

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"/> |
|--------------|--------------------------|---------------|-------------------------------------|-----------------|--------------------------|

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"/> | | <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"/> |
|------|-------------------------------------|-----------|-------------------------------------|----------------|-------------------------------------|

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"/> |
|---------|--------------------------|-------------------------------|-------------------------------------|-------------------------------|--------------------------|

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:

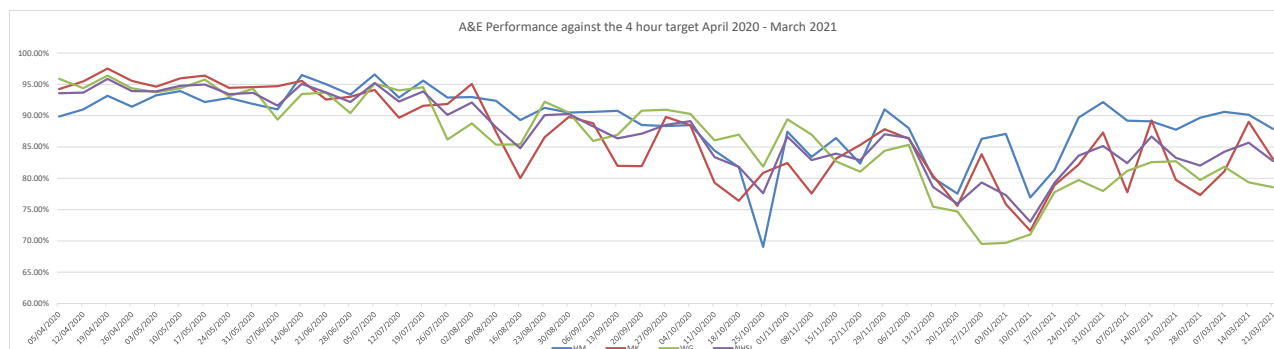
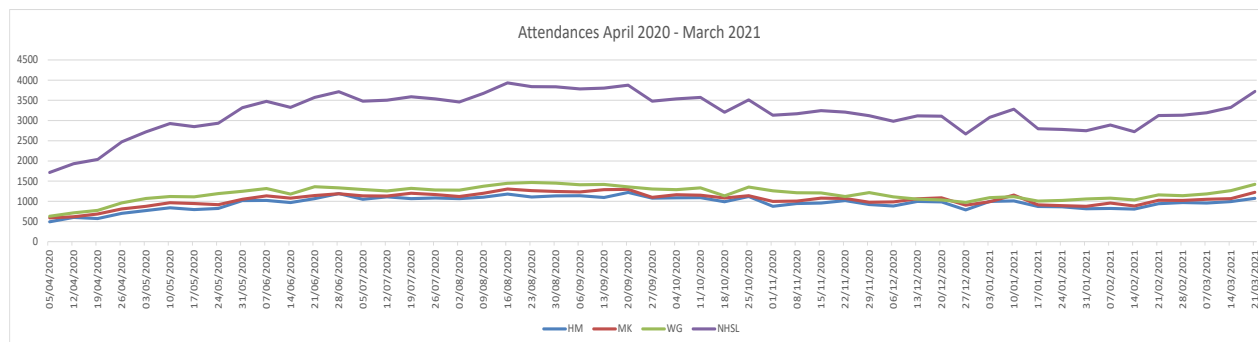
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ACUTE DIVISION EXCEPTION REPORT

A&E Performance



Unscheduled Care

All sites have experienced increases in emergency attendances from 15th February 2021 and during March 2021 when compared to January 2021.

Performance has been variable during February 2021. NHS Lanarkshire’s month end performance in February 2021 was 83.52%, compared to 79.93% in January 2021. In February 2021 NHS Lanarkshire saw 11,872 patients compared to 12,866 in January 2021. For February 2021, the NHS Lanarkshire overall unverified performance was 83.5% against the National position for the same period of 84.1%.

Reducing the number of 8 and 12 hour waits remains a priority for each of the sites. During February 2021, 315 patients waited over 8 hours, compared to 514 patients in January 2021. There has also been a reduction in the number of patients waiting for 12 hours, from 152 in January 2021 to 74 in February 2021. The majority of patients waiting over 12 hours are attributable to SAS transport delays. This reflects recognised pressures within SAS and the high number of inter-hospital transfers within NHS Lanarkshire. The Acute Management Team continue to work with colleagues in SAS to reduce these waits for patients, although it is recognised that some capacity issues current within SAS are related to Covid restrictions.

Planned Care

Acute services continue to manage priority elective cases where possible. Incrementally, additional theatres are being staffed where the workforce is available to support this. This has been able to increase as the pressures on Critical Care staffing across the sites has reduced. All specialities continue to prioritise and book patients for surgery based on National clinical prioritisation and local processes for waiting list validation and review. The allocation of theatres is managed through site Theatre Allocation Groups (TAGs) which respond to individual specialty clinical priorities and the availability of appropriate specialty staff. Details of patient waits by clinical priority are outlined in the table below.

