

**Lanarkshire NHS Board
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Meeting of Lanarkshire NHS Board – 30 May 2018

ACCESS TARGETS REPORT

1. PURPOSE

This paper is coming to Lanarkshire NHS Board

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

2. ROUTE TO LANARKSHIRE NHS BOARD

This paper has been:

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

Or

Is a standing item	<input checked="" type="checkbox"/>
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From the following Committee: The acute activity within this report has been discussed at the Corporate Management Team/Divisional Management Team/Acute 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 and year end targets were achieved for outpatients but not for TTG. 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 and the risk going forward for sustainability of this target. The impact of loss of activity due to influenza and bad weather meant that this target was not met at the end of March 2018.

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 are asked to:

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

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

HEATHER KNOX
14th May 2018

JANICE HEWITT
14th May 2018

VAL DE SOUZA
14th May 2018



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

Meeting of Lanarkshire NHS Board – 30 May 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 March 2018.
- AHP and mental health waiting time access guarantees and targets set by the Scottish Government as at the end of March 2018.
- The 4 hour Emergency Department standard until the end of April 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

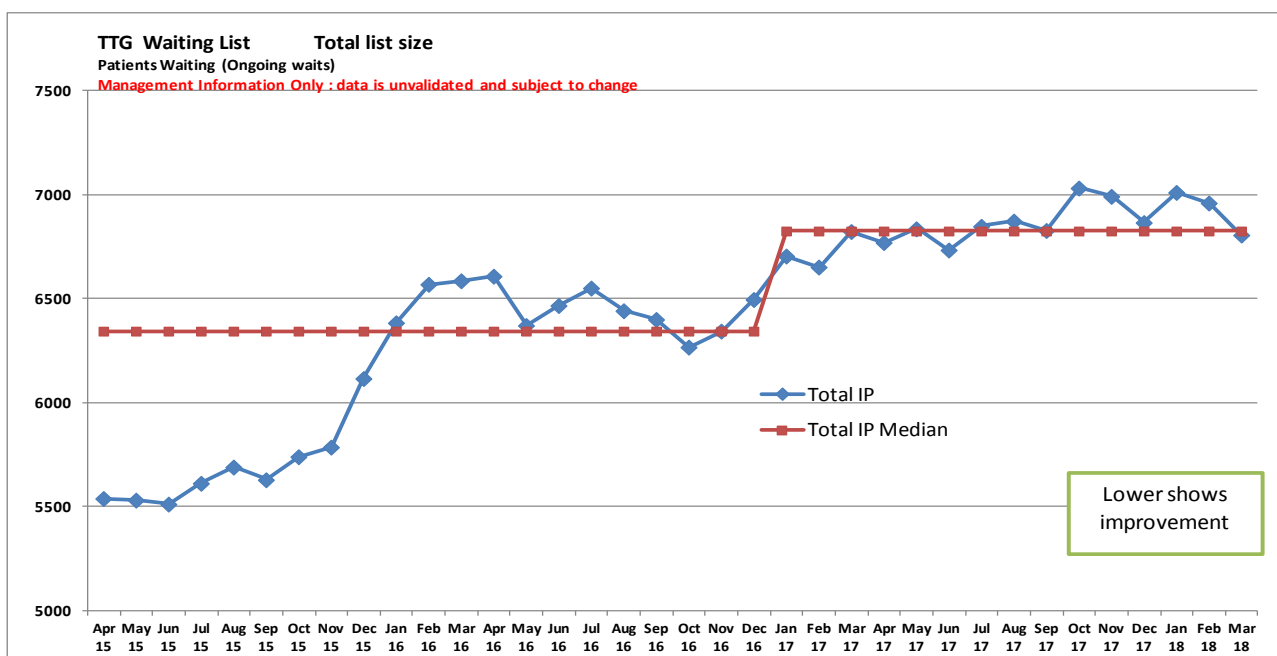
basis and states that patients will not wait longer than 12 weeks from the date that the treatment is agreed to the start of that treatment.

At the end of March there were a total of 1448 patients who had breached their TTG date. 20.9% of patients are waiting over 84 days in March, which is an improvement from the February figure of 28.5%.

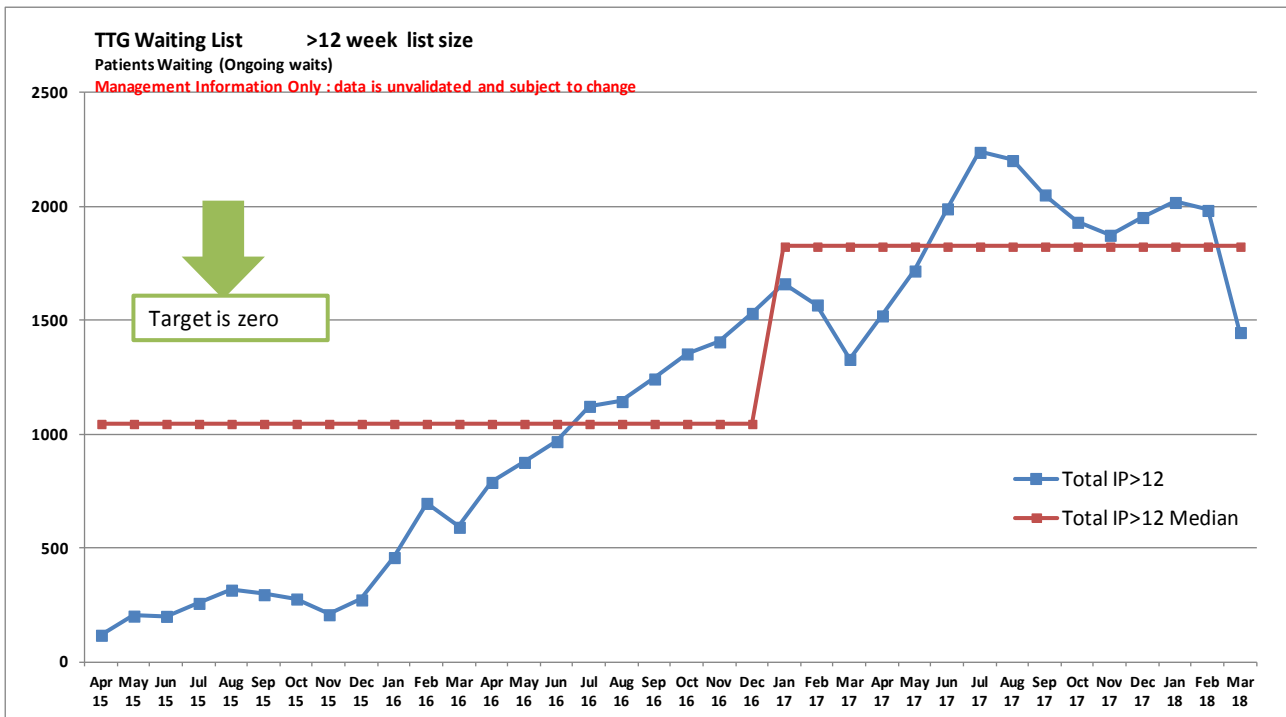
Improvements achieved during October and November were not sustained due to influenzas and poor weather, however the overall numbers should now begin to improve.

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

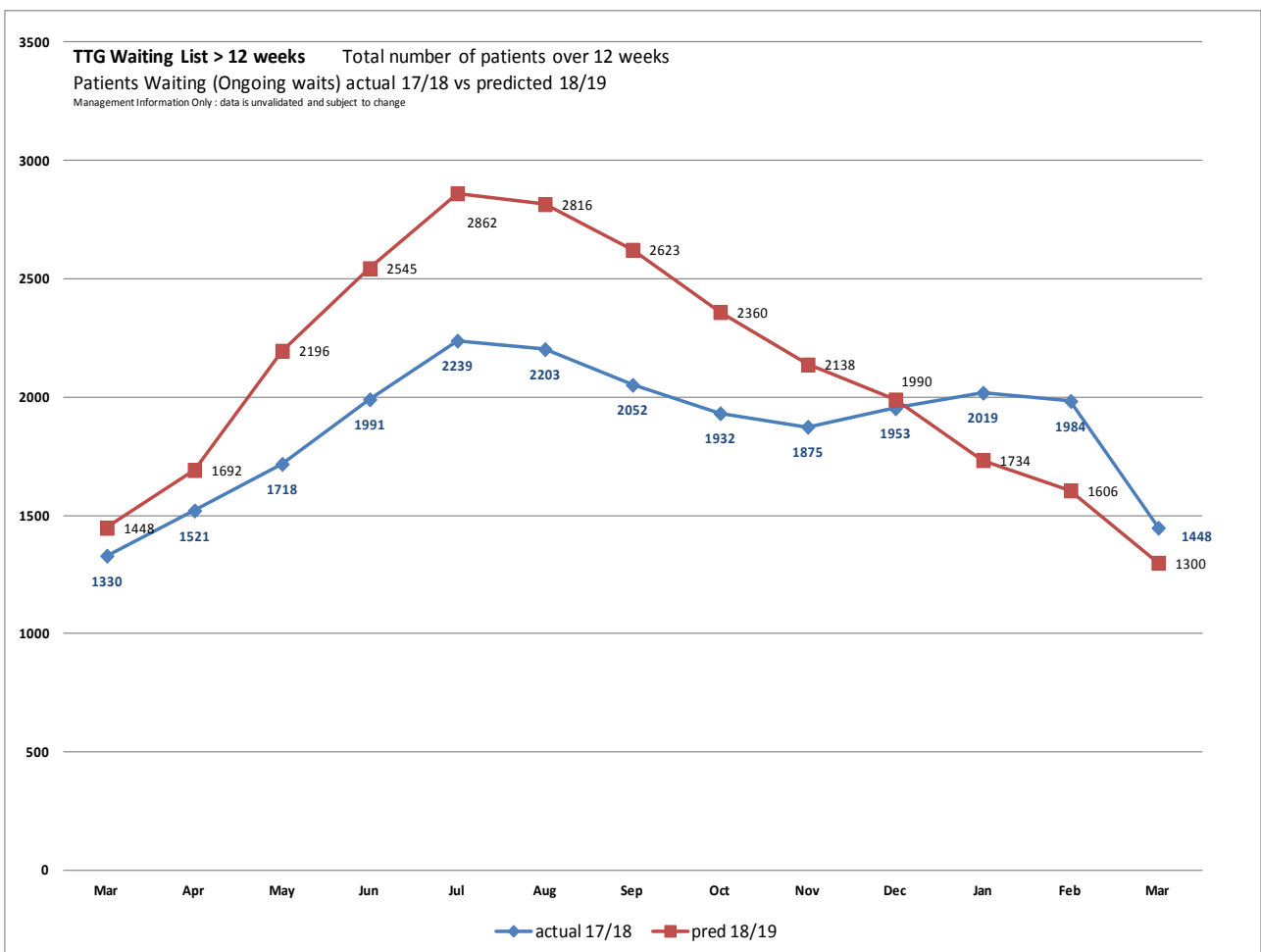
The graph below shows the total list size of patients waiting.



