

NHS Board Meeting  
24 February 2021

Lanarkshire NHS Board  
Kirklands  
Fallside Road  
Bothwell  
G71 8BB  
Telephone: 01698 855500  
[www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk)



## 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.

### 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:

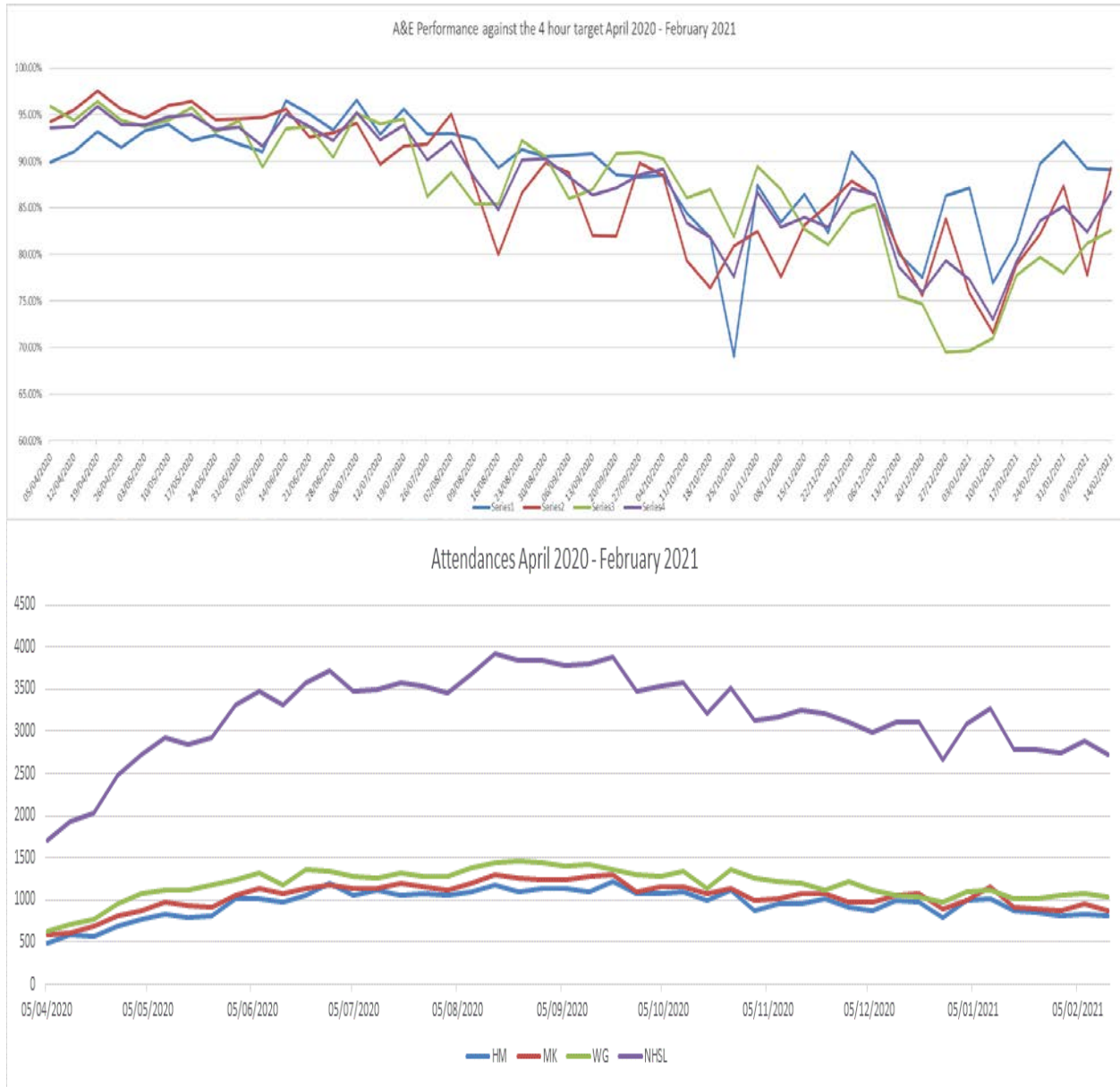
Judith Park  
Director of Acute Services

