

HEAT/LDP TARGETS

1. INTRODUCTION

The purpose of the paper is to inform the NHS Board of the position at 31 March 2007 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 six-month guarantee for inpatients and day cases has been maintained with no patients waiting over eighteen weeks at the end of March 2007. This represents continued delivery of a Ministerial Waiting Time Guarantee twelve months in advance of the guarantee date (31 December 2007).

Orthopaedics continues to represent a pressure. Recruitment of additional permanent staff continues, linked to service redesign. Additional capacity has been negotiated at Golden Jubilee and this will continue through 2007/08. There is continued reliance on some internal and external waiting list initiatives although reliance on this has been reduced following recruitment of additional permanent staff.

There is work in progress across all specialties to confirm the capacity required through permanent investment to sustain the waiting time guarantee during 2007.

3. OUTPATIENTS

The number of outpatients waiting over eighteen weeks has increased to 2695 during March 2007. Particular pressures are being experienced in Orthopaedics, Ophthalmology and Dermatology. The reasons for the fluctuations have been identified and action plans to address those are currently being compiled. This includes recruitment of additional staff on both a temporary and permanent basis. It is also linked to service redesign involving colleagues in both primary and secondary care. In addition, work continues with Information Management and General Management to assess data quality to ensure that patients removed from the list are done so in a timeous fashion.

4. INPATIENTS/DAY CASES ASCs

There has been a further reduction in the number of patients with an ASC code. This reflects more robust management of the ASC list linked to implementation of New Ways. The number of patients with an ASC code at end of March 2007 was 1868. The Project Board, established to deliver the national guarantee by 31 December 2007, has met with further meetings agreed during 2007. The remit of the Project Board is to facilitate implementation of New Ways including a new IT system. A recent meeting with representatives of the Scottish Executive confirmed progress to date

5. CANCER

Performance in breast cancer has met the expected target. Compliance for colorectal and lung cancers was 84% and 80% respectively. Two colorectal and four lung patients did not receive their first treatment within the guarantee period. The two colorectal patients were complex patients requiring a range of tests. Both received their first treatment within twelve days beyond the 62-day guarantee. Delays for lung patients have been identified from receipt of urgent GP referral to investigations for lung cancer. Options to correct that have been identified and are being implemented. Delays have also occurred in accessing the PET scanner in Grampian. Protocols to more effectively manage inter hospital transfer of patients for investigation/treatment has recently been agreed at regional level. This will inform future discussion between NHS Boards

The NHS Board has, since December, introduced weekly reporting on five further tumour types including Upper GI, Urology, Lymphoma, Melanoma and Head and Neck. There is work in progress to further refine the patient information captured for each of those tumour types. This will in time enable performance on those tumour types to be routinely reported to the NHS Board.

6. DIAGNOSTICS

The action plans for endoscopy and radiology are being implemented as reflected in the reduced maximum waits in line with the trajectory. The short-term initiatives in endoscopy and radiology are currently being replaced by permanent capacity to deliver and sustain the nine-week maximum wait beyond March 2007. Capacity is also being increased in line with the agreed business cases through purchase of equipment and software upgrades. Some difficulties are being experienced in the recruitment of additional staff particularly in radiology and activity shortfalls are currently being met through internal waiting list initiatives.

By the end of calendar year 2007, it will be necessary to include investigations within an eighteen-week total patient journey. It will therefore be necessary to reduce further the maximum diagnostic wait to deliver the improved guarantee. Discussions within the Diagnostic Collaborative have identified the need for additional capacity in both radiology and endoscopy to enable the patient journey to be completed within the eighteen-week period. This, as previously, is linked to service redesign. The nature and extent of that additional capacity has been identified, the detail of which has been shared with the Delivery Unit. Further discussions are planned to assess whether additional financial support will be provided by the Delivery Unit to assist delivery of the guarantee.

7. **UNSCHEDULED CARE**

Performance of 90% for March 2007 is below the trajectory. This can be attributed largely to diarrhea and vomiting that have occurred in Hairmyres Hospital during February and March 2007 and that has removed up to twenty beds from the available bed compliment. There continues to be considerable pressure at Wishaw General that has prompted introduction of an improvement plan designed to increase efficiency on site as well as create additional capacity off site. Monklands Hospital has continued to sustain a high level of performance.

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