

NHS Board Meeting
25 August 2021

Lanarkshire NHS Board
Kirklands
Fallside Road
Bothwell
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SUBJECT: PERFORMANCE & RECOVERY REPORT

1. PURPOSE

The purpose of this paper is to provide Board Members with

For approval	<input type="checkbox"/>	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.

Acute Division

The Board continues to focus on the clinical prioritisation of cancer and clinically urgent patients using a National clinical prioritisation system. The Acute Management Team also continue to focus on the Redesign of Urgent Care and on maintaining patient safety and patient flow through the Emergency Department. Unscheduled Care performance remains challenging and the number of patients attending the Emergency Departments has increased to an all-time high during week ending 6th June. In addition, the occupancy levels in the 3 acute sites has remained very high at over 90%.

North Lanarkshire Health & Social Care Partnership

Delayed discharge standard bed days remain ahead of performance.

AHP services have been affected by demand, capacity and resource issues, performance is improving overall, there are still areas which are affected.

South Lanarkshire Health & Social Care Partnership

SL HSCP has continued the successful reduction in delayed discharges and associated bed days.

Discussions have been taken with acute colleagues to request that recovery programmes which will have an impact in the community are discussed to ensure sufficient provision for staffing is made so as not to impact negatively on waiting times performance for e.g. community based AHP services.

Work is ongoing in identifying additional staff and space to assist in the recovery of AHP waiting times.

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"/>		

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, North Lanarkshire Health & Social Care Partnership North Lanarkshire

Marianne Hayward
Head of Health, South Lanarkshire Health & Social Care Partnership

ACUTE DIVISION

The paper reports on performance in the delivery of key Scheduled Care Waiting Time targets as at the end of July 2021 and Unscheduled Care standards until the end of July 2021. The report highlights areas of pressure and challenge and describes the actions being taken to manage clinical prioritisation.

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

- Planned Care waiting time access guarantees and targets set by the Scottish Government as at the end of July 2021.
- The 4 hour Emergency Department standard until the end of July 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) Outpatients 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 July 2021 there were 14,5634 patients waiting over 84 days for an outpatient appointment, compared to 14,241 patients at 30th June 2021. 59.3% of patients were seen within 84 days in July 2021, compared to 67.3% in June 2021. This compares favourably to the Scottish position.

Clinical teams have continued to see urgent new outpatients through a variety of different care models (face to face and virtual). NHS Lanarkshire has recommenced outpatient activity with a range of external providers who will be undertaking face to face consultations. The focus will be to reduce the waiting times for routine patients, particularly those waiting over 52 weeks.

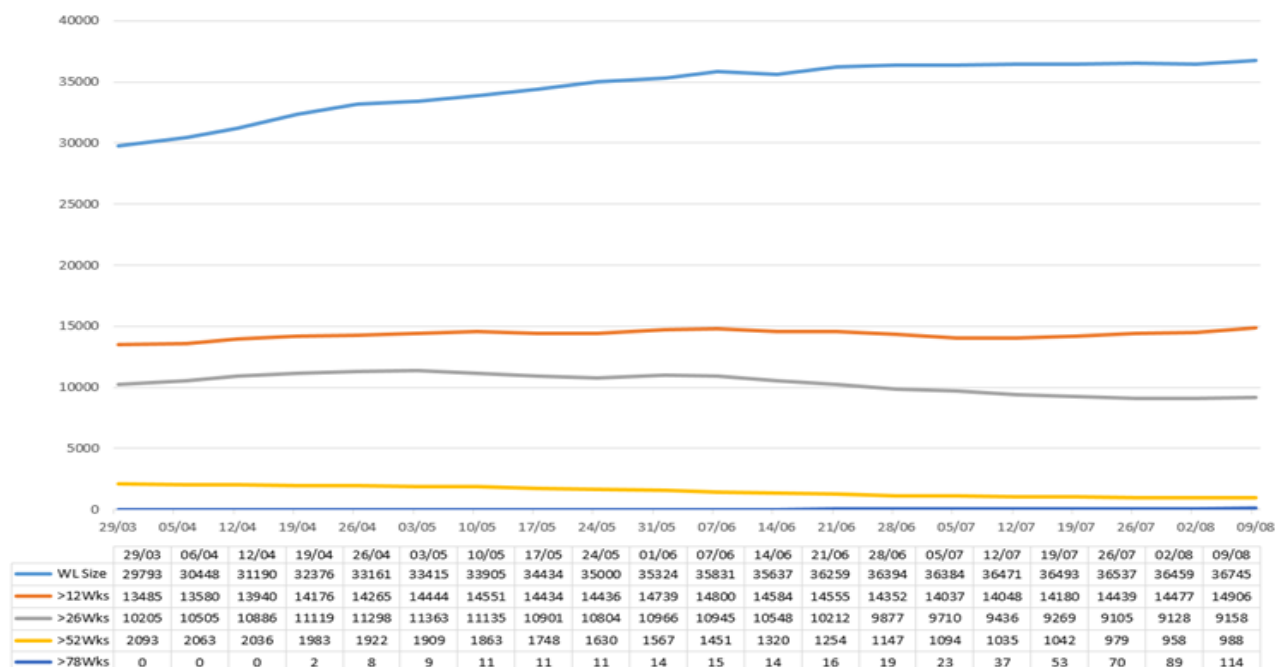
The table below shows outpatient waiting list by specialty at 31st July 2021.

Patients Waiting (Ongoing waits) as at 31 July 2021

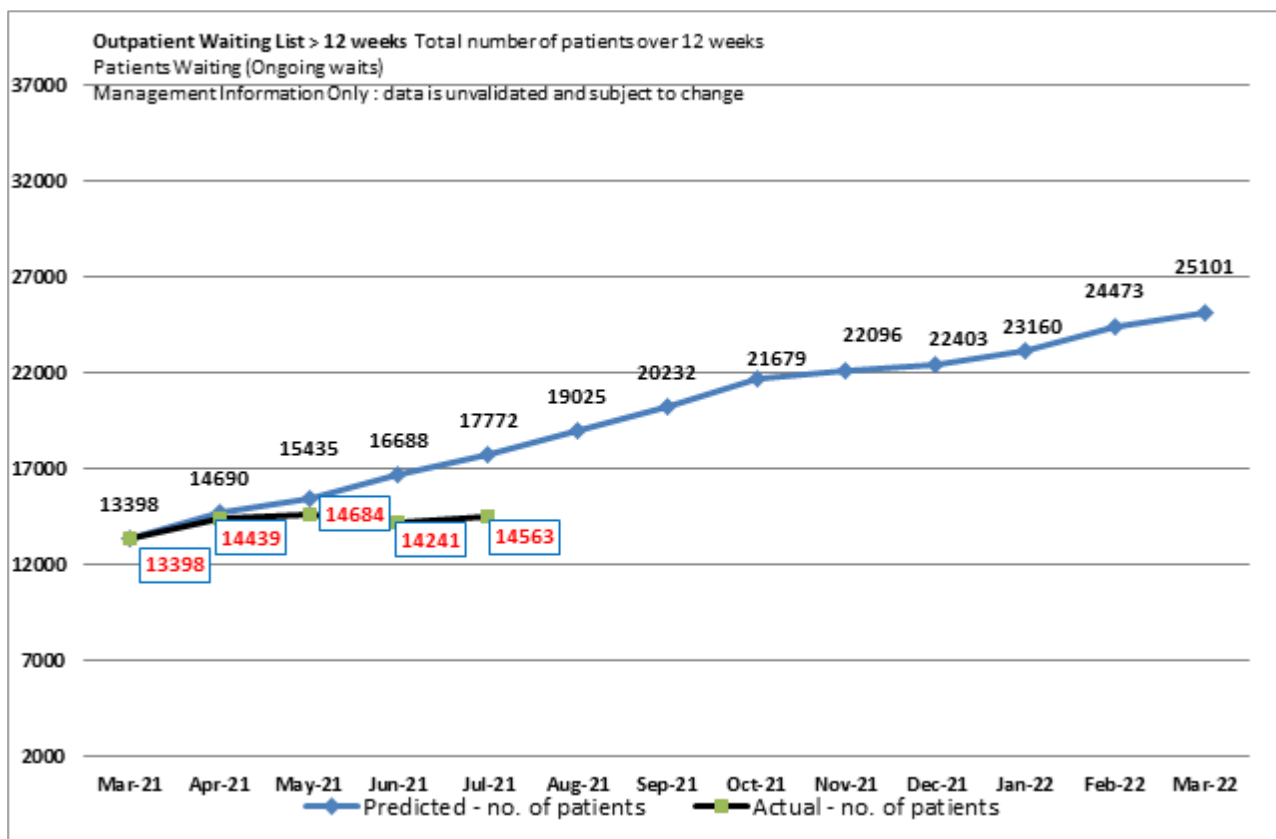
NHSL Specialties	Within 12 Weeks	% Within 12 Weeks	Over 12 Weeks	% Over 12 Weeks	Over 26 Weeks	% Over 26 Weeks	Over 52 Weeks	% Over 52 Weeks	Over 78 Weeks	% Over 78 Weeks	Total
A1 General Medicine	49	45.0%	60	55.0%	32	29.4%	7	6.4%	0	0.0%	109
A2 Cardiology	783	71.4%	314	28.6%	39	3.6%	3	0.3%	0	0.00%	1097
A6 Infectious Diseases	40	97.6%	1	2.4%	0	0.0%	0	0.0%	0	0.00%	41
A7 Dermatology	3057	63.5%	1758	36.5%	199	4.1%	15	0.3%	1	0.02%	4815
A8 Endocrinology	402	74.6%	137	25.4%	23	4.3%	2	0.4%	1	0.19%	539
A9 Gastroenterology	705	34.7%	1324	65.3%	690	34.0%	123	6.1%	2	0.10%	2029
AB Geriatric Medicine	282	93.4%	20	6.6%	1	0.3%	0	0.0%	0	0.00%	302
AD Medical Oncology	52	98.1%	1	1.9%	0	0.0%	0	0.0%	0	0.00%	53
AF Medical Paediatrics	530	98.1%	10	1.9%	0	0.0%	0	0.0%	0	0.00%	540
AG Nephrology	111	41.0%	160	59.0%	83	30.6%	1	0.4%	0	0.00%	271
AH Neurology	1117	43.2%	1470	56.8%	462	17.9%	78	3.0%	1	0.04%	2587
AQ Respiratory Med	769	60.8%	495	39.2%	166	13.1%	9	0.7%	0	0.00%	1264
AR Rheumatology	582	72.4%	222	27.6%	5	0.6%	0	0.0%	0	0.00%	804
C1 General Surgery	2074	62.4%	1250	37.6%	366	11.0%	0	0.0%	0	0.00%	3324
C12 Vascular Surgery	280	89.2%	34	10.8%	4	1.3%	1	0.3%	0	0.00%	314
C13 Oral and Maxillofacial Surgery	1045	57.9%	760	42.1%	234	13.0%	38	2.1%	5	0.28%	1805
C31 Chronic Pain	282	99.6%	1	0.4%	0	0.0%	0	0.0%	0	0.00%	283
C5 ENT Surgery	1740	77.2%	514	22.8%	1	0.0%	0	0.0%	0	0.00%	2254
C7 Ophthalmology	1749	34.1%	3384	65.9%	2155	42.0%	606	11.8%	75	1.46%	5133
C7B NHSL Cataract List	848	37.6%	1409	62.4%	522	23.1%	12	0.5%	1	0.04%	2257
C8 Orthopaedics	2264	86.0%	368	14.0%	0	0.0%	0	0.0%	0	0.00%	2632
C9 Plastic Surgery	320	93.3%	23	6.7%	1	0.3%	0	0.0%	0	0.00%	343
CA Surgical Paediatrics	111	37.4%	186	62.6%	109	36.7%	42	14.1%	1	0.34%	297
CB Urology	914	81.2%	212	18.8%	0	0.0%	0	0.0%	0	0.00%	1126
D1 Public Dental Service	118	26.6%	325	73.4%	171	38.6%	21	4.7%	0	0.00%	443
D5 Orthodontics	45	37.2%	76	62.8%	32	26.4%	2	1.7%	0	0.00%	121
F2 Gynaecology	1617	97.6%	39	2.4%	3	0.2%	0	0.0%	0	0.00%	1656
J4 Haematology	229	95.8%	10	4.2%	2	0.8%	0	0.0%	0	0.00%	239
Grand Total	22115	60.3%	14563	39.7%	5300	14.5%	960	2.6%	87	0.24%	36678

The graph below shows the total list size of patients waiting. Please note this is local data. At present there are no Outpatients waiting over 104 weeks. Pre pandemic the Outpatient over 12 week position was 1,651.

