NHS Greater Glasgow & Clyde

NHS BOARD MEETING

Head of Performance **21 February 2017** **Paper No: 17/05**

NHS GREATER GLASGOW AND CLYDE'S INTEGRATED PERFORMANCE REPORT

Recommendation

Board members are asked to:

Note and discuss the content of NHS Greater Glasgow and Clyde's (NHSGG&Cs) Integrated Performance Report.

Purpose of Paper

To bring together high level information from separate reporting strands, to provide an integrated overview of NHSGG&C's performance in the context of the 2016-17 Strategic Direction/Local Delivery Plan.

Key Issues to be Considered

Key performance status changes since last reported to the Board meeting include:

Performance Improvements:

- Performance in relation to Freedom of Information requests is now back on track and currently exceeding target.
- Access to drug and alcohol treatment, psychological therapies and IVF treatment continues to exceed target.
- Performance in relation to the 18 week RTT continues to meet target.

Performance Deterioration:

- The number of patients waiting longer than the national waiting times standards for a number of key Local Delivery Plan targets continues to show a month on month deterioration, namely:
  - 12 week Treatment Time Guarantee (TTG)
  - New outpatient waiting >12 weeks for a new outpatient appointment
  - Number of patients waiting >6 weeks for a key diagnostic test.

- The number of patients waiting <4 hours at A&E deteriorated in December 2016.
- The number of complaints responded to within 20 working days deteriorated for the quarter October - December 2016.

Measures Rated As Red:

- Detect Cancer Early
- Suspicion of Cancer Referrals (62 days)
- Delayed Discharges and Bed Days occupied by delayed discharge patients
- 12 week TTG
- % of New Outpatient waiting <12 weeks for an appointment
- Stroke Care Bundle

- A&E 4 Hour Waits (***new***)
- % of patients waiting <6 weeks for a Key Diagnostic test
- SAB infection rate (cases per 1,000 population)
- Smoking Cessation 3 months post quit
- Complaints (***new***)
- Sickness Absence

Each of the measures listed above have an accompanying exceptions report outlining actions in place to address performance.

Any Patient Safety/Patient Experience Issues

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

Any Financial Implications from this Paper

The financial challenges are detailed in the Financial Monitoring Report - agenda item 13.

Any Staffing Implications from this Paper

None identified.

Any Equality Implications from this Paper

Identified under Strategic Priority 5 - Tackling Inequalities.

Any Health Inequalities Implications from this Paper

Identified under Strategic Priority 5 - Tackling Inequalities.

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

No risk assessment has been carried out.

Highlight the Corporate Plan priorities to which your paper relates

The report is structured around each of the five strategic priorities outlined in the 2016-17 Strategic Direction/Local Delivery Plan.

Tricia Mullen, Head of Performance
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21 February 2017

NHS GREATER GLASGOW AND CLYDE

Board Meeting
21 February 2017 **Paper No: 17/05**

Head of Performance

NHS GREATER GLASGOW AND CLYDE'S INTEGRATED PERFORMANCE REPORT (INCLUDES WAITING TIMES AND ACCESS TARGETS)

RECOMMENDATION

Board members are asked to note and discuss the content of the Board's Integrated Performance Report.

1. INTRODUCTION

The report brings together high level system wide performance information with the aim of providing members with a clear overview of the organisation's performance in the context of the 2016-17 Local Delivery Plan. An exceptions report accompanies all indicators with an adverse variance of more than 5%, detailing the actions in place to address performance and a timeline for when to expect improvement.

2. FORMAT AND STRUCTURE OF THE REPORT

The indicators highlighted in *italics* are those indicators that each of the Health and Social Care Partnerships (HSCPs) have a direct influence in delivering. Each of these indicators can be disaggregated by each of the HSCP areas. For those indicators that can be disaggregated, the Chief Officer of Partnerships experiencing a persistent adverse variance of 5% or more will report direct to the Board. This reflects the fact that the first line of scrutiny and oversight of performance improvement will be undertaken by each of the Integrated Joint Boards.

The report draws on a basic balanced scorecard approach and uses the five strategic priorities as outlined in the 2015-16 Strategic Direction. Some indicators could fit under more than one strategic priority, but are placed in the priority considered the best fit.

The indicators are made up of:

- Local Delivery Plan Standards (LDPS)
- Service Delivery Framework (SDF) indicators
- Health and Social Care Indicators (HSCI)
- Local Key Performance Indicators (LKPI) of high profile.

The report comprises:

- A summary providing a performance overview of current position.
- A single scorecard page, containing actual performance against target for all indicators. These have been grouped under the five Strategic Priorities identified in the 2015-16 Strategic Direction.
- An exceptions report for each measure where performance has an adverse variance of more than 5%.

The most up to date data available has been used which means that it is not the same for each indicator. The time period of the data is provided and performance is compared against the same time period in the previous year. From this, a direction of travel is calculated.

3. SUMMARY OF PERFORMANCE

Key performance status changes since last reported to the Board meeting include:

Performance Improvements

- Performance in relation to Freedom of Information requests is back on track and currently exceeding target.
- Access to drug and alcohol treatment, psychological therapies and IVF treatment continues to exceed target.
- Performance in relation to the 18 week RTT also continues to meet target.

Performance Deterioration

- The number of patients waiting longer than the national waiting times standards for a number of key Local Delivery Plan targets continues to show a month on month deterioration, namely:
  - 12 week Treatment Time Guarantee (TTG)
  - New outpatient waiting >12 weeks for a new outpatient appointment
  - Number of patients waiting >6 weeks for a key diagnostic test.
- The number of patients waiting <4 hours at A&E deteriorated in December 2016.
- The number of complaints responded to within 20 working days deteriorated for the quarter October - December 2016.

Measures Rated As Red

- Detect Cancer Early (*no update from previous meeting*)
- Suspicion of Cancer Referrals (62 days)
- Delayed Discharges and Bed Days occupied by delayed discharge patients
- 12 week TTG
- % of New Outpatient waiting <12 weeks for an appointment
- Stroke Care Bundle
- A&E 4 Hour Waits (***new***)
- % of patients waiting <6 weeks for a Key Diagnostic test
- SAB infection rate (cases per 1,000 population)
- Smoking Cessation 3 months post quit
- Complaints (***new***)
- Sickness Absence

Each of the measures listed above have an accompanying exceptions report outlining actions in place to address performance.

INTEGRATED PERFORMANCE REPORT
(INCLUDES WAITING TIMES AND ACCESS TARGETS)

21 FEBRUARY 2016

PERFORMANCE SUMMARY

Outlined below is the key to the scorecard used on page 5 alongside a summary of overall performance against the five strategic priorities outlined in the 2016-17 Local Delivery Plan. For each of the indicators with an adverse variance of >5% there is an accompanying exceptions report identifying the actions to address performance.

Key to the Report

Key to Abbreviations		**Key to Performance Status**		**Direction of Travel Relates to Same Period Previous Year**	
LDPS	Local Delivery Plan Standard	**RED**	Out with 5% of meeting trajectory	▲	Improving
LDF	Local Delivery Framework	**AMBER**	Within 5% of meeting trajectory	▶	Maintaining
HSCI	Health & Social Care Indicator	**GREEN**	Meeting or exceeding trajectory	▼	Worsening
LKPI	Local Key Performance Indicator	**GREY**	No trajectory to measure performance against.	—	In some cases, this is the first time data has been reported and no trend data is available. This will be built up over time.
		TBC	Target to be confirmed.		

** It should be noted that the data contained within the report is for management information.*

Performance Summary at a Glance

The table below summarises overall performance in relation to those measures contained within the Integrated Performance Report. Of the 24 indicators that have been assigned a performance status based on their variance from targets/trajectories overall performance is as follows:

STRATEGIC PRIORITIES	RED	AMBER	GREEN	GREY	TOTAL
Preventing Ill Health and Early Intervention	2	1	1	0	**4**
Shifting The Balance of Care and Reshaping Care for Older People	2	0	0	4	**6**
Improving Quality and Effectiveness	8	1	7	2	**18**
Tackling Inequalities	1	1	0	0	**2**
TOTAL	**13**	**3**	**8**	**6**	**30**

PERFORMANCE AT A GLANCE - FEBRUARY 2016									
PREVENTING ILL HEALTH AND EARLY INTERVENTION									
Ref	**Type**	**Local Delivery Plan Standard**	**As At**	**2015-16 Actual**	**2016-17 Actual**	**2016-17 Target**	**Perform Status**	**Dir of Travel**	**Exceptions Report**
1	LDPS	Early diagnosis and treated in first stage cancer	Apr - June 16	24.2%	25.2%	**28.5%**	**RED**	↑	Page 9
2	LDPS	Suspicion of Cancer Referrals (62 days)*	Dec-16	85.0%	84.8%	**95%**	**RED**	↓	Page 11
3	LDPS	All Cancer Treatments (31 days)*	Dec-16	92.6%	92.8%	**95%**	**AMBER**	↑	
4	LDPS	*Alcohol Brief Interventions**	Apr - Dec 16	11,430	10,150	**9,816**	**GREEN**	↓	
SHIFTING THE BALANCE OF CARE AND RESHAPING CARE FOR OLDER PEOPLE									
Ref	**Type**	**Local Delivery Plan Standard**	**As At**	**2015-16 Actual**	**2016-17 Actual**	**2016-17 Target**	**Perform Status**	**Dir of Travel**	**Exceptions Report**
5	LDPS	% of patients waiting <4 hours at A&E	Dec-16	94.0%	88.3%	**95%**	**RED**	↓	
6	LKPI	Number of A&E presentations	Dec-16	32,432	33,598	**No Target**	**GREY**	↓	Page 14
7	HSCI	*Total number of Delayed Discharge episodes**	Dec-16	–	413	**TBC**	**RED**	–	Page 16
		Acute Episodes	Dec-16	–	337			–	
		Adult Mental Health Episodes	Dec-16	–	76			–	
8	HSCI	*Number of patients delayed (taken at Census point)*	Dec-16	–	146			–	
9	HSCI	*Total number of Bed Days lost to Delayed Discharge**	Dec-16	–	5,138			–	
		Acute Bed Days	Dec-16	–	3,404			–	
		Mental Health Bed Days	Dec-16	–	1,734			–	
10	LDPS	*GP Access*	N/A	N/A	N/A	**90%**	**GREY**	–	
11	LDPS	*GP Advance Booking*	N/A	N/A	N/A	**90%**	**GREY**	–	
12	LDPS	*Number of people newly diagnosed with dementia in receipt of 1 years post diagnostic support*	N/A	N/A	N/A	**TBC**	**GREY**	–	
IMPROVING QUALITY, EFFICIENCY AND EFFECTIVENESS									
Ref	**Type**	**Local Delivery Plan Standard**	**As At**	**2015-16 Actual**	**2016-17 Actual**	**2016-17 Target**	**Perform Status**	**Dir of Travel**	**Exceptions Report**
13	LDPS	18 Week Referral To Treatment (RTT)							
		Combined Admitted/Non Admitted	Dec-16	92.2%	90.0%	**90%**	**GREEN**	↓	
		Combined Linked Pathway	Dec-16	88.0%	87.7%	**80%**	**GREEN**	↑	
14	LDPS	12 week Treatment Time Guarantee (TTG)							
		Number of inpatients waiting > 12 weeks	Dec-16	4	2,174	**0**	**RED**	↓	Page 19
15	LKPI	Patient unavailability (Adults)							
		Inpatient/Day Case (inc Endoscopy)	Dec-16	6,656	1,570	**N/A**	**GREY**	↑	
		Outpatient	Dec-16	3,791	1,502	**N/A**	**GREY**	↑	
16	LKPI	% of patients waiting < 6 weeks for a key diagnostic test	Dec-16	0%	92.6%	**100%**	**RED**	↓	Page 22
17	LDPS	% of new outpatient waiting < 12 weeks for an appointment	Dec-16	97.1%	84.9%	**99.9%**	**RED**	↓	Page 24
18	LDPS	% of eligible patients commencing IVF treatment within 12 months	Dec-16	100%	100%	**90%**	**GREEN**	↔	
19	LKPI	Stroke Care Bundle	Dec-16	78%	61%	**80%**	**RED**	↓	Page 27
		% of patients admitted to stroke unit	Dec-16	96%	90%	**90%**	**GREEN**	↓	
		% of patients CT/MRI scanned within 24hrs of admission	Dec-16	98%	96%	**95%**	**GREEN**	↓	
		% of patients with swallow screen carried out on within 4 hours of admission	Dec-16	83%	66%	**100%**	**RED**	↓	
		% of Patients prescribed aspirin on Day of Admission, or Day following	Dec-16	97%	93%	**95%**	**AMBER**	↓	
20	LDPS	*% patient waiting < 18 weeks for RTT to Specialist Child and Adolescent Mental Health Services*	Dec-16	99.9%	99.5%	**100%**	**AMBER**	↓	
21	LDPS	*% patients who started treatment <18 weeks of referral for psychological therapies*	Jul - Sept 16	94.1%	94.6%	**90%**	**GREEN**	↑	
22	LDPS	*Drug and Alcohol: % of patients waiting < 3 weeks from referral to appropriate treatment*	Jul - Sept 16	96.7%	96.3%	**91.5%**	**GREEN**	↓	
23	LDPS	SAB Infection rate (cases per 1,000 OBD rolling year)	Oct - Sept 16	0.30	0.33	**0.24**	**RED**	↓	Page 29
24	LDPS	C.Diff Infections (cases per 1,000 OBD rolling year)	Oct - Sept 16	0.29	0.31	**0.32**	**GREEN**	↓	
25	LDF	% of complaints responded to within 20 working days	Oct - Dec 16	80%	57%	**70%**	**RED**	↓	Page 31
26	LDPS/LDF	Financial Performance	Dec-16	(£7.5m)	(£15.9m)	(£9.0m)	**RED**	↓	Agenda Item 13
27	LKPI	Freedom of Information Requests	Oct - Dec 16	89.8%	91.3%	90.0%	**GREEN**	↑	
28	LDPS/LDF	Sickness Absence (rolling year)	Nov-16	5.39%	5.88%	**4.0%**	**RED**	↓	Page 32
		Long Term	Nov-16	3.59%	3.11%	**N/A**	**GREY**	↑	
		Short Term	Nov-16	1.80%	2.77%	**N/A**	**GREY**	↓	
TACKLING INEQUALITIES									
Ref	**Type**	**Local Delivery Plan Standard**	**As At**	**2015-16 Actual**	**2016-17 Actual**	**2016-17 Target**	**Perform Status**	**Dir of Travel**	**Exceptions Report**
29	LDPS	*80% of pregnant women in each SIMD quintile have access to Antenatal Care at 12 week gestation*	July - Sept 16	83.8%	77.7%	**80%**	**AMBER**	↓	
30	LDPS	*Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas*	Apr - Sept 16	828	824	**1,002**	**RED**	↓	Page 35

* Data has still to be validated

Key		**Performance Status**		**Direction of Travel**	
LDPS	Local Delivery Plan Standard	**RED**	Adverse variance of more than 5%	Improving	↑
HSCI	Health and Social Care Indicator	**AMBER**	Adverse variance of up to 5%	Deteriorating	↓
LDF	Local Delivery Framework	**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.

