

NHS National Waiting Times Centre Board



Local Delivery Plan

2010-2013



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NHS National Waiting Times Centre Board (NWTCB) – Background

The National Waiting Times Centre Board (NWTCB) is an NHS Special Health Board. In 2009/10, we planned to carry out a total of 22,268 inpatient, day case and diagnostic examinations. It is expected that this total will be exceeded. The range of services includes: orthopaedic, general, ophthalmic and plastic surgery, minor procedures, endoscopy and diagnostic imaging. This number excludes the activity associated to the West of Scotland Heart and Lung programme, which is measured through our performance management process.

The theatre suite at the Golden Jubilee National Hospital (GJNH) consists of a total of 14 inpatient theatres and two outpatient theatres. Currently seven of these inpatient theatres are assigned to the cardiothoracic programme, four to the orthopaedic programme, one is designated as an emergency theatre and two theatres are used flexibly for general and plastic surgery.

Patients can be referred to the hospital by their NHS Board for heart surgery, diagnostic and interventional cardiology, hip and knee replacements, diagnostic procedures (X-ray, MRI, ultrasound etc.), plastic surgery, eye surgery, endoscopy procedures and other general surgery.

We are also the only NHS Board in the UK to have a hotel on site. The Beardmore Hotel and Conference Centre is a four-star facility specialising in conferences, meetings and training courses at special rates for the public sector.

National Waiting Times Centre Board (NWTCB) and HEAT targets

As a national centre, GJNH receives referrals from all Scottish NHS Boards, to enable patients to be treated within the timescales set by the Scottish Government. The Board is also responsible for the West of Scotland Heart and Lung Centre and National Specialist Heart Services.

The NWTCB, in discussion with the Scottish Government Performance Division has agreed a reduced number of Health, Efficiency, Access and Treatment (HEAT) targets, to reflect where it has no direct control to influence that target. It is acknowledged that this situation is under continuous review and the NWTCB is committed to reviewing the relevance of all HEAT targets together with Government colleagues for subsequent Local Delivery Plans (LDPs).

The local and relevant national HEAT targets agreed for this Local Delivery Plan (LDP) are as follows:

1. Local targets and priorities

- 1.1 The Beardmore Hotel and Conference Centre.
- 1.2 Capacity and Activity target for 2010/11

2. Efficiency and Governance Improvements – continually improve the efficiency and effectiveness of the NHS

- E4.KPM1 Efficiency savings: Same Day Surgery
- E4.KPM4 Efficiency Savings: New outpatient appointment DNA rates
- E4.KPM5 Reduce Pre-operative Stay
- E5.KPM1 Financial performance
- E6.KPM1 Cash Efficiencies: 2% per annum
- E8.KPM1 Reduce carbon emissions
- E8.KPM2 Reduce energy consumption
- E10.KPM1 Knowledge and Skills Framework – Personal Development Plan Review

3. Access to Services – recognising patients' need for quicker and easier use of NHS services

A9.KPM2 All Cancer Treatment (31 days)
A10.KPM1.a 18 weeks RTT: Admitted Performance
A10.KPM1.b 18 weeks RTT: Admitted Completeness
A10.KPM1.c 18 weeks RTT: Non-admitted Performance
A10.KPM1.d 18 weeks RTT: Non-admitted Completeness
A10.KPM3 Inpatients & Day Cases: Maximum 9 weeks

4. Treatment Appropriate to Individuals - ensure patients receive high quality services that meet their needs.

T11.KPM1 MRSA/MSSA Bacteraemias: 15% Reduction by March 2011
T11.KPM2 Clostridium difficile infections in ages 65+: at least 30% Reduction by March 2011

1.1 The Beardmore Hotel and Conference Centre – delivering value to the public sector

NWTCB strategic lead: Julie Carter, Director of Finance

1.1.1 Project objectives

The strategy to establish the Beardmore as a national NHS/public sector ‘centre of excellence’ for conferences, meetings and training was approved in May 2006 by the Minister for Health and Community Care. Significant progress to consolidate its status as the national NHS and public sector conference and training centre continued during 2009/10. This year 2010/11, the Beardmore will continue to offer value for money for the public purse whilst providing a centre of excellence for conferences, meetings, networking and training for the NHS and Public Sector.

Increase of the facility by its primary market since 2006 has been steady. In 2005/06, NHS and public sector accounted for only 12 per cent of total Beardmore business and in 2009/10 will reach 43%. Anticipating a significant decrease in public spending in 2010/11 and less demand for conference facilities has been reflected in a lower percentage target for 2010/11.

Primary Market Usage of Beardmore - NHS/ Public Sector

2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
12%	21%	36%	41%	43%	41%

An updated Beardmore Strategy will be prepared for approval by the NWTC Board in 2010/11. This will take into account the change in market conditions created by the recession and the impact on decreased public spending. It will also recognise that primary usage will continue to come from the NHS national boards and the Scottish Government Health Directorate but that increased usage by other public bodies and directorates within the Scottish Government will be required. The Beardmore will also seek to attract additional business from the wider medical and health care sector combining the facilities of the Beardmore with the expertise in the Golden Jubilee National Hospital and the potential of the new Clinical Skills and Research Centre.

The Beardmore continues to increase its support for the adjoining Golden Jubilee National Hospital providing dedicated sleep room provision and accommodation for patients and patient relatives and to facilitate improved patient access to treatment and reduced waiting times.

It is recognised that in order to make the strategy a success, we need to develop a flagship residential conference centre for the public sector and ensure that our services are also available to not for profit, commercial and leisure customers. This mix of business will continue in 2010/11 and the Beardmore will provide conference facilities, overnight accommodation and special occasion events such as weddings to ensure maximum utilisation and profitability.

1.1.2 Financial implications

The current strategy recognises that the financial plan delivers a break-even position year on year. The transfer of staff to NHS terms and conditions and the introduction of unsocial hours payments has increased operating costs substantially. A re-aligned strategy and financial plan was approved by NWTC Board in July 2009 and a new strategy covering the period 2010/11 and 2011/12 will be presented to the Board for approval.

Beardmore performance in 2009/10 was excellent despite the recession but the impact of decreased public spending will provide additional financial pressure and will be reflected in the new strategy.

The projected net profit as presented will be delivered through increased efficiency savings, increased productivity and new business from the Medical and Healthcare related markets.

1.1.3 Principal risks

A detailed risk plan forms part of the strategy and identifies areas of commercial risk and also the process that management has in place for mitigating the impact of these risks.

Finance Risks

Risk	Management of Risk
<p>Failure to meet financial targets due to cost of unsocial hours, incremental drift and pay modernisation.</p>	<p>The strategy has been realigned and approved by Board. A revised strategy will be presented to the NWTC Board for 2010/11. The strategy will seek to identify further cost savings and new income streams.</p> <ul style="list-style-type: none"> • Management monitoring and cost control. • Additional support and partnership working from Scottish Government to promote business. • Working patterns and processes arranged to minimise impact. • Flexible rates introduced to attract more business and provide value for money. • Communication and briefings to staff.
<p>Failure to meet financial targets due to impact of the current economic downturn and the decrease on public spending on finance and sales performance, with direct impact on conference, room occupancy and food and beverage sales.</p>	<p>The new strategy will indicate the requirement to replace some public sector business from alternative markets and will focus on the medical, academic and association sectors.</p> <p>Increased focus on a department by department basis to containing costs by achieving agreed savings.</p> <p>Increasing business to ensure profitability levels are achieved.</p> <p>Introduction of more focussed account management and tighter contracting procedures.</p> <p>Sales Manager targeting specific NHS and public sector clients.</p> <p>Continued Sales training across all departments to maximise all business opportunities and ensure return of investment.</p> <p>A new computer system will permit more effective management of data for marketing opportunities as well as increasing efficiency and accuracy.</p>

1.1.4 Workforce planning

The Beardmore will continue to invest in developing its staff through the Investors In People process and has recently been awarded silver status. A structured training programme is in place to allow staff to develop their skills and expertise to meet the challenges of a changing economic environment. A particular area of focus is continued sales training across all departments to maximise all business opportunities. A Chef development programme is also planned to commence in 2010. Currently the Beardmore staff are involved in visiting other organisations to share good practice and this will continue.

1.1.5 Service Redesign

The strategy has fostered a degree of service redesign and enhancement to position the Beardmore as a centre of excellence. Additional work will be taken forward to consolidate, build the expertise and

maintain the venue. Increased sharing of work with the GJNH will continue to enhance the services provided.

- Development and provision of joint services between the Beardmore and the Clinical Skills and Research Centre.
- Upgrading of the Auditorium to improve seating and table facilities
- Upgrading of bedroom and public areas as part of planned maintenance programme.
- Embedding of new services provided through new computer system and link with iMac system to provide additional information services for patients and delegates.
- Achieve further efficiencies by focussed redesign of existing reporting structures and improved working practices and services.

1.1.6 Key Performance Targets

Target Date	Milestone
April 2010 onwards	Meet and monitor a range of key performance indicators
March 2011	Achieve 41% of NHS/ PS / Not for Profit Business.
May 2010	New strategy approved by Board.
July 2010	Auditorium upgrade complete.

