



Lanarkshire NHS Board
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Meeting of Lanarkshire NHS Board – 27 March 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)	<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

- 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
14th March 2019

ROSS MCGUFFIE
14th March 2019

VAL DE SOUZA
14th March 2019



**NHS Lanarkshire Headquarters,
Fallside Road, Bothwell G71 8BB
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Meeting of Lanarkshire NHS Board – 27 March 2019

ACCESS TARGETS REPORT

1. PURPOSE

The purpose of this paper is to update the Lanarkshire NHS Planning Performance and Resource Committee on performance against:

- Planned Care waiting time access guarantees and targets set by the Scottish Government as at the end of January 2019.
- AHP and mental health waiting time access guarantees and targets set by the Scottish Government as at the end of January 2019.
- The 4 hour Emergency Department standard until the end of February 2019.
- 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)

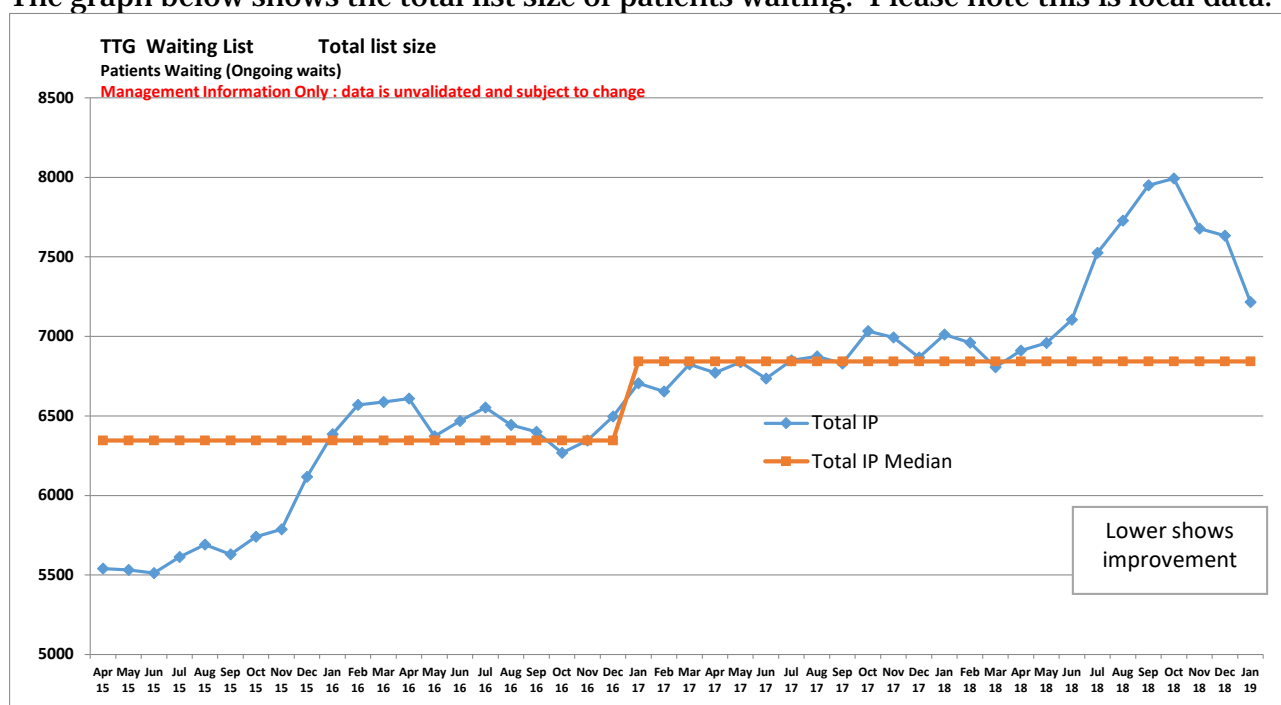
The 12 Week Treatment Time Guarantee (84 days) applies to eligible patients who are receiving planned treatment on an inpatient or day-case

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.

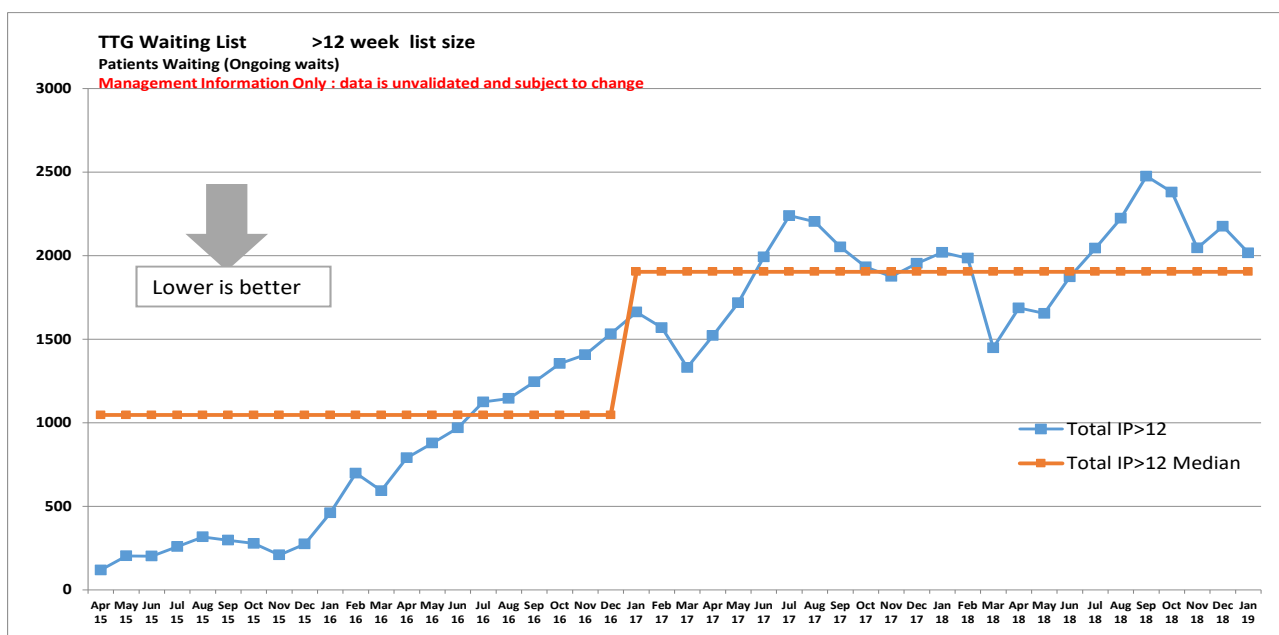
At the end of January 2019 there were a total of 2016 patients who had breached their TTG date. 27.9% of patients are waiting over 84 days in January 2019, which is a reduction from the December 2018 figure of 28.5%.

