

NHS Greater Glasgow & Clyde	Paper Number: 20/11
Meeting:	Board Meeting
Date of Meeting:	25 February 2020
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 NHSGGC 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.

Key Issues to be Considered

Performance has improved across a number of key performance areas. However, a number of key challenges remain, most notably in relation to non elective waiting times, bed days lost to delayed discharge, the number of TTG patients waiting > 12 weeks for treatment, levels of sickness absence and performance in relation to the Cancer 62 day waiting time standard. 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 attached with these papers.

Any Staffing Implications from this Paper

Outwith the performance on sickness absence, none identified.

Any Equality Implications from this Paper

None identified.

Any Health Inequalities Implications from this Paper

None identified.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

No risk assessments per se, although achieving key performance metrics and targets does feature on the Corporate Risk Register and drives the approach to strategic and operational work practices, improvement plans and the strategic direction of the Organisation.

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: 25 February 2020

***Board Meeting
Integrated Performance Report***

***25 February 2020
(Paper 20/11)***



Mark White, Director of Finance

Purpose and Format



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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 (NHSGGC) 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 December 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 NHSGGC'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 revised 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 NHSGGC and the proposed improvement actions for those areas in need of improvement.
- ii) Note the Elective and Unscheduled Care performance is the subject of a Recovery Plan currently being drafted.

Performance Context



NHSGGC 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:

- Gartnavel Royal Hospital's, Intensive Psychiatric Care Unit (IPCU) is the first of its kind in Scotland to be accredited by the Royal College of Psychiatrists for its care of acute mentally ill patients. The Royal College of Psychiatrists awarded the team with the three year accreditation for demonstrating best practice and excellence in care of patients with severe and complex mental illnesses.
- In November 2019, NHSGGC was escalated to Stage 4 of NHS Scotland's Performance Framework for ongoing issues relating to infection prevention, management and control at the Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC). In January 2020, the Cabinet Secretary for Health and Sport took the decision to escalate NHSGGC as a whole to Stage 4 with principle areas of support concentrating on scheduled care, unscheduled care, primary care out of hours, culture and leadership. To facilitate this support, Calum Campbell, Chief Executive of NHS Lanarkshire, has been appointed as Turnaround Director at NHSGGC, to draft and implement a Performance Recovery Plan.
- Glasgow Royal Infirmary's Assisted Conception Unit now has the highest IVF success rate in Scotland and the second highest in the UK. The most recent figures available from the Human Fertilisation and Embryology Authority (HFEA) for 2017 show the Assisted Conception Unit has a 43% success rate. The unit provides over 900 treatment cycles per year. The data is two years behind as this is the standard timeframe for publication of the HFEA reports.
- Rowanbank Clinic forensic psychiatric unit in Glasgow received a positive report following a visit from the Mental Health Welfare Commission in November 2019. Rowanbank, a medium secure psychiatric unit with 74 adult beds provides specialist treatment and support in modern, purpose built accommodation designed to meet individualised patients needs nationally and regionally for adults with mental health problems. The Commission noted that encouraging developments on Sycamore Ward, such as one-to-one sessions and group events, had led to improved relationships between patient and staff, as well as less need for enhanced observations; staff knew their patients well and most patients found them to be helpful and approachable; wards were found to be calm on the day of the visit; and patients were also complimentary about the range of activities on offer to them at Rowanbank.
- In honour of the 200th birth anniversary of Florence Nightingale, the World Health Organisation has declared 2020 the "Year of the Nurse and Midwife". In response, NHSGGC plan to host a number of events at a local and regional level which will pay homage not only to Florence Nightingale but also to the thousands of nurses and midwives serving NHSGGC.

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Performance - At A Glance – December 2019

PERFORMANCE AT A GLANCE - FEBRUARY 2020								
BETTER CARE								
Slide No.	Type	Measure	As At	2018-19 Actual	2019-20 Actual	Target	Perform Status	Dir of Travel
10	LDPS	% of patients waiting <4 hours at A&E	Jan-20	87.4%	83.0%	95.0%	RED	↓
11	LKPI	Total A&E Presentations (ED, MIU & AUs) (A//)	Apr - Jan 20	432,684	441,323	—	GREY	↓
		Accident & Emergency Presentations (A//)	Apr - Jan 20	371,812	381,309			↓
		Assessment Unit Presentations (A//)	Apr - Jan 20	60,872	60,014			↑
12	MSG	HSCP A&E Attendances (Adults 18 years+)	Apr - Dec 19	211,687	225,396	282,249	RED	↓
13	LKPI	Total number of patients delayed across NHSGG&C (taken at Census point)	Dec-19	145	224	0	RED	↓
		Acute Patients	Dec-19	106	161			↓
		Adult Mental Health Patients	Dec-19	40	63			↓
14	MSG	Total number of Bed Days Lost to Delayed Discharge	Dec-19	5,191	7,337	4,722	GREY	↓
		Acute Bed Days Lost	Dec-19	3,749	5,564		RED	↓
		Mental Health Bed Days Lost	Dec-19	1,442	1,773		GREY	↓
15	LDPS	18 Week Referral To Treatment (RTT)						
		Combined Admitted/Non Admitted	Dec-19	82.6%	77.1%	90.0%	RED	↓
		Combined Linked Pathway	Dec-19	84.8%	81.0%	80.0%	GREEN	↓
16	LDPS	Available New Outpatient Appointments						
		% of available new outpatients waiting <12 weeks for a new outpatient appointment (Inc RHC and Dental)	Dec-19	67.3%	70.5%	21,000	AMBER	↑
		Number of available patients waiting >12 weeks for a new outpatient appointment (Inc RHC and Dental)	Dec-19	27,139	21,930			↑
17	NKPI	Access to a Key Diagnostic Test						
		Number of patients waiting >6 weeks for access a scope test	Dec-19	4,584	623	600	AMBER	↑
		Number of patients waiting >6 weeks for an imaging test	Dec-19	1,140	4,239	0	RED	↓
19	NKPI	12 week Treatment Time Guarantee (TTG)						
		% of inpatient/daycases treated within the 12 week TTG	Dec-19	80.2%	71.5%	7,500	RED	↓
		Number of inpatients/daycases waiting >12 weeks TTG	Dec-19	6,962	9,778			↓
20	LKPI	Patient Unavailability (All)						
		Inpatient/Day Cases (Inc Endoscopy)	Dec-19	1,539	1,788	—	GREY	—
		New Outpatients	Dec-19	1,061	1,076	—	GREY	—
21	LDPS	Suspicion of Cancer Referrals (62 days)	Dec-19	76.2%	78.0%	85.0%	RED	↑
22	LDPS	All Cancer Treatments (31 days)	Dec-19	92.9%	95.3%	95.0%	GREEN	↑
23	LDPS	Number of C.Diff Infections cases (for 15 years+)	Jul - Sep 19	104	110	105**	AMBER	↓
		Number of S. Aureus Bacteremia Infection cases		89	77	75**	AMBER	↑
24	LKPI	Number of GP Out of Hour closures	Dec-19	21	157	—	GREY	—
25	LDPS	% of eligible patients commencing IVF treatment within 12 months	Dec-19	100.0%	100.0%	90.0%	GREEN	↔
26	LDPS	% patients who started their treatment within 18 weeks of RTT to Specialist Child and Adolescent Mental Health Services*	Dec-19	82.7%	79.9%	83.0%	AMBER	↓
27	LDPS	% patients who started treatment <18 weeks of referral for Psychological Therapies*	Dec-19	92.2%	91.1%	90.0%	GREEN	↓
		**Internal Target until confirmation from HPS						
	Key		Performance Status				Direction of Travel	
	LDPS	Local Delivery Plan Standard	RED	Adverse variance of more than 5%			Improving	↑
	MSG	Ministerial Steering Group Indicator	AMBER	Adverse variance of up to 5%			Deteriorating	↓
	NKPI	National Key Performance Indicator	GREEN	On target or better			Maintaining	↔
	LKPI	Local Key Performance Indicator	GREY	No target				
			N/A	Not Available				—

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 – December 2019

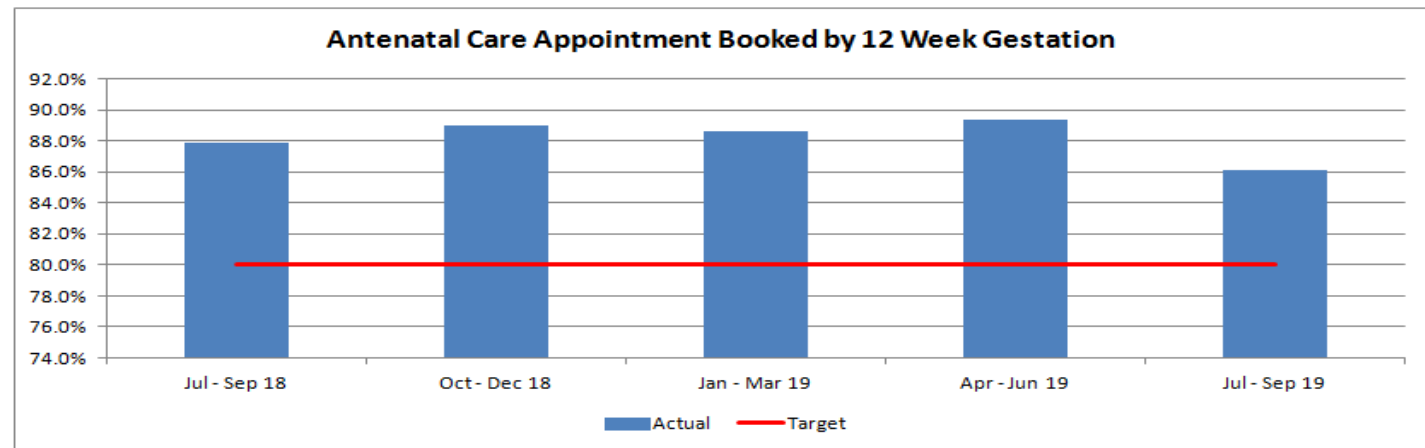
PERFORMANCE AT A GLANCE - FEBRUARY 2020								
BETTER HEALTH								
Slide No.	Type	Measure	As At	2018-19 Actual	2019-20 Actual	Target	Perform Status	Dir of Travel
6	LDPS	80% of pregnant women in each SIMD quintile have access to Antenatal Care at 12 week gestation	Jul - Sep 19	87.2%	86.1%	80.0%	GREEN	↓
7	LDPS	Drugs and Alcohol: % of patients waiting <3 weeks from referral to appropriate treatment	Jul - Sep 19	95.3%	95.7%	90.0%	GREEN	↑
8	LDPS	Number of Alcohol Brief Interventions delivered	Apr - Sep 19	6,934	6,029	6,544	RED	↓
9	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas	Apr - Jun 19	894	981	757	GREEN	↑
BETTER VALUE								
Slide No.	Type	Measure	As At	2018-19 Actual	2019-20 Actual	Target	Perform Status	Dir of Travel
28	LDPS	Financial Performance	Dec-19	(£19.3m)	£25.3m)	(£30.6m)	GREEN	↓
29	LKPI	Freedom of Information requests responded to within 20 working days	Oct - Dec 19	86.9%	90.8%	90.0%	GREEN	↑
30	LKPI	% of complaints closed at Stage 2 within 20 working days	Oct -Dec 19	—	67.0%	70.0%	AMBER	—
		% of complaints closed at Stage 1 within 5 working days	Oct - Dec 19	—	86.0%	—	GREY	—
		% of complaints closed at Stage 1 between 6 - 10 working days	Oct - Dec 19	—	11.0%	—	GREY	—
BETTER WORKPLACE								
Slide No.	Type	Measure	As At	2018-19 Actual	2019-20 Actual	Target	Perform Status	Dir of Travel
31	LDPS	Sickness Absence (month ending)	Dec-19	6.46%	6.88%	4.0%	RED	↓
		Long Term	Dec-19	3.92%	4.08%	—	GREY	↓
		Short Term	Dec-19	2.54%	2.79%	—	GREY	↓
32	LKPI	% of KSF/PDP&Rs Recorded on Turas	Dec-19	19.9%	52.5%	80.0%	RED	↑
33	LKPI	iMatters						
		Response Rate	Dec-19	54.0%	59.0%	60.0%	AMBER	↑
		Action Plans Completed	Dec-19	50.0%	57.0%	80.0%	RED	↑
	Key		Performance Status				Direction of Travel	
	LDPS	Local Delivery Plan Standard	RED	Adverse variance of more than 5%			Improving	↑
	MSG	Ministerial Steering Group Indicator	AMBER	Adverse variance of up to 5%			Deteriorating	↓
	NKPI	National Key Performance Indicator	GREEN	On target or better			Maintaining	↔
	LKPI	Local Key Performance Indicator	GREY	No target				
			N/A	Not Available				—
Please note the information contained within this report is for management information purposes only as not all data has been validated								

