

**Lanarkshire NHS Board**  
**Fallside Road**  
**Bothwell**  
**G71 8BB**  
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**www.nhslanarkshire.org.uk**



**Meeting of Meeting of Lanarkshire NHS Board: 31<sup>st</sup> August 2022**

**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 Care Waiting Time targets as at the end of July 2022 and Unscheduled Care standards until the end of July 2022. The report highlights areas of pressure and challenge and describes the actions being taken to manage clinical prioritisation.

**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:

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.

**3. SUMMARY OF KEY ISSUES**

The Board continues to face significant challenges in delivering routine elective outpatient, diagnostics and inpatient treatment. The focus continues to be clinical prioritisation of cancer, clinically urgent patients and in line with the change in guidance issued in June 2022, the treatment of patients waiting longer than 104 weeks.

The Acute Management Team continue to focus on patient safety and responding appropriately to the continuing system pressures. Unscheduled Care performance continues to be variable and exacerbated by pre-existing performance issues, including physical space and staff availability.

#### 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

Very High Risks recorded within the Acute Division are:

- Medical Input to Balloch Unit, Carrickstone Care Home
- General Surgery Emergency Service
- Staffing and Resilience
- Unscheduled Care
- TTG
- Finance
- Impact on diagnosis and treatment as services were stepped down during acute covid response.

## 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"/>
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 performance against the Access Targets and to note that plans have been submitted to Scottish Government to reduce the number of patients waiting over 104 weeks by the end of September 2022.

## 13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact *Judith Park, Director of Acute Services*

**JUDITH PARK**  
**DIRECTOR OF ACUTE SERVICES**  
**24 AUGUST 2022**

**NHS Lanarkshire Headquarters,  
Fallside Road, Bothwell G71 8BB  
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## **Meeting of Meeting of Lanarkshire NHS Board: 31<sup>st</sup> August 2022**

### **ACCESS TARGETS REPORT**

#### **1. PURPOSE**

The purpose of this paper is to recommend that the Board note the performance position of key metrics against:

- Planned Care waiting time access guarantees and targets set by the Scottish Government as at the end of July 2022.
- The 4 hour Emergency Department standard until the end of July 2022.

The overall approach adopted is that performance management is integral to the delivery of quality and effective management, governance and accountability. The indicators included in this report are a high level set of performance standards which are supported by a comprehensive framework of measures discussed at different meetings in NHSL. In addition, the report will identify issues that are affecting 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**

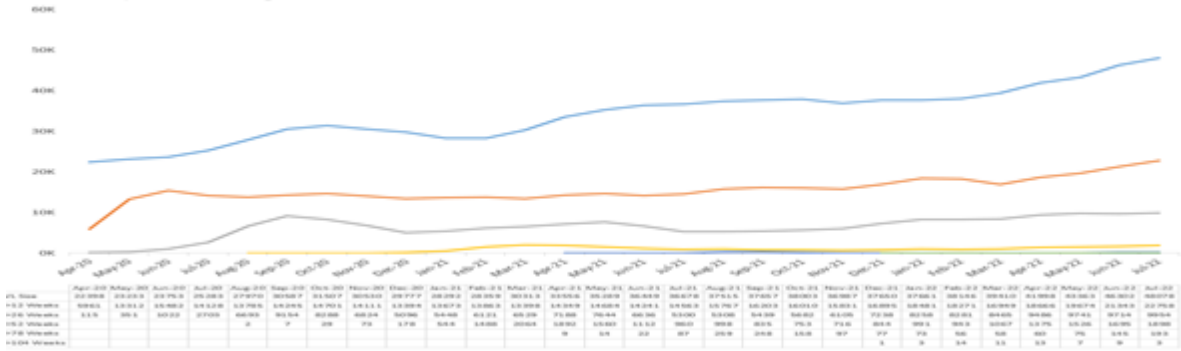
**Measures Definition: The 12 Week Outpatient Guarantee (84 days) applies to eligible patients who are receiving an outpatient appointment and states that all patients will not wait longer than 12 weeks from the date that the referral is received.**

In addition to the extant 12-week outpatient guarantee, on 6<sup>th</sup> July 2022 the Cabinet Secretary for Health & Social Care set out waiting times milestones to eliminate long waits for care. For outpatients these are the elimination of:

- 2 year waits for outpatients in most specialities by the end of August 2022.
- 18 months for outpatients in most specialities by the end of December 2022.
- one year for outpatients in most specialities by the end of March 2023.

Management Information Only : data is unvalidated and subject to change

Lanarkshire - Outpatient Waiting Times Trend



### What does the data tell us?

- At 31<sup>st</sup> July 2022 there were 22,758 patients waiting over 84 days for an outpatient appointment, compared to 21,343 at 30<sup>th</sup> June 2022. 71.4% of patients were seen within 84 days in July 2022, an increase when compared to 70.8% in June 2022.
- Outpatient demand has increased and pent up demand/demand from long term conditions has contributed to the growth in the waiting list size and the increase in length of time for a routine outpatient appointment. 47.3% of routine patients are waiting over 12 weeks to be seen.

The table below shows outpatient waiting list by specialty at 31<sup>st</sup> July 2022.

