

Meeting of  
NHS Lanarkshire PPRC  
28<sup>th</sup> August 2019

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**SUBJECT: North Lanarkshire H&SCP Performance/Access Report**

• **PURPOSE**

This paper is coming to the Performance, Planning and Resource Committee:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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• **ROUTE TO THE BOARD**

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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Prepared following discussion and agreement with

• **SUMMARY OF KEY ISSUES**

NL H&SCP continues to focus its efforts in reducing delayed discharge bed days and delivering sustainable solutions to the continuing and challenging area of increased demand for unscheduled care.

**4. STRATEGIC CONTEXT**

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input checked="" type="checkbox"/>	Government Policy	<input type="checkbox"/>
Government Directive	<input checked="" type="checkbox"/>	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

**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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Maintaining effective services at a time of high need.

**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 checked="" 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

Monitoring of performance against the plans in place will provide valuable information to inform future planning cycles.

## 7. FINANCIAL IMPLICATIONS

Financial implications are included in the Director of Finance report.

## 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Risks captured on Partnership risk registers

## 9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" 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

Yes.

No

## 11. CONSULTATION AND ENGAGEMENT

A range of partners have been involved in the development of the arrangements.

## 12. ACTIONS FOR

The 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	<input type="checkbox"/>

## 13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact *Ross McGuffie*, *Interim* Chief Accountable Officer, North Lanarkshire Health & Social Care Partnership, Telephone: 01698 858320.

**ROSS MCGUFFIE**  
**12<sup>th</sup> September 2019**

**1. Summary of the MSG indicators in North Lanarkshire for currently available data:**

**Data Release Note:** Some figures have been released for MSG indicators ahead of National Statistics publications and the data in relation to emergency admissions and unscheduled bed days may be affected by completeness issues, particularly in recent months.

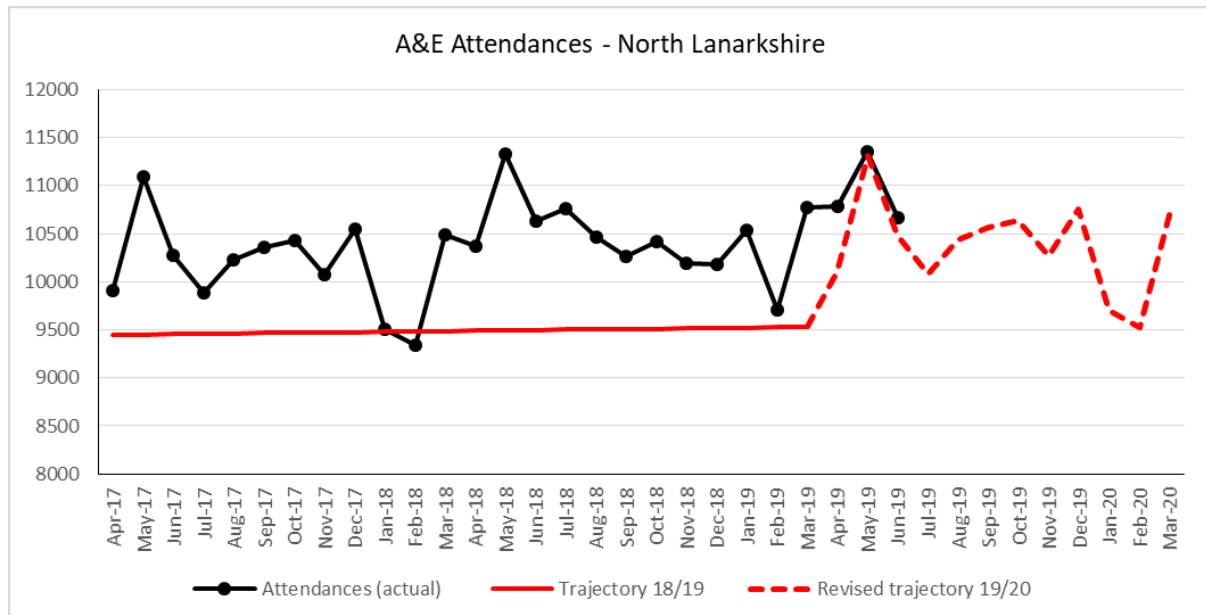
**April – June 2019:**

- A&E attendances **up** by **1.5%** against same period in 2018/19
- Emergency admissions **down** by **2%** against same period in 2018/19

