

**Lanarkshire NHS Board
 Fallside Road
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 G71 8BB
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www.nhslanarkshire.org.uk**

**Meeting of Planning Performance & Resource Committee (PPRC)
 25th September 2019**

ACCESS TARGETS REPORT

1. PURPOSE

This paper is coming to Lanarkshire Planning Performance & Resource Committee (PPRC)

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, highlights areas of pressure and challenge; and describes the actions being taken and planned, aimed at delivering sustained improvement.

2. ROUTE TO LANARKSHIRE PPRC

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.

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.

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"/>
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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 PPRC

The Lanarkshire PPRC 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 PPRC 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.

HEATHER KNOX
6th September 2019

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

**Meeting of Planning Performance & Resource Committee (PPRC)
25th September 2019**

ACCESS TARGETS REPORT

1. PURPOSE

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

- Planned Care waiting time access guarantees and targets set by the Scottish Government as at the end of July 2019.
- The 4 hour Emergency Department standard until the end of August 2019.

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.

2. WAITING TIME GUARANTEES - ACUTE SERVICES

National Outpatient figures have remained steady and sit at 91,190 at August 2019 (up from 87,641 in July 2019). This represents a 71.7% performance against the 12 week target. Our current local performance is 87.0%. The national WTIP performance milestone for October 2019 is 80%. At present our national share of the Outpatient figures over 12 weeks is 3.5% which has been steady. At end of July our local figures over 12 weeks were 3380.

National TTG figures have increased in the last four weeks (up from 22,575 to 26,204). This represents a performance of 66.4% against the national guarantee of 12 weeks. Our local performance currently sits at 76.3%. The national WTIP milestone for October 2019 is 75% performance.

Our share of the national position is 5.9% and that has remained steady in the last four weeks. Tayside and Grampian has shown improvements over the same period albeit marginal, the rest of the Boards are steady with the exception of GG&C who have increased their share to 33%.

Outpatients	AOP	Actual
July 2019	2327	3380

August 2019	2179	2567
TGG	AOP	Actual
July 2019	1192	1411
August 2019	1200	1496

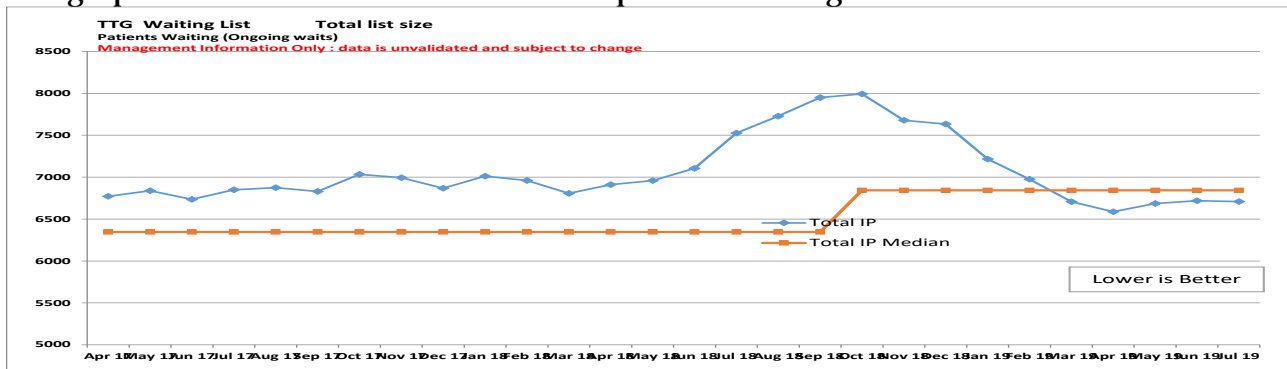
2.1) Treatment Time Guarantee (TTG)

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. NHS Lanarkshire's AOP target is no more 998 patients will waiting longer than 12 weeks by end of March 2020.

