

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of December 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 91.5% performance, against the target of 90%.

NHSGGC	Oct-14	Nov-14	Dec-14
Combined Performance	91.7%	91.1%	91.5%

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.

➤ 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 2014. The development of more robust inter Board processes to allow appropriate pathway linkage continues to be facilitated.

NHSGGC	Oct-14	Nov-14	Dec-14
Combined Linkage	87.9%	87.8%	88.2%

An emphasis on the recording of clinic outcomes on the Patient Management System is ongoing to ensure that where treatment has started the patient 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 November 2014 and December 2014 for all patients with the exception of one Oral Maxillofacial patient in November.

This was due to an administrative process error at the Outpatient clinic. The patient outcome was not completed at clinic and no letter was dictated at that point, therefore the patient was not added to the inpatient waiting list. However, the patient was added to the waiting list retrospectively as soon as the error was noted and received their treatment in December 2014.

Outpatients

NHS GG&C met the national waiting time target of 12 weeks from GP referral to outpatient consultation for the majority of specialties. During November 2014 a total of 97,649 out patient appointments were delivered (new and return), and in December 2014 a total of 96,329 out patient appointments were delivered (new and return).

However, at the end of November there were 26 Neurology patients, 3 Dermatology patients, 1 Orthopaedic patient and 1 Epilepsy patient waiting over 12 weeks. At the end of December 2014 there were 52 Neurology patients waiting over 12 weeks.

- **Neurology**

There is currently a nationally recognised difficulty in filling Consultant Neurologist vacancies. Further pressure will be added to the service due to the retiral of a Consultant Neurologist with a sub-speciality interest in Muscle, as of 1st April 2015.

The service continues to deploy a range of measures to improve the position, as detailed below:

- Four Consultant Neurologist posts have gone out to for further advert. Interviews will be held at the beginning of March 2015
- A part time locum will commence April 2015 for 6 months (from previous round of interviews)
- Extension to a Locum Consultant contract until July 2015
- 2 GPs with a special interest appointed - one in headaches, one in 1st seizures
- Additional capacity has been agreed with the use of Medinet from Oct-14 – Mar-15 (a further 300 new OP appointments agreed)
- Additional Waiting List Initiative clinics remain in place
- Return of a Consultant from long term sick leave

- **Dermatology**

The Dermatology service is experiencing challenging demand pressures despite running regular Waiting List Initiatives on all sites.

Staffing issues are also adding to this pressure (Consultant vacancy and maternity leave). One specialty doctor has returned to work following long term sickness absence, which should assist in improving service capacity.

The service is currently in the process of recruiting a Consultant to the North Sector.

- **Orthopaedics**

The patient that was waiting over 12 weeks at the end of November 2014 was added to the incorrect waiting list at vetting, the patient has since attended for their consultation.

- **Epilepsy**

One patient was waiting longer than 12 weeks at the end of November due to an individual coding error in the administrative process. The patient was reported as a General Medicine patient, but was in fact an Epilepsy patient. The patient consultation was booked for the first week in December 2014.

➤ **1.4 Unavailability**

	Total Unavailable	Total Unavailable	Total Unavailable	<i>Pt Advised Site/Clinician</i>
Inpatient / Day Cases	Oct-14	Nov-14	Dec-14	<i>Dec-14</i>
Greater Glasgow & Clyde	3,736	3,933	4,761	2,453
RHSC	494	520	553	210
TOTAL	4,230	4,453	5,314	2,663
Outpatients	Oct-14	Nov-14	Dec-14	<i>Dec-14</i>
Greater Glasgow & Clyde	2,494	2,393	2,963	1,610
RHSC	24	30	40	11
TOTAL	2,518	2,423	3,003	1,621

At the end of December 2014, the total number of patients waiting (both available and unavailable) was 18,078 inpatients / day cases and 63,027 new outpatients.

National feedback indicates that 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. In line with the NHS GG&C Access Policy, this practice has not been adopted in NHS GG&C and patients' preferences of admission date/site are consistently accommodated.

In addition, many NHS Boards do not routinely accept patient requests to wait on a particular hospital site or for a specific Consultant. NHS GG&C continues to seek to provide patients with access to their nearest hospital, where at all possible, and accepts patient requests to wait to be treated at their choice of hospital/by their choice of Consultant. This has the effect of increasing patient unavailability.

