

Meeting of
Lanarkshire NHS Board
28 April 2010

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WAITING TIMES

1. PURPOSE

NHS Lanarkshire has set out in the Local Delivery Plan (LDP) for 2009/10 trajectories against the improved waiting time targets set by the Scottish Government. Those are captured in Appendix 1. All NHS Boards are required to deliver against each target by 31 March 2010. NHSL performance against each target for March 2010 is captured in the attachment. A traffic light system of performance monitoring is applied.

2. CONTENT/SUMMARY OF KEY ISSUES

There are no patients waiting over twelve weeks for an outpatient appointment and nine weeks for an inpatient/day case appointment in NHSL at 31 March 2010. No patient is waiting over four weeks for the eight key diagnostic tests. During 2009/10, NHSL has consistently delivered above the 95% performance target for the 62 day maximum wait from GP referral to treatment. Early success against the new 31 day cancer target from diagnosis to treatment has also been evidenced. In addition, there has been routine achievement of the 98% performance target against the four hour maximum patient wait at Accident and Emergency. Progress has been demonstrated against a range of quality measures although this continues to represent work in progress. A reduction in Did Not Attend (DNA) has been identified as a key objective in 2010/11. A reduction in patient attendances at Accident and Emergency as a proportion of the total population has been achieved although this continues to represent a significant challenge. NHSL has therefore delivered against all key waiting time targets set by the Scottish Government in 2009/10

NHSL and Partner Agencies in Lanarkshire have consistently delivered against the delayed discharge targets. Service demands on all Partner Agencies however continue to increase. This will be sustained during 2010/11.

3. **PLANNED ACTION**

In line with Heat targets set by the Scottish Government for 2010/11, NHSL will be expected to sustain the current performance for outpatients, inpatients and day cases. This will apply similarly to the eight key diagnostic tests. In addition, NHS Boards have been asked to identify actions that would need to be taken to introduce the same performance standards to fourteen further diagnostic tests. The expectation is that NHSL will continue to improve performance through increased efficiency and improved productivity. A series of performance measures have been identified for those. New cancer targets have been introduced with a requirement to deliver treatment within 31 days of diagnosis. The four hour target at Accident and Emergency will be sustained with a requirement to evidence continued action to reduce hospital attendances as a proportion of the total population. Delivery of waiting time guarantees form part of the Local Delivery Plan (LDP) for 2010/11 and have to be achieved by 31 March 2011. Performance against the new waiting time guarantees will be reported to the next meeting of the NHS Board.

There is a requirement on all NHS Boards to deliver 18 Weeks Referral to Treatment (RTT) by 31 December 2011. The full patient journey will be completed within a maximum period of eighteen weeks. NHSL attached considerable importance to developing patient pathways for each specialty and where appropriate sub specialty to ensure appropriate interventions at agreed points in the journey, to remove unnecessary steps and to adopt a consistent approach to service delivery across Lanarkshire. This represents work in progress. It may however require selected specialties to reduce current 'stage of treatment' targets to below their current level in order to deliver 18 weeks RTT. This will require increased capacity in those specialties to achieve that. At present NHSL is unable to capture electronically the linking of different stages of the patient journey. This functionality will be available as part of the new Patient Management System (PMS) which will be implemented in the first quarter of 2011. In the interim, NHSL is required to report on completed and non completed patient journeys as part of the LDP. Agreement has been reached between NHSL and the Service Access Team on how this will be achieved during 2010/11 although this is subject to review.

NHSL has adopted Lean methodology and a work programme has previously been agreed. An external supplier has been contracted to work with NHSL to deliver that. This will continue during 2010/11. The first phase of work has recently been completed at Monklands Hospital and there is evidence of improved process and practice as well as behaviours with staff increasingly taking ownership of actions to improve service delivery.

The vast majority of services delivered to Lanarkshire patients are delivered by NHSL in Lanarkshire. An agreement is however in place between NHSL and the National Golden Jubilee Hospital for Lanarkshire patients to attend the Golden

Jubilee for selected surgical procedures. This agreement will continue in 2010/11. In addition, limited use was made in 2009/10 of the Independent Sector. This may continue during 2010/11.

To date, the Scottish Government has not confirmed whether any additional monies will be released to support delivery of improved waiting time guarantees. There is however confidence that existing capacity will enable NHSL to sustain current waiting time guarantees. As indicated it is probable that some specialties will require to reduce further their 'stage of treatment' maximum waits. This will require additional capacity. Every effort will be made to achieve this through improved working and increased efficiency and productivity.

