

NHS Board Meeting
30 June 2021

Lanarkshire NHS Board
Kirklands
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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 have focused on the Redesign of Urgent Care and on maintaining separate patient flows 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 circa 90%.

North Lanarkshire Health & Social Care Partnership

Delayed discharge standard bed days remain ahead of performance.

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:

Russell Coulthard
Deputy Director of Acute Services

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

Marianne Hayward
Interim Director, Health & Social Care Partnership South Lanarkshire

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 May 2021.
- The 4 hour Emergency Department standard until the end of May 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

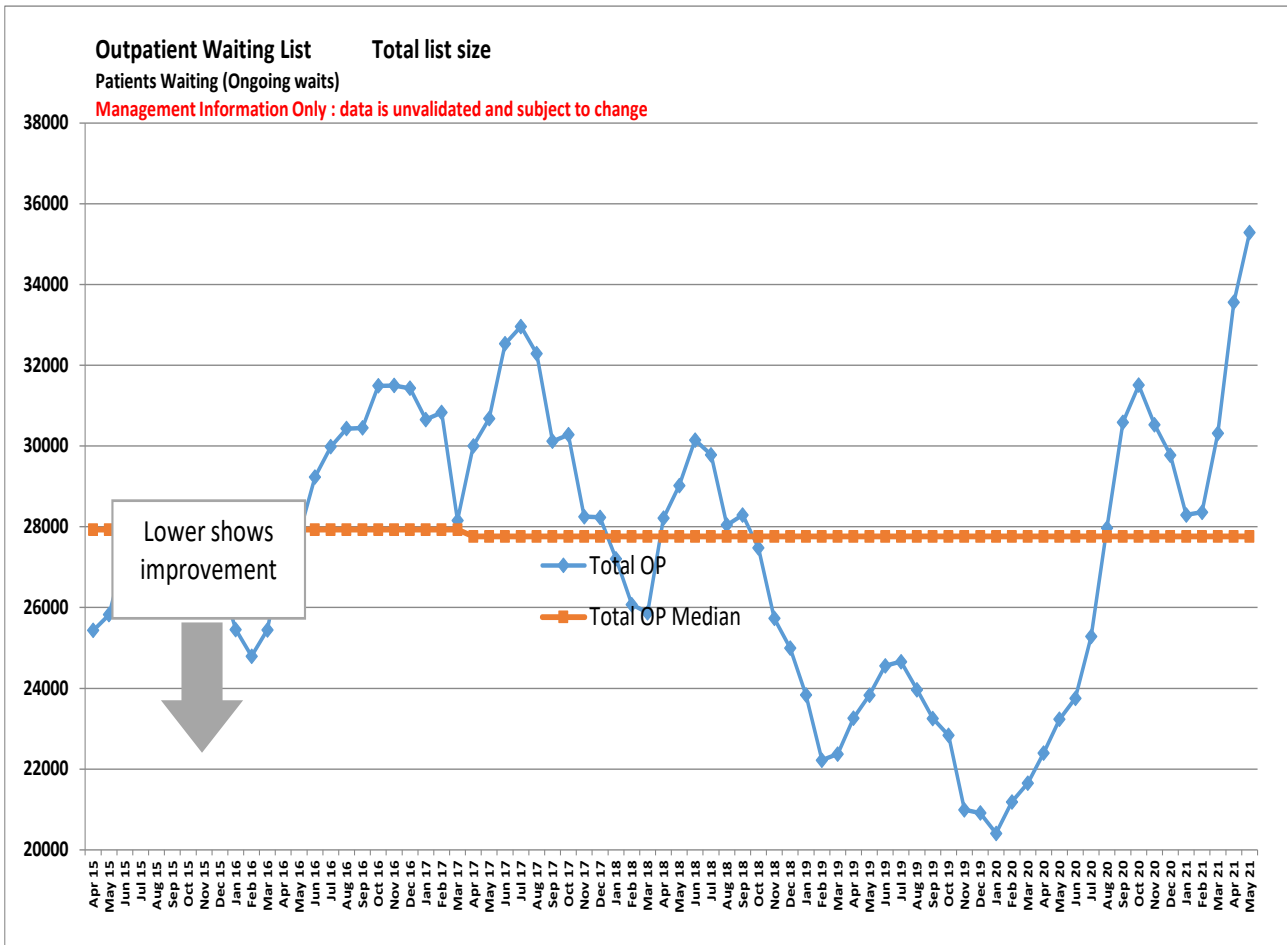
The 12 Week Outpatient Guarantee (84 days) applies to eligible patients who are receiving an outpatient appointment and states that all patients will not wait longer than 12 weeks from the date that the referral is received. Due to Covid 19, there was no agreed AOP for NHS Lanarkshire.

At 31st May 2021 there were 14,684 patients waiting over 84 days for an outpatient appointment, compared to 14,349 patients at 30th April 2021. 75.2% of patients were seen within 84 days in May 2021, compared to 82.7% in April 2021.

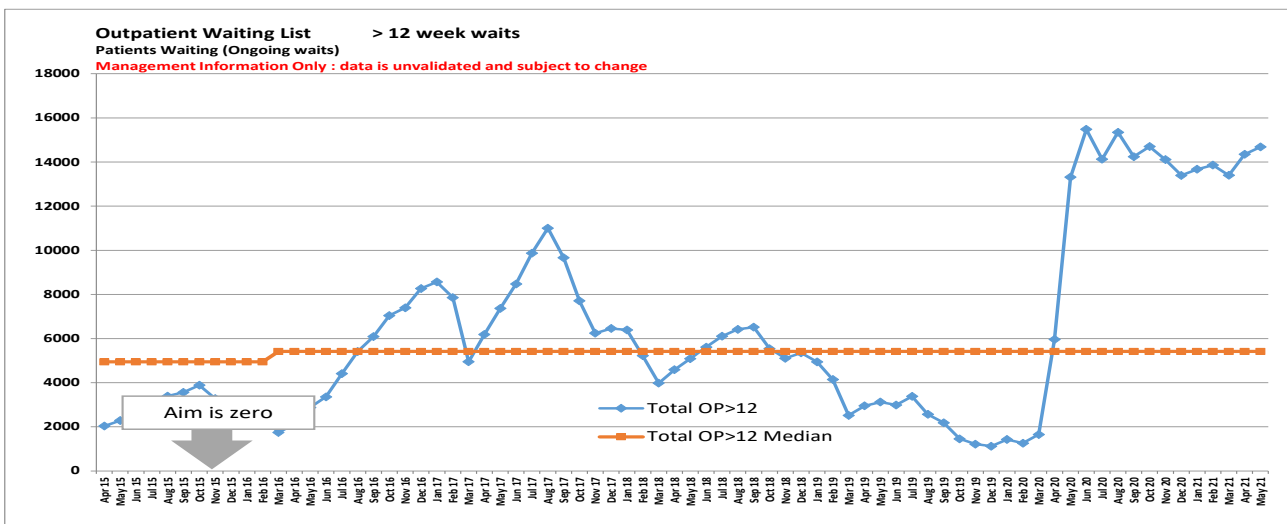
Clinical teams have continued to see urgent new outpatients through a variety of different care models (face to face and virtual). NHS Lanarkshire has recommenced outpatient activity with a range of external providers who will be undertaking face to face consultations. The focus will be to reduce the waiting times for routine patients, particularly those waiting over 52 weeks. The table below shows outpatient waiting list by specialty at 15th June 2021.