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

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

LDP Standard – Antenatal Care

During the quarter ending 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, NHSGGC continues to exceed the 80% target for the number of pregnant women that have booked an antenatal care appointment by the 12 week gestation.

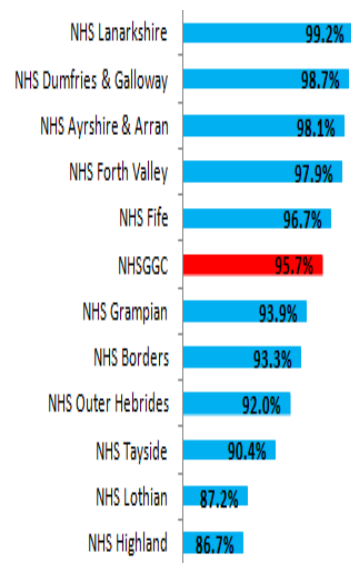
Better Health – Drugs and Alcohol: % of patients referred for treatment to wait no longer than 3 weeks to start their first treatment



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

**Drug & Alcohol %
Patients Seen <3
weeks: Latest
Published Position**

July - September 2019:



NHS Scotland: 95.0%

NHSGGC: 95.7%

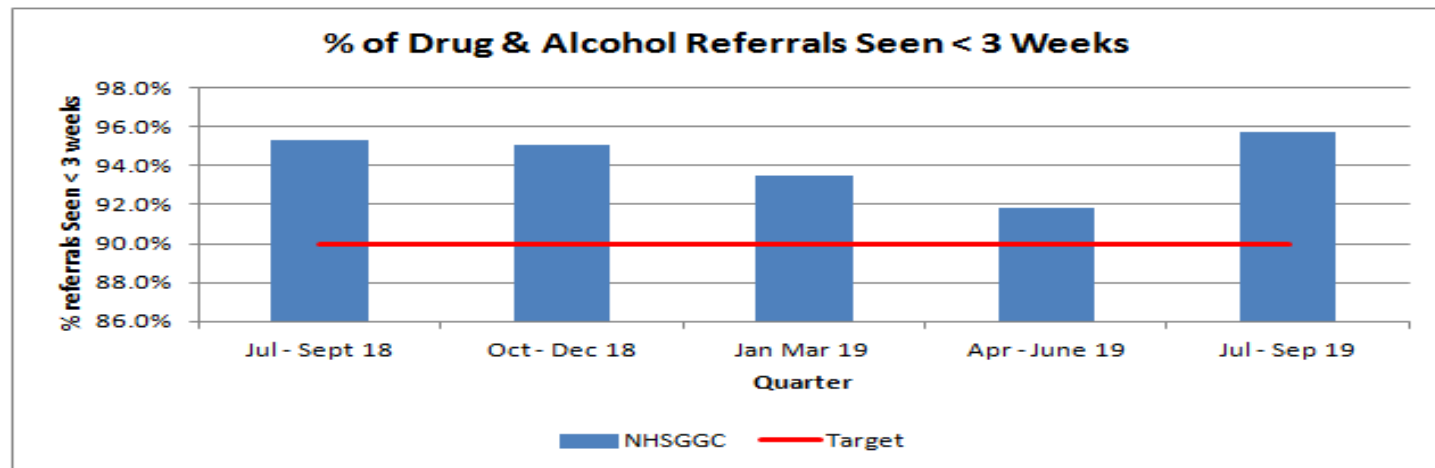
Best Performing: NHS
Lanarkshire 99.2%

Lowest Performing: NHS
Highland 86.7%

NHSGGC Ranking: 6th

LDP Standard – Drugs and Alcohol Waiting Times

For the quarter ending September 2019, 95.7% of patients referred to the Drug and Alcohol Service were seen within three weeks of referral. Current performance continues to exceed the 90% target.



Drug and Alcohol Waiting Times Commentary

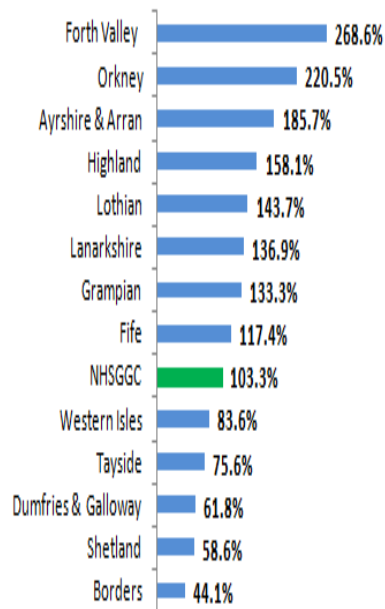
As seen from the trend chart above, NHSGGC continues to consistently exceed the 90% target for the percentage of patients referred to the drugs and alcohol service starting their treatment within three weeks of referral.

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

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

ABIs Delivered: Latest Published Position

April - March 2019:



NHS Scotland: 131.9%

NHSGGC: 103.3%

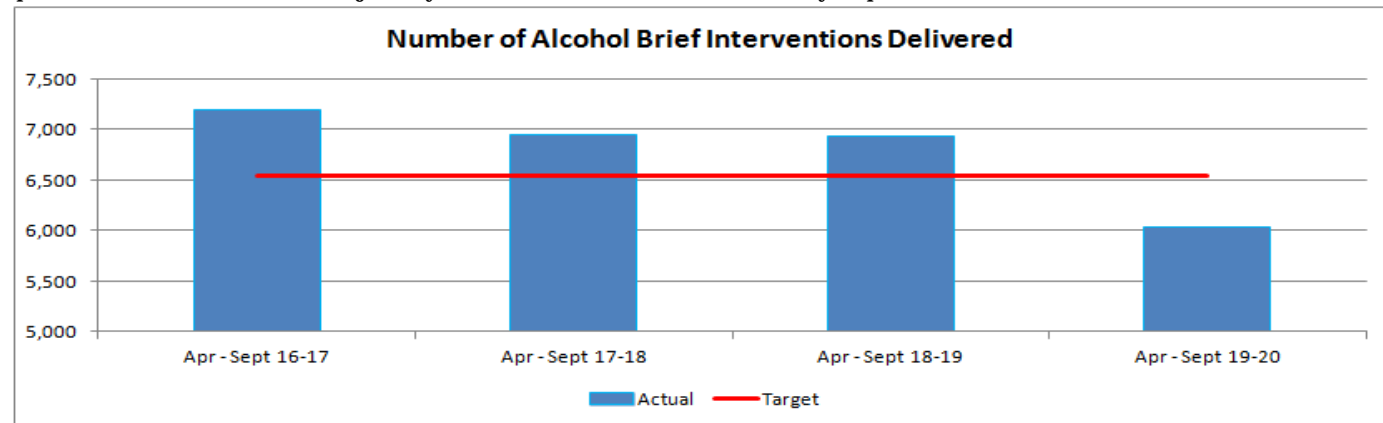
Best Performing: NHS Forth Valley 268.6%

Lowest Performing: NHS Borders 44.1%

NHSGGC Ranking: 9th

LDP Standard – Number of ABIs Delivered

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



Improvement Action

ABIs are implemented across three settings namely, Primary Care, Acute and wider settings. The recent downturn in performance is due to a reduction in Primary Care, the only setting not currently meeting trajectory. The trend in Primary Care has been since 2016-17 when payment for the delivery of ABIs was decoupled from recorded delivery. The recording and extraction of ABI activity data by GPs was also impacted by changes to the new GP contract which sought to lessen the bureaucratic burden on GPs and their teams. Raising the profile of ABIs within Primary Care has been a priority and focus since the initial reductions were recorded in 2016-17. Actions to address performance in Primary Care include:

- Working with Clinical Directors to raise the profile of ABIs and put ABIs on the agenda of local GP Sub Committees or appropriate meetings and have further engagement with GP Clusters.
- Development work has been undertaken to simplify the process for recording ABIs in Primary Care.
- The implementation of the Management of Alcohol Dependency and Withdrawal in Primary Care will have the potential to better capture the delivery of ABIs in Primary Care and in turn will improve the reporting of ABIs.

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.