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, both through internal additionality and external independent sector activity. The management team is expected to provide a 24 month Capacity Plan by the end of March 2019.

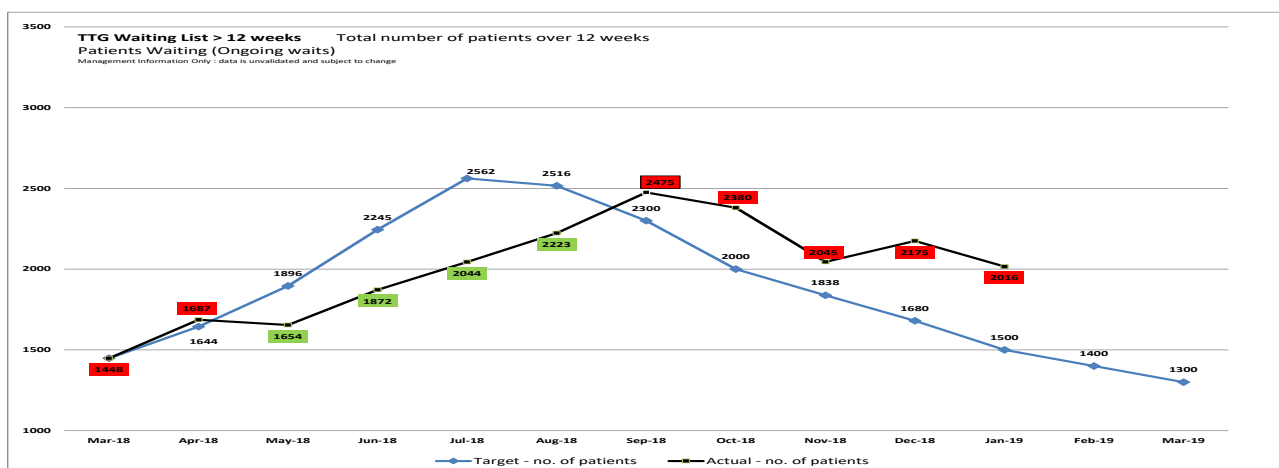
The graph below shows the total list size of patients waiting. Please note this is local data.



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.



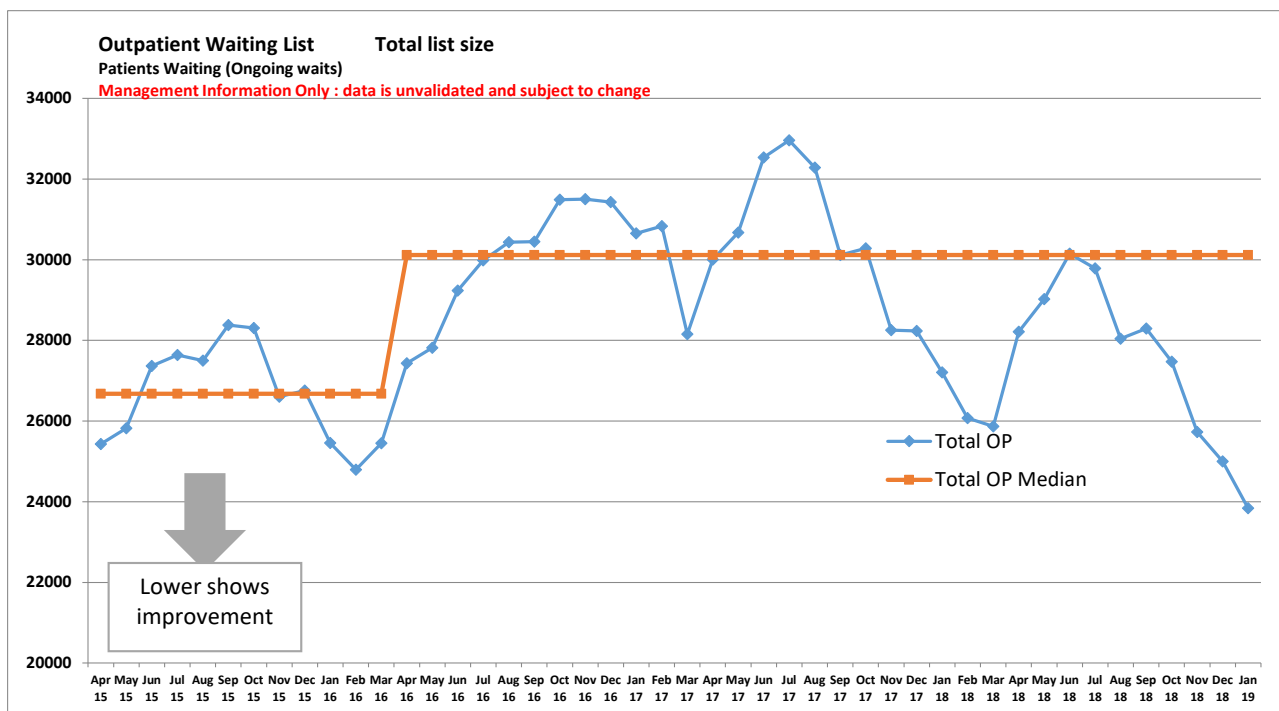
The above graphs detail ongoing waits.