NHSL Specialities	as at 15/06/2021									
	Within 12 Weeks	Over 12 Weeks	Over 26 Weeks	Over 52 Weeks	Over 78 Weeks	Total	% over 12 Weeks	% Over 26 Weeks	% Over 52 Weeks	% Over 78 Weeks
A1 General Medicine	46	15	30	9	0	100	54%	39%	9.0%	0.00%
A2 Cardiology	709	187	18	2	0	916	23%	2%	0.2%	0.00%
A6 Infectious Diseases	23	0	0	0	0	23	0%	0%	0.0%	0.00%
A7 Dermatology	2840	1387	1165	20	0	5412	48%	22%	0.4%	0.00%
A8 Endocrinology	394	83	31	5	0	513	23%	7%	1.0%	0.00%
A9 Gastroenterology	767	560	495	210	0	2032	62%	35%	10.3%	0.00%
AB Geriatric Medicine	219	7	1	1	0	228	4%	1%	0.4%	0.00%
AD Medical Oncology	33	0	0	0	0	33	0%	0%	0.0%	0.00%
AF Medical Paediatrics	438	2	2	0	0	442	1%	0%	0.0%	0.00%
AG Nephrology	93	77	67	1	0	238	61%	29%	0.4%	0.00%
AH Neurology	1080	758	661	75	0	2574	58%	29%	2.9%	0.00%
AQ Respiratory Med	678	270	188	12	0	1148	41%	17%	1.0%	0.00%
AR Rheumatology	569	272	12	0	0	853	33%	1%	0.0%	0.00%
C1 General Surgery	2200	914	245	1	0	3360	35%	7%	0.0%	0.00%
C12 Vascular Surgery	281	6	2	1	0	290	3%	1%	0.3%	0.00%
C13 Oral and Maxillofacial Surgery	902	587	594	59	0	2142	58%	30%	2.8%	0.00%
C31 Chronic Pain	214	1	0	0	0	215	0%	0%	0.0%	0.00%
C5 ENT Surgery	1660	95	0	0	0	1755	5%	0%	0.0%	0.00%
C7 Ophthalmology	1715	963	1446	732	14	4870	65%	45%	15.3%	0.29%
C7B NHSL Cataract List	794	648	720	22	1	2185	64%	34%	1.1%	0.05%
C8 Orthopaedics	1808	45	4	1	0	1858	3%	0%	0.1%	0.00%
C9 Plastic Surgery	363	25	28	28	0	444	18%	13%	6.3%	0.00%
CA Surgical Paediatrics	106	64	92	50	0	312	66%	46%	16.0%	0.00%
CB Urology	896	47	2	0	0	945	5%	0%	0.0%	0.00%
D1 Public Dental Service	149	116	138	32	0	435	66%	39%	7.4%	0.00%
D5 Orthodontics	50	43	24	25	0	142	65%	35%	17.6%	0.00%
F2 Gynaecology	1447	95	1	0	0	1543	6%	0%	0.0%	0.00%
J4 Haematology	185	3	1	0	0	189	2%	1%	0.0%	0.00%
Grand Total	20659	7270	5967	1286	15	35197	41%	21%	3.7%	0.04%

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

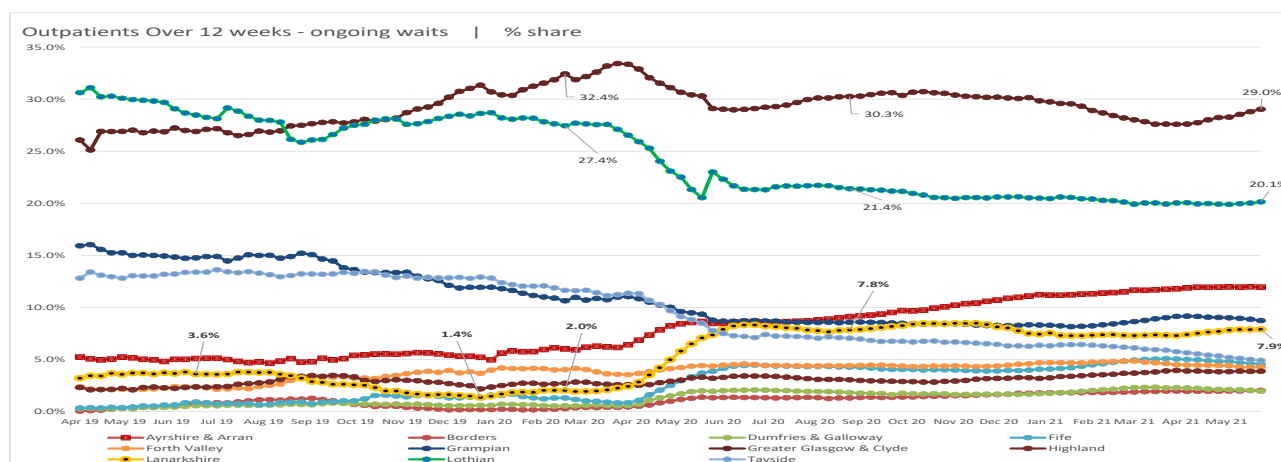


The graph below shows patients waiting over 12 weeks. Please note this is local data.



The above graphs detail ongoing waits.

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, 7.9% 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 May 2021 there were a total of 6562 patients who had breached their TTG date, compared to 6653 patients in April 2021. In May 2021 54.0% of patients were treated within 84 days, compared to 54.6% in April 2021.

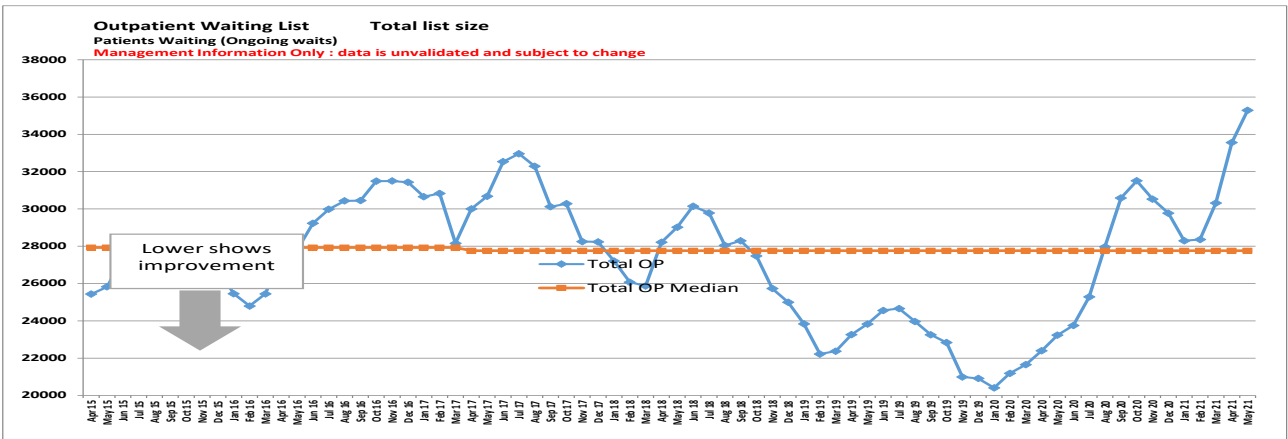
Clinical urgency remains our priority at all times with the focus on scheduling Priority 2 and 3 patients. However, as theatre remobilisation gathers pace, efforts are being made to schedule Priority 4 patients with lengthy waits into available capacity. This is contingent on the recruitment of theatre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

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

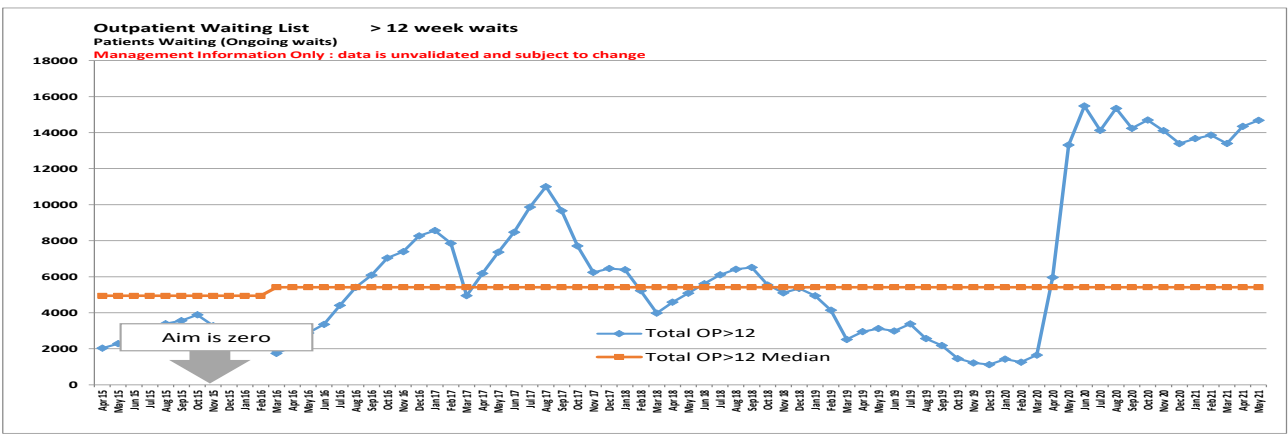
The table below was accurate at 15th June 2021 and shows the numbers of patients in each clinical prioritisation group.

