



**Lanarkshire NHS Board**  
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**Meeting of  
 Lanarkshire NHS Board – 31 January 2018**

**ACCESS TARGETS REPORT**

**1. PURPOSE**

This paper is coming to Lanarkshire NHS Board

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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The paper reports on performance in the delivery of key Scheduled and Unscheduled Care Waiting Time targets and performance within Health and Social Care Partnerships; highlights areas of pressure and challenge; and describes the actions being taken and planned, aimed at delivering sustained improvement.

**2. ROUTE TO LANARKSHIRE NHS BOARD**

This paper has been:

Prepared	<input type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By the following Committee:

**Or**

Is a standing item	<input checked="" type="checkbox"/>
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From the following Committee: The acute activity within this report has been discussed at the Corporate Management Team/Divisional Management Team/Acute Operating Management Committee 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. Overall planned care delivery performance has seen an improvement but remains 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	<input checked="" type="checkbox"/>	LDP		Government policy	
Government directive	<input checked="" type="checkbox"/>	Statutory requirement		AHF/local policy	
Urgent operational issue	<input checked="" type="checkbox"/>	Other			

**5. CONTRIBUTION TO QUALITY**

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

**Three Quality Ambitions:**

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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**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. There is a detailed plan in place to achieve the LDP target by the end of March 2018.

**9. FIT WITH BEST VALUE CRITERIA**

## ITEM 19

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

### 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 Lanarkshire NHS Board are asked to:

Approval	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	X

The Lanarkshire NHS Board is 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 plans 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, *Janice Hewitt*, Chief Accountable Officer, North Lanarkshire Health & Social Care Partnership, Telephone: 01698 858320, *Val de Souza*, Director of Health & Social Care South Lanarkshire, Telephone: 01698 453700

**HEATHER KNOX**  
18<sup>th</sup> January 2018

**JANICE HEWITT**  
18<sup>th</sup> January 2018

**VAL DE SOUZA**  
18<sup>th</sup> January 2018



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**Meeting of  
Lanarkshire NHS Board – 31 January 2018**

**ACCESS TARGETS REPORT**

**1. PURPOSE**

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

- Planned Care waiting time access guarantees and targets set by the Scottish Government as at the end of November 2017.
- AHP and mental health waiting time access guarantees and targets set by the Scottish Government as at the end of November 2017.
- The 4 hour Emergency Department standard until the end of December 2017.
- Delayed Discharge performance against trajectories.
- A summary of current performance within Health & Social Care Partnerships (HSCPs)
- The challenges which HSCPs are managing regarding this agenda
- The Resources within HSCPs prioritised to address the challenges
- Further planned actions and future commissioning intentions within HSCPs
- Accountability and Next Steps within HSCPs

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.

This report is divided into sections. Section 2 below, details waiting times within Acute Services. Section 3 details DNAs. Section 4 covers unscheduled care activity.

Section 5 onwards of the report presents data relating to access to services within the Health and Social Care Partnerships in North and South Lanarkshire.

**2. WAITING TIME GUARANTEES - ACUTE SERVICES**

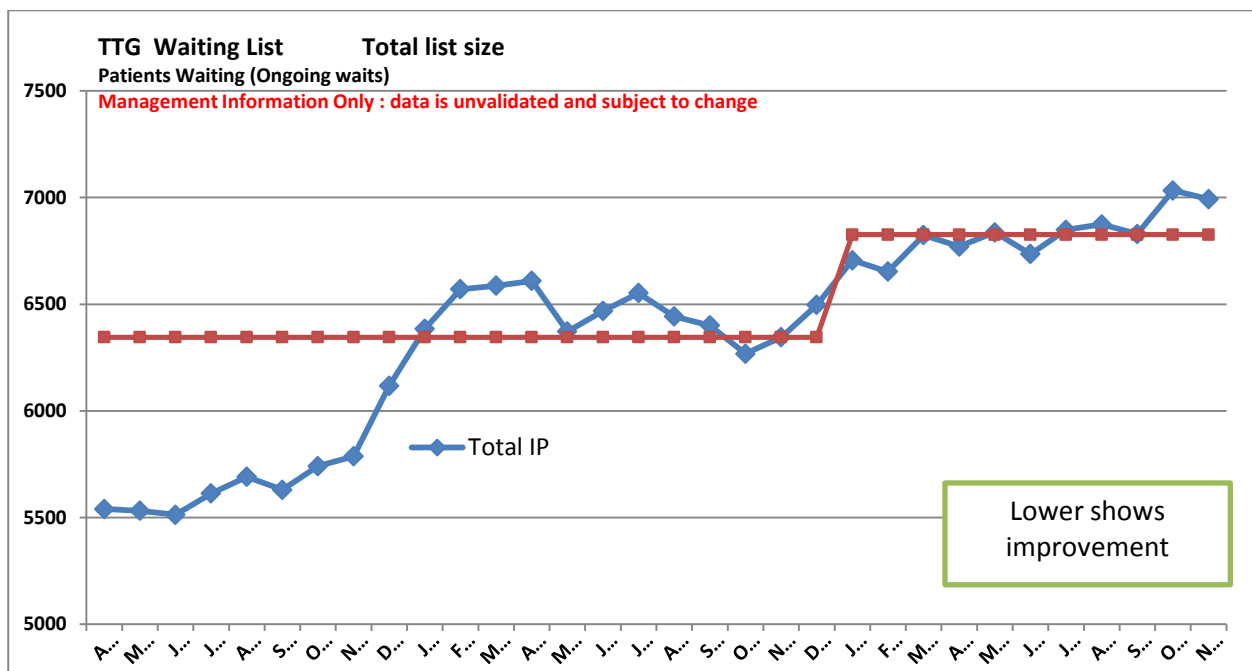
**2.1) Treatment Time Guarantee (TTG)**

**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.**

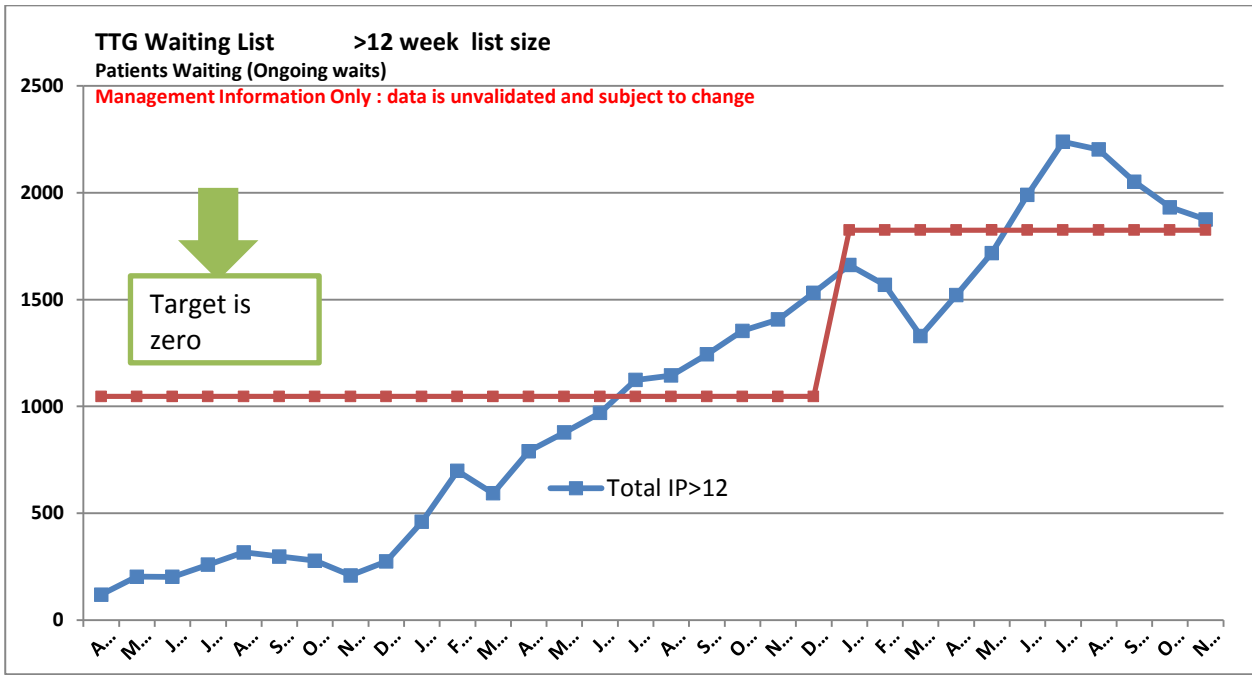
At the end of November there were a total of 1875 patients who had breached their TTG date. 26.8% of patients are waiting over 84 days in November, which is a slight reduction from the October figure of 27.5%.

Orthopaedics and Ophthalmology remain our areas of greatest challenge. Additional external capacity has been sourced whilst programmes of service redesign are taken forward. In addition, there is a robust administrative and clinical review process in place for patients who are experiencing waits over 26 weeks.

The graph below shows the total list size of patients waiting.



The graph below shows patients waiting over 12 weeks.



**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 80.0% - up from 76.0% in Oct

Admitted performance was 58.4% - down from 62.2% in Oct

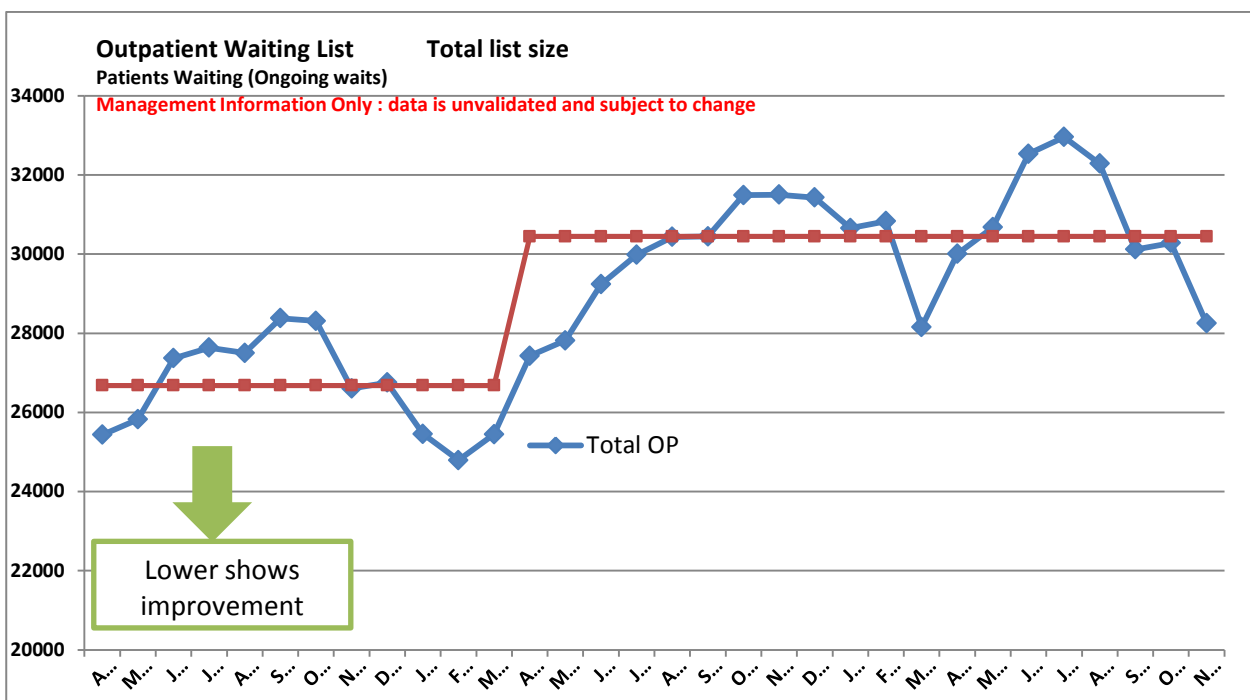
Non-admitted performance was 82.4% - up from 77.8% in Oct

