

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of June 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 Government target is that the total maximum patient journey time will be 18 weeks from referral to treatment, referred to as the 18 weeks RTT target. The national target requires the Board to deliver 90% performance for combined admitted / non admitted performance.

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. 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 92.4% performance, against the target of 90%.

NHSGGC	April 14	May 14	June 14
Combined Performance	90.6%	91.8%	92.4%

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.

➤ 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 2014. Work continues nationally to develop more robust inter Board processes to allow appropriate pathway linkage to be facilitated.

NHSGGC	April 14	May 14	June 14
Combined Linkage	87.3%	86.8%	88.4%

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

Inpatients

NHS GG&C met the national Treatment Time Guarantee of 12 weeks from decision to treat in May 2014 and June 2014 for the majority of patients. However, during this period there were 2 patients that breached the guarantee in May. These were in Oral & Maxillofacial Surgery and Plastic Surgery. Both patients have now attended for treatment. In both instances these patients were not added to the waiting list at the correct time due to administrative errors. Administrative processes have since been reviewed to ensure this does not happen in future.

Although outwith the reporting period, in July 2014, 7 patients awaiting spinal surgery breached the TTG guarantee. Arrangements had been made for these patients to have their operations delivered by a third party hospital provider within the 12 week waiting time guarantee. However, that hospital then failed to provide the operations as required. This matter is being taken forward with the provider, and arrangements have been made for the patients to have their operations.

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. During May 2014 a total of 99,635 out patient appointments were offered (new and return), and in June 2014 a total of 100,874 out patient appointments were offered (new and return).

However, there were 43 Ophthalmology and 11 Neurology patients waiting over 12 weeks at the end of May 2014. At the end of June 2014, there were 77 Ophthalmology and 6 Neurology patients waiting over 12 weeks. A table providing context to these numbers is set out below.

Ophthalmology	May 14	June 14	Neurology	May 14	June 14
Patients appointed	11,845	12,669	Patients appointed	2,233	2,418
Breached 12 weeks	43	77	Breached 12 weeks	11	6
% breached	0.4%	0.6%	% breached	0.5%	0.2%

Significant demand and capacity pressures in both of these specialties is a national issue and is not limited to NHS GG&C.

There has been a pronounced increase in referrals to these services which has put pressure on the available capacity. Both services had developed plans to deal with the demand pressures in the immediate and longer term. However, the position was compounded by sick leave and by the lack of suitable available candidates to fill consultant vacancies, or to provide locum cover.

The summer period was anticipated to be particularly difficult, as the existing specialist consultants providing these services have periods of annual leave, and as a result both services have predicted they will have further breachers during the summer months if ongoing efforts to recruit temporary or permanent specialist staff is unsuccessful. This pressure has continued into July 2014, and there were a number of breachers in both specialties, each breacher is currently being validated.

Further background information and details of the specific planned actions taken by the services are detailed below.

- Ophthalmology
 - Background
 - Ophthalmology referrals are increasing at a rate of 7% per annum.
 - The speciality has 3 Consultants on Maternity Leave (1 is a Glaucoma specialist).
 - Once diagnosed patients require lifetime follow up, increasing the demand on hospital capacity.
 - The majority of patients waiting over 12 weeks were Glaucoma patients.
 - The position should improve with the return of two of the three Consultants from maternity leave and a full complement of junior doctors from August 2014.

Actions

- Additional clinic capacity has been created by reorganising clinic capacity and by existing staff undertaking waiting list initiatives.
- Efforts to recruit locum staff continue.
- Optometric and othoptic inputs have been increased and the capacity to expand these roles further has been reviewed. The service is at the forefront in developing extended roles for Hospital Optometrists and Orthoptists.
- The potential for additional capacity at the Golden Jubilee National Hospital is being pursued.

- Neurology

Background

- During May 2014 the service was impacted by Consultant long term sick leave.

