

Meeting of NHSL Board
29th January 2019

Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk



SUBJECT: North Lanarkshire H&SCP Performance/Access Report

• **PURPOSE**

This paper is coming to the NHSL Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	X
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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 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	<input type="checkbox"/>

13. FURTHER INFORMATION

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

ROSS MCGUFFIE
17th January 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 – October 2019:

- A&E attendances **up** by 3.16% against same period in 2018/19
- Emergency admissions **up** by **2.88%** against same period in 2018/19
- Unscheduled Care bed days **down** 7.92%
- Non Code 9 Bed days **up** by 22.53%

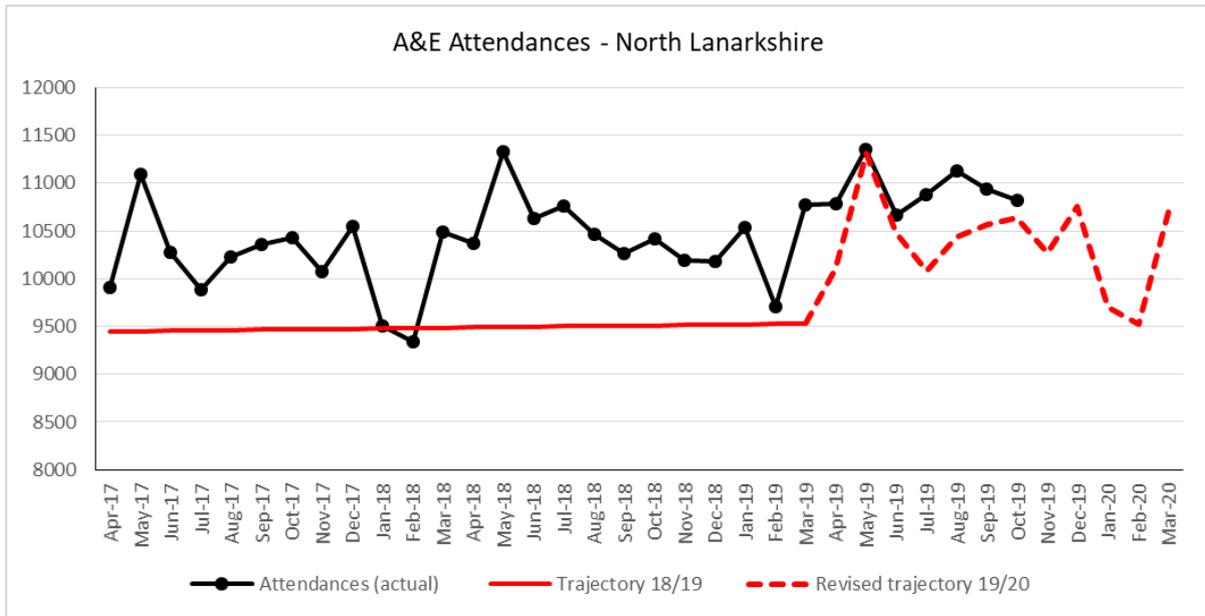
	April – Oct 2018/19	April – Oct 2019/20	Increase/ Decrease	% change
A&E Attendances	74,234	76,577	2,343	3.16%
Emergency Admissions	26,276	27,033	757	2.88%
UC Bed Days	176,637	162,649	-13,988	-7.92%
Delayed Discharge Non-Code 9 bed days	17,166	21,034	3,868	22.53%
Delayed Discharge Code 9 bed days	2,221	3,842	1,621	72.99%

NHSL data completeness for June 2019 is currently 99%, in following months this reduces. The following table shows a comparison of emergency admissions and UC bed days up to June 2019, compared to the previous year.

	April – June 2018/19	April – June 2019/20	Increase/ Decrease	% change
Emergency Admissions	11,192	11,970	778	6.95%
UC Bed Days	74,084	77,142	3,058	4.13%