	April – June 2018/19	April – June 2019/20	Increase/Decrease	% change
A&E Attendances	32,322	32,799	+477	+1.5%
Emergency Admissions	11,192	10,969	-223	-2.0%
UC Bed Days	73,886	59,094	-14,792	-20%
Delayed Discharge Non-Code 9 bed days	6,881	7,982	+1,101	+16%
Delayed Discharge Code 9 bed days	941	2,107	+1,166	+124%

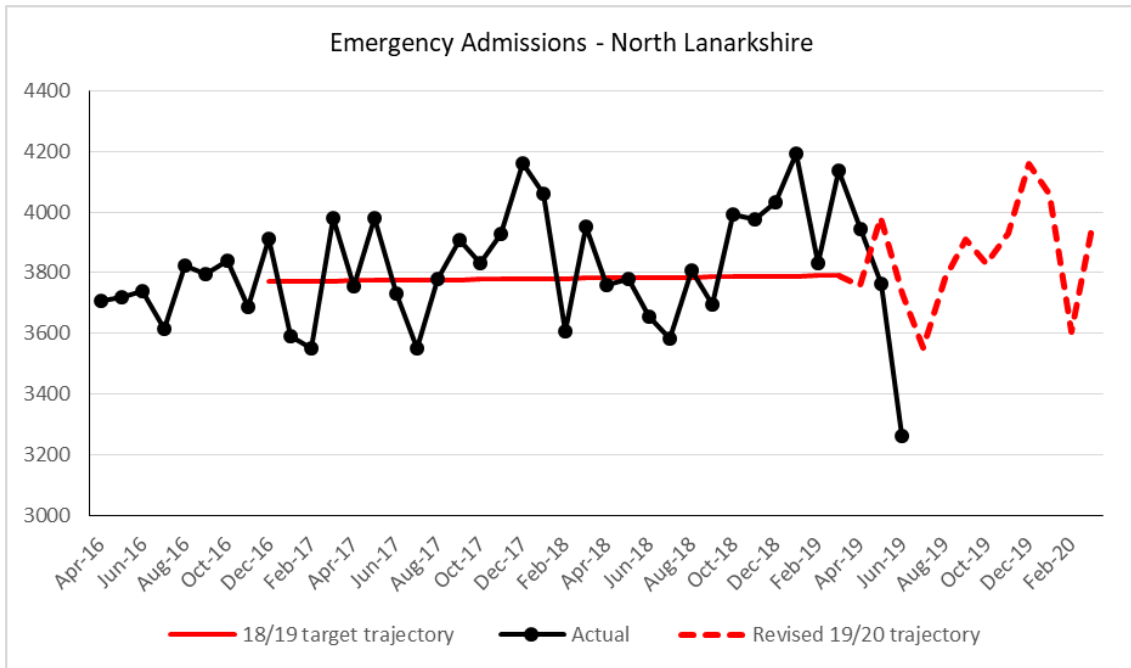
**A&E Attendances**

The following graph shows the performance against trajectory. Attendances continue to be a challenge for the Partnership, April 2019 – June 2019 there were 893 additional attendances than anticipated, 32,799 against a target of 31,906.



