

NHS Board Meeting
28 April 2021

Lanarkshire NHS Board
Kirklands
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SUBJECT: PERFORMANCE REPORT

1. PURPOSE

The purpose of this paper is to provide Board Members with

For approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>	For Information	<input type="checkbox"/>
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2. ROUTE TO THE BOARD

This paper has been prepared by the Acute Division, and Health & Social Care Partnerships North and South.

3. SUMMARY OF KEY ISSUES

The main issues are captured in the reports that follow.

The Corporate Management Team has approved the establishment of a Recovery and Remobilisation Coordination Group. The Group will ensure that there is a whole system coordination of the recovery phase of the pandemic wave 3 between the clinical/operational areas of NHSL and Partnerships, and minutes of the Group will be submitted to the Planning, Performance and Resources Committee to report on progress. The first report will be made at the May 2021 meeting.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		<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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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" 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 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

These are set in the report.

7. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Not applicable

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 checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

Not Applicable.

11. CONSULTATION AND ENGAGEMENT

Not Applicable.

12. ACTIONS FOR THE BOARD

Approve	<input type="checkbox"/>	Accept the assurance provided	<input checked="" type="checkbox"/>	Note the information provided	<input type="checkbox"/>
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The Board is asked to note the content of this report

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Judith Park
Director of Acute Services

Ross McGuffie
Chief Officer, Health & Social Care Partnership North Lanarkshire

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ACUTE DIVISION 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 March 2021.
- The 4 hour Emergency Department standard until the end of March 2021.

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

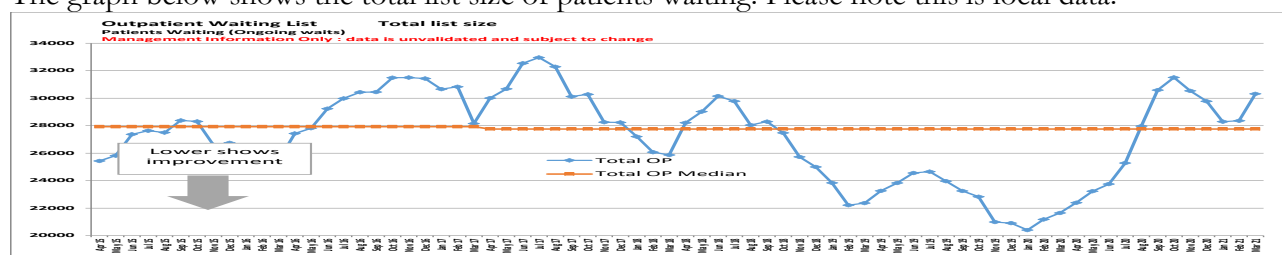
2.1) Outpatient Waiting Times

The 12 Week 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. Due to Covid 19, there was no agreed AOP for NHS Lanarkshire.

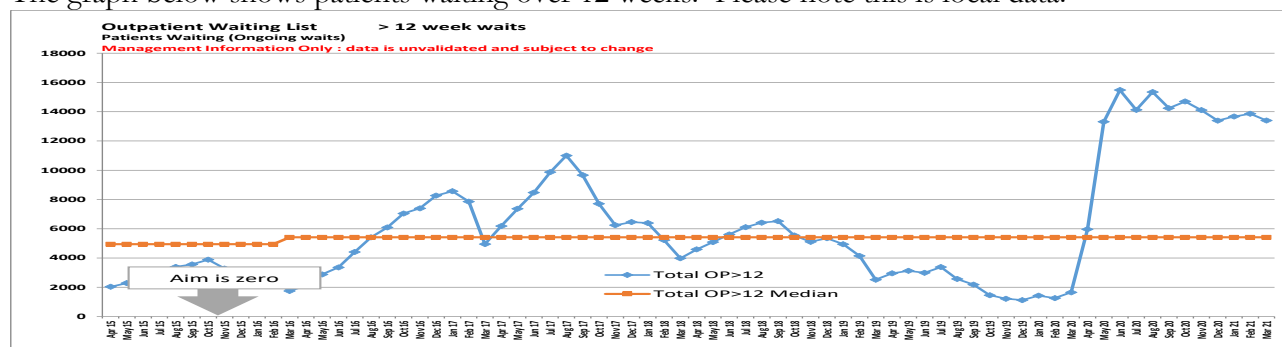
At 31st March 2021 there were 13,398 patients are waiting over 84 days for an outpatient appointment. 74.5 % of patients were seen within 84 days.

Clinical teams have continued to see urgent new outpatients through a variety of different care models (face to face and virtual). NHS Lanarkshire has worked collaboratively with Scottish Government to access space at the Louisa Jordan for new orthopaedic, dermatology, plastics and breast outpatients. External capacity providers were stood down from undertaking face to face consultations; however, they have been able to undertake virtual consultations.

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 above graphs detail ongoing waits.

2.2) 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. Due to Covid 19, NHS Lanarkshire’s AOP target, along with other NHS Board’s was suspended for 2021.

At the end of March 2021 there were a total of 6725 patients who had breached their TTG date. 69.1% of patients are waiting over 84 days in March 2021.