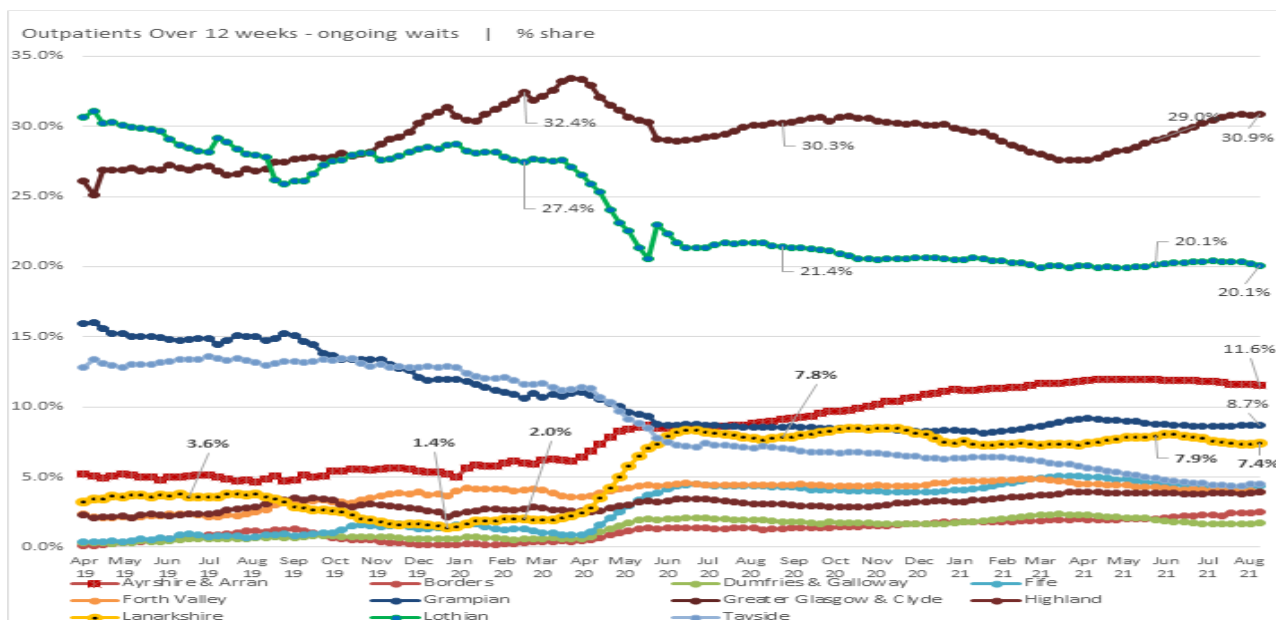
Lanarkshire - OP Waiting Times Trend as at 09/08/2021



The graph below shows patients waiting over 12 weeks. Please note this is local data. The pre-pandemic AOP Target for outpatient waits over 12 weeks was 1750. Current expectation is that there will be 25101 over 12 weeks by March 2022 (currently under review within RMP4 population).



The graph below shows trends of the Board share of the numbers of patients over 12 weeks at each census point from April 2019. NHS Lanarkshire’s share rose dramatically last Spring, giving a clear indication of the good work that was being done prior to the pandemic. Overall, 7.4% share of the overall number of patients waiting is quite healthy in terms of national share. All Boards currently find themselves in a similar position.



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 July 2021 there were a total of 6428 patients who had breached their TTG date, compared to 6369 patients in June 2021. In July 2021 57.1% of patients were treated within 84 days, compared to 58.2% in June 2021.

Patients Waiting (Ongoing waits) as at 31 July 2021

NHSL Specialities	Within 12 Weeks	% Within 12 Weeks	Over 12 Weeks	% Over 12 Weeks	Over 26 Weeks	% Over 26 Weeks	Over 52 Weeks	% Over 52 Weeks	Over 78 Weeks	% Over 78 Weeks	Total
A1 General Medicine	20	80.0%	5	20.0%	2	8.0%	0	0.0%	0	0.0%	25
A2 Cardiology	75	88.2%	10	11.8%	3	3.5%	1	1.2%	1	1.2%	85
AG Nephrology	1	10.0%	9	90.0%	6	60.0%	0	0.0%	0	0.0%	10
AQ Respiratory Med	14	87.5%	2	12.5%	0	0.0%	0	0.0%	0	0.0%	16
AR Rheumatology	0	0.0%	1	100.0%	1	100.0%	0	0.0%	0	0.0%	1
C1 General Surgery	477	35.6%	863	64.4%	549	41.0%	231	17.2%	113	8.4%	1340
C12 Vascular Surgery	74	32.6%	153	67.4%	116	51.1%	69	30.4%	35	15.4%	227
C13 Oral and Maxillofacial Surgery	84	24.2%	263	75.8%	212	61.1%	189	54.5%	109	31.4%	347
C31 Chronic Pain	13	36.1%	23	63.9%	19	52.8%	16	44.4%	7	19.4%	36
C5 ENT Surgery	292	25.7%	845	74.3%	655	57.6%	406	35.7%	136	12.0%	1137
C7 Ophthalmology	54	42.5%	73	57.5%	54	42.5%	42	33.1%	30	23.6%	127
C7B NHSL Cataract List	629	61.2%	399	38.8%	323	31.4%	218	21.2%	51	5.0%	1028
C8 Orthopaedics	591	25.3%	1741	74.7%	1276	54.7%	484	20.8%	142	6.1%	2332
C9 Plastic Surgery	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
CA Surgical Paediatrics	3	75.0%	1	25.0%	1	25.0%	1	25.0%	0	0.0%	4
CB Urology	380	24.5%	1173	75.5%	832	53.6%	525	33.8%	307	19.8%	1553
D1 Public Dental Service	124	36.2%	219	63.8%	109	31.8%	16	4.7%	2	0.6%	343
F2 Gynaecology	354	35.6%	639	64.4%	412	41.5%	158	15.9%	38	3.8%	993
H1 Clinical Radiology	20	69.0%	9	31.0%	0	0.0%	0	0.0%	0	0.0%	29
Grand Total	3205	33.3%	6428	66.7%	4570	47.4%	2356	24.5%	971	10.1%	9633

Clinical urgency remains our priority at all times with the focus on scheduling Priority 2 and 3 patients. However, as theatre remobilisation gathers pace, efforts are being made to schedule Priority 4 patients with lengthy waits into available capacity. This is contingent on the availability of theatre and ward staffing and beds.

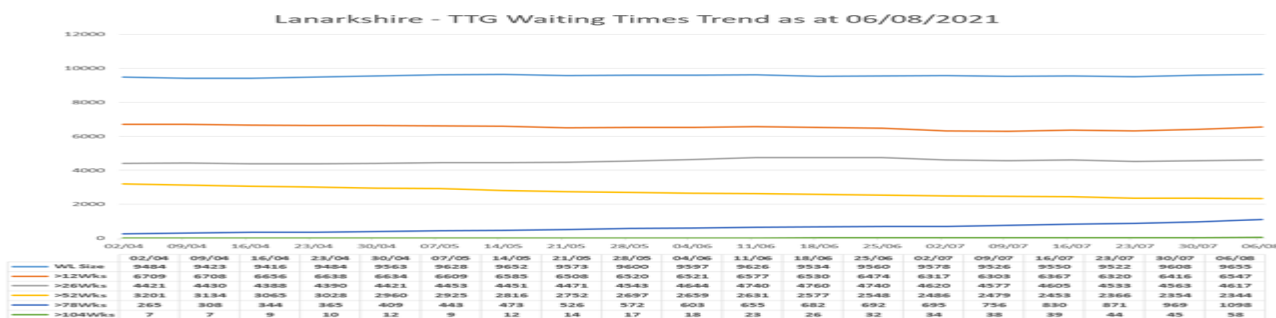
NHS Lanarkshire continue to access support and capacity for cancer and clinically urgent inpatients at Golden Jubilee National Hospital. This will cease from the end of August. Formal contracts are now in place with the independent sector to treat a range of elective patients

The table below was accurate at 31st July 2021 and shows the numbers of patients in each clinical prioritisation group.

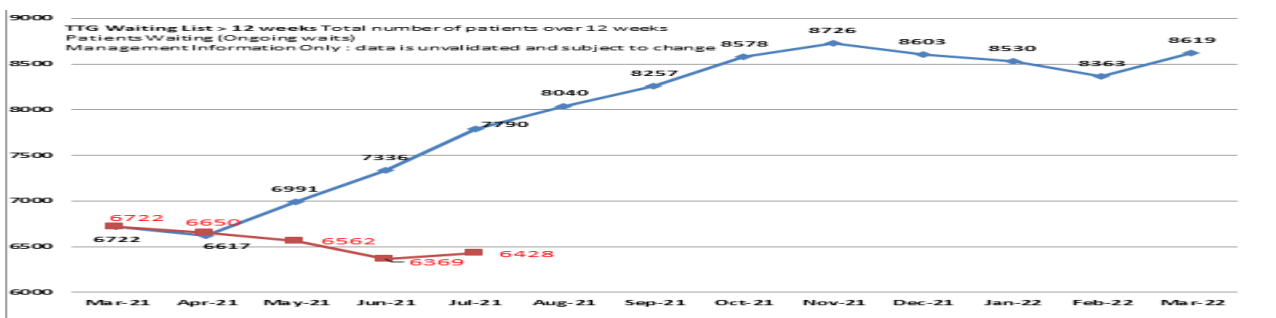
Patients Waiting (Ongoing waits) as at 31 July 2021

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	79	30	19	8	1	137	1%	N/A
TTG Cancer	82	58	10	1	0	151	2%	46%
TTG Urgent SoC	68	47	18	9	3	145	2%	53%
TTG Category 2 (within 4 weeks)	269	337	249	222	138	1215	13%	78%
TTG Category 3 (within 12 weeks)	604	937	738	783	477	3539	37%	56%
TTG Category 4 (over 12 weeks)	209	485	824	1191	1737	4446	46%	84%
Grand Total	1311	1894	1858	2214	2356	9633		
Grand Total %	20%	11%	19%	22%	27%	100%		