1.2 Capacity Planning and Activity for 2010/11

NWTCB strategic lead: June Rogers, Director of Business Services

The projected activity for 2010/11 includes capacity for: orthopaedic joints, orthopaedic 'other' (intermediate and minor procedures), general surgery, plastic surgery, ophthalmology, endoscopy and diagnostic imaging.

We will be working towards a total of 24,824 procedures (8,624 inpatient/daycase and 16,200 diagnostic imaging procedures). These projections are draft pending requests from referring Boards for activity to be carried out at GJNH in 2010/11. They also exclude activity associated with the Heart and Lung programme which will be managed under waiting list management arrangements and monitored through the Board's Performance and Planning Committee.

1.2.1 Orthopaedic surgery

Orthopaedic primary joint capacity: 2064 procedures
 Orthopaedic complex capacity: 168 joints, 78 other complex
 Orthopaedic general capacity: 590 procedures

The 2009/10 target for orthopaedic joint replacements was based on 2,352 primary joints. This number was calculated on the basis of one patient to one theatre slot. Each session equals two theatre slots. However, the case mix we have received in 2009/10 included approximately 9% revisions/complex referrals. To ensure appropriate use of theatre capacity provision will be made for this activity in 2010/11.

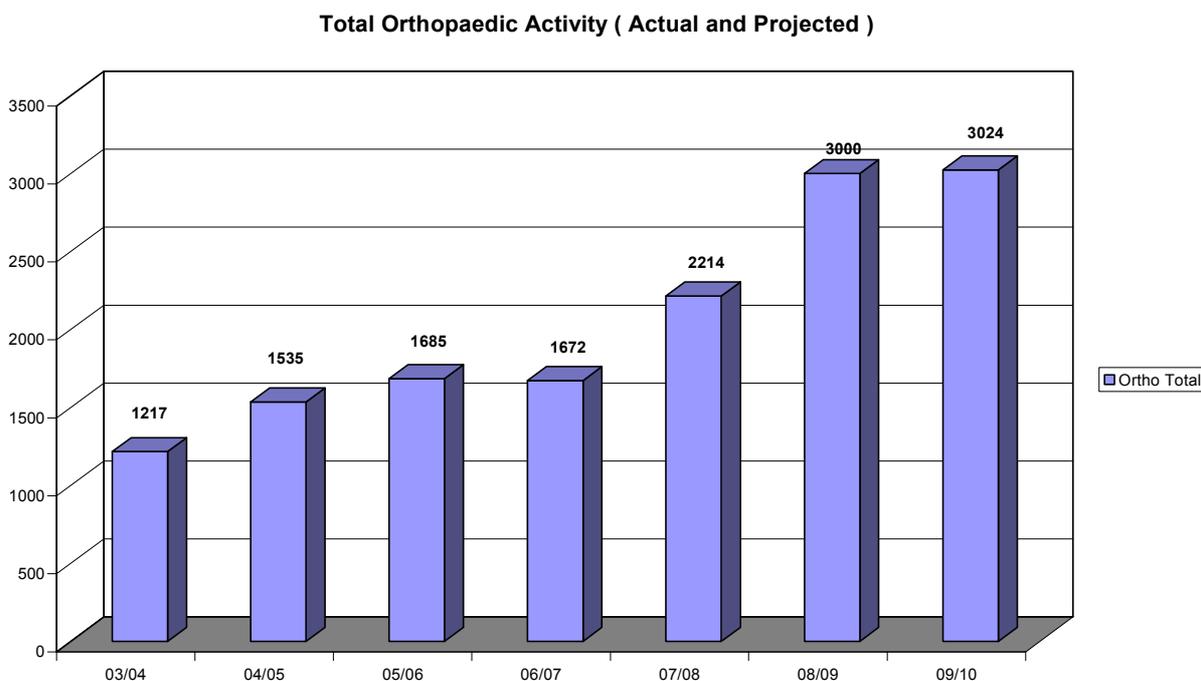
In order to meet outpatient waiting times, Boards may request a 'see and treat' arrangement which is more time consuming for our Consultants and, depending on the numbers involved, may impact on their elective operating sessions. Direct referrals and larger outpatient clinics may also have an effect.

We are currently exploring the potential for GJNH Consultant Orthopaedic Surgeons to provide an orthopaedic service to Argyll & Bute. Again this may have a positive impact on the stated orthopaedic capacity through securing a sustainable referral commitment.

Depending on Board pressures, orthopaedic joint replacement capacity can and has been interchangeable with orthopaedic 'other' procedures. (Our experience, so far, in 2009/10 is that 10% of

orthopaedic 'other' procedures have been of a complex nature with procedures being equal to or more than a joint replacement in theatre time).

The graph below describes our actual orthopaedic activity delivered between 2003/04 and 2008/09 and the predicted orthopaedic activity for 2009/10. Total activity procedure numbers includes orthopaedic joint replacements and minor or intermediate orthopaedic procedures. Our activity has reached a plateau and, work is currently being progressed to explore the potential of developing the orthopaedic service even further. The decision on whether or not to progress with increasing our workforce to support an increase in orthopaedic activity will be dependant upon the demand from referring Boards and the willingness of Boards to commit to long term agreements.



1.2.2 General surgery

General surgery capacity: 1344 procedures

The presence of a general surgeon 24 hours a day, seven days a week is a prerequisite to support the cardiothoracic programme. Currently this service is provided by approximately 19 visiting consultants; the rota is fairly complex and can be very challenging. It is important, therefore, that general surgery continues to be part of the plan for GJNH. The biggest risk to this service and delivering the projected target number is the sustainability of referrals and the availability and continued support from visiting General Surgeons.

General surgery capacity may be interchangeable with endoscopy if required. It is, at this point in time, unclear what the demand will be for this service from other NHS Boards. Subsequently, case complexity may have an impact on delivering the target number.

1.2.3 Bariatric Surgery

The West of Scotland planning group has held discussions over recent months to discuss potential joint planning for bariatric surgery provision within the West of Scotland. In the interim the group have now concluded that GJNH should develop a bariatric surgery service for patients from Dumfries and Galloway, the Argyll and Bute catchment area of NHS Highland and NHS Forth Valley. This service will now be planned and implemented by these Boards. Referrals to the new service at the National Waiting Times Centre will be based on common referral criteria and the Regional Planning Group has agreed outline criteria which will be reviewed after the launch of the Scottish Intercollegiate Guideline Network (SIGN) guideline on the management of obesity in late February.

1.2.4 Ophthalmology

Ophthalmology capacity: 1030 procedures

GJNH have a full time Ophthalmic Surgeon who has the capacity to deliver 1030 procedures per annum. This number is based on the assumption that all referrals will be for cataract surgery. However, there is potential to offer additional procedures, outreach and see and treat clinics. As a result of our experience of declining ophthalmology referrals over recent years, we have reduced the capacity on offer. Further capacity can be created if referring Boards give longer term commitments to activity.

1.2.5 Plastic surgery

Plastic surgery capacity: 600 procedures

We have theatre and ward capacity to deliver 600 plastic surgery procedures. Surgeon availability has not been as challenging in 2009/10 as has been the case in previous years. Referral rates also improved this year and the expectation is that this pattern will continue into 2010/11. Further capacity can be created if referring Boards give longer term commitments to activity.

Plastic surgery and general surgery capacity is interchangeable.

1.2.6 Endoscopy

Endoscopy capacity: 2750 procedures

As for all other procedures, Board requirements for endoscopy is not yet clear. There is potential to increase this service if Boards are prepared to commit to referrals on a long term basis. Typically April and May have demonstrated slow and unpredictable referral patterns. Catching up on this activity presents challenges as we progress through the year. It would be preferable to avoid this type of referral pattern.

We will continue to respond to our referring Boards' pressures, however, a more predictable and long term workflow would demonstrate a more efficient and effective use of GJNH capacity and would subsequently demonstrate more benefits to referring Boards.

1.2.7 Risk Management

Delivery

Risk	Management of Risk
Capacity requests have not been received. Inability to meet projected activity targets.	Boards have been written to requesting them to complete and return a template detailing their requirements for 2010/11. This will be followed up on a weekly basis until requests have been received and capacity allocated.
Boards may not require all the capacity we can offer here.	Face to face discussions between GJNH and Boards are scheduled at which time requirements for the capacity at GJNH will be discussed. As has been the pattern in previous years, this will encompass both short term (2010/11) and longer term arrangements, i.e. three year arrangements. There are challenges to securing longer term utilisation from referring Boards as funding for utilising GJNH activity is currently allocated on a yearly basis.
Inability to provide General Surgery emergency service to Heart and Lung Service	Currently this service is provided by the visiting general surgeons who provide an elective and emergency service. If requests for elective general surgery activity are low or nil the current service model will not be viable or affordable and a revised model will be required. The current arrangement can be terminated by either side by three months notice, giving adequate time to put an alternative arrangement in place if required. The fall back position for cover is for NHS Greater Glasgow and Clyde to provide the service.