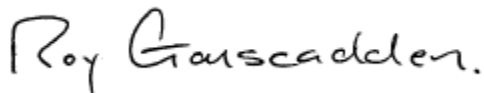
The Patients Rights (Scotland) Bill was introduced to the Scottish Parliament on 17 March 2010. The Bill is intended to improve the patient's experience of using health services and support people to become more involved in their health and health care. It will also support the aspiration for an NHS that respects the rights of both patients and staff. In the context of waiting times, the main provision in the Bill is that it will introduce a guarantee (to be known as the treatment time guarantee) that eligible patients will start to receive treatment within 12 weeks of their treatment being agreed. The treatment time guarantee will apply to planned and elective care that is carried out on an inpatient or day case basis. A separate more detailed paper on the Patient's Rights (Scotland) Bill will be presented to the NHS Board at a later date.

4. CONCLUSIONS

The NHS Board is asked to note the waiting time position at 31 March 2010 with delivery of all key national waiting time guarantees in line with the Local Delivery Plan (LDP) for 2009/10. The NHS Board is also asked to note planned actions to sustain and where appropriate improve on waiting time guarantees.

5. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact Roy Garscadden, Head of Planning (Acute) 01698 245015.



On behalf of:
Rosemary Lyness
Director of Acute Services

20 April 2010

WAITING TIMES

1. INTRODUCTION

The purpose of the paper is to inform the NHS Board of the improved targets to be delivered during 2009/10. In addition, the paper identifies the waiting time position at 31 March 2010.

2. OVERVIEW OF TARGETS

The targets reported on in this paper are:

HEAT A9 KPM1 – Suspicion of Cancer – 62 days.

HEAT A9 KPM2 – Percentage of patients treated within 31 days of urgent referral – for all cancers.

HEAT A10 KPM1 – 18 Weeks RTT Measure as percentage for performance and completeness.

HEAT A10 KPM2 – At 31 March 2009 no patient will wait more than 12 weeks from GP referral to an outpatient appointment.

HEAT A10 KPM3 – At 31 March 2009 no inpatient / day case will wait more than 12 weeks from a decision to undertake treatment to the start of that treatment.

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 T10 KPM1 – Number of A&E attendances per 100,000 population.

In September 2009, the NHS Board was advised of the updated waiting time targets to be delivered by 31 March 2010. The maximum wait for all outpatients will be 12 weeks with 9 weeks for inpatients and day cases. The maximum wait for the eight key diagnostic tests will be 4 weeks.

3. PROGRESS AGAINST TARGETS

HEAT A9 KPM1 and 2 - Cancer Services

In March 2010, Lanarkshire performance against the previous target of 62 days from urgent referral to treatment was 93.1%. This is below the 95% performance level (3 patients were outwith performance). Performance against the 31 day target was 99.2% in March.

Dialogue has commenced with neighbouring NHS Boards and the Oncology Service at the Beatson Institute to effect adjustments to patient pathways to ensure service quality and delivery within the guarantee.

HEAT A10 KPM1 - 18 Weeks RTT

The target is to deliver an 18 week referral to treatment pathway by December 2011. There is work in progress to identify those patients whose journey ends at outpatient appointment and those who go on to receive a further intervention. Clinic outcome sheets have been introduced for new and return patients in each specialty to identify those patients who do not go beyond the outpatient stage. This has identified patients that have 'completed' their journey. This represents a significant step forward to identify complete patient episodes.

The new Patient Management System (PMS) which will be implemented during the first quarter of 2011 will provide the opportunity to link different stages of the patient journey. It will also provide the potential for NHSL to become a paper light organisation linked to improved process and practice. Patient flows are being developed to enable testing of the functionality of the system against those flows. This will inform how and by whom tasks are undertaken in future with the potential to realise benefits through improved efficiency and effectiveness. The new PMS was launched by the Cabinet Secretary at an event at Monklands Hospital on 29 March 2010.

HEAT A10 KPM2 – Outpatient Waiting Times

There were no outpatients over twelve weeks at 31 March 2010.

HEAT A10 KPM3 – Inpatient / Day Case Waiting Times

There were no inpatients and day cases over twelve weeks at 31 March 2010.

