



Lanarkshire NHS Board
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.org.uk

Meeting of Lanarkshire Planning Performance & Resource Committee (PPRC)
30th November 2022

ACCESS TARGETS REPORT

1. PURPOSE

This paper is coming to Lanarkshire PPRC

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 October 2022 and Unscheduled Care standards until the end of October 2022. The report highlights areas of pressure and challenge and describes the actions being taken.

2. ROUTE TO LANARKSHIRE PPRC

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 and 78 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"/>	ADP		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:

- General Surgery Emergency Service
- Delayed Radiology Examinations/Radiology Staffing
- Staffing and Resilience
- Unscheduled Care
- TTG

- Finance
- Ophthalmology Diabetic Service
- Ophthalmology Glaucoma Service

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 / FAIRER SCOTLAND DUTY

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 PPRC

The Lanarkshire PPRC 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 PPRC is asked to note the performance against the Access Targets and to note the continued progress against the Scottish Government target to reduce long waits.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact *Russell Coulthard*, Deputy Director of Acute Services

RUSSELL COULTHARD
DEPUTY DIRECTOR OF ACUTE SERVICES
23 NOVEMBER 2022

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

**Meeting of Lanarkshire Planning Performance & Resource Committee (PPRC)
30th November 2022**

ACCESS TARGETS REPORT

1. PURPOSE

The purpose of this paper is to recommend that the PPRC 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 October 2022.
- The 4 hour Emergency Department standard until the end of October 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 NHS Lanarkshire. 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 6th 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.

What does the data tell us?

- At 31st October 2022 there were 27,755 patients waiting over 84 days for an outpatient appointment, compared to 26,815 at 30th September 2022. 67.9% of patients were seen within 84 days in October 2022, when compared to 68.2% in September 2022.
- Outpatient demand continues to increase and pent up demand/demand from long term conditions has contributed to the growth in the waiting list size and the increase

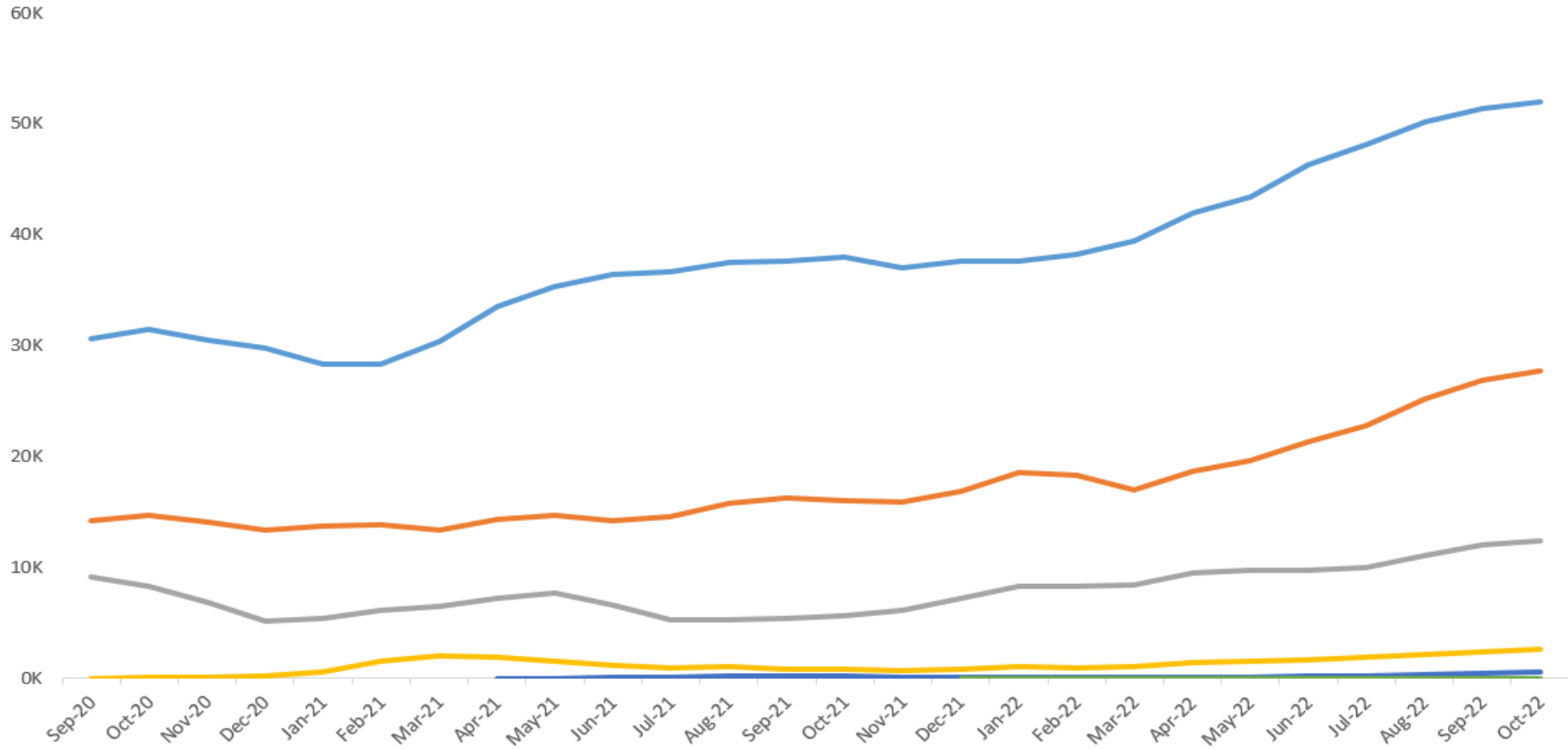
in length of time for a routine outpatient appointment. At 31st October 2022, 53.5% of patients are waiting over 12 weeks to be seen.

Waiting List Summary | Outpatients | as at October 2022

Data Source: Trakcare PMS

Management Information Only : data is unvalidated and subject to change

Lanarkshire - Outpatient Waiting Times Trend



	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
WL Size	30587	31507	30530	29777	28292	28359	30313	33556	35289	36449	36678	37515	37657	38003	36987	37650	37661	38146	39410	41998	43363	46302	48078	50125	51387	51897
>12 Weeks	14245	14701	14111	13394	13673	13863	13398	14349	14684	14241	14563	15767	16203	16010	15831	16895	18481	18271	16949	18666	19674	21343	22758	25129	26815	27755
>26 Weeks	9154	8288	6824	5096	5448	6121	6529	7188	7644	6636	5300	5308	5439	5682	6105	7238	8258	8281	8465	9486	9741	9714	9954	11054	12008	12389
>52 Weeks	7	29	73	178	544	1488	2064	1892	1560	1112	960	998	835	753	716	844	991	943	1067	1375	1526	1695	1898	2085	2351	2630
>78 Weeks								9	14	22	87	259	248	158	97	77	73	56	58	60	75	145	193	265	396	563
>104 Weeks																1	3	14	11	13	7	9	3	1	0	0

The table below shows outpatient waiting list by specialty at 31st October 2022.

Waiting List Summary | Outpatients | October 2022

Data Source: Trakcare PMS

Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 31 October 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	43	41.7%	60	58.3%	29	28.2%	10	9.7%	0	0.0%	0	0.0%	103
A2 Cardiology	1026	44.8%	1262	55.2%	622	27.2%	154	6.7%	0	0.00%	0	0.00%	2288
A6 Infectious Diseases	50	79.4%	13	20.6%	2	3.2%	0	0.0%	0	0.00%	0	0.00%	63
A7 Dermatology	2359	66.2%	1203	33.8%	2	0.1%	0	0.0%	0	0.00%	0	0.00%	3562
A8 Endocrinology	441	49.5%	450	50.5%	150	16.8%	17	1.9%	0	0.00%	0	0.00%	891
A9 Gastroenterology	882	35.4%	1613	64.6%	916	36.7%	186	7.5%	0	0.00%	0	0.00%	2495
AB Geriatric Medicine	335	71.0%	137	29.0%	28	5.9%	0	0.0%	0	0.00%	0	0.00%	472
AD Medical Oncology	108	99.1%	1	0.9%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	109
AF Medical Paediatrics	709	44.1%	900	55.9%	222	13.8%	0	0.0%	0	0.00%	0	0.00%	1609
AG Nephrology	126	27.2%	337	72.8%	206	44.5%	66	14.3%	0	0.00%	0	0.00%	463
AH Neurology	777	45.0%	951	55.0%	117	6.8%	1	0.1%	0	0.00%	0	0.00%	1728
AQ Respiratory Med	1026	60.6%	667	39.4%	135	8.0%	1	0.1%	0	0.00%	0	0.00%	1693
AR Rheumatology	602	52.4%	547	47.6%	98	8.5%	1	0.1%	0	0.00%	0	0.00%	1149
C1 General Surgery	3206	37.3%	5384	62.7%	3564	41.5%	1428	16.6%	433	5.04%	0	0.00%	8590
C12 Vascular Surgery	333	45.3%	402	54.7%	165	22.4%	0	0.0%	0	0.00%	0	0.00%	735
C13 Oral and Maxillofacial Surgery	1399	49.2%	1445	50.8%	251	8.8%	0	0.0%	0	0.00%	0	0.00%	2844
C31 Chronic Pain	229	95.0%	12	5.0%	2	0.8%	0	0.0%	0	0.00%	0	0.00%	241
C5 ENT Surgery	1380	38.5%	2203	61.5%	1229	34.3%	34	0.9%	0	0.00%	0	0.00%	3583
C7 Ophthalmology	1899	42.8%	2537	57.2%	1234	27.8%	176	4.0%	3	0.07%	0	0.00%	4436
C7B NHSL Cataract List	805	23.5%	2619	76.5%	1616	47.2%	48	1.4%	2	0.06%	0	0.00%	3424
C8 Orthopaedics	2113	55.4%	1700	44.6%	72	1.9%	0	0.0%	0	0.00%	0	0.00%	3813
C9 Plastic Surgery	528	88.1%	71	11.9%	51	8.5%	10	1.7%	0	0.00%	0	0.00%	599
CA Surgical Paediatrics	121	97.6%	3	2.4%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	124
CB Urology	1031	35.7%	1858	64.3%	1055	36.5%	172	6.0%	0	0.00%	0	0.00%	2889
D1 Public Dental Service	222	22.8%	753	77.2%	547	56.1%	324	33.2%	125	12.82%	0	0.00%	975
D5 Orthodontics	62	86.1%	10	13.9%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	72
F2 Gynaecology	2049	86.0%	334	14.0%	3	0.1%	0	0.0%	0	0.00%	0	0.00%	2383
J4 Haematology	281	49.8%	283	50.2%	73	12.9%	2	0.4%	0	0.00%	0	0.00%	564
Grand Total	24142	46.5%	27755	53.5%	12389	23.9%	2630	5.1%	563	1.08%	0	0.00%	51897

