Lanarkshire NHS Board
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.org.uk

NHS Lanarkshire

Meeting of
Lanarkshire NHS Board – 25th January 2017

WAITING TIMES REPORT

1. PURPOSE

This paper is coming to Lanarkshire NHS Board

For approval	☐	For endorsement	☐	To note	☒

The paper reports on performance in the delivery of key Scheduled and Unscheduled Care Waiting Time targets; highlights areas of pressure and challenge; and describes the actions being taken and planned, aimed at delivering sustained improvement.

2. ROUTE TO THE BOARD

This paper has been:

Prepared	☐	Reviewed	☐	Endorsed	☐

By the following Committee:

or

Is a standing item	☒

From the following Committee: The acute activity within this report has been discussed at the Corporate Management Team/Divisional Management Team and also within the Health & Social Care Partnership Management Teams/Divisional Management Teams in relation to primary care and mental health targets.

3. SUMMARY OF KEY ISSUES

The Board continues to perform well in relation to the delivery of diagnostics and also cancer waiting times, however, overall planned care delivery performance is becoming increasingly challenging. The Acute Management team are maintaining a significant focus on Unscheduled Care which, while improved, needs ongoing and active management.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☒	LDP		Government policy	
Government directive	☒	Statutory requirement		AHF/local policy	
Urgent operational issue	☒	Other			

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:
Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	
People are able to live well at home or in the community; (Person Centred)	
Everyone has a positive experience of healthcare; (Person Centred)	
Staff feel supported and engaged; (Effective)	
Healthcare is safe for every person, every time; (Safe)	
Best use is made of available resources. (Effective)	

6. MEASURES FOR IMPROVEMENT

Waiting time Access Guarantees set by the Scottish Government in relation to Scheduled/Unscheduled Care.

7. FINANCIAL IMPLICATIONS

Financial implications are included in the Director of Finance report.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

- Unscheduled Care features on the Corporate and Acute Division Risk Registers as a Very High Risk. The lack of availability of senior medical staff for clinical decision making within our Emergency Departments remains a core concern.
- Work continues with regards to the Treatment Time Guarantee and the risk going forward for sustainability of this target. This has become an increasing concern.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	☐	Effective partnerships	☐	Governance and accountability	☒
Use of resources	☒	Performance management	☒	Equality	☐
Sustainability	☒				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has not been completed because this is an activity report, reflecting the Board's policy of equality of access to services.

11. CONSULTATION AND ENGAGEMENT

The issues highlighted in the attached paper are discussed extensively at Divisional and Operating Management Committees.

12. ACTIONS FOR Lanarkshire NHS Board

The Board are asked to:

Approval	☐	Endorsement	☐	Identify further actions	☐
Note	☒	Accept the risk identified	☐	Ask for a further report	X

The Board are asked to note the Waiting Times report and to confirm whether it provides assurance about the delivery of Waiting Times targets to date, and about the actions being taken and planned to address areas where performance does not meet targets.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact *Heather Knox Director of Acute Services* Telephone: 01698 *858088*.

HEATHER KNOX
Director of Acute Services
16 January 2017

NHS Lanarkshire

NHS Lanarkshire Headquarters,
Kirklands
Fallside Road, Bothwell G71 8BB
www.nhslanarkshire.org.uk

Meeting of
Lanarkshire NHS Board – 25th January 2017

WAITING TIMES REPORT

1. PURPOSE

The purpose of this paper is to update the Board on performance against:

- Planned Care waiting time access guarantees and targets set by the Scottish Government as at the end of November 2016.
- AHP and mental health waiting time access guarantees and targets set by the Scottish Government as at the end of November 2016.
- The 4 hour Emergency Department standard until the end of December 2016.

In addition the report will identify issues that are effecting the achievement of standards and will outline the measures that have been taken to secure improvement.

2. WAITING TIME GUARANTEES - ACUTE SERVICES

2.1) Treatment Time Guarantee (TTG)

The 12 Week Treatment Time Guarantee (84 days) applies to eligible patients who are receiving planned treatment on an inpatient or day-case basis and states that patients will not wait longer than 12 weeks from the date that the treatment is agreed to the start of that treatment.

At the end of November there were a total of 1407 patients who had breached their TTG date. The table below shows the range of waiting times for patients awaiting inpatient and day case procedures as at 30th November 2016. The target for year end is to have no more than 1750 patients waiting.

Table 1

Parent Specialty Description	0-63	64-84	85-91	92-98	99-105	106-112	113-119	120-126	Over 126	Grand Total	within 84 days
A1 General Medicine	16	3								19	**100.0%**
A2 Cardiology	57									57	**100.0%**
A7 Dermatology	3	1								4	**100.0%**
AG Nephrology											**0.0%**
AH Neurology											**0.0%**
AQ Respiratory Med	9									9	**100.0%**
AR Rheumatology	12	1								13	**100.0%**
C1 General Surgery	826	156	45	44	34	25	52	17	97	1296	**75.8%**
C12 Vascular Surgery	111	26			1			2		140	**97.9%**
C13 Oral and Maxillofacial Surgery	150	20	1	2	1		1		18	193	**88.1%**
C31 Chronic Pain	80	6							1	87	**98.9%**
C5 ENT Surgery	348	44	8	10	1	4	2	6	18	441	**88.9%**
C7 Ophthalmology	85	20	7	3	3	5	7	2	67	199	**52.8%**
C7B NHSL Cataract List	519	131	26	30	48	31	32	15	73	905	**71.8%**
C8 Orthopaedics	898	209	47	55	52	58	39	36	274	1668	**66.4%**
CA Surgical Paediatrics	16									16	**100.0%**
CB Urology	459	59	16	16	12	13	7	4	18	604	**85.8%**
D1 Public Dental Service	99	2								101	**100.0%**
F2 Gynaecology	500	32	7	6	4	1	1	1	1	553	**96.2%**
H1 Clinical Radiology	37	2								39	**100.0%**
J4 Haematology	1									1	**0.0%**
Grand Total	4226	712	157	166	156	137	141	83	567	6345	**77.8%**

The TTG performance for the month of November is 77.8%, which is a reduction from the October figure of 78.4%

At 30th November 2016 561 orthopaedic patients had breached their TTG. The numbers remain high due to the challenges in medical staffing rotas and the pressures in delivering services over 3 sites. A programme of reconfiguration and redesign is currently underway within orthopaedic services, which will generate improved capacity to treat patients. It is anticipated that the position will improve from January 2017 onwards.

There were 349 ophthalmology patients who breached their TTG in November.

In addition there are pressures in General Surgery, OMFS, ENT, Urology, Gynaecology, Vascular and Chronic Pain. 314 General Surgery patients breached their TTG, an increase from the October position of 275. 23 OMFS patients breached their TTG, compared to 32 in October. There was a reduction from 73 in October to August to 49 in November for ENT patients breaching their TTG. 86 Urology patients breached their TTG in November, an increase from the October position of 53. 21 Gynaecology patients breached their TTG in November, an increase from the October position of 14.