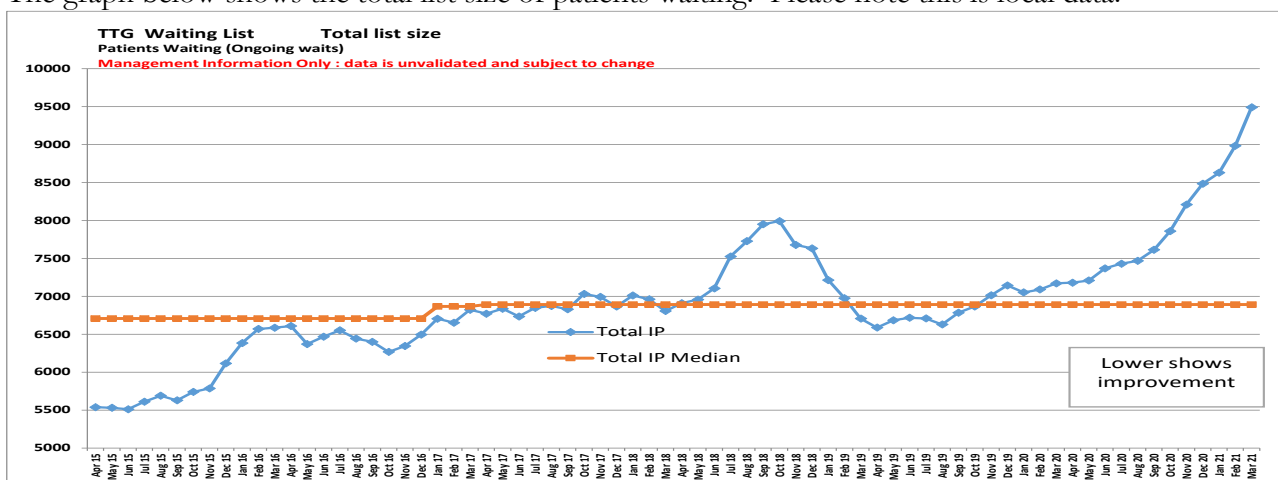
Clinical urgency remains our priority at all times. A Clinical Prioritisation Group and a Theatre Allocation Group have been established to oversee the scheduling of cancer and clinically urgent cases for surgery. In addition, Priority (P) 4 (patients who have been prioritised as being able to wait over 12 weeks) are being written to update them on their status.

Through regional working and mutual aid, NHS Lanarkshire have accessed support and capacity for cancer and clinically urgent inpatients at Golden Jubilee National Hospital and the independent sector.

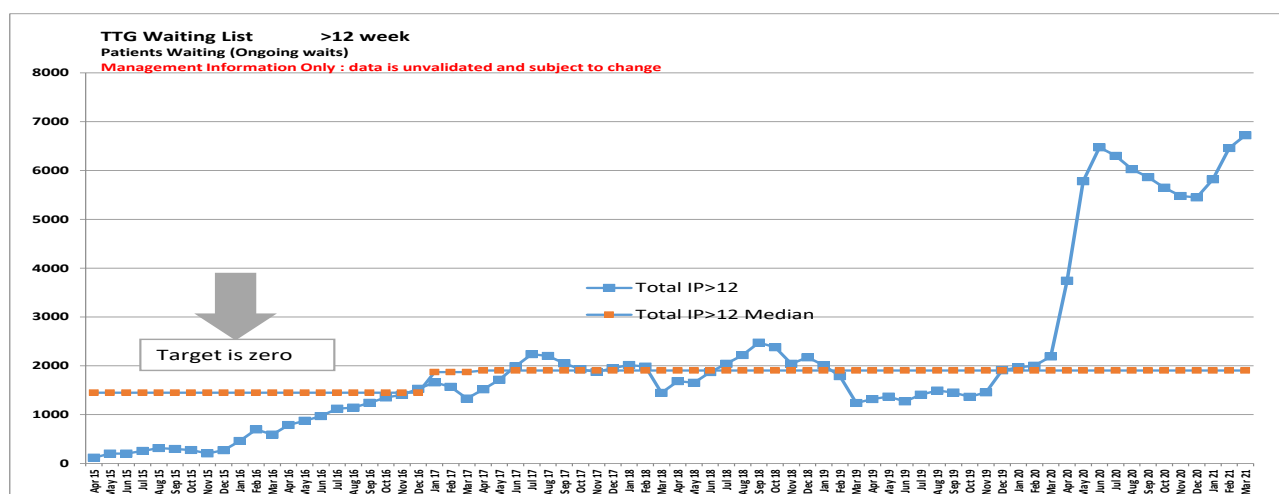
The table below was accurate at 14th April 2021 and shows the numbers of patients in each clinical prioritisation group.

