

**Lanarkshire NHS Board
 Fallside Road
 Bothwell
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 Telephone: 01698 855500
www.nhslanarkshire.org.uk**

Meeting of Lanarkshire NHS Board – 28 November 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 checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By the following Officers: Director of Acute Services, Interim Chief Officer, NL H&SCP and the Chief Officer, SL H&SCP.

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 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. 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)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

Waiting time Access Targets and 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. A target has been set for the end of March 2019 which will deliver an improved performance.

9. FIT WITH BEST VALUE CRITERIA

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 Governance Committees.

12. ACTIONS FOR LANARKSHIRE NHS BOARD

The Lanarkshire NHS Board is 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 Access Targets 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, *Ross McGuffie*, Interim 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
19th November 2018

ROSS MCGUFFIE
19th November 2018

VAL DE SOUZA
19th November 2018



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

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

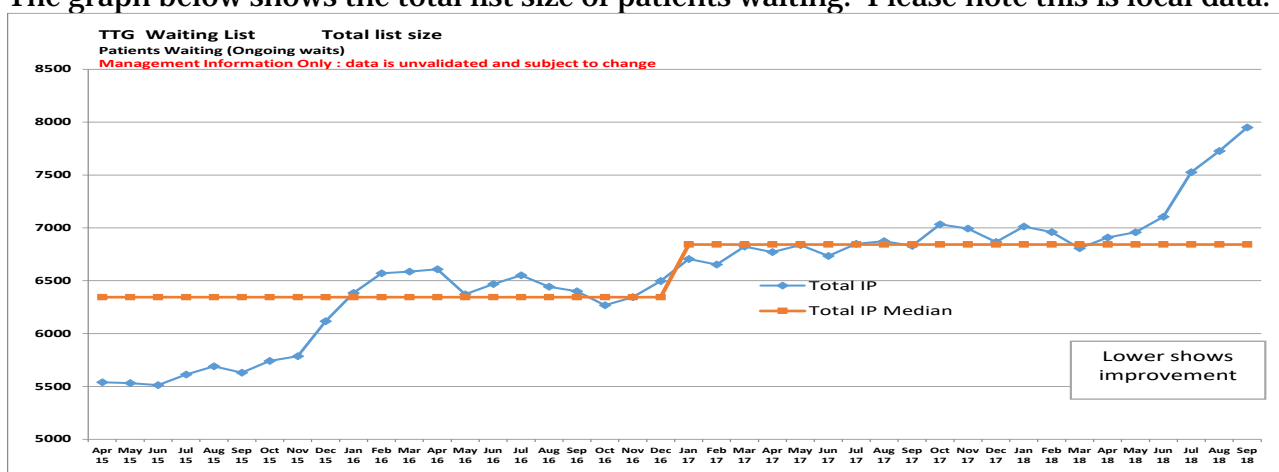
2.1) Treatment Time Guarantee (TTG)

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.

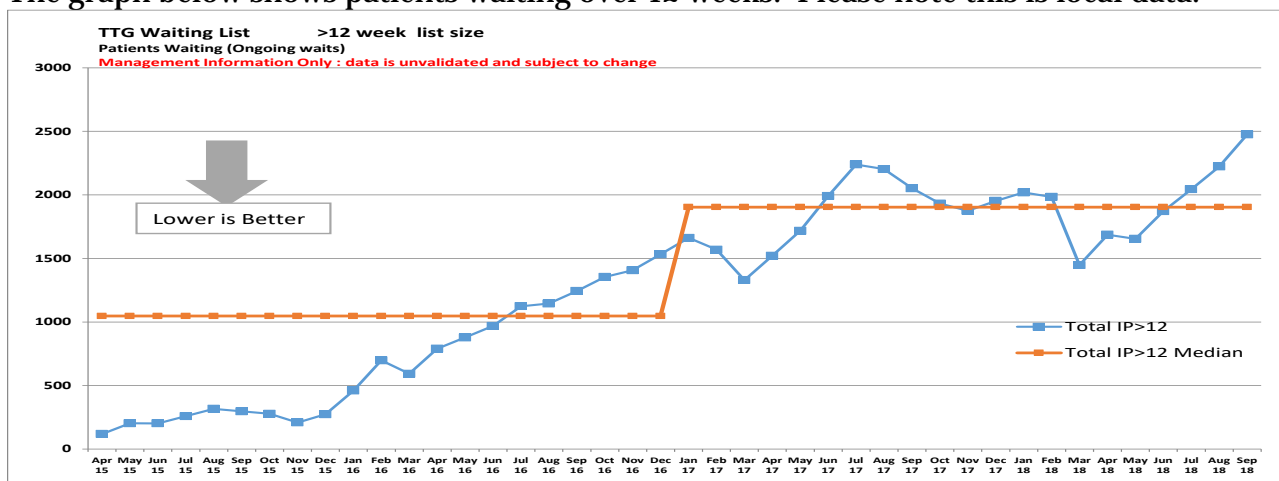
At the end of September 2018 there were a total of 2475 patients who had breached their TTG date. 31.1% of patients are waiting over 84 days in September 2018, which is an increase from the August 2018 figure of 28.8%.

Orthopaedics and Ophthalmology remain our areas of greatest challenge. Clinical urgency remains our priority at all times and there is a robust administrative and clinical review process in place for patients who are experiencing waits over 26 weeks. Additional capacity is has been accessed as part of our capacity plan development for 2018/19. The Board has now submitted a 30 month costed Capacity Plan for consideration by the Scottish Government.

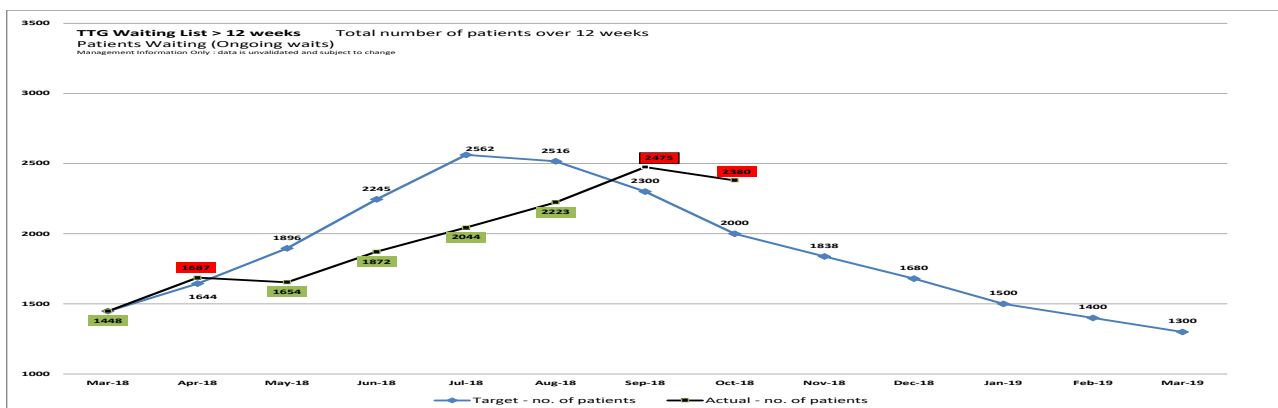
The graph below shows the total list size of patients waiting. Please note this is local data.