Clinical Prioritisation at 17th March 2021

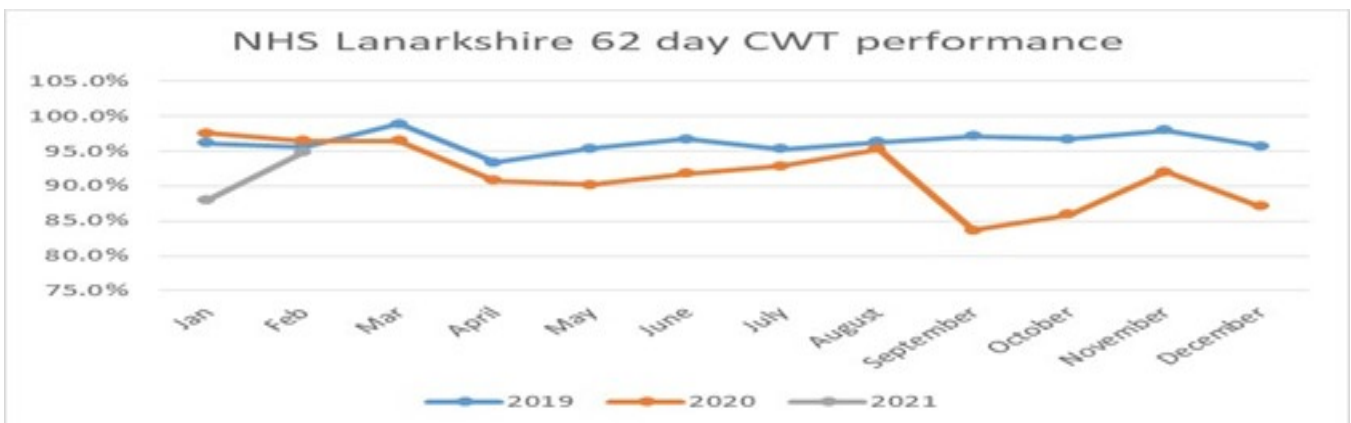
| Category Group | 0-4 weeks | 5-12 weeks | 13-26 weeks | 26-52 weeks | > 52 weeks | Grand Total | Grand Total % | % Patient waiting over Priority Cat |
|---|-----------|------------|-------------|-------------|------------|-------------|---------------|-------------------------------------|
| Still to be re-categorised | 59 | 35 | 52 | 1 | 4 | 151 | 2% | N/A |
| TTG category P2 Cancer (within 4 weeks) | 72 | 15 | 2 | 0 | 0 | 89 | 1% | 19% |
| TTG category P2 Urgent SoC (within 4 weeks) | 36 | 13 | 11 | 1 | 1 | 62 | 1% | 42% |
| TTG category P2 (within 4 weeks) | 220 | 175 | 201 | 66 | 162 | 824 | 9% | 73% |
| TTG category P3 (within 12 weeks) | 424 | 455 | 916 | 337 | 581 | 2713 | 30% | 68% |
| TTG category P4 (over 12 weeks) | 288 | 489 | 1184 | 750 | 2364 | 5075 | 57% | 85% |
| Grand Total | 1099 | 1182 | 2366 | 1155 | 3112 | 8914 | 100% | |
| Grand Total % | 12% | 13% | 27% | 13% | 35% | 100% | | |

NHS Lanarkshire continue to use capacity within the Independent Sector wherever possible.

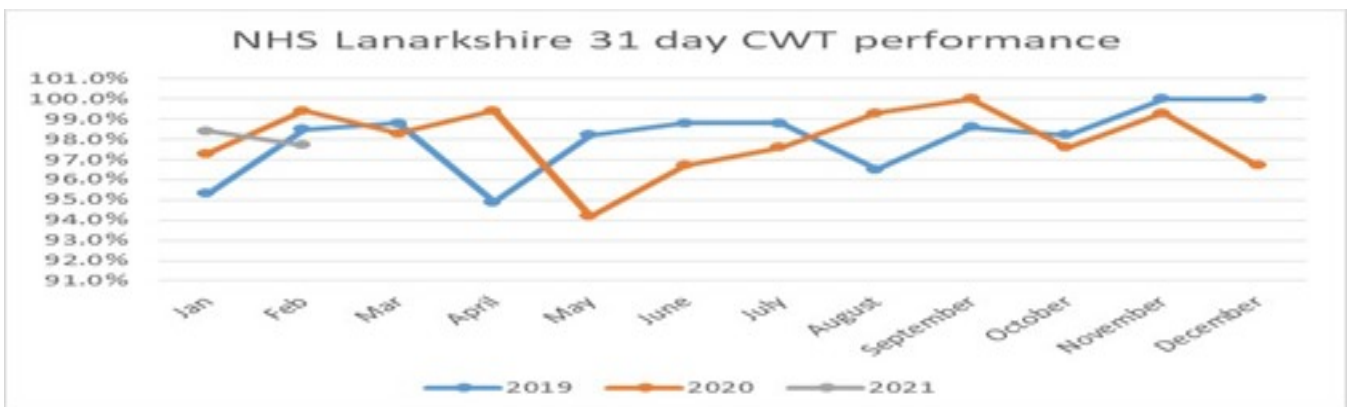
In line with Scottish Government expectations, NHS Lanarkshire has commenced sending letters to patients on the inpatient waiting list to reassure them of their continued management on the waiting list and to advise them who they should contact, should they feel their condition has changed.