Category Group	0-4 weeks	5-12 weeks	13-26 weeks	27-52 weeks	>52 weeks	Grand Total	Grand Total %	% Patient waiting over Priority Cat
Still to be re-categorised	123	47	51	6	3	230	2%	N/A
TTG Category P2 Cancer (within 4 weeks)	89	34	3	1		127	1%	30%
TTG Category P2 Urgent SoC (within 4 weeks)	61	31	11	1	2	106	1%	42%
TTG Category P2 (within 4 weeks)	238	295	227	123	194	1077	11%	78%
TTG Category P3 (within 12 weeks)	402	648	860	426	624	2960	31%	65%
TTG Category P4 (over 12 weeks)	274	575	1099	755	2268	4971	52%	83%
Grand Total	1187	1630	2251	1312	3091	9471	100%	
Grand Total %	13%	17%	24%	14%	33%	100%		

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 above graphs detail ongoing waits.

Work is underway to agree trajectories for 2021/22. However, it is anticipated that 60% of core capacity will be in place by the end of Quarter 1.

2.3) Diagnostic Targets

Diagnostic tests and investigations are used to identify a patient's condition, disease or injury. Under the 18 weeks standard, NHS Lanarkshire must ensure that the result of any test or investigation is available within 6 weeks of receiving the request. The 6 key diagnostic tests and investigations are:

- Upper Endoscopy
- Lower Endoscopy (excluding colonoscopy)
- Colonoscopy
- Cystoscopy
- Computer Tomography (CT)
- Magnetic Resonance Imaging (MRI)

The table below shows the ongoing waits as at 31st March 2021.

Diagnostic Waiting List Census | Patients Waiting (Ongoing Waits) as at 31 March 2021

This is the number of true waiting list patients waiting, but not yet reported/verified, listed by period (days) since the date of receipt of referral for the test, as at the last day of the month

Management Information Only : data is unvalidated and subject to change

	0-7 days	8-14 days	15-21 days	22-28 days	29-35 days	36-42 days	43-49 days	50-56 days	57-63 days	64-70 days	71-77 days	78-84 days	85-91 days	92 days and over	Total	% of list waiting within 42 Days	
Endoscopic procedures																	
Endoscopy	Upper endoscopy	131	146	118	98	92	102	68	77	88	62	73	80	38	1,361	2,534	27.1%
Endoscopy	Lower Endoscopy (other than colonoscopy)	59	30	22	20	18	25	18	13	16	14	11	6	5	181	438	39.7%
Endoscopy	Colonoscopy	218	207	166	109	97	65	66	58	41	48	47	41	24	409	1,596	54.0%
Endoscopy	Cystoscopy	63	82	64	49	36	28	16	17	21	26	21	17	3	493	936	34.4%
TOTAL SCOPES																	
		471	465	370	276	243	220	168	165	166	150	152	144	70	2,444	5,504	37.2%
Imaging	Magnetic Resonance Imaging	302	193	118	49	36	26	24	19	0	0	0	0	0	767	94.4%	
Imaging	Computer Tomography	388	292	173	99	75	54	42	50	31	45	24	29	19	97	1,418	76.2%
Imaging	Non-obstetric ultrasound	1,094	707	593	406	218	195	150	129	112	97	99	108	27	124	4,059	79.2%
Imaging	Barium Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
TOTAL IMAGING																	
		1,784	1,192	884	554	329	275	216	198	143	142	123	137	46	221	6,244	80.4%
Cardiology	24 hour ECG	173	149	77	98	70	44	33	32	10	1	3	3	2	17	712	85.8%
Cardiology	24 hour Blood Pressure	75	69	46	45	28	9	1	1	1	0	1	0	0	6	282	96.5%
Cardiology	Echocardiology	181	183	160	153	117	100	99	65	72	73	57	87	44	688	2,080	43.0%
Neurophysiology	Nerve Conduction Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Respiratory physiology	Sleep Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Respiratory physiology	Spirometry	135	27	34	63	79	90	57	43	62	50	17	85	29	663	1,434	29.8%
Total Other																	
		564	428	317	359	294	243	190	141	145	124	78	175	75	1,375	4,508	48.9%
TOTAL																	
		2,819	2,085	1,571	1,189	866	738	574	504	454	416	353	456	191	4,040	16,256	57.0%

Radiology imaging remains under significant stress due to increasing demand for inpatient, outpatient and cancer examinations, particularly in MRI and subspecialty MRI examinations. Additional external and internal capacity is being sourced to address these waits.

Work continues in developing a Regional Out of Hours Interventional Radiology model.

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 variable due to the introduction of clinical prioritisation as a response to Covid 19.