AMBER COMMENTARY

(For those measures rated as Amber that show a downward trend when compared with the same period the previous year)

MEASURES SHOWING A DOWNWARD TREND WHEN COMPARED WITH THE SAME PERIOD THE PREVIOUS YEAR

Ref	Measure	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel
20	% of patients waiting <18 Weeks for RTT to Specialist Children and Adolescent Mental Health Services	Dec 2016	99.9%	99.5%	100%	**AMBER**	↓

Commentary

As at December 2016, 99.5% of all Child and Adolescent Mental Health (CAMHS) patients waited less than 18 weeks from referral to start of treatment. A total of 10 patients waited >18 weeks for an appointment in East Renfrewshire HSCP. For those patients waiting >18 weeks in December 2016, three patients have since been seen for treatment in January 2017; five patients have an appointment for February 2017; one patient is being seen by another CAMHS service and one patient has an appointment for March 2017 although the team have been informed that this appointment should be brought forward.

Ref	Measure	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel
25	80% of pregnant women in each SIMD quintile have access to Antenatal Care at 12 week gestation	Jul – Sep 2016	83.8%	77.7%	80%	**AMBER**	↓

Commentary

The recent decline in performance is due to the following:

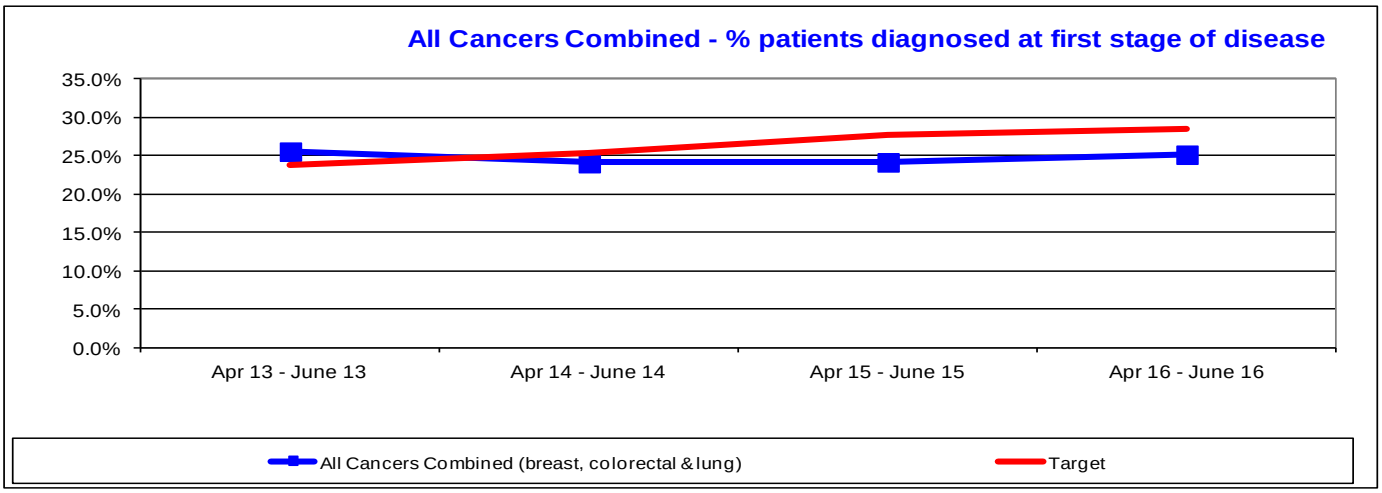
The data used for reporting antenatal care has undergone a data quality check which has flagged up a number of issues that have had an impact on performance. Action is in place to address the issues as outlined below:

- The Service has experienced particular challenges with timely booking in relation to ethnic minority women and young women aged 16 - 24 years. The extent of these challenges has become more apparent due to the recent data quality check. The Service is working closely with the Health Improvement Team in local geographical areas to encourage early booking with all clients and the teenage pregnancy midwives and others are carrying out targeted work.
- Women who book in Lanarkshire and come to NHSGG&C for a follow-up appointment are recorded as a first booking within NHSGG&C. This then looks as if they have booked late. This issue has been addressed and will be reflected in reporting from here on in.
- For those women that deliver before 40 weeks (anything between 38 - 42 weeks is considered term however, if a woman books at 12 weeks + 6 days and delivers at 38 weeks then it looks as if they have booked at 14 weeks+ 6 days) and therefore looks like they are late bookers as the time from booking appointment to delivery is how this indicator is measured. Amendments to the reporting are being made and will be reflected in subsequent reporting.

PERFORMANCE EXCEPTIONS REPORTS

Exceptions Report: Detect Cancer Early

Measure	Detect Cancer Early (DCE)
Current Performance	Overall, for the period April - June 2016 the percentage of patients diagnosed with Stage 1 cancer was 25.2%. Current performance is lower than the previously reported January - March 2016 performance (26.6%) and also lower than the end point target of 28.5% for December 2015. *Please Note: The DCE data is reported four months after the end of the reported quarter. This timeline had been agreed by Health Boards and ISD as the earliest timeframe in which complete data would be available.*
NHS Scotland *(Latest published data available)*	The 2014/2015 combined data for NHS Scotland demonstrate that 25.1% of people were diagnosed with breast, colorectal and lung cancer at the earliest stage (Stage 1), an 8.0% increase from the baseline 2010/2011 combined.
Lead Director	Gary Jenkins, Director of Regional Services



Q2 (April - June) 2016

	Stage 1		Stage 2		Stage 3		Stage 4		Not Known		Total	
Cancer Type	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Breast	94	46.1%	80	39.2%	13	6.4%	14	6.9%	3	1.5%	204	100.0%
Colorectal	20	11.8%	38	22.5%	48	28.4%	48	28.4%	15	8.9%	169	100.0%
Lung	50	17.9%	34	12.2%	62	22.2%	118	42.3%	15	5.4%	279	100.0%
All (Breast/Colorectal/Lung) Combined	164	25.2%	152	23.3%	123	18.9%	180	27.6%	33	5.1%	652	100.0%

Commentary

The delivery date for the Detect Cancer Early (DCE) target (25% increase in Stage 1 diagnoses) ended in December 2015. The 2014/2015 combined data for NHS Scotland demonstrate that 25.1% of people were diagnosed with breast, colorectal and lung cancer at the earliest stage (Stage 1), an 8.0% increase from the baseline 2010/2011 combined. For the same period 25.2% of people were diagnosed with breast, colorectal and lung cancer at the earliest stage (Stage 1) across NHSGG&C, a 12.5% increase from the baseline 2010/2011 combined.

Whilst the agreed target delivery date was December 2015, NHSGG&C will continue to collect and submit data on the three cancer types included within this measure and await confirmation on how the DCE programme will progress e.g. whether new baselines will be set or whether the programme will be fully rolled out to other cancer types.

When the DCE programme board discussed and stratified the options for extending the programme to other tumour types, melanoma scored highest. Three pilot projects for melanoma are currently underway in NHS Tayside, NHS Grampian and NHS Fife. On 30 November 2016 the Scottish Government wrote to all NHS Boards inviting applications for funding of further projects aimed at enhancing current or introducing

novel referral methods which would allow for optimal triage of suspected melanomas and/or raise diagnostic expertise in primary care and the community. Initial expressions of interest are requested by early January 2017 and outline project submissions are to be submitted by 10 February 2017.

The above data relates to the period April - June 2016 and uses the December 2015 target in which to measure performance against. As seen from the data above, 25.2% (164/652) of all cancers combined were detected at Stage 1. Current performance remains below the national delivery target of 28.5% set for December 2015 and also below performance in January - March 2016 (26.6%).

In terms of cancer types performance is as follows:

Breast Cancer
46.1% of patients were diagnosed at Stage 1 for the period April - June 2016 (*94 out of 204 patients*), an improvement on the January - March 2016 position of 40.7% and above the December 2015 target of 42.7%.

Colorectal Cancer
11.3% of patients were diagnosed at Stage 1 for the period April - June 2016 (*20 out of 169 patients*), a reduction on the January - March 2016 position of 19.0% and below the target of 28.5% for December 2015.

Lung Cancer
17.9% of patients were diagnosed at Stage 1 for the period April - June 2016 (*50 out of 279 patients*), a reduction on the January - March 2016 position of 20.2% and below the target of 19.5% for December 2015.

Actions to Address Performance

A national DCE conference was held on 2 September 2016. A number of speakers presented on varying topics. Whilst it was acknowledged that the challenging 25% increase in Stage 1 cancers had not been achieved, it was highlighted that the programme had been successful in achieving an increase in Stage 1 cancer diagnoses overall.

At a national level, work continues to encourage people to participate in screening programmes and to present early to GPs with worrying symptoms. Recent National Bowel Screening and Lung Cancer advertising campaigns have been broadcast on Scottish TV and plans are in place for further campaigns on Breast Cancer.

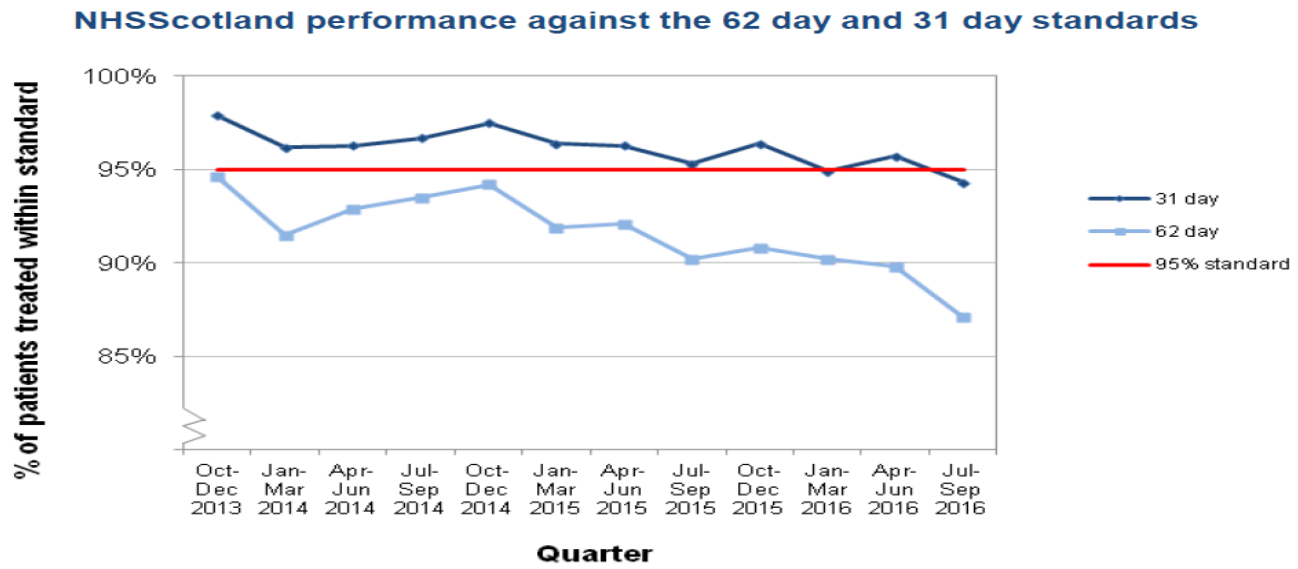
Timeline For Improvement

Ongoing with continual review of performance.

