ACCESS TARGETS REPORT

1. PURPOSE

This paper is coming to Planning Performance & Resource Committee

For approval ☐  For endorsement ☐  To note ☒

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 PLANNING PERFORMANCE AND RESOURCE COMMITTEE

This paper has been:

Prepared ☐  Reviewed ☐  Endorsed ☒

By the following Committee:

Or

Is a standing item ☒

From the following Committee: The acute activity within this report has been discussed at the Corporate Management Team/Divisional Management Team/Acute Governance Committee and also within the Health & Social Care Partnership Management Teams/Divisional Management Teams in relation to primary care and mental health targets.

3. SUMMARY OF KEY ISSUES

The Board continues to perform well in relation to the delivery of diagnostics and also cancer waiting times. Overall planned care delivery performance has seen an improvement. The Acute Management team are maintaining a significant focus on Unscheduled Care which, while improved, needs ongoing and active management.

4. STRATEGIC CONTEXT

This paper links to the following:

<table>
<thead>
<tr>
<th>Corporate objectives</th>
<th>☒ LDP</th>
<th>Government policy</th>
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</table>
5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Person Centred</th>
</tr>
</thead>
</table>

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. A target has been set for the end of March 2019 which will deliver an improved performance.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

<table>
<thead>
<tr>
<th>Vision and leadership</th>
<th>Effective partnerships</th>
<th>Governance and accountability</th>
<th>Use of resources</th>
<th>Performance management</th>
<th>Equality</th>
<th>Sustainability</th>
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</table>
10. **EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

An E&D Impact Assessment has not been completed because this is an activity report, reflecting the Board’s policy of equality of access to services.

11. **CONSULTATION AND ENGAGEMENT**

The issues highlighted in the attached paper are discussed extensively at Divisional and Governance Committees.

12. **ACTIONS FOR LANARKSHIRE NHS BOARD**

The Lanarkshire NHS Board is asked to:

<table>
<thead>
<tr>
<th>Approval</th>
<th>Endorsement</th>
<th>Identify further actions</th>
<th>Note</th>
<th>Accept the risk identified</th>
<th>Ask for a further report</th>
</tr>
</thead>
</table>

The Lanarkshire NHS Board is asked to note the Access Targets report and to confirm whether it provides assurance about the delivery of Waiting Times targets to date, and about the actions being taken and plans to address areas where performance does not meet targets.

13. **FURTHER INFORMATION**

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

HEATHER KNOX  
**14th February 2019**

ROSS MCGUFFIE  
**14th February 2019**

VAL DE SOUZA  
**14th February 2019**
ACCESS TARGETS REPORT

1. PURPOSE

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

- Planned Care waiting time access guarantees and targets set by the Scottish Government as at the end of December 2018.
- AHP and mental health waiting time access guarantees and targets set by the Scottish Government as at the end of December 2018.
- The 4 hour Emergency Department standard until the end of January 2019.
- Delayed Discharge performance against trajectories.
- A summary of current performance within Health & Social Care Partnerships (HSCPs).
- The challenges which HSCPs are managing regarding this agenda.
- The Resources within HSCPs prioritised to address the challenges.
- Further planned actions and future commissioning intentions within HSCPs.

In addition the report will identify issues that are effecting the achievement of standards and will outline the measures that have been taken to secure improvement.

This report is divided into sections. Section 2 below, details waiting times within Acute Services. Section 3 covers unscheduled care activity. Section 4 onwards of the report presents data relating to access to services within the Health and Social Care Partnerships in North and South Lanarkshire.

2. WAITING TIME GUARANTEES - ACUTE SERVICES

2.1) Treatment Time Guarantee (TTG)

The **12 Week Treatment Time Guarantee (84 days)** applies to eligible patients who are receiving planned treatment on an inpatient or day-case basis and states that patients will not wait longer than 12 weeks from the date that the treatment is agreed to the start of that treatment.

