

HEAT/LDP TARGETS

1. INTRODUCTION

The purpose of the paper is to inform the NHS Board of the position at 30th September 2006 of the performance for waiting times compared to the planned trajectory identified in the Local Delivery Plan 2006/07. A brief commentary is provided where performance is not in line with the trajectory and should be read in conjunction with the statistics shown in Appendix 1.

2. INPATIENTS AND DAY CASES

The 6 month guarantee for inpatients and day cases has continued to be maintained. Good progress continues to be made to reduce the number of patients waiting over 18 weeks and we are well below expected trajectory.

Orthopaedics which are shown separately in Appendix 1 remain a pressure although agreement has now been reached to increase access to the Golden Jubilee from November 2006 and this will enable us to meet the 18 week maximum guarantee by the end of December. Additional capacity at the Golden Jubilee Hospital has also been secured through to the end of March 2007 and this will again help us sustain the guarantee and continue to improve the waiting time in this specialty. Permanent investment continues to be the preferred approach and work continues to recruit staff to support the specialty across all 3 sites. In the interim, there will be continued reliance on internal and external waiting list initiatives, utilising the independent sector facilities in Glasgow.

The Cataract Collaborative is continuing with the redesign of services and a range of actions are being implemented to improve performance. This will include improved utilisation of existing resources and facilities. Access is currently available within the Golden Jubilee Hospital and it is considered that there will be no patients waiting longer than 18 weeks at the end of this calendar year.

3. OUTPATIENTS

The number of outpatients waiting over 18 weeks shows a significant rise in the month. Of the number of patients waiting over 18 weeks, 25% relate to Dermatology. Discussions have taken place with clinical staff and options to address the capacity are being taken forward, either through internal or external waiting list initiatives. Work is also taking place around modelling capacity and demand to ensure the achievement of a sustainable solution. Part of the sustainable solution will require that a number of patients being referred to hospitals will be vetted, screened and treated accordingly rather than be seen by Consultant staff. Work will continue with Primary Care colleagues to look at the rise which has occurred in referrals to this specialty.

In addition to Dermatology, work continues to review all outpatient specialties and a number of actions have been put in place to agree how numbers can be reduced. Work has also commenced with Information Services to assess data quality to ensure that patients who are removed from the list are done so in a timeous fashion.

It will be noted that there were 12 patients in the specialty of Respiratory during September who exceeded the 26 week target. This is regrettable and was due to an administrative error. However, this particular specialty does have capacity pressures in dealing with outpatients and plans are being implemented to increase this and also to look at developing further capacity. Systems have now been revised and staff reminded of the importance of micromanaging the waiting list to ensure there is no repetition. The Scottish Executive has been informed of this position. It is disappointing that this breach has occurred but it should be noted there are 27,000 new outpatients per annum attending NHS Lanarkshire Hospitals who are seen within the guaranteed waiting time.

4. INPATIENTS/DAY CASES ASCs

Whilst the trajectory has not changes significantly during the month, there is a requirement to move nearer towards the target trajectory. New administrative arrangements to reflect the implementation of New Ways guidance have commenced and it is considered that there will be a reduction in numbers over the months leading to the end of the calendar year. Further requirement of improvements to IT software is required with the implementation of New Ways and this is being pursued with the appropriate support staff.

Administrative procedures are being monitored closely to ensure that there is effective management of waiting lists within each specialty.

5. CANCER

The performance in relation to breast cancer has met the expected target. The figures shown for lung and colorectal are below the expected position. This has been due to some patients not receiving their treatment by the end of September but who had been referred to the hospital before 3rd July 2006. Of the 230 patients who were identified as the outstanding patients are 2 colorectal and 3 lung patients who will receive their treatment in October.

With regard to patients who have been referred since 3rd July 2006, the performance figures for colorectal are 100% and for lung 93%. There was one patient within the lung cohort that did not receive treatment within the 62 day period.

6. DIAGNOSTICS

An outline was provided last month of the work already undertaken to look at the patient pathway within Radiology and work to improve access to all 3 sites. The results of this work can now be seen and all Radiology waiting times are now meeting their trajectory or better.

Progress has also been made in relation to Endoscopy waiting times where increased capacity and improvements to the patient pathway have brought all examinations back to their trajectory levels.

7. **UNSCHEDULED CARE**

Performance has fallen back during the month of September, following a period of constant improvement. A combination of factors has had an impact on performance, such as organization of clinical staff, availability of clinical staff and the commencement of FY2 staff. Actions have been taken which have included the appointment of additional nursing staff, clarity of the junior doctors role, improved discharge arrangements, improved communication and outline plans established to reconfigure beds to improve patient throughput. These actions are starting to impact already and for the period to mid-October 2006, performance has been maintained at 94%.

I A Ross
Director of Acute Services
19th October 2006