

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of October 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 IT solutions being deployed across North & South Glasgow Sectors, along with Yorkhill to improve pathway 'linkage' and therefore more robust analysis. The new patient management system is now fully implemented and this should improve the linkage of patient pathways.

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 91.5% performance, against the target of 90%.

	Aug 13	Sept 13	Oct 13
Actual	91.2%	91.0%	91.5%
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.

In respect of the provision of services, pressures remain in both Ophthalmology and Orthopaedics specifically. This is a similar position nationally in Scotland. A series of actions, including improving utilisation, using additional internal activity, and the use of capacity at the Golden Jubilee National Hospital,

are currently being pursued. Scottish Government has also funded private sector capacity for Ophthalmology, along with Board-wide funding.

In Ophthalmology the revised maximum waiting time of 12 weeks is in place, but the specialty remains under pressure with long term sick leave and maternity leave and increasing demand. Significant additional waiting list sessions have been undertaken, along with the recruitment of locum staff. The managerial and clinical teams are continuing to work together to address this pressure.

Many NHS Boards are strictly interpreting the access provision and returning patients to the care of their GP if they have declined two reasonable offers. This process has not been adopted in NHS GG&C and the Division has also continued to seek to provide patients with access to their nearest hospital, where at all possible. This has the impact of increasing unavailability.

➤ 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 October 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.

	Aug 13	Sept 13	Oct 13
Actual	88.1%	88.1%	87.9%
Trajectory	80%	80%	80%

An emphasis on the recording of clinic outcomes on the Patient Management System is ongoing to ensure that where treatment has started the pathways are closed. The introduction of the new Patient Management System has impacted on the completeness rates and work continues to improve performance against this target.

1.3 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.

In September 2013, there were 2 TTG breachers within Ophthalmology, who have now been treated. On review both of these patients extended waits were due to administrative errors, where the patients were listed on an outpatient waiting list rather than an inpatient waiting list. A retraining process has been undertaken with the relevant staff to prevent reoccurrence.

Nationally, IP/DC spinal surgery had been excluded from the 12 week Treatment Time Guarantee (TTG), and there are a number of patients in this category within NHS GG&C. The Scottish Government Health Department has confirmed that the exclusion for spinal surgery will now be extended beyond 1 October 2013 until 1 April 2014. As at 31 October 2013, there were 124 spinal patients that have been exempted from the TTG, with 36 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.

The Division is continuing to monitor all stage of treatment targets.

Outpatients

NHS GG&C has met the national waiting time guarantee of 12 weeks from GP referral to outpatient consultation for the majority of specialties. However, in Ophthalmology there were 43 patients in September 2013, and 23 patients in October 2013, who breached this target; these patients have now attended for their consultation.

Inpatients

NHS GG&C met the national (treatment time) guarantee of 12 weeks from decision to treat in October 2013.

➤ 1.4 Unavailability

	Total Unavailable	Total Unavailable	Total Unavailable	Total Unavailable	<i>Pt Advised Site/Clinician</i>
Inpatient / Day Cases	July 13	August 13	September 13	October 13	<i>October 13</i>
Greater Glasgow & Clyde	3,147	3,036	3,104	3342	2242
Yorkhill	509	491	510	549	293
TOTAL	3,656	3,527	3,614	3,891	2535
Outpatients	July 13	August 13	September 13	October 13	<i>October 13</i>
Greater Glasgow & Clyde	3,178	2,819	2,020	1,592	622
Yorkhill	162	116	89	106	41
TOTAL	3,340	2,935	2,109	1,698	663

The overall position at the end of October 2013 is detailed above.

This demonstrates the seasonal variation for both IP/DC and Outpatient unavailability. Unavailability is subject to seasonal variation, however the Division continues to monitor and address changes.

At the end of October 2013 the total number of patients waiting (both available and unavailable) was 17, 743 inpatients / day cases and 62,680 new outpatients.

➤ 1.5 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. No patients waited beyond 4 weeks in September 2013 and October 2013.

Sustained and increased demand is being experienced in relation to MRI and CT scanning, with substantial increases noted in both modalities. 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	Aug 13	Sept 13	Oct 13
Western Infirmary	88%	87%	84%
Glasgow Royal Infirmary	92%	94%	90%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	99%	99%	98%
Southern General Hospital	94%	95%	93%
Victoria Infirmary	95%	95%	93%
Royal Alexandra Hospital	93%	94%	91%
Inverclyde Royal Hospital	95%	95%	96%
Vale of Leven Hospital	98%	99%	97%
Board Average	94%	94%	92%

Overall Position

The NHS GG&C position overall fell to 92% compliance against the 4 hour standard in October 2013. NHS Scotland as a whole recorded 93.4% for the month. October saw a combination of operational difficulties caused by the failure of the IT system at the start of the month, and earlier than anticipated increases in the number of admissions via accident and emergency creating pressures within the emergency care system. These pressures are being addressed as a matter of priority by local operational teams and service plans are being reviewed and planned additional capacity will be brought on stream earlier than originally timetabled to meet with the increase in demand.

