



## 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. Performance against each target for February 2010 is captured in the attachment. A traffic light system of performance monitoring is applied.

NHS Lanarkshire is on track to deliver the improved waiting time guarantees by 31 March 2010. The maximum wait for outpatients has been set at 12 weeks with inpatients and day cases at 9 weeks. The maximum wait for the eight key diagnostic tests is 4 weeks. Compliance against the new 31 day cancer target is 80% by 31 March 2010. In addition, NHS Lanarkshire continues to sustain the four hour target for Accident and Emergency and the sixty two day cancer target. At a recent meeting with the Access Support Team, the NHS Board was commended on their performance to date and the approach adopted in managing delivery of national waiting time guarantees.

Dialogue is ongoing with the Access Support Team on the content of the Local Delivery Plan (LDP) for 2010/11. The Local Delivery Plan (LDP) for 2010/11 has been agreed and submitted to the Scottish Government Health Directorate for final approval. Dialogue around funding continues with colleagues from the Access Support Team.

### 2. CONTENT/SUMMARY OF KEY ISSUES

All Heat waiting time guarantees delivered at 31 March 2009 have been sustained during February 2009. There are no outpatients, inpatients or day cases waiting over 12 weeks at 28 February 2010. For diagnostics, the maximum wait at 28 February 2010 was 6 weeks.

Cancer performance across all tumour types against the 62 day target was 100.0% at 28 February 2010. The Access support Team has advised NHS Boards that data collection for the current 62 day cancer target should cease and the last quarterly publication on the target will be made in May 2010 for patients

diagnosed in Quarter 4 (October to December 2009). The new cancer data set is as follows:

<b>Target</b>	<b>First publication</b>	<b>Publication to show patients treated from</b>
62-day (excl. screening cohort)	June 2010*	1st January 2010
31-day (excl. screening cohort)	September 2010	1st April 2010
Both targets (incl. screening cohort)	December 2010	1st July 2010

The definitions for delivery of the new cancer target of 31 days from decision to treat to treatment took effect from September 2009. Data for 31 days is now available, and although unvalidated, shows that NHS Lanarkshire has exceeded the targets. Referral criteria have been agreed for the seven of the nine tumour types for GP referrals of 'suspicious cancer' with the remainder representing work in progress. It is anticipated that this work will be completed to enable full implementation from April 2010. In parallel, discussions are ongoing with colleagues across the West of Scotland to introduce an electronic information solution, common to each NHS Board, designed to improve the capture and reporting of patient information for each tumour type. This is an interim measure pending introduction of the new Patient Management System (PMS) by April 2011.

In February, performance against the maximum four hour A&E target was 99%. There continues to be particular pressures on emergency medicine, combined with high level of junior doctor sickness. As reported in previous months, we continue to rely on Consultants to be resident on call for Accident & Emergency at Wishaw General and Hairmyres Hospitals.

At the monthly delayed discharge census, all patients were within the guarantees 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 with Partner Agencies to bring performance back into line with the guarantees.

### **3. NEXT STEPS**

Detailed discussions have taken place with clinical colleagues to deliver the 31 day cancer target (80% compliance) by 31 March 2010. This includes refinements to existing time lined patient pathways for each tumour type.

Work continues to identify the service and cost implications of delivering and sustaining the improved waiting time guarantees. Those have been factored into the investment plan for 2010/11. A key feature of this work includes continued progress and further emphasis on increasing efficiency and improving productivity.

Progress against current waiting times do however require to be viewed in the context of 18 weeks referral to Treatment (RTT) that has to be delivered by 31 December 2011. 90% compliance is required by that time. This will apply to both admitted and non admitted patients. Progress continues to be made by each work stream with the introduction of clinic outcome sheets to distinguish between those patients who complete their journey at the outpatient stage and those who go on to receive further intervention. This has recently been extended to include both new and return patients at outpatient clinics and initial compliance has been positive. A preferred supplier (Intersystems) has recently been identified for procurement of the new Patient Management System (PMS). The new system, which will provide the potential to link different stages of the patient journey, will be in place during 2011. It was noted that that a number of awareness sessions had been facilitated by Intersystems and included representation from all NHS Boards involved. As a result of these sessions, a number of issues have been highlighted, in particular regarding information/detail on screens. A further meeting has been arranged for 10<sup>th</sup> March with representatives from the NHS Boards to discuss the process so far and thereafter a meeting will take place with Intersystems.

In advance of PMS Implementation, colleague in Information Services are working with existing suppliers to put in place solutions which should enable NHS Lanarkshire to capture patient journey details and compliance measurement by September 2010.

#### **4. CONCLUSIONS**

The NHSL Board is asked to note the performance during February 2010.

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**18 March 2010**

## WAITING TIMES

### 1. INTRODUCTION

The purpose of the paper is to inform the NHSL Board of the improved targets to be delivered during 2009/10. In addition, the paper identifies the waiting time position at 28 February 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 February, NHS Lanarkshire performance against the previous target of 62 days from urgent referral to treatment was 100.0%. The NHS Board has been advised that this performance measure will cease and a new cancer dataset will take immediate effect. Details of the targets and timescales for publication are shown earlier in the paper.

Information capture has commenced on the 31 day cancer target and is now available in the HEAT attachment, although unvalidated, the figures show excellent compliance against the target. Referral criteria for 'suspicious cancer' have been agreed and implemented for the majority of tumour types. The remainder represents work in progress. It is anticipated that full implementation will be achieved by April 2010.

As previously reported, extensive dialogue is taking place with regard to delivery of oncology services in NHS Lanarkshire. This involves discussion with senior managerial and clinical staff from the Beatson Institute.

