

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of February 2014.

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.

Historically the patient pathway measurement process was complex and manual in nature; however the new electronic patient management system is now fully implemented across the Board. It is anticipated that this system will improve the linkage of patient pathways as it is further embedded. Improving pathway linkage will ensure that a more robust analysis of performance data can be conducted.

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%.

	Dec 13	Jan 14	Feb 14
Actual	91.1%	91.0%	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 manual oversight of data quality.

The Division continues to mitigate pressures on services by seeking to improve utilisation and using additional internal capacity where possible. Key performance indicators are closely monitored and managed to ensure all specialties are using their capacity effectively.

Ophthalmology continues to be an area of particular pressure and the revised maximum waiting time of 12 weeks remains 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.

➤ 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 February 2014. 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.

	Dec 13	Jan 14	Feb 14
Actual	89.3%	88.6%	89.0%
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.

➤ 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 / day cases 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 January and February 2014 for the majority of patients; however, in January 2014 there was one patient who breached the guarantee within Plastic Surgery. This patient was treated within one week post the guarantee date.

Nationally, IP/DC spinal surgery had been temporarily 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 end on 1st April 2014. The Institute of Neurosciences management and clinical team continue their work to bring the IP/DC waiting time within 12 weeks. It is anticipated that NHSGGC will be in a position to achieve the TTG for spinal patients when the legislation comes into force.

Outpatients

NHS GG&C has met the national waiting time target of 12 weeks from GP referral to outpatient consultation for the majority of specialties. However, in January 2014, 14 Ophthalmology patients and one Medicine for the Elderly patient breached this target. In February 2014, 22 Ophthalmology patients breached the target.

The Ophthalmology service continues to maximise their outpatient clinic utilisation, ensuring that all appointment slots are filled and any cancelled slots are offered to other patients. Glaucoma patients account for the majority of the outpatient target breachers and continue to represent a significant challenge. Work continues to identify a long term strategy to manage this patient group within the 12 week target.

➤ **1.4 Unavailability**

	Total Unavailable	Total Unavailable	Total Unavailable	<i>Pt Advised Site/Clinician</i>
Inpatient / Day Cases	December 13	January 14	February 14	<i>February 14</i>
Greater Glasgow & Clyde	4,675	3,818	3,790	2,594
Yorkhill	655	592	607	290
TOTAL	5,330	4,410	4,397	2,884
Outpatients	December 13	January 14	February 14	<i>February 14</i>
Greater Glasgow & Clyde	1,742	1,664	1,859	948
Yorkhill	37	32	30	10
TOTAL	1,779	1,696	1,889	958

The overall position at the end February 2014 is detailed above.

At the end of February 2014, the total number of patients waiting (both available and unavailable) was 17,834 inpatients / day cases and 59,406 new outpatients.

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 effect of increasing patient unavailability.

➤ **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 January and February 2014.

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	Dec 13	Jan 14	Feb 14
Western Infirmary	81%	79%	75%
Glasgow Royal Infirmary	88%	91%	88%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	98%	99%	98%
Southern General Hospital	93%	90%	90%
Victoria Infirmary	89%	86%	85%
Victoria Infirmary (MIU)	100%	100%	100%
Royal Alexandra Hospital	88%	87%	86%
Inverclyde Royal Hospital	94%	94%	94%
Vale of Leven Hospital	97%	98%	96%
Board Average	91%	90%	89%

Overall Position

The NHS GG&C position decreased by 1% each month over the quarter. However, performance for the quarter overall was 89.7% and this was marginally better than the figure of 89.1% for the same quarter in 2012-13. The period saw higher than anticipated increases in the number of admissions via Accident & Emergency creating pressures within the emergency care system. Over the quarter from December 2013 to February 2014, there has been an increase of 4% in admissions via Accident & Emergency, when compared with the same quarter in 2012-13. The number of new attendances at Accident & Emergency remains stable.

There were 35 patients in NHS GG&C who waited over 12 hours to the conclusion of treatment in the quarter December 2013 to February 2014.

All services are reviewing how they can make sure that patients are discharged as soon as they are ready, this includes ensuring prescriptions are written in advance and travel arrangements are made.