Workforce

Risk	Management of Risk
<p>Availability of visiting surgeons to provide the service that is being offered to the Boards. Our dependency for plastic surgery, general surgery (including appropriate sub specialty consultants) and endoscopy depends on the availability of visiting surgeons. Long term sustainability of referrals prevents us from recruiting full time specialists in these areas subsequently the dependency on visiting consultants continues.</p>	<p>General Surgery and endoscopy carried out at GJNH is provided by a consortium of 21 visiting general surgeons and two gastroenterologists. The plastic surgery service is provided by eight visiting plastic surgeons. Permanent appointments cannot be made due to the short term nature of activity requests. Given that there may be increasing pressures at the home Health Boards of these consultants their continued availability may be a risk. Close and regular communication with the consultants and their Health Boards is important in managing this risk.</p> <p>The clinical strategy will provide a long term view of services including general surgery, plastics and endoscopy at GJNH.</p>
<p>Sustainable referral flows in ophthalmology to keep our full time Ophthalmic Surgeon fully occupied.</p>	<p>See and treat options for cataract surgery surgeon will be encouraged with Boards. The opportunity to provide outreach clinics will also be explored.</p>
<p>Sustainable referrals flows in general surgery to ensure a General Surgeon is on site every day to support the cardiothoracic programme.</p>	<p>Potential to extend general surgery to encompass a regional bariatric surgery service has been agreed at the West of Scotland Regional Planning Group and is being explored in conjunction with the NWTC Clinical Strategy.</p> <p>Options around how the service can be delivered differently (if referral flows are not sustained) are also being explored.</p>
<p>Availability of radiologists to support the service at GJNH due to the impact of SLA reassessment at host Board.</p>	<ul style="list-style-type: none"> • Process in place to recruit substantive Radiologists. • In the short term increase numbers available through consortium • Ongoing training of Radiographers to report plain films and to verify CT requests etc reduces some demand on Radiologist time.
<p>Concerns attached to the provision of appropriate anaesthetic cover due to insufficient staff.</p>	<ul style="list-style-type: none"> • General/Plastics provision of Anaesthetics remains Locum dependant. • Clinical strategy will give long term view of specialties to be delivered enabling substantive appointments to be made. • Recruit Specialty Doctors. • Recruit Physicians Assistant.
<p>Availability of radiographers to support a change from on call to permanent staffing through shift work.</p>	<ul style="list-style-type: none"> • Retain / boost our Radiographer bank. • Ensure realistic roll out programme for change if approved. • Evaluate and implement, as appropriate, the recommendations of the Regional Out of Hours Radiography Framework.
<p>Availability to provide surgical assistants due to reduced availability and changes to Junior Doctors Training.</p>	<p>Training skilled Theatre Staff to enable them to undertake this part of this role.</p> <p>Continue to develop the role and maximise the use of Nurse Practitioners where appropriate.</p>

Finance

Risk	Management of Risk
<p>90% of procedures are paid for in advance as per the SLA. If GJNH is unable to</p>	<p>Quarterly meetings will be held with Boards to ensure referral flows are continuous and consistent. These</p>

deliver the services that have been paid for then Boards may need to be reimbursed for activity not delivered.	meetings will also address case mix complexity in particular in orthopaedics. Referring NHS Boards are required to put in place appropriate planning systems to ensure the service level agreement (SLA) represents an accurate prediction of required activity and that this is available to GJNH early enough to minimise delivery risks. Shortfalls in delivering activity or receipt of referrals will be addressed on a monthly and quarterly basis to ensure that the activity paid for by Boards will be met.
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Improvement

Risk	Management of Risk
Services may not be delivered if long-term commitments are not realised.	A series of meetings are scheduled with Health Boards at which time the Boards' long term requirements will be discussed (we will aim to achieve three year agreements). Engagement with Boards regarding our five year Clinical Strategy will also maintain this as a high priority.

Equalities

Risk	Management of Risk
No risks identified	N/A

1.2.8 Redesign

Orthopaedic programme

CALEDonian Technique

Within Orthopaedics the development of the Denmark technique has continued to expand and develop over the past 24 months. As the technique has developed and been altered to suit the needs of our patients it was decided to rename the technique to encompass the idea that it is not only the analgesic technique that is important, but rather the **C**linical **A**ttitudes **L**eading to **E**arly **D**ischarge. Patients are seen as an active participant in their recovery and encouraged to push their rehabilitation forward from the day of assessment at the pre operative clinic until the day of discharge.

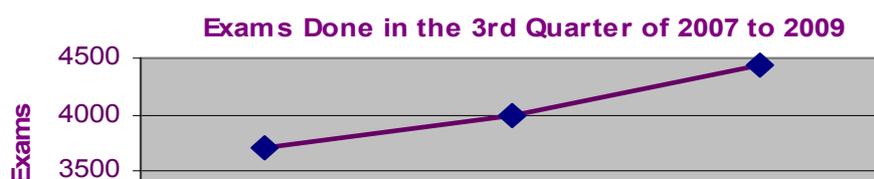
An audit of 1018 knee replacement patients between January 2008 and May 2009 demonstrated that 95% of patients were able to mobilise by the day following surgery resulting in a clear reduction in length of stay, catheterisation rates, post op IV fluid requirements and the need for ongoing physiotherapy on discharge. This was achieved whilst maintaining satisfactory pain scores, range of movement on discharge and a continued improvement in patients outcome scores.

We are continuing to use the wound catheter technique with all of our consultant orthopaedic surgeons. Our current length of stay for Primary Knee and Hip replacements in 2008/9 was 5.7 days which is a further improvement from 6 days in 2007/8. These figures include the day before surgery. There have been several presentations and publications of our progress and a Randomised Controlled Trial will commence in early 2010.

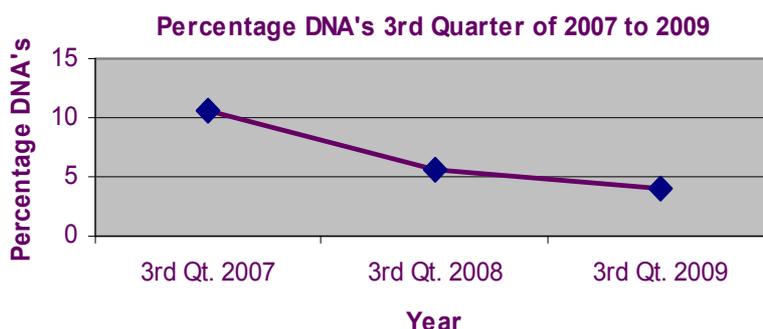
1.2.9 Radiology redesign

Since joining the Diagnostic Collaborative in July 2007 followed by the 18 weeks Referral To Treatment programme the Radiology Department has:-

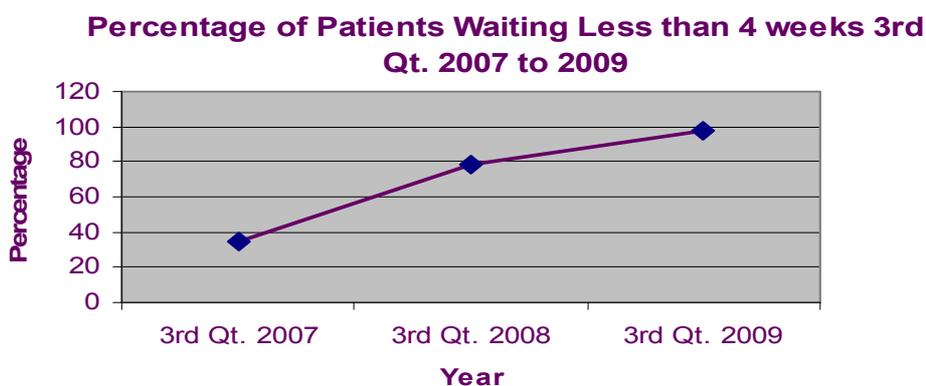
- Increased capacity for 'Waiting Times' patients



- Reduced DNA (did not attend) rates to an acceptable level



- Reduced length of time from receipt of patient referral to issue of report



Key Achievements and Developments

- Continued use of patient focussed booking to improve slot utilisation and reduce DNA rates.
- Pro-active control of referrals, giving 'spare' capacity to other boards if one board is unable to send their quota.
- Process mapping to reduce bottlenecks in booking and reporting processes.
- Remote report verification which allows Radiologists to verify reports off-site, speeding up report turn-around time.
- Additional Radiologists on-site during the day results in faster reporting times.

- Improved justification processes - Radiographers trained to justify Computer Tomography (CT) referrals and additional Radiologists on-site speeds justification of all referrals prior to booking.
- More Radiologists on-site to facilitate increased ultrasound capacity and back-fill for sonographer sick/holiday leave. This has ensured that we have avoided cancellations of sessions at short notice.

Radiology Service Developments

The new replacement Cardiac Magnetic Resonance Imaging (MRI) Service is now fully operational. MRI is the imaging method of choice for the assessment of cardiomyopathy, cardiac masses, myocardial viability and congenital heart disease. It is also developing as an important method for the assessment of ischaemic heart disease. Two Radiographers are running the service and further Radiographers are participating in an in-house training programme in cardiac MRI to ensure the service is sustainable.