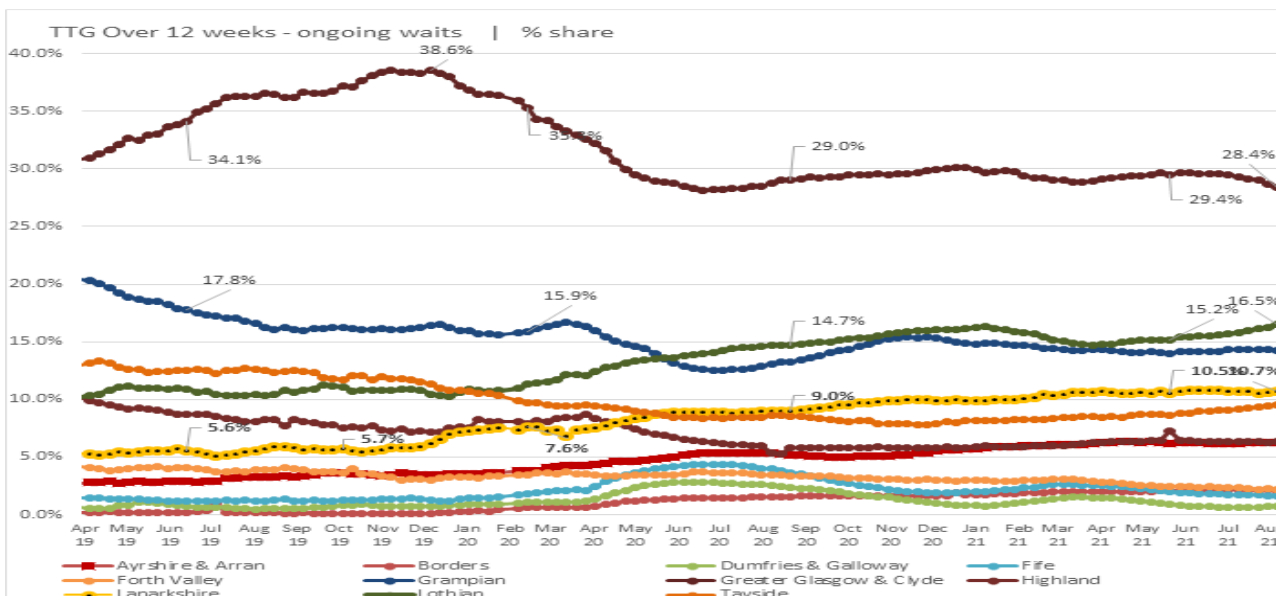
The graph below shows the total list size of patients waiting. Please note this is local data. Pre pandemic, the TTG over 12-week position was 2,193. Currently there are 6,547 patients waiting over 12 weeks.



The graph below shows patients waiting over 12 weeks. Please note this is local data. The AOP Target for TTG waits over 12-weeks pre pandemic, was 998. Current expectation is that there will be at 8,619 patients over 12 weeks by March 2022 (this is under review within RMP4 population).



The graph below shows trends of the Board share of the numbers of patients over 12 weeks at each census point from April 2019. NHS Lanarkshire’s share has risen as performance has deteriorated gradually and now sits at 10.7%.



Work is underway on RMP4 and this will include the development of trajectories for 2021/22 with a range of modelling scenarios being developed.

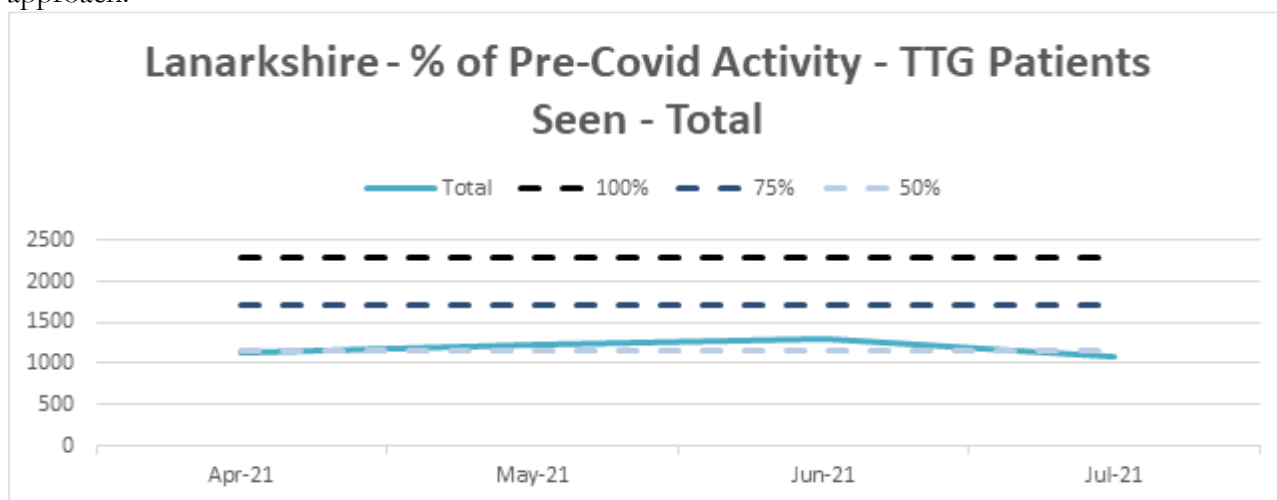
2.3) Recovery

Acute services continue to work to remobilise services to support patient treatment and assessment. Due

to ongoing restrictions around physical distancing and other infection prevention and control measures related to Covid, and the significant issues of workforce availability and wider service pressures this continues to present challenges. The expectation of Scottish Government is that Boards will, restore 100% of pre-Covid activity levels by March 2022. This is will be challenging to deliver in the current circumstances.

The graph below shows the percentage of TTG patients treated each week since last summer. The variability reflects the wider Covid prevalence and related issues (e.g. the decision to again step down non-priority cases in January 21). Although this activity is reflected as a percentage of pre-Covid numbers it should be noted that, due to the clinical prioritisation process, the case mix of patients treated now is not exactly equivalent to the pre-Covid group. Specifically, higher clinical priority patients tend in general to be more major and complex taking more operative time.

The 100%, 75% and 50% lines are based on the average of the total activity in 2019 to align with the SG approach.

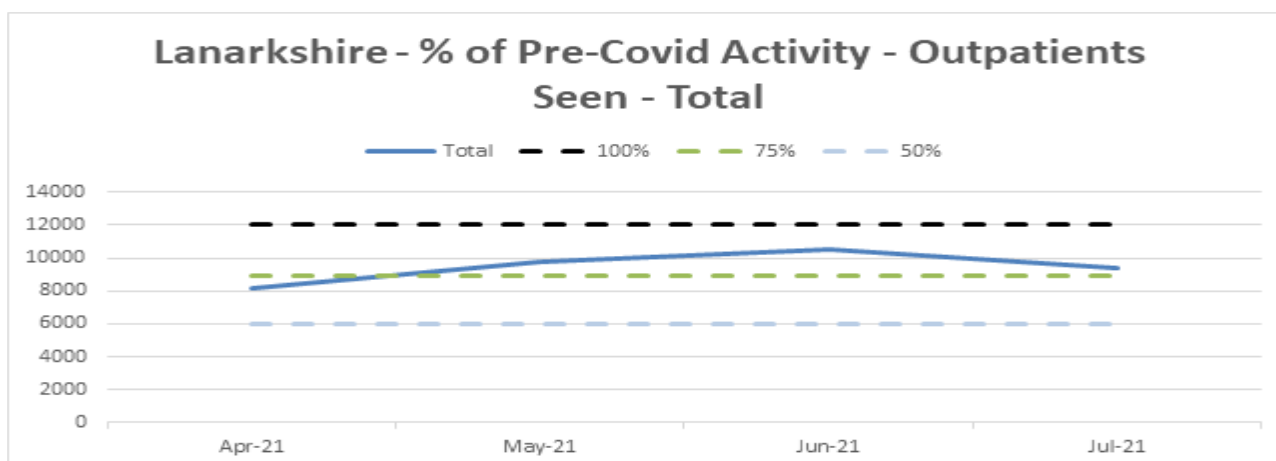


	Apr-21	% Pre Covid	May-21	% Pre Covid	Jun-21	% Pre Covid	Jul-21	% Pre Covid
TTG Activity	1135	54%	1219	51%	1306	56%	1081	52%

The Pre Covid % table above is based on the same month in 2019. As seen above Lanarkshire TTG activity levels are currently at 52% of that in 2019.

The graph below shows the percentage of New Out Patients seen each week since last summer. The line shows the progress made to recover from summer 2020, with variability reflecting the ongoing impact of Covid and predictable seasonal activity changes related to holiday periods. Despite the continued used of virtual appointments, availability of clinic space, primarily as a result of physical distancing requirements remains a significant barrier to the restoration of previous levels of activity.

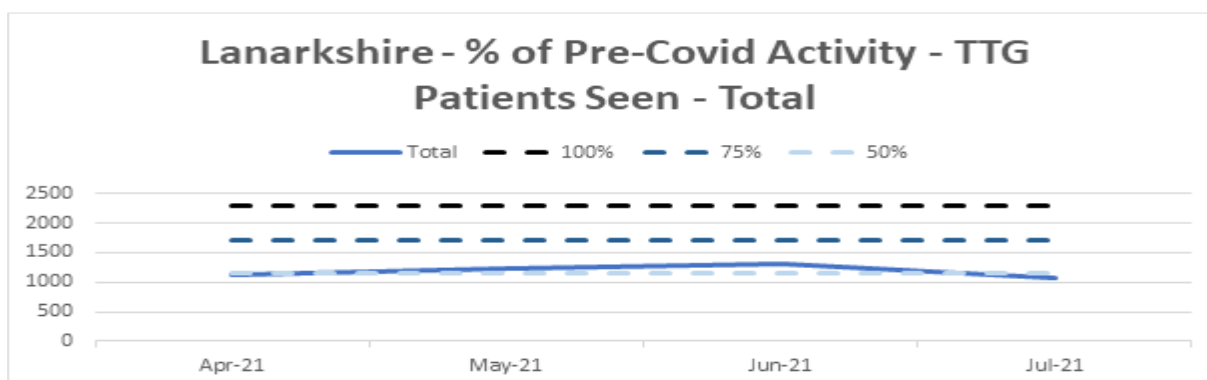
The 100%, 75% and 50% lines are based on the average of the total activity in 2019 to align with the SG approach.



	Apr-21	% Pre Covid	May-21	% Pre Covid	Jun-21	% Pre Covid	Jul-21	% Pre Covid
OP Activity	8180	76%	9744	81%	10491	89%	9369	82%

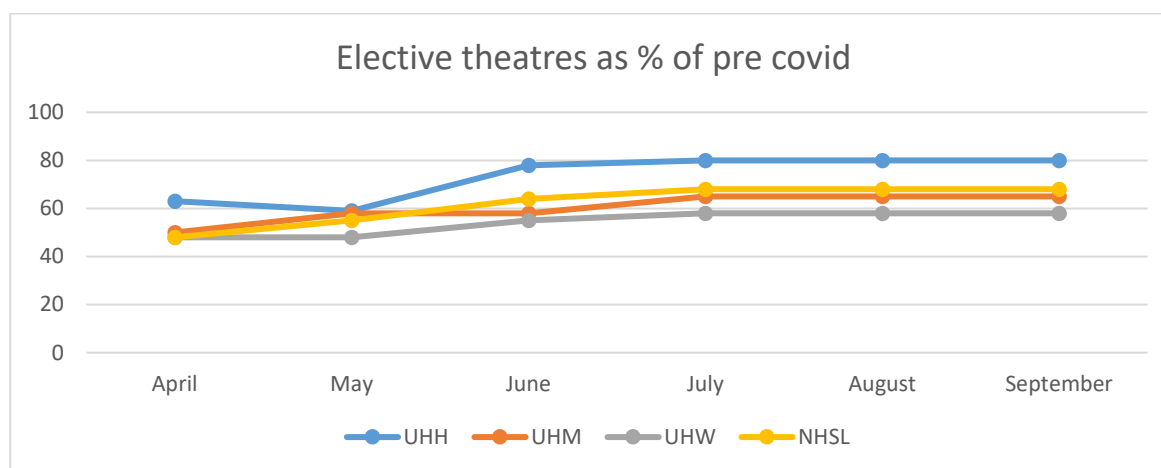
Source: Remobilisation Template

The Pre Covid % table above is based on the same month in 2019. As seen above Lanarkshire Outpatient activity levels are currently at 82% of that in 2019.