Category Group	as at 15/06/2021					Grand Total	Grand Total %	% Patient waiting over Priority Cat
	0-4 weeks	5-12 weeks	13-26 weeks	27-52 weeks	>52 weeks			
Still to be re-categorised	93	59	47	10	1	210	2%	N/A
TTG Category P2 Cancer (within 4 weeks)	112	27	2	1		142	1%	2%
TTG Category P2 Urgent SoC (within 4 weeks)	62	21	7	8	2	100	1%	17%
TTG Category P2 (within 4 weeks)	362	178	212	204	156	1112	12%	51%
TTG Category P3 (within 12 weeks)	873	423	737	780	527	3340	35%	61%
TTG Category P4 (over 12 weeks)	452	396	821	1154	1933	4756	49%	82%
Grand Total	1954	1104	1826	2157	2619	9660	100%	
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.

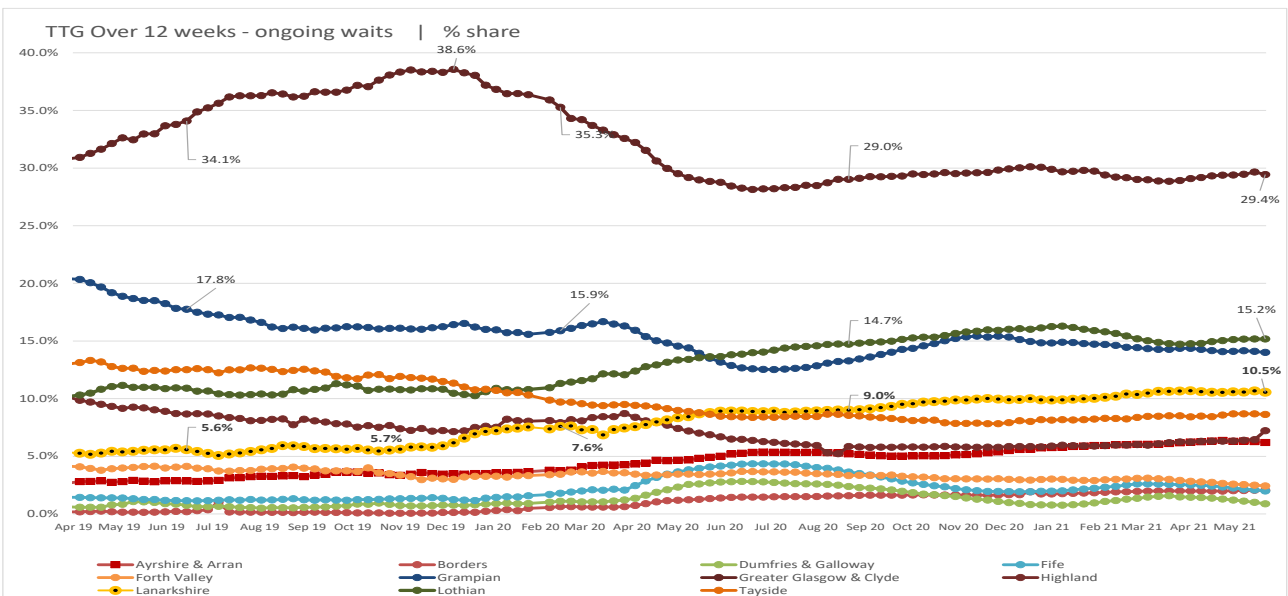


The graph below shows patients waiting over 12 weeks. Please note this is local data.



The above graphs detail ongoing waits.

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 is showing the most movement in terms of trend since the start of the pandemic. At 10.5%, this could be considered equal to other Boards.



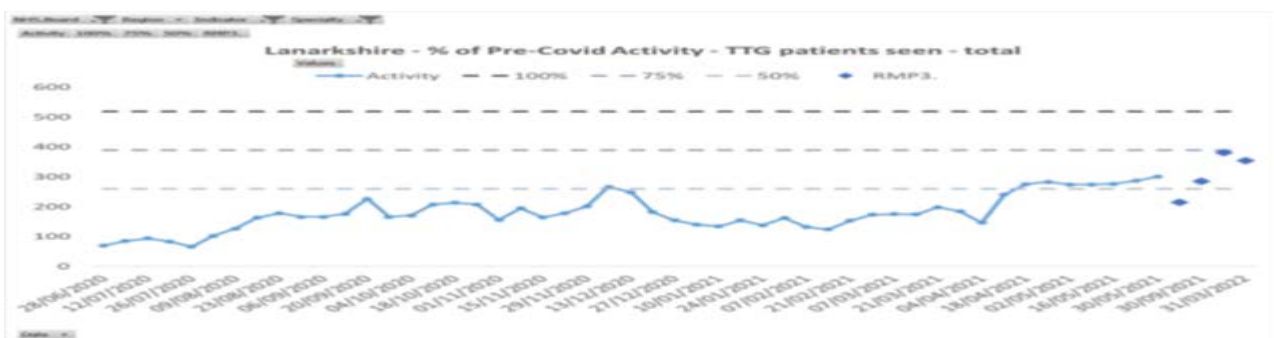
A national approach is being developed to work in collaboration with Healthcare Improvement Scotland (HIS) to undertake work with patients waiting for treatment. This is to understand the impact their wait has on their lives, families and carers. This work will support reduction of long waiting times. A “Gathering Views” exercise has been commissioned by Scottish Government, which will include gathering views on clinical prioritisation and the impact long waits have on patients’ health and well-being. NHS Lanarkshire has been asked to participate in the pilot work to support the national approach.

Work continues to agree trajectories for 2021/22 with a range of modelling scenarios being developed. However, it is anticipated that 65% of core elective theatre capacity will be in place by the end of Quarter 1.

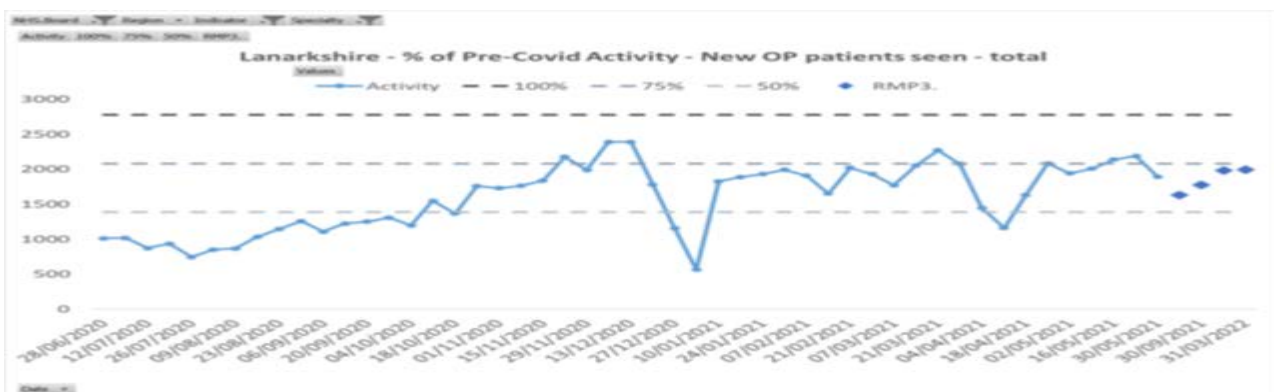
2.3) Recovery

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 issues of workforce availability and wider service pressures this continues to present challenges. In line with the expectations of Scottish Government, acute services are working to restore 100% of pre-Covid activity levels by March 2022.

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 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.



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)

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

Diagnostic Waiting List Census | Patients Waiting (Ongoing Waits) as at 31 May 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	139	171	166	114	114	126	126	121	49	54	61	54	39	1,339	2,673	31.1%
Endoscopy	Lower Endoscopy (other than colonoscopy)	46	35	26	21	21	23	19	9	14	9	11	18	7	241	500	34.4%
Endoscopy	Colonoscopy	229	193	209	127	97	92	89	65	59	51	37	29	30	520	1,827	51.8%
Endoscopy	Cystoscopy	60	79	58	46	32	33	21	31	16	24	22	12	30	420	884	34.8%
TOTAL SCOPES		474	478	459	308	264	274	255	226	138	138	131	113	106	2,520	5,884	38.4%
Imaging																	
Imaging	Magnetic Resonance Imaging	350	308	225	146	78	60	32	17	10	3	0	0	0	1,238	95.0%	
Imaging	Computer Tomography	440	373	283	137	119	125	101	56	97	97	70	44	46	35	2,023	73.0%
Imaging	Non-obstetric ultrasound	993	774	692	527	525	301	343	167	319	164	154	143	101	517	5,720	66.6%
Imaging	Barium Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
TOTAL IMAGING		1,792	1,455	1,200	810	722	486	476	240	426	264	224	187	147	552	8,981	72.0%
Cardiology	24 hour ECG	106	201	83	59	79	50	78	49	11	10	9	4	5	22	766	75.5%
Cardiology	24 hour Blood Pressure	65	95	82	55	54	32	43	9	2	0	1	0	0	4	442	86.7%
Cardiology	Echocardiology	133	189	238	185	186	108	123	110	35	108	117	103	59	881	2,575	40.3%
Neurophysiology	Nerve Conduction Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
Respiratory physiology	Sleep Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
Respiratory physiology	Spirometry	66	88	103	105	59	82	72	42	54	83	22	28	52	646	1,502	33.5%
Total Other		370	573	506	404	378	272	316	210	102	201	149	135	116	1,553	5,285	47.4%
TOTAL		2,636	2,506	2,165	1,522	1,364	1,032	1,047	676	666	603	504	435	369	4,625	20,150	55.7%

The table below shows Diagnostic compliance as of May 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 is being sourced to address these waits.