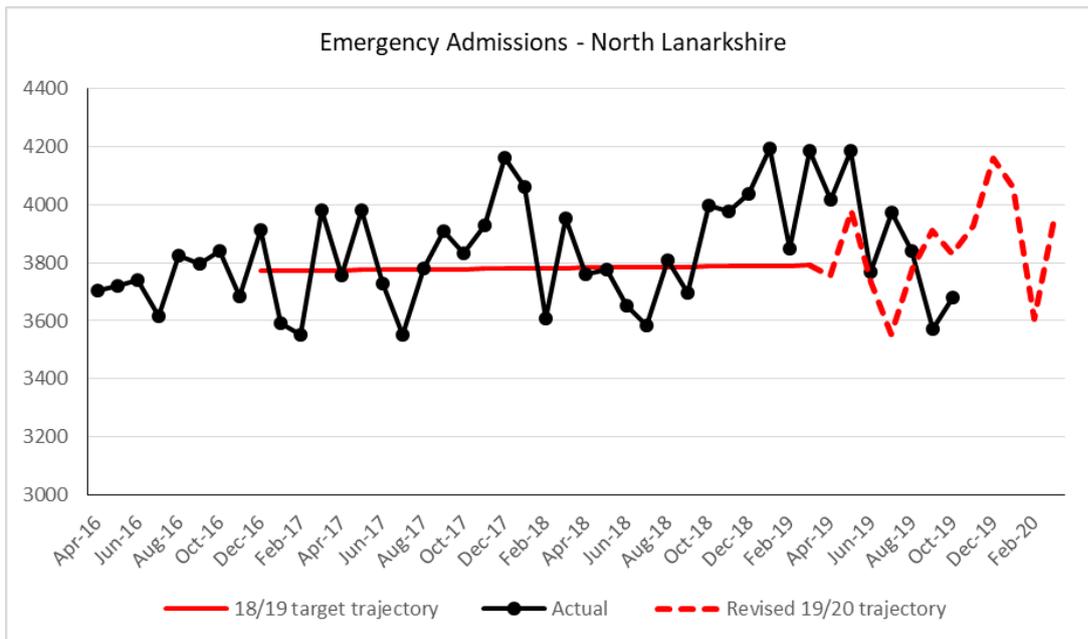
A&E Attendances

The following graph shows the performance against trajectory. Attendances continue to be a challenge for the Partnership, April 2019 – October 2019 there were 2954 additional attendances than anticipated, 73,623 against a target of 74,234.



Emergency Admissions

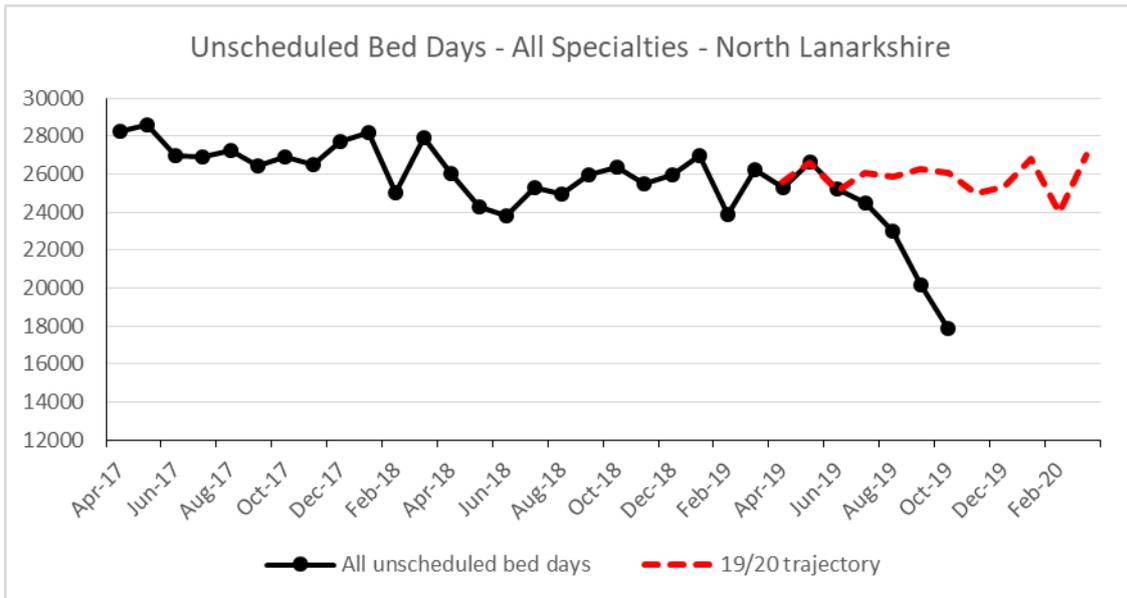
The graph below shows emergency admissions against the agreed trajectory. For the period April – October 2019, performance improved on the previous quarter, however there were 496 more admissions than anticipated – 27,033 against a target of 26,537.



NHSL data completeness for June 2019 is currently 99%, in following months this reduces. Up to June 2019 there were 504 **more** admissions than anticipated, 11970, against a target of 11,466.