**Outpatient MMI Reportable
Weekly Countdown - Monitoring of Patients Waiting - 31st December 2022**

	Patients who will be waiting over 78 weeks if not booked before 31/12/2022		Patients who are currently waiting over 104 weeks
Census date	Patients with no confirmed appointment date	All patients (with or without an appointment date)	All patients (with or without an appointment date)
05/09/2022	985	1141	1
12/09/2022	978	1,112	1
19/09/2022	976	1,066	0
26/09/2022	945	1,023	0
03/10/2022	940	1,014	0
10/10/2022	940	1,002	0
17/10/2022	930	983	0
24/10/2022	926	965	1
31/10/2022	921	954	1
07/11/2022	912	940	0
14/11/2022	907	935	0

The above chart is local data and shows that at 14th November 2022, NHS Lanarkshire reported no patients waiting over 104 weeks. NHS Lanarkshire is one of the higher performing Boards nationally in the management of long waits for outpatients.

Planning for delivery of the 78-week target by December 2022 is underway. Early modelling indicates that General Surgery will be the area of most challenge. Initial modelling has been revised in light of the reduced allocation of planned care funding confirmed by Scottish Government. On 24th October 2022 CMT approved a revised approach to the prioritisation of waiting times funding, reflecting the significantly restricted final allocation of planned care funding. This position re-affirms the focus on urgent and cancer care, including diagnostics, but recognised that routine long waits are likely to increase.

Actions undertaken in a range of specialties

- Waiting list validation.
- Prioritisation of available capacity to high pressure specialties.
- Access policy adherence.
- Scrutiny of booking available capacity.
- Review and prioritisation of routine capacity towards long waits, where funding permits.
- Accessing independent activity where possible and where funding permits.

Risk that continue to impact activity

- Emergency pressures on staff. The Board remains in Black status.
- Urgent caseload, including cancer.
- Staff availability – particularly insourced staff, and competing demands on these providers.
- Reduced planned care funding in Q3 and Q4.

Outpatients Weekly Activity with Pre Covid % (% based on equivalent week in 2019) By Site & Specialty

Data Source: Trakcare PMS as at 15/11/2022 (unvalidated and subject to change)

Site Grouping	12/09/2022	% Pre Covid	19/09/2022	% Pre Covid	26/09/2022	% Pre Covid	03/10/2022	% Pre Covid	10/10/2022	% Pre Covid	17/10/2022	% Pre Covid	24/10/2022	% Pre Covid	31/10/2022	% Pre Covid
University Hospital Hairmyres	1088	107%	841	82%	748	89%	1015	136%	901	101%	741	94%	1105	120%	997	100%
University Hospital Monklands	983	67%	937	67%	818	64%	982	90%	903	61%	761	60%	1074	77%	884	69%
University Hospital Wishaw	963	110%	711	84%	672	91%	773	138%	802	96%	574	93%	736	101%	713	82%
Offsite	90	391%	72	129%	40	63%	63	121%	67	209%	39	650%	35	45%	79	165%
Grand Total	3124	92%	2561	77%	2278	78%	2833	116%	2673	83%	2115	79%	2950	94%	2673	84%

Specialty	12/09/2022	% Pre Covid	19/09/2022	% Pre Covid	26/09/2022	% Pre Covid	03/10/2022	% Pre Covid	10/10/2022	% Pre Covid	17/10/2022	% Pre Covid	24/10/2022	% Pre Covid	31/10/2022	% Pre Covid
A1 General Medicine	4	200%	5	100%	0	0%	0	0%	0	0%	5	125%		0%	5	83%
A2 Cardiology	83	75%	80	70%	61	54%	51	61%	87	84%	41	46%	81	86%	61	66%
A6 Infectious Diseases	14	70%	16	70%	8	80%	12	71%	15	79%	13	81%	13	57%	19	66%
A7 Dermatology	254	59%	217	62%	310	89%	212	92%	260	85%	192	71%	398	141%	171	63%
A8 Endocrinology	45	88%	38	75%	34	64%	40	85%	39	70%	33	165%	35	76%	59	116%
A9 Gastroenterology	88	81%	92	60%	35	76%	62	79%	58	68%	33	45%	50	36%	39	37%
AB Geriatric Medicine	72	120%	77	100%	51	78%	79	176%	78	73%	47	63%	70	99%	71	86%
AD Medical Oncology	37	132%	36	129%	24	77%	26	153%	39	118%	31	194%	27	73%	37	103%
AF Medical Paediatrics	60	57%	49	57%	53	69%	75	188%	83	78%	64	105%	68	91%	83	95%
AG Nephrology	8	50%	10	59%	5	45%	6	67%	7	33%	6	120%	7	54%	7	54%
AH Neurology	69	59%	70	212%	78	55%	108	127%	73	37%	42	14%	52	38%	53	33%
AQ Respiratory Med	89	61%	132	200%	95	86%	168	343%	51	66%	103	166%	75	53%	106	151%
AR Rheumatology	145	173%	31	36%	49	120%	55	60%	115	235%	16	34%	119	147%	96	188%
C1 General Surgery	367	95%	275	78%	219	84%	265	81%	243	53%	167	68%	267	81%	275	57%
C12 Vascular Surgery	38	123%	27	96%	17	45%	37	142%	39	156%	12	44%	56	140%	50	109%
C13 Oral and Maxillofacial Surgery	59	36%	73	46%	41	31%	86	73%	79	48%	54	55%	56	42%	57	66%
C31 Chronic Pain	37	189%	24	175%	26	137%	33	182%	31	112%	41	177%	24	135%	33	147%
C41 Cardiac Surgery	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	#DIV/0!
C5 ENT Surgery	228	89%	189	74%	179	86%	187	126%	135	64%	201	84%	168	64%	167	54%
C7 Ophthalmology	265	74%	198	54%	214	66%	296	104%	270	90%	207	94%	306	131%	248	73%
C7B NHSL Cataract List	88	205%	70	89%	35	49%	94	184%	108	257%	62	163%	71	68%	108	146%
C8 Orthopaedics	378	111%	326	77%	339	112%	517	167%	449	130%	381	116%	528	131%	419	115%
C9 Plastic Surgery	50	83%	74	125%	38	109%	40	160%	59	159%	43	93%	54	106%	52	248%
CA Surgical Paediatrics	11	58%	10	167%	8	44%	0	0%	11	138%	11	183%	0	0%	12	71%
CB Urology	127	93%	82	52%	31	22%	64	74%	69	65%	47	41%	75	62%	101	144%
D1 Public Dental Service	6	26%	0	0%	6	29%	8	35%	2	9%	5	22%	5	22%	7	30%
D5 Orthodontics	11	69%	6	35%	3	18%	7	64%	9	43%	8	160%	12	80%	6	35%
F2 Gynaecology	441	201%	305	115%	275	112%	252	131%	230	87%	219	115%	292	156%	291	124%
J4 Haematology	50	152%	49	163%	44	232%	53	221%	34	110%	31	115%	41	108%	40	148%
Grand Total	3124	92%	2561	77%	2278	78%	2833	116%	2673	83%	2115	79%	2950	94%	2673	84%

New Outpatient Activity DNA Rates (MMI Reportable Consultant Led Activity ONLY)
by Parent Specialty