The graph below shows patients waiting over 12 weeks.



The graph below shows the TTG trajectory.



2.3) 18 Weeks RTT

The HEAT standard is that 90% of planned/elective patients commence treatment within 18 weeks of referral.

March 2018 performance is detailed below:-

Combined performance was 82.1% - up from 81.5% in February

Admitted performance was 61.2% - up from 58.1% in February

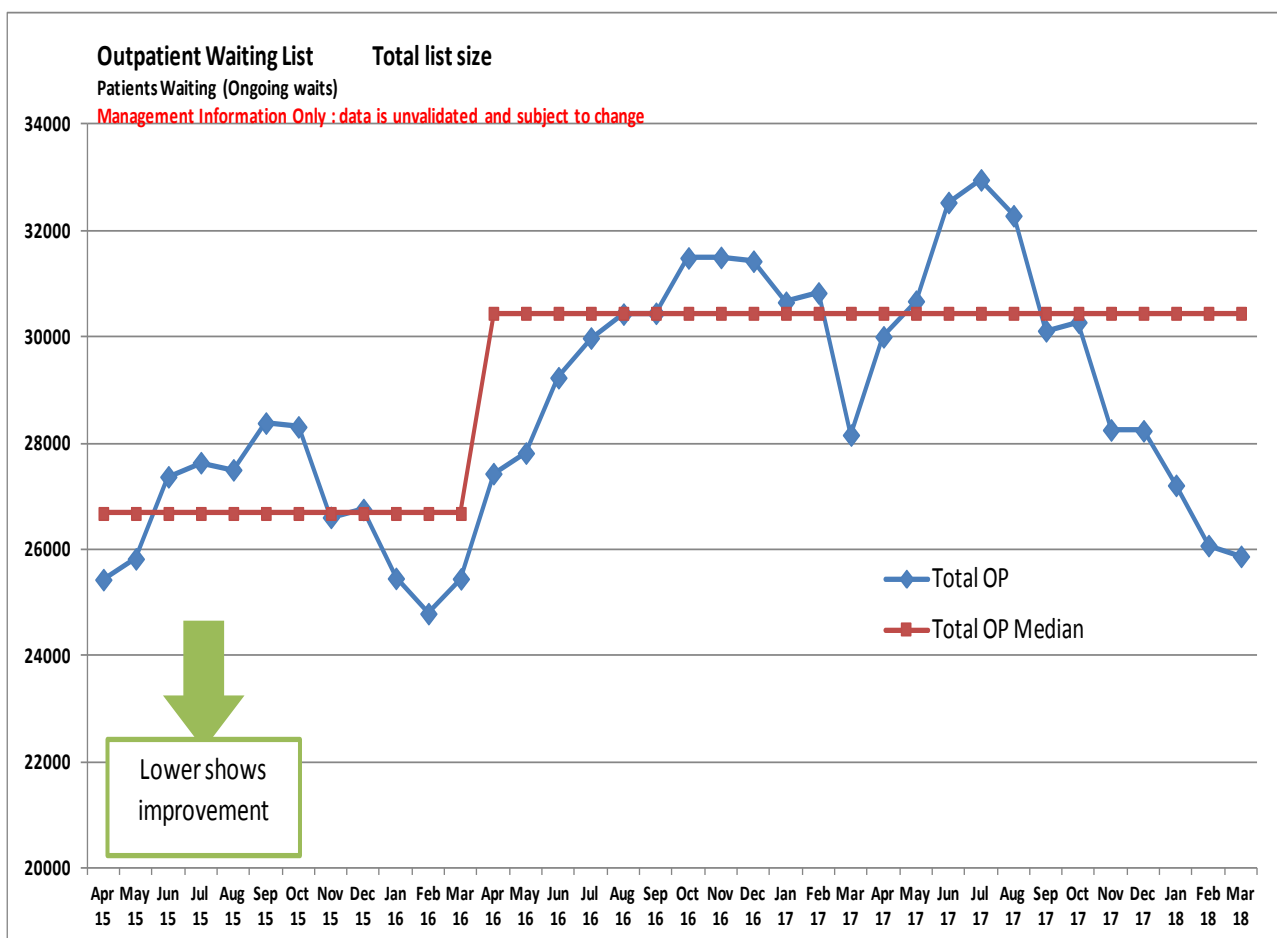
Non-admitted performance was 86.7% - up from 85.3% in February

2.4) Outpatients Waiting Times

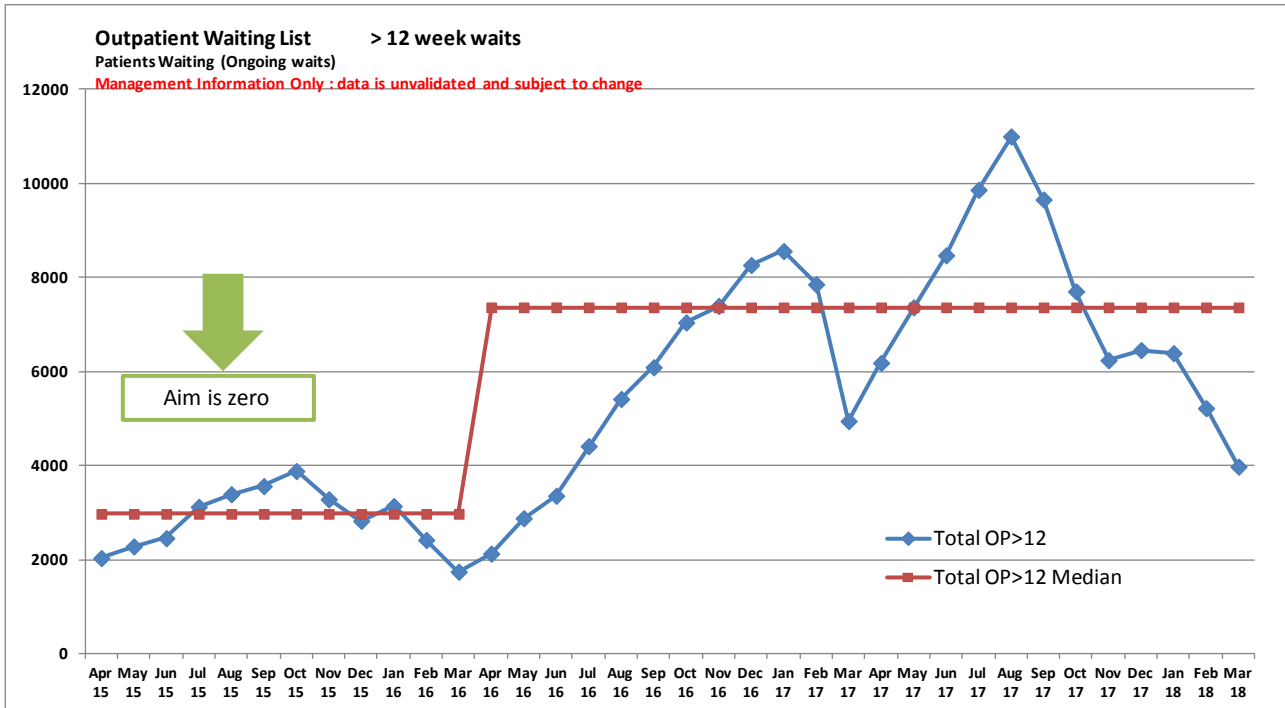
At 31st March 2018 there were 3978 patients waiting over 84 days. 84.6% of patients were seen within 84 days compared to 5221 patients waiting over 84 days in February 2018 and 75.0% of patients being seen within 84 days in February 2018. Performance remains challenging. However overall numbers have shown an improvement as have the numbers waiting over 12 weeks.