Unscheduled Bed Days

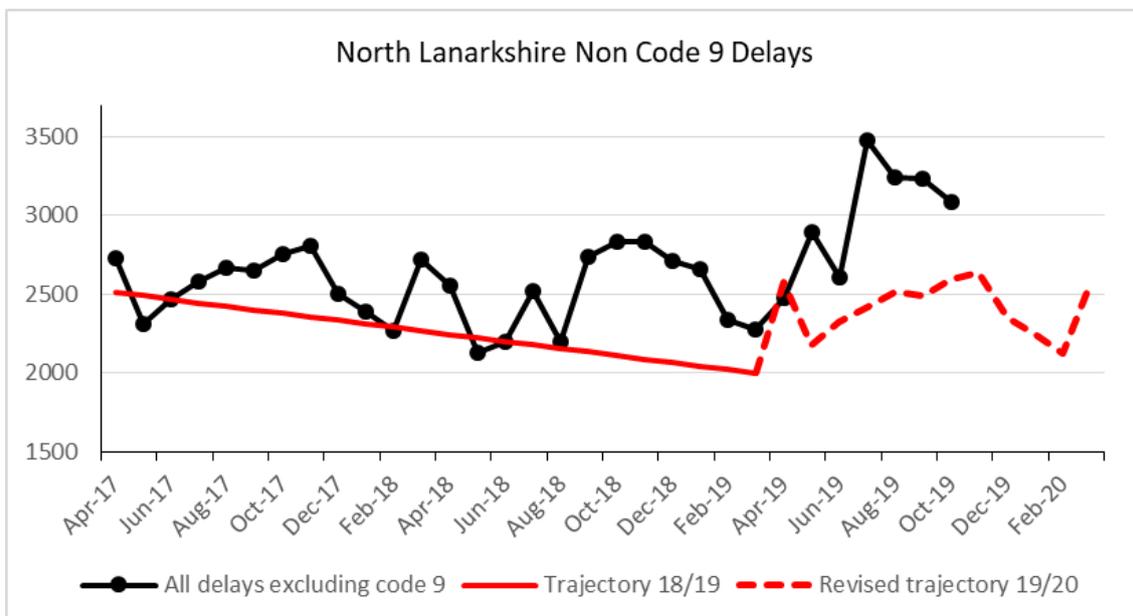
The graph below tracks the month-on-month actual performance longitudinally against the trajectory agreed for unscheduled bed days. It should be noted that there is routinely a few months lag in terms of completed episodes of care and bed days for April to October will increase. For the period April – October 2019, there were 19,019 fewer UC bed days than anticipated – 181,668 against a target of 162,649.



NHSL data completeness for June 2019 is currently 99%, in following months this reduces. April to June 2019 there were 196 fewer UC bed days than anticipated, 77,142, against a target of 77,338.

Delayed Discharge Bed Days

A comparison of April to October 2019 against the same period the previous year shows an increase in the number of bed days, with a 23% 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
Community	85.8%	87.1%	86.6%	86.7%	87.4%	89%
Community Target			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
Home (supported)	10.5%	10.8%	10.6%	10.7%	12.0%	11.8%
Home (supported) target			10.64%	10.64%	10.64%	10.64%
Care home	5.9%	5.4%	5.1%	4.8%	4.8%	4.7%
Care home target			5.21%	5.21%	5.21%	5.21%

PERFORMANCE WITHIN NORTH LANARKSHIRE H&SCP

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:

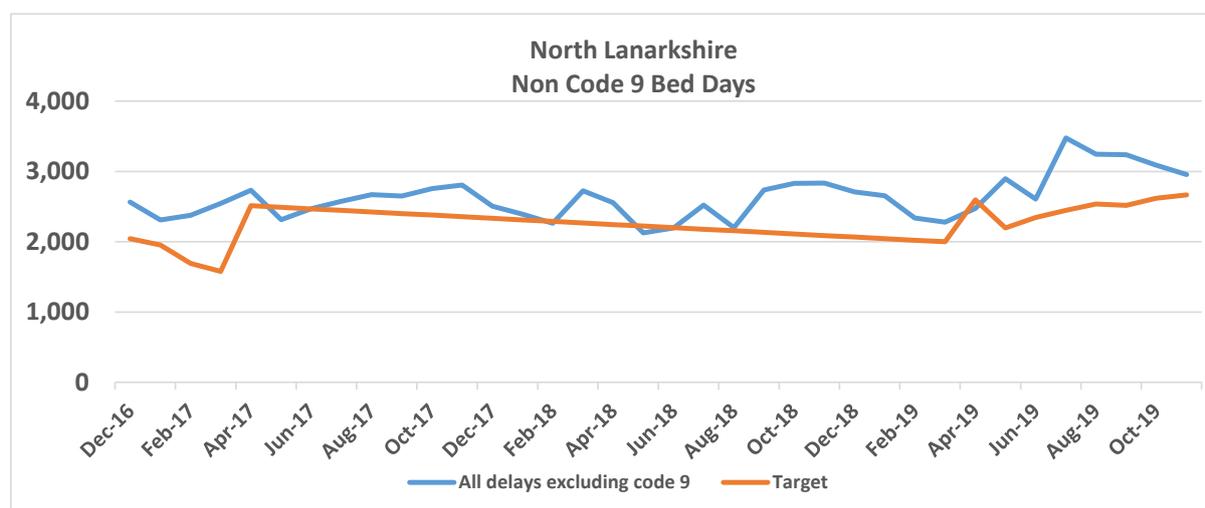
- Emergency Admissions
- Unscheduled Bed Days
- Accident and Emergency Attendances
- Delayed Discharge Bed Days
- End of Life
- Balance of Care

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 November 2019

ISD published figures for November 2019 shows performance for non-Code 9 bed days, 2,955 against a target of 2,665, 290 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 August performance against each category.

