



**Lanarkshire NHS Board  
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 Bothwell  
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 www.nhslanarkshire.scot.nhs.uk**

## **Meeting of Lanarkshire NHS Board – 29 May 2019**

### **ACCESS TARGETS REPORT**

#### **1. PURPOSE**

This paper is coming to Lanarkshire NHS Board

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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The paper reports on performance in the delivery of key Scheduled and Unscheduled Care Waiting Time targets, highlights areas of pressure and challenge; and describes the actions being taken and planned, aimed at delivering sustained improvement.

#### **2. ROUTE TO LANARKSHIRE NHS BOARD**

This paper has been:

Prepared	<input type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By the following Committee:

**Or**

Is a standing item	<input checked="" type="checkbox"/>
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From the following Committee: The acute activity within this report has been discussed at the Corporate Management Team/Divisional Management Team/Acute Governance Committee.

#### **3. SUMMARY OF KEY ISSUES**

The Board continues to perform well in relation to the delivery of diagnostics and also cancer waiting times. Overall planned care delivery performance has seen an improvement. The Acute Management team are maintaining a significant focus on Unscheduled Care which, while improved, needs ongoing and active management.

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	LDP		Government policy	
Government directive	<input checked="" type="checkbox"/>	Statutory requirement		AHF/local policy	
Urgent operational issue	<input checked="" type="checkbox"/>	Other			

#### 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 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 checked="" 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

Waiting time Access Targets and Guarantees set by the Scottish Government in relation to Scheduled/Unscheduled Care.

#### 7. FINANCIAL IMPLICATIONS

Financial implications are included in the Director of Finance report.

#### 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

- Work continues with regards to the Treatment Time Guarantee.

#### 9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
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Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

### 10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has not been completed because this is an activity report, reflecting the Board's policy of equality of access to services.

### 11. CONSULTATION AND ENGAGEMENT

The issues highlighted in the attached paper are discussed extensively at Divisional and Governance Committees.

### 12. ACTIONS FOR LANARKSHIRE NHS BOARD

The Lanarkshire NHS Board is asked to:

Approval	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	X

The Lanarkshire NHS Board is asked to note the Access Targets report and to confirm whether it provides assurance about the delivery of Waiting Times targets to date, and about the actions being taken and plans to address areas where performance does not meet targets.

### 13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact *Heather Knox* Director of Acute Services, Telephone: 01698 858088,

**HEATHER KNOX**

**6<sup>th</sup> May 2019**

**NHS Lanarkshire Headquarters,  
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## **Meeting of Lanarkshire NHS Board – 29 May 2019**

### **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 March 2019.
- The 4 hour Emergency Department standard until the end of April 2019.

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**

National Outpatient figures have improved in the last quarter of 2018/19. NHSL position has continued to improve and the number of patients waiting over 12 weeks shows a reduction of 33% from the same point last year. Our national share of the Outpatient position over 12 weeks is 3.8% which is the lowest we have seen in the period measured (since March 2017)

National TTG figures over 12 weeks have also reduced. Our local trend is downward and our current share is 6.1%. The over 12 week position has reduced by 28% and this is an improvement on the same point last year. We continue to show the best improvement amongst the other mainland boards.

Another point to note is our current position against the March 17 position. In Outpatients we are at approx. half the March 2017 figure and in TTG marginally below. The national position for outpatients is up 37% on the March 17 position and TTG is up over 100% on March 17.