Date Range: January 2021 to October 2022

	New DNA Rate																				Average OP DNA Rate							
	Feb 20 Pre-Covid	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Jan21 - Jun21	July21 - Dec21	Jan22 - Jun22	July22 - Oct22	
A1 General Medicine	6.7%	0.0%	0.0%	20.0%	0.0%	23.1%	33.3%	10.0%	22.2%	5.6%	25.0%	0.0%	0.0%	11.1%	20.0%	12.5%	11.1%	28.6%	10.0%	25.0%	25.0%	0.0%	0.0%	12.7%	10.5%	15.5%	12.5%	
A2 Cardiology	3.9%	7.2%	5.2%	7.9%	8.3%	5.3%	6.6%	6.3%	7.2%	6.5%	7.9%	10.8%	8.2%	11.6%	6.0%	9.6%	11.3%	10.2%	9.6%	11.4%	8.2%	7.5%	7.6%	6.8%	7.8%	9.7%	8.7%	
A6 Infectious Diseases	28.6%	38.1%	27.3%	31.3%	50.8%	30.2%	27.0%	29.1%	28.9%	40.9%	76.9%	47.2%	8.3%	16.0%	14.3%	31.8%	48.1%	51.3%	38.9%	29.2%	35.1%	27.1%	38.6%	34.1%	38.6%	33.4%	32.5%	
A7 Dermatology	6.7%	12.3%	9.5%	8.8%	7.8%	7.3%	13.4%	15.6%	15.4%	14.3%	10.1%	9.3%	9.7%	8.7%	9.5%	8.0%	7.2%	8.1%	10.2%	11.1%	5.7%	7.6%	7.9%	9.8%	12.4%	8.6%	8.1%	
A8 Endocrinology	8.1%	11.4%	8.4%	11.6%	16.3%	19.3%	19.7%	20.0%	19.5%	17.5%	20.8%	12.4%	21.6%	15.8%	14.1%	15.8%	19.4%	18.9%	18.9%	21.9%	25.9%	23.9%	13.9%	14.4%	18.7%	17.1%	21.4%	
A9 Gastroenterology	7.3%	16.6%	3.3%	7.2%	8.9%	12.2%	14.4%	16.4%	9.6%	9.2%	17.5%	18.9%	17.0%	12.7%	17.1%	14.1%	16.6%	21.0%	17.2%	20.7%	14.5%	10.3%	10.0%	10.4%	14.8%	16.4%	13.9%	
AB Geriatric Medicine	5.6%	8.9%	9.4%	7.7%	12.2%	11.0%	6.5%	5.5%	5.7%	6.7%	7.9%	6.6%	5.9%	5.2%	5.9%	6.5%	8.1%	6.7%	7.6%	7.5%	4.6%	7.2%	6.4%	9.3%	6.4%	6.7%	6.4%	
AD Medical Oncology	7.4%	2.7%	0.7%	1.8%	2.4%	6.9%	4.3%	2.9%	1.5%	0.7%	1.6%	3.0%	1.9%	5.9%	5.8%	4.3%	4.2%	3.7%	2.2%	6.4%	2.4%	4.9%	0.7%	3.1%	1.9%	4.4%	3.6%	
AF Medical Paediatrics	8.1%	13.8%	9.7%	10.8%	7.1%	8.5%	13.8%	18.9%	16.0%	15.1%	15.2%	11.6%	15.4%	15.6%	11.8%	11.8%	15.9%	19.6%	17.1%	24.3%	19.5%	16.5%	12.2%	10.6%	15.4%	15.3%	18.1%	
AG Nephrology	14.1%	14.8%	0.0%	12.0%	15.4%	14.3%	13.9%	17.6%	5.9%	9.5%	16.3%	18.4%	22.0%	14.6%	12.2%	10.6%	30.8%	18.4%	23.1%	7.0%	11.9%	19.5%	14.3%	11.7%	15.0%	18.3%	13.2%	
AH Neurology	8.7%	20.1%	18.9%	14.8%	12.2%	13.8%	12.6%	13.2%	14.4%	16.2%	20.2%	17.7%	21.8%	15.4%	12.5%	17.1%	19.4%	12.2%	11.4%	18.2%	12.5%	11.8%	11.7%	15.4%	17.2%	14.7%	13.5%	
AQ Respiratory Med	9.4%	8.6%	8.5%	10.0%	8.6%	11.3%	7.0%	12.4%	13.7%	11.0%	11.2%	10.8%	13.6%	12.8%	11.0%	10.9%	12.2%	13.2%	15.2%	10.2%	13.1%	12.0%	8.6%	9.0%	12.1%	12.5%	11.0%	
AR Rheumatology	4.8%	7.7%	9.6%	11.1%	10.9%	7.6%	8.8%	11.3%	10.6%	9.5%	8.8%	10.4%	10.7%	12.2%	8.8%	7.4%	14.2%	7.7%	6.9%	6.3%	4.5%	8.2%	10.5%	9.3%	10.2%	9.5%	7.4%	
C1 General Surgery	5.4%	7.6%	8.8%	8.0%	6.7%	8.2%	9.7%	12.1%	9.0%	9.5%	11.1%	9.3%	12.4%	7.7%	10.0%	9.0%	9.2%	9.7%	9.8%	12.5%	9.0%	9.0%	9.0%	8.2%	10.6%	9.2%	9.9%	
C12 Vascular Surgery	8.7%	4.1%	10.9%	10.6%	15.8%	15.5%	12.9%	18.2%	9.0%	13.9%	13.5%	17.0%	15.8%	20.8%	7.2%	13.7%	16.9%	18.2%	14.7%	18.7%	12.1%	12.7%	12.5%	11.6%	14.6%	15.3%	14.0%	
C13 Oral and Maxillofacial Surgery	11.1%	11.0%	8.5%	8.8%	12.3%	13.9%	15.4%	15.2%	16.4%	16.9%	14.0%	14.5%	20.3%	16.1%	14.2%	11.9%	18.3%	15.7%	19.6%	16.8%	18.3%	14.6%	18.2%	11.7%	16.2%	16.0%	17.0%	
C31 Chronic Pain	11.7%	3.2%	1.8%	5.6%	12.3%	7.6%	5.7%	10.1%	6.7%	3.5%	3.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.0%	4.0%	0.0%	0.0%	
C5 ENT Surgery	7.0%	11.2%	7.9%	7.6%	7.5%	7.2%	8.2%	8.0%	7.1%	6.9%	9.2%	6.1%	5.7%	7.0%	6.7%	6.9%	13.3%	5.4%	8.6%	5.5%	5.4%	5.0%	8.5%	8.3%	7.2%	8.0%	6.1%	
C7 Ophthalmology	5.6%	12.4%	6.8%	6.0%	4.1%	6.7%	6.6%	6.8%	9.3%	13.4%	12.8%	7.5%	6.5%	8.5%	6.4%	7.1%	10.0%	9.6%	10.8%	9.7%	5.9%	6.7%	6.6%	7.1%	9.4%	8.7%	7.2%	
C7B NHSL Cataract List	2.1%	4.3%	10.7%	10.6%	7.2%	7.1%	3.0%	8.4%	6.9%	9.1%	6.6%	11.1%	11.0%	10.7%	10.2%	9.7%	9.4%	10.3%	9.7%	9.8%	10.3%	10.7%	10.1%	7.2%	8.8%	10.0%	10.2%	
C8 Orthopaedics	5.8%	11.5%	11.1%	13.7%	10.8%	9.9%	12.4%	12.7%	12.0%	12.4%	11.5%	8.2%	6.7%	12.1%	8.8%	8.6%	6.3%	5.0%	4.6%	5.0%	7.7%	6.8%	7.2%	11.5%	10.6%	7.6%	6.7%	
C9 Plastic Surgery	3.6%	5.7%	5.3%	3.5%	5.9%	5.0%	4.8%	5.2%	4.8%	6.0%	4.9%	11.2%	13.9%	12.3%	9.5%	11.1%	13.0%	12.5%	10.9%	12.5%	12.2%	10.9%	9.5%	5.0%	7.7%	11.5%	11.3%	
CA Surgical Paediatrics	4.5%	0.0%	0.0%	0.0%	25.0%	0.0%	16.0%	35.5%	9.7%	23.8%	23.9%	5.9%	5.1%	2.3%	6.7%	8.7%	10.5%	5.0%	3.9%	3.1%	4.5%	4.8%	4.6%	6.8%	17.3%	6.2%	4.3%	
CB Urology	10.1%	8.8%	7.8%	8.0%	7.5%	9.2%	11.6%	10.3%	10.8%	11.8%	8.4%	14.5%	22.6%	11.1%	14.1%	14.1%	23.3%	22.2%	22.2%	14.8%	24.0%	2.1%	9.1%	8.8%	13.1%	17.8%	12.5%	
D1 Public Dental Service	13.8%	0.0%	10.5%	8.7%	13.3%	14.3%	16.7%	12.9%	17.6%	25.9%	29.2%	8.2%	7.9%	9.5%	9.6%	7.4%	12.0%	7.1%	13.1%	9.5%	9.7%	9.7%	11.8%	10.6%	17.0%	9.8%	10.2%	
D5 Orthodontics	5.2%	13.8%	11.6%	20.0%	26.3%	16.7%	9.4%	4.5%	0.0%	25.0%	26.1%	15.6%	25.0%	13.3%	25.9%	30.8%	8.3%	50.0%	20.0%	11.1%	11.1%	35.0%	35.3%	14.8%	16.3%	16.0%	24.7%	24.1%
F2 Gynaecology	6.9%	10.2%	9.6%	8.5%	7.6%	8.9%	9.8%	11.7%	10.3%	12.5%	9.5%	10.3%	24.2%	9.1%	11.4%	13.2%	20.0%	11.1%	8.1%	8.0%	16.1%	16.1%	2.8%	9.1%	13.1%	12.1%	10.8%	
J4 Haematology	5.8%	5.6%	4.3%	7.6%	1.0%	4.5%	3.0%	2.1%	5.9%	4.0%	5.2%	11.4%	12.3%	12.9%	9.4%	10.0%	10.8%	8.5%	11.8%	13.0%	8.9%	9.4%	9.2%	4.3%	6.8%	10.5%	10.1%	
Total	6.8%	10.3%	9.1%	9.2%	8.8%	9.3%	10.5%	12.2%	11.3%	12.0%	11.5%	4.8%	4.8%	5.1%	4.2%	4.0%	7.5%	4.0%	7.0%	4.5%	10.7%	6.3%	7.1%	9.5%	9.4%	5.3%	7.2%	