	Imaging	Compliance (%)	Waiting > 6 Weeks
Imaging	Magnetic Resonance Imaging	95.0%	62
Imaging	Computer Tomography	73.0%	546
Imaging	Non-obstetric ultrasound	66.6%	1,908
Imaging	Barium Studies	#DIV/0!	0

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

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.

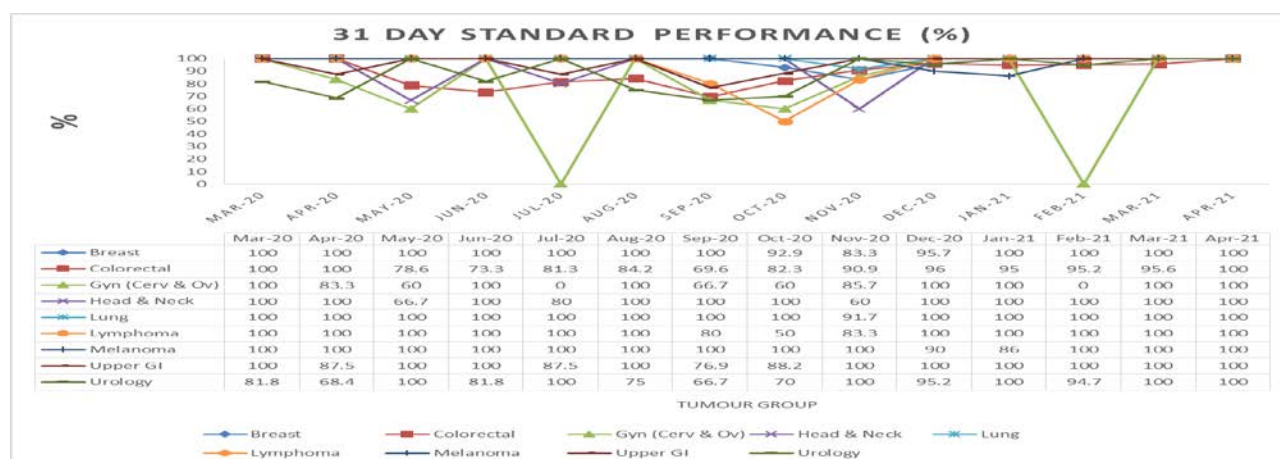
Data submitted to ISD for March 2021 and April 2021

March 2021	April 2021- Unvalidated
62 Days – 88.9%	62 Days – 90.9%
31 Days – 99.7%	31 Days – 100%

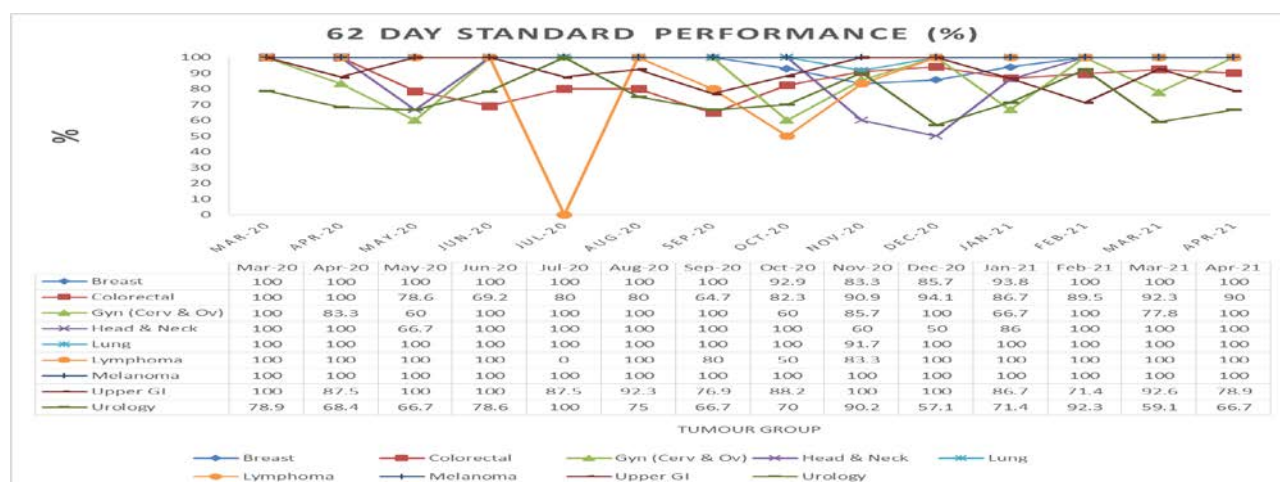
The 62-day cancer standard includes A&E patients, screened positive patients and all patients referred by GP/GDP urgently with a suspicion of cancer. The 31-day standard includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to 1st treatment. The current 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.

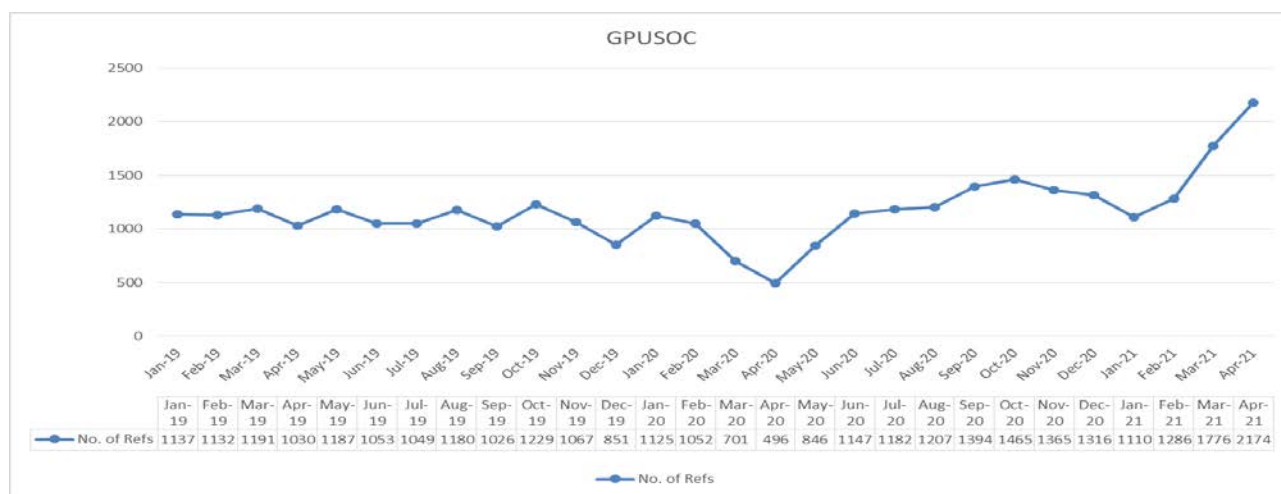
The graph below shows 31-day standard performance by tumour group.



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 and are above pre-Covid 19 levels.



