

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of December 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 91.1% performance, against the target of 90%.

	Oct 13	Nov 13	Dec 13
Actual	91.5%	94.1%	91.1%
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. 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 December 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.

	Oct 13	Nov 13	Dec 13
Actual	87.9%	87.9%	89.3%
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.

Inpatients

NHS GG&C met the national (treatment time) guarantee of 12 weeks from decision to treat in November and December 2013 for the majority of patients; however, in December 2013 there was one TTG breacher within Paediatric Ophthalmology, this patient was treated in early January. There were also 3 Diagnostic treatment patients (Bliomycin) who breached. A new pathway has been developed for Bliomycin patients.

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 December 2013, there were 118 spinal patients that have been exempted from the TTG, with 30 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 November 2013 30 Ophthalmology patients and 1 Oral Surgery patient breached this guarantee. In December 2013 15 Ophthalmology patients and 1 patient in both Oral and Maxillofacial Surgery patient and Diabetic Medicine breached the guarantee.

All patients detailed have now attended for their consultation.

➤ **1.4 Unavailability**

	Total Unavailable	Total Unavailable	Total Unavailable	Total Unavailable	<i>Pt Advised Site/Clinician</i>
Inpatient / Day Cases	September 13	October 13	November 13	December 13	<i>December 13</i>
Greater Glasgow & Clyde	3104	3342	3697	4675	2791
Yorkhill	510	549	569	655	299
TOTAL	3614	3891	4266	5330	3090
Outpatients	September 13	October 13	November 13	December 13	<i>December 13</i>
Greater Glasgow & Clyde	2020	1592	1357	1742	588
Yorkhill	89	106	64	37	9
TOTAL	2109	1698	1421	1779	597

The overall position at the end of December 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 December 2013 the total number of patients waiting (both available and unavailable) was 18,372 inpatients / day cases and 58,552 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 November and December 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	Oct 13	Nov 13	Dec 13
Western Infirmary	84%	85%	81%
Glasgow Royal Infirmary	90%	91%	88%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	98%	98%	98%
Southern General Hospital	93%	94%	93%
Victoria Infirmary	91%	96%	89%
Victoria Infirmary (MIU)	100%	100%	100%
Royal Alexandra Hospital	91%	90%	88%
Inverclyde Royal Hospital	95%	92%	94%
Vale of Leven Hospital	97%	98%	97%
Board Average	92%	93%	91%

Overall Position

The NHS GG&C position overall rose to 93% compliance in November 2013 before falling back to 91% compliance in December 2013. The quarter saw higher than anticipated increases in the number of admissions via Accident & 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 have been reviewed and all additional planned winter capacity was brought on stream earlier than originally timetabled to meet with the increase in demand.

Over the quarter from October to December, there has been an increase of 3% in admissions via Accident & Emergency, when compared with the same quarter in 2012 although the number of people attending remains stable.

Analysis of 12 hour breachers

There were 10 patients waiting over 12 hours to the conclusion of treatment in the quarter October to December 2013. Nine of these occurred at the Victoria Infirmary with the other taking place at the Southern General Hospital. This brings the total of patients waiting over 12 hours in NHS GG&C hospitals to 16 in 2013-14 to end December. The corresponding number of over 12 hour waits in NHS Scotland as a whole for 2013-14 was 391. The patients at the Victoria were all awaiting admission and required either transport off site to available beds or were too unwell to move be moved. The patient at the Southern General required an ICU bed and required prolonged complex treatment by multiple specialties in the ED before they could be admitted

3. CANCER WAITING TIMES

- The 62 day urgent referral to treatment target includes screened positive patients, accident and emergency referrals, 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 current unvalidated position for November and December 2013 is detailed in the following tables:

Tumour Type	November 2013			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast	78/80	97.5	117/123	95.1
Cervical	1/1	100.0	8/8	100.0
Colorectal	19/21	90.5	50/55	90.1
Head & Neck	16/16	100.0	28/28	100.0
Lung	51/55	92.7	87/88	98.9
Lymphoma	8/8	100.0	21/21	100.0
Melanoma	5/5	100.0	14/14	100.0
Ovarian	4/4	100.0	10/10	100.0
Upper GI	12/13	92.3	38/38	100.0
Urological	24/26	92.3	73/75	97.3
All Cancer Types	218/229	95.2	446/460	97.0