At the end of December 2018 there were a total of 2175 patients who had breached their TTG date. 28.5% of patients are waiting over 84 days in December 2018, which is an increase from the November 2018 figure of 26.6%. This increase was anticipated and is due to the loss of capacity during the holiday period.
Orthopaedics and Ophthalmology remain our areas of greatest challenge. Clinical urgency remains our priority at all times and there is a robust administrative and clinical review process in place for patients who are experiencing waits over 26 weeks. Additional capacity has been accessed as part of our capacity plan for 2018/19, both through internal additionality and external independent sector activity. The management team is expected to provide a 24 month Capacity Plan by the end of March 2019.

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

The graph below shows patients waiting over 12 weeks. Please note this is local data.

The graph below shows the TTG trajectory. Please note this is local data. Performance remains challenging.
The above graphs detail ongoing waits.

### 2.2) Outpatients Waiting Times

At 31st December 2018 there were 5351 patients waiting over 84 days. 78.6% of patients were seen within 84 days compared to 5108 patients waiting over 84 days in November 2018 and 81.5% of patients being seen within 84 days in November 2018. Performance remains challenging, but is on trajectory. A slight increase is normal during December due to holidays.

There are significant challenges in a number of specialties including Orthopaedics, Ophthalmology and ENT. Additional internal and external capacity has been put in place to reduce the number of patients waiting over 12 weeks.

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

The graph below shows patients waiting over 12 weeks. Please note this is local data.
The graph below shows the Outpatient trajectory. Please note this is local data.

The above graphs detail ongoing waits.

2.3) 6 Week Diagnostic Targets

As reported to the NHSL Board in January, NHSL has consistently delivered the 6 week standard for the 8 key diagnostic tests. At the end of December 2018 there were 23 patients reported as waiting over 6 weeks. This was due to the disruption of routine endoscopy activity at UHM due to the ant infestation. Additional lists have been put in place to see the patients.

At the end of December there were 216 patients waiting for subspecialty and routine CT examination. This is due to the challenges in Consultant radiologist recruitment (5 wte vacancies) and the prioritisation of urgent suspicion of cancer activity and inpatient activity. Additional CT capacity is being sought both internally and at the Golden Jubilee National Hospital. At the time of this report the January 2019 data is not available. A further update will be presented to Board in March 2019.
2.4)  Cancer Services

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

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

NHSL has delivered on both standards over recent months. Overall performance remains very positive.

Data submitted to ISD for November 2018 and December 2018:

<table>
<thead>
<tr>
<th>Month</th>
<th>62 Days</th>
<th>31 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>November</td>
<td>96.0%</td>
<td>99.2%</td>
</tr>
<tr>
<td>December</td>
<td>95.2%</td>
<td>100%</td>
</tr>
</tbody>
</table>

The 62 day cancer standard including A&E patients, screened positive patients and all patients referred by GP/GDP urgently with a suspicion of cancer. The 31 day standard includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to 1st treatment. The current standard is that 95% of all eligible patients should wait no longer than 62 or 31 days.

3.  UNSCHEDULED CARE

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

The delivery of a sustained improvement in the performance against this standard remains a key priority area for NHS Lanarkshire. There has been an on-going substantial clinical and managerial focus on this issue with a focus to improve patient safety and quality. The overall winter performance has been in line with expectations in the winter plan, which is now operational. To date the contingency arrangements have worked well.

Key risks are the availability of clinical decision makers and an increase in the volume of attendances. The graph below compares overall attendances by site at all 3 sites between December 2016 and January 2019.
Hospital Site Directors will present an update on performance at the Acute Governance Meeting on 20th March 2019.

NHS Lanarkshire January 2019 performance is 87.00% compared to the December 2018 performance of 90.46%. January 2018 performance was 87.11%.

