

NHS Board Meeting
26 May 2021

Lanarkshire NHS Board
Kirklands
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SUBJECT: PERFORMANCE REPORT

1. PURPOSE

The purpose of this paper is to provide Board Members with

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

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

3. SUMMARY OF KEY ISSUES

The main issues are captured in the reports that follow.

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

Acute Division

The Board has faced significant challenges in delivering routine elective outpatient, diagnostics and inpatient treatment during the third wave of Covid 19. The focus continues to be 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 during the third wave of Covid 19 has been variable.

North Lanarkshire Health & Social Care Partnership

Delayed discharge standard bed days remain ahead of performance April – March 2020/21.

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.

Waiting times performance had been affected by reduced capacity with staff redeployed to support

acute and community services through Covid pressures. Performance is improving, however some services continue to be affected by reduced capacity.

SL HSCP is aware that recovery programmes in the Acute Division will likely have an impact in the community, which may affect waiting times performance.

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

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

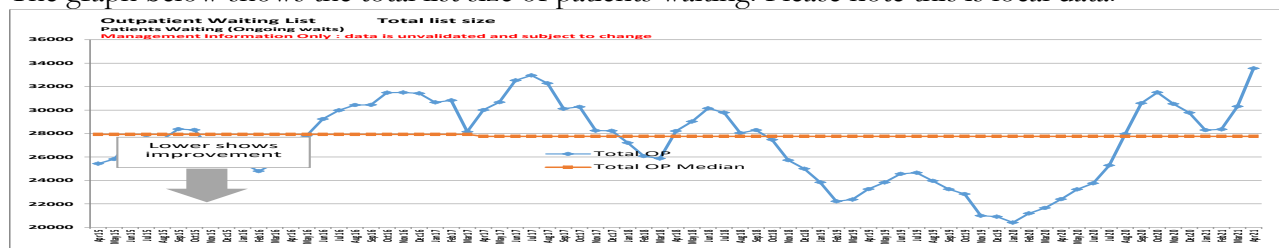
At 30th April 2021 there were 14,349 patients are waiting over 84 days for an outpatient appointment, compared to 13,398 patients at 31st March 2021. 82.7% of patients were seen within 84 days in April 2021, compared to 74.5% in March 2021.

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.

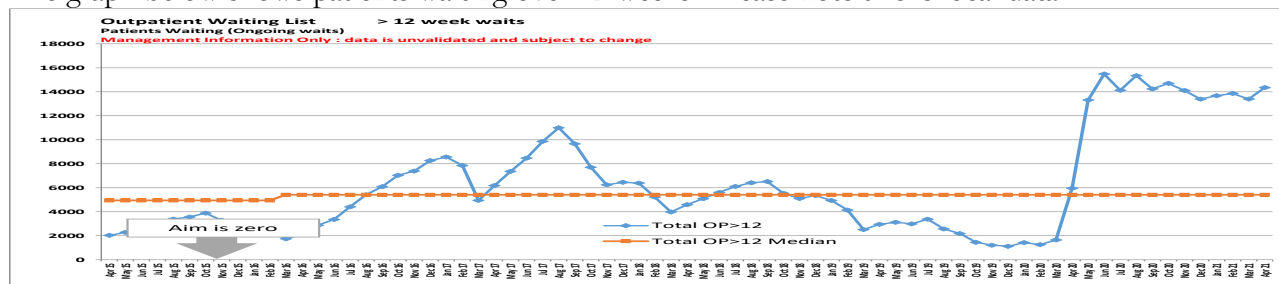
The table below shows outpatient waiting list by specialty at 13th May 2021.

NHSL Specialties	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	48	14	28	18	0	108	56%	43%	16.7%	0.00%
A2 Cardiology	592	180	33	3	0	808	27%	4%	0.4%	0.00%
A6 Infectious Diseases	33	3	0	0	0	36	8%	0%	0.0%	0.00%
A7 Dermatology	2713	1268	1171	54	0	5206	48%	24%	1.0%	0.00%
A8 Endocrinology	398	87	36	8	0	529	25%	8%	1.5%	0.00%
A9 Gastroenterology	778	525	431	250	0	1984	61%	34%	12.6%	0.00%
AB Geriatric Medicine	192	9	6	3	0	210	9%	4%	1.4%	0.00%
AD Medical Oncology	66	1	0	0	0	67	1%	0%	0.0%	0.00%
AF Medical Paediatrics	379	5	3	0	0	387	2%	1%	0.0%	0.00%
AG Nephrology	116	71	60	3	0	250	54%	25%	1.2%	0.00%
AH Neurology	1045	698	655	186	0	2584	60%	33%	7.2%	0.00%
AQ Respiratory Med	752	429	239	49	0	1469	49%	20%	3.3%	0.00%
AR Rheumatology	574	315	14	0	0	903	36%	2%	0.0%	0.00%
C1 General Surgery	2360	785	117	3	0	3265	28%	4%	0.1%	0.00%
C12 Vascular Surgery	272	6	5	1	0	284	4%	2%	0.4%	0.00%
C13 Oral and Maxillofacial Surgery	792	600	641	102	0	2135	63%	35%	4.8%	0.00%
C31 Chronic Pain	168	6	0	1	0	175	4%	1%	0.6%	0.00%
C5 ENT Surgery	1411	31	1	0	0	1443	2%	0%	0.0%	0.00%
C7 Ophthalmology	1680	1019	1191	886	10	4786	65%	44%	18.7%	0.21%
C7B NHSL Cataract List	806	621	639	45	0	2111	62%	32%	2.1%	0.00%
C8 Orthopaedics	1601	45	16	4	0	1666	4%	1%	0.2%	0.00%
C9 Plastic Surgery	320	19	33	33	0	405	21%	16%	8.1%	0.00%
CA Surgical Paediatrics	86	61	108	76	0	331	74%	56%	23.0%	0.00%
CB Urology	816	23	9	0	0	848	4%	1%	0.0%	0.00%
D1 Public Dental Service	157	107	106	42	0	412	62%	36%	10.2%	0.00%
D5 Orthodontics	60	28	24	49	0	161	63%	45%	30.4%	0.00%
F2 Gynaecology	1612	161	3	0	0	1776	9%	0%	0.0%	0.00%
J4 Haematology	193	4	1	0	0	198	3%	1%	0.0%	0.00%
Grand Total	20020	7121	5570	1816	10	34537	42%	21%	5.3%	0.03%