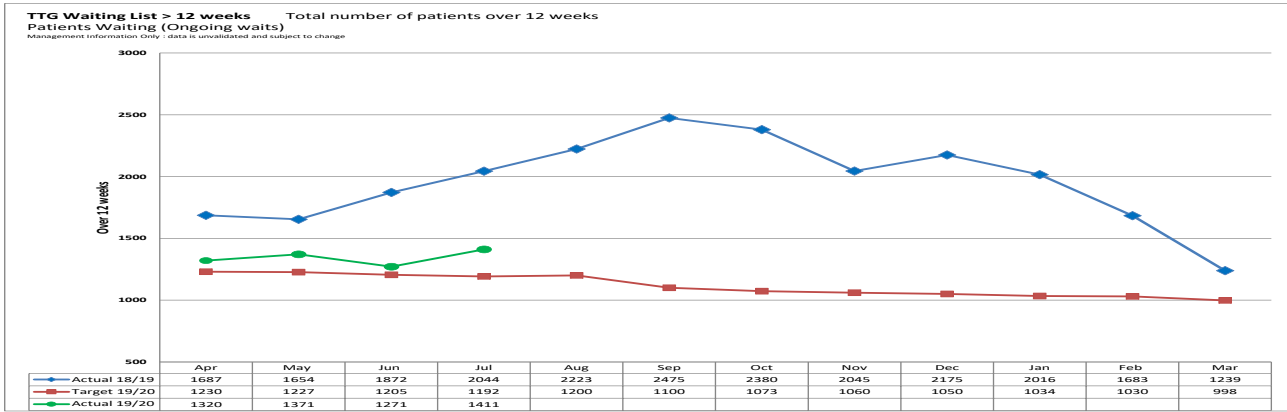
At the end of July 2019 there were a total of 1411 patients who had breached their TTG date. 20.0% of patients are waiting over 84 days in July 2019, which is an increase from the June 2019 figure of 18.9%.

Orthopaedics remains our 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 2019/20, both through internal additionality and external independent sector activity. Waiting Times Improvement Plan (WTIP) was submitted to Scottish Government at the end of March 2019. The quarterly trajectories though to March 2020 have been agreed and discussions are continuing on the financial allocation available to provide both short term and sustainable solutions.

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.



The above graphs detail ongoing waits.

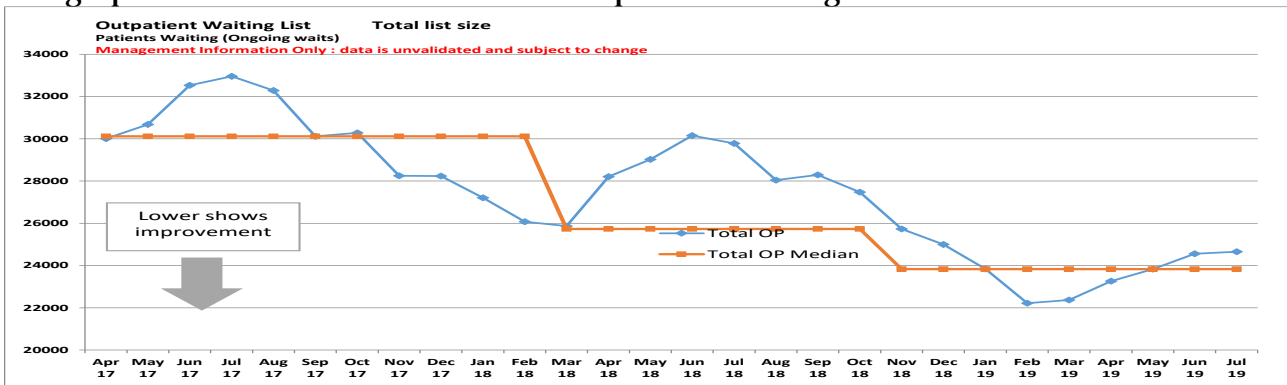
2.2) Outpatients Waiting Times

The 12 Outpatient Guarantee (84 days) applies to eligible patients who are receiving an outpatient appointment and states that all patients will not wait longer than 12 weeks from the date that the referral is received. The agreed AOP for NHSL Lanarkshire is no more than 1750 patients will wait over 12 weeks for an outpatient appointment by the end of March 2020.