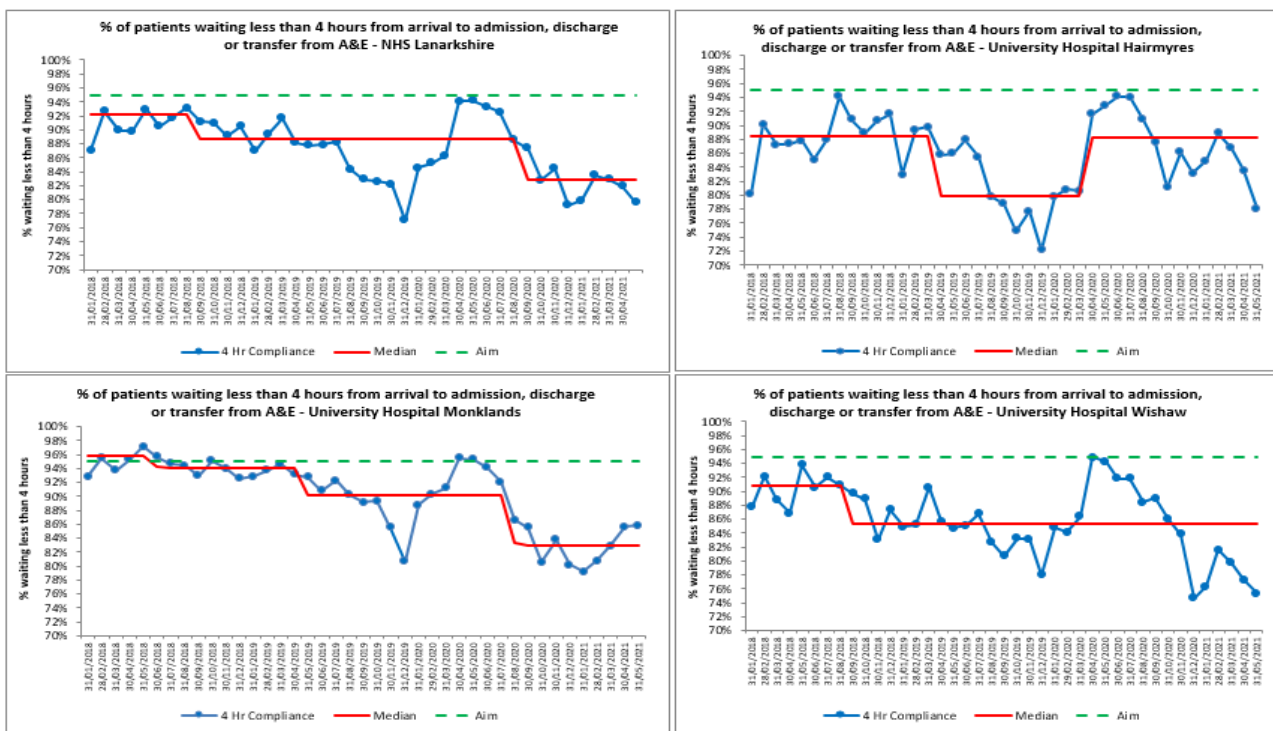
3. UNSCHEDULED CARE

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 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.

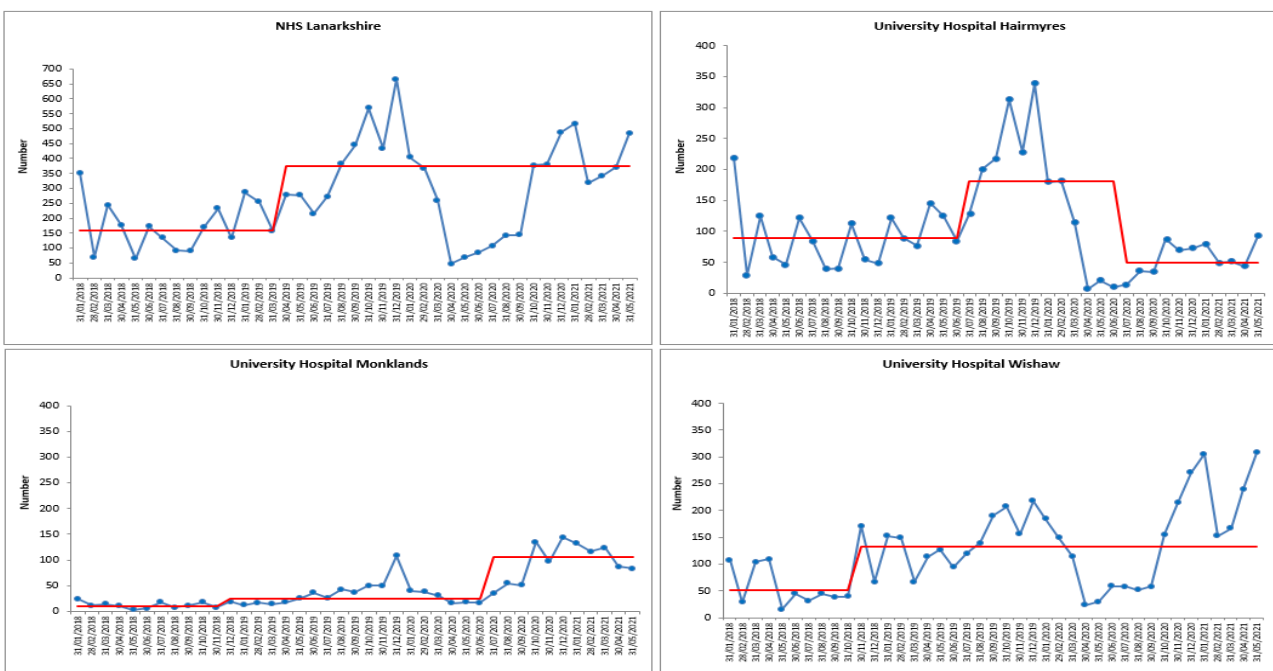




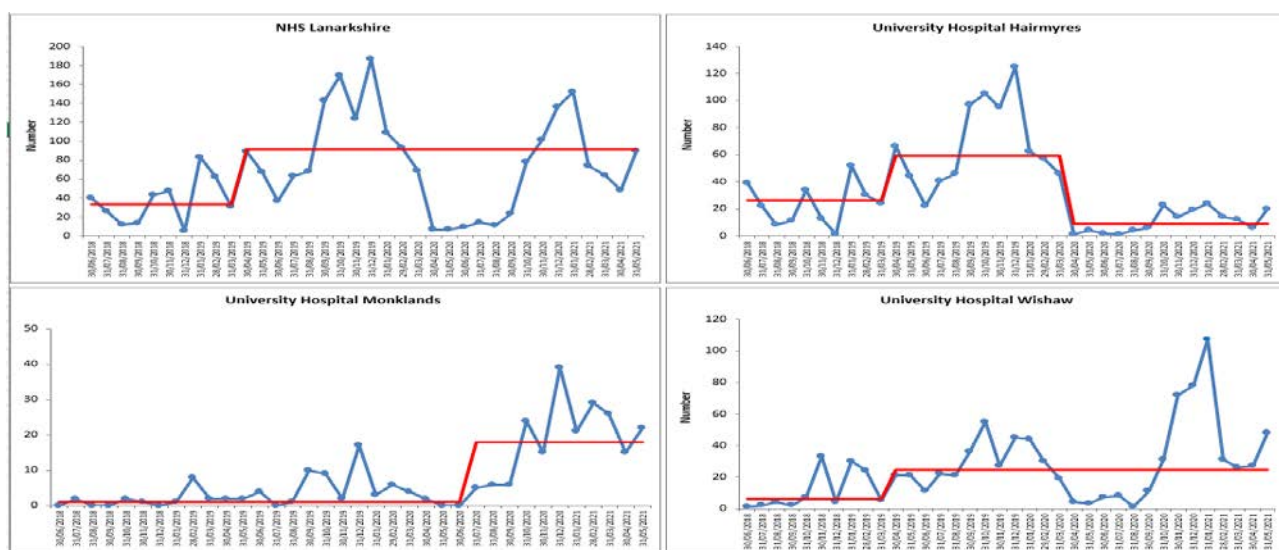
An overview presentation was provided to the Acute Governance Meeting on 19th May 2021 with a performance report on in-patient capacity, unscheduled care performance of the 4 Hour Waiting Time Standard, with particular reference to 8 and 12-hour performance, cancer waiting time performance, Treatment Time Guarantee (TTG) and outpatient performance, clinical prioritisation, 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 May 2021 performance is 79.67%, decreased from 81.84% in April 2021. In May 2021 there were significant increased attendances at 18,613, compared to 16,784 attendances in April 2021.

