 days for Bowel Screening Colonoscopy. A bid submitted to the Cancer Access Funding was successful to support a sustainable model of providing Bowel Screening Colonoscopy in a timely manner. Recruitment of five Band 8a Nurse Endoscopists was unsuccessful however, this resource will now be utilised for six training grade Endoscopists. Locum Endoscopists also continue to support additional activity.
- Golden Jubilee National Hospital (GJNH) capacity will continue for the remainder of 2019-20 providing capacity for 1,270 scopes per year.
- Additional Saturday sessions at Stobhill, Gartnavel Hospital and across the Clyde Sector continue alongside Waiting List Initiatives for Endoscopy across all sectors via a central approval process.
- The independent sector continue to support capacity in NHSGG&C facilities and the change in provider in August 2019 is expected to continue until March 2020. A bid has been submitted to continue this for a further six months.
- A review and re-validation of surveillance waiting lists is underway in line with recently revised guidelines to ensure demand is appropriate.

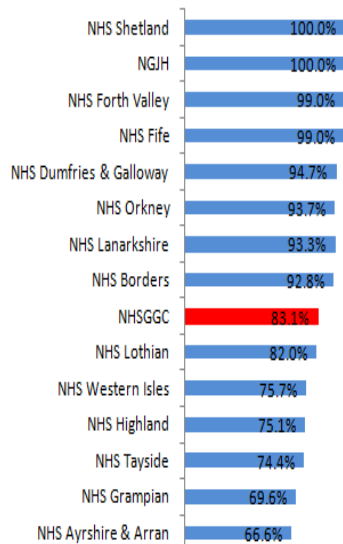
# Better Care – Access to 8 Key Diagnostic Tests



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

## Diagnostics: Latest Published Position - % patients waiting <6 weeks

September 2019:



Scotland: 82.3%

NHSGG&C: 83.1%

Best Performing: NHS Shetland 100.0%

Lowest Performing: NHS Ayrshire & Arran 66.6%

NHSGG&C Ranking: 9th

## National Performance Indicator – Access to 8 Key Diagnostic Tests

As at October 2019, a total of 3,913 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 represents a further increase on the number of patients waiting the previous month. At October 2019 (month end) 80.4% 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	Sep-19	Oct-19
MRI	731	206	256	451	544	380	1,017	1,105	1,089	1,362
CT	599	311	446	661	660	697	1,459	1,552	1,363	1,367
Non-obstetric Ultrasound	5	1	2	71	168	28	109	276	749	1,184
Barium Studies	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1,335</b>	<b>518</b>	<b>704</b>	<b>1,183</b>	<b>1,372</b>	<b>1,105</b>	<b>2,585</b>	<b>2,933</b>	<b>3,201</b>	<b>3,913</b>

## 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.
- Work is underway with three new outsourcing companies in terms of organising the IT infrastructure and information governance to allow them to report remotely. Two of these companies will have started by the first week in December 2019 and the third will begin in January 2020. All three represent new, additional reporting capacity.
- Three Radiology Consultant posts have been recruited and in post.
- An Access Collaborative looking at overall imaging demand has been set up and scheduled to meet between December – February 2020. This work will focus on imaging demand management with an initial focus on high use areas such as Eds.
- Nationally, the Scottish Radiology Transformation Programme is developing a business case that includes implementation of Clinical Decision Software in Scotland to further support demand management. This is scheduled to be presented to Health Board Chief Executive's in December 2019 for agreement.

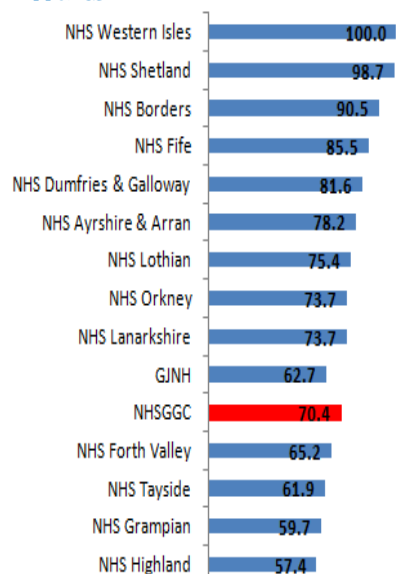
# Better Care – Treatment Time Guarantee (TTG)



Revised Trajectory: By end of October 2019, no more than 8,932 TTG patients will be waiting >12 weeks for an inpatient/day case procedure

