



WAITING TIMES

1. PURPOSE

The purpose of the paper is to inform the NHS Board of the position at 31 March 2008 of performance on 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 at 31 March 2008. It confirms that the majority of targets are being delivered with performance in four areas below the target level. New Ways continues to impact on reporting of inpatients, day cases and outpatients and this has contributed to four patients exceeding the eighteen week maximum wait for outpatients. Pressure on the four hour wait at Accident and Emergency has been considerable on all three sites and this has resulted in performance of one percent below the target level. Hip Fracture target has also been exceeded with two patients not being treated within the guarantee period. The position in respect of delayed discharges has improved although pressures remain around the over six week target.

3. NEXT STEPS

The new waiting time targets take effect from 1 April 2008 with delivery by 31 March 2009. Those are being taken forward in the context of the eighteen week referral to treatment target to be achieved by 31 December 2011. Details of waiting time targets for 2008/09 are captured in the Local Delivery Plan for that period. The Scottish Government has confirmed that additional funding will be provided to the NHS Board in 2008/09 to facilitate delivery of the waiting time targets.

There is work in progress to capture the actions that will require to be taken to deliver each waiting time target. Those will be contained in Clinical Business Plans for each specialty.

The Scottish Government has asked the NHS Board to set out its proposals for taking forward the 18 week referral to treatment target in line with the available guidance. Proposals are to be submitted to the Scottish Government by 30 April 2008. It is anticipated that additional funding will be provided to support the work subject to acceptance of the proposals by the Scottish Government.

4. CONCLUSIONS

The NHS Board is asked to note the waiting times position at 31 March 2008.

**Rosemary Lyness
Director of Acute Services
23 April 2008**

WAITING TIMES

1. INTRODUCTION

The purpose of the paper is to inform the NHS Board of the position at 31 March 2008 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 – At 31 March 2008 no inpatient / day case will wait more than 18 weeks from a decision to undertake treatment to the start of that treatment.

HEAT 3.05K – At 31 March 2008 there will be no Availability Status Codes (ASCs) in use

HEAT 3.07K – At 31 March 2008 no patient will wait more than 18 weeks from GP referral to an outpatient appointment.

HEAT 3.08K – At 31 March 2008 the maximum length of time from arrival to admission, discharge or transfer for 98% of Accident and Emergency patients will be four hours.

HEAT 3.09K – At 31 March 2008 the maximum time from referral to completion of treatment for cataract surgery will be 18 weeks.

HEAT 3.10K – At 31 March 2008 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 – At 31 March 2008 no patient will exceed 62 days from urgent GP referral to treatment for eight agreed tumour types. (Breast Surgery from urgent referral to diagnosis and treatment within 1 month.)

HEAT 3.15K, 3.16K, 3.17K, 3.18K – At 31 March 2008 the maximum wait from referral to MRI scan, CT scan, non-obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy will be 9 weeks.

HEAT 3.19K – At 31 March 2008 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 – At 15 April 2008 the number of people waiting over 6 weeks for discharge to a more appropriate care setting will be nil. The number of patients delayed in short stay beds will also be nil.

3. PROGRESS AGAINST TARGETS

HEAT 3.04K – Inpatient / Day Case True Waiting List

There were no inpatients and day cases over eighteen weeks at 31 March 2008. It is proposed to improve performance further with the intention of achieving a maximum wait of fifteen weeks for most specialties by 30 June 2008. This would deliver for most specialties the target set for 31 March 2009 by 30 June 2008. The opportunity will exist to further reduce the maximum wait for inpatients and day cases over the remaining period to March 2009. Agreement has been reached with Golden Jubilee on the allocation of slots for Lanarkshire patients. The agreement at this stage is for one year only. Discussions are continuing to extend this over a longer period.

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

The option to use ASC is no longer available. It is intended to remove reference to ASCs in future reports.

