

Meeting of Lanarkshire  
NHS Board: 28 March 2018

Lanarkshire NHS Board  
Kirklands  
Fallside Road  
Bothwell  
G71 8BB  
Telephone: 01698 855500  
[www.nhslanarkshire.org.uk](http://www.nhslanarkshire.org.uk)



## 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"/>
--------------	--------------------------	-----------------	--------------------------	---------	-------------------------------------

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"/>
----------	--------------------------	----------	--------------------------	----------	--------------------------

By the following Committee:

**Or**

Is a standing item	<input checked="" type="checkbox"/>
--------------------	-------------------------------------

From the following Committee: The acute activity within this report has been discussed at the Corporate Management Team/Divisional Management Team/Acute Governance 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"/>
------	-------------------------------------	-----------	-------------------------------------	----------------	-------------------------------------

**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, however the impact of loss of activity due to influenza and bad weather now needs to be factored into the year end position.

**9. FIT WITH BEST VALUE CRITERIA**

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective	<input type="checkbox"/>	Governance and	<input checked="" type="checkbox"/>
-----------------------	--------------------------	-----------	--------------------------	----------------	-------------------------------------

		partnerships		accountability	
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**  
14<sup>th</sup> March 2018

**JANICE HEWITT**  
14<sup>th</sup> March 2018

**VAL DE SOUZA**  
14<sup>th</sup> March 2018



**NHS Lanarkshire Headquarters,  
Fallside Road, Bothwell G71 8BB  
[www.nhslanarkshire.org.uk](http://www.nhslanarkshire.org.uk)**

**Meeting of  
Lanarkshire NHS Board – 28 March 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 January 2018.
- AHP and mental health waiting time access guarantees and targets set by the Scottish Government as at the end of January 2018.
- The 4 hour Emergency Department standard until the end of February 2018.
- 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

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)**

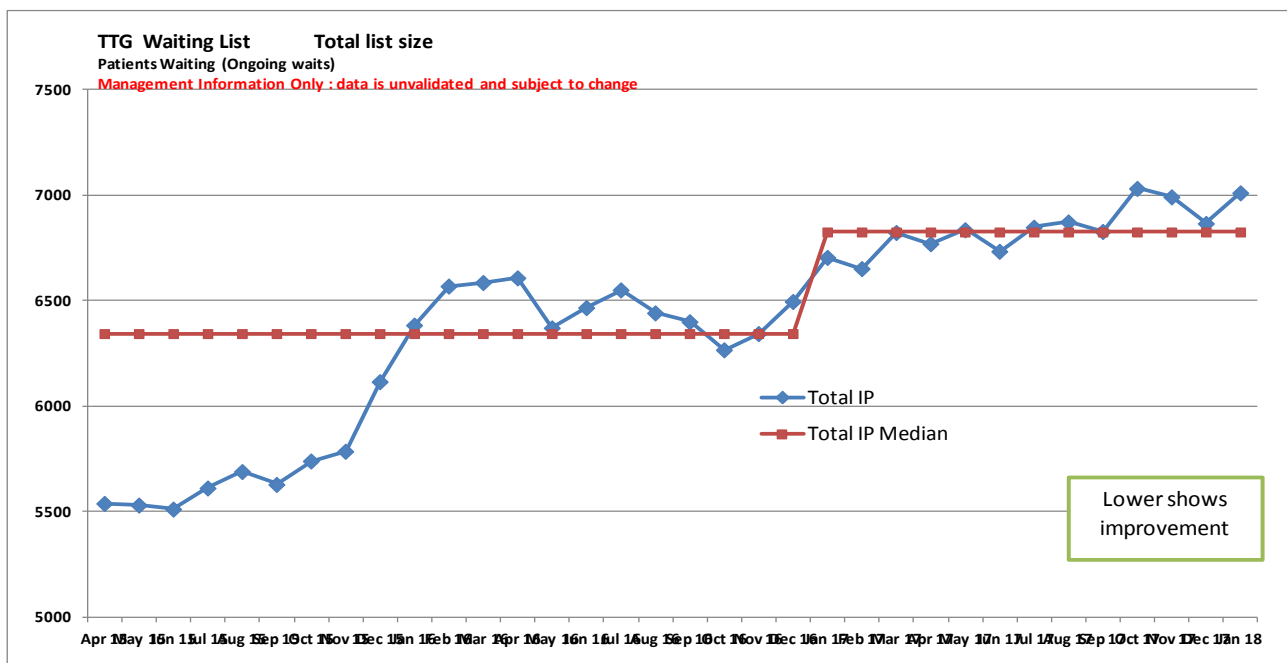
**The 12 Week Treatment Time Guarantee (84 days) applies to eligible patients who are receiving planned treatment on an inpatient or day-case**

**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.**

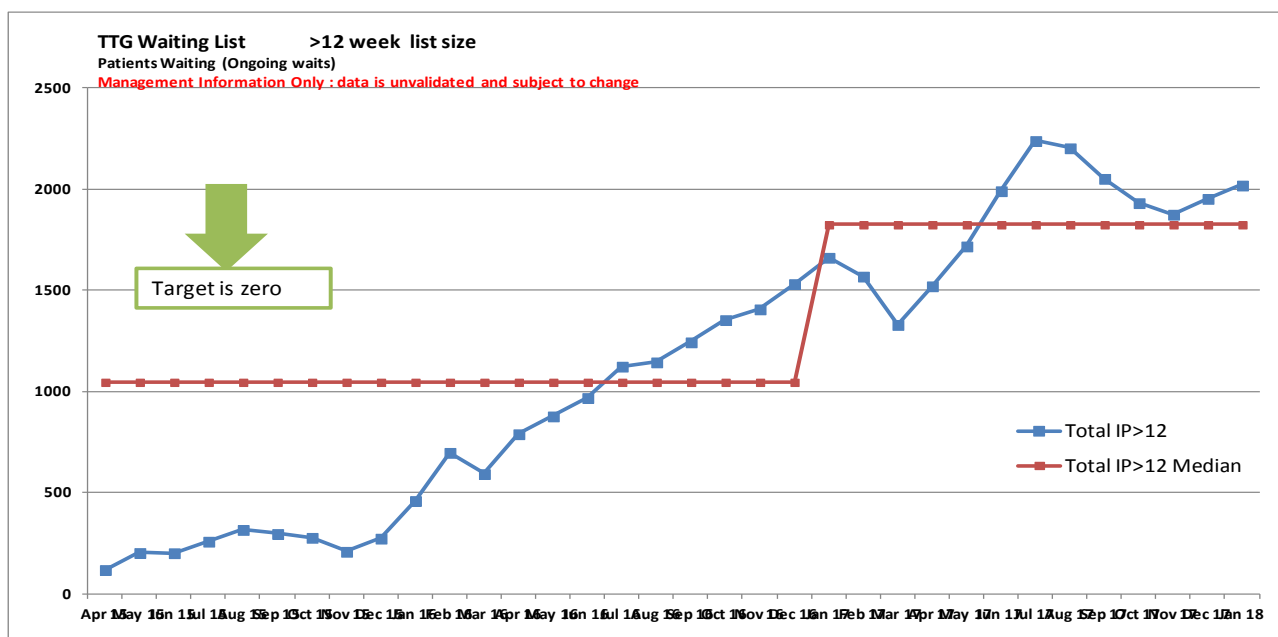
At the end of January there were a total of 2019 patients who had breached their TTG date. 28.8% of patients are waiting over 84 days in January, which is a slight increase from the December figure of 28.4%. Improvements achieved during October and November were not sustained due to influenza and poor weather.

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.**

January 2018 performance is detailed below:-

Combined performance was 82.2% - down from 83.6% in December 2017

Admitted performance was 55.0% - down from 62.2% in December 2017

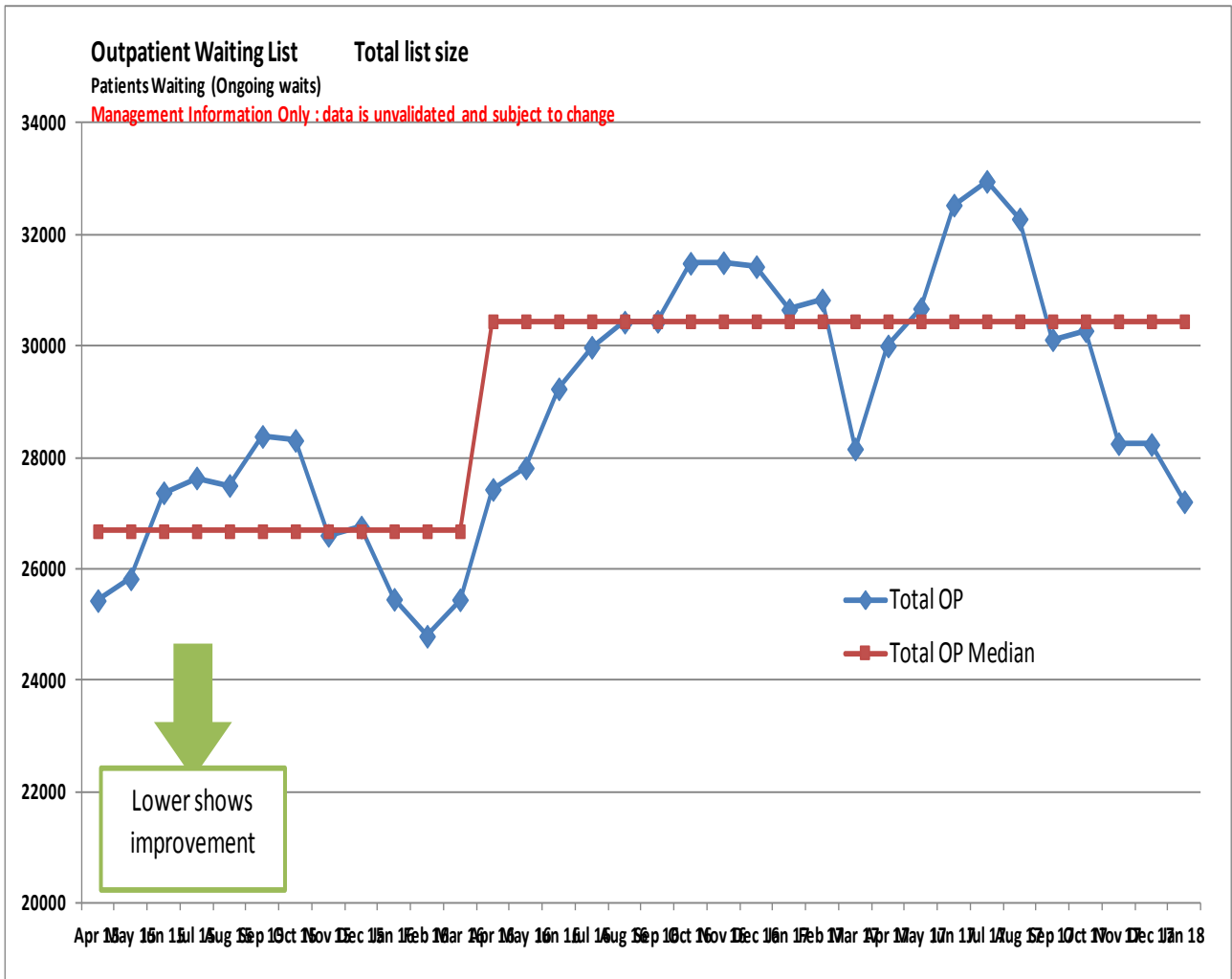
Non-admitted performance was 86.2% - down from 87.0% in December 2017