A formal review of those changes made over the winter is underway to consider what further improvements can be made.

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 positions for January and February 2014 are detailed in the following tables:

Tumour Type	January 2014			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (Screened Excluded)	31/29	93.5	63/62	98.4
Breast (Screened only)	37/35	94.6	34/26	76.5
Cervical (Screened Excluded)	-/-	-	3/3	100.0
Cervical (Screened Only)	2/2	100.0	3/3	100.0
Colorectal (Screened Excluded)	17/16	94.1	61/59	96.7
Colorectal (Screened Only)	11/8	72.7	11/11	100.0
Head & Neck	10/10	100.0	29/29	100.0
Lung	53/46	86.6	85/84	98.8
Lymphoma	8/7	87.5	19/19	100.0
Melanoma	6/6	100.0	16/16	100.0
Ovarian	3/3	100.0	9/9	100.0
Upper GI	16/12	75.0	45/45	100.0
Urological	27/22	81.5	79/69	87.3
All Cancer Types	221/196	88.7	457/435	95.2

Tumour Type	February 2014			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (Screened Excluded)	26/25	96.2	46/45	97.8
Breast (Screened only)	26/21	80.8	23/20	87.0
Cervical (Screened Excluded)	1/1	100.0	4/4	100.0
Cervical (Screened Only)	-/-	-	-/-	-
Colorectal (Screened Excluded)	21/21	100.0	51/51	100.0
Colorectal (Screened Only)	9/8	88.9	9/9	100.0
Head & Neck	14/13	92.9	36/34	94.4
Lung	44/42	95.5	84/82	97.6
Lymphoma	8/8	100.0	18/18	100.0
Melanoma	6/6	100.0	18/18	100.0
Ovarian	3/3	100.0	8/8	100.0
Upper GI	19/17	89.5	49/49	100.0
Urological	30/23	76.7	92/82	89.1
All Cancer Types	207/188	90.8	438/420	95.9

January 2014

January is traditionally a challenging month for cancer performance due to the number of public holidays in December. Delays in patient pathways are generally attributed to reduced clinic, diagnostic and oncology treatment capacity throughout the festive period.

In addition to this issue, there was a reduction in tracking resources associated with maternity and sickness absence, and additional pressures in diagnostic capacity in the pre-diagnosis element of the patient journey. Concurrent competing targets, such as TTG, also impact on service capacity.

February 2014

Performance is traditionally better in the February period, and although there was a slight improvement in the 62 day pathway, the Breast (screened) and Urology areas continued to demonstrate a higher than normal number of breach cases. The performance in these two areas combined resulted in 12 out of the 19 breach cases (63%) for the 62 day pathway overall for February 2014.

A detailed Cancer Performance Action Plan is in place and covers a wide range of specialties, not just the 2 pathways highlighted above. However, in relation specifically to these 2 pathways, the Division is working to improve the 62 day position.

In relation to breast tumours, the national Detect Cancer Early (DCE) breast campaign produced significant demand challenges. NHS GG&C experienced additional demand surges of around 45% at the peak of the national media campaign. This has now settled at approximately 20-25% above the referral demand figures of 2011. It is anticipated that there will be an additional demand surge following the next national media campaign.

To accommodate the demand, additional weekend clinics and city wide 'first appointment' capacity was developed and deployed. Actual future recurring demand predictions were unpredictable during the DCE campaign as the response rate was variable. However, following on from the campaign, breast service management teams are now re-calculating outpatient capacity requirements. The aim of this approach is to ensure there is sufficient recurring clinic capacity to enable all first outpatient appointments within a two week period of initial referral.

In conjunction with outpatient modelling, the management team are collaborating with Diagnostics to assess the level of imaging required to sustain 'one-stop' breast surgical clinics.

In relation to urology, GP referrals have increased by approximately 10% from 2012 to 2013. In addition, tracking has demonstrated an increase in inter-board referrals for consideration of specialist surgical procedures such as partial nephrectomy.

