**Ref: GJF/2018/06/12**

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# Board Meeting: 14 June 2018

**Subject:** Board Performance Report

**Recommendation:** Members are asked to review and discuss corporate and divisional performance during the current reporting period

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1. **Introduction**

The Board is asked to discuss the content of the performance report covering matters discussed at the May 2018 meeting of the Performance and Planning Committee. This pack includes a snapshot of the waiting list position at 24th May 2018.

* Board Exception Report – Key Performance Indicators (KPIs)

1. Effective KPIs
2. Person-centred KPIs
3. Safe KPIs

* Divisional Exception Reports

(a) Surgical Services

(b) Regional and National Medicine

* Waiting lists – Cardiac Surgery, Thoracic Surgery, Cardiology, Coronary and Electrophysiology.
* Corporate Balanced Scorecard (Appendix 1)

**2 Recommendation**

Board members are asked to note the update for the current reporting period.

**Jill Young**

**Chief Executive**

**1 June 2018**

**(Carole Anderson, Head of Strategy and Performance)**

**Board Exception Report**

Improved performance ⇧

Same performance ⬄

Worse performance ⇩

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| **Effective Board Performance update – June 2018** | | | | | | | |
| KPI | Details | Tolerance | Jan 2018 | Feb 2018 | Mar 2018 | Target | On Track |
| Elective Acute Ward Bed Occupancy | Combined occupancy position for NSD, 2 East, 2 West, 3 East, 3 West | >90.1% = Red  86-90%= Green  78-85.9% = Amber  <77.9% = Blue | 75.5% | 76.7% | 78.5% | 86-90% | ⇧ |
| Interventional Cardiology Wards Bed Occupancy | Combined occupancy position for 2C, 2D and CCU | 87.4%- 100% = R  81% -87.3% = G  77%-80.9%= A  <76.9% = B | 77.3% | 77.1% | 85.9% | 81-87.3% | ⇧ |
| ICU1 Bed Occupancy | Bed occupancy for ICU1 | ≥ 90.1% = R  70 - 90% = G  60 - 69.9% = A  ≤ 64.9% = B | 59.1% | 49.0% | 51.9% | 70-90% | ⇧ |
| ICU2 Bed Occupancy | Bed occupancy for ICU2 | ≥ 78.1% = R  72–78% = G  65 -71.9% = A  ≤ 64.9% = B | 69.7% | 55.0% | 73.7% | 72–78% | ⇧ |
| HDU 2 Bed Occupancy | Bed occupancy for HDU2 | ≥ 87.6% = R  75.1–87.5% = G  62.6 -75% = A  ≤ 62.5% = B | 74.7% | 82.0% | 74.3% | 75.1-87.5% | ⇩ |
| HDU 3 Bed Occupancy | Bed occupancy for HDU3 | ≥ 87.6% = R  75.1–87.5% = G  62.6 -75% = A  ≤ 62.5% = B | 83.1% | 78.5% | 84.9% | 75.1-87.5% | ⇧ |
| **Analysis**  Bed occupancy appeared to improve during March; the increasing occupancy rates should be related to processes enacted to ensure that unfunded beds are appropriately closed on Trakcare, resulting in a more accurate reflection of occupancy within the units. | | | | | | | |

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| **Effective Board Performance update – June 2018** | | | | | | | |
| KPI | Details | Tolerance | Jan 2018 | Feb 2018 | Mar 2018 | Target | On Track |
| Treatment Time Guarantee (TTG) | Number of patients who have breached the TTG | 0 = Green  >0 = Red | 41 | 68 | 29 | 0 | ⇧ |
| **Analysis**  Patients who breached TTG more than halved in March (29) compared to February (68). 2017/18 reported 287 TTG breaches with 99% of these being within Cardiac Surgery (66 TTG Breaches) and Cardiology (219 TTG Breaches).  Cardiac Surgery has been experiencing high volumes of urgent inpatient referrals. These, along with elective priority patients have impacted on the length of wait for elective surgery patients.  Cardiology Electrophysiology also experienced high volumes of referrals; the service is susceptible to external pressures due to the impact of changes to associated outpatient clinics being held elsewhere. Recent Waiting List Initiative clinics held by NHS Greater Glasgow & Clyde (NHS GG&C) to reduce their outpatient cardiology waiting list has added increased demand to the service, which has in turn impacted on waiting times and the number of patients who have breached their TTG. | | | | | | | |