**2.4) Outpatients Waiting Times**

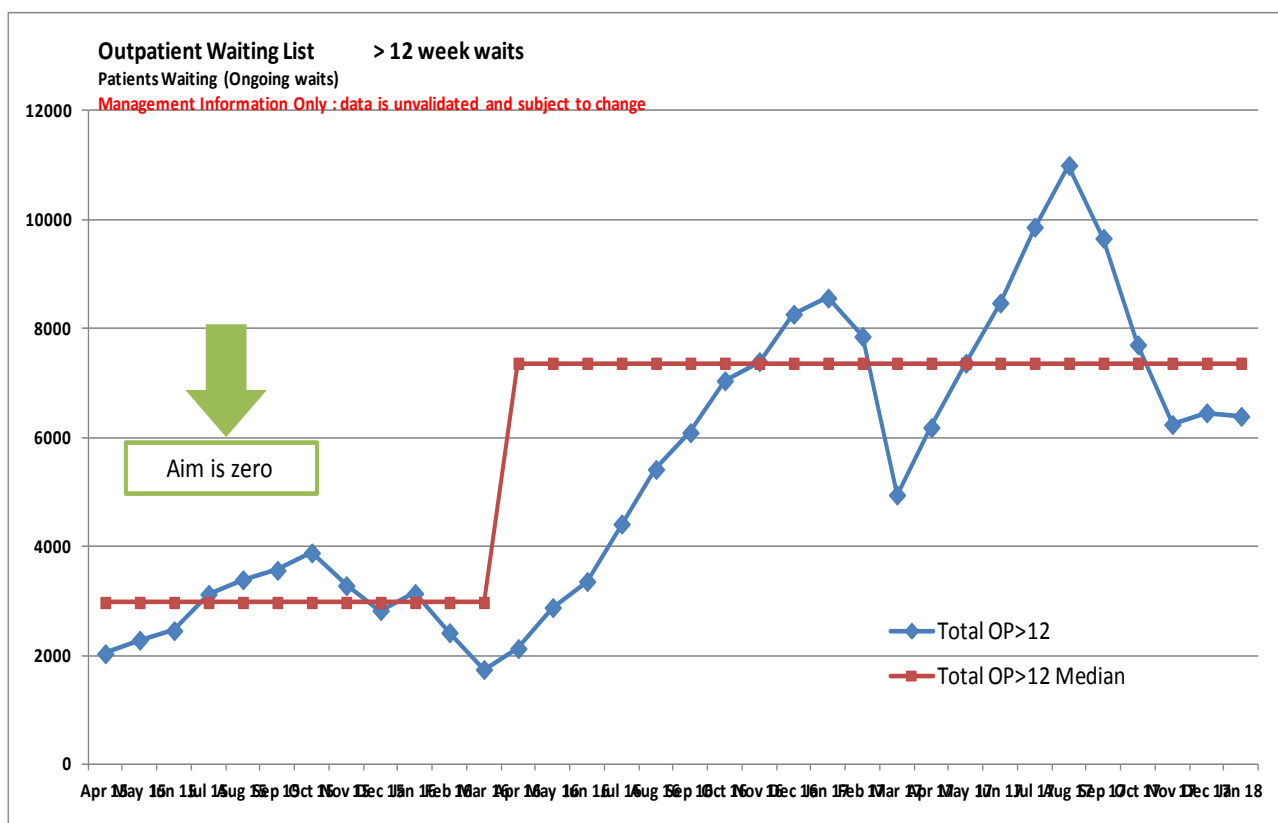
At 31<sup>st</sup> January 2018 there were 6392 patients waiting over 84 days. 79.4% of patients were seen within 84 days compared to 6457 patients waiting over 84 days in December 2017 and 80.7% of patients being seen within 84 days in December 2017. This represents an improvement in overall numbers but 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 December 2017 and January 2018:

December 2017  
 62 Days – 96.3%  
 31 Days - 98.2%

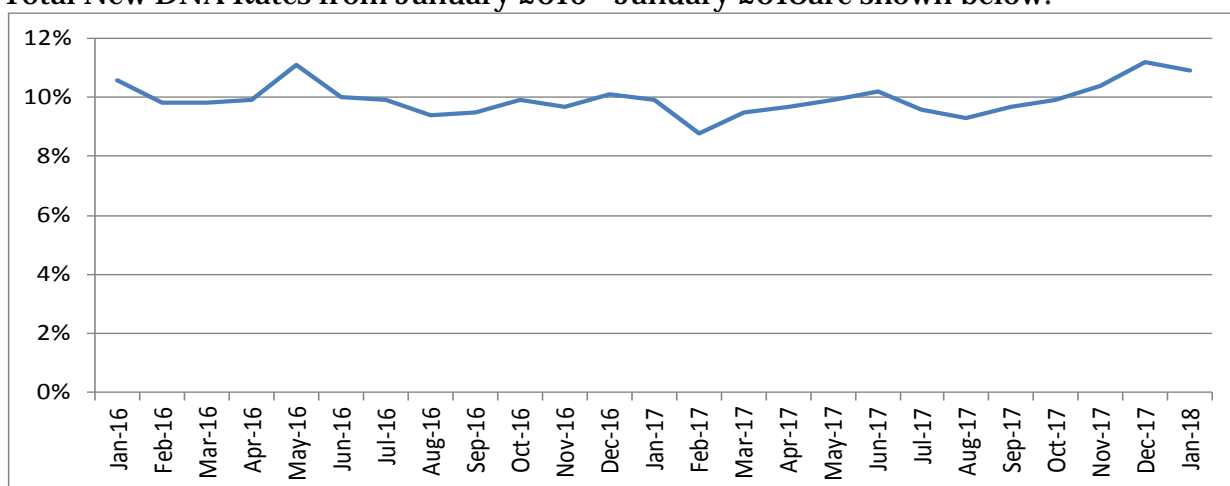
January 2018 - unvalidated  
 62 Days - 95.5%  
 31 Days – 99.3%

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 January 2016 - January 2018 are shown below.



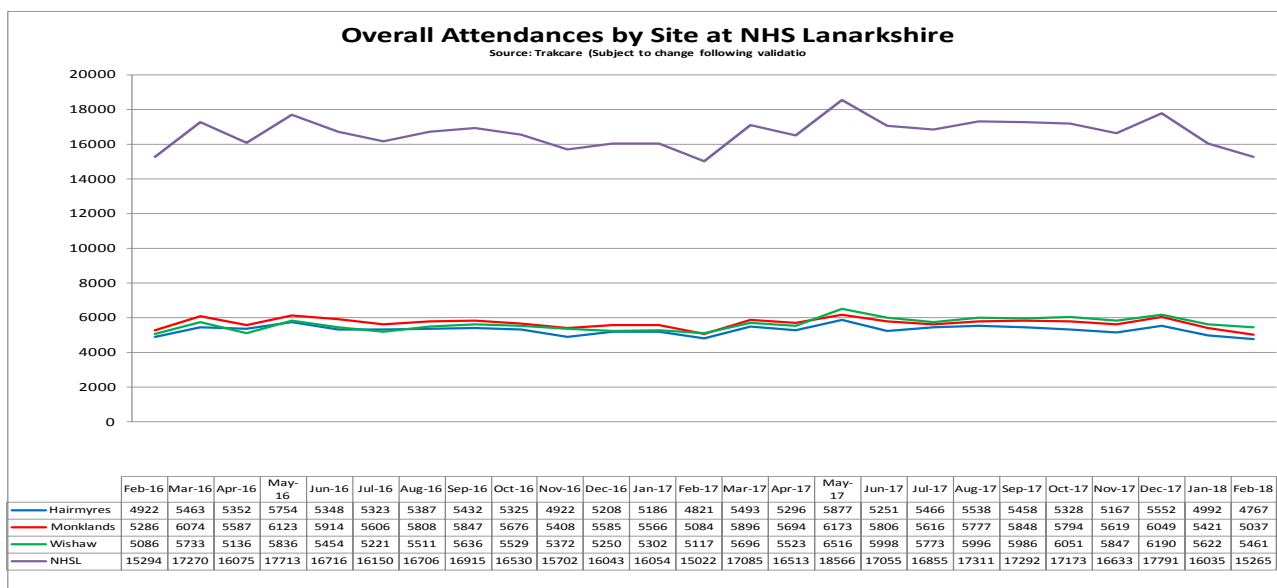
The level of Did Not Attend (DNA) patients is being targeted for improvement across all specialties. A major programme of Outpatients Modernisation has now been launched, which should impact on DNAs. The graph shows seasonal variation for the month of December.