Management Information Only : data is unvalidated and subject to change

#### Patients Waiting (Ongoing waits) as at 31st July 2022

NHSL Specialities	Within 12 Weeks	% Within 12 Weeks	Over 12 Weeks	% Over 12 Weeks	Over 26 Weeks	% Over 26 Weeks	Over 52 Weeks	% Over 52 Weeks	Over 78 Weeks	% Over 78 Weeks	Over 104 Weeks	% Over 104 Weeks	Total
A1 General Medicine	33	35.5%	60	64.5%	41	44.1%	14	15.1%	0	0.0%	0	0.0%	93
A2 Cardiology	1090	52.1%	1004	47.9%	434	20.7%	52	2.5%	0	0.0%	0	0.0%	2094
A6 Infectious Diseases	39	92.9%	3	7.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	42
A7 Dermatology	2697	98.0%	56	2.0%	2	0.1%	0	0.0%	0	0.0%	0	0.0%	2753
A8 Endocrinology	495	61.7%	307	38.3%	115	14.3%	1	0.1%	0	0.0%	0	0.0%	802
A9 Gastroenterology	745	34.3%	1425	65.7%	712	32.8%	100	4.6%	1	0.05%	0	0.00%	2170
AB Geriatric Medicine	393	75.3%	129	24.7%	17	3.3%	0	0.0%	0	0.0%	0	0.0%	522
AD Medical Oncology	101	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	101
AF Medical Paediatrics	715	48.6%	757	51.4%	37	2.5%	0	0.0%	0	0.0%	0	0.0%	1472
AG Nephrology	153	35.0%	284	65.0%	161	36.8%	50	11.4%	0	0.0%	0	0.0%	437
AH Neurology	1022	55.8%	808	44.2%	150	8.2%	2	0.1%	0	0.0%	0	0.0%	1830
AQ Respiratory Med	928	59.0%	644	41.0%	193	12.3%	2	0.1%	0	0.0%	0	0.0%	1572
AR Rheumatology	655	42.6%	882	57.4%	522	34.0%	11	0.7%	0	0.0%	0	0.0%	1537
C1 General Surgery	3515	46.5%	4037	53.5%	2323	30.8%	918	12.2%	126	1.67%	0	0.00%	7552
C12 Vascular Surgery	368	56.4%	284	43.6%	55	8.4%	2	0.3%	0	0.0%	0	0.0%	652
C13 Oral and Maxillofacial Surgery	1430	65.9%	740	34.1%	26	1.2%	0	0.0%	0	0.0%	0	0.0%	2170
C31 Chronic Pain	290	71.6%	115	28.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	405
C5 ENT Surgery	1384	41.7%	1937	58.3%	903	27.2%	9	0.3%	0	0.0%	0	0.0%	3321
C7 Ophthalmology	1908	41.6%	2678	58.4%	1409	30.7%	308	6.7%	8	0.17%	0	0.00%	4586
C7B NHSL Cataract List	828	24.0%	2615	76.0%	1651	48.0%	162	4.7%	16	0.46%	0	0.00%	3443
C8 Orthopaedics	2198	62.6%	1315	37.4%	25	0.7%	0	0.0%	0	0.0%	0	0.0%	3513
C9 Plastic Surgery	500	87.7%	70	12.3%	43	7.5%	0	0.0%	0	0.0%	0	0.0%	570
CA Surgical Paediatrics	77	89.5%	9	10.5%	1	1.2%	1	1.2%	1	1.16%	0	0.00%	86
CB Urology	969	40.5%	1424	59.5%	616	25.7%	1	0.0%	0	0.0%	0	0.0%	2393
D1 Public Dental Service	211	24.9%	636	75.1%	486	57.4%	265	31.3%	41	4.84%	3	0.35%	847
D5 Orthodontics	55	82.1%	12	17.9%	2	3.0%	0	0.0%	0	0.0%	0	0.0%	67
F2 Gynaecology	2210	85.9%	363	14.1%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	2573
J4 Haematology	311	65.5%	164	34.5%	29	6.1%	0	0.0%	0	0.0%	0	0.0%	475
<b>Grand Total</b>	<b>25320</b>	<b>52.7%</b>	<b>22758</b>	<b>47.3%</b>	<b>9954</b>	<b>20.7%</b>	<b>1898</b>	<b>3.9%</b>	<b>193</b>	<b>0.40%</b>	<b>3</b>	<b>0.01%</b>	<b>48078</b>

**Narrative:** NHS Lanarkshire has recommenced outpatient activity with a range of external providers who are undertaking face to face consultations. The focus will be to reduce the waiting times for routine patients, particularly those waiting over 104 weeks.

NHS Lanarkshire is on track to achieve the milestone of no new outpatients waiting over 104 weeks by the end of August 2022 with only a small number of patients (3) currently reported in this waiting times range.

**Planning/Remobilisation:**

- Validation exercise of patients on the waiting list is ongoing with focus on the patients over 52 weeks.
- Embed and roll out the core principles of innovation in line with the Centre for Sustainable Delivery.
- Continue to increase delivery of outpatient capacity wherever possible, using existing NHS Lanarkshire resource and independent sector insourcing and outsourcing.

