



WAITING TIMES

1. PURPOSE

NHS Lanarkshire has set out in the Local Delivery Plan (LDP) for 2009/10 trajectories against the improved waiting time targets set by the Scottish Government. Those are captured in Appendix 1. At present, the return is incomplete pending clarification from Scottish Government on targets Heat A10 KPM1 and Heat A9 KPM1. Performance against each target for January 2010 is captured in the attachment. A traffic light system of performance monitoring is applied.

The Support Access Team has updated the waiting time targets for NHS Boards to be delivered by 31 March 2010. The maximum wait for outpatients has been set at 12 weeks with inpatients and day cases at 9 weeks. The maximum wait for the eight key diagnostic tests is 4 weeks. Compliance against the new 31 day cancer target is 80% by 31 March 2010. The financial allocation to facilitate delivery of the waiting time targets has been released. The sum released is over 20% less than the allocation received in 2008/09. This is presenting challenges to the NHS Board in delivering all waiting time targets in 2009/10.

2. CONTENT/SUMMARY OF KEY ISSUES

All Heat waiting time guarantees delivered at 31 March 2009 have been sustained during January 2010. There are no outpatients, inpatients or day cases waiting over 12 weeks at 31 January 2010. The challenge is to reduce the maximum wait for inpatients and day cases to 9 weeks by 31 March 2010.

For diagnostics, the maximum wait at 31 January 2010 was 6 weeks. The challenge is to reduce the maximum wait for diagnostics to 4 weeks by 31 March 2010.

Cancer performance across all tumour types against the 62 day target was 96.6% at 31 January 2010. The definitions for delivery of the new target of 31 days from decision to treat to treatment took effect from September 2009. Referral criteria have been agreed for the majority of tumour types for GP referrals of 'suspicious cancer' with the remainder representing work in progress. It is anticipated that this work will be completed and implemented by end of March 2010.

In January, performance against the maximum four hour A&E target was 98%. There continues to be particular pressures on emergency medicine, combined with high level of junior doctor sickness. This has led to an increased reliance on Consultants to be resident on call for Accident & Emergency at Wishaw General and Hairmyres Hospitals. The winter plan was in full operation during January and is reflected in performance.

At the monthly delayed discharge census, all patients were within the guarantees namely that there should be no delayed discharge patient in short stay beds and no patient over six weeks. There has been significant work undertaken with Partner Agencies to bring performance back into line with the guarantees.

3. NEXT STEPS

Detailed discussions have taken place with clinical colleagues to agree the action required to deliver the 31 day cancer target (80% compliance) by 31 March 2010. This includes refinements to existing time lined patient pathways for each tumour type. Costs have been factored into the investment plan for 2009/10.

There has been considerable work undertaken to identify the service and cost implications of delivering and sustaining the improved waiting time guarantees. Those have been factored into the investment plan for 2009/10 and the draft investment plan for 2010/11. They also assume continued progress on actions to increase efficiency and improve productivity.

Progress against current waiting times do however require to be viewed in the context of 18 weeks referral to Treatment (RTT) that has to be delivered by 31 December 2011. 90% compliance is required by that time. This will apply to both admitted and non admitted patients. Progress continues to be made by each work stream with the introduction of clinic outcome sheets to distinguish between those patients who complete their journey at the outpatient stage and those who go on to receive further intervention. A preferred supplier has been identified for procurement of the new Patient Management System (PMS). The new system, which will provide the potential to link different stages of the patient journey, will be in place during 2011. There is work in progress with the preferred supplier to improve understanding of the system's functionality to ensure future realisation of the benefits from implementation including 18 Weeks RTT.

4. CONCLUSIONS

The NHSL Board is asked to note the performance during January 2010. For further information, please contact Roy Garscadden, Head of Planning, Acute Division, telephone number: 01698 245015.

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19 February 2010

WAITING TIMES

1. INTRODUCTION

The purpose of the paper is to inform the NHSL Board of the improved targets to be delivered during 2009/10. In addition, the paper identifies the waiting time position at 31 January 2010.

2. OVERVIEW OF TARGETS

The targets reported on in this paper are:

HEAT A9 KPM1 – Suspicion of Cancer – 62 days.