	Target	November 2019 OBD	Performance
All reasons	3207	3335	128
H&SC and Patient/Carer/Family reasons	2665	2955	290
Code 9	542	380	-162

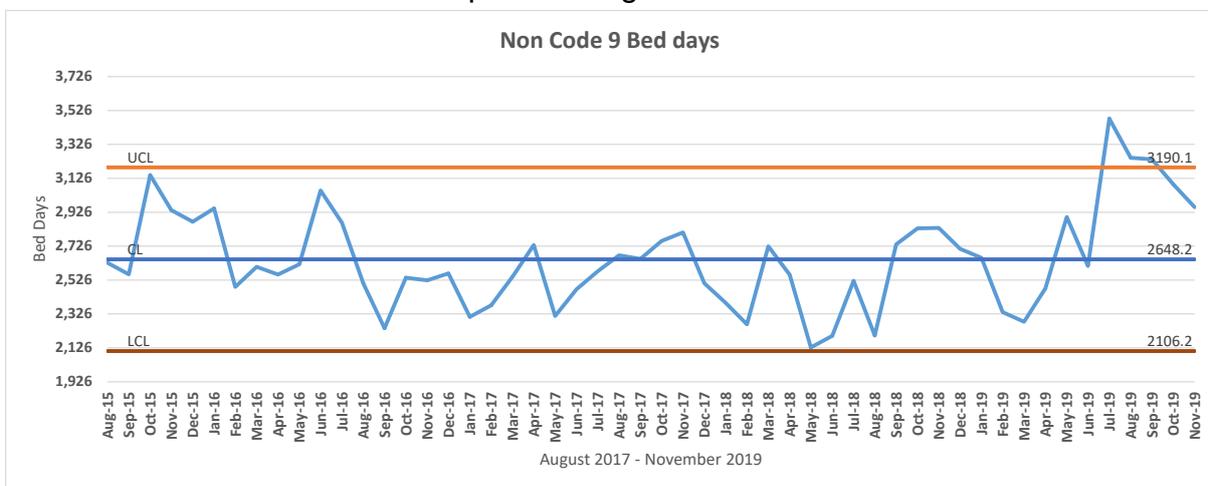
When compared with November 2018, ISD published data shows that H&SCP NL performance during November 2019, showed an increase of 143 bed days for all delays, an increase of 122 bed days for non-code 9 delays and increase of 21 Code 9 bed days.

	Previous year	Current Year	Increase/reduction
June	2528	3267	739 (increase)
July	2839	4002	1163 (increase)
August	2531	3608	1077 (increase)
Sept	2984	3628	644 (Increase)
Oct	3211	3549	338 (Increase)
Nov	3192	3335	143 (Increase)

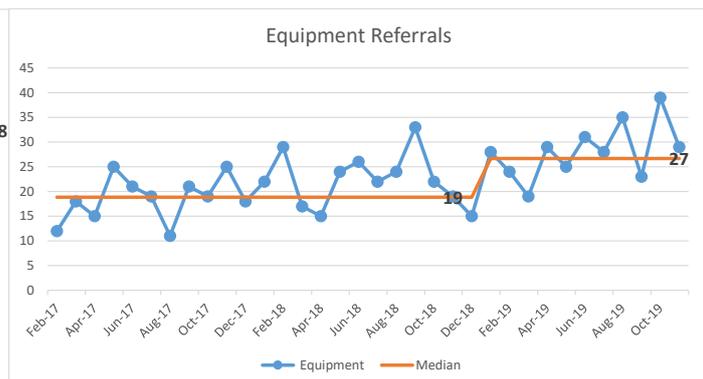
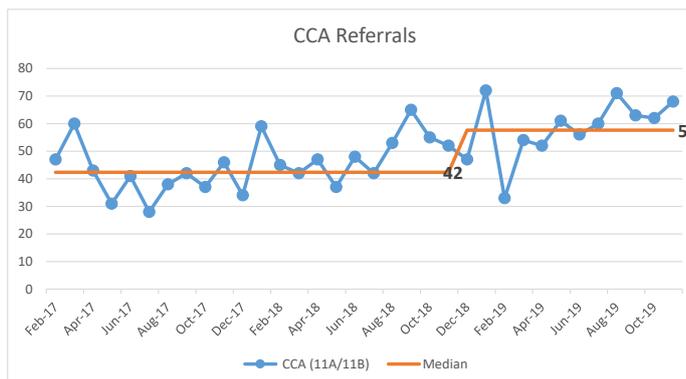
ISD: Occupied bed days All delays

1.2 Issues Impacting on Performance

Performance has proved to be challenging since April 2019, with an increasing number of bed days due to delays, July to September 2019 showing exceptional variation, more recent data is within the expected range.