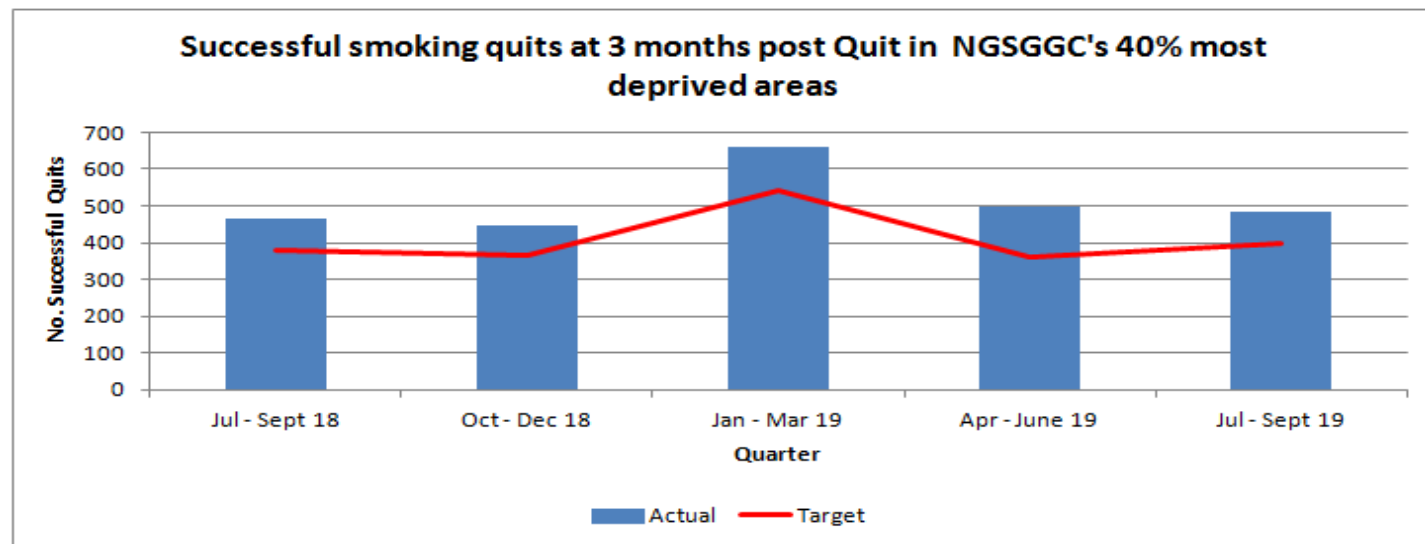


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LDP Standard – Smoking Cessation – three months post quit from Board's 40% most deprived areas

During the period April – September 2019, a total of 981 people had successfully quit smoking three months post quit across NHSGGC's 40% most deprived areas. Overall, performance is 30% above the cumulative trajectory of 757 smoking quits for this period. All HSCPs are currently exceeding their local trajectory position.



Smoking Cessation Commentary

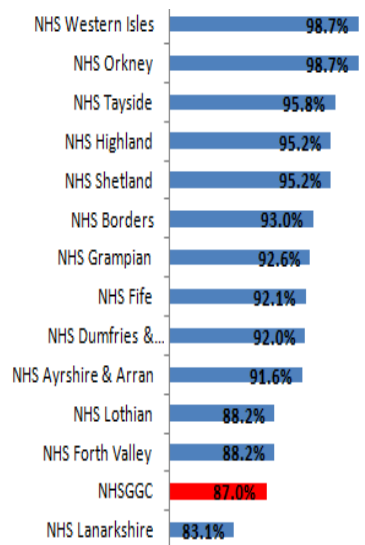
Performance in relation to the above LDP standard remains positive. NHSGGC continues to exceed the smoking cessation trajectory each quarter.

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%

NHS GGC: 87.0%

Best Performing: NHS
Orkney & Western Isles
98.7%

Lowest Performing: NHS
Lanarkshire 83.1%

NHS GGC Ranking: 13th

LDP Standard – A&E 4 Hour Waits

As at January 2020, 83.0% of patients presenting at A&E were either admitted, discharged or transferred for treatment <4 hours, an improvement on the previous months' position of 79.9% however, monthly performance remains below the 95% target. The YTD average position for the period April - January 2020 was 85.7% however, current performance represents a 5% decrease on the previous YTD position (*please note in April 2019 the Royal Alexandra Hospital (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 almost 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 8% YTD increase in the number of emergency admissions following presentation at Emergency Departments (EDs).

Compliance with A&E 4 Hour Waits Target													
Hospital	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	2019-20 YTD Aver	2018-19 YTD Aver	% Var 2018-19 YTD Aver
Glasgow Royal Infirmary	79.6%	79.5%	83.5%	83.0%	89.7%	85.8%	77.5%	81.2%	76.0%	77.4%	81.4%	88.0%	-6.6%
Stobhill Hospital	99.8%	99.6%	99.9%	99.9%	99.5%	98.8%	99.9%	99.9%	99.9%	99.6%	99.7%	99.6%	0.1%
Queen Elizabeth University Hospital	75.5%	79.9%	77.1%	81.1%	81.6%	76.2%	73.4%	68.0%	63.1%	68.3%	74.6%	84.8%	-10.2%
New Victoria Hospital	100.0%	100.0%	100.0%	100.0%	99.8%	99.4%	99.6%	99.9%	99.7%	98.2%	99.7%	100.0%	-0.3%
Royal Alexandra Hospital	86.0%	88.6%	84.5%	85.3%	83.0%	81.1%	80.9%	77.4%	73.8%	79.4%	82.1%	87.4%	-5.3%
Inverclyde Royal Hospital	91.9%	89.0%	90.2%	90.4%	93.1%	88.5%	89.5%	85.8%	85.9%	85.8%	89.0%	91.9%	-2.9%
Vale of Leven Hospital	97.1%	96.4%	98.0%	97.4%	97.2%	95.1%	94.8%	96.6%	93.3%	96.7%	96.3%	97.3%	-1.0%
Royal Hospital for Children	96.3%	97.6%	98.6%	98.8%	97.8%	96.2%	95.2%	86.1%	93.0%	97.8%	95.4%	96.8%	-1.4%
NHS GGC Total	86.4%	87.9%	87.7%	88.4%	89.9%	87.0%	84.3%	81.8%	79.9%	83.0%	85.7%	90.7%	-5.0%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	-

Improvement Action

Whilst improvement work is underway to address performance across NHS GGC (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. Key actions within Acute Services include:

- Pre-Winter Communication Plan - 'Meet the Experts' videos have now been established on NHS GGC's social media channels; Minor Injury Units (MIUs) are being promoted through a targeted campaign covering high volume minor injury activity, directing patients to the dedicated units at Stobhill and the New Victoria.
- Opening of Minor Injury area at the QEUEH - Five additional bays to see, treat and discharge minor injury patients opened in the modular building on the QEUEH campus on 29 December 2019. During the first five days of opening 97 patients were seen and discharged with 100% compliance rate.

Slide 10

JB2

Jonathan Best, 13/08/2019

Better Care – Total A&E/MIU Attendances (All)



Total A&E/MIU Attendances (All)

The YTD number of A&E/MIU attendances reported across all hospital sites increased by almost 3% during the period April – January 2019-2020 compared to the same period the previous year. With the exception of the QUEH 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	% Var on YTD Total
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20			
Glasgow Royal Infirmary	8,262	8,304	8,180	8,346	8,397	8,391	8,499	8,164	7,910	7,786	82,239	80,979	1.6
Stobhill Hospital	1,890	2,011	1,865	1,949	2,076	2,015	1,951	1,741	1,701	2,011	19,210	18,342	4.7
Queen Elizabeth University Hospital	8,762	8,892	8,755	9,301	9,143	8,744	8,735	8,365	8,320	8,551	87,568	87,814	-0.3
New Victoria Hospital	3,044	3,164	3,179	3,111	3,268	3,103	3,030	2,772	2,598	2,972	30,241	29,411	2.8
Royal Alexandra Hospital	5,795	6,079	6,012	5,875	5,881	5,983	5,853	5,656	5,644	5,640	58,418	56,684	3.1
Inverclyde Royal Hospital	2,777	3,000	2,679	3,014	2,834	3,000	2,821	2,786	2,712	2,822	28,445	27,432	3.7
Vale of Leven Hospital	1,604	1,684	1,517	1,690	1,703	1,625	1,565	1,388	1,435	1,516	15,727	15,407	2.1
Royal Hospital for Children	5,628	5,980	5,712	4,836	5,425	6,280	6,156	7,459	6,538	5,447	59,461	55,743	6.7
NHSGGC Total	37,762	39,114	37,899	38,122	38,727	39,141	38,610	38,331	36,858	36,745	381,309	371,812	2.6

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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 HSCHs include:

- *Increased Awareness* – continuing to develop local public messaging within Moving Forward Together (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.

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 (Adults 18 years+)

As seen below, the overall number of A&E attendances reported across HSCPs are 6% above the planned YTD (April - December 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 - Dec) Actual	2019-20 YTD (Apr - Dec) Planned Position	% Var from YTD Planned Position	2019-20 Annual Planned Position
East Dunbartonshire HSCP	15,103	14,756	2%	19,674
East Renfrewshire HSCP	13,283	13,751	-3%	18,335
Glasgow City HSCP	121,575	115,343	5%	153,791
Inverclyde HSCP	19,163	17,234	11%	22,978
Renfrewshire HSCP	36,984	33,842	9%	45,123
West Dunbartonshire HSCP	19,288	16,761	15%	22,348
HSCP Grand Total	225,396	211,687	6%	282,249
Others	35,742			
NHSGGC Total	261,138			

Improvement Action

Improvement actions underway across HSCPs to reduce A&E attendances include:

- A poster campaign has been produced to inform GP Practices of MIU Services to recommend as alternatives to core ED hospitals.
- The *West Dunbartonshire Focused Intervention Team (FIT)* established a professional to professional advice line to introduce a conversation with the Scottish Ambulance Service regarding appropriate alternatives to hospital conveyance from, crew on site, for those patients with COPD and Falls presentations. This translates to approximately 30 referrals (50:50 split per presentation) per month and a robust monitoring process has been established by the HSCP to report on progress.
- Work continues across HSCPs to identify and develop anticipatory care plans for 'frequent attenders'. HSCPs are working with Primary Care to more systematically support these patients with a bespoke multi-disciplinary team approach.
- By the end of January 2020, East/West Dunbartonshire alongside East Renfrewshire HSCPs aim to have GP details completed and available for Consultant Connect alongside communication to GP practices.