Narrative: NHS Lanarkshire has a range of outpatient activity with a number of external providers who are undertaking face to face consultations. The focus has been to reduce the waiting times for routine patients, particularly those waiting over 78 weeks. Future progress in this area will be impacted by the reduced availability of Scottish Government capacity planning funding and from the end of Quarter 3 this financial year insourced routine outpatient provision will cease, except in dermatology where a reduced level of activity will continue until year end.

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

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 6th 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 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.

What does the data tell us? The table below shows at the end of October 2022 there were a total of 7727 patients who had breached their TTG date, compared to 8162 patients in September 2022. The number of patients on the waiting list has increased slightly to 11,864. In October 2022 47.9% of patients were treated within 84 days, compared to 44.6% in September 2022. 26.7% of patients are waiting over 52 weeks for surgery with the greatest number of patients in general surgery, orthopaedic, gynaecology, ENT, Urology and Public Dental.

The table below shows TTG waiting list by specialty at 31st October 2022.

Waiting List Summary | TTG | October 2022

Data Source: Trakcare PMS

Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 31 October 2022

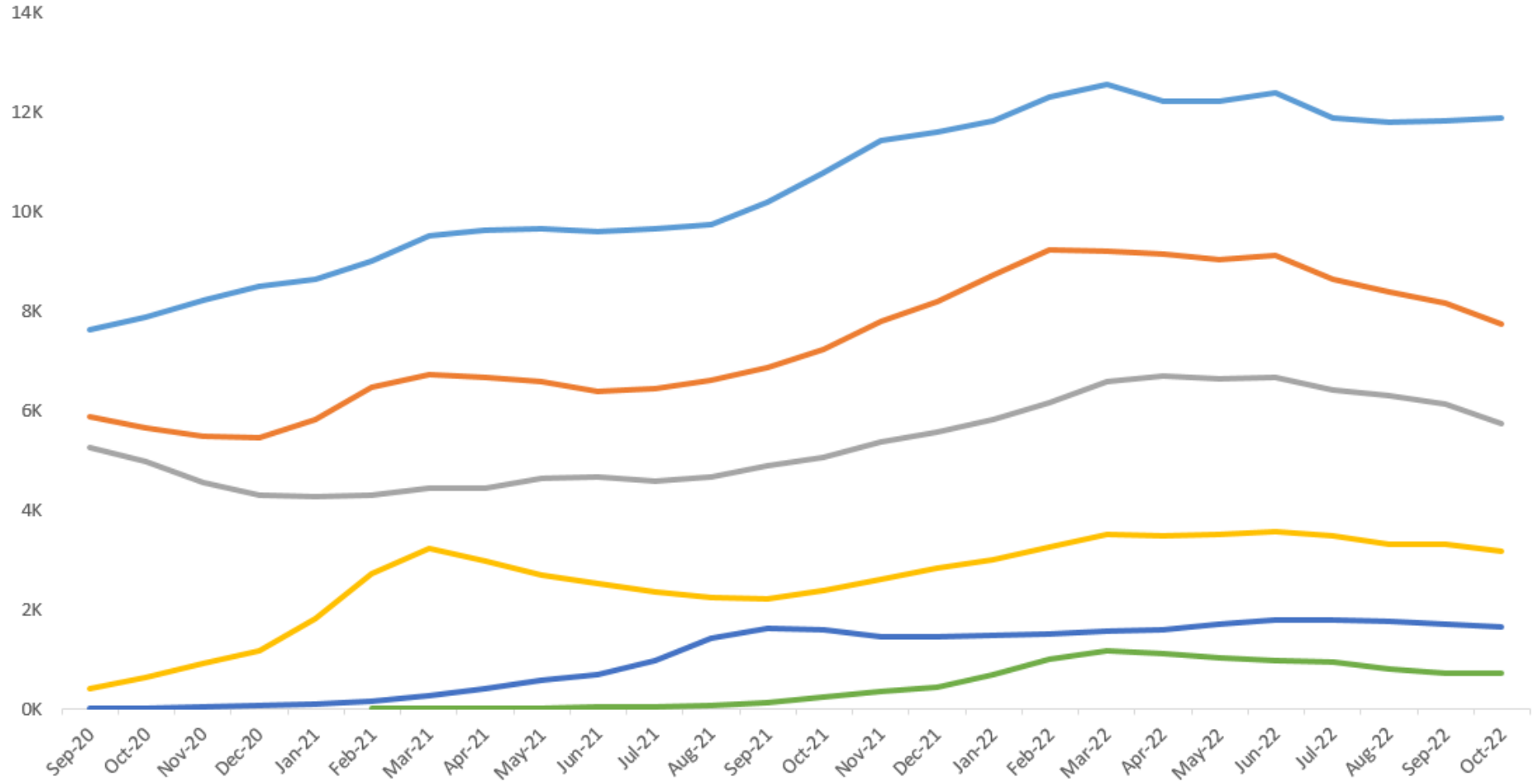
NHSL Specialties	Within 12 Weeks	% Within 12 Weeks	Over 12 Weeks	% Over 12 Weeks	Over 26 Weeks	% Over 26 Weeks	Over 52 Weeks	% Over 52 Weeks	Over 78 Weeks	% Over 78 Weeks	Over 104 Weeks	% Over 104 Weeks	Total
A1 General Medicine	28	80.0%	7	20.0%	2	5.7%	0	0.0%	0	0.0%	0	0.0%	35
A2 Cardiology	133	77.8%	38	22.2%	15	8.8%	0	0.0%	0	0.0%	0	0.0%	171
AB Geriatric Medicine	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2
AD Medical Oncology	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1
AG Nephrology	3	33.3%	6	66.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	9
AQ Respiratory Med	12	92.3%	1	7.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	13
C1 General Surgery	455	36.3%	800	63.7%	643	51.2%	408	32.5%	224	17.8%	66	5.3%	1255
C12 Vascular Surgery	81	37.3%	136	62.7%	89	41.0%	45	20.7%	21	9.7%	11	5.1%	217
C13 Oral and Maxillofacial Surgery	81	20.9%	306	79.1%	221	57.1%	95	24.5%	18	4.7%	11	2.8%	387
C31 Chronic Pain	20	80.0%	5	20.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	25
C5 ENT Surgery	365	22.4%	1263	77.6%	1000	61.4%	656	40.3%	369	22.7%	211	13.0%	1628
C7 Ophthalmology	66	22.4%	228	77.6%	189	64.3%	42	14.3%	2	0.7%	1	0.3%	294
C7B NHSL Cataract List	1047	68.2%	489	31.8%	122	7.9%	24	1.6%	3	0.2%	1	0.1%	1536
C8 Orthopaedics	905	31.2%	1996	68.8%	1471	50.7%	498	17.2%	143	4.9%	25	0.9%	2901
CA Surgical Paediatrics	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1
CB Urology	352	21.6%	1274	78.4%	1116	68.6%	874	53.8%	597	36.7%	295	18.1%	1626
D1 Public Dental Service	78	15.1%	439	84.9%	348	67.3%	225	43.5%	94	18.2%	17	3.3%	517
F2 Gynaecology	480	39.7%	729	60.3%	514	42.5%	306	25.3%	166	13.7%	72	6.0%	1209
H1 Clinical Radiology	29	78.4%	8	21.6%	2	5.4%	0	0.0%	0	0.0%	0	0.0%	37
Total	4137	34.9%	7727	65.1%	5732	48.3%	3173	26.7%	1637	13.8%	710	6.0%	11864