Many Boards across NHS Scotland do not have the range of hospital sites NHS GG&C has access to, and certain clinical services may only be provided at one site. With access to nine acute hospital sites, NHS GG&C patients are often eligible to be treated at a range of sites, thus making patient choice an option that may not be available in other Boards. Additionally, NHS GG&C is the tertiary referral Board for the West of Scotland and therefore has more complex sub-specialty services than other Boards.

NHS GG&C closely monitors unavailability rates and ensures patients are contacted regularly to update their availability status where appropriate. Inpatients are contacted by letter to confirm if any unavailability has been added to their electronic health record.

Patient advised unavailability consistently accounts for more than 90% of all unavailability within NHS GG&C. Patient choice of Consultant or hospital site is consistently the reason for approx 50-70% of the total patient advised 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 November 2014 or December 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	Oct-14	Nov-14	Dec-14
Western Infirmary	79%	78%	69%
Glasgow Royal Infirmary	87%	87%	85%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	99%	98%	97%
Southern General Hospital	89%	91%	96%
Victoria Infirmary	86%	85%	81%
Victoria Infirmary (MIU)	100%	100%	100%
Royal Alexandra Hospital	88%	83%	77%
Inverclyde Royal Hospital	93%	89%	87%
Vale of Leven Hospital	97%	95%	92%
Board Average	89%	88%	84%

Overall Position

The NHS GG&C position for the 3 month period from October to December 2014 was 87.4% compliance against the 4 hour waiting time target. This represents a drop in compliance from 91.3% for the previous 3 month period from July to September 2014. There were 72 patients in NHS GG&C who waited over 12 hours to the completion of treatment in the 3 months from October to December 2014. By way of context there were 519 patients who waited over 12 hours to completion of treatment in NHS Scotland over the same period. In percentage terms, NHS GG&C accounted for 13.9% of over 12 hour waits in Scotland between October and December 2014, while accounting for 29.6% of total new A&E attenders over the same period.

Additional funds have been released by Scottish Government to support Partnerships in facilitating discharge from hospital and other actions are described in the section below regarding those patients waiting for discharge from hospital, and further update will be provided at the meeting in relation to the recently announced Scottish Government support initiative at the Royal Alexandra Hospital.

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	November 2014 (Provisional)			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (Screened Excluded)	54/55	98.2%	87/88	98.9%
Breast (Screened only)	34/35	97.1%	33/34	97.1%
Cervical (Screened Excluded)	2/2	100.0%	5/5	100.0%
Cervical (Screened Only)	3/3	100.0%	3/3	100.0%
Colorectal (Screened Excluded)	15/16	93.8%	53/53	100.0%
Colorectal (Screened Only)	6/7	85.7%	9/9	100.0%
Head & Neck	10/10	100.0%	30/31	96.8%
Lung	39/42	92.9%	84/84	100.0%
Lymphoma	6/6	100.0%	19/19	100.0%
Melanoma	7/7	100.0%	22/22	100.0%
Ovarian	0/1	0.0%	7/7	100.0%
Upper GI	18/22	81.8%	41/43	95.3%
Urological	25/29	86.2%	78/83	94.0%
All Cancer Types	219/235	93.2%	471/481	97.9%

Tumour Type	December 2014 (Provisional)			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (Screened Excluded)	49/49	100.0%	84/85	98.8%
Breast (Screened only)	27/28	96.4%	28/28	100.0%
Cervical (Screened Excluded)	0/0	n/a	5/5	100.0%
Cervical (Screened Only)	1/1	100.0%	2/2	100.0%
Colorectal (Screened Excluded)	15/16	93.8%	52/52	100.0%
Colorectal (Screened Only)	5/5	100.0%	6/6	100.0%
Head & Neck	12/13	92.3%	41/42	97.6%
Lung	26/27	96.3%	82/82	100.0%
Lymphoma	7/7	100.0%	24/24	100.0%
Melanoma	8/8	100.0%	28/28	100.0%
Ovarian	4/4	100.0%	16/16	100.0%
Upper GI	18/22	81.8%	50/51	98.0%
Urological	35/40	87.5%	107/120	89.2%
All Cancer Types	207/220	94.1%	525/541	97.0%

Provisional data submitted for quarter 3 (July – September 2014) shows a performance of 91.9% for the 62 day target and 94.9% for the 31 day target. This is an improvement on the previous quarter (April – June 2014, 62 day - 90.7% / 31 day - 94.1%) albeit the target has not been achieved. Several performance improvement initiatives were underway during the course of quarter 3 included the Rapid Improvement Event for Breast Oncology.