#### **HEAT A10 KPM1 - 18 Weeks RTT**

The target is to deliver an 18 week referral to treatment pathway by December 2011. At present, there is work in progress to capture and measure different stages of the patient journey. There is currently no electronic facility to achieve that. The first phase is to distinguish between 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 each specialty to identify those patients who do not go beyond the outpatient stage. This will facilitate identification of patients that have 'completed' their journey and represents a significant step forward to identifying complete patient episodes. The priority is to increase the completion rate of clinic outcome sheets over the period to 31 March 2010. This applies both to new and return outpatients. A preferred supplier has recently been identified for procurement of the new Patient Management System (PMS). The new system, which will provide the potential to link different stages of the patient journey, will be in place during 2011. Discussions have commenced with the preferred supplier to ensure realisation of the benefits from implementation of the system. The linkage of patients beyond outpatient stage represents work in progress. Work on 18 weeks is overseen by the 18 Weeks RTT Project Board.

### **HEAT A10 KPM2 – Outpatient Waiting Times**

There were no outpatients over twelve weeks at 28 February 2010. As previously reported, it is not intended to reduce the maximum wait to below twelve weeks in 2009/10 for medical out patient specialties. This reflects service and cost pressures. There is work in progress to assess the benefits of reducing surgical out patients waits to below twelve weeks in the context of 18 Weeks RTT.

### **HEAT A10 KPM3 – Inpatient / Day Case Waiting Times**

There were no inpatients and day cases over twelve weeks at 28 February 2010. Progress is being made to deliver a maximum wait of 9 weeks by 31 March 2010. Work is also underway to identify reductions in this maximum waiting during 2010/11 in order to achieve the 18 Week RTT target. The position at the end of February 2010 is provided in the attachment. Although this figure is above the trajectory, it is being monitored through TCI and it should be noted that a high proportion of these patients will be transferred and seen at Golden Jubilee Hospital. NHS Lanarkshire is confident that all patient will be seen within the waiting time guarantee.

### **HEAT E4 KPM 1 – 4 – Service Efficiencies**

The expectation of Scottish Government is that performance improvement will be achieved in a number of areas associated with 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. As noted previously, Length of Stay continues to fluctuate around four days. The SGHD is aware of the challenges in meeting this target and LDP has been revised to reflect this.

### **HEAT T10 KPM1 - Accident & Emergency Attendances**

In February, performance against the maximum four hour A&E target was 99%. This compared to the figure for February 2009 of 98% and February 2008 of 97%. There continues to be particular pressures on emergency medicine, combined with high level of junior doctor sickness. This has led to an increased reliance on Consultants to be resident on call for Accident & Emergency at Wishaw General and Hairmyres Hospitals. NHS Lanarkshire has also been paying particular attention to emergency medical admissions. During February 2010 the number of emergency admissions was 2520 compared to 2623 in 2009. This represents a growth of around 100 admissions at Hairmyres, 20 at Wishaw and a reduction of 119 at Monklands. This is a trend which has been observed at Monklands over the previous four months and is evidence of the revised ways of admitting patients post LEAN intervention.

	Hairmyres	Monklands	Wishaw	NHSL
Under 4 Hours	4124	4774	4776	13,674
Over 4 Hours	54	40	38	132
Total	4178	4814	4814	13,806
%	98.71%	99.17%	99.21%	99.04%

Breach Analysis	Hairmyres	Monklands	Wishaw	NHSL
WAIT FOR FIRST ASSESSMENT	3	6	7	16
WAIT FOR A BED	2	5	1	8
WAIT FOR A SPECIALIST	10	4	6	20
WAIT FOR DIAGNOSTIC TEST RESULTS	5	4	3	12
WAIT FOR DIAGNOSTIC TESTS TO BE PERFORMED	0	2	1	3
WAIT FOR TRANSPORT (COMMISSIONED BY A&E)	7	1	2	10
WAIT FOR TREATMENT TO BE COMPLETED	11	5	2	18
WAIT FOR TREATMENT TO COMMENCE	0	0	0	0
OTHER	16	13	16	45
<b>Total</b>	<b>54</b>	<b>40</b>	<b>38</b>	<b>132</b>

On an ongoing basis the circumstances that resulted in individual breaches of the four hour target is reviewed. In February 2010 there were 132 patients who exceeded the four hour target. The reasons for that were as follows

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. Actions to minimise those pressures form part of the multi agency winter plan.

#### 4. DIAGNOSTIC SERVICES

The contribution by diagnostic services to delivery of time lined patient pathways is significant. There have been considerable improvements in service delivery, against a background of increasing demand with tests undertaken within a maximum wait of 6 weeks. In September, the Access Support Team advised the NHS Board that the maximum wait for the eight key diagnostic tests should reduce from 6 weeks to 4 weeks by 31 March 2010. NHS Lanarkshire continues to make good progress towards this target, however it is noted that there had been an increase in the number of referrals to endoscopy. As at the end of February 2010, there were 222 patients waiting over 4 weeks for an endoscopic procedure, however capacity has been revised to ensure the 4 week target is achieved by 31 March 2010 and sustained post April..

## **5. NEW WAYS**

Compliance with New Ways continues to improve with an overall reduction in errors reported. An audit of New Ways has recently been initiated by Audit Scotland with, in the first instance, a request for information on current process and practice. This has since been provided and further dialogue is anticipated with Audit Scotland.

## **6. DELAYED DISCHARGES**

At the 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 bring performance back into line with the guarantees.



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