## TTG Completed Waits: Latest Published Position

### September 2019: Completed Waits



NHS Scotland: 71.3%

NHSGG&C: 70.4%

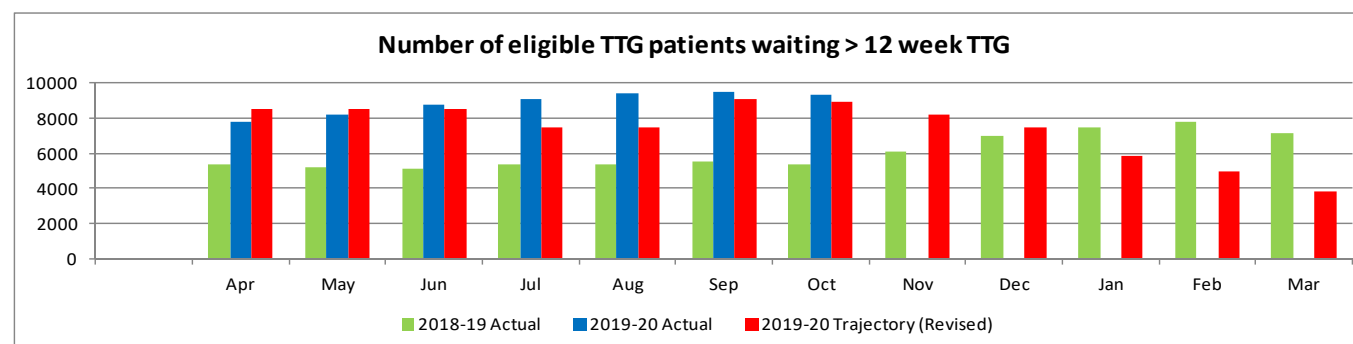
Best Performing: NHS Western Isles 100%

Lowest Performing: NHS Highland 57.4%

NHSGG&C Ranking: 11th

## National Waiting Time Standard – TTG

As at October 2019, a total of 9,323 eligible TTG patients were waiting >12 weeks for an inpatient/day case procedure, an improvement on the 9,447 reported the previous month. Current performance is 4% above the revised trajectory of no more than 8,932 patients waiting >12 weeks for end of October 2019.



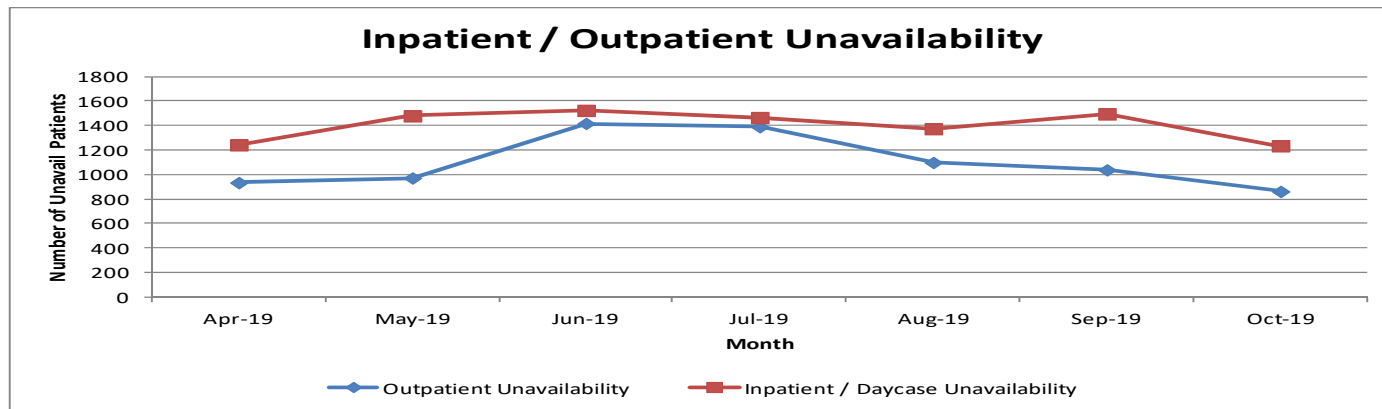
## TTG – Improvement Action

The tax/pension changes continue to have an impact on our ability to recover waiting times alongside the increased demand in emergency activity and urgent suspicion of cancer. Actions in place to recover our revised position include:

- Robust assurance processes are in place to ensure patients are being admitted in order of clinical priority and then date with the distribution of daily and weekly monitoring reports.
- Additional waiting list sessions continue against the backdrop of the pension and tax changes; in-sourcing activity through Medinet and other providers for Adult Ophthalmology; ENT; Neurology; Respiratory; Gastroenterology and Paediatric ENT; Ophthalmology and Surgery.
- Outsourcing activity for Orthopaedics (General and Spinal).
- The appointment of locums to support additional surgery and capacity secured through GJNH for 2019-20.
- Monthly performance review meetings with Directors and General Managers across Acute and weekly monitoring calls to track progress against individual Sector/Directorate specialty level trajectories.

**LKPI– Patient Unavailability**

As at October 2019, a total of 1,235 inpatients/daycases and 862 outpatients on the waiting lists were unavailable for treatment and/or appointment. Current performance represents a reduction in the number of unavailable patients when compared to the previous month and the lowest number of unavailable patients reported since April 2019.



**Patient Unavailability**

As seen from the chart, not only has the growth in the number of unavailable patients halted but the number of unavailable patients reported is reducing for both inpatient/daycases and outpatients on the waiting list.