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

<table>
<thead>
<tr>
<th>January 2019</th>
<th>8 Hours Waits</th>
<th>12 Hour Waits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HM</td>
<td>MK</td>
</tr>
<tr>
<td>Week Ended 06/01/19</td>
<td>33</td>
<td>1</td>
</tr>
<tr>
<td>Week Ended 07/01/18</td>
<td>112</td>
<td>23</td>
</tr>
<tr>
<td>Week Ended 13/01/19</td>
<td>33</td>
<td>3</td>
</tr>
<tr>
<td>Week Ended 14/01/18</td>
<td>44</td>
<td>0</td>
</tr>
<tr>
<td>Week Ended 20/01/19</td>
<td>27</td>
<td>3</td>
</tr>
<tr>
<td>Week Ended 21/01/18</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td>Week Ended 27/01/19</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Week Ended 28/01/18</td>
<td>20</td>
<td>1</td>
</tr>
</tbody>
</table>

A whole system group has been meeting since September 2017, to review the potential to safely redirect patients from Emergency Departments (EDs) across NHS Lanarkshire and/or to reduce the reliance on EDs through alternative pathways. Appendix 1 provides more detail on this work.

The following summarises the key improvement activities at site level:

**University Hospital Hairmyres**

The site performance for January 2019 was 82.94% against the 4 hour waiting target this was a decrease in performance from the December 2018 of 91.61%. This compares to 80.09% in January 2018. The number of attendances were 5705, an increase of 398 (7%) on the previous month, and an increase of 713 attendances compared to January 2018. Inspite of increased attendances there has been an improvement. In total there were 973 breaches, the main breach reason was wait for a bed 36% (349 patients).

Minors flow group performance for January was 93%, a 3% reduction in performance from the December position. Sickness within the MINTS Nurses impacted on the departments’ skill mix which contributed to a reduced performance within this flow group.

In January, the number of patients who waited for more than 8 hours was 121, 52 patients waited over 12 hours.

As part of the Winter plan additional Consultant sessions were used to support the extended opening hours of the Medical Assessment Unit (MAU) to assist with GP expected patients until 8pm. Delays with ambulances transporting patients to the hospital, resulted in patients waiting to be assessed in the Emergency Department as they arrived after the MAU unit closed. Occupancy rates for the site were challenging throughout January with patients waiting beds overnight in the Emergency department, an additional 114 patients were admitted in January 19 compared to January 18 an additional 3.6 admissions per day.
University Hospital Wishaw
The site performance for January 2019 was 84.94% against the 4 hour waiting times target, this is a reduction in performance from the December 2018 position of 87.36%. This compares to 87.83% in January 2018. The number of attendances were 6127, which is an increase of 184 patients on the previous month.

In total there were 923 breaches, with the main breach reason for time to first assessment (45.61%). The number of patients waiting for beds accounted for 32.5% against all breaches, which is a significant rise from the previous month (14.65%).

In January, the number of patients who waited for more than 8 hours was 122 and 29 patients waited more than 12 hours. The site continues to experience a significant increase in emergency attendances. In comparison to January 2018, there is an overall increase in ED attendances of 505 patients.

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

Challenges continued in relation to staffing in the ED, with significant junior Dr gaps. Locum cover was a pressure and on some shifts extra senior medical Consultant staff worked additional hours to provide clinical safety in the ED.

There has been a reduction in the number of medical boarders on site, however when there has been no available surgical bed capacity for boarding, additional beds have been opened in the Medical Ambulatory Care Unit. This has had a negative knock on effect with medical patients being diverted to the ED and affecting overall performance.

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

University Hospital Monklands
The site performance for January 2019 was 92.89% against the 4 hour waiting target, this was a slight increase in performance from the December 2018 position of 92.59%. This compares to 92.82% in January 2018. The number of attendances were 6072, an increase of 280 on the previous month.

In total there were 432 breaches, the main breach reason was Time to First Assessment, 27% (118 patients), however, patient flow was a significant issue during the month of January and wait for bed accounted for 23% (101 patients) of breaches. These breaches occurred over a period during a number of problematic days for the site in terms of admission/discharge imbalance however the site recovered well. There was a similar number of long waits during both December and January. Eleven patients waited in excess of 8 hours with one of these patient waiting over 12 hours for a variety of reasons. Unscheduled care work streams have been refreshed with key leads and demonstrable work plans agreed. Surgical Flow Group Performance has also been identified as an issue for the site and work is under further refinement with the NHSL Unscheduled Care Service Improvement lead to share practice in terms of surgical ambulatory pathways.