##### **2.1) Treatment Time Guarantee (TTG)**

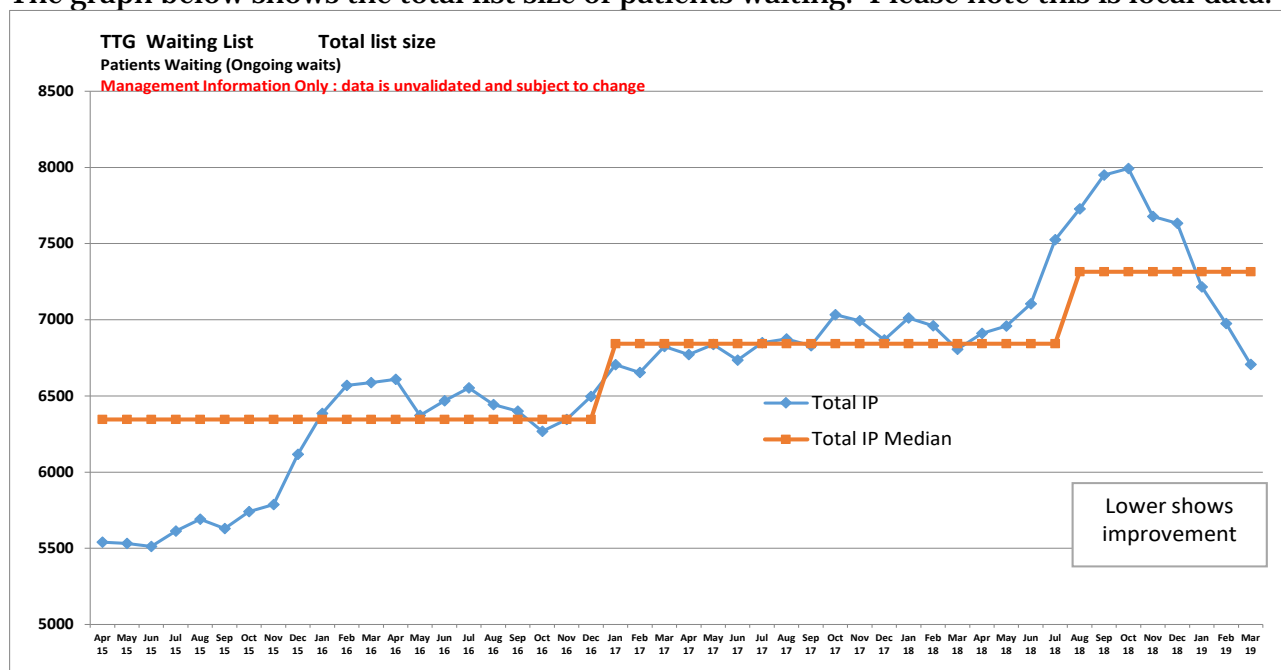
**The 12 Week Treatment Time Guarantee (84 days) applies to eligible patients who are receiving planned treatment on an inpatient or day-case basis and**

**states that patients will not wait longer than 12 weeks from the date that the treatment is agreed to the start of that treatment.**

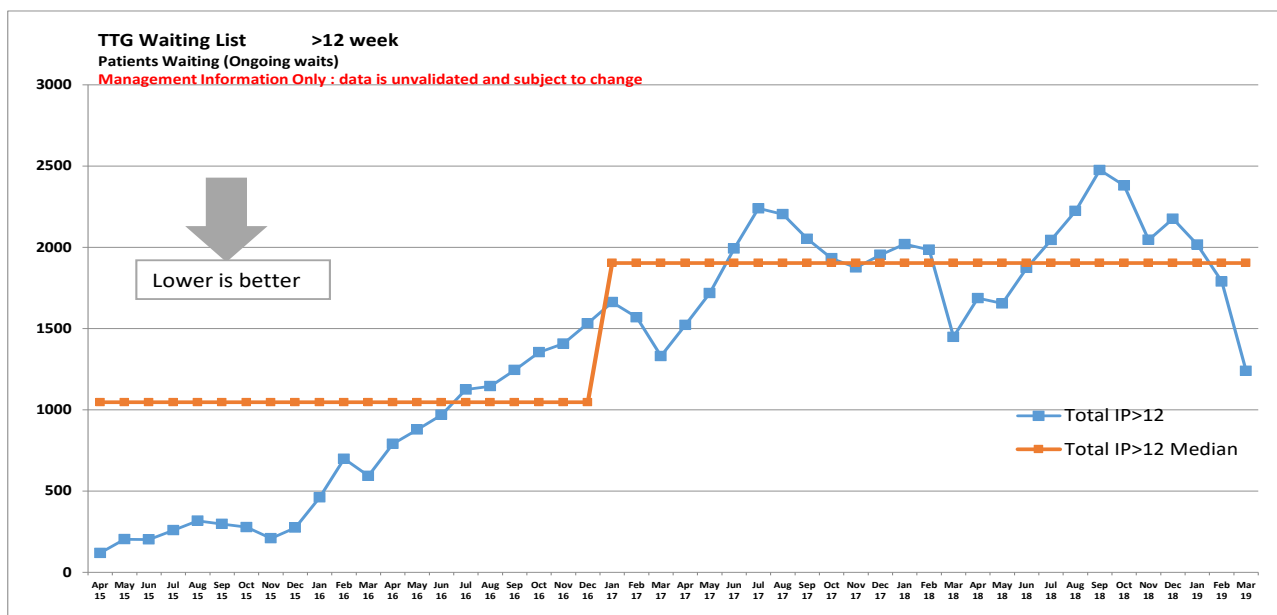
At the end of March 2019 there were a total of 1239 patients who had breached their TTG date. 18.5% of patients are waiting over 84 days in March 2019, which is a reduction from the February 2019 figure of 24.1%.