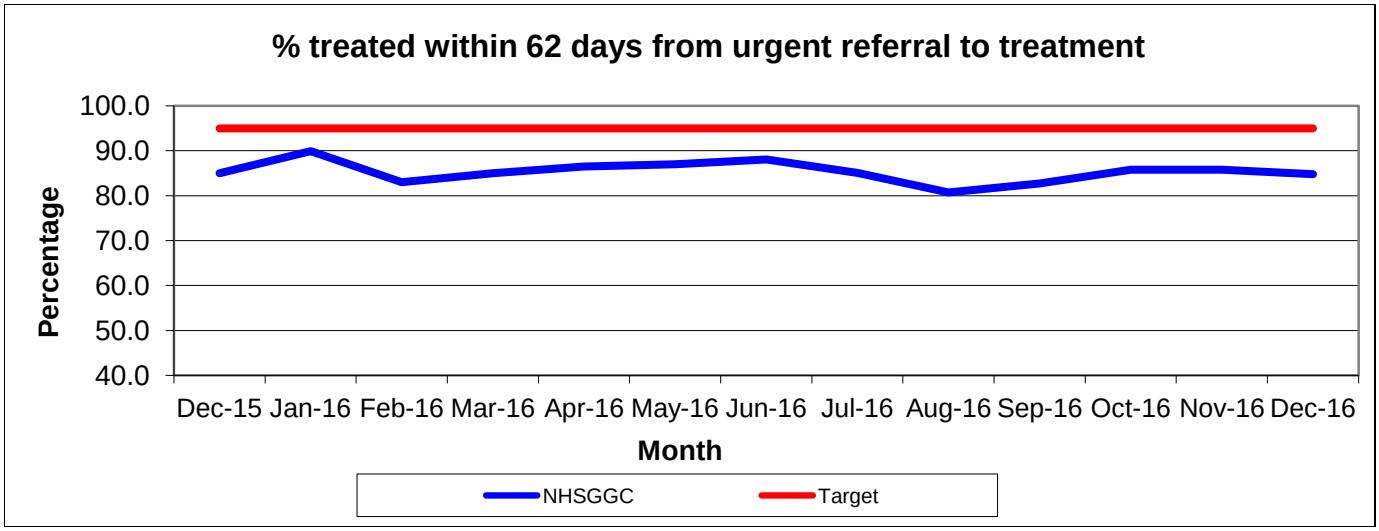
Exceptions Report: Suspicion of Cancer Referrals (62 days)

Measure	Suspicion of Cancer Referrals
Current Performance	As at December 2016, 84.8% of patients with an urgent referral for suspicion of cancer were treated within 62 days of the referral. (*Data provisional*)
NHS Scotland *(Latest published data available)*	For the quarter July - September 2016 87.1% of patients with an urgent referral for suspicion of cancer were treated within 62 days of the referral.
Lead Director	Gary Jenkins, Director of Regional Services

NHSScotland Trend



NHSGG&C Trend



Commentary

As seen from the chart above, there has been a downward trend in NHS Scotland's with overall performance being consistently below the national 62 day standard since December 2013.

62-Day Target

As at December 2016, 84.8% *(228 out of 269)* of eligible referrals with an urgent referral for suspicion of cancer had first treatment within 62 days of referral, below the target of 95%. The cancer types currently

below the 95% target are as follows: Urological 48.7% (*19 out of 39 eligible referrals treated within target*), Lymphoma 83.3% *(5 out of 6 eligible referrals treated within target*), Upper GI 83.8% *(31 out of 37 eligible referrals treated within target*), Head and Neck 85.7% *(6 out of 7 eligible referrals treated within target*), Colorectal 90.0% *(36 out of 40 eligible referrals treated within target*), Lung 91.0% (*51 out of 56 eligible referrals treated within the target*) and Breast 93.6% (*59 out of 63 eligible referrals treated within target*).

Actions to Address Performance

General
Short-term additional activity continues, funded by the non-recurring allocation of £545k from Scottish Government, to support measures to improve cancer waiting times.

Urological Cancer
December 2016 saw a significant drop in 62-day performance compared with November 2016 (63.9% to 48.7%) and a significant drop in 31-day performance (69.9% to 73.7%) It should be noted that performance in Urology for the 62-day and 31-day targets may drop over the next few months as there remains a significant number of patients awaiting treatment. Additional capacity from February 2017 onwards will assist in clearing this backlog, particularly in relation to renal cancer where 2 consultants have now taken up post with sessions dedicated to treatment of renal cancer. However, due to the numbers of cases, it is anticipated that it will be Q2 (April – June) before the backlog is cleared. As cancer waiting times are reported against month of treatment, treatment of these cases may result in a drop in overall performance. A system wide urology event is planned to review all patient pathways and ensure optimum productivity

Breast Cancer
Performance against the 62-day target for breast (screened excluded) for December 2016 – 94.4% (3*4 out of 36 eligible referrals treated within 62 days)* shows a decrease compared to November 2016 – 97.8% *(44 out of 45 eligible referrals treated within 62 days)* but relates to one additional case*.*

Additional clinics have resulted in a reduced wait to first appointment. Non-recurring funding was re-allocated to ensure additional clinics continued through December 2016 with plans to continue this into 2017 being developed.

Performance for breast (screened only) for 62-day and 31-day targets continues to be challenging. Commencing in December 2016, it has been agreed that breast screening patients will be re-directed to NHS Lanarkshire direct from the Breast Screening Unit until March 2017. This should assist in relieving pressure on surgical capacity in NHSGG&C in December 2016 - April 2017. To date, a total of nineteen patients have been re-directed to NHS Lanarkshire.

A redesign of breast services to address variation in patient pathways is currently underway.

Colorectal Cancer
December performance in Colorectal (90.0%) showed an increase compared to November 2016 (81.8%).

Head & Neck Cancer
It is recognised that there is significant pressure on outpatient and diagnostic capacity within Head & Neck services given the volume of referrals compared with the numbers of patients actually diagnosed with cancer. Additional clinics continue to be implemented and non-recurring funding was allocated to continue to run additional clinics during December 2016.

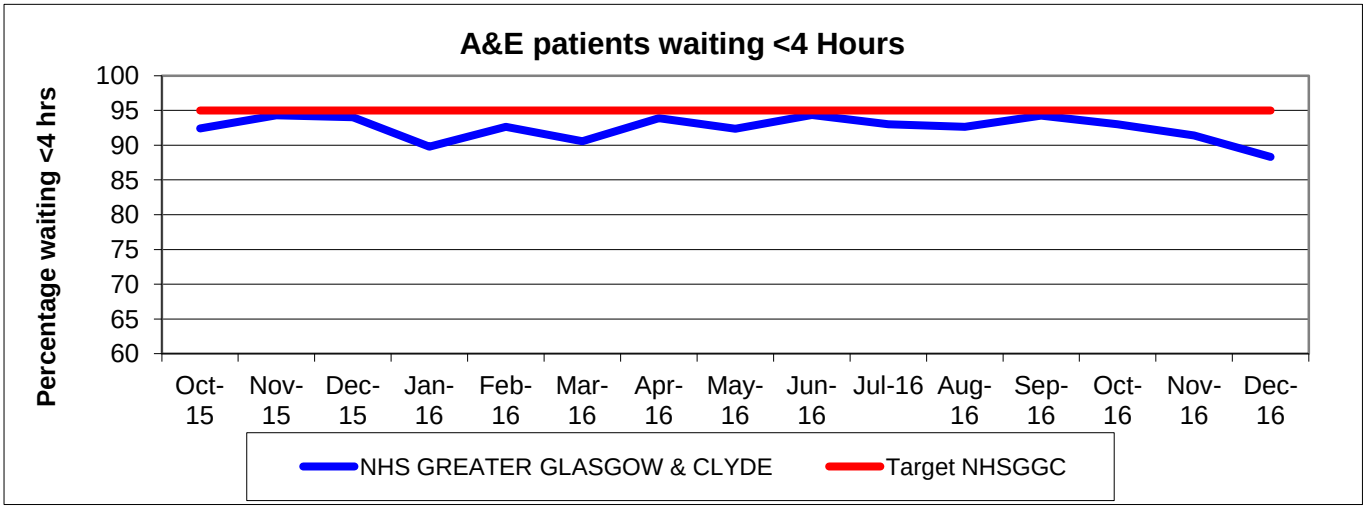
Upper GI Cancer
It is recognised that some patients on the Upper GI pathway can undergo a significant number of staging investigations in order to ensure that they receive the optimal treatment. Monthly performance against the 62-day target is variable dependent on case mix of patients treated in the month.

Lymphoma & Melanoma
December 2016 showed one case waiting longer than the 62-day standard. This related to a case initially referred into another specialty and referred onto Haematology late in pathway.

Lung December 2016 performance of 91.1% shows a slight dip in performance compared to November (91.7%) Monthly performance against the 62-day target is variable dependent on case mix of patients treated in the month.
Timeline For Improvement The above measures are being undertaken to ensure more timeous steps on the patient pathways are expected to show an incremental improvement during Quarter 1 (January - March) 2017. However, it should be noted that it is not anticipated that Quarter 1 will demonstrate the desired improvement. There are still a significant number of cases who have waited longer than the target and are still awaiting treatment, particularly in Urology. Due to the nature of Cancer Waiting Times reporting and the fact that cases are reported in the month of treatment, additional activity to clear the backlog of cases is likely to result in a dip in performance in monthly figures initially.

Exceptions Report: A&E 4 Hour Wait

Measure	A&E 4 Hour Wait
Current Performance	As at December 2016 (month end), 88.3% of patients presenting to at A&E Departments across NHSGG&C waited >4 hours from arrival to admission, discharge or transfer for treatment.
NHSScotland *(Latest published data available)*	For the month ending December 2016, of the 130,848 presentations reported across NHSScotland, 92.6% were seen at A&E Departments across NHSScotland <4 hours from arrival to admission, discharge or transfer for treatment.
Lead Director	All Acute Directors



Commentary

As at December 2016 (month end), there were a total of 33,598 presentations recorded across all A&E Departments. Of the total number of presentations, 88.3% waited <4 hours from arrival to admission, discharge or transfer for treatment. The remaining 3,752 A&E presentations waited >4 hours to be seen. During the same month, 26% of patients presenting to A&E Departments were admitted.

Performance varied across the sites with the Royal Hospital for Children, the Vale of Leven and the Minor Injury Units all exceeding the 95%.

Inverclyde Royal Hospital (IRH) (*91.9% of the 2,612 A&E presentations*) was just below target

The three larger sites all experienced significant challenges:

- Glasgow Royal Infirmary (GRI) (*79.2% of the 7,454 A&E presentations*),
- Queen Elizabeth University Hospital (QEUH) (*82.2% of the 7,854 A&E presentations*)
- Royal Alexandra Hospital (RAH) (*88.1% of the 5,492 A&E presentations*)

Actions to Address Performance

Each of the three hospital sites continue to implement their Unscheduled Care Improvement Plans and progress their six Essential Actions as agreed by the Scottish Government Improvement Team aimed at preventing admissions, reducing length of stay, creating sufficient downstream beds within HSCPs and increasing the effectiveness of discharge planning.

Specific actions at each of the three hospital sites include:

RAH - work across Clyde has focused on improvement including optimising ambulatory care pathways, and the adoption of QEUH exemplar ward concept to support morning and weekend discharges.

GP practices have been identified to be part of a pilot to increase the number of patients identified as suitable to use a scheduled appointment service within the Medical Assessment Unit. Work is ongoing with the GP Practices alongside with Scottish Ambulance Service (SAS).

The pharmacy room located alongside discharge lounge and Transport Hub became operational from Tuesday 24 January. This will allow dispensing of discharge drugs and checking of patients own drugs and allow patients to come to discharge lounge as soon as their Immediate Discharge Letter is on the system. This should increase the number of patients' using the Lounge and generate available beds earlier in the day.

QEUH - the South Sector is working with the support team from Scottish Government in implementing a number of actions. The service has allocated dedicated support to each ward to ensure that everything possible is being done to minimise any internal hospital delays to discharge. A revised escalation framework has been develop to ensure that actions is taken early in the day to address any issues on the site. Close working with the Scottish Ambulance Service has increase the number of patients being discharged with their support. Greater use of the available IT at ward level supported the movement of patient throughout the site. A new way of working in the Emergency Department will start in February following its introduction at GRI

GRI - the North Sector is working with the support team from Scottish Government in implementing a number of actions. The service is focusing on making best use of the assessment unit and ambulatory care area , ensuring that patients move early in the day to all available beds and working with diagnostics and facilities colleagues to ensure there are no delays to patients pathways

Timeline for Improvement

Overall performance is beginning to show improvement week on week since 22nd January 2017 each week reporting performance of 90% or more.

Exceptions Report: Delayed Discharges and Bed Days Lost to Delayed Discharge

It should be noted that the data below is indicative of performance and will be subject to validation by ISD.