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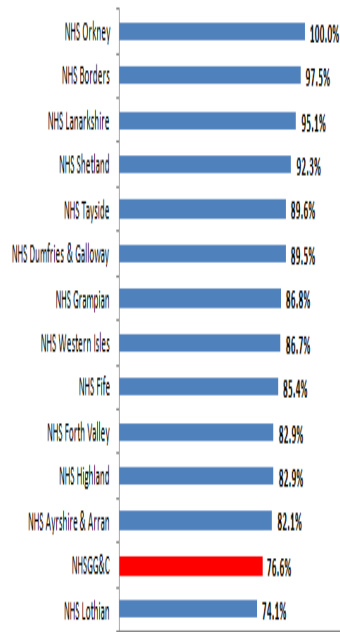
# Better Care – Cancer 62 day target from receipt of an urgent referral with a suspicion of cancer to first cancer treatment



Trajectory: For quarter ending December 2019, 85% of patients referred with a suspicion of cancer to receive first cancer treatment within 62 days

## Cancer 62 Days: Latest Published Position

April - June 2019:



NHS Scotland: 82.4%

NHSGG&C: 76.6%

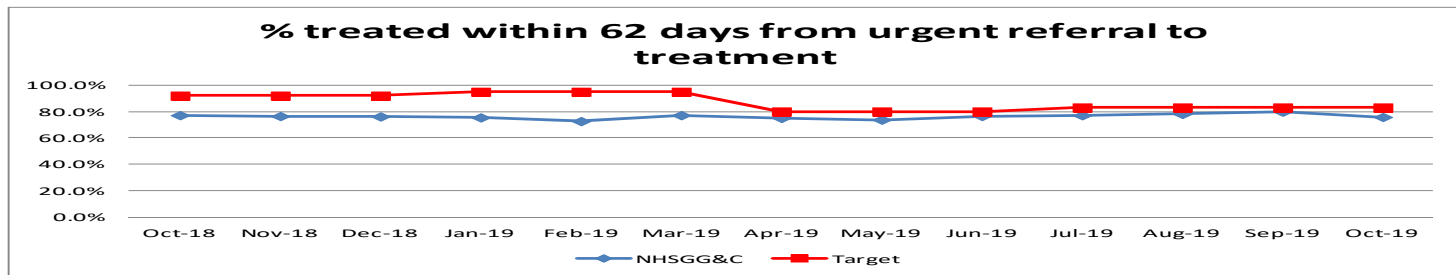
Best Performing: NHS Orkney 100.0%

Lowest Performing: NHS Lothian 74.1%

NHSGG&C Ranking: 13th

## LDP Standard – Cancer 62 Days Target

As at October 2019, 75.8% of patients referred urgently with a suspicion of cancer began treatment within 62 days of receipt of referral below the 85% revised trajectory for quarter ending December 2019. A total of five of the 10 cancer types either met or exceeded the 85% trajectory for December 2019. The five cancer types currently below trajectory are Breast (83.2%), Colorectal (57.8%), Head & Neck (66.7%), Upper GI (80.0%) and Urology (49.2%).



## Improvement Action

- Breast – First outpatient appointment remains a significant pressure in the South Sector with 25 patients redirected to North and Clyde each week to help reduce waiting times; a locum Breast Surgeon appointed two days per week will be extended to five days per week from January 2020; options to secure additional capacity being explored; Magseeds rolled out across NHSGG&C to improve scheduling of surgery and provide patient benefit; a breast cancer pathway workshop is planned for February 2020, with data collection underway to support benchmarking and capacity modelling.
- Colorectal – significant progress made with backlog of patients waiting for colonoscopy following positive bowel screening result now cleared. This has resulted in an increase in colorectal patients treated in October and November. All sectors now booking patients to 14 days or less, additional activity being delivered across sectors, with symptomatic lists being converted to bowel screening lists. Five Nurse Endoscopist posts were advertised and recruitment was unsuccessful, the funding will be used to support additional independent sector activity.
- Urology - prostate cancer pathway is a key challenge affecting overall urological cancer performance, following GGC-wide improvement workshop in October work to re-order pathway steps and decrease time between steps is on-going. Bladder and renal cancer performance in October was affected by Consultant vacancies in South and Clyde Sectors.
- Downgrading – an NHSGG&C standard operating procedure has been developed in line with nationally agreed principles. Trakcare development work on-going, implementation is anticipated by mid December.