Over the quarter from August to October, there has been an increase of 3% in admissions via accident and emergency, when compared with the same quarter in 2012.

Analysis of 12 hour breachers

There were 3 patients waiting over 12 hours to the conclusion of treatment in October. This brings the total of patients waiting over 12 hours in NHS GG&C hospitals to 9 in 2013-14 to date. The corresponding number of over 12 hour waits in NHS Scotland as a whole for 2013-14 to the end of September (latest available data) was 248. This means that for 2013-14 to date, NHSGGC has been responsible for 4% of the over 12 hour waits in NHS Scotland, whilst treating 30% of the emergency patient workload for NHS Scotland.

Two 12 hour breaches during October 2013 occurred at the Victoria Infirmary. Each 12 hour breach was subject to a detailed investigation, and these revealed that both patients breached the 12 hour threshold by 30 minutes. In the first case, the patient was too ill to be moved after a bed had been made available. In the second case, plans were in place to discharge the patient but the patient became nauseous, and the administration of an anti-emetic, and a further ECG, were required before the patient could be discharged from the department.

The third patient was at the Southern General Hospital. The patient was critically ill and in the resuscitation area throughout their stay. The patient required an ITU bed, and a shock team transfer, but then deteriorated further and could not be moved. The patient required the care of three consultants to stabilise their condition, and other patients required to be moved from HDU and ITU on site to allow the patient to finally be moved to a bed.

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 validated position for NHSGG&C Quarter 2 (April - June 2013) was **95.1%** (62 days) and **97.1%** (31 days) as published on 24 September 2013.

The validated monthly data for Quarter 3 (July - September 2013) is noted in the following table.

Tumour Type	July - September 2013			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast	107/110	97.3	93/100	93.0
Cervical	4/4	100.0	5/5	100.0
Colorectal	34/38	89.5	39/40	97.5

Head & Neck	40/42	95.2	102/104	98.1
Lung	119/126	94.4	279/280	99.6
Lymphoma	27/28	96.4	56/56	100.0
Melanoma	30/30	100.0	91/92	98.9
Ovarian	11/12	91.7	34/34	100.0
Upper GI	69/82	84.1	202/206	98.1
Urological	83/89	93.3	253/265	95.5
All Cancer Types	524/561	93.5	1154/1182	97.7

Overall the holiday period has impacted on all treatment pathways, particularly affecting the 31 day target, and those pathways with multiple steps and investigations. Specific focus is on the Upper GI pathway, which is a complex pathway with multiple stages, processes are being reviewed and the Detect Cancer Early Group have deployed additional funds to reduce the time patients wait for their first scan.

4. 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 monthly and quarterly basis, the quarter ending September 2013 is shown below.

% of patients admitted to stroke unit on day of admission / day following presentation	Quarter ended March 2013	Quarter ended June 2013	Quarter ended Sept 2013
Actual	82%	86%	91%
Trajectory	90%	90%	90%

Improvement actions in place on each site to re-enforce the stroke pathway and improve the flow of patients through the stroke units are delivering the trajectory targets. Each hospital is continuing to undertake daily and weekly monitoring of admissions and analysis of patients who breach the national target in order that all possible actions are taken to continue to meet the national target on each site.

5. 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 national target for discharge is currently 4 weeks and will reduce further to 2 weeks by April 2015. 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.

At 15th October 2013, there were 21 patients waiting over 4 weeks, of which 5 patients are within mental health services. In total there were 12 in Glasgow City (incl. 4 in mental health), 7 in South Lanarkshire, 1 (mental health) patient in North Lanarkshire and 1 patient from Leicester. This is an increase of 2 patients on the previous month with both cases being aligned to the South Glasgow Social Work team.

NUMBER OF PATIENTS WAITING - TOTAL BY CH(C) P COMPARISON 2012/13

The number of patients awaiting discharge by CH(C) P, and by service, in October 12 and October 13, is shown in the following tables. This table demonstrates that the overall numbers have improved for all areas, with the exception of Glasgow City South. The number of patients delayed in excess of 4 weeks has reduced in all areas except for South Lanarkshire which has increased from 4 in October 2012 to 7 in October 2013.

