

WAITING TIMES AND ACCESS TARGETS

Recommendation:

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

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 91.4% performance, against the target of 90%.

	June 12	Jul 12	Aug 12
Actual	92.2%	92%	91.4%
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 August 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.

	June 12	Jul 12	Aug 12
Actual	87.3%	87.2%	87.5%
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 performance in this area has been marginally below target during June and July, following implementation of TrakCare at the Royal Alexandra Hospital. This situation is now resolved and is demonstrated in the August update.

	June 12	Jul 12	Aug 12
Actual	89%	89.9%	90.2%
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 stage of treatment targets. The Institute of Neurosciences has completed work to bring their IP/DC services within 12 weeks. The remaining patients have agreed dates for surgery during October 2012. Further work is being completed to further reduce these waiting times.

➤ 1.5 Unavailability

Unavailability of patients across the Division has been closely monitored as the waiting time and numbers of unavailable patients have 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 in most cases to prevent excessive distances being required to attend an appointment. However, many patients decline reasonable 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 August 2012 is detailed below:

	Total Unavailable	Total Unavailable	Total Unavailable
Inpatient / Day Cases	June 12	July 12	August 12
Greater Glasgow & Clyde	3,307	3,058	2,683
Yorkhill	650	582	604
TOTAL	3,957	3,640	3,287
Outpatients	June 12	July 12	August 12
Greater Glasgow & Clyde	1,811	2,193	2,195
Yorkhill	647	627	474
TOTAL	2,458	2,820	2,669

This demonstrates a decrease in IP/DC unavailability of 353 patients. The OP position also shows a decrease of 151 patients. This decrease in unavailability reflects the previous year's seasonal trend.

At the end of August, the total number of patients waiting (both available and unavailable) was 14,424 inpatients / daycases and 53,804 new outpatients.

At the end of August, all unavailable IP/DCs over 9 weeks within Orthopaedics have now been treated. No out-patient has waited more than 12 weeks.

There have been significant staff sickness absence pressures within the Ophthalmology service, which has challenged the Division's ability to maintain activity and target levels. The situation is improving as a result of short term measures already put in place.

As previously reported the Patient Rights (Scotland) Act 2011 will require future reports to be amended to reflect the guarantee set out in the Act.

➤ **1.6 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, and this has been maintained.

The internal target of no available patients waiting over 3 weeks from referral to test by March 2011 was, and continues to be, achieved. There were no available patients waiting over 3 weeks from referral to test in June, July or August 2012.

2. ACCIDENT AND EMERGENCY WAITING TIMES

The Board is required to ensure that the maximum length of time from arrival at Accident & Emergency to admission, discharge or transfer, is 4 hours for 98% of patients.

August 2012 saw the previous month's improvement in performance against the 4 hour access target sustained. For the second month in a row, the overall Board compliance figure was 96%, with 3 sites posting 98% compliance or higher for the month.

Site	June-12	Jul-12	Aug-12
Western Infirmary	92%	97%	95%
Glasgow Royal Infirmary	97%	97%	96%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	97%	97%	97%
Southern General Hospital	94%	94%	96%
Victoria Infirmary	95%	96%	96%
Royal Alexandra Hospital	88%	91%	92%
Inverclyde Royal Hospital	97%	97%	98%
Vale of Leven Hospital	97%	98%	98%
Board Average	94%	96%	96%

Emergency Department attendances throughout the Board continue to increase steadily. August 2012 new attendances overall stood at 39,822 episodes which is an increase of 3% from the corresponding month in 2011.

This improvement in performance has been achieved against a backdrop of the introduction of new doctor rotas in August, and sustained demand pressures on our emergency care services, both in terms of the numbers of new attenders at the emergency departments, and the numbers of patients subsequently admitted as inpatients from the emergency departments. This increase in demand is reflected nationwide.

In respect of site specific performance some of the key points are:

- Vale of Leven Hospital, Inverclyde Royal Hospital and Royal Hospital Sick Children have all shown improvement in performance since the last Board report which covered the period April to June 2012.
- Southern General Hospital performance is also showing signs of a stable improvement with average performance 95% compared to 94% performance for the period covered by the previous report.
- Western Infirmary performance improved from 92% in June to 97% in July, but this remains a challenging environment and the August position was 95%. During the period, the Western Infirmary posted its highest weekly performance figures for 2012 (97% on 4 separate occasions in July and August).
- Performance at Victoria Infirmary continues to make steady progress, rising from 93% compliance in April 2012 to 96% in August 2012.
- Royal Alexandra Hospital performance has continued to improve following the impact that the implementation of TrakCare had on 4 hour performance, which was experienced in June. There has been a 4% improvement in performance from the June position to the August outturn. A number of special measures have been commissioned to support the department in its improvement work, and these measures are referred to in the narrative below.
- The highest performing facilities in NHS Greater Glasgow & Clyde, in terms of the 4 hour standard, continue to be the Vale of Leven Hospital and the Minor Injury Units at the Victoria Infirmary and Stobhill Ambulatory Care Hospitals, with the Vale of Leven Hospital averaging 98% over the period of the report and the Minor Injury Units averaging 100% compliance.