The graph below shows patients waiting over 12 weeks. Please note this is local data.



The graph below shows the TTG trajectory. Please note this is local data



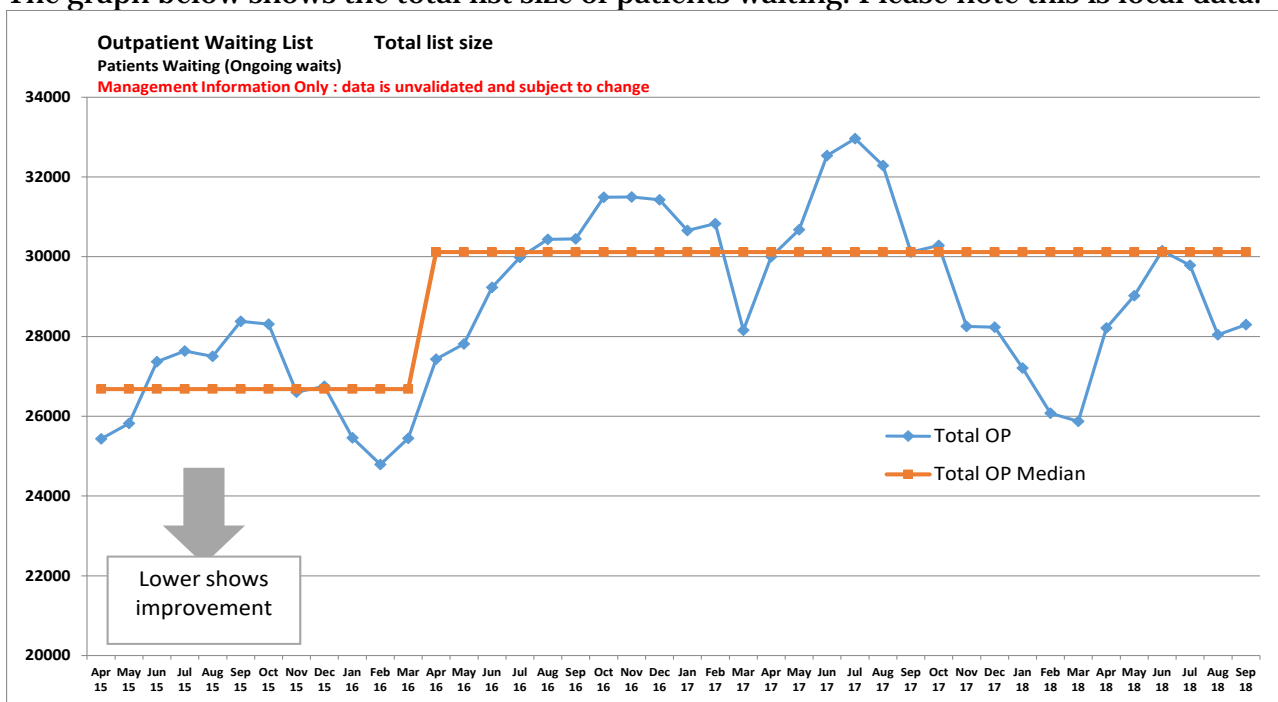
The above graphs detail ongoing waits.

2.3) Outpatients Waiting Times

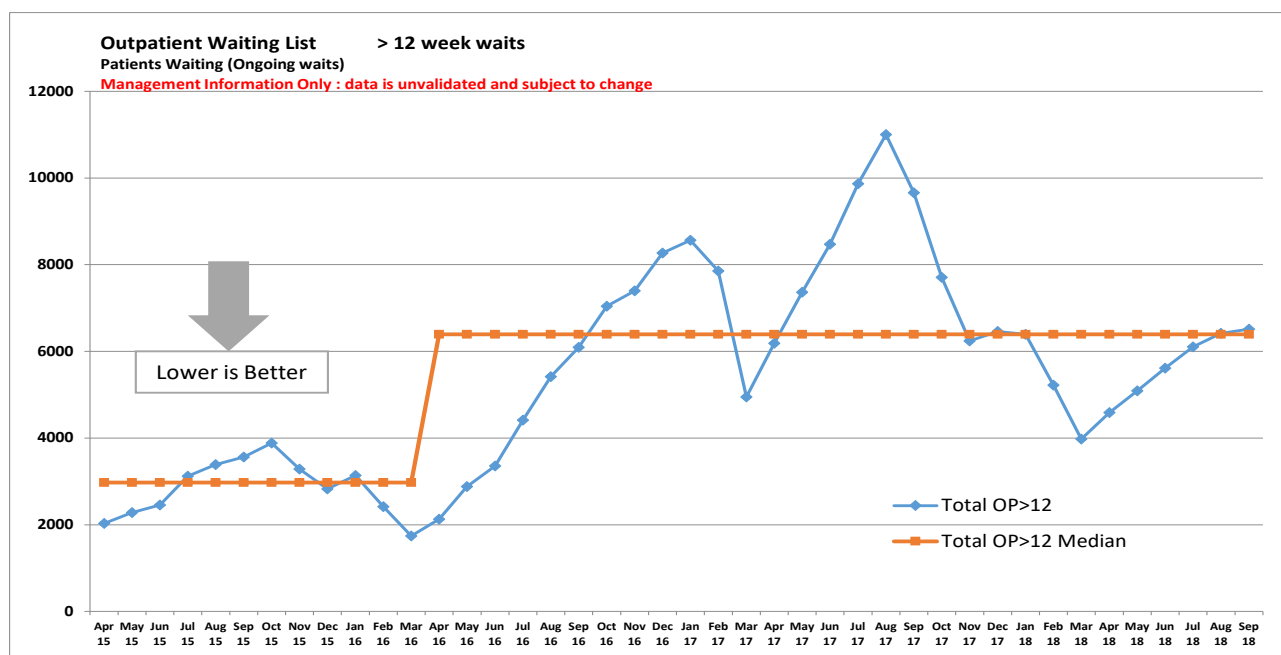
At 30th September 2018 there were 6156 patients waiting over 84 days. 78.2% of patients were seen within 84 days compared to 6418 patients waiting over 84 days in August 2018 and 77.1% of patients being seen within 84 days in August 2018. Performance remains challenging, but is on trajectory

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.

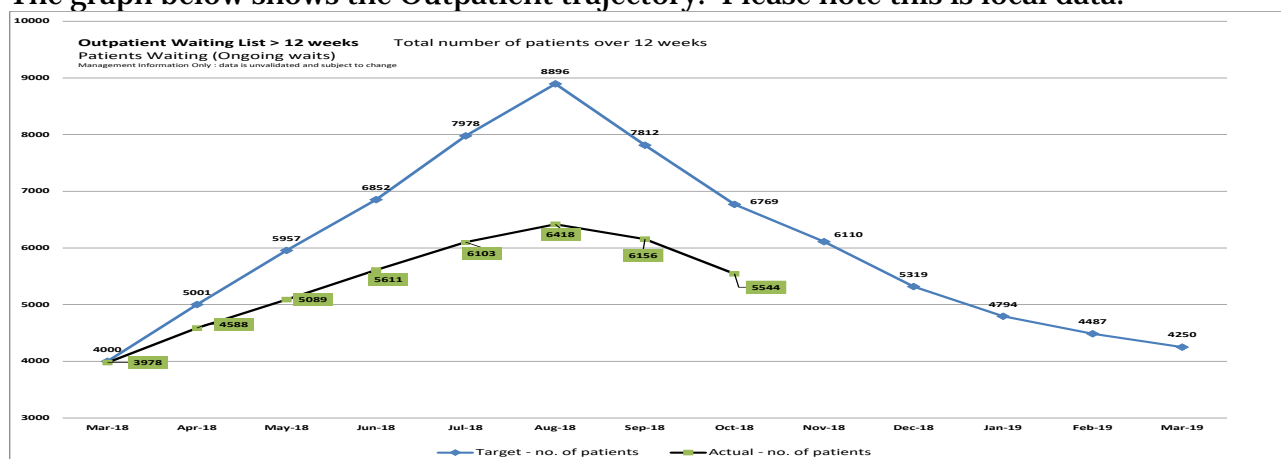
The graph below shows the total list size of patients waiting. Please note this is local data.