A new CT scanner was installed in December 2009 and this has provided the opportunity to further develop the cardiac CT service and introduce a CT colonography service. Both these initiatives will result in the Radiographers extending their roles within the Department. Training for cardiac CT is well underway and it is hoped that all Radiographers who currently participate in the CT rotation will, over time, be trained in cardiac CT. Training for CT colonography will commence in the first quarter of 2010/11, initially a small number of Radiographers will be trained, with the number increasing as the service grows.

1.2.10 Delivery timescale for target

Target Date	Milestone
January 2010	Submit capacity levels for forthcoming year to National Waiting Times Unit (NWTU)
February 2010- March 2010	Meetings with NHS Boards to discuss capacity requirements to allow delivery of waiting times for 2010/11. Longer term requirements for the use of capacity at GJNH will form part of these discussions.
April 2010- March 2011	Planning and review of activity by specialty for each Board for each quarter
April 2010 onwards	Monitor performance against target activity by specialty on monthly basis to NWTUCB

NHS Scotland Objective 2:

Efficiency and Governance Improvements – continually improve the efficiency and effectiveness of the NHS.

Target Identifier	Target Details
E4. KPM1	Same Day Surgery

NWTUCB strategic lead: June Rogers, Director of Business Services

Target description: The number of the British Association of Day Surgery (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.

2.1.1 Delivery

We are dependent on our workload from referring Health Boards and are flexible in meeting the case mix, depending on their inpatient and day case pressures. Pressures can vary throughout the year within Boards. Our case mix does not mirror that of area NHS Boards. This reflects a significantly higher level of joint replacement and cardiac surgery activity than would typically be expected.

The table below gives a breakdown of complexity and resource weights for 2007/08 in Orthopaedic Surgery at GJNH.

Table 1: Average Complexities for Orthopaedics by NHS Board of Treatment			
Period: April 2007 - March 2008			
NHS Board of Treatment	Inpatient Activity (Spells within Specialty)	Average Complexity	Percentage compared to Scotland
Golden Jubilee	1,904	2.95	40 %
Ayrshire & Arran	1,667	2.03	-4 %
Borders	566	2.11	0 %
Fife	1,994	2.07	-2 %
Greater Glasgow & Clyde	8,895	1.92	-9 %
Highland	1,386	2.27	8 %
Lanarkshire	1,654	1.96	-7 %
Grampian	4,188	2.04	-3 %
Lothian	3,982	2.27	7 %
Tayside	2,828	2.16	2 %
Forth Valley	1,002	2.06	-2 %
Western Isles	93	2.24	6 %
Dumfries & Galloway	659	1.89	-10 %
Shetland	3	1.26	-40 %
Scotland	30,821	2.11	

Notes:

1. Average complexity calculated using 2009/10 Scottish National Tariffs
2. Average complexity calculated independent of specialty
3. Average Complexities are calculated based on all orthopaedic inpatient activity recorded on SMR01 by the Golden Jubilee National Hospital and only elective orthopaedic inpatient activity recorded by the other NHS Boards.

ISD Ref: IR2009-01397

2.1.2 Our improvement target

Following agreement with SGHD, we are working towards a target of carrying out 79% of BADS procedures as day cases. There are a number of risks associated with the delivery of this target, which are outlined in the risk section below. As described in our Day Surgery Action Plan, we will continue to focus on a selection of our higher volume BADS procedures, aiming to increase the proportion carried out as day cases. The table below outlines our performance to date:

Procedure	GJNH % day case rate (April - Nov 09)	BADS target
Laparoscopic cholecystectomy	30.8%	50%
Repair of Inguinal Hernia	69%	95%
Insertion of replacement lens	100%	95%
Haemorrhoidectomy	63.6%	65%
Arthroscopy	69.5%	95%

2.1.3 Risk Management

Delivery

Risk	Management of Risk
Achieving sustainable referral flows and predictable case mix for day case procedures.	We continue to work with referring Boards to maximise use of available capacity.
Same day surgery performance for General Surgery and Plastics procedures is dependant on the uptake of our capacity	Boards have been written to requesting them to complete and return a template detailing their requirements for 2010/11. This will be followed up on a weekly basis until requests have been received and capacity allocated.

Workforce

Risk	Management of Risk
Our reliance on visiting consultants, in General Surgery and Plastics, may pose a challenge for developing standardised protocols and patient pathways.	As part of our day surgery action plan, we will work with clinicians to promote good practice in day case surgery, work to reduce variation in clinical practice and promote day case surgery. This work is being overseen by our Board Medical Director. Robust clinical governance arrangements are in place and are monitored through Directorate Clinical Governance groups.

Finance

Risk	Management of Risk
Failure to deliver the Board efficiency savings plan by not realising an increased move towards same day surgery	Ongoing monitoring of usage and resources required.

Improvement

Risk	Management of Risk
Our case mix is dependent on the referrals received from other Boards and can be subject to changes, in response to requests from other Boards.	We will continue to meet with referring Boards on a regular basis to improve case mix planning.

Equalities

Risk	Management of Risk
There is a risk that patients with a disability or at socio-economic disadvantage may experience adverse impact if their needs are not considered when they are scheduled for same day surgery	The Board requests full disclosure of the patients' medical history as part of the minimum referral criteria to ensure that we book day case patients appropriately. In addition, admission letters encourage patients to make contact with the hospital to raise any issues relating to their planned surgery. Where appropriate we will also provide support and advice relating to transport services.

Target Identifier	Target Details
E4. KPM4	Efficiency Savings: New Outpatient appointment DNA rates

2.2.1 Delivery

With the creation of the West of Scotland Heart and Lung Centre in May 2008 the NWTCB assumed responsibility for a number of wait lists from other NHS Boards. Since that time we have been recording operational data for various areas of service delivery to establish a baseline in order to identify potential areas of improvement. This target requires a 10% reduction in the first outpatient appointment DNA rate between year ending March 2007 and March 2010. However we can only measure our performance against information recorded for the year 2008/09 and 2009/10.

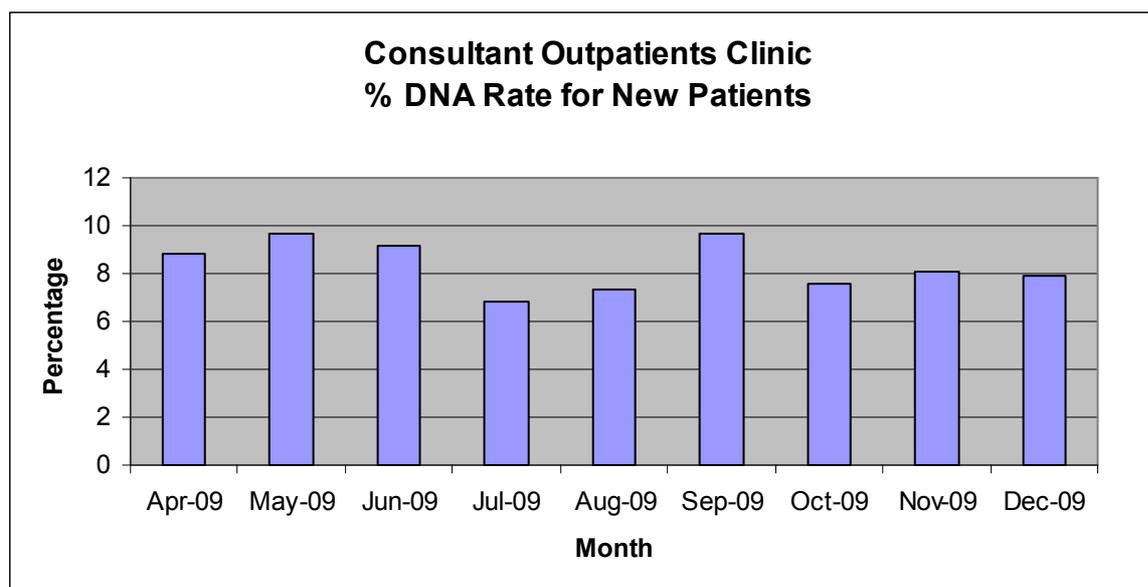
It is worth noting that this target is aimed at ‘new’ outpatient appointments and for the GJNH this is only relevant for patients attending the Heart and Lung Centre. Whilst we hold outpatient clinics for other specialties these patients fall into the category of “new to us” as they have already been reviewed at their base hospital.

2.2.2 Our improvement target

GJNH is committed to reducing its DNA rates and these are closely monitored. Currently a review of data is being carried out to allow a focus on areas which are particularly challenging. Work is commencing on an audit of DNA patients to help us understand the reasons why they fail to attend and this will assist in developing sustainable measures to support improvements in the DNA rate.

Following the review of the clinic breakdown it would be our intention to undertake a series of quick-win improvements and assess their impact prior to broader implementation. Annex 3 outlines our proposed improvement target for 2010/11 to reduce outpatient DNA rates.

The table overleaf outlines our baseline position regarding new Consultant Outpatient DNA rates.



2.2.3 Risk Management

Delivery

Risk	Management of Risk
Where patient is notified too close to appointment to attend.	Develop means of communicating “short notice” appointments to prevent DNAs.
Our dependency on Boards submitting timely referrals means that we are unable to control the patient flow.	Improve relationships with Boards and processes to ensure referrals are processed in a timely manner.

