

Meeting of  
Lanarkshire NHS Board  
28 July 2010

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## WAITING TIMES

### 1. PURPOSE

The purpose of the paper is to advise the NHS Lanarkshire Board of progress against delivery of waiting time and performance guarantees as set out in the Local Delivery Plan (LDP) for 2010/11.

As indicated in the waiting times paper presented to the Board in May 2010, the opportunity has been taken to refine and improve the reporting format to provide a more complete presentation of progress against targets. The revised format is provided in Appendix 1. It is subject to further refinement as NHSL trajectories are still being developed for some performance measures. A traffic light system is applied across each measure

### 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 30 June 2010. No patient is waiting over four weeks for the eight key diagnostic tests. In addition, there is continued compliance against cancer guarantees with routine achievement also of the 98% performance target against the four hour maximum wait at Accident and Emergency.

Whilst NHSL continues to deliver waiting time guarantees, the impact of Modernising Medical Careers (MMC) is impacting on the elective programme. Priority will always rest with Emergency Care and the need to respond to that. The inability to effectively staff middle grade rotas is placing increased pressure on consultant staff to provide that cover. This has a subsequent impact on the elective programme that can result in cancelled or displaced activity. This can cause inconvenience to patients with a need to identify alternative capacity either internally or externally. This can result in increased costs to replace lost capacity with subsequent pressures on budgets. It can also impact on the frequency and quality of ward rounds that can extend length of stay and delay patient discharge. This makes more difficult demonstration of progress against key performance measures.

There has been additional pressure on service delivery through the bowel cancer screening programme. The impact on endoscopy has been considerable with an increased referral rate over the period April to June 2010

(referrals have increased each month from 70 to no less than 105). This has been delivered within the maximum waiting time guarantee of four weeks. This has only been achieved through increased clinic lists at additional cost to the NHS Board. A continuation of this trend will continue to place considerable pressure on both staff and the Endoscopy service. A review of the Endoscopy service has been initiated containing two key elements. Those are clinical process and practice (including the clinical model) and efficiency and productivity. The outcome will in time be reported to the NHS Board.

Progress however continues to be made to improve performance measures as set out in the LDP. Variations have been highlighted by specialty, site and individual clinician and actions are being taken to address those. A key priority is to ensure that available capacity is used in full and that throughput and productivity achieves agreed levels and that where possible and appropriate clinic and theatre capacity are backfilled. The requirement is to deliver improvement against targets by March 2011. This will be achieved on a phased basis.

In addition, NHS Glasgow and Clyde has advised NHSL that with immediate effect, they will not accept spinal referrals from NHSL. They have also returned up to 100 referrals that they had previously received from NHSL. This is contrary to the Service Level Agreement that exists between both NHS Boards. NHSL has asked NHS Glasgow and Clyde to rescind that decision and reinstate the service. Discussions are ongoing with NHS Glasgow and Clyde to resolve the situation. In the interim, NHSL is accessing limited spinal capacity at the Golden Jubilee. This represents a cost to NHSL.

The waiting times paper presented to the Board in May 2010 highlighted the importance attached to developing patient flows from referral to discharge by specialty and sub specialty with time measures attached that could be flexed at different stages of the patient journey. That work continues and will be validated and approved from a quality assurance perspective by appropriate Committees and Groups of the NHS Board. Those will include the Acute Access Group, the 18 Weeks RTT Programme Board, the Area Clinical Forum and as appropriate the Local Medical Committee (LMC). The process of validation will commence in August 2010.

The development of patient flows has also informed the functionality of the software for the new Patient Management System (PMS) that will be implemented in February 2011. The new PMS will have the functionality to track patients through 18 Weeks Referral to Treatment (RTT). This will enable the NHS Board to more effectively measure and manage the patient journey and ensure compliance with the 18 Week RTT target that has to be achieved by December 2011. There is work in progress to agree the preferred transactions that will be carried out by clinical and non clinical staff across the whole patient journey. This will provide the opportunity to realise a range of benefits in terms of service and staff efficiency and effectiveness with the potential also to deliver a 'paper light' environment. Quality assurance will be achieved through the Committees and Groups referred to

previously. The process of validation of interactions will also commence in August 2010.