The following describes some of the whole system management actions being progressed to improve performance:

- Improved management of length of stay in all specialties at all sites, such that the capacity model metrics are delivered.
- The number of delayed discharges and delays in transfers to other specialties require to be reduced significantly, along with a reduction in boarding.

- Improved time of day discharge - to reduce the number of beds becoming available after 4.00pm.
- Improved compliance with internal Emergency Department performance metrics - time to first assessment, time to speciality consult, time to access a bed.

To support the above, work has recently commenced with colleagues in Organisational Development in respect of applying LEAN techniques and methodology specifically to the departments at Royal Alexandra Hospital, Western Infirmary and Victoria Infirmary. This includes work to improve length of stay with particular emphasis on use of EDD (Estimated Date of Discharge), early discharge and increased ambulatory care. The learning from this work will support meeting the additional demands in the winter.

Through local Unscheduled Care Groups, the Division is working with community partners to identify alternatives that will support reducing attenders / admissions / re-admissions to hospital. These groups will focus on progressing the learning from the ATOS and Inequalities audits and also the Quality & Outcomes Framework and Change Fund initiatives.

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.

The validated final position for the period April – June 2012 was 96.4% against the 62 day target and 98.5% for the 31 day target.

PROVISIONAL JULY 2012 POSITION

The following data represents the provisional performance for July 2012. This data is subject to further validation and possible change.

Tumour Type	July 2012			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (screened excluded)	36/36	100.0%	65/66	98.5%
Breast (screened)	34/34	100.0%	33/33	100.0%
Cervical (screened excluded)	-	-	3/3	100.0%
Cervical (screened)	-	-	-	-
Colorectal (screened excluded)	22/23	95.7%	54/56	96.4%
Colorectal (screened)	11/11	100.0%	10/10	100.0%
Head & Neck	8/10	80.0%	36/38	94.7%
Lung	39/41	95.1%	84/85	98.8%
Lymphoma	7/7	100.0%	21/21	100.0%
Melanoma	7/7	100.0%	17/18	94.4%
Ovarian	1/1	100.0%	12/12	100.0%
Upper GI	20/23	87.0%	57/57	100.0%
Urological	37/40	92.5%	94/97	96.9%
All Cancer Types	222/233	95.3%	492/502	98.0%

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 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.

The Board has now achieved the interim target of 80% (performance in the quarter April - June 2012 was 81.1%), and work is progressing towards achieving 90%.

Performance is reported on a quarterly basis and the quarter ending 30th September will be reported at the next Board meeting.

6. 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. 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 improvements are now starting to be delivered.

	Aug 2011	Aug 2012		Aug 2011	Aug 2012		Aug 2011	Aug 2012
Total patients delayed	Under 6 weeks	Under 6 weeks		Over 6 weeks	Over 6 weeks		Total	Total
East Dun	10	14		0	0		10	14
West Dun	21	14		1	0		22	14
Glasgow	96	100		19	8		115	108
NE	32	26		0	0		32	26
W	35	33		5	5		40	38
S	29	41		14	3		43	44
Inverclyde	11	11		0	0		11	11
North Lan	2	4		4	0		6	4
South Lan	7	7		0	1		7	8
East Ren	4	11		1	0		5	11
Renfrewshire	34	32		3	0		37	32
Other	3	6		1	0		4	6
Total	188	199		29	9		217	208

	Aug 2011	Aug 2012		Aug 2011	Aug 2012		Aug 2011	Aug 2012
Total patients delayed	Under 6 weeks	Under 6 weeks		Over 6 weeks	Over 6 weeks		Total	Total
Acute	173	188		22	8		195	196
Mental Health	15	11		7	1		22	12
Total	188	199		29	9		217	208

Column 1 - 'Aug 2011 under 6 weeks' does not include a further 29 patients who were delayed less than 3 days as this was not a requirement of ISD reporting at that time

The total number of patients awaiting discharge in the August 2012 census therefore represents an 18% reduction from the same time the previous year.

The figures above relate to the number of patients whose discharges are progressing through the discharge planning process. In addition, in August 2012, there are a further 65 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. This compares to a figure of 95 patients the same time last year, a reduction of 32%.

The plans agreed by each Partnership to reshape older people's care each contained a specific commitment to reduce the number of days patients spent in acute hospitals waiting to be discharged. Each Partnership agreed that this would substantially reduce by as much as 50% in most cases and, despite the improvements described above this has not yet been delivered.

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

Bed Days Acute	Cumulative April 12 – Aug 12	Cumulative April 11 – Aug 11	% change on last year
East Dun	1,794	2,961	-39%
West Dun	2,785	3,262	-15%
Glasgow	19,576	29,594	-34%
Inverclyde	1,780	2,517	-29%
East Ren	2,642	1,574	+68%
Renfrewshire	6,104	7,819	-22%
Sub Total	34,681	47,727	-27%
N Lanarkshire	434	618	-30%
S Lanarkshire	1,504	1,752	-14%
All other areas	891	672	+33%
Total	37,510	50,769	-26%

This indicates that, whilst there has been some improvement since last year, the changes have not achieved the 50% reduction as the trajectories planned. Each Partnership is reviewing why the actions taken to date have not achieved the necessary impact and revising future plans in the light of these reviews.

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