Actions

- Three Consultant Neurologist posts have been advertised, with interviews anticipated to take place at the end of August.
- A locum Consultant has been appointed (until January 2015).
- Additional clinics are in place.
- The service is also reviewing return capacity to identify if any can be converted to new capacity and is ensuring, as appropriate, any long term patients are managed by the Clinical Nurse Specialist.
- Additional capacity has also been agreed with the use of Medinet.

➤ 1.4 Unavailability

	Total Unavailable	Total Unavailable	Total Unavailable	<i>Pt Advised Site/Clinician</i>
Inpatient / Day Cases	April 14	May 14	June 14	<i>June 14</i>
Greater Glasgow & Clyde	3,467	3,555	3,616	2,191
Yorkhill	544	542	552	216
TOTAL	4,011	4,097	4,168	2,407
Outpatients	April 14	May 14	June 14	<i>June 14</i>
Greater Glasgow & Clyde	2,283	2,573	2,787	1,205
Yorkhill	38	45	119	18
TOTAL	2,321	2,618	2,906	1,223

At the end of June 2014, the total number of patients waiting (both available and unavailable) was 16,849 inpatients / day cases and 66,473 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 practice 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 May or June 2014.

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 95% of Accident and Emergency patients.

Site	April 14	May 14	June 14
Western Infirmary	78%	81%	84%
Glasgow Royal Infirmary	92%	90%	92%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	97%	98%	98%
Southern General Hospital	89%	88%	89%
Victoria Infirmary	88%	87%	88%
Victoria Infirmary (MIU)	100%	100%	100%
Royal Alexandra Hospital	82%	87%	89%
Inverclyde Royal Hospital	90%	88%	94%
Vale of Leven Hospital	97%	98%	97%
Board Average	89%	90%	91%

Overall Position

The NHS GG&C position improved by 1% month on month from 89% in April 2014 to 91% in June 2014. Overall, performance for the quarter was 90.1%, which is a reduction from 91.9% for the same quarter in the previous year. The period saw an increase of 2.6% in the number of new attendances for the quarter when compared to April – June 2013.

There were 42 patients in NHS GG&C who waited over 12 hours to the completion of treatment in the quarter from April to June 2014. By way of context there were 230 patients who waited over 12 hours to completion of treatment in NHS Scotland over the same period.

3. CANCER WAITING TIMES

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.

Tumour Type	May 2014 (Provisional)			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (Screened Excluded)	37/34	91.9	70/68	97.1
Breast (Screened only)	41/41	100.0	38/30	78.9
Cervical (Screened Excluded)	1/1	100.0	4/4	100.0
Cervical (Screened Only)	2/2	100.0	2/2	100.0
Colorectal (Screened Excluded)	24/23	95.8	58/57	98.3
Colorectal (Screened Only)	11/10	90.9	11/11	100.0
Head & Neck	22/20	90.9	48/42	87.5
Lung	53/49	92.5	101/99	98.0
Lymphoma	8/8	100.0	28/28	100.0
Melanoma	4/4	100.0	22/21	95.5
Ovarian	6/6	100.0	16/16	100.0
Upper GI	19/17	89.5	54/52	96.3
Urological	41/31	75.6	107/99	92.5
All Cancer Types	269/246	91.4	559/529	94.6

Tumour Type	June 2014 (Provisional)			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (Screened Excluded)	37/33	89.2	74/69	93.2
Breast (Screened only)	39/39	100.0	35/33	94.3
Cervical (Screened Excluded)	-/-	-	5/5	100.0
Cervical (Screened Only)	1/1	100.0	2/2	100.0
Colorectal (Screened Excluded)	25/24	96.0	72/72	100.0
Colorectal (Screened Only)	6/6	100.0	7/7	100.0
Head & Neck	12/11	91.7	22/21	95.5
Lung	48/44	91.7	108/108	100.0
Lymphoma	5/5	100.0	22/22	100.0
Melanoma	7/7	100.0	17/17	100.0
Ovarian	1/1	100.0	11/11	100.0
Upper GI	16/16	100.0	48/48	100.0
Urological	37/26	70.3	100/89	89.0
All Cancer Types	234/213	91.0	523/504	96.4

Overall Position

The performance measures put in place to recover the 31-day position have returned the 31-day target to compliance for the months of May and June 2014.