Cancer Performance

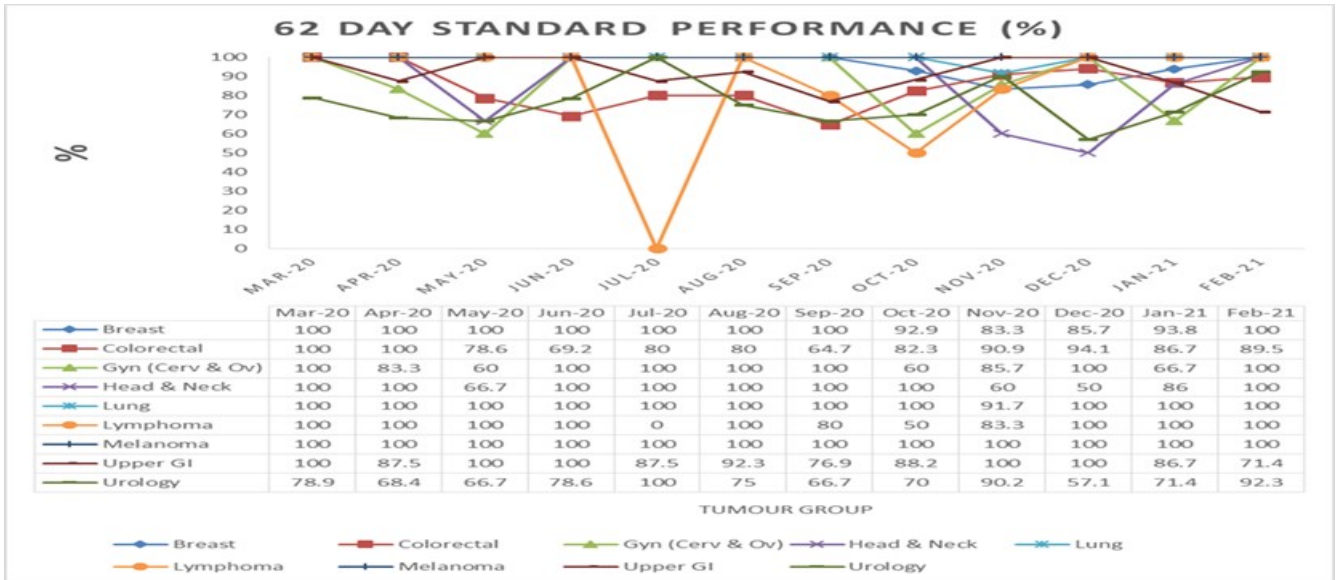
The COVID-19 pandemic has affected all NHS Board’s Cancer Waiting Time performance. Despite these challenges, NHS Lanarkshire performance continues to be above the average for NHS Scotland. February 2021 performance has improved on the January position with 62-day pathway performance at 94.9% (unvalidated data) and 31-day pathway performance at 97.7% (unvalidated data).