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| **Effective Board Performance update – June 2018** | | | | | | | |
| KPI | Details | Tolerance | Jan 2018 | Feb2018 | Mar 2018 | Target | On Track |
| Stage of Treatment Guarantee - Inpatients and Day Cases (Heart and Lung only) | Percentage of Heart and Lung inpatients and day cases who receive treatment within the nine week stage of treatment target. | Achieved = Green  Not achieved = Red | 57.7% | 54.9% | 67.1% | ≥90% | ⇧ |
| **Analysis**  During March, 67.1% of heart and lung patients were treated within nine weeks, however 93.2% were treated within 12 weeks. The main challenges have arisen within Cardiac Surgery and Cardiology Electrophysiology, where 69.6% and 60.3% of patients were treated within nine weeks respectively. Challenges within Cardiology and Cardiac Surgery have lead to local nine week targets not being met during 2017/18. July 2017 saw the peak in patients being seen within nine weeks when 67.6% of patients were seen within the local target. | | | | | | | |

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| **Effective Board Performance update – June 2018** | | | | | | | |
| KPI | Details | Tolerance | Feb 2018 | Mar 2018 | 16 May 2018 | Target | On Track |
| Job Planning Surgical Services: Consultants | Current signed off job plans on eJP system as a percentage of headcount | Within 5% of target or above = Green Within 5-10% = Amber >10% below target = Red | 0% | 33% | 38% | Oct 17: 50%; Dec 17: 75%  Mar 18: 100% | ⇧ |
| Job Planning Surgical Services: SAS Doctors | 0% | 16% | 58% | ⇧ |
| Job Planning Regional and National Medicine: Consultants | 14% | 36% | 72% | ⇧ |
| **Analysis**  As of 16 May 2018, job plans sign off progress has continued with 38% of Surgical Consultants, 58% of Surgical SAS Doctors and 72% of Regional and National Medicine Consultants having completed the process. Additionally, all Regional and National Medicine Consultants have completed discussion stages and are in the processes of progressing through the three sign off stages. The table below shows the percentage of job plans in each stage of the job planning process as of 16 May 2018.   |  |  |  |  | | --- | --- | --- | --- | | Group | Discussion Stage | Initial Sign Off Stage | Sign Off Completed | | Surgical Services: Consultants | 12% | 50% | 38% | | Surgical Services: SAS Doctors | 28% | 14% | 58% | | Regional and National Medicine: Consultants | 0% | 28% | 72% | | | | | | | | |

