



## WAITING TIMES

### 1. PURPOSE

The purpose of the paper is to inform the NHS Board of the position at 31 January 2008 of 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 at 31 January 2008. It confirms that those targets delivered at 31 December 2007 have been sustained during January 2008. The exception at 31 December 2007 was hip fracture where performance was slightly below target performance. The performance position for hip fracture at 31 January 2008 is within target performance. In January, there has been a slight drop in performance against the four hour accident and emergency target due to increased pressures.

### 3. NEXT STEPS

The intention is to sustain and improve the waiting time position through to 31 March 2008. Particular focus is being given to inpatients/day cases with an expectation that for most specialties the maximum wait will not exceed sixteen weeks.

The Cabinet Secretary has advised NHS Boards of the new targets for waiting time targets to be achieved by 31 March 2009. Those have to be taken forward in the context of the eighteen week referral to treatment guarantee to be achieved by 31 December 2011. Initial discussions have taken place with the Access Support Team regarding the new guarantees. The outcome of those discussions will be reflected in the Local Delivery Plan that has to be submitted in final form by March 2008. Those will be translated into trajectories against which progress on implementation will be performance managed. Reports will be submitted to the NHS Board on a monthly basis. The Scottish Government have indicated that additional funding will be provided to the NHS Board to facilitate delivery of the guarantees. As a consequence the

intention is to deliver improved performance against some of the key guarantees. This applies in particular to inpatients, day cases, outpatients and diagnostics.

Dialogue between NHS Lanarkshire and the Scottish Government is continuing around the eighteen week target from referral to treatment that has to be delivered by 31 December 2011. The Cabinet Secretary launched the target at an event on 6 February 2008. It is anticipated that a Project Initiation Document (PID) will shortly be issued to NHS Boards with guidance on the way forward. A Project Board will be established in Lanarkshire to take forward the eighteen week target chaired by Rosemary Lyness. It should be noted also that Tim Davison has been asked to participate as Lead Chief Executive on the National Project Board for the eighteen week target. The Improvement Support Team (IST) has also indicated their intention to work closely with Executive Directors and Clinicians in NHS Lanarkshire in respect of the eighteen week target.

#### **4. CONCLUSIONS**

The NHS Board is asked to note the waiting times position at 31 January 2008 and the discussions that are currently taking place with the Access Support Team regarding the new waiting time guarantees.

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21 February 2008**

# WAITING TIMES

## 1. INTRODUCTION

The purpose of the paper is to inform the NHS Board of the position at 31 January 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** – 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. There is a requirement to sustain that position.

**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. There is a requirement to sustain that position.

**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. There is a requirement to sustain that position.

**HEAT 3.09K** – By the end of 2007 the maximum time from referral to completion of treatment for cataract surgery will be 18 weeks. There is a requirement to sustain that position.

**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. There is a requirement to sustain that position.

**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. There is a requirement to sustain that position.

**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. There is a requirement to sustain that position.

**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). This position has been sustained to 31 January 2008. It is intended to improve performance further through to 31 March 2008. For most specialties the objective is to deliver a maximum wait of sixteen weeks by 31 March 2008.

There is work in progress to agree the capacity required by specialty to further improve performance to deliver a maximum wait of fifteen weeks by 31 March 2009. There is optimism that for many specialties performance could be improved beyond the maximum fifteen weeks. The detail of this is currently being worked through. The outcome will be reflected in the Local Delivery Plan for 2008/09. This will assume a continued partnership agreement with the Golden Jubilee Hospital. There have been discussions recently with the Golden Jubilee to discuss opportunities to increase access during 2008/09. The discussions also include the option of an agreement over a longer time period. At present the agreement is for one year only. The detail of the agreement will be confirmed during March 2008.

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

Availability Status Codes (ASCs) were eradicated at 31 December 2007. The position is illustrated in the table below. This will be reported as zero through to 31 March 2008.