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

Val de Souza  
Director, Health & Social Care Partnership South Lanarkshire

# ACUTE DIVISION EXCEPTION REPORT

## A&E Performance



## Urgent Care Redesign/A&E Performance

The redesign has been introduced to support urgent care in the right place with the right team at the right time, first time. The population in scope were those self-presenting to Emergency Department (ED). This also helped manage flow through the EDs by supporting their referral need in alternate ways, if appropriate and allowing the scheduling of appointments. In doing so, NHS24 and the Flow Navigation Centre (FNC) are better equipped to direct patients to the appropriate services. This model allows a safer clinical environment in hospitals and reduces the incidence for crowding in waiting rooms.

Whole system working across NHS Lanarkshire and North & South Partnerships enabled the implementation of whole system change. One aspect of this is the FNC that now provides the 24/7 function of accepting referrals from NHS24 111. Through clinical triage, professional to professional senior decision lines, virtual assessment and the scheduling of face to face attendance the aim of right place, right team, right time, first time is supported. The success to going live on 1st December 2020 required the development of key pathways of care. These are standardised as much as possible given the timescale to implement. Future planning will however review all pathways thus ensuring these are maintained to current and necessary requirements. Pathways of care through FNC include:

- Minor injuries virtual assessment
- Mental health and HSCP social work liaison
- Senior Decision making, professional to professional advice
- Face to Face consultation delivered in a scheduled way
- Ambulatory assessment and same day emergency care (DVT)
- Primary Care referral access to specialty advice and or clinic assessment

It is important to note that whilst the objectives remain the remit of urgent care redesign notably attendances to NHSL emergency departments have reduced. Whilst reduction in attendance assumes to align with Covid-19 and regional restrictions the NHSL has noted a 15-30% reduction. This provides NHSL guiding parameters to deliver the suggested 20% reduction in patients self-presenting for ED care.

