

Meeting of
Lanarkshire NHS Board
27TH August 2008

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WAITING TIMES

1. PURPOSE

The purpose of the paper is to inform the NHS Board of the waiting time position at 31 July 2008. This is against the waiting time guarantees that NHS Boards have been asked to deliver by 31 March 2009. Trajectories are provided against which the NHS Board will monitor performance. A traffic light system of monitoring will be applied. Each waiting time guarantee and the plans for delivery are described in the Local Delivery Plan for 2008/09.

2. CONTENT/SUMMARY OF KEY ISSUES

All Heat waiting time guarantees have been achieved in July. New Ways continues to present challenges particularly in outpatients. Dialogue is continuing with ISD and the Scottish Government to deliver solutions. It is anticipated that publication by ISD of the validated position for the period April to June 2008 will confirm the NHSL position as reported to the NHS Board for that period.

At the annual delayed discharge census carried out on 15 April 2008 the NHS Board delivered the two guarantees required of them namely that there should be no delayed discharge patient in short stay beds and no patient over six weeks. That position has been sustained since April and is again reflected in the local census on 15 August.

The NHS Board has previously been advised that it is intended to deliver a level of performance in selected areas in excess of the national waiting time guarantees. Those areas are inpatients, day cases and outpatients with the objective of delivering a maximum wait of twelve weeks and in diagnostics to improve on the national guarantee of six weeks to a maximum wait of four weeks by 31 March

2009. Performance against both performance measures are captured in the Appendix.

3. NEXT STEPS

The new waiting time guarantees have taken effect from 1 April 2008 with delivery by 31 March 2009. Guarantees are being taken forward in the context of the eighteen week referral to treatment target to be achieved by 31 December 2011. 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. Consultation is currently taking place with the service with regards to waiting time definitions, these are likely to be finalised during September. Clinical Business Plans for each specialty are available that describe the actions that will be taken to deliver the waiting time guarantees by 31 March 2009.

The Project Board to deliver 18 week RTT has had meetings in June and August. The programme plan for 18 week RTT has been approved by the Scottish Government. A Project Manager has since been appointed and has taken up post from 1 August 2008. The overall Clinical Lead for 18 week RTT has also been appointed and there is work in progress to appoint Clinical Leads for individual specialties and primary care.

4. CONCLUSIONS

The NHS Board is asked to note the waiting times position at 31 July 2008 and the improved waiting time guarantees that require to be delivered by 31 March 2009.

For further information, please contact Roy Garscadden, Head of Planning, Acute Division, telephone number: 01698 245015.

**Rosemary Lyness
Director of Acute Services
21 August 2008**

1. INTRODUCTION

The purpose of the paper is to inform the NHS Board of the position at 31 July 2008. In addition, the paper identifies the new waiting time guarantees that the NHS Board has to deliver by 31 March 2009.

2. OVERVIEW OF TARGETS

The targets reported on in this paper are:

HEAT A5 KPM1 – At 31 March 2009 no inpatient / day case will wait more than 15 weeks from a decision to undertake treatment to the start of that treatment.

HEAT A4 KPM1 – At 31 March 2009 no patient will wait more than 15 weeks from GP referral to an outpatient appointment.

HEAT A7 KPM2 – 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 A2 KPM1 – At 31 March 2009 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 A6 KPM1 – At 31 March 2009 the maximum wait from referral to MRI scan, CT scan, non-obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy will be 6 weeks.

HEAT A7 KPM1 – At 31 March 2009 Numbers of A&E attendances per 100,000 population.

HEAT E2 KPM1- NHS Boards to achieve a sickness absence rate of 4% from 31 March 2009.

HEAT E4 KPM1 - Number of BADS surgical procedures performed in a day case or outpatient setting (same day care) expressed as a percentage of the total number of BADS procedures including inpatients.

HEAT E4 KPM2 - Reduce the average length of stay in hospital for acute inpatients discharged following an urgent, emergency or other non routine unplanned admission. This includes emergency transfers.

HEAT E4 KPM3 - Reduce the ratio of return to new outpatient attendances (all specialties).

HEAT E4 KPM4 - A 10% reduction in the first outpatient appointment DNA rate between year ending March 2007 and March 2010. Based on the percentage of first outpatient appointments where a patient did not attend (DNA) all specialties.