2.2) Improvements to TTG Performance

Additional theatre capacity during core hours continues to be commissioned wherever possible; however, there are staffing and infrastructure challenges with this. The redesign has generated improved capacity at Monklands for general surgery, urology and ENT from November onwards.

Challenges in nurse recruitment and staffing in theatres has contributed to our ability to commission additional/core activity across a number of specialties.

2.3) 18 Weeks RTT

The HEAT standard is that 90% of planned/elective patients commence treatment within 18 weeks of referral.

November performance is detailed below:
Combined performance was 85.5% - down from 87.0% in October
Admitted performance was 61.4% - up from 59.1% in October
Non-admitted performance was 89.2% - down from 92.1% in October

Increased activity in a number of specialties with long waiting times has contributed to the drop in non-admitted performance.

Notable specialties with a Non-Admitted performance less than 90%

Ophthalmology	57.4% (71.8% in October)
ENT	62.6% (72.0%)
Gastroenterology	82.1% (83.8%)
Neurology	60.6% (65.0%)

Admitted performance has now been below 70% for the last 2 years. This reflects the TTG performance over the same period.

The notable specialties below 70% admitted performance were

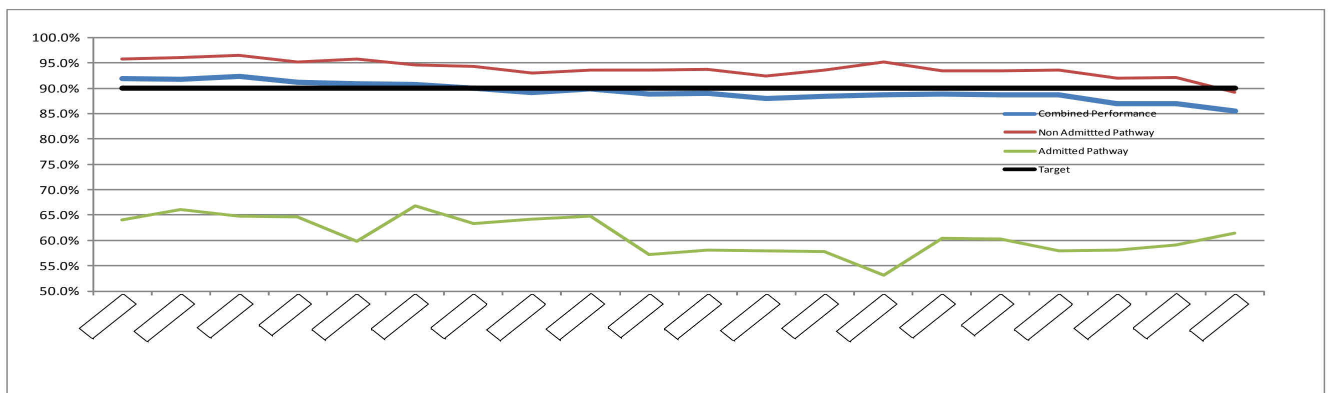
Oral & Max Fax	57.7% (26.8% in October)
General Surgery	64.9%(49.3%)
ENT	54.2%(47.0%)
Ophthalmology	29.5%(29.3%)
Orthopaedics	36.3%(18.5%)
Urology	60.0% (75.4%)

Clinic Outcome completeness remains the same at 87.8%

The overall performance of the Board has improved slightly since November, illustrated in Figure 2 below:

Figure 2

NHS Lanarkshire
All Specialties
18 weeks RTT Return Combined Performance and Completeness
source: MiLan /TrakCare



2.2) Stage of Treatment Guarantees

As indicated above in Section 2.1 there were 1407 TTG patients who breached in November.

The table below shows the number of cancelled elective operations in November. This is a monthly report which is provided to ISD. The information provided in the reports from all Boards has prompted requests by the Access Support Team for further information on the key reasons for elective cancellations and this is detailed below:

The main reasons for on the day cancellation are;

- Patient not fasted
- Patient not fit as has a cold/flu
- Patient has high blood pressure
- Patient no longer wishes to go ahead with procedure
- Lack of beds

The key areas for improvement:

- Review of pre assessment processes
- Consideration of text reminders for patients for both pre-assessment appointments and surgery dates
- Targeting those specialties where on the day cancellation rates/DNA rates are high, for example Ophthalmology and from the update provided in October the use of Ophthalmology theatre slots has improved. Only 1 theatre slot has been lost from October to December and this was as a result of a standby patient being cancelled. The target is to achieve 100% utilisation of available theatre slots.

November

Hospital	Total no of scheduled elective operations in theatre systems	Total no of scheduled elective cancellations in theatre systems	Cancellation based on clinical reason by hospital	Cancellation based on capacity or non-clinical reason by hospital	Cancelled by Patient	Other reason
Hairmyres	968	117	28	47	42	0
Monklands	730	83	35	21	27	0
Wishaw	793	70	22	14	34	0
NHS Lanarkshire	2491	270	85	82	103	0

Table 4 shows the number of outpatients waiting over 84 days for first routine outpatient consultation by specialty.

At 30th November there were 7397 patients waiting over 84 days. During November, NHS Lanarkshire saw 76.52% of patients within 84 days. The target for the year end is to have no more than 7250 patients waiting over 84 days.

There are significant challenges in a number of specialties including Ophthalmology and ENT. Discussions are continuing with colleagues from the Access Support Team about how we put in place additional capacity to recover the position.