Workforce

Risk	Management of Risk
Risk that Booking Office procedures do not result in effective utilisation of Outpatient appointments.	Booking Office staff receive training in managing and scheduling patient appointments in line with New Ways requirements.

Finance

Risk	Management of Risk
Inability to deliver efficiency plans due to a variation from capacity plans	Weekly scrutiny of attendances and DNA rates. Support to ongoing delivery of redesign proposals

Improvement

Risk	Management of Risk
Failure to reduce the DNA rate in line with the target.	Outcomes from review of outpatient clinics and patient survey will lead to implementation of improved processes with continued focus on clinic management.

Equalities

Risk	Management of Risk
No risks identified	N/A

Target Identifier	Target Details
E4. KPM5	Reduce pre-operative stay

Target Definition

The pre-operative stay target relates only to:

- elective inpatients
- surgical specialities only

The calculation of pre-operative stay is number of pre-operative days divided by the number of patients who have a procedure (episodes). If pre-operative stay days across specialities is 100 and the number of patients having a procedure is 50 then the pre-operative stay would be 2.

The baseline used for the target will be pre-operative stay across surgical specialities in 2007/08, and it will be a three year target beginning in financial year 2010/11 and ending in 2012/13.

2.3.1 Delivery

We are working to reduce pre-operative stays across our elective surgical specialities and already admit all of our General and Plastic Surgery patients on day of surgery. All Ophthalmology procedures are carried out in our Eye Suite and patients are not admitted to wards. Our performance based on the baseline of 2007/08 activity is 0.53 and the table below displays our performance against this target by speciality.

Golden Jubilee average pre-op stay for surgical specialities (2007/08 activity)

Specialty	Average pre-op stay	Episodes
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All surgical specialties	0.53	3,880
General Surgery	0.00	1,228
Cardiothoracic Surgery	0.94	463
Ophthalmology	-	-
Trauma + Orthopaedics	0.87	1,837
Plastic Surgery	0.01	347

Our Orthopaedic Surgery case mix is 40% more complex than the NHS Scotland average as we carry out large volumes of hip and knee primary and revision replacements. We do not treat orthopaedic trauma cases and our patients travel from across Scotland for their Orthopaedic procedures. For this reason, we admit proportionally more patients on the day before surgery than the average position in NHS Scotland of 0.65.

2.3.2 Our improvement target

We are implementing a phased pilot of day of surgery admission for orthopaedic joint replacement patients beginning with carefully screened patients, one surgeon at a time. This gradual approach is projected to achieve day of surgery admission for a further 220 patients in year one, increasing to around 1000 additional patients by 2012/13.

In progressing this service re-design, we are working to ensure alignment with the NHS Scotland Healthcare Quality strategy aims of delivering and maintaining:

- **Caring** and **compassionate** staff and services,
- Clear **communication** and **explanation** about conditions and treatment,
- Effective **collaboration** between clinicians, patients and others,
- A **clean** care environment,
- **Continuity** of care, and
- **Clinical** excellence.

We have held patient focus group events to ask our patients about their experience of using our Orthopaedic service and discuss our intention to improve our services in line with the Quality Strategy priorities outlined below:



Source: Institute Of Medicine Six Dimensions of Quality

2.3.3 Risk Management

Delivery

Risk	Management of Risk
Capacity requests have not been finalised which adds risk to our ability to meet projected activity targets.	Boards have been written to requesting them to complete and return a template detailing their requirements for 2010/11. This will be followed up on a weekly basis until requests have been received and capacity allocated.
There is a risk that case mix changes due to uptake of capacity from referring Boards reduces our ability to meet this target.	Quarterly meetings will be held with Boards to ensure referral flows are continuous and consistent. Referring NHS Boards are required to put in place appropriate planning systems to ensure the service level agreement (SLA) represents an accurate prediction of required activity and that this is available to GJNH early enough to minimise delivery risks.
Same day admission for orthopaedic surgery may result in reduced theatre productivity (and therefore reduced activity) if patients are not available for surgery at allocated times.	Patients will be carefully screened for suitability to be admitted on day of surgery. Where appropriate, we may book patients in to the Beardmore Hotel on the night before surgery to ensure there are no delays to morning theatre start times.
Same day admission might cause increased numbers of short-notice cancellations for patient-related medical issues.	The screening process for same day admission will ensure that patients requiring repeat tests on admission or strict drug regimes prior to surgery, will not be admitted on day of surgery.

Workforce

Risk	Management of Risk
Sustainable referrals flows in general surgery to ensure a General Surgeon is on site every day and utilise available capacity	It has been agreed that our general surgery provision will encompass a regional bariatric surgery service and this is being explored in conjunction with the NWTC Clinical Strategy. We are also considering a range of options for delivering the General Surgery support to the Cardiothoracic programme if referral flows are not sustained.

Finance

Risk	Management of Risk
There is a risk that the Board does not achieve the planned reduction on pre-operative stay and the associated improvement in bed utilisation for post-operative patients	Daily scrutiny of bed utilisation against target and monitoring of resource requirements.

Improvement

Risk	Management of Risk
Day of surgery admission rates do not increase as planned due to worsening patient morbidity/ suitability or case mix changes	The phased implementation in Orthopaedics will be closely monitored to ensure effective booking and scheduling of patients.

Equalities

Risk	Management of Risk
There is a risk that patients with a disability or at socio-economic disadvantage may experience adverse impact if their needs are not considered when they are	The Board requests full disclosure of the patients' medical history and patient monitoring data as part of the minimum referral criteria to ensure that we book patients appropriately. In addition, admission letters encourage

scheduled for same day admission.	patients to make contact with the hospital to raise any issues relating to their planned surgery.
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Target Identifier	Target Details
E5. KPM1	Financial Performance

NWTCB strategic lead: Julie Carter, Director of Finance

NHS Boards need to operate within their agreed revenue resource limit; operate within their capital resource limit; and meet their cash requirement.

2.4.1 Delivery

The Board three year financial plan demonstrates the planned achievement of all three key financial targets although it is apparent that given the high levels of efficiency targets this period will be very challenging.

A tighter financial environment requires stricter control on expenditure and more emphasis on redesign and delivery of savings for internal investment. This is being progressed through the Board management teams and working with the Board Partnership Forum.

2.4.2 Risk Management

Delivery

Risk	Management of Risk
Delivery of the Board's efficiencies required to deliver the breakeven target.	The financial plan describes the efficiency plans and how the Board will manage the financial targets. This involves engagement with all staff groups and continual review of costs both in terms of cost control and service redesign.

Workforce

Risk	Management of Risk
Increased staff costs as a result of agenda for change including unsocial hours, on call and incremental drift.	Work in partnership to ensure staffing levels meet the service demands. Continual review of skill mix and staff cover including minimising the cost of absence

Finance

Risk	Management of Risk
Delivery of the Board financial plan to deliver the finance targets.	Ongoing review of the risk management strategy included within the Board's financial plan. In addition, ensure best value principles apply in all decision making within the organisation and engage with all staff members to ensure the service redesign processes are embedded within the Board.

Improvement

Risk	Management of Risk
Delivery of efficiency and redesign required to meet the finance targets are not achieved.	Ensure robust support and project management arrangements are in place to deliver the Board's efficiency and productivity work plans.

Equalities

Risk	Management of Risk
Disinvestment in services adversely impacts on the equality 'strand' groups.	Ensure all efficiencies are applied using best value principles and minimising any equality risks.

Target Identifier	Target Details
E6. KPM1	Cash Efficiencies: 2% per annum

NWTCB strategic lead: Julie Carter, Director of Finance

NHS Boards need to meet their cash efficiency target.

2.5.1 Delivery

The Board target for efficiency savings in 2010/11 is £824k. This is based upon 2% efficiency savings on the Revenue Resources General Allocation.

In developing the Board's financial plan and recognising the very tight financial position in relation to funding uplifts and ongoing cost pressures, the Board has forecast the predicted level of efficiency savings it is required to deliver over the next three years. The financial plan forecasts an efficiency target in excess of 2% each year. The assumptions supporting this are included within the financial plan and will be revisited on an ongoing basis

In recognition of the challenge, the Board has set up an Efficiency and Productivity Group including all key Executive Directors and senior managers within the organisation. The committee is chaired by the Director of Finance and reports to the Board's Performance and Planning Committee. A two year work plan has been developed with key managers identified in taking schemes forward.

2.5.2 Risk Management

Delivery

Risk	Management of Risk
Increasing activity and service pressures delay implementation of efficiency schemes.	This will be managed through the redeployment of resources to ensure this risk is minimised.

Workforce

Risk	Management of Risk
Workforce issues may allow the redesign of services to be implemented but could sometimes result in minimal change to the cost base both recurring and non recurring.	This will be minimised through negotiation with staff groups and appropriate consultation and workforce planning.

Finance

Risk	Management of Risk
Delivery of the Board's efficiencies to deliver the breakeven target	Savings plans will be monitored through the Efficiency and Productivity group on a monthly basis. Further cost cutting proposals will need to be considered if project delivery timescales start to slip.

Improvement

Risk	Management of Risk
Redesign and change proposals are delayed due to reduced staff morale	Ensure active communication and support is provided at all levels across the organisation.