Waiting List Summary | TTG | as at October 2022

Data Source: Trakcare PMS

Management Information Only : data is unvalidated and subject to change

Lanarkshire - TTG Waiting Times Trend



	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
WL Size	7613	7860	8210	8484	8629	8985	9492	9607	9643	9591	9633	9714	10173	10779	11422	11600	11,823	12280	12554	12220	12204	12376	11868	11796	11813	11864
>12 Weeks	5866	5650	5481	5451	5821	6462	6723	6653	6562	6369	6428	6600	6865	7212	7783	8169	8,722	9211	9187	9140	9030	9098	8627	8378	8162	7727
>26 Weeks	5256	4960	4541	4299	4273	4287	4425	4435	4629	4659	4570	4652	4874	5058	5356	5567	5,824	6139	6560	6676	6617	6665	6409	6280	6135	5732
>52 Weeks	408	632	905	1172	1826	2704	3217	2967	2686	2514	2356	2242	2215	2376	2615	2841	2,998	3241	3515	3480	3516	3557	3473	3318	3298	3173
>78 Weeks	12	21	35	73	97	152	260	409	586	697	971	1427	1604	1583	1456	1459	1,482	1517	1560	1593	1690	1783	1789	1755	1709	1637
>104 Weeks						5	7	12	19	32	45	72	137	227	338	441	681	993	1152	1101	1016	976	934	792	724	710

TTG Weekly Activity with Pre Covid % (% based on equivalent week in 2019)

By Site & Specialty

Data Source: Trakcare PMS as at 15/11/2022 (unvalidated and subject to change)

Site Grouping	12/09/2022	% Pre Covid	19/09/2022	% Pre Covid	26/09/2022	% Pre Covid	03/10/2022	% Pre Covid	10/10/2022	% Pre Covid	17/10/2022	% Pre Covid	24/10/2022	% Pre Covid	31/10/2022	% Pre Covid
University Hospital Hairmyres	143	83%	147	88%	120	100%	149	139%	140	70%	124	87%	129	71%	162	78%
University Hospital Monklands	85	77%	78	62%	74	68%	101	90%	77	63%	72	89%	84	65%	95	67%
University Hospital Wishaw	55	37%	58	34%	47	45%	79	72%	68	46%	55	42%	72	64%	73	62%
Offsite	73	58%	43	27%	45	34%	62	71%	54	82%	96	126%	54	67%	36	35%
Grand Total	356	64%	326	52%	286	61%	391	94%	339	63%	347	81%	339	67%	366	64%

Specialty	12/09/2022	% Pre Covid	19/09/2022	% Pre Covid	26/09/2022	% Pre Covid	03/10/2022	% Pre Covid	10/10/2022	% Pre Covid	17/10/2022	% Pre Covid	24/10/2022	% Pre Covid	31/10/2022	% Pre Covid
A1 General Medicine	7	64%	3	38%	9	69%	10	125%	10	77%	9	69%	11	100%	12	92%
A2 Cardiology	9	69%	14	108%	13	93%	9	90%	9	53%	10	67%	10	67%	15	136%
A7 Dermatology	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
AQ Respiratory Med	2	0%	2	200%	4	400%	2	0%	2	0%	1	0%	5	0%	1	200%
AR Rheumatology	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
C1 General Surgery	44	54%	49	55%	55	56%	65	114%	53	47%	49	80%	48	75%	45	44%
C12 Vascular Surgery	13	93%	12	92%	12	400%	13	144%	13	130%	4	50%	9	90%	14	100%
C13 Oral and Maxillofacial Surgery	6	35%	4	21%	5	28%	9	90%	7	44%	9	60%	7	54%	8	35%
C31 Chronic Pain	4	133%	3	38%	1	200%	5	125%	0	0%	1	50%	1	33%	4	400%
C5 ENT Surgery	38	83%	30	47%	28	56%	29	59%	29	67%	29	81%	38	72%	36	72%
C7 Ophthalmology	9	45%	10	83%	8	62%	11	100%	11	65%	14	140%	9	41%	4	21%
C7B NHSL Cataract List	66	88%	49	48%	46	77%	66	147%	48	65%	60	115%	65	68%	64	60%
C8 Orthopaedics	71	72%	67	66%	50	71%	67	106%	77	84%	57	73%	33	45%	63	86%
CA Surgical Paediatrics	0	0%	0	0%	0	0%	0	0%	1	50%	0	0%	0	0%	0	0%
CB Urology	25	45%	33	75%	23	72%	47	87%	29	62%	27	113%	30	52%	30	136%
D1 Public Dental Service	10	59%	8	38%	7	41%	8	42%	1	7%	5	31%	6	38%	15	58%
F2 Gynaecology	46	53%	34	32%	22	32%	43	68%	39	71%	62	77%	54	90%	49	51%
H1 Clinical Radiology	6	43%	8	62%	3	75%	7	100%	10	71%	10	111%	13	260%	6	86%
Grand Total	356	64%	326	52%	286	61%	391	94%	339	63%	347	81%	339	67%	366	64%

TTG (all referral sources)**Weekly Countdown - Monitoring of Patients Waiting - 31st December 2022**

Patients who will be waiting over 104 weeks if not booked before 31/12/2022		
Census date	Patients with no confirmed admission date	All patients (with or without an admission date)
08/10/2022	979	1,062
15/10/2022	933	1,019
22/10/2022	912	999
29/10/2022	898	978
05/11/2022	879	943
12/11/2022	859	925

The table above shows that at 12th November 2022 925 patients who are at risk of waiting over 104 weeks by 31st December 2022 remain unbooked.

Initial modelling, agreed with Scottish Government indicated that 491 patients would likely be waiting over 104 weeks by the end of September. This modelling outlined a range of risks to this projection. The main risks that impacted on this position was the delayed availability of 2 further insourced theatre teams, and the continued challenges of site and workforce capacity caused by system unscheduled care and workforce pressures. Consequently, a revised position was indicated to and agreed by Scottish Government that no more than c720 patients would wait more than 104 weeks by end of September 2022. The actual number was 725.

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 and limited alternative capacity options due to restricted funding. We are currently running around 80% 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. Further risk to progress here is the continued availability of Scottish Government capacity planning funding.

Actions undertaken in a range of specialties.

- Waiting list validation.
- Prioritisation of available capacity to high pressure specialties.
- Access policy adherence.
- Scrutiny of booking available capacity.
- Review and prioritisation of routine capacity towards long waits.
- Urology – working with Forth Valley to treat.
- Ortho Upper limb – planning with Forth Valley to treat.
- Ortho joints – Procured additional capacity in Kings Park, although limited due to funding.
- Insourcing theatre teams.

- Accessing all Rosshall activity where funding permits.

Risk that continue to impact activity

- Emergency pressures on staff, beds and other resources. Board remains in Black status.
- Urgent caseload, including cancer.
- Staff availability – particularly insourced staff, and competing demands on these providers.
- Requirement for clinic review before definitive surgical arrangements.
- Pre-assessment capacity.
- Reduced planned care funding in Q3 and Q4.

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; although significantly reduced from earlier plans.
- 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 31st October 2022

Waiting List Summary | Diagnostics | October 2022

Data Source: Trakcare PMS

[Return to Index](#)



Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 31 October 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																				
Endoscopic procedures																				
Endoscopy	Upper endoscopy	107	130	129	130	113	81	82	79	80	72	69	59	52	849	2,032	399	116	24	
Endoscopy	Lower Endoscopy (other than conc	120	32	19	22	15	9	16	9	14	12	18	11	6	138	441	56	18	4	
Endoscopy	Colonoscopy	290	215	198	205	169	114	115	94	116	120	95	71	59	598	2,459	179	52	15	
Endoscopy	Cystoscopy	61	43	63	82	69	55	51	49	38	21	25	22	8	443	1,030	325	259	205	
TOTAL SCOPES		578	420	409	439	366	259	264	231	248	225	207	163	125	2,028	5,962	959	445	248	
Imaging																				
Imaging	Magnetic Resonance Imaging	235	231	238	276	164	141	161	115	106	144	96	106	78	416	2,507	76	0	0	
Imaging	Computer Tomography	417	310	328	201	110	164	134	105	76	70	39	47	37	280	2,318	43	0	0	
Imaging	Non-obstetric ultrasound	781	695	586	453	273	302	380	301	321	298	339	300	352	6,687	12,068	3,851	1,725	560	
Imaging	Barium Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL IMAGING		1,433	1,236	1,152	930	547	607	675	521	503	512	474	453	467	7,383	16,893	3,970	1,725	560	
Other																				
Cardiology	ECG	127	138	144	116	136	56	76	46	52	28	39	35	29	113	1,135	10	1	0	
Cardiology	Blood Pressure	88	66	65	33	18	8	26	15	7	16	21	20	12	37	432	3	0	0	
Cardiology	Echocardiology	107	238	94	211	202	48	79	91	92	85	86	51	45	1,322	2,751	395	24	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	85	152	125	118	134	89	156	118	67	49	52	87	86	754	2,072	179	3	0	
TOTAL		2,418	2,250	1,989	1,847	1,403	1,067	1,276	1,022	969	915	879	809	764	11,637	29,245	587	28	2	

What does the data tell us? Delivering access to key diagnostic tests remains an area of significant challenge for the Board. However, the number of patients waiting for diagnostic tests has decreased and the length of wait has also decreased.

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.

Revised capacity plans have explicitly prioritised diagnostic services due to the impact on urgent and suspicion of cancer patient pathways. Nevertheless, due to the significant reduction in funding it has not been possible to entirely protect diagnostic capacity.