**2.4) Outpatients Waiting Times**

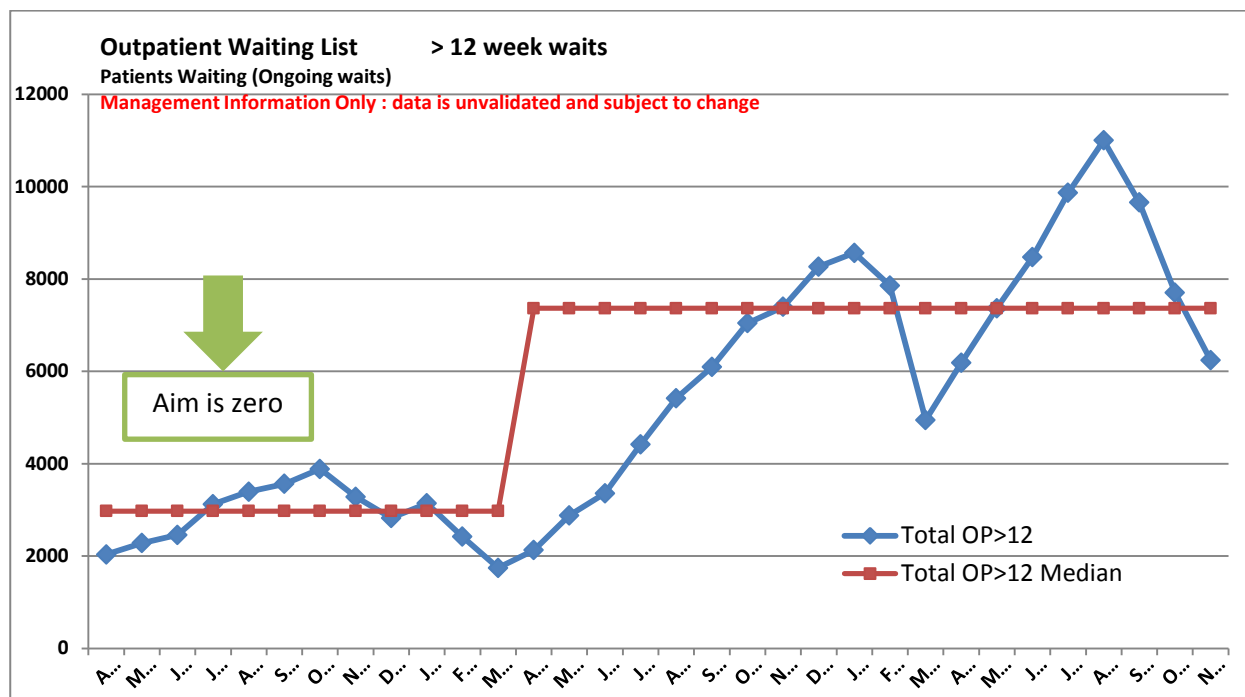
At 30<sup>th</sup> November 2017 there were 6242 patients waiting over 84 days. 77.9% of patients were seen within 84 days compared to 7706 patients waiting over 84 days in October 2017 and 74.6% of patients being seen within 84 days in October 2017. This represents an improvement but overall performance remains challenging.

There are significant challenges in a number of specialties including Orthopaedics, Ophthalmology and ENT. The Access Support Team have put in place additional internal and external capacity to reduce the number of patients waiting over 12 weeks.

The graph below shows the total list size of patients waiting.



The graph below shows patients waiting over 12 weeks.



**2.5) Cancer Services**

**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.**

NHSL has delivered on both standards with the exception of one month where we did not deliver on the 62 day standard. Overall performance remains very positive.

Data submitted to ISD for November and December is:

October  
 62 Days - 95.3%  
 31 Days - 98.5%

November  
 62 Days - 95.5%  
 31 Days - 97%

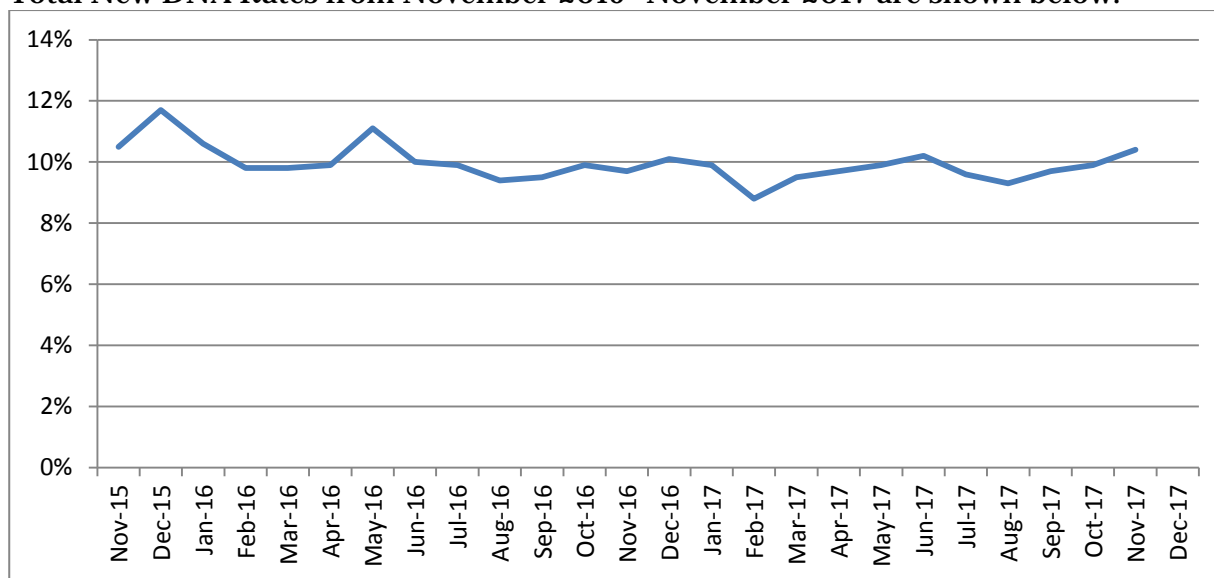
The 62 day cancer standard including A&E patients, screened positive patients and all patients referred by GP/GDP urgently with a suspicion of cancer. The 31 day standard



includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to 1<sup>st</sup> treatment. The current standard is that 95% of all eligible patients should wait no longer than 62 or 31 days.

### 3. DNA ANALYSIS

Total New DNA Rates from November 2015- November 2017 are shown below.



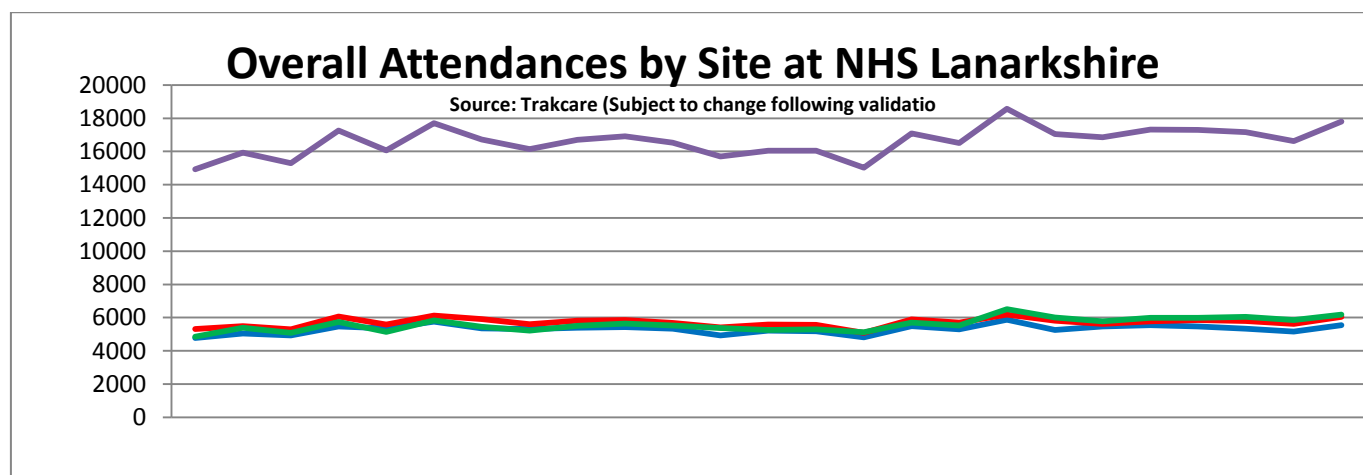
The level of Did Not Attend (DNA) patients is being targeted for improvement across all specialties. A major programme of Outpatients Modernisation has now been launched, which should impact on DNAs.

### 4. UNSCHEDULED CARE

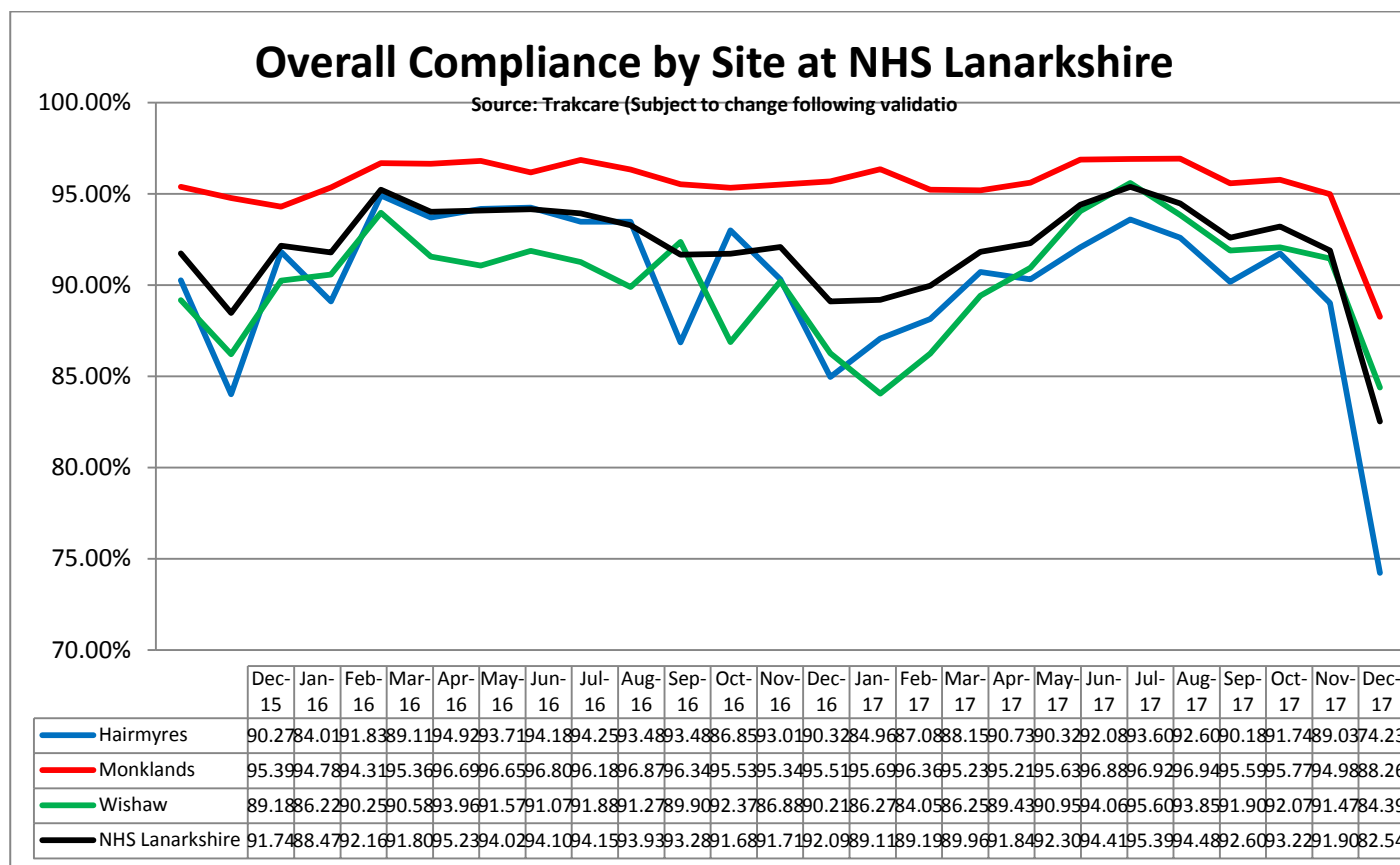
**NATIONAL STANDARD: 95% of patients attending Accident & Emergency to be admitted discharged or transferred within 4 hours of arrival.**

The delivery of a sustained improvement in the performance against this standard remains a key priority area for NHSL. There has been an on-going substantial clinical and managerial focus on this issue with a focus to improve patient safety and quality. Key risks are the availability of clinical decision makers and an increase in the volume of attendances.

The graph below compares overall attendances by site at all 3 sites between December 2015 and December 2017.



Hospital Site Directors will present an update on performance at the Acute Governance Meeting on 22<sup>nd</sup> March 2018.