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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Person Centred Board Performance update – June 2018** | | | | | | | | | KPI | Details | Tolerance | Jan 2018 | Feb 2018 | Mar 2018 | Target | On Track | | Number of Stage 2 complaints measured as a percentage against volume of patient activity | Maintain at <0.08% of patient activity | ≤4 = Green  5 = Amber  ≥6 = Red | 3  (0.04%) | 2  (0.03%) | 3  (0.04%) | ≤0.08% | ⇩ | | Stage 2 complaints upheld | Quarterly number of upheld complaints against a target derived from the mean number of quarterly complaints 2015/16-2016/17 | >75% = Green  75% - 60% = Amber  <60% = Red |  |  | 4 | 4 | ⇧ | | Level 1 Root Case Analyses (RCAs) as a percentage of patient activity | Maintain at ≤0.02% of patient activity. | ≤0.02% = Green  0.03% = Amber  ≥0.04% = Red |  |  | 3  (0.01%) | ≤0.02% | ⇧ |   **Analysis**  There were three Stage 2 complaints in March, two relating to Regional and National Medicine and one to Corporate, all of which were responded to within the 20 day target. The complaint against Corporate was upheld, one complaint against Regional and National Medicine was partially upheld whilst the other was not upheld.  Over the full year 2017/18, a total of 29 Stage 2 complaints were received, with 15 being upheld.  Three RCAs were initiated during Quarter 4; this brings the total for 2017/18 to 18, eight of which occurred during the first quarter of the year.  **Person Centred Board Performance update – June 2018** | | | | | | | |
| KPI | Details | Tolerance | Jan 2018 | Feb 2018 | Mar 2018 | Target | On Track |
| Disciplinaries | Number of disciplinaries in quarter as a percentage of headcount |  |  |  | 0.11% | ≤0.50% | ⇩ |
| Grievances | Number of grievances in quarter as a percentage of headcount |  |  |  | 0.05% | ≤0.40% | ⇩ |
| Sickness absence | Percentage hours lost due to staff sickness absence as reported via SWISS | Achieved = Green  Not achieved = Red | 5.48% | 4.78% | 5.49% | ≤4% | ⇩ |
| KSF PDR | Actively using e-KSF for annual KSF PDR | Achieved = Green  Not achieved = Red | 90% | N/A | N/A | >80% | ⬄ |
| **Analysis**  One grievance was raised during the whole of 2017/18; this occurred in quarter four within the Corporate division.  Two instances of disciplinary proceedings were initiated in quarter four, both within the Surgical division, taking the total number of disciplinary proceedings initiated for 2017/18 to 10.  The sickness absence target of 4% was not met during 2017/18, with April 2017 reporting the lowest sickness absence for the year at 4.03%.  Golden Jubilee Foundation (GJF) sickness absence was reported by ISD as being 5.07% for the full year 2017/18, this ranks the GJF as 9th out of 22 Health Boards for the year and below the 5.39% reported by NHS Scotland as a whole. ISD data reports GJF long term sickness absence for 2017/18 at 3.01%, compared with an NHSScotland figure of 3.42%, with GJF having the 10th lowest long term absence rate in Scotland.  With regard to short term sickness absence, ISD reports GJF at 2.06%. When compared against the national figure for 2017/18 of 1.97% this places GJF 16th out of 22 Health Boards.   |  |  |  |  | | --- | --- | --- | --- | |  | GJF | NHSScotland | GJF position | | Overall | 5.07% | 5.39% | 9/22 | | Long term | 3.01% | 3.42% | 10/22 | | Short term | 2.06% | 1.97% | 16/22 |   KSF figures were unavailable for February and March due to the closure of the system to allow for data migration to the new TURAS platform. A report from TURAS should be available at the end of June.   | KPI | Details | Tolerance | Jan 2018 | Feb 2018 | Mar 2018 | Target | On Track | | --- | --- | --- | --- | --- | --- | --- | --- | | Medical Appraisal of relevant doctors in 2017/18 with completed appraisal interview | Completed appraisals interviews to date, does not confirm Form 4 sign off with trajectory:  July 17 - 30% Nov 17 - 60%  Mar 18 - 100% | Within 5% of target = Green  Within 5%-10% of target = Amber  >10% = Red |  |  | 89.1% | 100% | ⇧ | | Medical Appraisal of relevant doctors in year 2017/18 with completed Form 4 | Completed appraisal interviews and Form 4 sign off with trajectory:  July 17 - 30% Nov 17 - 60%  Mar 18 - 100% | Within 10% of target = Green  Within 10%-15% of target = Amber  >15% = Red |  |  | 80.8% | 100% | ⇧ |   **Analysis**  Whilst the medical appraisal cycle ends at the end of March 2018, Heath Improvement Scotland (HIS) allow a grace period to complete any outstanding paperwork. All required appraisals and Form 4s were completed and accepted within the grace period which ended on 30 April 2018. Obtaining 100% completion of medical appraisals is a highly impressive achievement. | | | | | | | |

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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Safe Board Performance update – June 2018** | | | | | | | | | KPI | Details | Tolerance | Jan 2018 | Feb 2018 | Mar 2018 | Target | On Track | | MRSA/MSSA bacterium | Maintain a rate of 0.12 cases per 1000 acute occupied bed days | 1 case = G  2 cases = A  >2 cases = R |  |  | 4 | 0 | ⇧ | | Clostridium difficile infections (CDI) in ages 15+ | Maintain at 0.10 cases per 1000 total acute occupied bed days or lower | 1 case = G  2 cases = A  >2 cases = R |  |  | 2 | 0 | ⇧ |   A total of 11 Staphylococcus Aureus Bacteraemia (SAB), MRSA and MSSA infections were reported during 2017/18, this equates to an annual rate of 0.23 SAB per 1,000 occupied bed days. Whilst above our local SAB target of 0.12 per 1,000 occupied bed days, this is below the nationally defined annual HEAT target of 0.24.  Two cases of CDI were reported during 2017/18, both in Quarter Four; this equates to an annual rate of 0.04 CDI per 1,000 occupied bed days. This is well below the national HEAT target of 0.32 cases CDI per 1,000 occupied bed days |