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Better Care – Delayed Discharges

Target: No patient should be delayed in hospital once deemed fit for discharge



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MSG Indicator – Delayed Discharges

There were a total of 224 delayed patients across NHSGG&C at the December 2019 census point. HSCPs accounted for 83% (186) of the total delays reported. Current performance across HSCPs represents a 69% increase on the number of delays reported during the same month the previous year. This notable increase is as a result of significant increases across all HSCPs with the exception of East Renfrewshire.

Number of Delayed Discharge Patients	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Dec-18	% Var Dec 18
NHSGG&C Total Delayed Discharges	194	211	211	209	216	232	231	245	224	146	53.4
Total Acute Delays	149	163	161	157	170	176	169	192	161	106	51.9
Total Mental Health Delays	45	48	50	52	46	56	62	53	63	40	57.5
HSCP Total Delays	151	166	170	173	186	197	189	193	186	110	69.1
West Dunbartonshire HSCP	14	20	28	16	15	12	8	15	13	9	44.4
East Dunbartonshire HSCP	9	9	13	11	12	13	20	23	20	9	122.2
East Renfrewshire HSCP	6	1	0	2	1	8	1	3	3	3	0.0
Glasgow City HSCP	88	120	115	117	137	127	130	119	113	80	41.3
Inverclyde HSCP	1	5	0	4	2	4	3	9	2	1	100.0
Renfrewshire HSCP	33	11	14	23	19	33	27	24	35	8	337.5
Other Local Authorities	43	45	41	36	30	35	42	52	38	36	5.6

Improvement Action

See bed days lost to delayed discharge on slide 14.

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 seen below, a YTD (April - December 2019) total of 57,971 bed days were occupied by delayed patients across NHSGGC. The six HSCPs account for 81% of all bed days lost (47,116). Current performance across the six HSCPs is 14% above the same period in 2018-19 and 44% above the same period 2017-18. With the exception of East Renfrewshire HSCP showing a significant improvement when compared to the same period last year, all other HSCPs are showing an increase on last years' position with the most notable increases in Inverclyde, West Dunbartonshire and Renfrewshire HSCPs.



Bed Days Lost to Delayed Discharge (inc Acute and Mental Health) Apr - Dec 19					
HSCP	2019-20 YTD (Apr - Dec) Actual	2018-19 YTD (Apr - Dec) Actual	2017-18 YTD (Apr - Dec) Actual	2019-20 % Var on YTD 2018-19	2019-20 % Var on YTD 2017-18
East Dunbartonshire HSCP	3,794	3,769	2,411	1	57
East Renfrewshire HSCP	830	1,573	1,079	-47	-23
Glasgow City HSCP	31,184	28,458	21,267	10	47
Inverclyde HSCP	975	550	1,261	77	-23
Renfrewshire HSCP	6,132	4,324	3,804	42	61
West Dunbartonshire HSCP	4,201	2,513	2,846	67	48
HSCP Grand Total	47,116	41,187	32,668	14	44
Other LA's	10,855	9,045	7,873	20	38
NHSGGC Total	57,971	50,232	40,541	15	43

Improvement Action

A number of improvement actions are underway to reduce the number of delayed patients and associated bed days including:

- *Inverclyde HSCP* - day services involving working in partnership with local care homes to accept safe weekend and evening discharges for new admissions.
- *Renfrewshire HSCP* - a Discharge Co-ordinator post started November 2019 to focus solely on working with families, Acute and HSCP Services to manage the discharge process supported by a dedicated mobile Care at Home team.
- *West Dunbartonshire HSCP* - ongoing review of AWIs involving MHO, legal and advocacy colleagues serves to support lesser restrictive options, where appropriate.
- *Glasgow City HSCP* - increased capacity of specialist AWI beds, from 54 - 60. An ongoing improvement programme in relation to intermediate beds with a focus on reducing the length of stay where appropriate.
- *East Dunbartonshire HSCP* - implementation of same day response to care packages.

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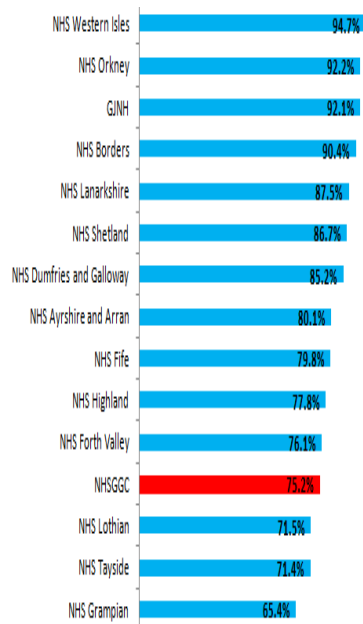
Better Care – 18 Weeks Referral To Treatment (RTT)

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



18 Week RTT: Latest Published Position

September 2019:



NHS Scotland: 76.9%

NHSGGC: 75.2%

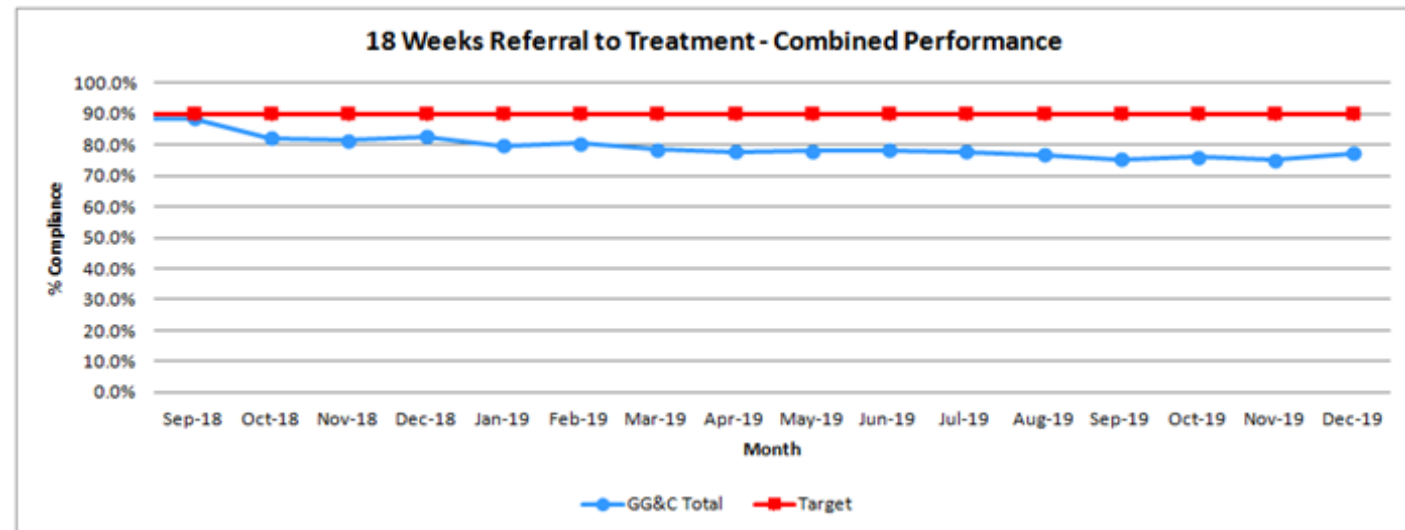
Best Performing: NHS Western Isles 94.7%

Lowest Performing: NHS Grampian 65.4%

NHSGGC Ranking: 12th

LDP Standard – 18 Weeks RTT

As at December 2019, 77.1% of our patients were treated within 18 weeks of RTT, below the target of 90%. Current performance represents an improvement on the 75.0% reported the previous month.



Improvement Action

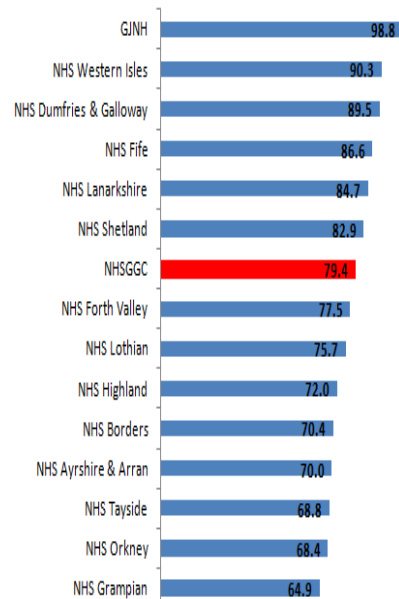
The priority continues to be focussed on targeting patients with the highest clinical priority and reducing the number of patients with the longest waiting times. This focus remains a priority for all additional activity taking place. A consequence of the focus on patients waiting longest is the adverse 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. The target at the 31st March 2020 is 19,800.



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



NHS Scotland: 76.5%

NHSGGC: 79.4%

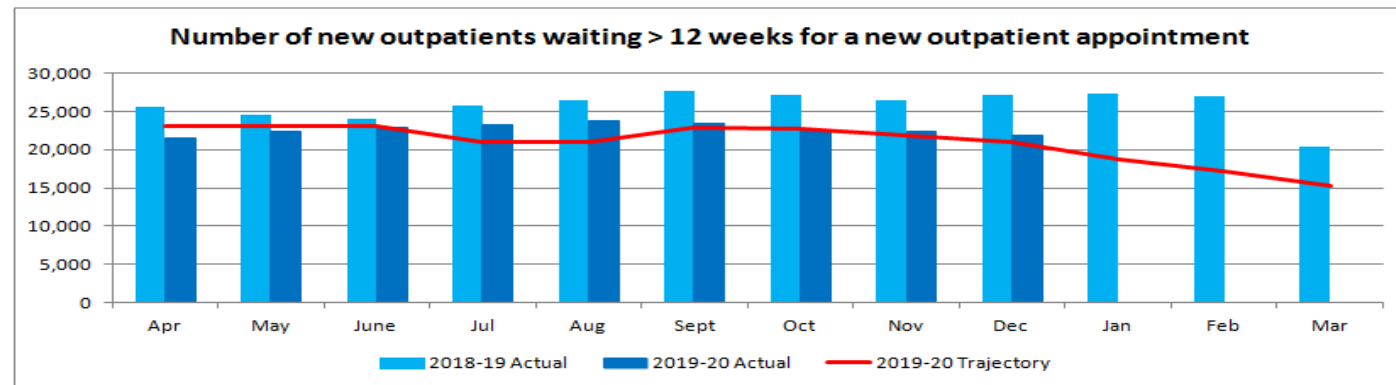
Best Performing: GJNH 98.8%

Lowest Performing: NHS Grampian 64.9%

NHSGGC Ranking: 7th

LDP Standard – New Outpatients Waiting >12 weeks

As at December 2019, a total of 21,930 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 marginally above the revised trajectory of 21,000 new outpatients for December 2019. During the same month, 70.5% of available new outpatients on the waiting list were waiting <12 weeks for a new outpatient appointment.