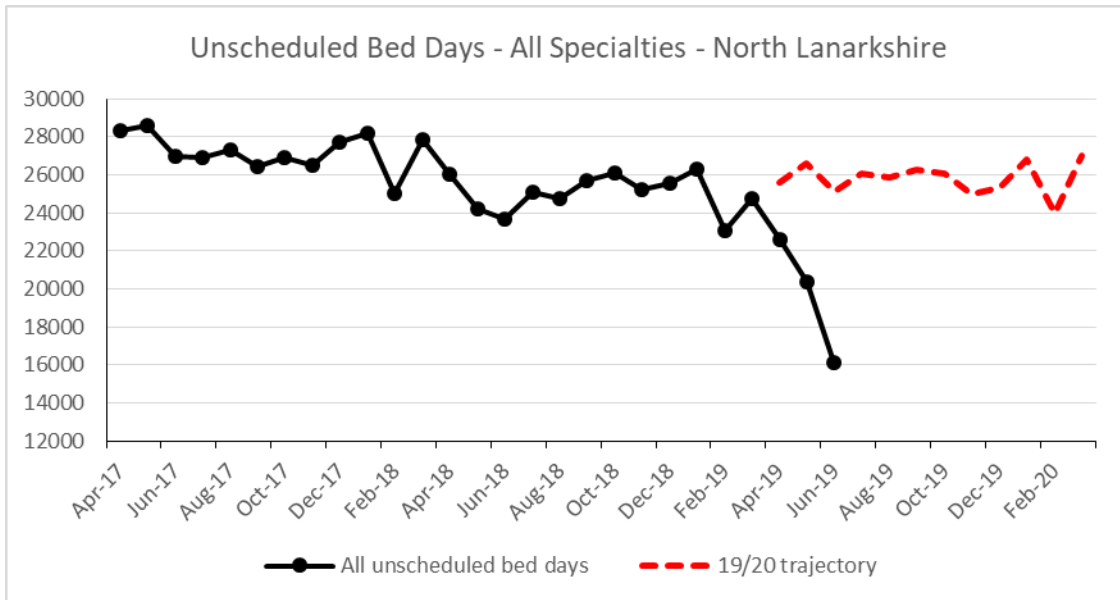
**Emergency Admissions**

The graph below shows emergency admissions against the agreed trajectory. For the period April – June 2019, performance improved on the previous quarter and there were 497 fewer admissions than anticipated – 10,969 against a target of 11,466.



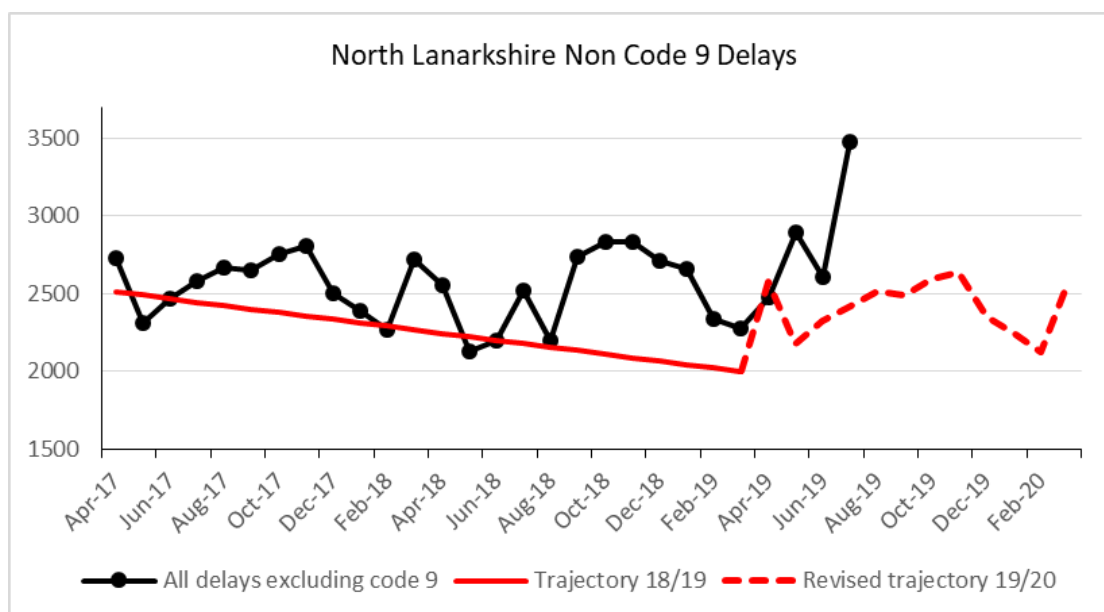
**Unscheduled Bed Days**

The graph below tracks the month-on-month actual performance longitudinally against the trajectory agreed for unscheduled bed days. It should be noted that there is routinely a few months lag in terms of completed episodes of care and bed days for April to June will increase.