The graph below shows patients waiting over 12 weeks. Please note this is local data.



The graph below shows the Outpatient trajectory. Please note this is local data.



The above graphs detail ongoing waits.

2.4) 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 over recent months. Overall performance remains very positive.

Data submitted to ISD for August 2018 and September 2018:

August 2018
 62 Days – 95.7%

September 2018 (unvalidated)
 62 Days – 97.4%

31 Days – 100%

31 Days – 98.3%

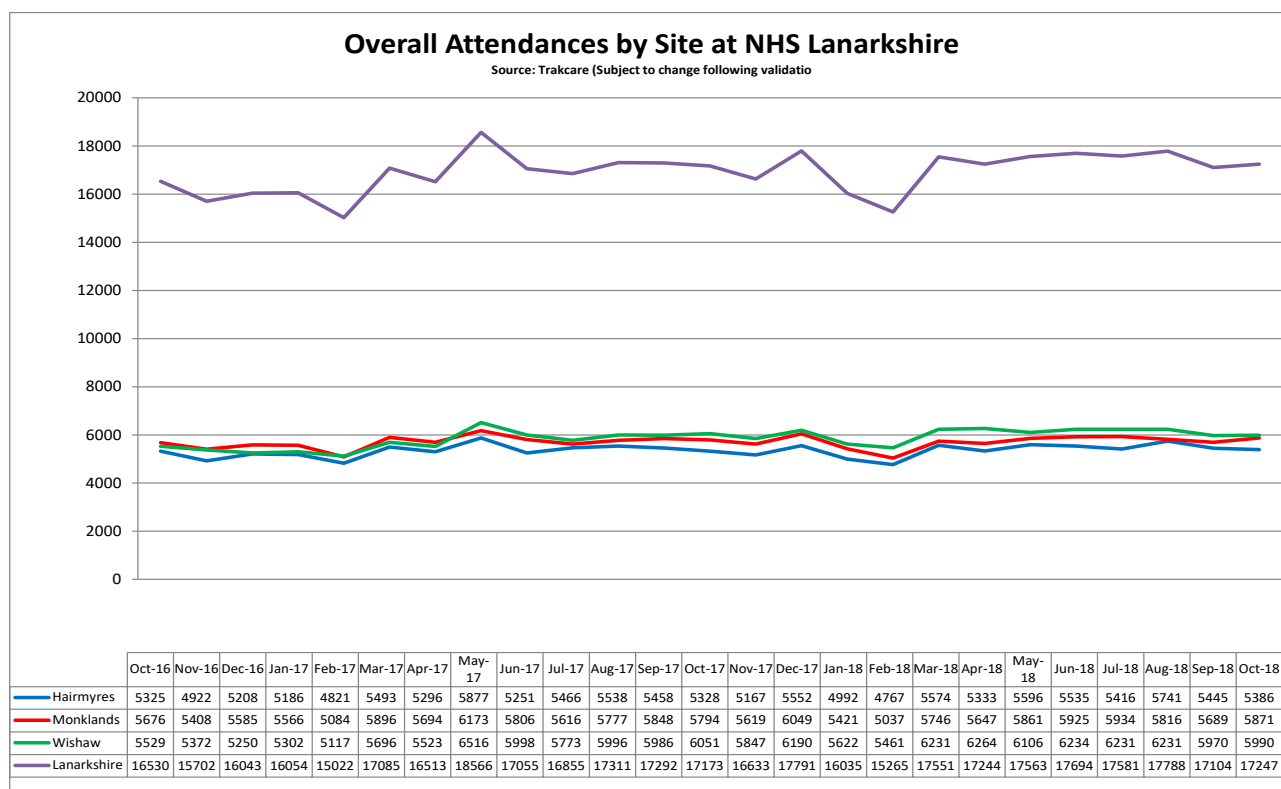
The 62 day cancer standard including A&E patients, screened positive patients and all patients referred by GP/GDP urgently with a suspicion of cancer. The 31 day standard includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to 1st treatment. The current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

3. UNSCHEDULED CARE

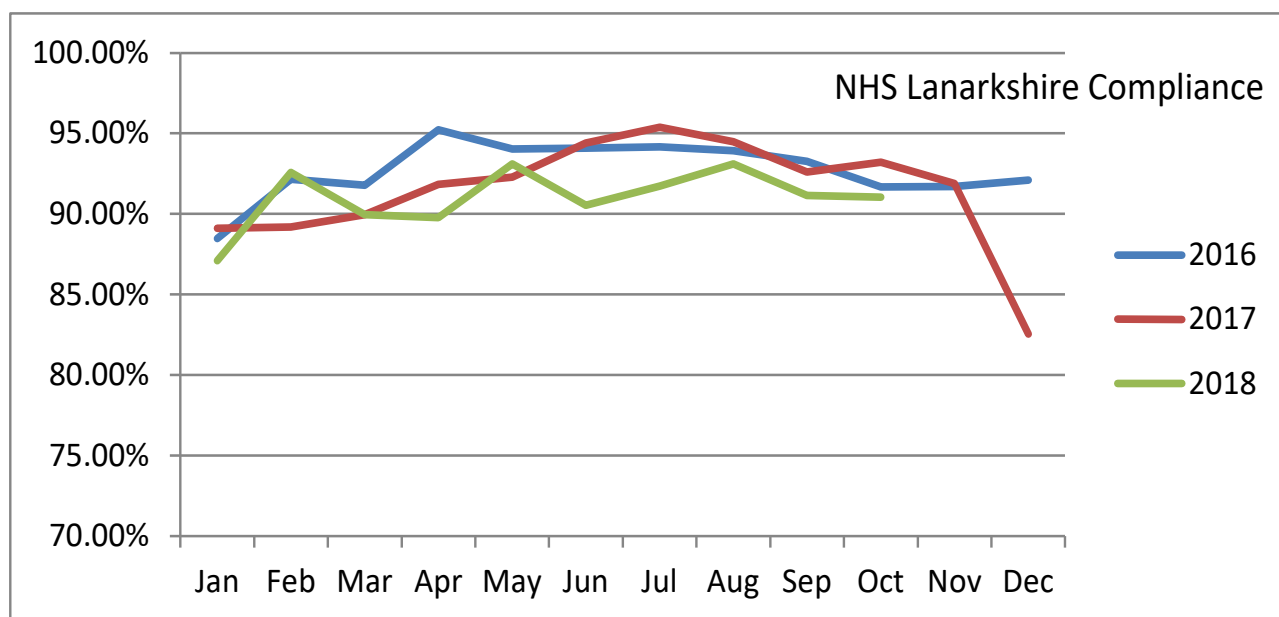
NATIONAL STANDARD: 95% of patients attending Accident & Emergency to be admitted discharged or transferred within 4 hours of arrival.

