

## **WAITING TIMES AND ACCESS TARGETS**

### **Recommendation:**

**The NHS Board is asked to note progress against the national targets as at the end of December 2011.**

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 requires 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, 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.

There are two main components which are routinely assessed in relation to the 18 weeks RTT standard:

#### **➤ Combined admitted / non admitted performance:**

This measure outlines the Board's performance against the agreed trajectory for both the admitted and non admitted pathways.

As detailed below, the Board achieved the target set delivering 90.2% against the 90% target.

	<b>Oct 11</b>	<b>Nov 11</b>	<b>Dec 11</b>
<b>Actual</b>	87%	86.2%	90.2%
<b>Trajectory</b>	88%	89%	90%

#### **➤ Linked Pathways:**

This is a measure of the percentage of patients where their total pathway is being linked at present.

The Board exceeded the December target agreed by SGHD of 80% by achieving 85.1%. There remains significant complexity involved in delivering performance of 100% 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. There has been significant improvement in linkage across the Acute Division.

	<b>Oct 11</b>	<b>Nov 11</b>	<b>Dec 11</b>
<b>Actual</b>	81.3%	83.6%	85.1%
<b>Trajectory</b>	75%	78%	80%

➤ **Stage of Treatment**

As previously reported, with the exception of Orthopaedics, all specialties continue to meet the NHSGG&C target of 10 weeks for new out patients and 8 weeks for inpatients and day cases. Orthopaedics remains within the waiting time of 12 weeks for outpatients and 12 weeks for inpatients and day cases.

The number of available patients waiting over 9 weeks for Orthopaedics is detailed below:

<b>Over 9 weeks</b>	<b>Oct 11</b>	<b>Nov 11</b>	<b>Dec 11</b>
<b>Actual</b>	390	326	317

**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.

During the period from October to December 2011, performance against this target ranged from 96% compliance in November, to 95% compliance in October and December. The Board’s cumulative performance for the period October to December 2011 was 95.1% compliance, as opposed to 94.5% compliance for the corresponding period in 2010.

There has been an increase of 3.7% in new attender activity between October - December 2010, and October - December 2011.

Over the 3 month period being reported on, the Western Infirmary and Royal Alexandra Hospital have been under the greatest pressure in performance terms.

In addition to the extant Winter Plan, the Division has prioritised two major actions for managing emergency care during the winter period.

Firstly, short term capacity has been deployed within the Division to open a number of additional beds and ring fence a cohort of surgical beds for emergency medicine on a number of sites, including Glasgow Royal Infirmary, Western Infirmary, Royal Alexandra Hospital, Victoria Infirmary and Inverclyde Royal Hospital. In addition, the Emergency Care & Medical Services Directorate has extended the opening hours of the assessment units at the Southern General Hospital and Royal Alexandra Hospital. Those complementary services, which are critical in aiding efficient patient discharge, such as portering, pharmacy, ambulance transport and community liaison services, have been enhanced to meet the demands of the winter months.

Secondly, the Division has developed and implemented a broader suite of reporting and performance metrics. These are designed to drive system-wide accountability for achievement of improved unscheduled care performance throughout all Directorates within the Acute Services Division, and to further deliver focussed actions to ensure real and sustained performance improvement.

We are currently conducting a review of our 2011-12 winter planning arrangements and the summary findings of this review will be shared in the next unscheduled care waiting times report to the Board.

Site	Oct-11	Nov-11	Dec-11
Western Infirmary	91%	95%	91%
Glasgow Royal Infirmary	98%	97%	97%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	97%	97%	96%
Southern General Hospital	94%	94%	94%
Victoria Infirmary	94%	95%	95%
Royal Alexandra Hospital	92%	94%	93%
Inverclyde Royal Hospital	96%	96%	96%
Vale of Leven Hospital	98%	97%	97%
<b>Board Average</b>	<b>95%</b>	<b>96%</b>	<b>95%</b>

### 3. CANCER WAITING TIMES

#### A) Quarter Three (July - September 2011)

- 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.

ISD validated data shows that NHS GG&C achieved the cancer performance target (95% of all eligible patients should wait no longer than 62 days or 31 days). For quarter 3 the Board's actual performance was 62 days = 97.5%, 31 days = 98%.

#### B) November and December 2011

The following data represents the provisional performance for November and December 2011. This data is subject to further validation and possible change.