Measure	Bed Days Lost to Delayed Discharge (inc Adults with Incapacity)
Current Performance	As at December 2016, there were a total of 146 patients delayed resulting in 413 delayed discharge episodes and the loss of 5,138 occupied bed days.
NHS Scotland *(Latest published data available)*	As at November 2016, there were a total of 1,509 patients delayed at census point, resulting in the loss of 45,639 occupied bed days.
Lead Director	Catriona Renfrew, Director of Planning & Policy

Table 1 - December 2016 - Total Delayed Discharges

TOTAL DELAYED DISCHARGES	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016
Total number of patients delayed (*at census point*)	139	155	167	186	173	146
Total number of delayed discharge episodes (*month end*)	407	412	421	423	454	413
Total number of bed days occupied by delayed discharge patients (*month end*)	4,421	4,747	4,943	5,313	5,397	5,138

Table 2 - December 2016 - Acute only Delayed Discharges

ACUTE DELAYED DISCHARGES	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016
Total number of patients delayed (*at census point*)	-	-	111	121	111	97
Total number of delayed discharge episodes (*month end*)	-	-	335	335	373	337
Total number of bed days occupied by delayed discharge patients (*month end*)	-	-	3,282	3,517	3,522	3,404

Commentary

As seen from the latest published national data, NHSGG&C accounted for 11% of the total number of patients delayed and 12% of the total number of occupied bed days lost to delayed discharge across NHSScotland in November 2016.

For the month of December 2016, a total of 413 delayed episodes were reported across Acute and Mental Health. As seen from *Table 1* above, the December 2016 position represents an improvement in performance when compared to the previous four months. *Table 2* highlights that the improvements in the number of patients delayed were most notable across the Acute Division with December 2016 reporting the lowest number of patients delayed during the past four months.

For the month of December 2016 a total of 146 patients were delayed in hospital resulting in 413 delayed discharge episodes and the loss of 5,138 bed days across the Acute Division Mental Health. All HSCP areas are reporting patients delayed. Of the 146 patients delayed 93 were residents of Glasgow City; three from West Dunbartonshire; six from East Dunbartonshire; five from East Renfrewshire; seven from Inverclyde; six from Renfrewshire and the remaining 26 were residents from out with the Board area.

The number of patients delayed has resulted in the following Acute and Mental Health bed days lost to delayed discharge by each HSCPs: East Dunbartonshire (232 bed days); East Renfrewshire (167 bed days); Glasgow City (3,147 bed days); Inverclyde (252 bed days); Renfrewshire (239 bed days) and West Dunbartonshire (208 bed days). The remaining bed days lost were from patients out with the NHSGG&C (893 bed days).

The reasons for the patients from each of the HSCPs being delayed in hospital were as follows:

East Dunbartonshire (6 delayed patients)

1 patient was waiting for either the commencement/completion of a community care assessment;
2 patients were waiting on the availability of a care home place;
2 patients were waiting for community care arrangements being put in place at home; and
1 AWI patient.

Glasgow City (93 delayed patients)
13 patients were waiting for the commencement/completion of a community care assessment;
18 patients were waiting on the availability of a care home place;
4 patients were waiting for community care arrangements being put in place at home;
12 patients were awaiting for place availability in an intermediate care facility;
9 patients were either legal/financial reasons or family/patient disagreements; and
37 AWI patients.

Inverclyde (7 delayed patients)
2 patients were waiting for the commencement/completion of a community care assessment; and
5 patients were waiting for a place in a care home.

Renfrewshire (6 delayed patients)
1 patient was waiting for the commencement/completion of a community care assessment;
2 patients were waiting for community care arrangements being put in place at home; and
3 AWI patients.

West Dunbartonshire (3 delayed patients)
3 AWI patients.

East Renfrewshire (5 delayed patients)
3 patients were waiting for a place in a care home; and
2 patients were either waiting for a place in a specialist residential facility; awaiting completion of complex care arrangements in order to live at home or the patient unable to be moved due to closure of care home facility.

North Lanarkshire (11 delayed patients)
6 patients were either waiting for the commencement/completion of a community care assessment;
1 patient was awaiting for community care arrangements being put in place at home;
1 patient was waiting for a place in a care home;
1 patient was awaiting place availability in an intermediate care facility; and
2 AWI patients.

South Lanarkshire (9 delayed patients)
5 patients were waiting for a place in a care home;
1 patient had no reason allocated for their delay; and
3 AWI patients.

North Ayrshire (5 delayed patients)
1 patient was either waiting for the commencement/completion of a community care assessment;
2 patients were waiting for a place in a care home;
1 patient was waiting for community care arrangements being put in place at home; and
1 AWI patient.

Others (1 delayed patient)
1 patient was waiting on either the commencement/completion of a community care assessment.

Actions to Address Performance

Performance against delayed discharges is monitored weekly. We continue to work with HSCPs alongside other Health Boards to reduce the number of patients delayed and the subsequent loss in bed days. The agreed reductions have not been delivered for Greater Glasgow & Clyde residents and each of the HSCPs are developing further actions to address this. We are also considering how there can be a financial underpinning the additional beds if delays are not reduced.

Timeline for Improvement

The aim is to achieve immediate and continuing reductions in the number of patients delayed given the pressures on hospital beds.

Exceptions Report: 12 Week Treatment Time Guarantee

Measure	12 week Treatment Time Guarantee (TTG)
Current Performance	As at December 2016 (month end), a total of 2,174 patients waited more than the 12 week TTG.
Lead Director	All Acute Directors

Table 1 - NHSScotland's Performance - Number of Ongoing Waits over 12 weeks; Inpatient or Day case Admission; NHSScotland

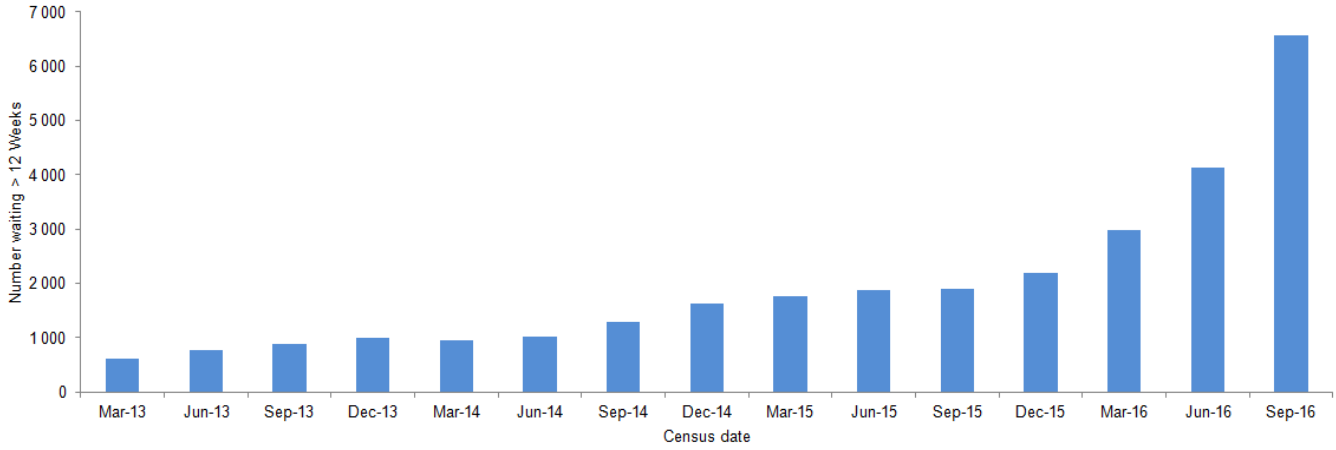
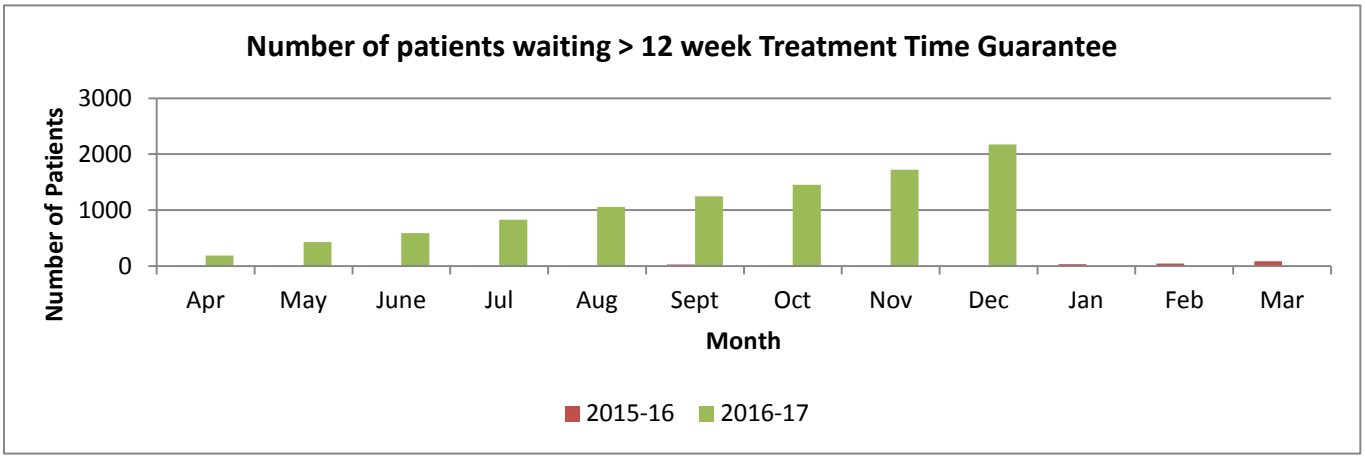


Table 2 - NHSGG&Cs Performance



Number of patients waiting > than the 12 week Treatment Time Guarantee													
	Apr	**May**	**June**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**TOTAL**
2014-15	1	2	0	7	2	0	0	1	0	1	0	1	15
2015-16	1	1	2	4	6	30	9	2	4	34	47	87	227
2016-17	188	430	590	829	1056	1246	1452	1723	2174				7514
Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Commentary

As seen in *Table 1*, there has been an ongoing increase in the number of patients waiting >12 weeks for an inpatient/daycase procedure across NHSScotland. The trend on *Table 2* shows that the recent increasing trend in the number of patients waiting >12 weeks for an inpatient/daycase procedure across

NHSGG&C is in line with the national trend.

As at December 2016 (month end), whilst a total of 6,444 TTG inpatients received their inpatient treatment under the TTG, there were a total of 2,174 patients waiting >12 weeks. The main specialties are listed below:

Specialty	Number of patients waiting >12 weeks
Orthopaedic Surgery	1134
Urology	454
General Surgery	245
Paediatric Surgery	89
Neurosurgery	76
Oral Maxillo Facial	56
Ophthalmology	45
ENT	37
Plastic Surgery	29

Actions to Address Performance

In addressing the month on month deterioration in performance the following actions are in place across each of the sectors:

North Sector

In response to financial pressures the reduction in Waiting List Initiatives has impacted on routine TTG patient management particularly in Orthopaedics Urology and General surgery. Efforts have been made to balance activity and prioritise patients for specific procedures to ensure TTG continues to be met as much as possible.

- The use of Golden Jubilee National Hospital for Orthopaedics and the flexing of capacity across sectors for sub-specialty patient management have been taken forward but dependent on consultant availability.
- The limited additional sessions that have been funded have been used to ensure some recovery of TTG for Urology and General Surgery and the introduction of “super weekends” at Stobhill has helped to maximise patient activity without compromising the priority of unscheduled care.
- Demand pressures have been further exacerbated in recent months with staffing challenges in Anaesthetics. This specifically relates to vacancies and consultant sickness which have constrained activity during the last two months. Consultant sickness has now improved but vacancies remain and will be addressed by a recruitment process scheduled for completion in March 2017.
- General Surgery has targeted use of Stobhill ACH and agreement has been reached for additional specific identified sessions. There is also a drive towards flexible working arrangements to maximise the use of available sessions.
- Also in maximising the use of the ACH, there has been a transfer of sessions for Orthopaedics into vacant Stobhill sessions. This was introduced at the start of December and improved Stobhill session use.
- The Institute of Healthcare Optimisation programme is targeting plastics theatre utilisation and there are planned changes from 11 March 2017.

South Sector

- Trauma and Orthopaedics - Orthopaedic waits are due to a lack of inpatient beds following an increase in medical beds to manage emergencies - alternative solutions are being explored and linked into the wider Greater Glasgow & Clyde review of Orthopaedics. There is a particular difficulty in spinal surgery capacity following the retiral of a surgeon and work is underway with colleagues in Regional services to develop a way forward. There has also been an impact since the waiting list changes that were implemented in June 2016 where patients now no longer have the option to wait for specific consultants (unless there are clinical circumstances for this to be allowed) or for them to wait on specific site for surgery.
- General Surgery - capacity for day surgery continues to be challenging. Additional capacity has been temporarily available in the independent sector.

- Urology - capacity is under review across NHSGG&C. In the South, there is a consultant vacancy that remains unfilled despite advertising. A further consultant has been off sick leave since August and there will be a further vacancy from February 2017.The service works closely with other sites to ensure capacity across GGC is used to minimise the impact on patients but currently has insufficient workforce to meet its demand
- Ear, Nose and Throat - Patients are waiting for one particular operation and sessions have been redesigned to allow additional operating time for this.
- Ophthalmology - the ongoing capacity issues in Clyde for specific squint cases remain.
- Vascular Surgery - one of the two patients has now been treated and the other patient was cancelled due to the bed being required for a medical emergency. The patient now has a new date booked.