Tumour Type	December 2013 *			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast	82/82	100.0	98/106	92.5
Cervical	-/-	n/a	3/3	100.0
Colorectal	25/29	86.2	60/61	98.4
Head & Neck	12/14	85.7	27/27	100.0
Lung	44/48	91.7	80/80	100.0
Lymphoma	11/12	91.7	26/26	100.0
Melanoma	4/4	100.0	23/23	100.0
Ovarian	1/1	100.0	10/10	100.0
Upper GI	23/25	92.0	51/51	100.0
Urological	26/32	81.3	87/97	89.7
All Cancer Types	228/247	92.3	465/484	96.1

*The final run of the December data, and the provisional position for Quarter 4 2013, will be completed by 11 February 2014.

Performance remained stable with regard to both the 62 and 31 day targets for the month of November 2013.

However, deterioration across the 62 day performance target was experienced in December 2013 with the provisional data showing 92.3%. It is anticipated that the percentage compliance will increase once the final data run has been completed on 11 February 2014.

In the immediate term, further work has been initiated by the Director of Regional Services focussing on the following four areas:

- Length of time to first appointment
- Intervals between diagnostic imaging
- Length of radical radiotherapy pathways
- Review of the overall tracking systems to expedite the process

It is envisaged that by focussing on each of the four themes above, there will be a significant improvement in the compliance to the 62 day cancer target.

4. STROKE

The target is 90% of patients admitted with a diagnosis of stroke will be admitted to an acute stroke unit on the day of admission, or the day following presentation.

Performance is reported on a monthly and quarterly basis, the quarter ending December 2013 is shown below.

% of patients admitted to stroke unit on day of admission / day following presentation	Quarter ended June 2013	Quarter ended Sept 2013	Quarter ended Dec 2013
Actual	86%	91%	89%
Trajectory	90%	90%	90%

Improvement actions are in place on each site to re-enforce the stroke pathway and improve the flow of patients through the stroke units. Each hospital undertakes daily and weekly monitoring of admissions and analysis of individual patients who breach the national target. Most hospital in NHS GGC attain or almost attain the national target on a monthly basis and the quarterly target would have been achieved with only 5 additional patients meeting the target between October and December. The acute stroke unit at the RAH was closed for infection control reasons at the end of November and beginning of December. This resulted in 14 patients failing the target however all patients were still assessed and seen timeously by the stroke specialist team.

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 the January 2014 census (15th January), there were 65 patients with 'included' codes waiting over 4 weeks, of which 10 patients are within mental health services. Of the 65 delays over 4 weeks, 50 patients were from Glasgow City, 9 from South Lanarkshire, 1 patient from East Dunbartonshire, 2 from West Dunbartonshire, 2 from North Lanarkshire and 1 patient from out with the Health Board area.. The areas with significant number of delays are South Glasgow, West Glasgow and South Lanarkshire.

