

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of June 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 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, 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 92.2% performance, against the target of 90%.

	Apr 12	May 12	June 12
Actual	91.7%	92.5%	92.2%
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 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 June 2012. 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.

	Apr 12	May 12	June 12
Actual	88%	88.2%	87.3%
Trajectory	80%	80%	80%

The implementation of TrakCare at the RAH during June 2012, may have had a minor impact on data recording and quality, resulting in the fall in performance.

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 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 collection 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 deterioration in the previously strong completion rate in Clyde. The impact of the TrakCare rollout on performance is under investigation.

	Apr 12	May 12	June 12
Actual	92.5%	91.2%	89%
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.

The Division is continuing to maintain stage of treatment targets, with the exception of the Institute of Neurosciences (INS). As previously reported a number of discrepancies were identified across the Institute specialties. Significant recovery initiatives are now well established and are having a positive effect. At the end of May 2012 110 IP/DC patients were reported to be waiting over 12 weeks, at the end of June this had reduced to 78 patients waiting over 12 weeks. This demonstrates a continuing improvement in performance. The Division has established the end of September 2012 as the latest point for INS to return to full compliance.

➤ 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. A sector approach has been adopted to prevent excessive distances being required to attend an appointment. However, many patients decline reasonable offers of treatment at particular sites

across GG&C, preferring to wait for their local site. This position can be clearly demonstrated when reviewing the number of patients who are unavailable. Work is ongoing across the Division to ensure capacity is aligned with the demand profile; however it should be noted that the current arrangement is best utilising NHS GG&C capacity and supporting effective utilisation of some of our most expensive assets.

The overall position at the end of June 2012 is detailed below:

	Total Unavailable	Total Unavailable	Total Unavailable
Inpatient / Day Cases	April 12	May 12	June 12
Greater Glasgow & Clyde	3,445	3,307	3,307
Yorkhill	608	505	650
TOTAL	4,053	3,812	3,957
Outpatients	April 12	May 12	June 12
Greater Glasgow & Clyde	1,878	1,803	1,811
Yorkhill	648	525	647
TOTAL	2,526	2,328	2,458

This demonstrates an increase in IP/DC unavailability of 145 patients. The OP position also shows an increase of 130 patients. The increase in unavailability reflects the previous year's seasonal trend.

At end June, the total number of patients waiting (both available and unavailable) was 14,805 inpatients / daycases and 53,989 new outpatients.

Within Orthopaedics, a total of 26 unavailable IP/DCs were waiting over 9 weeks at the end of June, a reduction from 56 at the end of May. Within GP referred outpatients, a total of 81 unavailable patients were waiting over 9 weeks at the end of June, an increase from 58 at the end of May. No out-patient has waited greater than 12 weeks.

As previously reported it is anticipated that further guidance in relation to the application of unavailability will be forthcoming shortly, along with the proposed changes under the Patient Rights (Scotland) Act 2011.

➤ **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 April, May and June 2012. However, in May 2012 there were 28 patients who were imaged within the 3 week target, but not reported within the access timeline, and the position has been recovered.

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.

The performance figures above for June 2012 show an improvement in the Board's performance against the 4 hour standard from 94.2% in May to 94.4% in June, although the rounded figure remains at 94%.

This improvement in performance has been achievement against a backdrop of sustained demand pressures on our emergency care services both in terms of the numbers of new attenders at the emergency departments and the numbers of patients subsequently admitted as inpatients from the emergency

departments. This increase in demand is a nationwide phenomenon which has been reported by several bodies including the BMA, Kings Fund and ISD, and also by the national press.

In respect of site specific performance some of the key points are:

- GRI, IRH and RHSC all showed marked improvement in performance from May to June with all 3 sites posting 97% in the most recent month covered in the table below.
- SGH performance is also showing encouraging signs of a stable improvement with recent weekly compliance figures averaging 1-2% higher than the position for 2012 as a whole.
- WIG performance has improved from 89% to 92% over the April to June period and has continued to improve further in early July as the Hospital posted its highest weekly performance for the year to date with 97% for the week ending 8 July.
- Performance at VI continues to be volatile but moving in the right direction. Performance for June was 94% compliance which was an improvement from the April and May figures.
- RAH performance dropped in June largely as a result of the Trakcare I.T. implementation at the end of May 2012. There are clear signs that performance is improving as users become more familiar with the new system. Performance for July improved to 91%. The Directorate senior management team is engaging with the managerial and clinical teams, and IM&T to improve the I.T. system performance and address service and patient flow management.
- The highest performing facilities in NHSGG&C in terms of the 4 hour standard are the Vale of Leven Hospital and the MIU's at the Victoria Infirmary and Stobhill Hospital, with the Vale of Leven Hospital averaging 97% over the period of the report and the MIU's averaging 100% compliance.

The key areas requiring further performance based improvement continue to be:

- Improved management of length of stay in all specialties at all sites such that the capacity model metrics are delivered.
- The number of delayed discharges and delays in transfers to other specialties require to be reduced significantly, along with a reduction in boarding.
- Improved time of day discharge - to reduce the number of beds becoming available after 4.00pm.
- Improved compliance with internal Emergency Department performance metrics - time to first assessment, time to specialty consult, time to access a bed.