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

New Ways was introduced from 1 January 2008 and close attention is being given to use of the new software and the importance of consistent application by staff in line with agreed protocols shared with staff through awareness sessions and access to guidance material. There have been issues with the software and in particular the reporting mechanism. This has been experienced by NHS Boards across Scotland. Dialogue is continuing with the Scottish Government and Information Services Division (ISD) around resolution of those issues.

#### HEAT 3.07K - Outpatient Waiting Times

The national target of a maximum waiting time of 18 weeks for all new outpatients was achieved at 31 December 2007. This position has been sustained to 31 January 2008.

	<b>Apr-07</b>	<b>Dec-07</b>	<b>Jan-08</b>	<b>Feb-08</b>	<b>Mar-08</b>
Target	1245	0	0		
Actual	2986	0	0		

There is work in progress to agree the capacity required by specialty to further improve performance to deliver a maximum wait of fifteen weeks by 31 March 2009. As with inpatients/day cases, there is a consensus that for some specialties it will be possible to improve further on the fifteen week maximum wait. The detail of this is similarly being worked through and will be reflected in the Local Delivery Plan. Delivery will be linked to service improvement, improved efficiency and increased contribution of GPs with a special interest, specialist nurses and allied health professionals.

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

The national target of a maximum wait of 18 weeks from referral to treatment for patients requiring cataract surgery was achieved at 31 December 2007. This position has been sustained to 31 January 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.

<b>Outpatients</b>	<b>Apr-07</b>	<b>Dec-07</b>	<b>Jan-08</b>	<b>Feb-08</b>	<b>Mar-08</b>
Target	152	0	0		
Revised Target	197	0	0		
Actual	182	0	0		

<b>Inpatient / Day case</b>	<b>Apr-07</b>	<b>Dec-07</b>	<b>Jan-08</b>	<b>Feb-08</b>	<b>Mar-08</b>
Target	247	0	0		
Revised Target	29	0	0		
Actual	40	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. The target (admission to specialist hip unit within 24 hours/% operations performed within 48 hours) at 31 December 2007 was 98%. Performance at 31 January 2008 was 100%. The table below illustrates recent performance against the target.

	<b>Apr-07</b>	<b>Dec 07</b>	<b>Jan-08</b>	<b>Feb-08</b>	<b>Mar-08</b>
Target	87%	98%	98%		
Actual	94.2%	95.1%	100%		

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 during January 2008 has reduced to 97% reflecting the seasonal pressures.

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

There is work in progress to increase engagement with colleagues in community and primary care and both Local Authorities in Lanarkshire and to explore and act on increased opportunities for supporting people at home, facilitating early discharge and where appropriate avoiding hospital admission. Dialogue with Independent Providers of nursing home accommodation across Lanarkshire to encourage improvement and development of staff skills and competencies also form part of actions to improve service delivery and quality as well as deliver improved targets during 2008/09. A key contributing factor to achieving and sustaining the target has been clinical and general management engagement and the support offered to all staff on service delivery.

### 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 December 2007 (against unvalidated data). This position has been sustained to 31 January 2008. Details by tumour type are provided in the table below. In January, the average in month for all tumour types across Lanarkshire (against unvalidated data) was 97.7%. Individual tumour types with the exception of lung exceeded the 95% target.

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

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

	<b>Weekending 04/01/2008</b>	<b>Weekending 11/01/08</b>	<b>Weekending 18/01/2008</b>	<b>Weekending 25/01/2008</b>
NHS Lanarkshire	100%	92.9%	100%	100%
Scottish Average	98.5%	96.3%	97.7%	97.1%

The quarter 4 validated data (October to December 2007) is currently being checked and will in time be published. Work to date (October validation) indicates a further improvement in performance from quarter 3.