Table 4

Waiting List Summary - Outpatients

Outpatient Waiting List Census | **Patients Waiting** as at 30th November 2016

Parent Specialty Description	0-63	64-84	85-91	92-98	99-105	106-112	113-119	120-126	127-133	134-140	141-147	148-154	155-161	162-168	169-175	176-182	Over 182	Grand Total	% of list waiting within
A1 General Medicine	60	24	2	4														90	**93.3%**
A2 Cardiology	845	145	6	1		1												998	**99.2%**
A6 Infectious Diseases	70	2																72	**100.0%**
A7 Dermatology	2274	482	164	189	155	48	41	22	5		2	1						3383	**81.6%**
A8 Endocrinology	397	59	1	4	2	1	1											465	**98.1%**
A9 Gastroenterology	895	217	44	58	40	45	11	9	5	1	8	6	4	7	6	3	4	1363	**84.4%**
AB Geriatric Medicine	207	11		1														219	**99.5%**
AD Medical Oncology	80	2																82	**100.0%**
AF Medical Paediatrics	649	27	1															677	**99.9%**
AG Nephrology	119	14																133	**100.0%**
AH Neurology	629	146	46	45	55	54	56	49	32	26	50	66	50	41	39	44	81	1509	**77.7%**
AQ Respiratory Med	590	78	20	17	8	10	8	6	10	5	8	9	6	2	2		1	780	**89.9%**
AR Rheumatology	641	128	2															771	**99.7%**
C1 General Surgery	2079	155						1										2235	**100.0%**
C12 Vascular Surgery	243	33	5	1	1	1												284	**97.2%**
C13 Oral and Maxillofacial Surgery	923	178	47	82	48	27	10	27	28	10	10		3	3		1	1	1398	**80.8%**
C3 Anaesthetics	15	1																16	**100.0%**
C31 Chronic Pain	306	71	2	2	1													382	**98.7%**
C41 Cardiac Surgery	15																	15	**100.0%**
C5 ENT Surgery	1787	407	171	171	149	149	127	153	124	103	119	131	127	123	67	15	38	3961	**73.6%**
C7 Ophthalmology	1378	290	91	107	103	88	103	97	91	73	75	81	80	95	83	88	1331	4254	**84.0%**
C7B NHSL Cataract List	491	91		1	2	2	1	1		1		1					1	592	**98.8%**
C8 Orthopaedics	2449	566	139	157	80	85	67	52	29	24	29	18	15	9	3	1	2	3725	**83.7%**
C9 Plastic Surgery	321	17	3	2													1	344	**98.5%**
CA Surgical Paediatrics	106	8																114	**100.0%**
CB Urology	782	188	60	49	1	4	6											1090	**89.0%**
D1 Public Dental Service	67																	67	**100.0%**
D5 Orthodontics	167	18	5		3	11	2	2	2			2			1			213	**88.3%**
F2 Gynaecology	1578	67	1															1646	**99.9%**
J4 Haematology	231	60	12	19	15	20	10	13	9	3	2	1	1	1	1			398	**75.4%**
R82 Audiometry	224																	224	**100.00%**
Grand Total	20618	3485	822	910	663	546	443	432	335	246	303	316	286	281	202	152	1460	31500	**76.52%**

2.4) Capacity Plan 2016/2017

The third cycle of meetings have been held with the site teams to manage the 2016/17 Capacity Plan and to discuss the analyses of the demand, capacity and gaps for each specialty. This continues to shows significant gaps in capacity which will need to be bridged through productivity gain, redesign and where possible additionality.

2.5) Cancer Services

NHSL has consistently delivered on both standards. Overall performance remains very positive.

National Standard: 95% of all patients referred urgently with a suspicion of cancer will begin treatment within 62 days of receipt of referral. This target has been achieved.

National Standard: 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat. This target has been achieved.

Data submitted to ISD for November is:

62 Day – 95%
31 Day – 100%
**This data has not yet been validated by iSD*

The 62 day cancer standard including A&E patients, screened positive patients and all patients referred by GP/GDP urgently with a suspicion of cancer. The 31 day standard includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to 1st treatment. The current standard is that 95% of all eligible patients should wait no longer than 62 or 31 days.

3. ACTIVITY AND THEATRE ANALYSES

The Acute total activity for November can be summarised in Table 5 below: (The Total for Inpatients is NOT the sum of Electives and Emergency patients but the overall total (i.e. transfers and maternity admissions are included).

Table 5

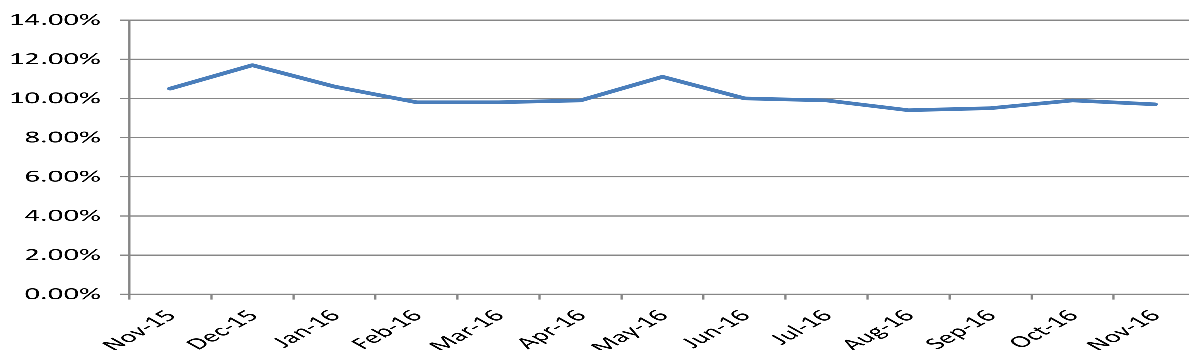
November 2016	**Elective Inpatient**	**Emergency Inpatient**	**Total Inpatient**	**Daycase**	**New Outpatients**	**New DNA Rates**
Medicine	105	3212	3335	500	4385	11.6%
Surgical	620	1423	2046	2943	7211	8.6%
Women's	99	115	1341	634	1276	8.7%
Clinical Haematology	57	1236	1296	153	75	9.6%
Care of the Elderly	1	115	148	143	262	10.6%
TOTAL	**882**	**6101**	**8166**	**4373**	**13209**	**9.7%**

Routine OPERA theatre activity reports are now being provided to the Hospital Management Teams.

The level of Did Not Attend (DNA) patients is being targeted for improvement across all specialties.

Total New Acute Services DNA Rates from November 2015-November 2016 are shown below.

Month/Year	New DNA Rate
November 2015	10.5%
December 2015	11.7%
January 2016	10.6%
February 2016	9.8%
March 2016	9.8%
April 2016	9.9%
May 2016	11.1%
June 2016	10.0%
July 2016	9.9%
August 2016	9.4%
September 2016	9.5%
October 2016	9.9%
November 2016	9.7%



4. PERFORMANCE AGAINST NATIONAL AND LOCAL AHP, PSYCHIATRY AND PAEDIATRIC SERVICES WAITING TIME TARGETS/STANDARDS FOR NOVEMBER 2016

For the majority of Allied Health Professions (AHPs), there is no national time to treatment guarantees. Nevertheless, in NHS Lanarkshire, a treatment guarantee of 12 weeks, applies to those services that are not part of a national target. The local target is that no patient aged 16 years or older will wait more than 12 weeks from referral to treatment.

In Audiology and Medical Paediatrics the national target is 12 weeks. Whilst in Child and Adolescent Mental Health Services (CAMHS) and Psychological Services, the national waiting time target is 18 weeks. As such, these targets carry significant importance in relation to national reporting arrangements. The national target for Audiology services forms part of the overall 18 week ENT treatment pathway target.

From April 2016, a 4 week developmental national target was introduced for patients with musculoskeletal (MSK) conditions. The target is that no patient aged 16 years or older will wait more than four weeks from referral to treatment.