The delivery of a sustained improvement in the performance against this standard remains a key priority area for NHS Lanarkshire. 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 October 2016 and October 2019 with the greatest increase at the Wishaw site.



Hospital Site Directors presented an update on performance at the Acute Governance Meeting on 19th September 2018 and will present a further update on 21st November 2018.



October 2018 performance is 91.05% compared to the September 2018 performance of 91.15%.

The following summarises the key improvement activities at site level:

University Hospital Hairmyres

The site performance for October was 88.89% against the 4 hour waiting target this was a dip in performance from the September position of 90.82%. The number of attendances were 5392, a slight decrease of 53 on the previous month.

In October, the number of patients who waited for more than 8 hours was 78, compared to 29 in September and 34 patients waited more than 12 hours in October compared to 11 in September.

The site was challenged with increasing Delayed Discharge numbers in October on average 44 beds per night. The majority of the breaches were due to wait for a bed 39.6%. Minors flow group performance for October was 96%, the extended opening hours of the department have had a positive effect on the time to first assessment which has significantly reduced the breach numbers for this reason.

The Glasgow reconfiguration from 2015 is continuing to have an impact on ED attendances and admission numbers. The site participated in the national Day of Care audit which demonstrated that the site was operating at 97% occupancy with 53 patients (13%) not meeting the DOC criteria. Of the 53, 46 patients were recorded as delayed discharges. The audit demonstrated significant improvement from the April 18 audit which identified 27% of patients not meeting the criteria. The focus that the site team is putting into minimal goal setting for discharge is having a positive impact on flow and the audit demonstrates that the speciality teams are working extremely efficiently in a very pressurised site.

University Hospital Wishaw

The performance for October 2018 was 88.90% against the 4 hour waiting times target which is below the lowest acceptable level which triggers Government reporting, however at present the site is not on Government Performance reporting.

In October the number of patients who waited for more than 8 hours was 33 and 7 patients waited more than 12 hours. The site continues to experience a significant increase in emergency attendances, with over 200 daily patient presentations on numerous days within the month.

Wait for first assessment accounted for 58.65% of all breaches in the Emergency Department which was the principle reason for patient breaches in this month.

The number of patients waiting for beds remains low across medicine, surgical and orthopaedics.

Challenges continue in relation to staffing in the ED with sickness in the Consultant Rota, 2 Middle grade Dr gaps, 3 Junior Dr gaps and 2 ANP gaps. Some gaps are being filled with locum cover however this is not always covered and the cover provided is not always like for like in terms of seniority. This significantly reduces the availability of staff in the ED who can assess, treat and discharge patients in the Emergency Department.

The Unscheduled Care performance Meeting has been re-established on site with individual short life working groups being set up to support ED performance, chaired by clinical leaders. These groups are: Front Door, Continuing Care above 72 hours and Community. Presently, Terms of reference are being agreed across all these groups.

The Surgical Directorate have put plans in place to commence a 4 bedded 23 hour stay area in Ward 16 and this commences from Monday 5th November 2018.

The Site has submitted a Winter Plan to support a range of initiatives across the Directorates during the Winter Period. Currently awaiting an update on what plans can be taken forward.

University Hospital Monklands

Performance for October was 95% compared to 93% in September. The main breach reasons were Time to First Assessment, which accounted for 45% of all breaches and wait for speciality (surgical) was accounted for 15% of breach in the month. A focussed piece of work is underway with surgical colleagues to review this. There were also an increase in the number of 8 hour wait times in October due to a variety of breach reasons.

The site will be trialling the use of an ED Toolkit supported by colleagues from Scottish Government. The software will support existing work around breach and performance analysis and will enable the teams to simulate the impact small changes will make to overall performance. A process mapping of the ED journey has taken place to identify opportunities within the process which may assist in reducing time to first assessment. An analysis of the Zero LOS in Medical Assessment unit is underway, supported by Improvement Manager and Acute Physician Clinical Lead with the aim to identify common themes to enable creation of additional AECU pathways.

4. PERFORMANCE WITHIN HEALTH & SOCIAL CARE PARTNERSHIPS (HSCP)

4.1 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:

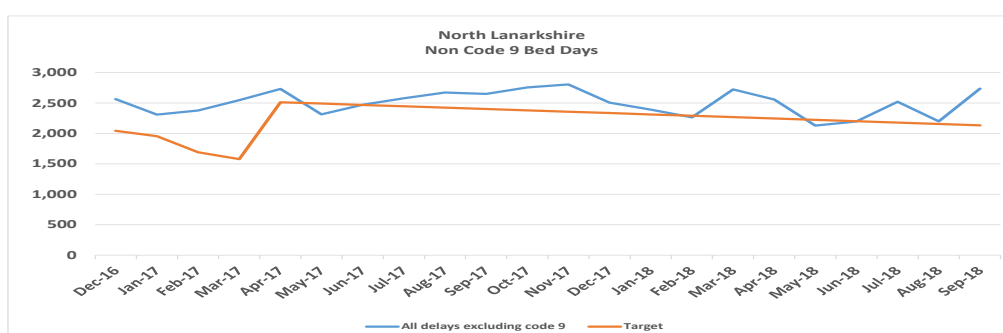
- Emergency Admissions
- Unscheduled Bed Days
- Accident and Emergency Attendances
- Delayed Discharge Bed Days
- End of Life
- Balance of Care

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.

i. Current Performance Analysis

Performance against Target September 2018

ISD published figures for September 2018 shows a deterioration in performance with the North Partnership non code 9 bed days of 2736 against a target of 2134, 602 bed days beyond target. An increase in the number of referrals may have contributed to this deterioration. North Partnership received over 100 additional referrals 2018 compared with September 2017.