Number of Patients

	Oct 12	Oct 13	Oct 12	Oct 13	Oct 12	Oct 13
Total patients delayed	Under 4 weeks	Under 4 weeks	Over 4 weeks	Over 4 weeks	Total	Total
East Dun	15	5	1		16	5
West Dun	8	8	2		10	8
Glasgow	88	80	15	12	103	92
NE	26	20	3	1	29	21
W	32	28	4	3	36	31
S	30	32	8	8	38	40
Inverclyde	7	15	7		14	15
North Lan	1	1	1	1	2	2
South Lan	11	7	4	7	15	14
East Ren	12	9	1		13	9
Renfrewshire	31	5	2		33	5
Other	5	9	4	1	9	10
Total	178	139	37	21	215	160

	Oct 12	Oct 13	Oct 12	Oct 13	Oct 12	Oct 13
Total patients delayed	Under 4 weeks	Under 4 weeks	Over 4 weeks	Over 4 weeks	Total	Total
Mental Health and LD	20	15	5	5	25	20
Non Mental Health	158	124	32	16	190	140
Total	178	139	37	21	215	160

Bed days lost in relation to patients reported on census

Bed Days	Oct-12	Oct-13	Oct-12	Oct-13	Oct-12	Oct-13	% Improved
	Under 4weeks	Under 4weeks	Over 4weeks	Over 4weeks	Total	Total	
East Dun	258	78	38		296	78	74%
West Dun	157	65	69		226	65	71%
Glasgow	1,032	941	597	842	1,629	1,783	-9%
NEast	311	221	95	35	406	256	37%
West	375	360	157	243	532	603	-13%
South	346	360	345	564	691	924	-34%
Inverclyde	98	200	249		347	200	42%
North Lan	4	21	33	64	37	85	-130%
South Lan	156	114	180	397	336	511	-52%
East Ren	112	86	74		186	86	54%
Renfrewshire	334	41	65		399	41	90%
Other	48	124	162	47	210	171	19%
TOTAL	2,199	1,670	1,467	1,350	3,666	3,020	17.6%

EARLY REFERRAL TO SOCIAL WORK

Local Target - 0 % of patients to be referred on the day designated ready for discharge (RFD).

Early referral to social work is a key focus for the Discharge Team across all acute hospital sites. By April 2015 to ensure patients are discharged a maximum of 2 weeks beyond their ready for discharge date (RFD), referral to social work will need to be as early as possible in the patient journey to ensure the assessment process is complete as near to the fit for discharge date as possible.

The Discharge Team are working to an action plan to ensure no one is referred to social work on the same day they are RFD and to aspire to the majority of referrals to social work occurring more than 7 days before RFD.

Current Performance

Since April 2013 there has been a reduction in the percentage of referrals on the same day as RFD from 15.5% to 3.1% in October 2013. The number of patients referred more than 7 days before RFD has fluctuated from 52.8% in April 2013 to 59.3% in August and back to 51.2% in October 2013.

Summary

Performance remains above target. Variations are evident across the local authorities with some areas meeting the target. There has been improvement in all areas with the exception of Glasgow City West and South sectors, and in South Lanarkshire.

Improvement as a whole has been achieved within the Board area over the last 18 months, with delayed discharges (over 4 weeks) falling by 60% since April 2012 (52 delays) and a robust action plan has been agreed between Glasgow City CHP and Social Work focused on individual patients to drive delays down further. Additional improvements are being sought through the realignment of hospital and area social work teams; further action on AWI patients and emergency admissions; and additional Change Fund investments including in intermediate 'step-up/down' care and rapid access to day hospital services, and the A&E rapid response and resettlement service.

South Lanarkshire has agreed to adopt a similar model to that which was successful in Renfrewshire to reduce the number of delays over 4 weeks. There is also a particular issue with care home vacancies in South Lanarkshire and 8 homes have been subject to moratoriums, it is anticipated that this position will be resolved over the next four week.

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APPENDIX

➤ Combined admitted / non admitted performance

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

	April 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13
Actual	90.7%	91.1%	91.1%	91%	91.2%	91.0%	91.5%
Trajectory	90%	90%	90%	90%	90%	90%	90%

➤ 1.2 Linked Pathways

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

	April 13	May 13	Jun 13	Jul 13	Aug 13	Set 13	Oct 13
Actual	89.9%	87.5%	85.3%	87.3%	88.1%	88.1%	87.9%
Trajectory	80%	80%	80%	80%	80%	80%	80%