ALLIED HEALTH PROFESSIONS

All patients who attend NHS Lanarkshire AHP services are triaged by the respective service. (Triage is a method of determining the clinical priority of patient treatments based on the severity of their condition).

It should be noted that patients with conditions that are deemed “urgent” or have “red flags” are generally seen within 24 to 48 hours of referral, for example, patients with Cauda Equina Syndrome, (a serious neurological condition causing loss of function of the lumbar plexus, within the spinal cord), or diabetic foot ulcers etc.

The standard approach within waiting times is to apply 90% of patient seen within the given target.

SERVICES ACHIEVING 100% PERFORMANCE AGAINST THEIR RESPECTIVE WAITING TIMES TARGET

There are services within NHS Lanarkshire who are achieving 100% of their patients being seen within their respective local or National waiting time target. Those services are detailed below:

- Addiction Services, National Target of 21 days
- Paediatric and Adult Audiology Services, as part of the ENT Target of 18 weeks – longest wait 12 weeks
- Non MSK Clinical and Domiciliary Podiatry, Local Target of 12 weeks - longest wait 9 weeks
- Adult Speech and Language Therapy Service, Local Target of 12 weeks - longest wait 8 weeks
- Dietetics, local target of 12 weeks - longest wait 12 weeks
- Children and Young People’s Occupational Therapy (C&YP OT) - longest wait 8 weeks
- Medical Children and Young People – Consultant Led Service, National Target 12 weeks – longest wait 12 weeks
- General Psychiatry (12 Weeks) Local Target of 12 weeks - longest wait 8 weeks
- Community Claudication Clinics, Local Target of 12 weeks -longest wait 12 weeks

SERVICES NOT ACHIEVING 100% PERFORMANCE AGAINST THEIR RESPECTIVE TARGET

For those services experiencing some minor or major challenges in their waiting times, a synopsis of their challenges are provided below. Although a few services are not meeting 100% of their respective targets, many are strong performers when compared against meeting 90% of patients treated standard.

MUSCULOSKELETAL SERVICES (MSK)

Background

While each of the services detailed below is working towards achieving the 4 weeks national waiting time target, each of the services concerned advice that given the current financial situation it not expected that this 4 week target will be able to be achieved at present.

In addition, clinical research indicates that the majority of MSK conditions will resolve within 6 weeks. This is borne out by the information contained on the NHS Inform (NHS24) website, which advises patients that most MSK injuries will settle in around six weeks

Musculoskeletal (MSK) Target

The national developmental target is that no patient aged 16 years, or older, will wait more than four weeks from referral to treatment.

MSK Physiotherapy

Performance

The performance of the MSK Physiotherapy service still remains adrift from the national 4 week target. The total number of patients waiting for treatment has remained static from the October 2016 position with a total of 5957 patients waiting.

Performance against the 4 week target shows that 36.9% of patients have been seen within the target this represents a decrease of 2.2 % from the October 2016 report.

Overall, however, 91.4% of patients are being seen within 12 weeks of the referral.

The service continues to report a significantly high number of vacancies due to either maternity leaves or staff being promoted to posts within NHS Lanarkshire or obtaining positions within other Boards. The recruitment to the vacancies is being carried out as rapidly as possible.

The localities with the most significant waiting times are shown in the table below.

MSK Physiotherapy Longest Waiting Times	**November 2016**
Locality	**Waiting Time (Weeks)**
North	20
CamG'len	19
Airdrie and Coatbridge	22
Wishaw	18
Hamilton	20

Proposed Remedial Action

The service continues, where possible, to provide additional evening clinics in an effort to reduce the waiting times. As a short term measure, the redeployment of staff from other localities is still being utilised

In addition, the Board has contracted with Glasgow Caledonian University to refer MSK physiotherapy to the university's on-site clinical facility. This will see NHS Lanarkshire patients being treated by senior physiotherapy students supervised by a physiotherapy lecturer. It is

anticipated that the service will commence in early January 2017 and will provide additional capacity in the physiotherapy treatment of MSK patients.

MSK Podiatry/Biomechanical Service

Performance
The current MSK podiatry performance against the national target has improved significantly during November and now stands at 77%, which is a 10% increase in performance since the October report. Currently, the longest wait in the service is within the Motherwell locality and stands at 10 weeks.

Proposed Remedial Action
Work is being undertaken to streamline the referral process and increase the efficiency of the service.

MSK Occupational Therapy (OT) Hand Clinics

Performance
The OT MSK hand clinic, performance has reduced to 54.8%, representing a reduction of 23% from the October 2016 report position against the four week target. However, the long waiting time for the service is currently 7 weeks.

Proposed Remedial Action
The service report that this reduction in performance is due to this sickness absence and as this is an extremely small service any staff absence has a major impact. The service continues to monitor and endeavour to improve their performance against the four week target.

MSK Orthotics

Performance
The overall performance of the MSK orthotic service is that currently 60.5%, of patients are seen within four weeks, which is an increase of 5.4% since the last report.

Proposed Remedial Action
The service continues to work within the redesign of Trauma and Orthopaedics along with other AHP MSK services to examine further ways to streamline the referral process and increase the efficiency of the service.

OTHER AHP AND COMMUNITY SERVICES

Children and Young Peoples Speech and Language Therapy (C&YP SLT)
Target
No patient aged below 16 years will wait more than 12 weeks from referral to treatment.

Performance
In the C&YP, SLT service, there are two localities who are breaching the 12 week local target. These localities are detailed in the table below. The performance of the Hamilton locality has dramatically improved from the October 2016 position of 22 weeks and now stands at 13 weeks. Unfortunately, the performance of the Coatbridge locality has deteriorated by two weeks from the October position.

C&YP SLT Longest waits	September 2016	October 2016

Locality	Waiting Time (Weeks)	Waiting Time (Weeks)
Coatbridge	17	19
Hamilton	22	13

Proposed Remedial Action
The speech and language therapy service has been allocated waiting time initiative monies by the North Health and Social Care Partnership to assist in bringing their waiting times back to target by the end of March 2017.

The service is still in pursuit of the benefits realisation through the use of TrakCare, particularly in regard to electronic collation and scheduling. It is being predicted that the use of TrakCare scheduling will bring at least a 10% increase in SLT clinical time.

Rheumatology Occupational Therapy (OT)

Target
No patient aged 16 years or older will wait more than 12 weeks from referral to treatment.

Performance
The performance of the rheumatology Occupational Therapy service continues to deteriorate. The longest wait within the service is now standing at 33.5 weeks

At the inception of this service, there were two rheumatology consultants. Currently, the number of consultants within the service has risen over time to 8. Over this time period there has been no increase in the number of rheumatology occupational therapy staff.