**Delayed Discharge Bed Days**

A comparison of April to June 2019 against the same period of the previous year shows an increase in the number of bed days, with a 16% increase in non-code 9 delayed discharge bed days.



### Last Six Months of Life by Setting

Percentage of people who spend their last six months in a community setting has steadily increased over the previous three years. With a shift of resources from acute to community, it is expected that the numbers of people who spend the last six months in the community will increase. Initially the Partnership aims to achieve the average of their benchmarking group, within three years the aim is to achieve above average in line with South Lanarkshire.

The table below confirms the Partnership is increasing the proportion of North Lanarkshire residents who spend the last six months of life in the community.

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
<b>Community</b>	85.8%	87.1%	86.6%	86.7%	87.4%	89%
<b>Community Target</b>			87.0%	87.0%	87.0%	90.0%

### Balance of Care

The percentage of people over 75 who are living at home without any paid support has increased very slightly since 2015/16. North Lanarkshire is at the average level when measuring against their peer group. Given the increase in the 75+ age group, it is the partnership's intention to maintain the percentage of those aged 75+ receiving some paid support to remain in their own homes.

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
<b>Home (supported)</b>	10.5%	10.8%	10.6%	10.7%	10.5%	Not currently available
<b>Home (supported) target</b>			10.64%	10.64%	10.64%	10.64%
<b>Care home</b>	5.9%	5.4%	5.1%	4.8%	4.8%	Not currently available
<b>Care home target</b>			5.21%	5.21%	5.21%	5.21%

## PERFORMANCE WITHIN HEALTH & SOCIAL CARE PARTNERSHIPS (HSCP)

### 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:

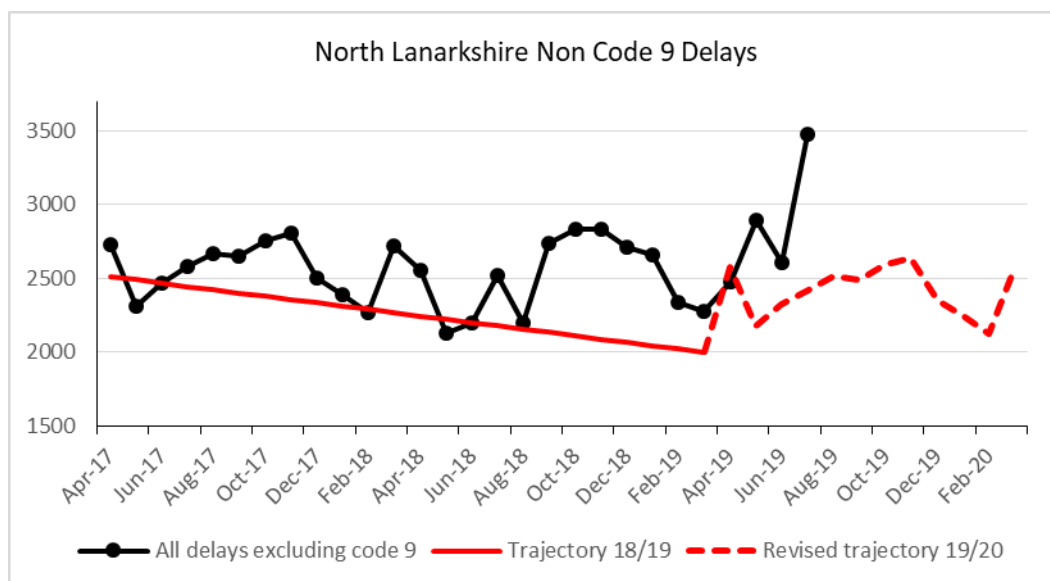
- Emergency Admissions
- Unscheduled Bed Days
- Accident and Emergency Attendances
- Delayed Discharge Bed Days
- End of Life
- Balance of Care

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.