#### 4. UNSCHEDULED CARE

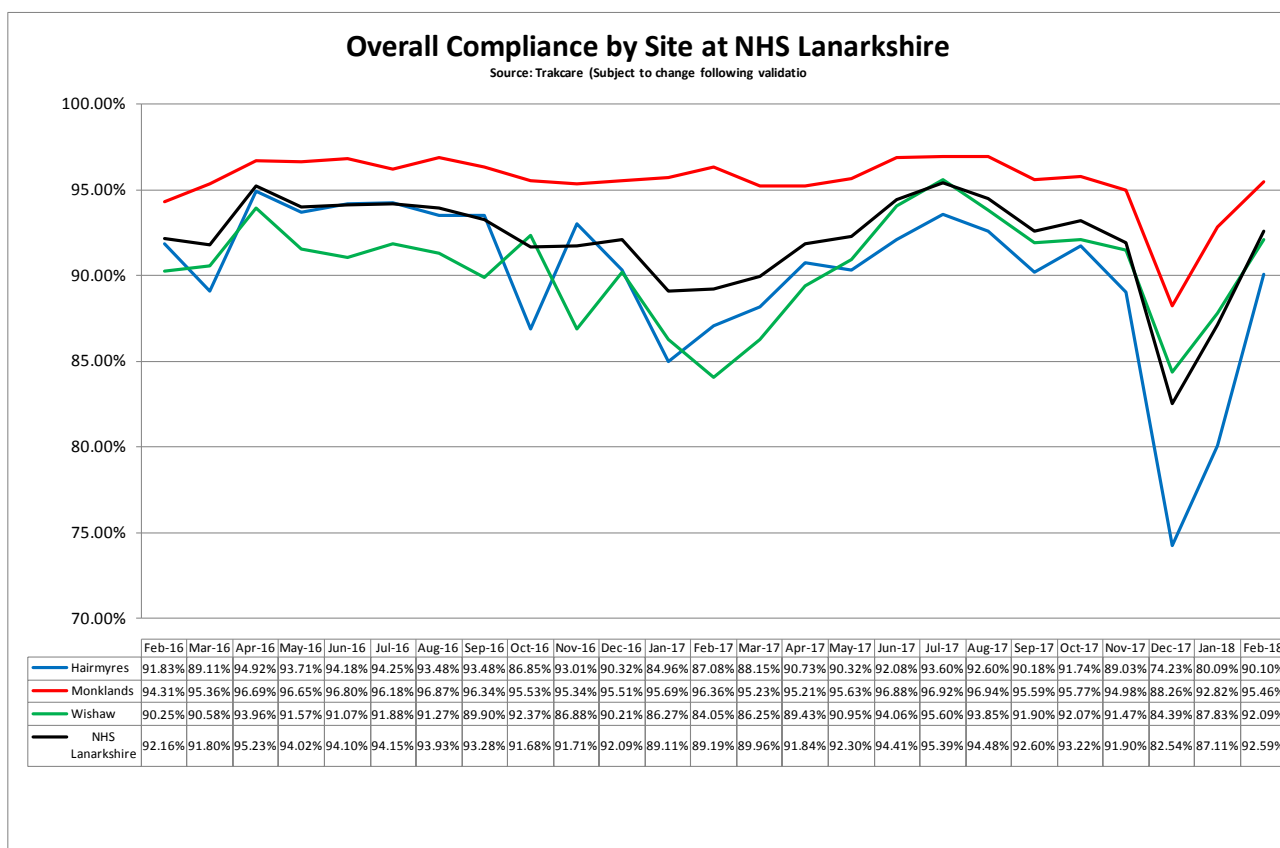
**NATIONAL STANDARD: 95% of patients attending Accident & Emergency to be admitted discharged or transferred within 4 hours of arrival.**

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 February 2016 and February 2018.



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



February 2018 performance is 92.59% compared to the January 2018 performance of 87.11% and the December 2017 performance of 82.54%. Performance slightly up on February 2016 and markedly up on February 2017.

The following summarises the key improvement activities at site level:

#### University Hospital Hairmyres

## ITEM 17

The performance for February was 90.10% against the 4 hour waiting target. In February, the number of patients who waited for more than 8 hours was 28, compared to 217 in January 2018 and 2 patients waited more than 12 hours in February 2018 when compared to 95 in January 2018. The majority of the 12 hour breaches were attributable to bed/capacity constraints. Attendances per day increased 170 per day in February compared to 161 in January.

Emergency inpatient admissions increased by 170 compared to February 2017, an additional 5 patients per day.

Occupancy rates for the site was challenged throughout February, overall for the month the occupancy rate was 92% however this excludes patients who were accommodated within the Emergency Department overnight. The clinical opinion of frontline staff was that the acuity of a significant number of people attending hospital at that time was very high.

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 including a new location for the GP Ambulatory care unit.

### **University Hospital Wishaw**

The performance for February was 92.09% against the 4 hour waiting target. In February, the number of patients who waited for more than 8 hours was 26, compared to 82 in January 2018 and 3 patients waited more than 12 hours in February 2018 compared to 26 in January 2018. There is an increase in overall monthly performance compared with the performance in the same month in the previous year with February 2017 reporting a performance of 84.05%.

Wait for First assessment and Wait for Bed in the Emergency Department were the principle reasons for patient breaches in this month. Plans were put in place to support medical inpatient bed capacity issues and surge inpatient beds were opened on an adhoc basis. There was also an increase in the number of medical patients transferred outwith speciality on site however, winter plan funding supported an additional trainee Dr as well as MINTS nurses to ensure ongoing review of these patients to improve patient safety as well timely discharge.

Works continues to develop a REACT model with the Emergency Department. This models supports a senior decision maker earlier in the patient's journey. This is being piloted and monitored for assessment and impact.

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. This group has strengthened links with SAS as well as Police Scotland.

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 start date of 16<sup>th</sup> 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**

Performance for February was 95% compared to 92.8% January. There was a reduction in the number of 8 hour breaches during the month, and no 12 hour waits occurred. A review is ongoing of the escalation process for those patients at risk of breaching within the Emergency Department, as well as identifying a trigger tool for actions when there are a high number of patients awaiting a bed.

Daily recording of GP med referrals that are redirected via REACT commenced in mid January, currently looking at how to most effectively collect and the key information required. This will be shared with partnership colleagues.

The Surgical Assessment Bay is now co-located with Medical Assessment adjacent to the Emergency Department, and work is underway to develop additional patient pathways for this area. The number of medical boarders within surgical ward has fluxuated during February. Boarders continue to be allocated to a medical speciality team determined by which ward they board to. This has ensured prompt review and planning for these patients. Ward 11 Transitional Care ward is now open with capacity for 16 patients, ongoing plan to reduce the number of patients and close the additional capacity by end March 18.

## **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 199 in comparison with December 2016, a decrease of 58 bed days for non code 9 delays and increase of 257 Code 9 bed days.

Occupied bed days for January increased by 258 in comparison with the previous year, 83 bed days for non-code 9 with 175 code 9 bed days.

	Previous year	Current Year	Increase/reduction
Oct	2892	3314	422 (increase)
Nov	2907	3376	469 (increase)
Dec	2977	3176	199 (increase)
Jan	2741	2999	258 (increase)
ISD: Occupied bed days All delays			

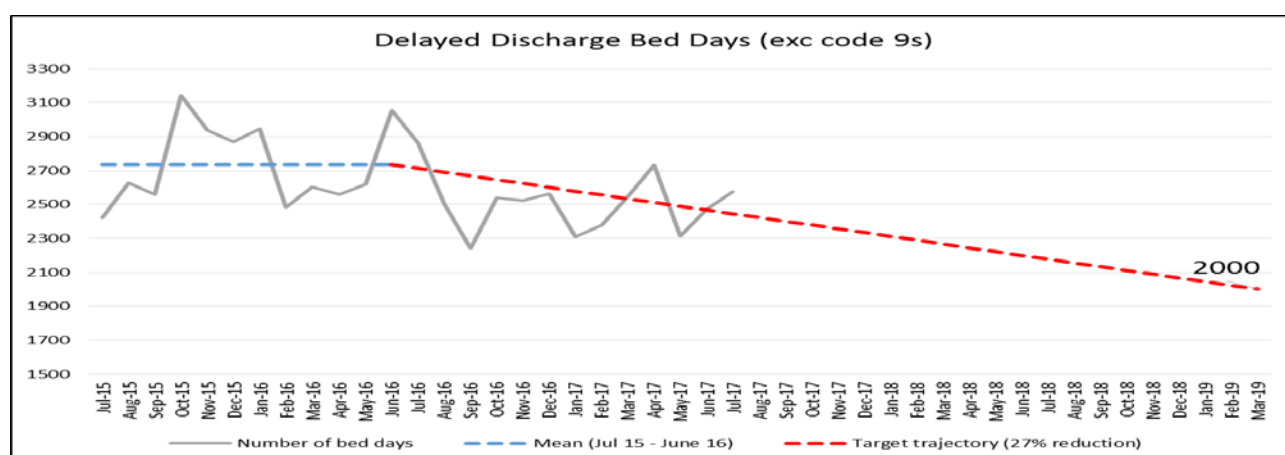
**i. Current Performance Analysis**

Performance against Target December 2017 & January 2018

The final figure for December 2017 was 2506 bed days for non-code 9 delays, although an improvement on November 2017 this was still 171 bed days beyond target.

Recently published figures for January 2018 shows further improvement with the Partnership beyond non-code 9 bed days reducing further to 2392, which is down to 80 bed days beyond the target of 2312 bed days.

North – Non Code 9 bed days			
	Target	Actual	RAG Status
Oct 2017	2379	2756	
Nov 2017	2357	2806	
Dec 2017	2335	2506	
Jan 2018	2312	2392	
Source: Delayed Discharges, ISD (MSG Integration Indicators)			



## 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 March 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 the period of December 2017 – February 2018. 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:

<b>Commissioning Intention</b>	<b>Progress</b>
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 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</p>

## ITEM 17

	resources.
Reconfiguration of Home Support services	Papers around the reconfiguration of Home Support services will go to the March 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:

<b>Action</b>	<b>Progress</b>
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. The group aims to report its new model in early April 2018.
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 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, was held on 25 <sup>th</sup> January. The group meets again at the end of March 2018 with a view to finalising a report in April 2018.
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. The group is finalising a report, which will be brought to the PPRC meeting in April 2018.

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 have continued to make marked improvements.

This has seen a decrease by 353 in comparison with December 2016, comprising a decrease of 374 for non code 9 bed days, however there was a small increase of 21 for Code 9 bed days.

During January 2018 total bed days decreased by 1,137 in comparison with January 2017, comprising a decrease of 1,002 bed days non code 9 delays, with a decrease of 135 Code 9 bed days.

	Previous year	Current Year	Increase/reduction
Oct	4069	4386	317 (increase)
Nov	3468	3995	527 (increase)
Dec	3643	3290	-353 (Decrease)
Jan	3644	2507	-1137 (Decrease)
ISD: Occupied bed days All delays			

From the above table, it will be noted there has been a decrease in delayed discharge bed days of 1,879 over the past 4 months, i.e. a 43% reduction.

Performance against Target December 2017 & January 2018



## ITEM 17

South Partnership target for December 2017 was 1801 bed days excluding Code 9, the final figure was 2910 bed days. Performance for January 2018 was 2184 against the target of 1449.