December 2017 performance is 82.54% compared to the November 2017 performance of 91.90%. The performance is also down against the same period in 2016. Attendances are up but all 3 sites have seen high levels of patients presenting with flu and flu like symptoms.

The following summarises the key improvement activities at site level:

**University Hospital Hairmyres**

The performance for December was 74% against the 4 hour waiting target. In December, the number of patients who waited for more than 8 hours was 172 and 92 patients waited more than 12 hours. The majority of the 12hr breaches were attributable to bed / capacity constraints. The site recorded monthly attendances of 5,552 an increase of 385 attendances on the previous month.

## ITEM 19

Capacity on site was challenged throughout December, patients were accommodated within the Emergency Department overnight and the GP assessment area was utilised as an inpatient facility which impacted on the sites ability to assess and discharge GP patients timeously. The clinical opinion of frontline staff was that the acuity of a significant number of people attending hospital at that time was very high.

In the preceding week, there had also been exceptionally high numbers of both attendances and admissions following a high falls rate in prolonged icy conditions and this added to higher than usual occupancy prior to the late December period; this historically has lower than average occupancy following higher pre Christmas discharges.

Emergency inpatient admissions increased by 155 compared to December 2016, Orthopaedic emergency activity increased by 55 admissions attributable to the adverse weather conditions experienced early December. Emergency Medical admissions increased by 133 compared to Dec 16 figures; on average throughout December compared to December 16 activity the site admitted an additional 5 Emergency patients each day.

Homecare delays and CCA's were a challenge early December and this combined with the lack of the GP assessment area impacted on performance.

The Glasgow reconfiguration from 2015 is continuing to have an impact on ED attendances and admission numbers. A range of improvement work is underway on the site with a new GP emergency referral pathway currently undergoing a test of change and relocation of Ambulatory care unit.

Occupancy levels for the hospital remained high during December at 93%, of note Medical occupancy was 95% and Care of the Elderly 97% contributing to the capacity pressures on the site.

### **University Hospital Wishaw**

The performance for December 2017 was 84.39% against the 4 hour waiting time target. In December the number of patients who waited for more than 8 hours was 161 and 39 patients waited more than 12 hours. This is a decrease in overall monthly performance; however there was an increase in ED attendances from the same month in the previous year, and the highest number of Emergency attendances since May 2017. There were 6190 attendances in Dec 2017 compared with 5847 in the previous month in November 2017.

Wait for First assessment and Wait for Bed in the Emergency Department were the principle reasons for patient breaches in this month. Medical inpatient bed capacity was an issue during the month and additional surge inpatient beds were opened on an adhoc basis. On 27<sup>th</sup> December 2017, the gynaecology ward at Wishaw was transferred to 14 medical inpatient beds to support inpatient flow on the site.

Works continues to develop a REACT model with the Emergency Department. This will introduce a senior decision maker earlier in the patient's journey. This is being planned for piloting in January 2018.

An ED improvement meeting continues to meet weekly and is working to support improvement in the emergency patient pathway, and an action plan has been developed.

## ITEM 19

Senior Medical staffing in ED continues with 3 long term Locums at a high financial cost. There is current Consultant long term sickness; however a new consultant commenced on Monday 8<sup>th</sup> January 2018. An additional ED Consultant has been appointed with a proposed start date in April 2018.

There continues to be Senior Duty Manager support on site every evening and at weekends, and an “Hourly Pause” process has been put in place to support emergency flow. This allows key staff in Emergency Department to stop to review patients and overall flow and prioritisation.

In December 2017, 12 beds within the Medical Directorate were transferred to “Transitional Care” Beds. These beds remain under the management of the Medical Consultants. This reduces the inpatient Cardiology beds at Wishaw to 24 from 36 beds.

### **University Hospital Monklands**

The performance for December was 88% against the 4 hour waiting target. In December the number of patients who waited for more than 8 hours was 55 with 3 patients waiting over 12 hours. These were due to a variety of reasons including wait for transport, clinical, and wait for a bed. There was a significant increase in the number of long waits reported on the site.

During December, there were exceptionally high numbers of ED attendances, and an increase in admissions. The acuity also increased from an average of 51% in November to 61% at the peak of the busy period. This led to a higher volume of patients being admitted into enhanced / critical care beds from the Emergency Department. A review is ongoing of the escalation process for those patients at risk of breaching within the Emergency Department, and this is being carried out alongside the trial of the hourly safety pause. In addition, a full review of the system during December is underway to look at a variety of indicators which may have contributed to performance.

Performance has remained challenging into the beginning of January and at an activity peak we had an additional 43 beds opened on site.

The number of medical boarders on the site has continued to increase during December and into January and peaked at around 78 in late December/early January. To support safer moving of patients, plans to cohort boarders in two surgical wards, with allocated medical teams taking responsibility were agreed. This was then expanded to cover all surgical wards as the number of boarders increased.

Ward 11 Transitional Care ward is now open with capacity for 12 patients.

Daily Dynamic Discharge being rolled out on the site, following the event on 8<sup>th</sup> December, currently piloting in three acute medical wards, and one COTE ward.

Recruitment processes ongoing for a variety of medical and nursing posts to support winter planning initiatives.

### **5. PERFORMANCE WITHIN HEALTH & SOCIAL CARE PARTNERSHIPS (HSCP)**

**5.1) Delayed Discharges North Lanarkshire H&SCP**

Resulting from the Health and Social Care Delivery Plan 2016, Health and Social Care Partnerships have been asked to prioritise 6 key areas by the Scottish Government as follows:

- Emergency Admissions
- Unscheduled Bed Days
- Accident and Emergency Attendances
- Delayed Discharge Bed Days
- End of Life
- Balance of Care

This report will focus on the delayed discharge element of the 6 key areas, it is recognised however that there are co-dependencies across all 6 areas.

ISD published data shows that occupied bed days for all North Lanarkshire delays increased by 469 in comparison with November 2016, an increase of 282 bed days for non code 9 delays and increase of 187 Code 9 bed days.

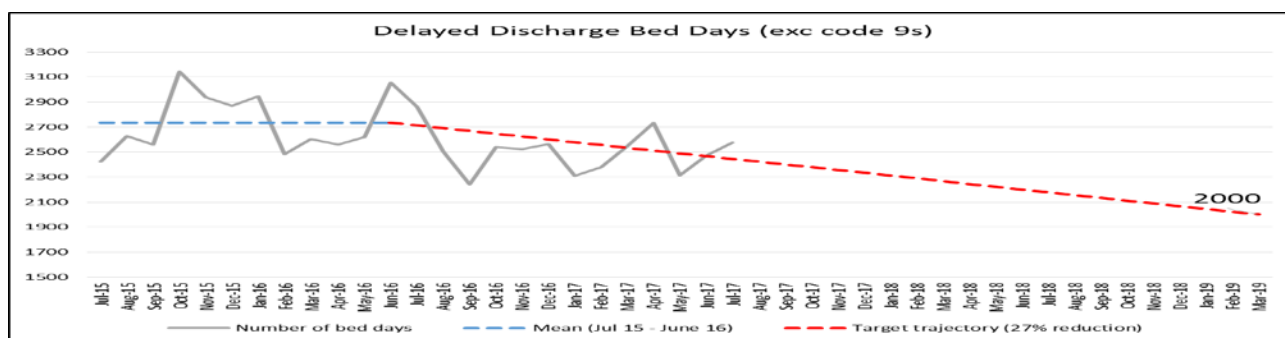
	2016	2017	Increase/reduction
July	3279	3057	-222
August	2852	3146	+294 (increase)
Sept	2519	3145	+626 (increase)
Oct	2892	3314	422 (increase)
Nov	2907	3376	469 (increase)
ISD: Occupied bed days All delays			

**i. Current Performance Analysis**

Performance against Target November 2017

The final figure for November 2017 was 2806 bed days for non-code 9 delays, 471 beyond target.

North			
	Target	Actual	RAG Status
July 2017	2446	2577	
Aug 2017	2424	2671	
Sept 2017	2402	2650	
Oct 2017	2379	2756	
Nov 2017	2335	2806	
Source: Delayed Discharges, ISD (MSG Integration Indicators)			



Three areas have affected performance during November 2017: bed days associated with CCAs, Homecare delays and ‘Other’ category.

In addition to deteriorating performance there has been an increase of 388 bed days in comparison with November 2016. Daily delays have increased from 97 to 113.

**ii. Issues Impacting on Performance**

There are a number of challenges which the Partnership continues to manage, including increasing delayed discharge demand.

- Social Work assessment capacity is now coming back towards full establishment with new staff in the process of taking up posts. Cover arrangements between the hospitals have been put in place, but this has had a significant impact on complex assessment delays over recent months.
- Within North Lanarkshire, there are over 300 social work referrals per month via the two hospital discharge hubs. Aside from South Lanarkshire, the next nearest partnership has only 120 referrals.
- The home care market remains in a period of transition, given that growth within the external market has been slow. A cross-party working group has been established within North Lanarkshire Council to review the current model of Home Support, with proposals for a new model going to the February 2018 IJB meeting.

Normally this report would only include validated data published by ISD, however, further unvalidated management data is provided in Appendix 1 to demonstrate the improved performance during December 2017. As part of the whole-system winter plan, a range of action predominantly around Home Support and a focus on off-site bed capacity and flow has supported a marked improvement in performance.

**iii. Commissioning Intentions for 2017/18**

In March, 2017, North Lanarkshire Integration Joint Board (IJB) approved the Strategic Commissioning Plan, which set out 10 key intentions for delivery in 2017/18, of which a number are pertinent to supporting improved delayed discharge performance:

Commissioning Intention	Progress
Integrated Locality teams, supporting in-reach and ‘Home First’ approach	The Integrated Service Review report was approved at the November IJB meeting and sets out the aspiration to prioritise the creation of integrated Long Term Conditions and Frailty teams in Localities in early 2018, with a focus on delivering a

## ITEM 19

	Discharge to Assess approach by August 2018. An implementation plan is due at the February 2018 IJB meeting.
Integrated Rehabilitation model within the community	<p>The implementation pilot of the new model of integrated rehabilitation commenced in Motherwell Locality on 18<sup>th</sup> September. This sees the management of the Community Assessment and Rehabilitation Service to the Locality, along with the movement of some acute rehabilitation staff out into the community.</p> <p>Work is underway on the evaluation of this work, with early measures noting a reduction in Physiotherapy waiting times from 12wks to 4wks and similar improvements within Occupational Therapy, through greater triage and coordination of resources.</p>
Reconfiguration of Home Support services	Papers around the reconfiguration of Home Support services will go to the February 2018 IJB meeting for approval for implementation in 2018/19. The focus is on developing a much stronger reablement service, which includes a 'first response' element that will enable same day discharge and same day unscheduled responses within Localities.

The commissioning intentions described are aimed at creating an integrated community infrastructure that is much better placed to follow a patient's journey through hospital and support a proactive discharge to allow further assessment and rehabilitation/reablement to take place in the person's own home.

#### iv. Specific Actions to Address Unscheduled Care and Delayed Discharges

In addition to the above, H&SCNL has also developed a Delayed Discharges Action Plan in conjunction with members of the Unscheduled Care/Delayed Discharge Board to secure improvement and where appropriate change existing pathways and practice. In summary, the key actions within this are:

Action	Progress
Review Edinburgh's AWI model, which was supported by SG	A review group has commenced on AWI in North Lanarkshire, which will produce a standardised pathway and escalation protocol. Staff awareness raising sessions will be held as part of the roll out. Final group session on 16 <sup>th</sup> February to finalise the work for implementation.
Group to develop future model of 'Discharge to Assess'	A group has been formed, including acute and community health and social care staff, which has now met twice to review the key elements required to develop a model of Discharge to Assess. The Integrated Service Review Board was approved at the IJB in November 2017, which sets out the aim to have the Discharge to Assess model in place in NL

## ITEM 19

	by August 2018. The new models of rehab and Home Support are integral to this new approach.
Review model of intermediate care and cottage hospitals	A review group has been convened to develop and agree a new model, that provides greater focus on rehabilitation and reablement. An exercise on longer term modelling, including the links with integrated Locality teams, Locality in-reach to sites etc, will be held at the next session on 25 <sup>th</sup> January.
Introduce re-direction policy to reduce impact of inappropriate demand at front door	The Director of Acute Services has formed a review group for re-direction, which commenced in October. Audits of patients being redirected from the 3 x A&E departments was undertaken through November. The audit is being reviewed to see what further action can be taken to increase numbers of patients re-directed.
Review Hub arrangements and review number of social care referrals to Hub to bring back in line with national average	A review of the North Discharge Hubs has commenced as NL is an outlier in terms of hospital referrals to SW in comparison with the rest of Scotland. As part of the winter preparations, both acute sites are supporting a review process to try to reduce the number of SW referrals.