The Operational Command Centre went live on 3rd December and the first draft of our Triggers, Targets and Escalations work has been completed for the Emergency Department.
The next stage of this work is to trial the process within ED, and also compile the Triggers, Targets and Escalations for MAU. This will be undertaken during February 2019.

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

4.1 Delayed Discharges North Lanarkshire H&SCP

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

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

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

i. Current Performance Analysis

Performance against Target December 2018

ISD published figures for December 2018 shows a deterioration in performance with the North Partnership non code 9 bed days of 2709 against a target of 2067, 642 bed days beyond target.

Source: ISD Delayed Discharges.

ISD published data shows that H&SCP NL performed well in relation to the previous year. Occupied bed days for all North Lanarkshire delays decreased by 107 December 2018 against December 2017, an increase of 203 bed days for non-code 9 delays and decrease of 310 Code 9 bed days. The average number of daily delays have reduced from 102 to 99, 2018 against 2017.

<table>
<thead>
<tr>
<th>Month</th>
<th>Previous Year</th>
<th>Current Year</th>
<th>Increase/Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept</td>
<td>3145</td>
<td>2984</td>
<td>-161 (Decrease)</td>
</tr>
<tr>
<td>Oct</td>
<td>3314</td>
<td>3211</td>
<td>-103 (Decrease)</td>
</tr>
<tr>
<td>Nov</td>
<td>3376</td>
<td>3192</td>
<td>-184</td>
</tr>
</tbody>
</table>
Over the period April – December 2018 NL H&SCP have reduced bed days by 2188 against the same period 2017.

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

**ii. Issues Impacting on Performance**

In general there was positive improvement in performance at the turn of the year, due to:

- Social Work assessment capacity has improved, supporting attendance at off-site MDT meetings on a weekly basis, facilitating an improved performance around proactive discharge
- Following the review of the guardianship processes in North, there has been a significant improvement in long delays (over 100 bed days), from a previous average of over 10 at any one time, to a current level of 4 long delays end January 2018
- Home Support related bed days showing a sustained improvement in performance in 2018/19

**iii. Commissioning Intentions for 2018/19**

In March 2018, North Lanarkshire Integration Joint Board (IJB) approved the Strategic Commissioning Plan, which set out the key intentions for delivery in 2018/19. An overarching intention was the implementation of the Integrated Service Review Board (ISRB) report, which covers a number of pertinent elements to supporting improved delayed discharge performance:
the community service, supporting quicker discharge.

In addition, extra hours for both OT and Physio have been recruited as part of the winter plan.

The next development in this approach is the in-reach to the off-site facilities, creating a greater rehabilitation focus and supporting a quicker and consistent discharge back to the community setting. This will both reduce delays and improve throughput, creating additional step down capacity for the acute sites.

<table>
<thead>
<tr>
<th>Reconfiguration of Home Support services</th>
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</table>
| The new model of Home Support was approved at the IJB in March 2018, with implementation underway across all Localities. New Reablement teams are being implemented across all six Localities, with a sustained improvement being seen in bed days associated with Home Support. We have seen a circa 40% reduction in bed days and have amended the 2018/19 Reablement target to be 70% of all new or increased Home Support cases initiate through Reablement, with performance increased to 60% at the end of Q2 (previous year end 50%).