#### 1.1. Current Performance Analysis

##### Performance against Target July 2019

ISD published figures for July 2019 shows performance for non-Code 9 bed days, 3477 against a target of 2424, 1053 bed days beyond target.



Source: ISD Delayed Discharges.

Targets for 2019/20 have been broken down further by delay reason. The table below contains details of performance against each category.

	Target	July 2019 OBD	Performance
<b>All reasons</b>	2,904	4,002	1,099
<b>H&amp;SC and Patient/Carer/Family reasons</b>	2448	3,477	1,029
<b>Code 9</b>	456	525	69

For July 2019, ISD published data shows that H&SCP NL performance when compared with July 2018, was an increase of 1163 bed days for all delays, an

increase of 957 bed days for non-code 9 delays and increase of 206 Code 9 bed days.

	Previous year	Current Year	Increase/reduction
<b>Mar</b>	3174	3077	97 (decrease)
<b>Apr</b>	2834	3170	336 (increase)
<b>May</b>	2460	3652	1192 (Increase)
<b>June</b>	2528	3267	739 (increase)
<b>July</b>	2839	4002	1163 (increase)
ISD: Occupied bed days All delays			

## 1.2 Issues Impacting on Performance

Performance has proved to be challenging since April 2019, with an increasing number of bed days due to delay in June and July 2019.

- The number of individual patients delayed due to guardianship processes increased considerably over the period since January 2019, and has subsequently impacted on the number of occupied bed days. The partnership has over recent months made considerable progress in reducing the number of code 9 delays with significantly long delays (over 100 bed days), however, the number of new patients who are delayed for code 9 reasons continues to grow. The average delay period will be shorter but higher numbers of patients. In some cases delays are experienced as families wait for Legal Aid decisions. An MHO is allocated as soon as Legal Aid is granted. The service is reviewing how the process can be streamlined further but is reliant on families and solicitors being proactive.
- Demand for complex assessment was high over the winter period and has continued into the summer months, with a continued impact on performance.
- Home Support related bed days have shown some improvement in 2019/20 following a challenging winter period. Individual Locality plans are in place which has brought performance back in line and performance levels are stable.
- Delays due to suitable accommodation has increased significantly, but there is a protocol in place to escalate such delays with the local Housing management and this is a focus of current work as although a relatively small number of people, does contribute significantly to the number of bed days.

## 1.3 Commissioning Intentions for 2019/20

In March 2019, North Lanarkshire Integration Joint Board (IJB) approved the Strategic Commissioning Plan, which set out the key intentions for delivery in 2019/20.

Commissioning Intention	Progress
Integrated Rehabilitation Teams	The integrated rehabilitation teams continue to develop across all six Locality areas, playing a

	<p>significant role in the development of the discharge to assess model.</p> <p>The current focus on development for the teams is around:</p> <ul style="list-style-type: none"> <li>• Discharge to assess</li> <li>• In-reach to off-site facilities to improve throughput and focus on rehabilitation</li> </ul>
Redesign of Home Support services	<p>The new model of Home Support continues to roll out, with all Localities expected to have 3 reablement teams in place by June 2019. Prior to the new model being implemented, the aim was to have 50% of new or increased packages of care commencing with Reablement, with the target changed to 70% on the roll out of the new model. In Quarter 1 of 19/20, performance was at 75%, the highest ever proportion. Quarter 1 also experienced the highest number of individuals commencing reablement, the vast majority of whom were patients discharged from hospital.</p> <p>The next development in Home Support will be the roll out of dynamic scheduling, with the aim of creating a more efficient and quality-driven service, that is better able to meet the specific requirements of individuals.</p>
Discharge to Assess	<p>The Discharge to Assess (D2A) model continues to develop. Initial evaluative work suggests that those patients who go through the D2A pathway have a significantly reduced overall length of stay.</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.