Orthopaedics and Ophthalmology remain our areas of greatest challenge. Clinical urgency remains our priority at all times and there is a robust administrative and clinical review process in place for patients who are experiencing waits over 26 weeks. Additional capacity has been accessed as part of our capacity plan for 2018/19, both through internal additionality and external independent sector activity. Capacity Plan was submitted to Scottish Government at the end of March 2019.

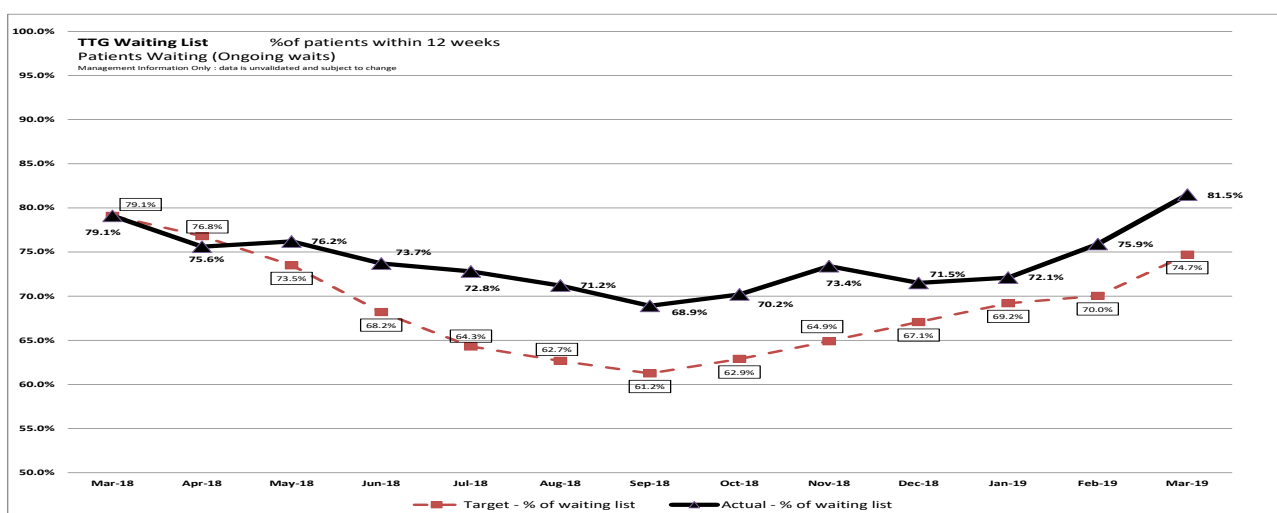
The graph below shows the total list size of patients waiting. Please note this is local data.



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



The graph below shows the TTG trajectory. Please note this is local data. Performance is showing improvement and the year end trajectory has now been achieved.



