

Lanarkshire NHS Board
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Meeting of Lanarkshire NHS Board – 30 January 2019

ACCESS TARGETS REPORT

1. PURPOSE

This paper is coming to Lanarkshire NHS Board

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

2. ROUTE TO LANARKSHIRE NHS BOARD

This paper has been:

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

Or

Is a standing item	<input checked="" type="checkbox"/>
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From the following Committee: The acute activity within this report has been discussed at the Corporate Management Team/Divisional Management Team/Acute 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)	
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 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
22nd January 2019

ROSS MCGUFFIE
22nd January 2019

VAL DE SOUZA
22nd January 2019

**NHS Lanarkshire Headquarters,
Fallside Road, Bothwell G71 8BB
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Meeting of Lanarkshire NHS Board – 30 January 2019

ACCESS TARGETS REPORT

1. PURPOSE

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

- Planned Care waiting time access guarantees and targets set by the Scottish Government as at the end of November 2018.
- AHP and mental health waiting time access guarantees and targets set by the Scottish Government as at the end of November 2018.
- The 4 hour Emergency Department standard until the end of December 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 covers unscheduled care activity. Section 4 onwards of the report presents data relating to access to services within the Health and Social Care Partnerships in North and South Lanarkshire.

2. WAITING TIME GUARANTEES - ACUTE SERVICES

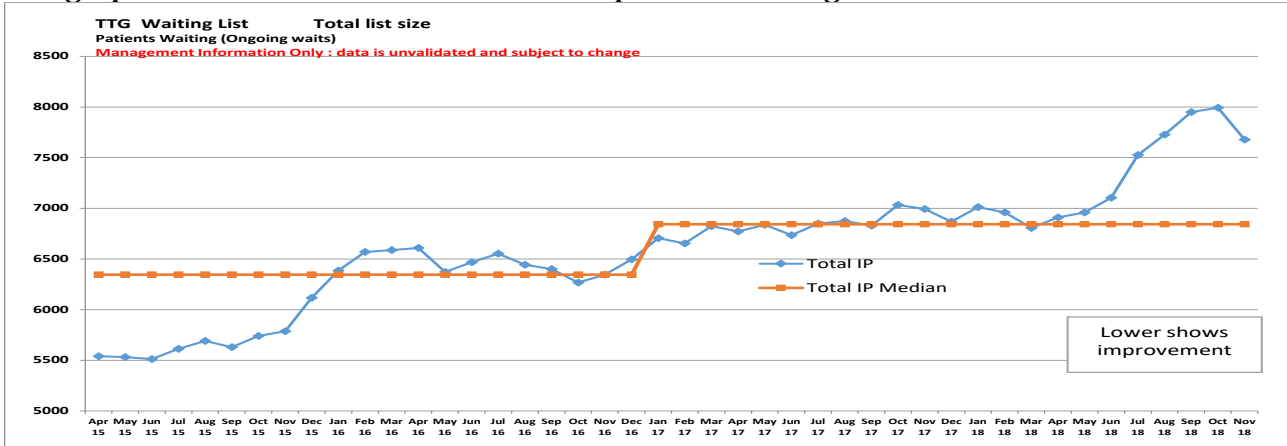
2.1) Treatment Time Guarantee (TTG)

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

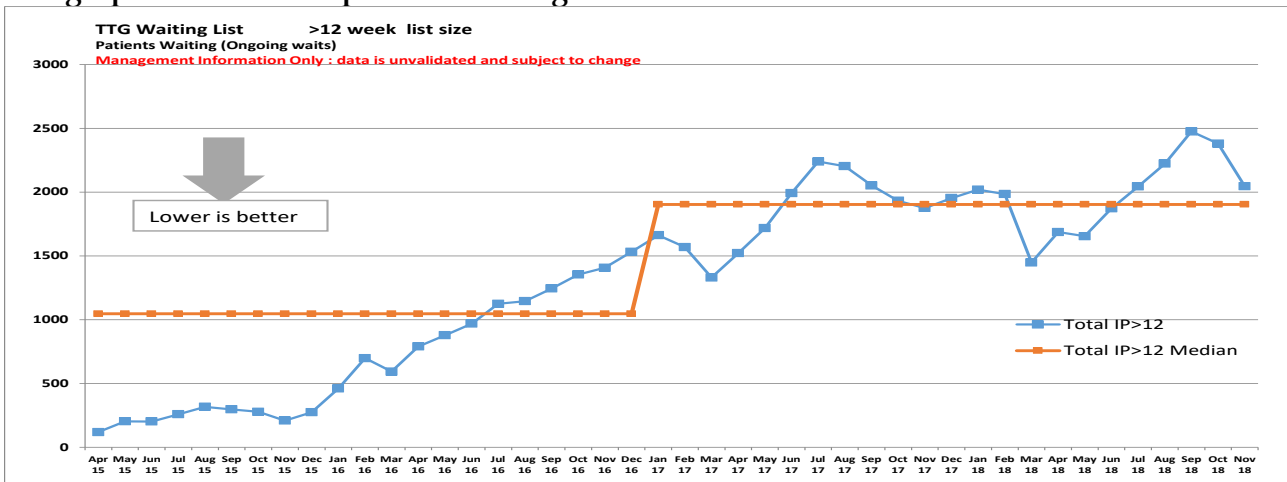
At the end of November 2018 there were a total of 2045 patients who had breached their TTG date. 26.6% of patients are waiting over 84 days in November 2018, which is a decrease from the October 2018 figure of 29.8%.

