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

Meeting of
Lanarkshire NHS Board – 29th March 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.
Work is underway to re-structure future Board reports to reflect the work of both H&SCPs in delivering key aspects of unscheduled care delivery/performance.

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.
There will be 6 new performance measures for H&SCPs in 2017/18 which will seek to introduce system wide-measures to bring about improvement in unscheduled care, delayed discharges, end of life care and increase the balance of care provided outwith a hospital environment.

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.

- Delayed discharges are also recognised as an area of risk and a range of initiatives are in place to improve system wide working to address the same.

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 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
17 March 2017

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

Meeting of
Lanarkshire NHS Board – 29th March 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 January 2017.
- AHP and mental health waiting time access guarantees and targets set by the Scottish Government as at the end of January 2017.
- The 4 hour Emergency Department standard until the end of February 2017.
- Delayed Discharge performance against trajectories.

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 January there were a total of 1662 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 31st January 2017.

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	36									36	**100.0%**
A2 Cardiology	78									78	**100.0%**
A7 Dermatology	4	1								5	**100.0%**
A9 Gastroenterology	1									1	**100.0%**
AD Medical Oncology	1									1	**100.0%**
AG Nephrology	4									4	**0.0%**
AH Neurology	1									1	**0.0%**
AQ Respiratory Med	15									15	**100.0%**
AR Rheumatology	8									8	**100.0%**
C1 General Surgery	835	178	31	39	42	43	45	39	179	1431	**70.8%**
C12 Vascular Surgery	86	27	4	2	2	3	2			126	**89.7%**
C13 Oral and Maxillofacial Surgery	142	24		2	1	1	1	1	2	174	**95.4%**
C31 Chronic Pain	80	15							1	96	**99.0%**
C5 ENT Surgery	336	30	2	4	4		2	2	6	386	**94.8%**
C7 Ophthalmology	100	18	1	1	2	3	2	1	63	191	**61.8%**
C7B NHSL Cataract List	542	230	52	37	43	14	19	24	76	1037	**74.4%**
C8 Orthopaedics	814	227	66	36	42	55	45	42	432	1759	**59.2%**
CA Surgical Paediatrics	28		1							29	**96.6%**
CB Urology	400	73	18	15	12	12	9	6	46	591	**80.0%**
D1 Public Dental Service	108									108	**100.0%**
F2 Gynaecology	479	83	7	6	6	3		2	3	589	**95.4%**
H1 Clinical Radiology	38	1								39	**100.0%**
J4 Haematology	0	1								1	**0.0%**
Grand Total	4136	908	182	142	154	134	125	117	808	6706	**75.2%**

The TTG performance for the month of January is 75.2%, which is a reduction from the December figure of 76.4%

At 31st January 2017 718 orthopaedic patients had breached their TTG. The numbers remain high due to the challenges in medical staffing rotas and availability of staffed theatre sessions and a dedicated programme of work is underway to provide additional capacity from Summer 2017.

There were 338 ophthalmology patients who breached their TTG in January, a reduction from the December position of 389.

In addition there are pressures in General Surgery, OMFS, ENT, Urology, Gynaecology, and Vascular. 418 General Surgery patients breached their TTG, an increase from the December position of 345. 8 OMFS patients breached their TTG, compared to 10 in December. There was a reduction from 38 in December to 20 in January for ENT patients breaching their TTG. 118 Urology patients breached their TTG in January, an increase from the December position of 97. 27 Gynaecology patients breached their TTG in January, a slight increase from the December position of 22.

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 orthopaedic redesign has generated improved capacity at Monklands for general surgery, urology and ENT since November 2016 and this will be realised during 2017/18.

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.

January performance is detailed below:
Combined performance was 81.8% - down from 84.1% in December
Admitted performance was 65.6% - up from 61.6% in December
Non-admitted performance was 83.9% - down from 88.0% in December

This drop in performance is in part related to the additional activity being performed in outpatients, aimed at reducing long waits in certain specialties.

It is also worth noting that Dermatology non-admitted performance has dropped to 73.7% (91.6% in Jan).This is in part due to a sharp rise in long waits being seen and in part due to a drop in activity (clock stops). Dermatology has often been viewed as a significant specialty in terms of volume and key to a good RTT non-admitted performance. Consultant vacancies are contributing to a significant drop in capacity.

Note that the Ophthalmology Acute Referral Clinic clock stops were added this month and accounted for 150 non admitted clock stops within 18 weeks in the month of January.

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

Dermatology	73.7% (91.6% in December)
Ophthalmology	57.7% (57.7%)
ENT	45.6% (63.5%)
Urology	78.7% (94.0%)
Neurology	50.0% (74.2%)