Clyde Sector

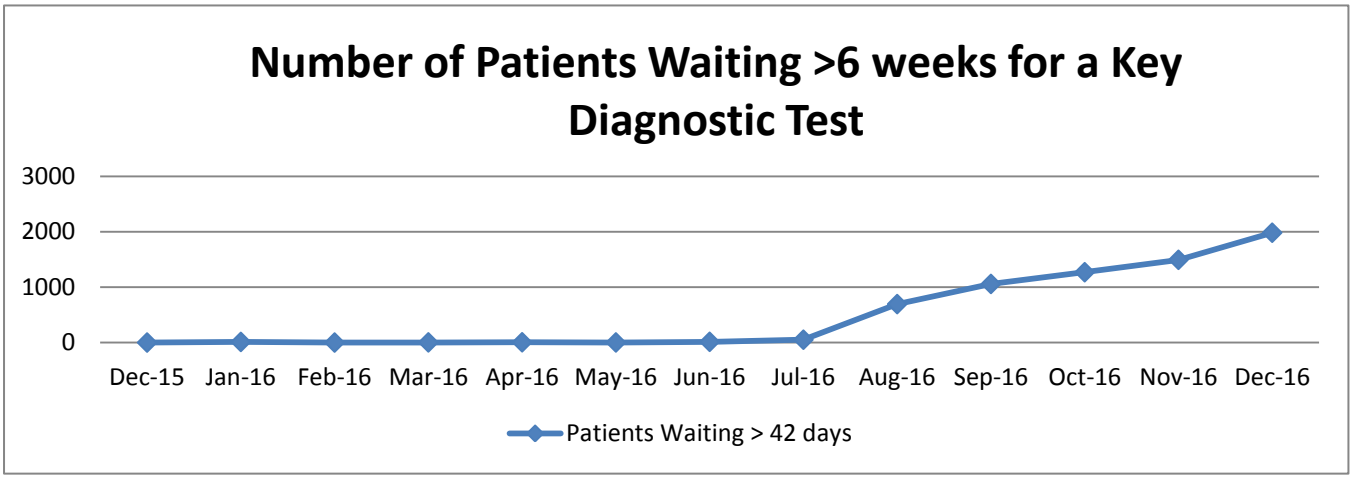
- The Urology service in Clyde requires an additional all day inpatient theatre weekly to absorb the work generated from taking on the VOL workload in September 2016. Increased inpatient theatre capacity will help to bring the number of patients over 12 weeks back into balance. In order to achieve this, two general surgical theatres will need to be moved and/or re-provided elsewhere. This is currently being reviewed.
- General Surgery - with changes in the on call Rota at IRH and RAH the ability to improve the over 12 week position is challenging. Lack of junior medical staff from February 2017 will also compound this issue. Additional lists continue to be run to reduce the number of patients with the longest waiting times.

Timeline for Improvement

Given the month on month increase in the number of patients waiting more than the 12 week guarantee since the beginning for this financial year, performance is unlikely to show any real improvements until well into the next financial year once the demand and capacity planning work is complete.

Exception Report – Number of patients waiting >6 weeks for access to a key diagnostic test

Measure	Number of patients waiting >6 weeks for a key diagnostic test
Current Performance	As at December 2016 (month end), a total of 1,982 patients were waiting >6 weeks for a key diagnostic test. Current performance is below the target of 0.
Lead	All Acute Directors



Commentary

As at December 2016 (month end) a total of 1,982 patients were waiting >6 weeks for a key diagnostic test in the following areas:

- 612 patients were waiting >6 weeks for an upper endoscopy procedure.
- 106 patients were waiting >6 weeks for a lower endoscopy procedure.
- 1,058 patients were waiting >6 weeks for an endoscopic procedure in Colonoscopy.
- 206 patients were waiting >6 weeks for an endoscopic procedure in Cystoscopy.

Most of the above patients waiting were in the South (1,584 patients) and Clyde (383 patients) Sectors. In Clyde there is a lack of capacity to meet demand particularly at the RAH. The South Sector has historically had demand and capacity issues which have been exacerbated with further reduced capacity from GS and GI consultants following service reconfiguration. Flexibility across Acute to pick up sessions has also reduced.

Actions to Address Performance

Actions to address performance in the South Sector include:

- Working with GS/GI colleagues to increase capacity where possible, including continual review of all training lists to ensure appropriate scheduling in place.
- Working to move to a Nurse led service to increase capacity and maximise efficiency.
- Continue to run Waiting List Initiative sessions during weekends.
- Shift of Nursing Administration time to increase capacity where possible.
- Further training of Nurse Endoscopists is currently underway and due for completion in May 2017.

Actions to address performance in the Clyde Sector include:

- There is a proposal to increase the number of endoscopy rooms from two to four at the RAH. There is currently no suitable existing space for this proposal.
- Waiting List Initiatives are run for approximately four Saturdays per month across the Clyde Sector (two in IRH and two at the RAH).
- The training of two nurse endoscopists is currently underway. This is expected to lead to an improvement in the ability to back fill cancelled sessions once their training has been completed and

the benefit of this will be realised during 2017.

- In addition to the number of patients waiting >6 weeks for a key diagnostic test, there are a significant number of surveillance patients overdue their repeat scope, particularly on the RAH site. There has been a focus on surveillance patients in order catch up on this high risk group and reduce the numbers overdue which will have a further impact on patients waiting for new diagnostic tests.
- Consider the development of Trans-nasal Endoscopy at the VOL. This can be carried out in a treatment room, with less nursing resource requirements and is suitable for diagnostic upper GI endoscopy. A case for the capital spend required is being developed.

Timeline For Improvement

South Sector

Performance in the South Sector is unlikely to improve in the foreseeable future. Whilst having secured access to Glasgow University to dual train five nurse endoscopists this will future proof the service for flexibility to meet changes in demand but not increase capacity per se. The two nurse endoscopists completing their training in April 2017 will assist with back filling consultant cancellations. There is the potential to increase capacity with funding of vacant unfunded sessions however, this is dependent on funding being available.

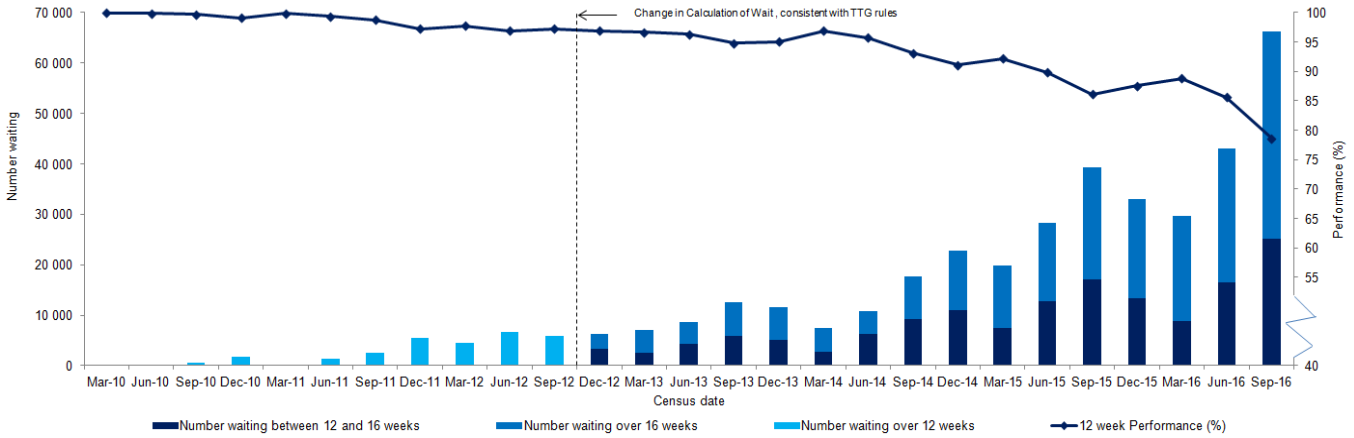
Clyde Sector

Within Clyde, the main solution is increased physical endoscopy space and associated staffing. However, the completion of training for one nurse endoscopist in 2017 and a further nurse endoscopist in 2018 will backfill sessions cancelled due to on call and annual leave and whilst this will improve utilisation and help improve the position regarding surveillance backlogs/urgent patients, it will not achieve a full reduction in the number of patients over six weeks.

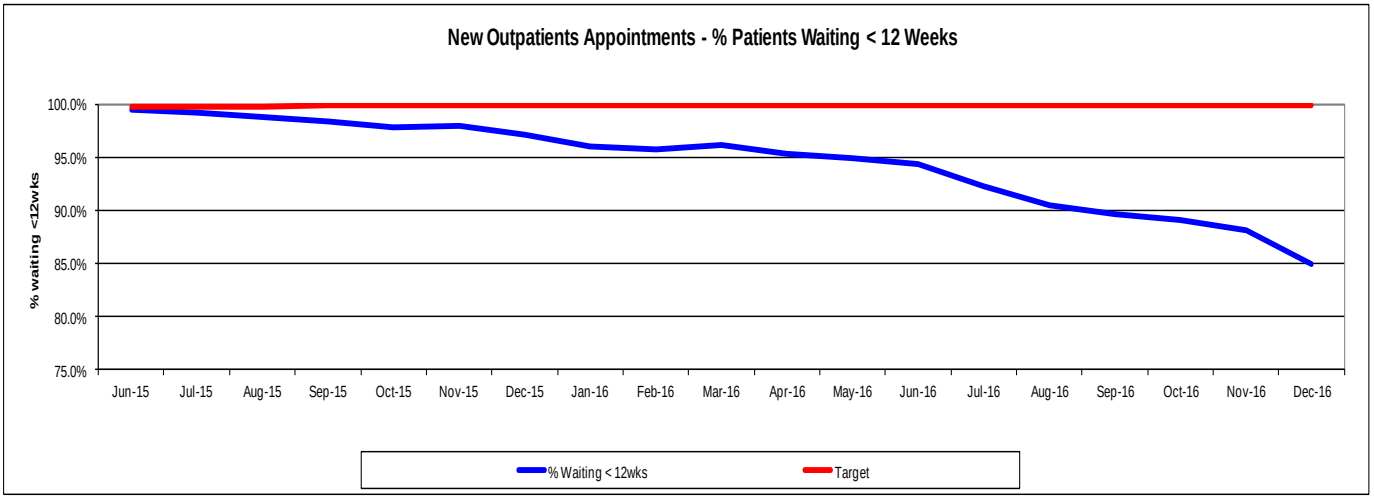
Exceptions Report: % of new outpatients waiting <12 weeks for a new outpatient appointment

Measure	% of new outpatient waiting <12 weeks for a new outpatient appointment
Current Performance	As at December 2016, 84.9% of new outpatients waited less than 12 weeks for a new outpatient appointment. Current performance is lower than the target of 99.9%.
Lead Director	All Acute Directors

NHSScotland's Performance - Number of patients waiting 12 weeks or less for a new outptaient appointment



NHSGG&C Performance - Number of patients waiting <12 weeks for a new outpatient appointment



Commentary

As seen from the charts above, the trend in NHSGG&Cs current performance is in line with the trend across NHSScotland as seen in the charts above, there has been an ongoing decrease in the number of patients waiting 12 weeks or less for a new outpatient appointment.

As at December 2016 (month end), 84.9% of new outpatients waited <12 weeks for a new outpatient appointment, current performance is below the target of 99.9% and lower than the position reported during the same month the previous year (97.2%).

Performance across each of the three Sectors and Regional Services was below target of 99.9% in December 2016: the North Sector 90.9% of available new outpatients, South Sector 74.5% of available new outpatients, Clyde Sector 93.5% of available new outpatient and Regional Services 83.9% of

available new outpatients were waiting <12 weeks for a new outpatient appointment.

The main specialties were the 11,517 new outpatients were waiting over 12 weeks are listed below:

Specialties	Number over 12 weeks
Orthopaedics	2726
Gastroenterology	2003
Respiratory	1301
General Surgery	1182
Neurology	893
Ophthalmology	886
Urology	714
Rheumatology	508
Pain	449
ENT	339
Neurosurgery	154

Actions to Address Performance

Additional outpatient capacity is being provided via running weekend and evening clinics in Gastroenterology, Rheumatology, Respiratory and Neurology. This capacity is being targeted at those patients who have been waiting the longest. Other Waiting List initiatives have been reduced in line with the Boards' plans for cost containment

In addition to the above, the following actions are in place in each of the sectors to address the month on month deterioration in performance in some of the main specialties:

South Sector

- Gastroenterology - initial work which has been implemented has resulted in reducing the number of clinics cancelled when covering Bleeding Rota and a robust system is now in place to ensure that any clinic cancelled while consultants are covering ward is time shifted where possible. Developing alternative to appointments are being explored as part of the national outpatient programme.
- Clinic use is reviewed regularly with health records colleagues to ensure all available outpatient appointments are used.
- Some gaps in consultant staffing have been addressed but there remain vacancies and absence
- Review of workforce models within available resource is underway to consider extended roles and non Consultant staff.