Equalities

Risk	Management of Risk
Disinvestment in services adversely impacts on the equality 'strand' groups	Ensure all efficiencies are applied using best value principles and minimising any equality risks.

Target Identifier	Target Details
E8.KPM1	Reduce carbon emissions
E8.KPM2	Reduce energy consumption

NWTCB strategic lead: Jill Young, Chief Executive

NHS Scotland is targeted with reducing energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reductions targets set in the Climate Change (Scotland) Act 2009.

To reduce carbon emissions the target is a national average year-on-year reduction of 3% each year to 2015/16. The percentage change will be measured against the baseline 2009/10 eMart data, represented by tonnes of carbon dioxide (CO₂) and climatically adjusted.

The reduction in energy consumption is based on a national average year-on-year energy efficiency target of 1% each year to 2015/16 with the percentage change measured on the 2009/10 baseline climatically adjusted, represented by absolute energy values in Gigajoules (GJ).

2.7.1 Delivery

The Board continues to progress a number of programmes in an effort to reduce energy usage and CO₂ emissions. The installation of the PowerPerfector units is progressing within the hotel and this has demonstrated a 14% saving in electricity usage within the first two months of use when compared against the same period last year.

The Combined Heat and Power Plans continue to move ahead with serious consideration being given to the use of biogas and input and advice has been sought from Health Facilities Scotland (HFS) on this proposal.

Consideration had been given to cavity fill the building to improve our carbon footprint however the building design would not allow this with current technology. This would require the building to be clad outside and the associated costs would be prohibitive.

A Sustainable Environment Group is running to ensure we are working towards our performance targets and they have led on a successful energy saving campaign within the hotel which will be rolled-out across the hospital. With the commencement of the Carbon Reduction Commitment in 2010 there will be penalties for poor performers and the Board is aware of the need to raise energy awareness across the organisation to achieve the targets.

2.7.2 Our improvement target

There will be a continued roll-out of the PowerPerfector units across the Board with close monitoring of the impact on energy consumption. The Board will continue to be involved in external awareness raising forums to ensure that we are familiar with continued developments.

Staff awareness of the need for energy efficiency will be raised through Communications Department with regular energy updates, tips and advice.

The Board notes that the baseline for the new target will be the final quarter 2009-10 data. However we have described concerns about the ability of the eMart system to make robust adjustments to predict energy usage, in particular where expansion in utilised areas involves a significant increase in equipment volumes.

2.7.3 Risk Management

Delivery

Risk	Management of Risk
There is a risk that the full projected energy savings are not achieved.	Close monitoring of energy usage will continue to assess the impact of PowerPerfector and the modified hospital boiler control systems.

Workforce

Risk	Management of Risk
Staff involvement in the delivery of energy efficiency has to be a high priority if we are to meet the ongoing saving requirements.	Communications Department to have a regular section in the Board magazine regarding energy savings and the environment. Greater use of external groups to educate staff in reducing energy consumption.
Senior Manager level involvement is required to sustain improvement.	The formation of the Sustainable Environment Group to better drive the energy efficiency needs of the Board in meeting the requirements.

Finance

Risk	Management of Risk
High energy costs.	Ensure best value energy prices through procurement. Continual review of energy usage throughout the organisation and approval of capital schemes to support revenue savings e.g. combined heat and power project.

Improvement

Risk	Management of Risk
There is a risk that we may not be able to	Continual review of energy usage throughout the

sustain improvement on our baseline of the final quarter data for 2009-10 if clinical area developments involve a significant increase in equipment utilisation.	organisation and approval of capital schemes to support revenue savings.
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Equalities

Risk	Management of Risk
No risks identified.	N/A

Target Identifier	Target Details
E10. KPM1	Knowledge and Skills Framework: Personal Development Plan Review

NWTCB strategic lead: Lindsey Ferries, Director of Human Resources

NHS Boards should ensure that all staff on Agenda for Change permanent contracts take part in an annual review against a KSF post outline. Information on levels of competence and identified training needs must be made available through Boards recording summary information from at least 80% of development reviews on e-KSF by end of March 2011.

2.8.1 Delivery

NWTC continues to implement the Knowledge and Skills Framework (KSF) and the use of the electronic KSF system (e-KSF) across all staff on Agenda for Change contracts. An organisational plan and individual departmental plans are in place in line with the trajectory for progress against the HEAT target. All governance groups in NWTC receive regular reports on progress against the plans and trajectory.

Whilst short term funding is identified to support the resourcing of KSF to 2011, longer term funding of KSF will continue to be a challenge for the organisation given the financial context for all Boards in maintaining and developing the delivery of high quality patient care.

This HEAT target continues to present the organisation with challenges around general literacy issues and IT literacy issues given that some staff groups do not use computers in their job role. The Corporate Learning and Development Department will continue to put support in place to enable these staff to actively participate in the KSF development review process.

2.8.2 Our improvement target

Our improvement trajectory is outlined in the Local Delivery Plan Annex 3 document. Our position against target as at the end of January is 4% of staff with a KSF development review evident on e-KSF against a target position of 5%.

2.8.3 Risk Management

Specific risks to the achievement of this HEAT target and the subsequent management actions that are in place are as follows:

Delivery

Risk	Management of Risk
<p>Approximately one third of NWTC workforce were previously excluded from the 08/09 HEAT target as they were transferred staff from other Health Boards. This has meant that baseline activity around KSF and PDPs has been lower for this group, therefore resulting in an increase in workload for the KSF team to achieve the 09-11 HEAT target across all staff.</p>	<p>Two posts have been funded (to June 2011) within the Corporate Learning and Development team to provide proactive support around KSF and eKSF to all staff and to specifically target transferred staff and thereby accelerate their progress with KSF development reviews. A programme of support is in place for all staff, including awareness sessions, training and one-to-one tutorials.</p>

Workforce

Risk	Management of Risk
<p>Many areas in the organisation have significant operational demands and financial constraints which challenges managers and staff to find capacity to proactively maintain levels of KSF based PDPs and perform development reviews. This is a particular issue for managers who have large numbers of staff to review against their KSF post outline.</p>	<p>The two KSF posts continue to work closely with managers to provide practical solutions to capacity issues and remove barriers to participation in the KSF process for staff. Workshops for managers and staff are provided to address any knowledge or confidence issues around participating in the KSF process. This includes the KSF Essentials courses which are designed to assist Bands 1 to 4 in achieving their knowledge requirements within their KSF post outline. The KSF Operational Lead continues to champion the use of KSF across the organisation and highlight the operational benefits gained from full participation in this process.</p>

Finance

Risk	Management of Risk
<p>There is a risk that role development identified through the KSF process is unachievable as it presents an unfunded cost pressure.</p>	<p>The budget setting process with department managers will identify cost pressures and promote service redesign to support new developments.</p>

Improvement

Risk	Management of Risk
<p>KSF is not fully embedded in NWTC and therefore the organisation does not achieve the benefits realisation that this tool can provide. In particular, managers have been slow to recognise and commit to the tool's ability to improve individual</p>	<p>KSF updates are presented to all governance groups and progress issues raised with departments on an ongoing basis. Management development training will be provided to managers from January onwards to ensure managers understand and utilise</p>

and overall service performance. The tool will also benefit key systems and processes such as workforce development, recruitment processes and service redesign.	the benefits to be gained from the KSF tool. KSF continues to be mainstreamed into the Corporate Learning and Development department including systems and processes, training provision, marketing and learning needs analysis.
The quality of the discussion and outcomes within KSF development reviews are poor.	The KSF team will be undertaking a KSF quality audit in March 2010 to highlight any quality issues and target training for managers/reviewers on conducting effective KSF development reviews with staff. This will be in addition to the management development training which will cover KSF as a key people management and team development tool in the organisation.

Equalities

Risk	Management of Risk
The current HEAT target excludes staff who are not on permanent contracts e.g. staff on fixed term contracts and bank staff.	All KSF policy, training, marketing, reporting and guidance emphasises that the KSF process is for all staff under Agenda for Change and that it is only for the purposes of national reporting that the figures will focus on staff with permanent contracts. In addition to this, NWTC is piloting an approach to KSF development reviews for bank staff in the Rehabilitation Service as a national demonstration project. The learning from this pilot will assist with national and local implementation of KSF development reviews for staff who do not have permanent contracts.
Staff groups who are more likely to experience literacy and information technology literacy issues may be challenged by this HEAT target.	The Corporate Learning and Development Department will continue to put support in place to enable these staff to actively participate in the KSF development review process, such as "Computing for the terrified" courses and promoting free and confidential support for literacy issues.
The e-KSF system requires appropriate access to computer facilities. There is a risk that staff in some support service departments will be unable to access a PC on a regular basis.	The Board is looking to increase access across the site by installing further PCs in training areas.

NHS Scotland Objective 3:

Access to Services – recognising patients' need for quicker and easier use of NHS services

Target Identifier	Target Details
A9.KPM2	All Cancer Treatment (31 days)

NWTCB strategic lead: June Rogers, Director of Business Services

3.1.1 Delivery

The target requires that from the quarter ending December 2011, 95% of all patients diagnosed with cancer are to begin treatment within 31 days of the decision to treat. As a centre providing surgical treatment for lung cancer patients the NWTCB is included in the coverage of this target and is responsible for the accuracy of the data reported to Information Services Division (ISD). The responsibility for collating and submitting the data to ISD falls to the Board who received the initial referral to secondary care.