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 has been accessed as part of our capacity plan for 2018/19. The management team is expected to provide a 24 month Capacity Plan by the end of March 2019.

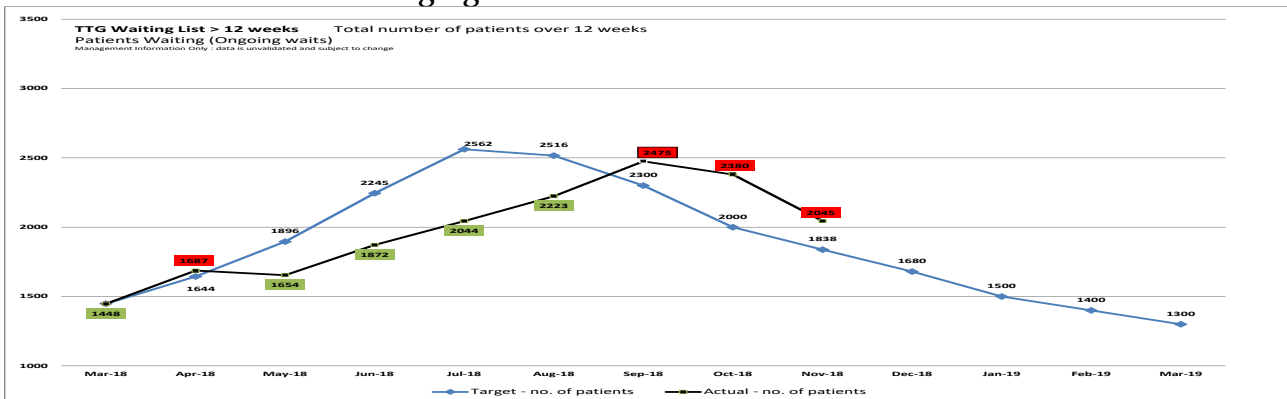
The graph below shows the total list size of patients waiting. Please note this is local data.



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. Performance remains challenging.



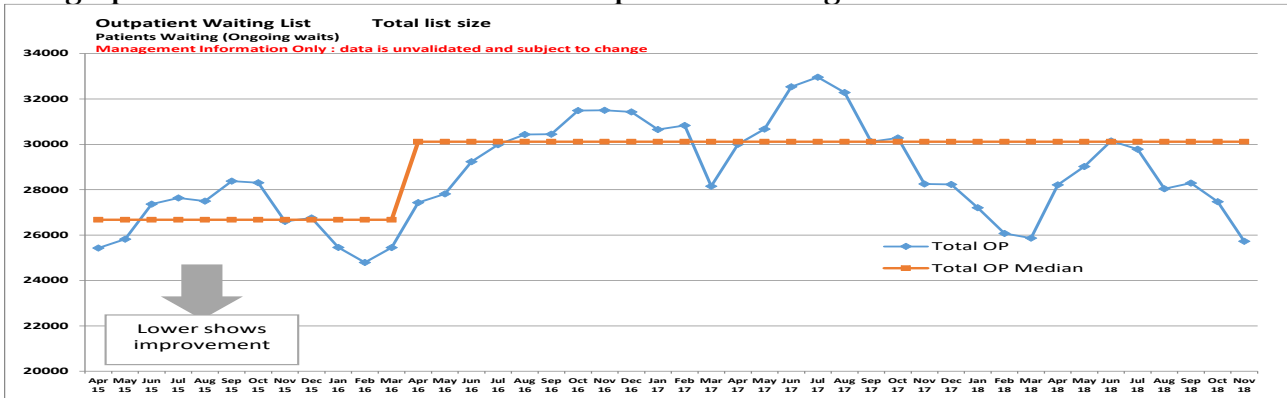
The above graphs detail ongoing waits.

2.2) Outpatients Waiting Times

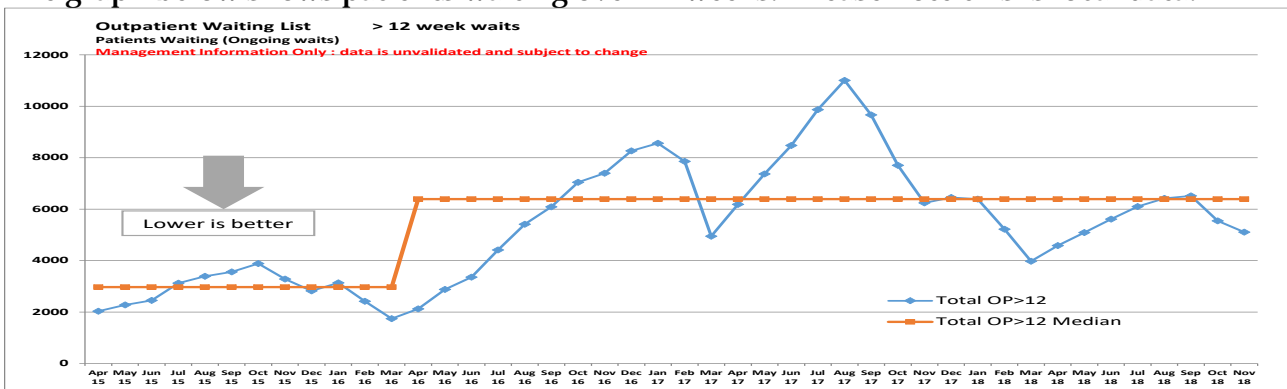
At 30th November 2018 there were 5108 patients waiting over 84 days. 81.5% of patients were seen within 84 days compared to 5544 patients waiting over 84 days in October 2018 and 82.4% of patients being seen within 84 days in October 2018. Performance remains challenging, but is on trajectory.