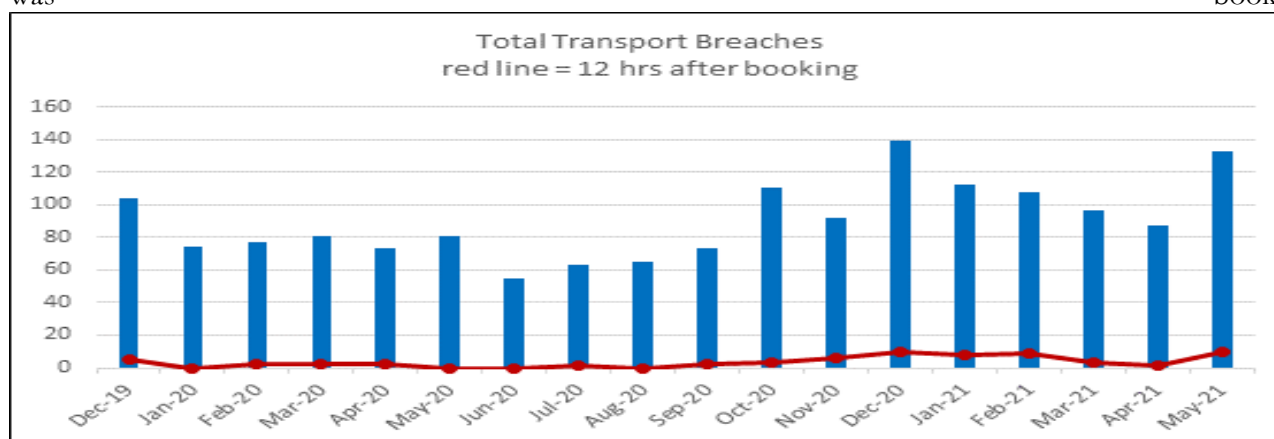
The graphs below compare the number of patients who waited longer than 8 hours between January 2018 and May 2021.



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



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

May 2021, month end performance for University Hospital Hairmyres (UHH) was 78.15% with 5666 attendances. This compares to April 2021 performance of 83.55% with 5026 attendances.

University Hospital Monklands

May 2021, month end performance for University Hospital Monklands (UHM) was 85.38% with 6086 attendances. This compares to April 2021 performance of 85.67% with 5524 attendances.

University Hospital Wishaw

May 2021, month end performance for University Hospital Wishaw (UHW) was 75.38% with 6861 attendances. This compares to April 2021 performance of 77.33 % with 6224 attendances.

The environmental challenges associated with Covid 19 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. Each of the sites is working through a site redesign plan which will formalise assessment and ambulatory care areas. These moves and tests of change have commenced in June.

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 and occupancy pressures 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 May 2021.

		May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Orthotist MSK Service	% Waiting Within 12 Weeks	53.8%	49.8%	64.4%	79.2%	87.2%	96.9%	98.2%	99.1%	99.3%	82.6%	97.5%	99.6%	99.5%
	Waiting Over 12 Weeks	322	231	129	69	43	12	7	4	3	86	11	2	3
	Longest Wait (Weeks)	33	37	27	30	33	37	40	41	45	49	31	35	39
Orthotist Foot and Ankle	% Waiting Within 12 Weeks	57.1%	43.8%	83.3%	86.4%	95.2%	85.0%	3.6%	4.5%	5.0%	10.4%	62.5%	94.7%	100.0%
	Waiting Over 12 Weeks	6	9	2	3	3	3	486	488	325	86	3	1	0
	Longest Wait (Weeks)	15	19	22	27	31	35	45	50	47	34	36	39	11
Children and Young People Audiometry - First Appointment	% Waiting Within 12 Weeks	35.2%	39.9%	44.0%	34.0%	30.7%	33.4%	34.2%	28.7%	30.3%	34.3%	42.4%	50.8%	62.7%
	Waiting Over 12 Weeks	326	421	454	516	591	609	622	719	659	561	432	310	208
	Longest Wait (Weeks)	32	36	41	45	49	54	58	63	54	57	62	63	61
Adult Audiometry - First Appointment	% Waiting Within 12 Weeks	10.9%	5.0%	8.8%	14.1%	18.4%	20.7%	22.1%	18.8%	19.3%	23.4%	40.2%	65.5%	91.7%
	Waiting Over 12 Weeks	1026	1128	1130	1146	1184	1200	1154	1143	1006	788	477	226	43
	Longest Wait (Weeks)	30	34	39	43	47	50	49	54	57	61	64	61	65
Adult Audiometry - Aid fit	% Waiting Within 12 Weeks	17.5%	0.6%	0.6%	1.0%	41.9%	71.7%	69.7%	97.1%	100.0%	98.8%	98.4%	98.5%	99.4%
	Waiting Over 12 Weeks	47	343	350	102	53	15	10	1	0	1	2	2	1
	Longest Wait (Weeks)	33	37	41	40	45	52	57	43	10	14	19	23	15
Audiometry Tinnitus	% Waiting Within 12 Weeks	23.3%	0.0%	0.0%	0.0%	0.0%	27.3%	87.5%	94.4%	96.6%	100.0%	100.0%	100.0%	100.0%
	Waiting Over 12 Weeks	23	32	32	32	32	8	4	2	1	0	0	0	0
	Longest Wait (Weeks)	19	23	27	32	36	40	41	45	49	10	7	6	5
Adult Audiometry Pre-test	% Waiting Within 12 Weeks	27.3%	19.4%	24.5%	27.9%	29.1%	28.8%	27.1%	25.4%	23.5%	21.0%	26.4%	28.1%	32.7%
	Waiting Over 12 Weeks	767	928	920	885	904	929	971	1001	1004	1013	898	789	646
	Longest Wait (Weeks)	34	32	36	41	40	43	47	52	56	60	63	65	66
Dietetics	% Waiting Within 12 Weeks	58.2%	57.1%	58.1%	60.2%	62.5%	60.7%	64.9%	64.0%	62.3%	63.6%	63.1%	65.7%	64.4%
	Waiting Over 12 Weeks	100	115	126	153	171	182	121	122	120	116	132	155	170
	Longest Wait (Weeks)	30	31	35	40	44	119	53	58	62	59	65	68	72
Orthoptic	% Waiting Within 12 Weeks	47.6%	23.2%	27.5%	35.5%	40.8%	38.2%	39.3%	36.5%	39.5%	39.7%	45.8%	56.2%	76.4%
	Waiting Over 12 Weeks	198	318	335	335	348	401	445	440	439	419	343	277	118
	Longest Wait (Weeks)	35	39	44	48	53	57	61	66	70	56	61	63	42
Optometry	% Waiting Within 12 Weeks	44.4%	1.1%	1.2%	1.7%	2.2%	0.4%	11.2%	9.9%	4.1%	6.3%	1.3%	6.7%	60.3%
	Waiting Over 12 Weeks	149	265	241	230	227	226	221	228	213	163	156	84	94
	Longest Wait (Weeks)	35	29	33	37	42	46	50	55	52	56	62	65	68

Orthoptic Waiting times as of 14th June 2021

There are currently 5 patients who have waited between 32 and 13 weeks. These patients have all declined appointments within the last month.

Optometry Waiting times as of 14th June 2021

There are currently 6 patients (all children) who have waited between 28 and 13 weeks. These patients have all declined an appointment within the last month.

Audiology

The main challenges are within Audiology pre-test patients where current challenges exist. We have an improved position within other aspects of audiology in particular direct access. As such we have switched resource to the pre-test pathway and are seeing an improving picture.

NORTH LANARKSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Delayed Discharge Performance

HSCP North Lanarkshire continues to perform well against the target trajectory, April 1,662 standard bed days against the 1,950 target (fig 1), 288 fewer bed days than anticipated.