**2.2) Treatment Time Guarantee (TTG)**

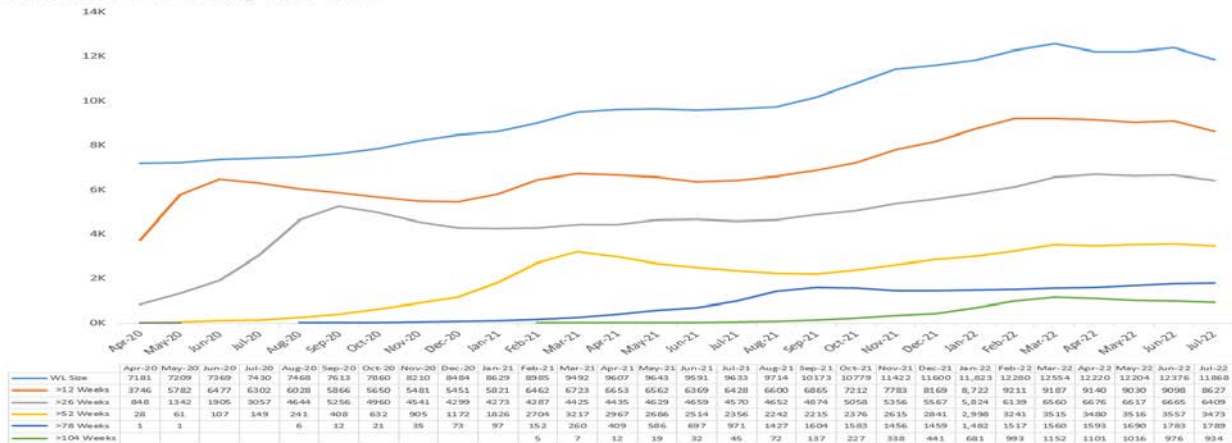
**Measures Definition: The 12 Week Treatment Time Guarantee (84 days) applies to eligible patients who are receiving planned treatment on an inpatient or day-case basis and states that patients will not wait longer than 12 weeks from the date that the treatment is agreed to the start of that treatment.**

In addition to the extant 12-week Treatment Time Guarantee, on 6<sup>th</sup> July 2022 the Cabinet Secretary for Health & Social Care set out waiting times milestones to eliminate long waits for care. For inpatients and day cases these are the elimination of waits of:

- 2 years for inpatient/day cases in 2 most specialities by the end of September 2022.
- 18 months for inpatient/day cases in most specialities by the end of September 2023.
- one year for inpatient/day cases in most specialities by the end of September 2024.

**Management Information Only : data is unvalidated and subject to change**

Lanarkshire - TTG Waiting Times Trend



**What does the data tell us?** At the end of July 2022 there were a total of 8627 patients who had breached their TTG date, compared to 9098 patients in June 2022. The number of patients on the waiting list has reduced to 11,868. In July 2022 46.1% of patients were treated within 84 days, compared to 45.9% in June 2022. 29.3% of patients are waiting over 52 weeks for surgery with the greatest number of patients in general surgery, ENT, vascular surgery and urology.

**Management Information Only : data is unvalidated and subject to change**

**Patients Waiting** (Ongoing waits) as at 31st July 2022

NHSL Specialties	Within 12 Weeks	% Within 12 Weeks	Over 12 Weeks	% Over 12 Weeks	Over 26 Weeks	% Over 26 Weeks	Over 52 Weeks	% Over 52 Weeks	Over 78 Weeks	% Over 78 Weeks	Over 104 Weeks	% Over 104 Weeks	Total
A1 General Medicine	13	68.4%	6	31.6%	3	15.8%	3	15.8%	0	0.0%	0	0.0%	19
A2 Cardiology	99	81.8%	22	18.2%	5	4.1%	1	0.8%	0	0.0%	0	0.0%	121
A9 Gastroenterology	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1
AB Geriatric Medicine	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1
AG Nephrology	4	36.4%	7	63.6%	4	36.4%	0	0.0%	0	0.0%	0	0.0%	11
AQ Respiratory Med	9	75.0%	3	25.0%	3	25.0%	3	25.0%	0	0.0%	0	0.0%	12
C1 General Surgery	412	28.1%	1054	71.9%	825	56.3%	540	36.8%	283	19.3%	128	8.7%	1466
C12 Vascular Surgery	70	29.5%	167	70.5%	116	48.9%	78	32.9%	43	18.1%	33	13.9%	237
C13 Oral and Maxillofacial Surgery	91	20.7%	348	79.3%	244	55.6%	99	22.6%	58	13.2%	50	11.4%	439
C31 Chronic Pain	17	47.2%	19	52.8%	13	36.1%	3	8.3%	3	8.3%	2	5.6%	36
C5 ENT Surgery	311	19.9%	1252	80.1%	1023	65.5%	624	39.9%	357	22.8%	213	13.6%	1563
C7 Ophthalmology	68	19.3%	285	80.7%	188	53.3%	20	5.7%	7	2.0%	6	1.7%	353
C7B NHSL Cataract List	773	64.3%	429	35.7%	194	16.1%	29	2.4%	9	0.7%	6	0.5%	1202
C8 Orthopaedics	608	20.5%	2359	79.5%	1650	55.6%	587	19.8%	226	7.6%	69	2.3%	2967
CA Surgical Paediatrics	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1
CB Urology	316	18.4%	1398	81.6%	1188	69.3%	912	53.2%	543	31.7%	322	18.8%	1714
D1 Public Dental Service	88	16.2%	456	83.8%	369	67.8%	225	41.4%	68	12.5%	10	1.8%	544
F2 Gynaecology	353	30.1%	820	69.9%	584	49.8%	349	29.8%	192	16.4%	95	8.1%	1173
H1 Clinical Radiology	6	75.0%	2	25.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	8
<b>Total</b>	<b>3241</b>	<b>27.3%</b>	<b>8627</b>	<b>72.7%</b>	<b>6409</b>	<b>54.0%</b>	<b>3473</b>	<b>29.3%</b>	<b>1789</b>	<b>15.1%</b>	<b>934</b>	<b>7.9%</b>	<b>11868</b>