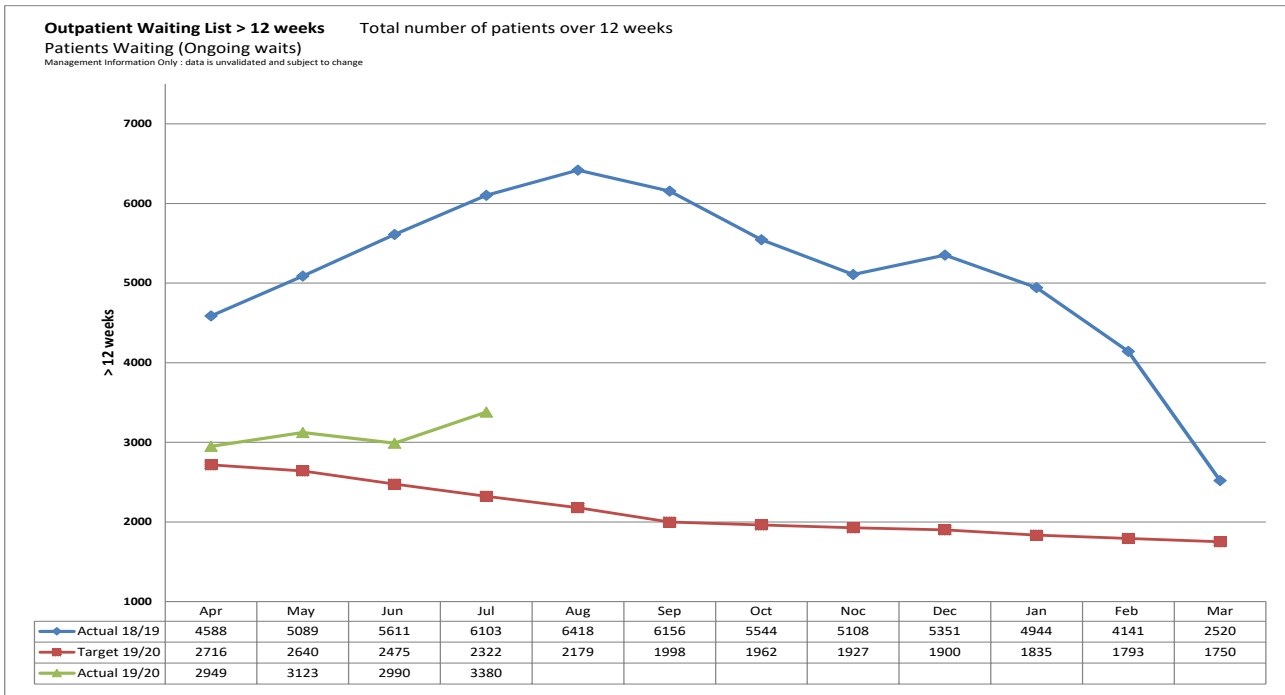
At 31st July 2019 there were 3380 patients waiting over 84 days. 86.3% of patients were seen within 84 days compared to 2990 patients waiting over 84 days in June 2019 and 87.8% of patients being seen within 84 days in June 2019.

There are still challenges in a number of specialties including Orthopaedics, Ophthalmology, ENT and neurology. 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.



The above graphs detail ongoing waits.