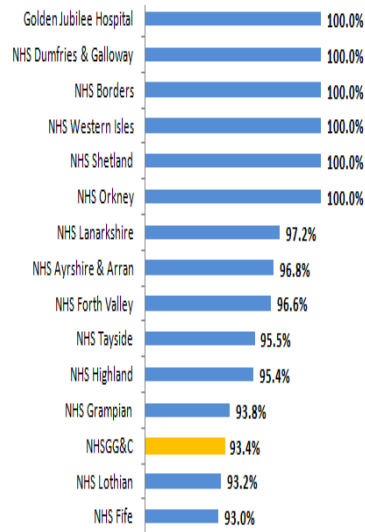
# Better Care – Cancer 31 Day target from diagnosis with cancer to treatment



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

## Cancer 31 Days: Latest Published Position

April - June 2019:



NHS Scotland: 94.7%

NHSGG&C: 93.4%

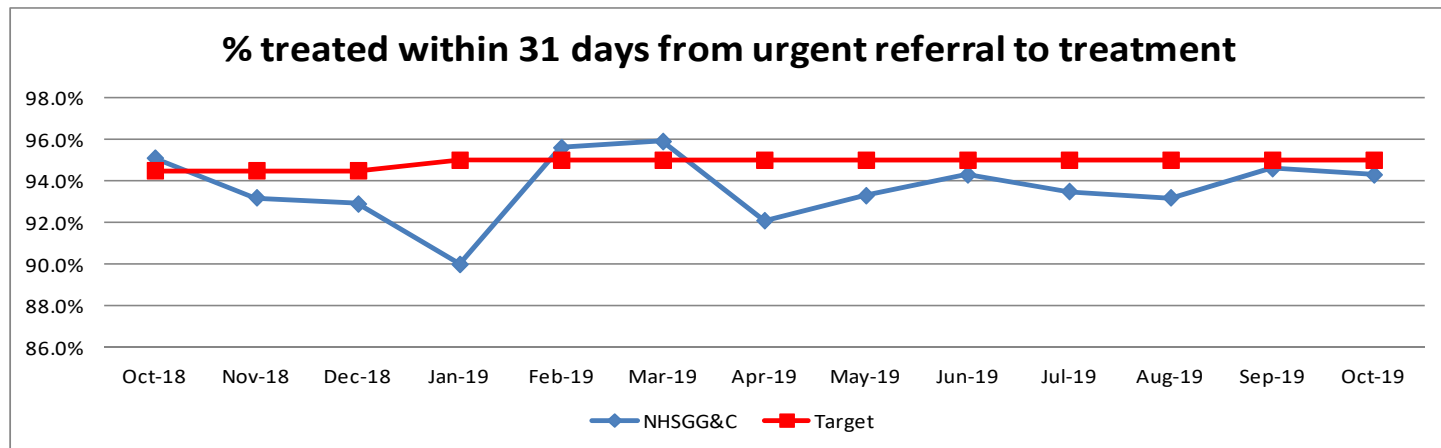
**Best Performing:** GJNH, NHS Dumfries & Galloway Borders, and Island Health Boards 100.0%

**Lowest Performing:** NHS Fife 93.0%

**NHSGG&C Ranking:** 13th

## LDP Standard - Cancer 31 Days Target

As at October 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 month ending October 2019. Improved levels of compliance with trajectory continue to be maintained following the improvements made in September 2019.



## Cancer 31 Days Commentary

See cancer 62 days, slide 20.



# 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 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 19/65.

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## LKPI– GP OOH Service Closures

During October 2019, a total of 70 closures were reported across the GP OOH Service, a significant increase on the same month the previous year. All closures reported across NHSGG&C were as a result of GP availability.



GP Out of Hour Closures		
	2018	2019
January	1	24
February	10	13
March	30	62
April	29	51
May	20	72
June	20	76
July	48	64
August	32	66
September	19	67
October	19	70
<b>Grand Total</b>	<b>228</b>	<b>565</b>

## Improvement Actions

Work to improve the resilience of the GP OOH Service is included within the scope of a local review currently underway across the six HSCPs as commissioned by Glasgow City. The implementation of Phase 1 of the programme is now complete. Phase 2 is currently being implemented and includes:

- *Professional to Professional Support* – a direct professional to professional line from OOH District Nurses into the GP OOH service now operates Saturday and Sunday 10.00am – 4.00pm. District Nurses can now request advice directly from a GP as opposed to previously going through NHS 24. An analysis of overnight and evening activity is underway to determine the impact of extending the availability of this service.
- *Frequent Attenders* – details of patients who frequently attend the GP OOH service and who may also attend daytime services and EDs have been shared with all HSCPs so that they can incorporate this into their work focussed on people who frequently attend EDs. This work will be helpful in understanding the current pathways that some of our patients follow and determining if there are other parts of the system that would be better placed to meet and respond to their needs that they can be consistently signposted to.
- Plans for the next stage of implementation (Phase 3) has been developed and will include ongoing GP Workforce recruitment and the recruitment of Advanced Nurse Practitioners to ensure a full complement of staff to support the service.