North Sector

- Regular waiting times meetings are held where patient lists are reviewed and actions agreed.
- The Stobhill/GRI Utilisation Group meets monthly and reviews similar data in more detail with an action plan to investigate and improve areas of lower productivity and to improve the efficiency of administration processes.
- Surgical Specialties - specific actions have been taken in breast to introduce a review of referral management with low risk clinics used to facilitate the management of peaks in referrals. The appointment of a specialty doctor on a full time basis has increased provision for clinic management.
- Orthopaedics - action has been taken to support additional ESP clinics to balance demand.
- Pain Service - there has been a major service redesign and this is beginning to show reductions in patients waiting over 12 weeks.
- Medical Specialties - there has been progress with outpatient demand/capacity work within respiratory specifically aiming to bring forward a recovery plan to address the over 12 week position. This work has increased the base new outpatient capacity through a review of consultant templates and productivity. The evidence of this work taking effect can be seen with a reduction from a peak of around 450 patients waiting over 12 weeks to 207 at this time. Further progress in respiratory is expected from this ongoing work.

Clyde Sector

- Gastroenterology - the Sector continues to have challenges regarding staffing for this service. A new consultant started in February 2017 and a nurse specialist has completed training and there is an expectation that we will begin to see the benefit of this in the near future. The clinic profile for return patients has also been reviewed.
- The Liver nurse specialist recruitment process remains ongoing.
- Rheumatology - there has been an improved position at IRH however, there are two consultants vacancies at the RAH and options for cover are being explored. The sector is aiming to appoint to own locality up to 12 weeks and where this wait is exceeded, appointing to first available appointment elsewhere and this is working well.
- Respiratory - there are staffing pressures in this speciality and the Sector has advertised three times without success. Two consultants from RAH are covering sessions at IRH although this will still leave pressures in the general clinics. Options to make the posts more attractive are currently being pursued.
- Dermatology - the increasing pressure is related to vacancies. Two vacancies have now been filled and will be in post in February and April 2017.
- Urology - due to issues with the middle grade doctor Rota in the autumn multiple clinics were cancelled to support on-call. This coincided with a reduction in waiting list initiative clinics as part of cost containment. The Rota issues have now resolved with a fifth Urologist in post increasing capacity. Challenges remain in achieving the 12 weeks but it is anticipated that this position will improve.

Regional Services

- A full outpatient productivity group has been convened with a focus on redesign, improving booking processes, reducing DNAs (and therefore patients being rebooked multiple times), and managing demand.
- In addition, an additional resource has been funded to introduce patient focused booking for first seizure clinics. This has seen a 31% reduction in patients added to the waiting list, and a decrease in DNAs of over 30% for those clinics to 13%.
- Following successful recruitment, two Neurologists started in October/November 2016, of which 1.3WTE is Neurology additional capacity (the rest is for a joint post with Ayrshire & Arran and stroke support to North Sector).
- A Kaizen event was held to redesign follow-up for patients with MS with a focus on creating additional new consultant capacity by having stable return patients seen by MS nurses and patients requiring only blood tests seen by phlebotomists. Further roll-out is dependent on a case note review of 1,300 patients and a resource has been identified through the national DOIT programme to support this.

Timeline for Improvement

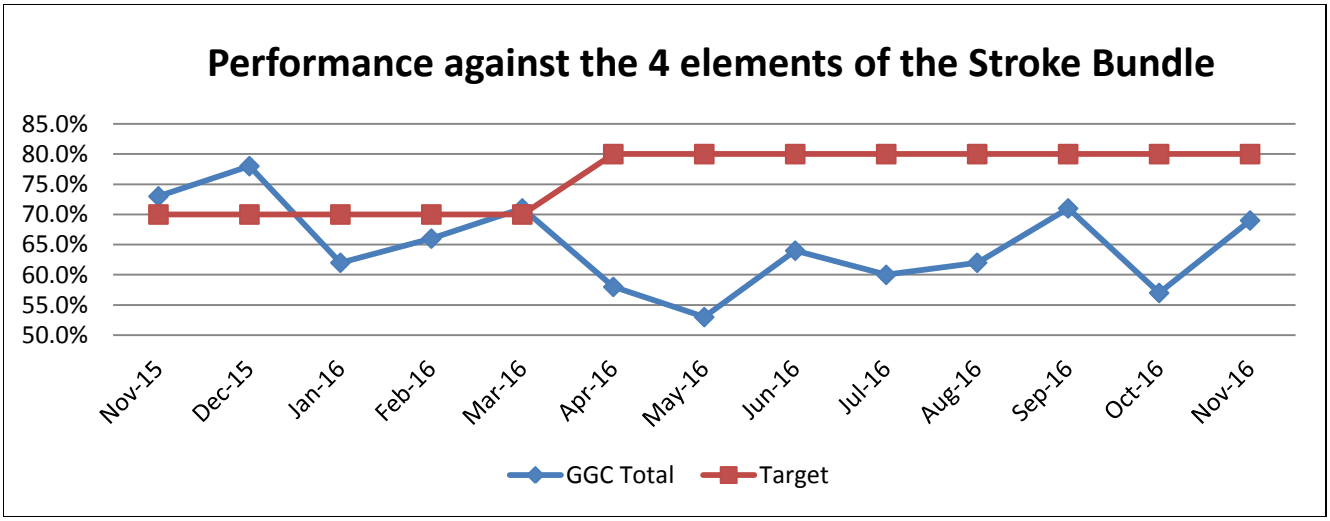
The additional outpatient capacity provided by external providers will help temporarily reduce the number of new outpatients waiting >12 weeks for an appointment in key specialties currently experiencing demand and capacity pressures. A more comprehensive review of capacity pressures and productive opportunities is underway to identify the level of performance that can be achieved within current resources.

Exception Report: Stroke Care Bundle

Measure	Stroke Care Bundle
Current Performance	As at December 2016, overall performance against the Stroke Care Bundle was 61% which is below the target of 80%.
Lead Director	Sector Directors across Acute

Comparison with previous years (data taken from Scottish Stroke Care audit Annual report 2015)

	2011	2012	2013	2014	2015
GG&C Stroke Care Bundle Performance	34%	37%	48%	57%	64%



Commentary

As seen from the table above, whilst performance against the stroke care bundle has improved during the past five years, performance remains persistently below the national standard of 80%. Performance has become particularly challenging with the introduction of the new swallow screening target which requires all suspected stroke patients to have a formal swallow screen carried out within four hours of admission to hospital. Overall performance in terms of the other elements of the bundle continue to perform well against target.

The chart above demonstrates this, in that performance in relation to the stroke bundle in December 2016 was 61% against a target of 80%. No sites met the target in month.

Overall performance against the swallow screen element was 66% in December 2016, a deterioration on the 72% reported the previous month. Performance against the swallow screen element of the stroke care bundle across the hospital sites was as follows:

- RAH - 81% ↓ on the 86% reported the previous month;
- GRI - 65% ↓ on the 70% reported the previous month;
- QEUH - 60% ↓ on the 66% reported the previous month; and
- IRH - 83% ↓ on the 94% reported the previous month.

Performance was affected by the challenges in unscheduled care across all sites.

Actions to Address Performance

The work of the Stroke Care Review Group, established to oversee developments in relation to the stroke care and with extensive clinical input is expected to be complete by March 2017.

In recognition of access to swallow screen being an important safety issue, early in this review process the group recommended that swallow testing be undertaken in the EDs and Assessment Units were

patients first present. This approach was supported by the Board Nurse and Medical Directors but has not yet led to the required sustainable improvements needed.

Locally, both the QEUH and the GRI are progressing their improvement model to increase compliance against each of the elements of the stroke care bundle. Both hospitals are also reviewing the Clyde ED/ Acute Assessment Unit (AAU) models to gain a better understanding of their processes and adapting these to fit their local needs. Swallow screens are now routinely carried at the ED/AAU in Clyde and other sites will be adopting similar approaches.

Monthly reviews of failed swallow assessments are undertaken by the stroke service to understand why patients have not had their assessment.

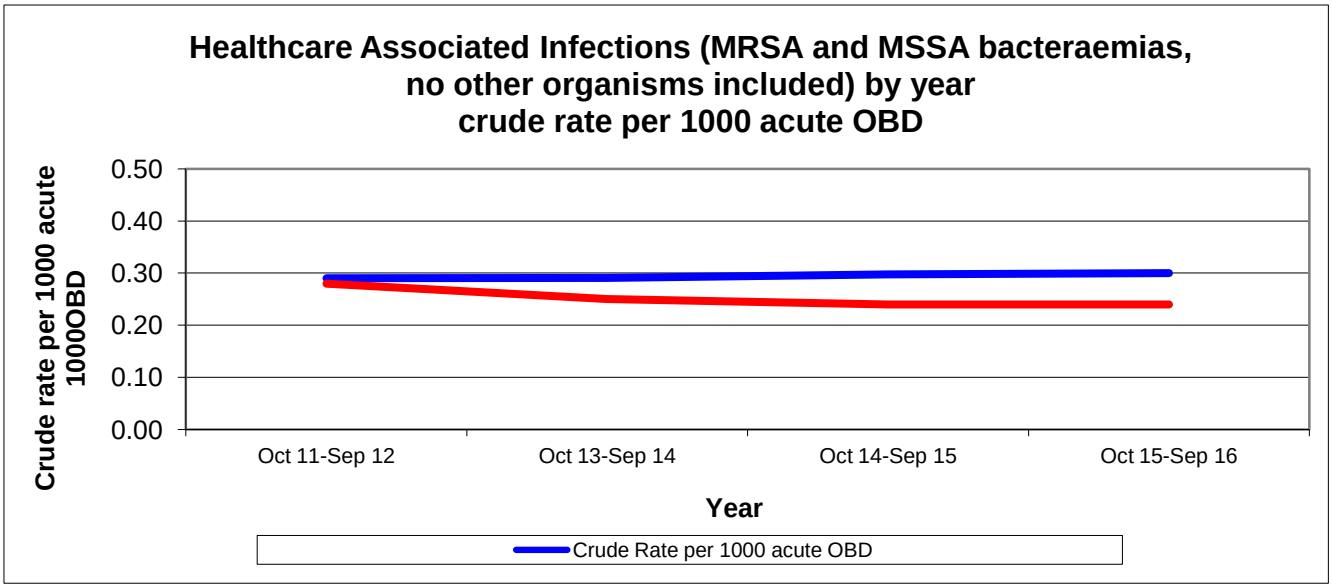
Local action plans are in place at the RAH and IRH to ensure sustainable improvements are made as are appropriate local governance arrangements in the form of monitoring and exception reporting through local sector and senior management team meetings.

Timeline For Improvement

The report on the recommendations of the Stroke Care review will be complete in March 2017 and work will then start to implement the plans across the Acute Division to ensure long term sustainable improvements during 2017.

Exceptions Report: MRSA/MSSA Bacteraemia (cases per 1,000 AOBD)

Measure	MRSA/MSSA Bacteraemia (cases per 1,000 AOBD)
Current Performance	As at the September 2016 rolling year, the number of MRSA/MSSA cases per 1,000 Acute Occupied Bed Days (AOBDs) was 0.30, higher than the trajectory of 0.24.
Lead Director	Dr Jennifer Armstrong, Medical Director



Commentary

NHS Boards across Scotland were set a target to achieve *Staphylococcus aureus* Bacteraemia (SAB) of 24 cases or less per 100,000 AOBDs by 31 March 2017. For NHSGG&C this is estimated to equal 25 patients or less each month developing a SAB.

The most recent validated results for 2016, Quarter 3 confirm a total of 117 SAB patient cases for NHSGG&C, between July and September 2016. This equates to a SAB rate of 33.7 cases per 100,000 AOBD. This is an increase of 5% upon the previous quarter in SAB patient cases.

The Quarterly Rolling Year ending September 2016 rate as per the Local Delivery Plan for SAB remains at 0.30 cases per 1,000 AOBDs. This is against the March 2017 target of 0.24 cases per 1,000 AOBDs.

Actions to Address Performance

Guidance/Education

A full set of guidance documents, including care plans, were developed and promoted locally by Practice Development Nurses and IPC Nurses in wards and departments across NHSGG&C and reinforced during all educational sessions linked to the use and management of Intravascular Devices (IVDs).

A short video on the correct management of one of the most commonly used IVDs (Peripheral Vascular Cannula or PVC) was developed in 2016 and disseminated via the Chief of Medicine and the Chief Nurses. The video is available at https://www.youtube.com/watch?v=41V3eO3u5HU and is also promoted through existing educational sessions.

Antimicrobial Management Team (AMT)

Prospective information on cases of SAB is referred to the AMT by the IPC Data Team and a review is undertaken to ensure that patients are on the correct treatment regimen. The AMT are also reviewing all cases for six months post infection to try and demonstrate the long term consequences of this infection.

Audit

Local SAB surveillance data shows that IVDs account for about a third of all hospital acquired SAB infections. In 2014 care plans and guidance documents were reviewed and redeveloped to support the implementation of the Health Protection Scotland National Care Bundles to prevent infections caused by PVC and Central Venous Catheters (CVC).

Community

Thirty per cent of all SABs are now defined as community acquired. A short-life working group (SLWG) was established February 2016 to review community SAB data and to identify areas where focussed improvement work could be implemented. Two SAB cohorts were identified for further exploration; illicit drug use and those with diabetes. It should be noted that it is extremely difficult to modify risk behaviours in the first of these groups and a collaborative approach involving Public Health and Addictions Teams is necessary.