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



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



The above graphs detail ongoing waits.

2.2) Treatment Time Guarantee (TTG)

The [12 Week Treatment Time Guarantee](#) (84 days) applies to eligible patients who are receiving planned treatment on an inpatient or day-case basis and states that patients will not wait longer than 12 weeks from the date that the treatment is agreed to the start of that treatment. Due to Covid 19, NHS Lanarkshire's AOP target, along with other NHS Board's was suspended for 2021.

At the end of April 2021 there were a total of 6653 patients who had breached their TTG date, compared to 6725 patients in March 2021. In April 54.6% of patients were treated within 84 days, compared to 69.1% in March 2021.

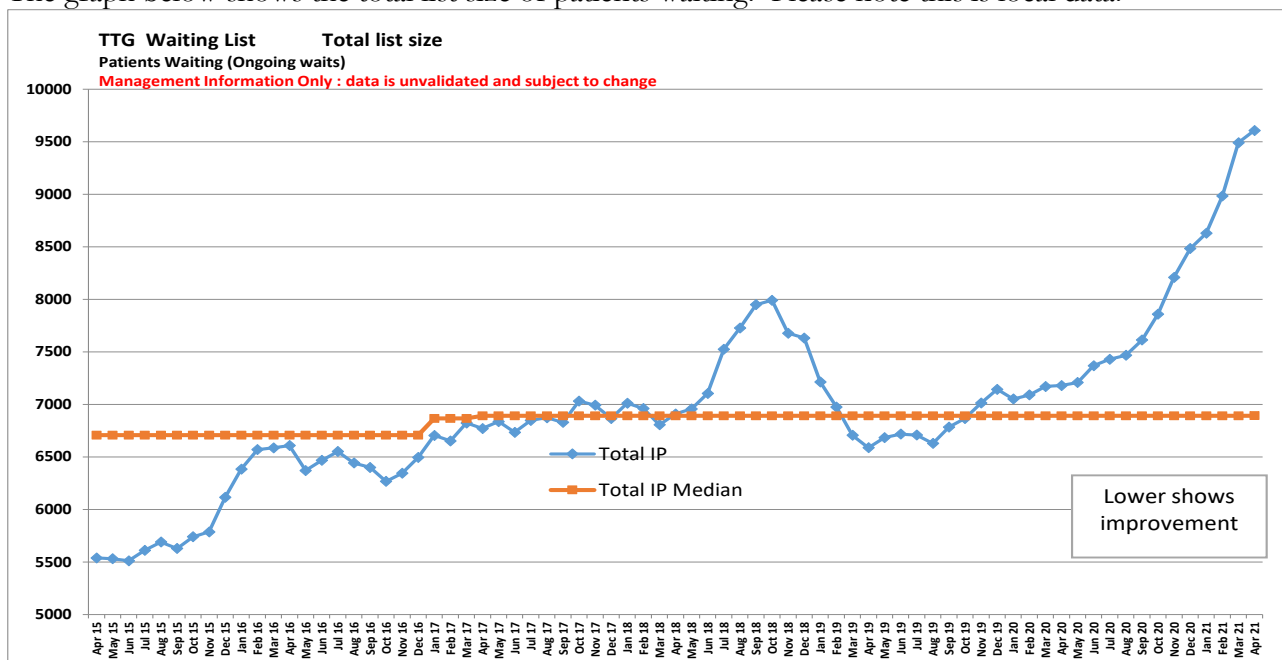
Clinical urgency remains our priority at all times with the focus on scheduling Priority 2 and 3 patients. However, as theatre remobilisation gathers pace, efforts are being made to schedule Priority 4 patients with lengthy waits into available capacity. In addition, All Priority (P) 4 (patients who have been prioritised as being able to wait over 12 weeks) have now been written to update them on their status.

Through regional working and mutual aid, NHS Lanarkshire have accessed support and capacity for cancer and clinically urgent inpatients at Golden Jubilee National Hospital. Moving into Quarter 1, plans are in place to treat a range of appropriate P4 elective inpatients in the independent sector.

