NHS Board Meeting
Tuesday 19 February 2013

Chief Operating Officer (Acute Services Division) **Board Paper No. 13/06**

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of December 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 (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 91.7% performance, against the target of 90%.

	Oct 12	Nov 12	Dec 12
Actual	91%	90.9%	91.7%
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 December 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.

	Oct 12	Nov 12	Dec 12
Actual	89%	87.8%	90%
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. Review of performance indicates 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.

	Oct 12	Nov 12	Dec 12
Actual	91%	91%	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 small number of patients in this category within NHS GG&C for that period. The Division is continuing to maintain all but one area of stage of treatment targets. The Institute of Neurosciences continues their work to bring their IP/DC services within 12 weeks and projects that by end February these specialties will all be within 12 week maximum. .

- **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 December 2012 is detailed below.

		Total Unavailable	Total Unavailable	Total Unavailable
Inpatient / Day Cases		**October 12**	**November 12**	**December 12**
Greater Glasgow & Clyde		2,573	2,627	3,247
Yorkhill		475	532	581
TOTAL		**3,048**	**3,159**	**3,828**
Outpatients		**October 12**	**November 12**	**December 12**
Greater Glasgow & Clyde		1,680	1,604	2,036
Yorkhill		447	323	348
TOTAL		**2,127**	**1,927**	**2,384**

This demonstrates an increase in IP/DC unavailability of 669 patients; this can be attributed to the festive break. The OP position shows an increase of 457 patients. This increase in unavailability reflects the previous year's seasonal trend.

As at 28 January 2013, the position demonstrates further reductions in IP/DC unavailability with the total number being 3,252 patients; this is a further reduction of 576 patients.

At the end of December 2012, the total number of patients waiting (both available and unavailable) was 15,072 inpatients / daycases and 52,099 new outpatients.

There continues to be significant consultant sickness absence pressures within the Ophthalmology service. The revised maximum waiting time of 12 weeks is now in place, but the specialty remains under pressure despite undertaking significant additional waiting list sessions and the appointment of locum staff. Over the last month we have seen reduced flow of elective cases linked to unscheduled care activity. Whilst there have been elective cancellations members should be reassured that these patients are being re programmed into elective slots at the earliest possible point. The Division has also maximised the use of DSU capacity to minimise the number of patients affected.

- **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 October, November or December 2012.

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 Accident & Emergency admission, discharge or transfer, is 4 hours for 98% of patients.

Site	Oct-12	Nov-12	Dec-12
Western Infirmary	92%	90%	83%
Glasgow Royal Infirmary	96%	98%	93%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	96%	92%	93%
Southern General Hospital	95%	95%	91%
Victoria Infirmary	95%	94%	86%
Royal Alexandra Hospital	93%	96%	91%
Inverclyde Royal Hospital	96%	96%	93%
Vale of Leven Hospital	99%	99%	98%
Board Average	**95%**	**95%**	**90%**

The Board has not achieved the 98% guarantee during the report period and there was a downturn in performance in December. However, it should be noted that during this period the Board's performance was higher than the all- Scotland performance. The hospitals which experienced the greatest pressure in December continued to do so in January. These were the Victoria Infirmary, the Western Infirmary and the Royal Alexandra Hospital.

The Board reported 9 patients breaching 12 hours in December 2012 and a total of 40 in January 2013. As reported in previous Board reports it is most unusual for the Board to have patients breaching 12 hours – in the six month period July to December 2012 the Board's 12 hour breachers represented 1% of the all-Scotland total.

Clinical and managerial teams worked together to seek to resolve these long waits as soon as possible. In addition, these teams worked to review patient flows and journeys and to realign processes and resources to prevent long waits. Of the total of those that are reported in January, only 2 have occurred since 9th January.

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

- New A&E attendances have been greater in comparison to Winter 2011/2012 at specific sites in overall terms and there have been very significant spikes

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

- There have been some key indicators of increased complexity of presentations - e.g. increases in the admission rates per attendance. The seasonal norm is circa 30% of admissions per attendance but on occasions at specific sites the rate has been as high as 47%. The rise in the number of patients requiring admission was a particular pressure upon services at specific sites.