Improvement Action

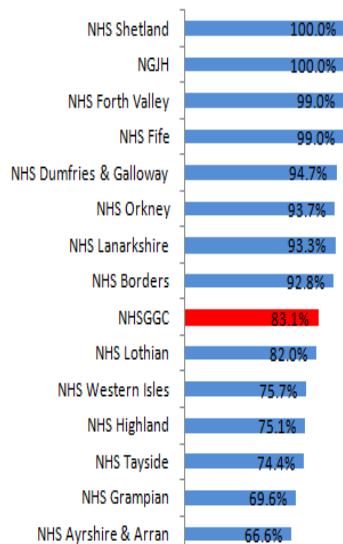
Actions to continue to improve performance include the following:

- The development of Local Access Collaborative to review whole patient pathways for Gastroenterology and Trauma and Orthopaedics.
- A new model of pain management has been implemented - service-led commitment to have zero outpatients waiting >12 weeks by 31 March 2020 (there are approx 650 patients waiting >12 weeks a reduction on the 850 previously reported).
- The ongoing use of waiting list initiatives and the appointment of locum doctors to provide additional clinics.
- The validation of outpatient waiting lists by health records and review of vacant outpatient clinic slots daily in order to maximise available outpatient capacity.
- Weekly performance review meetings with General and Service Managers continue to take place across all Sector/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). The target to the 31st March 2020 is 500.

Diagnostics - % patients waiting <6 weeks: Latest Published Position - September 2019:



Scotland: 82.3%

NHSGGC: 83.1%

Best Performing: NHS Shetland 100.0%

Lowest Performing: NHS Ayrshire & Arran 66.6%

NHSGGC Ranking: 9th

National Performance Indicator – Access to 8 Key Diagnostic Tests

As at December 2019, a total of 623 patients were waiting >6 weeks to access a **scope test**. As seen from the table below, the positive performance in the number of patients waiting >6 weeks to access a scope continued in December 2019. Current performance is marginally above the projected position of 600 by December 2019 (month end). Of the total number of patients on the waiting list for a scope in December 2019, 85.5% 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	Nov-19	Dec-19
Upper Endoscopy	1,405	1,125	1,027	886	787	733	593	409	284	311	227	244
Lower Endoscopy	518	410	321	279	239	212	191	143	119	95	86	81
Colonoscopy	2,280	1,613	1,322	1,204	944	750	622	478	348	282	231	229
Cystoscopy	70	39	60	78	71	55	50	44	40	62	65	69
Total	4,273	3,187	2,730	2,447	2,041	1,750	1,456	1,074	791	750	609	623
Target	2,818	2,609	2,401	1,800	1,800	1,800	1,200	1,200	1,200	600	600	600

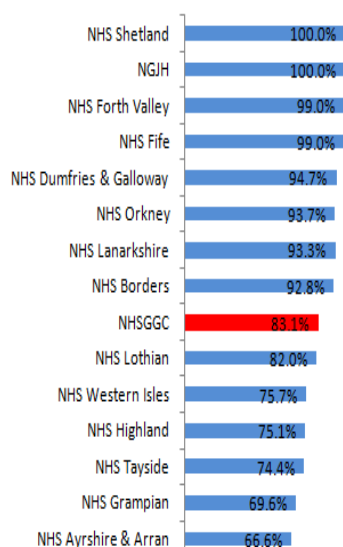
Improvement Action

- Whilst bowel screening demand remains high, waiting times have improved across all Acute Sectors – now booking under three weeks. Additional resource from the Cancer Access funding bids was successful to support a sustainable model to provide bowel screening colonoscopy in a timely manner. The recruitment of five Band 8a Nurse Endoscopists was unsuccessful however, the resource for this will now be utilised for six training grade Endoscopists. Locum Endoscopists also continue to support additional activity.
- 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 and waiting list initiatives for Endoscopy continue across all Sectors via a central approval process.
- The independent sector continue to support capacity in NHSGGC facilities. This is in place until end of March 2020 and funding has been recently approved for extension/re-tendering of the contract.
- 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 - %
patients waiting <6
weeks: Latest
Published Position
September 2019:**



Scotland: 82.3%

NHSGGC: 83.1%

Best Performing: NHS
Shetland 100.0%

Lowest Performing: NHS
Ayrshire & Arran 66.6%

NHSGGC Ranking: 9th

National Performance Indicator – Access to 8 Key Diagnostic Tests

As at December 2019, a total of 4,239 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 December 2019 (month end) 77.0% 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	Nov-19	Dec-19
MRI	731	206	256	451	544	380	1,017	1,105	1,089	1,362	1,405	1,650
CT	599	311	446	661	660	697	1,459	1,552	1,363	1,367	964	186
Non-obstetric Ultrasound	5	1	2	71	168	28	109	276	749	1,184	951	2,403
Barium Studies	0	0	0	0	0	0	0	0	0	0	0	0
Total	1,335	518	704	1,183	1,372	1,105	2,585	2,933	3,201	3,913	3,320	4,239

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. It should be noted the main issue here is access to reporting for CT/MRI and the acquisition of images for Non-obstetric Ultrasound.
- For CT/MRI, 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 companies began reporting in November 2019 with the third coming online in February 2020. Local management teams confirm that initial focus has been on improving the CT position (as can be seen in the table above) and the focus will now turn to the MRI position and local management information is showing an improvement in January to (1,274) as expected.
- For Non-obstetric Ultrasound, the issue is one of capacity to meet demand. In order to improve the position above management teams have converted a room in the New Victoria ACH into an additional Ultrasound Suite which will improve the position going forward.
- An Access Collaborative looking at overall imaging demand has been set up. This work will focus on imaging demand management with an initial focus on high use areas such as EDs, Primary Care and Oncology.

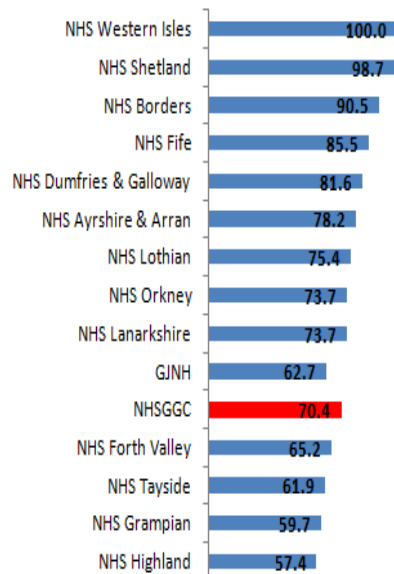
Better Care – Treatment Time Guarantee (TTG)



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. The target to the 31st March 2020 is 8,500.

TTG Completed Waits: Latest Published Position

September 2019:



NHS Scotland: 71.3%

NHS GGC: 70.4%

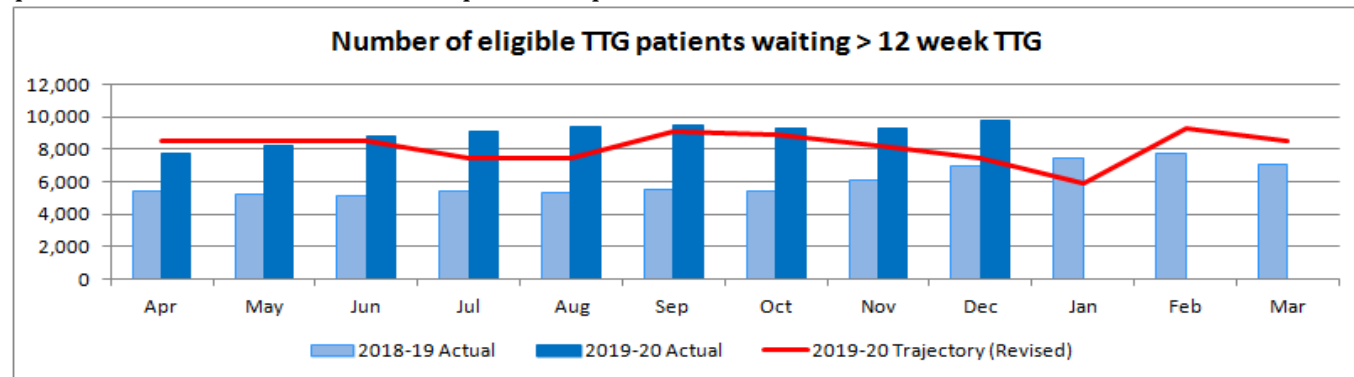
Best Performing: NHS
Western Isles 100%

Lowest Performing: NHS
Highland 57.4%

NHS GGC Ranking: 11th

National Waiting Time Standard – TTG

As at December 2019, a total of 9,778 eligible TTG patients were waiting >12 weeks for an inpatient/day case procedure, an increase on the 9,291 reported the previous month.