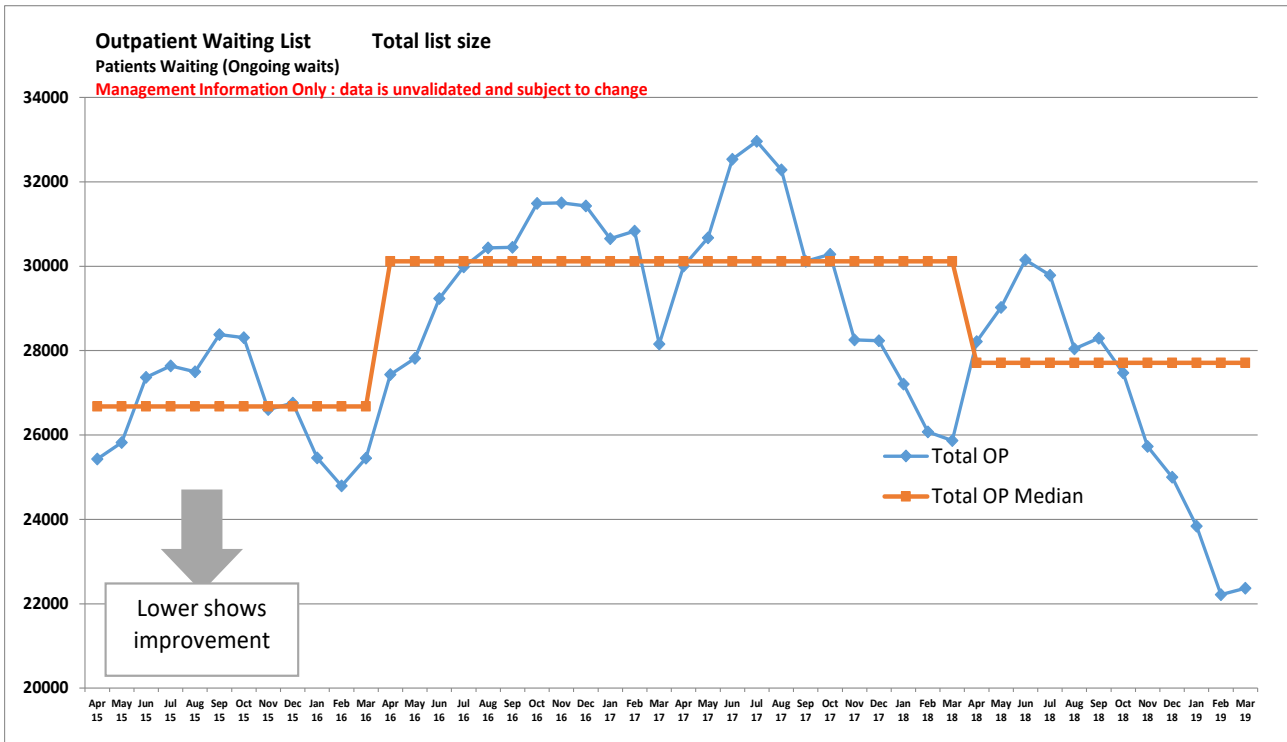
The above graphs detail ongoing waits.

## 2.2) Outpatients Waiting Times

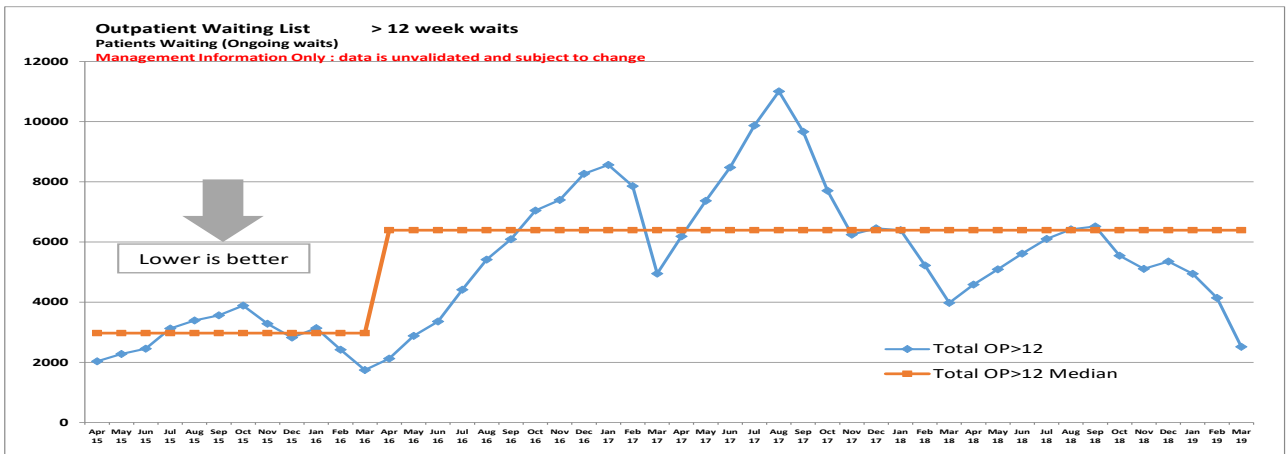
At 31<sup>st</sup> March 2019 there were 2520 patients waiting over 84 days. 88.7% of patients were seen within 84 days compared to 4141 patients waiting over 84 days in February 2019 and 80.1% of patients being seen within 84 days in February 2019.