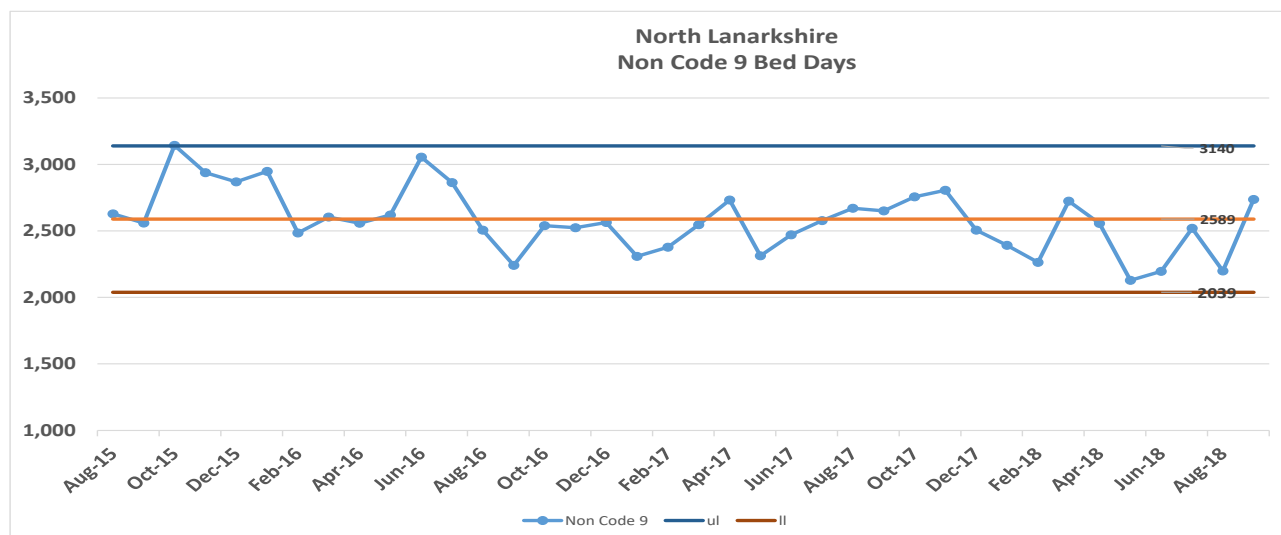
Source: Delayed Discharges, ISD

ISD published data shows that H&SCP NL performed well in relation to the previous year. Occupied bed days for all North Lanarkshire delays decreased by 161 September 2018 against September 2017, an increase of 86 bed days for non code 9 delays and decrease of 247 Code 9 bed days.

	Previous year	Current Year	Increase/reduction
April	3057	2834	-223 (Decrease)
May	2687	2460	-227 (Decrease)
June	2878	2528	-350 (Decrease)
July	3057	2839	-218 (Decrease)
Aug	3146	2531	615

			(Decrease)
Sept	3145	2984	161 (Decrease)
ISD: Occupied bed days All delays			

The following graph shows upper and lower limits for delayed discharge bed days for the previous three years. With the exception of October 2015, there are no signs of exceptional variation for non Code 9 bed days. However there was a sequence of upward points May to November 2017.



Source: Delayed discharges, ISD

ii. Issues Impacting on Performance

In general there has been a positive improvement in performance since the turn of the year, due to:

- Improved coordination of Home Support referrals, reducing weekly bed days for Home Support by around 40%
- Social Work assessment capacity has improved, supporting attendance at off-site MDT meetings on a weekly basis, facilitating an improved performance around proactive discharge
- Following the review of the guardianship processes in North, there has been a significant improvement in long delays (over 100 bed days), from a previous average of over 10 at any one time, to a current level of 2 long delays November 2018.

iii. Commissioning Intentions for 2018/19

In March 2018, North Lanarkshire Integration Joint Board (IJB) approved the Strategic Commissioning Plan, which set out the key intentions for delivery in 2018/19. An overarching intention was the implementation of the Integrated Service Review Board (ISRB) report, which covers a number of pertinent elements to supporting improved delayed discharge performance:

Commissioning Intention	Progress
Integrated Locality Teams	The ISRB report set out the creation of integrated teams across all six Localities in North Lanarkshire,

	<p>including Long Term Conditions and Frailty teams. Heavily linked to the developments around the rehabilitation model, an implementation group has been formed to drive this work forwards.</p> <p>The rehab model demonstrator initiated in Motherwell Locality in September 2017, integrating Physiotherapy and OT staff from CARS, the Locality and Social Work. The next step is to include both District Nursing and Home Support to create the first Long Term Conditions and Frailty Team.</p> <p>The rehab model rolled out to the remaining 5 Localities in North on 29th October. This will ensure additional rehab capacity across winter (additional OT and Physio capacity as part of winter plan on top of expected efficiency gains).</p>
Reconfiguration of Home Support services	<p>The new model of Home Support was approved at the IJB in March 2018, which will be rolled out during 2018/19. A full implementation plan has been developed for this element. New Reablement teams are being implemented across all six Localities, with a sustained improvement being seen in bed days associated with Home Support. We have seen a circa 40% reduction in bed days and have amended the 2018/19 Reablement target to be 70% of all new or increased Home Support cases initiate through Reablement.</p> <p>Intensive teams are also being created, which will support rapid access for both hospital discharge and unscheduled care in Localities.</p>
Discharge to Assess	<p>The first tests of the Discharge to Assess model have commenced with the aim to incrementally increase the approach over winter. Additional posts have been included in the North winter plan to support the identification of individuals earlier in their care journey on both sites.</p>

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
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Review Edinburgh's AWI model, which was supported by SG	A review group was formed in North Lanarkshire to review the AWI pathway. The group produced a new standardised pathway and escalation protocol, in line with the national best practice statement. The new approach was approved at CMT on 14 th May 2018 and is now being rolled out across all North sites. There has been a marked improvement in the number of North delays over 100 days. In 2017, it was common for there to be over 10 such delays at any time, which has reduced to the current level of 2 in November 2018.
Group to develop future model of 'Discharge to Assess'	The Long Term Conditions and Frailty implementation group has been formed to coordinate the roll out of integrated locality teams, rehab model and discharge to assess.
Review model of intermediate care and cottage hospitals	The new model of Intermediate Care for North Lanarkshire was approved at the June meeting of the IJB and an implementation group is now being formed to roll out the model. A separate Social Work implementation group has also been created to coordinate the closure of Monklands House intermediate care home.
Introduce re-direction policy to reduce impact of inappropriate demand at front door	The output of the review undertaken by the Group, chaired by the Director of Acute Services will be brought to the Board in the context of a wider discussion of Unscheduled Care and Winter Planning, to be scheduled for early 2019. A number of actions have been put in place as part of the Winter Plan, using the audit results from May 2018, and are described in the Board paper.

4.2) 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 focuses on the delayed discharge aspect, it is recognised that there are co-dependencies across all 6 areas and future reports will highlight work across a number of the other areas

ISD published data shows that the Partnership achieved a reduction of 238 bed days during September 2018 when compared to September 2017, comprising a decrease of 280 non code 9 bed days, with an increase of 42 Code 9 bed days.

	Previous year	Current Year	Increase/reduction
April	3856	2546	-1310 (Decrease)
May	3939	2822	-1117 (Decrease)
June	3453	3514	61 (Increase)
July	3717	3126	-591 (Decrease)
Aug	3663	3121	-542 (Decrease)
Sept	3605	3367	-238 (Decrease)
ISD: Occupied bed days All delays			

All Bed Days source: ISD

Performance against Target September 2018

Delayed Discharge Bed day targets were based on improvements in delays associated with Home Care, and the reclassification of offsite beds as intermediate care. Home Care improvements have resulted in a decrease in bed days for this type of delay but not to the levels anticipated.