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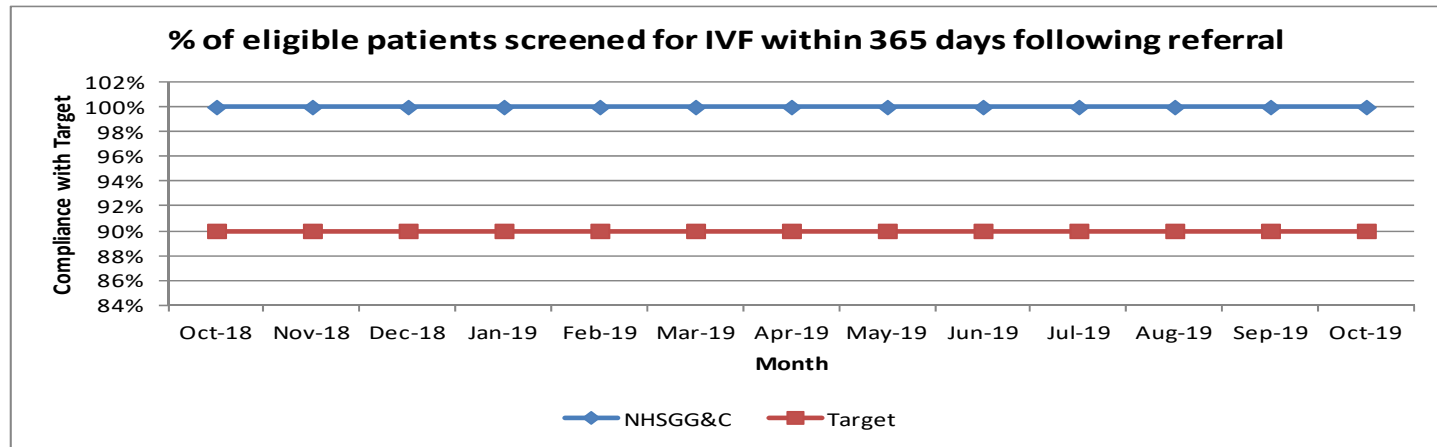
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# Better Care – % of eligible patients screened for IVF Treatment within 12 months receipt of referral

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

## LDP Standard – IVF

As at October 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.

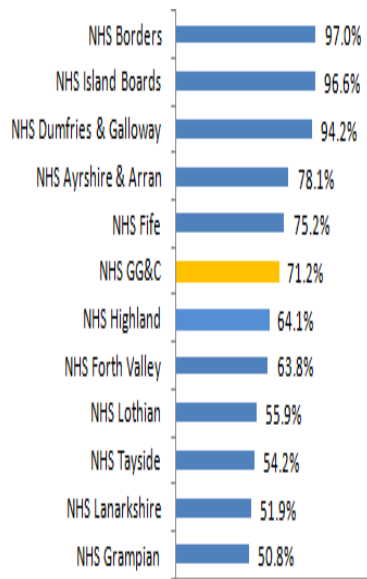
# Better Care – Child and Adolescent Mental Health Services (CAMHS)



Target: 83% eligible patients to be seen within 18 weeks of referral to treatment by end of December 2019

## CAMHS % Patients Seen < 18 weeks: Latest Published Position

July – September 2019:



NHS Scotland: 64.5%

NHSGG&C: 71.2%

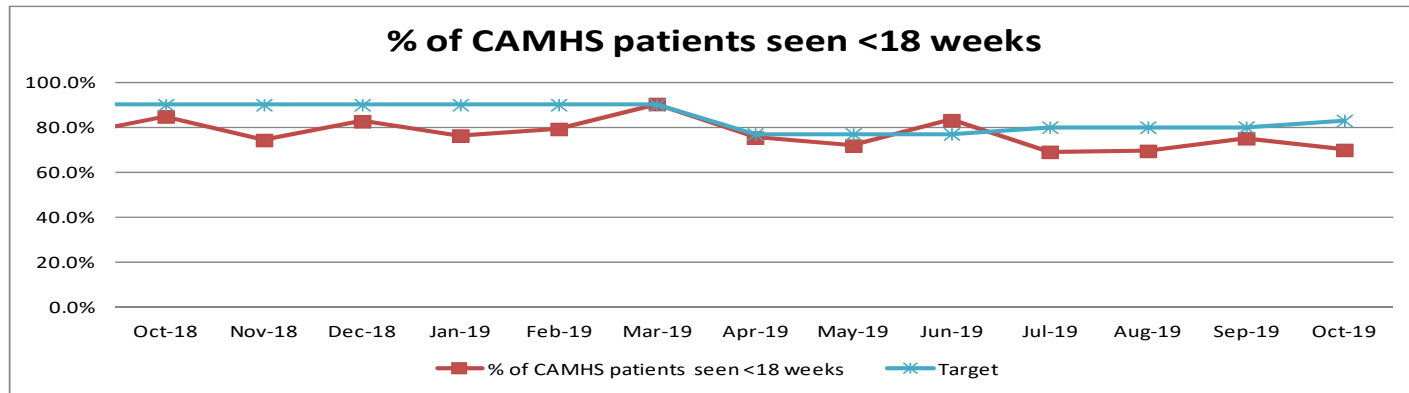
Best Performing: NHS Borders 97.0%

Lowest Performing: NHS Grampian 50.8%

NHSGG&C Ranking: 6th

## LDP Standard – CAMHS

As at October 2019, 69.9% of eligible CAMHS patients who started treatment in CAMHS had started <18 weeks after referral. Current performance is below the 83% trajectory to be achieved by December 2019.