	Apr-21	% Pre Covid	May-21	% Pre Covid	Jun-21	% Pre Covid	Jul-21	% Pre Covid
TTG Activity	1135	54%	1219	51%	1306	56%	1081	52%

The Pre Covid % table above is based on the same month in 2019. As seen above Lanarkshire TTG activity levels are currently at 52% of that in 2019. The reduction in activity from the June 2021 peak reflects the impact of unscheduled care pressures, staff availability through sickness and annual leave. The availability of theatres staff to continue expanding the provision of theatre capacity across all sites has been a particular feature here. Of note, direct comparisons with activity in 2019 can be misleading. Due to the impact of clinical prioritisation available theatres are prioritised for more clinically urgent cases which are disproportionately more complex (and require more theatre time per case) resulting in comparatively fewer cases per list than would have been seen in 2019.



To better compare current with previous theatre activity (due to the impact of clinical prioritisation outlined above) the availability of theatre sessions relative to pre-Covid sessions provides useful further context. This table shows that across NHS Lanarkshire currently 68% of previous elective theatres are running with a range of barriers to full utilisation being worked through by the site and Acute Division teams. Availability of staff, related to vacancies and sickness, is the single biggest barrier to restoring 100% of previous sessions. Recruitment is ongoing and all sites are working towards the restoration of all previously established sessions.

2.4) 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)

Patients Waiting (Ongoing waits) as at 31 July 2021

		Within 2 Weeks	Over 2 Weeks	Over 4 Weeks	Over 6 Weeks	Over 12 Weeks	Over 26 weeks	Over 39 Weeks	Over 52 Weeks	Total	% Over 6 Weeks
Upper endoscopy	Upper endoscopy	310	2363	2083	1843	1378	775	374	116	2673	31.1%
	Lower Endoscopy (other than colonoscopy)	81	419	372	328	248	114	49	26	500	34.4%
	Colonoscopy	422	1405	1069	880	550	202	57	19	1827	51.8%
	Cystoscopy	139	745	641	576	450	230	79	18	884	34.8%
	Total	952	4932	4165	3627	2626	1321	559	179	5884	38.4%
Imaging	Magnetic Resonance Imaging	667	571	200	62	0	0	0	0	1238	95.0%
	Computer Tomography	813	1210	790	546	81	0	0	0	2023	73.0%
	Non-obstetric ultrasound	1767	3953	2734	1908	618	0	0	0	5720	66.6%
	Barium Studies	0	0	0	0	0	0	0	0	0	0.0%
	Total	3247	5734	3724	2516	699	0	0	0	8981	72.0%
Other	ECG	307	459	317	188	27	14	10	4	766	75.5%
	Blood Pressure	160	282	145	59	4	4	2	0	442	86.7%
	Echocardiology	322	2253	1830	1536	940	206	2	0	2575	40.3%
	Nerve Conduction Studies	0	0	0	0	0	0	0	0	0	0.0%
	Sleep Studies	0	0	0	0	0	0	0	0	0	0.0%
	Spirometry	154	1348	1140	999	698	168	15	10	1502	33.5%
Total	5142	15008	11321	8925	4994	392	29	14	20150	56%	

The table above shows Diagnostic compliance as of July 2021. Scottish Government set a national standard that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations. 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 continues to be sourced to address these waits.

Work continues in developing a Regional Out of Hours Interventional Radiology model. At the most recent meeting NHSGG&C colleagues had further work to progress on internal rotas.

2.5) 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.

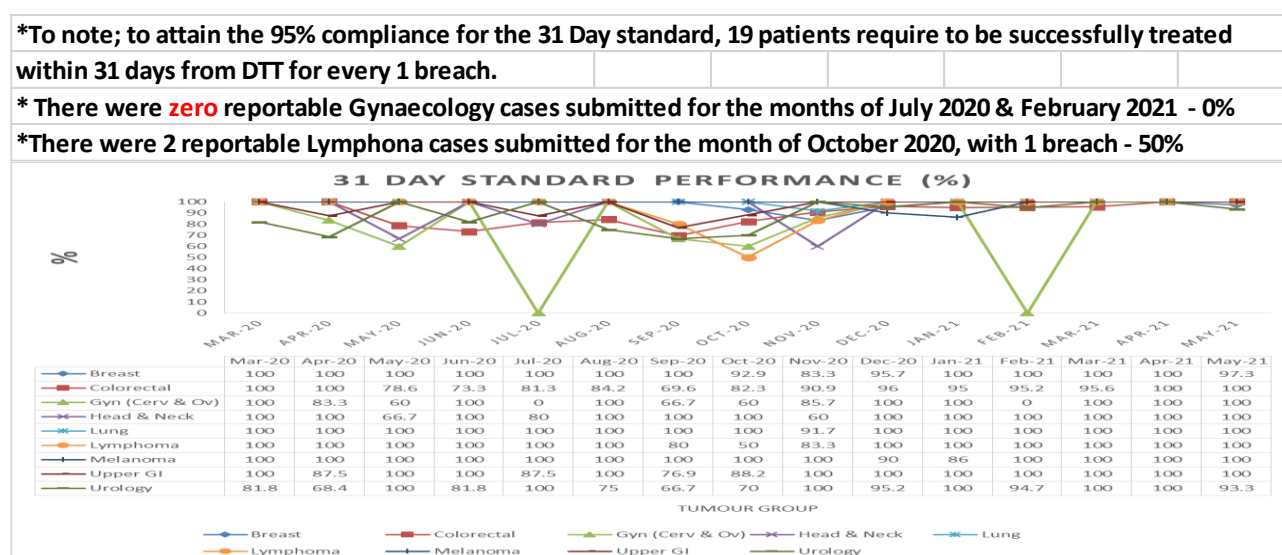
National Standard: 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat. This target has been achieved.

Data submitted to ISD for May 2021 and June 2021

May 2021	June 2021- Unvalidated
62 Days – 91.2%	62 Days – 85.8%
31 Days – 98.2%	31 Days – 99.4%

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.

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



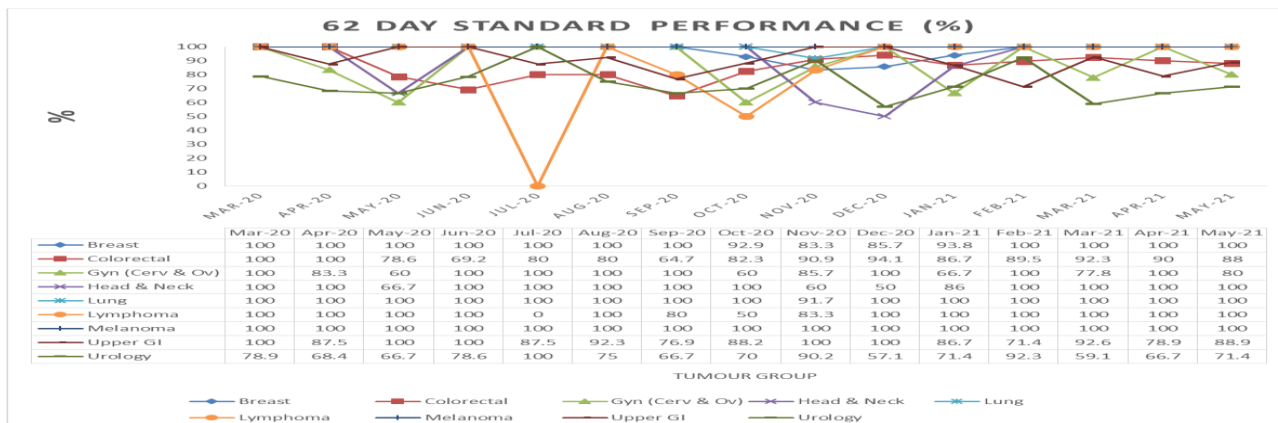
The graph below shows 62 day standard performance by tumour group.

***To note; to attain the 95% compliance for the 62 Day standard, 19 patients require to be successfully treated within 62 days from referral for every 1 breach.**

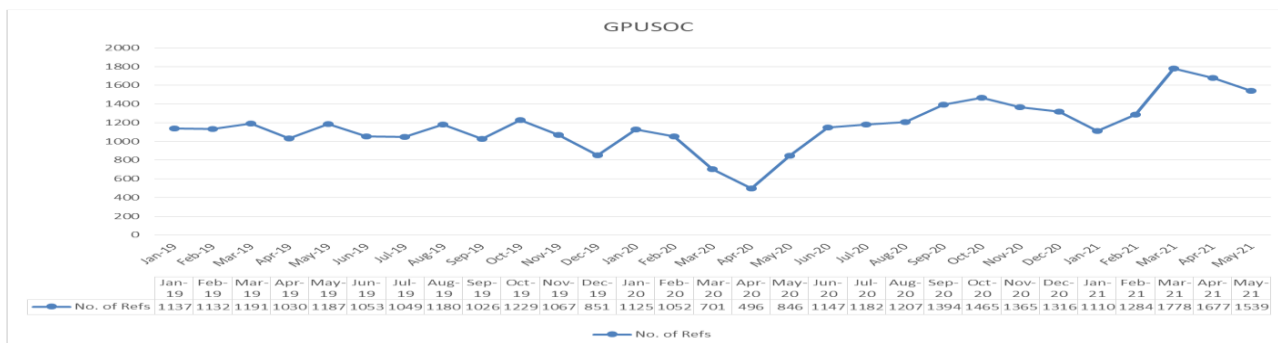
*** There were zero reportable Lymphoma cases submitted for the month of July 2020 - 0%**

***There were 2 reportable Lymphoma cases submitted for the month of October 2020, with 1 breach - 50%**

***There were 2 reportable Head & Neck cases submitted for the month of December 2020, with 1 breach - 50%**



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 and are above 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 extremely 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 to realign wards and departments to create assessment areas. A clinically lead Short Life Working Group has been established to bring forward improvement options looking at physical space and staffing required to allow us to meet the AOP target.

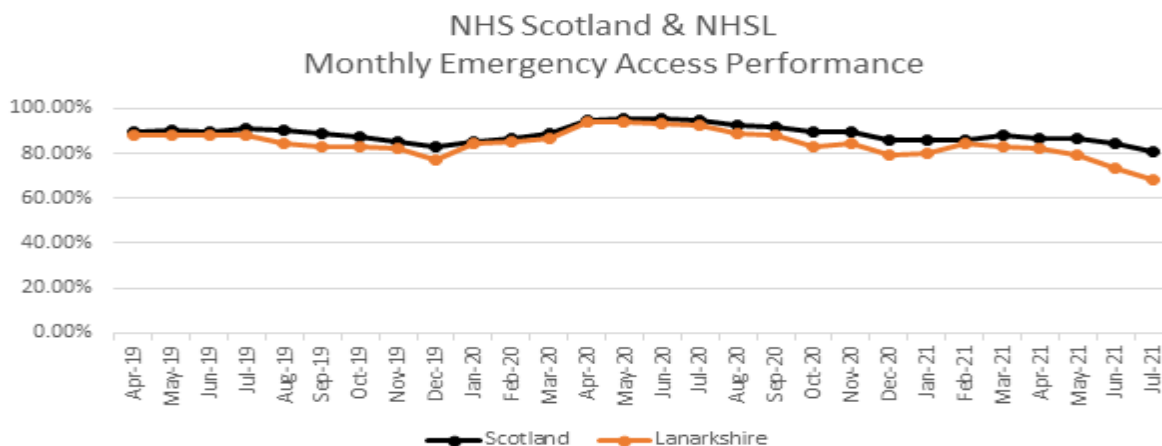
The graphs below show activity and compliance against the 4 hour standard.