- There has been a significant increase in the level of ward closures and bed days lost due to Norovirus compared to the previous 2 years. The Norovirus season commenced earlier in the current winter period than in previous years. In terms of impact, from 1st November 2012 to 31st January 2013, there have been 80 wards closed to Norovirus (1,177 bed days lost). This compares to 23 wards closed (509 bed days lost) for the same period in 2011/12 and 19 wards (299 bed days lost) in the same period in 2009/10. This reflects a broader national experience of Norovirus during the current winter season.

The Board has been operating its extant Winter Plan, which involved a series of planned initiatives across the spectrum of Primary and Secondary Care services. In the Acute Division this included opening specific Winter Ward capacity, redesignating beds, and augmenting clinical, diagnostic, pharmacy, discharge, transport and weekend services.

In accordance with that plan, in response to the atypical demand pressures, the Board implemented its escalation plan by opening additional surge capacity, re-designating further beds between specialties and augmenting discharge services. This included additional bed capacity at Inverclyde Royal Hospital, the Southern General Hospital, the Victoria Infirmary, Glasgow Royal Infirmary and the Western Infirmary, and the re-designation of beds between specialties at the Victoria Infirmary and Western Infirmary / Gartnavel General sites.

These initiatives also included extended use of Day and Weekday beds to bring them into full seven day, 24 hour operation and the opening of additional elderly assessment beds. Clinical, support service and management teams were augmented for the weekends to deal with the demand pressures and also to maximise patient discharge arrangements. The Acute Division has also delayed some elective activity to enable the better management of emergency demand.

These plans were fully implemented, however, despite these exceptional efforts, there have continued to be significant pressures in meeting demand.

Ongoing Actions and Processes

Management and clinical teams have worked 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 has continued to explore further actions as the demand profile changes, including working with local authorities to review the delayed discharges.

The Division has continued to work with colleagues in other services and agencies – NHS 24, the Scottish Ambulance Service, HPS, Public Health and CHcPs to identify and address the issues of demand and surges in activity.

The Division is continuing to afford this issue maximum priority, and the Acute Division Senior Management Team is meeting regularly to co-ordinate the Divisions actions.

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 3 (July - September) 2012 is **95.1%** against the 62 day target, and **97.4%** against the 31 day target.

The October - December 2012 position is shown in the table on page 6.

Quarter 4 (October -December) 2012 provisional)

Tumour Type	Quarter 4 (October - December) 2012 (provisional)			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (screened excluded)	113/113	100.0%	214/216	99.1%
Breast (screened)	163/164	99.4%	153/153	100.0%
Cervical (screened excluded)	2/2	100.0%	12/14	85.7%
Cervical (screened)	2/3	66.7%	6/7	85.7%
Colorectal (screened excluded)	66/67	98.5%	157/165	95.2%
Colorectal (screened)	35/36	97.2%	35/35	100.0%
Endometrial	4/4	100.0%	16/17	94.1%
Head & Neck	39/41	95.1%	109/111	98.2%
Lung	142/156	91.0%	317/317	100.0%
Lymphoma	15/16	93.8%	64/64	100.0%
Melanoma	17/17	100.0%	54/55	98.2%
Ovarian	7/7	100.0%	21/21	100.0%
Upper GI	73/81	90.1%	191/195	97.9%
Urological	87/98	88.8%	293/307	95.4%
All Cancer Types	**765/805**	**95.03%**	**1642/1677**	**97.91%**

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, and themes & issues are identified in order to avoid future breaches. Services currently have action plans relating to the issues identified, to try to avoid similar breachers in future.

In relation to Lung breachers, a combination of factors contributed to cases breaching targets. The key themes include the need to arrange multiple investigations, and delays to investigations. Colleagues in Diagnostics and Emergency Care & Medical Services are currently redesigning the diagnostic pathway to allow patients to go directly to CT following a suspicious chest x-ray. This will reduce the length of the pathway overall in the early stages of the patient journey.