The associated risks continue to be monitored on a monthly basis, and updated via the South-East Unit risk register.

Proposed Remedial Action
A short-term measure waiting time initiative monies have been made available by the South Health and Social Care Partnership up until the end of March 2017, to support the service in an effort to improve their waiting times. However, a sustainable solution requires to be found to this issue.

PSYCHIATRIC AND MENTAL HEALTH SERVICES
ADULT MENTAL HEALTH SERVICES

Target
No patient aged 16 years or older will wait more than 12 weeks from referral to treatment.

Performance
Overall, 97.8 % of patients within the adult mental health service are being seen within 12 weeks. At present, there are 18 patients currently breaching the 12 week target.

Of the 18 patients breaching, 15 are within the Hamilton locality, whilst the remaining 3 are within the East Kilbride locality. The service reports that these waiting time issues continue to be due to a combination of factors, which consist of a significant number of consultant vacancies combined with a national shortage of suitably experienced medical staff.

Proposed Remedial Action

The service has advised that, where possible, additional clinics have been instigated to support the service. Weekly monitoring of the service is being carried out by the senior management of the mental health service.

OLD AGE PSYCHIATRY CLINICS
Target
No patient aged 16 years or older will wait more than 12 weeks from referral to treatment.

Performance
Overall, 96 % of patients within old age psychiatry clinics are being seen within 12 weeks. Presently, there are 13 patients breaching the 12 week target, representing a reduction of 3 patients from the October 2016 report.

An overview of the longest waiting times for Old Age Psychiatry clinics is given in the table below.

Old Age Psychiatric Outpatients Clinics Longest Waiting Times	October 2016	November 2016
Locality	Waiting Time (Weeks)	Waiting Time (Weeks)
Wishaw	22	23
Hamilton	16	15
Clydesdale	16	14

As can be seen from the table above, with the exception of the Wishaw locality there has been minor improvement within Hamilton and Clydesdale localities

Proposed Remedial Action
The mental health service management team reports that there have been at a significant number retirements within the service. A recruitment exercise to fill these vacant posts is still in the process of being completed.

The management team continues to meet with each of the teams to discuss their plans to make sure there is an improvement in the overall performance of the service.

Psychological Therapies

Target
No patient aged 16 years or older will wait more than 18 weeks from referral to treatment. This target forms part of a Scottish government RTT.
Performance
The psychological therapies completed waits, Scottish return, shows that 89.8% of patients have been seen within the target at the end of October 2016.

Proposed Remedial Action
The Director for Psychological Therapies continues to closely monitor the waiting times of the service

Child and Adolescent Mental Health Services (CAMHS)

Target

No patient aged 18 years or older will wait more than 18 weeks from referral to treatment. This is a target which forms part of a Scottish Government RTT.

Performance
The October 2016 performance figures in connection with the CAMHS service indicate that 71.69 % of patients were seen within the 18 week National access target.

Proposed Remedial Action
The service has developed an action plan to ensure that they meet the target and have also instigated waiting list initiative clinics within the current staffing resource.

Did Not Attends
Work is continuing on the DNA rates across all the services linked to the waiting times capacity planning group. A number of services have started using a free text reminder service which was developed in-house by the eHealth colleagues, allowing text messages to be sent free of charge.

Overall, there is an improving picture regarding DNA rates across the majority of services scrutinised at the waiting times and capacity planning meetings.

5. UNSCHEDULED CARE

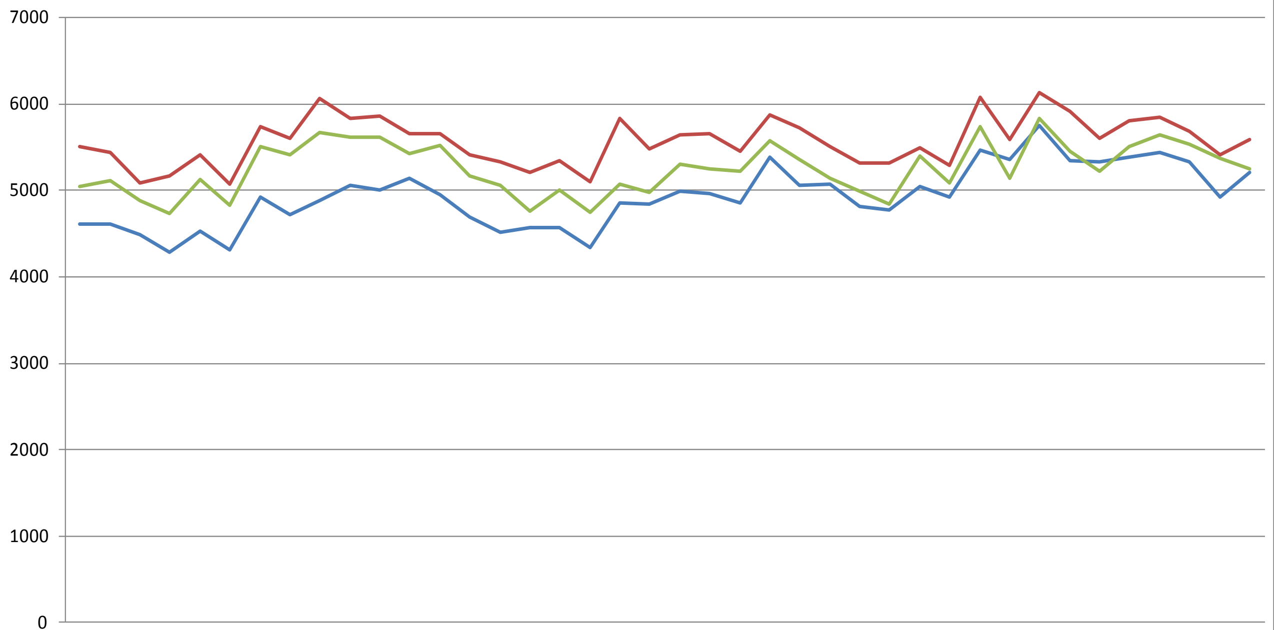
NATIONAL STANDARD: 95% of patients attending Accident & Emergency to be admitted discharged or transferred within 4 hours of arrival.

The delivery of a sustained improvement in the performance against the 4 hour Emergency Department standard remains a key priority area for NHSL. There has been an ongoing substantial clinical and managerial focus on this issue with a focus to improve patient safety and quality.

Considerable progress has been made in this area with 2 of the 3 Acute sites demonstrating sustained improvement. In recent months, however, the Hairmyres site has struggled to maintain this improvement in the face of increased patient numbers but is now showing improvement. The Board receives monthly updates on performance, including updates on the improvement plans for each site. These are received either at the main Board meeting or at the Planning Performance and Resources Committee. All 3 sites delivered an improved performance during December 2016 as compared to December 2015, despite an increase of 112 patients seen across the 3 Emergency Departments.