However, the 62-day performance is still below target. Individual specialties are monitoring performance on a weekly basis and highlighting at an early stage any potential slippage in patient pathways.

This additional scrutiny, as part of a wider action plan, is aimed at returning the 62-day performance indicator to compliance with the national target.

Urology Service

Urology presents the largest area of challenge out of all cancers again this period. There is limited surgical cover in Urology against a backdrop of increasing referrals and increased diagnosis. Locum Surgical staff have been sought and additional sessions are in place where at all possible. There is a similar pressure for Specialist Oncology, due to the increased diagnosed cancers. Again, additional sessions are in place and the service are trying to recruit additional locum Consultant staff.

Urology Services	Jan–March 2012	Jan–March 2014	No. Increase	% Increase
SCI GP referrals (all urgencies)	4,923	5,793	870	17.7%
GP Urgent Suspected Cancer Referrals (GP or vetted urgency)	361	423	62	17.1%

Breast Service

Breast services also remain an area of concern, however there is an improvement in the 31 day position from May 'screened patients' (78.9%) to June 'screened patients' (94.3%). Weekly meetings are in place between Surgical teams and Diagnostic Imaging teams to ensure that all available localisation slots are fully utilised.

The fortnightly Cancer Performance Improvement Meeting remains in place, as does the weekly reporting of cancer waiting times to Acute Division Directors and the SGHD Cancer Performance Support Team, and the monthly Detect Cancer Early meetings.

4. STROKE

NHS GG&C has a target of 55% of suspected stroke patients receiving all appropriate elements of the stroke bundle by March 2015, with an interim target of 50% by September 2014.

The Board has already exceeded both the interim and full targets in the quarter ended June 2014.

	Monthly Performance June 2014 Target 50%	Individual Elements – Performance June 2014			
		ASU Admission Target 90% day 0/1	Stroke Scan Target 90% within 24hrs	Swallow Screen Target 90% day 0	Give Aspirin Target 100% day 0/1
NHSGGC	61%	89%	91%	75%	85%
IRH	71%	95%	90%	81%	84%
RAH	53%	95%	81%	81%	69%
GRI	57%	93%	91%	70%	91%
WIG	62%	82%	97%	72%	92%
SGH	75%	100%	96%	84%	89%
VIC	18%	30%	82%	27%	71%

- Stroke bundle performance remains above target in June 2014 with only the Victoria Infirmery site performing below target. Daily and weekly exception monitoring of stroke unit admission and swallow screening is in place on all sites with an analysis of the reasons for any failures to meet the target. Achieving all individual elements of the new stroke bundle will continue to be a challenging target for NHS GG&C and a number of improvement actions are being taken forward across all our hospital sites.
- ASU Admission
 - At the Victoria Infirmery plans are in place to change the stroke admission pathway and see all patients from the Victoria Infirmery catchment area being admitted consistently to the Southern General Hospital, replacing the current inconsistent pathway. This change will be implemented on 1 September 2014.
 - Performance at the Western Infirmery / Gartnavel General Hospitals campus has improved across a number areas this month, in particular in admission to a stroke unit. Further improvement is expected in July from additional measures to improve stroke bed availability.
- Stroke Scanning - performance against the scanning target remains above target levels; in particular performance has improved significantly at the Royal Alexandra Hospital through access to the new scanner.
- Swallow screening - performance continues to hover around the mid 70s. Further RAD/ECMS discussions have been held during June 2014 at Glasgow Royal Infirmery and the Royal Alexandra Hospital and are being planned for the Western Infirmery / Gartnavel General Hospitals. These discussions involve clinical and management representatives and explore reasons for fails and seek to agree measures to address these.
- Aspirin - with a target set at 100%, this will always be a challenging target to meet, however Glasgow Royal Infirmery, Western Infirmery / Gartnavel General Hospitals and Southern General Hospital are all now achieving 90% on a fairly consistent basis. Work is continuing to be taken forward on each site to ensure accuracy of data recording and collection given the complex range of contraindications which apply to this performance standard.