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

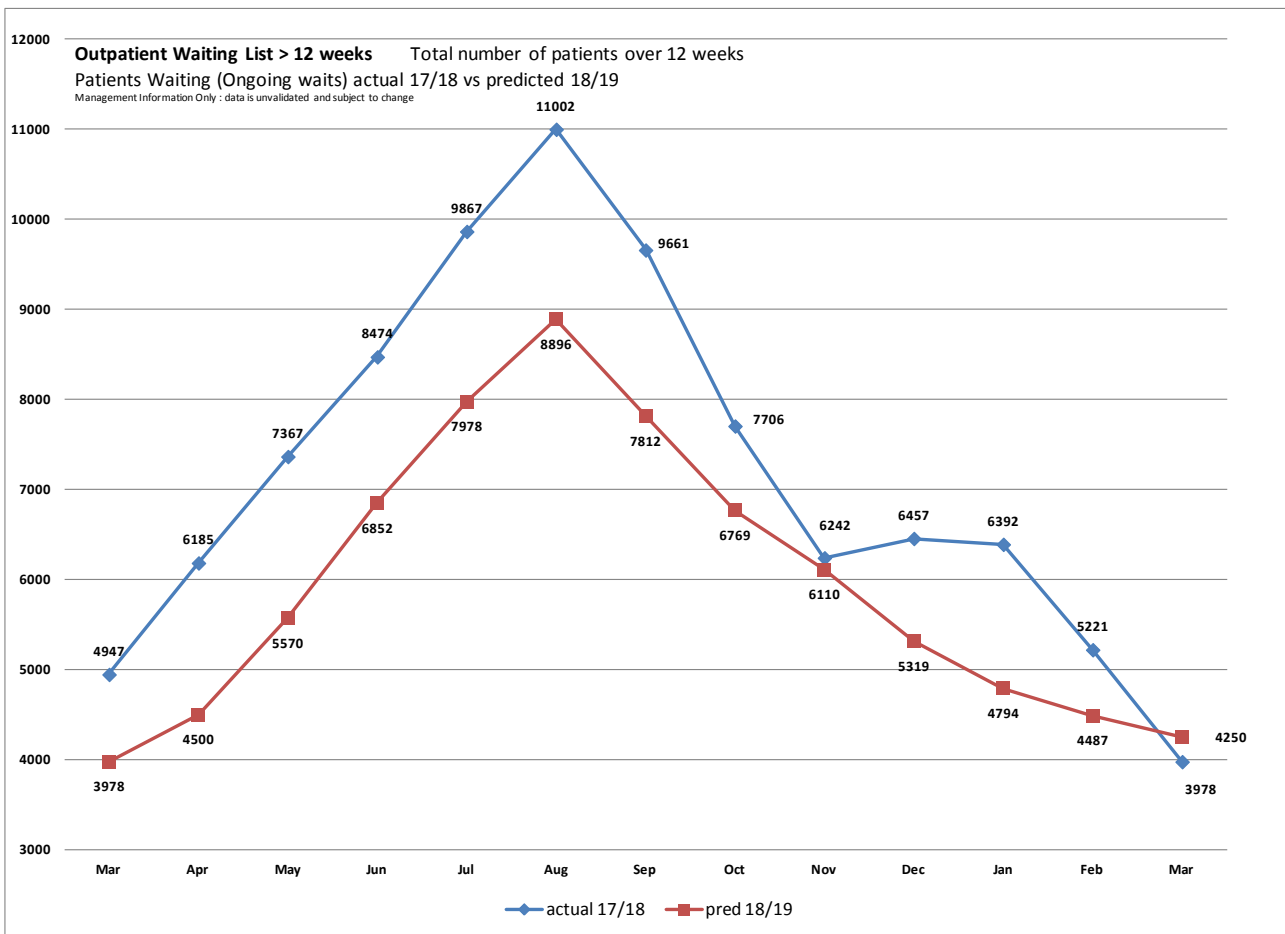
The graph below shows the total list size of patients waiting.



The graph below shows patients waiting over 12 weeks.



The graph below shows the Outpatient trajectory.



2.5) Cancer Services

National Standard: 95% of all patients referred urgently with a suspicion of cancer will begin treatment within 62 days of receipt of referral. This target has been achieved.

National Standard: 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat. This target has been achieved.

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

Data submitted to ISD for February 2018 and March 2018:

February 2018 (validated)

62 Days – 97.6%

31 Days – 98.1%

March 2018 (**unvalidated**)

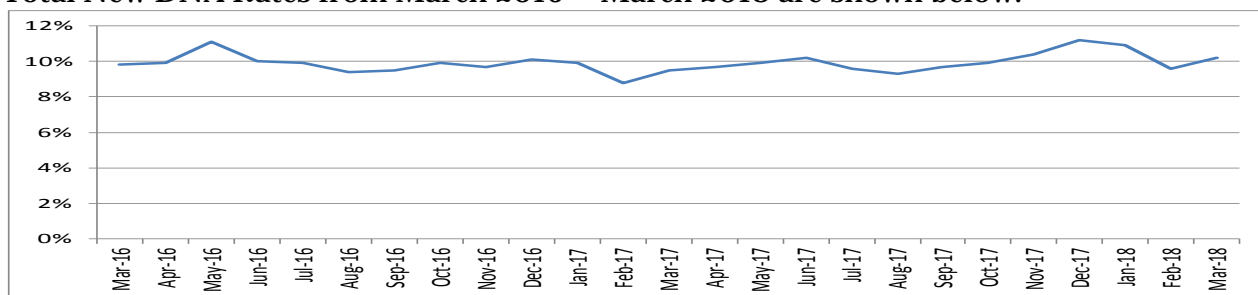
62 Days – 95.7%

31 Days – 100%

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. DNA ANALYSIS

Total New DNA Rates from March 2016 – March 2018 are shown below.