The objective remains to deliver 18 weeks RTT by 31 December 2011. In contrast to stage of treatment target, there is expected to be a percentage tolerance applied to the target to take regard of complex patient pathways and variances in capacity. The extent of that tolerance has not yet been determined. It is however anticipated that this will be between 90 and 93% of admitted and non admitted pathways.

There are currently two types of pathway (admitted and non admitted) being measured by the Scottish Government. Pathway measurement is constrained by the ability to definitively link the patient journey and capture "clock stops" at the end of a pathway in outpatient settings. In order to evidence progress towards achievement of the 18 weeks pathway two main measures are being applied. "Completeness" examines whether the clock start and clock stop of a pathway is measured and "Performance" examines how many pathways are completed within 18 weeks. Service modelling work is underway that will inform the service and cost implications of delivering the target. The situation will improve in mid August with issue of upgraded software (version 14.4) to the current PMS. This will enable the Unique Care Pathway Number (UCPN) to be attached to the new patient referrals and will facilitate patient data linkage.

At the end of June 2010 the position was:

	Completeness	Target June	Performance	Target June
Admitted Pathways	74.1%	70%	60.1%	70%
Non-Admitted Pathways	57.4%	70%	95.8%	60%

Performance in June represents an improvement over the previous quarter. There is ongoing dialogue nationally over the method of calculating Non-admitted completeness. Low completeness is a consistent feature across all NHS Boards in Scotland. Capture of outpatient outcomes that contributes to the completeness figure will be facilitated by introduction of the new PMS.

### **3. DELAYED DISCHARGES/ADULTS WITH INCAPACITY (AWI)**

There have been two delayed discharges out with the monthly guarantee at 15 June 2010. Both instances have occurred in South Lanarkshire and relate to delivery of home care. There are discussions underway with South Lanarkshire Council on how best to avoid a repeat in the future.

In addition, there has over recent months been a significant increase in the number of patient in acute hospital beds that are designated Adults with Incapacity (AWI). There are currently 28 patients in that category. Those

patients follow a national pathway, lead by the Local Authority, in discussion with health and informed by dialogue with patients and carers. Patients can remain in hospital for up to 26 weeks subject to compliance with the pathway. There is currently a high number of instances where this timescale is exceeded with patients remaining in hospital for up to one year. This is a significant pressure in South Lanarkshire. Discussions are planned between NHS Lanarkshire and South Lanarkshire Council on how best to resolve this situation.

Patients categorised as AWI are not included in the monthly census on delayed discharges (as determined by the Scottish Government). Those patients do however represent a significant 'block of patients' that impact on the availability of beds and the effective operation of the hospital. Guidance material has recently been circulated by the Scottish Government that streamlines the current pathway for AWI patients. The context of that guidance is currently being considered by North and South Lanarkshire Councils.

#### **4. ACTIONS/NEXT STEPS**

NHS Lanarkshire will sustain the stage of treatment waiting time guarantees to 31 March 2011. Progress will be made against the performance improvement guarantees and those will be evidenced through the period to 31 March 2011.

Dialogue will continue with NHS Glasgow and Clyde to resolve the spinal situation. Discussions will also continue with North and South Lanarkshire Councils on delayed discharges and South Lanarkshire Council on Adults with Incapacity.

In August 2010, the validation process will commence on whole journey patient pathways and the transactions that it will be recommended be adopted to coincide with implementation of the new Patient Management System (PMS). Work will also continue to improve and refine the measurement and reporting of 18 weeks RTT.

#### **5. CONCLUSIONS**

The Board is asked to note the waiting time and performance guarantees on which NHS Lanarkshire is measured in 2010/11 at 30 June 2010.

Further details on the content of the paper are available from Rosemary Lyness, Director of Acute Services on 01698 245003.

**Rosemary Lyness**  
**Director of Acute Services**

**July 2010**