The Surgical Directorate have initiated a review of availability and operating capacity, currently available only under a small subset of Urologists, the aim being to rebalance the provision of specialist surgical procedures, and model a maximum waiting time interval of three weeks from decision to treat to first treatment for these procedures.

The Directorate team has also initiated a review of capacity in the Diagnostic stages of the Urology pathway. The objective of this exercise is to introduce 7 day intervals between biopsy, cystoscopy and ureteroscopy.

The objective of these combined measures, across breast and urology services in particular, will allow all patients on the 62-day pathway to start their diagnostic journey at an earlier stage. This will mitigate the risk of breaching later in the treatment pathway, thus increasing compliance with the 62-day standard.

National Position: February 2014 (62 Day Target)

The overall NHS Scotland unvalidated position for February 2014 is 91.6% against the target of 95.0%. Further, the unvalidated data shows that 8 of the 15 NHS Boards across NHS Scotland did not achieve the 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 quarterly basis, the quarter ending March 2014 will be reported in the next Board report.

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 February 2014 census, there were 33 patients with 'included' codes waiting over 4 weeks, of which 5 patients are within mental health services.

Of the 33 delays over 4 weeks

- 22 patients were from Glasgow City;
- 7 patients were from South Lanarkshire;
- 1 patient from East Dunbartonshire;
- 1 patient from West Dunbartonshire;
- 1 patient from North Lanarkshire; and
- 1 patient from Inverclyde.

The areas with significant number of delays are South Glasgow and South Lanarkshire. Funding is now being flagged as a barrier to discharge.

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 February 2013 and February 2014, is shown in the following tables. This table demonstrates that there has been a decrease in the overall number of patients and a slight increase in the number of delays over 4 weeks from the same period in the previous year.

The benchmark is the same period in the previous year but with the significant increase in delayed discharge in recent months, the table overleaf allows us to also benchmark with previous month of January 2014. We

can see from the previous month that in February 2014 there has been a 22% decrease in delayed discharge numbers in February 2014 compared to January 2014 although West Dunbartonshire, Glasgow City West, North Lanarkshire and areas out with the Health Board area have all increased their numbers in February 2014 compared to January 2014.

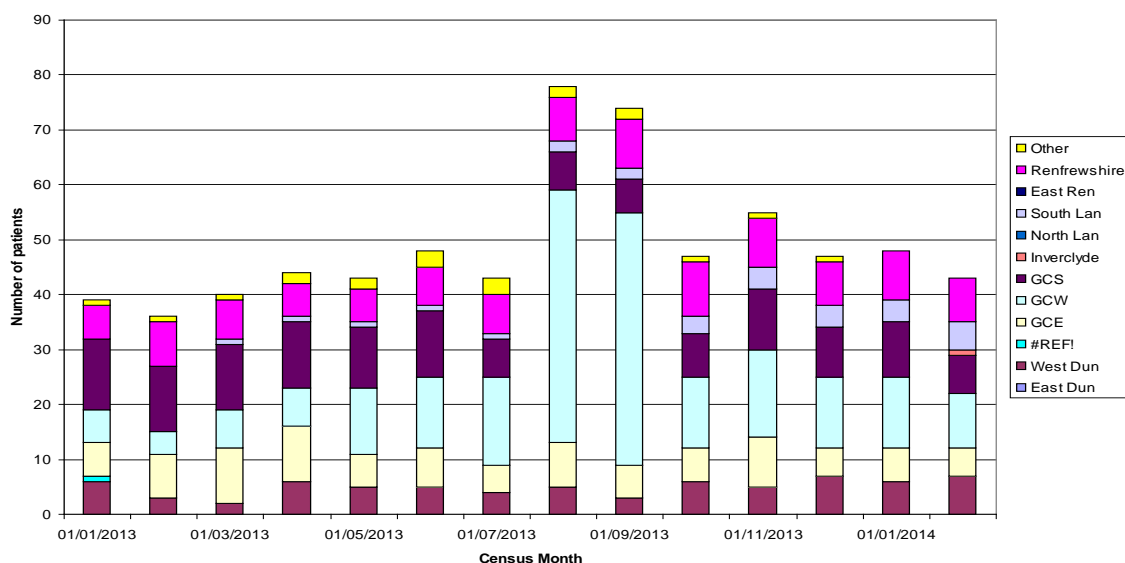
Patients on Census with 'included codes'

