



HEAT/LDP TARGETS

1. INTRODUCTION

The purpose of the paper is to inform the Acute Operating Committee of the position at 28 February 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 February 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 for the period to March 2007 with the potential to extend the arrangement beyond that date. There is continued reliance on some internal and external waiting list initiatives.

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 2546 during February 2007. The reasons for the fluctuations have been identified and action plans to address those are currently being compiled. The details of those are being discussed with clinical staff in the appropriate specialties together with colleagues in Primary 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 February 2007 was 2034. 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 includes introduction of an IT system to facilitate implementation of New Ways. 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 90% and 73% respectively. One colorectal and six lung patients did not receive their first treatment within the guarantee period. Delays have been identified from receipt of urgent GP referral to investigations for lung cancer and options to correct that are currently being considered.

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 will shortly be replaced by permanent capacity to deliver and sustain the nine-week maximum wait by March 2007. Capacity will also be 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. The implications for capacity are currently being assessed and may necessitate further internal and external 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 are taking place within the Diagnostic Collaborative to identify the nature and extent of additional capacity required to achieve that.

7. UNSCHEDULED CARE

Performance of 90% for February 2007 is below the trajectory. This reflects considerable pressure on the system that is currently being worked through.

Ian Ross
Director of Acute Services