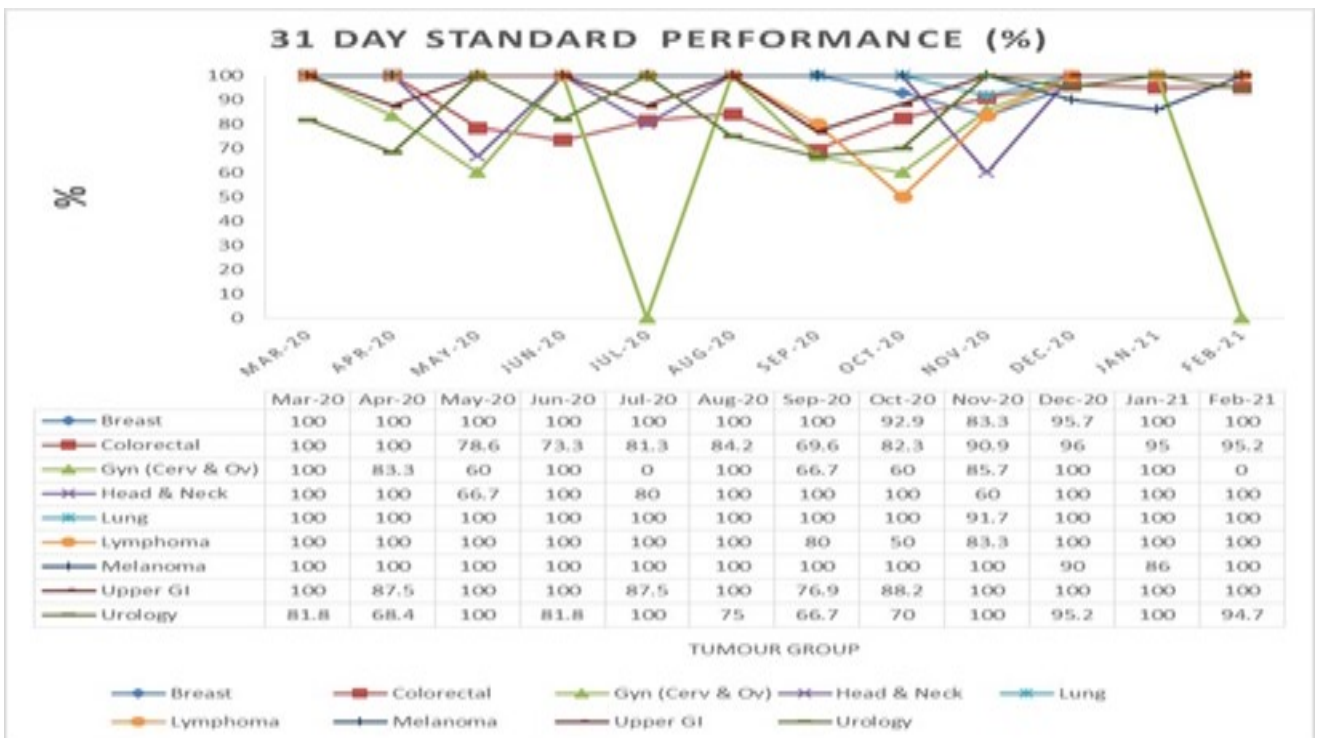
All Scotland Compliance with 62-day target January 2021 = 81.6%
 NHS Lanarkshire Compliance with 62-day target January 2021 = 88%



All Scotland Compliance with 31-day target January 2021 = 96.6%
 NHS Lanarkshire Compliance with 31-day target January 2021 = 98.4%



Overall 62-day performance for February 2021 is just below the standard at 94.9% with below 95% compliance reported for 3 out of the nine tumour types: Colorectal (89.5%); Upper Gastro-Intestinal (71.4%) and Urology (92.3%). The main issue remains access to the full range of all diagnostics, mainly scopes and MRI in urology.

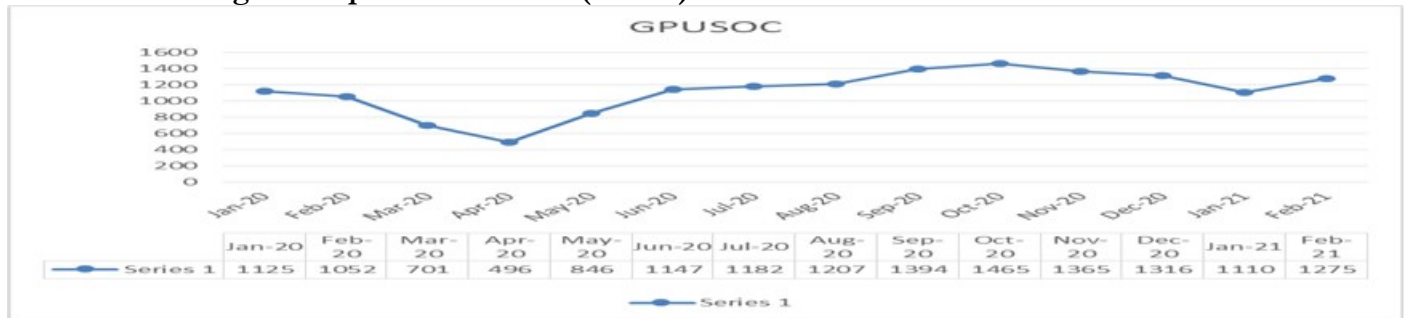


The 31-day standard was met for all cancer types with the exception of Urology (94.7%) due to surgical capacity both locally and regionally, specifically for Robotic surgery, however all patients were clinically prioritised within the P2 cancer criteria and listed appropriately.

The 0% for Gynaecology reflects no patients were reportable for NHS Lanarkshire within this time period under the criteria of 31-day report ability.

NHS Lanarkshire overall Cancer Waiting Time (CWI) Performance when measured against both the 62-day and 31-day standard continues to be above NHS Scotland. We have also remained one of the top 2 mainland boards for CWI performance despite the impact of COVID-19 within the Acute Sites.

