

## **WAITING TIMES AND ACCESS TARGETS**

### **Recommendation:**

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

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% performance, against the target of 90%.

	<b>Aug 12</b>	<b>Sep 12</b>	<b>Oct 12</b>
<b>Actual</b>	91.4%	91.5%	91%
<b>Trajectory</b>	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 October 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.

	Aug 12	Sep 12	Oct 12
<b>Actual</b>	87.5%	87.1%	89%
<b>Trajectory</b>	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 record of the proposed next course of action for each patient.

Members will recall that our performance in this area was marginally below target during June and July, following implementation of TrakCare at the Royal Alexandra Hospital. This situation is now resolved and is being maintained, as demonstrated in the August to October update.

	Aug 12	Sep 12	Oct 12
<b>Actual</b>	90.2%	91.5%	91%
<b>Target</b>	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.

Nationally, IP/DC spinal surgery has been excluded from the 12 week treatment time guarantee for a 12 month period, and therefore there will be a small number of patients in this category within NHS GG&C for that period.

The Division is continuing to maintain stage of treatment targets. The Institute of Neurosciences continues their work to bring their IP/DC services within 12 weeks. The remaining patients had agreed dates for surgery during October and November 2012. Further work is being completed to reduce these waiting times. There was 1 OP beyond 12 weeks at the end of September, this patient is within Neurosurgery and was seen in mid October.

## ➤ 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, this is in line with the recently agreed Access Policy.

A sector approach has been adopted and in most cases this will reduce the distances being required to attend an appointment.

Work is ongoing across the Division to ensure capacity is aligned with the demand profile; however it should be noted that the current arrangement of providing patients with a reasonable offer within the Board's area is best utilising NHS GG&C capacity and supporting effective utilisation of some of our most expensive assets, again, this operational approach is in line with the recently approved Access Policy.

The overall position at the end of October 2012 is detailed below:

	<b>Total Unavailable</b>	<b>Total Unavailable</b>	<b>Total Unavailable</b>
<b>Inpatient / Day Cases</b>	<b>August 12</b>	<b>September 12</b>	<b>October 12</b>
<b>Greater Glasgow &amp; Clyde</b>	2,683	2,287	2,573
<b>Yorkhill</b>	604	601	475
<b>TOTAL</b>	<b>3,287</b>	<b>2,888</b>	<b>3048</b>
<b>Outpatients</b>	<b>August 12</b>	<b>September 12</b>	<b>October 12</b>
<b>Greater Glasgow &amp; Clyde</b>	2,195	1,912	1,680
<b>Yorkhill</b>	474	416	447
<b>TOTAL</b>	<b>2,669</b>	<b>2,328</b>	<b>2,127</b>

This demonstrates an increase in IP/DC unavailability of 160 patients; this can be attributed to the October school holiday break. The OP position shows a decrease of 201 patients. This decrease in unavailability reflects the previous year's seasonal trend.

At the end of October, the total number of patients waiting (both available and unavailable) was 14,892 inpatients / daycases and 54,919 new outpatients.

At the end of October, all unavailable IP/DCs over 9 weeks within Orthopaedics have now been treated.

There continues to be significant consultant sickness absence pressures within the Ophthalmology service. The revised maximum waiting time of 12 weeks is now in place, but the specialty remains under pressure despite undertaking significant additional waiting list sessions and the appointment of locum staff.

#### ➤ **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 August, September or October 2012.

Significant pressures are being experienced in relation to MRI and CT scanning, with substantial increases in demand in both modalities. In addition, the recent increase in breast referrals has led to an increased requirement for mammography, which is also placing additional pressure on the service. 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 Accident & Emergency to admission, discharge or transfer, is 4 hours for 98% of patients.

Site	Aug-12	Sept-12	Oct-12
Western Infirmary	95%	95%	92%
Glasgow Royal Infirmary	96%	97%	96%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	97%	97%	96%
Southern General Hospital	96%	93%	95%
Victoria Infirmary	96%	94%	95%
Royal Alexandra Hospital	92%	92%	93%
Inverclyde Royal Hospital	98%	98%	96%
Vale of Leven Hospital	98%	99%	99%
<b>Board Average</b>	<b>96%</b>	<b>95%</b>	<b>95%</b>

October saw the overall NHSGGC position remain at 95% compliance against target. Across Scotland, the latest validated compliance rate (for September 2012) was 95%.