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

In March 2007, NHS Lanarkshire delivered the maximum wait of nine weeks from referral to MRI scan, CT scan, non obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy. The waiting time position has since been sustained and in some areas improved. It is intended to build on the work of the Diagnostic Collaborative with work

in progress to develop the existing improvement plan in the context of a capacity plan for diagnostic services to deliver a maximum wait of six weeks by 31 March 2009. There is optimism that performance could be improved beyond the six week maximum wait. Identification of the additional capacity required to achieve that is under investigation.

<b>No. of patients over 9 weeks</b>	<b>Apr-07</b>	<b>Dec-07</b>	<b>Jan-08</b>	<b>Feb-08</b>	<b>Mar-08</b>
CT	0	0	0		
MRI	0	0	0		
Barium Studies	0	0	0		
Ultrasound	0	0	0		
Upper GI	0	0	0		
Lower GI	0	0	0		
Colonoscopy	0	0	0		
Cystoscopy	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>Dec-07</b>	<b>Jan-08</b>	<b>Feb-08</b>	<b>Mar-08</b>
Angiography	62	0	0		
Angioplasty	0	0	0		

NHS Lanarkshire delivered the target at 31 December 2007 and sustained that position during January 2008. The need to further increase capacity has been recognised and is reflected in the commitment to replace equipment and increase capacity in the Cath Lab during 2008/09. Additional staff has been recruited with 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. Dialogue is also continuing with NHS Ayrshire and Arran to provide them with limited access to the Cath Lab at Hairmyres Hospital.

## 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		
	Actual	6	23	N/A		
Total number of delayed discharges in short stay specialties	Target	10	5	5		
	Actual	7	4	N/A		

There has been a delay in completing the analysis of the February 2008 census. There is work in progress with colleagues from North and South Lanarkshire Councils to examine closely the information compiled by the census and to sense check through dialogue with staff the accuracy and completeness of the census information. That dialogue also includes identification of opportunities to improve service delivery and address the increasing pressures caused by delayed discharges. This may prompt action beyond the measures to increase capacity indicated in recent reports to the NHS Board. Progress on that will be reported verbally to the NHS Board.

The Delayed Discharge Review Report has been finalised and accepted in principle by all partner agencies. An officer group has been commissioned to identify the implications of implementing the recommendations and to report back. A progress update will be reported to a future meeting of the NHS Board.

## 4 NEW WAITING TIME TARGETS 2008/09

The Cabinet Secretary has advised NHS Boards of new targets to be achieved by 31 March 2009. The key new waiting time targets are as follows:

- The maximum wait from urgent referral to treatment for all cancers is two months
- As a milestone in achieving eighteen weeks referral to treatment, no patient will wait longer than fifteen weeks from GP referral to a first outpatient appointment from 31 March 2009
- As a milestone in achieving eighteen weeks referral to treatment, no patient will wait longer than fifteen weeks for inpatient or day case treatment from 31 March 2009

- As a milestone in achieving eighteen weeks referral to treatment, no patient will wait longer than six weeks for one of the eight key diagnostic tests from 31 March 2009
- NHS Boards will achieve agreed reductions in the rates of attendances at Accident & Emergency, from 2006/07 to 2010/11; and from end 2007 no patient will wait more than four hours from arrival to admission, discharge or transfer for accident and emergency treatment
- By 2008/09, NHS Boards will reduce the proportion of older people (aged 65+) who are admitted as an emergency inpatient 2 or more times in a single year by 20% compared with 2004/05 and reduce by 10% emergency inpatient bed days for people aged 65 and over by 2008-01-24
- To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD from 2006/07 to 2010/11
- NHS Boards to deliver agreed improved efficiencies for first outpatient attendance DNA, non routine inpatient average length of stay, review to new outpatient attendance ratio and day case rate by March 2011

There has recently been a meeting with the Access Support Team to discuss the detail of the targets and their expectation on delivery. There is work in progress around capacity and demand and this will inform completion of trajectories for each target against which progress will be monitored by the NHS Board and the Scottish Government. It should be noted that some targets have been removed from the official monitoring process although NHS Boards will be expected to sustain performance in those areas e.g. hip fracture.

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**21 February 2008**