HEAT A9 KPM2 – Percentage of patients treated within 31 days of urgent referral – for all cancers.

HEAT A10 KPM1 – 18 Weeks RTT Measure as percentage for performance and completeness.

HEAT A10 KPM2 – At 31 March 2009 no patient will wait more than 12 weeks from GP referral to an outpatient appointment.

HEAT A10 KPM3 – At 31 March 2009 no inpatient / day case will wait more than 12 weeks from a decision to undertake treatment to the start of that treatment.

HEAT E4 KPM1 - Number of BADS surgical procedures performed in a day case or outpatient setting (same day care) expressed as a percentage of the total number of BADS procedures including inpatients.

HEAT E4 KPM2 - Reduce the average length of stay in hospital for acute inpatients discharged following an urgent, emergency or other non routine unplanned admission. This includes emergency transfers.

HEAT E4 KPM3 - Reduce the ratio of return to new outpatient attendances (all specialties).

HEAT E4 KPM4 - A 10% reduction in the first outpatient appointment DNA rate between year ending March 2007 and March 2010. Based on the percentage of first outpatient appointments where a patient did not attend (DNA) all specialties.

HEAT T10 KPM1 – Number of A&E attendances per 100,000 population.

In September 2009, the NHS Board was advised of the updated waiting time targets to be delivered by 31 March 2010. The maximum wait for all outpatients will be 12 weeks with 9 weeks for inpatients and day cases. The maximum wait for the eight key diagnostic tests will be 4 weeks.

3. PROGRESS AGAINST TARGETS

HEAT A9 KPM1 and 2 - Cancer Services

In January, NHS Lanarkshire performance against the previous target of 62 days from urgent referral to treatment was 96.6%. The validated data for period October to December 2009 has recently been published and shows NHS Lanarkshire with compliance of 96.3% against the Scottish performance of 96%.

Information capture has commenced on the 31 day cancer target although the complete data base will not immediately be available.

A significant programme of staff awareness and learning associated with the new cancer target has been carried out. Dialogue has commenced with neighbouring NHS Boards and the Oncology Service at the Beatson Institute as adjustments will require to be made to patient pathways to ensure service quality and delivery within the guarantee. The service and cost implications of delivering all cancer targets have been factored into the investment plan for 2009/10.

HEAT A10 KPM1 - 18 Weeks RTT

The target is to deliver an 18 week referral to treatment pathway by December 2011. At present, there is work in progress to capture and measure different stages of the patient journey. There is currently no electronic facility to achieve that. The first phase is to distinguish between those patients whose journey ends at outpatient appointment and those who go on to receive a further intervention. Clinic outcome sheets have been introduced for each specialty to identify those patients who do not go beyond the outpatient stage. This has recently been extended to include both new and return patients. This will facilitate identification of patients that have 'completed' their journey and represents a significant step forward to identifying complete patient episodes. The priority is to increase the completion rate of clinic outcome sheets over the period to 31 March 2010. A preferred supplier has recently been identified for procurement of the new Patient Management System (PMS). The new system, which will provide the potential to link different stages of the patient journey, will be in place during 2011. Discussions have commenced with the preferred supplier to ensure realisation of the benefits from implementation of the system. The linkage of patients beyond outpatient stage represents work in progress. Work on 18 weeks is overseen by the 18 Weeks RTT Project Board.

HEAT A10 KPM2 – Outpatient Waiting Times

There were no outpatients over twelve weeks at 31 January 2010. This represents a sustainable position for all specialties. It is not intended to reduce the maximum wait to below twelve weeks in 2009/10. This reflects service and cost pressures.

HEAT A10 KPM3 – Inpatient / Day Case Waiting Times

There were no inpatients and day cases over twelve weeks at 31 January 2010. Progress is being made to deliver a maximum wait of 9 weeks by 31 March 2010. The position at the end of January 2010 is provided in the attachment.

HEAT E4 KPM 1 – 4 – Service Efficiencies

The expectation of Scottish Government is that performance improvement will be achieved in a number of areas associated with patients who do not attend, an increase in the number of patients seen as day patients, a reduction in length of inpatient stay and a reduction in new to return outpatient ratio. Progress against each of those measures will be reported monthly to the NHS Board. Current performance is identified in the attachment. At present, there are variations month on month and there is work in progress to better understand the reasons behind that.