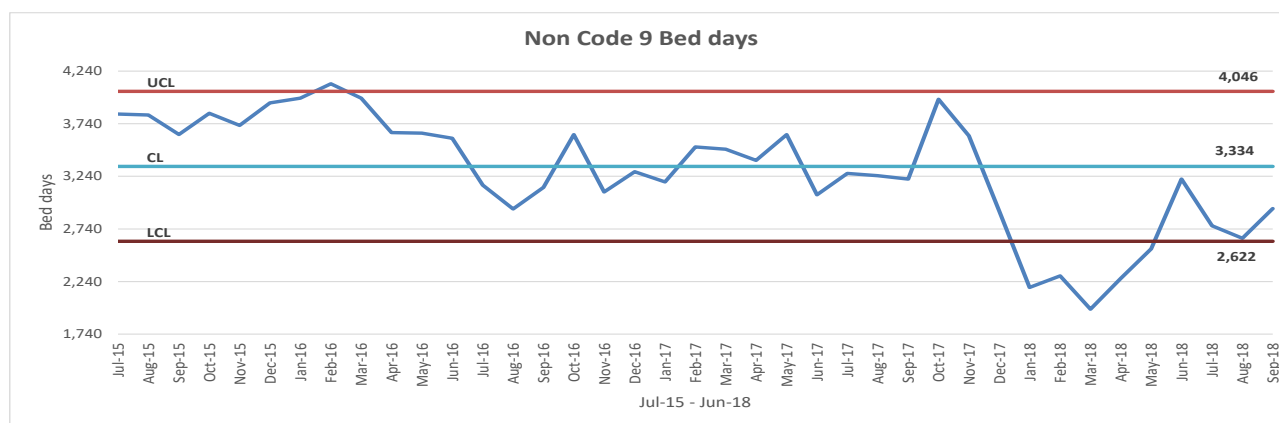
Delayed discharge targets have been revised and include patients in offsite beds and take into account progress in embedding improvements outlined in the Partnership Improvement Plan.

South Partnership did not meet the September target of 1884 non code 9 bed days by 363 bed days. This is, due to a combination of factors and would appear to be consistent with a number of other areas where there has been an increase in delayed discharges.

These include:

- A new system of coding and staff familiarity with same
- Staffing issues in Residential Care Homes which has reduced flow to intermediate care beds
- Earlier referral for discharge support in the patient journey, i.e. receiving referrals with more care needs than previously
- Increased complexity of a number of patients who have been going through CCA process.

The following graph shows average, upper and lower limits for delayed discharge bed days for the previous three years. January to May 2018 has shown exceptional variation within the data, with significant improvement. This has not been maintained to the same extent but is still showing improved levels of delays.



Source: ISD.

Ongoing actions which are continuing to be taken to improve performance include:

- Daily conference calls with locality teams with Hairmyres Discharge Facilitators are reviewing cases and lists which has contributed to a reduction in homecare delays.
- Continued use of British Red Cross to convey 40 patients a week home
- Weekly meetings at Hairmyres to review all delays over 14 days.
- There are no patients awaiting funding to secure care home placement.
- Delayed Discharge Workshop which took place on 12 July will ensure all actions identified and associated improvements introduced – a number of which are identified below.

i. Issues Impacting on Performance

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

- Consistent pathway for all CCA patients, including information to relatives throughout inpatient stay
- Increased ownership/familiarisation of process by all Senior Charge Nurses
- Number of patients not clinically ready for discharge at time of care package being available (typically within 48 hours)
- Number of pm referrals
- Improved referrals over weekends and Wednesdays
- Inconsistent practice with regards to the use of an Estimated Date of Discharge
- Implementation of the Choices Protocol with regards to care home placement.
- Improved use of intermediate care approaches and beds
- Improved awareness of new recording systems and associated coding (following transfer of process from Edison to Trakcare.)

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

The waiting times data contained in this report is provided by information services and the Director for Psychological Services. This report is for the performance period from the 1st to

30th September 2018 and was examined/reviewed at the Waiting Times and Capacity Planning Group meeting held on the 29th October 2018.

ALLIED HEALTH PROFESSIONS

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

Patients with clinical conditions considered “urgent” or have “red flags” are seen within 24 to 48 hours of referral. Examples of these conditions 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.

AHP AND COMMUNITY SERVICES

Data for the AHP and Community Services who are the subject of a local or National waiting time target and who are not achieving performance targets September 2018, are displayed in table 2 below:

Where the target is outwith parameters, additional information can be found below.

Table 2. Source : NHSL Information Services					
AHP and Community Services	Waiting Times Target	September 2018, 12 Week % Performance	Longest Wait in Weeks	Number of Patients Waiting Beyond the 12 Week Target	Localities / site with the longest wait
Physiotherapy MSK	Local Target 12 Weeks	84% (81%)	27 (28)	1014 (1137)	Wishaw (Camglen)
Children and Young Peoples Speech and Language Therapy (C&YP SLT)	Local Target of 12 weeks	78% (78%)	22 (24)	155 (160)	Clydesdale (Clydesdale)
Medical Children and Young People, Consultant Led Service	National Target 12 Weeks	74% (73%)	28 (28)	211 (247)	Wishaw (Wishaw)
Colour Code: Amber up to 5% off Target, Red more than 5% off Target Figures in parenthesis equate to last month's performance					

From the table above there are three service areas that are currently below their 12-week target these are: Physiotherapy MSK, Children and Young People Speech and Language Therapy (SLT), Medical Children and Young People, Consultant Led Service:

MSK Physiotherapy

Performance Commentary

The September 2018 waiting times information shows that there has been a 1.5% **improvement** in performance between August and September 2018, in the 4-week MSK physiotherapy waiting time, which is now standing at 34.4%. There has also been an **improvement** in the 12-week performance, which has increased by 2.7% to 83/7% at the end of September 2018.

The overall number of patients waiting **increased** by 352 patients from the August position of 5,949 patients to **6,301** patients at the end of September.

The longest waiting patients have all had previously agreed appointments cancelled by either patient or clinic and as per New Ways must receive 3 reasonable offers.

In September **2,554** patients were referred to the service – **814** from GPs, **793** from Ortho and **859** self-referrals via MATS NHS24 - a decrease in demand of **523** from the previous month.

1,862 new patients were seen in September 2018 with wte staff having patient list sizes of approximately 100 – 120 patients. Patients have on average 2.67 return visits.

There is no funding for any additional capacity or waiting list initiatives.

The greatest challenges within MSK Physiotherapy are:

- The queue
- The longest waiters have all had previous accepted appointments cancelled by patient
- The demand and capacity do not match (Gooroo will help to identify this)
- Recruitment and retention of rotational band 5 staff – vacancies here are carried within MSK
- Filling of temporary posts to backfill secondments

Current vacancies

South

3 wte band 5 vacancies
 1 wte band 5 maternity leave from Dec 2018
 15 hour band 6 vacancy
 1wte band 6 retirement early 2019
 26.5 hour band 7 vacancy

North

1wte band 5 vacancy
 2 wte temporary band 5 vacancies
 1 wte band 6 vacancy
 12 hour band 6 vacancy
 19 hour band 6 vacancy
 14 hour band 3 HCSW vacancy

Actions to Address Performance

The following actions are being undertaken to bring the service back in line with trajectory:

- All available staff capacity utilised for 1:1 clinics and group sessions
- Staff bank being recruited to
- Any available funding from maternity leaves utilised for temporary staff appointments
- Utilisation of clinic provided by GCU for NHS Lanarkshire patients with the possibility of this being extended to 2 days cover
- Administrative staff continue to fill all short notice appointments, manage offers and partial booking
- Administrative staff offer appointments at all available sites, not only those closest to the patient's home address
- Short notice option utilised within Trakcare system
- Acute low back pain drop in clinic continues in the South with start-up dates arranged for Oct in the North offering early access to assessment and advice and helping to prevent additional to the routine waiting list
- Back pain Information and Advice group session continues in the North, empowering patients with the skills required to begin to manage their own back pain. Roll out dates for the South are planned for autumn/ winter 2018.
- Netcall reminder for both new and return appointments continues to keep DNA below 10%
- 1st contact practitioner posts in both North and South reduces demand from those GP practices to the core service
- A monthly validation exercise helps ensure accuracy of the waiting list
- Recruitment to vacant posts continues
- Physiotherapy MSK deep dive and process mapping underway.