2.3) Diagnostic Targets

Diagnostic Test Monthly Compliance as at July 2019

Imaging		Compliance (%)	Waiting > 6 Weeks
Imaging	Magnetic Resonance Imaging	94.8%	66
Imaging	Computer Tomography	100.0%	0
Imaging	Non-obstetric ultrasound	79.2%	982
Imaging	Barium Studies	100.0%	0

The demand is still high for MRI & Ultrasound. We have only managed to maintain the MRI waiting times at 7 weeks by booking additional WLI sessions this month.

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 June 2019 and July 2019:

June 2019

July 2019 - Unvalidated

62 Days – 96.2%
31 Days – 99.3%

62 Days – 95.7%
31 Days – 97.7%

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.

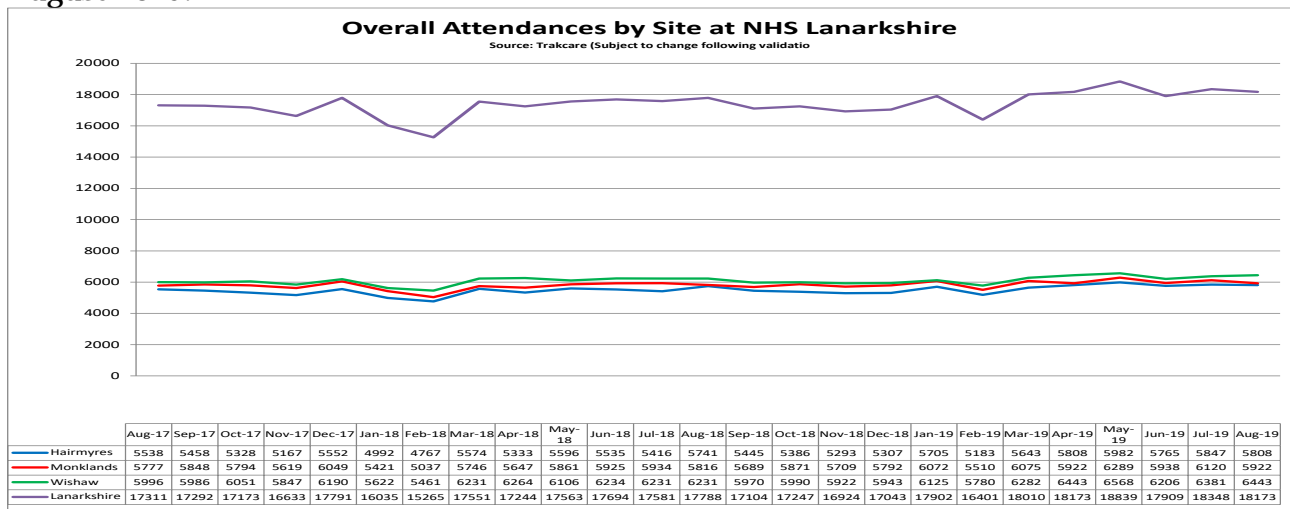
3. UNSCHEDULED CARE

NATIONAL STANDARD: 95% of patients attending Accident & Emergency to be admitted discharged or transferred within 4 hours of arrival. The Local AOP target is 92.5%

The delivery of a sustained improvement in the performance against this standard remains a key priority area for NHS Lanarkshire. There has been an on-going substantial clinical and managerial focus on this issue with a focus to improve patient safety and quality.

Key risks are the availability of clinical decision makers and an increase in the volume of attendances.

The graph below compares overall attendances by site at all 3 sites between August 2017 and August 2019.



Hospital Site Directors presented an update on performance at the Acute Governance Meeting on 24th July 2019 and will provide a further update on 18th September 2019.

NHS Lanarkshire August 2019 performance is 88.14% compared to the July 2019 performance of 88.19%. August 2018 performance was 93.11%.