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 Quarter 2 data 2022 which is reflective of the months within this quarter with May 2022 and June 2022 above 95%. It is predicated that recovery of the 95% standard for 31 days will be delivered in the coming months. However Quarter 3 performance was impacted in July 2022 and August 2022 due to pressures within elective surgery capacity, in particular Breast & Urology. 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, although does show improvement from Quarter 2.

Data submitted to ISD for August 2022 and September (un-validated) 2022

August 2022

62 day – 75.2%

31 day – 87.7%

September 2022 (unvalidated)

62 day- 77.2%

31 day- 90.7%

Q2 data 2022

62 day- 78.5%

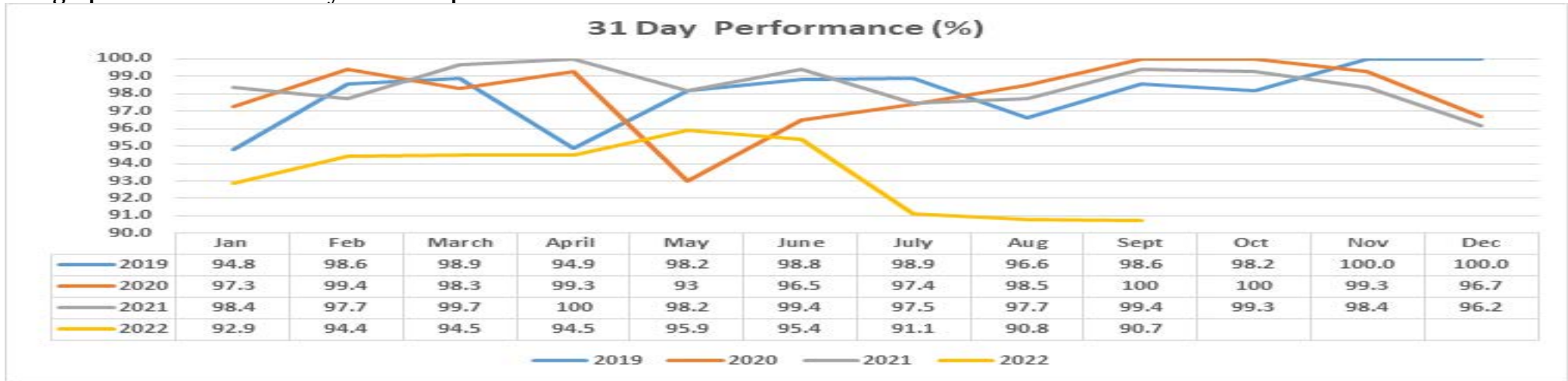
31 day- 95.3%

Q3 data (unvalidated)

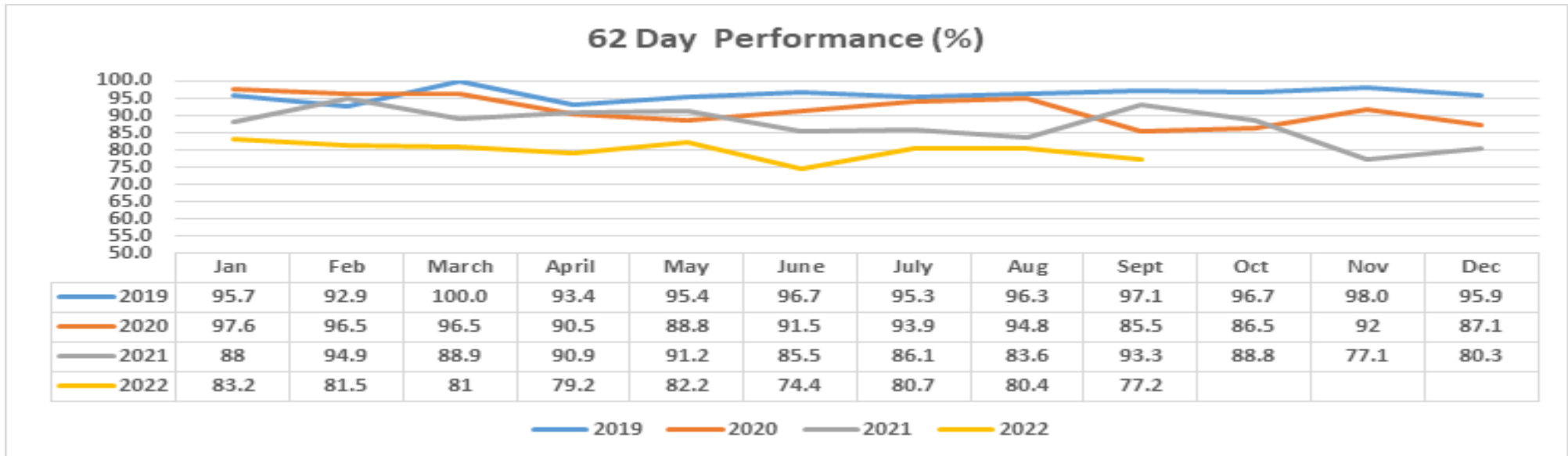
62 day-79.5%

31 day -91.4%

The graph below shows 31-day standard performance.



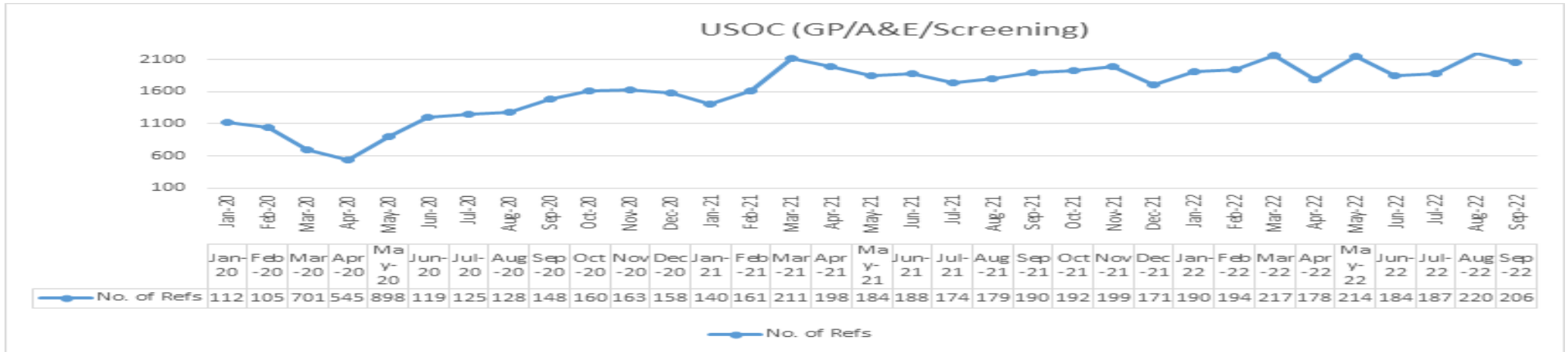
The graph below shows 62-day standard performance.

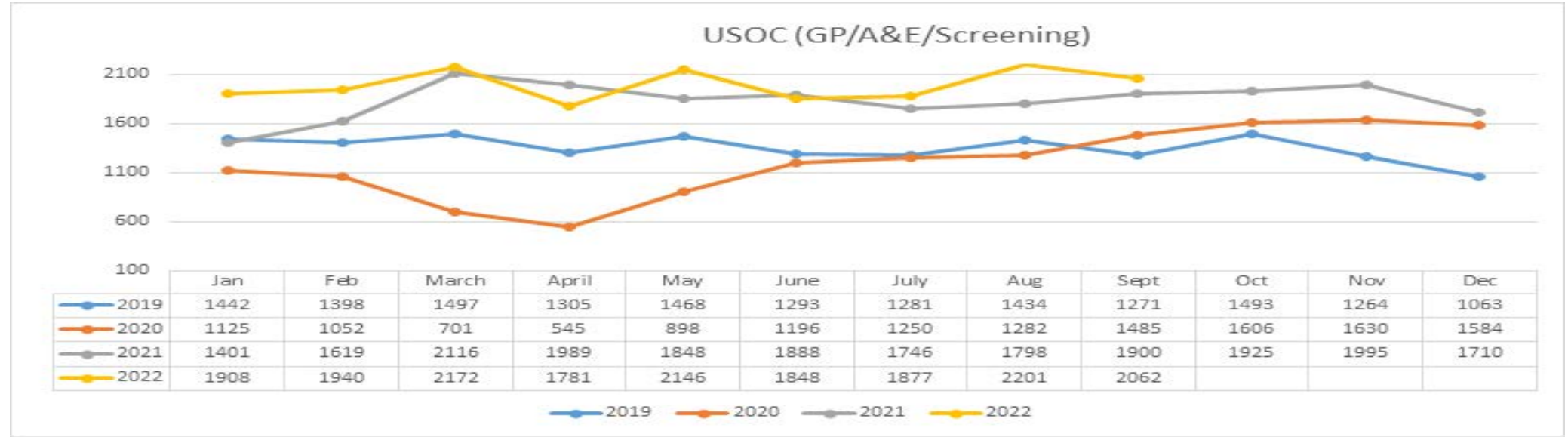


Narrative: The 62-day cancer standard includes A&E patients, screened positive patients and all patients referred by GP/GDP urgently with a suspicion of cancer. The 31-day standard includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to first treatment. 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 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 difficult to achieve. This is a recognised National concern with review of the data underway along with scheduled National workshops with key Stakeholders.