2.2) Outpatients Waiting Times

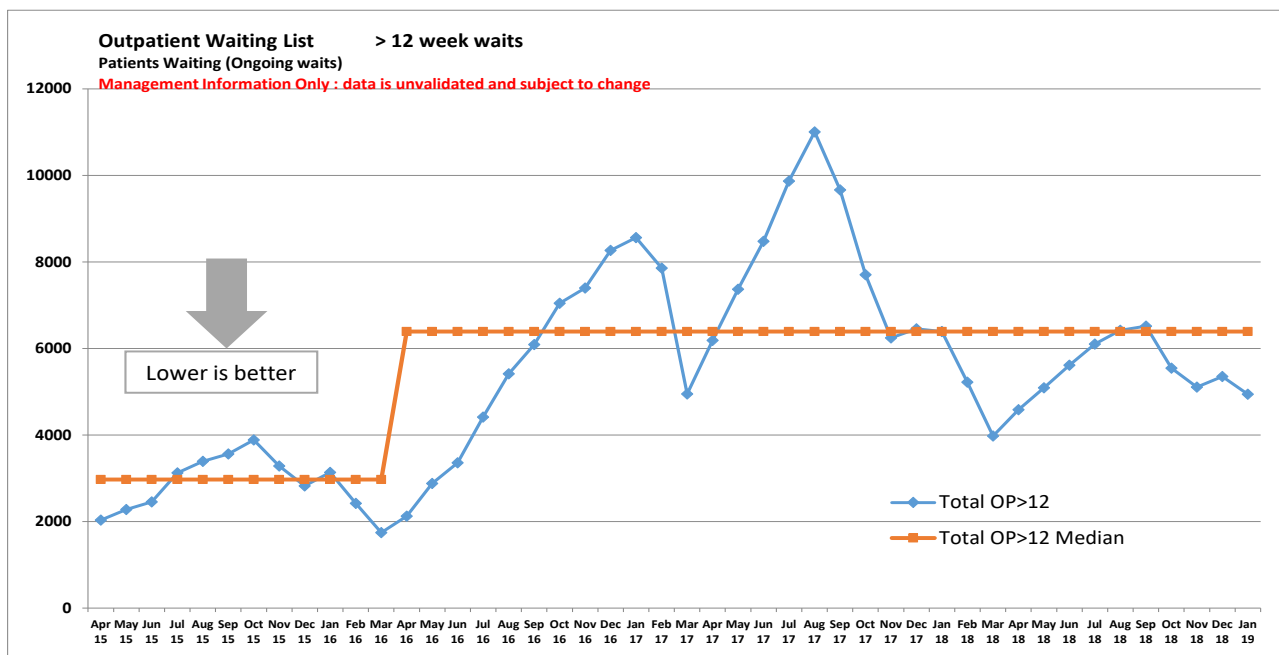
At 31st January 2019 there were 4944 patients waiting over 84 days. 79.3% of patients were seen within 84 days compared to 5351 patients waiting over 84 days in December 2018 and 78.6% of patients being seen within 84 days in December 2018. Performance remains challenging, but is on trajectory.

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.

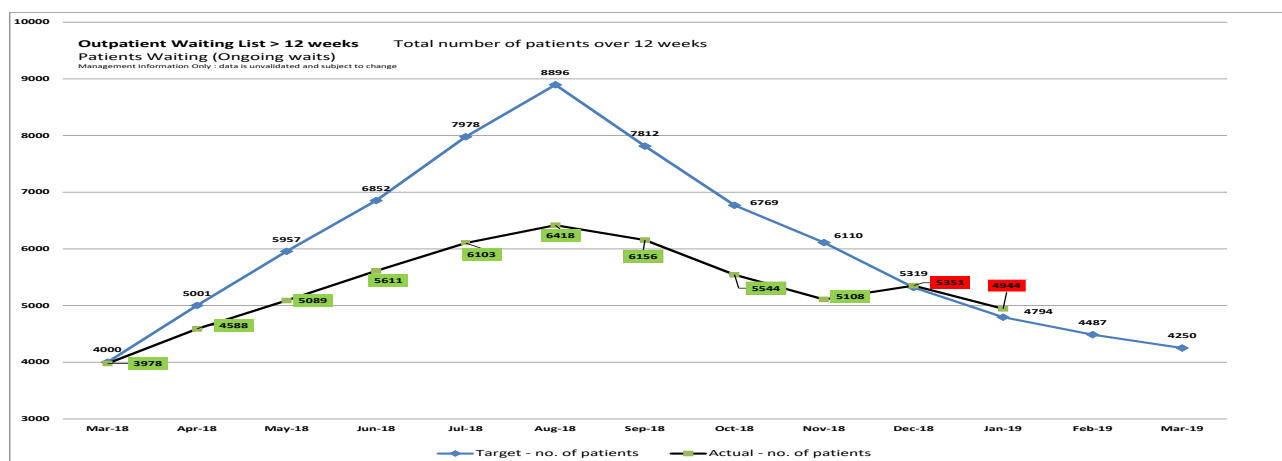
The graph below shows the total list size of patients waiting. Please note this is local data.