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

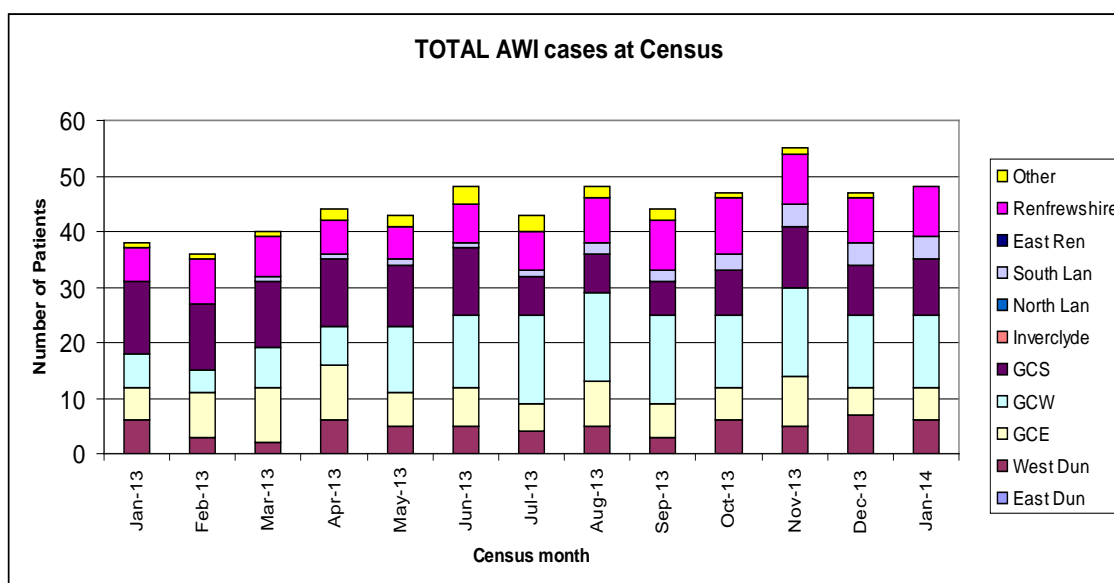
The number of patients awaiting discharge by CH(C) P, and by service, in January 2013 and January 2014, is shown in the following tables. This table demonstrates that there has been an increase in the overall number of patients in the system and a significant increase in the number of delays over 4 weeks from the same period in the previous year. The overall number in the system within Glasgow City has increased from 86 to 120, an increase of 39.5%. This is most noticeable in the West and in the South of the City. Conversely, the overall numbers in East Dunbartonshire and Renfrewshire have significantly reduced, East Dunbartonshire by 56% and Renfrewshire by 92.5%. Within Mental Health services there has been an increase from 1 delay over 4 weeks in Jan 13 to 10 in Jan 14 and the overall number of mental health delays in the system from 5 to 26, an increase of 420%.

Patients on Census with 'included codes'

Number of patients	Jan-13	Jan-14	Jan-13	Jan-14	Jan-13	Jan-14
	<4wks	<4wks	> 4wks	> 4wks	Total	Total
East Dun	11	6	5	1	16	7
West Dun	6	7	1	2	7	9
Glasgow	62	70	24	50	86	120
<i>GCE</i>	22	18	6	0	28	18
<i>GCW</i>	12	34	5	11	17	45
<i>GCS</i>	28	18	13	39	41	57
Inverclyde	8	8	2	0	10	8
North Lan	0	3	0	2	0	5
South Lan	6	4	1	9	7	13
East Ren	4	6	3	0	7	6
Renfrewshire	25	2	2	0	27	2
Other	5	3	0	1	5	4
TOTAL	127	109	38	65	165	174

Number of patients	Jan-13	Jan-14	Jan-13	Jan-14	Jan-13	Jan-14
	<4wks	<4wks	> 4wks	> 4wks	Total	Total
Mental Health and Learning Disability	4	16	1	10	5	26
Acute and DME	123	93	37	55	160	148
Total	127	109	38	65	165	174

The number of AWI case recorded at each census is as recorded below. In January 2014 there were 48 patients in comparison to 38 at the same period in 2013. 20 additional AWI places are being funded through Change Fund to facilitate the move of Glasgow patients with a focus being give to those in beds in the West and MHU.



CHANGE FUND – BED DAYS LOST, BASED ON NOVEMBER INFORMATION

In terms of CH(C)Ps performance against the bed days lost targets linked to the Change Fund progress has been made as follows at the month of December:

CHANGE FUND

BED DAYS OCCUPIED BY PATIENTS OVER 65 YEARS OF AGE (non mental health)

YTD TARGETS

Bed Days	Cumulative April 12 - Dec 12	Cumulative Apr 13 to Dec 13	% Change on last year
East Dun	3852	2103	45.4%
East Ren	3961	1772	55.3%
Glasgow	33023	29208	11.6%
Inverclyde	3161	2382	24.6%
Renfrewshire	10091	4703	53.4%
West Dun	4709	3597	23.6%
Sub Total	58797	43765	25.6%
North Lan	723	312	56.8%
South Lan	3081	3735	-21.2%
All Other	1860	2256	-21.3%
TOTAL	64461	50068	22.3%

Current Month

Cumulative Target to Dec 13	Variance from Target (days)	% Variance from target Dec 13
2760	657	23.8%
1811	39	2.2%
19916	-9292	-46.7%
2522	140	5.6%
6078	1375	22.6%
2864	-733	-25.6%
35951	-7814	-21.7%
513	201	39.2%
1701	-2034	-119.6%
432	-1824	-422.2%
38597	-11471	-29.7%

Overall the situation is showing an improvement 22.3% on the same period last year but is still 29.7% short of the YTD target for Dec 13. Further focus is required specifically in Glasgow City CHP to improve the overall position.

