

**WRITTEN SUBMISSION FROM NHS LANARKSHIRE TO THE PUBLIC AUDIT COMMITTEE, DATED 15 SEPTEMBER 2014**

**AUDITOR GENERAL FOR SCOTLAND REPORT “ACCIDENT AND EMERGENCY – PERFORMANCE UPDATE”- INVITE TO GIVE ORAL EVIDENCE**

We regret the occasions where patients have had to wait longer than necessary in our emergency care departments. Unscheduled care performance in NHS Lanarkshire has been challenging over the last two years.

During the same period the Board has, however, achieved excellent and sustained in performance in areas such as planned care with the Referral to Treatment target (achieved over 90% since 2011); Treatment Time guarantee (one of the best performing boards in Scotland); cancer standards (continuous achievement since 2011), stroke care bundles (second best performing board), Mental Health waiting times and in particular CAHMS, and exemplary performance by services such as the community dental service.

The Board has also delivered innovative and national award winning services such as ASSET (hospital at home service) and ICST, an integrated enhanced community support service aimed at supporting people at home and preventing unnecessary stays in hospital.

While some improvements have been achieved in the unscheduled care performance we recognise that the programme of actions we have and are developing will take time to embed and deliver continuous and sustained unscheduled care performance.

The causal factors set out with the Audit Scotland Report “Accident and Emergency – Performance Update” are consistent with the experience within Lanarkshire: sufficiency of senior decision makers with capacity aligned to demand; impact of delayed discharges; and increased emergency admissions.

While overall attendance at emergency departments in Lanarkshire has gone down marginally, there has been an increase in attendances at Monklands Hospital. In line with the comments within the Audit Scotland Report, there has been an increase in emergency admissions and number of older people attending with more serious health problems.

**Investment**

Over the last three years NHS Lanarkshire has made considerable investments in increasing the numbers of clinical staff both in the emergency departments and throughout ward areas. This includes an investment of £1.07m in nurse staffing within emergency medicine and medical receiving (31.31 WTE); £3.15m to recruit an additional 96.73 WTE nurse staffing across acute medical, surgical and care of the elderly wards (staff in post during August/September 2014); £2.1m to increase both the number of Emergency Department consultants by 10 and an increase in the nursing resource in the departments of over 16 WTE to work with minor injury and illness patients

As part of a number of initiatives under the Reshaping Care for Older People programme, considerable investments have been made to assist older people to be cared for in their home or a homely environment. In 2013/14 £680k was invested by NHS Lanarkshire, with a matching investment by our local authority partner, to provide additional care home places to assist in the timely discharge of assessed patients into appropriate care home settings.

### **Recruitment and retention:**

It is of note that the rate per 1000 for emergency department attendances for Lanarkshire residents continues to be at the higher end of the spectrum across Scotland. Across Scotland the number of senior clinical decision makers within the emergency departments is in general much higher than in Lanarkshire. While the board has increased staffing levels substantially over the past three years, recruitment to vacancies and cover for absence, including sickness and maternity leave, both at consultant level and middle grade trainee level has been very difficult, despite a concerted effort on UK and international recruitment. This is a national shortage specialty and there are Boards in neighbouring areas able to offer more attractive rotas.

We are currently advertising for nine consultants in emergency medicine with a further advert for nine physicians due in the next month. The increase in medical staff will be targeted at ensuring coverage up to 22.00 each day in the three emergency receiving units as well as enhanced weekend working and daily ward activity.

### **Learning from others**

NHS Lanarkshire has sought expert support from Scottish Government and from eminent leaders in emergency medicine flow to identify solutions to the challenges being faced in Lanarkshire.

Through this support a series of actions have been designed to improve flow and the overall performance against the standards. These actions are being implemented and are being further enhanced to improve patient flow through the A&E departments, the hospitals as a whole and through to the community.

In addition to the investment in additional staff we have been undertaking innovative work in relation to developing highly skilled advanced nurse practitioners and using GP skills to enhance clinical cover at peak times. The introduction of the ASSET teams and ICST teams have resulted in multi-disciplinary teams working together to provide the best possible course of support for patients and their carers achieving avoidance of hospital admissions, supported discharges and preventing unnecessary readmissions.

### **Improvements introduced to date include:**

There are now 31.31 WTE more nurses working in emergency medicine and medical receiving wards in Lanarkshire and by the end of September an additional 96.73 WTE will be in post in medical, surgical and care of the elderly wards.

Each of the three DGH sites in Lanarkshire has developed GP Assessment areas where GP heralded patients are seen directly rather than through the Emergency Department. There are however space and staffing limitations at present. This will

become a more responsive service following the appointment of the nine physicians and some capital works are progressed.

A suite of ambulatory care services within the GP assessment areas are being progressed in each of the three hospitals with Wishaw General Hospital currently being the most advanced.

Between August 2013 and August 2014, there has been 4% improvement in performance in the timeliness of discharge, which frees up bed capacity within the hospitals earlier in the day. This together with early receipt of discharge drugs and proactive use of discharge lounges improves patient flow from the emergency departments.

NHS Lanarkshire is working in close partnership with its two Local Authority partners to embed practice to ensure there are no delays over 28 days. Good performance was achieved during 2013/14. There was a build-up of delayed discharges from February 2014 until August 2014, with a peak in March 2014. Concerted efforts, with our two Local Authority partners, have been made and continue to be made to reduce this figure monthly.

New simplified and streamlined governance and leadership arrangements have been implemented with new hospital and clinical structures in place.

The development of a whole system clinical strategy is being taken forward in conjunction with clinical staff, ensuring we match clinical services to the available workforce.

Yours sincerely

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NHS Lanarkshire