The provisional performance for quarter 4 (October – December 2014) indicates that GG&C will exceed 95% for the 31-day target and although the 62-day performance will not be above 95%, it will show an improvement on the previous quarter. Significant performance control measures remain in place including weekly reporting. Urology surgical capacity continues to be problematic; however the position has improved overall when compared to previous months.

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. Performance for the most recent reported month, December 2014, is shown in the table below:

	Monthly Bundle Performance Dec 2014 Target 55%	Individual Elements – Performance December 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
IRH	64%	77%	93%	71%	85%
RAH	26%	81%	70%	70%	71%
GRI	53%	88%	86%	70%	85%
WIG	45%	76%	98%	61%	82%
SGH	81%	100%	97%	92%	83%
NHSGGC	58%	87%	91%	75%	82%

NHSGGC performance for the stroke bundle returned back above target in December 2014 after a dip in November 2014. GRI was just under at 53% and the WIG and RAH were 45% and 26% respectively. The RAH had an unusually high number of patients missing just one of their required targets and this explains the

particularly low performance. The SGH site continues to perform well with 81% of patients receiving all four elements of the stroke bundle within target time.

- **Acute Stroke Unit (ASU) Admission:**
Only the SGH site met the target this month, although GRI only just missed the target with 3 of the 5 patients failing having been assessed as too unwell for transfer.
 - Performance at the IRH and RAH continued to be affected by issues from the previous month (RAH ward infection control closures and IRH delays in transfer to NHS Ayrshire & Arran)
 - As in November, performance at the WIG dipped below target, with 10 patients failing the target. Most patients had been quickly identified to the WIG stroke team but bed pressures across the site meant the patients were not able to transfer to the ASU in time to meet the target
- **Stroke Scanning:**
Scanning performance for NHS GG&C remains above target levels. Performance continues to improve at the RAH but remains just below target. Analysis of fails at the RAH shows these mostly occur over a weekend.
- **Swallow screening:**
Performance for the NHS Board rose slightly to 75% this month. Work will be undertaken early in 2015 in conjunction with the Scottish Government team to review in detail the timing of swallow screen assessment. In the meantime weekly exception reporting remains in place and is widely shared across each site to drive service improvement.
- **Aspirin:**
Scottish Government has made changes to the aspirin target from 1 January 2015 by revising the target to 95% and included some additional exclusions. It is expected these changes will further improve the local performance against this target.

5. PATIENTS AWAITING DISCHARGE

Nationally there was a slight decrease (2.4%) in the number of patients reported as delayed over 4 weeks. In the most recently published figures (December 2014) 315 patients were delayed over 4 weeks (323 in November). This compares with 295 at the September 2014 census and 207 at the December 2013.

Within NHS GG&C current delays over 28 days in the January 2015 validated census were reported as 17, a reduction of 51% from December when the census reported 33 delays. Of the 17 delays reported, 3 patients were within mental health services.