	Apr-07	Dec-07	Jan-08	Feb-08	Mar-08
Target	2169	0	0	0	0
Revised Target	1800	0	0	0	0
Actual	1641	0	0	0	0

Implementation of New Ways which is a revised method of measuring patient waiting times has represented a considerable challenge to NHS Lanarkshire. Staff across Lanarkshire have had to learn and then apply the many procedures that have had to be followed as the patient progresses through the system. This has proved complex and it is to the credit of staff that NHS Lanarkshire has reached this stage with a high performance rating. It has impacted on inpatients, day cases and outpatients. There have been errors linked to limitations on the software and human error that have had to be corrected. A Governance Committee which meets weekly is in place to oversee implementation of New Ways. A mechanism has been established to correct errors as well as provide support and guidance to staff to ensure consistency in interpretation and application of New Ways. This includes sharing errors with staff with details of procedures to be followed to avoid a recurrence. In relation to delivery of waiting time targets it was necessary to report eight outpatients in February who have exceeded the maximum wait. In March it is necessary to report four outpatients who have exceeded the maximum wait. Dialogue is continuing with the Scottish Government and Information Services Division (ISD) on implementation of New Ways.

HEAT 3.07K - Outpatient Waiting Times

There were four patients over eighteen weeks at 31 March 2008. Those can be attributed to implementation of New Ways. They relate mainly to cancelled clinics and the constraints in bringing the patient back within the time available in line with the maximum wait. There is considerable scrutiny around management of the waiting lists designed to avoid a recurrence and ensure that patients are booked within agreed time periods.

There is work in progress to reduce the maximum wait for an outpatient appointment to fifteen weeks and progress on this will be reported to a future meeting of the NHS Board.

	Apr-07	Dec-07	Jan-08	Feb-08	Mar-08
Target	1245	0	0	0	0
Actual	2986	0	0	8	4

HEAT 3.09K - Cataract Targets

There were no cataract patients over the waiting time target at 31 March 2008. 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.

Outpatients	Apr-07	Dec-07	Jan-08	Feb-08	Mar-08
Target	152	0	0	0	0
Revised Target	197	0	0	0	0
Actual	182	0	0	1	0

Inpatient / Day case	Apr-07	Dec-07	Jan-08	Feb-08	Mar-08
Target	247	0	0	0	0
Revised Target	29	0	0	0	0
Actual	40	0	0	0	0

There is work in progress to review the cataract capacity in the context of the total capacity available to ophthalmology. This has been prompted by new solutions including Lucentis that will increase pressures on available resources.

HEAT 3.10K - Hip Fracture

Admission to specialist hip unit within 24 hours / % Operations performed within 48 hours. Of the seventy four patients in March, two were out with the waiting time guarantee. The table below illustrates recent performance against the target.

	Apr-07	Dec-07	Jan-08	Feb-08	Mar-08
Target	87%	98%	98%	98%	98%
Actual	94.2%	95.1%	100%	94.3%	96.9%

There continues to be issues with definition that are being discussed with the Service Delivery Unit. It is acknowledged also that further work is required to improve the analysis of patients within this target guarantee with on going monitoring of theatre capacity and identification of opportunities to redesign trauma.

HEAT 3.08K - Accident & Emergency 4 Hour Wait

The current target (98% of Accident & Emergency patients should be treated and discharged, admitted or transferred within four hours of arrival at the department) was achieved at 31 December 2007. Performance in March 2008 was 97% and this reflects sustained increased emergency activity across NHS Lanarkshire, particularly at Wishaw which increased by 9% in year.

	Apr-07	Dec-07	Jan-08	Feb-08	Mar-08
Target	96%	98%	98%	98%	98%
Actual	89%	99%	97%	97%	97%

Significant work has been undertaken to identify the underlying issues contributing to the reduced performance level, particularly at Wishaw General. Bed availability for both medical and surgical emergency admissions has been problematic, and this has been directly attributed to surges in emergency activity and the lack of any surge capacity to adequately deal with this. There are also on-going medical staffing issues within the middle grade rota which causes periodic dips in performance during evenings and overnight.

A further meeting with the national lead for UCCP has been arranged on Friday, 25 April at Wishaw General to review all of the patient flows and the capacity constraints. In addition Secondary Care continue to work closely with colleagues in Primary Care regarding joint initiatives to improve demand management and the streaming of patients to the correct service. In line with other Health Systems in Scotland, it is intended to implement new emergency care models (eg Clinical Decision Unit) and this will now be progressed by the new Emergency Access Board, jointly Chaired by the Director of Acute Services and CHP South.