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

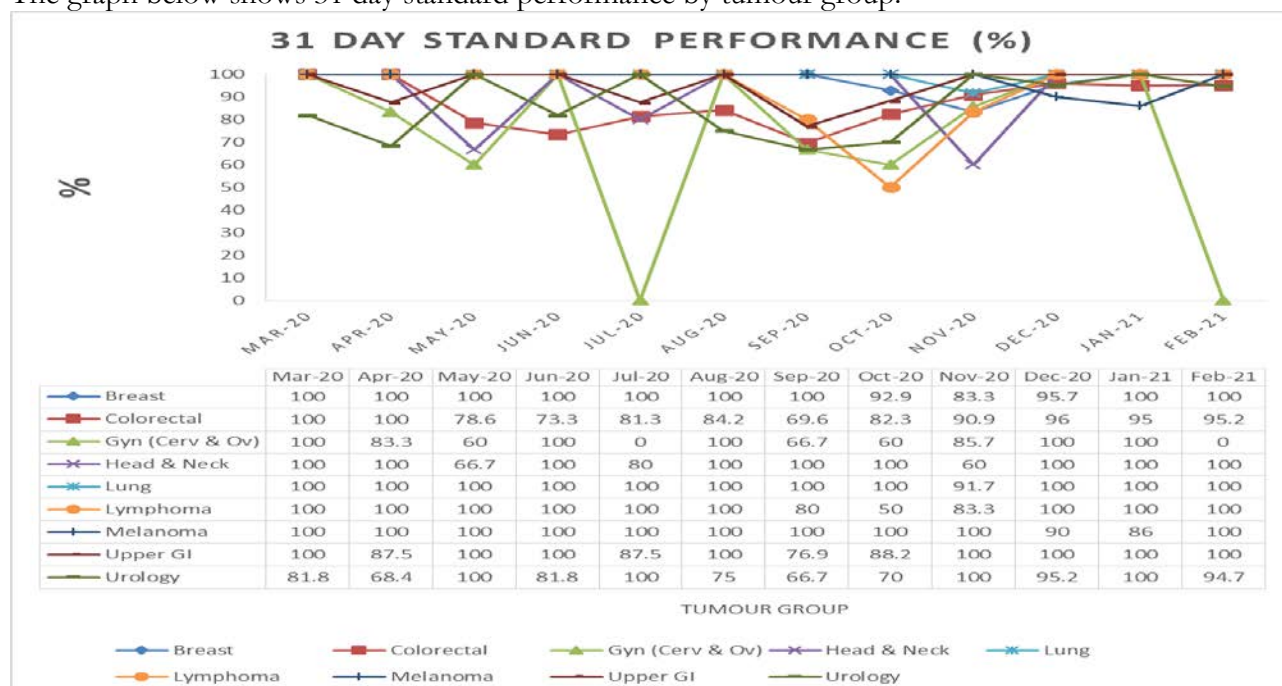
Data submitted to ISD for January 2021 and February 2021

January 2021	February 2021- Unvalidated
62 Days – 88%	62 Days – 94.9%
31 Days – 98.4%	31 Days – 97.7%

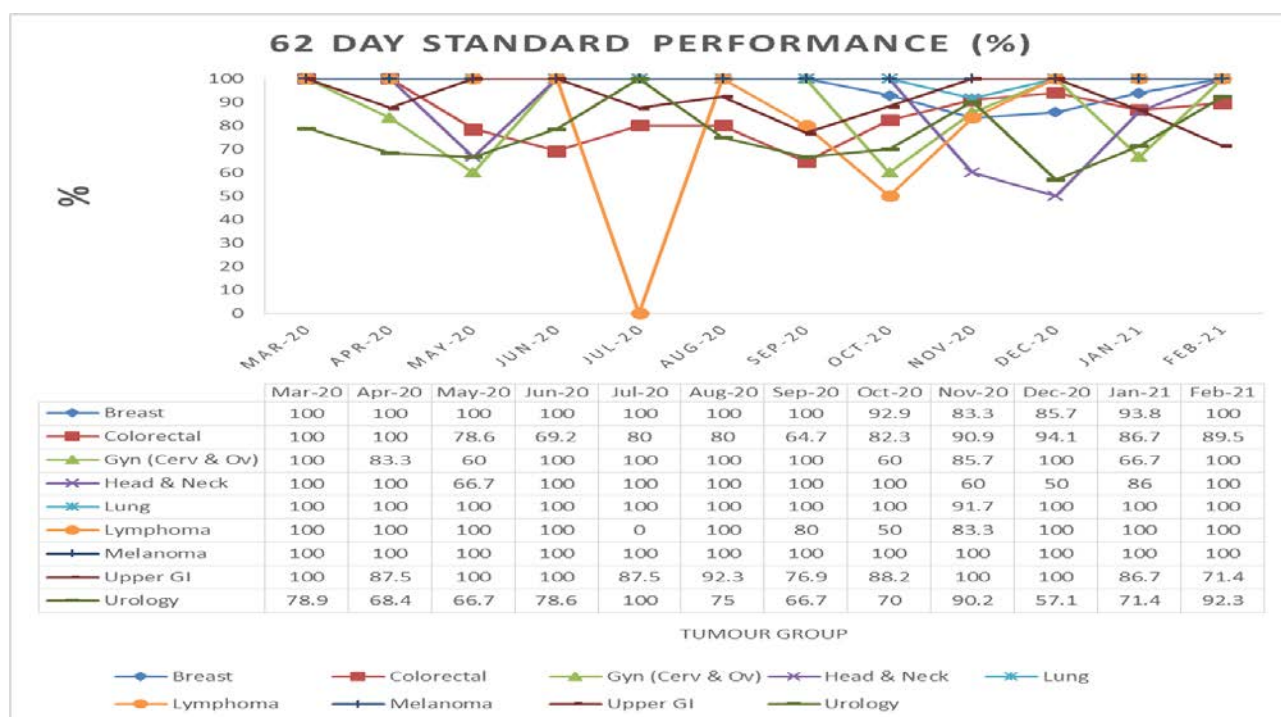
The 62 day cancer standard includes A&E patients, screened positive patients and all patients referred by GP/GDP urgently with a suspicion of cancer. The 31 day standard includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to 1st treatment. The current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

Local chemotherapy treatment has been sustained during third wave of Covid 19, with all new patients commencing treatment within 14 days from referral.