#### 1.4 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



	<p>escalation protocol, in line with the national best practice statement.</p> <p>The new approach is now fully operational and had been showing improved performance from the previous year.</p>
Guardianship Pilot	<p>A test of change is underway 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 is finalised with GPs providing cover through the existing GP Care Home Enhanced Service, and two North Care Homes have agreed to participate.</p> <p>Due to the current legal proceedings in Glasgow, further discussions have been taking place between MWC and NLC MHOs to ensure the model is compliant.</p>
Group to develop future model of 'Discharge to Assess'	The Long Term Conditions and Frailty implementation group is overseeing the roll out of integrated locality teams, rehabilitation teams and discharge to assess developments (as described in section 1.3)
Review model of intermediate care and cottage hospitals	The new model of Intermediate Care for North Lanarkshire was approved at the June meeting of the IJB and an implementation group has been established to roll out the model.

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;
- 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;
- Roll out of integrated rehab teams and creation of integrated Long Term Conditions and Frailty teams across North Lanarkshire, supporting a move to a model of Discharge to Assess/Same Day Assessment;
- Ongoing implementation of agreed actions around complex assessment, care home choice protocol and AWI.

## 2.0 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 and is unvalidated/unpublished. This report is for the performance period from the 1<sup>st</sup> to 31<sup>st</sup> July 2019.

### 2.1 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.

### 2.2 AHP and Community Services

The undernoted provides an overview of performance for all AHP services hosted by North Lanarkshire H&SCP:

Service	Compliance	Target (Local/National)	Waiting >12 weeks	Hosted
Podiatry Biomechanical MSK Service	98.9%	Local 12 week	9	North
Speech & Language Therapy Children and Young People	72.4%	Local 12 week	261	North
Speech & Language Therapy Adult	100.0%	Local 12 week	0	North
Podiatry Service (excl MSK)	99.9%	Local 12 week	2	North
Podiatry Service - Domicilliary Appts	100.0%	Local 12 week	0	North
Dietetics	98.9%	Local 12 week	4	North
Medical Children and Young People - Cons Led service	79.8%	National 12 week	161	North
Community Claudication Service	100.0%	Local 12 week	0	North/South

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

### 2.3 Speech and Language Therapy Children and Young people

#### Performance Commentary

Performance has improved in July 2019. However, there are 261 children waiting over 12 weeks with the longest waiting time 29 weeks.

Current performance:

July 2019	72.4%
June 2019	66.2%
May 2019	67.6%

Number waiting over target

July	261
June 2019	371
May 2019	334

Longest patient wait: 29 weeks Bellshill

### **Performance Recovery**

The service continues to deliver additional hours and is offering overtime where appropriate. Recruitment for the neurodevelopmental pathway has completed and staff will commence in October 2019.

The service is trialling Attend Anywhere in Clydesdale with the aim of reducing travel time and increase service capacity. The trial of Florence in East Kilbride continues with the aim of reducing the number of face to face contacts required. The roll out of Trakcare continues in Hamilton Locality and will expand across the remaining 9 Localities in due course.

## **2.4 Medical Children and Young People - Consultant Led service**

July performance: 79.8%

Number of people waiting beyond target -161

### **Performance Commentary**

A recovery plan and timescales have been agreed and management action will focus on improvements to referral management, capacity planning and agreed systems and processes for patients in Ward 19.

A deep dive session has been arranged to perform an in-depth analysis of waiting list trajectories, staffing levels, performance and recovery.

### **Performance Recovery Plan**

Actions which have been taken to address performance.

- Ongoing waiting list clinics - 8 Waiting List Initiative clinics have been set up in July and August 2019.
- Admin reviews of un-appointed waits
- Established the two way text service in Paediatrics. Ensuring that families are reminded to advise the referring GP, if they do not take up an appointment.
- Agreed the local access rules in relation to the requirement for Referral Management Service to continually appoint patients who miss appointments.