HEAT 3.11K & 3.12K - Cancer Waiting Times

NHS Lanarkshire achieved the target of 95% compliance against the 62 Day referral to treatment at 31 March 2008 (against unvalidated data). Details by tumour type are provided in the table below. In March, the average in month for all tumour types across Lanarkshire (against unvalidated data) was 100.0%.

	Apr 07	Dec 07	Jan 08	Feb 08	Mar 08
	% within target	% within target	% within target	% within target	% within target
Breast	95.0%	100%	100%	100%	100%
Lung	91.6%	93%	92%	100%	100%
Colorectal	100%	100%	100%	100%	100%
Ovarian	N/A	100%	100%	100%	100%
Lymphoma	N/A	100%	100%	66%	100%
Melanoma	N/A	100%	100%	100%	100%
Upper GI	N/A	100%	100%	100%	100%
Head & Neck	N/A	100%	100%	100%	100%
Urology	N/A	100%	100%	100%	100%

Performance during March in NHS Lanarkshire compared favourably with other NHS Boards across Scotland.

	Weekending 07/03/2008	Weekending 14/03/08	Weekending 21/03/2008	Weekending 28/03/2008
NHS Lanarkshire	100%	100%	100%	100%
Scottish Average	96.3%	96.9%	98%	97.5%

The quarter 4 validated data (October to December 2007) is currently being checked and will in time be published. Indications are that it will evidence continued improvement in performance against waiting time targets.

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

There are no patients over nine weeks against any of the diagnostic targets i.e MRI scan, CT scan, non obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy. There are however pressures on specific modalities due to continued delivery of cancer targets. There is work in progress to increase capacity to reduce/sustain maximum waits to six weeks across all diagnostic targets by 30 June 2008.

No. of patients over 9 weeks	Apr-07	Dec-07	Jan-08	Feb-08	Mar-08
CT	0	0	0	0	0
MRI	0	0	0	0	0
Barium Studies	0	0	0	0	0
Ultrasound	0	0	0	0	0
Upper GI	0	0	0	0	0
Lower GI	0	0	0	0	0
Colonoscopy	0	0	0	0	0
Cystoscopy	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. There were no patients over the target wait at 31 March 2008.

No. of patients over target wait	Apr-07	Dec-07	Jan-08	Feb-08	Mar-08
Angiography	62	0	0	0	0
Angioplasty	0	0	0	0	0

The decision to increase capacity is being implemented with recruitment of additional staff and a procurement process underway to replace existing equipment. In addition environmental and other improvements are planned over the next few months to areas adjacent to the Cath Lab. It is anticipated that the process will be completed by summer 2008.

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

		Apr 07	Dec 07	Jan 08	Feb 08	Mar 08
Total number of delayed discharges over 6 weeks	Target	10	6	6	6	6
	Actual	6	20	23	26	18
Total number of delayed discharges in short stay specialties	Target	10	5	5	5	5
	Actual	7	15	4	11	4

There continues to be pressures on services both in hospital and the community. This is reflected in the performance in March. There has however been an improvement on the previous month that reflects the actions taken by the Lanarkshire Partnership over that period. There is ongoing dialogue with colleagues from North and South Lanarkshire Councils to examine closely the information compiled by the monthly census and to sense check through dialogue with staff the accuracy and completeness of the census information. This applies in particular to patients over six weeks. An internal diagnostic visit was undertaken during March/April in relation to South Lanarkshire patients in NHS Lanarkshire hospitals to examine current process and practice and to make recommendations on how the patient pathway might be improved. It is anticipated that the outcome of that visit will be reported by the end of April. A diagnostic visit will in time be undertaken on North Lanarkshire patients in NHS Lanarkshire hospitals.

The officer group commissioned to identify the implications of implementing the recommendations of the Delayed Discharge Review Report has met with further meetings planned. An initial report back is expected shortly.

4 NEW WAITING TIME TARGETS 2008/09

Details of the improved targets were contained in the February waiting times paper to the NHS Board. Those will, from April 2008, be captured in the traffic light report that accompanies the waiting times report to the NHS Board. Trajectories over the period to 31 March 2009 will be provided for each target to enable the NHS Board to monitor actual delivery against planned delivery of each waiting time target. It should be noted that some targets set for 2007/08 have been removed from the official monitoring process for 2008/09 although NHS Boards will be expected to sustain performance in those areas e.g. hip fracture.

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23 April 2008