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

	8 Hours Waits				12 Hours Waits			
	HM	MK	WG	NHSL	HM	MK	WG	NHSL

July 2019	124	26	119	271	44	1	22	67
July 2018	84	18	31	133	22	2	1	25
August 2019	145	18	113	276	66	2	21	89
August 2018	39	8	45	92	8	0	4	12

The following summarises the key challenges, improvements and projected performance at site level:

University Hospital Hairmyres

Month end performance for UHH was 79.79% with 5810 attendances and 1173 breaches. This compares to August 2018 with performance of 94.15%, 5741 attendances with 336 breaches.

- **Key Challenges** – UHH has continued to be challenged around 1st assessment and bed waits throughout the month of August. Fullness in the department in the evening and overnight has provided significant challenges for both admitted and non admitted flows. This is reflected in drop in performance overnight. Bed capacity was reduced due to lifecycle renovation works however this has now been restored by a further 7 beds facilitated for use in ward 18 to counteract this. The site continues to be impacted by the level of delayed discharges in the sector which restricts bed availability across Hairmyres and Stonehouse sites. Sector delays occupied between 64-93 beds throughout August.
- **Improvements** – Reports have been established to identify key challenges to 1st assessment per hour of the day, by flow group and by triage category to allow specific targeted improvement projects to be established to create effective results. Most significantly the site has taken steps to establish a formal unscheduled care core group and wider action group. This group looks to use data to inform improvement projects going forward in response to key dips in performance. The daily site safety huddle (onion) is under review, the template for this has been improved to provide further intelligence on a daily basis and the timings of daily huddles will be changing to better inform for the same day and also to improving planning for early movement the following day. Refreshed escalation triggers and actions have been set as part of this. These changes will come into effect on Monday 9th September and will now include input from the medical handover which was not previously available.
- **Projected performance** - Performance has been an area of concern for the UHH over recent months and projected performance improvement would be anticipated in light of additional improvement projects. The site strives to significantly improve performance on a sustainable basis.

University Hospital Wishaw

Key Challenges – Current Performance falls below the Scottish Government Unscheduled Care Performance target. Table shows last 3 months performance:

Month	Attendances	% performance	Over 8 hour breaches	Over 12 hour breaches
June 19	6205	85.06%	94	11
July 19	6381	86.76%	119	22

Aug 19	6542	82.65%	138	21
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*In line with SG collection, the number of 8 Hour Waits is inclusive of both 8 and 12 hour waits

Capacity and Demand - The ED attendances have increased to over 200 patients per day and there is a significant impact of hourly arrivals due to the size of the ED and available cubicle space. The ED has an approx. attendance per hour capacity of 12 patients with a 40/50% of minors in that number. This is exceeded throughout the course of the day on a daily basis and has a direct impact on an increased Time to First assessment. There is a requirement to look at viable options for increasing ED clinical space capacity.

Staffing - The ED is at full establishment for substantive Consultant staff as at October 2019; however 1 Consultant is on Maternity leave with locum backfill.

Junior Dr staffing has decreased to a 7 junior Dr rota. Plans are in place to increase to 9 person rota and this is hoped to be in place by November 2019. The ED will continue with adhoc Locum cover at present

Nursing staff sickness has increased over the last number of months. All staff are being managed in line with NHSL Sickness Absence Policy and supported as appropriate. Alternatives to sickness absence duties have been utilised to support staff back to the workplace. There are concerns relating to ongoing activity and acuity levels impacting on staff wellbeing and sickness within the department.

Back door – Time of day Discharge - Work is required across the site to promote an earlier time of day discharge. A site group has been established to look at how this can be facilitated and what improvements can be made. This work promotes:

- Pre noon discharges – The site currently report a monthly performance of Pre Noon discharges between 16-20% (excluding weekends and PH)
- Use of the Discharge Lounge
- Review of Consultant time of ward rounds
- Criteria Led Discharge

Improvements - A Site Unscheduled Care improvement plan has been developed and continues to be progressed by the Directorate team.

A Multi-Disciplinary Team development meeting was held on 22nd August 19: a report from this meeting will be formally fed back to staff and incorporated within the site Unscheduled Care improvement plan.