Intensive teams are also being created, which will support rapid access for both hospital discharge and unscheduled care in Localities. |

<table>
<thead>
<tr>
<th>Discharge to Assess</th>
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<tbody>
<tr>
<td>The first tests of the Discharge to Assess model have commenced with the aim to incrementally increase the approach across both sites. The greatest challenge has been the identification of suitable patients, with work underway with both site teams to agree the best process going forwards.</td>
</tr>
</tbody>
</table>

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:
<table>
<thead>
<tr>
<th>Action</th>
<th>Progress</th>
</tr>
</thead>
</table>
| 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 escalation protocol, in line with the national best practice statement. The new approach was approved at CMT on 14th May 2018 and is now being rolled out across all North sites.  
There has been a marked improvement in the number of North delays over 100 days. In 2017, it was common for there to be over 10 such delays at any time, which has reduced to the current level of 4 end January 2018. |
| Guardianship Pilot                                                   | A test of change is being developed based on models currently underway in both Glasgow and Ayrshire to support individuals undergoing the guardianship process to be moved to a more homely environment in a NHS-purchased care home bed.  
In line with the new AWI pathway noted above, this will enable much improved patient outcomes, whilst freeing up capacity within the acute sites.  
It is aimed to commence the test of change in January, subject to Mental Welfare Commission agreement.                                                                                                                                                                                                                       |
| Group to develop future model of ‘Discharge to Assess’               | The Long Term Conditions and Frailty implementation group has been formed to coordinate the roll out of integrated locality teams, rehab model and discharge to assess.                                                                                                                                                                                                                      |
| Review model of intermediate care and cottage hospitals              | The new model of Intermediate Care for North Lanarkshire was approved at the June meeting of the IJB and an implementation group is now being formed to roll out the model. A separate Social Work implementation group has also been created to coordinate the closure of Monklands House intermediate care home.                                                                                 |
| 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 has concluded its work, and this was shared with the Board at the Development Day in October 2018.                                                                                                                                                                                                                       |
Ongoing actions which are continuing to be taken to improve performance include:

- Additional MHO sessions recruited in SW to support improved management of AWI cases;
- Changes to Home Support processes and ongoing recruitment to the additional Locality Reablement teams, resulting in a significant improvement in performance from January 2018 onwards;
- 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.

v. **Winter**

A significant number of actions have been put in place to support performance during the winter period, including:

- Fortnightly coordinating group for NL in place from December to March, jointly chaired by the Head of Health and Head of Community Care
- New automated daily reporting of delayed discharges directly from Trakcare to all key staff to support the coordination of activity
- Additional resource to support management of delays in off-site facilities, creating additional step-down capacity for acute sites
- Daily on-call rota across the management team for coordinating activity and participating in the whole system conference calls
- Twice-weekly partnership conference calls to coordinate activity around complex cases
- Additional hours across community nursing, paediatrics, physiotherapy, occupational therapy, dietetics, social work and home support teams
- Additional capacity built into the Equipment Store from January until March to improve response times through peak demand
- Shared 4x4s procured for health and social care teams in Localities in case of adverse weather conditions

4.2) **Delayed Discharges South Lanarkshire H&SCP**

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

- Emergency Admissions
- Unscheduled Bed Days
- Accident and Emergency Attendances
- Delayed Discharge Bed Days
- End of Life
- Balance of Care
Whilst this report focuses on the delayed discharge aspect, it is recognised that there are co-
dependencies across all 6 areas.

ISD published data shows that the Partnership achieved a reduction of 78 bed days during
December 2018 for all delay reasons when compared to December 2017, comprising a
decrease of 139 non code 9 bed days, with an increase of 61 Code 9 bed days.

The table below shows the month on month comparison and it will be noted that there has
been sustained improvement throughout the period.

<table>
<thead>
<tr>
<th></th>
<th>Previous year</th>
<th>Current Year</th>
<th>Increase/ reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept</td>
<td>3605</td>
<td>3367</td>
<td>-238 (Decrease)</td>
</tr>
<tr>
<td>Oct</td>
<td>4386</td>
<td>3651</td>
<td>-735 (Decrease)</td>
</tr>
<tr>
<td>Nov</td>
<td>3995</td>
<td>3111</td>
<td>-884 (Decrease)</td>
</tr>
<tr>
<td>Dec</td>
<td>3290</td>
<td>3212</td>
<td>-78 (Decrease)</td>
</tr>
</tbody>
</table>

Source ISD: Occupied bed days All delays

4.2.1 Performance against Target December 2018

Delayed Discharge Bed day targets are based on improvements in delays associated across a
range of actions identified within the delayed discharge action plan agreed between H&SCP
and acute colleagues.