**NHS Board: Lanarkshire**

**TTG - Patients waiting and Plans for Activity**

Speciality	Total number of long waiting patients to be seen (01 August 2022 to 30 September 2022 inclusive) in order to deliver the two year target	Total size of gap (patients expected to remain untreated at 30 September 2022)
<b>All Specialties</b>	<b>1062</b>	<b>491</b>
ENT	257	164
Gastroenterology	0	0
General Surgery (inc Vascular)	180	34
Gynaecology	105	0
Neurology	0	0
Ophthalmology	12	0
Oral & Maxillofacial Surgery	50	2
Oral Surgery	0	0
Orthodontics	0	0
Paediatric Surgery	0	0
Paediatrics	0	0
Plastic Surgery	0	0
Rheumatology	0	0
Trauma & Orthopaedics	86	0
Urology	349	291
Other	23	0

**Narrative:** The delivery of the end of September 2022 milestone for TTG presents a significant challenge to the Board. 934 patients are waiting in excess of 2 years at the end of July 2022 and identified capacity plans, agreed with Scottish Government, indicate a best case scenario of 491 long waiting patients still to be treated by the end of September 2022. There are particular pressures in ENT and Urology.

The table below was accurate at 31<sup>st</sup> July 2022 and shows the numbers of patients in each clinical prioritisation group. There are an increasing number of Cancer/Suspicion of Cancer patients now featuring in the long waiting times bands. Almost all of these patients have undergone recent clinical validation and have either been upgraded to this categorisation following that review or are unavailable, unsure if they wish to proceed or are uncontactable at this time. It is expected that many of these patients will return to outpatients prior to any further plan for treatment.

Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 31st July 2022

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	57	26	6	3	6	98	1%	N/A
TTG Cancer	90	72	21	11	3	197	2%	54%
TTG Urgent SoC	99	145	45	35	15	339	3%	71%
TTG Category 2 (within 4 weeks)	333	427	422	550	541	2273	19%	85%
TTG Category 3 (within 12 weeks)	396	1055	975	1186	1182	4794	40%	70%
TTG Category 4 (over 12 weeks)	164	377	749	1151	1726	4167	35%	87%
Grand Total	1139	2102	2218	2936	3473	11868		
Grand Total %	10%	18%	19%	25%	29%	100%		

Clinical urgency remains our priority and the implementation of long waits milestones needs to be managed in the context of continued access to theatres for urgent patients. We are currently running around 70% of our pre Covid elective theatres and around 70% of this capacity is used for the treatment of urgent patients. Continued delivery and expansion of theatres is dependent on availability of workforce. This remains the greatest risk to progress in this area.

### Planning/Remobilisation:

- Validation exercise of the patients on the waiting list is ongoing.
- Maximisation of all NHSL theatres where staffing allows.
- Procurement of insourced independent sector theatre staffing where available.
- Work underway on the scope of the elective treatment centre in NHS Lanarkshire.

### 2.3) Diagnostic Targets

**Measures Definition: 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 31<sup>st</sup> July 2022

Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 31 July 2022

PATIENTS STILL WAITING - at month end	>6 Wks													>26 Wks			>39 Wks			>52 Wks		
	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	183 days and over	274 days and over	365 days and over				
This is the number of 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																						
<b>Endoscopic procedures</b>																						
Endoscopy	Upper endoscopy	115	121	144	92	72	98	80	92	59	73	81	88	51	1,230	2,396	529	221	25			
Endoscopy	Lower Endoscopy (other than colon)	51	38	40	20	15	19	13	19	5	14	8	12	7	186	447	72	31	5			
Endoscopy	Colonoscopy	198	150	202	157	105	105	95	117	45	109	59	72	71	768	2,253	188	86	20			
Endoscopy	Cystoscopy	74	72	62	48	48	45	26	24	17	28	8	17	5	626	1,101	484	410	241			
<b>TOTAL SCOPES</b>		<b>438</b>	<b>381</b>	<b>448</b>	<b>317</b>	<b>240</b>	<b>267</b>	<b>214</b>	<b>252</b>	<b>126</b>	<b>225</b>	<b>156</b>	<b>189</b>	<b>134</b>	<b>2,810</b>	<b>6,197</b>	<b>1,283</b>	<b>748</b>	<b>291</b>			
<b>Imaging</b>																						
Imaging	Magnetic Resonance Imaging	321	199	225	182	183	148	108	38	42	56	29	24	22	248	1,825	49	0	0			
Imaging	Computer Tomography	413	299	331	260	197	175	163	92	134	84	90	64	56	1,089	3,447	464	124	0			
Imaging	Non-obstetric ultrasound	823	609	454	370	244	304	299	249	313	358	324	308	242	6,822	11,719	4,178	2,193	595			
Imaging	Barium Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
<b>TOTAL IMAGING</b>		<b>1,557</b>	<b>1,107</b>	<b>1,010</b>	<b>812</b>	<b>624</b>	<b>627</b>	<b>570</b>	<b>379</b>	<b>489</b>	<b>498</b>	<b>443</b>	<b>396</b>	<b>320</b>	<b>8,159</b>	<b>16,991</b>	<b>4,691</b>	<b>2,317</b>	<b>595</b>			
<b>Other</b>																						
Cardiology	ECC	159	139	135	123	66	85	99	91	54	63	48	34	32	172	1,300	51	28	2			
Cardiology	Blood Pressure	86	66	80	71	52	31	34	40	3	19	21	9	29	82	623	10	4	1			
Cardiology	Echocardiology	169	184	148	151	189	100	168	98	31	97	84	110	170	1,512	3,210	745	203	2			
Neurophysiology	Nerve Conduction Studies	0	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	0			
Respiratory physiology	Spirometry	164	74	71	85	100	109	104	86	56	85	44	90	47	714	1,829	48	1	0			
<b>TOTAL</b>		<b>2,572</b>	<b>1,951</b>	<b>1,892</b>	<b>1,559</b>	<b>1,271</b>	<b>1,219</b>	<b>1,189</b>	<b>946</b>	<b>759</b>	<b>987</b>	<b>796</b>	<b>828</b>	<b>732</b>	<b>13,449</b>	<b>30,150</b>	<b>854</b>	<b>236</b>	<b>5</b>			