### 5.2) Delayed Discharges South Lanarkshire H&SCP

Resulting from the Health and Social Care Delivery Plan 2016, Health and Social Care Partnerships have been asked to prioritise 6 key areas by the Scottish Government as follows:

- Emergency Admissions
- Unscheduled Bed Days
- Accident and Emergency Attendances
- Delayed Discharge Bed Days
- End of Life
- Balance of Care

Whilst this report will focus on the delayed discharge aspect, it is recognised that there are co-dependencies across all 6 areas.

ISD published data shows that occupied bed days for South Lanarkshire delays increased by 527 in comparison with November 2016, comprising an increase of 534 bed days non code 9 delays, however there was a decrease of 7 Code 9 bed days.

	2016	2017	Increase/reduction
July	3556	3717	+161
Aug	3505	3663	+158
Sept	3696	3605	-91
Oct	4069	4386	317
Nov	3468	3995	527
ISD: Occupied bed days All delays			

### Performance against Target November 2017



## ITEM 19

South Partnership target for November 2017 was 2705 bed days excluding Code 9, the final figure was 3625 bed days, using ISD published data for South Lanarkshire residents. This is beyond target level. The main areas of high bed days for the Partnership were those associated with homecare and care home availability.

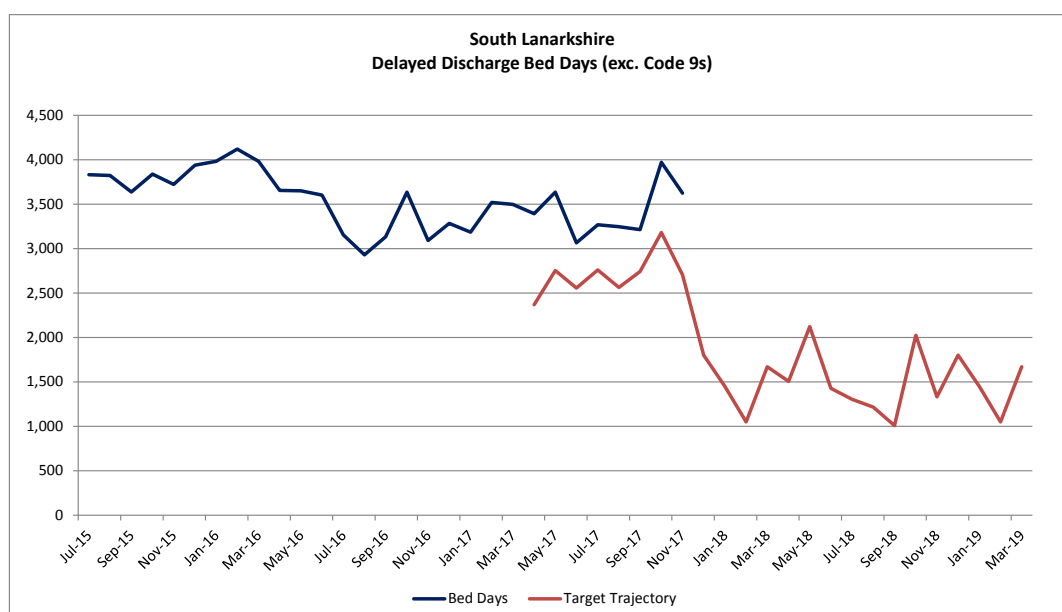
	Target	Actual	RAG Status
July 2017	2760	3268	
Aug 2017	2564	3246	
Sept 2017	2742	3213	
Oct 2017	3181	3972	
Nov 2017	2705	3625	

Source: Delayed Discharges, ISD (MSG Integration Indicators) Non Code 9.

Immediate actions which have been taken to improve performance:

- Twice daily conference calls with locality teams with Hairmyres Discharge Facilitators are reviewing cases and lists which has contributed to a reduction in homecare delays, 43 % reduction overall and 82% reduction in patients waiting over 3 days.
- British Red Cross convey 40 patients a week – care manager starts Monday and will also link to conference call
- Weekly meetings at Hairmyres to review all delays over 14 days.
- AWI test of change in Stonehouse
- Full usage of Intermediate care beds

Normally this report would only include validated data published by ISD however, given the significant effort by the Partnership and the improvement which has been achieved during December further unvalidated local data is provided to demonstrate the improved performance during December, details are in Appendix 2.



### i. Issues Impacting on Performance

## ITEM 19

There are a number of challenges which the Partnership continues to manage in relation to delayed discharge demand. Many of these issues are not new in the sense that the Partnership, from an activity perspective, remains higher than the Scottish averages for aspects such as A&E attendances, emergency admissions and referrals for support to discharge. In addition the Partnership has experienced an increase in referrals for support to discharge.

In addition, other issues that that the Partnership is working through which are directly impacting on performance are as follows:

- The home care market remains in a period of transition, with the growth in the external provision being slower than anticipated following the increase in providers now available to take on additional demand.
- Availability of home carers, particularly in rural areas
- Inconsistent practice with regards to the use of an Estimated Date of Discharge
- Continued high demand on home care
- Implementation of the Choices Protocol with regards to care home placement. (The vast majority of all CCAs are being undertaken with 14 days, although care homes and patients/relatives continue to progress with their choice of patients / homes.)
- There are no patients awaiting funding to secure care home placement.

### ii. Current Resource Profile

SLHSCP continues to prioritise a significant resource input to manage demand in this area as follows:

<b>Service Input</b>	<b>Resources</b>
Home Care	36,000 hours delivered per week to approximately 3,700 people
Care Homes (Residential and Nursing)	2,360 people currently placed in care homes
Intermediate Care	22 operational beds

In addition to the above, it should be noted that the current intermediate bed provision of 22 beds has been funded at an additional cost of £500,000 to the Partnership, due to the these bed being previously used for long term care and as such they would have (in normal circumstances) generated revenue. The patients in these beds would previously have been counted as delayed discharges in a hospital bed.

From a care home perspective, the Partnership has further increased the number of care home places each month to 55, of which 33 are prioritised for hospital discharge and 22 for community. That said, the Partnership in managing demand, continues to fund additional cases over and above the 33 for hospital discharge.

### iii. Specific Actions to Address Unscheduled Care and Delayed Discharges

In addition to the above, SLHSCP, in consultation with acute colleagues, has also developed a Delayed Discharges Action Plan which prioritises a number of key actions designed specifically to secure improvement and, where appropriate, change existing pathways and practice. It is recognised that the majority of measures require system wide approaches and these have been reflected in the updated driver diagrams associated with

## ITEM 19

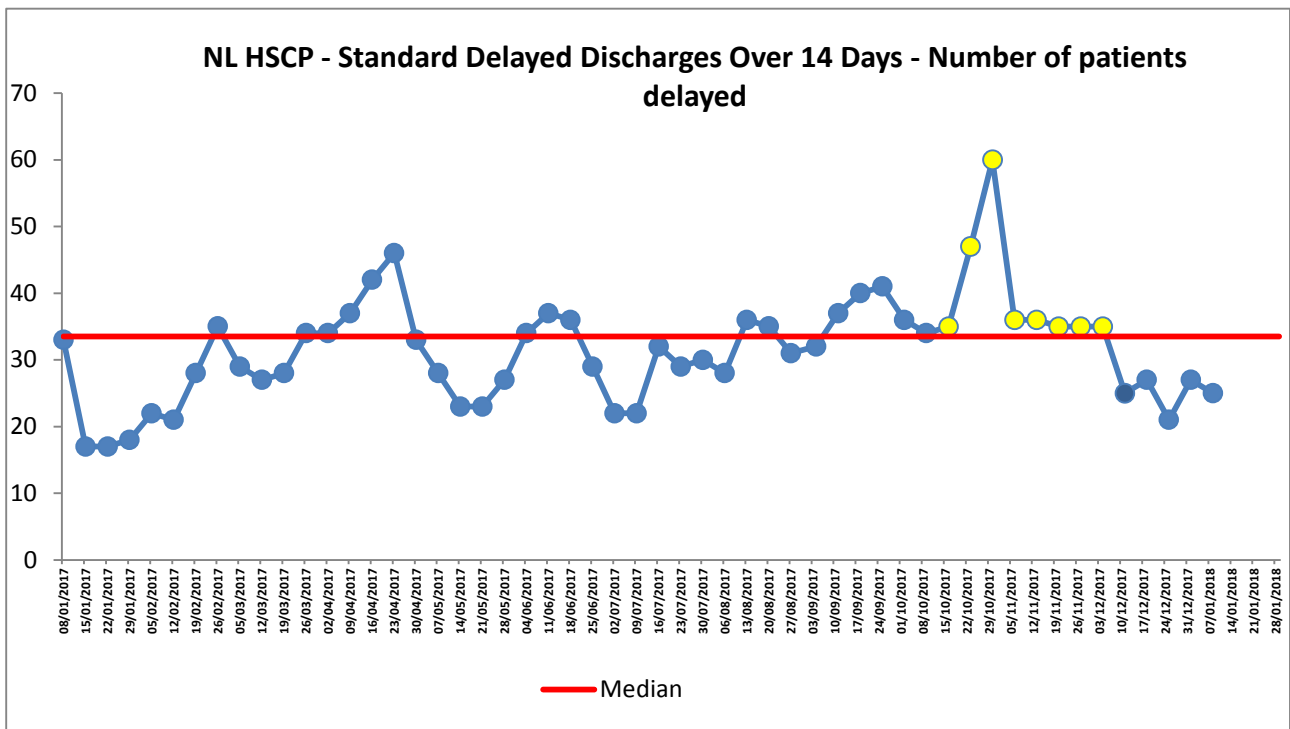
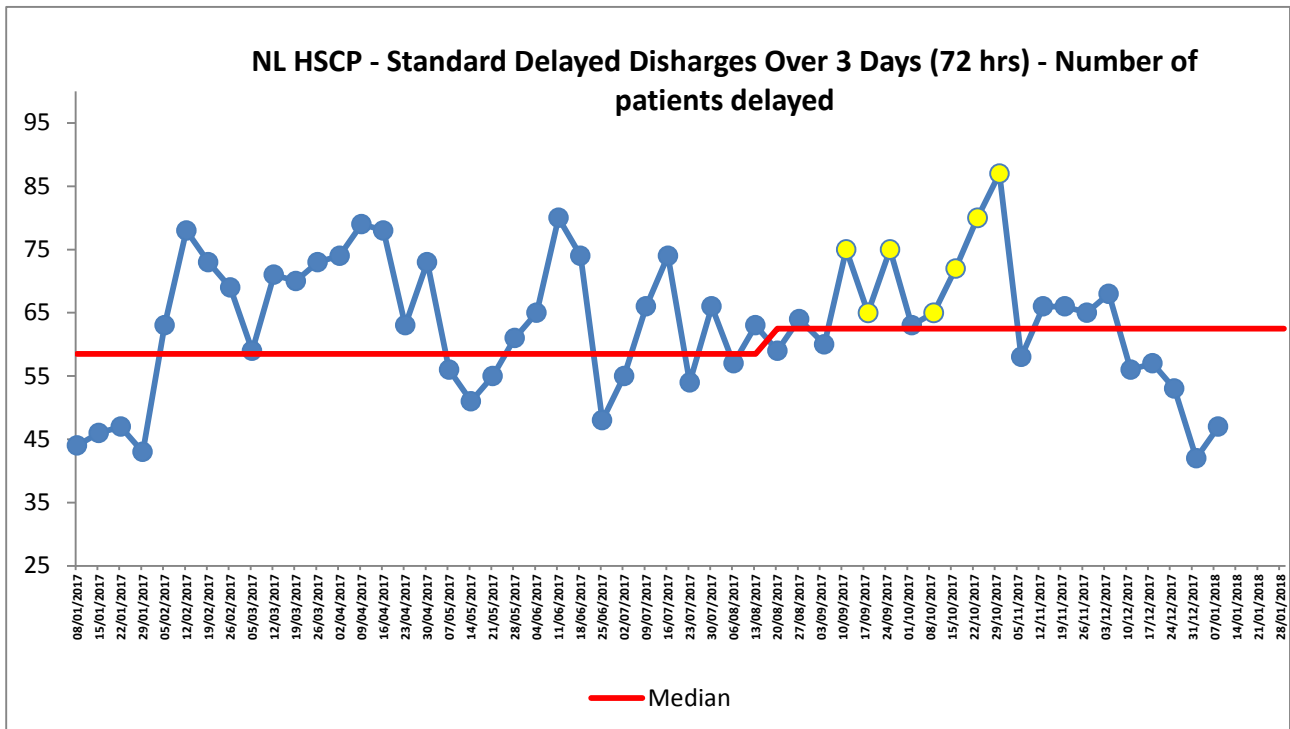
the 6 'measuring performance under integration' measures. In summary, the key actions within this are:

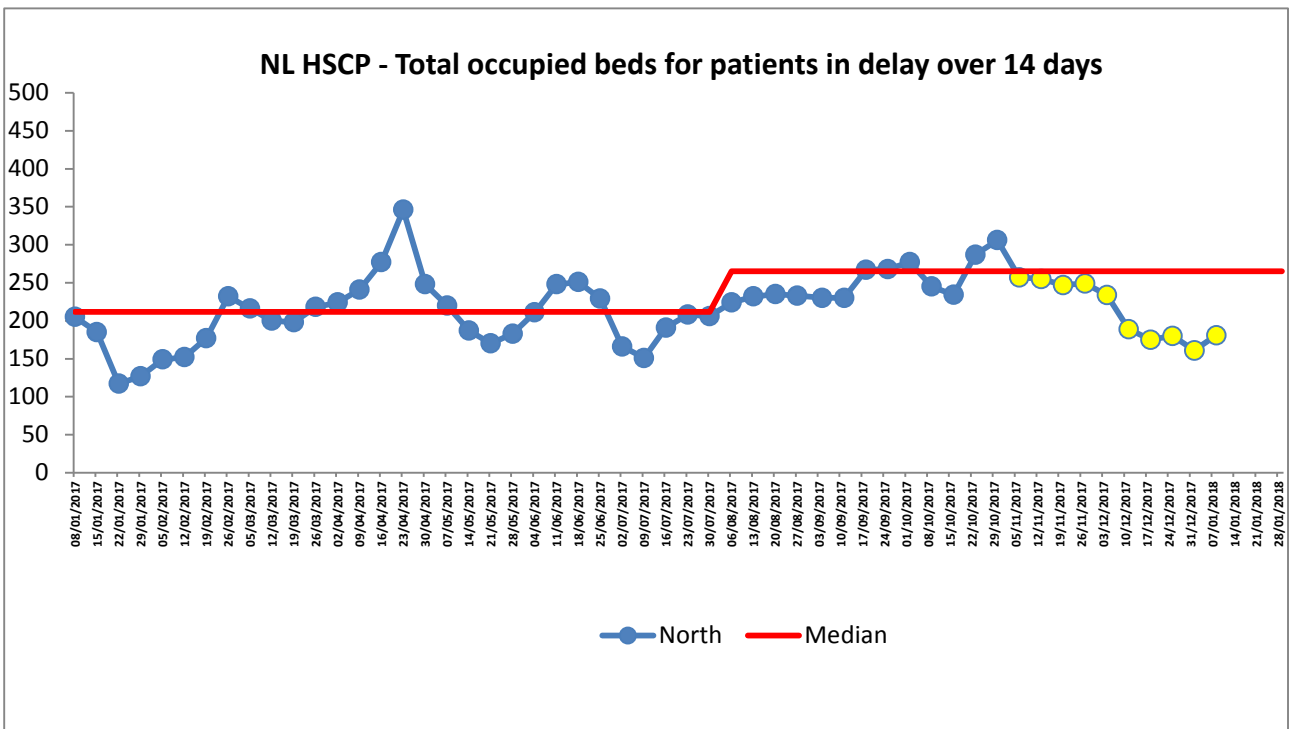
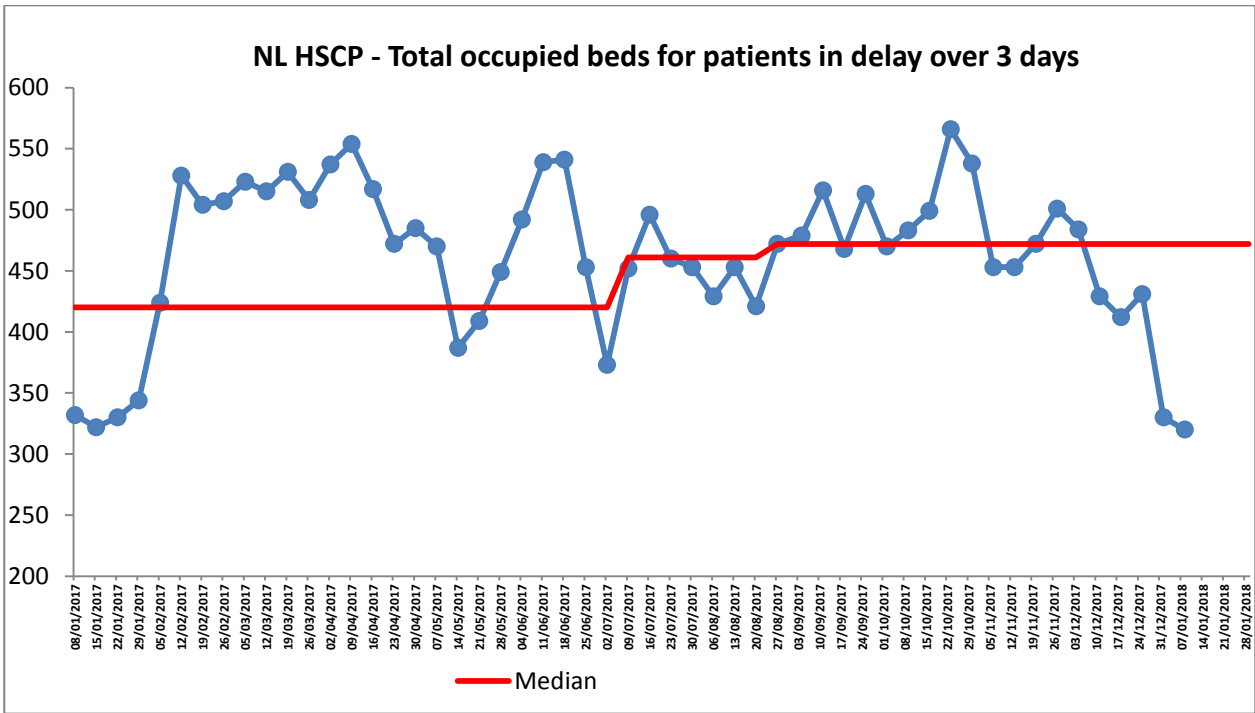
<b>Action</b>	<b>Progress</b>
<ul style="list-style-type: none"> <li>Home Care Review has been undertaken and is currently in the process of implementation.</li> </ul>	<p>The first phase saw improvement in the efficiency of in-house home care staff with developments in scheduling; reduction in hours lost to travel time; access to i-phones; and associated improved communications/utilisation of available staff.</p> <p>Another aspect of the home care review was to introduce a framework contract for external home care providers. This saw a significant increase in the number of external providers and this will result in more people being able to both exercise choice of home care provision - Self Directed Support, as well as maximising flexibility to meet the increased demand.</p> <p>The next phase is now in process and adverts have been placed for additional home care staff. The next tranche of new home care staff will commence w/c 29 January 2018. Additionally, the re-design will also see the creation of Supporting Your Independence teams and they will routinely be the first to respond to request for home care, undertake assessment and maximise the independence of the service user.</p>
<ul style="list-style-type: none"> <li>Reach agreement on the use of off-site acute beds within Stonehouse Hospital to manage delays associated with Guardianship Orders (AWI)</li> </ul>	<p>Agreement has now been secured and new processes were introduced in October. This action should mitigate against some of the Code 9 delays. A dedicated MHO will also support AWI processes in Stonehouse.</p>
<ul style="list-style-type: none"> <li>Through bed modelling, consider the future use of hospital beds and potential community based alternatives</li> </ul>	<p>The IJB agreed in October to the closure of Douglas Ward in Udston. This will further assist in reducing unscheduled care beds and associated delayed discharges. Work is continuing in discussion with individual patients/relatives about re-location.</p>
<ul style="list-style-type: none"> <li>Introduce re-direction policies to reduce the impact of inappropriate demand at the hospital front door, for example promoting further use of alternatives such as NHS 24, Out of Hours services, and other community based supports</li> </ul>	<p>The Director of Acute Services has formed a review group for re-direction, which commenced in October.</p> <p>Audits of patients being redirected from the 3 x A&amp;E departments was undertaken through November. The audit is being reviewed to see what further action can be taken to increase numbers of patients re-directed.</p>
<ul style="list-style-type: none"> <li>Review Hospital HUB arrangements and consider other delivery models, for example locality delivery</li> </ul>	<p>Work has commenced in considering how staff currently involved in delayed discharge hubs can be transferred to community, thereby reinforcing the notion of 'discharge to assess' as well as bringing NHS Lanarkshire demand for social care more into line with other health board areas. Staff are now</p>

## ITEM 19

	based in localities and - as per attached run charts - it can be seen how this has assisted in reducing the number of Delayed Discharges in the system.
<ul style="list-style-type: none"> <li>Reduce the number of social care referrals to the Discharge Hub to support discharge, thereby assisting to bring this more into line with the national average</li> </ul>	Work has commenced to look at numbers of referrals per ward area to identify current trends and potential areas to be targeted in terms of improved communication and understanding of impacts on hospital flow.
<ul style="list-style-type: none"> <li>Implementation of a discharge to assess model as we know that assessing in people's homes often results in a more accurate and appropriate level of support</li> </ul>	Work has been undertaken in Rutherglen/ Cambuslang to support rapid response to discharge, thereby supporting concept of 'discharge to assess'. This is being modelled with a view to rolling out to the other localities.
<ul style="list-style-type: none"> <li>Introducing an Estimated Date of Discharge as standard practice to ensure that there are consistently communicated target dates for all patients in terms of their discharge from hospital</li> </ul>	As part of the improvement schemes ongoing within the DGH settings, review of availability of EDD is taking place – as well as use of Trakcare/white boards etc to ensure optimum hospital flow.
<ul style="list-style-type: none"> <li>Evaluate the 22 Intermediate Care beds introduced in residential care beds</li> </ul>	Following on from the completed evaluation a number of recommendations are being considered relating to pathway, communication, general medical cover and staffing of Intermediate Care beds.