Actions which have been developed:

- Review DNA policy compliance by September 2019
- Capacity plan being reviewed which will be fed into the predictor and give a true picture of where the service is. By September 2019
- Recruit to vacant medical posts who will see General Outpatients by November 2019
- The planned Neurodevelopment pathway will enable some of the referrals currently being seen in the general clinics (because of the long waits for community paediatrics) to be seen in Community. By April 2020
- The Wheeze clinic (Consultant and Specialist Physiotherapist) will take some of the ward returns out of the general clinics By September 2019

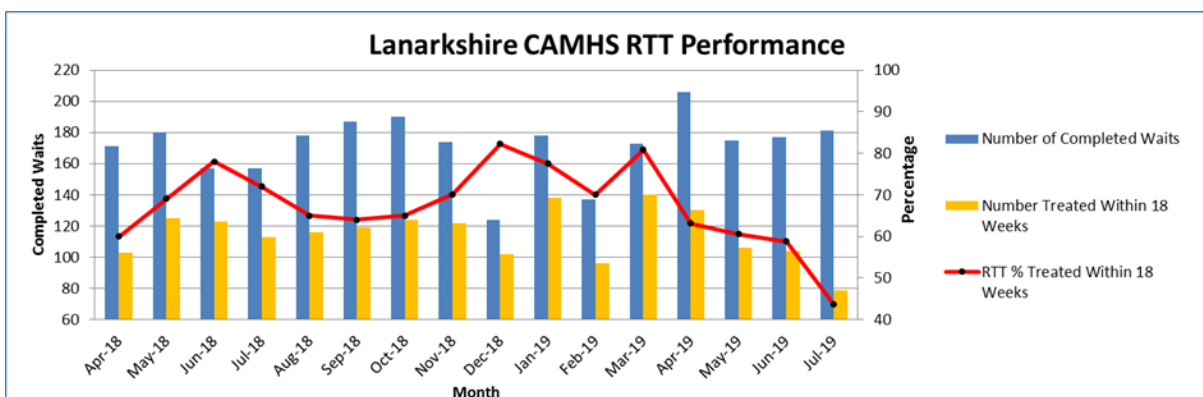
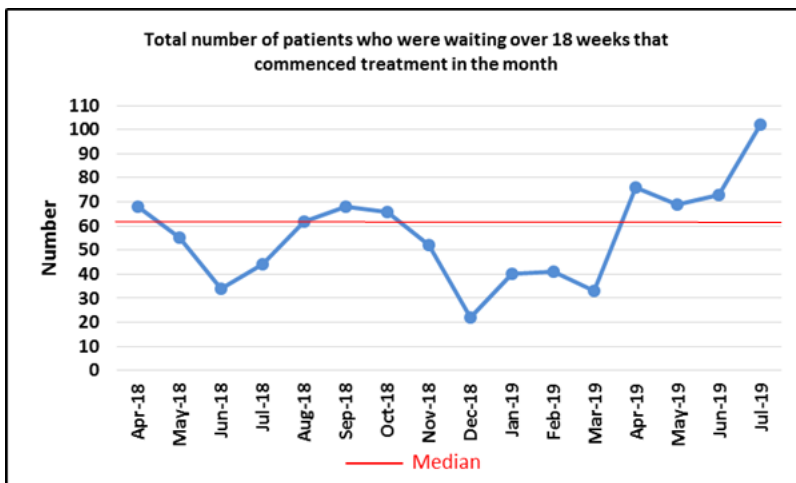
## **2.5 Psychological Therapies RTT (Adult and CAMHS)**