Delayed discharge targets have been revised and include patients in offsite beds and take
into account progress in embedding improvements outlined in the Partnership
Improvement Plan.

Performance against targets deteriorated during December 2018, with 2771 against the
target of 2328 non code 9 bed days, 443 bed days above target.

The following graph shows average, upper and lower limits for delayed discharge bed days
– all reasons - for the previous three years. During January to April 2018 there was a period
of exceptional variation within the data, the reasons for which were multi-factorial and not
all within the scope of the H&SCP and acute colleagues. This has not been maintained to the
same extent in the subsequent 6 months, but is still showing significant improvement in the
levels of delays in comparison to previous years.
There are significant pieces of work being undertaken in the following areas.

a) An ongoing review of home care with a view to
   i. maximise recruitment targeted to key development areas, e.g. peripatetic team and rapid response
   ii. re-model rapid access/assessment
   iii. maximising joint working across home care, OT and ICST

b) Revising model of intermediate care with a view to
   i. revise management arrangements
   ii. maximise staff recruitment to new skill posts – including work with staff side colleagues
   iii. training existing staff in new techniques
   iv. increase overall number of beds available

c) Redesigning the CCA pathway
   i. reducing the number of days to support process
   ii. reviewing staff roles and targets
   iii. securing locality focus and associated performance targets

In addition to the foregoing, there is a series of actions which continue to be taken to sustain the improved performance and to keep demand with the increasing flow of patients associated with the pattern of increased admissions and reduced unscheduled care beds.

These include:

- Daily conference calls with locality teams with Hairmyres and Wishaw Hospital Management Teams and Discharge Facilitators to review cases and lists which has contributed to a reduction in both homecare and CCA delays
- Continued use of British Red Cross to convey 40 patients a week home
- Weekly meetings at Hairmyres to review all delays over 14 days.
- Continued working on consistent pathway for all CCA patients, including information to relatives throughout inpatient stay, including closer collaborative working
- Increased ownership/familiarisation of process by all Senior Charge Nurses
- Addressing the number of patients not clinically ready for discharge at time of care package being available (typically within 48 hours)
• Increasing the number of am referrals
• Improved referrals over weekends and Wednesdays
• Maximising the use of an Estimated Date of Discharge. (This includes a ‘step by step’ approach being used to ensure technology is working to support embedding use of EDD and dynamic board rounds)
• Implementation of – and adherence to - the Choices Protocol with regards to care home placement.
• Improved use of intermediate care approaches and beds across a number of settings
• Improved awareness of new recording systems and associated coding (following transfer of process from Edison to Trakcare)

4.3 Winter Planning

The Head of Commissioning and Performance, South Lanarkshire leads on winter planning for the Health Board and as well as ongoing system wide meetings and plans, there are specific initiatives being taken in the South Partnership to support sustained performance over the winter period.

These include

• GP opening on 26/12, 2/1, 5/1 and 12/1
• Increased numbers of AHPs and community nurses working in the acute hospitals to assist in turning round patients at the front door and accelerating discharge where possible.
• Increased numbers of social work staff available at weekends to support weekend referrals and discharges.
• Senior Management ownership of daily conference calls – including at weekends to ensure flow maintained
• Daily conference calls with Hairmyres and Wishaw to identify all potential discharges
• Additional hours across community nursing, paediatrics, physiotherapy, occupational therapy, dietetics, social work and home support teams
• 6 beds commissioned in external care home to support off site CCA assessment
• Additional capacity built into the Equipment Store from January until March to improve response times through peak demand

As well as supporting performance, this has also allowed acute colleagues to thus far exceed the winter target of increasing weekend discharges by 20%.

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

The waiting times data contained in this report is provided by information services and the Director for Psychological Services. This report is for the performance period from the 1st to 31st December 2018 and was examined/reviewed at the Waiting Times and Capacity Planning Group meeting held on the 28th January 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.