**What does the data tell us?** The number of patients waiting for diagnostic tests has increased and the length of wait has also increased.

**Narrative:** 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. All aspects of endoscopy remain challenged due to staffing and accommodation constraints. The provision of outpatient scanning in MRI and CT continues to be pressured due to a significant increase in requests for emergency and inpatient scans and also workforce availability.

### Planning/Remobilisation:

- Modular endoscopy unit continues to run at UHH.
- Additional imaging capacity secured within the region.
- Work continues in developing a Regional Out of Hours Interventional Radiology model.
- Alternatives to endoscopy, for example cytosponge have been introduced.

### 2.4) Cancer Services

**Measures Definition: 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 continues to be variable whilst we continue to apply clinical prioritisation as a response to Covid 19. The continuation of clinical prioritisation ensure high risk suspected cancer utilises current diagnostic capacity timely.**

**What does the data tell us?** The Quarter 1 2022 data shows that NHSL was just below the National Standard: 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat however there is an improvement in performance for Q2 data 2022 which is reflective of the months within this quarter with May 2022 and June 2022 above 95%. Although it is predicated recovery of the 95% standard for 31 days in the coming months. This may be compounded in July 2022 due to pressures within elective surgery capacity, in particular Breast. The 62-day standard has not been achieved due to ongoing challenges within the diagnostic element of the pathways mainly due to scopes and radiology capacity, including reporting in breast, colorectal, lung and urology pathways.

NHS Lanarkshire’s 31-day performance has remained above 95% during May and June 2022.

Data submitted to ISD for May 2022 and June (unvalidated) 2022

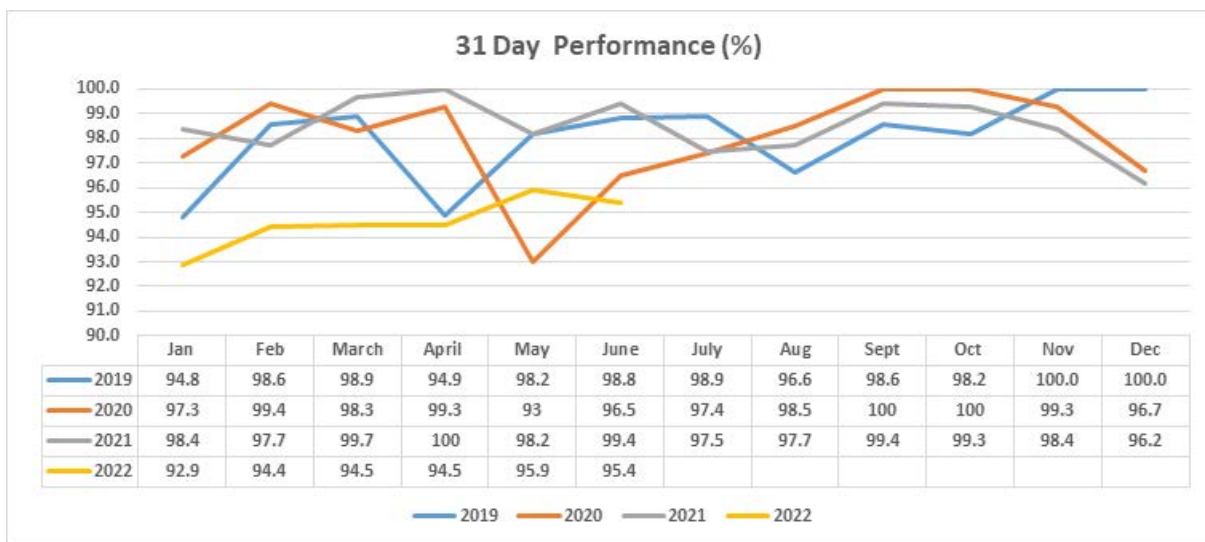
**May 2022**  
 62 day – 82.2%  
 31 day – 95.9%