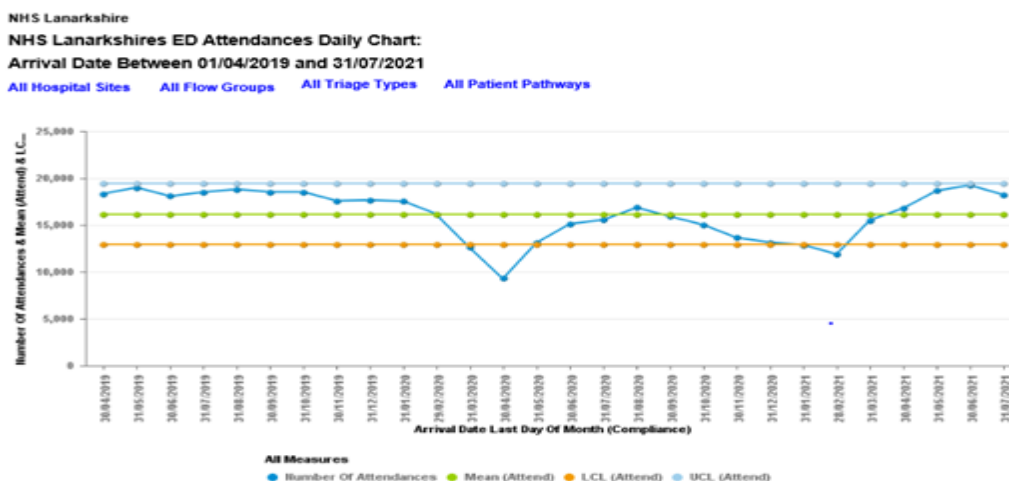
Due to the current pressures, the Acute Governance Meeting scheduled to be held in July was stood down. The Non-Executive Chair has been kept updated on performance.

The management of unscheduled care activity across NHS Lanarkshire remains very challenging and presents significant risk to the operational effectiveness of the Acute Division.

NHS Lanarkshire July 2021 performance was 68.06%, a decreased from 73.67% in June 2021. In July 2021 there were decreased attendances at 18,225, compared to 19,203 attendances in June 2021.

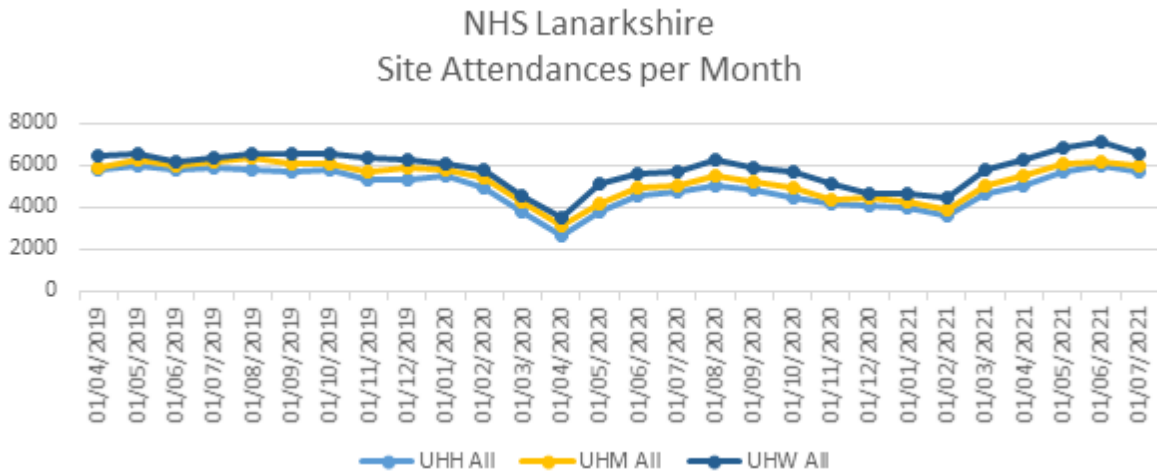


Attendances in July were lower than the June peak, with a 5.2% decrease since last month. Comparing July 2021 with July 2019, there is a slight reduction of less than 1% in attendances.

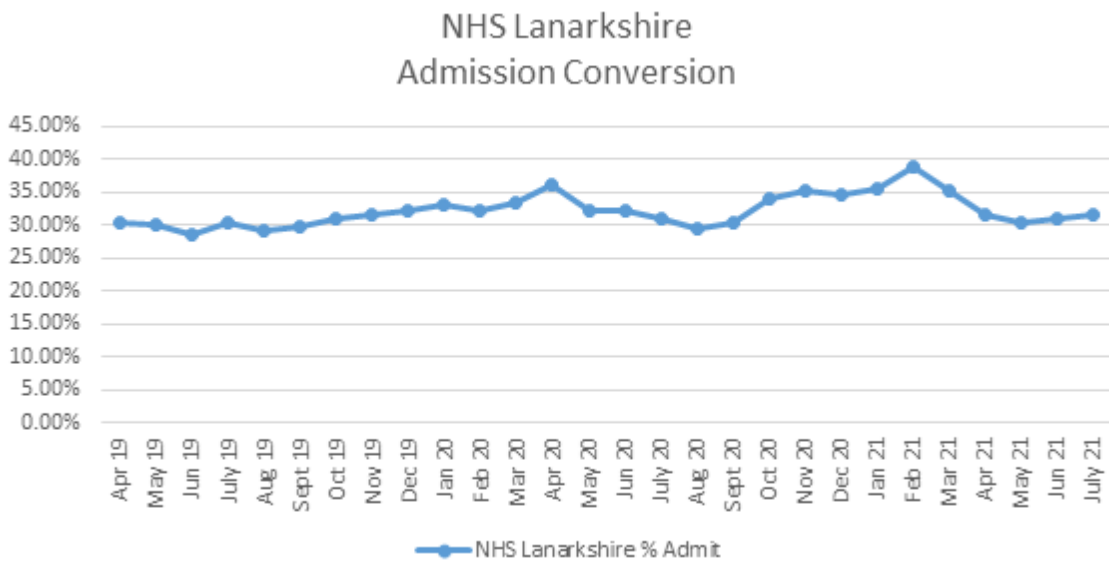


This reduction in attendances is mirrored across all three sites, however more notable at University

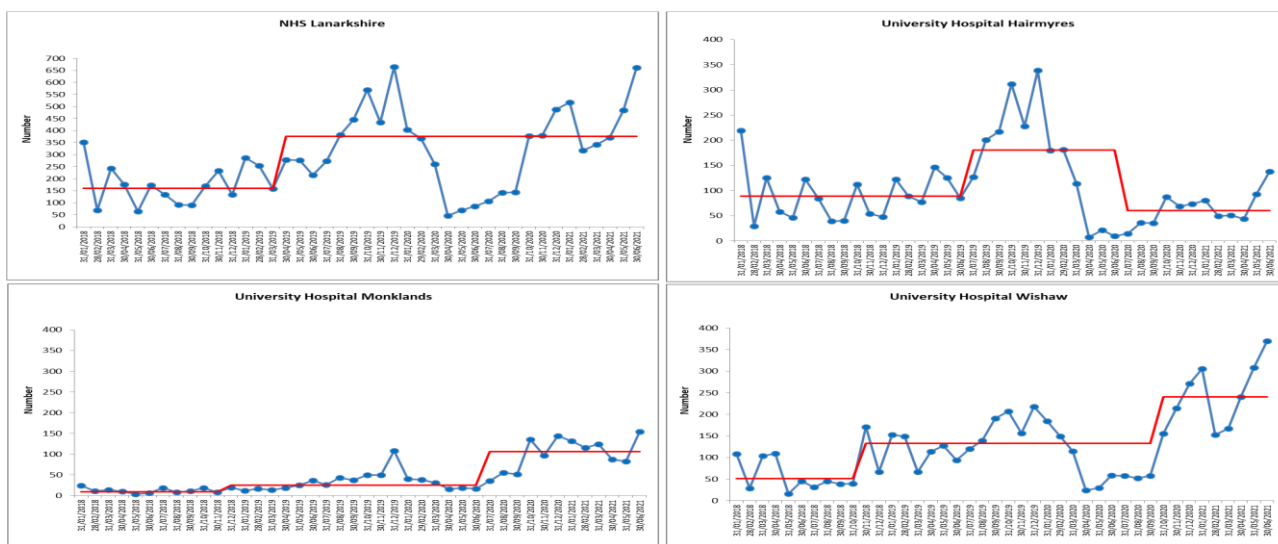
Hospital Wishaw who experienced and 8% reduction from June to July. It is worth noting that the rise in June was greater at University Hospital Wishaw also.



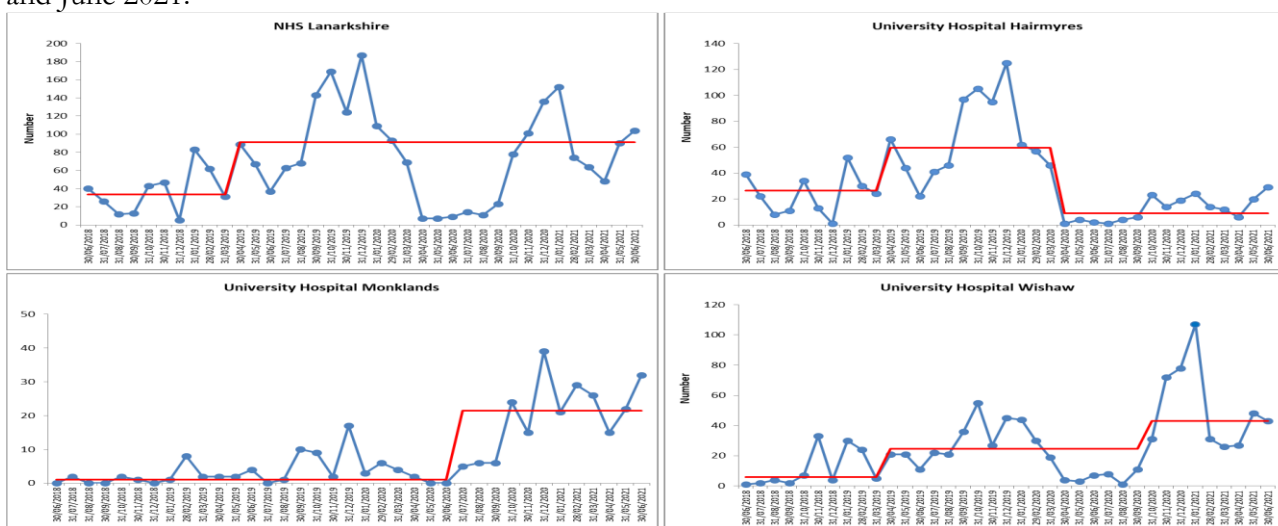
Despite the reduction in attendances there has been an increase in conversion to admission in July. This reflects a reduction in the minors flow (historically seen peaking in May/June then reducing as the summer progresses).