The LEAN programme is continuing as part of the service improvement agenda. Considerable work has been undertaken at Monklands Hospital in A&E flows, A&E attendances, sustaining the 4 hour target, bed occupancy, length of stay and discharge planning. Benefits derived and lessons learned will, as appropriate, be transferred to both Wishaw and Hairmyres Hospitals. LEAN work will shortly commence at Hairmyres Hospital.

HEAT T10 KPM1 - Accident & Emergency Attendances

There is an expectation by Scottish Government that attendances at Accident and Emergency will reduce during 2009/10. In discussion with Scottish Government, the difficulties associated with delivering this target have been highlighted. In January, the number attending was below trajectory. An agreed action plan is in place and being taken forward by colleagues in both Primary and Secondary Care.

In January, performance against the maximum four hour A&E target was 98%. There continues to be particular pressures on emergency medicine, combined with high level of junior doctor sickness. This has led to an increased reliance on Consultants to be resident on call for Accident & Emergency at Wishaw General and Hairmyres Hospitals.

The opportunity has been taken to identify the circumstances that resulted in individual breaches of the four hour target. In January 2010 there were 206 patients who exceeded the four hour target. The reasons for that were as follows:

| | Hairmyres | Monklands | Wishaw | NHSL |
|---------------|-----------|-----------|--------|-------|
| Under 4 Hours | 4,264 | 5,254 | 4,890 | 14408 |
| Over 4 Hours | 50 | 94 | 62 | 206 |
| Total | 4,314 | 5,348 | 4,952 | 14614 |
| % | 99% | 98% | 99% | 99% |

| Breach Analysis | Hairmyres | Monklands | Wishaw | NHSL |
|---|-----------|-----------|-----------|------------|
| WAIT FOR FIRST ASSESSMENT | 5 | 27 | 5 | 37 |
| WAIT FOR A BED | 10 | 20 | 29 | 59 |
| WAIT FOR A SPECIALIST | 5 | 9 | 6 | 20 |
| WAIT FOR DIAGNOSTIC TEST RESULTS | 1 | 4 | 2 | 7 |
| WAIT FOR DIAGNOSTIC TESTS TO BE PERFORMED | 1 | 2 | 1 | 4 |
| WAIT FOR PORTERING | 0 | 0 | 0 | 0 |
| WAIT FOR TRANSPORT (COMMISSIONED BY A&E) | 3 | 5 | 0 | 8 |
| WAIT FOR TREATMENT TO BE COMPLETED | 9 | 9 | 1 | 19 |
| OTHER | 16 | 18 | 18 | 52 |
| Total | 50 | 94 | 62 | 206 |

As well as reviewing admission trends there is a focus on trends for discharges. There is evidence that delays exist in the system, particularly in relation to social care (home care) and rehabilitation services. Discussions are continuing to minimise the consequences of those pressures. Actions to minimise those pressures form part of the multi agency winter plan.

4. DIAGNOSTIC SERVICES

The contribution by diagnostic services to delivery of time lined patient pathways is significant. There have been considerable improvements in service delivery, against a background of increasing demand with tests undertaken within a maximum wait of 6 weeks. In September, the Support Access Team advised the NHS Board that the maximum wait for the eight key diagnostic tests should reduce from 6 weeks to 4 weeks by 31 March 2010. The service and cost implications of that have been identified. Actions are now being taken to ensure delivery of the improved target. There were two patients over six weeks against the key diagnostic tests in January. Both were in Radiology. Both patients required a specialist test that could only be delivered by selected staff. Staff sickness prevented those tests from being delivered in January. Alternative options are being explored to avoid a recurrence.

5. NEW WAYS

Compliance with New Ways continues to improve with an overall reduction in errors reported. Patient Access Policies are currently being updated. The intention is to have the updated documentation in place from April 2010.

6. DELAYED DISCHARGES

At the monthly delayed discharge census, all patients were within the guarantee namely that there should be no delayed discharge patient in short stay beds and no patient over six weeks. There has been significant work undertaken by Partner Agencies to sustain this position.

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19 February 2010