5. PATIENTS AWAITING DISCHARGE

Current delays over 28 days in the July 2014 validated census were reported as 22 patients, a reduction of 12% from June 2014 when the census reported 25 delayed patients. Of the 22 patient delays reported, 4 patients were within mental health services.

Of the 22 delays over 4 weeks

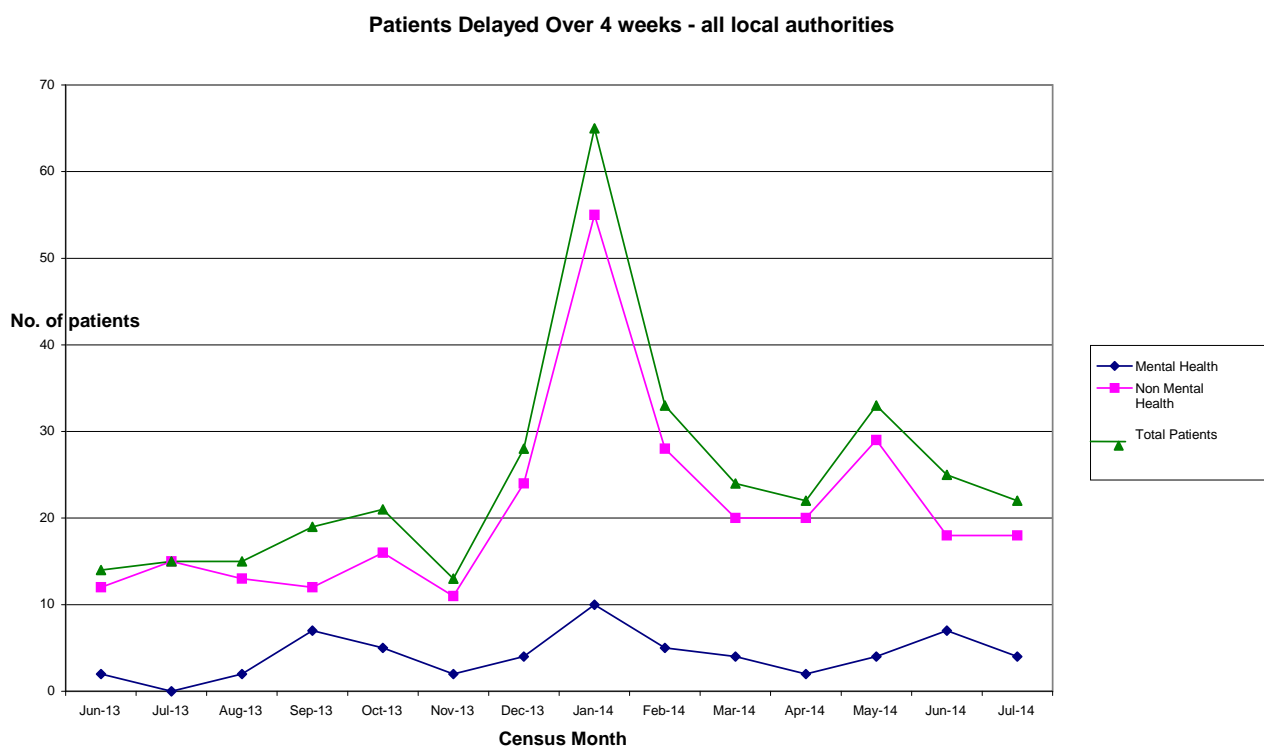
- 15 patients were from Glasgow City; (9 in June 14)
- 3 patients were from South Lanarkshire; (9 in June 14)
- 2 patients from East Renfrewshire; and
- 2 patients from Inverclyde.

