NHS Board Meeting
Tuesday 16 April 2013

NHS Greater Glasgow and Clyde

Chief Operating Officer (Acute Services Division) **Board Paper No. 13/15**

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of February 2013.

This paper reports on progress across the single system towards achieving waiting time and other access targets set by the Scottish Government (commonly known as HEAT Targets).

1. GENERAL WAITING TIMES / 18 WEEKS REFERRAL TO TREATMENT (RTT)

Waiting times for outpatient appointments, inpatient / day case treatment and diagnostic tests have been falling over recent years as the Board has achieved successive Government targets. The revised Government target is that, by December 2011, the total maximum journey time will be 18 weeks from referral to treatment, referred to as the 18 weeks RTT target. The national target required the Board to deliver 90% performance for combined admitted / non admitted performance by 31 December 2011.

The 18 weeks standard requires all Boards to measure the total period waited by each patient, from referral to treatment (RTT), and to manage each patient's journey in a timely and efficient manner. The clock starts for a RTT period on the date of receipt of a referral to a consultant-led service.

Achievement is being measured against a standard of 90% combined admitted / non admitted performance within 18 weeks and the focus is now on the whole journey measurement, as this is the national requirement.

Within NHSGG&C this measurement process has essentially been manual in nature and is extremely complex, relying on significant interpretation of data. Efforts over recent months will see the evolution of interim IT solutions being deployed across North & South Glasgow Sectors, along with Yorkhill to improve pathway 'linkage' and therefore more robust analysis, until the new patient management system is fully implemented.

The Acute Division reports on the individual stage of treatment targets against the 18 week RTT target, along with the national stage of treatment targets, and information on patient unavailability.

➢ 1.1 Combined admitted / non admitted performance

This measure outlines the Board's performance against the agreed target for both the admitted and non-admitted pathways. As detailed below, the Board is currently achieving 91% performance, against the target of 90%.

	Dec 12	Jan 13	Feb 13
Actual	91.7%	91%	91.2%
Trajectory	90%	90%	90%

The Division has focussed efforts on improving performance using a range of strategies including; robust analysis at an individual procedural level (high volume pathways), development of a data warehouse which helps to improve pathway linkage in the absence of the Unique Care Pathway Number, as well as continued and significant manual oversight of data quality, and a series of manual interventions to improve this.

- **1.2 Linked Pathways**

This is a measure of the percentage of patients where their total pathway is being linked. The Board continues to exceed the target of 80% in February 2013. It should be noted that there is significant complexity involved in improving performance for this key performance indicator due, in part, to our status as a tertiary service provider for other NHS Boards and the cross boundary referrals that occur. Work continues nationally to develop more robust inter Board processes to allow appropriate pathway linkage to be facilitated.

	Dec 12	Jan 13	Feb 13
Actual	90%	90.4%	90.3%
Trajectory	80%	80%	80%

An emphasis on the completion of clinic outcome forms is ongoing with minor changes to the forms to ensure that where treatment has started the pathways are closed. A review of case notes continues to take place monthly to ensure that all treatment started is recorded. The Board has agreed targets with the Scottish Government Health Department, which will monitor the progress of the Division against this target.

Members should note that we continue to achieve our trajectory position in this area.

- **1.3 Clinic Outcome Form (COF) completeness**

This refers to the forms that are completed at the end of each clinic outlining the outcome of the consultation and are very important in ensuring that there is an accurate record of the proposed next course of action for each patient.

Members should note that our performance in this area is marginally below target. A review of performance indicates a reduction in the previously strong completion rate in South Glasgow. The impact of the TrakCare rollout on performance is under investigation. Clinicians have been reminded of the importance of ensuring there is a completed COF for all patients.

	Dec 12	Jan 13	Feb 13
Actual	87.7%	87.9%	87.7%
Target	90%	90%	90%

- **1.4 Stage of Treatment targets**

As the firm emphasis has now moved to pathway measurement, the focus of this report will be maintained on that measurement. The national stage of treatment times for available inpatients / daycases and new outpatients of 12 weeks will still continue to be reported, particularly in light of the Patient Rights (Scotland) Act 2011.

Nationally, IP/DC spinal surgery has been excluded from the 12 week treatment time guarantee for a 12 month period, and therefore there will be a number of patients in this category within NHS GG&C for that period. As at 28th February there were 161 spinal patients that have been exempted, with 26 of those patients waiting over 12 weeks.

The Institute of Neurosciences management and clinical teams are continuing their work to bring the IP/DC services within 12 weeks.

