NHS Board Meeting
Tuesday 26 June 2012

Chief Operating Officer (Acute Services Division) **Board Paper No. 12/30**

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of April 2012.

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 requires 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, 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 interim IT solutions being deployed across North & South Glasgow Sectors, along with Yorkhill to improve pathway 'linkage' and therefore more robust analysis, until the new patient management system is fully implemented.

Additional information has also been provided in relation to stages of treatment targets, and patient unavailability.

There are three main components which are routinely assessed in relation to the 18 weeks RTT standard:

➢ 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 91.7% performance, against the target of 90%.

	Feb 12	Mar 12	Apr 12
Actual	90.9%	91.1%	91.7%
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 significant manual oversight of data quality, and a series of manual interventions to improve this.

- **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 April 2012. 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.

	Feb 12	Mar 12	Apr 12
Actual	87.5%	87.9%	88%
Trajectory	80%	80%	80%

An emphasis on the completion of clinic outcome forms is ongoing with minor changes to the forms to ensure that where treatment has started the pathways are closed. A review of case notes continues to take place monthly to ensure that all treatment started is recorded. The Board has agreed targets with the Scottish Government Health Department, which will monitor the progress of the Division against this target.

Members should note that we continue to achieve our trajectory position in this area.

- **1.3 Clinic Outcome Form completeness**:

  This refers to the forms that are completed at the end of each clinic outlining the outcome of the consultation and are very important in ensuring that there is an accurate collection of the proposed next course of action for each patient.

Members should note that our target in this area has been achieved.

	Feb 12	Mar 12	Apr 12
Actual	93.5%	93.7%	92.5%
Target	90%	90%	90%

- **1.4 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. The Division is continuing to maintain these stage of treatment targets, with the exception of the Institute of Neurosciences as outlined in section 1.5, where some temporary issues have been identified.

- **1.5 Unavailability**

Unavailability of patients across the Division has been closely monitored as the waiting time has reduced over the past year. Delivery of the current position has been predicated on 'reasonable offers' being made to patients for access to OP or IP/DC slots at our hospitals across NHS GG&C. A sector approach has been adopted by Orthopaedics and Ophthalmology to prevent excessive distances being required to attend an appointment.

However, many patients decline offers of treatment at particular sites across GG&C, preferring to wait for their local site. This position can be clearly demonstrated when reviewing the number of patients who are unavailable. Work is ongoing across the Division to ensure capacity is aligned with the demand profile; however it should be noted that the current arrangement is best utilising NHS GG&C capacity and supporting effective utilisation of some of our most expensive assets.

The overall position at the end of April 2012 is detailed overleaf:

		Total Unavailable	Total Unavailable	Total Unavailable
Inpatient / Day Cases		**February 12**	**March 12**	**April 12**
Greater Glasgow & Clyde		3,461	3,190	3,445
Yorkhill		550	533	608
TOTAL		**4,011**	**3,723**	**4,053**
Outpatients		**February 12**	**March 12**	**April 12**
Greater Glasgow & Clyde		2,509	1,932	1,878
Yorkhill		472	516	648
TOTAL		**2,981**	**2,448**	**2,526**

This demonstrates a slight increase in IP/DC unavailability of 330 patients; this can be attributed to the Easter holidays. The OP position also shows an increase of 78 patients.

Within Orthopaedics, a total of 220 unavailable IP/DCs were waiting over 9 weeks at the end of April, a reduction from 381 at the end of March. Within outpatients, a total of 115 unavailable patients were waiting over 9 weeks at the end of April, a reduction from 124 at the end of March.

At the end of March 2012, social unavailability in NHS GG&C was in line with the national average.

Within the Institute of Neurosciences, an internal review undertaken at the end of April 2012 highlighted inconsistencies in the application of New Ways recording. This review has detailed a number of patients requiring attention including 122 within Neurosurgery and a small number in other specialties. Once these issues were identified, a recovery plan was developed and has been rapidly put in play to ensure a return to national waiting times within the next eight weeks.

This plan has seen improved communication with patients put in place immediately and additional theatre sessions established to provide capacity to allow these patients to access elective treatment. The recovery plan has also deployed additional training and a refocus on compliant waiting list management in this area.

It is anticipated that further guidance in relation to the application of unavailability will be forthcoming shortly, along with the proposed changes under the Patient Rights (Scotland) Act 2011.

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.