Of the 17 delays over 4 weeks:-

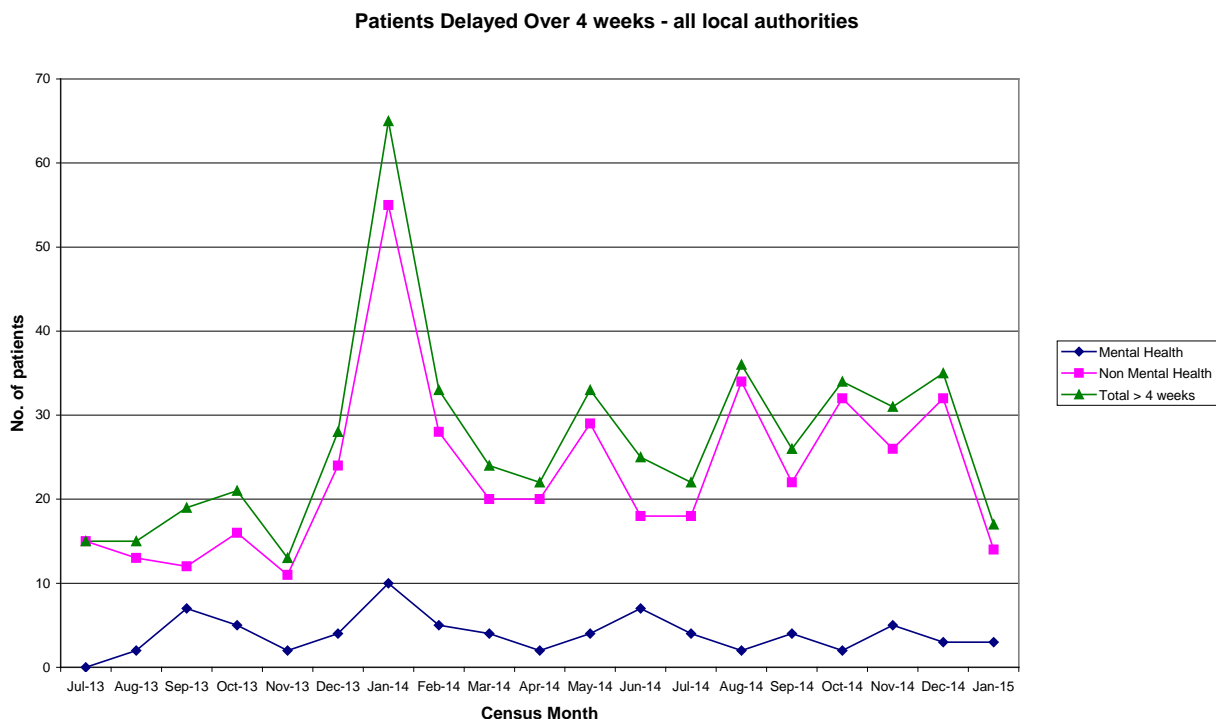
- 8 patients were from Glasgow City; (22 in Dec 14);
- 2 patients were from South Lanarkshire; (6 in Dec 14);
- 0 patient from West Dunbartonshire (2 in Dec 14);
- 3 patients from Inverclyde (2 in Dec 14);
- 2 patients from North Lanarkshire (1 in Dec 14);
- 0 patient from East Dunbartonshire (1 in Dec 14);
- 1 patient from Argyll & Bute (1 in Dec 14); and
- 1 patient from Stirling

There has been a significant decrease in the number of patients over 4 weeks in Glasgow City, however the number of patients delayed 2 to 4 weeks has remained similar to the numbers reported in December (62 Jan / 64 December) at the census point. The overall Glasgow City numbers have also reduced from 86 at the December census, to 70 in January, a reduction of 18%. Delays over 4 weeks in South Glasgow have reduced by 75% to 3, and in the North West by 55% to 4. The total number of Glasgow City patients awaiting discharge and delayed due to funding issues has further decreased from 13 in November, to 7 in December, and to 3 at the January 2015 census, of which 1 is over 4 weeks.

The total number of patients from South Lanarkshire awaiting discharge has also further reduced to 7 from 15 in December, and from a peak of 19 in November. 2 patients were delayed in excess of 4 weeks; both cases were attributable to funding issues.

At the January 2015 census the overall number of patients awaiting discharge has remained relatively static (Dec 268, Jan 271). The overall number of patients in the system at the same period in 2014 was 285 – a decrease of approximately 5%.

Table 1



Acute Delays

The number of acute patients delayed over 4 weeks peaked in January 2014 (55). This has continued to fluctuate over the months, 26 at the November census, 32 at the December census and reduced to 14 at the January census.

Mental Health

The number of patient delayed in excess of 4 weeks within mental health services remains the same as at December = 3.