## Improvement Action

- CAMHS launched an Operational Group in October 2019 to address the increasing service demand within available resources. The Group will implement improvements across the system including increasing treatment options available to patients, increasing use of technology and enhancing consistency in the quality of care delivered.
- Attend Anywhere is currently being implemented across CAMHS teams to offer flexibility of appointment mode.
- Implementation of Decider Skills Groups will make Group Therapies available for those on the waiting list, increasing the number of children who receive treatment. Decider Skills training for 160 nurses completed in November 2019 and appropriate children will be allocated from the waiting list in early 2020.
- Care bundles will be developed offering pathways through Tier 3 CAMHS by disorder.
- Analysis of demand and capacity continues alongside detailed analysis in parts of the system, including referral to treatment conversion in Tier 3 CAMHS. This will be used to identify areas for further improvement.
- Waiting List initiatives are mostly focused on appointments for longest waiting and emergency patients.
- There is ongoing recruitment of additional clinical staff from CYPMH Taskforce Funding. Most of the 12 posts have been recruited.

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

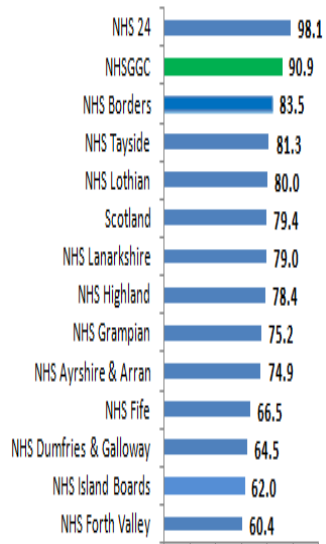


Target: 90% of eligible patients referred for a Psychological Therapy to be seen within 18 weeks of referral

**Psychological Therapies % Patients Seen < 18 weeks: Latest Position July- September 2019:**

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

As at October 2019, 90.4% of eligible patients referred for a Psychological Therapy were seen <18 weeks. Current performance continues to consistently deliver the expected 90% standard.



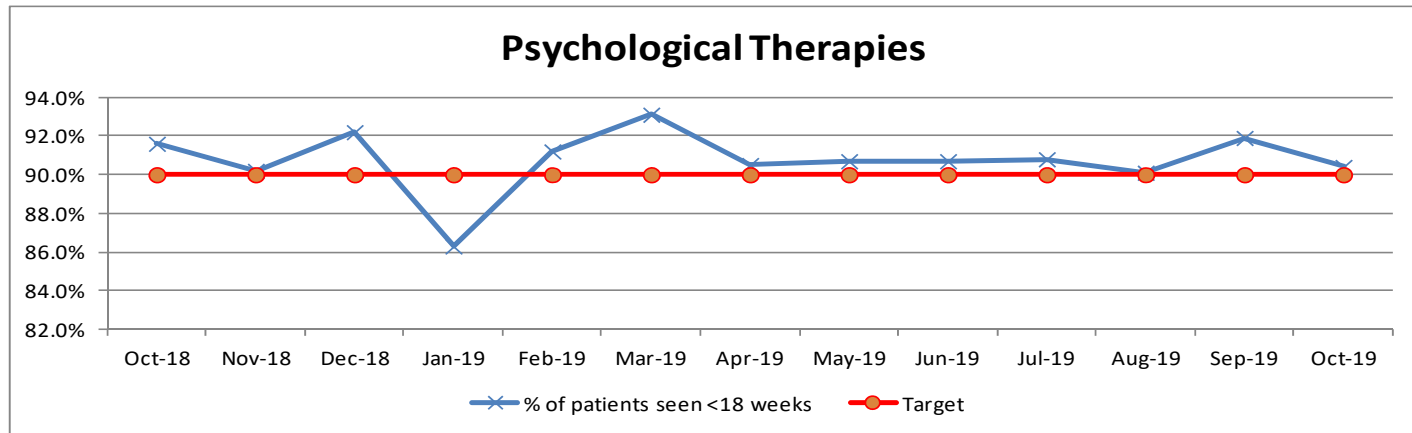
**NHS Scotland: 79.4%**

**NHSGG&C: 90.9%**

**Best Performing Territorial Board: NHSGG&C 90.9%**

**Lowest Performing: NHS Forth Valley 60.4%**

**NHSGG&C Ranking: 2<sup>nd</sup>**



## 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 105 patients within 18 weeks during the quarter ending September 2019 whereas NHSGG&C saw 3,995 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 October 2019, the financial overspend across NHSGG&C was £22.6m. Current performance is within the projected position of £26.1m for October 2019. The current position represents an increase on the £19.3m overspend reported during the same period the previous year.



Measure	Apr - Oct 2018 Actual	Apr - Oct 2019 Actual	Apr - Oct 2019 Target
Financial Performance	(£19.3m)	(£22.6m)	(£26.1m)

## Improvement Action

For more detail, see the Revenue and Capital Report – Paper 19/69.