Appendix 1: North Lanarkshire H&SCP

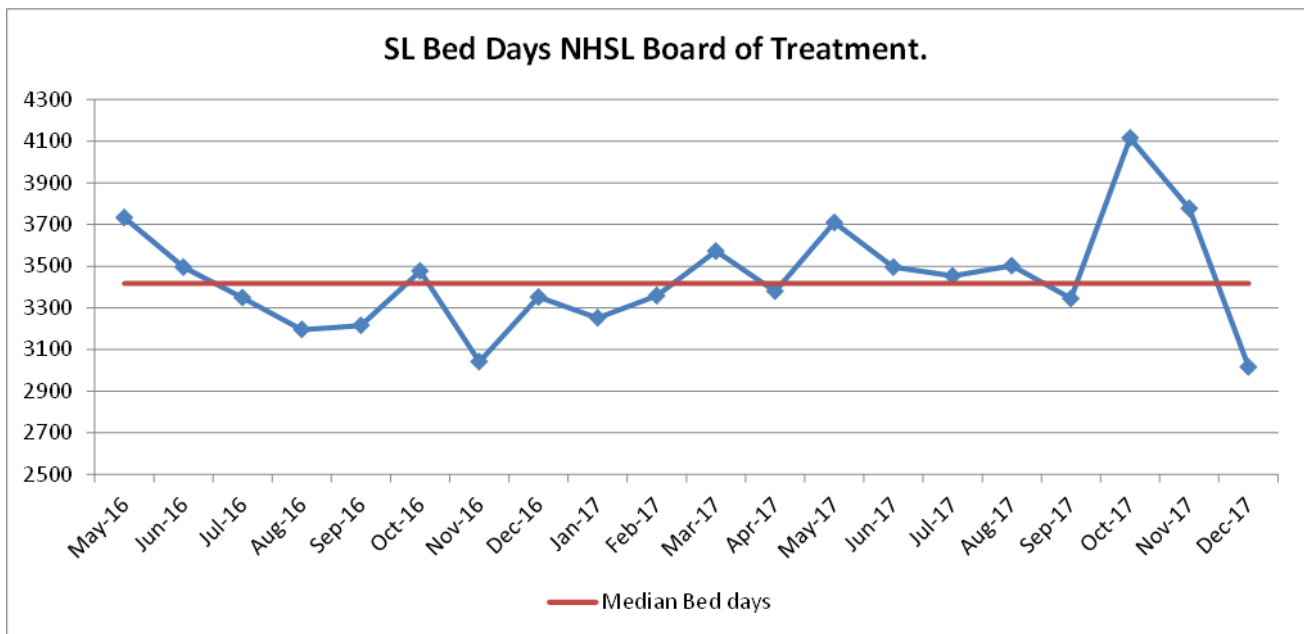




Appendix 2: South Lanarkshire H&SCP

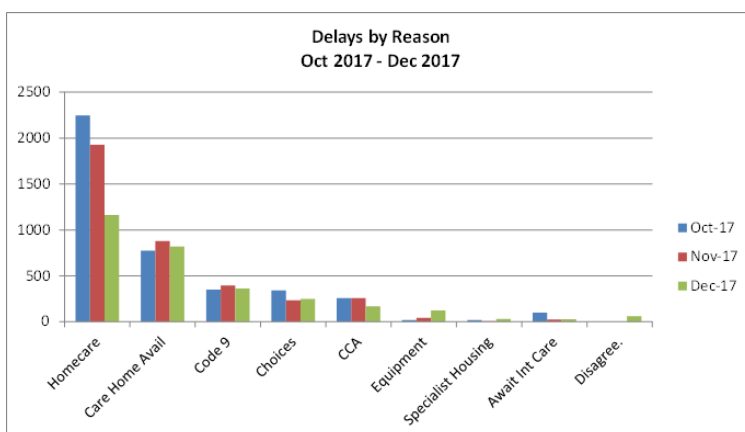
**South Lanarkshire Bed Days**

Bed days for SL patients treated in NHSL hospitals, including offsite, showed significant variation during October 2017. Bed days were still above the median during November but within the expected range. During December the number of bed days reduced further to well below the median and the lowest number ever recorded.



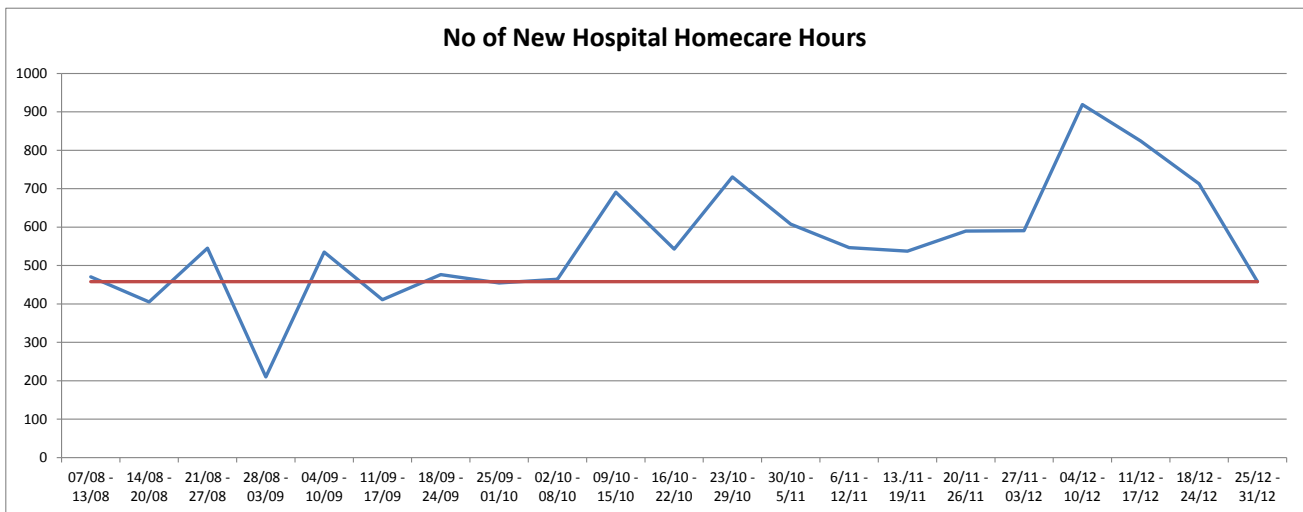
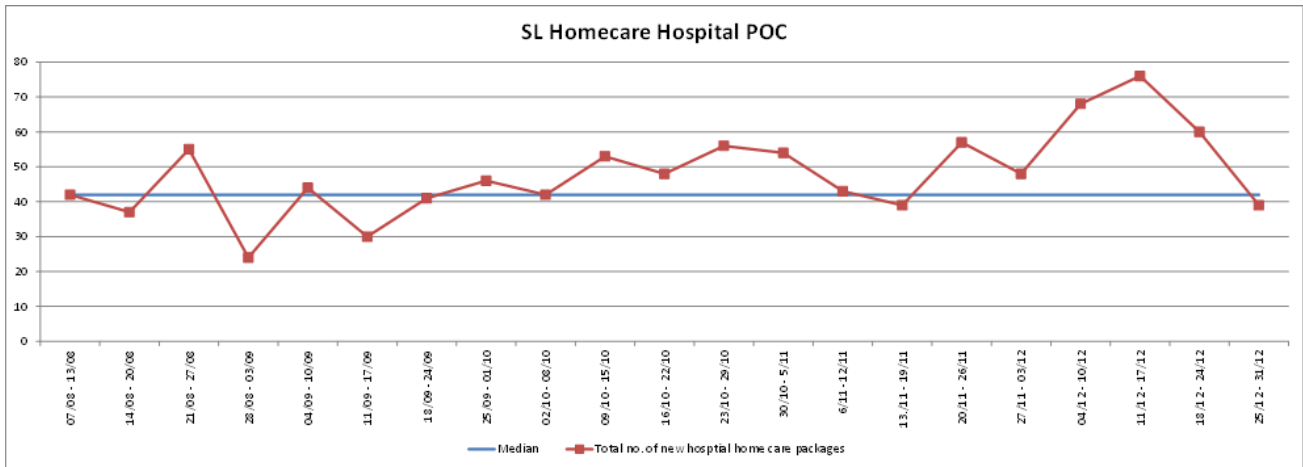
Homecare Bed days

Homecare bed days were the area with highest bed days Oct – Dec 2017. Homecare bed days were significantly higher than at any time during the previous year, the bed days reduced to within expected levels during November, although still above the median level. During December homecare bed days reduced to below expected range.

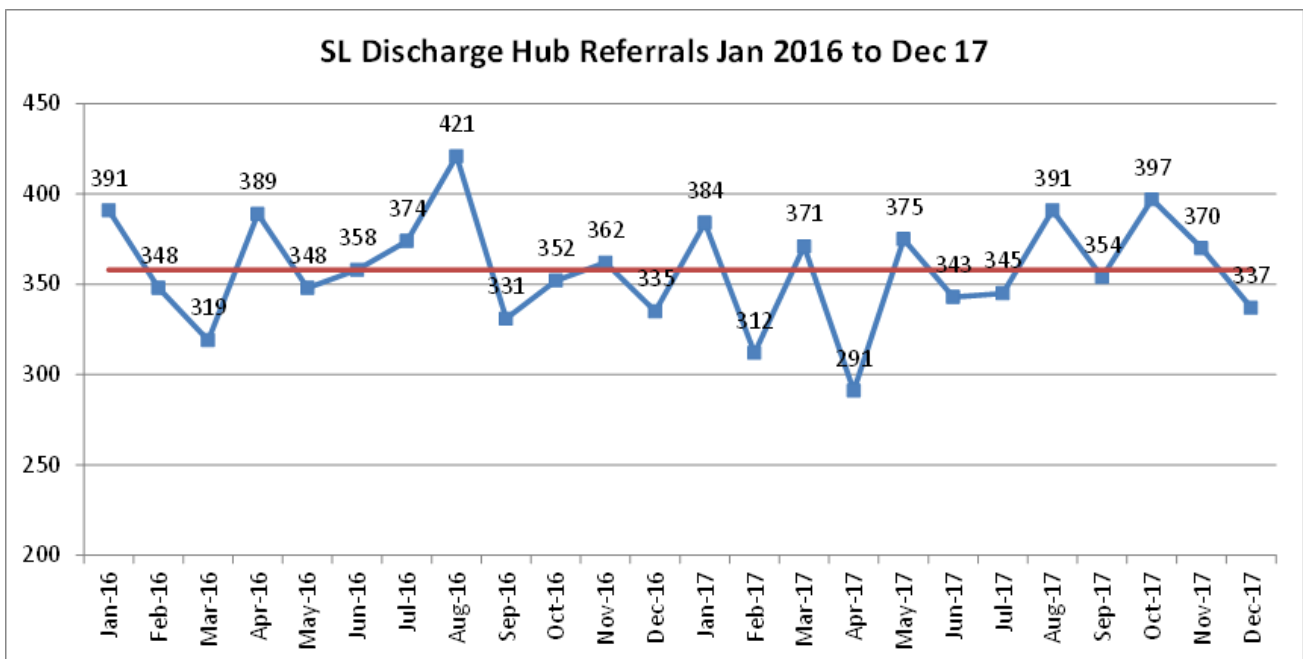


POC increased significantly over the period November – December 2017, at the same time referrals to discharge hubs reduced from 397 in October to 370 in November and again to 337 in December.