No patients have breached 12 hours in NHS Greater Glasgow & Clyde during the reported period. By way of context there have been a total of 176 (August 16, September 62, and October 98) 12 hour breachers across Scotland. During the period August to October 2012, A&E attendances in NHS GG&C were 1% higher, and admissions were 3% higher, than during the same period in 2011.

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

- Vale of Leven Hospital and Royal Alexandra Hospital have shown overall improvement in performance since the last Board report which covered the period June - August 2012.
- Performance at Glasgow Royal Infirmary had achieved 97% compliance for June and July, but has fluctuated between 96% and 97% in August, September and October.
- Southern General Hospital performance had been showing signs of a stable improvement with average performance 95% compared to 94% performance for the period covered by the previous report, however performance in September was 93%, but has returned to 95% in October.
- Western Infirmary performance improved from 92% in June to 97% in July, but this remains a challenging environment and the October position was 92%.
- Performance at Victoria Infirmary was making steady progress, rising from 93% compliance in April 2012 to 96% in August 2012, however this has dropped to 95% in October.
- 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 5% improvement in performance from the June position to the October 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 achieving 99% in October and the Minor Injury Units averaging 100% compliance.

From an NHSGG&C perspective, the key areas requiring further performance based improvement continue to be:

- Improved management of length of stay in all specialties at all sites such that the capacity model metrics are delivered
- Waiting list numbers for Medicine for the Elderly need to be further investigated

- Further focus on reducing the numbers of beds becoming available after 4.00 pm and further efforts need to be made to achieve this goal
- Improved compliance with internal Emergency Department performance metrics – time to first assessment, time to speciality consult, time to access a bed

### 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 unvalidated position for the period July - September is 95.05% against the 62 day target and 97.5% against the 31 day target.

#### Provisional October 2012 Position

Tumour Type	October 2012 - Provisional			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast (screened excluded)	42/42	100.0	82/82	100.0
Breast (screened)	58/58	100.0	56/56	100.0
Cervical (screened excluded)	-	-	1/1	100.0
Cervical (screened)	-	-	1/1	100.0
Colorectal (screened excluded)	25/26	96.2	53/56	100.0
Colorectal (screened)	16/16	100.0	16/16	100.0
Endometrial	2/2	100.0	5/6	100.0
Head & Neck	11/11	100.0	38/39	100.0
Lung	42/49	85.7%	106/106	100.0
Lymphoma	6/6	100.0	19/19	100.0
Melanoma	4/4	100.0	13/14	92.9
Ovarian	2/2	100.0	7/7	100.0
Upper GI	27/30	90.0	62/63	98.4
Urological	28/32	87.2	89/94	94.7
<b>All Cancer Types</b>	<b>263/278</b>	<b>94.6</b>	<b>548/560</b>	<b>97.9</b>

#### Service issues – 62 Day Pathway

In relation to the tumour type breachers, in each case individual treatment pathway reviews have been carried out to determine how these can be avoided in future.

In relation to Lung cancer breachers (7 patients) there were 3 cases where escalation did not occur within the tracking team, and a referral to a service outwith the Board caused a breach by 1 day. The remainder were characterised by delays in internal referrals. Work is underway to address these issues.

In relation to Upper GI breachers (3 patients) these were treated on days 67, 67 and 69, and were delayed by a variety of factors including a patient DNA, a diagnostic test cancellation by a patient and an A&E attendance in the course of the treatment pathway.

In relation to the Urological breachers (4 patients) these were caused by delays due to a cancelled MDT meeting, internal referral delays, a delay in diagnostic test reporting, and a delay in clinic referral and patient DNA's. Once again, work is underway to address these issues.