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| **Surgical Services Division Performance Board Performance Update – June 2018** |

| **ISSUE** | **ACTION** | **RESPONSIBLE LEAD** | **TIMESCALE** |
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| Critical Care | During April 2018, bed occupancy increased to 84% within Critical Care. We noted a reduction in cardiac cancellations in April were as a result of bed availability within Critical Care; none of the 13% cancellations were related to staff availability. On four occasions during April, all level 3 funded beds were occupied and over three weekends there was a requirement for unfunded beds to remain open. | Lynn Graham | Ongoing |
| Cardiac Surgery | During April, eight patients were treated over the 12 week Treatment Time Guarantee (TTG). This figure is a reduction on those reported at the start of the year, however the number of urgent inpatient and elective priority referrals has continued to impact elective surgery patients and the number waiting over nine weeks for surgery.  No further Grampian referrals were accepted in April due to internal waiting list pressures.  The division continues to work closely with the Patient Flow programme, with changes being implemented to split administrative and clinical roles and identified improved clinical assessment opportunities which have been recruited to.  Work with the Patient Flow team has linked theatre cancellations with increasing theatre times and urgent/emergency patients impacting on elective flow. Data collation is underway relating to the changing complexity of procedures with clear measures in terms of procedure type and length of ventilation.  A paper describing the output of the Patient Flow Theatres reengineering work was circulated to the Committee, with a number of recommendations for approval and support.  The principle of the project is to improve the efficiency of the Cardiac theatres and enhance patient and staff experience by creating a dedicated urgent/emergency theatre space within the existing capacity for Cardiac theatres to improve the management of competing demands from the different patient cohorts of elective, elective priority, urgent and emergency.  The discrete event simulation modelling carried out, based on Golden Jubilee data, also indicated that by extending the theatre day, further improvements could be achieved, e.g. reduced cancellations due to lack of operating time.  The Director of Operations (Executive Lead for the work) indicated that the evidence clearly supported the need for change. The Committee agreed to progress engagement with all staff groups, including formal Staff Side discussions regarding the proposals, with a view to agreeing staffing models and identifying/overcoming any barriers to the implementation of the preferred model.   The Committee asked for more detailed financial costings and analysis to be developed and that this reflects the agreed workforce and implementation plans.   It was agreed that an update on progress be brought to the next meeting of the Committee in July 2018.  The pre-operative anaesthetic clinic, supported by the Strategic Projects Group, continues to identify patients with co-morbidities who require intervention prior to surgery. This is allowing potentially suitable ‘Day of Surgery Admission’ (DoSA) patients to be identified and support the aim of achieving a reduction in medical cancellations. | Lynn Graham | Ongoing |
| Thoracic | The re-establishment of the Thoracic Enhanced Recovery Forum has renewed focus on Enhanced Recovery After Surgery (ERAS) and DoSA principles, with the aim of embedding DoSA as standard practice.  An increase in referrals to the service has seen some operational challenges, with many of the referrals being on the 31 day cancer pathway. As a consequence, in April four non cancer patients were treated over nine weeks as priority was given to treating those on either an urgent or 31 day pathway; all patients were treated within the TTG.  One of the long standing Thoracic consultants commenced phased retirement in April; this is causing some challenges as his clinical commitment reduces. Interviews for a permanent replacement are scheduled for June 2018. | Lynn Graham | Ongoing |
| Orthopaedics | A total of 23 total hip replacement patients were discharged on post-operative day one during April, which equates to 16% of hip activity and exceeds the established trajectory.  During April, the DoSA rate was 66%. The process for collecting data in Trakcare to identify patients who were categorised as suitable for DoSA at pre-operative assessment but were not then admitted on the day of surgery has now gone live. Due to the 4-6 week wait between patients being seen in pre-operative assessment and having surgery, the first full report will not be available until the end of May.  The Enhanced Monitoring Unit (EMU) has opened both beds when staffing allows. The service is working well with the utilisation of orthopaedic bed days in HDU beginning to fall with the trend being monitored.  Improvement work in Outpatients has reduced orthopaedic practitioner administrative tasks, allowing additional patients to be seen in clinic by each practitioner. | Christine Divers | Ongoing |
| Ophthalmology | Capacity within the mobile unit increased to seven patients per session from 8 May. The contract has been extended for a further 12 months, with a reduction in rental costs to reflect the recent purchase of a new microscope.  The Ophthalmology outpatient ‘Did Not Attend’ (DNA) rate during April was at an all time low of 1.3%. Data collected during the audit of reminder call non-responders identified that only 36% of patients responded.. Patients indicated that they were hanging up on hearing an automated call, screening calls for unrecognised numbers, and reported that they were unable to press buttons to respond. Work is ongoing between the division and eHealth to explore solutions to reduce reminder call non-response rates. | Lynn Graham | Ongoing |
| Theatre Utilisation | The cancellation report continues to be shared weekly and is scrutinised closely, looking at areas of improvement. During March the cancellations in Thoracic and Cardiac Surgery increased by 5% and 6% respectively, however in April, a decline in cancellations was noted due to improved bed availability.  The 3% target was missed in Ophthalmology and Orthopaedics, where increases of around 1% were noted. | June Rogers | Ongoing |