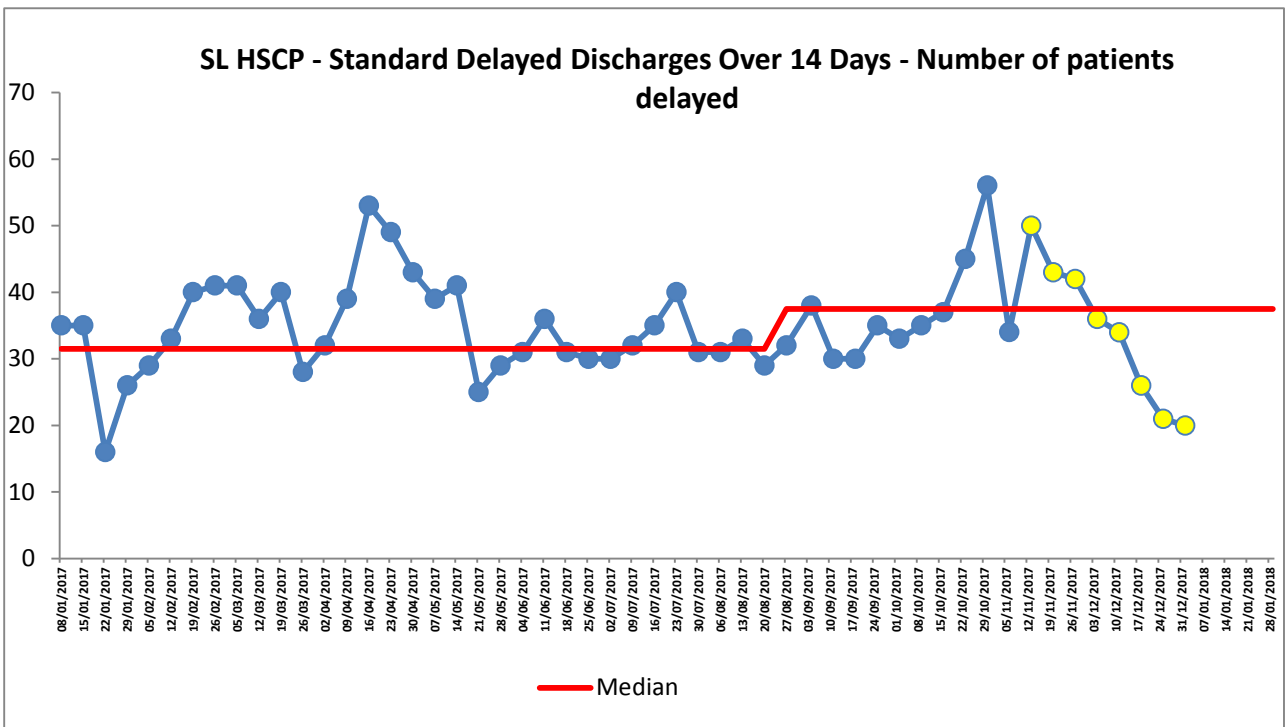
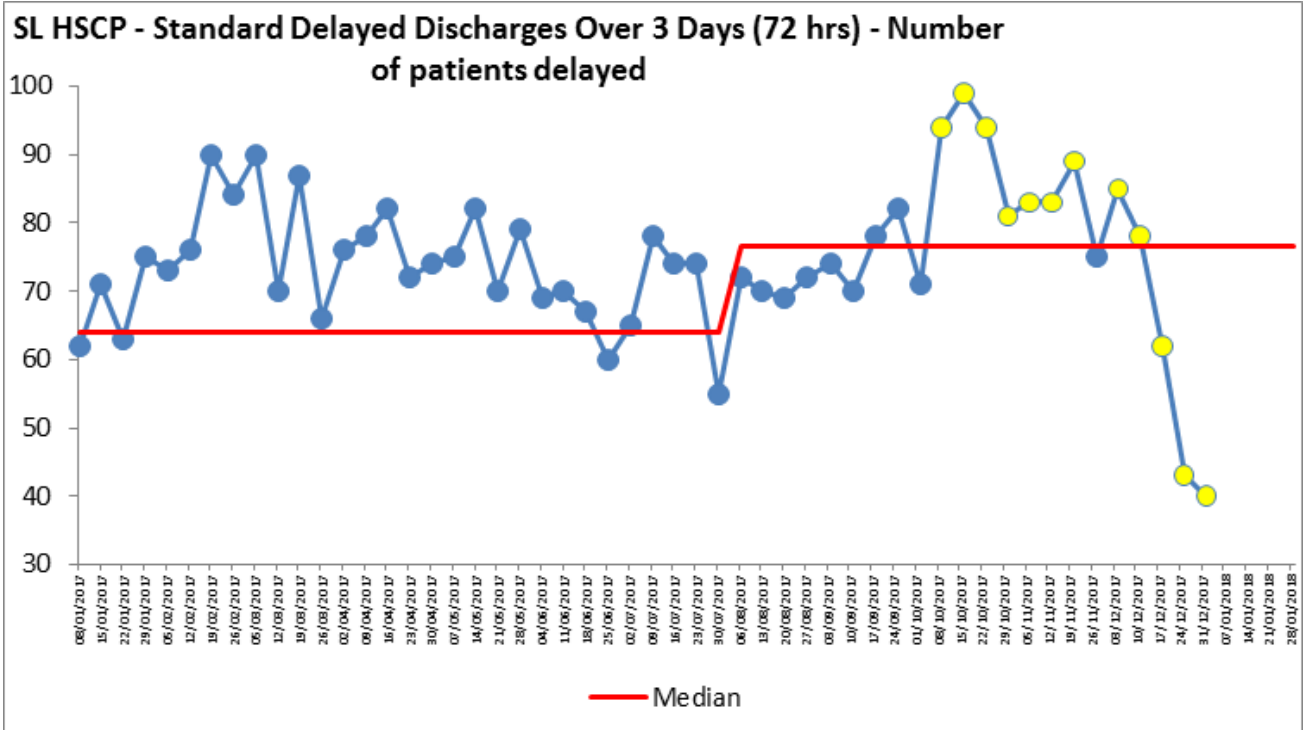
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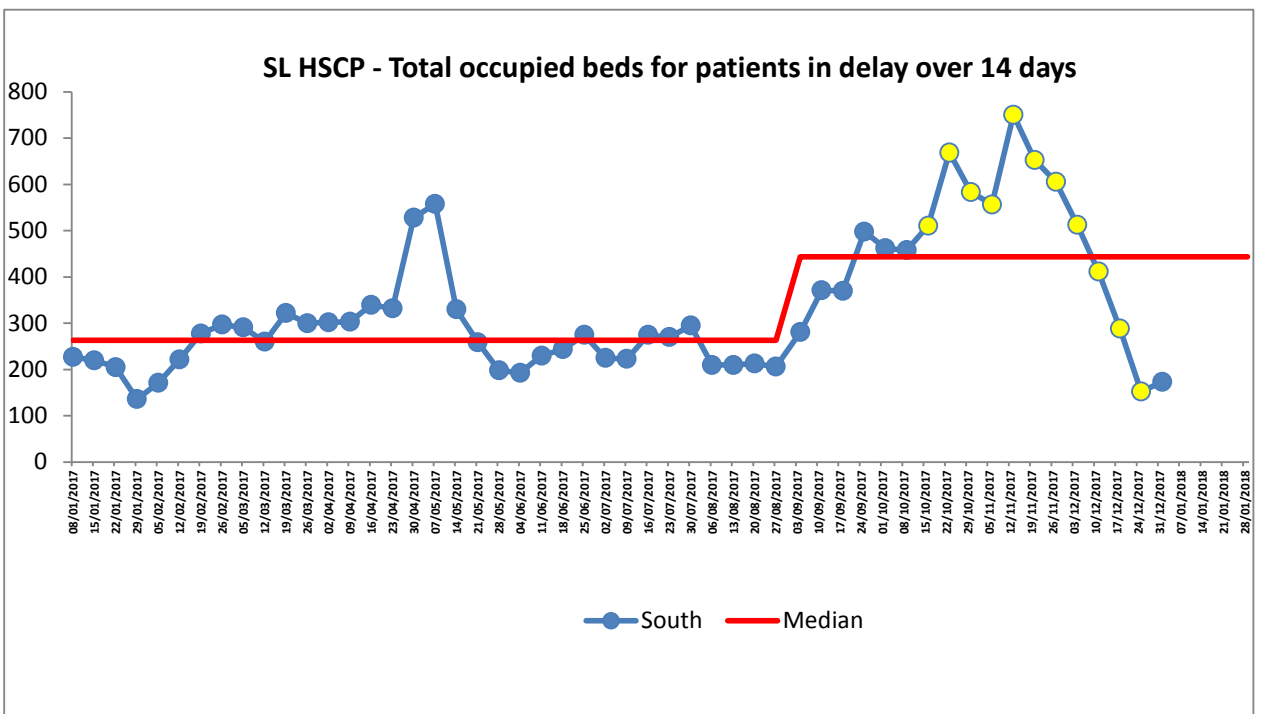
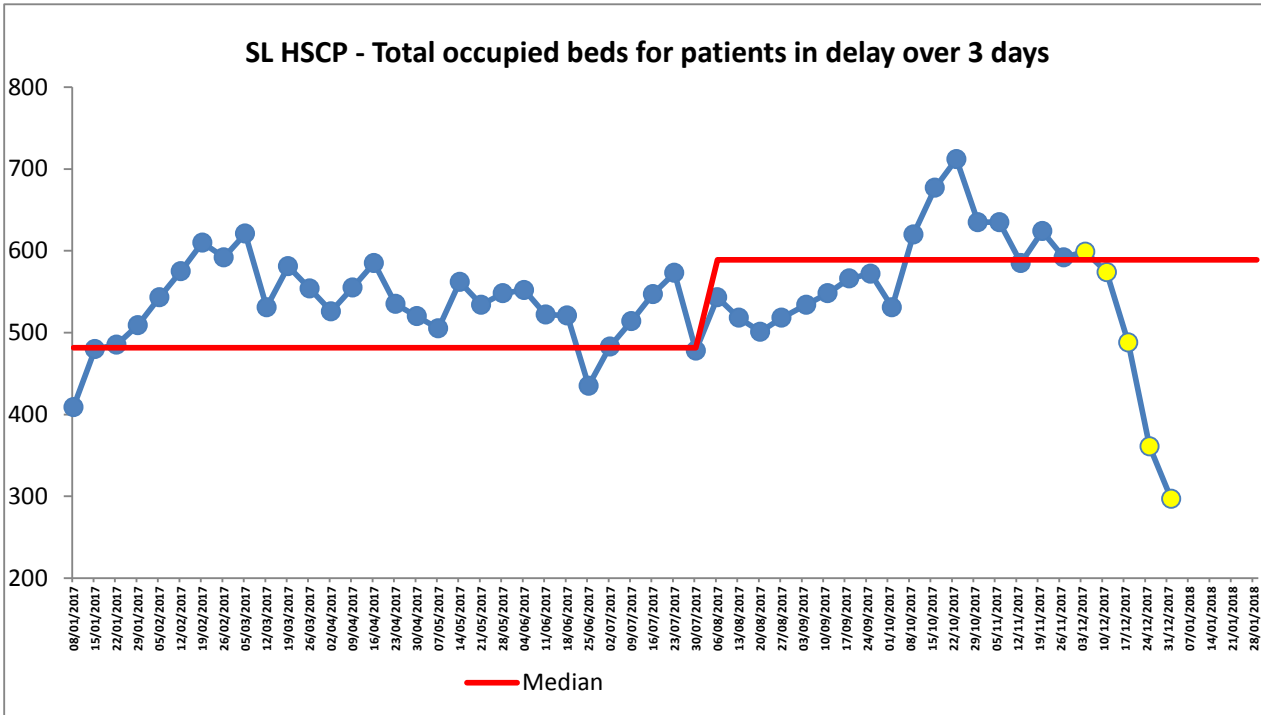


Referrals to South Lanarkshire hubs have shown there may be exceptional variation in referrals. More recently referrals during October 2017 increased to 397 the second highest referrals received over the time period.









## **6. PERFORMANCE AGAINST NATIONAL AND LOCAL AHP, PSYCHIATRY AND PAEDIATRIC AND CHILDREN AND YOUNG PEOPLES SERVICES WAITING TIMES TARGETS/STANDARDS**

The information contained in this report is provided by information services for the period from the 1<sup>st</sup> to 30<sup>th</sup> November 2017.

The audiology and medical children and young people consultant-led services are the subject of national targets of 12 weeks. The national target for audiology services is also a component of the overall 18 weeks national ENT target.

Other national targets include Child and Adolescent Mental Health Services (CAMHS) and psychological services, where the national waiting time target is 18 weeks.

For the majority of Allied Health Professions (AHPs), no national time to treatment guarantees is in place. However, within NHS Lanarkshire, for the majority of services, the local waiting time is no patient aged 18 years or older will wait more than 12 weeks for a referral to treatment.

As such, these targets carry significant importance about national reporting arrangements. The national target for addiction services is 21 days.

### **ALLIED HEALTH PROFESSIONS**

Senior staff members in each of the individual services triage all patients attending NHS Lanarkshire services. (Triage is a method of determining the clinical priority of patient treatments based on the severity of their condition).

Patients with conditions that are deemed “urgent” or have “red flags” are seen within 24 to 48 hours of referral. Examples of this would include, patients with Cauda Equina Syndrome, (a severe neurological condition causing loss of function of the lumbar plexus, within the spinal cord), or diabetic foot ulcers, etc.

The standard approach across all waiting times is to achieve a 90% standard to deliver a maximum waiting time of 12 weeks for a new outpatient appointment.

### **MUSCULOSKELETAL SERVICES (MSK)**

#### **Background**

The umbrella term “Musculoskeletal Conditions” (MSK) includes both chronic ailments, which carry a specific diagnosis such as rheumatoid arthritis/osteoarthritis or a range of spectrum-type conditions such as joint pain and soft tissue disorders.

Each of the MSK services detailed in this report is working towards achieving the national four weeks waiting time target. Meeting the 4-week target remains a significant challenge.

Furthermore, clinical research indicates that the majority of MSK conditions will resolve within 6 weeks. This evidence is borne out by the information published on the NHS Inform (NHS 24) website, which advises patients that most MSK injuries will settle in around six weeks.

### Musculoskeletal (MSK) Target

The national target is that 90% of patients will receive their initial outpatient appointment within 4-weeks of referral. However, within NHS Lanarkshire it has been agreed that the Board will continue to track the MSK performance against the 4-week proposed national target and the 12-week local target.

The services, which are subject to 4-week national and 12-week local targets, have their performance data for November 2017, is displayed in table 1 below:

<b>Table 1.</b>							
<b>MSK Services</b>	<b>AHP</b>	<b>Waiting Times Target</b>	<b>Nov 2017, 4 Week Performance %</b>	<b>Nov 2017, 12 Week Performance %</b>	<b>Longest Wait in Weeks</b>	<b>Number of Patients Waiting Beyond the 12 Week Target</b>	<b>Localities / Site with the longest wait</b>
<b>MSK Physiotherapy</b>		Developmental National Target 4 weeks	34.5% (25.9%)	82% (77%)	28 (37)	1074 (1450)	Airdrie
<b>MSK Podiatry/Bio Service</b>		Developmental National Target 4 weeks	60% (37.2%)	99% (99%)	(15 16)	1 (13)	Cumbernauld
<b>MSK Occupational Therapy Hand Clinics</b>		Developmental National Target 4 weeks	87.1% (72.2%)	99% (100%)	13 (17)	1	UH Monklands
<b>MSK Orthotics</b>		Developmental National Target 4 weeks	52.8% (33.9%)	100%	12 (17)	0 (12)	UH Wishaw
<b>Colour Code: Blue Exceeds Target by 5%, Green – On Target, Amber up to 5% off Target, Red more than 5% off Target</b>							
<b>Figures in parenthesis equates to last Month's performance</b>							

### MSK Physiotherapy Performance Commentary

The November information shows an increase of 8.6% in performance against the 4-week MSK physiotherapy waiting times. Likewise, the performance against the 12-week local target has increased by 5% to 82% of the patients seen within 12 weeks.