There are significant challenges in a number of specialties including Orthopaedics, Ophthalmology and ENT. Additional internal and external capacity has been put in place to reduce the number of patients waiting over 12 weeks.

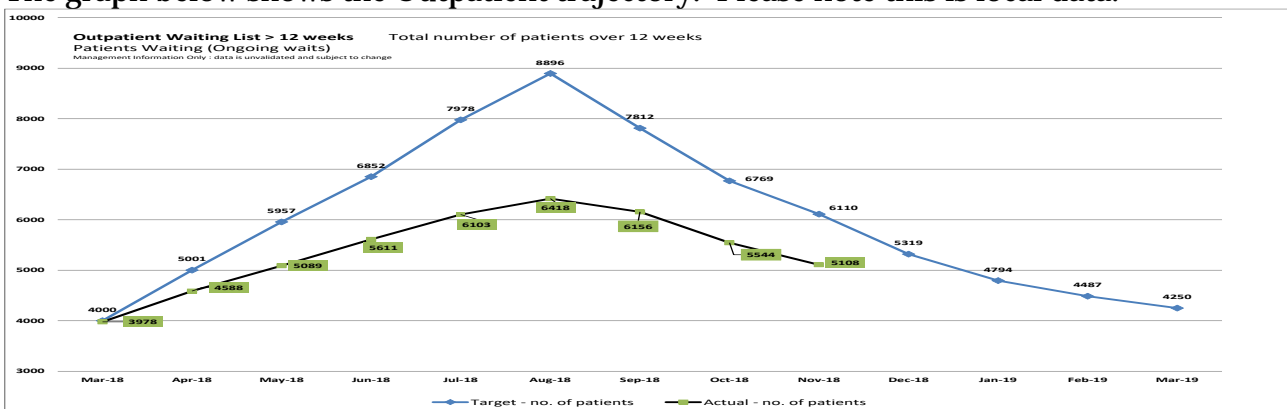
The graph below shows the total list size of patients waiting. Please note this is local data.



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.

2.3) 6 Week Diagnostic Targets

NHSL has consistently delivered the 6 week standard for the 8 key diagnostic tests. At the end of December 2018 there were 23 patients reported as waiting over 6 weeks. This was due to the disruption of routine endoscopy activity at UHM due to the ant infestation. Additional lists have been put in place to see the patients.

At the end of December there were 216 patients waiting for subspecialty and routine CT examination. This is due to the challenges in Consultant radiologist recruitment (5 wte vacancies) and the prioritisation of urgent suspicion of cancer activity and inpatient activity.

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 October 2018 and November 2018:

October 2018	November 2018 (unvalidated)
62 Days – 95.4%	62 Days – 96%
31 Days – 99.4%	31 Days – 99.2%

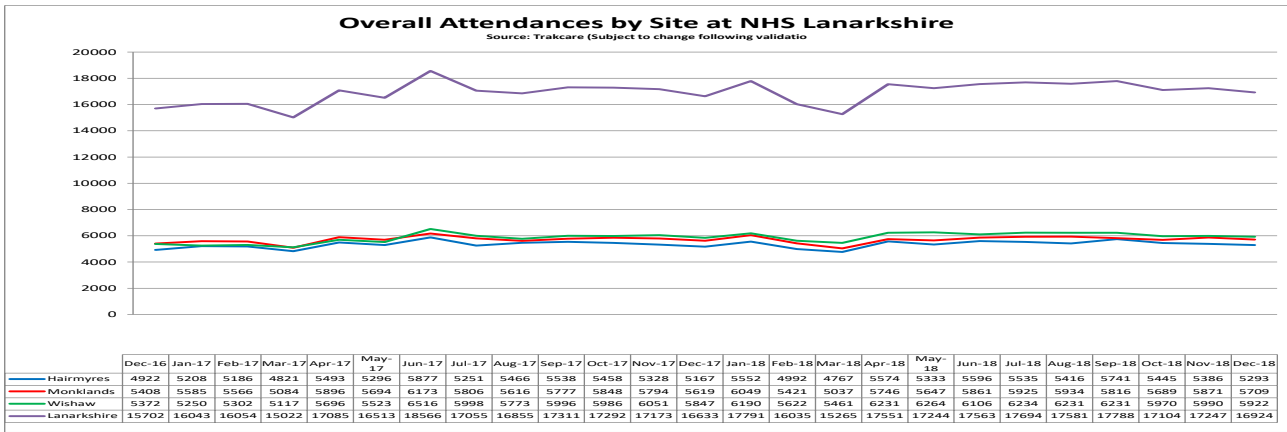
The 62 day cancer standard including A&E patients, screened positive patients and all patients referred by GP/GDP urgently with a suspicion of cancer. The 31 day standard includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to 1st treatment. The current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