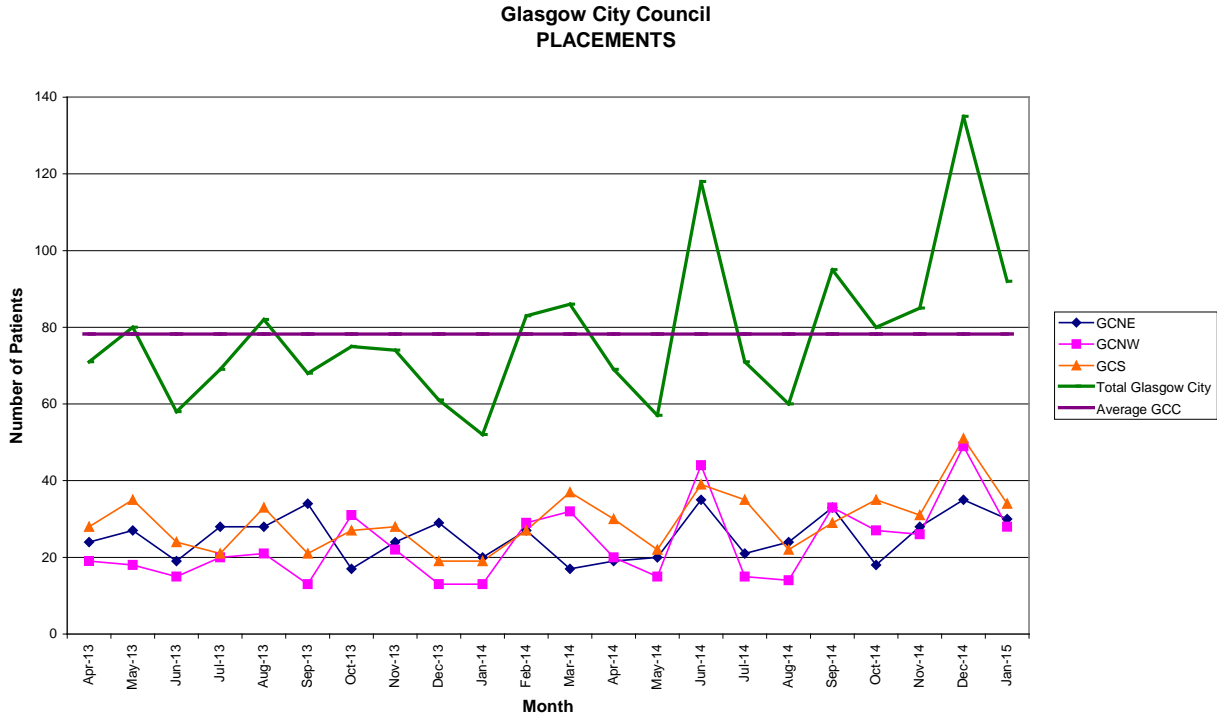
Non Complex Codes

The total number of patients delayed with non complex codes recorded on Edison as delayed at the time of the January 15 census was 136, this is well below an annual average of 167 for the period February 14 to January 15 and is the lowest number recorded since July 2013.

Placements

The number of placements within Glasgow City peaked in the month of June 14 (118) following the allocation of extra funding and has fluctuated over the following months. December saw an increase to 135 which reduced to 92 in January. The average number of placements per month between April 2013 and January 2015 has been 72 (Table 2).