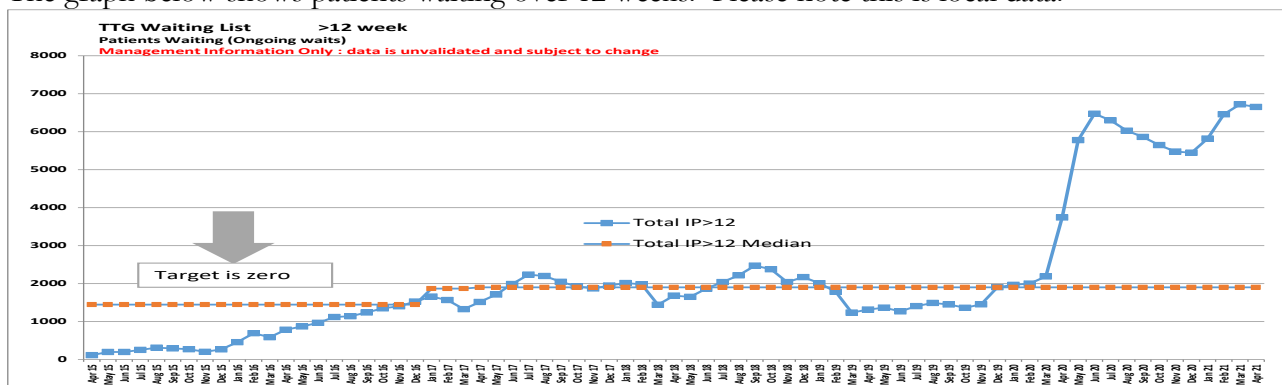
The table below was accurate at 13th May 2021 and shows the numbers of patients in each clinical prioritisation group.

Category Group	0-4 weeks	5-12 weeks	13-26 weeks	27-52 weeks	>52 weeks	Grand Total	Grand Total %	% Patient waiting over Priority Cat
Still to be re-categorised	127	34	31	7	1	200	2%	N/A
TTG Category P2 Cancer (within 4 weeks)	131	23	3	1	0	158	2%	17%
TTG Category P2 Urgent SoC (within 4 weeks)	66	16	15	3	2	102	1%	35%
TTG Category P2 (within 4 weeks)	394	195	217	167	193	1166	12%	66%
TTG Category P3 (within 12 weeks)	660	503	787	580	610	3140	32%	63%
TTG Category P4 (over 12 weeks)	521	413	1082	847	2062	4925	51%	81%
Grand Total	1899	1184	2135	1605	2868	9691	100%	
Grand Total %	20%	12%	22%	17%	30%	100%		

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



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



The above graphs detail ongoing waits.

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

2.3) Diagnostic Targets

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

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

The table below shows the ongoing waits as at 30th April 2021.

Waiting List Summary - Diagnostic Tests

Diagnostic Waiting List Census | Patients Waiting (Ongoing Waits) as at 30 April 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	226	168	162	103	100	84	95	79	75	90	58	70	72	1,340	2,722	31.0%
Endoscopy Lower Endoscopy (other than colonoscopy)	80	27	14	9	27	13	12	21	10	18	13	12	16	205	477	35.6%
Endoscopy Colonoscopy	238	178	178	83	144	126	75	43	48	45	36	47	39	461	1,741	54.4%
Endoscopy Cystoscopy	116	80	53	40	32	25	21	19	30	25	14	14	17	475	961	36.0%
TOTAL SCOPES	660	453	407	235	303	248	203	162	163	178	121	143	144	2,481	5,901	39.1%
Imaging Magnetic Resonance Imaging	280	168	100	46	38	25	24	18	10	6	0	0	0	0	715	91.9%
Imaging Computer Tomography	400	336	172	61	121	118	79	56	49	34	39	24	17	39	1,545	78.2%
Imaging Non-obstetric ultrasound	1,040	656	563	254	452	274	260	187	132	173	129	125	104	309	4,658	69.5%
Imaging Barium Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
TOTAL IMAGING	1,720	1,160	835	361	611	417	363	261	191	213	168	149	121	348	6,918	73.8%
Cardiology 24 hour ECG	167	145	79	84	103	75	46	22	10	7	4	4	2	16	764	85.5%
Cardiology 24 hour Blood Pressure	105	68	56	51	39	20	7	0	1	2	1	0	0	5	355	95.5%
Cardiology Echocardiology	213	216	157	136	117	97	129	83	95	84	72	80	77	810	2,366	39.6%
Neurophysiology Nerve Conduction Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Respiratory physiology Sleep Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Respiratory physiology Spirometry	58	85	94	45	116	87	35	53	60	70	50	25	52	629	1,459	33.2%
Total Other	543	514	386	316	375	279	217	158	166	163	127	109	131	1,460	4,944	48.8%
TOTAL	2,923	2,127	1,628	912	1,289	944	783	581	520	554	416	401	396	4,289	17,763	55.3%

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

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

2.4) Cancer Services

National Standard: 95% of all patients referred urgently with a suspicion of cancer will begin treatment within 62 days of receipt of referral. This target has been variable due to the introduction of clinical prioritisation as a response to Covid 19.