3. UNSCHEDULED CARE

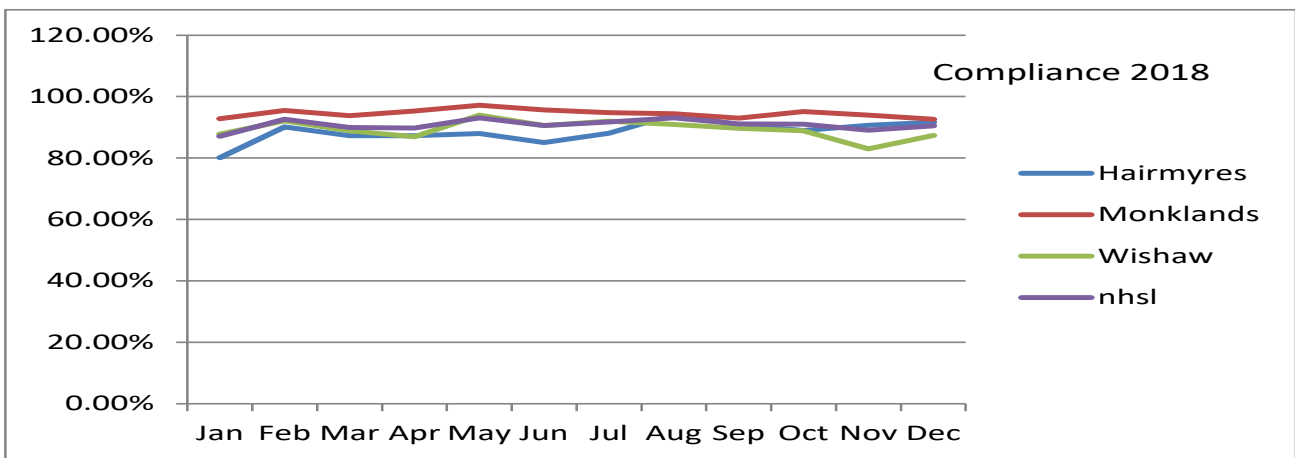
NATIONAL STANDARD: 95% of patients attending Accident & Emergency to be admitted discharged or transferred within 4 hours of arrival.

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. The overall winter performance has been in line with expectations in the winter plan, which is now operational. To date the contingency arrangements have worked well.

Key risks are the availability of clinical decision makers and an increase in the volume of attendances. The graph below compares overall attendances by site at all 3 sites between December 2016 and December 2018.



Hospital Site Directors will present an update on performance at the Acute Governance Meeting on 20th March 2019.



December 2018 performance is 90.46% compared to the November 2018 performance of 89.10%. December 2017 performance was 82.54%.

The following summarises the key improvement activities at site level:

University Hospital Hairmyres

The site performance for December 2018 was 91.61 % against the 4 hour waiting target, this was an increase in performance from the November position of 90.6%. The number of attendances were 5307, an increase of 116 on the previous month. In total there were 445 breaches, the main breach reason was clinical exception 22% (98 patients).

In December, the number of patients who waited for more than 8 hours was 46, two patients waited over 12 hours, this was an improvement to the November figure of 13. Minors flow group performance for December 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. Additional locum Consultants were utilised in December to support extended opening of the GP Medical Assessment Unit until 8pm. This has had a positive impact in reducing overnight bed wait number.

The Glasgow reconfiguration from 2015 is continuing to have an impact on ED attendances and admission numbers. ED attendances from the Glasgow postcodes have increased by 12% (149) on the same point last year, the majority of the increase 81 % (122) of the 149, is due to an increase in the number of patients self-presenting.

University Hospital Wishaw

The site performance for December 2018 was 87.36% against the 4 hour waiting times target, this was an increase in performance from the November position of 83.01%. The number of attendances were 5943, an increase of 21 on the previous month. In total there were 751 breaches, the main breach reason was wait for first assessment 59.52%. The number of patients waiting for beds accounted for 14.65% against all breaches. In December the number of patients who waited for more than 8 hours was 61 and 4 patients waited more than 12 hours. The site continues to experience a significant increase in emergency attendances.

The site was on Scottish Government reporting during the December month. However this reporting period ceased at the end of the month.

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 1 ANP gap. Some gaps are being filled with locum cover however this is not always covered. This significantly reduces the availability of staff in the ED who can assess, treat and discharge patients in the Emergency Department.

The winter plan initiatives have been put in place and we secured an increase in locum medical and MINTS nursing team cover for medical patients outwith speciality to support continued patient safety, and this will continue over the next couple of months.

Consultant Interviews were undertaken and we have secured 2 Substantive Consultants for the Emergency Department. One presently is working on a fixed term contract and a further Consultant will commence in Feb 19.

As of the 21st December the Surgical Ambulatory unit had been running for 3 weeks, during this period a total of 95 patients were seen of which 60 (63%) avoided admission and were discharged.

The impact of the unit in terms of weekly admissions to ward 18 (Surgical receiving ward) the average number of patients admitted a week is usually 74.1, for the 3 weeks that the unit has been open the admission average number has fallen to 47.1, this is a reduction of approximately 27 patients per week.

University Hospital Monklands

The site performance for December 2018 was 92.59% against the 4 hour waiting target, this was a reduction in performance from the November position of 93.99%. The number of attendances were 5792, an increase of 83 on the previous month. In total there were 429 breaches, the main breach reason was Time to First Assessment, 46% (198 patients). There has been an increase in the number of long waits during December. Eighteen patients waited in excess of 8 hours for a variety of reasons. Time To First Assessment continues to impact on overall performance, 198 patients breached 4 hours due to Time to First Assessment, with many of these occurring late in the evening. Surgical Flow Group Performance has also been identified as an issue for the site and work is under further refinement with the NHSL Unscheduled Care Service Improvement lead to share practice in terms of surgical ambulatory pathways.