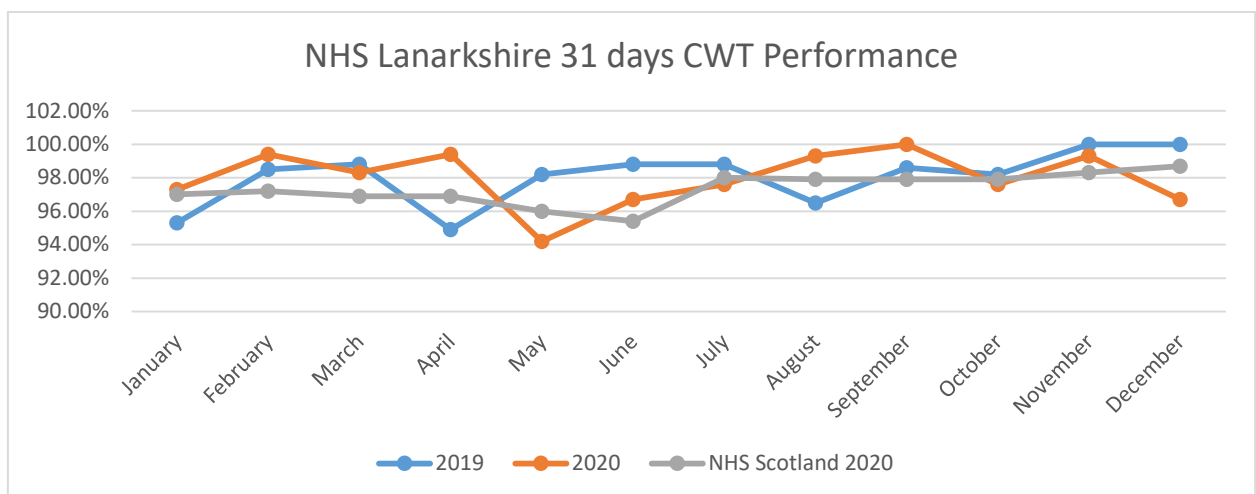
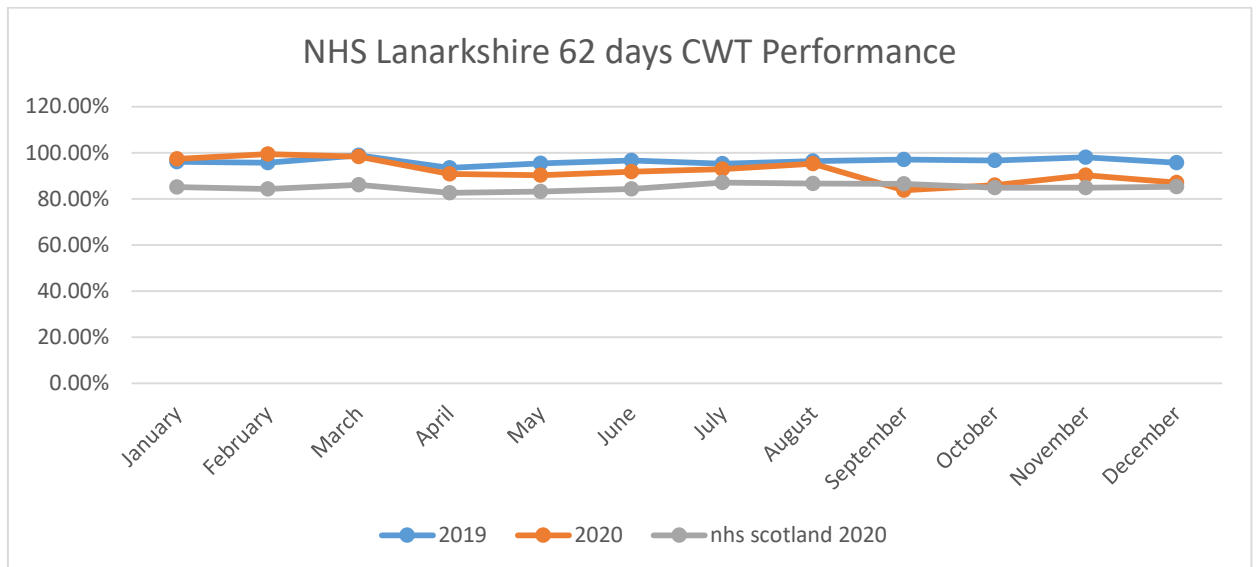
However, it cannot be ignored in the current Covid-19 regional restrictions the impact on reduced footfall across the county hence a major component to current hospital activity. Indicatively whilst attendance has been reduced emergency access performance has been variable. In the main, this is associated with distancing and maintaining safe maximum numbers.

Despite a reduction each hospital has experienced higher acuity in attendances that has impacted on admission needs and critical care. Whilst point of care testing has supported decision making at times sites have required to reconfigure their Covid-19 beds at short notice which in turn induces a delay within ED when assuring patients are admitted to the right bed in a safe way. It is worth mentioning that the local messaging campaign informing on how to access urgent care principally took place in January 2021 and may have influenced the increase on our public using redesigned access routes, namely NS24 111.

This said, until full national messaging takes place in the proposed April 2021 awareness on all redesign aspects to access urgent care may remain limited thus any reduction associated to regional lockdown and Covid-19 influences.

## Cancer Performance

The COVID-19 pandemic has affected all NHS Board's, including NHS Lanarkshire's Cancer Waiting Time performance. As a Board we continue to experience challenges, particularly on the 62 day pathway.



Performance for December 2020 is reported below 95% for the 62-day standard mainly for 4 out of the nine tumour types: Colorectal (93.3%); Ovarian (66.7%); Breast (85.7%) and Urology (60.0%). The main issue remains access to the full range of all diagnostics.

The 31-day standard was met for all cancer types.

Validated performance for Q3 2020 was published on 15 December 2020. NHS Lanarkshire Performance against the 62-day standard was 90.3% with NHS Scotland overall performance measuring 87.3% and against the 31-day standard NHS Lanarkshire achieved 99% with NHS Scotland overall performance measuring 98.4%.