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 and currently sustain pre covid levels.





Planning/Remobilisation

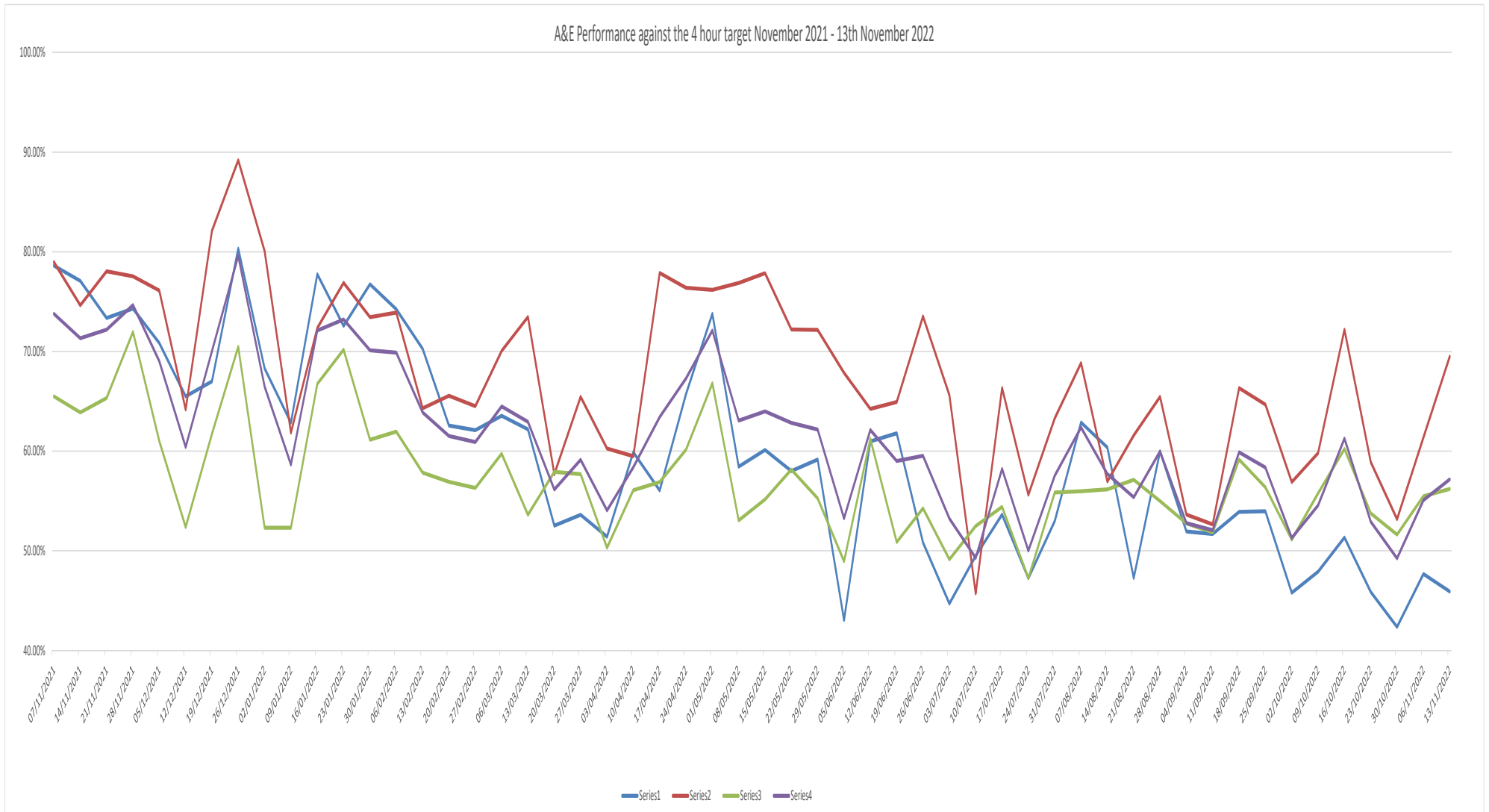
- Cancer patients continue to be prioritised for treatment whilst trying to achieve within the CWT milestones.
- Any Priority 2 patient whose surgical treatment is deferred due to capacity constraints is rescheduled as quickly as possible.
- Colorectal, Lung and Urology performance has been adversely 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.
- Urology, Breast and Colorectal Oncology Clinics are challenged around New patient capacity due to increase referrals compounded with Clinical Oncology workforce. Collaboration with the Regional Cancer Centre continues to foster discussion moving forward to review the workforce requirement that is sustainable to maintain the 52 weeks service agreed to support SACT assessment. NHS Lanarkshire continue to review and support to develop the Non Medical Prescriber (NMP) model that supports Oncology clinics through Cancer Nursing and Cancer Pharmacy however this is not sustainable currently.

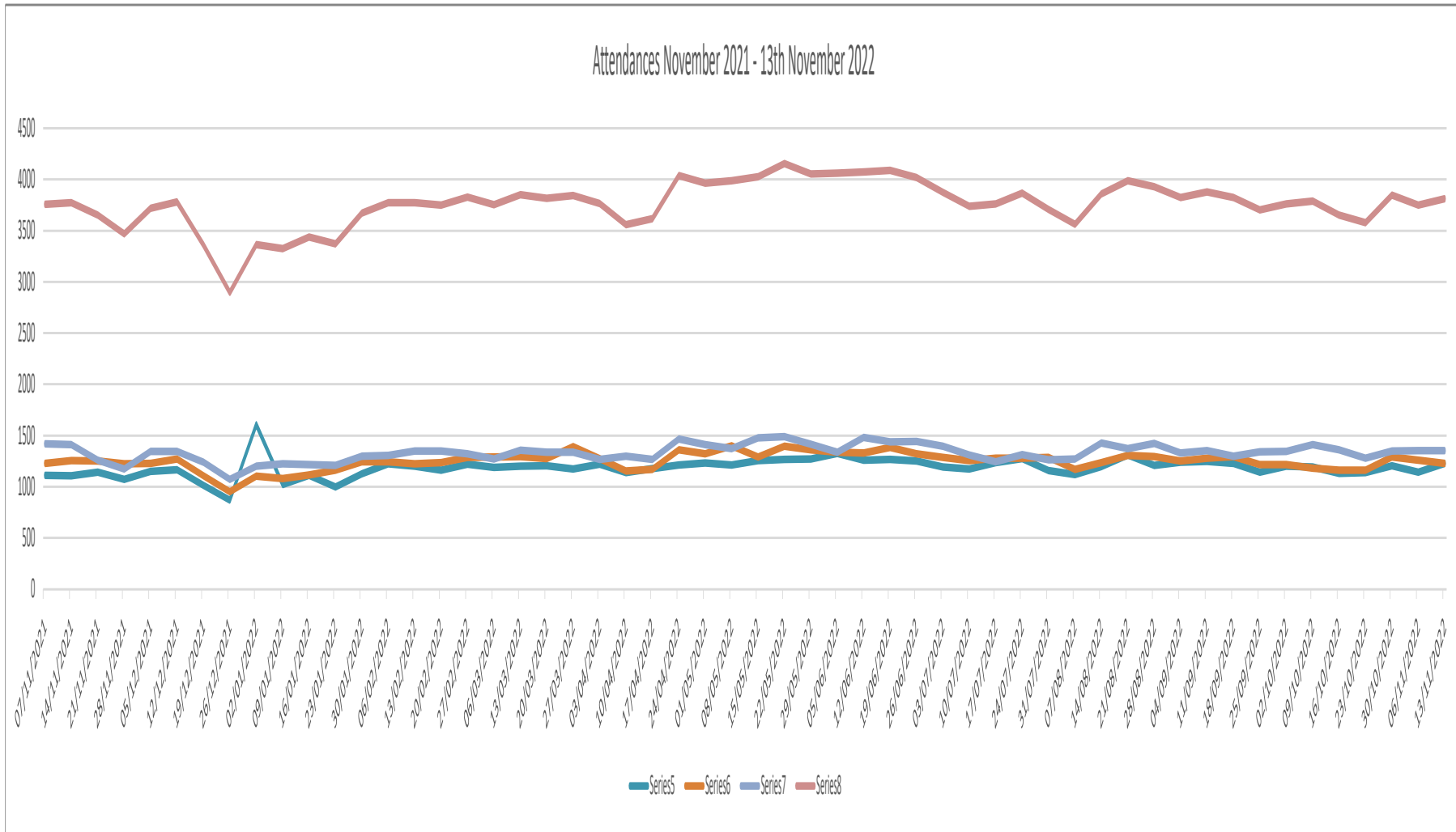
3. UNSCHEDULED CARE

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 October 2022 performance is 53.8%, this is a decrease from 56.67% in September 2022. NHS Lanarkshire's performance has been lower than the Scottish average. In October 2022 the attendances increased slightly to 16,386, compared to 16,352 attendances in September 2022.

Please note the graphs below show local data.





The graphs below show average time to first assessment (TTFA) by site and by triage category.