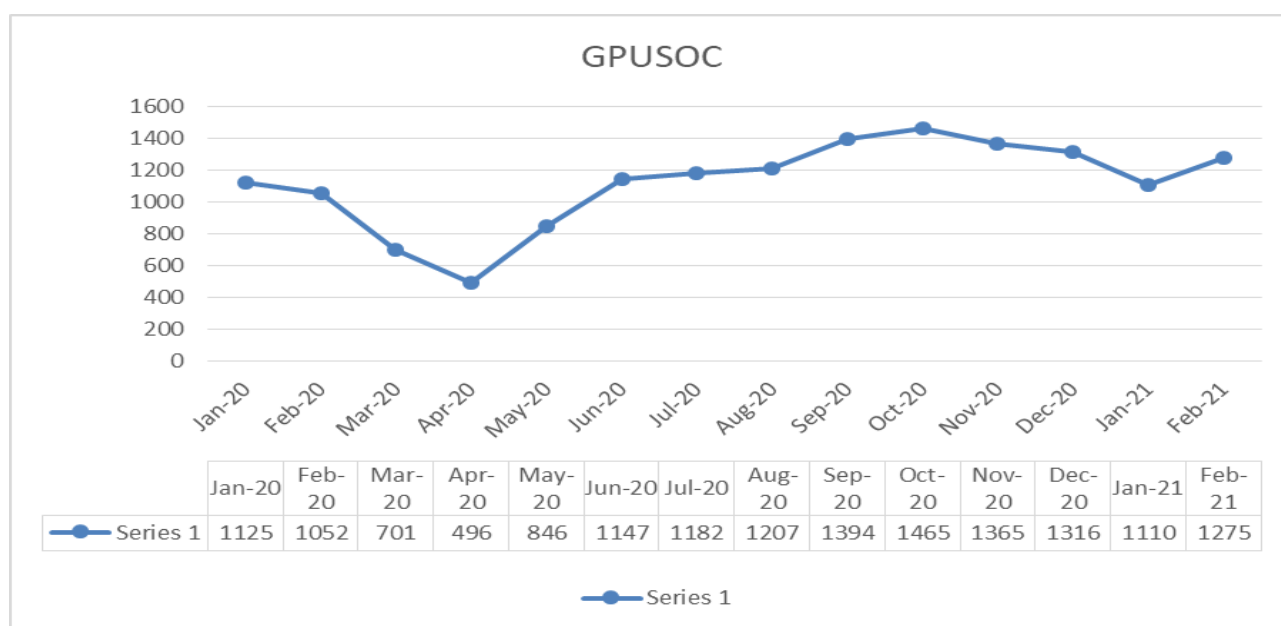
The graph below shows 31 day standard performance by tumour group.



The graph below shows 62 day standard performance by tumour group.



The graph below shows the total number of GP Referrals due to urgent suspicion of cancer (USOC) received by NHS Lanarkshire. It should be noted that referral rates have increased to pre-Covid 19 levels.