EARLY REFERRAL TO SOCIAL WORK

Local Target - 0 % of patients to be referred on the day designated ready for discharge (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 and up to 7.5% in January. The number of patients being referred in excess of 1 week from RFD has increased month on month from 52.8% at April 2013 to 63.3% by December 2013 with a slight dip to 60.9% partly attributable to the seasonal public holidays and annual leave.

By Month Ready for Discharge

By Local Authority	Apr-13				Dec-13				Jan-14			
	% on day RFD	% 1-7 days prior to RFD	% 8 days + prior to RFD	Total	% on day RFD	% 1-7 days prior to RFD	% 8 days + prior to RFD	Total	% on day RFD	% 1-7 days prior to RFD	% 8 days + prior to RFD	Total
Glasgow City North East	29.3%	17.1%	53.7%	100.0%	17.1%	22.9%	60.0%	100.0%	9.3%	25.9%	64.8%	100.0%
Glasgow City North West	21.4%	16.7%	61.9%	100.0%	6.5%	32.3%	61.3%	100.0%	16.1%	24.2%	59.7%	100.0%
Glasgow City South	7.8%	39.2%	52.9%	100.0%	0.0%	41.3%	58.7%	100.0%	2.9%	36.8%	60.3%	100.0%
Total Glasgow City	18.7%	25.4%	56.0%	100.0%	7.1%	33.0%	59.8%	100.0%	9.2%	29.3%	61.4%	100.0%
East Dunbartonshire	31.6%	42.1%	26.3%	100.0%	8.3%	58.3%	33.3%	100.0%	14.3%	21.4%	64.3%	100.0%
West Dunbartonshire	36.4%	9.1%	54.5%	100.0%	11.1%	27.8%	61.1%	100.0%	0.0%	20.0%	80.0%	100.0%
South Lanarkshire	14.3%	71.4%	14.3%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	50.0%	50.0%	100.0%
North Lanarkshire	0.0%	33.3%	66.7%	100.0%	0.0%	25.0%	75.0%	100.0%	44.4%	22.2%	33.3%	100.0%
East Renfrewshire	0.0%	35.3%	64.7%	100.0%	0.0%	8.3%	91.7%	100.0%	0.0%	60.0%	40.0%	100.0%
Inverclyde	0.0%	12.5%	87.5%	100.0%	0.0%	13.3%	86.7%	100.0%	0.0%	15.8%	84.2%	100.0%
Renfrewshire	7.7%	33.3%	59.0%	100.0%	0.0%	39.3%	60.7%	100.0%	0.0%	38.5%	61.5%	100.0%
Argyll & Bute	0.0%	75.0%	25.0%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	50.0%	50.0%	100.0%
Others	14.3%	57.1%	28.6%	100.0%	0.0%	66.7%	33.3%	100.0%	0.0%	69.2%	30.8%	100.0%
	15.5%	31.7%	52.8%	100.0%	5.2%	31.4%	63.3%	100.0%	7.5%	31.6%	60.9%	100.0%

The majority of areas have achieved or almost achieved 0% referral on date RFD in January 2014 with the exception of Glasgow City East (9.3%), Glasgow City West (16.1%), East Dunbartonshire (14.3%) and North Lanarkshire (44.4%). For NHS Sectors, both South Glasgow and Clyde achieved 0% for referral on day RFD however the North had an average across its sites of 14.6% a decrease in the 11.5% achieved in December 2013.

Summary

A weekly balanced scorecard has been developed to monitor activity within Glasgow City for delayed discharges, early referral, allocation and CCA completion and weekly meetings are currently taking place.

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.

There is an increased focus by Glasgow City Council, Glasgow City CHP and Acute Division to understand and address high number of delayed discharges in acute beds. Extra social work staff have been recruited to increase allocation and completion of assessments.

Grant R Archibald
Lead Director
Acute Services Division

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.

2013	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Actual	90.7%	91.1%	91.1%	91%	91.2%	91.0%	91.5%	94.1%	91.1%
Trajectory	90%	90%	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.

2013	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Actual	89.9%	87.5%	85.3%	87.3%	88.1%	88.1%	87.9%	87.9%	89.3%
Trajectory	80%	80%	80%	80%	80%	80%	80%	80%	80%