The number of patients waiting over 4 weeks in Glasgow City increased in comparison to June 2014, when there was an injection of resources to the Council to fund additional care home places.

In West Glasgow the number of patients waiting over 4 weeks reduced from 16 patients in May 2014, to 3 patients in June 2014, but this rose to 8 patients in July 2014, all as a result of funding issues. The South sector has seen an increase from 6 patients delayed in June 2014, to 7 patients in July 2014, 6 of which are again due to funding issues.

Following the June 2014 census, South Lanarkshire Council released funding from their allocated placement budget and as a result the total number of patients from South Lanarkshire Council awaiting discharge reduced from 17 patients in June 2014 to 10 patients at the July 2014 census. Of these 10 delays, only 1 was due to funding issues and only 3 exceeded 4 weeks (compared with 9 patients in June 2014). However, it is anticipated that no further funding will be released in South Lanarkshire for care home placements until 1st December 2014.

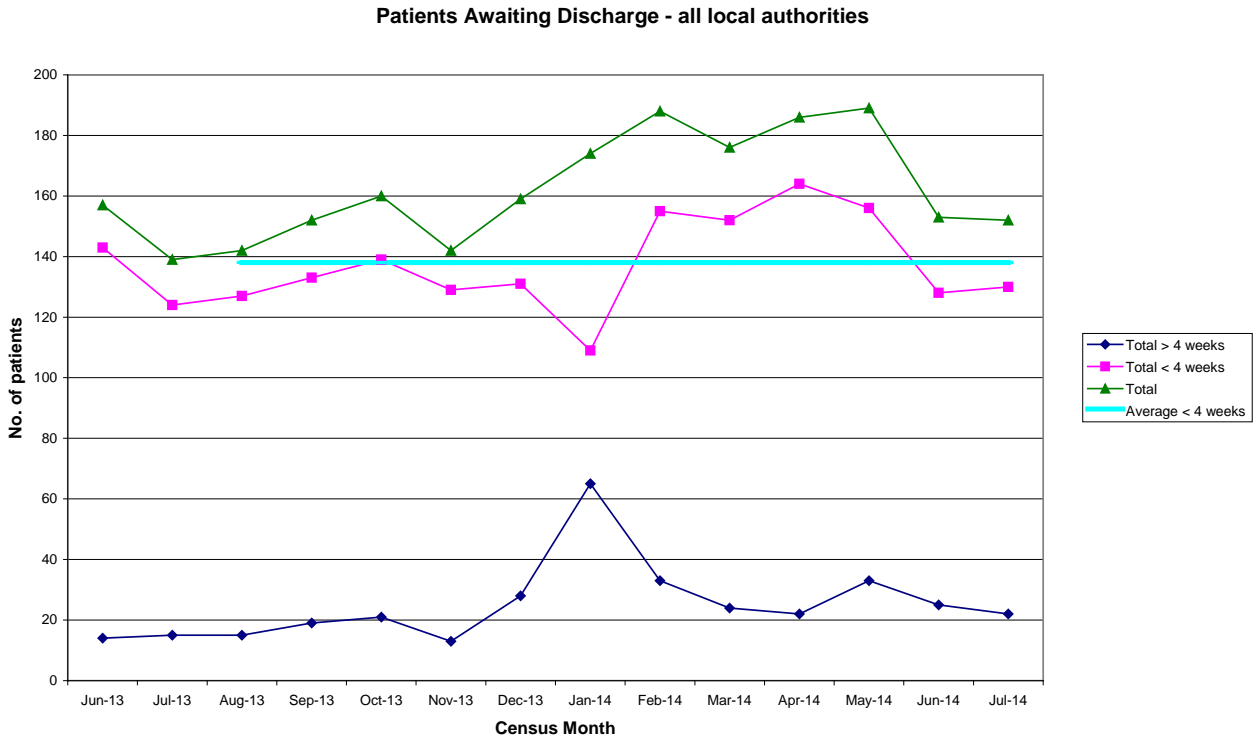
Table 1



The number of acute delays (18) has reduced from peaks in January and May but continues to exceed the level achieved at the same period last year (15).