HEAT E7 KPM1 – To increase the percentage of new GP outpatient referrals into consultant led secondary care services that are triaged online for clinical; priority and appropriate recipient service to 90% from December 2010.

3. PROGRESS AGAINST TARGETS

New Ways

Work is currently underway at national and local level with representatives from ISD and the service to review definitions as well as a range of technical issues (including software) and the scope of statistical publications. The NHS Board has recently commented on a consultation document issued by ISD on definitions and is in regular dialogue with ISD on operational and strategic issues relating to New Ways.

At present the NHS Board continues to report monthly through MMI. ISD will during August publish validated information for the period April to June 2008. It is anticipated that this will be in line with information reported previously to the NHS Board. This will confirm that no patients exceeded eighteen weeks for outpatients, day cases and inpatients in May and June with six outpatients exceeding eighteen weeks in June (linked to 'missing' referrals). The unvalidated position for July is that no patient exceeded eighteen weeks

HEAT A5 KPM1 – Inpatient / Day Case True Waiting List

There were no inpatients and day cases over eighteen weeks at 31 July 2008. The next step is to reduce that to a maximum wait of twelve weeks by 31 March 2009. This performance will exceed the national guarantee by three weeks. An initial trajectory has been prepared to demonstrate proposed activity reductions over the period to March 2009 to achieve fifteen and twelve weeks. The position at the end of July is provided in the Appendix to the paper. The trajectory will be refined in light of experience and the content of Clinical Business Plans.

HEAT A4 KPM1 – Outpatient Waiting Times

There were no outpatients over eighteen weeks at 31 July 2008.

There has however been an increase in the number of outpatients waiting over twelve and fifteen weeks. Particular pressures have been experienced in Dermatology and Orthopaedics that represents 28% and 16% respectively of patients in both categories of wait. Those pressures have moved both specialties out of trajectory that in turn has impacted on the overall outpatient trajectory. The reasons for those movements are understood and actions are being taken to address. It is considered that for both specialties an adjustment to the trajectory may be required to more accurately capture the delivery timeline.

As with inpatients and day cases the next step is to reduce the maximum wait to twelve weeks that similarly goes beyond the national waiting time guarantee of fifteen weeks. The trajectory represents an initial analysis and will be subject to refinement.

HEAT A7 KPM2 - Accident & Emergency 4 Hour Wait

Performance in July 2008 was 98%.

Secondary Care continue to work closely with colleagues in Primary Care on joint action to take forward an agreed action plan to improve demand management and the streaming of patients to the correct service. In line with other Health Systems in Scotland, active steps are being taken to implement new emergency care models (eg Clinical Decision Unit) and this is now be progressed by the new Emergency Access Board, jointly chaired by the Director of Acute Services and CHP South.

HEAT A2 KPM2 - Cancer Waiting Times

NHS Lanarkshire delivered the target of 95% compliance against the 62 Day referral to treatment at 31 July 2008 (against unvalidated data). In July, the average in month for all tumour types across Lanarkshire (against unvalidated data) was 97.0%. Of the eight tumour types only lymphoma fell below the 95% guarantee.

HEAT A6 KPM1 - Diagnostic Waiting Times

There were 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 at 30 June. There is however pressures on specific modalities due to continued delivery of cancer targets. The next step is to reduce the maximum wait to four weeks by 31 March

2009. The performance will exceed the national guarantee by two weeks. An initial trajectory has been prepared to demonstrate proposed activity reductions over the period to 31 March 2009 to achieve maximum waits of six and four weeks. The position at the end of July is provided in the attachment to this paper. It is acknowledged that there have been particular pressures on ultrasound and colonoscopy that has resulted in both exceeding their trajectory. The reasons for that are understood and are being addressed.

4 18 Weeks RTT

The Project Board to take forward the 18 Weeks RTT has been established. Two meetings have since been held in June and August. The Scottish Government continue to express support for the approach and have released a financial allocation to support the work of the Project Board. A Project Manager has been recruited and has taken up post from 1 August 2008. In addition the Clinical Lead for 18 week RTT has been identified with work in progress to appoint Clinical Leads for individual specialties.

**Rosemary Lyness
Director of Acute Services
21 August 2008**