Performance over the Christmas and New Year period has been challenging, with all 3 sites seeing high numbers of admissions. Staff have worked hard to address the issues of high volume and high acuity and since the 12th January performance has improved.

The table below compares overall attendances by site at all 3 sites between September 2013 and December 2016.



	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
Hairmyres	4615	4612	4493	4286	4525	4307	4921	4718	4874	5060	4999	5142	4945	4696	4519	4563	4568	4342	4848	4840
Monklands	5502	5441	5085	5160	5405	5074	5733	5605	6068	5837	5856	5653	5661	5410	5330	5207	5347	5096	5835	5473
Wishaw	5037	5110	4878	4726	5123	4828	5504	5413	5667	5611	5615	5427	5518	5166	5054	4764	5000	4751	5074	4977

	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Hairmyres	4989	4963	4847	5382	5053	5071	4816	4771	5042	4922	5463	5352	5754	5348	5323	5387	5432	5325	4922	5208
Monklands	5643	5657	5450	5877	5724	5507	5318	5310	5495	5286	6074	5587	6123	5914	5606	5808	5847	5676	5408	5585
Wishaw	5295	5251	5215	5573	5361	5141	4984	4843	5390	5086	5733	5136	5836	5454	5221	5511	5636	5529	5372	5250

The Lanarkshire Unscheduled Care Improvement Board has provided a forum for unscheduled care strategic planning and service redesign with integration lead colleagues from both North and South Lanarkshire partnerships.
From April 2016 the planning and delivery responsibility for unscheduled care has moved to the new Joint Improvement Boards (JIBS). It has been agreed that service delivery will continue to be led by the Acute service team; however joint working is integral to this model of service delivery. This forum has now been integrated with the Delayed Discharge Programme Board.

Hospital Site Directors presented updates on performance at the Acute OMC on 23rd November 2016.

Each site has improvement plans in place based around the 6 ‘key essentials’ to support changes to improve the delivery of unscheduled care. Medical staffing pressures continue within our Emergency Departments across all 3 sites; this is a particular problem out of hours and over the weekend period.

Performance

The tables below give the weekly performance by site for November 2016 and December 2016.

November	Performance				
	HM	MK	WG	NHSL	NHS Scotland
Weed Ended 06/11/16	90.71%	96.96%	90.87%	92.9%	93.6%
Week Ended 13/11/16	94.46%	92.49%	87.79%	91.5%	92.9%
Week Ended 20/11/16	93.91%	97.01%	84.85%	91.9%	91.6%
Week Ended 27/11/16	91.02%	94.80%	88.04%	91.3%	92.8%
Monthly Total – November	93.01%	95.34%	86.88%	91.71%	

December	Performance				
	HM	MK	WG	NHSL	NHS Scotland
Week Ended 04/12/16	89.43%	97.83%	85.12%	90.94%	91.8%
Week Ended 11/12/16	86.56%	96.22%	87.39%	90.28%	89.9%
Week Ended 18/12/16	89.64%	94.04%	90.99%	91.61%	90.2%
Week Ended 25/12/16	93.18%	94.51%	92.99%	93.59%	93.5%
Week Ended 01/01/17	92.83%	95.16%	93.86%	93.95%	92.3%
Monthly Total – December	90.32%	95.52%	90.21%	92.10%	

December Performance is 92.10%, a slight increase on the November performance of 91.71%.

8 and 12 Hour Waits

November	8 Hours Waits					12 Hour Waits				
	HM	MK	WG	NHSL	NHS SCOTLAND	HM	MK	WG	NHSL	NHS SCOTLAND
Week Ended 06/11/16	**13**	**0**	**5**	**18**	**100**	**2**	**0**	**1**	**3**	**14**
Week Ended 08/11/15	1	6	12	19	81	0	0	5	5	16
Week Ended 13/11/16	**4**	**2**	**28**	**34**	**163**	**0**	**0**	**3**	**3**	**15**
Week Ended 15/11/15	2	0	25	27	97	0	0	0	0	22
Week Ended 20/11/16	**8**	**1**	**33**	**42**	**196**	**0**	**0**	**3**	**3**	**41**
Week Ended 22/11/15	4	0	15	19	90	0	0	1	1	3
Week Ended 27/11/16	**4**	**2**	**26**	**32**	**139**	**0**	**0**	**9**	**9**	**24**
Week Ended 29/11/15	3	0	14	17	75	0	0	0	0	4

December	8 Hours Waits					12 Hour Waits				
	HM	MK	WG	NHSL	NHS SCOTLAND	HM	MK	WG	NHSL	NHS SCOTLAND
Week Ended 04/12/16	**13**	**0**	**20**	**33**	**176**	**2**	**0**	**2**	**4**	**38**
Week Ended 06/12/15	14	0	5	19	75	7	0	1	8	11
Week Ended 11/12/16	**33**	**0**	**10**	**43**	**284**	**13**	**0**	**0**	**13**	**48**
Week Ended 13/12/15	37	0	35	72	172	4	0	12	16	18
Week Ended 18/12/16	**15**	**5**	**15**	**38**	**253**	**1**	**0**	**1**	**2**	**22**
Week Ended 20/12/15	17	1	19	37	106	10	0	1	11	14
Week Ended 25/12/16	**7**	**8**	**8**	**23**	**74**	**4**	**1**	**0**	**5**	**8**
Week Ended 27/12/15	7	0	2	9	32	1	0	0	1	1
Week Ended 01/01/17	**7**	**2**	**3**	**12**	**98**	**0**	**0**	**0**	**0**	**6**
Week Ended 03/01/16	4	0	16	20	113	0	0	0	0	7

The tables above set out the weekly level of 8 and 12 hour waits within Lanarkshire compared to the rest of Scotland. Reducing the number of 8 and 12 hour waits remains a priority for each of the sites. During the month of December there were 139 x 8 hour waits and 23 x 12 hour waits reported in NHS Lanarkshire, whilst during the month of November there were 135 x 8 hour waits and 26 x 12 hour waits reported in NHS Lanarkshire.

The following summarises the key improvement activities at site level:

Hairmyres

The performance for December was 90.28%, compared to 93.01% in November 2016. In December the number of patients who waited for more than 8 hours was 54 and there were 20 patients who waited more than 12 hours. In November 23 patients waiting over 8 hours and no patients waited over 12 hours. The attendance levels were significantly higher in December. In December there was an imbalance, in terms of Emergency Admissions against discharges, with 41 more discharges across the month (1669 admissions, 1710 discharges).

The percentage of discharged occurring before midday has improved throughout December and this is likely to be as a result of daily focus on this aspect. This will remain a focus of our improvement plan going foward.