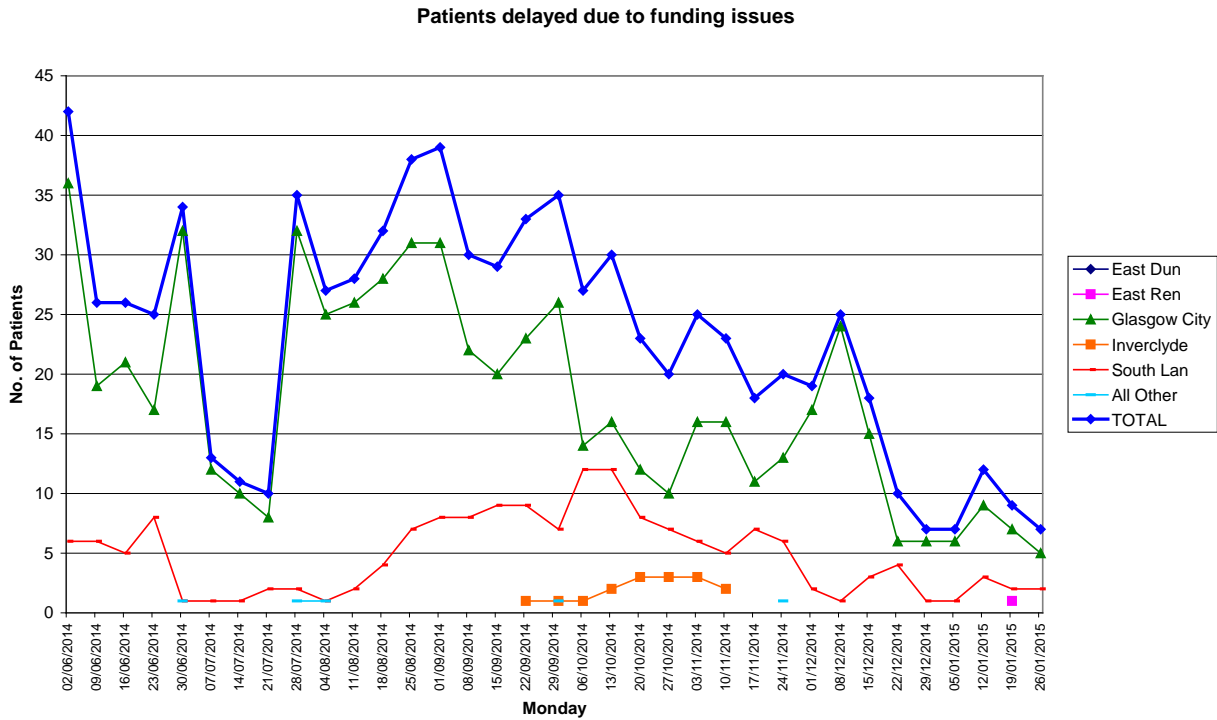
Table 2



Funding Delays

The number of patients delayed due to funding issues continues to be monitored regularly since the peak of 49 in May. Following the additional funding made available to Glasgow City and within South Lanarkshire in June there was a significant reduction. The numbers continue to fluctuate but have reduced significantly over the months to at the end of January (Table 3).

Table 3



EARLY REFERRAL TO SOCIAL WORK

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

Current performance

The number of patients being referred on day RFD increased from 6% for the month of December to 7.8% in December 2014 probably as a consequence of 4 days public holiday. Patients being referred in excess of 1 week reduced from 55.1% to 49.9%.

Patient referred on date RFD by sector is as follows:-

- North Sector 12.0% (8.6% Dec 14)
- South Sector 4.1% (6.3% Dec 14)
- Clyde Sector 3.5% (1.3% Dec 14)

Local authorities achieving 0% referred on day RFD are:-

- South Lanarkshire
- North Lanarkshire
- East Renfrewshire
- Inverclyde
- Argyll & Bute

With the introduction of 72 hr discharge once RFD, all Glasgow City teams now accept early referral.

BEDS DAYS LOST

Beds days lost continue to be recorded on a weekly basis (from June 14) for all patients recorded on Edison at the beginning of the week. The table below show an overall increase of 18.3% in the number of bed days lost being reported on a weekly basis between June 2014, and the end of January 2015. The increasing trend has been ongoing since October 2014 and is partially attributable to a number of complex cases delayed in excess of 100 days within 4 local authorities :-

- East Dunbartonshire – 3 patients over 100 days
- Inverclyde – 3 patients over 100 days
- Renfrewshire – 7 patients over 100 days
- Argyll & Bute – 4 patients over 50 days