The Cancer Services Improvement Plan has been reviewed in the light of these breachers and a number of measures identified to improve overall performance across these, and other pathways. These measures include:

- Reduce gaps between diagnostic staging appointments
- Ring fence Oncology out patient appointments
- Increase pre treatment simulation slots at the Beatson
- Introduce the electronic transfer of radiotherapy booking appointments from non Beatson sites
- Increase day case chemotherapy capacity
- Review escalation protocols across tracking teams

#### 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. Performance is reported on a quarterly basis, the quarter ending 30<sup>th</sup> September is included below.

<b>% of patients admitted to stroke unit on day of admission/day following presentation</b>	<b>Quarter ended Sept 2011</b>	<b>Quarter ended Dec 2011</b>	<b>Quarter ended Mar 2012</b>	<b>Quarter ended June 2012</b>	<b>Quarter ended Sept 2012</b>
<b>Actual</b>	78%	80%	72%	75%	79%
<b>Trajectory</b>	70%	75%	80%	83%	86%

Although performance is improving, considerable redesign is required over the coming months to ensure that the HEAT target is met in March 2013.

This is focussed on:

- ensuring early referral to Radiology, and prompt access
- piloting a system where stroke beds are “protected” for stroke admissions
- stroke units will proactively contact admissions areas each day to ensure they are aware of all referrals
- reviewing each occasion where a patient is not admitted to a stroke unit to identify the reason why and learn from that

#### 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 mainly in place, and improvements are now starting to be delivered.

The number of patients awaiting discharge by CH(C)P, and by service, in October 2011 and October 2012, is shown in the tables below.

#### NUMBER OF PATIENTS WAITING - TOTAL BY CH(C)P

	Oct 2011	Oct 2012	Oct 2011	Oct 2012	Oct 2011	Oct 2012
Total patients delayed	Under 6 weeks	Under 6 weeks	Over 6 weeks	Over 6 weeks	Total	Total
East Dun	11	16	0	0	11	16
West Dun	15	10	2	0	17	10
Glasgow	108	101	16	2	124	103
NE	31	29	0	0	31	29
W	26	35	8	1	34	36
S	51	37	8	1	59	38
Inverclyde	7	14	0	0	7	14
North Lan	1	2	1	0	2	2
South Lan	6	14	1	1	7	15
East Ren	8	12	0	1	8	13
Renfrewshire	38	33	2	0	40	33
Other	2	8	0	1	2	9
<b>Total</b>	<b>196</b>	<b>210</b>	<b>22</b>	<b>5</b>	<b>218</b>	<b>215</b>

#### NUMBER OF PATIENTS WAITING - TOTAL BY SERVICE

	Oct 2011	Oct 2012	Oct 2011	Oct 2012	Oct 2011	Oct 2012
Total patients delayed	Under 6 weeks	Under 6 weeks	Over 6 weeks	Over 6 weeks	Total	Total
Acute	177	186	20	4	197	190
Mental Health	19	24	2	1	21	25
<b>Total</b>	<b>196</b>	<b>210</b>	<b>22</b>	<b>5</b>	<b>218</b>	<b>215</b>

Column 1 - 'Oct 2011 under 6 weeks' does not include a further 43 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 October 2012 census therefore represents an 18% reduction compared to October 2011.

The figures above relate to the number of patients whose discharges are progressing through the discharge planning process.

In addition, in October 2012, there are a further 60 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 105 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 on the following page.

## BED DAYS OCCUPIED BY PATIENTS OVER 65 AWAITING DISCHARGE

<b>Bed Days Acute</b>	<b>Cumulative April 12 – Sept 12</b>	<b>Cumulative April 11 – Sept 11</b>	<b>% change on last year</b>
East Dun	2,119	3,616	-41%
West Dun	3,282	3,994	-18%
Glasgow	22,904	34,611	-34%
Inverclyde	2,276	3,019	-25%
East Ren	3,023	1,954	55%
Renfrewshire	7,052	9,565	-26%
<b>Sub Total</b>	<b>40,656</b>	<b>56,759</b>	<b>-28%</b>
N Lanarkshire	505	738	-32%
S Lanarkshire	1,969	2,084	-6%
All other areas	1,074	791	36%
<b>Total</b>	<b>44,204</b>	<b>60,372</b>	<b>-27%</b>

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 has reviewed their plans and confirmed a revised trajectory to the Board.

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