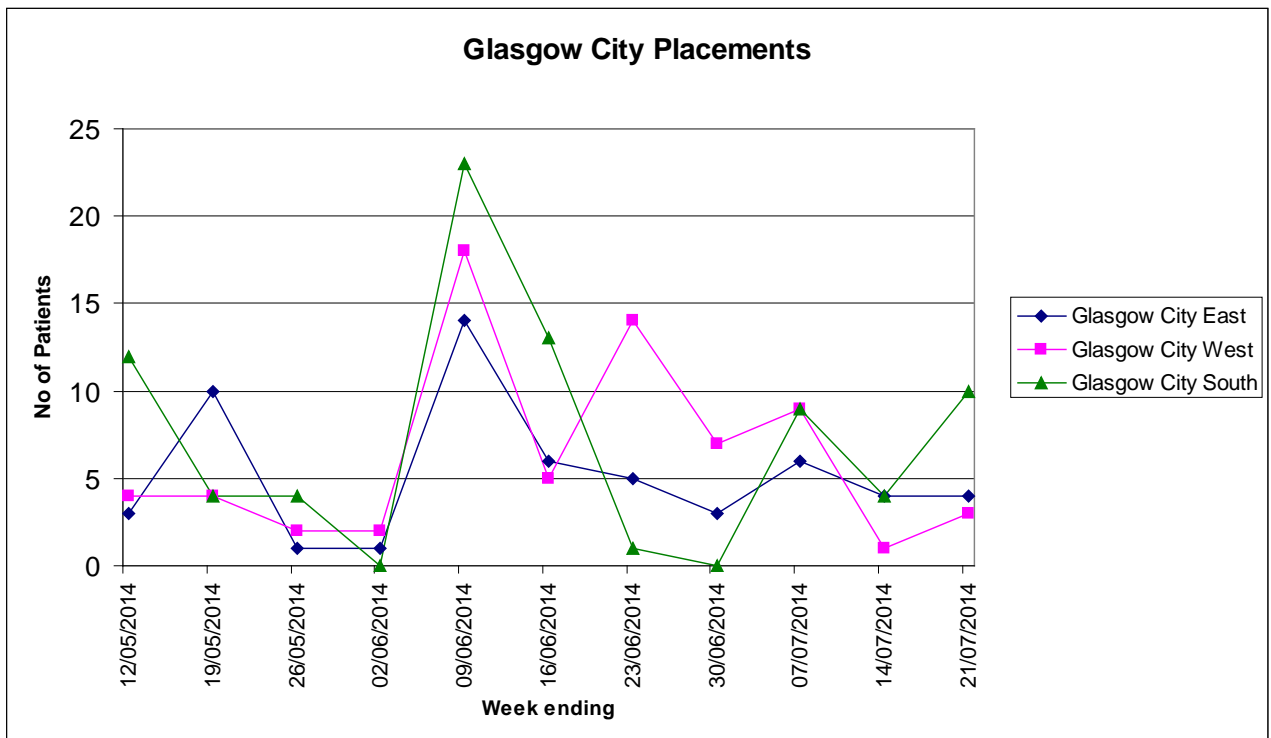
The number of patients delayed less than 28 days in July was 130, this is below the average, over the last 12 months, of 138 (Table 2).