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

As reported to the NHSL Board in January, NHSL has consistently delivered the 6 week standard for the 8 key diagnostic tests. At the end of February 2019 there were 206 patients reported as waiting over 6 weeks for cystoscopy. This is a result of a change in process for booking cystoscopies. University Hospital Monklands are confident that the process is now more robust. Additional sessions have been identified to reduce the backlog by end of March 2019.

At the end of February 2019 there were 131 patients waiting, an improvement from the December 2018 position of 216 patients, waiting for subspecialty and routine CT examination. These long waits are due to challenges in Consultant Radiologist recruitment (5 wte vacancies) and the prioritisation of urgent suspicion of cancer activity and inpatient activity. Additional CT capacity has been secured both internally and at the Golden Jubilee National Hospital. A further update will be presented to PPRC in April 2019.

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 December 2018 and January 2019:

December 2018
62 Days – 95.2%
31 Days – 100%

January 2019
62 Days – 96.1%
31 Days – 95.3%

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

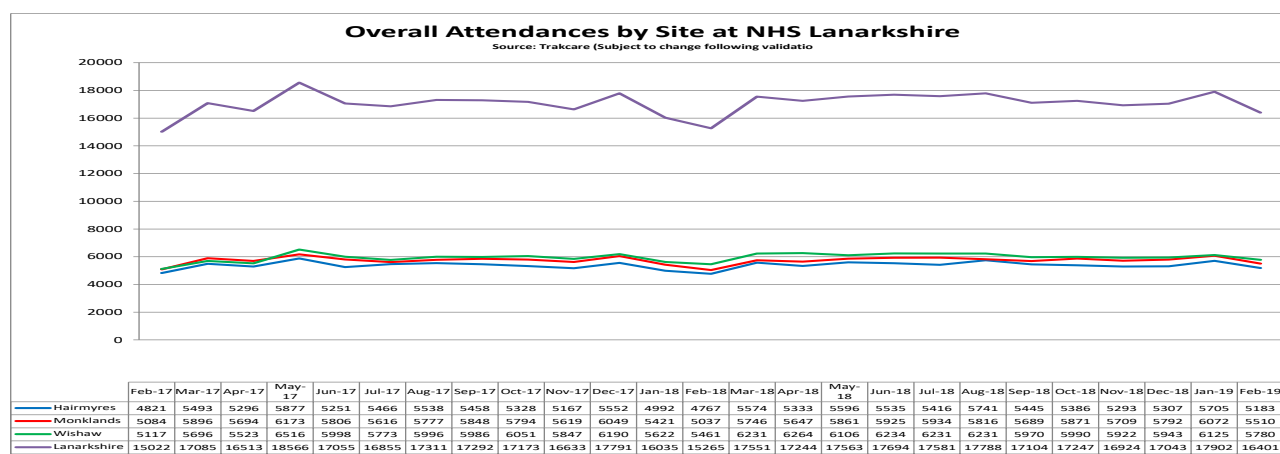
includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to 1st treatment. The current standard is that 95% of all eligible patients should wait no longer than 62 or 31 days.

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. 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 February 2019.



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

NHS Lanarkshire February 2019 performance is 89.39% compared to the January 2019 performance of 87.00%. February 2018 performance was 92.59%.

The table below compares the number of patients who waited longer than 8 and 12 hours in January and February 2019 compared to January and February 2018.

	8 Hours Waits				12 Hours Waits			
	HM	MK	WG	NHSL	HM	MK	WG	NHSL
January 2019	121	11	151	283	53	1	29	83
January 2018	217	24	180	349	95	3	26	124
February 2019	59	17	148	245	30	8	24	62
February 2018	28	11	29	68	2	0	23	5

A whole system group has been meeting since September 2017, to review the potential to safely redirect patients from Emergency Departments (EDs) across NHS Lanarkshire

and/or to reduce the reliance on EDs through alternative pathways. Appendix 1 provides more detail on this work.

The following summarises the key improvement activities at site level:

University Hospital Hairmyres

The site performance for February 2019 was 89.39% against the 4 hour waiting target, this was an improved performance from the January figure of 82.94% and an improvement on the February 2018 position of 87.08%. The number of attendances was 5183, a 9% decrease on the January figure of 5705, (522 attendances) though a 8% increase in attendances to the February 18 figure of 4767. The site was removed from enhanced Government monitoring on 28th February. There was a reduction in both 8 and 12 hour breaches in month, 8 hour breaches reduced by 10 to 59 breaches and 12 hour breaches reduced by 22 to 30. The occupancy rate for the site was 94%, the majority of the breaches were attributable to bed / capacity constraints. In February due to Consultant medical vacancies and sick leave (6 Doctors) the planned extended opening hours of the Medical Assessment unit for GP directed patients was not possible and this negatively impacted on performance. The site is actively pursuing locum cover and has offered additional sessions to the remaining Doctors.