- From March – November 2019 referrals for complex assessments shows a significant increase on the same period during 2018 with the Partnership receiving an additional 16 referrals during November 2019, this is having a continued impact on performance.
- In addition equipment referrals have increased by 10 during November 2019 compared with the previous year.
- Graphs below highlight the increase in both referral types from December 2018 onwards. Of note are CCA referrals which accrue larger bed days, as the assessment process takes several days to complete. Decisions are then made regarding the type and level of support required, following this the support is then sourced and put in place.



Source: Validated census submission.

Clinical Readiness Date as date of referral by episode of care/ Reason at census date/ Excludes non NHSL hospitals

- The number of individual patients delayed due to guardianship processes had increased considerably over the period January – July 2019, which impacted on the number of occupied bed days. The partnership has over recent months made considerable progress in reducing the number of AWI/ code 9 delays from 20 delays at March census to 7 at November census. 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 has reviewed how the process can be streamlined further but is reliant on families and solicitors being proactive in private guardianships.
- 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. There is a new manager identified within Housing to assist with the escalations and housing solutions.

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	<p>The integrated rehabilitation teams continue to develop across all six Locality areas, playing a 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"> • Discharge to assess • In-reach to off-site facilities to improve throughput and focus on rehabilitation
Redesign of Home Support services	<p>In Quarter 1 of 19/20, performance for reablement was at 75%, the highest ever proportion at that time. In quarter 2 this has risen to 79% 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 centralisation of the management and admin function and moving to a 7 day management response, rather than office hours for management decisions. This will assist in evening and weekend discharges. This will be fully in place from March 21.</p>
Discharge to Assess	The Discharge to Assess (D2A) model continues to develop. Initial evaluative work

	<p>suggests that those patients who go through the D2A pathway have a significantly reduced overall length of stay. Following process mapping the D2A action plan has been refreshed.</p> <p>Since April 2019 there have been 550 referrals for D2A – 187 patients home using this method Reassign for unable to go home with D2A – failing medical condition, awaiting results, family and service user consent, home support unable to respond</p> <p>In Wishaw 30% of discharges have a South Lanarkshire address in partnership with HSCSL a D2A pathway has been in place since December.</p>
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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	<p>A review group was formed in North Lanarkshire to review the AWI pathway. The group produced a new standardised pathway and escalation protocol, in line with the national best practice statement.</p> <p>The new approach is now fully operational and had been showing improved performance from the previous year. Census submission information for November 2019 shows there were 4 delays over 100 days.</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>

	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 before proceeding. Currently the Glasgow case has been referred for a full hearing. Date is not known for this.
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.
- Finance within NHS and the Partnership were tasked with finding budgetary solutions to allow the fast tracking of individuals from hospital to nursing care where this was assessed as the best long term solution for individuals. 19 individuals were identified in the initial group, who have now moved on to nursing care. Assessment at home remains the longer term goal for most people with significant long term needs.

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 1st to 30th November 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	100.0%	Local 12 week	0	North
Speech & Language Therapy Children and Young People	68.9%	Local 12 week	253	North
Speech & Language Therapy Adult	96.7%	Local 12 week	4	North
Podiatry Service (excl MSK)	99.9%	Local 12 week	1	North
Podiatry Service - Domiciliary Appts	97.7%	Local 12 week	1	North
Dietetics	98.4%	Local 12 week	6	North
Medical Children and Young People - Cons Led service	76.6%	National 12 week	176	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 November 2019, are displayed in table below. Where the target is outwith parameters, additional information can be found below.