TTG – Improvement Action

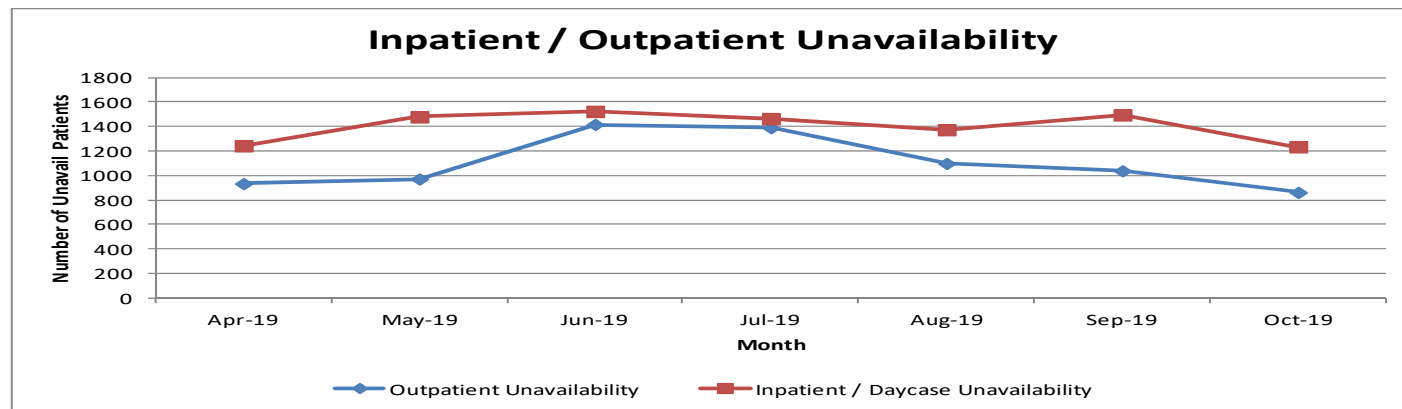
The pension changes, increased demand for emergency activity and urgent suspicion of cancer continue to impact on our ability to recover waiting times. Discussions with the Scottish Government are ongoing around securing recurring funding to increase patient care capacity in a sustainable way. Other actions to recover our position include:

- Increased recruitment of Permanent recruitment of medical consultants and specialist nurses, particularly around the key problem specialties (paediatric ENT, orthopaedic etc) and anaesthetists.
- Use of in-sourcing clinicians through Medinet and Synaptik to provide support for Ophthalmology and Paediatric Surgery. A commitment to reduce the number of patients waiting over 12 weeks for religious and cultural paediatric circumcisions to zero by March 2020, with a new sustainable nurse-led model being developed to manage future demand.
- Additional capacity secured through GJNH for cataract surgery on a “treat only” basis.
- Increase throughput at Stobhill Day Surgery Unit from January 2020.
- Weekly performance review meetings with Directors and General Managers continue to take place across all Sector/Directorates, tracking progress against trajectories that have been disaggregated to Sector/Directorate and specialty level.

Better Care – Patient Unavailability

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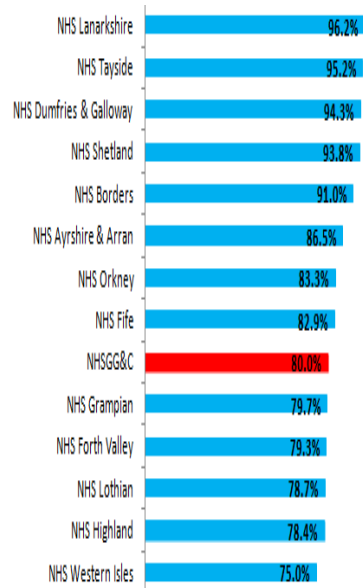
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Better Care – Cancer 62 day target from receipt of an urgent referral with a suspicion of cancer to first cancer treatment

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

July - September 2019:



NHS Scotland: 83.3%

NHSGGC: 80.0%

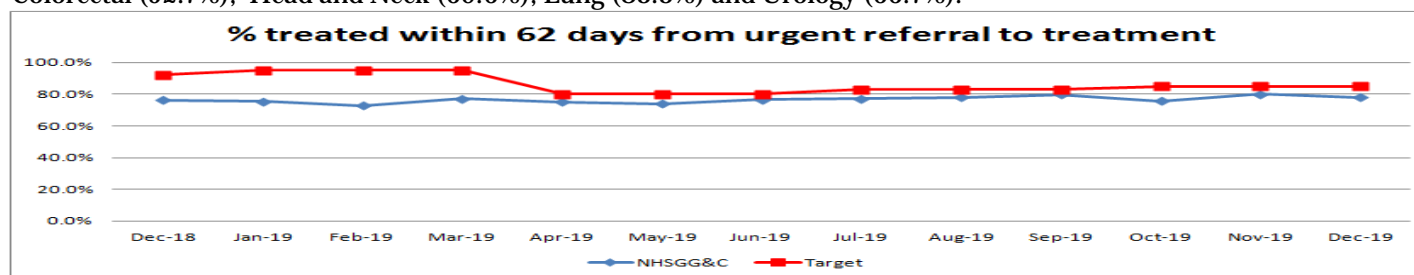
Best Performing: NHS
Lanarkshire 96.2%

Lowest Performing: NHS
Western Isles 75.0%

NHSGGC Ranking: 9th

LDP Standard – Cancer 62 Days Target

As at December 2019, 78.0% 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 six of the 10 cancer types either met or exceeded the 85% trajectory for December 2019. The four cancer types currently below trajectory are Colorectal (52.7%), Head and Neck (69.6%), Lung (83.3%) and Urology (66.7%).



Improvement Action

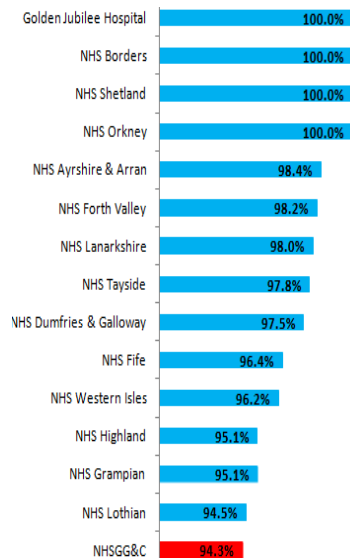
- Breast - First outpatient appointment remains a significant pressure in the South Sector with patients being redirected to North and Clyde each week to help reduce waiting times; a locum Breast Surgeon appointed two days per week; additional capacity has been agreed with NHS Lanarkshire; Magseeds rolled out across NHSGGC and the impact of this can be seen in improved 31 day performance; a breast cancer pathway workshop is planned for February 2020, with data collection underway to support benchmarking and capacity modelling.
- Colorectal - the backlog of patients waiting for colonoscopy following positive bowel screening result now cleared. 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 remain a priority.
- Urology - prostate cancer pathway is a key challenge affecting overall urological cancer performance, following GGC-wide improvement workshop tests of change of shorter diagnostic pathways are underway in Clyde and South Sectors. Bladder and renal cancer performance is significantly affected by Consultant vacancies across all Sectors.
- Upper GI - detailed breach analysis undertaken with key bottlenecks in pathways and actions to compress diagnostic pathway identified. Discussion with clinical team to agree pathway redesign scheduled for early February 2020.
- Lung - a pan GGC meeting is scheduled for 7 February 2020 to discuss and agree actions to improve pathway.
- Downgrading - an NHSGGC standard operating procedure now developed in line with nationally agreed principles. Trakcare development undertaken. Following further engagement with Primary Care SOP updated to allow for implementation mid-February 2020.

Better Care – Cancer 31 Day target from diagnosis with

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

Cancer 31 Days: Latest Published Position

July – September 2019:



NHS Scotland: 95.8%

NHSGGC: 94.3%

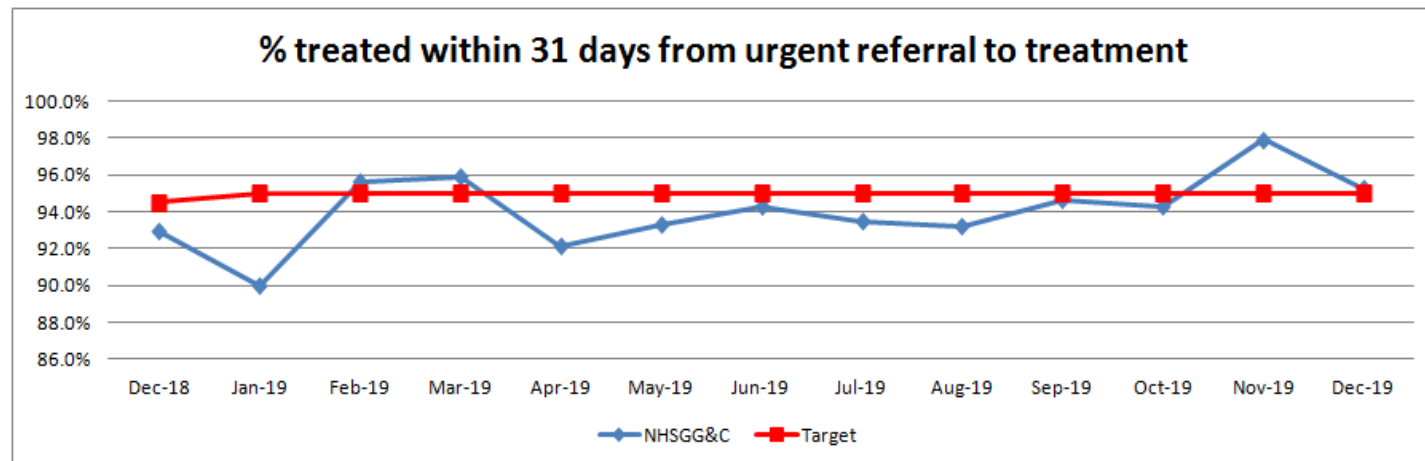
Best Performing: NHS Borders, NHS Islands & GJNH 100%

Lowest Performing: NHSGGC 94.3%

NHSGGC Ranking: 15th

LDP Standard - Cancer 31 Days Target

As at December 2019, 95.3% of all cancer patients diagnosed with cancer were treated within 31 days from decision to treat to first treatment, exceeding the 95.0% trajectory for quarter ending December 2019. Improved levels of compliance with target continue to be sustained.



Cancer 31 Days Commentary

See cancer 62 days, slide 21.

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 September 2019, a total of 93 *Healthcare Associated* and 17 *Community Associated* SABs cases were reported resulting in a *Healthcare Associated* rate of 22.3 per 100,000 bed days, above the national position of 17.5 and a *Community Associated* rate of 5.7 per 100,000 population, below the national position of 7.4.

During the same period, a total of 59 *Healthcare Associated* and 18 *Community Associated* CDI cases were reported resulting in a *Healthcare Associated* rate of 14.2 cases per 100,000 bed days, above the national position of 13.5 and a *Community Associated* rate of 6.1 per 100,000 population, above the national rate of 5.5.

Validated Health Protection Scotland (HPS) data : Quarter 3 (July-September 2019)

		Healthcare Associated Rate per 100 000 bed days		Community Associated Rate per 100 000 population	
		GGC	National	GGC	National
S. aureus bacteraemia	110 cases	22.3	17.5	5.7	7.4
C. difficile in age 15+	77 cases	14.2	13.5	6.1	5.5
E.coli bacteraemia	304 cases	41.3	40.3	44.6	44.2

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SABs and CDIs Commentary

See HAIRT report for the detailed actions underway in relation to each of the above – **Paper 20/10.**

Better Care – GP Out Of Hours (OOH) Service Closures

LKPI– GP OOH Service Closures

During December 2019, a total of 157 closures were reported across the GP OOH Service, a significant increase on the same month the previous year. All closures reported across NHSGGC 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
September	7	19	67
October	7	19	70
November	3	9	94
December	5	21	157
Grand Total	54	258	816

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Improvement Actions

A Chief Officer has been seconded for six months to provide senior leadership capacity to the GP OOH Service. The Chief Officer will work with the Chief Executive, the Acute Team and GP representatives to help deliver a more sustainable GP OOH Service, based on the recommendations from the Sir Lewis Ritchie review.