NHS Lanarkshire Q4 2020 data against 62 days was 88.5% and against 31 days was 97.8% (this is unvalidated data). NHS Scotland overall data will be published by PHS in March 2021.

The clinical pathways which are more challenging are around Colorectal, Ovarian, Breast and Urology. Clinical guidance to support the management of cancer patients during and beyond the COVID-19 pandemic has been disseminated across NHS Scotland and remains under review by the

National Cancer Recovery Group, with clinical prioritisation undertaken within all Tumour groups to mitigate against COVID-19 risk on an individual patient basis. This has introduced further challenges to the CWT performance as the CWT milestones are not aligned to clinical prioritisation timeframes. This has been acknowledged by the Scottish Government Cancer Access Team.

NHSL Cancer Management Team supported by the Cancer Clinical Leads continue to work alongside the relevant specialties to focus on patients currently breaching CWT standards, supported by the Cancer Tracking Team who continue to discuss each patient being tracked at the weekly meeting. This focuses and ensures timely escalation within the diagnostic phase of the CWT milestones and also ensures everyone with a confirmed cancer diagnosis receives their treatment as soon as clinically appropriate.

Risks	Mitigations
Endoscopy Capacity – Upper & Lower Scopes: 2 patient groups USOC Repeat and Surveillance	Improvements undertaken at the beginning of the pathway in relation to: Active Clinical triage and vetting Clinical prioritisation QFIT tests – results would improve this further as the value would enhance clinical prioritisation along with clinical red flags enabling stratification to the right clinical test including cytosponge for those with QFIT less than 150 Utilise off site capacity at Golden Jubilee as part of Mutual Aid one day per week
MRI Capacity within the Urology Prostate pathway – increase by 60% due to realigning MRI before biopsy as the Gold Standard	Continue to work in partnership with Gp’s to improve USOC referrals along with Active Clinical Triage vetting. Cancer Tracking role pivotal in this pathway to ensure timely escalations and maintain close working with radiology ensuring breach dates known and MRI noted as a USOC pathway patient at time of justifying and booking MRI. Learn from other Boards to achieve a National approach within the Prostate Pathway.
Hysteroscopy Capacity	Utilising off site capacity at Nuffield Hospital- (6 all day lists) from end Feb –March 2021 as a COVID response. Service continues to review local capacity and alter clinic slots to USOC Continue with Active Clinical Triage
Marked reduction in USOC Lung Referrals (25-30% from pre covid referrals numbers)	To support the recovery of the USC lung pathway, a national Detect Cancer Early campaign is running across the country in February, encouraging those aged 40+, who have tested negatively for Covid, but continue to have a new or different persistent cough, to contact their GP practice. Active Clinical Triage vetting Introduction of ANP Led Virtual clinic for clinically low risk patients referred as USOC Continue to progress the NHSL 2 site Diagnostic Pathway at UHW & UHM

Breast capacity for USOC under 40 patients repatriating back from NHS Louisa Jordan at the end of March 2020	Active Clinical Triage vetting Introduction of ANP Led Virtual clinic for clinically low risk patients Review of service model working in partnership with Radiology as a key interdependent service
Regional Service Capacity for Gynaecology Surgery and Robotic surgery for Urology	Regular discussions at the Regional Clinical Prioritisation meetings Regular discussions with GG&C weekly to discuss progress and challenges as part of the Tracking escalations
Breast Surgical Capacity from the end of April 2021	Weekly discussions at the Regional Breast & Plastic Prioritisation meetings to discuss opportunities aligned to Mutual Aid Weekly discussions locally at the Theatre Action Group (TAG) meeting to recover service back locally within the wider site recovery plan for elective surgery
Workforce – Introduction of advance practice	Opportunities taken to access additional funding through national funding e.g. Cancer Waiting times to introduce ANP roles and develop advance practice role to support training for clinical assessment & non-medical prescribers Match skills and workforce to patients needs Staff being developed / recruited where appropriate
Increased Demand - There is a risk that USOC referrals demand increases significantly either from an increased detection/incidence or due to covid-19 impact	Collaborative working clinical teams to review demand and capacity Close working with Regional Clinical Prioritisation Group Utilising Mutual Aid support