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

The notable specialties below 70% admitted performance were

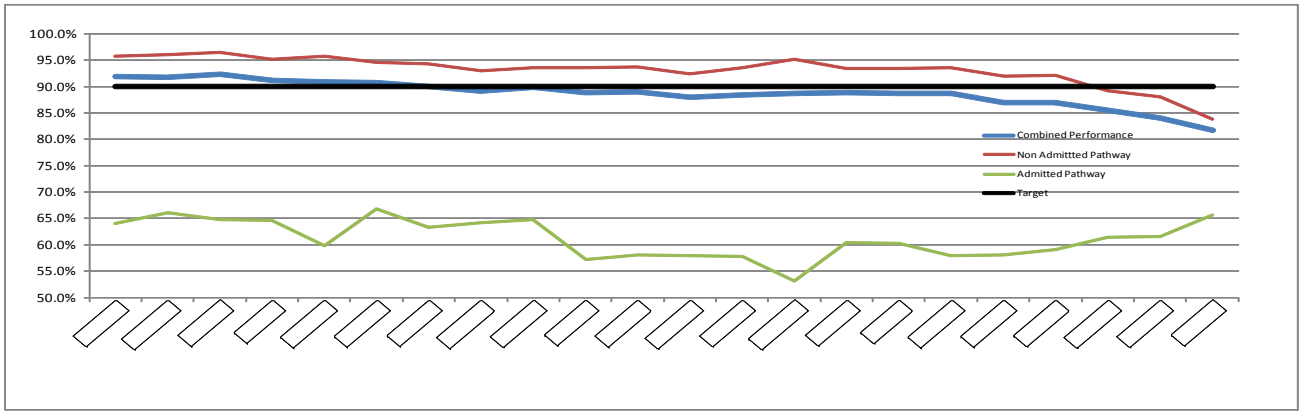
Oral & Max Fax	13.6% (13.6% in December)
General Surgery	69.29% (62.9%)
Ophthalmology	27.2% (29.3%)
Orthopaedics	39.3% (28.3%)

Clinic Outcome completeness is up on the previous month at 88.4% (87.4%)

The overall performance of the Board has decreased 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 1662 TTG patients who breached in January 2017. The target for year end is 1750.

The table below shows the number of cancelled elective operations in January. 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.

January

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	989	89	15	21	53	
Monklands	710	69	29	6	34	
Wishaw	715	92	38	23	31	
NHS Lanarkshire	2414	250	82	50	118	0

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

At 31st January 2017 there were 8564 patients waiting over 84 days. During January, NHS Lanarkshire saw 72.1%/69.9% of patients within 84 days. The target for year end is to deliver between 6-7000 patients waiting over 12 weeks.

There are significant challenges in a number of specialties including Ophthalmology and ENT. The Access Support Team have put in place additional capacity to recover the position.

Table 4

Outpatient Waiting List Census | **Patients Waiting** as at 31st January 2017

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	47	10	1	1	4	3	1	2		1								70	82.9%
A2 Cardiology	708	180	8	13	7	3	7	2	1									929	95.6%
A6 Infectious Diseases	80	2																82	100.0%
A7 Dermatology	2027	478	145	178	127	115	122	121	78	39	15	9	4	3		1	1	3463	74.4%
A8 Endocrinology	337	85	11	18	17	22	10	1		1								502	84.3%
A9 Gastroenterology	694	86	41	25	22	24	9	5	2	5	1	1	1	2	1			919	86.1%
AB Geriatric Medicine	202	14																216	100.0%
AD Medical Oncology	67	6																73	100.0%
AF Medical Paediatrics	631	131																762	100.0%
AG Nephrology	124	31	1															156	99.4%
AH Neurology	527	157	54	31	38	54	45	42	39	51	37	44	32	54	51	42	159	1457	79.2%
AQ Respiratory Med	501	39	8	17	4	3	1	5	3	1	1					1		584	93.0%
AR Rheumatology	473	145	57	17	10	7	1											710	87.0%
C1 General Surgery	1963	305	1															2269	100.0%
C12 Vascular Surgery	178	38	10	9	12		2	1		1								251	86.5%
C13 Oral and Maxillofacial Surgery	767	253	76	55	50	72	81	59	17	6	3	12	2	2	1	2	6	1464	72.0%
C3 Anaesthetics	6																	6	100.0%
C31 Chronic Pain	236	101		3	1													341	98.8%
C41 Cardiac Surgery	9																	9	100.0%
C5 ENT Surgery	1648	482	151	150	124	177	159	152	93	115	98	120	134	80	112	79	135	4009	74.9%
C7 Ophthalmology	1026	333	123	127	95	100	118	76	94	97	65	70	89	88	87	76	1271	3935	81.4%
C7B NHSL Cataract List	437	76	29	1	1		2	1	1									548	93.6%
C8 Orthopaedics	2071	546	177	149	128	127	86	87	50	56	39	35	34	15	20	9	10	3639	77.9%
C9 Plastic Surgery	275	55																330	100.0%
CA Surgical Paediatrics	105	17																122	100.0%
CB Urology	672	216	62	26	27	60	48	30	10	8	4	3	2		1			1169	77.5%
D1 Public Dental Service	90																	90	100.0%
D5 Orthodontics	80	44	11	20	13		1	3			1							173	72.3%
F2 Gynaecology	1501	264																1765	100.0%
J4 Haematology	211	56	22	16	14	16	11	4	6	2	1	1		1				361	75.3%
R82 Audiometry	229	20	3															252	98.81%
Grand Total	17922	4170	991	856	694	783	704	591	394	383	265	295	298	245	273	210	1582	30656	72.06%

2.4) Capacity Plan 2016/2017

The fourth cycle of meetings have been held with the site teams and the emphasis has moved to the 2017/18 Capacity Plan and to understand the analyses of the demand, capacity and gaps for each specialty. The 2017/18 plan 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 January is:

62 Day – 95.5%
31 Day – 97.4%

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 December 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