Work to improve the resilience of the GP OOH Service is included within the scope of the local review that is currently underway across the six HSCPs commissioned by Glasgow City HSCP. Phase 2 of the review programme is currently being implemented and plans for the next stage of implementation (Phase 3) have 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. **More detail on GP OOH Services can be seen in paper no 20/11**

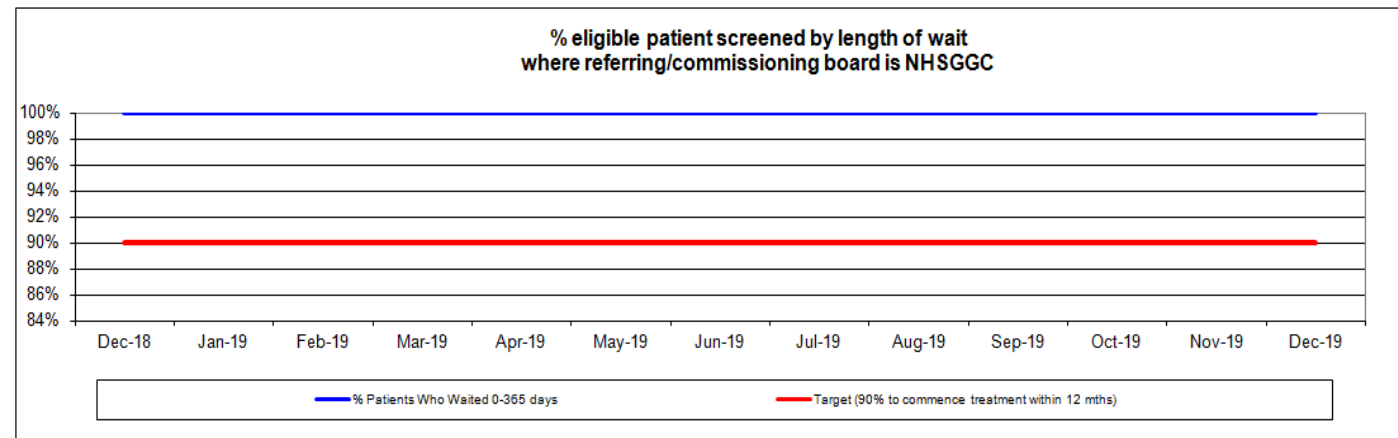
Better Care – % of eligible patients screened for IVF Treatment within 12 months receipt of referral

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



LDP Standard – IVF

As at December 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, NHSGGC 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. It should be noted that Glasgow Royal Infirmary now has the highest success rate in Scotland and second highest in the UK. The most recent figures available from HFEA for 2017 show the Assisted Conception Unit has a 43% success rate. The unit provides over 900 treatment cycles per year. The data is two years behind as that is the timeframe for publication of the HFEA reports.

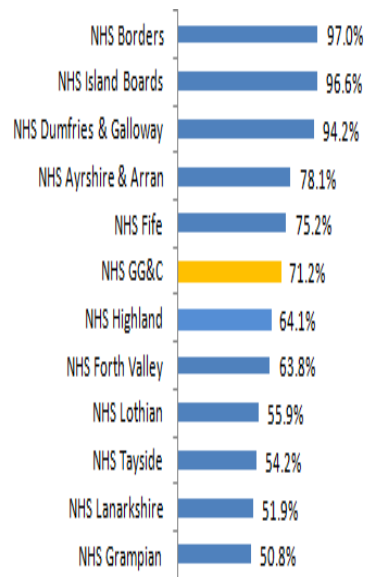
Better Care – Child and Adolescent Mental Health Services (CAMHS)



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%

NHS GG&C: 71.2%

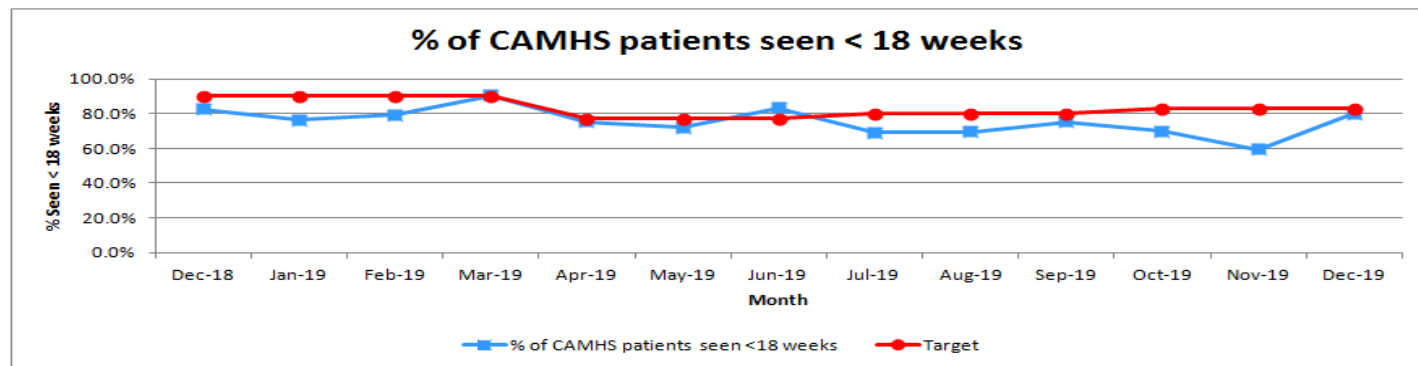
Best Performing: NHS Borders 97.0%

Lowest Performing: NHS Grampian 50.8%

NHS GG&C Ranking: 6th

LDP Standard – CAMHS

As at December 2019, 79.9% of eligible CAMHS patients who started treatment in CAMHS had started <18 weeks after referral. Whilst current performance is below the 83% trajectory to be achieved by December 2019, it represents a significant improvement on the previous months performance (59.4%).



Improvement Action

- Development work with teams is ongoing to increase clinical capacity based on lean methodology and improved application of the Choice and Partnership Approach.
- Ongoing recruitment of additional clinical staff within Tier 3 from CYPMH Taskforce funding. Most of the 12 posts have been recruited however, high turnover has caused further issues with the full recruitment of these posts. Of the 12, two were assigned to the Central Choice Team (to increase the number of children being seen).
- Work is underway to improve the understanding of the demand and capacity required to convert referrals to treatment in Tier 3 CAMHS, or to redirect to more appropriate Tier 2 services.
- Developing a Tier 2 information resource to assist clinicians in identifying and sign posting patients to suitable support.
- Group Therapies, Disorder Specific Care Bundles and Decider Skills workshops for children, young people and parents/carers have been launched to support an increase in those starting treatment and gaining access to Psychological Therapies.
- A review of the management of unscheduled care is underway to simplify and improve efficient and effective care delivery.

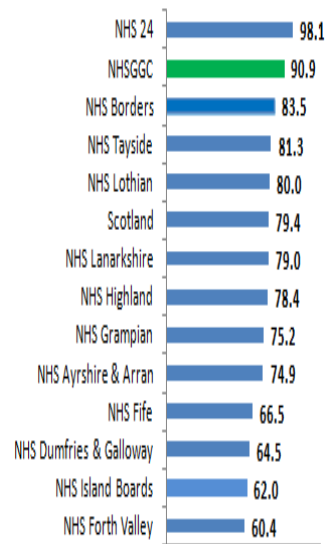
Better Care – % of patients who started their treatment <18 weeks of referral for Psychological Therapy



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 Published Position

July- September 2019:



NHS Scotland: 79.4%

NHSGGC: 90.9%

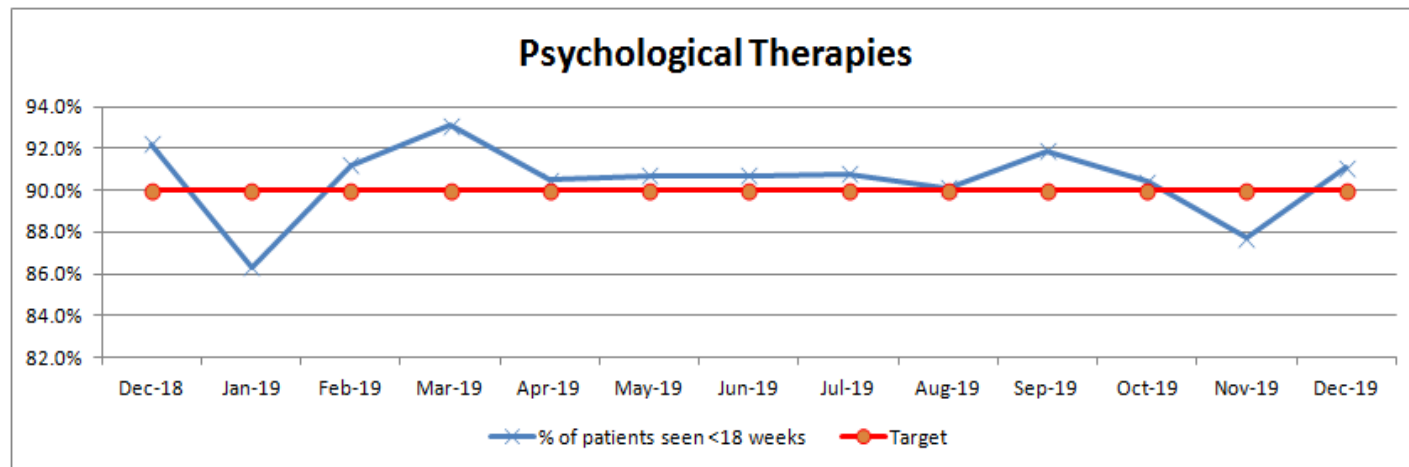
Best Performing Territorial Board: NHSGGC 90.9%

Lowest Performing: NHS Forth Valley 60.4%

NHSGGC Ranking: 2nd

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

As at December 2019, 91.1% of eligible patients referred for a Psychological Therapy were seen <18 weeks. Current performance is now back on track when compared to the previous month and exceeding the 90% standard.



Psychological Therapy Commentary

As seen from the latest nationally published data, NHSGGC remains the best performing territorial Health Board across NHS Scotland in terms of the % of patients seen <18 weeks. NHS 24 are 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 NHSGGC 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 December 2019, the financial overspend across NHSGGC was £25.3m. Current performance is within the projected overspend of £30.6m for December 2019. The current position represents an increase on the £19.3m overspend reported during the same period the previous year.