The overall number of patients waiting has fallen by 367, and also, the longest wait has reduced from 37 weeks to 28 weeks, a reduction of 9 weeks.

However, the overall staff capacity within the service still remains challenging.

### Actions to Address Performance

## ITEM 19

The physiotherapy service has been using additional hours and moved away from traditional 1:1 interventions for certain conditions to a group approach, thereby expanding the number of patients that can be seen by an individual practitioner

The service is in the process of recruiting additional Healthcare Support Workers who will be able to follow a treatment plan to support the on-going care of patients, thereby releasing registered staff and increasing service capacity.

Also, evening clinics have been instigated to increase capacity, and further use of the service provided by Glasgow Caledonian University is being explored. Discussions are also taking place to investigate the possibility of physiotherapy recruitment regarding post-graduate students.

The NMAHP workforce planning group are also looking at a variety of possibilities to reduce the physiotherapy staffing shortfall.

In addition to the above actions being taken by the service, and with the agreement of the service, the Director of AHPs requested that the Heads of podiatry and orthotics reviewed the MSK physiotherapy services to propose any additional steps that could be taken to assist in addressing the waiting times.

After the review the following actions have been agreed:

- Podiatry and Orthotics have agreed that they triage all Foot & Ankle referrals in the first instance.
- Outreach services from the Extended Scope, Physiotherapy Practitioners team, to assist in getting the patient seen in the right setting at the right time.
- Working in partnership with Orthotics, Podiatry and Physiotherapy to develop classes for those with foot and ankle problems to education on self-help and a move away from 1:1 interventions thereby creating additional capacity.

### **MSK Podiatry/Biomechanical Service**

#### **Performance Commentary**

The podiatry MSK performance against the 4-week national target has significantly improved in November with 60.7% of patients seen against the 4-week target.

The performance against the 12-week local target continues to be 99% of patients treated within 12 weeks. There is only one patient identified as waiting 15 weeks, and the service is investigating this for accuracy.

#### **Actions to Address Performance**

The service is continuing to streamline working practices and work in partnership with the acute MSK podiatry team.

### **MSK Occupational Therapy (OT) Hand Clinics**

#### **Performance Commentary**

## ITEM 19

The OT MSK hand clinic 4-week performance has improved during November and is now standing at 81.7% from the previous position of 72.2%, representing an increase of 9.5%. In total, 99% of patients have been seen within 12 weeks during November a reduction of 1% since last the last report.

### Actions to Address Performance

The service continues to monitor its performance against the 4-week target, and when additional resource is available, the hand clinic receives additional support.

### MSK Orthotics

#### Performance Commentary

The MSK Orthotics 4-week performance has improved during November and is now standing at 52.8% from 33.9%, at the end of October 2017. In total, 100% of patients have treated within 12 weeks during November.

### Actions to Address Performance

The service continues to seek to streamline their appointments and processes.

### AHP AND COMMUNITY SERVICES ACHIEVING 100% PERFORMANCE AGAINST THEIR RESPECTIVE WAITING TIMES TARGET

The AHP and Community Services who are the subject of a local or National waiting time target have their performance data for November 2017, displayed in table 2 below:

<b>AHP and Community Services</b>	<b>Waiting Times Target</b>	<b>Nov 2017, 12 Week Performance %</b>	<b>Longest Wait in Weeks</b>	<b>Number of Patients Waiting Beyond the 12 Week Target</b>	<b>Localities/site with the longest wait</b>
<b>Audiology</b>	Local Target 12 Weeks	100% (96%)	12 (12.7)	0 (44)	UH Wishaw
<b>Adult Speech and Language Therapy Service</b>	Local Target of 12 weeks	100% (100%)	7 (9)	0 (0)	ADL (unchanged)
<b>Children and Young Peoples Speech and Language Therapy (C&amp;YP SLT)</b>	Local Target of 12 weeks	98% (85%)	17 (30)	89 (123)	Clydesdale (Motherwell)
<b>Dietetic Services</b>	Local Target 12 weeks	97.9% (99%)	13 (19)	8 (1)	Wishaw (Airdrie)
<b>Non-MSK Clinical and Domiciliary Podiatry</b>	Local Target of 12 weeks	99% (97%)	20 (13.5)	7 (8)	East Kilbride

## ITEM 19

<b>Children and Young People's Occupational Therapy</b>	Local Target of 12 weeks	100% (100%)	9 (6.5)	0 (0)	North (Motherwell)
<b>Community Claudication Service</b>	Local Target of 12 weeks	83.6% (99%)	23 (14)	48 (2)	Bellshill (unchanged)
<b>Rheumatology Occupational Therapy (OT)</b>	Local Target of 12 weeks	83% (85%)	23 (17)	35 (28)	UH Wishaw (Unchanged)
<b>Medical Children and Young People, Consultant Led Service</b>	National Target 12 Weeks	95% (46%)	30 (35.4)	27 (397)	Wishaw (Monklands)
<b>Colour Code: Blue Exceeds Target by 5%, Green – On Target, Amber up to 5% off Target, Red more than 5% off Target</b> <b>Figures in parenthesis equates to last month's performance</b>					

Where the target is out with the blue or green parameters, further information/explanation regarding performance issues is provided.

### **Children, Young Peoples Speech, and Language Therapy (C&YP SLT) Service**

#### **Target**

No patient aged 18 years or younger will wait more than 12 weeks for a referral to treatment

#### **Performance Commentary**

C&YP SLT services have returned to achieving the 12-week target. This turnaround is due to the actions and hard work of the staff concerned in helping to streamline processes within the service.

#### **Actions to Address Performance**

The service will continue to endeavour to maintain their performance in meeting the local target.

### **Rheumatology Occupational Therapy (OT)**

#### **Target**

No patient aged 18 years or older will wait more than 12 weeks for a referral to treatment.

#### **Performance Commentary**

The overall 12-week local target performance has slightly decreased during November to 83% this is a reduction of 2% from an October position. Likewise, the longest wait and number of patients waiting beyond 12 weeks have increased. These now stand at 13 patients and 35 weeks respectively

#### **Actions to Address Performance**

Funding has been provided to the Rheumatology Service to support an additional OT post in this speciality. Interviews to fill the additional post are due to take place during January 2018.

### **Medical Children and Young People, Consultant Led Service**

#### **Target**

No patient aged 18 years or younger will wait more than 12 weeks for a referral to treatment.

#### **Performance Commentary**

The performance of the consultant-led medical children and young people's service has dramatically improved and has now returned to target with 95% of patients are now being seen within the 12-week target.

Overall, the number of children waiting has also decreased from 397 at the end of October to 17 at the end of November 2017.

Also, the longest waiting times have decreased from 35.4 weeks to 30 weeks over the same period. The longest wait continues to be at University Hospital Wishaw.

#### **Actions to Address Performance**

Numerous actions have been taken by the management team to assist in reducing the waiting times. These actions have included the provision of additional waiting time clinics and consultant medical staff undertaking additional out-patient clinics to bring about these improvements in performance.

### **Community Claudication Services**

No patient aged 18 years or older will wait more than 12 weeks for a referral to treatment.

#### **Performance Commentary**

The performance of the community claudication services dipped during November 2018, to 83% of the patients seen against the target. Thereby this represents an overall reduction in performance of 15.4% from the previous month. The longest waiting time has increased from 14 weeks to 23 weeks an increase of 9 weeks overall.

#### **Actions to Address Performance**

All processes and practices within the patient pathway are being reviewed. Various areas of duplication in workload efforts have been identified, and these are undergoing examination and streamlining.

### **PSYCHIATRIC AND MENTAL HEALTH SERVICES**

The Psychiatric and Mental Health Services who are the subject of a local or National waiting time target have their performance data for November 2017, displayed in table 3 below:

<b>PSYCHIATRIC AND MENTAL HEALTH SERVICES</b>	<b>Waiting Times Target</b>	<b>Nov 2017, 12 Week % Performance</b>	<b>Longest Wait in Weeks</b>	<b>Number of Patients Waiting Beyond the local or National</b>	<b>Localities/site with the longest wait</b>



## ITEM 19

					<b>Target in weeks</b>	
Adult Health Clinics	Mental OP	Local Target 12 Weeks	95% (96%)	32 (24)	41 (33)	Hamilton (unchanged)
Old Psychiatry Clinics	Age OP	Local Target 12 Weeks	91.4% (99%)	23 (15.5)	23 (28)	Wishaw (North)
General Psychiatry (Mental Illness): Addictions		National Target 21 days	100% (91%)	8 (29)	0 (23)	Hamilton (unchanged)
Psychological Services		National Target 18 weeks	82.8% (86.7%)	27 (20)	201 (164)	East Kilbride (Unchanged)
CAMHS		National Target 18 weeks	65.9% (63.7%)	29 (31)	223 (310)	Airdrie (Clydesdale)
<b>Colour Code: Blue Exceeds Target by 5%, Green – On Target, Amber up to 5% off Target, Red more than 5% off Target</b> <b>Figures in parenthesis equates to last month's performance</b>						

Where the target is out with the blue or green parameters, further information/explanation regarding performance issues is provided.

### Adult Psychological Therapies

#### Target

No patient aged 18 years or older will wait more than 18 weeks for a referral to treatment and forms part of a Scottish Government RTT.

#### Performance Commentary

Overall, performance, has deteriorated from 86.7% in October to 82.8% during November, Performance against the RTT standard, has been impacted by reduced staffing and difficulties in attracting staff to fill vacancies when advertised.

Plans are in train to try and address the staffing issues and attract additional staff to Lanarkshire. Waiting list clinics across localities are in place, but difficulties are predicted in backfilling existing, and upcoming maternity leave.

#### Actions to Address Performance

The Adult Psychological Services state that they will continue to strive towards achieving the 90% target in the next few months.

### Child and Adolescent Mental Health Services (CAMHS)

#### Target

No patient aged 18 years or younger will wait more than 18 weeks for a referral to treatment and forms part of a Scottish Government RTT.

### **Performance Commentary**

The CAMHS service has also seen an improvement, with 65.9% of patients commencing treatment within 18 weeks, representing an increase of 2.2% from the position in October 2017.

### **Actions to Address Performance**

The CAMHS services are experiencing a similar situation to the Adult Psychological Therapies Service regarding attempts to recruit and retain staff. Where possible, waiting list initiative clinics have been set up to assist in managing the waiting times.

### **DNAs**

In certain services, despite the introduction of various methods to overcome DNAs, significant DNA rates are still being encountered.

Currently, the lowest DNA rate across the services is within audiology at 5.9%. However, in at the higher end of the scale is the community dietetics which stands at 26.3%, while in psychological therapies addictions the rate is 39%

These DNA rates are disappointing given that a text reminder system is in place and patients are telephoned the day before their appointments and the day of their appointment.

Where it is not already in place, services are trialling self-referral to see if this increases service user engagement.

Giving patients rapid assessment; educating GPs about the necessity to explain to patients the reason for their referrals is also proposed.

## **RECOMMENDATIONS**

The Lanarkshire NHS Board 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.
- An improvement in the overall outpatient numbers waiting.
- The very positive performance in Cancer Waiting Time.
- The improvement at Monklands and Hairmyres and the prioritised actions in the three hospital being implemented to address the performance gap.
- The challenges around delayed discharge performance.

## **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.

## ITEM 19

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.

Delayed discharge continues to be a challenge for both North and South Health & Social Care Partnerships.

### **9. FURTHER INFORMATION**

For further information about any aspect of this paper, please contact *Heather Knox* Director of Acute Services, Telephone: 01698 858088, *Janice Hewitt*, Chief Accountable Officer, North Lanarkshire Health & Social Care Partnership, Telephone: 01698 858320, *Val de Souza*, Director of Health & Social Care South Lanarkshire, Telephone: 01698 453700

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