University Hospital Wishaw

The site performance for February 2019 was 85.18% against the 4 hour waiting times target, this is an improvement in performance from the January 2019 position of 84.94%. This compares to 92.09% in February 2018. The number of attendances were 5,708 which is a reduction of 419 patients on the previous month. In total there were 846 breaches, with the main breach reason for time to first assessment (58.51%).

The number of patients waiting for beds accounted for 23.88% against all breaches, which reports a reduction from the previous month (32.5%).

In February, the number of patients who waited for more than 8 hours was 124 and 24 patients waited more than 12 hours. The site continues to experience a significant increase in emergency attendances. In comparison to February 2018, there is an overall increase in ED attendances of 247 patients.

The site was recommenced on twice daily Scottish Government reporting on Monday 28th January 2019.

Challenges continued in relation to staffing in the ED, with significant junior Dr gaps. Locum cover was a pressure and on some shifts extra senior medical Consultant staff worked additional hours to provide clinical safety in the ED. There has been a reduction in the number of medical boarders on site, however when there has been no available surgical bed capacity for boarding, additional beds have been opened in the Medical Ambulatory Care Unit. This has had a negative knock on effect with medical patients being diverted to the ED and affecting overall performance.

Due to the ongoing success of the Surgical Ambulatory Care Unit a business case has been developed for permanent funding.

University Hospital Monklands

The site performance for February 2019 was 94% against the 4 hour waiting target, this was a slight increase in performance from the January 2019 position of 92.89%. This compares

to 95.49% in February 2018. The number of attendances were 5510, a reduction of 562 on the previous month (noting shorter month). In total, there were 345 breaches, the main breach reason was Time to First Assessment, 35% (122 patients) compared with 118 in January. The number of long waits increased in February, there were 9 patients who waited over 8 hours and 9 over 12 hours for a variety of reasons. There has been a restructure to the Site Unscheduled Care Improvement Group, which has four workstreams aligned to areas identified for improvement. They are Front Door Process and Ambulatory Emergency Care, Surgical Assessment and Ambulatory Care, Frailty at the Front Door and Daily Dynamic Discharge. The first meeting of the group took place in February, with each of the workstreams outlining the projects they are currently working on and their priorities for the next 30 days.

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:

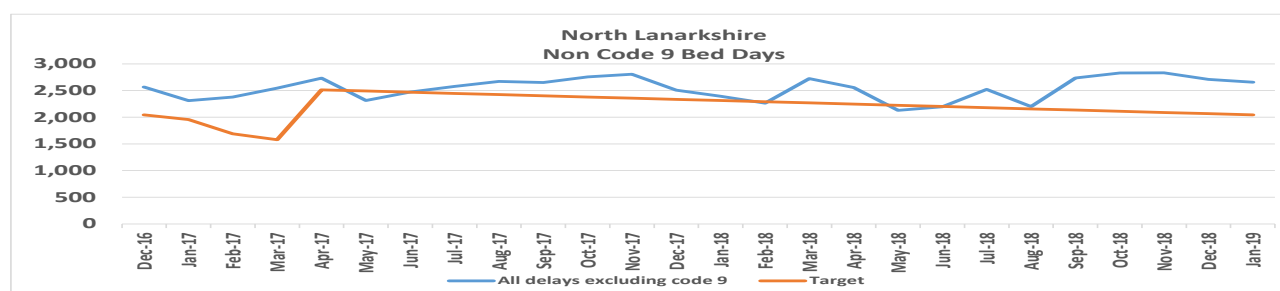
- Emergency Admissions
- Unscheduled Bed Days
- Accident and Emergency Attendances
- Delayed Discharge Bed Days
- End of Life
- Balance of Care

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 January 2019

ISD published figures for January 2019 shows the North Partnership did not achieve the target non code 9 bed days, 2656 against a target of 2045, 611 bed days beyond target.



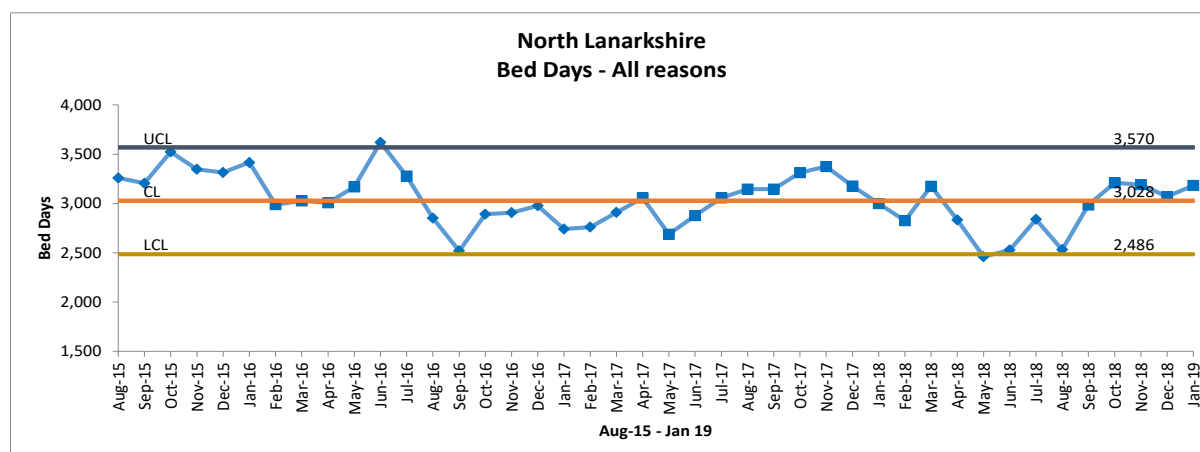
Source: ISD Delayed Discharges.