Measure	Apr - Dec 2018 Actual	Apr - Dec 2019 Actual	Apr - Dec 2019 Target
Financial Performance	(19.3m)	(25.3m)	(30.6m)

Improvement Action

For more detail, see the Revenue and Capital Report – Paper **20/18**.

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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

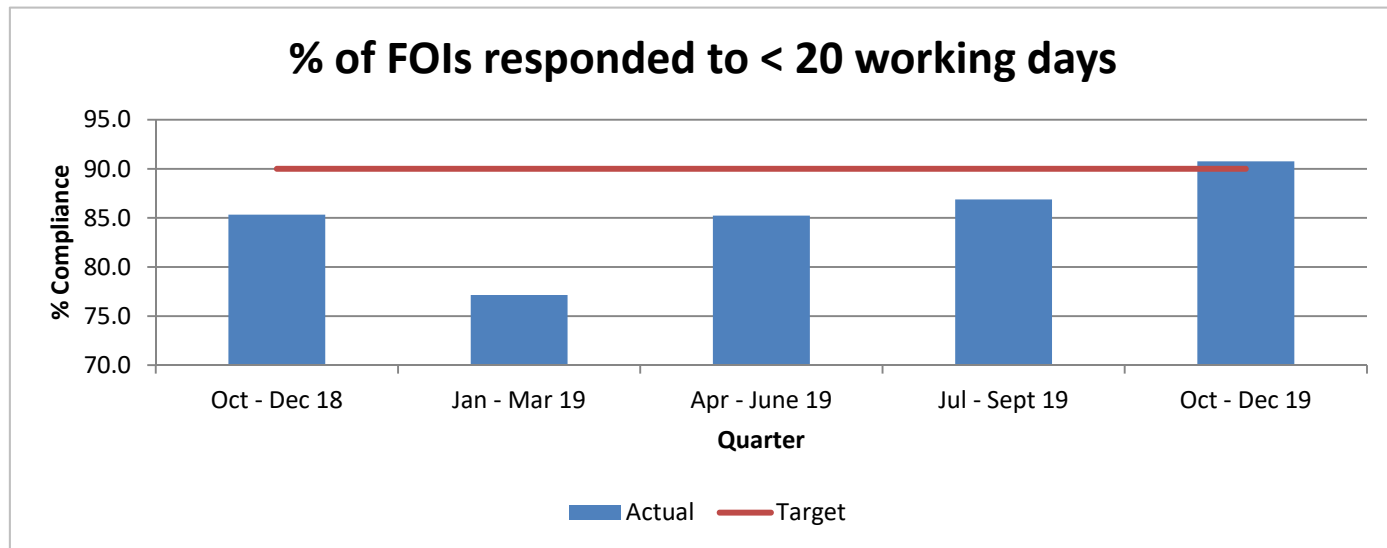
LKPI – FOIs

During the quarter October - December 2019, 90.8% of FOIs were responded to within 20 working days. Performance is currently exceeding the 90% target, it represents a further improvement on the 86.9% reported for the previous quarter.



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FOI Commentary

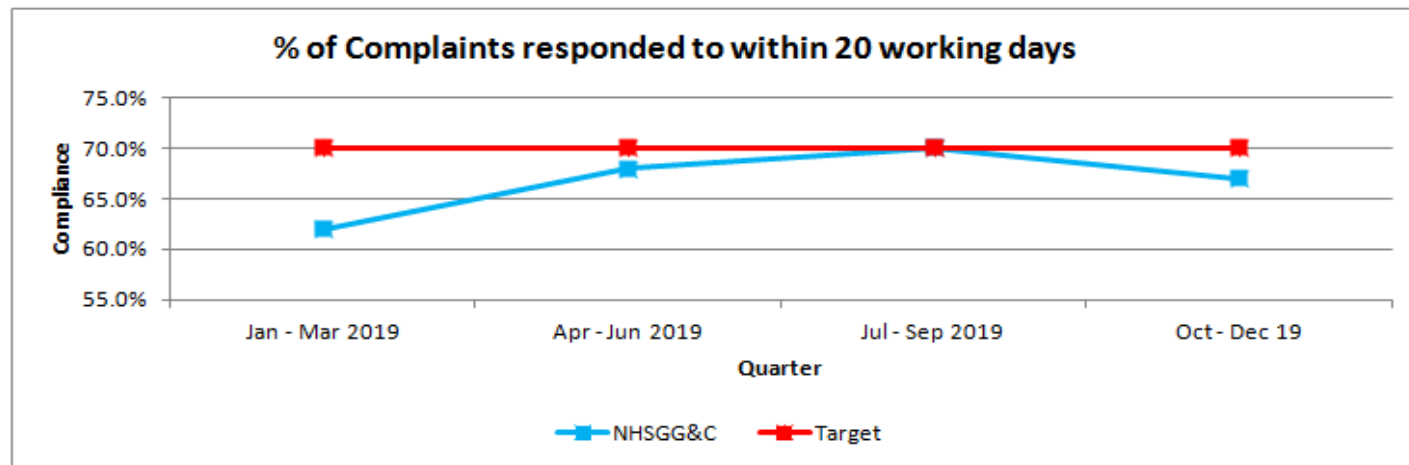
As seen from the chart above, the number of FOIs responded to within the 20 day standard has shown an improvement each quarter since March 2019. This achievement is set within the context of a number of complex requests for information and the number of complex reviews underway.

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 quarter October - December 2019, 67% of Stage 2 complaints were responded to within 20 working days, slightly below the 70% target. In addition, 86% of Stage 1 complaints were responded to within five working days and 11% were responded to within the recognised extension of six to 10 days.



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Complaints Commentary

As seen from the chart above, there have been ongoing improvements in performance since the quarter ending March 2019. There has been a slight reduction in the most recent quarter's performance. This was discussed in detail at the most recent Complaints Department Team Meeting, and a number of actions have been put in place to address this, including re-launching key reports, re-aligning capacity and demand, and securing additional support for the department.

Better Workplace – Sickness Absence

Target: Sickness absence to be no more than 4%

LDP Standard – Sickness Absence

As at December 2019, overall sickness absence across NHSGGC was 6.88%. As seen from the table below, current performance remains a challenge against target. Overall sickness absence comprises 2.79% short term and 4.08% long term. Current performance ranged from a high of 10.7% across Estates and Facilities to a low of 3.0% and 3.6% across Human Resources and Organisational Development and Finance respectively.

NHSGGC Board Area	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
NHSGGC	6.46%	7.02%	6.51%	5.89%	5.96%	6.00%	5.93%	6.04%	6.00%	6.16%	6.47%	6.78%	6.88%
Short Term	2.54%	2.90%	2.80%	2.43%	2.34%	2.40%	2.44%	2.14%	2.20%	2.37%	2.63%	3.16%	2.79%
Long Term	3.92%	4.12%	3.71%	3.46%	3.62%	3.60%	3.48%	3.90%	3.80%	3.79%	3.84%	3.62%	4.08%
Target	4.0%	4.0%	4.0%	4.0%	4.0%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%

Improvement Actions

The next key piece of work for NHSGGC is the rollout of the new Once for Scotland Policies which includes Attendance Management.

An NHSGGC Working Group has been established with Staff Side, Service and Human Resources representatives to implement the rollout programme for this, leading up to Go Live on 1 March 2020.

The redesign and focus on *supporting attendance* provides an opportune and timely chance to focus and refresh the Board's culture and approach to Attendance Management. In order to ensure a sustainable improvement for NHSGGC what has come out of all activity and discussions is that by building an engaging and supportive process, both managers and staff would build trust and confidence in the process and ultimately see better outcomes in overall performance.

Consolidated absence meetings and targeted interventions will continue alongside the new Policy implementation, widening focus to other areas requiring more focused activity.



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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



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

As at December 2019, 52.5% of staff across NHSGGC had a KSF/PDP&R recorded on Turas Appraisal. Performance has remained fairly static on the 52.6% reported the previous month. Overall compliance ranges from a low of 30.9% in the South Sector, Acute to a high of 75.5% in eHealth.

% of KSF/PDP reviews recorded on Turas													
NHSGGC Board Area	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
NHSGGC Total	19.9%	24.3%	29.5%	39.2%	44.4%	47.3%	49.1%	51.1%	54.7%	53.6%	53.5%	52.6%	52.5%
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

- The Turas Appraisal Team Progress Dashboard for both managers and reviewers is now live and can be accessed by all who have either manager or reviewer access to Turas Appraisal, the dashboards have been automatically added to their accounts. The dashboards will provide “real time” information on reviews signed off in the last 12 months along with the date, reviews older than 12 months so that arrangements can be made to update these and reviews partially signed off. Dashboard information can be downloaded to PDF and Excel. There is also a to do list of any known outstanding actions. This will help managers and reviewers keep up to date with team progress and anything outstanding. A Core Brief has been published with this information with a link to the user guides.
- The next planned development on Turas Appraisal is the email alerts and notifications when information has been added and requires an action. Until this is available the Learning and e-Support Manager continues to send emails to those with email addresses in the system and with out-of-date reviews and reviews due in the next two months to help keep them up to date and to provide useful resources.

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 NHSGGC 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	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 NHSGGC, 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

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.

With the exception of Alcohol Brief Interventions, NHSGGC remain on track to deliver the Health Improvement year end targets with current performance by far exceeding trajectories. There have also been performance improvements in relation to the number of FOIs responded to within 20 working days which for the third consecutive quarter is showing improvement and currently exceeding target. NHSGGC continues to exceed target in relation to 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 623 in December 2019 marginally above the December 2019 month end trajectory of 600; the number of new outpatients waiting >12 weeks for a new outpatient appointment is within trajectory and current performance represents a 19% reduction on the number of available new outpatients waiting >12 weeks during the same month the previous year reducing from 27,139 in December 2018 to 21,930 in December 2019.

Similarly, performance in relation to Cancer Waiting Times is showing some positive improvements. Performance in relation to the 31 day waiting time standard exceeded the 95% target reporting 95.3% in December 2019 and performance against the 62 waiting times standard was 78.0% an improvement on the position reported during the same month the previous year (76.2%).

However, despite these improvements, there are some areas that remain a challenge. For example, compliance with the A&E four hour wait target whilst it is currently showing an improved position remains challenging. The reasons for this are not only due to the almost 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. Emergency admissions via EDs has increased by 8% 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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