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

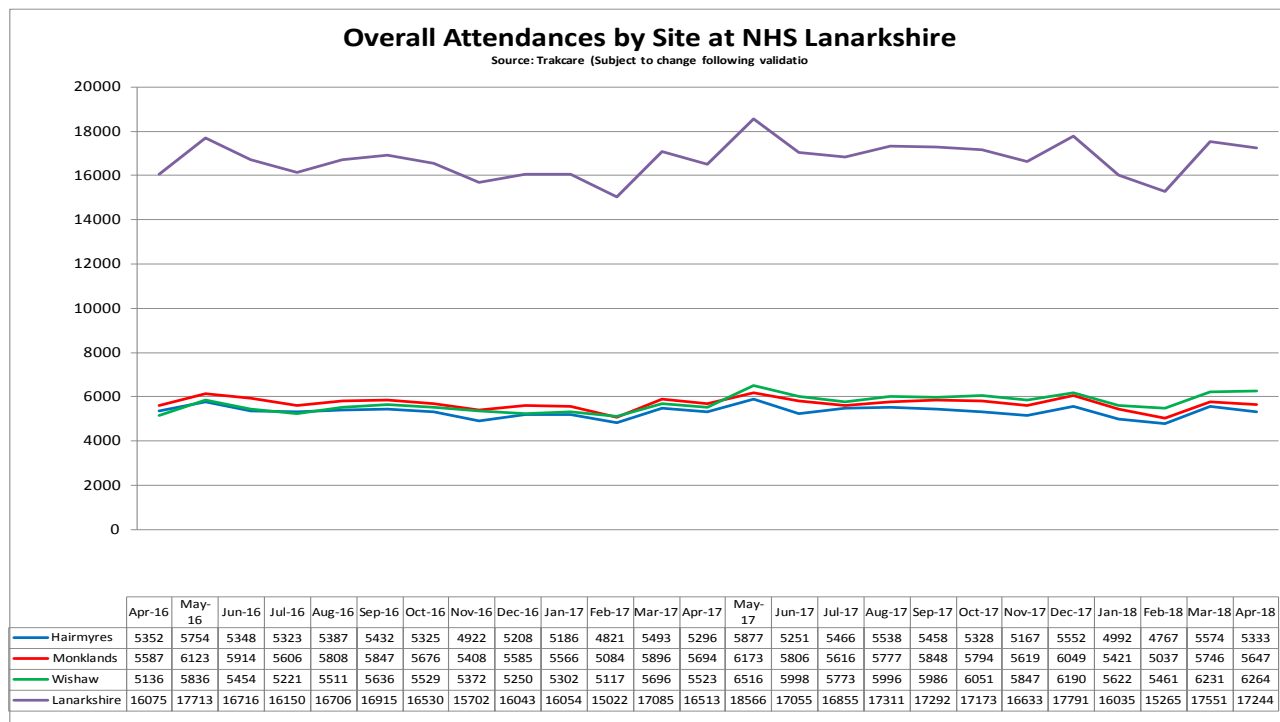
4. UNSCHEDULED CARE

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

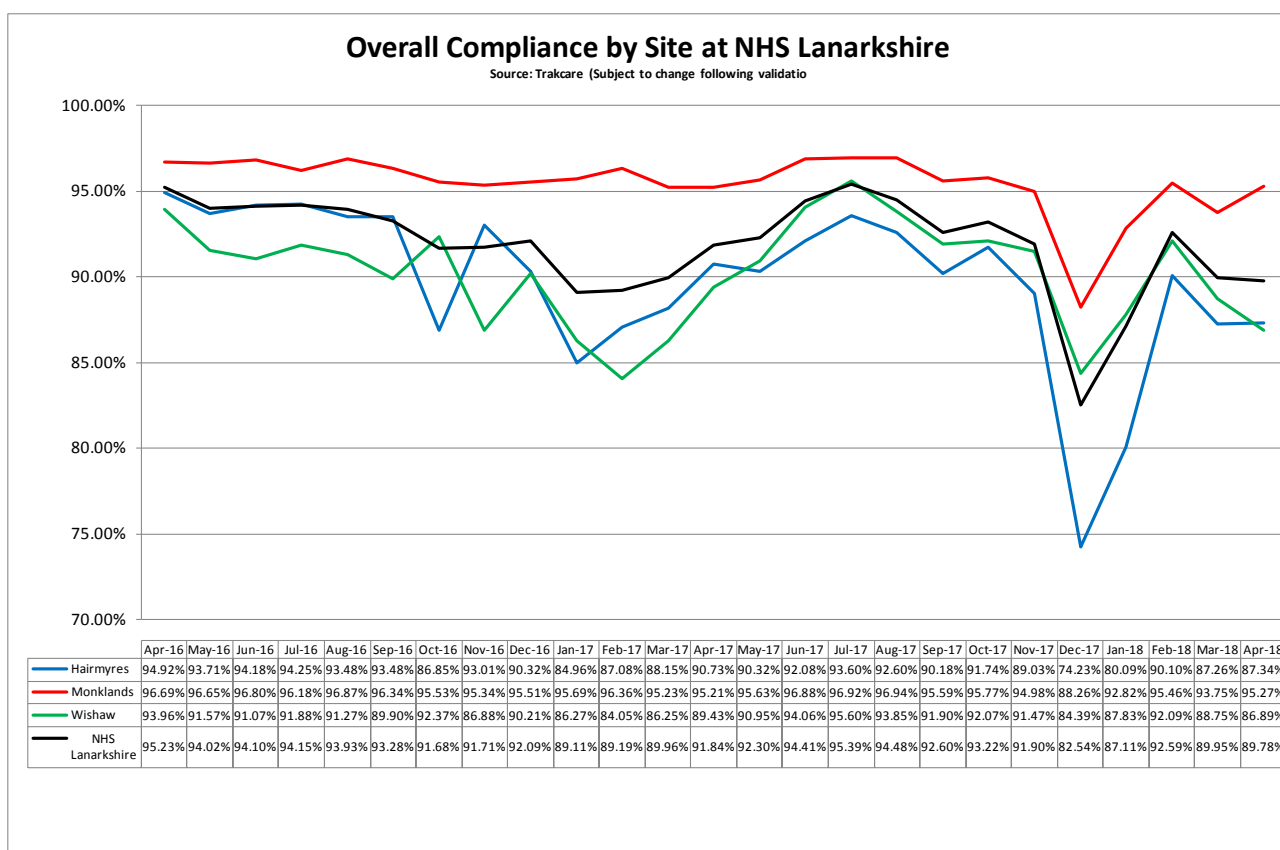
The delivery of a sustained improvement in the performance against this standard remains a key priority area for NHSL. There has been an on-going substantial clinical and

managerial focus on this issue with a focus to improve patient safety and quality. Key risks are the availability of clinical decision makers and an increase in the volume of attendances.

The graph below compares overall attendances by site at all 3 sites between April 2016 and April 2018.



Hospital Site Directors will present an update on performance at the Acute Governance Meeting on 25th May 2018. Influenza and severe weather impacted on performance in December and January however sites are now recovering.



April 2018 performance is 89.78% compared to the March 2018 performance of 89.95%.

The following summarises the key improvement activities at site level:

University Hospital Hairmyres

The performance for April was 87.34% against the 4 hour waiting target. In April, the number of patients who waited for more than 8 hours was 39, compared to 123 in March and 19 patients waited more than 12 hours in April, compared to 52 in March 2018. The majority of the 12 hour breaches were attributable to bed/capacity constraints. Occupancy rates for the site were challenging throughout April, overall for the month the occupancy rate was 94% however this excludes patients who were accommodated within the Emergency Department overnight.

The Glasgow reconfiguration from 2015 is continuing to have an impact on ED attendances and admission numbers. A range of improvement work is underway on the site. In April an Unscheduled Care performance group meeting was introduced. This group includes representatives from all clinical departments and the Scottish Ambulance Service; it examines the previous weeks unscheduled care performance and reviews patient journeys to identify areas of improvement. The purpose of the group is to share understanding throughout the hospital of the issues that impact on flow and problem solve how we can improve the patient experience hospital wide.

University Hospital Wishaw

The performance for April 2018 was 86.89% against the 4 hour waiting times target. In April, the number of patients who waited for more than 8 hours was 89, and 16 patients waited more than 12 hours. The site experienced a significant increase in daily emergency attendances which had an impact on the overall site unscheduled care performance.

In terms of this increased emergency activity; as a comparison, in Jan this year there were a total of 5622 monthly emergency site attendances with this increasing month on month to 6264 monthly attendances in April 2018.

Wait for First assessment (49.70% of all breaches) and Wait for Bed (23.02% of all breaches) in the Emergency Department were the principle reasons for patient breaches in this month. Plans were put in place to support medical inpatient bed capacity issues and surge inpatient beds were opened on an adhoc basis. There was also an increase in the number of medical patients transferred out with speciality on site.

The ED has adopted the model for a Senior Decision Maker at triage to support senior decisions made earlier in the patient's journey. This has been supported within the rota for both medical and nursing staff.

A weekly ED improvement meeting continues and an action plan has been developed. This group has strengthened links with SAS, Police Scotland and the Psychiatry service to support whole system working.

Senior Medical staffing in ED continues with 3 long term Locums at a high financial cost. 2 Consultants remain off the oncall rota, however an additional ED Consultant has been appointed with a start date of July 2018. Clinical Colleagues from Monklands Hospital have provided some availability to work in the ED at Wishaw which is very welcome.

There continues to be Senior Duty Manager support on site and the "Hourly Pause" process has been embedded to support emergency flow.

University Hospital Monklands

Performance for April was 95.27% compared to 93.75% in March. A review is ongoing of the escalation process for those patients at risk of breaching within the Emergency Department, as well as identifying a trigger tool for actions when there are a high number of patients awaiting a bed. Daily breach analysis is under and includes nursing staff from the Department. In addition, breach definition guidance is being developed to ensure consistency of coding of breaches.

Breaches attributed to transport continue and delays for emergency transfers have also become a significant issue and have remained a clinical concern throughout April. A number of these delays led to delays in clinical treatment. Datix reports have been completed for these clinical incidents and have been escalated to senior colleagues within the Scottish Ambulance Service for resolution.

Daily recording of GP medical referrals that are redirected via REACT commenced in mid January. During April 58 medical referrals were re-directed home or to other community services e.g. pharmacy.

The site team are working with information services to develop a formal report that will allow us to review themes and trends in relation to presenting complaints and GP practices. This will be shared with partnership colleagues.

The Surgical Assessment Bay is now co-located with Medical Assessment adjacent to the Emergency Department, and work is underway to develop additional patient pathways for

this area. The number of patients boarding within surgical ward has reduced during April. These patients continue to be allocated to a medical speciality team determined by which ward they board to. This has ensured prompt review and planning for these patients.

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

5.1) Delayed Discharges North Lanarkshire H&SCP

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

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

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

ISD published data shows that occupied bed days for all North Lanarkshire delays increased by 265 during March 2018 against March 2017, an increase of 178 bed days for non code 9 delays and increase of 87 Code 9 bed days.