There are still challenges in a number of specialties including Orthopaedics, Ophthalmology and ENT. Additional internal and external capacity has been put in place to reduce the number of patients waiting over 12 weeks.

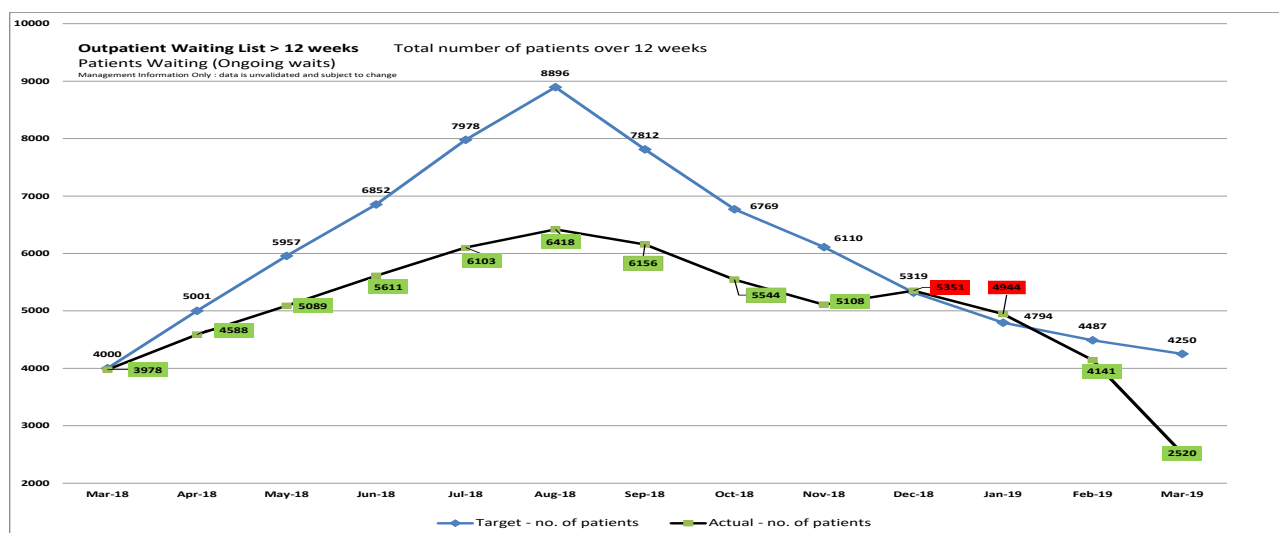
The graph below shows the total list size of patients waiting. Please note this is local data.



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



The graph below shows the Outpatient trajectory, which has now been achieved. Please note this is local data.



The above graphs detail ongoing waits.

### 2.3) 6 Week Diagnostic Targets

As previously reported, NHSL has consistently delivered the 6 week standard for the 8 key diagnostic tests. **A further update will be provided to the PPRC in May 2019.**

### 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 achieved.**

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

NHSL has delivered on both standards over recent months. Overall performance remains very positive.

Data submitted to ISD for February 2019 and March 2019:

February 2019  
62 Days – 95.6%  
31 Days – 98.5%

March 2019 - Unvalidated  
62 Days – 98.9%  
31 Days – 98.8%

The 62 day cancer standard including 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 1<sup>st</sup> treatment. The current standard is that 95% of all eligible patients should wait no longer than 62 or 31 days.