January 2017	**Elective Inpatient**	**Emergency Inpatient**	**Total Inpatient**	**Daycase**	**New Outpatients**	**New DNA Rates**
Medicine	133	4518	4663	748	4158	11.5%
Surgical	570	1517	2094	2677	6671	9.3%
Women's	72	108	1442	528	1191	8.0%
Clinical Haematology	17	6	26	511	143	7.7%
Care of the Elderly	9	215	260	0	259	5.5%
TOTAL	**801**	**6364**	**8485**	**4464**	**12,422**	**9.9%**

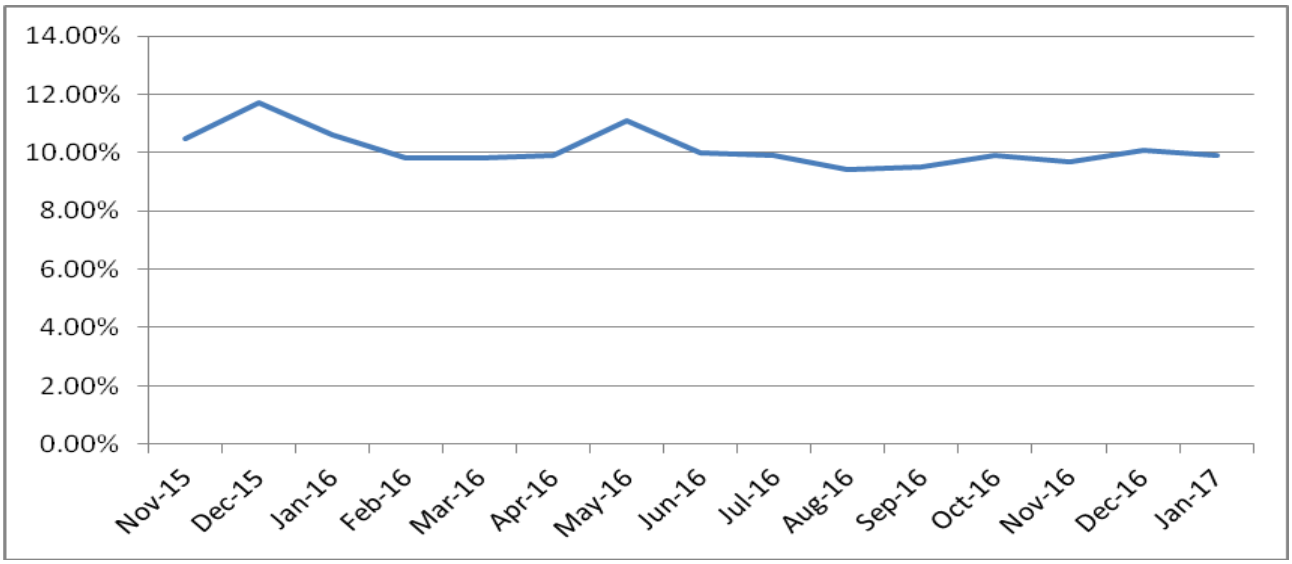
Routine OPERA theatre activity reports are now being provided to the Hospital Management Teams.

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

Total New DNA Rates from November 2015-January 2017 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%
December 2016	10.1%
January 2017	9.9%