- **1.5 Unavailability**

Unavailability of patients across the Division has been closely monitored as the waiting time and numbers of unavailable patients have reduced over the past year. Delivery of the current position has been predicated on 'reasonable offers' being made to patients for access to OP or IP/DC slots at our hospitals across NHS GG&C, this is in line with the Access Policy.

A sector approach has been adopted and in most cases this will reduce the distances being required to attend an appointment.

Work is ongoing across the Division to ensure capacity is aligned with the demand profile; however it should be noted that the current arrangement of providing patients with a reasonable offer within the Board's area is best utilising NHS GG&C capacity and supporting effective utilisation of some of our most expensive assets, again, this operational approach is in line with the Access Policy.

The overall position at the end of February 2013 is detailed below.

		Total Unavailable	Total Unavailable	Total Unavailable
Inpatient / Day Cases		**December 12**	**January 13**	**February 13**
Greater Glasgow & Clyde		3,247	3,093	2,508
Yorkhill		581	559	531
TOTAL		**3,828**	**3,652**	**3,039**
Outpatients		**December 12**	**January 13**	**February 13**
Greater Glasgow & Clyde		2,036	2,130	2,065
Yorkhill		348	200	208
TOTAL		**2,384**	**2,330**	**2,273**

This demonstrates a decrease in IP/DC unavailability of 613 patients. The OP position shows a decrease of 57 patients. This decrease in unavailability reflects the previous year's trend.

At the end of February 2013, the total number of patients waiting (both available and unavailable) was 16,057 inpatients / daycases and 52,007 new outpatients.

The revised maximum waiting time of 12 weeks is now in place for ophthalmology service, but the specialty remains under pressure despite undertaking significant additional waiting list sessions and the appointment of locum staff. The managerial and clinical teams are continuing to work together to address this pressure.

The Division is also developing its governance processes around access management in line with both the internal and external audits. Future reports will detail the additional guidance being issued to staff, the approach to core and consistent training, and the compliance audit programme that will be instituted.

- **1.6 Diagnostic Waiting Times**

As a milestone towards achieving the 18 weeks referral to treatment guarantee, the Division met the target set for March 2010 of no patients waiting over 4 weeks from referral to CT scan, MRI scan, non-obstetric ultrasound, barium studies, upper endoscopy, lower endoscopy, colonoscopy and cystoscopy, and this has been maintained.

The internal target of no available patients waiting over 3 weeks from referral to test by March 2011 was, and continues to be, achieved. There were no available patients waiting over 3 weeks from referral to test in December 2012, January 2013 and February 2013.

However, sustained and increased demand is being experienced in relation to MRI and CT scanning, with substantial increases noted in both modalities. In addition, the recent increase in breast referrals has lead to an increased requirement for mammography, which is also placing additional access requirements on the service. Additional weekend / evening sessions are being undertaken on a number of sites to ensure adequate capacity is in place to deliver the 18 week position, access for emergency patients and the cancer / stroke targets

2. ACCIDENT AND EMERGENCY WAITING TIMES

The Board is required to ensure that the maximum length of time from arrival at A&E to admission, discharge or transfer is 4 hours for 98% of Accident and Emergency patients.

Site	Dec-12	Jan-13	Feb-13
Western Infirmary	83%	79%	83%
Glasgow Royal Infirmary	93%	88%	89%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	93%	97%	98%
Southern General Hospital	91%	89%	89%
Victoria Infirmary	86%	85%	87%
Royal Alexandra Hospital	91%	86%	85%
Inverclyde Royal Hospital	93%	90%	91%
Vale of Leven Hospital	98%	97%	97%
Board Average	**90%**	**88%**	**89%**

The period covered by the report has been extremely challenging in terms of the 4 hour target. The Board has been some distance away from achieving the target compliance figure of 98% set by the Scottish Government. It should also be noted that over the 3 months in question, NHS Scotland as a whole has failed to meet this target with overall performance for the period around 90%.

The Board reported 9 patients breaching 12 hours in December 2012, 40 in January 2013 and 21 for the month of February 2013. Clinical and managerial teams worked together to minimise the number of these long patient waits. Senior managers and clinicians have maintained a high visibility in the emergency departments and have worked hard to ensure that blockages and delays in terms of patient movement through the system are kept to a minimum.

The reasons for this reduced performance can be attributed to the fact that the Board has been experiencing atypical demand pressures in emergency care compared to previous years. This is also true of several other mainland NHS Boards.