During the period from February to April 2012, performance against the unscheduled care 4 hour access target improved from February to March 2012, but fell back again to 94% compliance in April 2012. The Western Infirmary lost 5% in 4 hour compliance levels between March and April. There were also decreases in 4 hour compliance levels for Glasgow Royal Infirmary and the south Glasgow sites in April 2012. Set against the fall in performance at these sites, there was an improvement in overall performance at the Clyde sites and at the Royal Hospital for Sick Children.

Activity in terms of new attenders at A&E was relatively constant from March to April; however there were additional short term pressures due to the 4 day Easter public holiday weekend, and additionally the numbers of emergency admissions increased by 2.5% in April compared to March.

Actions taken to address pressures

The Division has identified a series of actions which are being implemented Board-wide as part of the extant Winter Plan, and has also put in place additional specific measures, within the Acute Division, to address the activity and capacity demands experienced during the period. These measures have proved successful in part in improving performance month on month and also in delivering improved performance compared to the same period in year 2010/11 in the context of greater emergency care demand.

However, in recognising the need to achieve further improvement in performance and the re-achievement of the 98% guarantee, further additional measures have been implemented, including revised bed management arrangements, extending the opening times of discharge lounges, reprofiling of staffing shifts, additional transport capacity and increased portering services.

The Acute Division is continuing to target specific capacity, flow and management actions to improve performance, particularly at the RAH and WIG hospitals.

Site	Feb-12	Mar-12	Apr-12
Western Infirmary	91%	94%	89%
Glasgow Royal Infirmary	97%	97%	96%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	97%	93%	96%
Southern General Hospital	94%	95%	93%
Victoria Infirmary	93%	94%	93%
Royal Alexandra Hospital	94%	94%	94%
Inverclyde Royal Hospital	97%	96%	97%
Vale of Leven Hospital	96%	96%	97%
Board Average	**94%**	**95%**	**94%**

3. CANCER WAITING TIMES

- The 62 day urgent referral to treatment target includes screened positive patients, and all patients referred urgently with a suspicion of cancer.

- The 31 day target includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat, to treatment.

95% of all eligible patients should wait no longer than 62 days or 31 days. A 5% tolerance level is applied to these targets, as for some patients it may not be clinically appropriate for treatment to begin within target.

3.1 PROVISIONAL QUARTER ONE POSITION

The following data represents the provisional performance for NHSGG&C for the period January – March 2012. This data is the current position at the end of May 2012 and will be subject to further validation by ISD and possible change. The provisional data shows that the 62 day and 31 day targets have been exceeded.

Tumour Type	Quarter One			
	Numerical		Percentage	
	62 Day	31 Day	62 Day	31 Day
Breast (screened excluded)	74/74	162/161	100.0	99.4
Breast (screened)	133/133	131/130	100.0	99.2
Cervical (screened excluded)	2/2	15/14	100.0	93.3
Cervical (screened)	4/4	4/4	100.0	100.0
Colorectal (screened excluded)	65/63	159/149	96.9	93.7
Colorectal (screened)	37/31	41/39	83.8	95.1
Head & Neck	33/32	94/88	97.0	93.6
Lung	113/96	299/291	85.0	97.3
Lymphoma	18/18	44/43	100.0	97.7
Melanoma	25/25	82/82	100.0	100.0
Ovarian	6/6	31/31	100.0	100.0
Upper GI	98/92	210/207	93.9	98.6
Urological	88/86	275/266	97.7	96.7
All Cancer Types	**696/662**	**1547/1505**	**95.1%**	**97.3%**

3.2 PROVISIONAL APRIL 2012 POSITION

The following data represents the provisional performance for NHSGG&C for the period April 2012. This data is the current position at the end of May 2012 and will be subject to further validation by ISD and possible change.

Tumour Type	April 2012			
	Numerical		Percentage	
	62 Day	31 Day	62 Day	31 Day
Breast (screened excluded)	32/32	67/66	100.0	98.5
Breast (screened)	46/46	44/44	100.0	100.0
Cervical (screened excluded)	-/-	-/-	-	-
Cervical (screened)	-/-	2/2	-	100.0
Colorectal (screened excluded)	15/15	50/48	100.0	96.0
Colorectal (screened)	12/10	12/12	83.3	100.0
Endometrial	2/2	6/6	100.0	100.0
Head & Neck	12/12	29/28	100.0	96.6
Lung	45/45	78/77	100.0	98.7
Lymphoma	7/7	20/20	100.0	100.0
Melanoma	11/11	26/26	100.0	100.0
Ovarian	1/1	4/4	100.0	100.0
Upper GI	19/18	47/47	94.7	100.0
Urological	28/26	76/70	92.9	92.1
All Cancer Types	**230/225**	**461/450**	**97.8%**	**97.6%**

Table: Cancer Waiting Times (April 2012 only) – unvalidated by ISD

There are no new issues that have been identified that are recurring risks to the patient pathways.

