NHS Greater Glasgow and Clyde

NHS Board Meeting
Tuesday 17 April 2012

Chief Operating Officer (Acute Services Division) **Board Paper No. 12/15_**

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of February 2012.

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 have seen 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 90.9% against the 90% target.

	Dec 11	Jan 12	Feb 12
Actual	90.2%	90.3%	90.9%
Trajectory	90%	90%	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 87.5%. 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.

	Dec 11	Jan 12	Feb 12
Actual	85.1%	85.3%	87.5%
Trajectory	80%	80%	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. Members should note that agreement has been reached with SGHD to support additional activity to return Orthopaedic IP/DC maximum waiting time to 9 weeks by March 31st 2012. At the time of publishing this report the acute division can report that this objective has been delivered.

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

Over 9 weeks	Dec 11	Jan 12	Feb 12
Actual	317	332	379

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 December 2011 to February 2012, performance against this target ranged from 95% compliance in December 2011, to 94% compliance in both January 2012 and February 2012. The Board's performance in January 2012 was 94%, as opposed to 91% compliance for the same time period in 2011, and 94% in February 2012 compared to 91.5% in February 2011.

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

In developing the Winter Plan cognisance of unscheduled care and achievement of the 4 hour waiting time target has been identified. The Division is implementing a series of system wide changes to address the winter period in particular, and additionally the sector UCC groups are enacting local actions at each site to ensure performance improves. Key areas of focus include:

- improved discharge planning to ensure where possible earlier in day discharges
- focus on management of delayed discharge patients
- smoothing the elective workload across the week
- improved utilisation and extended opening hours for discharge lounges
- additional consultant ward rounds to facilitate weekend discharging
- effective use of assessment areas to ensure patients assessed direct to specialty to avoid additional patient transfers
- rotas reviewed to map capacity to demand where possible
- at RAH introduced additional clinical capacity in the out of hours period to assist in managing demand in OOH period which is atypical only to RAH
- GP OOH – work continues with the GP OOH service to refine redirection of patients from A&E to this service – key focus on those sites where the service is co-located with A&E
- reviewing the management of chronic disease patients and working with GPs to ensure that the care pathway guidelines are being followed.
- improving utilisation of the Minor Injury areas at Stobhill and Victoria ACH's, and in emergency departments at peak times running dedicated nurse led minor injury services.

The Acute Division continues to target specific capacity, flow and management actions to improve performance, particularly at the RAH and WIG hospitals.

Site	Dec-11	Jan-12	Feb-12
Western Infirmary	91%	90%	91%
Glasgow Royal Infirmary	97%	97%	97%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	96%	97%	97%
Southern General Hospital	94%	94%	94%
Victoria Infirmary	95%	94%	93%
Royal Alexandra Hospital	93%	91%	94%
Inverclyde Royal Hospital	96%	92%	97%
Vale of Leven Hospital	97%	96%	96%
Board Average	**95%**	**94%**	**94%**

3. CANCER WAITING TIMES

A) Quarter Four (October – December 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 4 the Board's actual performance was 62 days = 97%, 31 days = 98.4%.

B) December 2011 & January 2012

The following data represents the provisional performance for December 2011 and January 2012. This data is subject to further validation and possible change.

Tumour Type	December 2011		January 2012	
	62 Days	31 Days	62 Days	31 Days
Breast (screened excluded)	100.0%	100.0%	100.0%	100.0%
Breast (screened)	100.0%	100.0%	100.0%	97.6%
Cervical (screened excluded)	N/A	100.0%	N/A	100.0%
Cervical (screened)	50.0%	100.0%	100.0%	100.0%
Colorectal (screened excluded)	95.5%	96.2%	88.2%	95.1%
Colorectal (screened)	83.3%	91.7%	85.7%	100.0%
Head & Neck	100.0%	92.3%	100.0%	93.8%
Lung	92.7%	95.8%	93.3%	95.8%
Lymphoma	100.0%	100.0%	100.0%	90.9%
Melanoma	100.0%	100.0%	100.0%	100.0%
Ovarian	100.0%	100.0%	100.0%	100.0%
Upper GI	89.5%	100.0%	95.8%	98.0%
Urological	96.9%	93.1%	100.0%	97.3%
All Cancer Types	**95.5%**	**96.8%**	**96.6%**	**97.0%**

Table: Cancer Waiting Times (December 2011 & January 2012 only) – unvalidated by ISD

Cervical Screened Case: December 50%

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 within a day of admission. Performance dropped in the most recent quarter due in part 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
Actual	75%	90%	78%
Target	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
	Feb 2011	**Feb 2012**		**Feb 2011**	**Feb 2012**		**Feb 2012**
East Dun	10	11		0	0		11
West Dun	15	15		0	0		15
Glasgow	119	106		15	5		111
NE	*42*	*40*		*6*	*2*		*42*
W	*26*	*32*		*5*	*0*		*32*
S	*51*	*34*		*4*	*3*		*37*
Inverclyde	16	11		0	0		11
North Lan	2	3		1	2		5
South Lan	8	6		0	0		6
East Ren	11	17		0	0		17
Renfrewshire	32	40		2	1		41
Other	1	3		0	0		3
Total	**214**	**212**		**18**	**8**		**220**

Total patients delayed	Under 6 weeks	Under 6 weeks		Over 6 weeks	Over 6 weeks		Total
	Feb 2011	**Feb 2012**		**Feb 2011**	**Feb 2012**		**Feb 2012**
Acute	202	185		16	4		189
Mental Health	12	27		2	4		31
Total	**214**	**212**		**18**	**8**		**220**

The figures above relate to the number of patients whose discharges are progressing through the discharge planning process. In addition, there are a further 80 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.

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

Bed Days Acute	**April 11– Jan 12**
East Dun	4,174
West Dun	5,832
Glasgow	39,038
Inverclyde	4,335
East Ren	3,266
Renfrewshire	14,808
North Lan	1,244
South Lan	2,799
Other	1,264
Total	**76,760**

In addition, 21,662 bed days were occupied by people who were subject to Adults with Incapacity procedures.

The average total number of days lost per month in the first six months of the year was 10,062 bed days. Per month from October 11 to January 12 performance improved slightly to an average of 9,512 bed days. This was due to reductions in Inverclyde, Glasgow City and East Dunbartonshire. By the end of the year more acute bed days will have been occupied by patients who are fit for discharge than in either 2009/10 or 2010/11.

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. In addition there will be a new HEAT target that no patient waits for more than four weeks for discharge from April 2013.

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

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