ISD published data shows that H&SCP NL performed well in relation to the previous year. Occupied bed days for all North Lanarkshire delays increased by 184 January 2019 against December 2018, an increase of 264 bed days for non-code 9 delays and decrease of 80 Code 9 bed days.

	Previous year	Current Year	Increase/reduction
Oct	3314	3211	-103 (Decrease)
Nov	3376	3192	-184 (Decrease)
Dec	3176	3069	-107 (Decrease)
Jan	2999	3183	184 (Increase)
ISD: Occupied bed days All delays			

Over the period April 2018 – January 2019 NL H&SCP have reduced bed days by 2,044 against the same period 2017/18.

The following graph shows upper and lower limits for delayed discharge bed days – all reasons - for the previous three years. Over the period October to December the number of bed days has decreased, and is still showing routine variation.



Source: ISD

ii. Issues Impacting on Performance

In general there was positive improvement in performance at 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 was 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 4 long delays at the end of February 2019. Previous February there were 8 longer delays.
- Home Support related bed days showing a sustained improvement in performance in 2018/19. This improvement has not been sustained January/February 2019 with an increase in bed days and delays.

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.</p> <p>Additional OT and Physio hours have also been recruited as part of the winter plan.</p> <p>Links have been formed with the Locality reablement teams, with the aim of reducing the end demands on Home Support services, through maximising independence.</p> <p>The teams are playing a vital role in the development of Discharge to Assess (see below).</p> <p>The next development focus will be on the in-reach to off-site facilities to support a greater rehab focus and smooth transitions back to the community.</p>
Reconfiguration of Home Support services	<p>The new model of Home Support has had a sustained impact in 2018/19, with a circa 40% reduction in overall related bed days. However, there were additional pressures in January and February which are being explored. A new performance report is being created to provide greater clarity on demand pressures and performance across each Locality area.</p> <p>The 2018/19 Reablement target was amended to be 70% of all new or increased Home Support cases initiate through Reablement, with performance increased to 66.3% at the end of Q3 (previous quarter 60%). The previous target was 50%.</p>
Discharge to Assess	<p>Two senior AHPs have been recruited (one at each North acute site) to support the identification of suitable patients to be supported home via discharge to assess. Since commencing at the start of March, over 10 cases have been supported home, with an estimated saving of around 7-14 bed days per patient, whilst improving outcomes for the individuals.</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
Review Edinburgh's AWI model, which was supported by SG	<p>Following approval of the new AWI pathway, there has been a significant improvement in performance. In 2017, it was common for there to be over 10 such delays at any time, which has reduced to the current level of 4 in March 2019.</p> <p>Ongoing monitoring is in place to ensure the improved practice is maintained.</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>The medical model for the pilot was finalised in conjunction with the LMC at the end of February and the pilot will commence across 2 Care Homes in March 2019. Discussions are taking place with the families of individuals who may be eligible to be supported to a more homely environment and a protocol has been developed for managing such cases in the pilot.</p>
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 development continues. The next major step in the implementation plan is the in-reach of the integrated locality rehabilitation teams into the off-site facilities.

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

- Additional MHO sessions recruited in SW to support improved management of AWI cases;
- Changes to Home Support processes and ongoing recruitment to the additional Locality Reablement teams, resulting in a significant improvement in performance;
- Twice-weekly partnership conference calls with Hospital and Locality teams to coordinate complex discharges;
- Roll out of new AWI guidance notes to streamline the guardianship application process, including escalation procedures around each step;
- 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

v. Winter

The action plan for winter has previously been shared with the Board and actions remain in place until the end of March 2019. A full review of the winter period will take place and will feed into the NHS Lanarkshire-wide review.

4.2) Delayed Discharges South Lanarkshire H&SCP

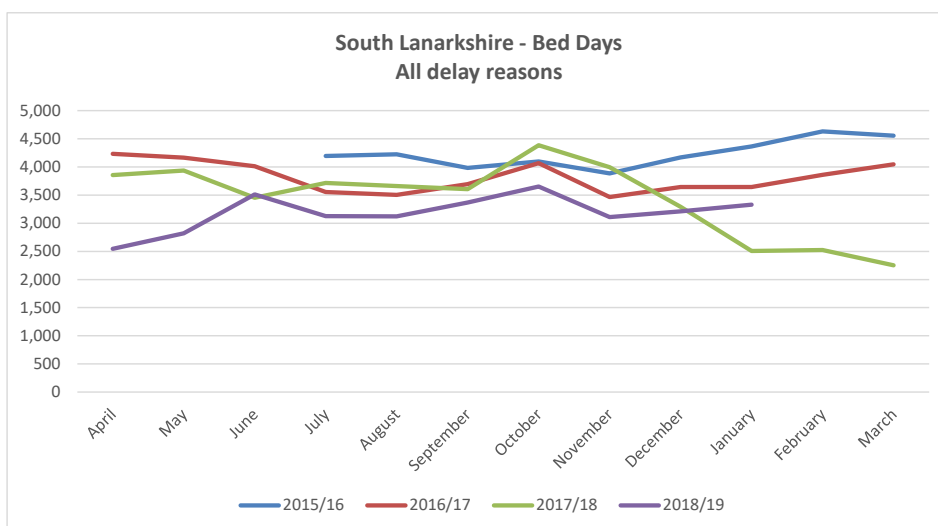
Resulting from the Health and Social Care Delivery Plan, the Health and Social Care Partnerships has prioritised 6 key areas in line with the Scottish Government requirements as follows:

- 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.