4. CHEST PAIN

The maximum wait from GP referral through a rapid access chest pain clinic, or equivalent, to cardiac intervention is 16 weeks. The Board is now only responsible for Rapid Access Chest Pain services, with a target waiting time of two weeks as part of the overall 16 week patient journey. The Board continues to meet this target.

5. STROKE

The HEAT target set was that 80% of patients admitted with a diagnosis of stroke will be admitted to a stroke unit on the day of admission, or the day following presentation by March 2012.

The Board was unable to meet that target in the most recent quarter principally due to the pressures of emergency admissions on the main acute sites. Local data shows that performance in the month of April 2012 was 79% and action plans are in place on all sites to ensure that patients can be admitted to a stroke unit as required.

The target for March 2013 is that 90% of patients admitted with a diagnosis of stroke will be admitted to a stroke unit on the day of admission, or the day following presentation, and future reports will report against that target.

% of patients admitted to stroke unit on day of admission/day following presentation	Quarter ended Sept 2011	Quarter ended Dec 2011	Quarter ended Mar 2012
Actual	90%	78%	74%
Target	70%	75%	80%

6. DELAYED DISCHARGES

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. This work is the principal focus of joint planning with local authorities regarding older people, and is supported by the additional "Change Funds" released this year to the Board. Initiatives supported by these funds are now starting to be put in place, and early improvements are now starting to be delivered.

Total patients delayed	**Under 6 weeks**	**Under 6 weeks**		**Over 6 weeks**	**Over 6 weeks**		**Total**
	Apr 2011	**Apr 2012**		**Apr 2011**	**Apr 2012**		**Apr 2012**
East Dun	13	12		0	0		12
West Dun	22	10		0	1		11
Glasgow	130	75		0	2		77
NE	*41*	*24*		*0*	*0*		*24*
W	*47*	*16*		*0*	*0*		*16*
S	*42*	*35*		*0*	*2*		*37*
Inverclyde	7	9		0	0		9
North Lan	0	3		0	0		3
South Lan	10	4		0	2		6
East Ren	5	10		0	1		11
Renfrewshire	29	36		0	0		36
Other	2	4		0	0		4
Total	**218**	**163**		**0**	**6**		**169**

Total patients delayed	**Under 6 weeks**	**Under 6 weeks**		**Over 6 weeks**	**Over 6 weeks**		**Total**
	Apr 2011	**Apr 2012**		**Apr 2011**	**Apr 2012**		**Apr 2012**
Acute	212	149		0	6		155
Mental Health	6	14		0	0		14
Total	**218**	**163**		**0**	**6**		**169**

The figures above relate to the number of patients whose discharges are progressing through the discharge planning process. In addition, in April, there are a further 83 patients whose discharge cannot be progressed immediately as their case is particularly complex or their case is being considered under the Adults with Incapacity legislation.

The number of bed days occupied by patients over the age of 65 awaiting discharge, excluding those who were subject to Adults with Incapacity procedures, in acute hospitals since April 2011, is shown below.

Bed Days Acute	**Cumulative April 11 – Mar 12**
East Dun	5,019
West Dun	7,030
Glasgow	45,677
Inverclyde	5,226
East Ren	4,033
Renfrewshire	18,145
North Lan	1,561
South Lan	3,345
Other	1,720
Total	**91,539**

In addition, **25,474** bed days were occupied by people who were subject to Adults with Incapacity procedures.

The average total number of days lost per month in the first six months of the year (11/12) was 10,062 bed days. Per month from October 11 to March 12 performance improved slightly to an average of 9,440 bed days. This was due to reductions in Inverclyde, Glasgow City and East Dunbartonshire. However, by the end of the year more acute bed days were occupied by patients who are fit for discharge than in either 2009/10 or 2010/11. Additional actions are being deployed to secure further improvements in 2012/13.

The national system that records information on patients who are awaiting discharge has been updated to produce a monthly report on the number of bed days occupied by those patients. Technical issues have delayed the production of that report, however, it is anticipated that these reports will be available from July 2012.

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