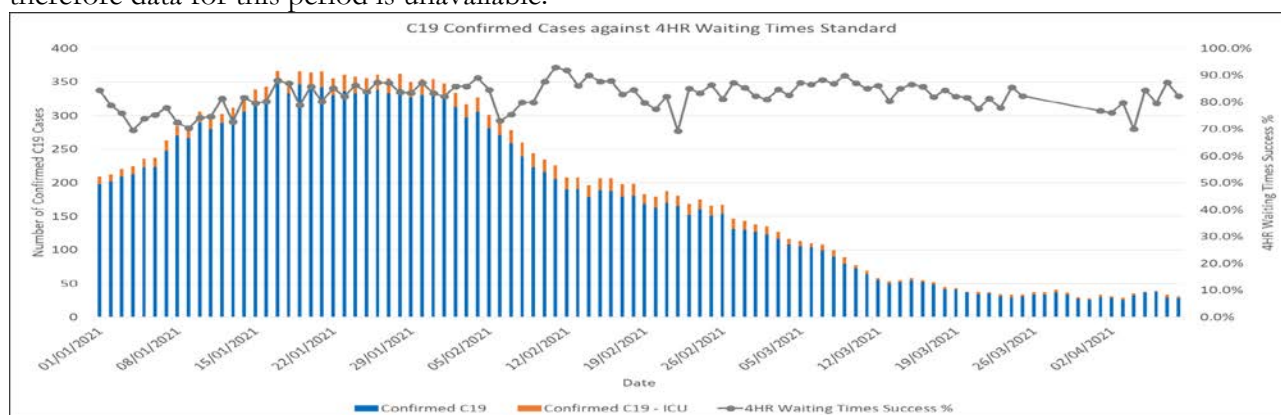


3. UNSCHEDULED CARE

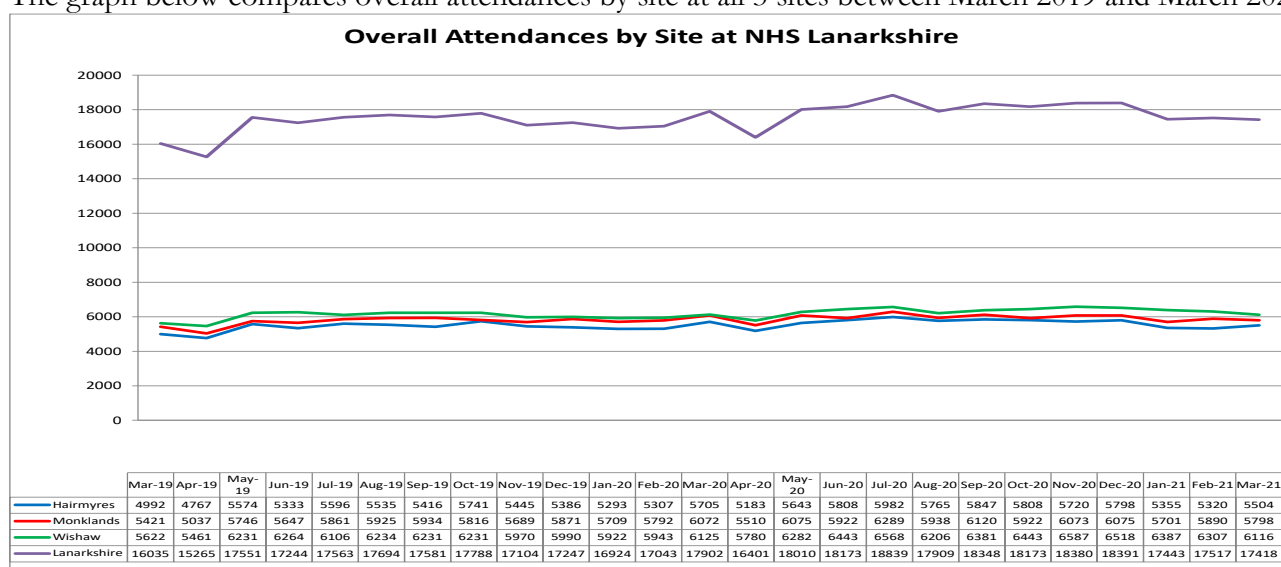
NATIONAL STANDARD: 95% of patients attending Accident & Emergency to be admitted discharged or transferred within 4 hours of arrival. The Local AOP target is 92.5%.

The delivery of a sustained improvement in the performance against this standard remains a key clinical priority area for NHS Lanarkshire. Performance against the standard has been variable with the main issues being Time to First Assessment (TTFA) and wait for bed. Each of the sites has been challenged in maintaining separate patient flows whilst complying with Infection, Prevention and Control guidance and physical distancing. Moving forward there is a focus on site actions to improve TTFA and these are being managed through the Acute Divisional Management Team.

The graph below shows Covid 19 confirmed cases against the 4 hour waiting times standard. Please note during 26th March 2021 and 31st March 2021 technical issues were experience with the MILAN Hub, therefore data for this period is unavailable.



The graph below compares overall attendances by site at all 3 sites between March 2019 and March 2021.



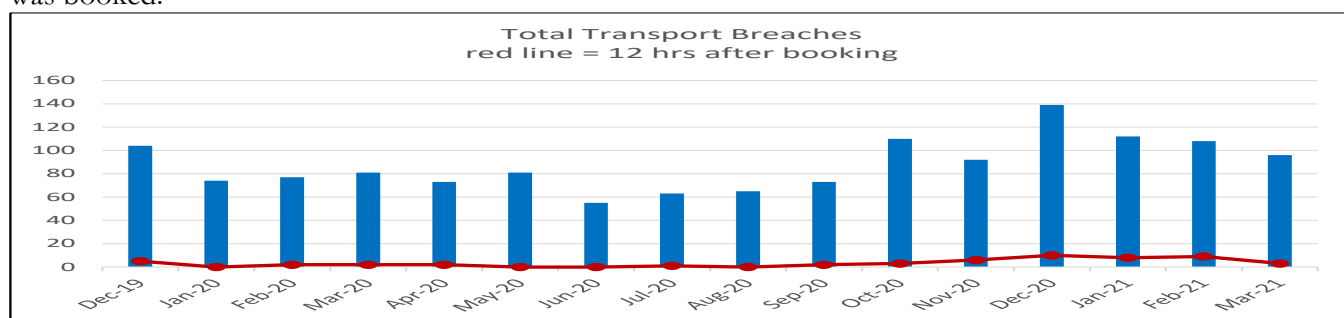
An overview presentation was provided to the Acute Governance Meeting on 24th March 2021 with a performance report on in-patient capacity, unscheduled care performance of the 4 Hour Waiting Time Standard, with particular reference to 8 and 12-hour performance, cancer waiting time performance, Treatment Time Guarantee (TTG) and outpatient performance, clinical prioritisation, remobilisation, staffing absence levels and well-being, hand hygiene, very high graded risks, redesign of urgent care and finance delivered. Hospital Site Directors provided a more detailed standardised report on site performance.