GP Referral – Urgent Suspicion of Cancer (USOC)



Urgent Suspicion of Cancer (USOC) GP referrals have reached pre Covid levels. There are still challenges with Lung referrals which continue to be monitored following the Scottish Government awareness campaign in February 2021.

Bowel screening and Colorectal referrals are higher than previously noted. This is impacting on Endoscopy capacity despite the vast amount of work undertaken with the colorectal service to undertake active clinical triage aligned to red flag triggers including QFit results.

Weekly CWT call continues with Scottish Government Cancer Framework Team to identify any challenges and monitor weekly referrals along with close partnership working with GP colleagues.

NORTH HEALTH & SOCIAL CARE PARTNERSHIP EXCEPTION REPORT

Delayed Discharge Performance

HSCP North Lanarkshire continues to perform well against the 2020/21 target trajectory, April – January 21,430 non-code 9 bed days against the 24,332 target (fig 1).

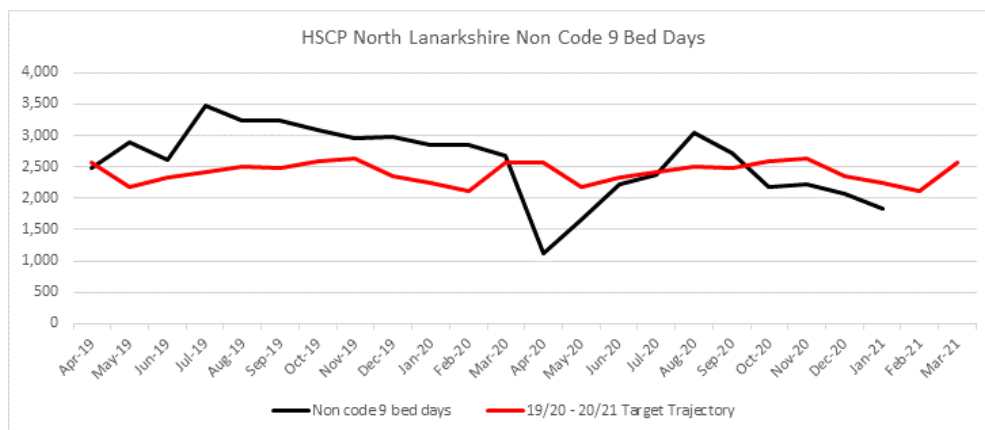


Figure 1 HSCP NL Non Code 9 Bed Days

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 Service performance is detailed in table 1.

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

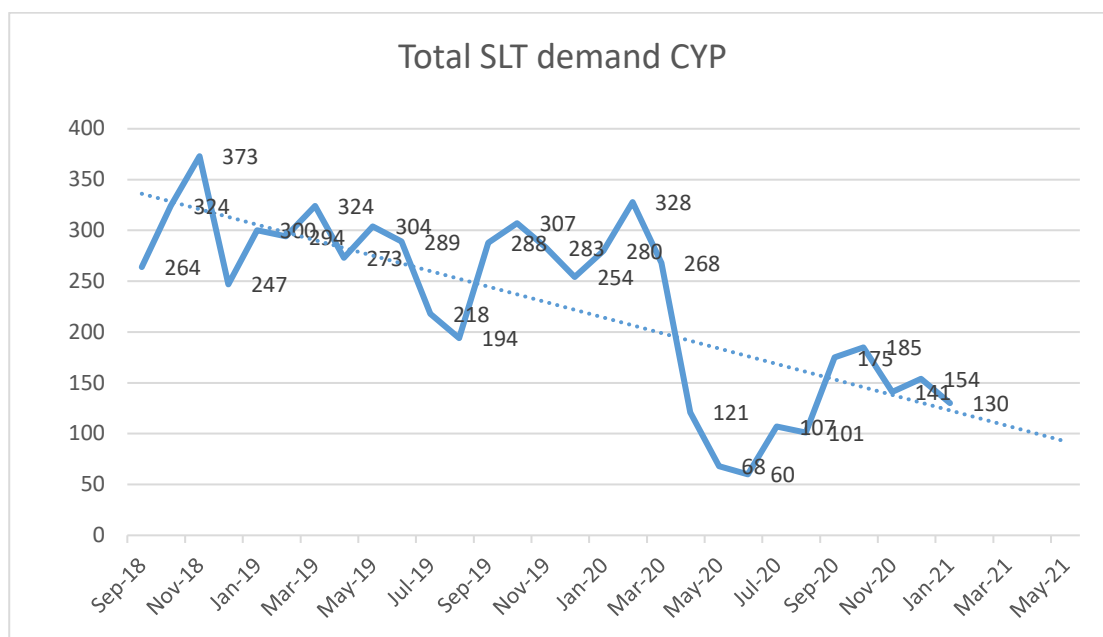
| Service | Compliance 50% Target | Longest Wait in Weeks | Waiting >12 weeks |
|--|--------------------------|--------------------------|-------------------|
| Podiatry Biomechanical MSK Service | 35.0% | 29 | 89 |
| Speech & Language Therapy Children and Young People | 24.3% | 59 | 1171 |
| Speech & Language Therapy Adult | 99.2% | 13 | 1 |
| Podiatry Service (excl MSK) | 88.8% | 64 | 1979 |
| Podiatry Service - Domicilliary Appts | 98.4% | 57 | 37 |
| Dietetics | 93.8% | 59 | 116 |
| Medical Children and Young People - Cons Led service | 99.1% | 37 | 11 |
| Community Claudication Service | 78.4% | 50 | 15 |