The Operational Command Centre went live on 3rd December and the first draft of our Triggers, Targets and Escalations work has been completed for the Emergency

Department. The next stage of this work is to trial the process within ED, and also compile the Triggers, Targets and Escalations for MAU.

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:

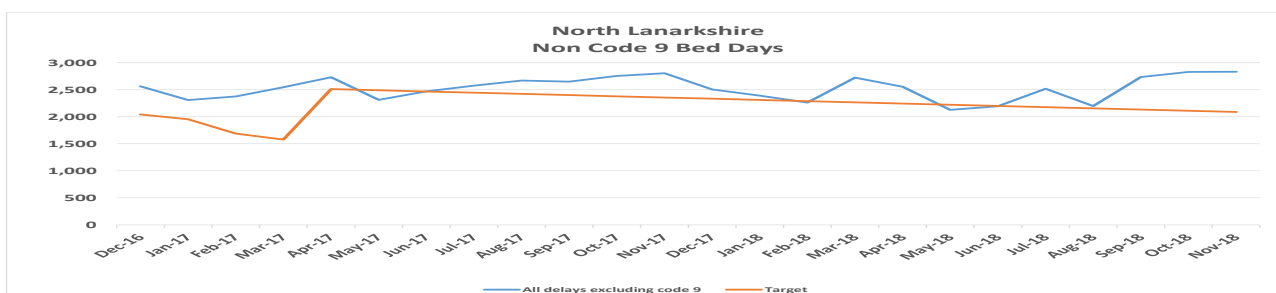
- Emergency Admissions
- Unscheduled Bed Days
- Accident and Emergency Attendances
- Delayed Discharge Bed Days
- End of Life
- Balance of Care

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 November 2018

ISD published figures for November 2018 shows a deterioration in performance with the North Partnership non code 9 bed days of 2833 against a target of 2089, 744 bed days beyond target.



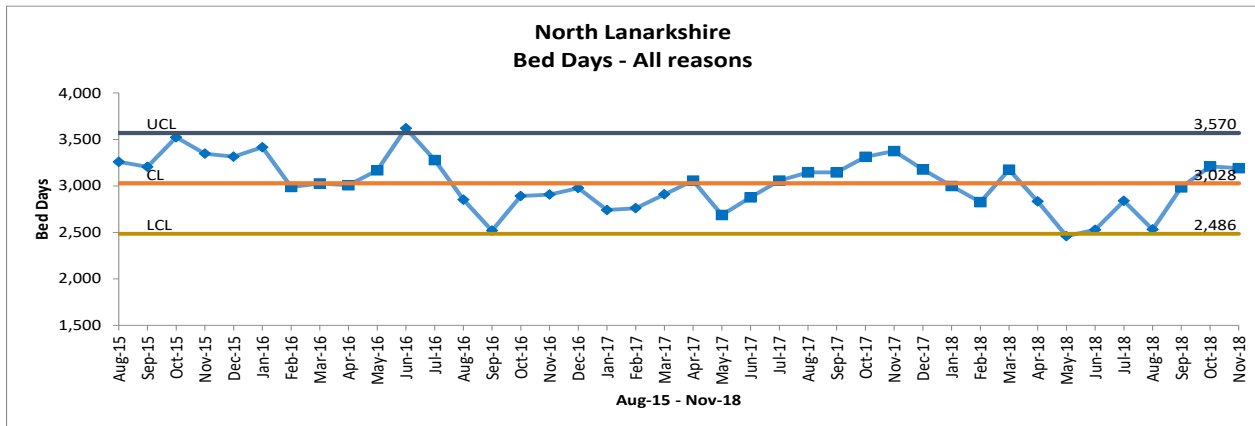
Source: ISD Delayed Discharges.

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 184 November 2018 against November 2017, an increase of 27 bed days for non code 9 delays and decrease of 211 Code 9 bed days. The average number of daily delays have reduced from 113 to 106, 2018 against 2017.

	Previous year	Current Year	Increase/reduction
Aug	3146	2531	-615 (Decrease)
Sept	3145	2984	-161 (Decrease)
Oct	3314	3211	-103 (Decrease)
Nov	3376	3192	-211

			(Decrease)
ISD: Occupied bed days All delays			

The following graph shows upper and lower limits for delayed discharge bed days – all reasons - for the previous three years. During September to November the number of bed days has increased, although still showing routine variation.



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:

- 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 3 long delays December 2018
- Home Support related bed days showing a sustained improvement in performance in 2018/19

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	<p>The integrated rehabilitation teams, originally piloted in Motherwell Locality, rolled out to the remaining 5 Localities on 29th October 2018. This will provide increased rehabilitation capacity across the community service, supporting quicker discharge.</p> <p>In addition, extra hours for both OT and Physio have been recruited as part of the winter plan.</p>

	The next development in this approach is the in-reach to the off-site facilities, creating a greater rehabilitation focus and supporting a quicker and consistent discharge back to the community setting. This will both reduce delays and improve throughput, creating additional step down capacity for the acute sites.
Reconfiguration of Home Support services	The new model of Home Support was approved at the IJB in March 2018, with implementation underway across all Localities. 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, with performance increased to 60% at the end of Q2 (previous year end 50%). Intensive teams are also being created, which will support rapid access for both hospital discharge and unscheduled care in Localities.
Discharge to Assess	The first tests of the Discharge to Assess model have commenced with the aim to incrementally increase the approach across both sites. The greatest challenge has been the identification of suitable patients, with work underway with both site teams to agree the best process going forwards.