Testing for *S. aureus* in Renal Dialysis Patients

Evidence from the literature suggests that a substantial proportion of *S. aureus* bacteraemia originate in the patient's nose and 50% of hospitalised patients have nasal carriage of *S. aureus*. Scientific literature suggests that decolonising patients who are natural carriers of *S. aureus* may reduce the incidence of infection. Although *S. aureus* is not part of any national screening policy, in this specific group of patients it may be useful in preventing SABs. In collaboration with Renal Services Clinicians, all renal haemodialysis patients will be screened for *S. aureus*. It is planned that this screening process will commence in November 2016. If patients are positive they will be commenced on a decolonisation regimen to reduce the amount of bacteria on their skin and nose and this in turn should reduce SABs. Depending on the impact, this may be extended to other high-risk groups.

Paediatrics and Neonatology

Interventions to reduce SABs in neonates and children are extremely complicated. Neonates especially are much less tolerant to the insertion of vascular access devices because of their fragility. The Chief Nurse for Paediatrics and Neonates is currently chairing a quality improvement group to look at the literature and policies and procedures in relation to the use of these devices in this group of patients.

IPC Quality Improvement Facilitator (QIF)

In collaboration with Health Improvement Scotland a QIF was appointed to test using improvement methodology/new ways of managing IVDs. This work is currently ongoing in GRI directed by a SLWG of clinical staff based in GRI and includes the following work strands:

- Avoiding the use of IVDs in the first instance. Decision making acronym to encourage clinical staff to consider if the device is necessary in the first place.
- Audit of how many of the IVDs are used in practice. This will support the use of tools detailed in the above bullet.
- Update and testing of new PVC Care Plan (two wards in GRI) with scheduled PDSA cycles.
- Testing of methods to encourage clinical staff in EDs and Theatres to complete insertion criteria.
- Ward based education.
- PVC Driver Diagram developed.
- Education resource for clinical staff.

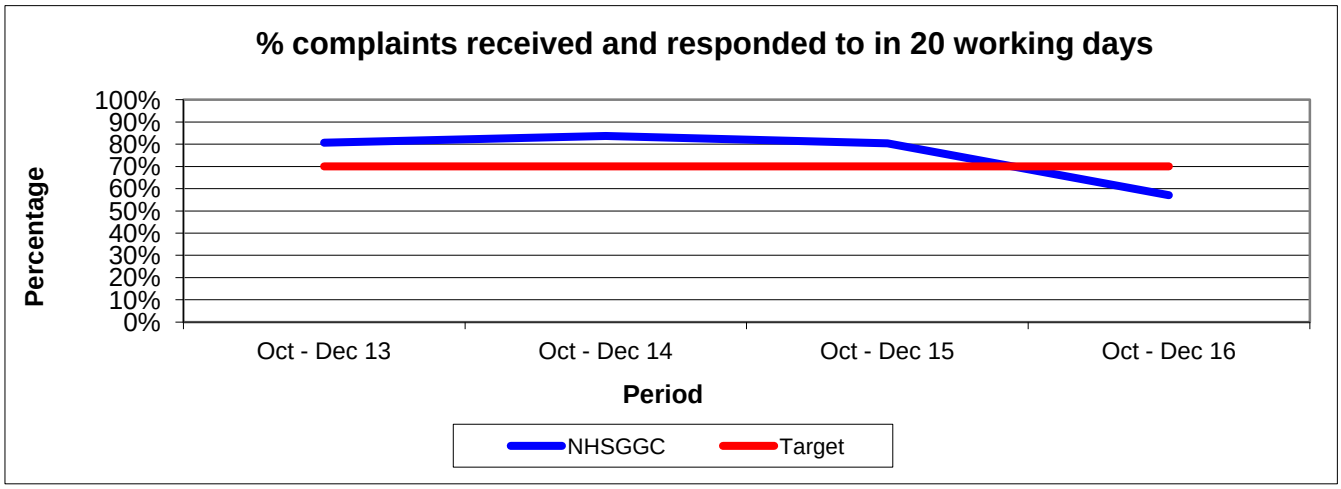
Agenda Item 12 provides more detail.

Timeline For Improvement

As detailed in the above actions, work continues on an ongoing basis to drive improvement however, despite these efforts performance seems to be at an irreducible minimum and every effort will continue to be made to maintain and improve where possible.

Exceptions Report: Complaints responded to within 20 working days

Measure	Percentage of requests responded to within 20 working days.
Current Performance	As at Quarter 3 (October - December 2016), overall performance for the percentage of complaints responded to within 20 working days was 57% which is below the target of 70%.
Lead Director	John Hamilton, Head of Administration



Commentary

The overall performance dropped by 10% compared to last quarter, which means at a performance rate of 57%, the target of 70% was missed by some margin. Although disappointing, this was expected due to significant staffing issues within the Complaints Department.

For a significant period of time during this quarter, there was a gap of over 30% in Complaints Managers due to long term sickness and a vacancy. If annual leave was included, at points, the department was over 50% short on staff.

The staffing situation has, and continues to be managed very closely, but remains a significant pressure. The aforementioned vacancy (one WTE Complaints Manager - secondment) has been recruited into, and the new post holder is due to start in post later this month.

Whilst some of the staff that were off with long term sickness have returned, this is not the case for all. The department therefore expects performance to continue to be a challenge in Quarter 4, although all efforts are being made to minimize this as much as possible.

Board Members and Directors were, and continue to be, made aware of the issues to ensure they are kept fully abreast of the situation.

Actions to Address Performance

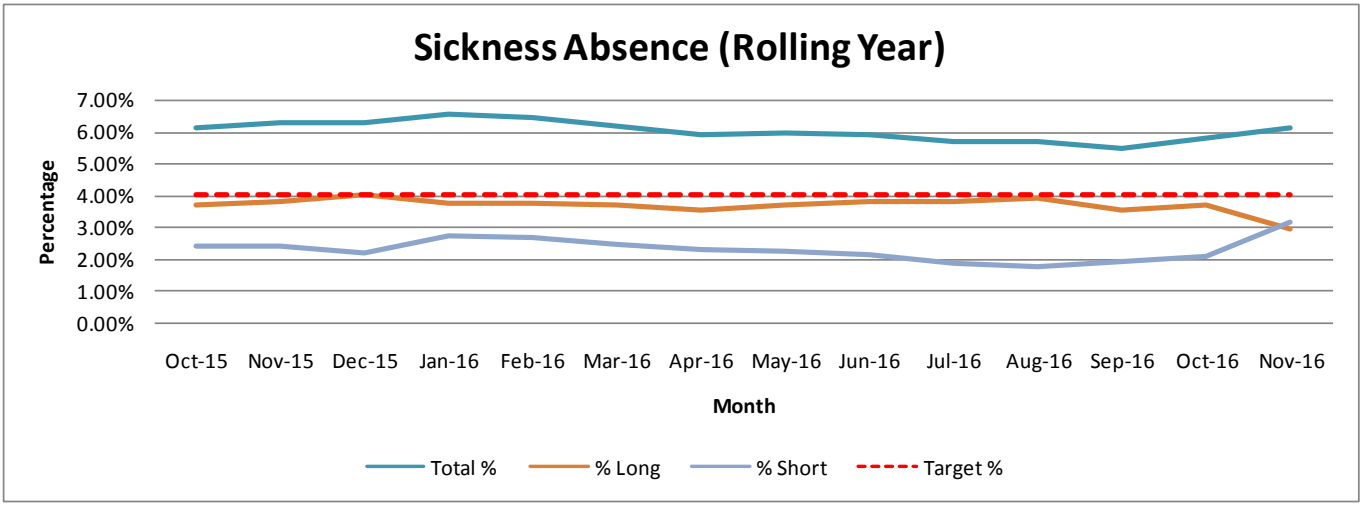
As above.

Timeline For Improvement

Performance will remain a challenge in Quarter 4, as the new Complaints Manager does not take up post until near the end of this quarter. We should begin to see the benefit of this person starting in post in Quarter 1's figures, however, it is important to bear in mind that long term sickness absence currently remains an issue and will have an impact on performance. These are being managed proactively and in line with the absence management policy. In addition, the new complaints policy will be implemented on 1 April 2017, and this may present further challenges as it represents a change to current practice however, all efforts are being made to minimise this risk.

Exception Report: Sickness Absence

Measure	Sickness Absence Rate
Current Performance	As at November 2016, the rate of sickness absence across the Board was 5.88%.
Lead Director	Anne MacPherson, Director of Workforce & Organisational Development



Commentary

The reported sickness absence rate in November 2016 for NHS Greater Glasgow and Clyde is 5.88%. The split between short term and long term absence for November 2016 is 2.77% for short term absence and 3.11% for long term absence.

The Board overall sickness absence rate for the current financial year from April to November 2016 is 5.34%.

Performance

The figures showing comparative absence for the last 12 months across the board are detailed below:

Area	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Acute	5.96	6.18	6.37	6.05	6.03	5.78	5.53	5.40	5.28	5.23	5.18	5.46	5.68
Board Wide Facilities	9.38	8.31	8.95	9.12	8.25	8.50	8.86	8.69	8.15	8.39	7.87	7.99	8.86
Other Functions	4.62	4.50	4.92	5.22	4.94	4.53	4.96	5.15	4.53	4.59	4.44	4.49	5.05
Partnership	6.17	6.08	6.35	6.50	6.09	5.45	5.94	6.19	5.96	5.93	5.55	6.15	6.40

Acute Division

All Acute Sectors have reported an absence rate above 5% with the South Sector continuing to report the highest absence rate of over 6.03%. During the last meeting of the Acute Services Committee there was a detailed analysis of absence hot spots and comparison of areas with long and short term absence. This analysis has formed the basis for local improvement plans and increased focus on managing short term absence with very clear specific actions to be undertaken through the support of the Heads of People and Change (HOPCs). The Director of Human Resources is now meeting the HOPC to monitor progress at a more local level. All area areas continue to apply the Absence Policy and additional support via absence clinics has been directed to key wards and departments.

Acute Directorates	Partnerships/HSCPs
North Sector – 5.89%	East Dunbartonshire – 5.4%
South Sector – 6.03%	East Renfrewshire – 7.5%
Women & Children – 5.88%	Glasgow City – 6.60%
Diagnostics – 4.58%	West Dunbartonshire – 5.24%
Clyde – 5.80%	Renfrewshire – 6.53%
Facilities (board-wide) – 8.86%	East Dunbartonshire O H – 5.0%
Regional Services – 5.78%	Inverclyde – 7.44%

Partnerships

The overall headline figure for Partnerships is reported at 6.40% in November 2016 and has increased from the October 2016 figure of 6.15%. East Renfrewshire HSCP (7.5%), Inverclyde HSCP (7.4%) and Glasgow City (6.6%) continue to report high levels of staff absence.

Current hot spots for East Renfrewshire HSCP absence are Mental Health and Learning Disabilities. Long term absence is problematic across the HSCP with many long term conditions being managed. Within Learning Disabilities muscoskeletal injury/problems are most common mainly due to the patient group and injuries at work. Within Mental Health there are no real common themes and absence reasons range from muscoskeletal problems to renal failure. The increase in absence rates within East Renfrewshire HSCP occurred steadily over the past few months, however, this is unusual for the HSCP as we have traditionally had an absence rate just above target. With small numbers of staff in the HSCP it only takes a few people to be absent to increase our absence percentage significantly. In the month of December 2016 from the total staffing compliment of 417 there were 12 staff on long term sick leave.

In order to address the increase in absence rate within the HSCP there is an Attendance Action Plan in place. This includes local training on Attendance Management for all local authority and NHS managers who line manage health employees. The People & Change Manager will also meet with managers from each service regularly to discuss absence and ensure appropriate actions are being taken to manage each case.

The Inverclyde HSCP also reports a high absence level of 7.44% and the absence rates are being actively managed by a review of both short and long term cases. Since the last Board report additional absence clinics and training for managers have been commissioned by the HOPC to support target delivery.

Facilities and Capital Planning

The Facilities and Capital Planning Directorate continues to face major challenges in terms of sustaining an improvement in staff attendance. There has been a further increase in absence from 7.99% in October 2016 to 8.86% in November 2016. The deterioration in performance will require additional activity supported by Human Resources and Organisational Development to improve staff attendance at work. This is being discussed with the Director of Facilities and Capital Planning.

Actions to Address Performance

In recognition of the challenges facing the Acute Division in addressing absence rates and underlying cultural attitudes by staff and managers in relation to attendance, the Interim Chief Operating Officer has commissioned a group to coordinate key work in relation to improving attendance. The remit of the group includes:

- Using absence statistics for performance improvement – developing knowledge and understanding of the importance of pattern analysis, communicating concerns to staff in terms of attendance data, developing plans for supportive improvement.
- Return to work interviews – using the return to work process for positive impact by instilling insight and awareness of managing health and keeping well at work.

- Managing the ageing workforce – taking a preventative/risk management approach to managing staff in physically demanding roles and assessing reasonable adjustments in the workplace.
- Disability awareness and understanding – improving awareness and understanding of disability and guidance on developing reasonable adjustments in the workplace.
- Mainstreaming Health Working Lives (HWL) – applying HWL in busy, clinical environments and encouraging health promotion in the workplace.
- Identifying good practice and sharing good practice Board wide – creating story boards involving wards and departments who manage attendance well and describing how this is achieved in terms of case studies.
- This work is undertaken in partnership with the Acute Partnership Forum.