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

Data submitted to ISD for February 2021 and March 2021

February 2021
62 Days – 94.9%

March 2021 - Unvalidated
62 Days - 88.9%

31 Days – 98%

31 Days - 99.7%

Q1 data (Jan- Mar 2021) - Unvalidated

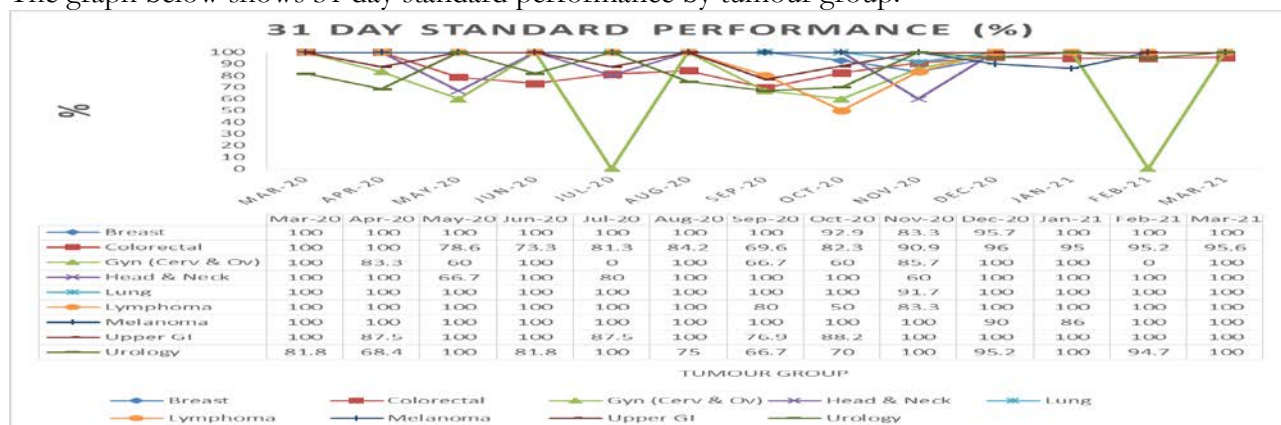
62 Day – 90.8%

31 Day – 98.7%

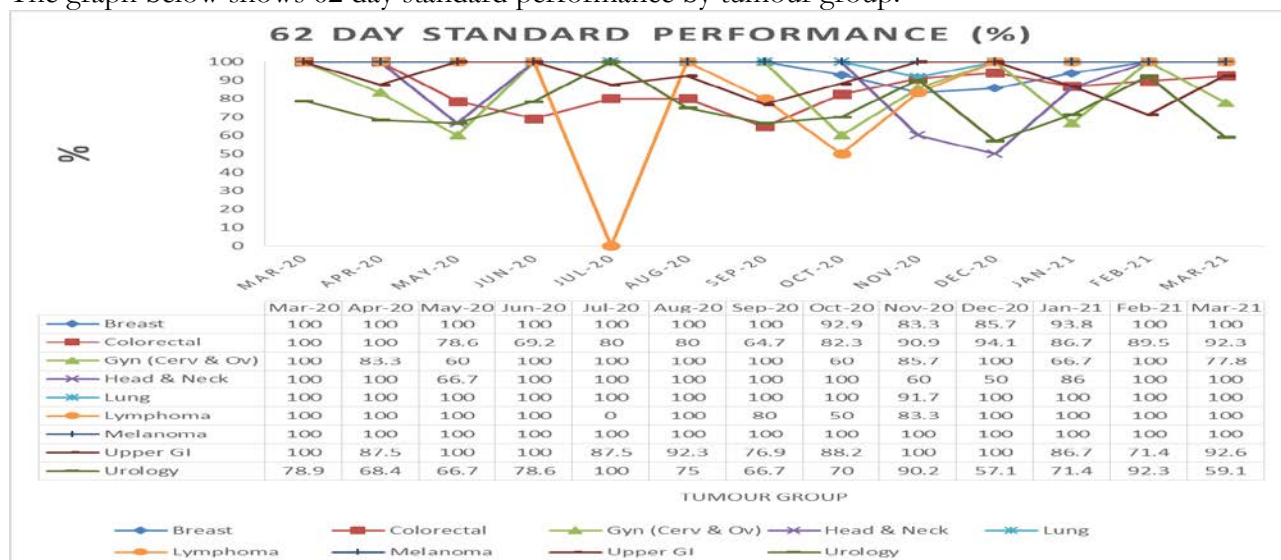
The 62 day cancer standard includes A&E patients, screened positive patients and all patients referred by GP/GDP urgently with a suspicion of cancer. The 31 day standard includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to 1st treatment. The current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

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

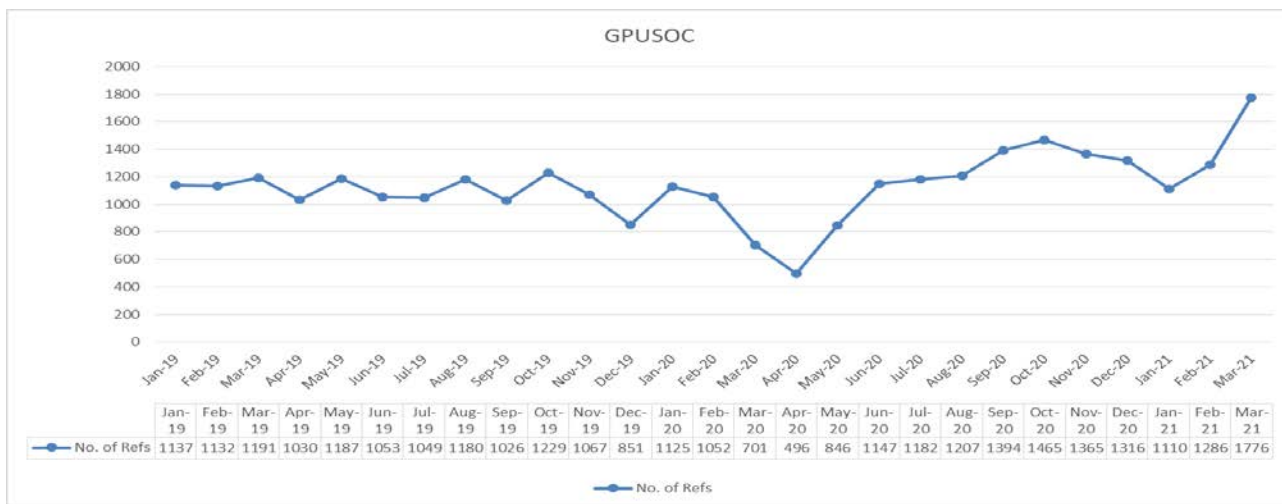
The graph below shows 31 day standard performance by tumour group.



