

## WAITING TIMES

### 1. PURPOSE

The purpose of the paper is to inform the Divisional Management Team of the position at 30 November 2007 of the performance for waiting times compared to the planned trajectory identified in the Local Delivery Plan

### 2. CONTENT/SUMMARY OF KEY ISSUES

The paper provides an overview of targets to be sustained or delivered by 31 December 2007. It details progress against each target with an indication of action taken and/or planned to address slippage.

The attachment to the paper provides a rating against each target in respect of progress. Green represents on target, amber represents off target but will recover to meet the target with red representing that the target will not be met within the timescale. At present, ratings extend over green and amber only.

There is continued pressure on two targets namely the eighteen-week outpatient and cancer targets. Both have represented pressures for a number of months.

### **3. ACTIONS**

Action plans are in place to deliver each guarantee by 31 December 2007. The revised plans for outpatients and cancer are progressing in line with the revised trajectories.

There is work in progress to further improve performance in inpatients, day cases and outpatients beyond December 2007 with an internal target of no patient over sixteen weeks by 31 March 2008. Consideration is also being given to the implications of delivering the eighteen week guarantee from receipt of referral to treatment that the Scottish Government will ask NHS Boards to deliver by 31 December 2011. In addition, NHS Lanarkshire has had discussions with the Health Delivery Directorate regarding their proposal that selected NHS Boards enter into a strategic partnership with them to facilitate dialogue around delivery of the eighteen week pathway to treatment and to inform guidance around process and practice. A response to NHS Lanarkshire's expression of interest in this is awaited.

### **4. CONCLUSIONS**

The Divisional Management Team is asked to note progress to date against each target and the actions proposed to ensure delivery of the waiting time guarantees by 31 December 2007. There is confidence that each target will be achieved. The Divisional Management Team is also asked to note the proposal to further improve performance to 31 March 2008 and the dialogue with the Health Delivery Directorate on the possible establishment of a strategic partnership.

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Director of Acute Services  
14 December 2007**

# WAITING TIMES

## 1. INTRODUCTION

The purpose of the paper is to inform the NHS Board of the position at 30 November 2007 of the performance for waiting times compared to the planned trajectory identified in the Local Delivery Plan.

## 2. OVERVIEW OF TARGETS

The targets reported on in this paper are:

**HEAT 3.04K** – By the end of 2007 no inpatient / day case will wait more than 18 weeks from a decision to undertake treatment to the start of that treatment. (The current guarantee is 26 weeks.)

**HEAT 3.05K** – By the end of 2007 Availability Status Codes (ASCs) will be abolished.

**HEAT 3.07K** – By the end of 2007 no patient will wait more than 18 weeks from GP referral to an outpatient appointment. (The current guarantee is 26 weeks).

**HEAT 3.08K** – By the end of 2007 the maximum length of time from arrival to admission, discharge or transfer for 98% of Accident and Emergency patients will be four hours. (The current target is 95%).

**HEAT 3.09K** – By the end of 2007 the maximum time from referral to completion of treatment for cataract surgery will be 18 weeks.

**HEAT 3.10K** – By the end of 2007 the maximum time from admission following fracture to a specialist hip surgery unit for surgery will be 24 hours for 98% of patients.

**HEAT 3.11K & 3.12K** - Continue to deliver and sustain all cancer targets and guarantees (Breast surgery from urgent referral to diagnosis and treatment within 1 month. lung, bowel, ovarian, head & neck, haematology, gynaecology, skin, prostate, bladder, paediatric from urgent referral to diagnosis and treatment within 2 months).

**HEAT 3.15K, 3.16K, 3.17K, 3.18K** – By the end of July 2007 the maximum wait from referral to MRI scan, CT scan, non-obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy will be 9 weeks, with a further target of this to be embedded within the overall 18 week outpatient wait by the end of 2007.

**HEAT 3.19K** – By the end of 2007 the maximum wait from GP referral through a rapid access chest pain clinic or equivalent, to cardiac intervention will be 16 weeks. Heart treatment will be provided within 16 weeks of the outpatient appointment with a heart specialist and where that specialist has recommended treatment.