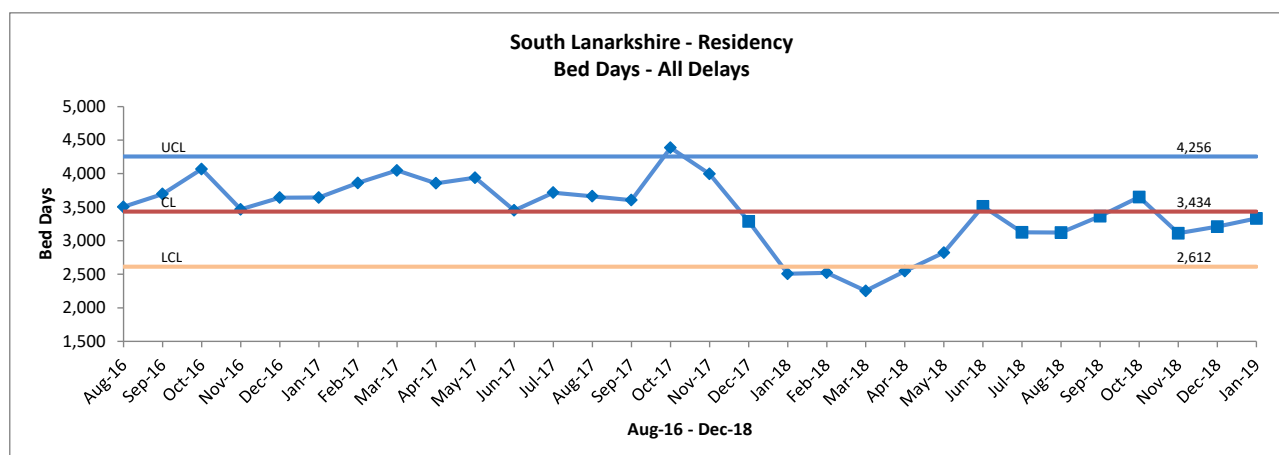
Delayed discharge bed days for the financial year to date show an overall reduction of 15% when compared to the same period in the preceding year. This follows the continued year on year improvement as highlighted in the tables and graph below.

DD Non code 9	2016	2017	Negative = fewer than 2016	DD Non code 9	2018	Negative = fewer than 2017	
April	3,655	3,392	-263	April	3,392	2,269	-1,123
May	3,650	3,635	-15	May	3,635	2,550	-1,085
June	3,602	3,065	-537	June	3,065	3,213	148
July	3,156	3,268	112	July	3,268	2,770	-498
Aug	2,930	3,246	316	August	3,246	2,650	-596
Sept	3,134	3,213	79	Sept	3,213	2,933	-280
Oct	3,635	3,972	337	October	3,972	3,093	-879
Nov	3,091	3,625	534	Nov	3,625	2,598	-1,027
Dec	3,284	2,910	-374	Dec	2,910	2,771	-139
Jan	3,186	2,184	-1,002	Jan	2,184	2,862	678
Feb	3,519	2,293	-1,226	Feb			
March	3,497	1,977	-1,520	March			
Total	40,339	36,780	-3,559		32,510	27,709	-4,801



ISD published data shows that bed days during January 2019 for all delay reasons increased by 825 when compared to January 2018, comprising an increase of 678 non code 9 bed days, with an increase of 147 Code 9 bed days. This is not unexpected given the exceptional variation highlighted in the chart below.

The following graph shows average, upper and lower limits for delayed discharge bed days – all reasons – from Aug 2016. During January to April 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 undernoted areas – all of which are aimed at continuing to assist in reducing admissions and increasing flow through the hospital setting.

- a) An ongoing modernising of home care
- b) Revising model of intermediate care across inpatient, residential, day care and community facilities
- c) Redesigning the CCA pathway

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
- 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. When first choice is unavailable interim placements have been put in place.
- 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, a series of actions were taken to support sustained performance over the winter period.

The efficacy of these will form the basis of the winter plan debrief scheduled for 22 March 2019.

Of particular note, 6 beds were commissioned in an external care home to support off site CCA assessment. This supported increased flow through Hairmyres over the winter period, assisted in reducing the overall numbers of DDs and in effect, provided a further 6 beds in addition to those included as part of the hospital based surge capacity.

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 31st January 2019.

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

The undernoted AHP services are all performing above 90% performance target:

Service	Compliance	Target (Local/National)	Waiting >12 weeks
Orthotist Foot and Ankle	100.0%	Local 12 week	0
Podiatry Biomechanical	98.0%	Local 12 week	10
Speech & Language Therapy Adult	100.0%	Local 12 week	0
Podiatry Service (excl MSK)	100.0%	Local 12 week	0
Podiatry Service - Domicilliary Appts	100.0%	Local 12 week	0
Orthotist MSK Service	100.0%	Local 12 week	0
Occupational Therapy MSK activity	100.0%	Local 12 week	0
Adult Audiometry - First Appointment	99.4%	Local 12 week	5
Adult Audiometry - Aid fit	99.8%	Local 12 week	1
Audiometry Tinnitus	100.0%	Local 12 week	0
Adult Audiometry Pre-test	96.0%	Local 12 week	28
Dietetics	98.8%	Local 12 week	5
Children and Young People Occupational Therapy	100.0%	Local 12 week	0
Occupational Therapy	100.0%	Local 12 week	0
Occupational Therapy- Neurology	100.0%	Local 12 week	0
Occupational Therapy - Rheumatology	100.0%	Local 12 week	0
Medical Children and Young People - Cons Led service	90.7%	National 12 week	68
Community Claudication Service	100.0%	Local 12 week	0
Orthoptic	95.9%	Local 12 week	22
Optometry	99.5%	Local 12 week	1

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 January 2019, are displayed in table below: Where the target is outwith parameters, additional information can be found below.