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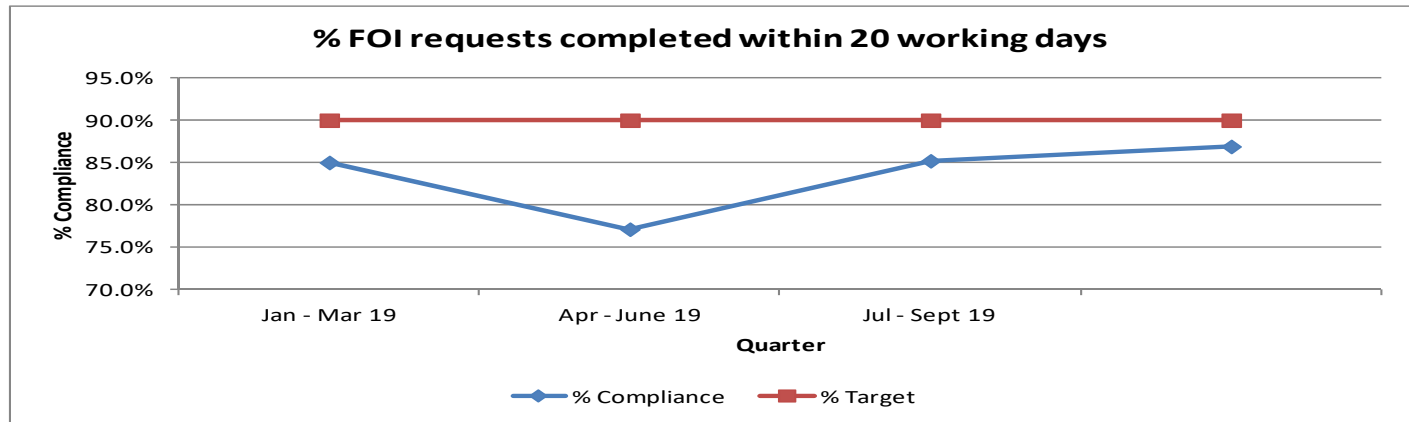


# Better Value – Freedom of Information (FOIs) Requests

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. Local management information suggests this improvement has continued into October 2019 with the monthly figure currently exceeding the 90% target.



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## FOI Commentary

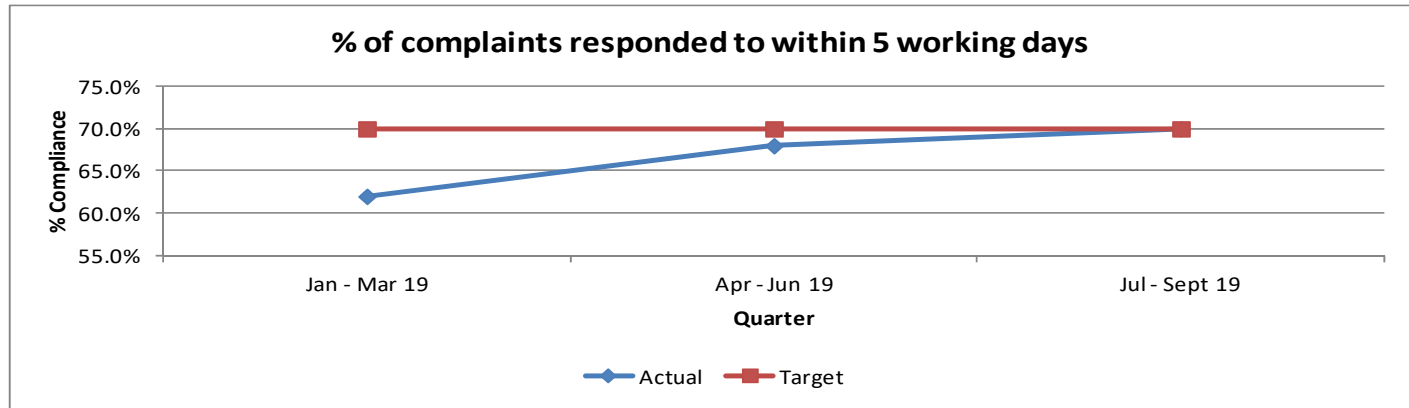
As seen from the chart above, the number of FOIs responded to within the 20 day standard continues to show a sustainable improvement. This achievement is set within the context of a number of complex requests for information, an increasing number of requests in general and the complex reviews underway.

# 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. Local management information suggests this improvement has continued into October 2019 with the monthly figure currently exceeding the 70% target.



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## 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.