NHS Lanarkshire March 2021 performance is 82.86%, with 15222 attendances. This compares to the February 2021 performance of 83.65% with 11872 attendances.

The table below compares the number of patients who waited longer that 8 and 12 hours in February 2021 and March 2021 compared to February 2020 and March 2020.

	8 Hours Waits				12 Hours Waits			
	UHH	UHM	UHW	NHSL	UHH	UHM	UHW	NHSL
March 2021	50	123	164	337	12	26	26	64
March 2020	114	29	115	258	48	4	18	68
February 2021	49	116	150	315	14	29	31	74
February 2020	180	38	148	366	57	6	30	93

The graph below shows the total number of patient who breached the Emergency Care Standards due to waits for NHS transport. The red line indicated those patients who waited over 12 hours after transport was booked.



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

University Hospital Hairmyres

March month end performance for University Hospital Hairmyres (UHH) was 86.78% with 4644 attendances. This compares to March 2020 performance of 80.57% with 3742 attendances.

University Hospital Monklands

March month end performance for University Hospital Monklands (UHM) was 82.88% with 5064 attendances. This compares to March 2020 performance of 91.15% with 4239

University Hospital Wishaw

March month end performance for University Hospital Wishaw (UHW) was 79.70% with 5814 attendances. This compares to March 2020 performance of 86.26% with 4568 attendances.

The environmental challenges brought by the pandemic have necessitated altered receiving pathways in all three sites, which in turn has limited the availability and use of specialist bed capacity and increased demand for isolation and side rooms.

A diagnostic data analysis on recent unscheduled care performance has identified that the main issue in all 3 hospital sites is Time to First Assessment. Each of the sites is developing an action plan to address this, which will be presented to the Acute Divisional Management Team.

Staff Wellbeing has been a significant focus throughout Covid 19. Many staff are understandably fatigued and the Division continue to focus on identifying and establishing sustainable wellbeing and workforce strategies that will provide an ongoing benefit to teams. The dedicated wellbeing areas are being maintained and supported with regular restocking of snacks and refreshments for staff. The spiritual care teams continue to support staff.

NORTH HEALTH & SOCIAL CARE PARTNERSHIP

Delayed Discharge Performance

HSCP North Lanarkshire continues to perform well against the 2020/21 target trajectory, April – February 23,122 non-code 9 bed days against the 26,455 target (fig 1).

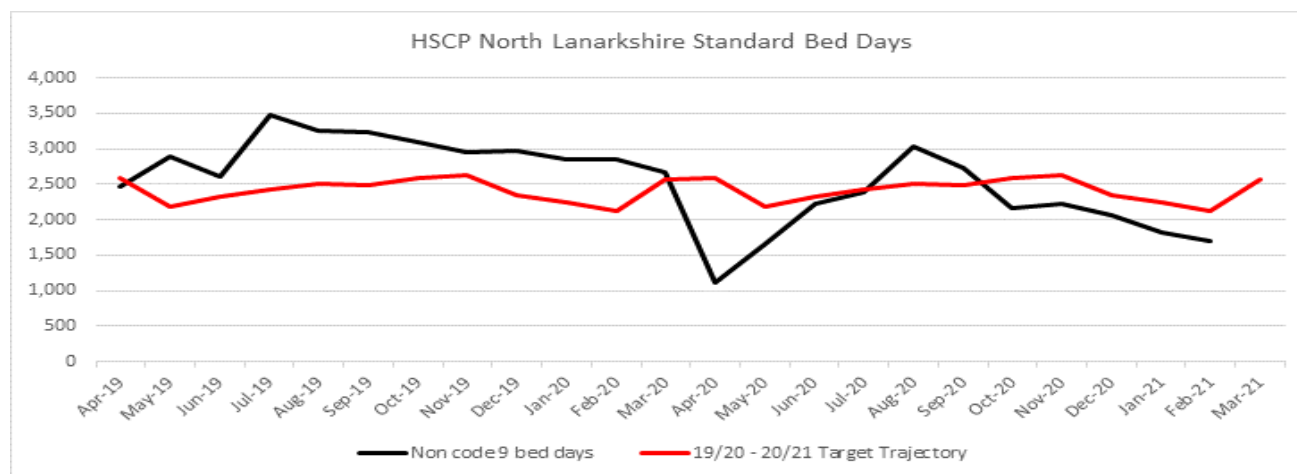


Figure 1 HSCP NL Non Code 9 Bed Days

AHP Waiting Times – North Hosted

There are a number of factors which have affected performance recovery.

All services are using telephone consultations and near me video consultations to some extent. Services will need some resource for face to face consultations.

Some services have seen staff redeployed which has affected capacity and activity levels.

Members of staff have become familiar with Near Me and telephone consultations the proportion of this type of consultation may increase which in turn affects activity and waiting times.

Given the current environment HSCP NL have agreed a recovery target of 50% for AHP services. AHP Service performance is detailed in table 1.