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



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

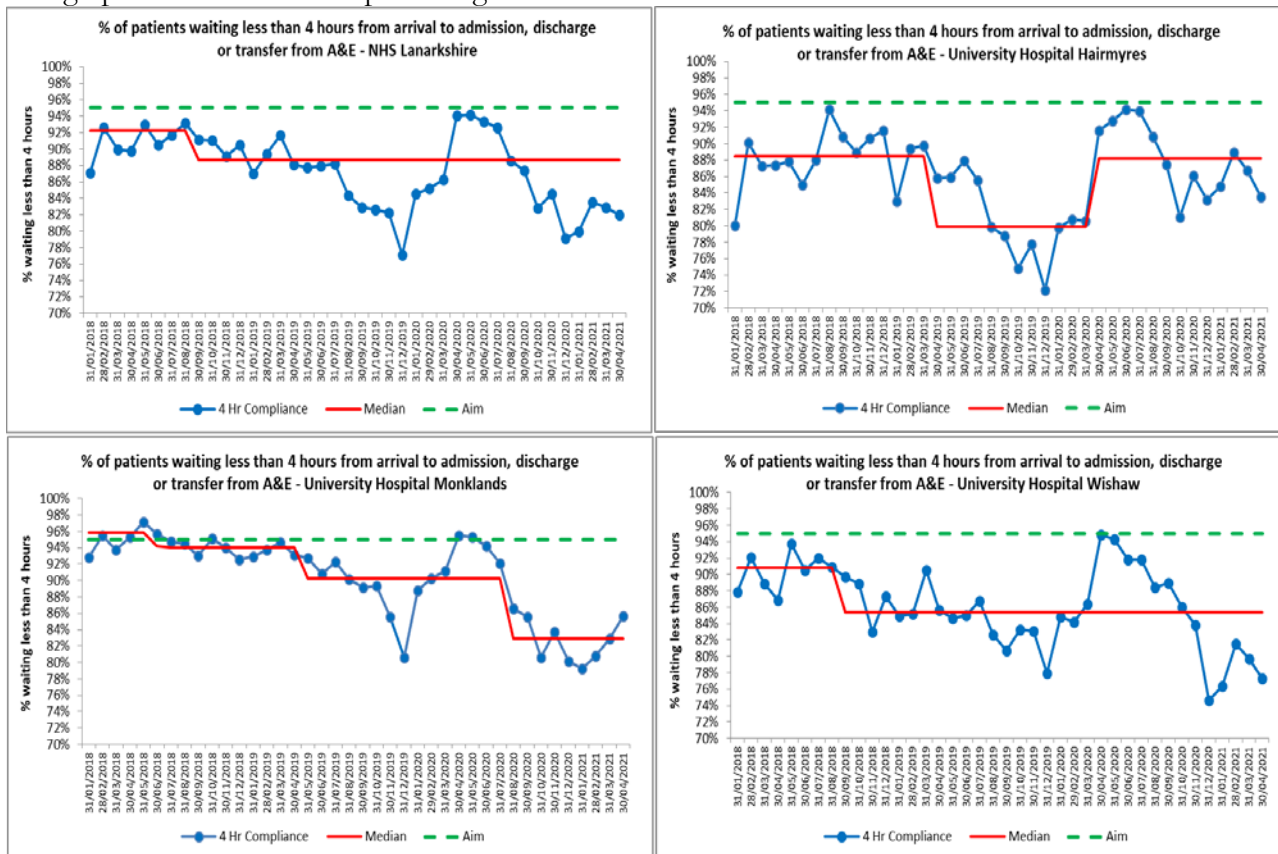


3. UNSCHEDULED CARE

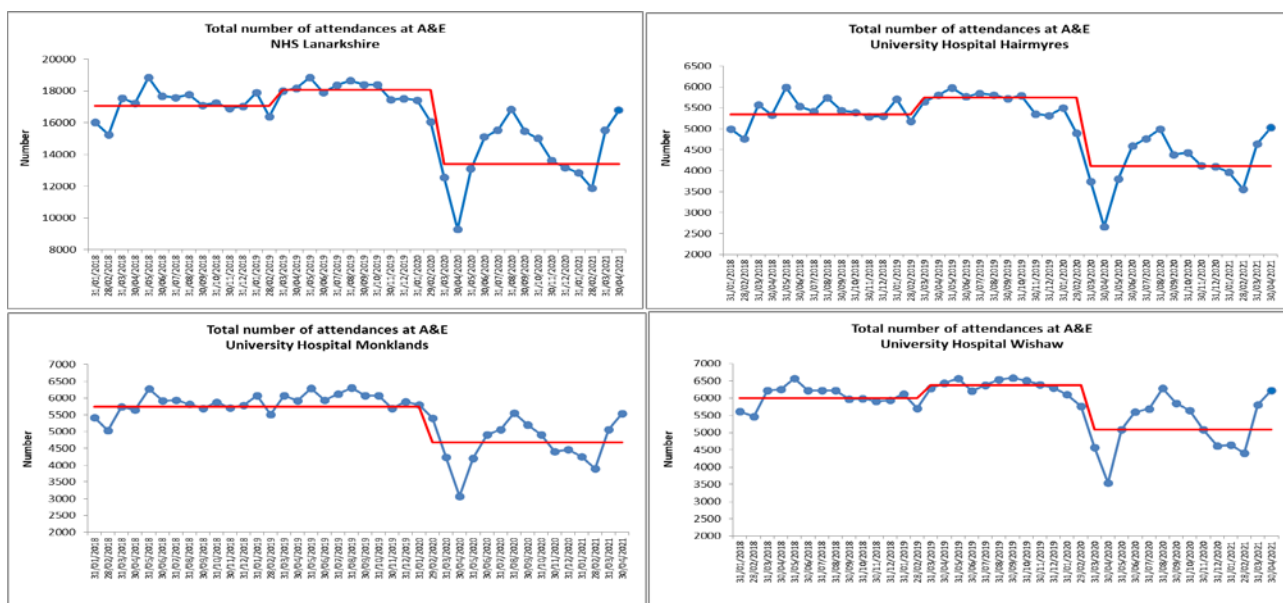
NATIONAL STANDARD: 95% of patients attending Accident & Emergency to be admitted discharged or transferred within 4 hours of arrival. The Local AOP target is 92.5%.