Tumour Type	November 2011		December 2011	
	62 Days	31 Days	62 Days	31 Days
	Breast (screened excluded)	100.0%	100.0%	100.0%
Breast (screened)	100.0%	100.0%	100.0%	100.0%
Cervical (screened excluded)	n/a	100.0%	n/a	100.0%
Cervical (screened)	n/a	n/a	50%	100.0%
Colorectal (screened excluded)	92.9%	97.5%	95.5%	96.2%
Colorectal (screened)	83.3%	100.0%	83.3%	91.7%
Head & Neck	100.0%	100.0%	100.0%	92.3%
Lung	100.0%	100.0%	92.7%	95.8%
Lymphoma	100.0%	100.0%	100.0%	100.0%
Melanoma	100.0%	100.0%	100.0%	100.0%
Ovarian	n/a	100.0%	100.0%	100.0%
Upper GI	93.9%	98.8%	89.5%	100.0%
Urological	96.4%	97.1%	96.9%	93.1%
<b>All Cancer Types</b>	<b>97.4%</b>	<b>99.1%</b>	<b>95.5%</b>	<b>96.8%</b>

Table: Cancer Waiting Times (November & December 2011 only) – unvalidated by ISD

#### Cervical Screened Case: December 50%

This case is currently under review. The 50% score relates to 1 case only.

There are no new issues that have been identified that are recurring risks to the patient pathways.

#### 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 Board continues to make progress towards the target of ensuring that 90% of patients who have suffered a stroke are admitted to a stroke unit. Performance dropped in the most recent quarter due to difficulties with the CT scanner at the RAH which is scheduled for replacement by April 2012, although performance is still exceeding the trajectory.

% of patients admitted to stroke unit on day of admission/day following presentation	Quarter ended June 2011	Quarter ended Sept 2011	Quarter ended Dec 2011
<b>Actual</b>	75%	90%	78%
<b>Target</b>	65%	70%	75%

#### 6. DELAYED DISCHARGES

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. This work is the principal focus of joint planning with local authorities regarding older people and is supported by the additional "Change Funds" released this year to the Board. Initiatives supported by these funds are now starting to be put in place.

Total patients delayed	Under 6 weeks	Under 6 weeks		Over 6 weeks	Over 6 weeks		Total
	Dec 2010	Dec 2011		Dec 2010	Dec 2011		Dec 11
East Dun	5	6		0	0		6
West Dun	14	22		0	2		24
Glasgow	88	83		15	6		89
NE	33	17		8	0		17
W	25	26		1	2		28
S	30	40		6	4		44
Inverclyde	14	7		0	0		7
North Lan	0	4		2	0		4
South Lan	8	4		0	0		4
East Ren	4	6		0	0		6
Renfrewshire	26	23		2	3		26
Other	3	2		0	0		2
<b>Total</b>	<b>162</b>	<b>157</b>		<b>19</b>	<b>11</b>		<b>168</b>

Total patients delayed	Under 6 weeks	Under 6 weeks		Over 6 weeks	Over 6 weeks		Total
	Dec 2010	Dec 2011		Dec 2010	Dec 2011		Dec 11
Acute	153	141		18	11		152
Mental Health	9	16		1	0		16
<b>Total</b>	<b>162</b>	<b>157</b>		<b>19</b>	<b>11</b>		<b>168</b>

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

In addition, there are a further 93 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.

It is expected that from April 2012, the Board will be required to deliver an agreed reduction in the number of bed days occupied by patients awaiting discharge from hospital.

The format of this report will be amended in future to reflect the NHS Board's agreed trajectory and performance against that target.

The number of bed days occupied by patients over the age of 65, excluding Adults With Incapacity, in acute hospitals since April is shown below.

<b>Bed Days Acute</b>	<b>April – Nov 2011</b>
East Dun	3,579
West Dun	4,393
Glasgow	31,694
Inverclyde	3,484
East Ren	2,653
Renfrewshire	11,580
North Lan	853
South Lan	2,088
Other	963
<b>Total</b>	<b>61,287</b>

In addition, 16,919 bed days were occupied by Adults With Incapacity.

The average total number of days lost per month in the first six months of the year was 10,062 bed days, in both October and November performance improved slightly to an average of 8,917 bed days. This was due to reductions in Inverclyde, Glasgow City and East Dunbartonshire.

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