Children and Young People Speech and Language Therapy (SLT)

Target 90%

Performance Commentary

Situation

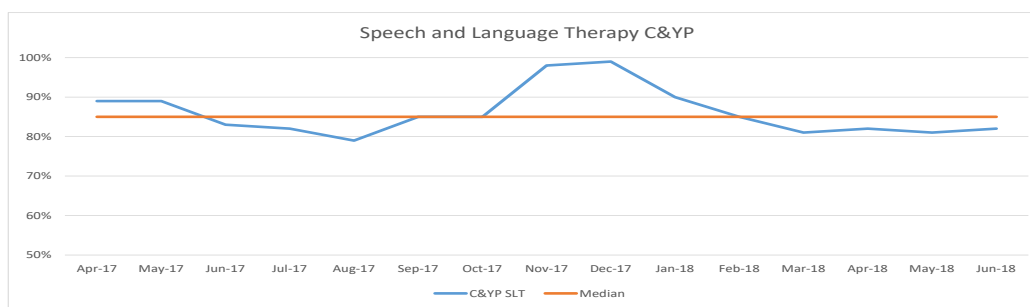
The number of people waiting beyond target during September was 155 which is the same as August. The longest patient wait during September was 22 weeks, this is an improvement from August which was 24 weeks

An increase in demand has not been met with similar increase in capacity.

Referrals for April- Sep 2018 are 8.4% higher than April-September 2017.

Eight localities are breaching waiting times with 2 localities (East Kilbride and Hamilton meeting the target)

NHS Lanarkshire C&YP SLT service has consistently performed within the 12wk waiting time standard since it was introduced. However since April 2017 our performance has been under 90% on several occasions as detailed below.



The reliance on RTT as a measure does not account for the universal and targeted supports offered by our service in line with the transformation change agenda outlined by the Scottish Government. The shift towards prevention and early intervention and developing innovative services in Lanarkshire at a universal, targeted and specialist level has been recognised nationally. These new services have been funded on a temporary basis in North Lanarkshire but have had to come out of existing resources in South Lanarkshire.

Background

The SLT service is facing a number of significant issues and external influencing factors that are impacting on capacity;

- The referral rate to SLT has been increasing every year since 2012, showing an increase of 74% to 2017/18 (partly due to the transfer of Cambuslang/Rutherglen on 1st April 2015 and Northern Corridor on 1st January 2018) with staffing increasing by 14.4% over the same period
- A number of short-term funding sources in North Lanarkshire has led to a recruitment drive resulting in internal staff moving across the partnership areas into seconded posts, leaving gaps in core service and increased turnover:
 - Early Years Collaborative (EYC) (2.0 WTE for 2 years)
 - Raising Attainment (up to 6.0 WTE for 3 years)
- Maternity leave has traditionally been a significant challenge for the service, however, this has reduced to 3.5% from the previous 5-7%
- Sickness absence rates are generally below 4% as demonstrated by the previous quarter data (Apr 3.17%, May 3.64%, Jun 0.82%)
- SLT do not have access to a supported system such as Trakcare to record activity or a patient management system to generate appointments or text reminders. The absence of Trakcare or any other system also undermines the ability for effective capacity planning. The current Access database was developed by an SLT, is person dependent and is not supported by e-health. The database regularly crashes meaning data is lost and waiting time breaches occur. We are unable to accurately report DNA data.

ASD Pathway Diagnostic Pathway

Following the introduction of the new ASD Pathway Diagnostic Pathway in 2014 all children and young people in Lanarkshire requiring an ASD diagnostic assessment must now enter the SLT service to access this. The care group with the largest demand coming in to the service is now ASD.

Table below shows proportion of Request for Assistance (RfA) that are for ASD assessment

Locality	Jan-May 2018 % ASD RfA	Locality	Jan-May 2018 % ASD RfA
Camglen	35/128= 27%	North	63/208= 27%
Clydesdale	76/158= 48%	Coatbridge	17/101 = 17%
East Kilbride	68/172= 39%	Airdrie	36/147 =25%
Hamilton	46/191= 24%	Wishaw	13/91 = 14%
		Motherwell	30/84 = 36%
		Bellshill	13/64 = 8%
Total	225/649 = 35%	Total	172/695 = 25%

Increase of children with ASN needs in mainstream education

The changing profile of care needs and a shift in education policy is resulting in more children with ASNs entering mainstream education due to increasing demand for complex needs ASN placements and a drive for inclusion. The resulting impact is:

- Increase in travel time
- support to more individuals & establishments (professionals and C&YP)

Evidence shows that the greatest developmental concern for C&YP attending mainstream and specialist provision is SL&C needs.

Increased awareness of SL&C Needs resulting in increased demand

Changes in government legislation, policy and current national drivers have increased the profile and awareness of Speech, Language and Communication Needs:

- Introduction of Universal Pathway
Local and National data from 27-30mth assessment demonstrates that a SL&C concern is the greatest developmental concern identified at this age. The Scottish figure for 2016/17 is 82.1 % with no concern and Lanarkshire is 81.4%. The closest other developmental domain is emotional and behavioural which sits at 89.2% and 90.2%. This has increased awareness of SL&C needs and increased demand and expectations on the service.

Performance Trajectory

Due to the timescales involved in the recruitment process and unknown timescale for the implementation of the neuro developmental pathway, the service have contacted existing staff team to offer additional hours. Over-time hours will also be offered using the underspend from the SLT budget.

Further progress was made in recruitment during August with various current staff taking additional hours which means that 1.6 wte posts have been filled without the need for a full recruitment process. These staff have now all commenced their additional hours

A further 1.0 wte temporary post were advertised in August in addition to the 2.0 wte Scottish Attainment Challenge posts. Unfortunately only 3 out of 11 people shortlisted attended for interview, only 2 were appointable. A further recruitment process for 2 temporary and 1 permanent band 5 staff has been commenced.

During August senior staff met with staff from Trakcare to commence the clinic builds for Hamilton locality which will be the test site. The Trakcare team are currently working on the clinic build.

Comprehensive action plans have been developed for short and medium term timescales.

The trajectory is ambitious given the issues experienced with demand and capacity but the Services will achieve an improvement in performance above the median of 85 and are hoping to return to 90% by the end of March 2019.

The full detailed action plan will be reviewed at the population health sub-committee on 19th September.

Medical Children and Young People, Consultant Led Service

Target 90%

No patient will wait more than 12 weeks for a referral to treatment. Target 90%.

Performance Commentary

The service continues to face challenges with:

- Long term sickness absence and maternity leave.
- Difficulty recovering when patients have breached the 12 week target.
- Data quality not robust, showing deteriorating performance
- Increased demand – Due to capacity issues in Community Paediatrics, additional patients being seen with Acute general clinics
- UWH has the longest wait due to geographical appointments

This has affected compliance against the 90% target.