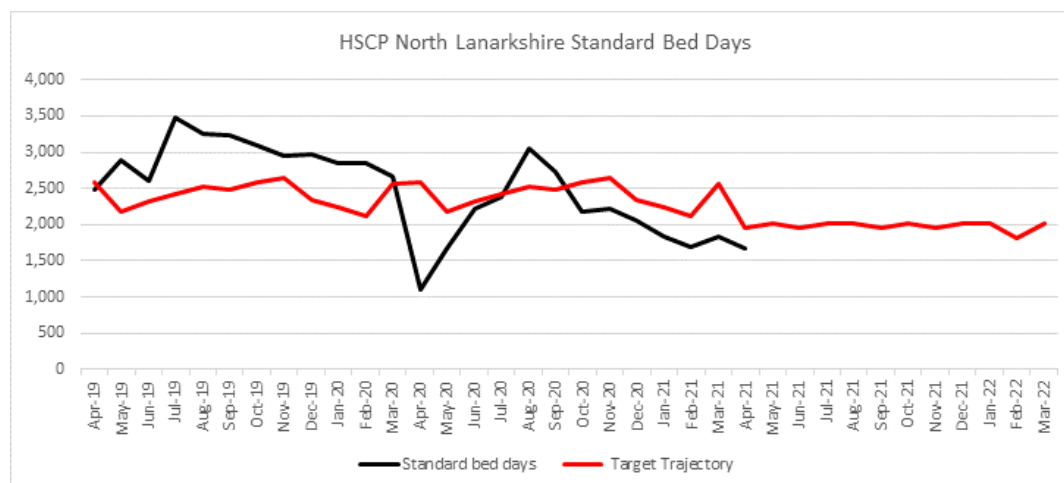


Figure 1 HSCP NL Standard Bed Days

Recovery and Mobilisation

The North partnership continues to face a wide range of challenges in recovering services, including:

- Reduced clinical accommodation due to social distancing requirements impacting on footfall, waiting area capacity and increased IPC requirements
- Increased waiting lists due to the pandemic
- Significant numbers of patients have not had routine screening appointments for long term condition management
- Many services are seeing significant increases in demand, against the context of reduced capacity

The current situation has had a significant impact on GP Practices, as the normal routes for onward referral are not yet working at their normal capacity or are facing delays due to increased backlogs.

The current unscheduled care challenges across Lanarkshire exemplify this, but a whole system group has been formed to coordinate action, including some prioritised remobilisation of services that will create capacity within GP Practices, such as MSK Physiotherapy.

A fully joined up approach will be vital going forwards to understand and plan for the knock on impacts of recovery and remobilisation across the system, for example, acute recovery will have a knock on impact on community based follow up through rehab, community nursing, treatment rooms etc.

Most services continue to work on a hybrid model of face to face and Near Me to increase capacity and each individual service has developed its own recovery plan. Additional funding has been identified for some key service areas facing the greatest recovery challenge, including CAMHS, Psychological Therapy and Speech and Language Therapy.

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 31st May 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 table 1.

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

Service	Compliance 50% Target	Longest Wait in Weeks	Waiting >12 weeks	Hosted
Podiatry Biomechanical MSK Service	97.7%	31	14	North
Speech & Language Therapy Children and Young People	35.1%	65	995	North
Speech & Language Therapy Adult	96.7%	13	6	North
Podiatry Service (excl MSK)	38.8%	73	2122	North
Podiatry Service - Domicilliary Appts	50.5%	70	50	North
Dietetics	64.4%	72	170	North
Medical Children and Young People - Cons Led service	98.1%	34	8	North
Community Claudication Service	98.0%	37	2	North/South

Figure 2: HSCP NL Hosted 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 35.1% in May 2021, although not to pre covid levels.

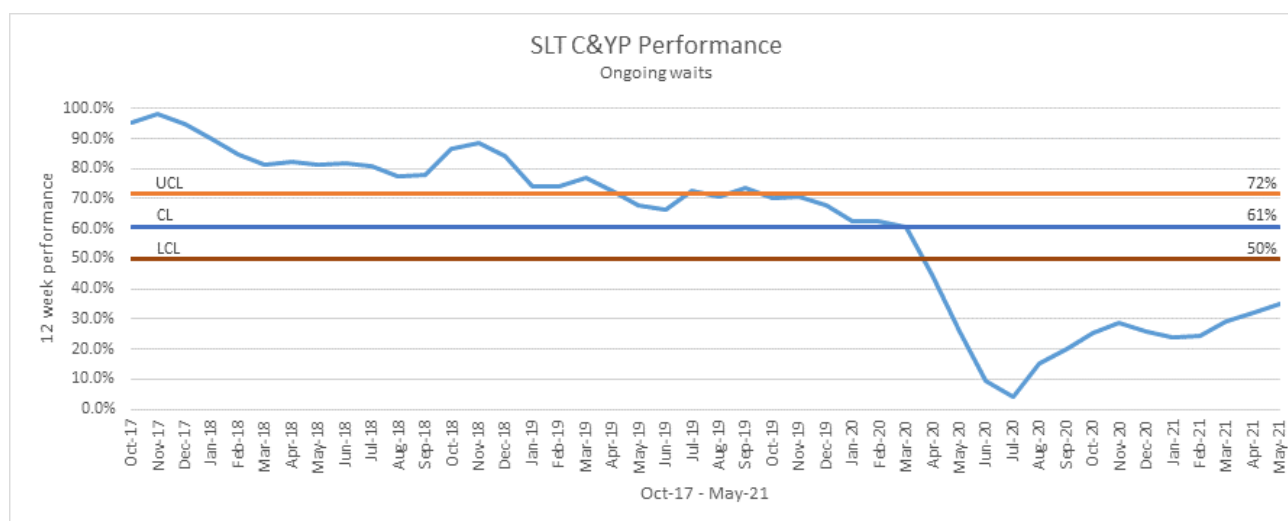


Figure 3: SLT CY&P Performance

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.

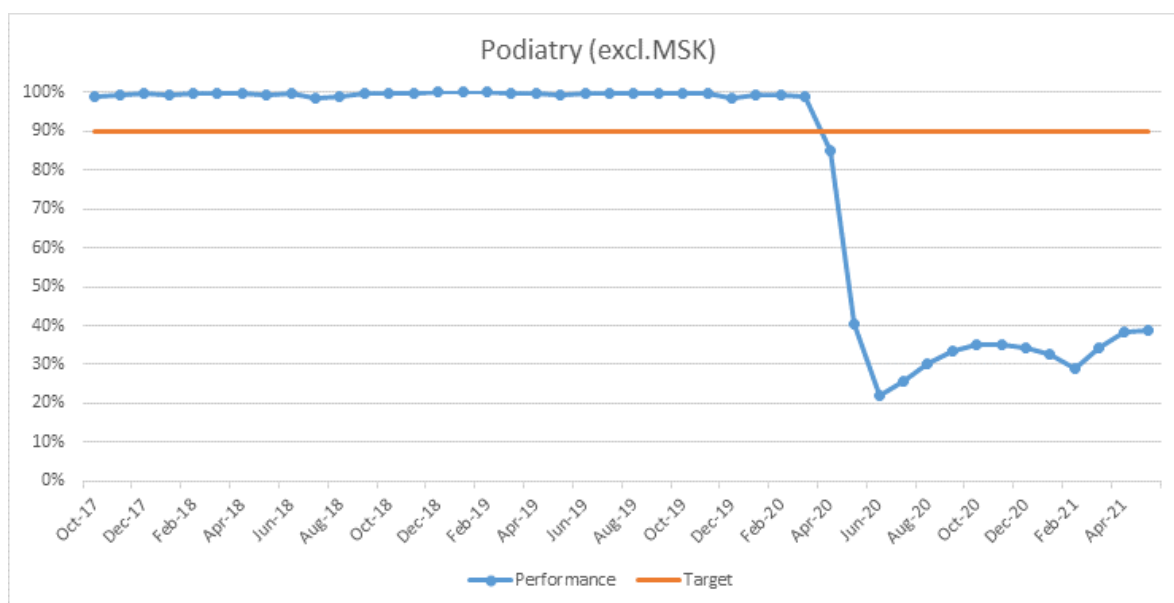


Figure 4 Podiatry (excl MSK) performance against target

Longest patient wait: 73 weeks (No foot problems for screening only- not priority)

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)

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

- National RTT Target is that 90% of patients commence therapy within 18 weeks of referral. Through engagement with the Mental Health directorate in Scottish Government, the remobilisation expectation is for Boards to get back to the 90% target by March 2023 at the latest, supported by recovery funding. The recovery plans for both services will be presented to the Population Health Committee in July.
- Within **Adult Psychological Services**, 80.1% of patients commenced psychological therapy within 18 weeks
 - 855 new patients commenced an evidence-based psychological therapy: 692 within 18 weeks, and 163 over 18 weeks

- Referrals continue to increase, and there were 2091 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 40.1%