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Compliance</th>
<th>Target (Local/National)</th>
<th>Waiting &gt;12 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Podiatry Biomechanical MSK Service</td>
<td>99%</td>
<td>Local 12 week</td>
<td>10</td>
</tr>
<tr>
<td>Occupational Therapy MSK activity</td>
<td>100%</td>
<td>Local 12 week</td>
<td>0</td>
</tr>
<tr>
<td>Orthotist MSK Service</td>
<td>100%</td>
<td>Local 12 week</td>
<td>1</td>
</tr>
<tr>
<td>Orthotist Foot and Ankle</td>
<td>100%</td>
<td>Local 12 week</td>
<td>0</td>
</tr>
<tr>
<td>Speech &amp; Language Therapy Adult</td>
<td>100%</td>
<td>Local 12 week</td>
<td>0</td>
</tr>
<tr>
<td>Podiatry Service (excl MSK)</td>
<td>100%</td>
<td>Local 12 week</td>
<td>0</td>
</tr>
<tr>
<td>Podiatry Service - Domiciliary Appts</td>
<td>100%</td>
<td>Local 12 week</td>
<td>0</td>
</tr>
<tr>
<td>Adult Audiometry - First Appointment</td>
<td>100%</td>
<td>Local 12 week</td>
<td>0</td>
</tr>
<tr>
<td>Adult Audiometry - Aid fit</td>
<td>100%</td>
<td>Local 12 week</td>
<td>1</td>
</tr>
<tr>
<td>Audiology Tinnitus</td>
<td>100%</td>
<td>Local 12 week</td>
<td>0</td>
</tr>
<tr>
<td>Adult Audiometry Pre-test</td>
<td>100%</td>
<td>Local 12 week</td>
<td>1</td>
</tr>
<tr>
<td>Dietetics</td>
<td>99%</td>
<td>Local 12 week</td>
<td>5</td>
</tr>
<tr>
<td>Children and Young People Occupational Therapy</td>
<td>100%</td>
<td>Local 12 week</td>
<td>0</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>99%</td>
<td>Local 12 week</td>
<td>0</td>
</tr>
<tr>
<td>Occupational Therapy- Neurology</td>
<td>99%</td>
<td>Local 12 week</td>
<td>1</td>
</tr>
<tr>
<td>Occupational Therapy - Rheumatology</td>
<td>100%</td>
<td>Local 12 week</td>
<td>0</td>
</tr>
<tr>
<td>Community Claudication Service</td>
<td>100%</td>
<td>Local 12 week</td>
<td>0</td>
</tr>
<tr>
<td>Orthoptic</td>
<td>99%</td>
<td>Local 12 week</td>
<td>3</td>
</tr>
<tr>
<td>Optometry</td>
<td>98%</td>
<td>Local 12 week</td>
<td>3</td>
</tr>
</tbody>
</table>

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 December 2018, are displayed in table below: Where the target is outwith parameters, additional information can be found below.
### 5.2 MSK Physiotherapy

#### Performance Commentary

The December 2018 waiting times information shows that there has been a 12.2% deterioration in performance between November and December 2018, in the 4-week MSK physiotherapy waiting time, which is now standing at 26.3%. There has also been a decline in the 12-week performance, which has reduced by 5% to 75.3% at the end of December 2018. It should be noted that during December and January, as part of the winter planning process, Physiotherapy staff were asked to prioritise work in the hospital setting to maximise patient flow, thereby reducing the number of staff available to assist with clinic activity.

The overall number of patients waiting increased by 370 patients from the November position of 6345 patients to 6596 patients at the end of December. The longest waiting patients have all had previously agreed appointments cancelled by patients and as per New Ways must receive 3 reasonable offers.