AHP and Community Services	Waiting Times Target	November 2019 12 Week % Performance	Longest Wait in Weeks	Number of Patients Waiting Beyond the 12 Week Target	Localities / site with the longest wait
Speech & Language Therapy: Children & Young People	Local Target 12 Weeks	70.9% (70.4%)	37 (33)	259 (250)	Wishaw (Wishaw)
Medical Children & Young People	Local Target 12 Weeks	85.5% (83.0%)	27 (23)	117 (138)	Wishaw (Wishaw)

Source: Information Services. Unvalidated
 Colour Code: Amber up to 5% off Target, Red more than 5% off Target
 Figures in parenthesis equate to last month's performance

2.3 Speech and Language Therapy Children and Young people

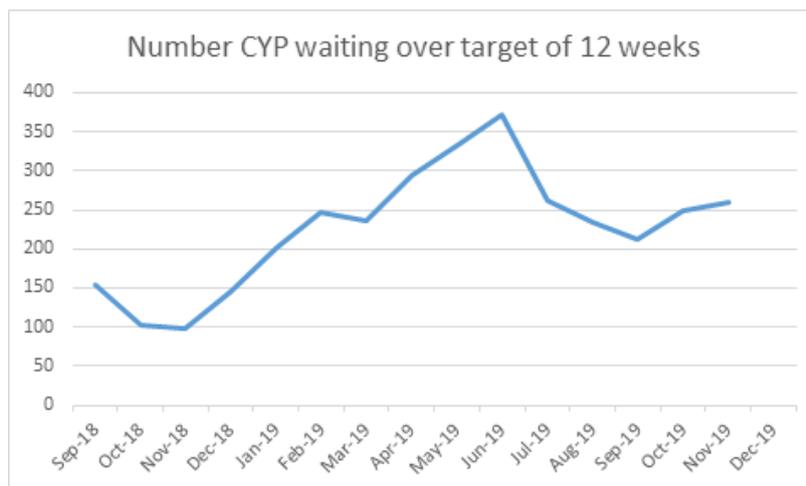
Performance Commentary

Performance has improved slightly to 70.9 % against 70.4% during November 2019. November there were 253 children waiting over 12 weeks with the longest waiting time 31 weeks.

December 2019

A year on year comparison of demand April – November shows a reduction of 66 referrals from 2130 during 2018 to 2064 during 2019.

Recruitment for the neurodevelopmental pathway has completed in addition backfill has been funded by CAMHS for a further two temporary posts which are being recruited to.



Performance Recovery

Staff continue to work additional and overtime hours approx. 1.4 wte.

The service continues to recruit to all vacant posts. The staff appointed for South will start in January. The 0.8 wte band 3 support worker for North was appointed through recruitment and has started earlier than expected. The service is awaiting start dates for the staff appointed in North.

Trakcare is now established in Hamilton and this is the source for all monthly returns. Next step is roll out to pre 5 complex needs team. The service is awaiting a start date for roll out to the next team

The service has been trialling Attend Anywhere in Clydesdale which should reduce travel time and increase capacity. In addition they are trialling Florence in East Kilbride to improve outcomes and potentially reduce the number of face to face contacts required. The results will be reported in January 2020

The service has been tracking the performance for the past 12 months. During this time trajectory for improvement has not been met despite several initiatives. There will be additional demand on the SLT service due to the changes to the neurodevelopmental pathway and the need to address the children currently awaiting diagnosis of ASD in the current model before the new ND pathway is established. This will place additional demands which may affect clinic waiting times adversely.

Demand for SLT services for children and young people has risen steadily over the past 10 years mainly due to better identification of speech, language and communication support needs from 27-30 month review and particularly with a degree of double running since the 13-15 month review started. The first cohort of children with a 13-15 month review are now just reaching 27 months, so it is hoped that there will be a reduction in need at the 27-30 month review due to earlier intervention.

2.4 Medical Children and Young People - Consultant Led service

Service Name: Medical Paediatrics

Current performance: 83%

Projection for end of December is 50 waiting over 12 weeks

Performance Commentary

Work ongoing following the meeting held in late September 2019.

Referral Management update:

- Work continuing to ensure that that internal referrals between consultants as new referrals is captured – this is contributing to false capacity being created in the system.
- The numbers of DNA per clinic has dropped significantly.
- Consultants have been reminded by the Clinical Director of the importance of recording outcomes in patient management systems post clinic otherwise the RMS will offer re-appointments causing unnecessary waits.
- Assessment of the actual numbers of clinics, numbers of returns and numbers of new patients seen by each consultant has been undertaken to inform service/job planning and workforce/workload analysis.
- Predictors are still not currently in use to assist with planning and therefore optimal management of the waiting list.

Manpower update:

- Recruitment for 2 Paediatric Consultants is now completed; with both staff now in post.
- There is currently a significant gap in the middle grade rota due to a vacancy and long term sick leave – permission to use locum to backfill has been granted on a temporary basis however this is not sustainable from a financial perspective.
- A review of the middle grade rota is taking place due to the difficulties in recruitment, with potential to convert some vacancies into Consultant posts.
- Two Consultants currently on long term sick, plus one vacant post.
- A number of on call weeks now require to be covered at short notice due to sick leave/impending vacancy.
- Speciality Doctor vacancy since May, but unable to recruit to date.