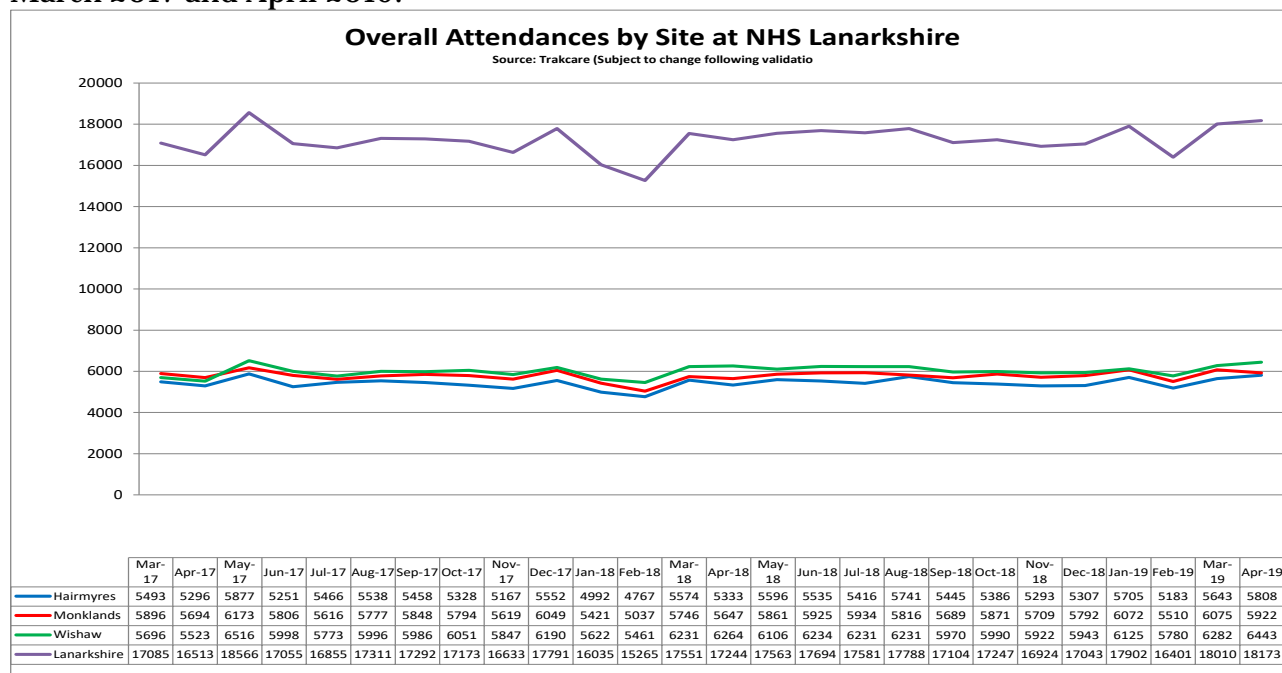
## 3. UNSCHEDULED CARE

**NATIONAL STANDARD: 95% of patients attending Accident & Emergency to be admitted discharged or transferred within 4 hours of arrival.**



The delivery of a sustained improvement in the performance against this standard remains a key priority area for NHS Lanarkshire. There has been an on-going substantial clinical and managerial focus on this issue with a focus to improve patient safety and quality. The overall winter performance has been in line with expectations in the winter plan, which has been operational during this period.

Key risks are the availability of clinical decision makers and an increase in the volume of attendances. The graph below compares overall attendances by site at all 3 sites between March 2017 and April 2019.



Hospital Site Directors presented an update on performance at the Acute Governance Meeting on 20<sup>th</sup> March 2019 and will provide a further update on 15<sup>th</sup> May 2019.

NHS Lanarkshire April 2019 performance is 88.14% compared to the March 2019 performance of 91.71%. April 2018 performance was 89.77%.

The table below compares the number of patients who waited longer than 8 and 12 hours in March and April 2019 compared to March and April 2018.

	8 Hours Waits				12 Hours Waits			
	HM	MK	WG	NHSL	HM	MK	WG	NHSL
March 2019	77	14	67	158	24	2	4	30
March 2018	123	14	102	239	52	3	16	71
April 2019	145	18	113	276	66	2	21	89
April 2018	58	10	105	173	19	1	16	36

A whole system group has been meeting since September 2017, to review the potential to safely redirect patients from Emergency Departments (EDs) across NHS Lanarkshire and/or to reduce the reliance on EDs through alternative pathways.

The following summarises the key improvement activities at site level:

### **University Hospital Hairmyres**

The site performance for April was 85.8% against the 4 hour waiting target, this was a 3.9% reduction in performance from the March position. The number of attendances was 5808, an increase of 11.5 patients per day compared to the March position of 5643 (165 attendances). April 2019 activity increased by 8% (475 attendances) compared to April 2018 where total attendances for the month were 5333. Examining the daily attendances comparing April 2018 to April 2019, there has been a significant rise in the number of days where Emergency department activity was over 200 attendees per day. In April 2018 there were 5 days where attendances were over 200, compared to April 2019 where we had 14 days with attendances over 200.