**HEAT 4.01K** – The number of people waiting over 6 weeks for discharge to a more appropriate care setting will be reduced by 50% from April 2006 to April 2007 and to zero by April 2008. The number of patients delayed in short stay beds will be reduced by 50% from April 2006 to April 07 and to zero by April 2008

### 3. PROGRESS AGAINST TARGETS

#### **HEAT 3.04K – Inpatient / Day Case True Waiting List**

The Acute Division delivered the maximum waiting time of 18 weeks for all patients on the true waiting list at December 2006 (twelve months in advance of the guarantee date of 31 December 2007). The Division has sustained this position since December 2006 and will continue to deliver the 18-week maximum wait.

#### **HEAT 3.05K – Inpatient / Day Case Availability Status Codes (ASCs)**

By December 2007, Availability Status Codes (ASCs) require to be eradicated with the implementation of the “New Ways” guidance within that timescale. The position within the Acute Division is demonstrated in the following table:

	<b>Apr-07</b>	<b>May-07</b>	<b>Jun-07</b>	<b>Jul-07</b>	<b>Aug-07</b>	<b>Sept-07</b>	<b>Oct-07</b>	<b>Nov-07</b>
Target	2169	2093	2017	1941	1865	1789	1713	1637
Revised Target	1800	1670	1540	1410	1280	1150	1010	880
Actual	1641	1597	1686	1357	1321	1220	1111	1069

Whilst there is a variation against the target it should be noted that of the 1069 patients 539 have a booked appointment before the end of the calendar year leaving only 530 patients without an appointment. This is in line with the trajectory that anticipates a maximum of 750 ‘suspended’ patients at 31 December 2007. In parallel, NHS Lanarkshire continues with its awareness campaign across primary and secondary care on implementation of New Ways from January 2008. This is designed to improve management of waiting lists to the benefit of the patient. The software to support implementation of New Ways will be operational from mid December.

A telephone conference call was held on Friday 7 December 2007 with the Health Delivery Directorate regarding implementation of New Ways and the actions taken and planned by NHS Lanarkshire to achieve successful implementation of the new arrangements. The Directorate expressed confidence that the measures taken and planned by the NHS Board would achieve that goal. The situation would however be closely monitored.

#### **HEAT 3.07K - Outpatient Waiting Times**

The national target of a maximum waiting time of 18 weeks for all new outpatients has to be achieved by December 2007. The current position across the Division is outlined below:

	<b>Apr-07</b>	<b>May-07</b>	<b>Jun-07</b>	<b>Jul-07</b>	<b>Aug-07</b>	<b>Sept-07</b>	<b>Oct-07</b>	<b>Nov-07</b>
Target	1245	1090	935	2652	2500	1800	1000	500
Actual	2986	2541	2521	2652	2224	1601	1007	527

At 30 November 2007, progress is in line with the revised trajectory. Action plans have been agreed for each specialty and those are monitored on a weekly basis. Significant reductions have been achieved over recent months and this will continue during December to deliver the guarantee.

### **HEAT 3.09K - Cataract Targets**

The national target of a maximum wait of 18 weeks from referral to treatment for patients requiring cataract surgery must be achieved by December 2007. The target has two key elements – the initial outpatient wait (target - 12 weeks) and the surgical component (target – 6 weeks). The target is measured by the patient numbers waiting in excess of the targets outlined. The current position shows:

<b>Outpatients</b>	<b>Apr-07</b>	<b>May-07</b>	<b>Jun-07</b>	<b>Jul-07</b>	<b>Aug-07</b>	<b>Sept-07</b>	<b>Oct-07</b>	<b>Nov-07</b>
Target	152	133	114	95	76	57	38	19
Revised Target	197	172	147	122	97	72	47	22
Actual	182	175	112	82	91	106	33	2

<b>Inpatient / Day case</b>	<b>Apr-07</b>	<b>May-07</b>	<b>Jun-07</b>	<b>Jul-07</b>	<b>Aug-07</b>	<b>Sept-07</b>	<b>Oct-07</b>	<b>Nov-07</b>
Target	247	216	185	154	123	92	61	30
Revised Target	29	14	0	0	0	0	0	0
Actual	40	54	20	10	1	2	0	0

The guarantee position is favourable and will be delivered in full by 31 December 2007. It is intended however to initiate a review of the work undertaken by the Cataract Collaborative and in particular the patient journey to assess the potential for further improvement.