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

iv. Specific Actions to Address Unscheduled Care and Delayed Discharges

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

Action	Progress
Review Edinburgh's AWI model, which was supported by SG	A review group 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.

	<p>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 3 in December 2018.</p>
Guardianship Pilot	<p>A test of change is being developed based on models currently underway in both Glasgow and Ayrshire to support individuals undergoing the guardianship process to be moved to a more homely environment in a NHS-purchased care home bed.</p> <p>In line with the new AWI pathway noted above, this will enable much improved patient outcomes, whilst freeing up capacity within the acute sites.</p> <p>It is aimed to commence the test of change in January, subject to Mental Welfare Commission agreement.</p>
Group to develop future model of 'Discharge to Assess'	<p>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.</p>
Review model of intermediate care and cottage hospitals	<p>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.</p>
Introduce re-direction policy to reduce impact of inappropriate demand at front door	<p>The Director of Acute Services has formed a review group for re-direction, which has concluded its work, and this was shared with the Board at the Development Day in October 2018.</p>

v. Winter

A significant number of actions have been put in place to support performance during the winter period, including:

- Fortnightly coordinating group for NL in place from December to March, jointly chaired by the Head of Health and Head of Community Care
- New automated daily reporting of delayed discharges directly from Trakcare to all key staff to support the coordination of activity
- Additional resource to support management of delays in off-site facilities, creating additional step-down capacity for acute sites
- Daily on-call rota across the management team for coordinating activity and participating in the whole system conference calls

- Twice-weekly partnership conference calls to coordinate activity around complex cases
- Additional hours across community nursing, paediatrics, physiotherapy, occupational therapy, dietetics, social work and home support teams
- Additional capacity built into the Equipment Store from January until March to improve response times through peak demand
- Shared 4x4s procured for health and social care teams in Localities in case of adverse weather conditions

4.2) Delayed Discharges South Lanarkshire H&SCP

Resulting from the Health and Social Care Delivery Plan, the Health and Social Care Partnerships has prioritised 6 key areas in line with the Scottish Government requirements 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.

ISD published data shows that the Partnership achieved a reduction of 884 bed days during November 2018 for all delay reasons when compared to November 2017, comprising a decrease of 1027 non code 9 bed days, with an increase of 143 Code 9 bed days. This equates to a 22% improvement on the same month last year.

The table below shows the month on month comparison and it will be noted that there has been sustained improvement throughout the period.

	Previous year	Current Year	Increase/reduction
Aug	3663	3121	-542 (Decrease)
Sept	3605	3367	-238 (Decrease)
Oct	4386	3651	-735 (Decrease)
Nov	3995	3111	-884 (Decrease)
ISD: Occupied bed days All delays			