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| **Regional and National Medicine Division Performance Board Performance Update – June 2018** |

| **ISSUE** | **ACTION** | **RESPONSIBLE LEAD** | **TIMESCALE** |
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| Scottish National Advanced Heart Failure Service (SNAHFS) Transplant Update | As of 15 May 2018, there were 21 active patients on the transplant waiting list, of which two were urgent. There has been one transplant in 2018/19 to date. | Lynne Ayton | Ongoing |
| Organ Care System (OCS) | To date the OCS machine has been used three times to retrieve ‘Donation after Brain Death’ (DBD) hearts, two of which were successfully transplanted. Full debriefs were carried out to maximise opportunities for learning and to review and improve the logistics. Currently the OCS machine is only being used for DBD retrievals. A business case is being developed to progress OCS for ‘Donation after Circulatory Death’ (DCD) to the National Retrieval Group. No date has been set for this, however prior to this, there would be a requirement to progress this through the GJF Governance framework. | Lynne Ayton | Ongoing |
| Scottish Adult Congenital Cardiac Service (SACCS) | As previously cited, the SACCS service continues to face challenges as a result of the high return outpatient waiting list. Actions being taken to reduce the waiting list include:   * Additional Waiting List Initiative Saturday clinics * Increase in nurse led clinics * Increased clinic size with patients being seen by Senior Registrar * Review of consultant job plans to increase clinic capacity within existing paid sessions * Ongoing review and management of waiting list   The Regional and National Medicine leads are working closely to monitor and improve the current waiting list pressures. | Lynne Ayton | Ongoing |
| Interventional Cardiology Recovery Plan | It is noted that there are significant pressures in Cardiology, partly driven by the increase in Electrophysiology (EP) referrals, and partly due to the overall capacity gap in coronary intervention compared to demand.  Additional sessions are continuing to run on Saturdays, where possible, to manage the capacity gap and maintain waiting times with 12 weeks.  As of 8 May there were 179 available patients on the EP waiting list. In order to accommodate all patients within the 12 week guarantee time, the waiting list should not exceed 120 patients. Consultant maternity leave has also added to the activity challenges. The current waiting time is in excess of 18 weeks, and longer for those requiring general anaesthesia.  The EP waiting list is being impacted by NHS GG&C running additional Waiting Lisit InitiativeCardiology clinics, which has resulted in an increase in referrals to the EP service. Recent discussions with NHS GG&C have indicated that further funding has been provided to deliver additional outpatient cardiology clinic capacity,which will likely further impact the EP service. The increase in patients who exceeded their treatment time guarantee in February was due to an increase in referrals to the service following additional NHS GG&C clinics in November. Referrals to the service have constantly exceeded capacity since July 2017.  The following actions have been taken to improve the EP position:   1. Ensure all core capacity is staffed were possible, despite consultant absence. 2. Ongoing discussions with NHS GG&C and Forth Valley to manage demand. Despite a conversation with NHS GG&C management, they have indicated they will continue additional Arrhythmia clinics for the foreseeable future, to deal with their own long waits for outpatient appointment. 3. Referral criteria for the Arrhythmia clinic agreed with West of Scotland. 4. Engagement of clinicians to agree how we prioritise the current capacity against current demand. 5. Review of referral trends to identify any outliers. 6. Ongoing discussions with National Services Division to agree the pathway and funding for congenital EP patients. 7. Increase in activity through extended days and additional lists where possible. | Lynne Ayton | Ongoing |
| Transcatheter aortic valve implantation (TAVI) | TAVI has been running successfully since 10 April 2018. Five lists having been carried out by 9 May, and with 12 patients being successfully treated with excellent outcomes. Dr Eteiba expressed his gratitude on behalf of clinicians to the Chief Executive and the Board for their efforts in securing the TAVI service at the Golden Jubilee. | Lynne Ayton | Ongoing |
| Scottish Pulmonary Vascular Unit (SPVU) | The National Specialist Services Committee has supported the business case outlining the service pressures facing SPVU, however all funding for medical posts has been agreed on a non-recurring basis.  Outreach clinics in Aberdeen have been increased from four to six per annum. The establishment of an outreach clinic for the East of Scotland has been deferred due to challenges identifying clinic space with NHS Lothian.  The increase in outreach clinics, in conjunction with the appointment of a consultant has enabled an increase in clinic capacity and improved access for patients at the same time as ceasing the regular waiting list initiative clinics. | Lynne Ayton | Ongoing |
| National Cardiac Benchmarking Collaborative (NCBC) | Each year, GJNH submits cardiac surgery and cardiology data to the National Cardiac Benchmarking Collaborative (NCBC). NCBC is a UK wide collaborative of NHS Specialist Cardiac Centres which aims to improve the quality, efficiency and effectiveness of cardiac services through benchmarking, sharing of best practice and working in collaboration to reduce unnecessary variation. Glasgow (including GJNH) was listed in the upper quartile for efficiency and utilisation of the Cath Labs, however was not in the upper quartile for high day case rates. This is an area where information and protocols will be gathered from the top rated centres to identify improvements. | Lynne Ayton | Ongoing |