	Previous year	Current Year	Increase/reduction
Dec	2977	3176	199 (increase)
Jan	2741	2999	258 (increase)
Feb	2760	2825	65 (increase)
March	2909	3174	265 (increase)
ISD: Occupied bed days All delays			

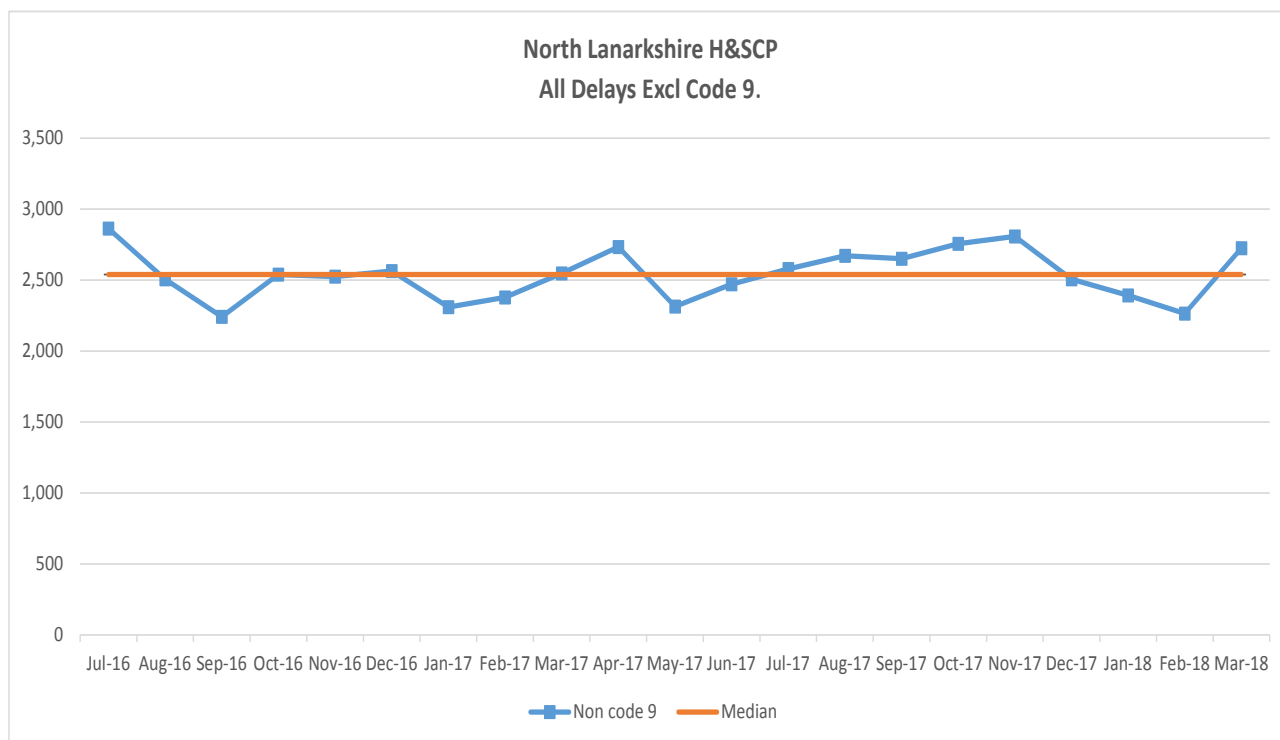
i. Current Performance Analysis

Performance against Target March 2018

Recently published figures for March 2018 shows a deterioration in performance with the North Partnership non code 9 bed days of 2724 against a target of 2268, 456 bed days beyond target.

North – Non Code 9 bed days			
	Target	Actual	RAG Status
Dec 2017	2335	2506	
Jan 2018	2312	2392	
Feb 2018	2290	2264	

March 2018	2268	2724	
Source: Delayed Discharges, ISD.			



Source: Delayed discharges, ISD

ii. Issues Impacting on Performance

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
- However, through March and April 2018, there has been a 50% increase in hospital referrals for complex assessment in comparison to 2017, which is reflected in the deterioration in performance

iii. Commissioning Intentions for 2017/18

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

Commissioning Intention	Progress
Integrated Locality teams, supporting in-reach and 'Home First' approach	The Integrated Service Review report was approved at the November IJB meeting and sets out the aspiration to prioritise the creation of integrated Long Term Conditions and Frailty teams in

	Localities in early 2018, with a focus on delivering a Discharge to Assess approach by August 2018. An implementation plan was approved at the February 2018 IJB meeting and the first integrated Long Term Conditions and Frailty team will commence in Motherwell Locality in early 2018/19.
Integrated Rehabilitation model within the community	<p>The implementation pilot of the new model of integrated rehabilitation commenced in Motherwell Locality on 18th September. This sees the management of the Community Assessment and Rehabilitation Service to the Locality, along with the movement of some acute rehabilitation staff out into the community.</p> <p>The next stage is to add District Nursing and Home Support to the Motherwell integrated team, creating the first integrated Long Term Conditions and Frailty team in North Lanarkshire. The rehabilitation element will then roll out to the remaining 5 Localities.</p>
Reconfiguration of Home Support services	The new model of Home Support was approved at the IJB in March 2018, which will be rolled out during 2018/19. An implementation plan has been developed. The new model will see the development of a same day response alongside much greater capacity around reablement. Specialist teams will be expanded to provide greater support around end of life care and ongoing packages of care will be supported via Self Directed Support.

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

iv. Specific Actions to Address Unscheduled Care and Delayed Discharges

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

Action	Progress
Review Edinburgh's AWI model, which was supported by SG	A review group has commenced on AWI in North Lanarkshire, which will produce a standardised pathway and escalation protocol. Staff awareness raising sessions will be held as part of the roll out. The outputs of the group will be presented at the Corporate Management Team on 14 th May 2018.
Group to develop future model of 'Discharge to Assess'	A group has been formed, including acute and community health and social care staff, which has now met twice to review the key elements required

	to develop a model of Discharge to Assess. The Integrated Service Review Board was approved at the IJB in November 2017, which sets out the aim to have the Discharge to Assess model in place in NL by August 2018. The new models of rehab and Home Support are integral to this new approach. It is proposed to establish 'big rooms' in each of the North acute sites, to facilitate collaborative development of the discharge to assess approach across the whole system.
Review model of intermediate care and cottage hospitals	A review group has been convened to develop and agree a new model that provides greater focus on rehabilitation and reablement. An exercise on longer term modelling, including the links with integrated Locality teams, Locality in-reach to sites etc, was held on 25 th January. The report was discussed at the May meeting of the Unscheduled Care / Delayed Discharge Improvement Board and will be presented at the June meeting of the North IJB.
Introduce re-direction policy to reduce impact of inappropriate demand at front door	The Director of Acute Services has formed a review group for re-direction, which commenced in October.
Review Hub arrangements and review number of social care referrals to Hub to bring back in line with national average	A review of the North Discharge Hubs has commenced as NL is an outlier in terms of hospital referrals to SW in comparison with the rest of Scotland. As part of the winter preparations, both acute sites are supporting a review process to try to reduce the number of SW referrals.

5.2) Delayed Discharges South Lanarkshire H&SCP

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

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

Whilst this report 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 occupied bed days for South Lanarkshire delays have continued to make marked improvements.

During March 2018 total bed days decreased by 1795 in comparison with March 2017, comprising a decrease of 1520 bed days non code 9 delays, with a decrease of 275 Code 9 bed days.

	Previous year	Current Year	Increase/reduction
Dec	3643	3290	-353 (Decrease)
Jan	3644	2507	-1137 (Decrease)
Feb	3861	2523	-1338 (Decrease)
March	4048	2253	-1795 (Decrease)
ISD: Occupied bed days All delays			

From the above table, it will be noted there has been a sustained and significant decrease in delayed discharge bed days of over the past 4 months, i.e. a 31% reduction.

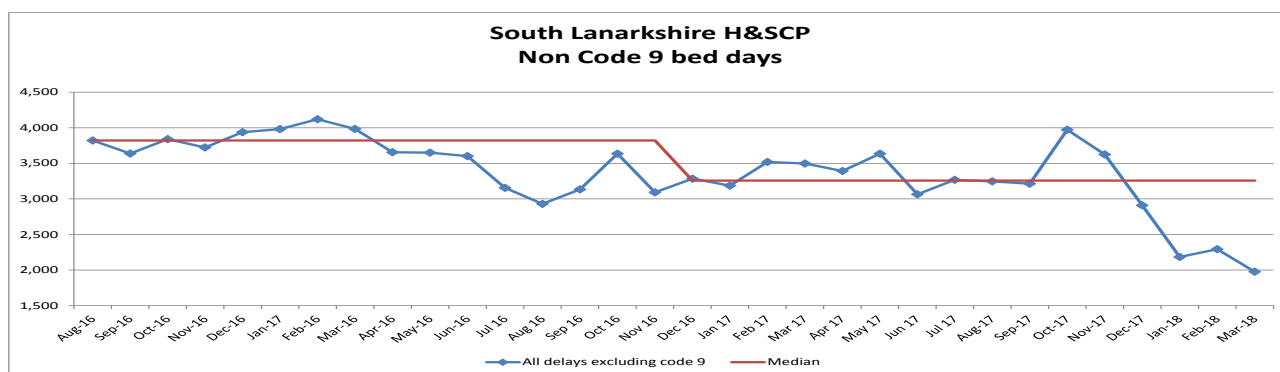
Performance against Target March 2018

Targets from December 2017 were based on improvements in delays associated with homecare and the reclassification of offsite beds as intermediate care. Homecare improvements are now resulting in a decrease in bed days associated with this type of delay. However the Partnership is working with ISD to determine the best approach to crediting the Partnership's intermediate care approach within offsite beds.

As a result the Partnership has revised targets to continue to count include Intermediate Care patients in offsite beds until the process has been concluded.

Most recent published figures show the Partnership was ahead of target by 323 bed days March 2018. This significant improvement has been sustained from December 2017.

	Target	Actual	RAG Status
Dec 2017	1801	2910	
Jan 2018	1449	2184	
Feb 2018	2447	2293	
March 2018	2300	1977	
Source: Delayed Discharges, ISD (MSG Integration Indicators) Non Code 9.			