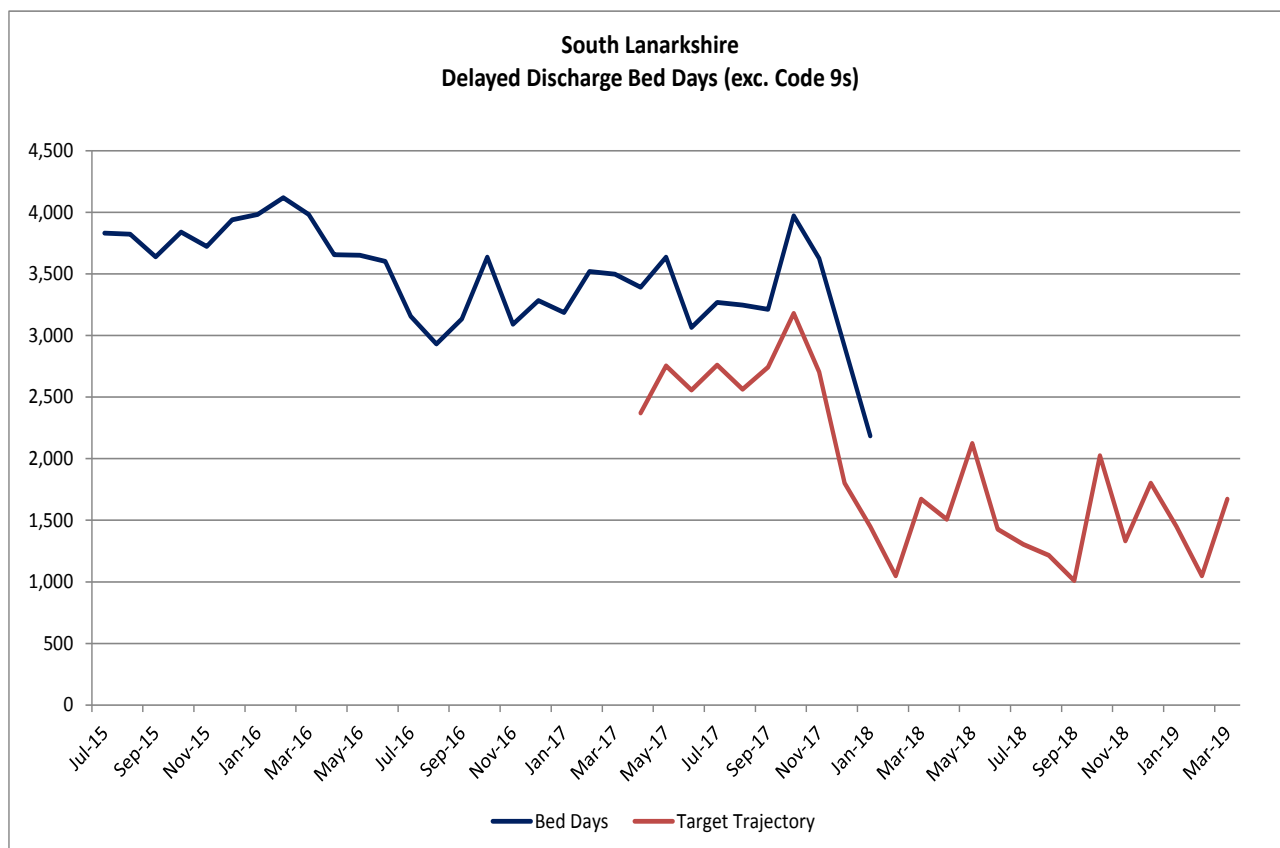
Targets for December and January were based on improvements in delays associated with homecare, and the reclassification of offsite beds as intermediate care. Homecare improvements have resulted in a decrease in bed days for this type of delay. However the Partnership is working with ISD to determine the approach to re-designating offsite intermediate care beds, as a result the Partnership has not met targets for the two months.

	Target	Actual	RAG Status
Oct 2017	3181	3972	
Nov 2017	2705	3625	
Dec 2017	1801	2910	
Jan 2018	1449	2184	
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 started Monday 18<sup>th</sup> December 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 recent months, further unvalidated local data is provided in Appendix 2 to demonstrate the improved performance.

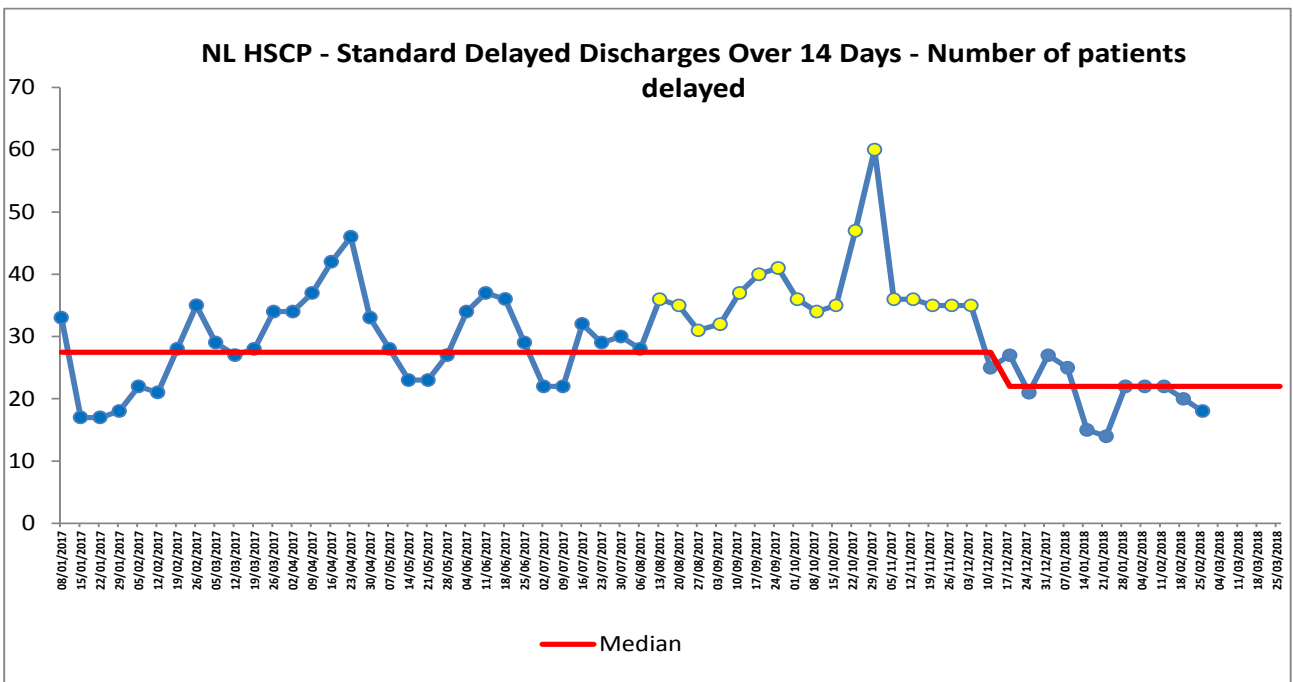
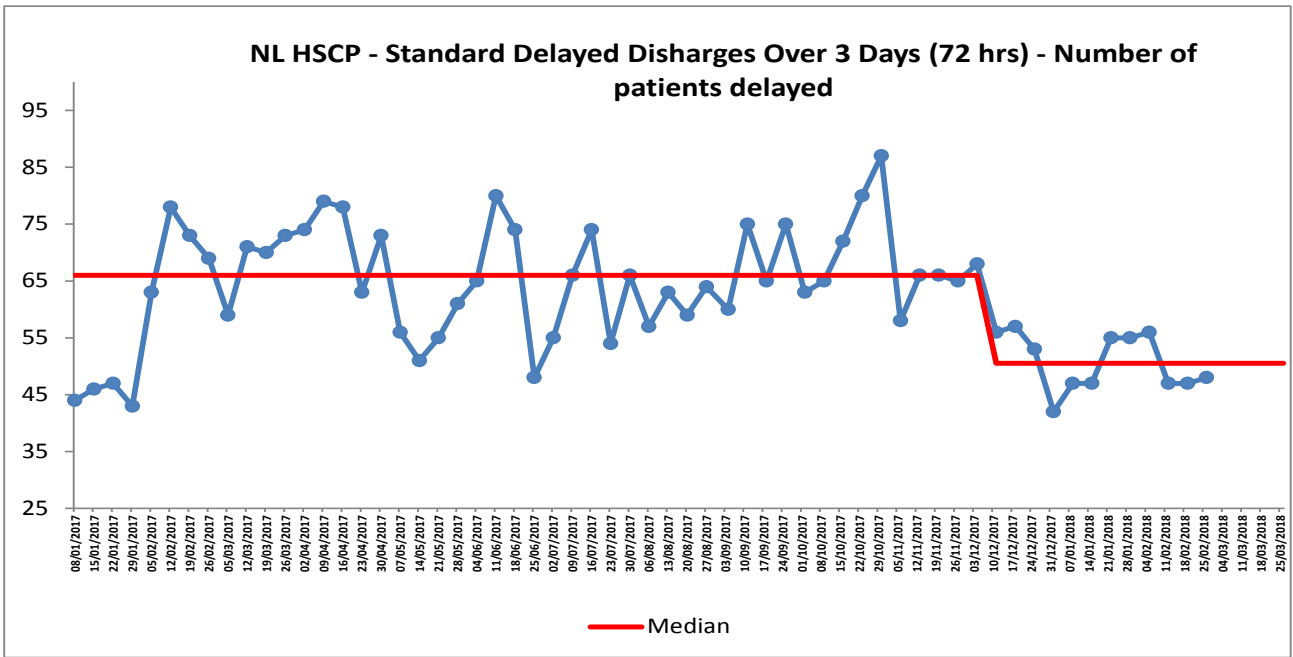