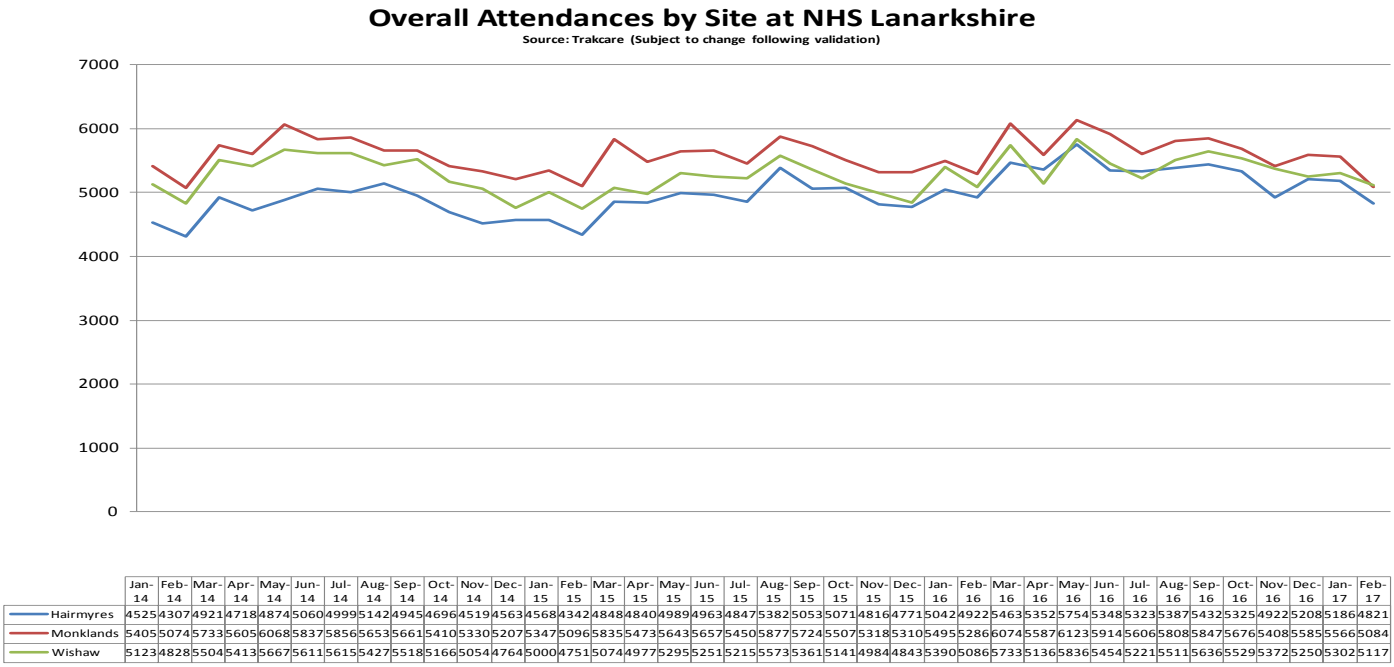
4. UNSCHEDULED CARE

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; volumes are up 8% on the previous year.
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.

The table below compares overall attendances by site at all 3 sites between January 2014 and February 2017.



	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	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	Jan-17	Feb-17
Hairmyres	4525	4307	4921	4718	4874	5060	4999	5142	4945	4696	4519	4563	4568	4342	4848	4840	4989	4963	4847	5382	5053	5071	4816	4771	5042	4922	5463	5352	5754	5348	5323	5387	5432	5325	4922	5208	5186	4821
Monklands	5405	5074	5733	5605	6068	5837	5856	5653	5661	5410	5330	5207	5347	5096	5835	5473	5643	5657	5450	5877	5724	5507	5318	5310	5495	5286	6074	5587	6123	5914	5606	5808	5847	5676	5408	5585	5566	5084
Wishaw	5123	4828	5504	5413	5667	5611	5615	5427	5518	5166	5054	4764	5000	4751	5074	4977	5295	5251	5215	5573	5361	5141	4984	4843	5390	5086	5733	5136	5836	5454	5221	5511	5636	5529	5372	5250	5302	5117

The Lanarkshire Unscheduled Care Improvement Board provides 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 moved to the new Joint Improvement Boards (JIBS). Service delivery continues to be led by the Acute service team; joint working is integral to this model of service delivery.

Hospital Site Directors will present updates on performance at the Acute OMC on 22nd March 2017.

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.

Risk To Service Delivery

The availability of emergency medicine medical service decision makers features as one of 2 very high risks for the Acute Division.

There are consultant vacancies within Monklands and Wishaw hospitals. Backfill continues to be sourced for both short and long term locums through traditional recruitment routes and agencies for consultant, middle grade and trainee gaps. The existing consultant establishment (on all sites) are also undertaking a considerable number of additional hours with a high proportion of these being evenings, overnight or at weekends. The vacancies and gaps are as follows:

Wishaw General Hospital; The position has moved to a very high risk status. There are four consultant vacancies plus one Consultant on a part-time secondment. Three of these gaps are being back-filled through agency cover. There are two middle grade vacancies within the department that have long term locum cover in place, however, this is at a more junior level. There are two trainee doctor vacancies for February 2017 that have backfill in place. In addition the department have recently recruited to an MTI position who

commenced in December 2016. The department is being supported by expanded MINTS nurse staffing, but the risk level for medical staffing in the department remains at 'very high'.

Monklands Hospital; There is one Consultant vacancy that has a long term Locum in post. The Specialty Doctor post also has locum backfill in place. There were two trainee vacancies plus a maternity leave for the February 2017 changeover, all of which have backfill in place.

Hairmyres Hospital; There is one Consultant vacancy, however, this post has been filled with the successful candidate taking up appointment early February 2017. An additional Locum Consultant is in post. There is a 0.4 wte Specialty Doctor vacancy with no consistent backfill in place. Two senior trainees are less than full time, one of which has departed on maternity leave for which there is no backfill in place. This leaves the middle grade rota with considerable gaps. The Department is supported by Physicians Assistants.

Performance

The tables below give the weekly performance by site for January and February 2017.

January	Performance				
	HM	MK	WG	NHSL	NHS Scotland
Week Ended 08/01/17	73.09%	94.64%	82.39%	83.85%	87.9%
Week Ended 15/01/17	85.47%	94.10%	84.26%	87.96%	90.1%
Week Ended 22/01/17	89.82%	98.48%	88.43%	92.39%	92.8%
Week Ended 29/01/17	91.00%	95.25%	90.36%	92.29%	92.5%
Monthly Total – January	84.96%	95.69%	86.27%	89.11%	

February	Performance				
	HM	MK	WG	NHSL	NHS Scotland
Week Ended 05/02/17	88.17%	96.94%	82.79%	89.21%	91.3%
Week Ended 12/02/17	88.30%	92.59%	89.76%	90.29%	92.0%
Week Ended 19/02/17	88.97%	97.33%	84.24%	90.22%	92.9%
Week Ended 26/02/17	85.91%	98.23%	81.02%	88.29%	91.5%
Monthly Total – February	87.08%	96.36%	84.05%	89.19%	

February 2017 Performance is 89.19%, a slight increase on the January 2017 Performance of 89.11 %. February 2016 performance was 92.16% and January 2016 performance was 88.51%.