Ward 19 update:

- Colleagues from Access have requested further information in relation to the referral and management of patients seen and treated via various work streams in Ward 19. It is hoped that a timely solution can be found to ensure all activity within this ward can be accurately recorded on electronic patient management systems.
- The ward has had very high activity for 3 weeks with approximately half requiring admission.

Performance Recovery Plan

- In conjunction with colleagues in acute, discussions are ongoing around commencing validation exercises on the waiting list.
- Recruitment for 2 Paediatric Consultants is now completed. However they will now pick up the 2 LTS Consultants work and their On Call, so will now not see the new patients they would have. This will impact on the TGG and reduce any impact on that at least until February 2020.

- Options being reviewed for a fixed term Service Improvement Manager to assist with improving performance in both Paediatrics and CAMHS.
- Recruitment for permanent Senior Charge Nurse for the acute paediatric wards is ongoing.
- Assessment of the actual numbers of clinics, numbers of returns and numbers of new patients seen by each consultant is required to inform service/job planning and workforce/workload analysis is ongoing.

1.5 Psychological Therapies RTT (Adult and CAMHS)

These are the **Psychological Therapies RTT (Adult and CAMHS)** waiting times for **November 2019**.

- Within **Adult Psychological Services**, **83%** of patients commenced psychological therapy within 18 weeks, against the **90% RTT standard**
- Within **CAMHS**, **54%** of patients commenced **psychological therapy** within 18 weeks
- The **combined** Adult and CAMHS RTT showed **76.3%** of *all* patients commenced psychological therapy within 18 weeks of referral

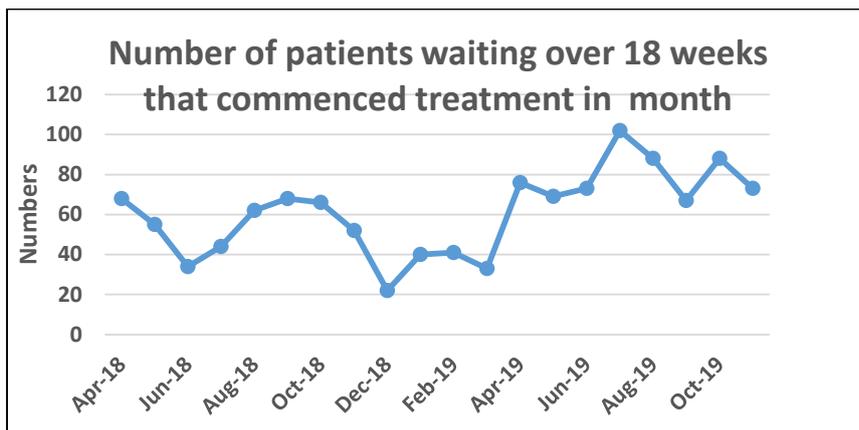
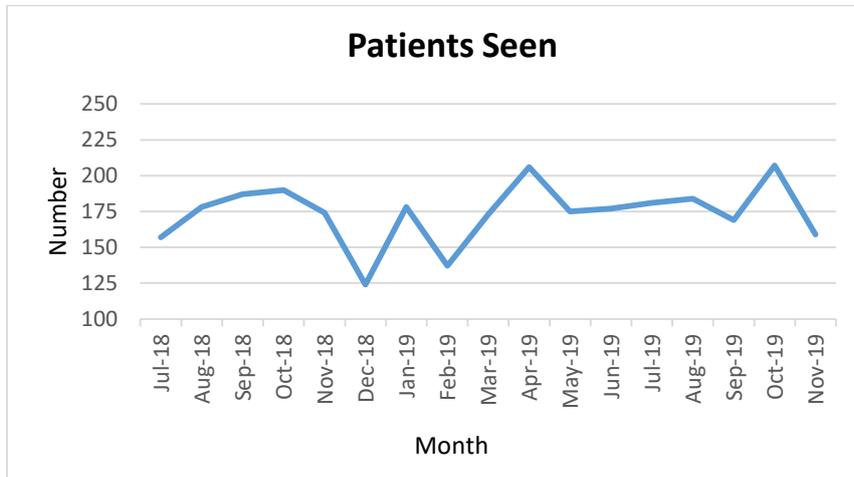
As previously noted, both Adult and CAMHS waiting times are subject to seasonal fluctuation in demand, and capacity is impacted by previously noted staffing pressures across the system in relation to high rates of maternity leave, and recruitment/retention difficulties.

It is important to acknowledge that the RTT is based upon the number of patients commencing treatment *within* 18 weeks. Therefore, the more that our services see patients who have exceeded 18 weeks, the lower the actual RTT percentage will be. 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.