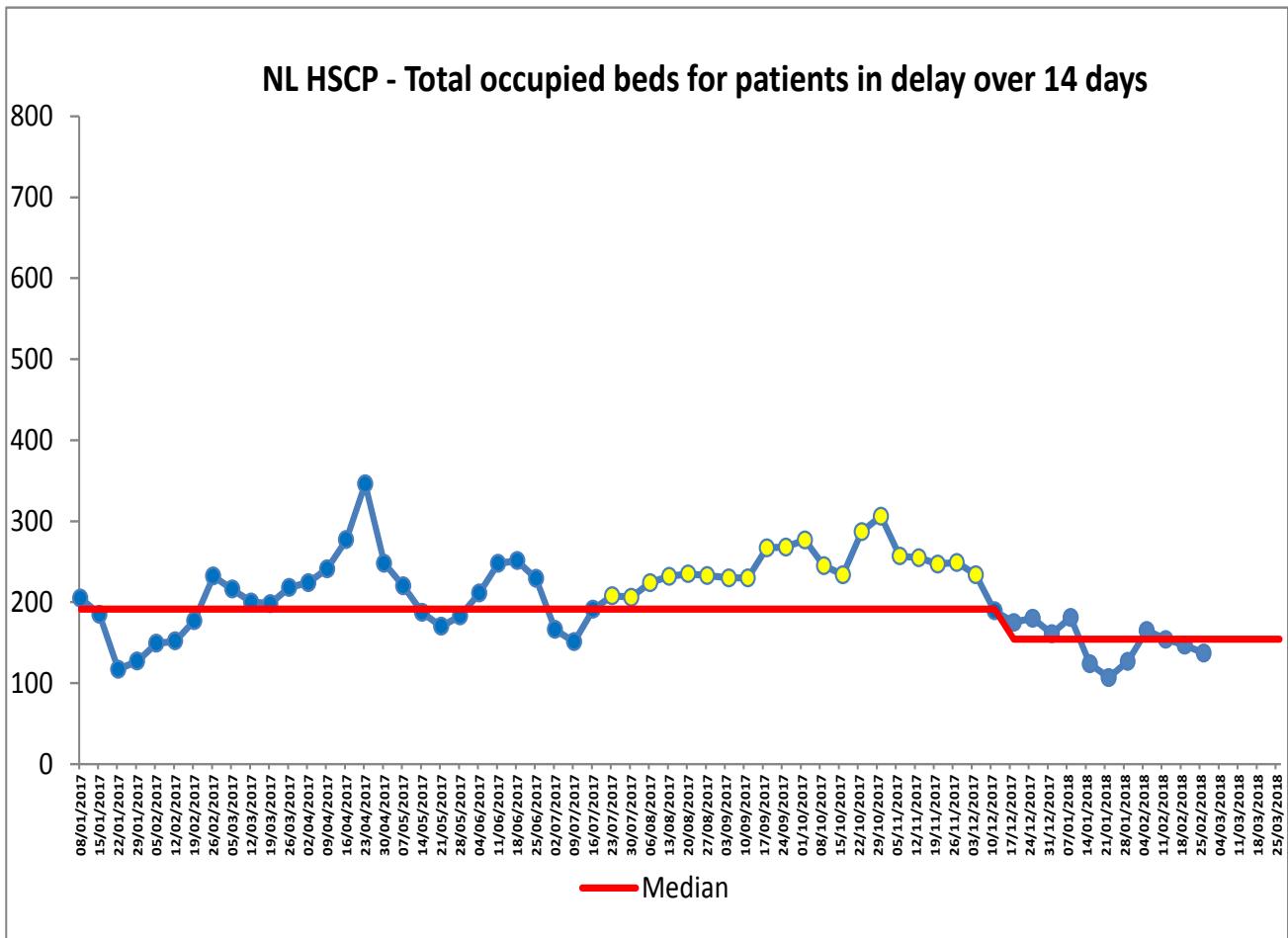
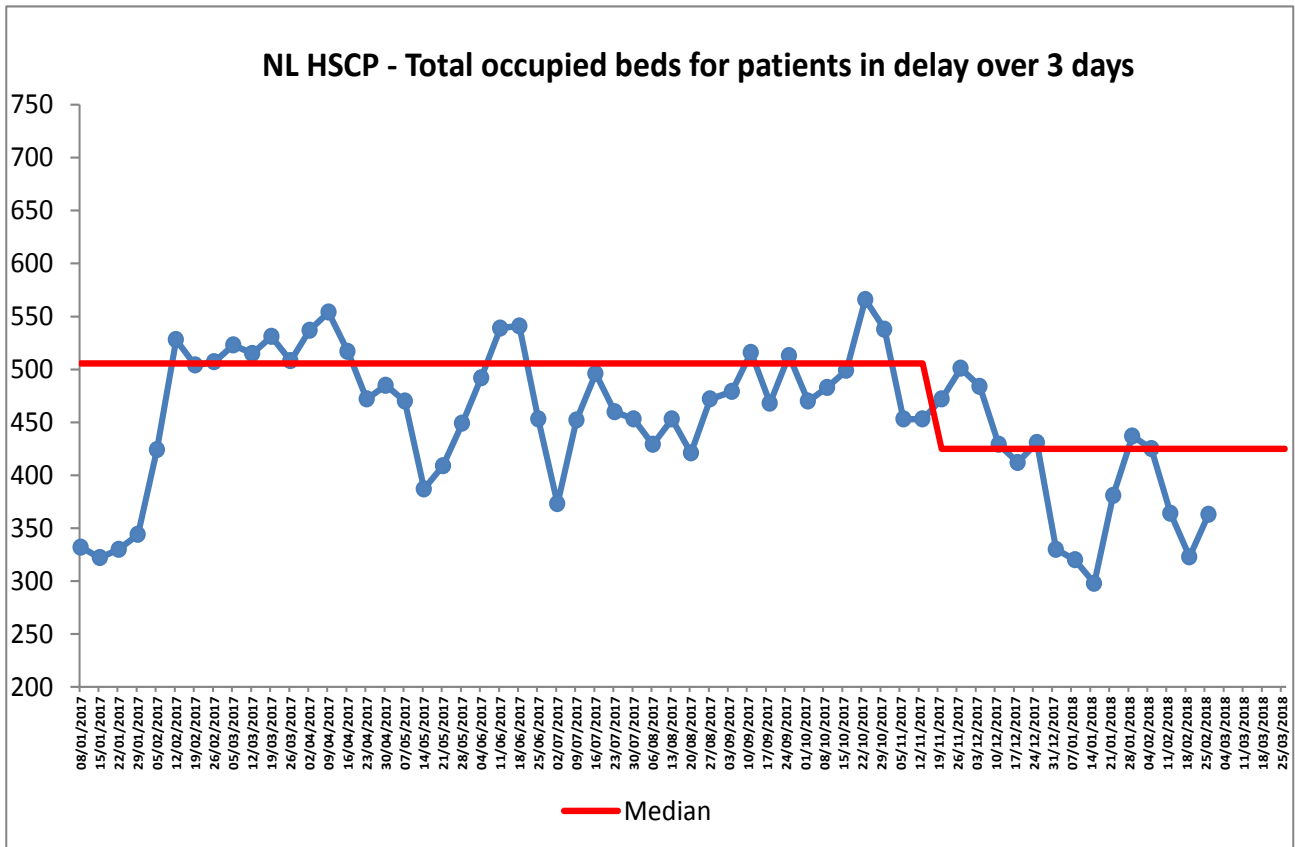
**i. Issues Impacting on Performance**

There are a number of challenges which the Partnership is working alongside acute colleagues to seek to improve.

- Number of pm referrals for homecare and CCA.
- Improved referrals homecare and CCA over weekends
- Inconsistent practice with regards to the use of an Estimated Date of Discharge
- Implementation of the Choices Protocol with regards to care home placement.
- There are no patients awaiting funding to secure care home placement.
- Improved use of intermediate care approaches and beds

**Appendix 1: North Lanarkshire H&SCP**

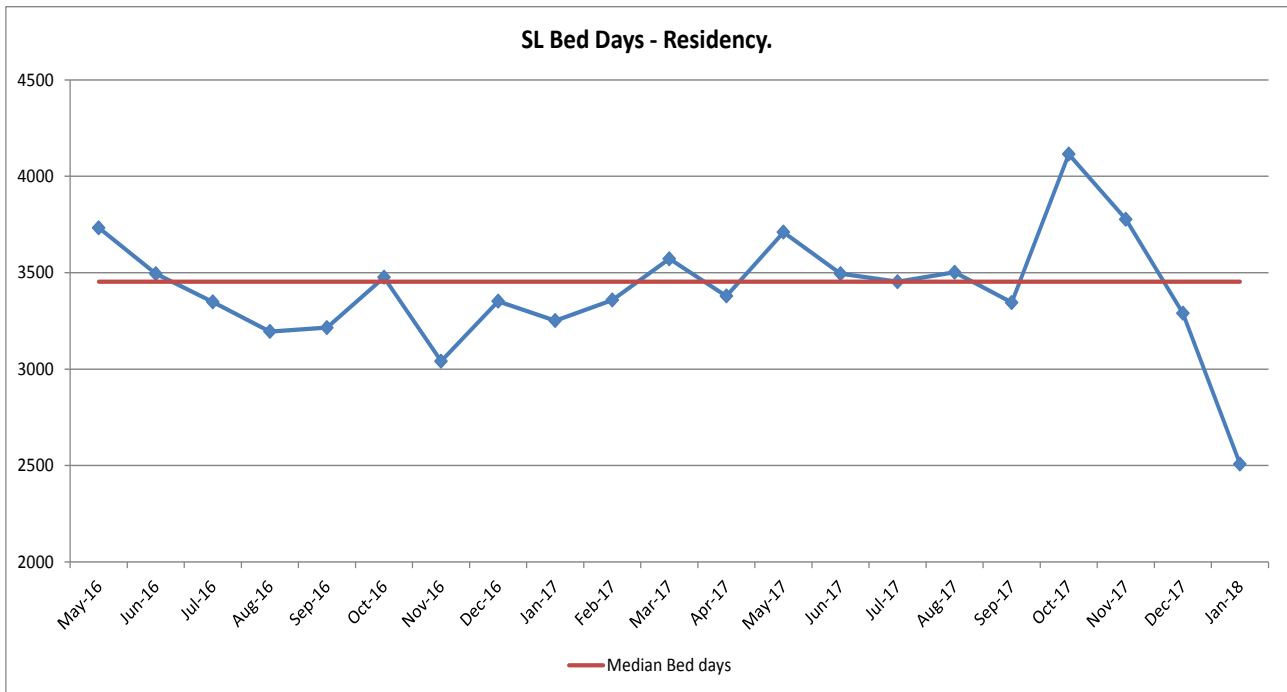




**Appendix 2: South Lanarkshire H&SCP**

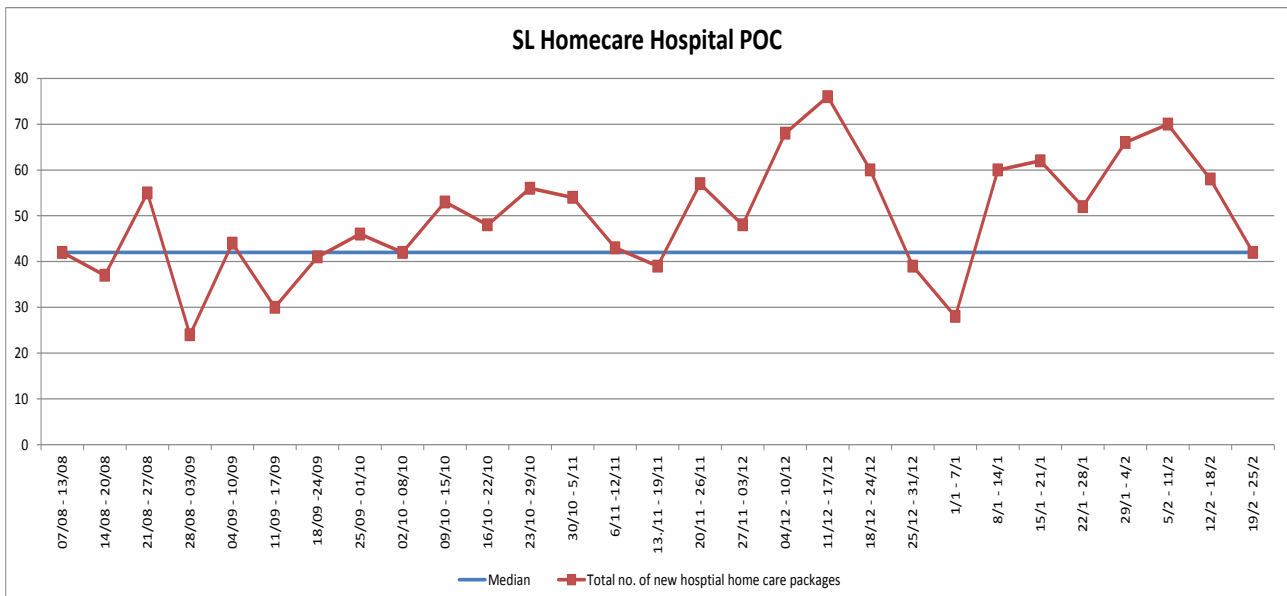
**South Lanarkshire Bed Days**

Bed days for SL residents showed significant variation during October 2017 above the upper limit of what might be expected, again in January 2018 there was exceptional variation however this was below the lower limit.