As reported previously the Hairmyres site went onto 3 times daily Government reporting for a short period in November and this was discontinued on 18 November 2016. The attendance levels at ED were lower than in October but higher than in November 2015. Improvement was noted in all four ED Flow groups compared to October 2016. There was a slight imbalance between admission and discharge numbers across the month, showing that further improvement work is needed in this area.

In November, Homecare delays and CCA's continued to be a challenge with numbers high. In December delays over 3 days remained high. Work is being done with colleagues in South Health & Social Care Partnership to provide continued focus to this. CCA numbers remain relatively consistent.

The recent T&O reconfiguration has worked well in this transition phase with weekly monitoring in place to pick up on operational challenges. The Glasgow reconfiguration from 2015 is continuing to have an impact on ED attendances and admission numbers.

Nurse recruitment has been significant with a major cohort (42 staff) of newly qualified staff joining in November.

Wishaw Hospital
The performance for December was 90%, compared to 87% in November 2016. In December the number of patients who waited for more than 8 hours was 50 and there were 2 patients who waited more than 12 hours. In November 106 patients waiting over 8 hours and 26 patients waited over 12 hours.

Medical staffing in ED continues to be a challenge despite several adverts we have been unable to recruit and are reliant on locum cover. Plans are in place to enhance the current pull model in January but that is dependent on recruiting another locum consultant to open the short stay ward at present we have identified a locum willing to take up post and hopefully this will be in place by January.

We have been successful in recruiting a Band 7 MSK practitioner who will take up post early next year. The ANPs are rota has been amended to meet demand as these staff have now further developed their skills and can take a more active role in clinical decision making..

Improvement work within the department continues. The new Triage system within ED is, ensuring patients are triaged to the most appropriate category to reflect clinical safety and building in time frames for appropriate assessment. However there is a need to ensure appropriate plans are in place to support any change in patient categories and flow in the ED which is currently being scoped.

Promotion of the discharge lounge continues on a daily basis and discharges before noon are improving. The traffic light system continues in the Emergency Care Unit to keep patients for same and next day discharge within the unit and not transferred to a Speciality bed. Delayed discharges on the site continue to be high particularly around CCAs. Over the past few weeks we have also seen an increase in admissions into medicine of around 100 additional patients per week.

Monklands Hospital
Performance for December was 95.52%, compared to 95.32% in November and 95.5% in October. In December, the main reason for patients breaching was Time to First Assessment (38% - 95 patients), the second reason was Wait for Bed (21% - 52 patients) and the third reason Clinical Exception (19% - 47 patients). In November, the main reason for patients breaching was Time to First Assessment (45%-114 patients), second reason was Clinical Exception (18% - 45 patients) and the third reason Wait for Bed (11%-27 patients). There has been improvement against the month of November's performance for both the acute assessment and surgical flow groups.

For the month of December there were 18 breaches in relation to patients waiting for transport, 5 of these waits were over 8 hours including 1 over 12 hours. This patient that waited over 12 hours was a 92 year old lady who was brought in from a nursing home via ambulance at 1pm with a collapse/unresponsive. The patient was discharged from ED following assessment and an ambulance booked at 3.30pm. The patient had a past medical history of vascular dementia and MI. The ambulance did not arrive for this patient until 3.30am. Every effort was made to ensure that the patient was kept comfortable throughout this stay and that the family were kept appraised of the situation.

On Saturday 26th November, the Emergency Receiving Unit moved 24 beds out of the existing location and up into the medical tower. This has allowed the left over space to function as a Medical Assessment Unit with a greater emphasis on assessment and discharge, use of

Ambulatory Emergency Care or short stay. The new areas will be known as the Medical Assessment Unit (MAU) and Acute Medical Receiving Unit (AMRU). Daily huddles are being held at the end of each day with key stakeholders to evaluate the processes and allow feedback from all staff group. Initial feedback has been positive and the Directorate Team are in the process of developing key performance indicators that will allow a more formal evaluation of the move.

Enabling work has begun within the Emergency Department to allow the capital build for the Rapid Assessment & Treatment (RAT) build to begin in late January/early February 2016.

A Transitional Care ward has opened to cohort those patients deemed as 'complex' discharges. These are patients that require minimal medical input and will allow community partners and the discharge hub to concentrate their efforts on this one area on a daily basis.

Time of day of Discharge remains variable with only 13%-16% of discharges before noon however November saw a slight improvement compared to previous months'. A significant amount of work is required to achieve the 40% outlined within the 6 Essentials Actions and discussions are ongoing with the Service Improvement Manager to agree an action plan.

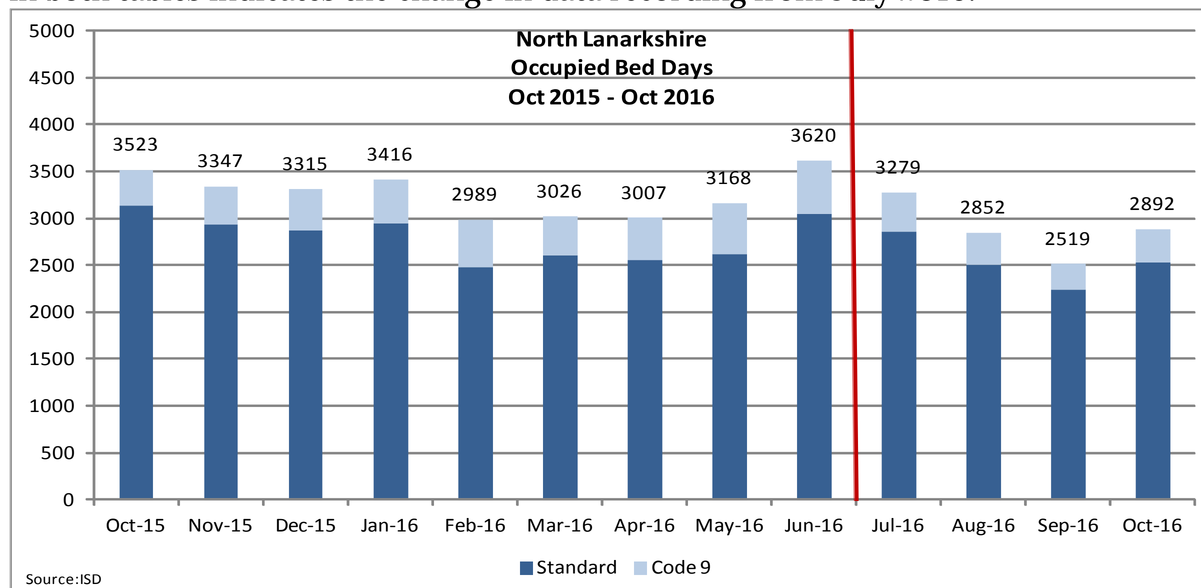
Risk

There are 2 main risks to achieving the target. Firstly the availability of senior clinical decision makers in the 3 Emergency Departments; this is a particular risk at Wishaw at weekends. Gaps at middle grade rota remains a cause for concern with consultant staff covering at Hairmyres. Secondly, the increased volume of attendances and admissions at Hairmyres is a concern. Over recent months the other 2 sites have also witnessed a volume increase.