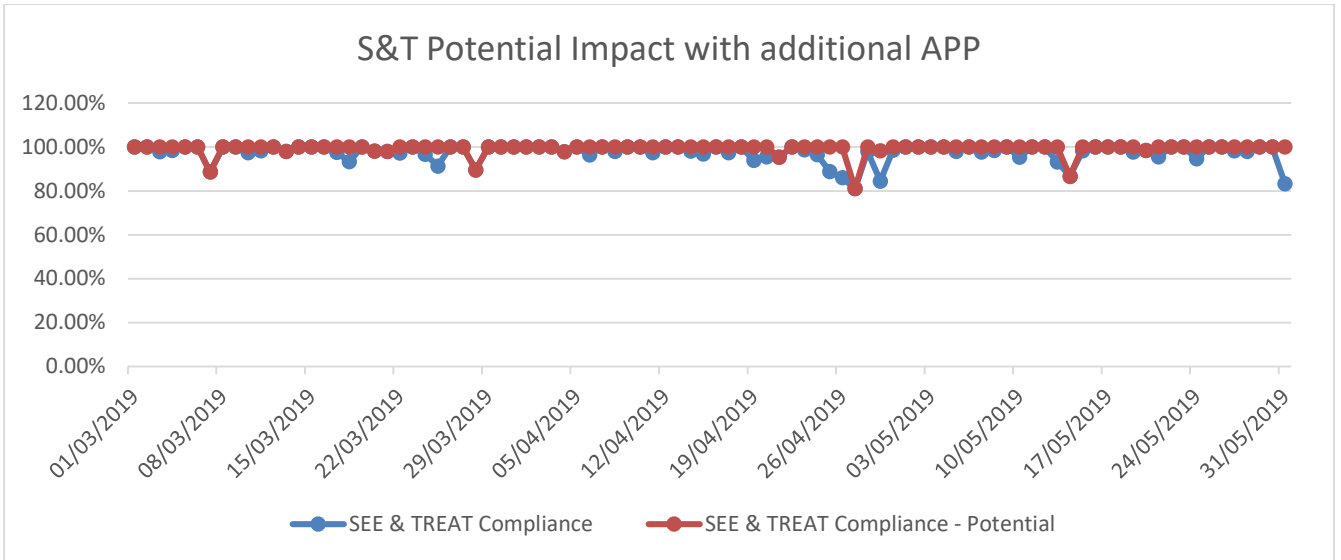
Plans are in place for a space reconfiguration in the ED to create a REACT clinical area which will support Senior Decision making at the front door. It is anticipated this space will be available by the end of this year.

Successful recruitment has taken place for a 1 year Physiotherapy post in the Minors Area of the ED. A date for commencement is still to be confirmed. It is anticipated that this additional resource will increase current performance compliance within Flow group 1.