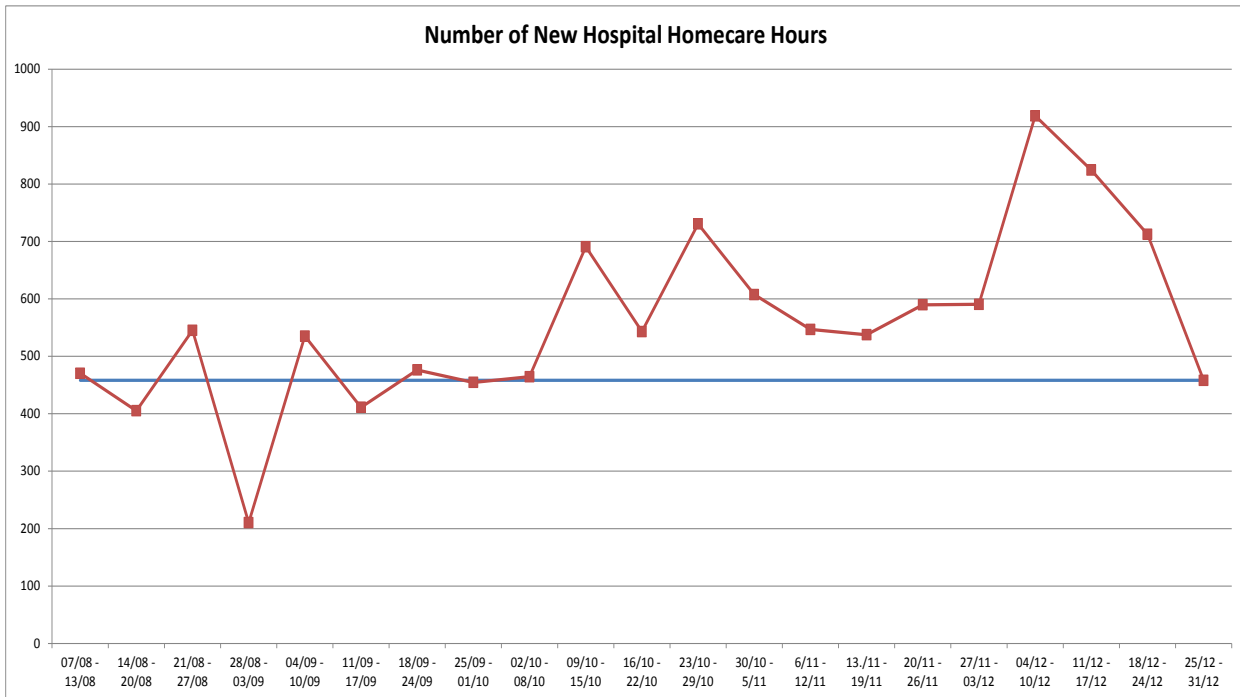


**Homecare Capacity**

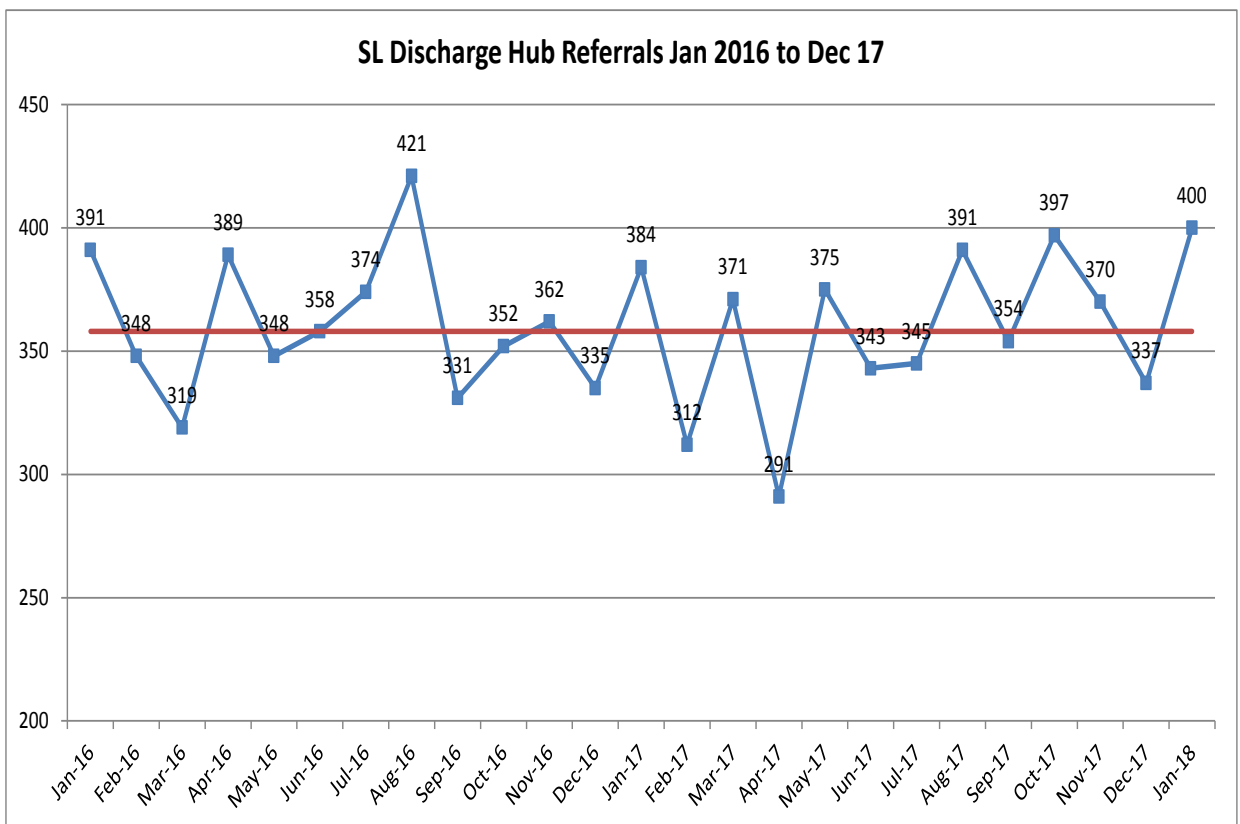
In general the numbers of packages of care and associated homecare hours for patients discharged from hospital has shown an increase during December onwards, excluding the Christmas and New Year period.

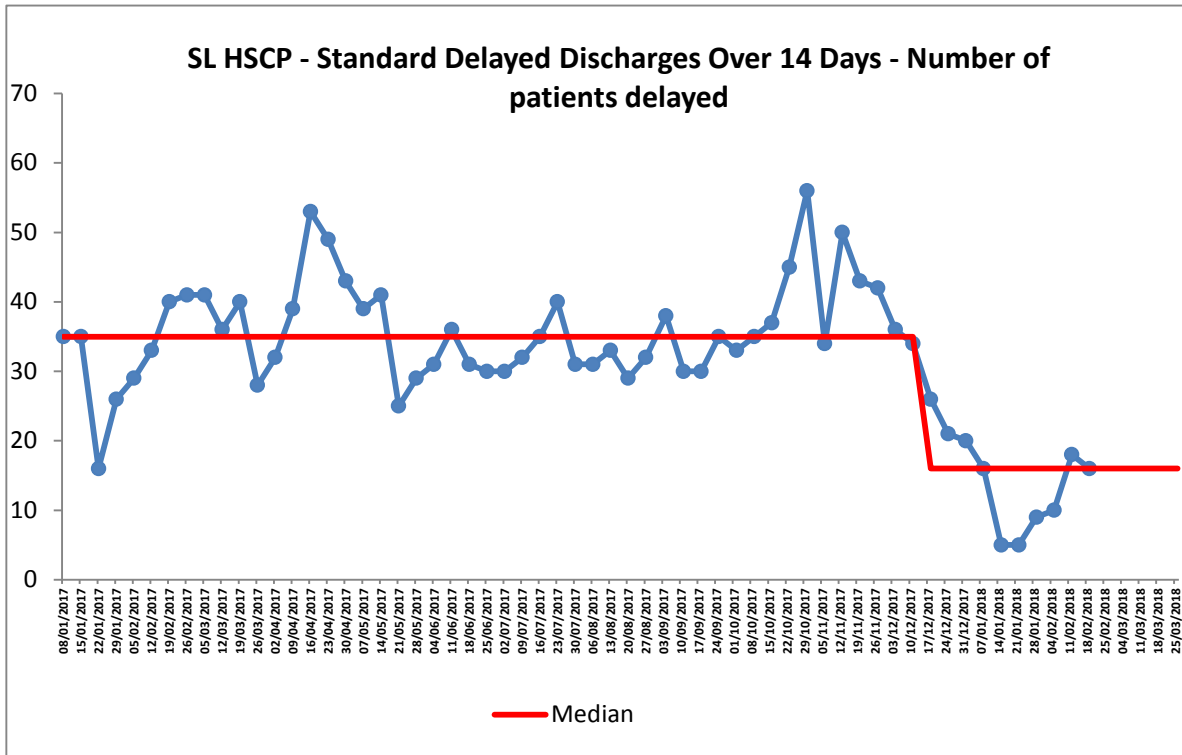
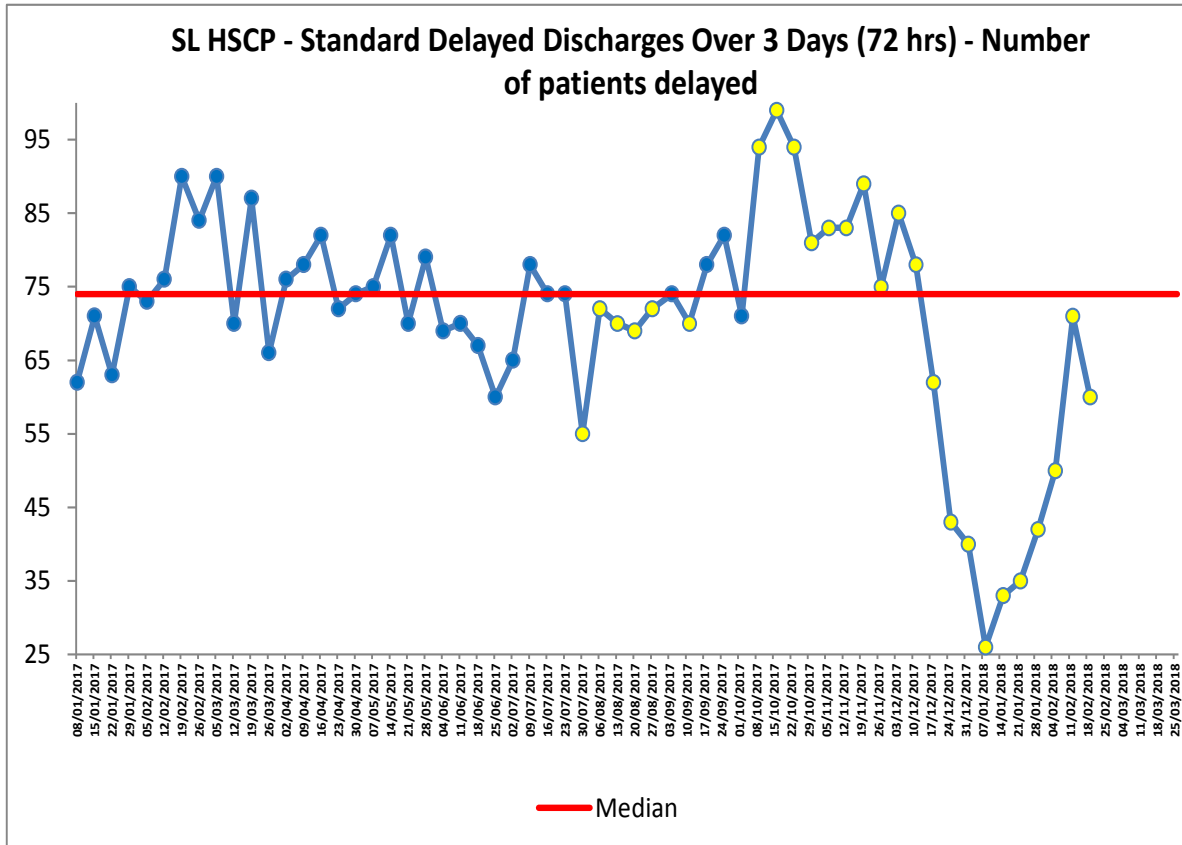