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

The graphs below show compliance against the 4 hour standard.



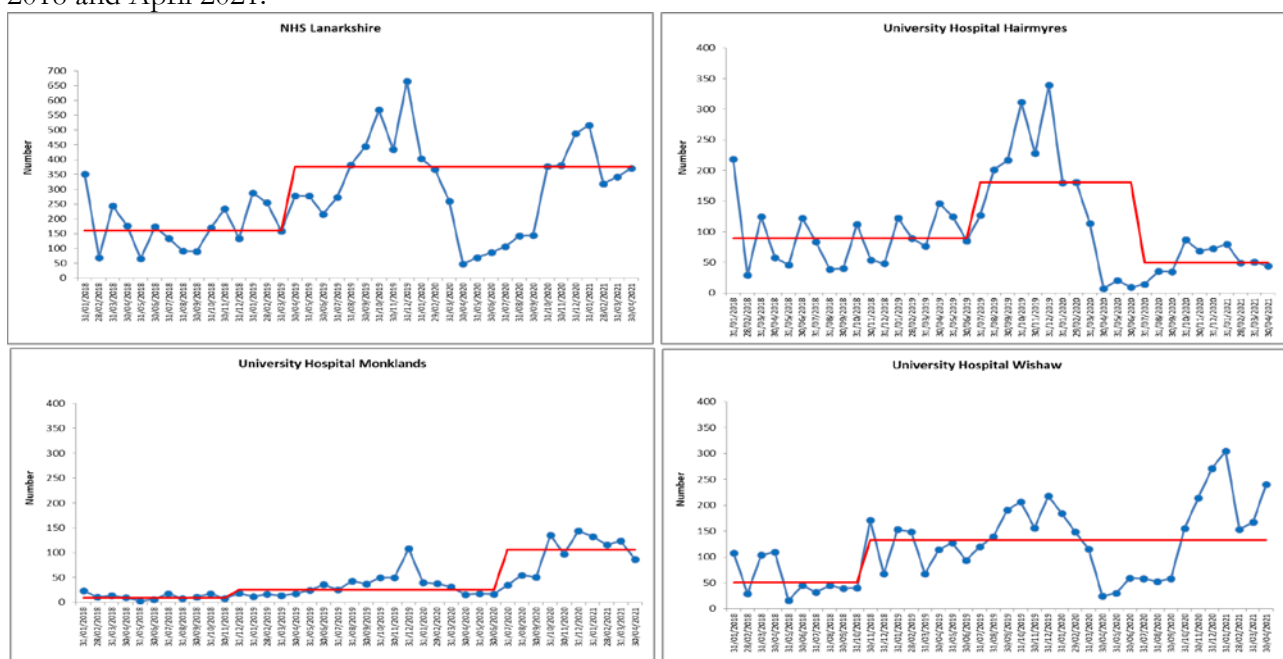
The graphs below compare overall attendances by site at all 3 sites between January 2018 and April 2021.