**June (unvalidated) 2022**  
 62 day – 74.4%  
 31 day – 95.4%

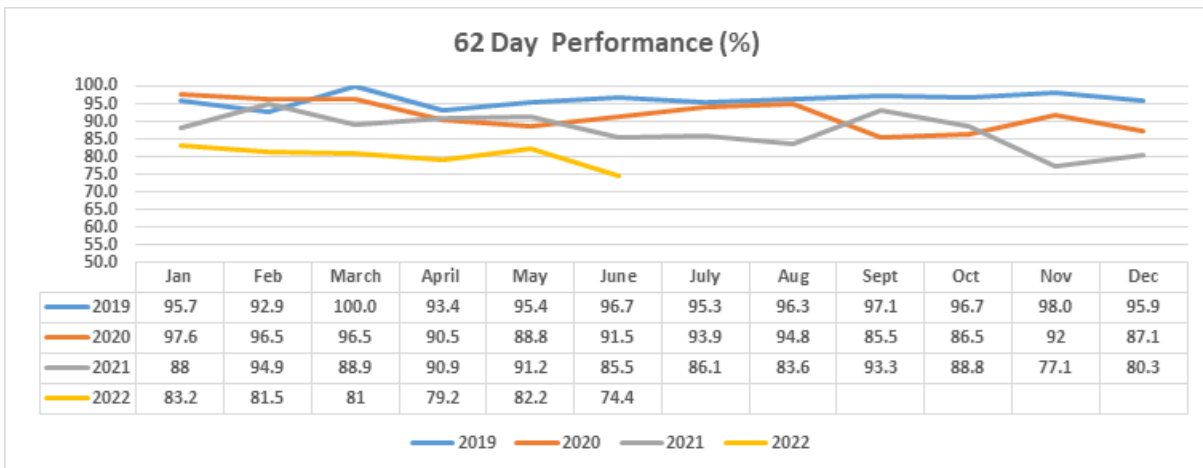
**Q1 data 2022**  
 62 day- 82.4%  
 31 day- 94.4%

**Q2 data 2022 (unvalidated)**  
 62 day- 78.5%  
 31 day- 95.3%

The graph below shows 31-day standard performance.



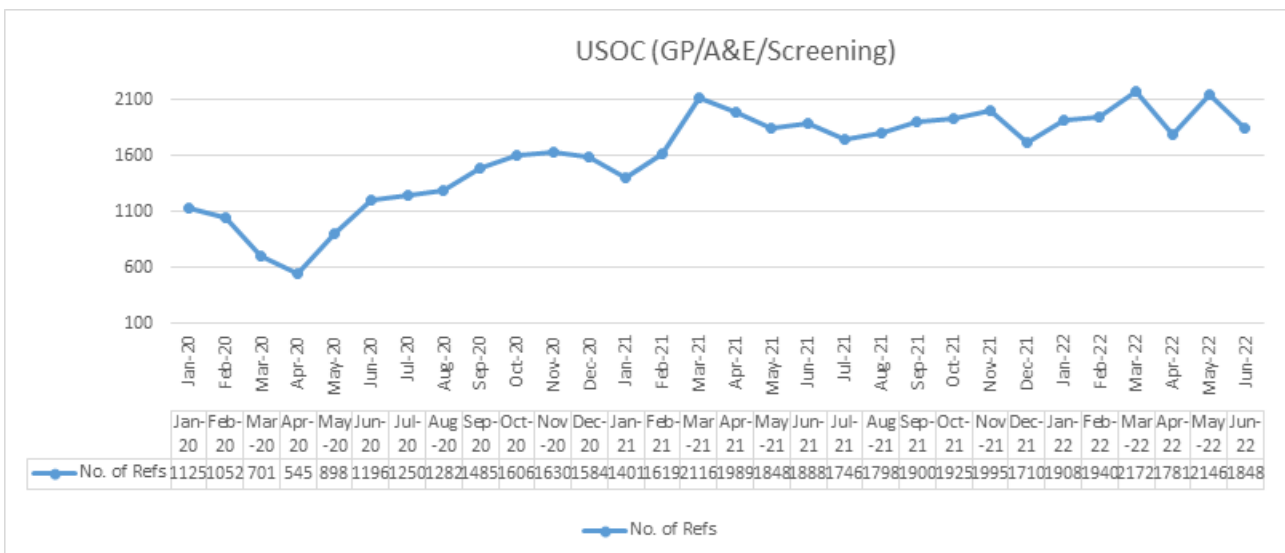
The graph below shows 62-day standard performance.