Speech and Language Therapy – Children and Young People (C&YP)) has not met the 50% target

Service	Compliance 50% Target	Longest Wait in Weeks	Waiting >12 weeks
Podiatry Biomechanical MSK Service	90.0%	19	59
Speech & Language Therapy Children and Young People	28.3%	64	1100
Speech & Language Therapy Adult	98.2%	15	3
Podiatry Service (excl MSK)	84.0%	70	1835
Podiatry Service - Domicilliary Appts	96.4%	62	46
Dietetics	94.8%	65	132
Medical Children and Young People - Cons Led service	99.6%	24	5
Community Claudication Service	82.2%	55	16

Table 1 AHP Waiting Times Performance

SLT CYP Overview

Performance prior to COVID-19 was at 62.7% and showed a deteriorating trajectory. Capacity has been affected by the suspension in outpatient appointments from early in the pandemic with some staff redeployed to cover staff wellbeing and it took time to develop the move to remote working.

A further 4.0 WTE SLT CYP staff were deployed to the vaccination programme for 3 weeks in February/March 2021.

Actions taken to improve performance include: increasing capacity through recruitment, reducing demand through increasing targeted offerings, spread of Trakcare to all SLT teams to improve metrics and support improvement.

Psychological Therapies RTT (Adult and CAMHS).

Remobilisation plans are now in place, with previously agreed areas of development continuing to progress within the current restricted environment. While some developments have had to be placed on hold, others such as IT developments for patient consultations and the use of self-help resources have managed to accelerate. Work continues in conjunction with the Scottish Government Mental Health Directorate to develop our local recovery plans.

As at February 2021, performance is as follows:

Adult Psychological Services, 78.13% patients commenced psychological therapy within 18 weeks

- 576 new patients commenced psychological therapy: 450 within 18 weeks, and 126 over 18 weeks

CAMHS 70.41% of patients commenced psychological therapy within 18 weeks

- 98 new patients commenced intervention: 69 within 18 weeks, and 29 over 18 weeks

The combined Adult and CAMHS RTT showed 77% of all patients commenced intervention within 18 weeks of referral.

SOUTH LANARKSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Delayed Discharges

April – February 2020/21

The significant reduction in non-code 9 delayed discharge bed days has continued through to January 2021. April 2020 – February 2021 (Figure 1), 16,195 against a target of 19,484.

This attributed to the Improving Delayed Discharge Work stream.

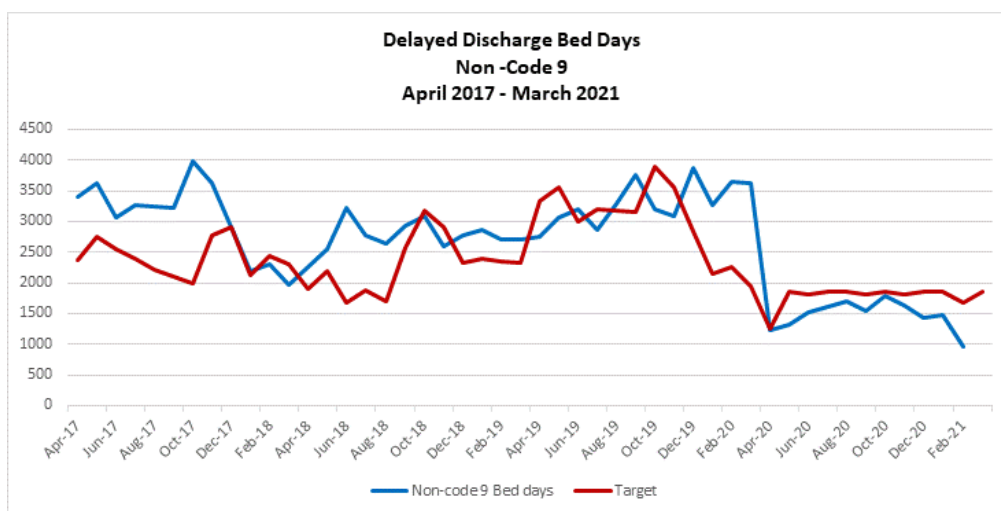


Figure 2 Non Code 9 Bed Days

AHP Waiting Times – South Hosted

Given uncertainties relating to demand, capacity and service activity SL have agreed a recovery target of 50% for AHP services. Performance for all services is detailed in table 1.

Service	Compliance 50% Target	Longest Wait in Weeks	Waiting >12 weeks
Community Claudication Service	82.2%	55	16
Physiotherapy MSK	36.4%	30	2435
Occupational Therapy MSK	96.0%	27	7
Children and Young People Occupational Therapy	100.0%	8	0
Occupational Therapy- Neurology	100.0%	8	0
Occupational Therapy - Rheumatology	100.0%	8	0

Table 2 AHP Waiting Times - South Hosted

March performance for Physiotherapy MSK was 36.4% against the 50% target

The service has experienced a gradual increase in demand returning to pre Covid first wave levels. Reduced service capacity with 20 weeks of ceased routine activity with workforce supporting acute and community teams from March – end July then subsequent reduced capacity Nov 2020 – March 2021.

Actions taken to address performance include: waiting list management, streamlined vetting process, revisiting diary capacity and activity, return of substantive staff from acute.