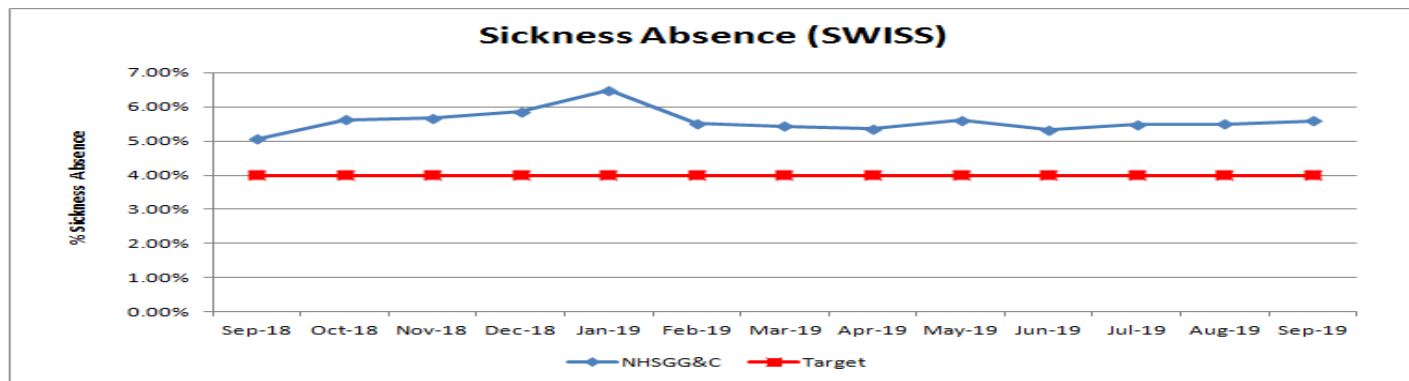


# Better Workplace – Sickness Absence

Target: Sickness absence to be no more than 4%

## LDP Standard – Sickness Absence

As at September 2019, overall sickness absence across NHSGG&C was 5.59%. As seen from the table below, current performance has remained fairly static on the position reported the previous month. Overall sickness absence comprises 1.76% short term and 3.83% long term ranging.



## Improvement Actions

- Targeted one to one intervention on long term cases. Improvement on long term absence in South and Regional Sectors and number of HSCP areas including Inverclyde, East Renfrewshire and Glasgow City. This has been through a number of initiatives including alternative duties, phased returns and coaching support for Managers.
- Some local initiatives include creation of alternative workplace databases, review of Stress Risk Assessment process, dedicated teams for top absence areas, rollout of Managing Long Term Conditions and Coping with Loss sessions. Bespoke work and support through Chaplaincy Service, Occupational Health triage support and improvements.
- Shift to focus on preventative short term initiatives to mitigate escalation.
- Focus on Board Staff Health Strategy mental health actions.
- Proactive engagement from HR Enquiry Team to ensure early intervention and all support being accessed.
- Partnership group established to oversee implementation of Phase 1 Once for Scotland policies, including Attendance Management. Scheduled implementation date of 1 March 2020. Detailed training and guidance programme to be developed for all managers and awareness for staff.

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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 years and marginally below the target of 60%. The 12 week action planning stage has now concluded for all areas, with 57% completed within 12 weeks, whilst below the 80% internal target. Current performance represents a 7% improvement on the 2018 action planning results during the same period the previous year.

Directorate	2019 Response Rate	2018 Response Rate 2018	2019 Variance on 2018	Action Plans Completed (in 12 weeks) 2019	Action Plans Completed (in 12 weeks) 2018	2019 Variance on 2018
NHSGGC	59.0%	54.0%	+5%	57.0%	50.0%	+7%

## Commentary on iMatter Performance

- Both the questionnaire and action planning stages of the 2019 iMatter run have now concluded, with both results showing improvement on the 2018 position.
- The 2019 response rate improved in 19 areas across NHSGG&C, with Regional Services in Acute achieving in excess of the 60% target for the first time. Overall, the number of areas which did not receive a report reduced from nine in 2018 to four in 2019.
- Six areas increased their response rate by more than 10%.
- All six HSCPs achieved response rates in excess of 60% and four improved their action planning completion rate.
- The action planning completion rates identify improvement in 16 areas, and overall, action planning completion has improved year on year since 2016. The most significant increases in action planning completion rates were seen in Regional Services increasing by 30% and the North Sector which increased by 22% compared to the previous year highlighting the positive engagement with the action planning process in these Acute areas.

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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, 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) continues to show a month on month reduction from 4,273 patients in January 2019 to 750 in October 2019 and current performance remains on track to reach the December 2019 month end trajectory of 600; 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. The number of new outpatients waiting >12 week for a new outpatient appointment is within trajectory and current performance represents an 18% reduction on the number of available new outpatients waiting >12 weeks during the same month the previous year reducing from 27,179 in October 2018 to 22,371 in October 2019.

Similarly, whilst the number of eligible TTG patients is 4% above the planned position current performance represents an improvement on the previous months' position and we continue to 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.

However, despite these improvements, there are some areas that remain a challenge. For example, compliance with the A&E four hour wait target remains challenging. The reasons for this are not only due to the 3% increase in demand, but the level of complexity and acuity of patients presenting at A&E is also having an impact on our compliance. Evidence of this can be seen in the YTD increase in the number of emergency admissions following presentation at our EDs and AUs. Emergency admissions via ED and AUs has increased by 5.1% when compared to the same period the previous year. Similarly, the number of bed days lost to delayed discharge remains above the planned position agreed across HSCPs. As detailed earlier in the report, a focussed effort continues both within Acute and across HSCPs to address this.

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