Table 1 AHP Waiting Times Performance

SLT CYP Overview

Performance prior to the pandemic was 62.7% but showing a deteriorating trajectory due to ever increasing demands. Following the roll out of the new 12-15 month assessment, the service was dealing with the double demands of referrals from both the new assessment and the 27-30 month assessments, but was reaching the point where those who had participated already in the 12-15 month programme were now reaching 27 months, with the hope being that overall demand would decrease due to earlier intervention.

Since an all time performance low of 4.1% in July 2020, performance has gradually improved to 24.3% in January 2021, with 12wte additional staff requested as part of the recovery programme to increase the pace of improvement. Since the pandemic commenced, the number of referrals has decreased significantly and not recovered back to previous levels:



The roll out of Trakcare continues across the service, with pre-5 complex needs teams now live and roll out continuing across the adult teams. While this will not in itself decrease waits, it will create efficiencies and provide much clearer metrics around performance.

Podiatry Biomedical MSK

Issues which have impacted performance:

- 3.8 WTE currently allocated to podiatry MSK. The remaining 3 WTE remain re-deployed to podiatry wound care at this time.
- 2 WTE re-deployed from the 3.8 WTE to support the vaccination programme for 4 weeks which has impacted most on the waiting times.
- End of year annual leave has also had an impact and will likely continue into the Easter period.
- new remote consultation provision model is having an impact on future NP capacity as 2nd face to face review slots are being used which is having an impact on NP capacity.

Psychological Therapies RTT (Adult and CAMHS).

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

- Within **Adult Psychological Services**, 76.79% patients commenced psychological therapy within 18 weeks. 517 new patients commenced psychological therapy: 397 within 18 weeks, and 120 over 18 weeks
- Within **CAMHS**, 73.68% of patients commenced psychological therapy within 18 weeks, compared with 71.43% in October. 57 new patients commenced intervention: 42 within 18 weeks, and 15 over 18 weeks
- The **combined** Adult and CAMHS RTT showed 76.48% of *all* patients commenced intervention within 18 weeks of referral.

SOUTH HEALTH & SOCIAL CARE PARTNERSHIP EXCEPTION REPORT

Delayed Discharges

April – January 2020/21

The significant reduction in non-code 9 delayed discharge bed days has continued through to January 2021. April 2020 – January 2021 (Figure 1), 15,240 against a target of 17,804.

This attributed to the Improving Delayed Discharge Work stream.