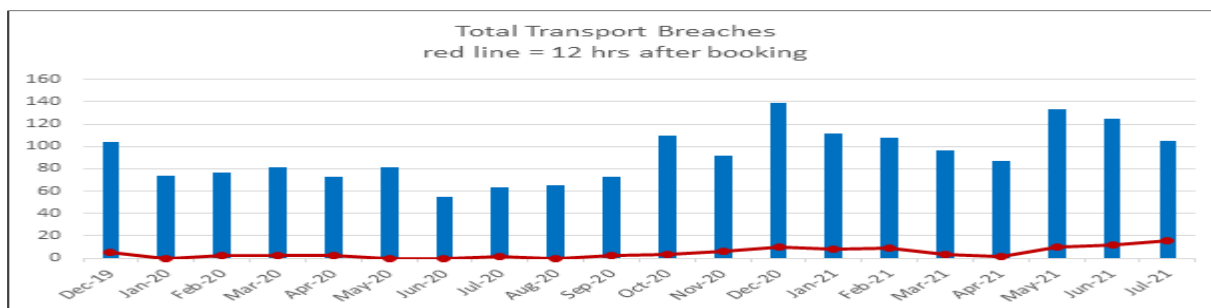
The graphs below compare the number of patients who waited longer than 8 hours between January 2018 and June 2021.



The graphs below compare the number of patients who waited longer than 12 hours between January 2018 and June 2021.



Transport delays continue, although this number decreased for the second month running. The number of those delays over 12 hours however, increased from June to July. The majority of these delays are, in the main, due to inter-hospital transfers. As well as being a poor patient experience, the delays impact on cubicle capacity which can have an ongoing effect on performance. 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.



Engagement with National Improvement Advisors continues with supported visits to each site. The Service Improvement Managers on all three acute sites are continuing to support the re-establishment of the rapid cycle improvement programmes, aligned to the organisational work to enhance workforce within each of the emergency departments.

Whilst ED attendances across NHSL have reduced in comparison to June, the groups established previously in response to the increasing emergency access demand continue. Ongoing testing and review of longer term improvements that will support unscheduled care to enhance and or support new ways of working continue. A key factor highlighted by all makes reference to the resource implications required, predominantly workforce.

National and local messaging is in place to help support people in making the right choices for their care need, in support of the above.

ED medical workforce is better in August due to the recruitment to additional posts after the junior medical changeover. The full benefit of these posts has yet to be seen due to the inexperience of some of these doctors (seen every year at changeover) and also a time lag in filling all the posts due to visa delays (again not a situation unique to 2021). ED nurse staffing remains very difficult due to ongoing recruitment, absence and the workforce requirements of continuing to manage larger departments/Covid pathways. Senior ED medical workforce challenges are also apparent on all sites due to absence, annual leave and recruitment factors.

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

University Hospital Hairmyres

July 2021, month end performance for University Hospital Hairmyres (UHH) was 68.68% with 5671 attendances. This compares to June 2021 performance of 74.02% with 5924 attendances.

University Hospital Monklands

July 2021, month end performance for University Hospital Monklands (UHM) was 72.98% with 6014 attendances. This compares to June 2021 performance of 75.90% with 6186 attendances.

University Hospital Wishaw

July 2021, month end performance for University Hospital Wishaw (UHW) was 63.00% with 6540 attendances. This compares to June 2021 performance of 71.44% with 7093 attendances.

Staff Wellbeing remains a significant focus for the Acute Division and staff resilience and wellbeing has been added to the acute risk register as a very high risk as a result of the significant flow, occupancy pressures and staffing challenges on each of the sites. Additional support from Occupational Health and Psychology is being provided.

4. ACUTE AND COMMUNITY SERVICES MANAGED BY THE ACUTE DIVISION

The waiting times data contained in this report is provided by information services. This report is for the performance period at 31st July 2021.

Primary Care Waiting Times Performance Monitoring | Performance Overview

as at 31/07/2021



		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Orthotist MSK Service	% Waiting Within 12 Weeks	64.4%	79.2%	87.2%	96.9%	98.2%	99.1%	99.3%	82.6%	97.5%	99.6%	99.5%	99.7%	99.4%
	Waiting Over 12 Weeks	129	69	43	12	7	4	3	86	11	2	3	2	3
	Longest Wait (Weeks)	27	30	33	37	40	41	45	49	31	35	39	17	18
Orthotist Foot and Ankle	% Waiting Within 12 Weeks	83.3%	86.4%	95.2%	85.0%	3.6%	4.5%	5.0%	10.4%	62.5%	94.7%	100.0%	100.0%	100.0%
	Waiting Over 12 Weeks	2	3	3	3	486	488	325	86	3	1	0	0	0
	Longest Wait (Weeks)	22	27	31	35	45	50	47	34	36	39	11	8	6
Children and Young People Audiometry - First Appointment	% Waiting Within 12 Weeks	44.0%	34.0%	30.7%	33.4%	34.2%	28.7%	30.3%	34.3%	42.4%	50.8%	62.7%	79.1%	87.6%
	Waiting Over 12 Weeks	454	516	591	609	622	719	659	561	432	310	208	99	42
	Longest Wait (Weeks)	41	45	49	54	58	63	54	57	62	63	61	55	60
Adult Audiometry - First Appointment	% Waiting Within 12 Weeks	8.8%	14.1%	18.4%	20.7%	22.1%	18.8%	19.3%	23.4%	40.2%	65.5%	91.7%	97.1%	96.9%
	Waiting Over 12 Weeks	1130	1146	1184	1200	1154	1143	1006	788	477	226	43	12	15
	Longest Wait (Weeks)	39	43	47	50	49	54	57	61	64	61	65	69	74
Adult Audiometry - Aid fit	% Waiting Within 12 Weeks	0.6%	1.0%	41.9%	71.7%	69.7%	97.1%	100.0%	98.8%	98.4%	98.5%	99.4%	97.3%	96.3%
	Waiting Over 12 Weeks	350	102	53	15	10	1	0	1	2	2	1	5	7
	Longest Wait (Weeks)	41	40	45	52	57	43	10	14	19	23	15	15	17
Audiometry Tinnitus	% Waiting Within 12 Weeks	0.0%	0.0%	0.0%	27.3%	87.5%	94.4%	96.6%	100.0%	100.0%	100.0%	100.0%	96.4%	94.3%
	Waiting Over 12 Weeks	32	32	32	8	4	2	1	0	0	0	0	2	3
	Longest Wait (Weeks)	27	32	36	40	41	45	49	10	7	6	5	25	29
Adult Audiometry Pre-test	% Waiting Within 12 Weeks	24.5%	27.9%	29.1%	28.8%	27.1%	25.4%	23.5%	21.0%	26.4%	28.1%	32.7%	45.0%	58.3%
	Waiting Over 12 Weeks	920	885	904	929	971	1001	1004	1013	898	789	646	440	254
	Longest Wait (Weeks)	36	41	40	43	47	52	56	60	63	65	66	70	74
Dietetics	% Waiting Within 12 Weeks	58.1%	60.2%	62.5%	60.7%	64.9%	64.0%	62.3%	63.6%	63.1%	65.7%	64.4%	63.3%	60.7%
	Waiting Over 12 Weeks	126	153	171	182	121	122	120	116	132	155	170	207	244
	Longest Wait (Weeks)	35	40	44	119	53	58	62	59	65	68	72	77	81
Orthoptic	% Waiting Within 12 Weeks	27.5%	35.5%	40.8%	38.2%	39.3%	36.5%	39.5%	39.7%	45.8%	56.2%	76.4%	86.0%	87.7%
	Waiting Over 12 Weeks	335	335	348	401	445	440	439	419	343	277	118	88	66
	Longest Wait (Weeks)	44	48	53	57	61	66	70	56	61	63	42	67	39
Optometry	% Waiting Within 12 Weeks	1.2%	1.7%	2.2%	0.4%	11.2%	9.9%	4.1%	6.3%	1.3%	6.7%	60.3%	76.3%	66.7%
	Waiting Over 12 Weeks	241	230	227	226	221	228	213	163	156	84	94	52	67
	Longest Wait (Weeks)	33	37	42	46	50	55	52	56	62	65	68	67	25

Audiology

There continues to be an improving trend for Audiology pre-test with and paediatrics. At the same time other audiology sub-specialty waiting times have been maintained. The continued re-allocation of resource to the pre-test element of the service continues with a continued improvement anticipated in future months.

Orthoptic

Longest wait for first offer is 17 weeks.

Additional capacity for new patient clinics has been identified in the September to target this

Optometry

Longest wait is maintained at 16 weeks.

NORTH LANARKSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Delayed Discharge Performance

HSCP North Lanarkshire performance levels slipped below anticipated levels in June 2021, with 2,065 standard bed days against the 1,950 target (fig 1), 115 more bed days than anticipated.

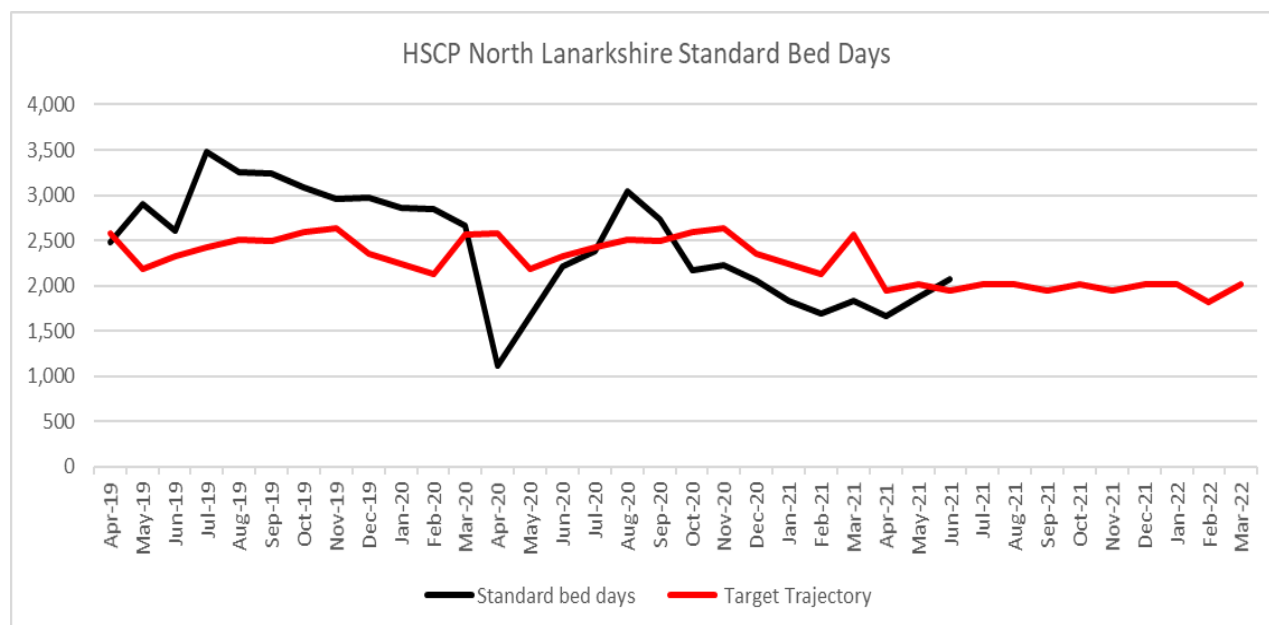


Figure 1 HSCP NL Standard Bed Days

The Partnership continues to face significant challenges in supporting hospital discharges with considerable pressure on care at home services, arising from an increasing demand profile and issues with staff availability due to sick leave, etc. Similar problems are being experienced across both the independent and statutory sectors.

Full recovery plans have been devised to ensure hospital discharges are prioritised, while ensuring PDD processes remain in place and well managed.

AHP Waiting Times – H&SCP NL Hosted

The waiting times data contained in this report is provided by information services and is unvalidated/unpublished. This report is for the performance period from the 1st to 30 June 2021.