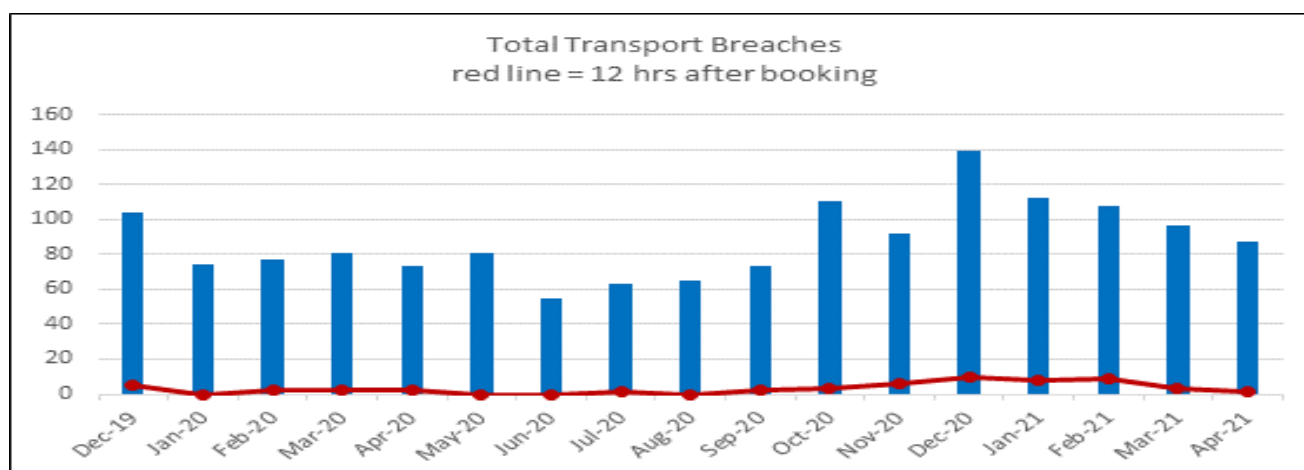
An overview presentation will be provided to the Acute Governance Meeting on 19th May 2021 with a performance report on in-patient capacity, unscheduled care performance of the 4 Hour Waiting Time Standard, with particular reference to 8 and 12-hour performance, cancer waiting time performance, Treatment Time Guarantee (TTG) and outpatient performance, clinical prioritisation, remobilisation, staffing absence levels and well-being, hand hygiene, very high graded risks, redesign of urgent care and finance delivered. Hospital Site Directors provided a more detailed standardised report on site performance.

NHS Lanarkshire April 2021 performance is 81.84%, slightly decreased from 82.86% in March 2021. In April 2021 there were increased attendances at 16784, compared to 15522 attendances in March 2021.

The graphs below compare the number of patients who waited longer than 8 and 12 hours between January 2018 and April 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

April 2021-month end performance for University Hospital Hairmyres (UHH) was 83.55% with 5026 attendances. This compares to March 2021 performance of 86.78% with 4644 attendances.

University Hospital Monklands

April 2021-month end performance for University Hospital Monklands (UHM) was 85.67% with 5524 attendances. This compares to March 2021 performance of 82.88% with 5064 attendances.

University Hospital Wishaw

April 2021-month end performance for University Hospital Wishaw (UHW) was 77.33% with 6224 attendances. This compares to March 2021 performance of 79.70% with 5815 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. The intention is to commence these moves in early June.

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

NORTH LANARKSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Delayed Discharge Performance

HSCP North Lanarkshire continues to perform well against the 2020/21 target trajectory, April – March 24,948 non-code 9 bed days against the 29,020 target (fig 1), 4,072 **fewer** bed days than anticipated.

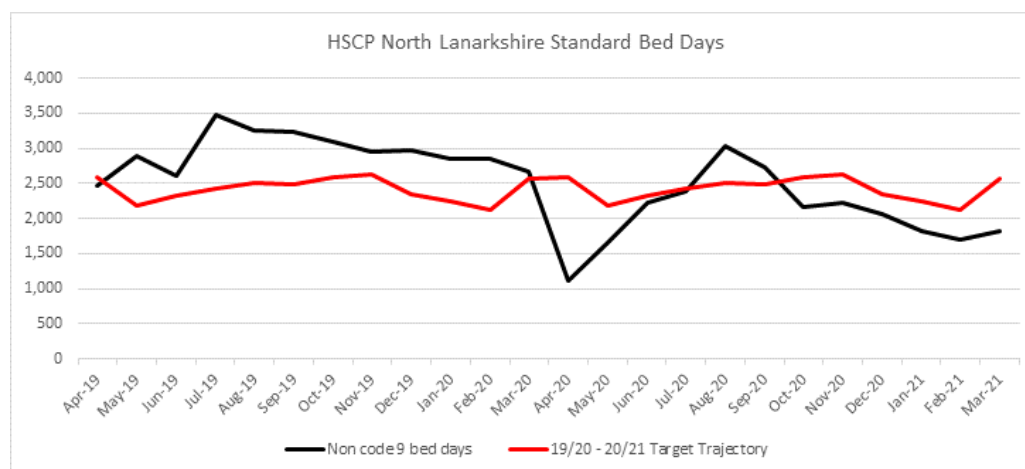


Figure 1 HSCP NL Non Code 9 Bed Days

AHP Waiting Times – North 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 30th April 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 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
Podiatry Biomechanical MSK Service	94.1%	67	34
Speech & Language Therapy Children and Young People	32.0%	65	1035
Speech & Language Therapy Adult	100.0%	11	0
Podiatry Service (excl MSK)	38.2%	73	1962
Podiatry Service - Domicilliary Appts	57.8%	66	43
Dietetics	65.7%	68	155
Medical Children and Young People - Cons Led service	98.1%	27	6

Table 1 AHP Waiting Times Performance

SLT CYP Overview

Performance prior to COVID-19 was at 62.7% and showed a deteriorating trajectory. I have previously described our SLT covid-19 journey – suspension in OP appointments-staff deployed, move to remote working.

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

No further staff redeployment- overall improvement in percentage performance although longest wait has increased by 1 week.

Performance is gradually improving, although showing a dip in December/January due to staff annual leave.

1. Increase capacity

The partnership is now working to recruit an additional 12 wte staff to aid recovery on top of recruitment for any vacancies as they arise. The additional posts have been approved for 2yrs and recruitment has commenced. The exit strategy will see posts subsumed back into vacancies at the end of the 2yr period.

2. Reduce demand for specialist assessment by increasing targeted offerings

numbers of referrals decreased since the pandemic and part of the recovery plan pre-pandemic was the development of targeted resources to reduce specialist demand- this has been put into place and we will monitor demand over time. Demand has however started to increase again in March and April.