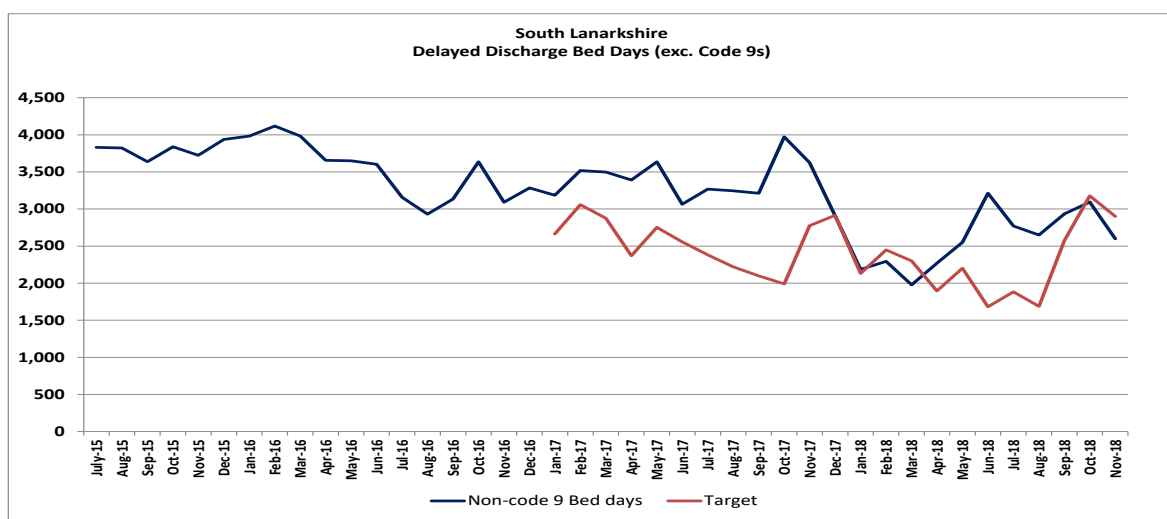
Source: ISD

4.2.1 Performance against Target November 2018

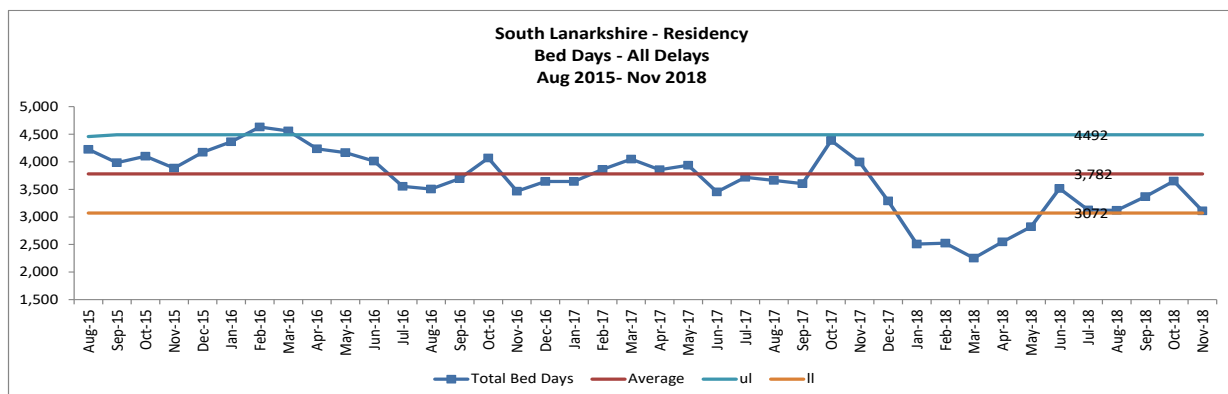
Delayed Discharge Bed day targets are based on improvements in delays associated across a range of actions identified within the delayed discharge action plan agreed between H&SCP and acute colleagues.

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 performed well during November, with 2598 non code 9 bed days against the target of 2900, 302 bed days within target.



The following graph shows average, upper and lower limits for delayed discharge bed days – all reasons - for the previous three years. During January to May 2018 there was a period of exceptional variation within the data, the reasons for which were multi-factorial and not all within the scope of the H&SCP and acute colleagues. This has not been maintained to the same extent in the subsequent 6 months, but is still showing significant improvement in the levels of delays in comparison to previous years.



Source: ISD.

There are significant pieces of work being undertaken in the following areas.

- a) An ongoing review of home care with a view to
 - i. maximise recruitment targeted to key development areas, e.g. peripatetic team and rapid response
 - ii. re-model rapid access/assessment
 - iii. maximising joint working across home care, OT and ICST
- b) Revising model of intermediate care with a view to
 - i. revise management arrangements
 - ii. maximise staff recruitment to new skill posts – including work with staff side colleagues
 - iii. training existing staff in new techniques
 - iv. increase overall number of beds available
- c) Redesigning the CCA pathway
 - i. reducing the number of days to support process
 - ii. reviewing staff roles and targets
 - iii. securing locality focus and associated performance targets

In addition to the foregoing, there is a series of actions which continue to be taken to sustain the improved performance and to keep demand with the increasing flow of patients associated with the pattern of increased admissions and reduced unscheduled care beds.

These include:

- Daily conference calls with locality teams with Hairmyres and Wishaw Hospital Management Teams and Discharge Facilitators to review cases and lists which has contributed to a reduction in both homecare and CCA 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.
- Continued working on consistent pathway for all CCA patients, including information to relatives throughout inpatient stay, including closer collaborative working
- Increased ownership/familiarisation of process by all Senior Charge Nurses
- Addressing the number of patients not clinically ready for discharge at time of care package being available (typically within 48 hours)
- Increasing the number of am referrals
- Improved referrals over weekends and Wednesdays
- Maximising the use of an Estimated Date of Discharge. (This includes a 'step by step' approach being used to ensure technology is working to support embedding use of EDD and dynamic board rounds
- Implementation of – and adherence to - the Choices Protocol with regards to care home placement.
- Improved use of intermediate care approaches and beds across a number of settings
- Improved awareness of new recording systems and associated coding (following transfer of process from Edison to Trakcare)

4.2.3 Winter Planning

The Head of Commissioning and Performance, South Lanarkshire leads on winter planning for the Health Board and as well as ongoing system wide meetings and plans, there are specific initiatives being taken in the South Partnership to support sustained performance over the winter period.

These include

- GP opening on 26/12, 2/1, 5/1 and 12/1
- Increased numbers of AHPs and community nurses working in the acute hospitals to assist in turning round patients at the front door and accelerating discharge where possible.
- Increased numbers of social work staff available at weekends to support weekend referrals and discharges.
- Senior Management ownership of daily conference calls – including at weekends to ensure flow maintained
- Daily conference calls with Hairmyres and Wishaw to identify all potential discharges
- Additional hours across community nursing, paediatrics, physiotherapy, occupational therapy, dietetics, social work and home support teams
- 6 beds commissioned in external care home to support off site CCA assessment
- Additional capacity built into the Equipment Store from January until March to improve response times through peak demand

As well as supporting performance, this has also allowed acute colleagues to thus far exceed the winter target of increasing weekend discharges by 20%.

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 November 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 November 2018, are displayed in table below:

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

Source : NHSL Information Services					
AHP and Community Services	Waiting Times Target	November 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	80.3% (84.7%)	28 (29)	1260 (987)	Motherwell (East Kilbride)
Children and Young Peoples Speech and Language Therapy (C&YP SLT)	Local Target of 12 weeks	88.7% (86%)	27 (24)	98 (103)	Motherwell (Motherwell)
Colour Code: Amber up to 5% off Target, Red more than 5% off Target Figures in parenthesis equate to last month's performance					

5.2 MSK Physiotherapy

Performance Commentary

The November 2018 waiting times information shows that there has been a 0.5% improvement in performance between October and November 2018, in the 4-week MSK physiotherapy waiting time, which is now standing at 38.5%. There has been a decline in the 12-week performance, which has reduced by 4.3% to 80.3% at the end of November 2018.

The overall number of patients waiting reduced by **49** patients from the October position of 6434 patients to **6385** patients at the end of November.