**Cardiac Surgery Inpatient Waiting List**

This is a snapshot of the cardiac surgery inpatient waiting list as at 24 May 2018 with a total of 286 patients waiting for surgery (up from 230 on the last report). Approximately 69% of the total waiting list are patients that are on the available waiting list (196 patients). This has increased from 152 in the previous reporting period. 31% (90 patients) were unavailable – although a reduction in percentage terms only 78 people were unavailable on the last report.

Figure 2: At 24 May 2018 the number of unavailable patients was 90 (69 medical and 21 patient-advised). For the last 26 week period, the average number of unavailable patients per week has been 64. Medical unavailability peaks are cyclical; this may be attributed to patients who are on long term unavailability being relisted as unavailable following review of their medical status.

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26h a total of 2 imentation.kforce plan tiated with the preffered model will be confirmede any barriers to the implimentation**Thoracic Surgery Inpatient Waiting List**

As of 24 May 2018, there were 75 patients (Figures 4) on the Thoracic Surgery Inpatient waiting list, down from 78 in the last reporting period.

The distribution of patients is 77% (58 patients) on the available waiting list (down from 67) and 23% (17 patients) were on the unavailable list, (an increase from 11 patients).

Figure 5: As a percentage of the total waiting list there were 1% (1 patient) medically unavailable patients and 21% (16 patients) advised unavailability. Patient advised unavailability continues to fluctuate in line with season trends and holiday periods.

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| Figure 4 | Figure 5 |
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**Cardiology Inpatient Waiting List**

Figure 6 illustrates the number of cardiology patients on the waiting list during the last 26 weeks. On 24 May 2018 a total of 847 patients were on the cardiology waiting list with around 95% (802) patients on the available list. In addition to this, 5% (45) of patients were unavailable. Both percentages are unchanged from the last report however the number of people on the cardiology inpatient waiting list has increased by 7% on the previous reporting period (up from 788 patients).

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| Figure 6 |
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**Electrophysiology Waiting List and Coronary Waiting List**

Figure 7 shows that there are currently 207 available patients on the Electrophsiology (EP) waiting list. In order to accommodate all patients within 12 week guarantee time, the maximum list size is 120. The number of referrals to the service peaked in November with 85 new referrals to the service. This is against capacity of 40 procedures per month which resulted in an immediate increase in the waiting time of 4 weeks. All these patients had Treatment Time Gaurentee (TTG) dates in February 2018, hence this has resulted in an increase in the number of patients breaching TTG. GGC has recently indicated that more funding had been receive to deliver additional outpatient capacity. This has meant that the referrals to the service have consistently exceeded capacity since July 2017.

As at 24 May 2018, Figure 8 shows that there were 560 available patients on the coronary waiting list, with 26 waiting in excess of 9 weeks. The length of wait has been maintained at 10-11 weeks, with continued weekend lists during this reporting period. One patient has breached their TTG due to an admin error. This breach has been fully investigated to ensure measures are implemented to avoid a repeat occurrence.

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| |  |  | | --- | --- | | **Figure 7: Electrophysiology Waiting List** | **Figure 8: Coronary Waiting List** | |  |  | |  |