AHP and Community Services	Waiting Times Target	January 2019 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	72.3% (73.7%)	28 (28)	1957 (1630)	East Kilbride (East Kilbride)
Children and Young Peoples Speech and Language Therapy (C&YP SLT)	Local Target of 12 weeks	78.8% (84%)	27 (27)	201 (146)	Motherwell (Motherwell)
Children and Young People Audiometry - First Appointment	Local Target of 12 weeks	74.2% (87%)	15 (26)	107 (51)	Airdrie (Hamilton)

Source: Information Services.
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 January 2019 waiting times information shows that there has been an improvement in performance between December 2018 and January 2019, in the 4-week MSK physiotherapy waiting time, from 26% to 35.6%.

There has been a small decline in the 12-week performance, which has reduced by 1.4% to 72.3% at the end of January 2019.

The greatest challenges within MSK Physiotherapy are:

- The continued increase in demand
- The longest waiters have all had previous accepted appointments cancelled by patient
- Recruitment and retention of staff
- Filling of temporary posts to backfill secondments (secondments are internal to backfill other posts)

Actions to Address Performance

A range of actions have been/are being undertaken to maximise efficiency, however it is recognised that additional staffing will be required if waiting time targets are to be met. A number of the key actions are described below and a full report is being prepared for consideration re ability to meet waiting time targets without additional investment.

- Additional hours offered to all staff with limited uptake (< 1 wte)
- Staff bank advertised again to GCU – however no physio staff available through staff bank
- Consideration of clinic provided by GCU for NHS Lanarkshire patients being extended to 2 days
- Appointments offered at all available sites, not only those closest to the patient's home
- Work ongoing with Trakcare user group to better capture activity data from acute Back Pain Drop In clinic.
- Netcall reminder for both new and return appointments continues to keep DNA below 10%
- close and ongoing communication with HR to help ensure all vacancies filled as quickly as possible

A review of MSK Physiotherapy service was commissioned by the Capacity, Planning and Waiting Times Group and is now complete, with the report currently being compiled.

5.3 Speech and Language Therapy Children and Young people

Performance Commentary

There has been an overall improvement in percentage of children being seen within standard and also number waiting over standard time, however December 2018 and January 2019 has seen a deterioration in performance and increase in the number of people waiting beyond the 12 week target.

Current performance:

January 2019	84%
December 2018	84%
November 2018	88.7%
October 2018	86%

Number of people waiting beyond target:

January 2019	201
December 2018	146
November 2018	98
October 2018	103

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.

Additional hours

- Overtime offers have been made which will provide an additional 24 hours per week within Motherwell Health Centre this commenced 28th January. During February staff have continued with additional hours in Motherwell which should show improvement in performance.

Recruitment

- Hearing loss specialist post has been recruited externally and will be in post once HR process is complete. An additional band 5 temporary member of staff has commenced in Motherwell/Bellshill/Wishaw area. We have commenced recruitment for band 5 vacancy.

Trakcare

- One major issue for the service was the lack of an electronic system for managing clinics. Clinic builds have been completed for Hamilton CYP Service and will be trialled on 26 February after which the service will be given a Go Live Date.

5.4 Children and Young People Audiometry - First Appointment

The Paediatric audiology service has experienced significant sickness absence over the last 6 months which has resulted in reduction in capacity within the service.

In terms of recovery plan, resources from the adult service have been redirected to the Paediatric service. In addition plans are in place to backfill audiology staff using staff bank within the adult service to free capacity to contribute to the paediatric service.

It is anticipated that this will take 3 months to fully address this issue.

5.5 Psychological Therapies RTT (Adult and CAMHS)

Psychological Therapies RTT (Adult and CAMHS) waiting times for **January 2018**.

- Within *Adult Psychological Services*, **85%** of patients commenced psychological therapy within 18 weeks, against the 90% RTT standard

- For patients who have not yet commenced treatment **88%** have been waiting 18 weeks or less
- Within *CAMHS*, **75.7%** of patients commenced psychological therapy within 18 weeks
 - **79.3%** of patients awaiting treatment have been waiting 18 weeks or less
- The combined Adult and CAMHS RTT for January 2018 showed **82.7%** of *all* patients commenced psychological therapy within 18 weeks of referral

As previously noted, both Adult and CAMHS waiting times are subject to seasonal fluctuation in demand, and capacity is impacted by previously noted staffing pressures across the system in relation to high rates of maternity leave, and recruitment difficulties.

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.

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.

January 2018	Adult Psychological Services Psychological Therapies	CAMHS Psychological Therapies	Overall
No. of Patients Waiting (Overall)	1630 (1200)	1024 (1027)	2654 (2227)
Longest Wait Overall (Weeks)	40 (37)	47 (48)	47 (48)
% Waiting <= 18 Weeks (Overall)	88% (93.5%)	79.3% (84.3%)	84.7% (89.95%)
No. of Completed Waits	578 (312)	189 (241)	767 (834)
% Completed Waits <=18 Weeks	85% (90.06%)	75.7% (82.58%)	82.7% (87.84%)

* Previous month in parentheses

* Figures do NOT include CamGlen due to doubts about the reliability of the data identified by the CamGlen team.

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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