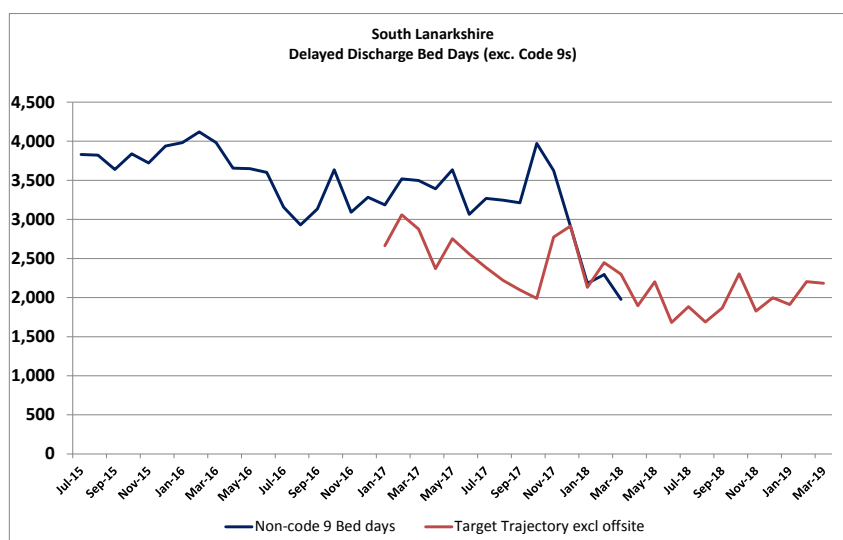


Source: ISD.

Homecare delay improvements have been as a result of teams (homecare, social work, ICST and acute) working closely together to identify appropriate packages of support. This has been through twice daily conference calls between locality teams and acute discharge facilitators. This has resulted in a decrease in bed days for this type of delay.

Immediate actions which have been taken to improve performance:

- Twice daily conference calls with locality teams with Hairmyres Discharge Facilitators are reviewing cases and lists which has contributed to a reduction in homecare delays.
- Continued use of British Red Cross to convey 40 patients a week home –Weekly meetings at Hairmyres to review all delays over 14 days.
- Full usage of Intermediate care beds in residential care homes
- There are no patients awaiting funding to secure care home placement.



Non-code 9 bed days source: ISD

i. Issues Impacting on Performance

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

- Increased 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

- 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

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

The waiting time's 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 March 2018 and was examined/reviewed at the Waiting Times and Capacity Planning Group meeting held on the 23rd April 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.

MUSCULOSKELETAL SERVICES (MSK)

Background

The umbrella term “Musculoskeletal Conditions” includes MSK problems, which include a diversity of complaints and diseases localised in joints, bones, cartilage, ligaments, tendons, tendon sheaths, bursa and muscles. MSK problems also include outpatient pre or post orthopaedic surgery, peripheral nerve lesions (e.g. carpal tunnel, sciatica) or complication of fracture/dislocation/trauma.

The Scottish Government has determined that at least 90% of AHP MSK patients should wait no longer than 4 weeks from receipt of a referral from a patient or healthcare professional.

Meeting the 4-week MSK target remains a significant challenge in Lanarkshire, and each of the services concerned advises that given the current financial situation it is not expected that this 4-week target will remain unachievable without additional investment.

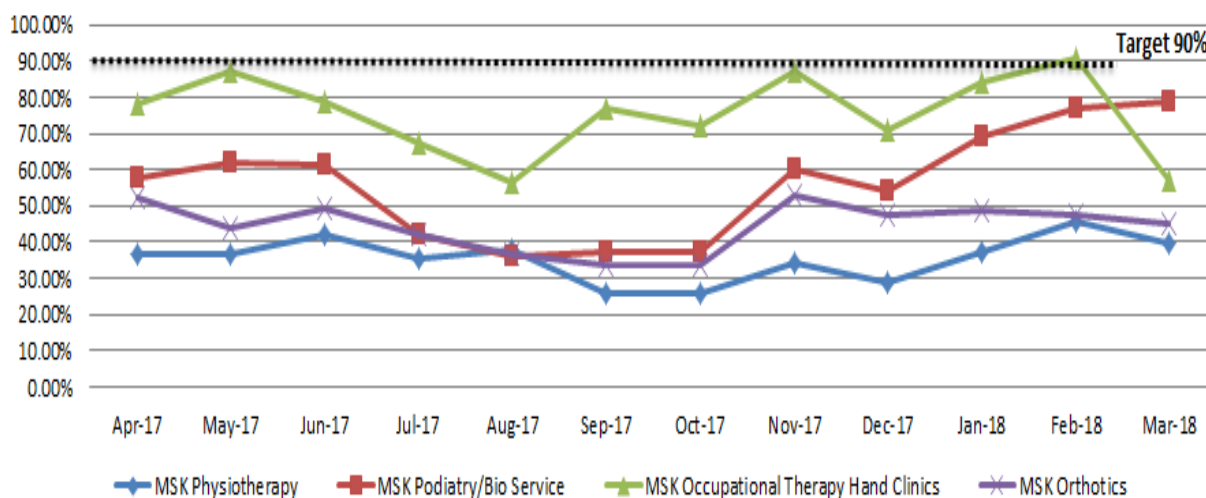
Furthermore, clinical research indicates that the majority of MSK conditions will resolve within six weeks. This evidence is borne out by the information published on the NHS Inform (NHS 24) website, which advises patients that most MSK injuries will settle in around six weeks.

Musculoskeletal (MSK) Target

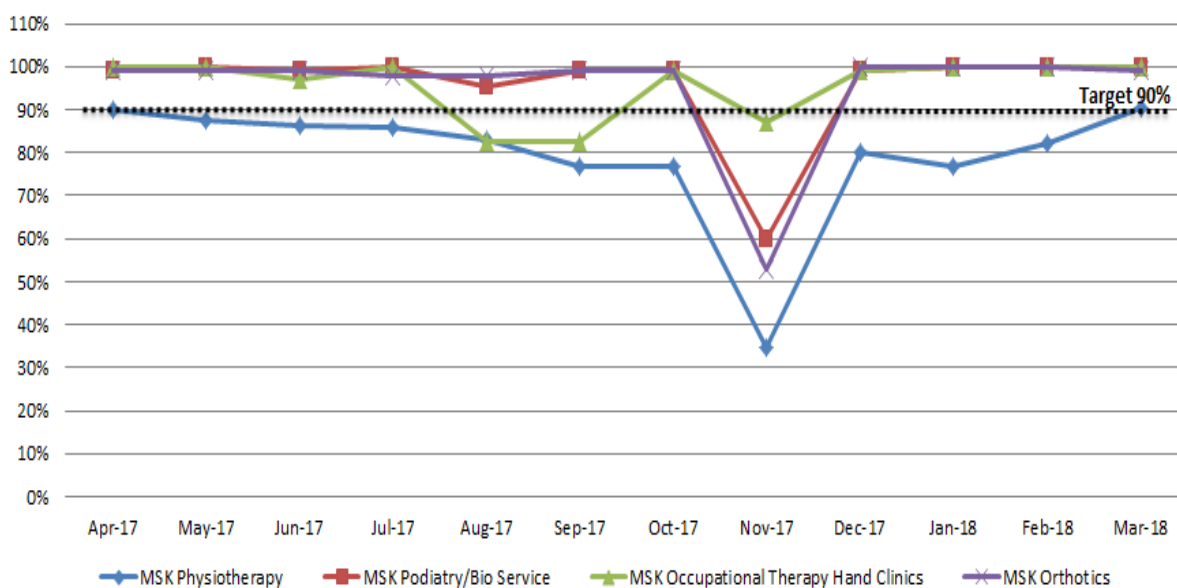
The national target is that 90% of patients will receive their appointment within 4-weeks of referral. However, within NHS Lanarkshire it has been agreed that the Board will continue to track the MSK performance against the 4-week national target and the 12-week local target.

The services, which are subject to 4-week national and 12-week local targets, have their performance data displayed in the charts below.

MSK Services Performance against the 4 week Target



MSK Services Performance against the 12 week Local Target



MSK Physiotherapy Performance Commentary

The March 2018 waiting times information shows that there has been a 6% reduction in performance between February and March 2018, in the 4-week MSK physiotherapy waiting time, which is now standing at 39%. However, there has been a significant improvement in the 12-week performance, which has increased by 8.3% to reach 90.3% at the end of March 2018, thereby meeting the local waiting times target for this first time since April 2017.

In contrast the overall number of patients waiting increased by 270 patients from the February position of 326 to stand at 596 patients at the end of March. As can be seen from the chart above the longest waiting time has also reduced by 1 week from 28 weeks to 27 weeks.

Actions to Address Performance

Workforce recruitment and capacity within the service remains a significant challenge. The service continues to operate with significant deficits due to vacancies and maternity leaves. Physiotherapy recruitment and retention is a national issue, which has been raised with NES and the Chief Health Professions Officer (CHPO) at Scottish Government.

There are indications that Napier University, Edinburgh, is looking to gain approval to offer physiotherapy and occupational therapy courses. However, these courses have still to gain approval of the regulators who are the Health and Care Professions Council (HCPC).

Despite self-care materials being widely available, the numbers of patients being referred to the service remain considerable. A number of waiting list initiatives have introduced to try to alleviate the strain on the waiting list. This approach includes the use of evening clinics, which are programmed to continue until the end of March 2018.