NHS Lanarkshire

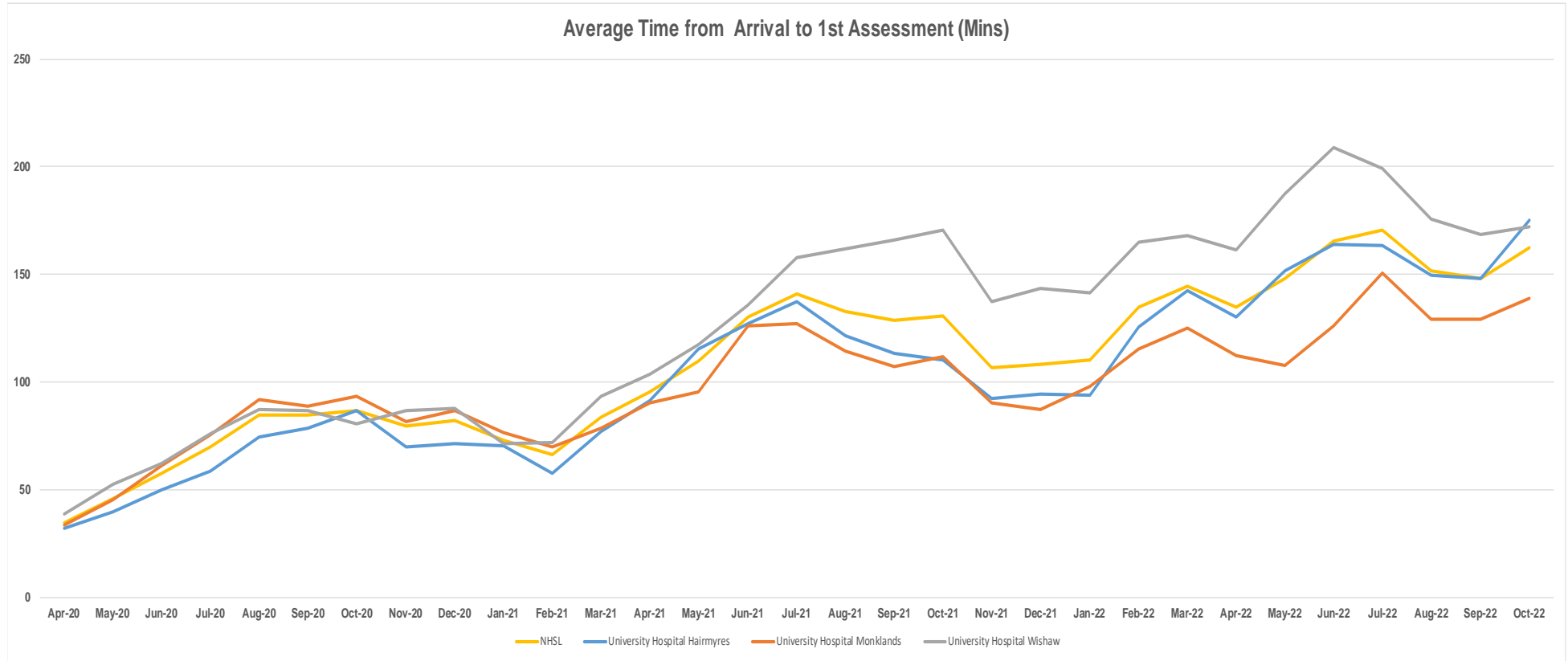
Emergency Department | Average Time from Arrival to 1st Assessment

By Site

Date Range: April 2020 to October 2022



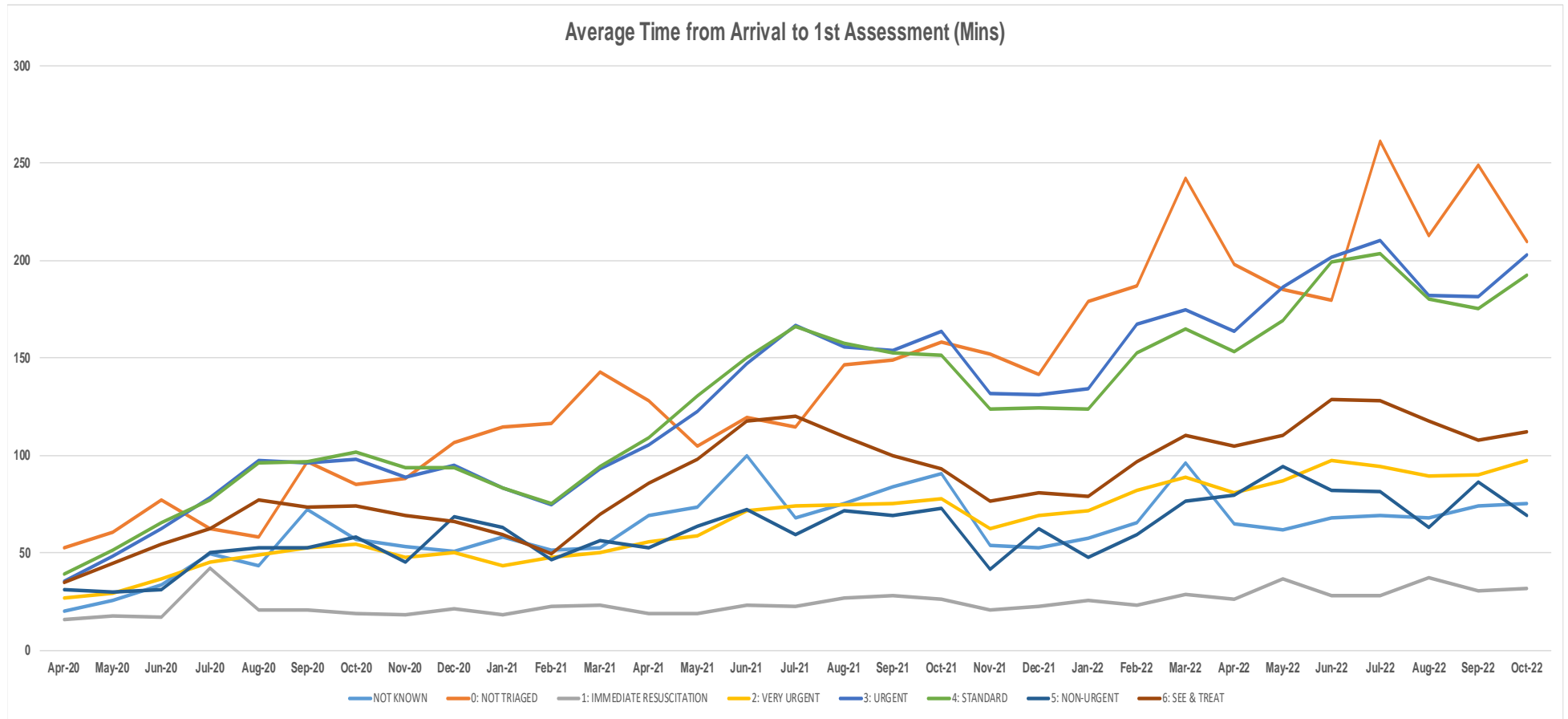
Data Source: TrakCare PMS as at 02/11/2022 (unvalidated and subject to change)



NHS Lanarkshire
Emergency Department | Average Time from Arrival to 1st Assessment
By Triage Category
Date Range: April 2020 to October 2022



Data Source: TrakCare PMS as at 02/11/2022 (unvalidated and subject to change)



The above graphs show that challenges with time to first assessment across all sites remains influenced by available to suitable staff to manage patients and occupancy in the departments that prevent suitable assessment space being available. Time to assessment for the high clinical priority patient group (immediate resuscitation) has been maintained at levels close to historic levels, most other patient categories have experienced longer waits to clinical assessment.

Narrative: The TTFA data shows the impact of ED overcrowding due to exit block and the continued clinical prioritisation of the most unwell patients. All sites continue to experience very high occupancy related to the impact of increased lengths of stay for emergency admissions. Full system and site action plans are in place to support progress in maximising discharges, reducing length of stay and reducing delayed discharges. However, the impact of occupancy on clinical risk and performance remain significant challenges for the Acute Division.

The following summarises the performance at site level:

University Hospital Hairmyres

October 2022 month end performance for University Hospital Hairmyres (UHH) was 45.76% with 5171 attendances. This compares to September 2022 performance of 52.10% with 5154 attendances.

University Hospital Monklands

October 2022 month end performance for University Hospital Monklands (UHM) was 59.80% with 5288 attendances. This compares to September 2022 performance of 62.67% with 5443 attendances.

University Hospital Wishaw

October 2022 month end performance for University Hospital Wishaw (UHW) was 54.31% with 5925 attendances. This compares to September 2022 performance of 55.10% with 5776 attendances.

Each of the sites has revised 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.

Colleagues in Scottish Government have been supporting the site teams with data on productive opportunities and mapping of flow into/out of the three acute sites.

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. In response to the continued and sustained system pressures, Strategic Command meetings have been reinstated.

6. FURTHER INFORMATION

For further information about any aspect of this paper, please contact *Russell Coulthard*, Deputy Director of Acute Services

RUSSELL COULTHARD
DEPUTY DIRECTOR OF ACUTE SERVICES
23 NOVEMBER 2022