8 and 12 Hour Waits

January	8 Hours Waits					12 Hour Waits				
	HM	MK	WG	NHSL	NHS SCOTLAND	HM	MK	WG	NHSL	NHS SCOTLAND
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
Week Ended 08/01/17	**86**	**2**	**63**	**151**	**454**	**25**	**1**	**21**	**47**	**101**
Week Ended 10/01/16	57	5	28	90	527	14	0	21	35	85
Week Ended 15/01/17	**50**	**1**	**13**	**64**	**351**	**21**	**0**	**0**	**21**	**104**
Week Ended 17/01/16	19	0	25	44	193	14	0	3	17	25
Week Ended 22/01/17	**19**	**1**	**25**	**45**	**188**	**1**	**0**	**4**	**5**	**26**
Week Ended 24/01/16	19	2	21	42	96	15	0	2	17	21
Week Ended 29/01/17	**7**	**1**	**17**	**25**	**170**	**0**	**0**	**7**	**7**	**21**
Week Ended 31/01/16	31	1	7	39	374	37	0	0	37	96

February	8 Hours Waits					12 Hour Waits				
	HM	MK	WG	NHSL	NHS SCOTLAND	HM	MK	WG	NHSL	NHS SCOTLAND
Week Ended 05/02/17	**25**	**2**	**40**	**67**	**196**	**13**	**0**	**6**	**19**	**28**
Week Ended 07/02/16	42	6	22	70	258	18	0	4	22	44
Week Ended 12/02/17	**19**	**4**	**9**	**32**	**181**	**7**	**0**	**0**	**7**	**48**
Week Ended 14/02/16	7	3	7	17	321	0	0	0	0	64
Week Ended 19/02/17	**12**	**3**	**28**	**43**		**9**	**0**	**6**	**15**	
Week Ended 21/02/16	0	2	3	5	116	0	0	0	0	21
Week Ended 26/02/17	**41**	**5**	**50**	**96**	**248**	**11**	**2**	**17**	**30**	**35**
Week Ended 28/02/16	17	1	5	23	190	8	0	0	8	28

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 February there were 260 x 8 hour waits and 82 x 12 hour waits reported in NHS Lanarkshire, whilst during the month of January there were 315 x 8 hour waits and 90 x 12 hour waits reported in NHS Lanarkshire.

The following summarises the key improvement activities at site level:

Hairmyres
The performance for February was 87.08% against the 4 hour waiting target. In February the number of patients who waited for more than 8 hours was 113, and 48 patients waited more than 12 hours. Local performance management arrangements are in place and the Hairmyres site is currently on 3 times daily Government reporting. There is an imbalance between admission and discharge numbers across the month, showing that further improvement work is needed in this area.

Homecare delays and CCA's continue to be a challenge. Numbers remain high.

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.

Wishaw Hospital
The performance for February was 84.05% and against the 4 hour waiting target. In February the number of patients who waited for more than 8 hours was 133 and 32 patients waited more than 12 hours. There are continued issues with daily imbalance in admissions and discharges particularly at weekends. Local performance management arrangements are in place and the Wishaw site is also currently on 3 times daily Government reporting.

Wishaw staffing in ED continues to be a challenge despite several adverts. The site has been unable to recruit and are reliant on locum cover and there have now been challenges with further sick leave of a senior doctor. Ambulatory care unit was used as a bedded area throughout February as there was a delay in the opening of the short stay ward which opened the beginning of March this added to the pressure in ED.

Delayed discharges on the site continue to be high particularly around CCAs which take up more bed days.

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 daily dynamic discharge has commenced in Ward 7.

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.

The site has a detailed plan to improvement performance.