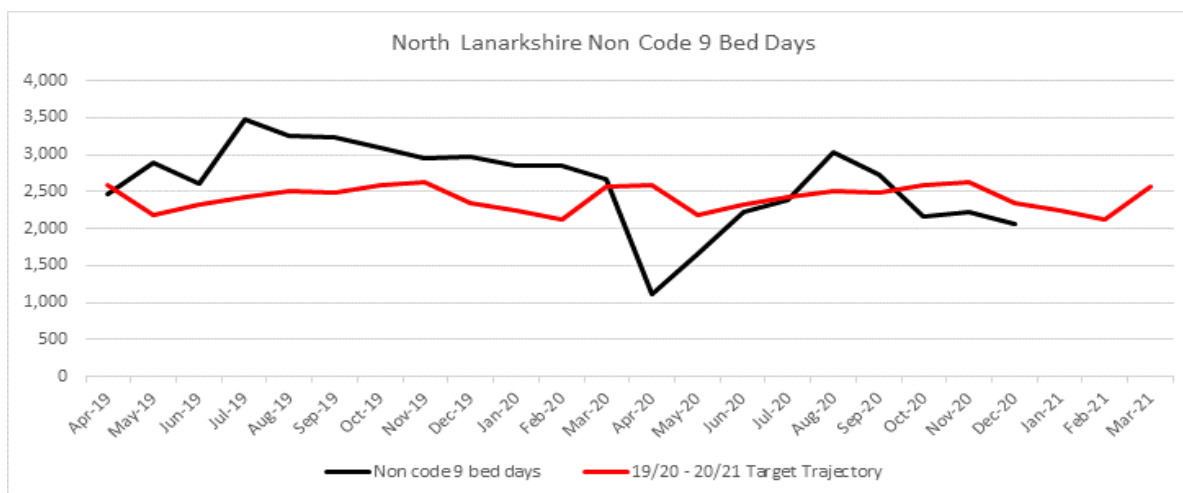
The Cancer Team continue to address specific issues and explore cost effective, clinically appropriate, timely solutions especially with Colorectal, Urology and Lung pathways as they remain a key area of focus nationally.

NHS Lanarkshire continue with weekly calls with Scottish Government Cancer Access Team and submit weekly reports identifying challenges within the clinical pathways.

## **NORTH HEALTH & SOCIAL CARE PARTNERSHIP EXCEPTION REPORT**

### **Delayed Discharge Performance**

HSCP North Lanarkshire continues to perform well against the 2020/21 target trajectory. April – December 19,602 non-code 9 bed days against the 22,090 target.



## AHP Waiting Times – North Hosted

There are a number of factors which are affecting performance recovery.

Demand for services is still uncertain. 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 Services detailed in the table below. Speech and Language Therapy – Children and Young People (C&YP) service has not met the 50% target

	50% target	Longest wait in weeks	No. waits beyond 12 weeks
Podiatry Biomechanical MSK Service	55%	53	117
Speech & Language Therapy C&YP	28.8%	56	1,098
Speech & Language Therapy Adult	85.3%	40	26
Podiatry Service (excl MSK)	89.7%	60	1,728
Podiatry Service - Domicilliary Appts	89.7%	53	36
Dietetics	94.2%	62	120
Medical Children and Young People - Cons Led service	98.6%	33	10
Community Claudication Service	83.7%	49	25

## Speech & Language Therapy (Children and Young People) Overview

Clinics not fully reinstated until October 20 from stepping down in March 20 due to COVID during which time referrals continued. Capacity has been affected by long term sick, maternity leave and vacancies. In addition staff have been redeployed for vaccinator roles. Vacancies are being progressed.

Vacancies/Maternity Leave have impacted on number of unallocated cases and further reduces staff capacity for waiting list cases when supporting unallocated cases with an open duty of care.

Additional actions/risks:

- All CYP waiting lists merged with a view to equalising the waiting times



- Staff capacity redistributed to support working on waiting list initiative
- Calls made to families in turn with offer of universal, targeted or specialist support as required
- To date 380 families have been contacted by telephone within the waiting list initiative
- Increasing referral rate and demand for SLT services remains an ongoing challenge as previously reported.