The People Management Programme which includes managing absence as a key learning module continues to receive positive feedback from staff. The Attendance Management module (as part of the People Management Programme) will continue to be delivered monthly. Additional sessions (based on the module for consistency) are also being delivered in specific areas. These areas are identified by Service Managers and/or HOPCs. A more robust evaluation process is being trialed with the Attendance Management module to gather information about the actual application of learning after delegates have attended the session.

Attendance management clinics continue to operate across NHS Greater Glasgow and Clyde to ensure focused health support for line managers and staff. The Human Resources and Advisory Unit are analysing the actual clinic utilisation rates per Sector/Directorate/Partnership and this information will be correlated against the absence levels per area. Initial feedback indicates that clinic utilisation can be improved to ensure there is a positive uptake on clinic support.

Since the last Board meeting, guidance for Clinical Directors has also been issued to the service to improve absence reporting procedures for medical staff Board wide. This includes standardised reporting procedures and a focus on return to work processes to ensure medical staff absence is managed in accordance with the NHS Greater Glasgow and Clyde Attendance Management policy.

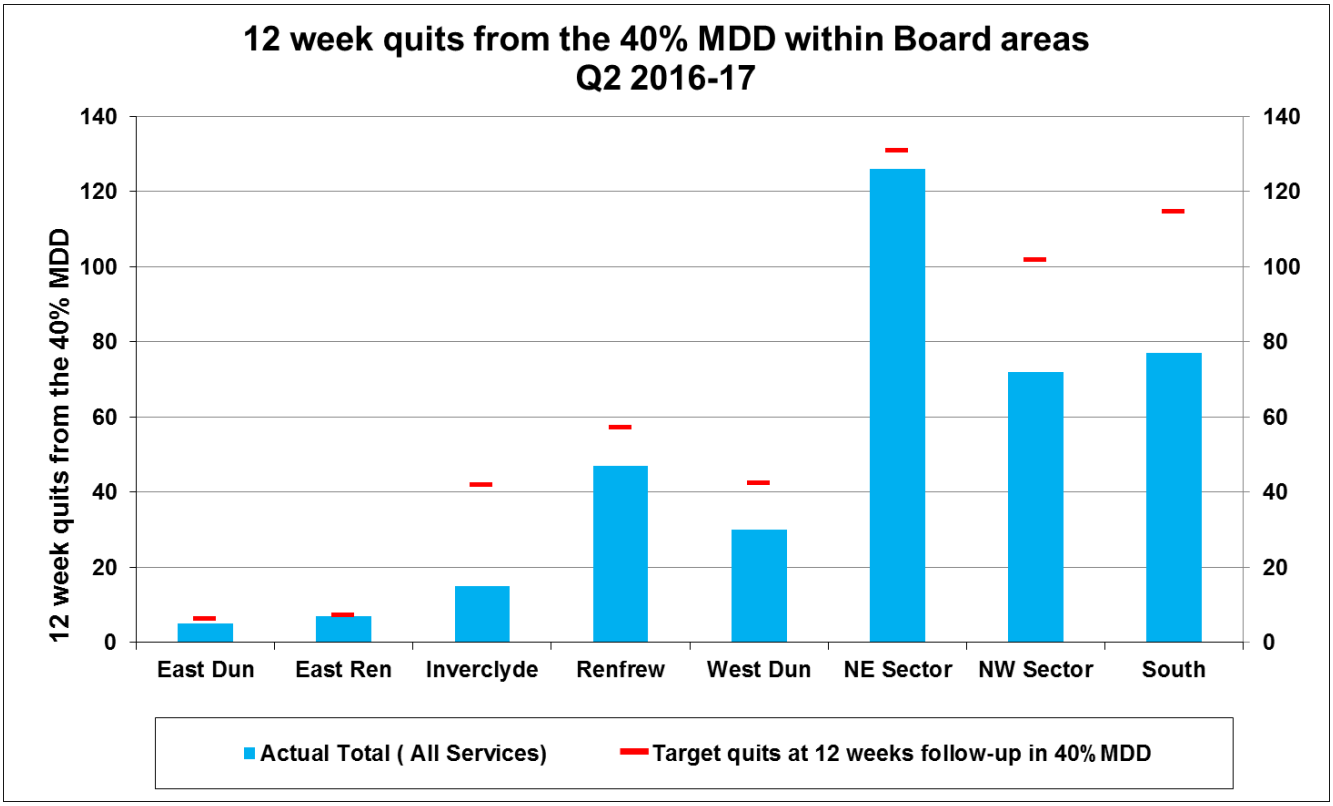
The Staff Governance Committee are also commissioning work regarding the culture of NHS Greater Glasgow and Clyde and the outcome from this work will aim to support managing attendance with key consideration given to how employees feel valued at work.

Timeline For Improvement

This remains an ongoing priority for the Board and will be subject to continued performance monitoring and evaluation of work to ensure activity is targeted to absence hot spots.

Exception Report: Smoking Cessation

Measure	Smoking Cessation – 3 months post quit in the 40% most deprived within - Board SIMD areas
Current Performance	For the period July – September 2016 there were a total of 406 successful smoking quits. Current performance is below that trajectory of 501 successful quits for this period.
Lead Director	Linda de Caestecker



Commentary

The current performance gives rise for concern and reflects the challenge that NHSGG&C has been set as part of the LDP Standard for 2016-17. The new target represents a 51% increase on 2015-16 and is higher than the Scottish average increase of 29%.

This significant challenge is somewhat mitigated when we calculate the increase in outcomes we need to achieve compared to what was delivered in 2015-16. The table below shows that our actual required increase in 12 week outcomes is just over 6% throughout the year. This 6.4% increase in 12 week outcomes is the key benchmark we are working towards when we analyse our service patterns compared to any time period from 2015-16.

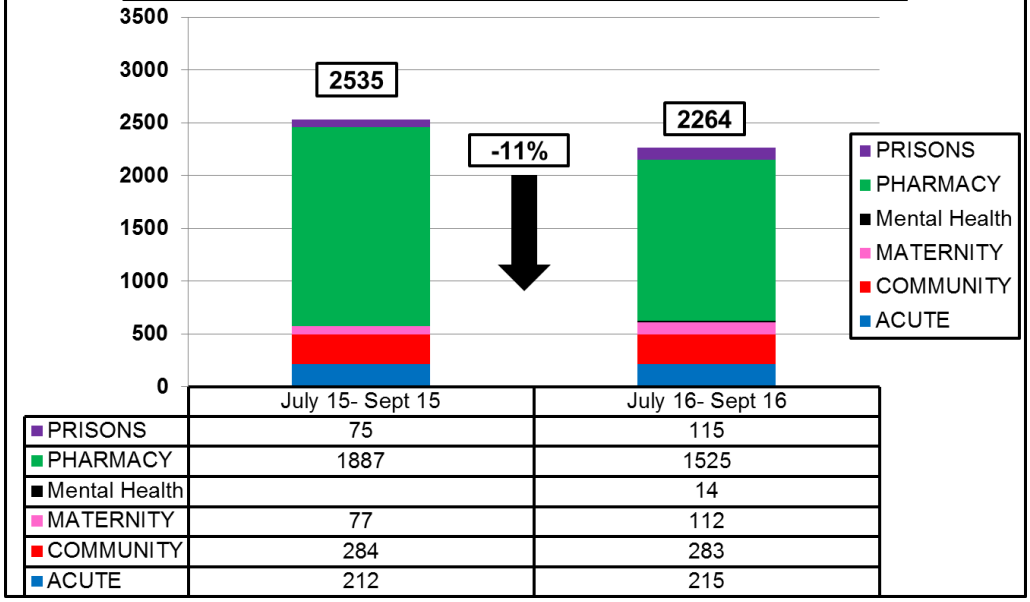
LDP Standard		
	Target	Actual
2015-16	1328	1884
2016-17	2005	2005
Increase	51%	6.4%

Cessation activity has an established seasonal pattern and Q2 accounts for approximately 23% of annual activity, whereas the current LDP model is divided into four equal quarters. Were we to adjust to take account of this we would be currently at 20% of our annual target, and therefore at three percentage points below target. Despite these mitigating factors there still remains a level of concern around achieving LDP for 2016-17. The concern moving forward is the continuing decline in quit attempts across the Board with 11% fewer attempts compared to Q2 2015-16. The first chart below shows this is mostly associated with our Pharmacy Service and during Q2 Pharmacy recorded a 19% drop against same quarter 2015-16.

Charts 2 and 3 below show that whilst we have experienced an 11% drop in quit attempts, improvements in retention, recording and service outcomes led to a fall of only 5% in 12 week quits during Q2 2016-17.

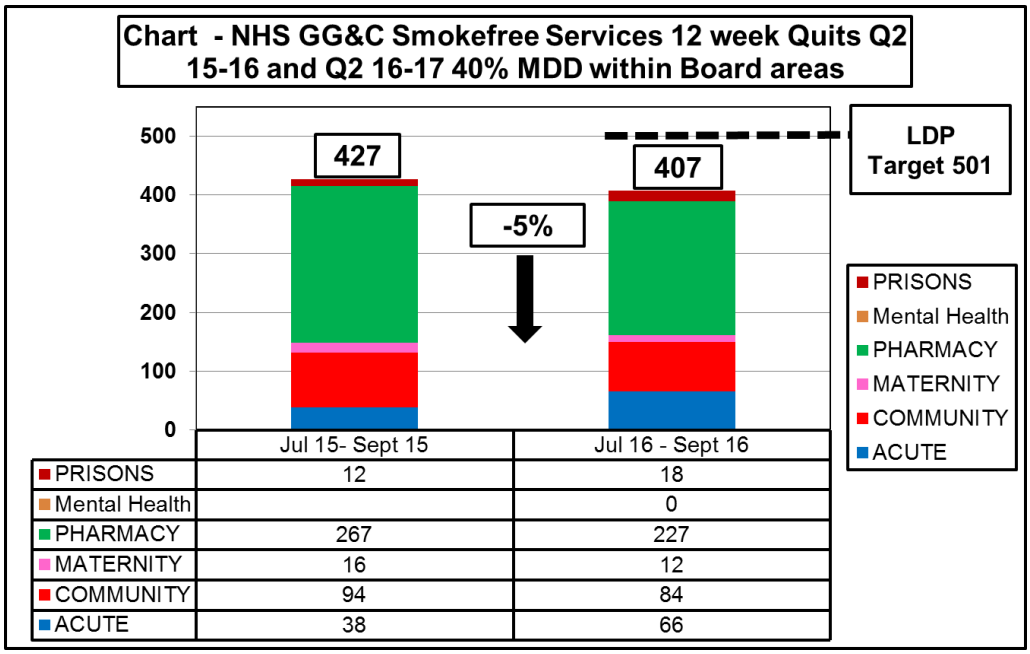
Mid-year report shows NHS GG&C at 41% of LDP target compared to the Scottish average at 37%.

Chart - NHS GG&C Smokefree Services Quit Attempts all Services Q2 15-16 and Q2 16-17 40% MDD



	July 15- Sept 15	July 16- Sept 16
PRISONS	75	115
PHARMACY	1887	1525
Mental Health		14
MATERNITY	77	112
COMMUNITY	284	283
ACUTE	212	215

Chart - NHS GG&C Smokefree Services 12 week Quits Q2 15-16 and Q2 16-17 40% MDD within Board areas



	Jul 15- Sept 15	Jul 16 - Sept 16
PRISONS	12	18
Mental Health		0
PHARMACY	267	227
MATERNITY	16	12
COMMUNITY	94	84
ACUTE	38	66

Quit attempts across Scotland have declined around 14% from same period previous year and this remains a concern longer term and is only likely to be improved with national mass media activity.

An improvement in quit attempts during Quarter 3 has been recorded and these are at the same level as Q3 2015-16.

Actions to Address Performance

Learning from the various service improvement activities has been collated via a discussion paper for the Tobacco Planning and Implementation Group. The paper highlights some of the opportunities and challenges around implementing service changes across the various partnerships. The current structure

of a mixed model of Board wide services and services devolved to partnerships make consistent service improvement implementation sometimes a challenge.

Following the range of review activity during 2015-16 a number of service improvement actions have been agreed and encouraged across the HSCP specialist teams including:

- A focus on engagement with primary care to generate quit attempt activity;
- A focus on developing joint working models with Smokefree Pharmacy;
- A move towards establishing a cluster based approach to service delivery; and
- Replicating the successful Possil model with agreed joint working proposals between Pharmacy and Community Services in Bridgeton, Castlemilk, Govan and Pollok.

During January - March 2017 we have implemented a new social media campaign with an enhanced level of targeting at the data-zones that support the LDP standard.

Alongside this we have funded a number of static advertising sites in close proximity to local pharmacies with the intention of driving activity to the universal pharmacy service. Local HSCP based specialist teams are working alongside Smokefree Pharmacy to either:

- Support improved outcomes for pharmacy patients via joint working or,
- Develop service models which extract pharmacy patients into a local specialist service.

Timeline for Improvement

As discussed early service data from Quarter 3 shows an improvement in the number of quit attempts and Q3 matches the same quarter from 2015-16. If increasing quit rates are sustained we expect the number of 12 week quits in Q3 to be around 5-10% higher than for the same period in 2015-16 and should therefore begin to move us towards the required trajectory for LDP by the end of the year.

The mixed progress towards implementing the shared learning from the various review activity during 2015-16 remains a concern.