The South Health and Social Care Partnership, which hosts the physiotherapy service, has called for the production of a detailed recovery plan from the service this plan is currently in production by the MSK team. (see Appendix).

MSK Podiatry/Biomechanical Service Performance Commentary

The podiatry MSK performance against the 4-week national target has seen another slight improvement during March 2018 to attain 78.8%, an increase of 1.9% from the February position. The 12-week local target performance continues to remain at 100% of patients being seen within the target during February.

The longest wait increased by 2 weeks over the same period.

Actions to Address Performance

The service continues to monitor their waiting time position closely and upskill staff members on MSK conditions

MSK Occupational Therapy (OT) Hand Clinics Performance Commentary

The four-week performance of the MSK Occupational Therapy hand clinic has dropped dramatically during March 2018 from the February position of 90.9% to 57.1% of patients being seen at the end of March 2018. This represents a reduction of 33.7% over the February to March period. However, the performance against the 12-week local target remains constant at 100% of patients seen within 12 weeks

Actions to Address Performance

Due to the small specialist-staffing component associated with this service (total 1.2 wte), any planned or unplanned leave has a significant effect on service delivery. Planned annual leave and pregnancy-related sick leave within the service affected the March performance.

MSK Orthotics

Performance Commentary

The MSK Orthotics 4-week performance has dipped slightly during March 2018, with 45.1% of patients being seen within 4 weeks, represents a reduction of 2.2% from the February 2018 position. The 12-week local target performance remains at 100% of patients being seen against the target. However, the longest waiting time increased from 11.5 to 15 weeks.

Actions to Address Performance

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

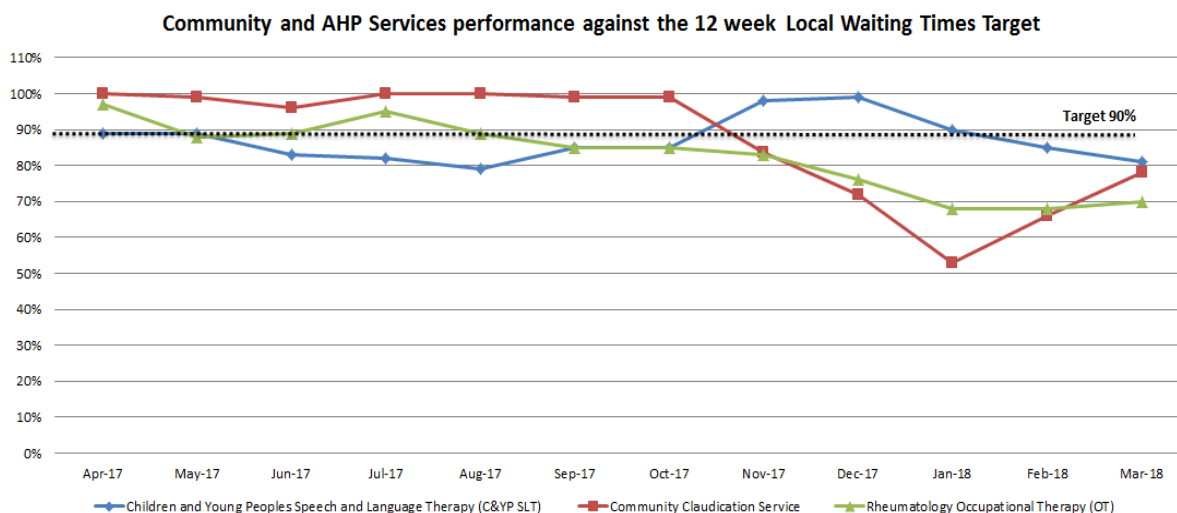
AHP AND COMMUNITY SERVICES

The AHP and Community Services who are the subject of a local or National waiting time target have their performance data for March 2018, displayed below

There are a number of AHP and community services consistently meeting or exceeding the 90% local target, these services are

- Audiology
- Adult Speech and Language Therapy
- Community Dietetics
- Non-MSK Clinical and Domiciliary Podiatry
- Children and Young People’s Occupational Therapy
- Medical Children and Young People, Consultant Led Service

The services contained in the chart below are currently experiencing challenges with there waiting times



As can be seen from the chart, there are three service areas that are currently challenged in meeting their 12-week target these are:

Children, Young Peoples Speech, and Language Therapy (C&YP SLT) Target

No patient aged 16 years or older will wait more than 12 weeks for a referral to treatment.

Performance Commentary

The C&YP SLT service waiting times have further deteriorated from the February 2018 position of 85% being seen within 12 weeks to 81% of patients being seen against the target at the end of March 2018, representing an overall reduction in performance of 4% over the period

The Clydesdale locality C&YP SLT waiting times remain the most challenging with the waiting time performance deteriorating to 25 weeks, an increase of 2 weeks since the last report. Likewise, the number of patients waiting has increase from 115 to 155 an increase of 50 children since the February position.

The service in Clydesdale continues to carry a 0.5 WTE SLT practitioner vacancy. The service is being proactive in trying to recruit to this vacancy

Where possible, children who live in areas bordering Clydesdale are being asked to access the SLT at Strathaven or Larkhall clinics in an effort to alleviate waiting times pressures in the meantime.

The service as a whole is experiencing significant staffing challenges due to the high number of maternity leaves within the service and the ever-increasing demand for the C&YP SLT service.

Actions to Address Performance

Where possible, CYP SLT staff members flex the service staffing to support those localities under waiting times pressures. Recruitment processes are underway to address staffing shortfalls to recruit to the vacant post as quickly as possible.

Community Claudication Services

Target

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

Performance Commentary

The performance of the Community Claudication Services has improved further over the period February to May 2018. The overall number of patients waiting being seen has increased from 66% in February to 78% at the end of March 2018, an upturn of 12%. In addition, the longest wait for the service has reduced by 7 weeks to 33 weeks up to the end of March, with the overall number of patients waiting also falling from 71 to 40, a reduction of 31 patients. This position has been further improved over the period of March to May. The overall number of patients seen within the timescale has increased from 78% to 100%. The longest wait for the service has reduced to the longest wait being 4 weeks.

This improvement has been attributed to the introduction of new management, vetting and appointment arrangements which were introduced following a review of the service. The review has resulted in the administration and management of the claudication service being relocated to Hunter Community Health Centre, East Kilbride.

Actions to Address Performance

Work is continuing to ensure this improvement is sustainable across all the localities.

Rheumatology Occupational Therapy (OT)

Target

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

Performance Commentary

The March 2018, waiting times data shows that the position between February and March 2018 has improved from 68% to 70% of patients seen against the 12-week target. The longest wait has also decreased from 27 weeks to 20 weeks. In addition, the number of patients waiting beyond the 12-week target has similarly decreased from 50 to 15 over the same period.

Actions to Address Performance

The impact of the new OT post Band 7, OT staff member who commenced at the beginning of April, is starting to have a positive effect on waiting times. The service project that the waiting times in this speciality will further improve in forthcoming months.

MENTAL HEALTH SERVICES

The Psychiatric and Mental Health Services is the subject of a local waiting time of 12 weeks.

The mental health services laid out below are consistently meeting or exceeding the 90% local target

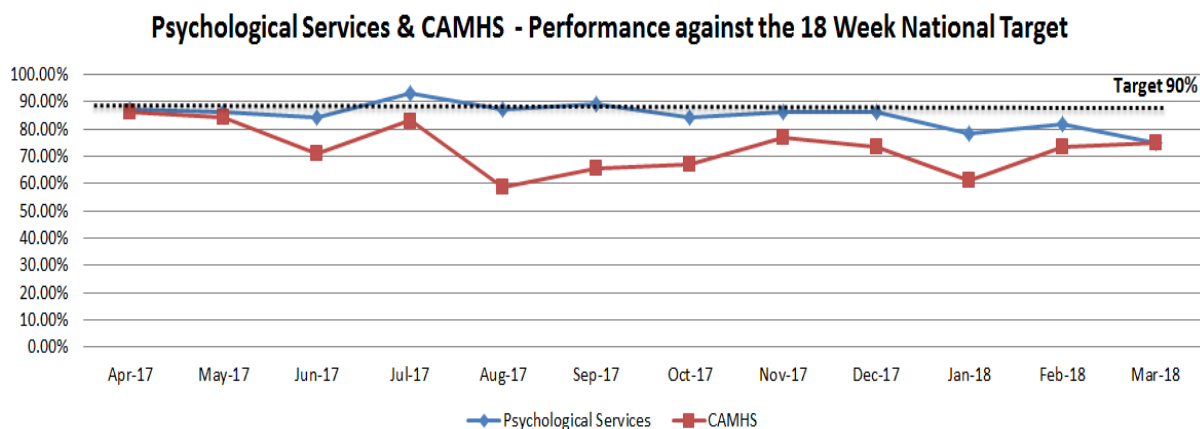
- Adult Mental Health OP Clinics
- Old Age Psychiatry OP Clinics
- General Psychiatry

PSYCHOLOGICAL SERVICES

The information provided in this section of the report is provided by the Director of Psychological Services.

Target

Both psychological and children and adolescent mental health services (CHAMS) are the subjects of a national 18 weeks target.