HEAT E4 KPM 1 – 4 – Service Efficiencies

The expectation of Scottish Government is that performance improvement will be achieved with a reduction of patients who do not attend, an increase in the number of patients seen as day patients, a reduction in length of inpatient stay and a reduction in new to return outpatient ratio. Progress against each of those measures will be reported monthly to the NHS Board. Current performance is identified in the attachment. At present, there are variations month on month and there is work in progress to better understand the reasons behind that.

The first phase of Lean work at Monklands Hospital is now complete. There is evidence of early benefit from the work undertaken with staff at Monklands Hospital. A comparison between the period October 2008 and March 2009 and the same period in 2009/10 indicates a reduction in medical admissions at Monklands Hospital with a 14% reduction in March 2010.

Monklands Hospital Emergency Inpatient Admissions - Medical and CoE

	Oct	Nov	Dec	Jan	Feb	Mar
2008/2009	1099	1090	1278	1322	1081	1246
2009/2010	1146	1113	1108	1164	1041	1073
% Variance	4%	2%	-13%	-12%	-4%	-14%

Of particular significance is the reduction since autumn 2009 when the Lean programme commenced at Monklands Hospital. A key measurement of a sustained change will be to maintain the level of reduction in medical admissions achieved in March 2010 in subsequent months.

HEAT T10 KPM1 - Accident & Emergency Attendances

There is an expectation by Scottish Government that attendances at Accident and Emergency will reduce during 2009/10. In discussion with Scottish Government, the difficulties associated with delivering this target have been highlighted. In March 2010, the number attending was below trajectory.

In March, performance against the maximum four hour A&E target was 98.66%. This represents a significant achievement. It is recognised however that a review of the whole patient journey is required to identify the potential for further improvement in process and practice as well as efficient utilisation and effective management of beds. The second phase of Lean at Hairmyres, which has recently commenced, will address those issues.

On an ongoing basis the circumstances that resulted in individual breaches of the four hour target is reviewed. In March 2010 there were 213 patients who exceeded the four hour target. The reasons for that were as follows:

	Hairmyres	Monklands	Wishaw	NHSL
Under 4 Hours	4707	5623	5322	15,652
Over 4 Hours	76	93	44	213
Total	4783	5716	5366	15,865
%	98.41%	98.37%	99.18%	98.66%

Breach Analysis	Hairmyres	Monklands	Wishaw	NHSL
WAIT FOR FIRST ASSESSMENT	11	38	13	62
WAIT FOR A BED	3	5	4	12
WAIT FOR A SPECIALIST	12	11	5	28
WAIT FOR DIAGNOSTIC TEST RESULTS	6	5	4	15
WAIT FOR DIAGNOSTIC TESTS TO BE PERFORMED	3	6	0	9
WAIT FOR TRANSPORT (COMMISSIONED BY A&E)	6	3	1	10
WAIT FOR TREATMENT TO BE COMPLETED	11	14	0	25
WAIT FOR TREATMENT TO COMMENCE	0	0	0	0
OTHER	24	11	17	52
Total	76	93	44	213

As well as reviewing admission trends there is a focus on trends for discharges. There is evidence that delays exist in the system, particularly in relation to social care (home care) and rehabilitation services. Discussions are continuing to minimise the consequences of those pressures.

The opportunity is being taken to review the actions taken as part of the winter plan. The opportunity will reflect on actions that worked well as those where outcomes and anticipated benefits were less than expected. The outcome of the winter plan review will in time be presented to the NHS Board.

4. DIAGNOSTIC SERVICES

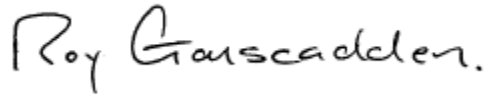
The contribution of diagnostic services to deliver time lined patient pathways is significant. The maximum wait of four weeks for the eight key diagnostic tests has been achieved with a sustainable solution in place.

5. NEW WAYS

Compliance with New Ways continues to improve with an overall reduction in errors reported. Patient Access Policies are being updated and will, when approved, be circulated to staff before the summer. This will be supported by a training programme to ensure awareness of and efficient and effective implementation of New Ways.

6. DELAYED DISCHARGES

At the March monthly delayed discharge census, all patients were within the guarantee namely that there should be no delayed discharge patient in short stay beds and no patient over six weeks. There has been significant work undertaken by Partner Agencies to achieve delivery of guarantees.



On behalf of:

Rosemary Lyness
Director of Acute Services

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