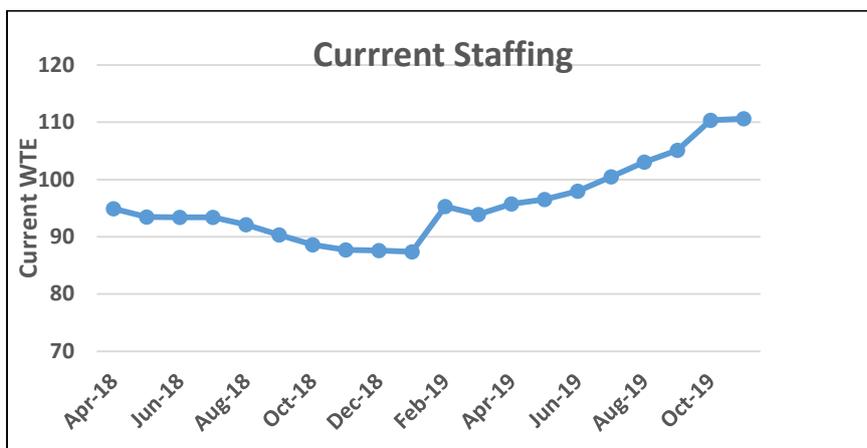
ISD continues to publish waiting times data across HBs, but caution is needed in comparing one Board with another, and from a technical perspective data should only be compared from one month/quarter to the next, within the Board.

November 2019	Adult Psychological Services Psychological Therapies	CAMHS Psychological Therapies	Overall
No. of Patients Waiting (Overall)	1797 (1403)	990 (891)	2787 (2294)
Longest Wait Overall (Weeks)	37 (39)	51 (58)	51 (58)
% Waiting <= 18 Weeks (Overall)	81% (82.37%)	77% (74.23%)	79.44% (79.65%)
No. of Completed Waits	474 (506)	93 (217)	567 (723)
% Completed Waits <=18 Weeks	83% (86%)	54% (56.2%)	76.3 (77%)

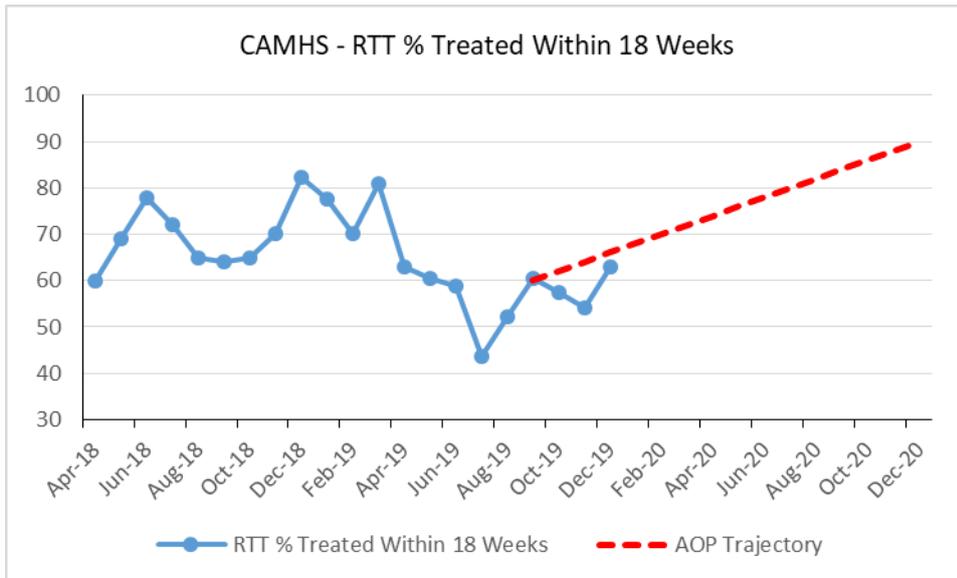
The November figures were hit by a significant increase in sickness absence across the CAMHS team, reducing the overall number of cases seen, though the total number waiting over 18wks continued to fall. It is also worth noting that the new Neurodevelopmental pathway in North Lanarkshire saw 120 patients in the month, but this is not reflected in the CAMHS service statistics any more. The service is still awaiting Government advice on how this should be reflected been CAMHS, Paediatrics and SLT.



Staffing in post has reached a high of 111wte.



Overall, the RTT has dipped to 54% at the end of November, though December figures just in note a 9% improvement to 63%. The trajectory for March 2020 agreed within the AOP is for 79% by March 2020.



Work is ongoing to roll out the actions agreed within the deep dive exercise. The eHealth Executive Group approved the IT business case, with a Programme Board now in place to deliver the new infrastructure. Priority elements will be rolled out by March 2020, though some elements (e.g. roll out of Morse) will be tied into the wider organisational programme.

Work continues to identify new accommodation in South Lanarkshire to support the changes in team structures and roll out of the Neurodevelopmental Pathway.