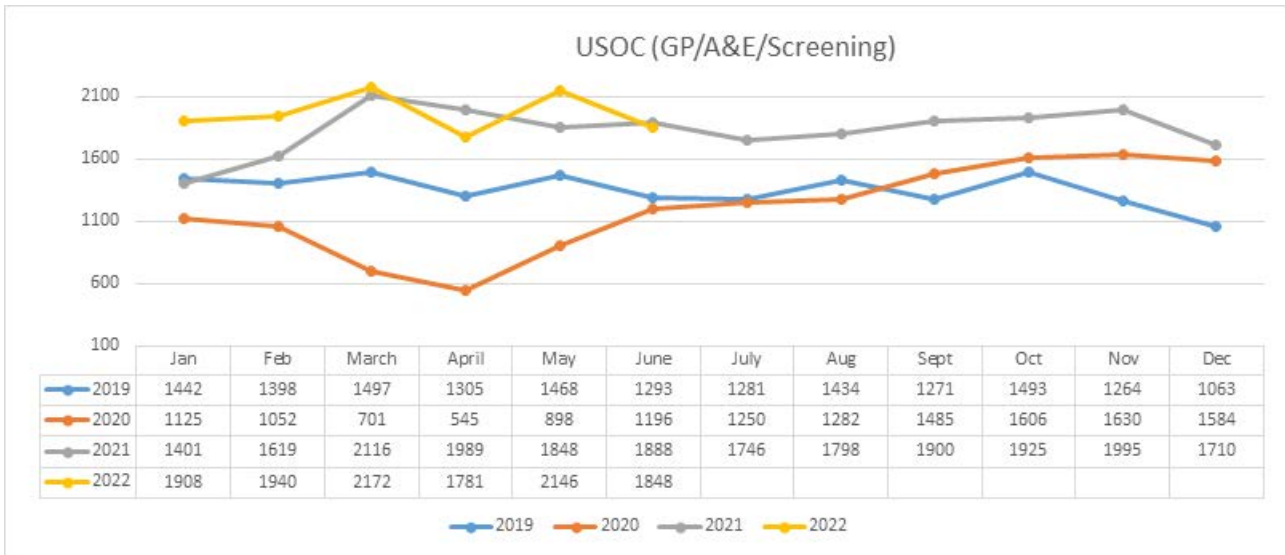


**Narrative:** The 62-day cancer standard includes A&E patients, screened positive patients and all patients referred by GP/GDP urgently with a suspicion of cancer. The 31-day standard includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to first treatment. 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 the Covid 19 pandemic, with all new patients commencing treatment within 14 days from referral. However due to a 10% increase in SACT treatment episodes within 2021/2022 and workforce challenges this is becoming more challenging to achieve. The fragility of Oncology services has been recognised Locally, Regionally and Nationally.

The graphs below show 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.