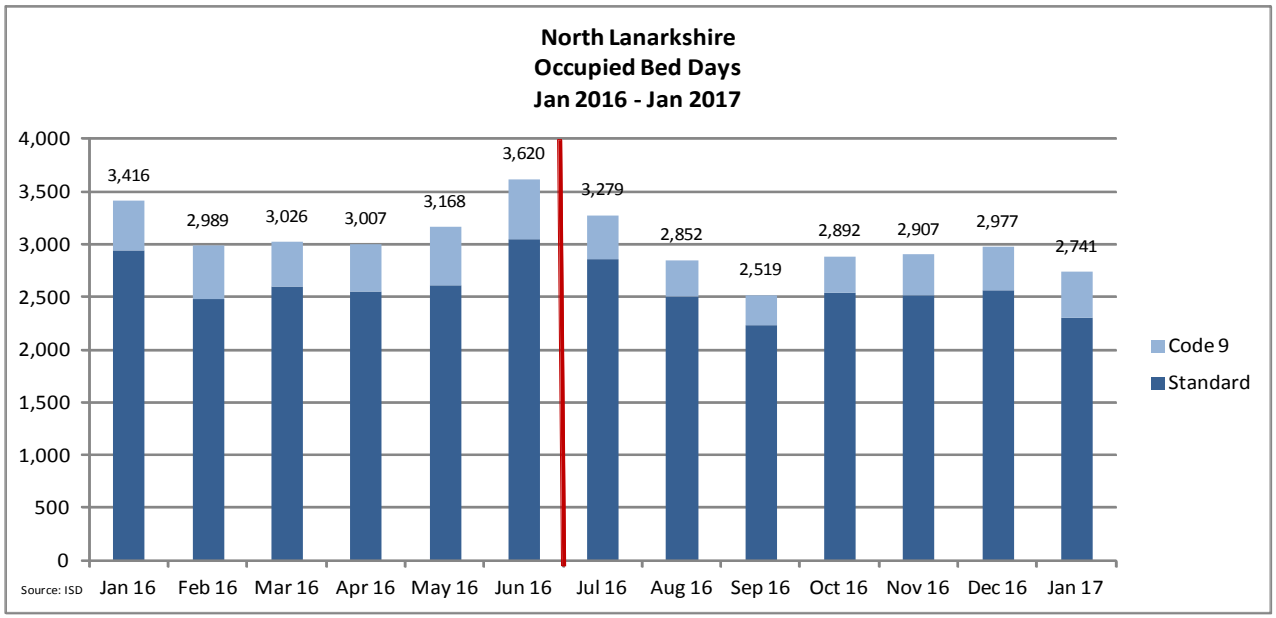
Monklands Hospital

The performance for February was 96.36% against the 4 hour waiting target. In February the number of patients who waited for more than 8 hours was 14 and 2 patients waited more than 12 hours.
There have been significant delays for patients being transferred from the ED by SAS and this is reflected in the number of long waits reported above.

The Consultant led element of the Rapid Assessment & Treatment (RAT) process is working well. Key performance indicators have been developed with the help of colleagues in Information Services to evidence the success of the process. Time from presentation to triage has reduced and the number of medical referrals appropriately redirected away from ED has increased.

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. Consideration needs to be given to re-providing this facility within a community setting.

5. Delayed Discharges North Lanarkshire H&SCP



ISD delayed discharge publications for January 2017 data shows a reduction of 675 occupied bed days compared with January 2016 for North Partnership this comprises 639 bed days for standard delays and 36 bed days for Code 9 delays. This data is for by residency rather than board of treatment.
Due to definitional changes information published in reports prior to July 2016 data cannot be used in direct comparison to currently published figures. It is estimated that this would account for a reduction of around 4% of bed days across previous months up to June 2016. However there has been a 20% reduction in bed days experienced between January 2016 and 2017 well above any variation resulting from definitional changes.

<u>Performance against Target February 2017</u>
North Partnership agreed a target of 1690 bed days for February 2017, the final figure for February was 2458 bed days for North Lanarkshire residents treated in NHSL hospitals.

This is a deterioration in performance from being largely on target during the months of October and November.

Three areas which have affected performance during January 2017: bed days associated with CCAs, Code 9 delays and 'Other' category. Homecare delays were slightly beyond target but were 154 fewer bed days in comparison with 2016. Similarly bed days associated with CCAs have reduced by 257 compared to the previous January. There was an increase of 27 bed days associated with Other category and 20 bed days for Code 9 delays.

	North	
	Target	Actual
December	2043	2765
January	1955	2414
February	1690	2458
March	1578	
April	1583	

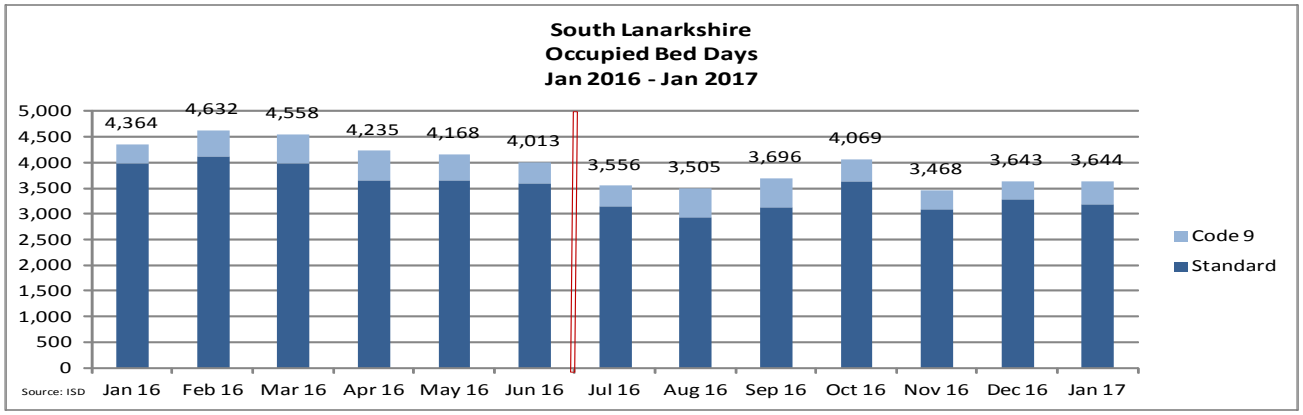
Complex

The increase in social work capacity to support improved performance around Community Care Assessments (CCAs) has led to a decrease of 257 in the numbers of bed days associate with CCAs when compared to the previous year. The full effect of the increase in MHO capacity is likely to begin to have a bigger impact from February 2017. However, the anticipated increase in capacity following the appointment of six additional Social Worker posts has largely been offset by a number of vacancies within the Hospital Social Work teams.

Care Home Availability

Care home choice continues to be limited across sectors, choice meetings are being arranged and staff are working closely with care homes, relatives and individuals to facilitate discharges. Interim placements are limited as care homes are reluctant to admit service users on a short term basis. There has also been limited availability within preferred care homes across North Lanarkshire, with vacancies predominantly in Homes with lower care inspectorate grades.

Delayed Discharges South Lanarkshire H&SCP



ISD published data shows that occupied bed days for South Lanarkshire delays reduced by 720 in comparison with January 2016, a decrease of 16%.