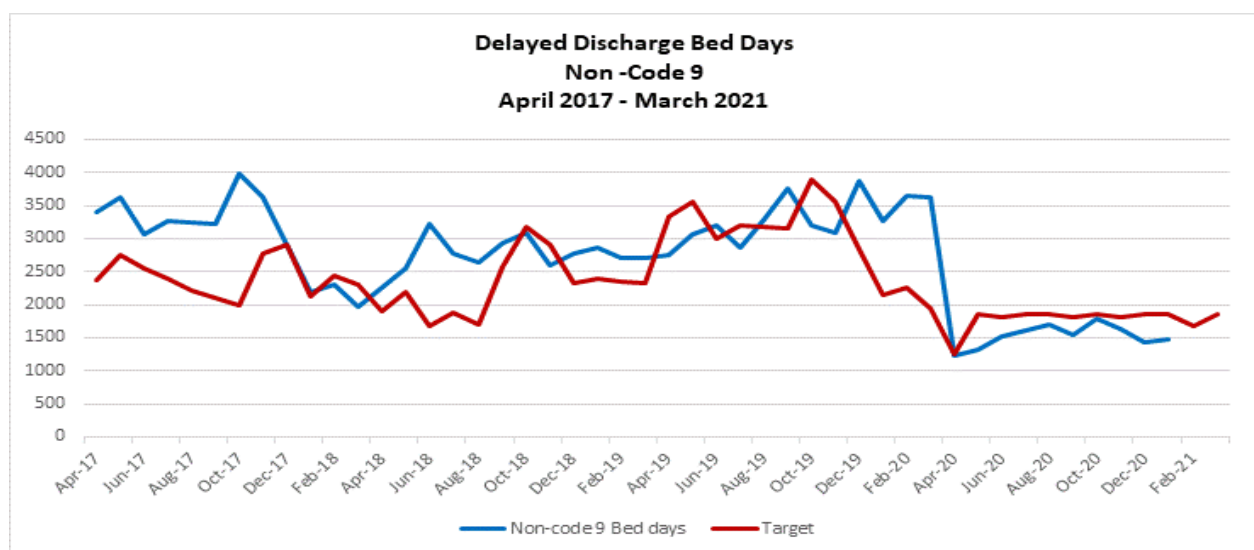


Figure 2 Non Code 9 Bed Days

AHP Waiting Times – South Hosted

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

| Service | Compliance 50% Target | Longest Wait in Weeks | Waiting >12 weeks |
|--|----------------------------------|----------------------------------|-----------------------------|
| Community Claudication Service | 78.4% | 50 | 15 |
| Physiotherapy MSK | 44.0% | 34 | 2380 |
| Occupational Therapy MSK | 95.0% | 21 | 7 |
| Children and Young People Occupational Therapy | 100.0% | 12 | 0 |
| Occupational Therapy- Neurology | 100.0% | 4 | 0 |
| Occupational Therapy - Rheumatology | 100.0% | 11 | 0 |

Table 2 AHP Waiting Times - South Hosted

Physiotherapy MSK service performance has fallen below 50% at end of February 2021. Appendix 1 provides details of current performance and performance recovery actions

Service Name: Physiotherapy MSK

Report date: 23 March 2021

Report from February 2021 stats

Target: 90% within 12 weeks

Local or national: Local and National targets

Current performance: 44% patients seen within 12 weeks

Number of people waiting beyond target: 2830

Longest patient wait: 34 weeks

Performance Commentary

Please include in this section specific details of the reasons for underperformance for example:

Demand: Gradual increase in demand returning to pre COVID first wave demand levels despite no self-referral option at present.

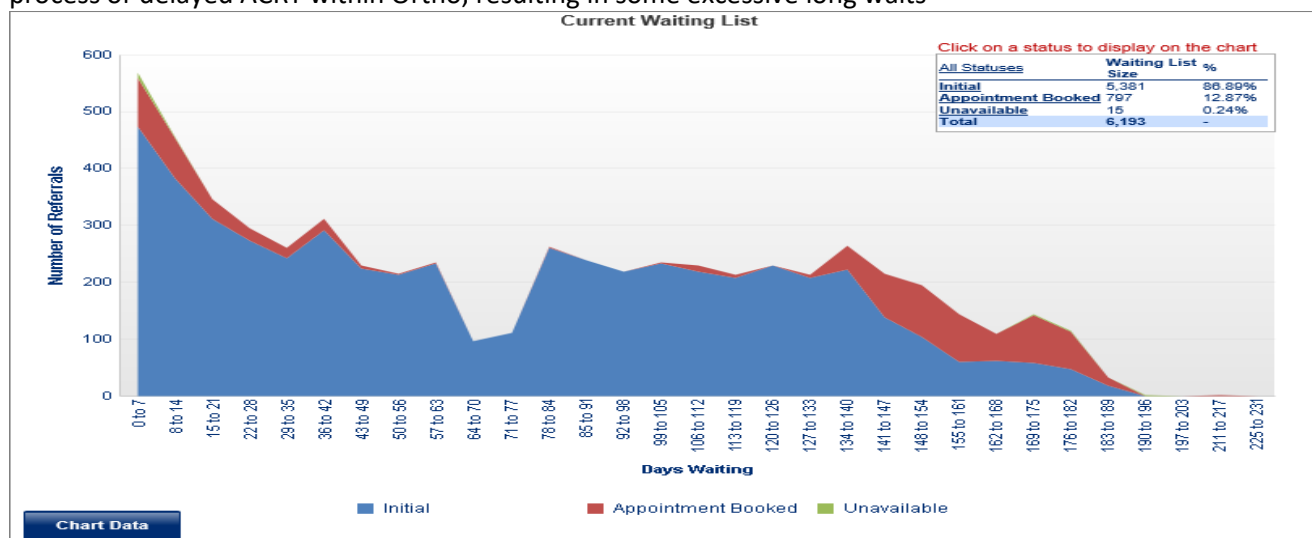
Capacity: Reduced service capacity with 20 weeks of ceased routine activity with workforce supporting acute and community teams from March – end July then subsequent reduced capacity Nov 2020 – March 2021 with 17wte staff supporting the 3 acute sites. Currently, 8 of the 10 rotational band 5 staff remain on the acute sites.

Additional reduction in NP capacity by 1/3 with the demands of on line and virtual working

Activity: NP DNA 14.5% despite routine WL validation process and patients only appointed 3 weeks in advance No text or voicemail reminders via Netcall.