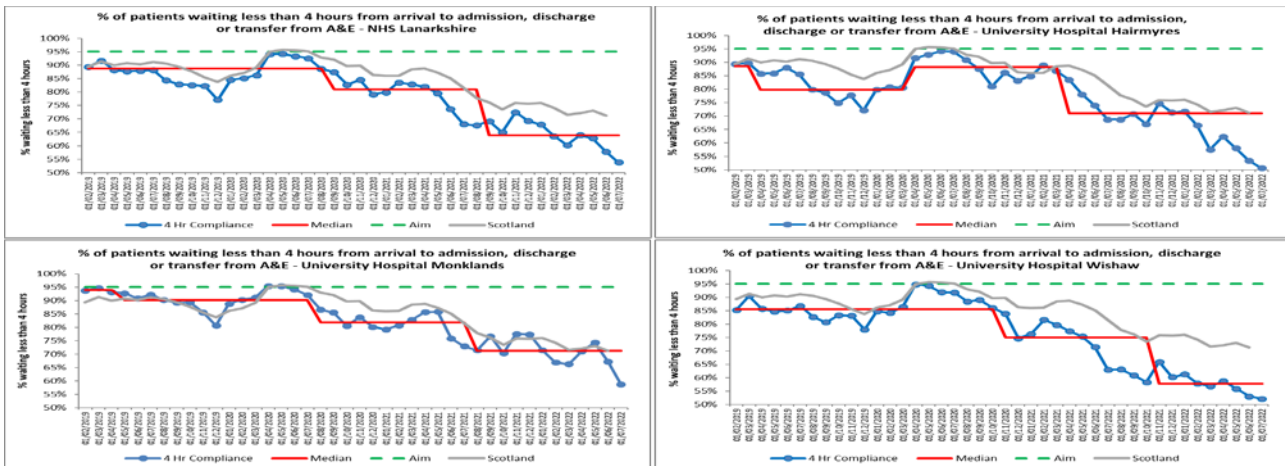
### Planning/Remobilisation

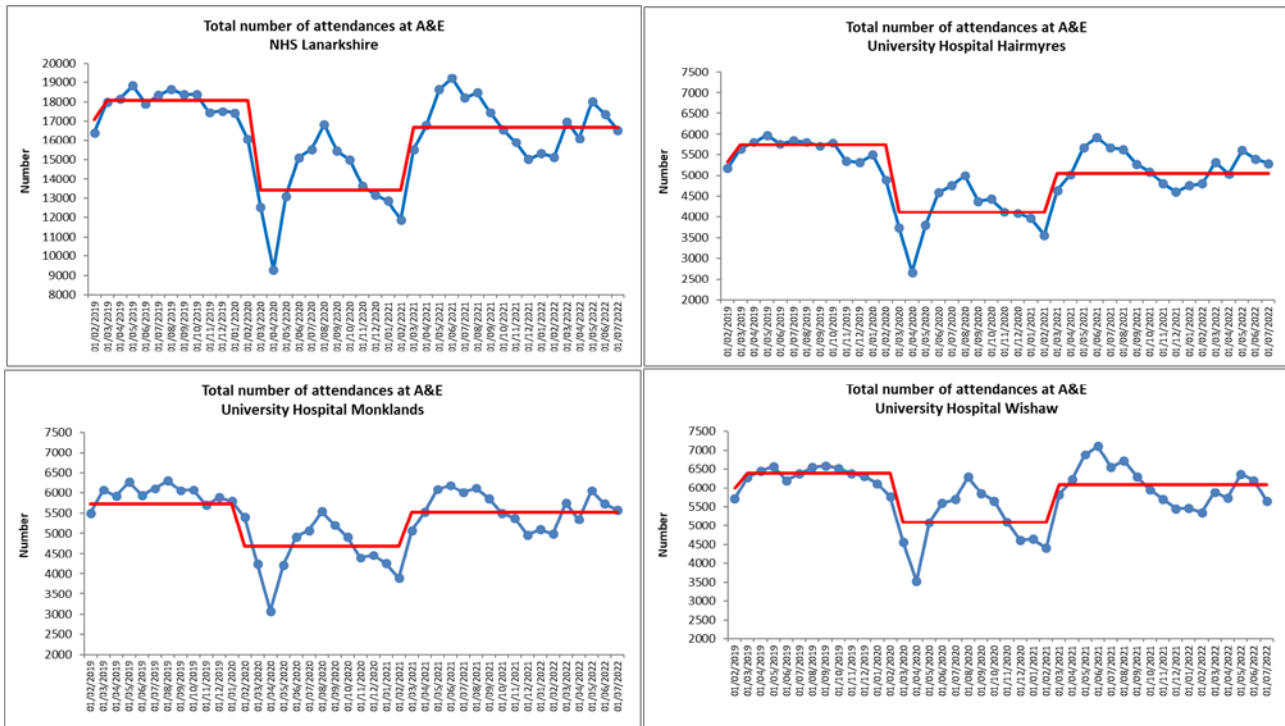
- Cancer patients continue to be prioritised for treatment.
- Any Priority 2 patient whose surgical treatment is deferred due to capacity constraints is rescheduled as quickly as possible.
- Referral numbers have returned to pre Covid levels and increasing.
- Colorectal, Lung and urology performance has been adversely impacted by waits for access to diagnostic tests including TURBT for urology.
- Breast has been adversely impacted due to radiology capacity through workforce pressures and elective theatre capacity.

### 3. UNSCHEDULED CARE

**Measures Definition: 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%.**

**What the data tells us?** NHS Lanarkshire July 2022 performance is 53.87%, this is a decrease from 57.86% in June 2022. NHS Lanarkshire's performance has been lower than the Scottish average. In July 2022 the attendances decreased to 16,537, compared to 17,343 attendances in June 2022.





**Narrative:** A deep dive on unscheduled care took place at the Acute Governance Committee on 20th July 2022. Patients arriving at Emergency Departments are different to those who came pre-pandemic. There are:

- More medical presentations, although fewer admissions.
- Fewer minor injuries.
- Greater workload associated with lower number of patients.

Patients in hospital are different to those pre-pandemic;

- Greater proportion of emergency versus elective patients.
- Patients stay longer. This is related to degree of illness, although maybe influenced by system factors, particularly availability of workforce.

There are a range of factors impacting processes, such as;

- Staffing gaps – vacancies and absences.
- High supplementary staff.
- New staff, related to turnover.
- Old processes forgotten.
- New processes implemented due to Covid.
- Staff fatigue.

An overview presentation will be provided to the Acute Governance Meeting on 21<sup>st</sup> September 2022 with a focus 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, very high graded risks, redesign of urgent care and finance.

The following summarises the key challenges, improvements and projected performance at site level:

### **University Hospital Hairmyres**

July 2022 month end performance for University Hospital Hairmyres (UHH) was 50.65% with 5299 attendances. This compares to June 2022 performance of 53.50% with 5404 attendances.

### **University Hospital Monklands**

July 2022 month end performance for University Hospital Monklands (UHM) was 58.70% with 5587 attendances. This compares to June 2022 performance of 67.17% with 5735 attendances.

### **University Hospital Wishaw**

July 2022 month end performance for University Hospital Wishaw (UHW) was 52.12% with 5654 attendances. This compares to June 2022 performance of 53.06% with 6204 attendances.

Each of the sites has revised its escalation plans in response to the requirement to operate within a full capacity protocol.

#### **Planning:**

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 submitted an improvement plan to colleagues at Scottish Government and regular meetings are in place to support achievement of trajectories.

Staff Wellbeing remains a significant focus. 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.

A local group was formed to develop a programme of works to increase the footprint of the Emergency Department at University Hospital Wishaw. Work is being carried out around the positioning of a temporary modular on the University Hospital Wishaw site. A project structure has been established with the site team with dedicated project management support in place. A report will be prepared for PPRC in September 2022 to provide an updated regarding the Acute Front Door model.

## **4. RECOMMENDATIONS**

The Lanarkshire NHS Board are asked to note:

- The number of elective patients waiting for surgery over 12 weeks.
- The number of routine outpatients waiting for a new outpatient appointment over 12 weeks.
- The performance against the 31 and 62-day Cancer waiting times standard.
- The continuing pressures within Unscheduled Care performance.
- The Very High graded risks.

## **5. CONCLUSION**

The Acute Division continues to focus on responding to system pressures.. Unscheduled Care continues to be an area of significant concern and an on-going challenge for the Acute Division. The delivery of whole system change will be a core component of effecting improvement.

## **6. FURTHER INFORMATION**

For further information about any aspect of this paper, please contact *Judith Park, Director of Acute Services*

**JUDITH PARK  
DIRECTOR OF ACUTE SERVICES  
24 AUGUST 2022**