In working towards achievement of the target, a clinical outcome sheet has been developed for recording patient information, initially in paper form and from April 2010 electronically. Thoracic patient pathways have been reviewed to ensure they support the target and assist in the delivery of improvements in the patient experience. Flowcharts have been developed to allow administrative staff to ensure that all the required information is captured at each stage of the journey to allow robust reporting. With a dedicated Cancer Tracker in post to monitor cancer patients, systems are in place to support the recording of the dataset for each patient for conveying to the referring Board. A report containing the reportable patients is sent weekly to the referring Boards in order that they can meet their reporting requirements.

We are committed to working with referring Boards to meet the target but are conscious of the challenges that this can bring in terms of timely receipt of referrals and also incomplete data being received by GJNH. It is hoped that improved multidisciplinary team (MDT) meetings should help minimise short notice referrals.

3.1.2 Our improvement target

Since assuming wait list responsibility for thoracic cancer patients, no patients have breached the waiting time target. We intend to sustain this by regularly reviewing our processes to ensure compliance with the target and monitoring areas where service improvement support may be required.

3.1.3 Risk Management

Delivery

Risk	Management of Risk
There are risks in managing the target where there is a dependence on receiving timely and accurate referrals other Boards.	Developing strong links with referrers and the use of a minimum dataset to ensure that the patient's full pathway is known. With improved attendance at multidisciplinary team meetings patients are more quickly being brought to our attention.
Effective management of the waiting list to ensure achievement of waiting time targets.	Waiting list coordinator monitors the waiting list to ensure the achievement of waiting time targets.
Failure to provide full patient data return information to allow reporting to ISD.	Clinical outcome sheets will assist in the capture of all relevant information which will then be recorded on the system. A robust thoracic surgery referral management and tracking process is in place.
Failure of referring Boards to provide full patient history including date of decision to treat in their referral to GJNH.	The e-referral will stipulate the minimum dataset for referral and should reduce the impact of this risk. Attendance at MDT meetings and electronic clinical outcome sheets should also improve the position.

Workforce

Risk	Management of Risk
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To ensure strong links are developed between those responsible for the preparation and maintenance of the thoracic cancer patient spreadsheet.	The Cancer Tracker, Wait List Coordinator and Medical Secretaries will work together to ensure that appropriate cover is in place to ensure robust returns are provided to the referring Boards.
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Finance

Risk	Management of Risk
There are potential financial risks in relation to the scheduling and payment of additional sessions to achieve waiting time guarantees.	Effective monitoring and management of the waiting list. Improved theatre utilisation to ensure patient throughput without the need for additional sessions.

Improvement

Risk	Management of Risk
N/A	N/A

Equalities

Risk	Management of Risk
Reducing waiting times for patients undergoing complex surgery might not allow the patient sufficient time to consider their options	Patients are contacted to ensure that the outcomes of decisions are appropriately recorded and referrals processed in a timely manner. The Board also provides patients with a list of possible sources of assistance when considering their future treatment such as the support offered by the Spiritual Care Service within the hospital, In line with our Board Equality schemes, we are committed to providing high quality patient information materials.

Target Identifier	Target Details
A10	18 weeks Referral to Treatment (18 week RTT)

A10: Deliver 18 weeks referral to treatment from 31 December 2011. No patient will wait longer than 12 weeks from referral to a first outpatient appointment from 31 March 2010. No patient will wait longer than 12 weeks from being placed on a waiting list to admission for an inpatient or day case treatment from 31 March 2010.

- A10.KPM1.a – 18 week RTT: Admitted Performance
- A10.KPM1.b – 18 week RTT: Admitted Completeness
- A10.KPM1.c – 18 week RTT: Non-Admitted Performance
- A10.KPM1.d – 18 week RTT: Non-Admitted Completeness
- A10.KPM3 - Inpatients & Day Cases: Maximum 9 weeks

NWTCB strategic lead: June Rogers, Director of Business Services

3.2.1 Delivery

Since the establishment of the West of Scotland Heart and Lung Centre in May 2008 the reporting responsibilities of the NWTCB have increased. Through the 18 Weeks RTT programme we have monitored the guidance to ensure compliance with waiting time targets and reporting requirements and report on the following wait lists and associated wait time guarantees:

Specialty	Group	Guarantee

Cardiology	Diagnostic Angiography	4 weeks at 31.03.09 Remaining at 4 weeks at 31.03.10
Cardiology	Percutaneous Coronary Intervention	10 weeks at 31.03.09 reducing to 9 weeks at 31.03.10
Cardiology	Insertion of Devices	12 weeks at 31.03.09 reducing to 9 weeks at 31.03.10
Cardiology	Electrophysiology	12 weeks at 31.03.09 reducing to 9 weeks at 31.03.10
Cardiology	Grown-Up Congenital Heart	12 weeks at 31.03.09 reducing to 9 weeks at 31.03.10
Cardiac Surgery	Coronary Artery Bypass Graft & Valves	10 weeks at 31.03.09 reducing to 9 weeks at 31.03.10
Cardiac Surgery	Congenital/Surgical	12 weeks at 31.03.09. Guidance available at present indicates that patients in this group will be managed under Long-Term Conditions arrangements.
Thoracic Surgery	All procedures	12 weeks at 31.03.09 reducing to 9 weeks at 31.03.10.
Cardiac & Thoracic Surgery New Outpatients		12 weeks at 31.03.09 remaining at 12 weeks at 31.03.10. However agreed locally to reduce to 9 weeks in line with other targets.

3.2.2 Service Redesign

There has been a clear need to streamline processes and functions to ensure smooth delivery of the target. Through the various 18 Week RTT programme workstreams, ongoing redesign and improvement work continues.

Key pieces of work include the implementation of an electronic referral for elective and urgent angiography and percutaneous coronary intervention (PCI). This will assist with reducing delays in referrals and undertaking angiography and will have a positive impact in reducing waiting times for patients going on for PCI or cardiac surgery. The electronic referral contains a standard dataset which should prevent cardiologists having to contact the referring cardiologist for further information and also reduce any further possible delays.

For cardiac surgery there is a pilot of “one stop shop” clinic for patients where they will see their surgeon at outpatients and undergo pre-operative assessment the same day with the aim to complete any requested diagnostic tests at this visit in order that patients are fully prepared for surgery and do not have an additional journey prior to their admission.

A redesign of both cardiology and cardiothoracic outpatients and pre-operative assessment is planned to ensure we have streamlined processes for patients, and within this, we will consider the requirements for access to diagnostic tests.

Another development has been the introduction of standardised paper-based clinical outcome sheets which will include specialty specific clinical information and assists with the capturing of admitted and non-admitted pathways. These clinical outcome sheets are being rolled-out across the hospital and will support MDT working and off-site clinics and is therefore particularly useful for the Heart and Lung directorate. An electronic clinical outcome sheet has also been developed and will “go-live” from April 2010. This should result in faster processing and a reduction in the risk of inaccuracy.

3.2.3 Our improvement target

Significant work is planned within the 18 Week RTT programme including the reduction of the cardiac outpatient waiting times to ultimately achieve a surgical wait of nine weeks. We are also looking to achieve the expected data completeness target and to have clinical outcome recording for both new and return outpatients at 90% by March 2010.

3.2.4 Risk Management

Delivery

Risk	Management of Risk
There are risks around the timeliness of referrals to allow scheduling of both the outpatient and inpatient appointments within the target.	There is close collaboration with referring Boards to ensure referrals are received with sufficient notice to schedule appointments. The Booking Office staff are trained in the need to schedule the Outpatient appointments within the Outpatient Guarantee Date and the Waiting List Coordinator monitors both the inpatient and outpatient lists to ensure that all patients are scheduled within target timescale.
Risks incomplete data being received which delays the processing of the referral.	The introduction of the electronic referral will help minimise this as a standard dataset will be received. A Board Access Policy will also be rolled-out and this will assist with gathering robust datasets.
Referrals being received and accepted from other Cardiologists in West of Scotland (WoS) Boards for patients who have not undergone the expected tests prior to referral leading to theatre cancellations.	The electronic referral will minimise the risk of this as the referrer must provide full patient details including a full dataset.
Inability to schedule additional diagnostic tests within the required timeframe.	We are about to embark on a redesign of both outpatients and preoperative assessment in order to ensure we have streamlined processes for patients and access to diagnostic tests will be part of this work.
There are potential risks to achieving the inpatient waiting time if angiograms are not carried out during the outpatient waiting time.	This is under discussion at a regional level however in the meantime we are working on in-house redesign.
That the NWTC Board will be unable to demonstrate full data completeness due to incomplete patient information being received from referring Board.	<p>Liaison with Boards to ensure the full dataset is received and returned.</p> <p>A data warehouse is being developed and should address some of these issues.</p> <p>Going forward the Unique Care Pathway Number (UCPN) will be generated from Sci Gateway for new and tertiary referrals.</p>

Potential challenges to waiting time guarantees due to delays in clinical decision making.	Cardiac surgery is piloting a MDT approach to clinical decision making to ensure robust, collaborate and efficient clinical decision making around treatment options for patients thereby minimising delays in the patient pathway.
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Workforce (Heart and Lung)

Risk	Management of Risk
Medical workforce issues: <ul style="list-style-type: none"> • Reduced numbers of Trainee Doctors challenging sustainability of rotas • Retaining Trainee Doctors in NWTC post training • Managing changes to doctor training and establishment of Core Training Programme 	Implement extended roles – Physicians Assistants, Nurse Practitioners, Surgical Care Practitioners, Sonographers, Nurse Endoscopist.
Difficulty in recruiting skilled cardiac physiology personnel.	There are ongoing challenges with the recruitment and retention of highly skilled Cardiac Physiology personnel and continuing pressures across the spectrum of cardiology. The Board will continue to adopt the approach of “growing our own” skilled staff through in-house training and development.
National shortage of specialist nurses, particularly in Intensive Care and Cardiac Theatres.	Ongoing proactive recruitment campaign for specialist areas.
No dedicated resource for managing waiting lists which may contribute to breaches in waiting time guarantees.	Dedicated Waiting List Co-ordinator position established to manage, report and scrutinise waiting lists within Cardiothoracic and Cardiology.