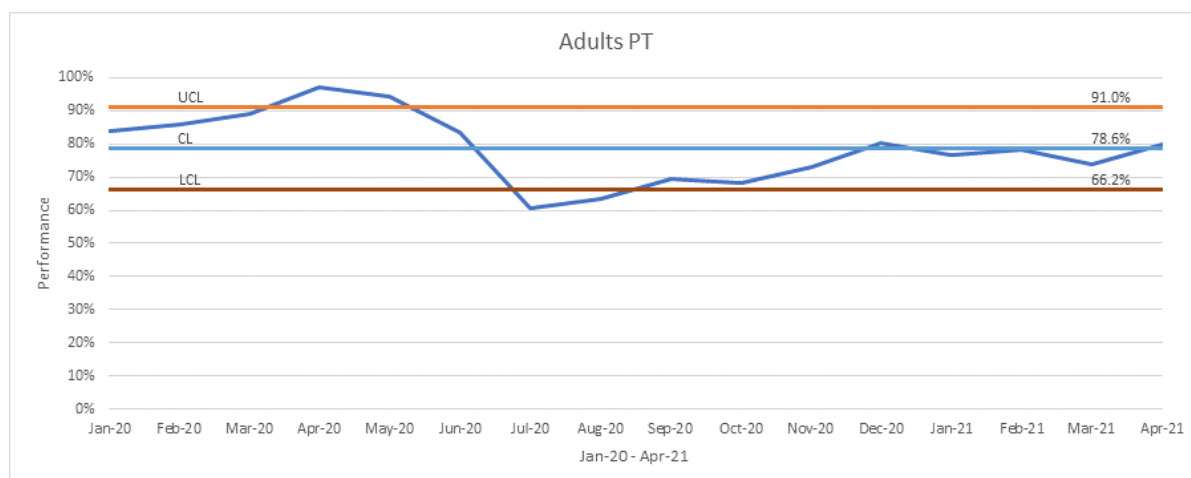


Figure 5 Adults PT performance

- Within **CAMHS**, 49.6% of patients commenced psychological therapy within 18 weeks
 - 137 new patients commenced intervention: 68 within 18 weeks, and 69 over 18 weeks
 - The number of completed waits as a percentage of the number of child and adolescent patients on the waiting list was 10.3%

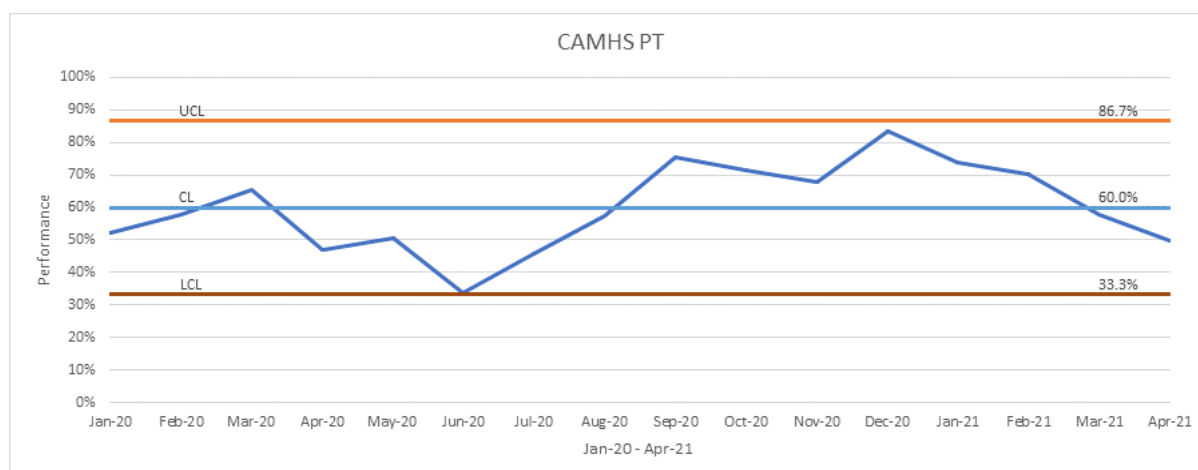


Figure 6 CAMHS Performance

- The **combined** Adult and CAMHS RTT showed 76.6% of *all* patients commenced intervention within 18 weeks of referral.

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

Delayed Discharges

April 2021/22

The significant reduction in standard delayed discharge bed days has continued through to April 2021 (Figure 1), 1,047 against a target of 1,800, 753 fewer bed days than anticipated.

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

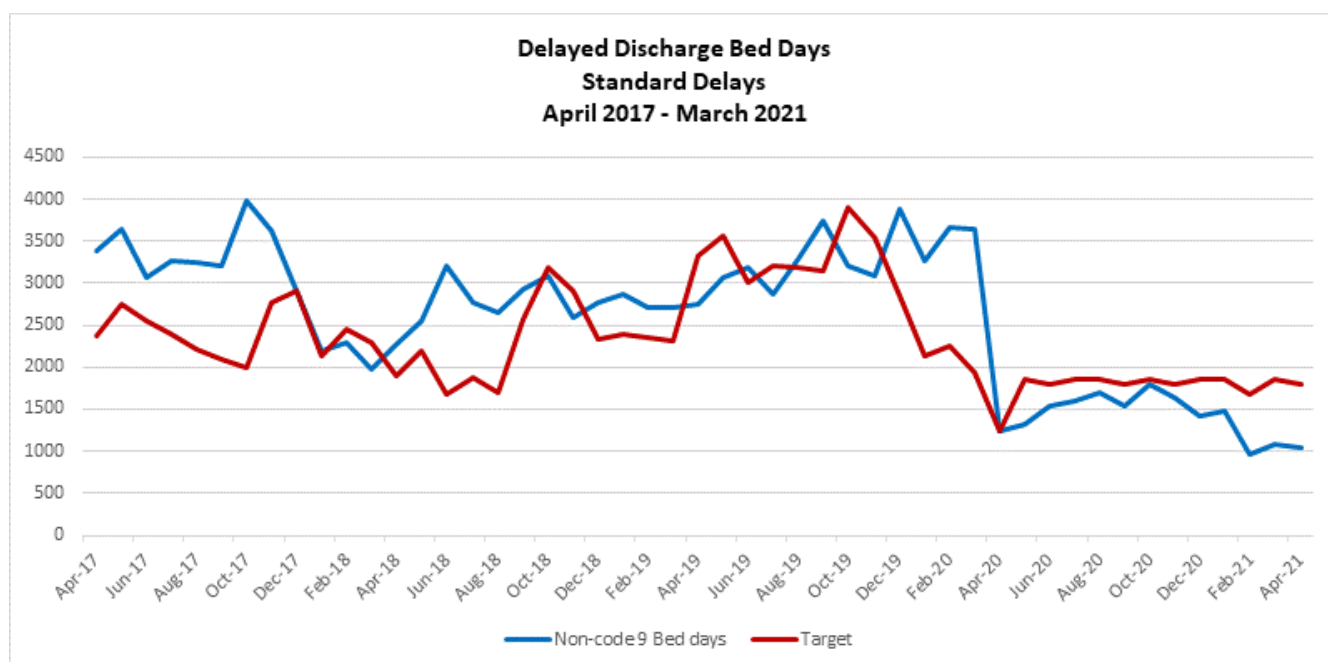


Figure 7 Standard Bed Days against trajectory

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. treatment rooms for routine blood screening.

A joint H&SCP/PC recovery sub group will be established to support the over-arching group chaired by Dr Jane Burns/ Mr. Eddie Docherty. It is anticipated 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 acute services, there will likely be an impact in community 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 May 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.

Service	Compliance 50% Target	Longest Wait in Weeks	Waiting >12 weeks	Hosted
Community Claudication Service	98.0%	37	2	North/South
Physiotherapy MSK	71.9%	26	1761	South
Occupational Therapy MSK	62.5%	35	12	South
Children and Young People Occupational Therapy	100.0%	11	0	South
Occupational Therapy- Neurology	97.0%	12	1	South
Occupational Therapy - Rheumatology	100.0%	10	0	South

Figure 8 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 are 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.

A further SBAR will be submitted this month highlighting the ongoing concerns regarding current staffing levels. A backlog of patients on the Orthopaedic waiting list, awaiting hand surgery, will create additional demands on the 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 onward referred to Physio after **active clinical referral triage** within Orthopaedics.

All rotational band 5 staff should return to their MSK rotation in July 2021 (except where there are vacancies in the rotational loop). Additional reduction in new patient capacity by 1/3 with the demands of on line and virtual working. Loss of capacity in the South of 50 new patient appointments per week with vacancies, maternity leave, long COVID sickness absence, rotational band 5 vacancies.

New Patient DNA rate is 13.9% April 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 new appointment : 2.8 return appointments

Queue: Increased demand in recent 4 weeks

Actions taken to address performance

- Routine waiting list validation process completed for all those waiting 12 weeks or more by 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% F2F – 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
- Agreed timescale for return of rotational band 5 staff to MSK
- SBAR submitted for additional MSK substantive staff to support recovery
- Pilot of self-referral on line form from June 2021
- Scoping use of Udston for MSK as Douglas St not yet available