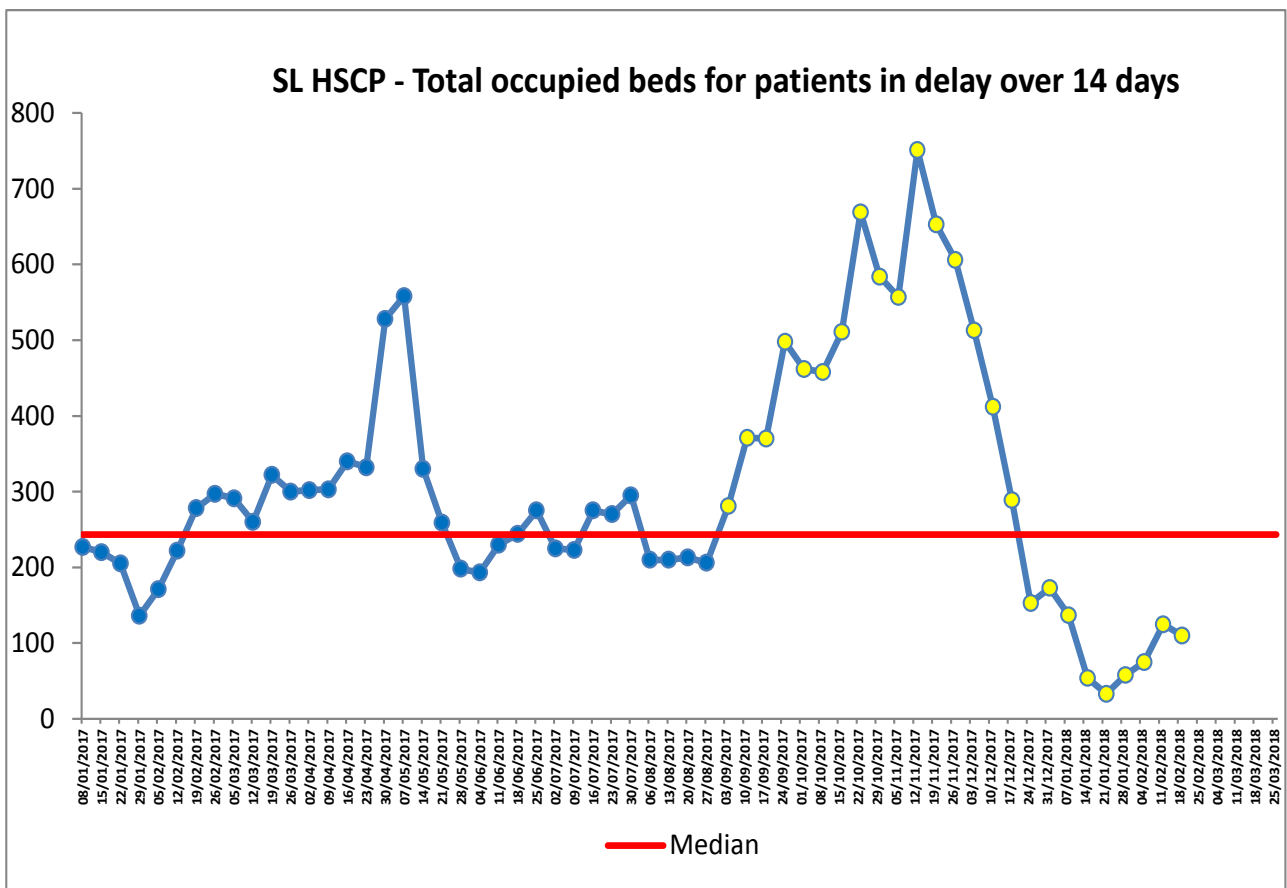
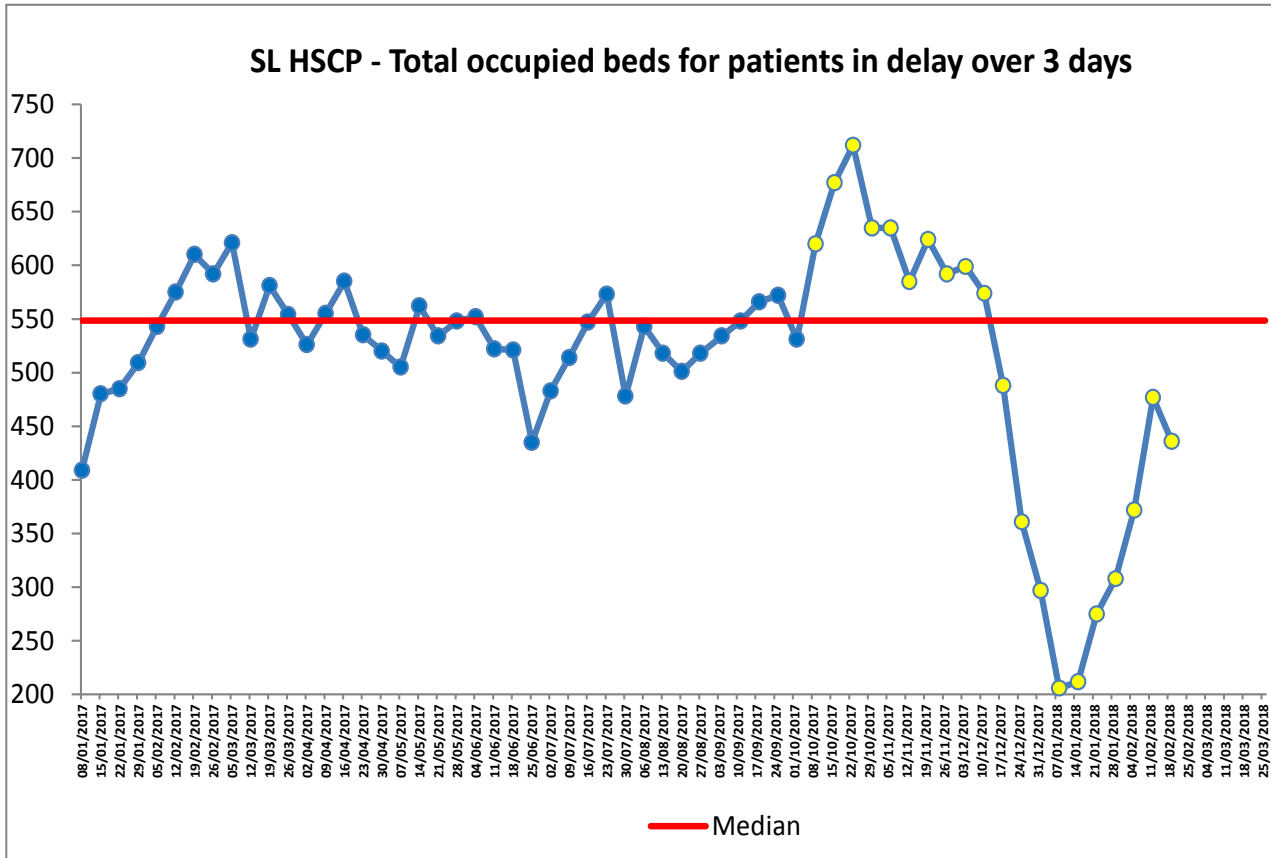
# ITEM 17



Referrals to South Lanarkshire hubs have shown there may be exceptional variation in referrals. More recently referrals during January 2018 increased to 400 the second highest referrals received over the time period. More recently each successive data point is on a different side of the centre line, which may suggest exceptional variation.









## **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 31<sup>st</sup> January 2017 and were discussed at the Capacity Planning Group meeting on the 26<sup>th</sup> February 2018.

There is a number of varying targets applied to the services considered by the group. For example, 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 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, and each of the services concerned advises that given the current financial situation it is not expected that this 4-week target will be able to be achieved without additional investment.

Furthermore, clinical research indicates that the majority of MSK conditions will resolve within six 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 MSK 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 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 January 2018 displayed in table 1 below:

<b>MSK AHP Services</b>	<b>Waiting Times Target</b>	<b>Jan 2018, 4 Week % Performance</b>	<b>Jan 2018, 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>	National Target 4 weeks	37.3% (28.9%)	77% (80%)	30 (32)	1498 (1273)	Clydesdale (Airdrie)
<b>MSK Podiatry/Bio Service</b>	National Target 4 weeks	69.2% (60.2%)	100% (99%)	10 (13)	0 (1)	Hamilton (Bellshill)
<b>MSK Occupational Therapy Hand Clinics</b>	National Target 4 weeks	84% (71%)	100% (99%)	7 (15)	0 (1)	UH Monklands
<b>MSK Orthotics</b>	National Target 4 weeks	48.4% (47.6%)	100% (100%)	12 (12)	0 (12)	UH Wishaw

**Colour Code: Blue Exceeds Target by 5%, Green – On Target, Amber up to 5% off Target, Red more than 5% off Target**

**Figures in parenthesis equate to last month's performance**

**MSK Physiotherapy** – Service hosted by South Health and Social Care Partnership

### Performance Commentary

The January 2018 MSK Physiotherapy waiting times information shows 37.3% of patients are being seen against the 4 week target. This represents an increase of 8.4% from the December 2017 position.