Actions to Address Performance

The following actions are in place to address performance:

- 12 Waiting list clinics carried out during July and August which would take 119 from list. However need to note that children who DNA from these additional clinics will add to the waiting list
- Further waiting list clinics planned
- 2 Staff due to return from Maternity Leave during the autumn but may have a phased return using annual leave.
- Consultant interviews held in August but candidates were not suitable. Further recruitment will be required.
- Continued aggressive vetting by senior clinicians
- Absence management
- The work around neurodevelopmental pathway should have an impact but too early in the process to have any impact at present
- Meeting held with Lorraine Taggart, Information Management, to look at how information services can support

The service is working towards a trajectory that will see the 90% standard being achieved by February 2019, though this will be heavily influenced by the service's ability to fill existing Consultant vacancies.

PSYCHOLOGICAL SERVICES

Target

These are the Psychological Therapies RTT (Adult and CAMHS) waiting times for **September 2018**.

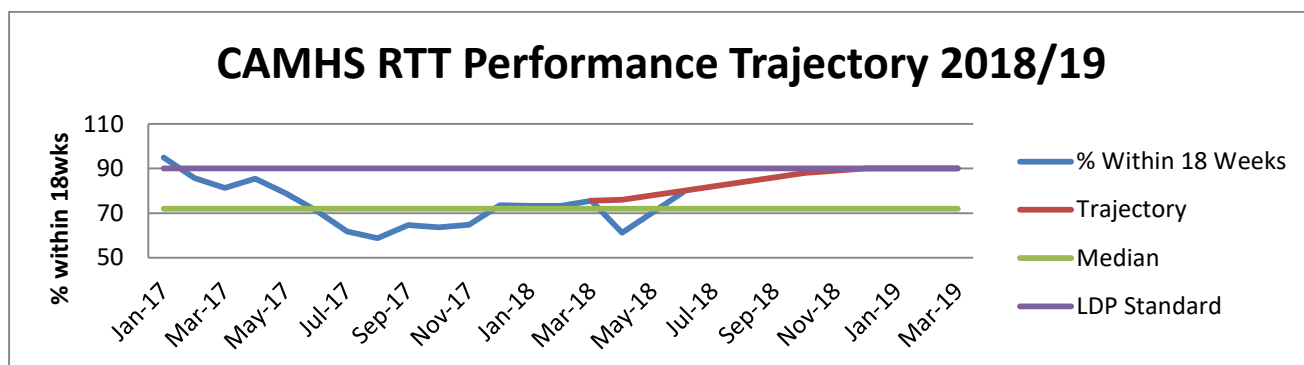
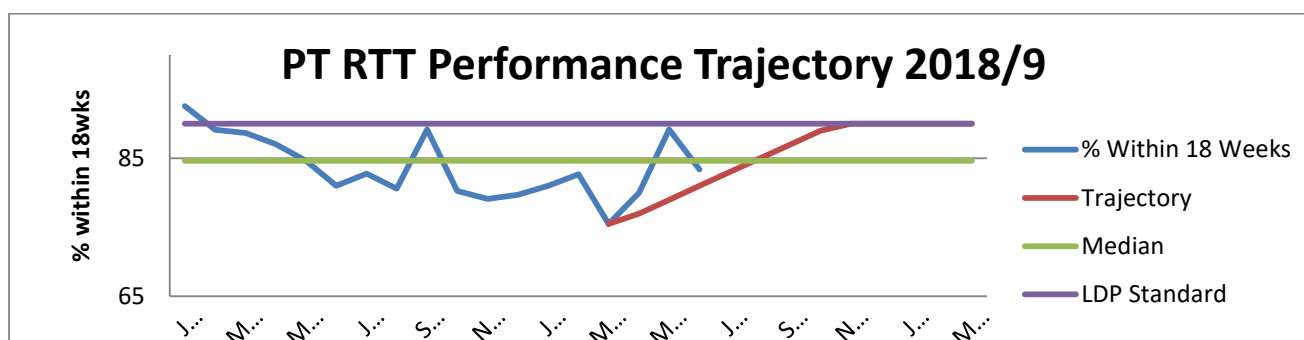
- Within *Adult Psychological Services*, **89.3%** of patients commenced psychological therapy within 18 weeks
 - **87.43%** of patients awaiting treatment have been waiting 18 weeks or less
 - The significant improvement from last month is due to large numbers of patients commencing stress management groups, and online CBT treatment
- Within *CAMHS*, **59.5%** of patients commenced psychological therapy within 18 weeks
 - **80.3%** of patients awaiting treatment have been waiting 18 weeks or less
- Overall, **81.4%** of *all* patients commenced psychological therapy within 18 weeks of referral
 - **85.2%** of patients awaiting treatment have been waiting 18 weeks or less

The number of completed waits for patients who have been waiting over 18 weeks across both Adult Psychological Services and CAMHS continues to increase, demonstrating that some headway is being made into the group of patients who have exceeded an 18 week wait, and for whom the RTT time has continued. It is important to acknowledge that the RTT is based upon the number of patients commencing treatment *within* 18 weeks. Therefore, the more that our services see patients who have exceeded 18 weeks, the lower the actual RTT percentage will be. If, for example, 300 new patients commence treatment in a month, but 100 of these have already waiting over 18 weeks, then the completed waits RTT is only 66.6%. However, it is crucial that services do continue to focus on those waiting longest and, therefore, whilst the backlog exists, it is difficult to meet a 90% threshold. To use the same example, 270 patients would need to commence treatment within 18 weeks. Within adult PTTs, teams report that they are beginning to make headway in addressing their backlog. Around 50% of teams are now operating within the 90% RTT. An action plan has been developed to address ongoing resource issues.

As previously noted, there still remains variability month to month due to staffing pressures across the system in relation to high rates of maternity leave, and delays in filling vacancies.

ISD continues to publish waiting times data across HBs, but caution is needed in comparing one Board with another, and from a technical perspective data should only be compared from one month/quarter to the next, within the Board.

September 2018	Adult Psychological Services Psychological Therapies	CAMHS Psychological Therapies	Overall
No. of Patients Waiting (Overall)	1886 (1793)	862 (839)	2748 (2632)
Longest Wait Overall (Weeks)	36 (36)	45 (41)	45 (41)
% Waiting <= 18 Weeks (Overall)	87.4% (88%)	80.3% (79%)	85.2% (85.1%)
No. of Completed Waits	553 (587)	200 (190)	753 (777)
% Completed Waits <=18 Weeks	89.3% (83.5%)	59.5% (64.2%)	81.4% (78.8%)



6. 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 very positive performance in Cancer Waiting Time.
- The continuing pressures within Unscheduled Care performance during October 2018.
- The challenges around delayed discharge performance.

7. 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 against the 6 Essential Actions and work is ongoing across a wide range of activities to improve flow.

Planned care delivery is on track against trajectory but will require active management over the next few months.

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

8. FURTHER INFORMATION

For further information about any aspect of this paper, please contact *Heather Knox* Director of Acute Services, Telephone: 01698 858088, *Ross McGuffie*, Interim 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
19th November 2018

ROSS MCGUFFIE
19th November 2018

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19th November 2018