CAMHS performance improved during December 82.61% from 67.7% the previous month. Waiting times for Adult Psychological Therapies are recovering with December performance 80.3%, an improvement on the previous month (73.1%)

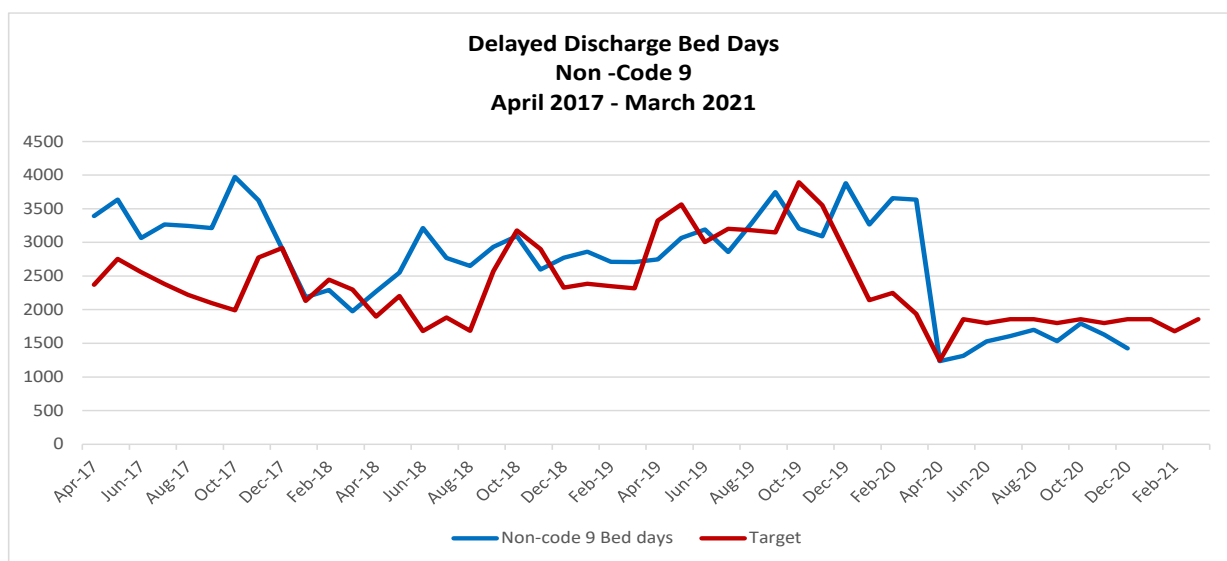
Remobilisation plans are now in place, with previously agreed areas of development continuing to progress within the current restricted environment. While some developments have had to be placed on hold, others such as IT developments for patient consultations and the use of self-help resources have managed to accelerate.

## SOUTH HEALTH & SOCIAL CARE PARTNERSHIP EXCEPTION REPORT

### Delayed Discharges

April – December 2020

As expected there has been a significant reduction in non-code 9 delayed discharge bed days from April 2020 – December 2020 (Figure 1), 13,761 against a target of 15,944.



### 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 the table below. All services have met the 50% target.

Although above target the physiotherapy service had 3,046 people waiting beyond 12 weeks. The service is implementing improvement measures but rapid recovery will only be possible if the recruitment of additional staff is supported as part of the remobilisation plan.

In addition, the occupational therapy service has partially stepped down to support the deployment of staff to assist acute/community nursing roles. Waiting times will be dependent on pressures within acute sites and progress and targets associated with the vaccination programme (Appendix 1)

	<b>50% target</b>	<b>Longest wait in weeks</b>	<b>No. waits beyond 12 weeks</b>
Physiotherapy R5zMSK	54.9%	32	3046
Occupational Therapy MSK activity	84.0%	54	6
Children and Young People Occupational Therapy	96.1%	12	1
Occupational Therapy- Neurology	100.0%	11	0
Occupational Therapy - Rheumatology	59.0%	28	10
Community Claudication Service	83.7%	49	25