Site	Apr-12	May-12	June-12
Western Infirmary	89%	91%	92%
Glasgow Royal Infirmary	96%	96%	97%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	96%	95%	97%
Southern General Hospital	93%	94%	94%
Victoria Infirmary	93%	93%	94%
Royal Alexandra Hospital	94%	93%	89%
Inverclyde Royal Hospital	97%	95%	97%
Vale of Leven Hospital	97%	97%	97%
Board Average	94%	94%	94%

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.

PROVISIONAL MAY & JUNE 2012 POSITION

The following data represents the provisional performance for May and June 2012. This data is subject to further validation and possible change.

Tumour Type	Percentage			
	May 2012		June 2012	
	62 Days	31 Days	62 Days	31 Days
Breast (screened excluded)	100	100	100	97.6
Breast (screened)	100	100	98.2	100
Cervical (screened excluded)	-	100	-	100
Cervical (screened)	100	100	-	-
Colorectal (screened excluded)	92	93	88.9	100
Colorectal (screened)	88.2	93.3	85.7	100
Head & Neck	100	97.5	100	97.1
Lung	90.1	99.2	97.9	98.1
Lymphoma	100	100	100	100
Melanoma	93.3	100	100	100
Ovarian	100	83.3	100	100
Upper GI	94.4	100	100	100
Urological	97.1	98.7	92.9	99
All Cancer Types	95.05%	98.2%	96.4%	98.9%

Table: Cancer Waiting Times (May & June 2012) - unvalidated by ISD

May exception report

Colorectal Screened: 2 breach cases (62 day) - both cases involved rectal cancer requiring CT and MRI for staging. First treatment was concomitant chemo-radiation.

Ovarian: 1 breach case (31 day) – patient was referred by NHS Highland to NHS GG&C for treatment. Surgery was performed on day 35 due to this being the earliest available slot.

June exception report

Colorectal (screened excluded): 2 breach cases (62 day) - both cases involved rectal cancer requiring CT and MRI for staging. One case underwent surgery as first treatment and one case underwent chemo-radiation as first treatment.

Colorectal (screened): 2 breach cases (62 day) - one case came via an untracked speciality, but referred with symptoms which could be related to cancer. The referral was picked up on tracking post diagnosis, at which point it had already breached the target. The other case attended an out patient appointment, rather than straight to test, which added an additional delay into the journey. There was also a delay to oncology first treatment which resulted in the breach.

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 target for March 2013 is that 90% of patients admitted with a diagnosis of stroke will be admitted to a stroke unit on the day of admission, or the day following presentation.

The Board has now achieved the interim target of 80% and work is progressing towards achieving 90%

The key issues to address are

- Ensuring that patients who have had a stroke are identified early on admission – this includes early access to CT scanning.
- Ensuring that beds are always available in the stroke units to accept new admissions.
- Providing a multidisciplinary specialist stroke team.

% of patients admitted to stroke unit on day of admission/day following presentation	Quarter ended Sept 2011	Quarter ended Dec 2011	Quarter ended Mar 2012	Quarter ended June 2012
Actual	90%	78%	74%	81%
Trajectory	70%	75%	80%	83%

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. 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, and early improvements are now starting to be delivered.

	June 2011	June 2012		June 2011	June 2012		June 2011	June 2012
Total patients delayed	Under 6 weeks	Under 6 weeks		Over 6 weeks	Over 6 weeks		Total	Total
East Dun	19	18		0	1		19	19
West Dun	16	11		0	0		16	11
Glasgow	105	108		17	0		122	108
NE	40	38		2	0		42	38
W	37	37		5	0		42	37
S	28	33		10	0		38	33
Inverclyde	20	8		0	0		20	8
North Lan	3	1		2	0		5	1
South Lan	5	6		1	0		6	6
East Ren	3	13		0	0		3	13
Renfrewshire	37	37		1	0		38	37
Other	3	5		0	0		3	5
Total	211	207		21	1		232	208

	June 2011	June 2012	June 2011	June 2012	June 2011	June 2012
Total patients delayed	Under 6 weeks	Under 6 weeks	Over 6 weeks	Over 6 weeks	Total	Total
Acute	193	187	16	0	209	187
Mental Health	18	20	5	1	23	21
Total	211	207	21	1	232	208

Column 1 - 'June 2011 under 6 weeks' does not include a further 43 patients who were delayed less than 3 days as this was not a requirement of ISD reporting at that time

The number of patients awaiting discharge in the June 2012 census represents a 29% reduction from the same time the previous year.

The figures above relate to the number of patients whose discharges are progressing through the discharge planning process. In addition, in June 2012, there are a further 65 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 101 patients the same time last year, a reduction of 36%

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 2011, is shown below.

Bed Days Acute	Cumulative April 12 – May 12	Cumulative April 11 – May 11	% change on last year
East Dun	551	1,199	-54%
West Dun	1,213	604	+101%
Glasgow	8,083	12,875	-37%
Inverclyde	928	994	-7%
East Ren	1,126	1,400	-19%
Renfrewshire	2,594	2895	-10%
Total	14,495	19,967	-27%

This indicates that, whilst there has been some improvement since last year, the changes have not achieved the 50% reduction as the trajectories planned. Each Partnership is reviewing why the actions taken to date have not achieved the necessary impact and revising future plans in the light of these reviews.

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