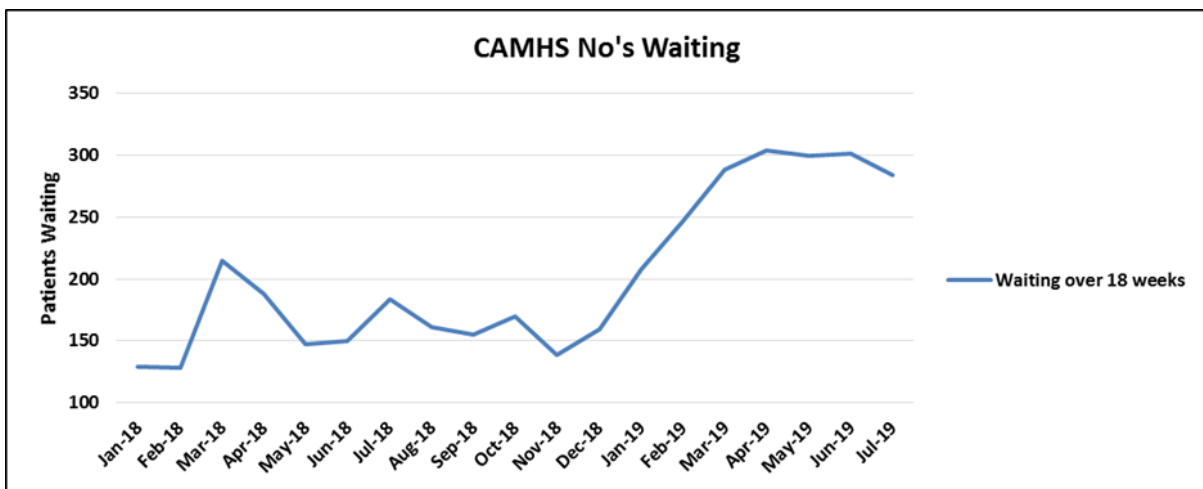
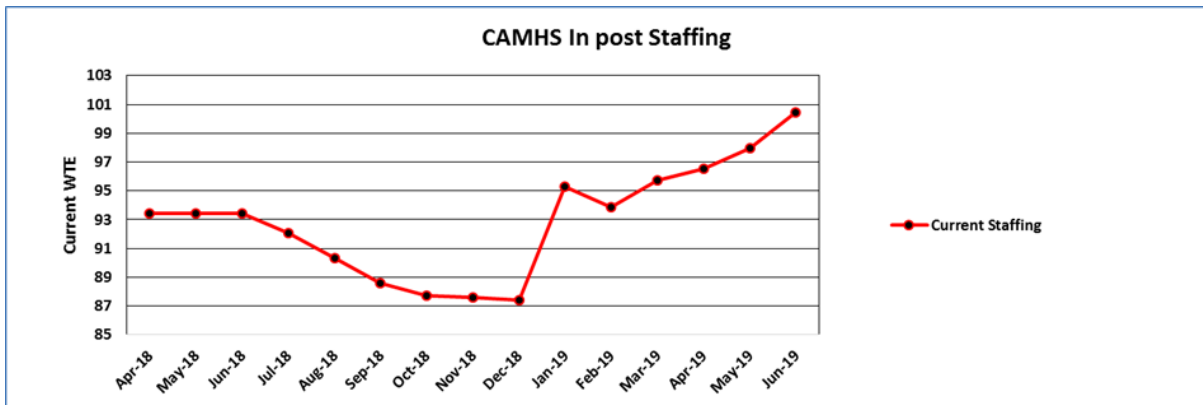
Psychological Therapies RTT (Adult and CAMHS) waiting times for **July 2019**.

- Within **Adult Psychological Services**, **87.4%** of patients commenced psychological therapy within 18 weeks, against the **90% RTT standard**
- Within **CAMHS**, **46.9%** of patients commenced psychological therapy within 18 weeks
- The combined Adult and CAMHS RTT showed **77.04%** 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. There is growing evidence that availability of clinic rooms is also beginning to impact on waiting times in some localities, for both Adult Psychological Services and CAMHS.

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. In essence, in a month when teams manage to tackle a lot of long waits, RTT performance will appear to be poorer, because a higher percentage of the patients seen will have been waiting over 18 weeks.





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.

July 2019	Adult Psychological Services Psychological Therapies	CAMHS Psychological Therapies	Overall
No. of Patients Waiting (Overall)	1648 (1678)	960 (1116)	2608 (2794)
Longest Wait Overall (Weeks)	41 (38)	52 (49)	52 (49)
% Waiting <= 18 Weeks (Overall)	88.5% (92.43%)	70.3% (72.94%)	81.83% (84.65%)
No. of Completed Waits	564 (487)	194 (184)	758 (671)
% Completed Waits <=18 Weeks	83.57% (80.98%)	59.78% (62.98%)	77.05% (67.77%)

\* Previous month in parentheses