As predicted in last month’s report the Psychological Therapies (Adult and CAMHS) waiting times for March 2018 had been affected by the number of clinics cancelled due to the severe weather issues experienced.

Within Adult Psychological Services, 75.5% of patients commenced treatment within 18 weeks, down from 82.7% in February.

In the CAMHS, service 75.5% of patients commenced treatment within 18 weeks, representing an improvement of 2.3% from the 73.2% position in February.

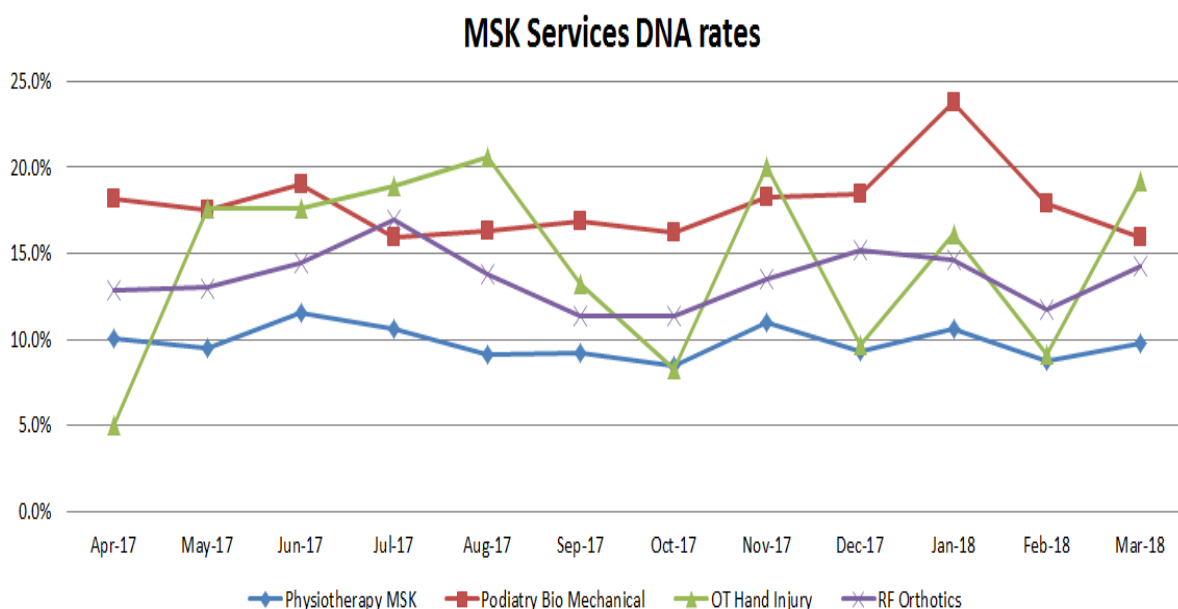
The waiting time performance in both services continues to impact by reduced staffing via CRES. On-going staffing difficulties remain in both Adult Psychological Services and CAMHS, which are largely related to difficulties in recruitment. All efforts are being put into addressing these issues, via advertising and recruitment of vacancies, waiting list reduction clinics, and backfill of existing, and upcoming maternity leave.

In the CAMHS service, a DCAQ exercise has been completed, which showed that services are at their capacity. A number of actions are being taken across the services to attempt to move back towards meeting the target. These actions include backfilling maternity leave (it is not always possible to do this, due to a general lack of Clinicians across Scotland). The use of additional clinics has been extended until June 2018.

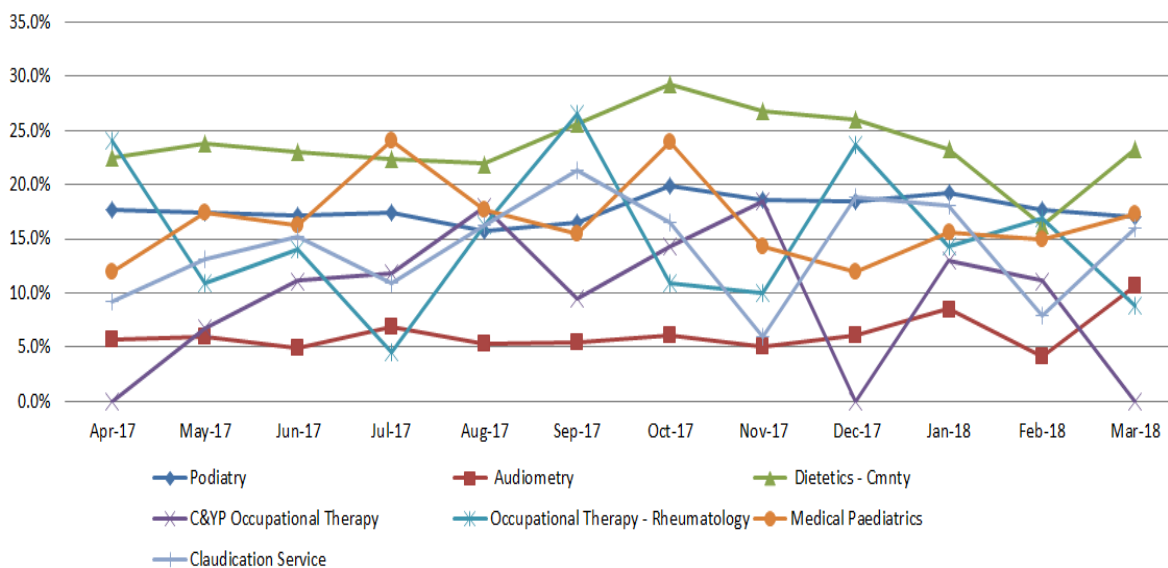
One of the members of staff who was on long-term sick has returned to work, and this should have some impact on the waiting times. There is a self-referral pilot running in one locality with another about to start which may have a positive impact on triaging and

DID NOT ATTENDS (DNA)

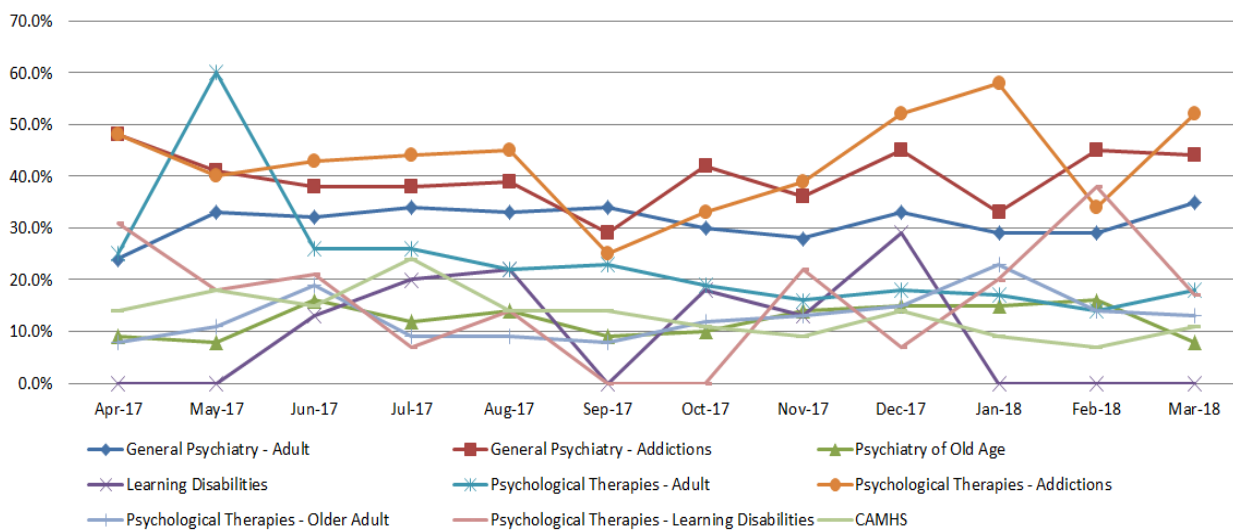
Managing DNAs remains a significant challenge for a number of services. The chart below provides an overview of the DNA rates being encountered by services.



Community Services DNA Rates



Mental Health DNA Rates



A number of approaches to the management of DNAs has been applied, but with little success.

One approach adopted in dietetics is to phone patients the day before and even on the day of their appointment to remind them to attend, but in a significant number of cases, people continue to fail to attend. This approach is also being trialled within podiatry.

Other approaches such as patient opt-in and sending patients a text message, which has had a positive effect in MSK physiotherapy, is not available to all services, as not all services are on an electronic system.

7. RECOMMENDATIONS

The Lanarkshire NHS Board are asked to note:

- The maintenance of the Treatment Time Guarantee for the majority of elective patients despite significant pressures.
- The achievements of the Referral to Treatment Target.
- An improvement in the overall outpatient numbers waiting and achievement of year end target.
- The very positive performance in Cancer Waiting Time.
- The challenges around delayed discharge performance.

8. CONCLUSIONS

Unscheduled Care continues to be an area of significant concern and an on-going challenge for the Acute Division. All sites have improvement plans in place and work is on going across a wide range of activities to improve flow.

Planned care although improved requires active management over the next few months in advance of planned reconfiguration to provide increased capacity.

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

9. FURTHER INFORMATION

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

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