Performance against Target February 2017

South Partnership agreed a target of 3059 bed days for February 2017, the final figure was 2983 bed days for South Lanarkshire residents treated in NHSL hospitals which is within the agreed target levels. The main areas of high bed days for the Partnership were those associated with care home availability and complex.

	South	
	Target	Actual
December	2731	3344
January	2664	3222
February	3059	2983
March	2875	
April	2370	

Intermediate Care

The re-designation of local authority care home beds from respite/long term care beds to intermediate care beds have made available extra beds across the South Partnership. This has resulted in an overall reduction of 291 bed days Other/CCA bed days during January 2017 in comparison with the previous year.

Care Home Availability

The choices protocol is now in place however more work is needed to fully embed this across services. Care home availability is limited across the sector, staff are working with care homes to encourage them to assess as soon as choices have been made.

Performance against Targets.

North Partnership exceeded agreed target numbers of bed days for February 2017, however South Lanarkshire were within agreed target number of bed days. Details of areas of larger bed days are contained within North and South sections of this report.

	North		South		NHSL	
	Target	Actual	Target	Actual	Target	Actual
December	2043	2765	2731	3344	4774	6109
January	1955	2414	2664	3222	4619	5636
February	1690	2458	3059	2983	4749	5441
March	1578		2875		4453	
April	1583		2370		3953	

6. NATIONAL AND LOCAL AHP WAITING TIME STANDARDS AND PSYCHIATRY AND PAEDIATRIC SERVICES WAITING TIME TARGETS

For the majority of Allied Health Professions (AHPs), there is no national time to treatment guarantee. In NHS Lanarkshire, there is a local treatment guarantee of 12 weeks, for those services who do not have 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. It should be noted that the national target for audiology services forms part of the overall 18 weeks ENT treatment pathway target. 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.

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 any 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
- Audiology Tinnitus Clinics, Local Target 12 weeks - longest wait 11 weeks
- Non MSK Clinical and Domiciliary Podiatry, Local Target of 12 weeks - longest wait 12 weeks
- Adult Speech and Language Therapy Service, Local Target of 12 weeks - longest wait 7 weeks
- Children and Young People's Occupational Therapy (C&YP OT) – Local Target – longest wait 8 weeks
- Medical Children and Young People, Consultant Led Service - National Target 12 weeks - longest wait 12 weeks.
- Adult Psychological therapies - National target 18 weeks.
- Child and Adolescent Mental Health Services (CAMHS) - National target 18 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 solid performers when compared against meeting the 90% of patients treated standard.

MUSCULOSKELETAL SERVICES (MSK)

Background
Each of the MSK services detailed below is working towards achieving the 4 weeks national waiting time target, each of the services concerned advise 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 premise 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 4 weeks from referral to treatment.

MSK Physiotherapy

Performance
The performance of the MSK Physiotherapy service has slightly improved, but is still falling some way short of meeting the national 4 week target. The total number of patients waiting for treatment has increased from 5476 at the end of December 2016, to 5572 at the end of January 2017, representing an increase of 96 patients.

Performance against the 4 week target has improved with 42.5% of patients being seen within the 4 week target, representing an increase of 2,3% since the January report.

However, when measuring performance against the previous 12 week target, this has declined by 2%, and now stands at 87% of patients being seen within 12 weeks of referral.

Challenges remain in managing vacancies due to maternity leaves and staff turnover, being the main contributory factors in the overall performance.

Currently, within the North West area there are 2 wte, rational band 6 vacancies within MSK. In the North East locality there are 2 wte, band 6 and 1 band 5, staff members on maternity leave.

In the Hamilton locality there are 3 wte, band 5, vacancies with a 0.37 wte band 6 physiotherapist on maternity leave.

Within the MSK service hosted within Wishaw General Hospital, there is a 1 wte, band 5 and 1 wte band 6 rotational posts which are vacant and these are awaiting recruitment.

In the East Kilbride/Rutherglen locality there is a 0.33 wte, band 3, HCSW, and a 1.1 wte, band 6, post unfilled due to maternity leave.
Within the MSK administrative HUB, at Hairmyers hospital there is currently a 12 hour band 3 post out to advert.

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

MSK Physiotherapy Longest Waiting Times	**November 2016**	**December 2016**	**January 2017**
Locality	**Waiting Time (Weeks)**	**Waiting Time (weeks)**	**Waiting Time (weeks**

North	20	21	22
Cam'Glen	19	21	26
Airdrie and Coatbridge	22	21	23
Wishaw	18	16	19
Hamilton	20	20	20

Proposed Remedial Action
Unfortunately, due to budget constraints, it has not been possible to continue with the provision of evening clinics. However, where possible redeployment of staff from other localities is still being utilised, where possible, to support those localities under pressure.

There is currently a test of change taking place within the physiotherapy service for patients suffering from low back pain. These patients are being invited to attend a back class, which is a group session educating patients on how to manage their back pain complaint.

MSK Podiatry/Biomechanical Service

Performance
MSK podiatry performance, against the four week national target reduced slightly from 77% in December 2016, to 75.9% at the end of January 2017. Conversely, the longest waiting time within the service has fallen from 11 weeks reported at the end of December to 8.5 weeks in the January report.