Table 2



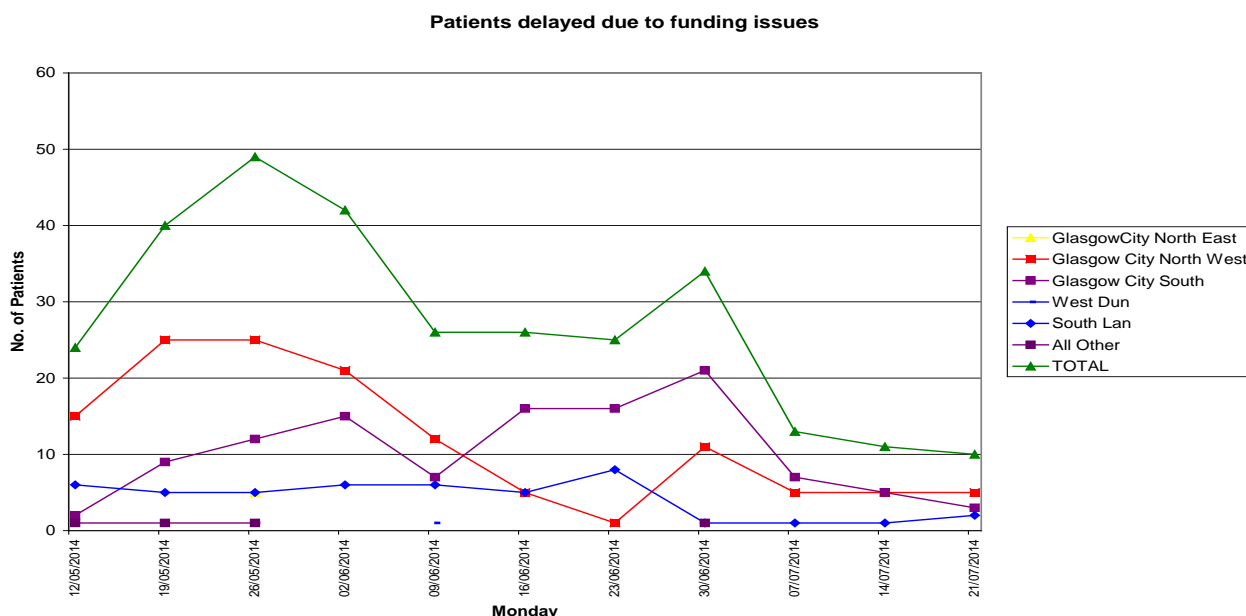
Within Glasgow City the number of placements increased to 55 (wk of 9/6/14) following the allocation of extra funding (Table 3). This has now averaged out at 17 per week over the last 6 weeks.

Table 3



In May 2014 the number of patients delayed due to funding issues increased dramatically to a peak at 49 patients. Table 4 below details how this has reduced in recent weeks due to additional funding been made available to Glasgow City and within South Lanarkshire.

Table 4



EARLY REFERRAL TO SOCIAL WORK

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

The full report for July is not yet available but early indications are that the number of patients being referred to Social Work on the day ready for discharge has reduced from 7.1% in June 14 to 3.7% in July 14 and the number of patients referred to social work more than a week in advance of being ready for discharge has improved from 57.6% in June 14 to 61.2% in July 14.

BEDS DAYS LOST

The table below begins to evidence the reduction in beds days lost for Glasgow City patients, a 10.7% reduction overall from the peak in early June.

ALL NHS GG&C - Delayed Discharges - ALL PATIENTS

Includes all patients (including complex codes and mental health patients) with social work involvement on Edison as at:-