### HEAT 3.10K - Hip Fracture

Admission to specialist hip unit within 24 hours / % Operations performed within 48 hours

	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sept 07	Oct 07	Nov 07
Target	87%	88%	89%	91%	92%	94%	95%	97%
Actual	94.2%	90%	88.5%	85.4%	98%	100%	94%	93%

A review of performance was initiated following the fall in performance in July 2007. This was particularly noticeable at the Hairmyres Hospital site. The main reason indicated for drop in performance related to lack of theatre capacity. This has been addressed with clinicians asked to alert managers when the demand for theatre outstripped available capacity. The outcome has been improved performance over recent months in line with trajectory. An issue relating to time to diagnosis has been highlighted to the Health Delivery Directorate with a request for clarification. This has been highlighted also by a number of other NHS Boards. A response on this issue is awaited from the Health Delivery Directorate.

### HEAT 3.08K - Accident & Emergency 4 Hour Wait

The current target is 97% of Accident & Emergency patients should be treated and discharged, admitted or transferred within four hours of arrival at the department. By the end of 2007 this target rises to 98%.

Progress against target trajectory over recent months is demonstrated in the table below:

	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sept-07	Oct-07	Nov-07
Target	96%	96%	96%	96%	96%	97%	98%	98%
Actual	89%	96%	96%	96%	98%	97%	97%	98%

Performance has been in line with the trajectory for November 2007 and reflects the range of sustainable measures introduced to improve service delivery. Local Improvement Plans specify improvements and service changes within and between sites. Historically the month of December sees increased demand on the Accident and Emergency Service across Lanarkshire and the NHS Board is working with Partner Agencies, as part of the winter plan, to minimize the impact of the anticipated increase in activity.

### HEAT 3.11K & 3.12K - Cancer Waiting Times

In June 2007, the Cancer Performance Support Team (CPST) undertook a diagnostic visit in Lanarkshire to assess performance against the 62 day waiting time guarantee. Their report with recommendations was published in July 2007 to which the NHS Board has responded.

The agreed action plan has been implemented with monitoring of progress undertaken as part of the weekly meetings with the CPST. A confidence assessment undertaken in November by the Directorate indicated increased satisfaction with the performance of NHS Lanarkshire in service delivery. The situation will continue to be closely monitored.

The monitoring mechanism designed to advise Chief Executives of performance coverage by NHS Board across Scotland continues on a weekly basis. Performance of NHS Lanarkshire across all nine tumour types set against the Scottish Average for the four week period in November is as follows:

	<b>Weekending 02<sup>nd</sup> Nov 07</b>	<b>Weekending 9<sup>th</sup> Nov 07</b>	<b>Weekending 16<sup>th</sup> Nov 07</b>	<b>Weekending 23<sup>rd</sup> Nov 07</b>	<b>Weekending 30<sup>th</sup> Nov 07</b>
NHS Lanarkshire	92.9%	92.3%	100%	100%	100%
Scottish Average	95.6%	95.0%	96.8%	94.9%	98.8%

The performance compares favourably when set against the Scottish average. During November a total of 64 patients were treated of which 62 patients were treated within 62 days. The two patients that were not seen within the guarantee period were in Colorectal and Lymphoma. The impact of the two patients who did not meet the guarantee was to reduce the percentage performance of those two tumour types, as indicated below, to 75% in November.

	<b>Apr 07</b>	<b>May 07</b>	<b>Jun 07</b>	<b>Jul 07</b>	<b>Aug 07</b>	<b>Sept 07</b>	<b>Oct 07</b>	<b>Nov 07</b>
	<b>% within target</b>	<b>% within target</b>	<b>% within target</b>	<b>% within target</b>	<b>within target</b>	<b>% within target</b>	<b>% within target</b>	<b>% within target</b>
Breast	95.0%	96.4%	95.0%	92.8%	94.5%	100.0%	100.0%	100%
Lung	91.6%	82.0%	79.0%	93.1%	80.0%	80.0%	86.0%	100%
Colorectal	100%	92.3%	100.0%	84.6%	73.3%	95.0%	100.0%	75%
Ovarian	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
Lymphoma	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	75%
Melanoma	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	100%
Upper GI	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	100%
Head & Neck	N/A	N/A	N/A	N/A	N/A	N/A	40.0%	100%
Urology	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	100%