Working with other NHS Boards to deliver the 18 Week RTT Targets

We also carry out inpatient/outpatient and diagnostic procedures for other NHS Boards. As part of the 18 Weeks RTT programme we are managing these patients within agreed waiting time targets.

A successful initiative has been the Dumfries and Galloway Orthopaedic See and Treat Programme which commenced in June 2009 and has resulted in 1000 patients being seen at “One Stop See and Treat” clinics at the GJNH. All planned surgery patients were scheduled and the procedure carried out within the 18 Weeks RTT targets and the agreed timescales.

Local vetting of referrals at Dumfries and Galloway by consultant surgeons increased the likelihood of conversion to surgery. The patient experience feedback has been extremely positive due to the planning that took place to coordinate transport to and from Dumfries and Galloway with consultation, access to MRI scanner and nurse pre-operative assessment taking place at the same visit. Afternoon clinics were scheduled to avoid very early journey start times and a patient information leaflet outlining ‘what to expect when you attend the clinic’ was issued prior to the appointment. All patient information is updated on the system and communicated to the base hospital within 24 hours of the See and Treat clinic.

It is expected that the Programme will continue in the coming year with other Boards expressing an interest in a similar service.

Workforce

Risk	Management of Risk
Due to ongoing operational and financial pressures in service delivery, there is potential for reduced capacity and capability to make robust service improvements across services	Service Modernisation Manager in post to facilitate service improvement activity, supported by regional and national initiatives around 18 Week RTT. In addition to this, capacity and capability has been further enhanced

within NWTC which contribute to achieving the 18 Week RTT targets.	with the Change Agent initiative, targeting service improvement workshops for Bands 1 to 4 and offering a number of management development modules in service improvement.
Compliance with New Ways	Appointment of New Ways Administrator and training of administration and information staff to increase compliance.
Less robust admin procedures and information flows which potentially create barriers to achieve waiting time guarantees.	A Corporate Data Collection and Admin 18 Week Group is now established to enhance efficiency and effectiveness of admin and information as part of patient pathways. Work includes: <ul style="list-style-type: none"> • Pilot of an electronic Clinical Outcome Sheet to improve the recording, monitoring and analysis of clinical data. • Additional capacity provided in discharge planning to support discharge activity and effective partnership working with other Boards and Local Authorities.

Finance

Risk	Management of Risk
Additional unfunded costs relating to the management of waiting times	Manage resources efficiently to minimise unfunded costs. We are working to put in place support mechanisms to provide a more integrated approach to service delivery both internally and externally to the Board.

Improvement

Risk	Management of Risk
There is a risk that incomplete patient data from referring Boards will reduce our data completeness levels	We are working to ensure compliance with our minimum referral criteria and are building a data warehouse which will allow us to track patients more effectively through our systems
There is a risk that we will be unable to manage to treat patients within the in-patient treatment times, if we receive patients late on their 18 week total pathway	We have updated our Board Access policy and will encourage referring Boards to comply with the minimum dataset.

Equalities

Risk	Management of Risk
Reducing waiting times for patients undergoing complex surgery might not allow the patient sufficient time to consider their options	We will ensure that our communication to patients continues to be clear and that referrals are managed in line with the National 18 Weeks RTT processes. In line with our Board Equality schemes, we are committed to providing high quality patient information materials. In addition, admission letters encourage patients to make contact with the hospital to raise any issues relating to their planned surgery.

NHS Scotland Objective 4:

Treatment Appropriate to Individuals - ensure patients receive high quality services that meet their needs.

Target Identifier	Target Details

T11. KPM1	MRSA/MSSA bacterium: 15% Reduction by March 2011
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Target Identifier	Target Details
T11. KPM2	Clostridium difficile infections in ages 65+: at least 30% by March 2011

NWTCB strategic lead: Shona Chaib, Director of Nursing

To reduce all staphylococcus aureus bacteraemia (SAB) (including MRSA) by 15% by 2011 and to reduce the rate of Clostridium difficile (C.difficile) infection in hospitals by at least 30% by 2011.

4.3.1 Delivery and Trajectories

The introduction of the cardiothoracic specialties has resulted in an anticipated increase in healthcare associated infection (HAI) as a result of increased length of stay, increased invasive procedures and invasive devices, and more acutely ill patients. In order to reflect this change in service and provide a robust indicator of HAI, has been agreed that the Board will use the 2009/10 actual performance in reducing SAB as a baseline for improvement trajectories for 2010 and beyond.

All of the risks identified are interdependent and form part of a wider delivery plan for Infection Control Services, including audit, education, policy provision and surveillance. This also incorporates targets set nationally for hand hygiene compliance and cleaning.

4.3.2 Clostridium Difficile (C.diff) Delivery Trajectory

The Infection Control Team will continue to monitor new cases of C.difficile as part of their alert organism surveillance programme. Monthly local reporting using statistical process control charts provide the means to monitor trends, triggers for action, upper control limits and review overall rates per 1000 acute occupied bed days locally and nationally in keeping with the national surveillance programme.

4.3.3 Risk Management

Delivery

Risk	Management of Risk
There is a failure to reach agreed targets for reduction of staphylococcus aureus bacteraemia (SABs).	Regular reporting of SABs to Health Protection Scotland (HPS) will meet the mandatory requirements. The Infection Control Team (ICT) will carry out enhanced surveillance for all SABs and root cause analysis will be lead by the appropriate directorate and supported by the ICT. This will form part of the ICT planned programme of activity.
There is a failure to comply with local antimicrobial policy.	The Antimicrobial Management Team are responsible for monitoring compliance with local policy. Data on compliance with antimicrobial prescribing will be collated by the Antimicrobial Pharmacist appointed in 2009.
There is a failure to reduce the rate of C. difficile infection.	Regular reporting of Clostridium difficile infection. (CDI to HPS will meet mandatory requirements. The ICT will continue to monitor the incidence of CDI as part of alert organism surveillance and compliance with related policies This will form part of the ICT planned programme of activity
The services within the GJNH bring increased risk of HAI due to the complexity of procedures and the patient group. Data related to the reduction of specific HAI's requires careful judgement.	Collaboration with HPS and Scottish Government HAI advisors continue to ensure the Board meets agreed targets and trajectories.

Workforce

Risk	Management of Risk
All staff must be aware of their responsibility in infection prevention and control.	Infection control education should be a component of clinical staff's personal development plan. Cleanliness Champions training should be encouraged in all departments. Regular training sessions are in place for induction of all new staff and induction of new medical staff, and these sessions are scheduled into structured days.
Increasing clinical activity will add to the demands on the ICT.	The Infection Control Planned Programme of activity will reflect this demand and prioritise the key delivery areas. The Infection Control Team work to a planned programme of activity sanctioned by the Infection Control Committee,

Finance

Risk	Management of Risk
Increased demand on housekeeping and support services.	A review of Housekeeping Services is underway to ensure delivery of a satisfactory standard of environmental cleanliness in accordance with National cleaning Specifications. We continue to focus our resources on cleanliness of clinical areas.
In-year pressure on capital and backlog maintenance budgets as a result of the focus of the Healthcare Environment Inspectorate visits.	We will consider this risk during the development of revenue budgets and apply best value principles if a need is identified.

Improvement

Risk	Management of Risk
Additional resources required to deliver the HAI targets	The Board has committed to the delivery of the HAI targets. Any additional resources required will be reviewed in line with other cost pressures and a cost/ benefit appraisal concluded. The delivery of the efficiency target is key to implementing additional funding requests.
The issues described above are complex and the risks are multi-factorial.	Co-operation is required across the workforce to achieve the targets set out. This will incorporate an ICT Programme which is accepted by key stakeholders, a commitment to education on aspects of HAI including antimicrobial management, compliance with mandatory surveillance and recognition of ownership within directorates and implementation of infection control policy. The Infection Control Committee will lead on the governance of these activities.

Equalities

Risk	Management of Risk
No risks identified	N/A