Number of patients	Feb-13	Feb-14	Feb-13	Feb-14	Feb-13	Feb-14		Jan-14
	<4wks	<4wks	> 4wks	> 4wks	Total	Total		Total
East Dun	19	8	1	1	20	9		21
West Dun	10	16		1	10	17		10
Glasgow	96	107	24	22	120	129		144
GCE	24	24	3		27	24		30
GCW	26	37	4	3	30	40		34
GCS	46	46	17	19	63	65		80
Inverclyde	6	3	1	1	7	4		8
North Lan	1	2		1	1	3		1
South Lan	4	3	3	7	7	10		10
East Ren	20	9	1		21	9		22
Renfrewshire	20	2	1		21	2		22
Other	2	5			2	5		2
TOTAL	178	155	31	33	209	188		240

Number of patients	Feb-13	Feb-14	Feb-13	Feb-14	Feb-13	Feb-14		Jan-14
	<4wks	<4wks	> 4wks	> 4wks	Total	Total		Total
Mental Health and Learning Disability	18	11	4	5	22	16		26
Acute and DME	160	144	27	28	187	172		214
Total	178	155	31	33	209	188		240

The number of AWI case recorded at each census is as recorded below. In February 2014 there were 43 patients in comparison to 36 at the same period in 2013.

TOTAL AWI cases at Census



CHANGE FUND – BED DAYS LOST, BASED ON JANUARY 2014 INFORMATION

In terms of CH(C) P performance against the bed days lost, targets linked to the Change Fund progress has been made as follows at the month of January 2014:

CHANGE FUND

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

YTD TARGETS

Bed Days	Cumulative April 12 - Jan 13	Cumulative Apr 13 to Jan 14	% Change on last year
East Dun	4419	3252	26.4%
East Ren	4328	1922	55.6%
Glasgow	36292	32953	9.2%
Inverclyde	3459	2578	25.5%
Renfrewshire	11211	5069	54.8%
West Dun	5107	3972	22.2%
Sub Total	64816	49746	23.3%
North Lan	747	507	32.1%
South Lan	3388	4124	-21.7%
All Other	2050	2497	-21.8%
TOTAL	71001	56874	19.9%

Current Month

Cumulative Target to Jan 14	Variance from Target (days)	% Variance from target Dec 13
3066	-186	-6.1%
2012	90	4.5%
22129	-10824	-48.9%
2802	224	8.0%
6753	1684	24.9%
3183	-789	-24.8%
39945	-9801	-24.5%
570	63	11.1%
1890	-2234	-118.2%
480	-2017	-420.2%
42885	-13989	-32.6%

Overall the situation is showing an improvement of almost 20% on the same period last year but is still 33% short of the YTD target for January 2014. Further focus is required specifically in Glasgow City CHP and South Lanarkshire 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 7.5% in January 2014 and up slightly to 9.5% in February 2014. 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 67.9% by February 2014.

Although many areas have achieved 0% referral on same day as RFD, it should be noted that that this does not always equate to no delays over 4 weeks. Glasgow City North East Sector for example historically have a significantly higher % of referrals on the same day as RFD but have significantly lower numbers of delays and only occasional delayed discharge over 4 weeks

Actions

1. Weekly meetings continue in South Glasgow focused on delays and issues with allocation.
2. Weekly executive meeting continues between the Acute Division, Glasgow CHP and Glasgow City Council. The number of over 4 week delays are reducing with March census reporting 21, a reduction of 12.
3. Increase in the use of Step Down beds with 35 places now available across the city with current occupancy at 80%.

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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.

2013 / 14	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Actual	90.7%	91.1%	91.1%	91%	91.2%	91.0%	91.5%	94.1%	91.1%	91.0%	91.1%	
Trajectory	90%	90%	90%	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	Jan	Feb	Mar
Actual	89.9%	87.5%	85.3%	87.3%	88.1%	88.1%	87.9%	87.9%	89.3%	88.6%	89.0%	
Trajectory	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%