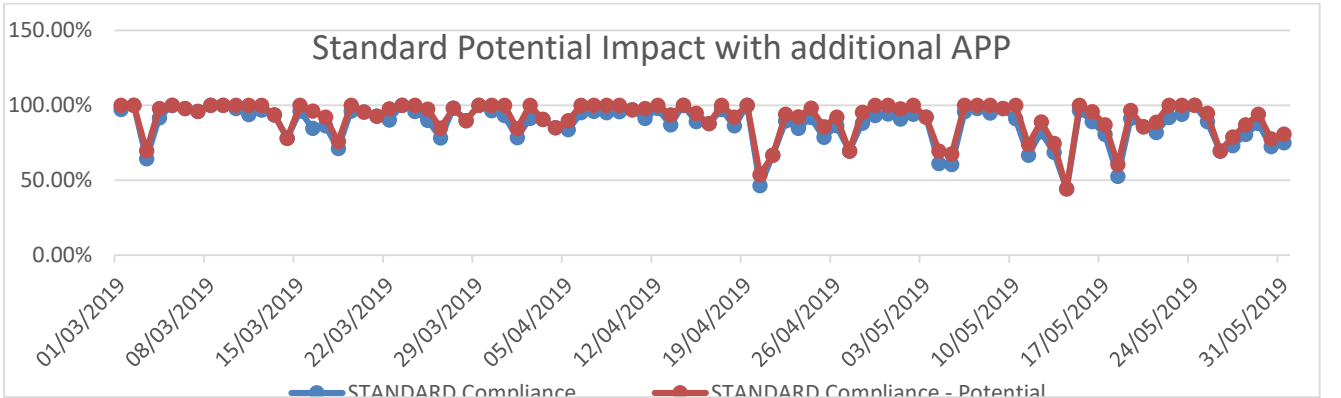
Projected Performance - An unscheduled performance trajectory has been set for the site, however there are risks to this delivery based on the key challenges as mentioned above, however all efforts are being made to increase overall performance.

A focussed piece of work has been undertaken to target a performance increase in Flow group 1. The below graphs show current performance and projected improvement in performance in triage groups 4 and 6. This will have an overall impact on the total monthly performance target:

Graph to show current and potential performance in Triage category 6:



Graph to show current and potential performance in Triage category 4:



University Hospital Monklands

Summary

- Month end performance for August 2019 was 90.18% in comparison to Aug 2018 (94.46%) a brief comparison of the figures is demonstrated in the table below:

	2018	2019
Wait for first assessment	177	304
Clinical Exception	56	82
Wait for Bed	7	68

- Higher than predicted attendances and medical admissions on several occasions contributed to increased TTFA.
- Late in the day discharges contributing to reduced flow, leading to blocks within ED and Medical Assessment areas and contributing to the higher number of breaches due to await bed (68 in comparison to 7 in August 2018 & 34 in July 19)
- Conversion rate 34% of all attendances, however this will include patients who now move to Surgical Assessment and ENT/MaxFax Ambulatory care, Zero day LOS for these areas captured as a balancing measure
- Minors Flow 1 activity has impacted on performance within Flow 2 Acute Assessment over the past year. A loss of expertise within MINTS Nurse team compounded with other department shortages has increased number of flow 1 patients being seen by doctors/ACPS that otherwise could be seen by MINTS nurses. This is particularly evident in the post 8pm and overnight period

Improvement Projects

- NHS Lanarkshire Whole System Review in progress to support Unscheduled Care Performance across the Board
- Diagnostic mapping of Emergency Pathways on 29th August – key areas identified include Surgical Assessment and Medical Ambulatory Emergency Care
- Triggers and Target escalation framework continues within Emergency Department
- Triggers and Actions developed for Duty manager and Site Management team commenced testing on 26th August 2019
- Date to be confirmed for mapping of discharge process from downstream wards in September to support Daily Dynamic Discharge on the site
- Priority Patient for next day am discharge identification, testing commenced 26th August to support early flow, increased use of discharge lounge and mitigate risk of exit block
- Review of medical/ surgical bed base is underway to ensure available site capacity is in line with demand

Trajectory

- UHM Performance Trajectory of 95% sustained by March 2019.

4. RECOMMENDATIONS

The Lanarkshire PPRC are asked to note:

- The reduction in the number of elective patients waiting over 12 week.
- The year on year improvement in Outpatient Waiting Times.
- The very positive performance in Cancer Waiting Times.
- The continuing pressures within Unscheduled Care performance

5. 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.

A quarterly trajectory has now been agreed for 2019/2020 with Scottish Government. Work continues to develop a short term and sustainable measures to deliver this within the agreed financial framework.

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

6. FURTHER INFORMATION

For further information about any aspect of this paper, please contact *Heather Knox* Director of Acute Services, Telephone: 01698 858088.

HEATHER KNOX
6th September 2019