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 November **2854** patients were referred to the service – **896** from GPs, **1007** from Ortho and **904** self referrals via MATS NHS24 and a reduction in demand of **99** from the previous month.

2068 new patients were seen in November 2018 with wte staff having patient list sizes of approximately 100 – 120 patients. Patients have on average 2.36 return visits.

The greatest challenges within MSK Physiotherapy are:

- The longest waits have all had previous accepted appointments cancelled by patient
- Recruitment and retention of rotational band 5 staff – vacancies here are carried within MSK
- Filling of temporary posts to backfill secondments
- Level of vacancies and maternity leave

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 from 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%
- First 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 underway.

5.3 Speech and Language Therapy Children and Young people

Performance Commentary

Out of ten localities five are breaching waiting times with 5 localities exceeding the target. There is an overall improvement in percentage of children being seen within standard and also number waiting over standard time.

Current performance:	November 2018	88.7%
	October 2018	86%
	September 2018	78%

Number of people waiting beyond target:		
	November	98

October	103
September	155

Longest patient wait: 27 weeks Motherwell

There is a hotspot in the Motherwell area where waits continue to rise due to vacancies and long term sickness absence meaning that staff have had to absorb another SLTs caseload. Posts have now been filled so there will be additional capacity although the staff sickness absence continues.

In July 2018, a paper detailing the service recovery plan was presented at the Population Health Committee. This set out the following actions:

Additional hours

- A recruitment programme in August offered a number of additional hours to existing staff, with 1.6wte of additional capacity identified. All of these hours are now in place within the service.
- Staff are being offered **overtime** hours one evening a week within Motherwell Health Centre to improve performance in this locality.

Recruitment

- From August to December, 3wte posts were recruited to on a permanent basis and a further 2wte on a temporary basis, which has had a significant impact on service capacity.

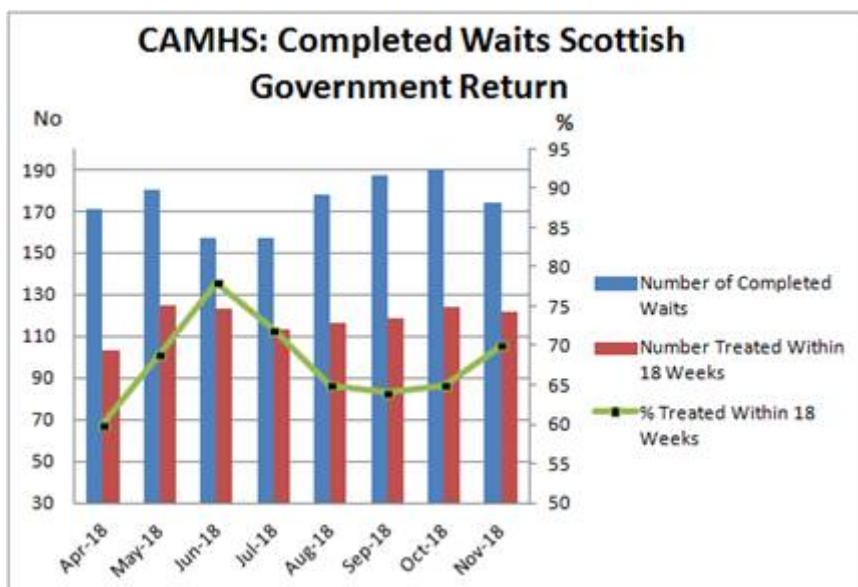
Trakcare

- One major issue for the service was the lack of an electronic system for managing clinics. It was formally agreed that the service could move onto the Trakcare system and the clinic builds are underway, commencing in Hamilton Locality as the first test area.

5.4 Psychological Therapies RTT (Adult and CAMHS)

November 2018.

- Within *Adult Psychological Services*, **83.5%** of patients commenced psychological therapy within 18 weeks
 - **95%** of patients awaiting treatment have been waiting 18 weeks or less, up from **87.4% the previous month**
 - At the end of November, only **5%** of adult patients have been waiting over the 18 week target
- Within *CAMHS*, **70.6%** of patients commenced psychological therapy within 18 weeks, up from 62.6% the previous month
 - **85.4%** of patients awaiting treatment have been waiting 18 weeks or less
 - At the end of November, **14.6%** of children and young people have been waiting over the 18 week target



- Overall, **80.5%** of *all* patients commenced psychological therapy within 18 weeks of referral
 - **8.7%** of patients awaiting treatment have been waiting for more than 18 weeks

As noted previously, 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 good headway is being made into the group of patients who have exceeded an 18 week wait, and for whom the RTT time has continued. Only 8.7% of patients have now been waiting over 18 weeks for psychological treatment.

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.

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.

November 2018	Adult Psychological Services Psychological Therapies	CAMHS Psychological Therapies	Overall
No. of Patients Waiting (Overall)	1614 (1796)	977 (912)	2591 (2708)
Longest Wait Overall (Weeks)	33 (35)	43 (40)	43 (40)
% Waiting <= 18 Weeks (Overall)	94.9% (91.2%)	85.4% (79.6%)	91.3% (87.3%)

No. of Completed Waits	588 (658)	180 (203)	768 (861)
% Completed Waits <=18 Weeks	83.5% (75.9%)	70.6% (62.6%)	80.5% (72.7%)

* Previous month in parentheses

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 year on year improvement in Outpatient Waiting Times.
- The very positive performance in Cancer Waiting Times.
- The continuing pressures within Unscheduled Care performance during December 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

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