Face to face appointments are reduced to 30% - 50% of all activity with subsequent increase in number of return appointments

Queue: referrals received by Orthopedics are being onward referred to Physio after an Ortho re-vetting process or delayed ACRT within Ortho, resulting in some excessive long waits

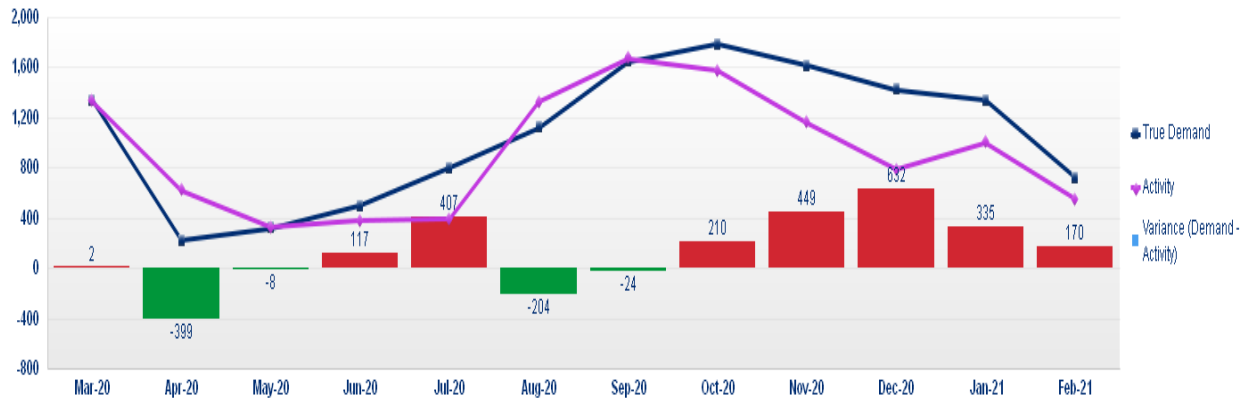


Current waiting position as of 10 March 2021

Long tail appointed but daily increase in demand and increase in list size to 6193

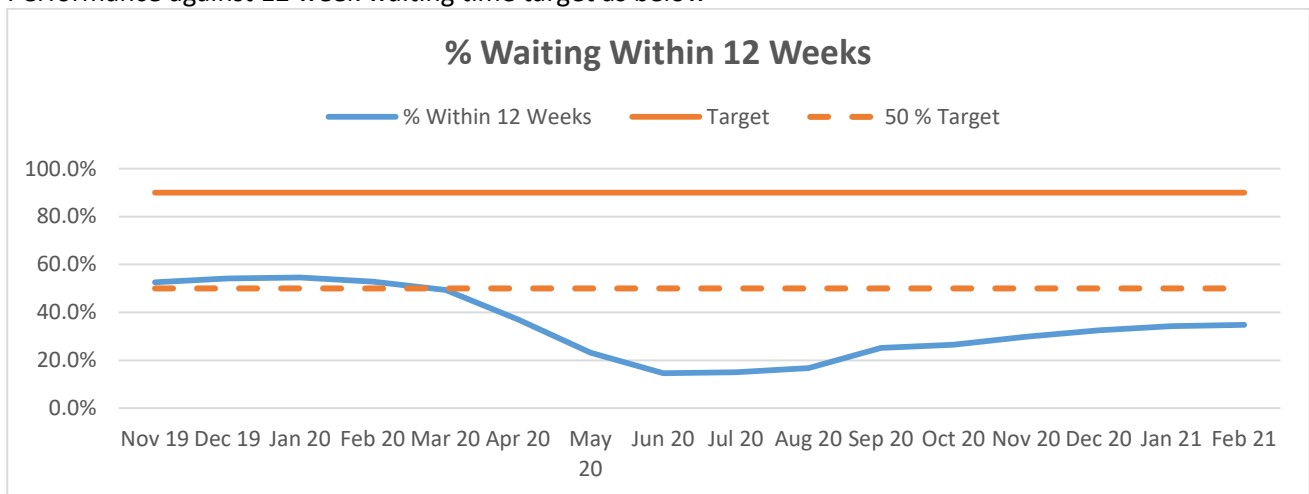
Demand v Activity

Analysis 1: Demand Versus Activity



Analysis 2: Waiting List Size (Data refreshed on 15th of the month on a 6 week lag to improve accuracy)

Performance against 12 week waiting time target as below



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
- Commence pilot ACRT process for one clinical group April 2021
- Revisited and streamlined vetting process
- Revisited diary capacity and activity with new diary templates submitted
- Increase to 50% F2F. Commenced in South, some barriers in the North
- Developed a What to Expect from Telephone and Video consultation leaflet to clarify patient expectations and reduce DNA
- Offered additional MSK hours to staff on voluntary basis for a Saturday am clinic
- Phased 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