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 graphs are only applicable to some parts of the service. Pre- 5 Complex needs team are now live on Trakcare. The next team will be the SLT adult team as it is easier to introduce Trakcare with teams already meeting waiting list targets.

The service is experiencing some difficulties in the Hamilton area however work is ongoing to resolve the issues.

Podiatry Service

The podiatry services are not back to full capacity. The service is severely restricted in terms of access to previous clinical accommodation with a third of rooms being completely unavailable due to the reduced footfall allowed on sites, reduced waiting room capacity and increased infection, prevention and control measures.

The majority of patient contacts are undertaken on a domiciliary basis which further restricts the numbers of consultations.

Psychological Therapies RTT (Adult and CAMHS).

Psychological Therapies RTT (Adult and CAMHS) waiting times for **March 2021**.

- National RTT Target is that 90% of patients commence therapy within 18 weeks of referral
- Within *Adult Psychological Services*, 73.7% patients commenced psychological therapy within 18 weeks
 - 604 new patients commenced an evidence-based psychological therapy: 445 within 18 weeks, and 159 over 18 weeks
 - The overall number of patients waiting continues to decrease month on month, from 2088 in December, to 1814 in March
- Within *CAMHS*, 58.04% of patients commenced psychological therapy within 18 weeks
 - 112 new patients commenced intervention: 65 within 18 weeks, and 47 over 18 weeks
- The *combined* Adult and CAMHS RTT showed 71.23% 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 seen 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.

In March, CAMHS saw a greater number of patients already past the 18wks RTT as the service begins the process of recovering the waiting list, which is reflected in the reduced performance against the RTT at 58%.

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

Capacity Planning and Waiting Times Group

The pan-Lanarkshire Capacity Planning and Waiting Times group has now recommenced to monitor recovery progress in community service, led by the AHP Director and Heads of Health in the partnerships. The group enables shared learning between service areas and support to service heads.

SOUTH LANARKSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Delayed Discharges

April – March 2020/21

The significant reduction in non-code 9 delayed discharge bed days has continued through to March 2021. April 2020 – March 2021 (Figure 1), 17,285 against a target of 21,344, 4,059 fewer bed days than anticipated.

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

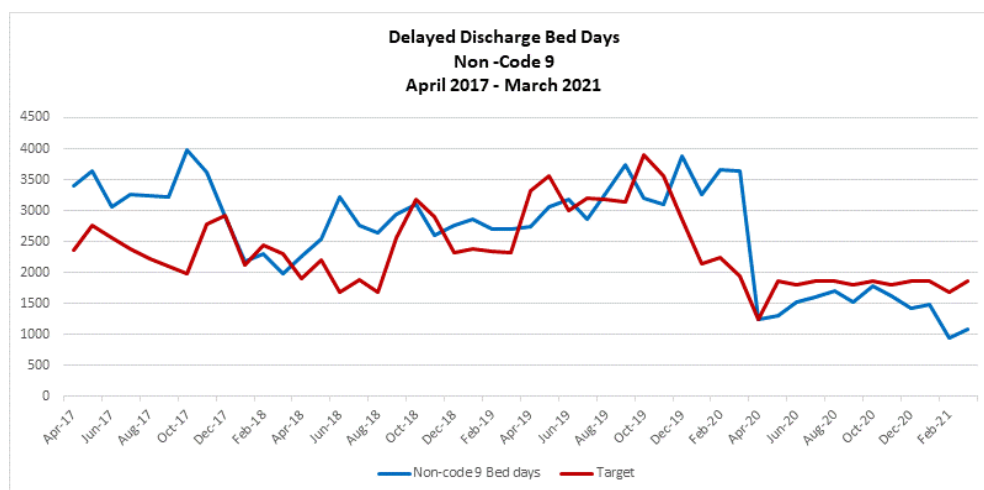


Figure 2 Non Code 9 Bed Days

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 Jane Burns/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.

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. As such, we may need to refine future

recording/timing of recording, recognising that in many cases, the benefits of remote access outweigh some of the need for 'routine' recording of information.

AHP Waiting Times – South 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 30th April 2021. Capacity Planning and Waiting Times (CPWT) group has been re-established, with the aim of supporting the full recovery of AHP services.

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 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
Community Claudication Service	86.1%	43	17
Physiotherapy MSK	69.2%	39	1998
Occupational Therapy MSK	73.5%	30	9
Children and Young People Occupational Therapy	100.0%	9	0
Occupational Therapy- Neurology	100.0%	12	0
Occupational Therapy - Rheumatology	100.0%	7	0

Table 2 AHP Waiting Times - South Hosted

Capacity and Remobilisation

Occupational Therapy

All OT services have recovered and stepped up service provision across all specialties following the second wave of the pandemic. A blended approach of remote video conference/telephone and face to face interventions is being delivered to address demands, and meet individual patient needs.

The only exception is the vocational rehabilitation assessment service utilised predominantly by OTs within brain injury, neuro rehab or MSK/Rheumatology OT teams. Equipment previously housed at UHH, is now utilised by Cardiology. Unfortunately the Head of Profession has been unable to secure a suitable venue as this service was not previously delivered in the community.

Physiotherapy MSK

Physiotherapy MSK service new patient capacity is reduced by 25% to accommodate staff wellbeing, virtual consultations, accommodation challenges and face to face consultation limitations.

Overall capacity is currently 3/4 of full capacity (this excludes 13% vacancy factor)