The greatest challenges within MSK Physiotherapy are:
- The longest waits have all had previous accepted appointments cancelled by patient
- Recruitment and retention of rotational band 5 staff – vacancies here are carried within MSK
- Filling of temporary posts to backfill secondments
- Level of vacancies and maternity leave

A range of actions are being taken to improve the overall position.
5.3 Speech and Language Therapy Children and Young people

Performance Commentary

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

Current performance:

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2018</td>
<td>84%</td>
</tr>
<tr>
<td>November 2018</td>
<td>88.7%</td>
</tr>
<tr>
<td>October 2018</td>
<td>86%</td>
</tr>
<tr>
<td>September 2018</td>
<td>78%</td>
</tr>
</tbody>
</table>

Number of people waiting beyond target:

<table>
<thead>
<tr>
<th>Month</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>December</td>
<td>146</td>
</tr>
<tr>
<td>November</td>
<td>98</td>
</tr>
<tr>
<td>October</td>
<td>103</td>
</tr>
<tr>
<td>September</td>
<td>155</td>
</tr>
</tbody>
</table>

Longest patient wait: 28 weeks Motherwell

There is a hotspot in the Motherwell area where waits continue to rise due to vacancies and long term sickness absence meaning that staff have had to absorb another SLTs caseload. Posts have now been filled so there will be additional capacity although the staff sickness absence continues.

Additional hours

- Overtime offers have been made which will provide an additional 24 hours per week within Motherwell Health Centre this commenced 28th January.

Recruitment

- Hearing loss specialist post has been recruited externally, band 6 post in South Children and Young Person has been recruited internally leaving a band 5 vacancy. A 1.0 wte band 8a post which becomes vacant on 4th February 2019 due to retirement will be skill mixed to bands 5, 6 and 7 which will increase capacity.

Trakcare

- One major issue for the service was the lack of an electronic system for managing clinics. It was formally agreed that the service could move onto the Trakcare system and the clinic builds are underway, commencing in Hamilton Locality as the first test area. As yet there is no 'go live' date.

5.4 Children and Young People Audiometry - First Appointment

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

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

It is anticipated that this will take 3 months to fully address this issue.
5.5 Medical Children and Young People - Cons Led service

Due to public holidays there are reduced clinics at this time, this is a seasonal issue which affects the service. The service remains confident in the continued recovery and will continue to offer waiting time clinics. This is despite some sickness absence within the consultant cohort and the clinical lead currently being on bereavement leave.

5.6 Psychological Therapies RTT (Adult and CAMHS)

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

- Within Adult Psychological Services, 90.1% of patients commenced psychological therapy within 18 weeks, against the 90% RTT standard
  - For patients who have not yet commenced treatment 93.5% have been waiting 18 weeks or less
  - 6.5% of adult patients have been waiting over the 18 week target
- Within CAMHS, 82.6% of patients commenced psychological therapy within 18 weeks
  - 84.3% of patients awaiting treatment have been waiting 18 weeks or less
- The combined Adult and CAMHS RTT for December 2018 showed 87.84% of all patients commenced psychological therapy within 18 weeks of referral

December 2018 is the first time since early 2017 that Adult Psychological Services have met the 90% RTT target. CAMHS performance has also increased in recent months. However, 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.

Again, as noted previously, the number of completed waits for patients who have been waiting over 18 weeks across both Adult Psychological Services and CAMHS continues to increase, demonstrating that good headway is being made into the group of patients who have exceeded an 18 week wait, and for whom the RTT time has continued. At 31st December 2018, 10.05% of all patients had been waiting over 18 weeks for psychological treatment.

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

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

The Lanarkshire NHS Planning Performance and Resource Committee are asked to note:

- The maintenance of the Treatment Time Guarantee for the majority of elective patients despite significant pressures.
- The year on year improvement in Outpatient Waiting Times.
- The very positive performance in Cancer Waiting Times.
- The continuing pressures within Unscheduled Care performance during January 2019.
- The challenges around delayed discharge performance.

7. **CONCLUSION**

Unscheduled Care continues to be an area of significant concern and an on-going challenge for the Acute Division. All sites have improvement plans in place against the 6 Essential Actions and work is ongoing across a wide range of activities to improve flow. The Winter Plan is now in place and is working well. Planned care delivery is on track against trajectory but will require active management over the next few months, to achieve year-end target.

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

8. **FURTHER INFORMATION**

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14th February 2019