Key indicators include

- Significant spikes in A&E activity at various sites, e.g. both GRI and Victoria Infirmary have recorded their highest ever emergency care activity figures in recent weeks

- Emergency admissions via A&E have also increased, again at specific sites, with extreme spikes in demand (e.g. the Victoria Infirmary, Western Infirmary)

- Initial review of activity by triage code is suggestive of increased case-mix complexity at some of the A&E departments.

Norovirus has continued to present significant operational problems in February 2013 with wards closed to new admissions on 65 separate occasions in February 2013 as a result of the virus.

In accordance with the Winter Plan, we have continued to provide augmented clinical support services and additional temporary bed capacity. Beds have been temporarily redesignated for use by unscheduled care services and additional diagnostic and transport services have been provided at the weekend. Elective activity has also been flexed to allow for additional surges in demand from emergency care.

Ongoing Actions and Processes

Despite significant investment by the Board in additional winter resources and the sustained efforts of all staff involved in the provision of care and support to unscheduled care patients, there continue to be significant pressures in meeting demand. A number of key support actions are ongoing:

- The management of unscheduled care continues to be afforded maximum priority within the Acute Services Division and each member of the senior team is aware of the individual and corporate priority placed on this issue.

- The Acute Division Senior Management Team is meeting regularly to co-ordinate the Division's actions.

- Management and clinical teams continue to work together throughout this period to ensure that all resources are utilised in the most effective manner possible to continue to respond to the activity demands.

- The Division continues to work with colleagues in partner agencies - NHS 24, the Scottish Ambulance Service, Health Protection Scotland, Public Health, and CHCPs, to identify and address the issues of demand and surges in activity.

3. CANCER WAITING TIMES

- The 62 day urgent referral to treatment target includes screened positive patients, and all patients referred urgently with a suspicion of cancer.

- The 31 day target includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat, to treatment.

95% of all eligible patients should wait no longer than 62 days or 31 days. A 5% tolerance level is applied to these targets, as for some patients it may not be clinically appropriate for treatment to begin within target.

The ISD validated position for NHSGG&C for the period Quarter 4 (October '12 – December '12) is **95.0%** against the 62 day target, and **98.2%** against the 31 day target. This was the published position on 26 March 2013.

Tumour Type	Quarter 4: Validated			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast	276/277	99.6	369/372	99.2
Cervical	3/4	75.0	15/18	83.3
Colorectal	100/102	98.0	194/202	96.0
Head & Neck	39/41	95.1	110/110	100.0
Lung	142/156	91.0	335/335	100.0
Lymphoma	15/16	93.8	66/66	100.0
Melanoma	17/17	100.0	56/57	98.2
Ovarian	7/7	100.0	22/23	95.7
Upper GI	77/85	90.6	190/191	99.5
Urological	87/98	88.8	293/307	95.4
All Cancer Types	**763/803**	**95.0**	**1650/1681**	**98.2**

The undernoted table represents the current position for January 2013. The data is unvalidated and will be subject to further change:

Tumour Type	January 2013			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast	80/82	97.6	110/114	96.5
Cervical	1/1	100.0	3/3	100.0
Colorectal	22/24	91.6	44/50	88.0
Head & Neck	9/10	90.0	25/28	89.2
Lung	34/40	85.0	86/86	100.0
Lymphoma	5/6	83.3	17/17	100.0
Melanoma	5/5	100.0	16/16	100.0
Ovarian	0/0	-	4/4	100.0
Upper GI	19/24	79.2	51/52	98.1
Urological	34/34	100.0	108/113	95.6
All Cancer Types	**209/226**	**92.5**	**464/483**	**96.1**

Service Issues - 62 Day Pathway

In relation to the tumour type breachers, in each case, individual treatment pathway reviews are carried out at service level, themes & issues are identified.

It is unusual to experience breach cases in the Breast cancer pathway. However this is mainly attributed to an increased referral demand associated with the Detect Cancer Programme. The increased volume of referrals led to some delays with initial out-patient consultation, despite a significant number of additional clinics operating. In addition to this, for cases breaching, they had multiple investigations. Those two factors resulted in the breach situation.

In relation to Lung and Upper GI breachers, a combination of factors contributed a breach in the 95% performance. The general challenge of managing cases over the 4 day festive public holiday is a common theme to many of the breach reports. Upper GI proved particular challenging given the multiple diagnostic and staging events that are necessary pre-treatment.

The data remains provisional, with a number of cases under clinical review, and further cases to be added from pathology, incidental findings, and accident and emergency numbers.