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	24/11/2014	01/12/2014	08/12/2014	15/12/2014	22/12/2014	29/12/2014	05/01/2015	12/01/2015	19/01/2015	26/01/2015	02/02/2015	Increase from 2/6/14
East Dunbartonshire	231	531	541	608	643	724	646	728	868	765	854	959	315.2%
East Renfrewshire	314	62	72	94	126	85	54	84	139	140	171	117	-62.7%
Glasgow City	7320	9047	8710	8529	8377	7206	7320	7541	7143	7055	7090	7253	-0.9%
Glasgow City East	1193	973	1071	797	813	687	736	850	943	869	947	1045	-12.4%
Glasgow City West	3529	5022	4623	4547	4525	4075	4266	4393	3819	3671	3642	3692	4.6%
Glasgow City South	2598	3052	3016	3185	3039	2444	2318	2298	2387	2515	2501	2516	-3.2%
Inverclyde	267	470	445	553	572	518	466	510	534	625	555	669	150.6%
North Lanarkshire	216	189	157	192	201	65	97	78	110	168	159	161	-25.5%
Renfrewshire	1365	1828	1903	2078	2190	2238	2416	2565	2610	2005	2133	2307	69.0%
South Lanarkshire	1383	1216	1098	1064	1190	1182	1116	1252	1246	1236	1206	1348	-2.5%
West Dunbartonshire	1300	1169	1258	1385	1260	1352	1396	1466	1498	1490	1535	1700	30.8%
Argyll & Bute	165	132	193	276	185	231	327	403	409	467	394	393	138.2%
North Ayrshire	83	85	72	103	89	0	2	14	40	56	89	54	-34.9%
Others	4	0	0	4	11	23	26	32	39	46	53	0	-100.0%
TOTAL	12648	14729	14449	14886	14844	13624	13866	14673	14636	14053	14239	14961	18.3%

AWI PATIENTS

The number of patients delayed as a result of incapacity remains at 73%, higher for a second month than the same period in 2013, notably within East Dunbartonshire, Glasgow City and Renfrewshire. There has been a 14% increase between December 2014 (73 patients) and January 2015 (83 patients).

AWI codes only	Jan-14					Dec-14					Jan-15					Year to Date		
	<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	<4 wks	>4 wks	Tot
Local Authority																		
West Dunbartonshire	1		1	5	6			0	6	6	2		2	6	8	2	0	2
East Dunbartonshire			0		0		1	1	6	7	1		1	5	6	0	-1	-1
East Renfrewshire			0		0			0		0			0		0	0	0	0
GC North East			0	6	6			0	2	2	3		3	4	7	3	2	5
GC North West			0	13	13			0	19	19	2		2	17	19	2	-2	0
GC South	1		1	9	10	1	1	2	8	10	1	1	2	11	13	0	3	3
Glasgow City	1	0	1	28	29	1	1	2	29	31	6	1	7	32	39	5	3	8
Inverclyde			0		0			0	1	1			0	1	1	0	0	0
North Lanarkshire			0		0			0		0			0		0	0	0	0
Renfrewshire		1	1	8	9	4	3	7	13	20	2		2	16	18	-5	3	-2
South Lanarkshire			0	4	4	1		1	4	5			0	7	7	-1	3	2
Argyll & Bute			0		0		1	1	2	3			0	4	4	-1	2	1
Others			0		0			0		0			0		0	0	0	0
Sub total	2	1	3	45	48	6	6	12	61	73	11	1	12	71	83	0%	16%	14%
																300%	58%	73%

Management Actions

1. Glasgow City Council and the Glasgow CHP have started the implementation of discharge from acute beds within 72 hours of being coded as RFD. The roll out has started in NE and coincides with an increase in the number of intermediate care beds. The roll out will be completed by 9 February 2015 and intermediate care capacity will have been increased to 95 beds.
2. Glasgow City Council and Glasgow CHP have invested additional funding from Scottish Executive to purchase 30 extra care home places until the end of March 2015. These placements will have a focus on AWI with placements also being made for Renfrewshire patients. In addition to this a further 20 care home beds have been opened in the North West with a similar focus on AWI and delayed discharge and being utilised for patients from all local authority areas.
3. Monthly meetings continue with all Local Authorities focussing on delays and funding issues in particular for those local authorities where there is an increase in numbers of delays and bed days lost.
4. Glasgow City Council brought forward February 2015 funding to place individuals in care homes in January 2015.

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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%	92.3%	92.0%	91.9%	91.7%	91.1%	91.5%			
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.

2014 /15	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Actual	87.3%	86.3%	88.4%	88.4%	88.5%	87.9%	87.9%	87.8%	88.2%			
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%