In relation to Upper GI breachers, the main issue is the number of staging investigations and the number of interventions patients undergo, and the challenge of ensuring that these take place within a very tight timescale to allow treatment to commence within 62 days.

In relation to the Urological breachers, a combination of factors contributed to cases breaching targets in quarter 4. These included delays to diagnostic procedures and oncology appointments. There can also be delays to specialised surgical procedures when these are carried out by limited number of consultants, or surgery which requires multiple consultant input.

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. Performance is reported on a quarterly basis, the quarter ending 31st December is included in the table on page 7.

% of patients admitted to stroke unit on day of admission / day following presentation	Quarter ended Dec 2011	Quarter ended Mar 2012	Quarter ended June 2012	Quarter ended Sept 2012	Quarter ended Dec 2012
Actual	80%	72%	74%	78%	73%
Trajectory	75%	80%	83%	86%	88%

** Information is derived from a live database therefore historical totals may change slightly from quarter to quarter.*

Performance dropped in December on every hospital site within the Board area due in part to the demands for acute hospital beds. Redesign has been put in place on all sites in January 2013, although the continuing demands for acute admissions is an ongoing challenge.

The actions taken include:

- ensuring early referral to Radiology, and prompt access
- piloting a system where stroke beds are "protected" for stroke admissions
- stroke unit staff will proactively contact admissions areas each day to ensure they are aware of all referrals
- reviewing each occasion where a patient is not admitted to a stroke unit to identify the reason why and learn from that

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 mainly in place, and improvements are now starting to be delivered.

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

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

	Jan 2012	Jan 2013		Jan 2012	Jan 2013		Jan 2012	Jan 2013
Total patients delayed	**Under 6 weeks**	**Under 6 weeks**		**Over 6 weeks**	**Over 6 weeks**		**Total**	**Total**
East Dun	7	15		0	1		7	16
West Dun	20	7		2	0		22	7
Glasgow	78	80		8	6		86	86
NE	*23*	*28*		*0*	*0*		*23*	*28*
W	*20*	*14*		*4*	*3*		*24*	*17*
S	*35*	*38*		*4*	*3*		*39*	*41*
Inverclyde	11	10		0	0		11	10
North Lan	3	0		2	0		5	0
South Lan	10	7		1	0		11	7
East Ren	5	4		0	3		5	7
Renfrewshire	31	27		3	0		34	27
Other	2	5		0	0		2	5
Total	**167**	**155**		**16**	**10**		**183**	**165**

NUMBER OF PATIENTS WAITING - TOTAL BY SERVICE

	Jan 2012	Jan 2013		Jan 2012	Jan 2013		Jan 2012	Jan 2013
Total patients delayed	**Under 6 weeks**	**Under 6 weeks**		**Over 6 weeks**	**Over 6 weeks**		**Total**	**Total**
Acute	152	151		12	9		164	160
Mental Health	15	4		4	1		19	5
Total	**167**	**155**		**16**	**10**		**183**	**165**

Column 1 - 'Jan 2012 under 6 weeks' does not include a further 42 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 January 2013 census therefore represents a 10% reduction compared to January 2012.

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

In addition, in January 2013, there are a further 50 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 100 patients the same time last year, a reduction of 50%.

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 – Dec 12**		**Cumulative April 11 – Dec 11**	**% change on last year**
East Dun	3,852		4,965	-22%
East Ren	3,961		2,983	+33%
Glasgow	33,023		50,383	-34%
Inverclyde	3,161		4,176	-24%
Renfrewshire	10,091		14,712	-31%
West Dun	4,709		6,338	-26%
Sub Total	**58,797**		**83,557**	**-30%**
N Lanarkshire	723		1,081	-33%
S Lanarkshire	3,081		3,118	-1%
All other areas	1,860		1,283	+45%
Total	**64,461**		**89,039**	**-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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