Capacity Planning and Waiting Times (CPWT) group is re-established and is supporting AHP Services in recovery and remobilisation.

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 for ongoing waits is detailed in Figure 2.

Speech and Language Therapy – Children and Young People (C&YP) and Podiatry (excl MSK) have not met the 50% target

Service	Compliance 50% Target June 2021	Longest wait in weeks	Waiting > 12 weeks	Hosted
Podiatry Biomechanical MSK Service	97.3%	32	22	North
Speech & Language Therapy (Children and Young People)	36.2%	68	987	North
Speech & Language Therapy (Adults)	92.1%	16	16	North
Podiatry Service (excl MSK)	38.6%	77	2409	North
Podiatry Service – Domiciliary Appts	47.4%	74	51	North
Dietetics	63.3%	77	207	North
Medical and Young People – Cons Led Service	99.4%	14	3	North
Community Claudication Service	97.2%	41	4	North/South

Figure 2 AHP Waiting Times Performance

Speech & Language Therapy Children and Young People

Performance Commentary

Performance prior to COVID-19 was at 62.7%. The service has previously described the SLT covid-19 journey – suspension in OP appointments; staff redeployed to staff wellbeing and immunization teams; and a gradual move to remote working

Figure 3 illustrates performance over time for SLT C&YP. Pre Covid the Service was unable to achieve the 90% 12-week target, however performance deteriorated significantly from April 2020 dipping below the lower control limit. Performance is starting to slowly recover, increasing to 36.2% in June 2021, although not to pre covid levels.

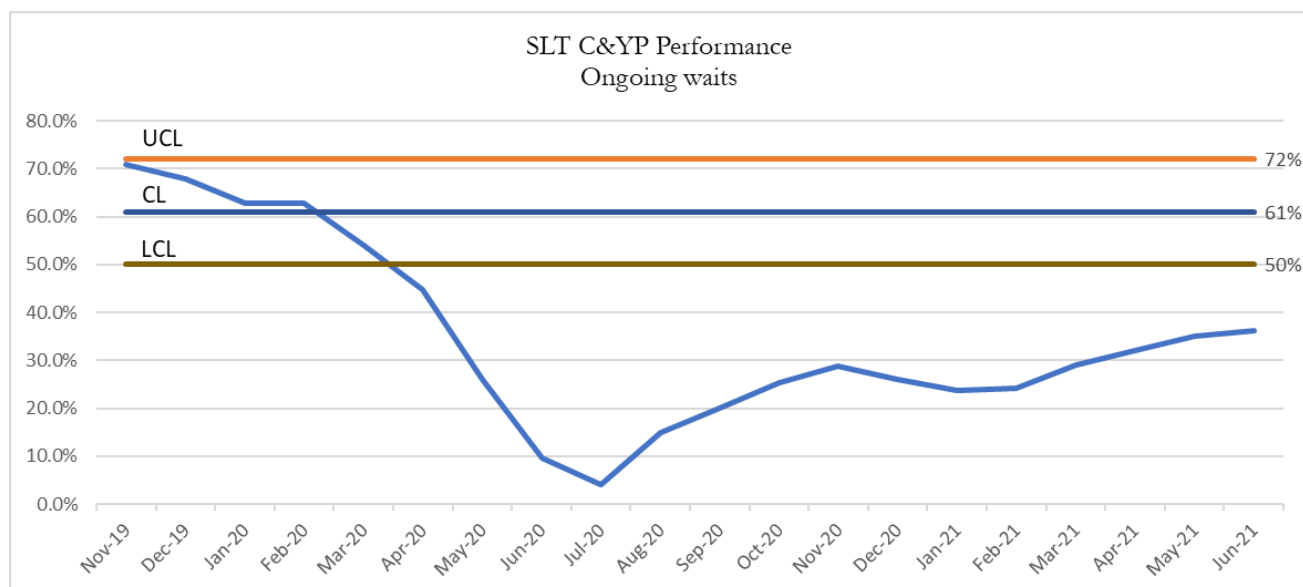


Figure 2: SLT CY&P Performance

Performance Recovery Plan

Since an all-time low of 4.1% performance in July 2020, performance has gradually improved, showing a dip in December/January due to staff annual leave - this is usual pattern and may also be a dip in performance over the school holiday months.

1. Increase capacity

An additional 12 wte staff have been approved through the recovery process and vacancies are being recruited as they arise. This additional capacity will be vital for increasing the pace of recovery.

2. Reduce demand for specialist assessment by increasing targeted offerings

Numbers of referrals have decreased since the pandemic and part of the recovery plan pre-pandemic was

development of targeted resources to reduce specialist demand- this has been put into place and will be monitored over time.

3. Spread of Trakcare to all SLT teams

While this will not in itself decrease waits, it will allow better metrics around this as currently the performance is only applicable to some parts of the service. Pre- 5 Complex needs team are now live on Trakcare. The next team will be SLT adult teams as it is easier to introduce Trakcare with teams already meeting waiting list targets.

The service is awaiting details on the caseload report which has been the factor delaying the roll-out of Trakcare to other CYP teams- once this report set up on Trakcare roll out can recommence.

Podiatry (excl MSK)

Figure 4 shows performance against the 12-week target for Podiatry (excl MSK). Performance dipped sharply during April 2020 and remains well below 90%. Changes as a result of the Covid emergency have impacted the Services ability to recover to pre Covid levels.

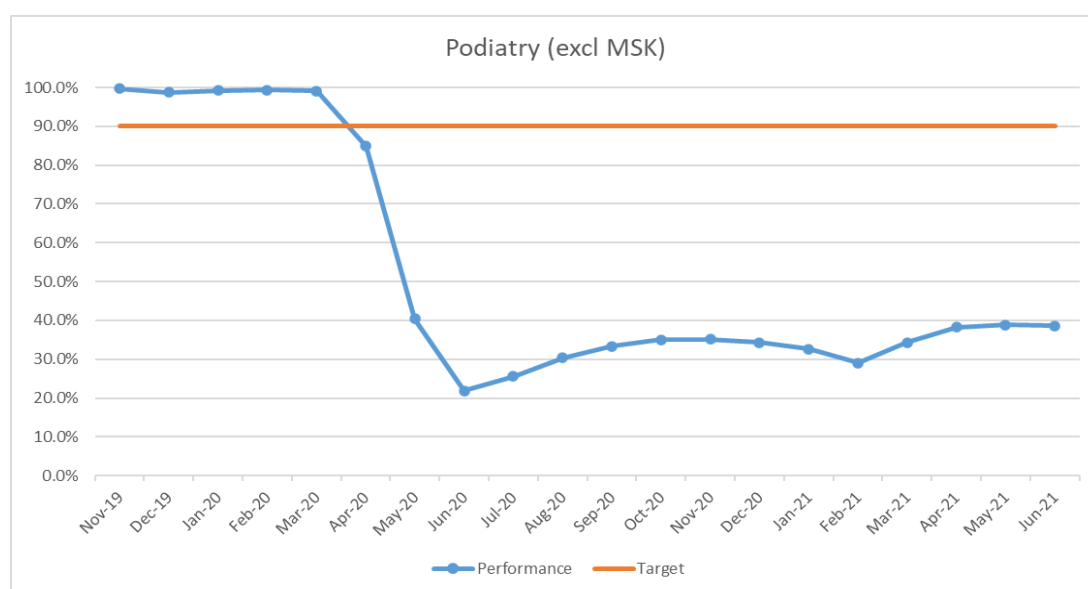


Figure 3 Podiatry (excl MSK) performance against target

Performance Commentary

The patients remaining on the podiatry routine waiting list are for **low risk diabetic foot screening** only and have **no podiatry issues**. As a result of extremely limited access to health centres and rooms previously used by podiatry due to physical distancing and foot fall restrictions, the majority of clinic appointments are used for patients with active foot ulceration or a podiatry issue such as a painful lesion.

Staffing issues

The service is currently experiencing some workforce pressures, with vacancies being recruited to, but further pressures from 2.8 WTE band 6 maternity leave and service sick leave currently at 13% (all bar one are long-term).

Performance Recovery Plan

The service is currently working on a number of areas to aid recovery:

- Recruitment to staff bank to assist with staffing issues and back-log. Timescales are limited by recruitment checks and staff undertaking the relevant compulsory and mandatory training to register with the staff bank.
- Work is also underway to review all accommodation requirements across the partnerships, though this is heavily constrained by current distancing requirements in healthcare facilities.

Psychological Therapies RTT (Adult and CAMHS)

Figures 5 and 6 show performance longitudinally for Psychological Therapies and CAMHS. Central line for Adults PT is currently 78.6% and for CAMHS 60%.

Psychological Therapies RTT (Adult and CAMHS) waiting times for June 2021:

Within **Adult Psychological Services**, 83.8% of patients commenced psychological therapy within 18 weeks, down from 83.9% in May, but up from 73.7% in April

- 667 new patients commenced an evidence-based psychological therapy: 559 within 18 weeks, and 108 over 18 weeks
- Referrals continue to increase, and there were 2329 adult patients on the waiting list for psychological therapies
- The number of completed waits as a percentage of the overall number of adult patients on the waiting list was 28.6%