4. CHEST PAIN

The maximum wait from GP referral through a rapid access chest pain clinic, or equivalent, to cardiac intervention is 16 weeks. The Board is now only responsible for Rapid Access Chest Pain services, with a target waiting time of two weeks as part of the overall 16 week patient journey. The Board continues to meet this target.

5. STROKE

The stroke performance data is reported quarterly and the year end information will be available at the next meeting

6. PATIENTS AWAITING DISCHARGE

In order to ensure that patients receive the most appropriate care and to ensure that capacity is available for new admissions, it is imperative that patients are discharged as soon as they are clinically ready.

The target for discharge to be completed will drop to four weeks from April 2013 and future reports will show this.

This work is the principal focus of joint planning with local authorities regarding older people, and is supported by the additional "Change Funds" released to the partnerships.

The number of patients awaiting discharge by CH(C)P, and by service, in February 2012 and February 2013, is shown in the following tables.

NUMBER OF PATIENTS WAITING - TOTAL BY CH(C)P

	Feb 2012	**Feb 2013**		**Feb 2012**	**Feb 2013**		**Feb 2012**	**Feb 2013**
Total patients delayed	**Under 6 weeks**	**Under 6 weeks**		**Over 6 weeks**	**Over 6 weeks**		**Total**	**Total**
East Dun	11	20		0	0		11	20
West Dun	15	10		0	0		15	10
Glasgow	106	114		5	6		111	120
NE	*40*	*27*		*2*	*0*		*42*	*27*
W	*32*	*29*		*0*	*1*		*32*	*30*
S	*34*	*58*		*3*	*5*		*37*	*63*
Inverclyde	11	6		0	1		11	7
North Lan	3	1		2	0		5	1
South Lan	6	7		0	0		6	7
East Ren	17	20		0	1		17	21
Renfrewshire	40	21		1	0		41	21
Other	3	2		0	0		3	2
Total	**212**	**201**		**8**	**8**		**220**	**209**

NUMBER OF PATIENTS WAITING - TOTAL BY SERVICE

	Feb 2012	**Feb 2013**		**Feb 2012**	**Feb 2013**		**Feb 2012**	**Feb 2013**
Total patients delayed	**Under 6 weeks**	**Under 6 weeks**		**Over 6 weeks**	**Over 6 weeks**		**Total**	**Total**
Acute	185	187		4	8		189	195
Mental Health	27	14		4	0		31	14
Total	**212**	**201**		**8**	**8**		**220**	**209**

Column 1 - 'Feb 2012 under 6 weeks' does not include a further 26 patients who were delayed less than 3 days as this was not a requirement of ISD reporting at that time.

The total number of patients awaiting discharge in the February 2013 census therefore represents a 15% reduction compared to February 2012.

The figures above relate to the number of patients whose discharges are progressing through the discharge planning process.

In addition, in February 2013, there are a further 42 patients whose discharge cannot be progressed immediately as their case is particularly complex or their case is being considered under the Adults with Incapacity legislation. This compares to a figure of 93 patients the same time last year, a reduction of 45%.

The plans agreed by each Partnership to reshape older people's care each contained a specific commitment to reduce the number of days patients spent in acute hospitals waiting to be discharged.

Each Partnership agreed that this would substantially reduce, by as much as 50% in most cases, and despite the improvements described above this has not yet been delivered.

The number of bed days occupied by patients over the age of 65 awaiting discharge, including those who were subject to Adults with Incapacity procedures, in acute hospitals since April 2012, is shown below.

BED DAYS OCCUPIED BY PATIENTS OVER 65 AWAITING DISCHARGE

Bed Days Acute	**Cumulative April 12 – Feb 13**		**Cumulative April 11 – Feb 12**	**% change on last year**
East Dun	4998		5914	-15%
East Ren	4790		3723	-29%
Glasgow	39515		60104	-34%
Inverclyde	3574		5123	-30%
Renfrewshire	11947		18001	-33%
West Dun	5486		7904	-31%
Sub Total	**70310**		**100769**	**-30%**
N Lanarkshire	757		1384	-45%
S Lanarkshire	3651		3782	-3%
All other areas	2177		1773	-22%
Total	**76895**		**107708**	**-28%**

This indicates that, whilst there has been some improvement since last year with an overall 28% reduction, the changes have not achieved the 50% reduction as the trajectories planned. Each Partnership has reviewed their plans and confirmed a revised trajectory to the Board which is reviewed as part of each organisation's performance review.

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