There was an increase in both 8 and 12 hour breaches in month. In comparison to the March 2019 position, 8 hour breaches increased by 26 to 79 breaches and 12 hour breaches increased by 42 to 66. The majority of the breaches were attributable to wait for bed and delays to 1st assessment. The site remained of Government reporting during the month of April.

An additional 6 beds remained open during April to offset capacity issues but occupancy rates remained over 94%. Delayed discharge levels averaged 40 beds per night. The site was particularly challenged, similar to other sites in the West of Scotland in the week following the Easter weekend, despite deploying additional staffing over the public holiday period and increasing bed capacity the Emergency activity demand challenged the site impacting on performance.

### **University Hospital Wishaw**

The site performance for April 2019 was 85.66% against the 4 hour waiting times target. This compares to 86.89% in April 2018. The number of attendances were 6443 which is an increase of 161 patients on the previous month and 179 patients compared to the same month the previous year. In total there were 924 breaches, with the main breach reason as time to first assessment (54.76%). The number of patients waiting for beds accounted for 22.08% against all breaches, which reports a minor increase from the previous month (20.99%).

In April, the number of patients who waited for more than 8 hours was 92 and 21 patients waited more than 12 hours. The site continues to experience a significant increase in daily emergency attendances.

The site was recommenced on twice daily Scottish Government reporting on Wednesday 10<sup>th</sup> April 2019.

Challenges continued in relation to staffing in the ED, however this has reduced from previous months. 2 new ANP and 1 ANP trainee posts have commenced within the ED.

The site continued to have pressures in respect of Medical and Orthopaedic boarders and additional beds were opened in the Medical Ambulatory Care Unit regularly throughout the month of April to support inpatient capacity on the site. This has had a negative knock on effect with medical patients being diverted to the ED and affecting overall performance. During this month there was a significant pressure on Trauma on the site.

During this month, there continued to be high patient acuity with an increase in demand for Intensive and Critical care beds on site.

### **University Hospital Monklands**

The site performance for April 2019 was 93% against the 4 hour waiting target, a reduction in performance from March 2019 position of 95%. This was a 1% reduction in performance compared with last month and April 2018. The number of attendances were 5922, which is a reduction of 153 on the previous month (noting a shorter month by 1 day). In total, there were 407 breaches, the main breach reason was Time to First Assessment, 56% (227 patients) compared with 112 in March. This shows a 49% increase in TTFA breaches during the month of April. In comparison to April 2018, there was an overall increase in ED attendances of 275 patients.

The number of long waits in April increased by 4 compared with March. A total of 16 patients waited over 8 hours and 2 over 12 hours for a variety of reasons.

The number of out of specialty patients on site has increased in recent weeks due to site pressures.

Site Unscheduled Care Improvement Group meetings continue, with each workstream working on their service plans priorities for the next 30 days.

**Front Door Process and Ambulatory Emergency Care** – working towards the implementation of refreshed chest pain pathway with a view to increase the overall number of patients with a zero day length of stay, maximising the use of ambulatory care.

**Frailty at the Front Door** – reconfiguration of CotE bed base to increase Frailty footprint with a view to admit patients direct from MAU to Frailty removing the need to transfer to AMRU where possible. MAU and ERC are now Frailty screening with early escalation and input from ACE nurses.

**Daily Dynamic Discharge** – meaningful EDD setting. Plan going forward is to implement on site weekly LOS meetings for any patients over 14 days. Individualised ward actions to improve discharge profiles.

**Surgical Assessment and Ambulatory Care** – meeting arranged with Surgeons and ED team to discuss model going forward.

## **4. RECOMMENDATIONS**

The Lanarkshire NHS Board are asked to note:

- The improvement in delivery of the Treatment Time Guarantee for elective patients despite significant pressures.
- The year on year improvement in Outpatient Waiting Times and an early achievement of trajectory.
- The very positive performance in Cancer Waiting Times.
- The continuing pressures within Unscheduled Care performance over the Easter period.

## **5. CONCLUSION**

Unscheduled Care continues to be an area of significant concern and an on-going challenge for the Acute Division. All sites have improvement plans in place against the 6 Essential Actions and work is ongoing across a wide range of activities to improve flow.

Planned care has been delivered.

## **6. FURTHER INFORMATION**

For further information about any aspect of this paper, please contact *Heather Knox* Director of Acute Services, Telephone: 01698 858088.

**HEATHER KNOX**  
**6<sup>th</sup> May 2019**