Proposed Remedial Action
The service is looking to modernise the referral process and increase the efficiency of the service. The service has introduced a new MSK team leader post into the service. It is anticipated that this post will aid in triaging and allocating patients to either the primary care or acute MSK pathway for those with MSK foot conditions.

MSK Occupational Therapy (OT) Hand Clinics

Performance
The OT MSK hand clinic 4 week performance shows a reduction in performance at the end of January 2017, to 53.3%. This represents a reduction of 7.4% since the December report.

Nevertheless, the longest waiting time within the service has reduced by one week from the previous report, and now stands at 10 weeks.

Proposed Remedial Action
The service continues to monitor the performance of clinics on a weekly basis.

As there is also a hand therapy service within physiotherapy, the service leads have been asked to consider amalgamating these clinics to see if any capacity gain can be realised.

MSK Orthotics

Performance
The overall performance of the MSK orthotic service against the four week target has risen during January 2017, to 61.3% and increase of 0.5% from the December 2016 figure. However, the longest wait within the service stands at 16 weeks on the Monklands site.

Proposed Remedial Action

The service continues its contribution to the redesign of Trauma and Orthopaedics service 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

Overall the performance of the C&YP, the SLT service has significantly improved over the past months. There is still one particular hotspot within the service, which is within the Coatbridge locality. However, the waiting times in Coatbridge have reduced from 19 to 18 weeks. The service has instigated waiting list initiatives and holding a strong line on those who DNA. Overall, 93% of patients are being seen within 12 weeks

The service has also been impacted by a staff member being on sick leave for a month, therefore, the service is projecting this will have a negative impact on the next months waiting times.

Motherwell and Cam'Glen also continue to be minor outliers with patients waiting 13 weeks and 14 weeks respectively. However, the service project that these waiting times will come back to target by the end of March 2017.

Proposed Remedial Action

The service is continuing to pursue the use of TrakCare to increase service efficiency.
Tests of change are also being implemented in a number of localities to try and realise an increase in capacity.

Rheumatology Occupational Therapy (OT)

Target

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

Performance

Due to waiting list initiative monies, the performance within the rheumatology Occupational Therapy service has progressed from 38 weeks as contained in the previous report to 18 weeks.

However, without a sustainable funding solution, realistically the waiting time performance not be maintained beyond the end of March 2017.
On a positive note, Glasgow Caledonian University has approached the board asking for assistance in providing additional student placements over the summer months.

One of the areas being considered for a lecturer and students to be deployed is within the rheumatology OT service.

Proposed Remedial Action

A sustainable solution requires to be found to support the service.

Community Dietetic Services

Target

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

Performance
Overall, 99% of patients attending the community dietetic service continue to be seen within 12 weeks.

At present, there are 5 patients who have breached the 12 week target. In the last board report the longest wait was reported to be 21 weeks within the East Kilbride locality.

However, the latest waiting times data show the waiting times in the East Kilbride locality have reduced to 13.5 weeks. Currently, the longest waiting time within the service is standing at 15 weeks, within the North locality.

The majority of these extended waits have occurred due to patients cancelling their appointments at short notice, making it extremely difficult for the service to re-appoint within the 12 week target.

Proposed Remedial Action
The head of service continues to monitor the performance of the service on a weekly basis.

Community Claudication Clinics
Target

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

Performance
The total number of patients waiting within the claudication service has reduced from 179 patients as contained in the December 2016, report to 155 at the end of January 2017.

Of those waiting, 88% have been seen within the 12 week target. The waiting times for the service continued to be challenging due to issues regarding staff training in the field of claudication.

Proposed Remedial Action

Additional training for district and treatment room nursing staff is being progressed to increase the capacity of staff trained to deal with claudication problems.

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, 90% of patients within adult mental health services are seen within 12 weeks. However, there are 75 patients currently breaching the 12 week target.
The locality, with the longest waiting time is a Clydesdale. Patients in this locality are having to wait in excess of 45 weeks to access the service.

The main issue within the service is the number of consultant psychiatrist vacancies. The service project that these vacancies will be hard to fill due to a 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 & GENERAL PSYCHIATRY CLINICS
Due to staffing changes within the information services department, the performance information for general and old age psychiatry outpatient clinics cannot be presented for publication at the present time.

Proposed Remedial Action
A recruitment process to replace the staff member is underway.

Adult 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
Adult Psychological Therapies services are reporting waiting times exceeding the 90% target. Overall, combined adult and CAMHS psychological therapies RTT show 95.3% of patients referred to the service commence their treatment within 18 weeks.

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 current performance of the CAMHS team has improved of late and is 91.7% at the present time. This change in performance has been achieved by the application of waiting list initiative monies, which will cease at the end of March 2017.

Overall, combined adult and CAMHS psychological therapies RTT show 94.4% of patients referred commence treatment within 18 weeks.

Proposed Remedial Action
The service manager with responsibility for CAMHS continues to monitor this service on a weekly basis.

Did Not Attends (DNA)
The DNA rates across all, the majority of services linked to the waiting times capacity planning is showing an improving picture regarding DNA rates across the majority of

services. However, at the last meeting of the waiting times and capacity planning group it was stressed that the performance in this area requires to improve.

The instigation of posters for each outpatient setting indicating the number of DNAs per month is being progressed.

6. MANAGING RISK

The greatest risks to achieving the target are 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. The medical staffing risk has been explored in detail above (refer section 4). 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.

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 March 2017