6. DELAYED DISCHARGES

Occupied Bed Days and Total Delays at Census – North Lanarkshire

Due to revised data definitions and national data requirements information published in reports prior to July 2016 cannot be used in direct comparison to currently published figures. A red line in both tables indicates the change in data recording from July 2016.



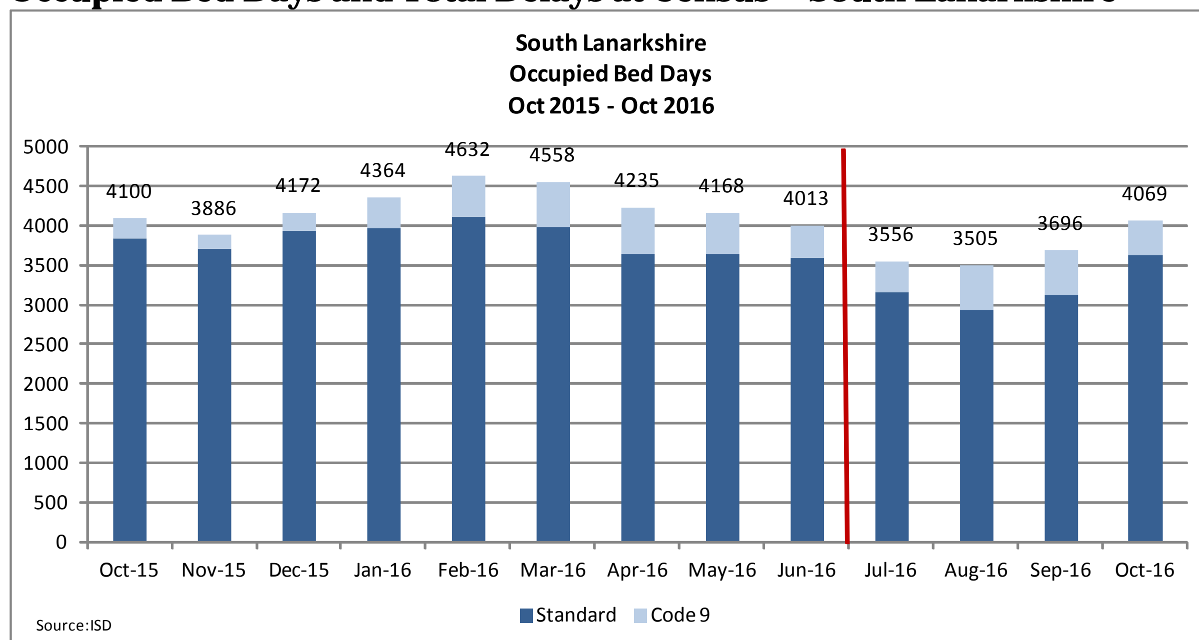
The North Partnership continues to face challenges which have affected performance; these include completing complex assessments within agreed timeframes, limited care home availability and care homes reluctant to admit service users on a short term basis. Improvement activity is underway across the following areas:

- **Improving Flow:** An updated Choices Protocol is being implemented, involving early notification to relatives/others that patients may require a discharge temprorarily to a care home when the care home of choice has no availability. In addition, weekly ward MDTs in key acute wards and off-site facilities, attended by community staff, will support more proactive discharge planning.

- **Reducing Delays:** Additional Social Worker and MHO capacity has been recruited to support improved performance around complex assessments and the AWI process. In addition, the use of 13ZA legislation and Interim Orders is being reviewed to support earlier discharge to a more homely environment for AWI patients. Daily conference calls between acute sites and health and social care have been instigated, supported by a daily barometer, to allow proactive management and early escalation of issues.

- **Understanding ED Attendance:** A piece of research has been commissioned to gain a better understanding of the reasons for attendance, services people have accessed before presenting at ED and the potential alternatives available. This will be undertaken within Monklands and Wishaw Emergency Departments throughout December and January.

Occupied Bed Days and Total Delays at Census – South Lanarkshire

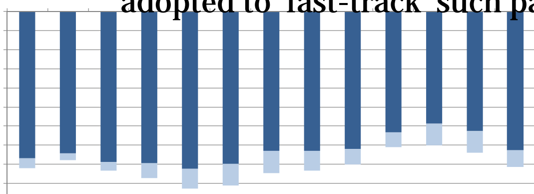


South Partnership has identified a range of actions to improve delayed discharge performance over winter and which will continue beyond winter months. The actions focus on areas of challenge to the partnership.

Increasing Flow Across the Hospital/Community

Providing increased intermediate care provision will improve patient flow through hospitals whilst providing greater opportunities to maximise patient's independence.
Work is progressing with key clinical staff to consider how to implement this in this financial year.

It is proposed to care for any future AWI patients in a single area within an off-site hospital. Work is also in hand to ensure local solicitors have been advised of the mechanisms being adopted to 'fast-track' such patients through the respective processes.



An updated 'Choices Protocol' has been agreed and is now being implemented to further support early discharge. This includes early notification to relatives/others that patients will require to be discharged temporarily to a care home when the home they would choose to go to has no availability.

Reducing Delayed Discharges

Re-designating 10 local authority care home beds from respite/long term care beds to intermediate care beds will immediately make extra 10 beds available to manage patients who would previously have been categorised as delayed discharge and in a hospital bed over the winter period. By ensuring good flow through these beds, this creates an additional 10 beds of capacity for acute colleagues and will assist in reducing the number of DDs across the system. These patients will be supported in residential care beds with appropriate inputs from the Integrated Community Support Teams and GPs.
Work is progressing to consider whether there can be more such beds made available beyond the winter period.

7. RECOMMENDATIONS

The Board members are asked to note:

- The maintenance of the Treatment Time Guarantee for the majority of elective patients despite significant pressures.
- The achievements of the Referral to Treatment Target.
- The very positive performance in Cancer Waiting Time.
- The improvement at Monklands and Hairmyres and the prioritised actions in the three distinct areas being implemented to address the performance gap.

8. CONCLUSION

Unscheduled Care continues to be an area of significant concern and an on-going challenge for the Acute Division. All sites have improvement plans in place and work is on going across a wide range of activities to improve flow.

Planned care is an emerging challenge, which will require active management over the next few months in advance of planned reconfiguration to provide increased capacity.

9. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Heather Knox,
Telephone: 01698 858088

HEATHER KNOX
DIRECTOR OF ACUTE SERVICES
16 January 2017