### **HEAT 3.15K, 3.16K, 3.17K, 3.18K Diagnostic Waiting Times**

At the end of November 2007 the maximum wait from referral to MRI scan, CT scan, non-obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy should be 9 weeks. This was achieved in Lanarkshire at the end of March 2007 and has since been sustained. Continued investment is planned in endoscopy and radiology to ensure current

waiting times are maintained and improved. The opportunity will also be taken to reflect on the work of the Diagnostic Collaborative and in particular to review patient pathways and investments to date to assess the potential for further improvement.

<b>No. of patients over 9 weeks</b>	<b>Apr-07</b>	<b>May-07</b>	<b>Jun-07</b>	<b>Jul-07</b>	<b>Aug-07</b>	<b>Sept-07</b>	<b>Oct-07</b>	<b>Nov-07</b>
CT	0	0	0	0	0	0	0	0
MRI	0	0	0	0	0	0	0	0
Barium Studies	0	0	0	0	0	0	0	0
Ultrasound	0	0	0	0	0	0	0	0
Upper GI	0	0	0	0	0	0	0	0
Lower GI	0	0	0	0	0	0	0	0
Colonoscopy	0	0	0	0	0	0	0	0
Cystoscopy	0	0	0	0	0	0	0	0

### **HEAT 3.19K – Cardiac Surgery**

The 16 week end to end target for cardiac treatment comprises, 2 weeks Rapid Access Chest Pain Clinic, 4 week cardiology diagnostic phase and 10 weeks for cardiac surgery or interventional cardiology.

<b>No. of patients over target wait</b>	<b>Apr-07</b>	<b>May-07</b>	<b>Jun-07</b>	<b>Jul-07</b>	<b>Aug-07</b>	<b>Sept-07</b>	<b>Oct-07</b>	<b>Nov-07</b>
Angiography	62	33	23	32	25	3	3	0
Angioplasty	0	0	0	0	0	0	0	0

Investment has been agreed in 2007/08 to increase Cath Lab capacity at Hairmyres Hospital to deliver and sustain the waiting time guarantees. Recruitment of permanent staff is complete with additional sessions now fully operational.

### **HEAT 4.01K - Delayed Discharge**

The national targets for April 2008 are as follows

- No patient who is clinically ready for discharge should be delayed by more than six weeks

- No patient who occupies a bed in a short-stay specialty should be delayed for more than three days

		<b>Apr 07</b>	<b>May 07</b>	<b>Jun 07</b>	<b>Jul 07</b>	<b>Aug 07</b>	<b>Sept 07</b>	<b>Oct 07</b>	<b>Nov 07</b>
Total number of delayed discharges over 6 weeks	Target	10	10	10	8	8	8	6	6
	Actual	6	16	26	35	33	29	29	27
Total number of delayed discharges in short stay specialties	Target	10	10	10	8	8	8	5	5
	Actual	7	12	7	12	13	15	15	7

There has been a significant reduction in the number of delayed discharges in short stay beds with a small reduction only in the number of patients over six weeks. For the latter the number remains high and represents a considerable pressure on hospital beds. The increase in numbers since April relates mainly to patients from South Lanarkshire. A number of factors are considered to have contributed to this situation. A meeting has taken place with South Lanarkshire Council to review the information available and to identify solutions to reduce the number of patients over six weeks and deliver a sustainable solution in line with the trajectory. In the interim, additional capacity has been put in place in South Lanarkshire in response to the level of demand. Additional capacity has also been agreed with North Lanarkshire Council as part of ongoing dialogue. In addition further analysis of current trends is underway across North and South Lanarkshire to identify the action that will be required to deliver the guarantees by April 2008 and the service and financial implications of that.

The Delayed Discharge Review Report has been finalised and submitted for consideration to NHS Lanarkshire and North and South Lanarkshire Councils.

**ROSEMARY LYNESS**  
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**14 December 2007**