Bed Days Lost at	02/06/2014	09/06/2014	16/06/2014	23/06/2014	30/06/2014	07/07/2014	14/07/2014	21/07/2014	% Variance (reduction) from 2/6/14
East Dunbartonshire	231	240	143	141	180	194	205	171	26.0%
East Renfresshire	314	267	321	347	320	382	371	351	-11.8%
Glasgow City	7320	6461	6335	5809	6118	5861	6230	6538	10.7%
<i>Glasgow City East</i>	<i>1193</i>	<i>1287</i>	<i>1221</i>	<i>1184</i>	<i>928</i>	<i>942</i>	<i>995</i>	<i>1082</i>	9.3%
<i>Glasgow City West</i>	<i>3529</i>	<i>3043</i>	<i>3134</i>	<i>2515</i>	<i>2711</i>	<i>2606</i>	<i>2909</i>	<i>3079</i>	12.8%
<i>Glasgow City South</i>	<i>2598</i>	<i>2131</i>	<i>1980</i>	<i>2110</i>	<i>2479</i>	<i>2313</i>	<i>2326</i>	<i>2377</i>	8.5%
Inverclyde	267	279	249	179	179	262	368	415	-55.4%
North Lanarkshire	216	254	256	265	111	5	31	28	87.0%
Renfrewshire	1365	1478	1517	1640	1656	1778	1625	1320	3.3%
South Lanarkshire	1383	1488	1274	1333	1471	1402	1083	977	29.4%
West Dunbartonshire	1300	1375	1361	1233	1174	1234	979	872	32.9%
Argyll & Bute	165	220	287	248	290	350	305	225	-36.4%
North Ayrshire	83	104	133	114	76	90	82	40	51.8%
Others	4	0	0	0	5	12	24	26	-550.0%
TOTAL	12648	12166	11876	11309	11580	11570	11303	10963	13.3%

Inverclyde has seen a notable increase in the number of patients recorded as delayed from 9 to 23 which accounts for the significant increase (55.4%) in days lost. The average per patient however for this local authority has reduced from 25.5 days to 15.83 days. In Argyll and Bute the number of patients is small in comparison to other local authorities and 1 mental health patient delayed by 77 days has had a significant impact on the variance shown in the table above. Again, the number of patients and days delayed from 'other' areas is small. This 550% increase is attributed to just 1 patient from NHS Fife, currently in the Spinal Unit.

AWI PATIENTS

The 26% increase in June in the number of patients reported as AWI cases (as shown in the table extracted from the monthly census report below) has reduced by 15% in July. Numbers within Glasgow City and Renfrewshire have increased significantly in recent months although Renfrewshire has seen a reduction in the month of July.

AWI codes only	May-14					Jun-14					Jul-14				
	<2 wk	2-4 wks	total <4 wks	total > 4 wks	Tot	<2 wk	2-4 wks	total <4 wks	total > 4 wks	Tot	<2 wk	2-4 wks	total <4 wks	total > 4 wks	Tot
West Dunbartonshire			0	5	5			0	8	8			0	4	4
East Dunbartonshire			0	1	1	1		1	1	2			0	1	1
East Renfrewshire			0	1	1			0	1	1			0	1	1
GC North East		2	2	6	8	3		3	7	10			0	6	6
GC North West		4	4	11	15	1	1	2	15	17	1	1	2	14	16
GC South			0	7	7		1	1	8	9		2	2	13	15
Glasgow City	0	6	6	24	30	4	2	6	30	36	1	3	4	33	37
Inverclyde			0		0			0		0			0		0
North Lanarkshire			0		0			0		0			0		0
Renfrewshire		1	1	8	9	2	3	5	10	15	1		1	10	11
South Lanarkshire			1	7	8			0	7	7			0	5	5
Argyll & Bute	1	1	2	1	3			0	2	2			0	2	2
Others			0		0			0	1	1			0		0
Sub total	1	9	10	47	57	7	5	12	60	72	2	3	5	56	61

Management Actions

1. Meetings in South Glasgow are now fortnightly and continue to focus on delays and issues with allocation.
2. Monthly meetings continue with South Lanarkshire focused on delays and funding issues.
3. Weekly monitoring and reporting continues between the Acute Division, Glasgow CHP and Glasgow City Council.
4. Work is ongoing within NHS GC&C re discharge within 48 hrs of RFD and integrated discharge pathways for older people, of which intermediate care / step down beds are a component.

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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.

2014 / 15	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Actual	90.6%	91.8%	92.4%									
Trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%

➤ 1.2 Linked Pathways

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

2015 /15	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Actual	87.3%	86.3%	88.4%									
Trajectory	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%