Conversely, the performance against the local 12-week local target fell by 3% over the equivalent period to 77% of patient seen within the target

The overall number of patients waiting also increased to 1498 at the end of January 2018, an increase of 225 patients from December figure. However, the longest wait reduced from 32 weeks to 30 weeks for the same period.

### **Actions to Address Performance**

Workforce capacity within the service remains a significant challenge. The service continues to operate with significant vacancies and maternity leaves, which are ultimately affecting service capacity and performance.

The availability of physiotherapy staff is an issue across NHS Scotland, from an NHS Lanarkshire perspective discussions are underway with GCU as part of the University partnership arrangements to explore innovative ways of attracting and employing postgraduate physiotherapy students into Lanarkshire in the future.

The service has instigated additional evening clinics since the beginning of January with 15 staff volunteering to participate in the operating the clinics. Due to the instigation of the evening clinics, during the month of January 159 additional patients have been treated within the evening clinics.

The expansion of the “on campus” Physiotherapy MSK services provided by Glasgow Caledonian University (GCU), on behalf of NHS Lanarkshire is also being progressed,

Due to winter pressures in the early part of January, the Physiotherapy Service had to re-allocate community and other staff members into acute and off-site wards to ensure that rehabilitation of patients is effectively managed to facilitate prompt patient discharges.

Moreover, two additional advanced practice physiotherapists have been placed within the Burnbrae Medical Practice, Shotts, with the other being shared between the Dr Reddy and Dr Dear Medical Practices in Newmains.

These members of staff will be assisting the Practice in triaging MSK conditions, which would normally have resulted in a GP appointment and is an approach advocated as part of the new GP contract.

**MSK Podiatry/Biomechanical Service** – Service hosted by North Health and Social Care Partnership

### **Performance Commentary**

The podiatry MSK performance against the 4-week national target has improved over January to stand at 69.2%, an uplift of 9% since the December figure. The 12-week local target performance is 100% of patients seen within the target.

### **Actions to Address Performance**

The service is continuing work on streamlining the patient pathway.

**MSK Occupational Therapy (OT) Hand Clinics** – Service hosted by South Health and Social Care Partnership

### **Performance Commentary**

The OT MSK hand clinic 4-week performance stands at 84% for January 2018, an increase of 13% from the December 2017 position. The performance against the 12-week local target remains at 100% compliance with the target.

### Actions to Address Performance

The service continues to monitor its performance against the 4-week target. When an additional resource is available, the clinic receives additional staffing support. However, due to the recent winter pressures, additional support has not been available.

### MSK Orthotics – Service hosted by Acute Division

#### Performance Commentary

The MSK Orthotics 4-week performance has marginally improved during January to 48.4% of patients seen against the target, an increase of 0.8% from the December performance. The service continues to meet 100% of patients seen within the 12 weeks local target.

### 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>Jan 2018, 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	99.7 (100%)	15 (12)	1 (0)	Airdrie (UH Wishaw)
<b>Adult Speech and Language Therapy Service</b>	Local Target of 12 weeks	100% (100%)	8 (8)	0 (0)	ADL (unchanged)
<b>Children and Young Peoples Speech and Language Therapy (C&amp;YP SLT)</b>	Local Target of 12 weeks	90% (95%)	23 (20)	69 (40)	Clydesdale (unchanged)
<b>Dietetic Services</b>	Local Target 12 weeks	99.7% (99%)	22 (18)	1 (3))	East Kilbride (Wishaw)
<b>Non-MSK Clinical and Domiciliary Podiatry</b>	Local Target of 12 weeks	99% (99%)	19 (20)	3 (7)	Motherwell (East Kilbride)
<b>Children and Young People's Occupational Therapy</b>	Local Target of 12 weeks	100% (100%)	10 (9.5)	0 (0)	East Kilbride (Hamilton)

## ITEM 17

<b>Community Claudication Service</b>	Local Target of 12 weeks	66% (74%)	25 (27)	140 (18)	Coatbridge (Airdrie)
<b>Rheumatology Occupational Therapy (OT)</b>	Local Target of 12 weeks	67.8% (76%)	23 (27)	59 (67)	UH Wishaw (Unchanged)
<b>Medical Children and Young People, Consultant Led Service</b>	National Target 12 Weeks	99.8% (97%)	39 (34)	4 (16)	Wishaw (unchanged)
<b>Colour Code: Blue Exceeds Target by 5%, Green – On Target, Amber up to 5% off Target, Red more than 5% off Target</b>					

Figures in parenthesis equate to last month's performance

Where the target is out with the blue or green parameters, additional information can be found below.

The table above shows two service areas that are outliers, these services are:

**Rheumatology Occupational Therapy (OT)** - Service hosted by South Health and Social Care Partnership

### Target

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

### Performance Commentary

The January 2018 waiting times information shows that 67.8% of patients were seen against the target. This represents a decrease of 8.2% from the December 2017 position

### Actions to Address Performance

Funding for an additional 0.7, Band 7, OT post from the Rheumatology Medical staffing budget was transferred to the service, as there was an inability to secure medical staffing posts.

This increase in the waiting times for this period is due to the sole practitioner taking annual leave during December. The new appointee will be commencing duty in the next few weeks, and the service anticipates that with the additional staff member that waiting times will quickly recover.

**Community Claudication Service** - Service hosted by South Health and Social Care Partnership, but delivered in each locality by nursing staff.

### Target

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 service continued to decline during January 2018, from 76% of the patients seen against the target at the end of December dropping to 55% of patients seen at the end of January 2018. This represents an overall

reduction of 21% from the December position. The longest waiting time had also increased from 23 weeks to 27 weeks an increase of 4 weeks overall.

This was due in part to issues related to administration of the waiting list. This has been addressed by the actions below.

**Actions to Address Performance**

**Current Situation**

There are 2 patients who are currently showing as breaching the 12 week target:

- Patient 1 has unavailability due to an extended holiday
- Patient 2 works away from home

The current position is showing a 9 week wait ( March 2018), although all these patients are being appointed within date.

Any patient going above 12 weeks will be exception reported. The waiting list is being cleansed to remove those who have been seen.

**Actions:**

- Additional waiting list management support in place
- Weekly Claudication waiting list meetings in place
- Service moved to Hunter Community Health Centre from Monklands Hospital
- Weekly updates will be sent to all service managers across NHSL with any actions required (additional clinics depending on demand etc)
- Admin person now fully trained and supported
- Escalation process for any patients who breach the 12 week TTG

**Dietetics** - Service hosted by North Health and Social Care Partnership

Although the waiting times in Dietetics are within the waiting time parameters, the service highlighted that within the renal service there had been an expansion of consultant medical staff, which will place additional demands on the dietetic service and will have an effect on the delivery of dietetic services to this patient group.

**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>Table 3</b>					
<b>PSYCHIATRIC AND MENTAL HEALTH SERVICES</b>	<b>Waiting Times Target</b>	<b>Jan 2018, 12 Week % Performance</b>	<b>Longest Wait in Weeks</b>	<b>Number of Patients Waiting Beyond the local or National Target</b>	<b>Localities / site with the longest wait</b>

				<b>in weeks</b>	
Adult Mental Health OP Clinics	Local Target 12 Weeks	93% (95%)	33 (32)	41 (41)	Hamilton (unchanged)
Old Age Psychiatry OP Clinics	Local Target 12 Weeks	100% (91.4%)	23 (15.5)	23 (28)	Wishaw (North)
General Psychiatry	Local Target 12 Weeks	91% (100%)	23 (8)	28 (0)	Wishaw (Hamilton)
Psychological Services	National Target 18 weeks	81% (82%)	27 (27)	81 (43)	East Kilbride (East Kilbride)
CAMHS	National Target 18 weeks	73 % (73%)	31 (36)	127 (101)	Youth Counselling (PMHT)
<b>Colour Code: Blue Exceeds Target by 5%, Green – On Target, Amber up to 5% off Target, Red more than 5% off Target</b>					

**Figures in parenthesis equate to last month's performance**

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

Apart from Psychological Therapies, and Child and Adolescent Mental Health Services, mental health services are meeting their respective Local Targets.

**Adult Psychological Therapies** - Service hosted by North Health and Social Care Partnership

### **Target**

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

### **Performance Commentary**

Performance against the RTT standard continues to impact by reduced staffing via CRES. Currently, the service is achieving 81.0% of patients seen within 18 weeks. On-going staffing difficulties within Adult Psychological Services are principally related to difficulties in recruitment and significant maternity leave.

The service reports that they are undertaking significant efforts to addressing these issues, via advertising and recruitment of vacancies, waiting list reduction clinics and seeking backfill for existing, and upcoming maternity leaves.

Currently, of all mainland Health Boards, only NHS Greater Glasgow & Clyde meet the 90% standard, with the vast majority of Health Boards having never reached the 90% target. NHS Lanarkshire has been more successful than most Boards in meeting the 90% target on a regular basis over 2017.

### **Actions to Address Performance**

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

### **Child and Adolescent Mental Health Services (CAMHS) - Service hosted by North Health and Social Care Partnership**

#### **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 remains red in the RAG status. The service achieved 73.2% of patients having being seen against the 90% target at the end of January 2018. There has been a reduction in the longest wait and overall, the service is starting to recover back towards target.

### **Actions to Address Performance**

CAMHS performance against the 18-week RTT standard continues to be affected by on-going staffing difficulties due to recruitment difficulties. The CAMHS Management team continues their efforts to address these issues a number of waiting list reduction clinics have been implemented to address the waiting lists. A number of fixed term funding sources has left the service with a large number of fixed term posts, which invariably increases turnover. Work is currently underway to convert a portion of these posts to permanent contracts, to reduce turnover and support greater staffing stability in the team.

### **DNAs**

Despite the introduction of various methods to overcome DNAs, text messaging, phoning patients on the day of their appointments, significant DNA rates are still being encountered. Work is ongoing to establish initiatives to seek improvements in this area.

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

An AHP eHealth Summit took place on Tuesday 13<sup>th</sup> March 2018, to review AHP eHealth requirements with eHealth colleagues.

## **7. 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 Wishaw 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.

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

**HEATHER KNOX**  
**14th March 2018**

**JANICE HEWITT**  
**14<sup>th</sup> March 2018**

**VAL DE SOUZA**  
**14<sup>th</sup> March 2018**