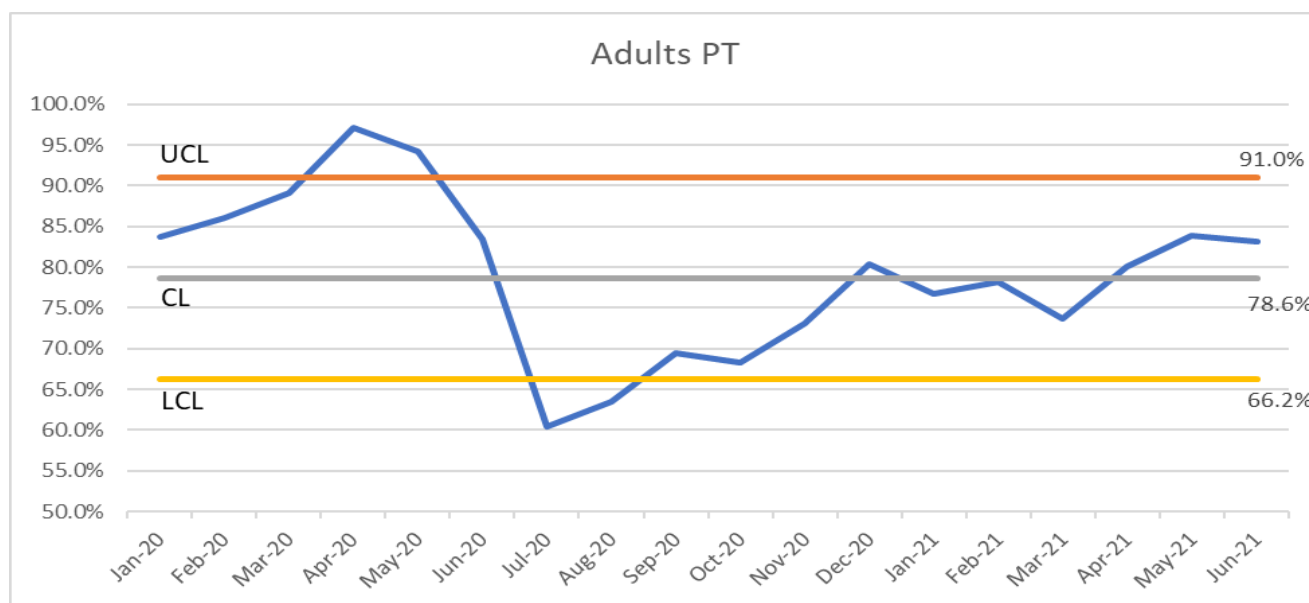


Figure 4 Adults PT performance

Within **CAMHS**, 73.68% of patients commenced treatment within 18 weeks

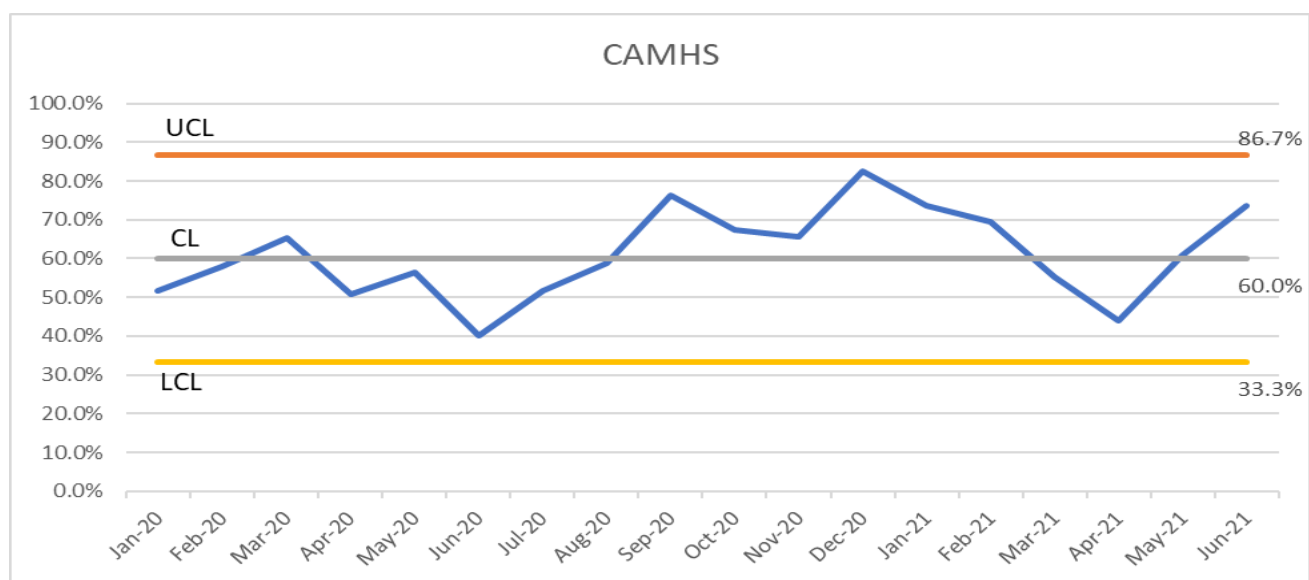


Figure 5 CAMHS Performance

It is important to acknowledge that the RTT is based upon the number of patients commencing treatment *within* 18 weeks. Therefore, the more patients we see who have already 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. Conversely, when services see patients who are considered to be more urgent (i.e., have to be seen quickly, and certainly within 18 weeks), RTT performance will *appear* to be better.

SOUTH LANARKSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

SL HSCP Delayed Discharges

June 2021/22

The significant reduction in standard delayed discharge bed days has continued however there has been a slight increase during June 2021 which is linked to the significant increase in hospital activity and ongoing pressures in home care (Figure 1). 1,663 against a target of 2,250, 587 fewer bed days than anticipated.

This may, in part, be attributed to the Improving Delayed Discharge Work stream.

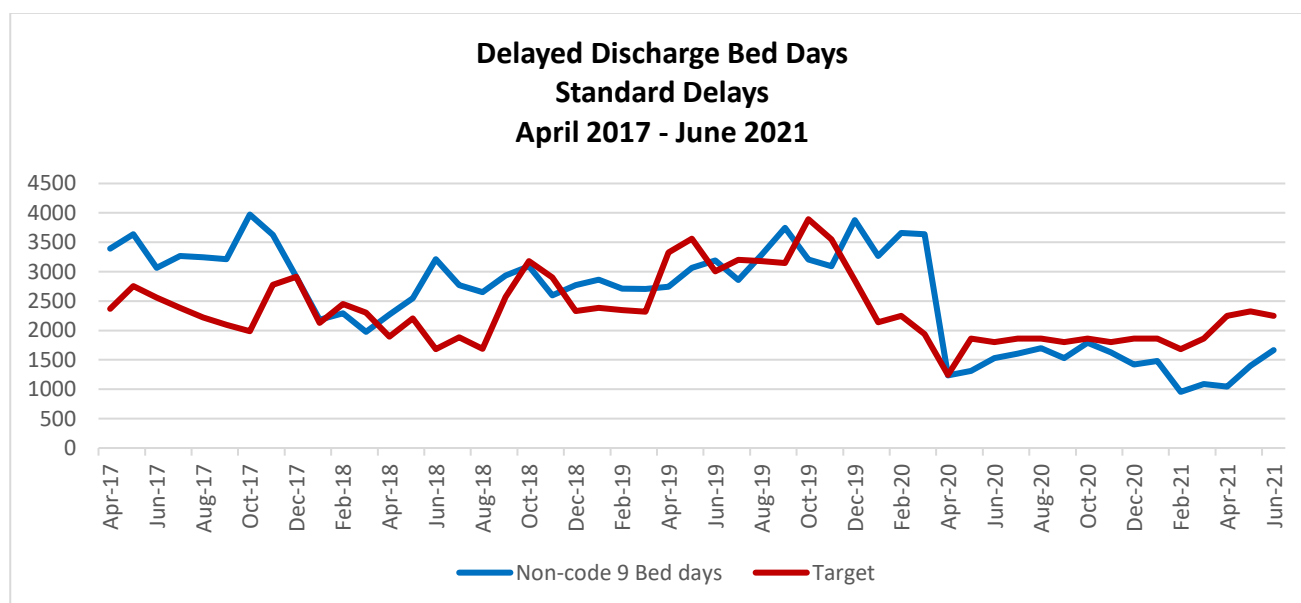


Figure 6 Standard Bed Days against trajectory

Recovery and Remobilisation

SL H&SCP is anticipating significant issues with recovering services in a primary care and community context. As well as ongoing accommodation issues, there are significant numbers of patients who have not received routine screening for e.g. blood and other biometric monitoring associated with long term conditions. Similarly, there are significant waits for physiotherapy services, access to dental services and reduced access to Optometry and increased demand for community pharmacy services.

In turn, this has meant GPs are ‘managing’ many patients who would otherwise have been referred on to other services or who continue to be on the waiting lists for other services but have many more repeat visits due to waiting times. Additionally, they do not have access to refer the many patients they otherwise would to e.g. direct access x rays; treatment rooms for routine blood screening etc.

A joint H&SCP/PC recovery sub group has been established to support the over-arching system recovery, co-chaired by Dr Jane Burns/ Mr Eddie Docherty. There will require to be additional staffing/extended working hours to be able to catch up some of the services involved.

For others, whilst there will not be a catch up required, it can be anticipated there will be subsequent detrimental health impact due to conditions not being identified at an earlier stage to allow intervention.

It also has to be recognised that where there are increased ‘recovery programmes’ in one part of the service, there will likely be an impact in another part which will require to be resourced accordingly, e.g. double the T&O throughput and there will need to be additional physio and OT staff to rehab the patients accordingly, community nursing staff for wound care/stitch removal etc.

With the roll out of the Redesign of Urgent Care, GP practice or primary care and pharmacy services will likely

experience a further increase in demand as patients are redirected from Acute services.

We are also aware that some of the previous recording information is not as full as previously, e.g. recording of child health and weight when clinics being done remotely. SL H&SCP is working towards routine reporting of contacts utilising Near Me/Face to Face/Telephone to support continued embedding and expansion of remote.

AHP Waiting Times – South Hosted

The waiting times data contained in this report is provided by NHSL Information Services and is unvalidated/unpublished. This report is for the performance period from the 1st to 31st July 2021.

Capacity Planning and Waiting Times (CPWT) group has been re-established, with the aim of supporting the full recovery of AHP services. Historically the group has limited focus to specialties with a national profile. It is working towards including all AHP specialties.

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).

Given uncertainties relating to demand, capacity and service activity SL have agreed a recovery target of 50% for AHP services. Performance for waits for all services hosted by SL H&SCP is detailed in table 1 and shows all are now achieving the 50% target. Further work will be done over the next 8 weeks to produce recovery trajectories for each of the services linked to the success or otherwise of additional staffing recruitment to address same.

Service	Compliance Target 50%	Longest Wait in Weeks	Waiting > 12 weeks	Hosted
Community Claudication Service	93.9%	26	10	North/South
Physiotherapy MSK	71.6%	24	1890	South
Occupational Therapy MSK	61.5%	43	15	South
Children and Young People MSK	99.5%	12	1	South
Occupational Therapy - Neurology	94.3%	18	2	South
Occupational Therapy - Rheumatology	79.7%	14	27	South

Figure 7 Percentage waiting within 12 weeks

Occupational Therapy MSK

Prior to the Covid-19 pandemic the MSK service highlighted concerns re capacity and growth in demand via an SBAR and a business case which was submitted in March 2020.

During Covid-19 there were various circumstances which have led to the ongoing inability to meet demand:

- Staff issues including sickness absence, taking up new post and redeployment to assist acute inpatient wards.
- Delayed presentation of patients for treatment which has resulted in the development of more complex and chronic rehabilitation challenges (Data analysis demonstrates increased new to return ratio).
- Patients being treated by non-specialist practitioners in the community then referred back into service due to ongoing issues.
- Step down of specialist multi-disciplinary hand clinics has created difficulties with patients not following the predicted post-operative pathway.
- Hand clinics have had to be altered to ensure compliance with IPC guidelines - enhanced cleaning, staggering of appointments and social distancing measures have reduced capacity further.

Performance Recovery Plan

Staff have continued to deliver treatment via various methods, face-to-face, video and telephone consultations making maximum use of capacity. Due to this the DNA rate for the service is low. A Hand Therapy workbench via

TRAK to ensure more timely referrals from clinics pan Lanarkshire.

Staff have been working on updated patient information leaflets to provide further education for staff and patients at the Orthopaedic clinic/Emergency Department to ensure patients are following the correct post-operative pathway in an attempt to minimise complications. Some of these leaflets have opt-in options for patients to improve access for earlier rehabilitation.

As described above, any work to address the backlog of patients on the Orthopaedic waiting list, awaiting hand surgery, will create additional demands on the OT service.

Physiotherapy MSK

Gradual increase in demand returning to pre COVID first wave demand levels despite no self-referral option at present. Referrals received by Orthopaedics are being referred onward to Physio after **active clinical referral triage** within Orthopaedics.

All rotational band 5 staff returned to MSK rotation in July.

New Patient DNA rate remains high despite routine waiting list validation process and patients only appointed 3 weeks in advance. In house text reminders commenced week of 7 June. New:Return appointment ratio reducing – 1 NP appointment : 2.8 return appointments

Actions taken to address performance

- Routine waiting list validation process completed for all those waiting 12 weeks since end February 2021
- Recommended opt in for routine patients already through validation
- Commenced pilot active clinical referral triage process for one clinical group April 2021
- Revisited and streamlined vetting process
- Revisited diary capacity and activity with new diary templates created
- Increasing to 80% face to face – some accommodation challenges remain in North and South
- Developed a What to Expect from Telephone and Video consultation leaflet to clarify patient expectations and reduce DNA
- Return of substantive MSK staff from Acute Division
- SBAR submitted for additional MSK substantive staff to support recovery
- Pilot of self-referral on line form from June 2021
- Accommodation in Udston provided to accelerate catch up. Accommodation also identified in Wester Moffat.