

**Lanarkshire NHS Board
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Meeting of Meeting of Lanarkshire NHS Board – 30 March 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 February 2022 and Unscheduled Care standards until the end of February 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 has faced significant challenges in delivering routine elective outpatient, diagnostics and inpatient treatment during the last 2 years. The focus continues to be clinical prioritisation of cancer and clinically urgent patients using a National clinical prioritisation system. The Acute Management Team continue to focus on patient safety and maintaining separate patient flows through the Emergency Departments. Unscheduled Care performance continues to be variable and exacerbated by pre-existing performance issues, including physical space.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP		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. However, it should be noted that a National Clinical Prioritisation tool for patients waiting for elective surgery is in place.

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:

- Interventional Radiology
- Staffing and Resilience
- Unscheduled Care
- TTG
- Consistent Availability of Reagents for Covid 19 Testing
- Radiologist Staffing
- Inpatient Capacity

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	<input type="checkbox"/>

The Lanarkshire NHS Board is asked to note the performance against the Access Targets and to note that plans are in place for Remobilisation as detailed in the most recent Remobilisation plan.

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
22 MARCH 2022

**NHS Lanarkshire Headquarters,
Fallside Road, Bothwell G71 8BB
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Meeting of Meeting of Lanarkshire NHS Board – 30 March 2022

ACCESS TARGETS REPORT

1. PURPOSE

The purpose of this paper is to recommend that the NHS Lanarkshire 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 February 2022.
- The 4 hour Emergency Department standard until the end of February 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 effecting the achievement of standards and will outline the measures that have been taken to secure improvement. This report is divided into sections. Section 2 below, details waiting times within Acute Services. Section 3 covers unscheduled care activity.

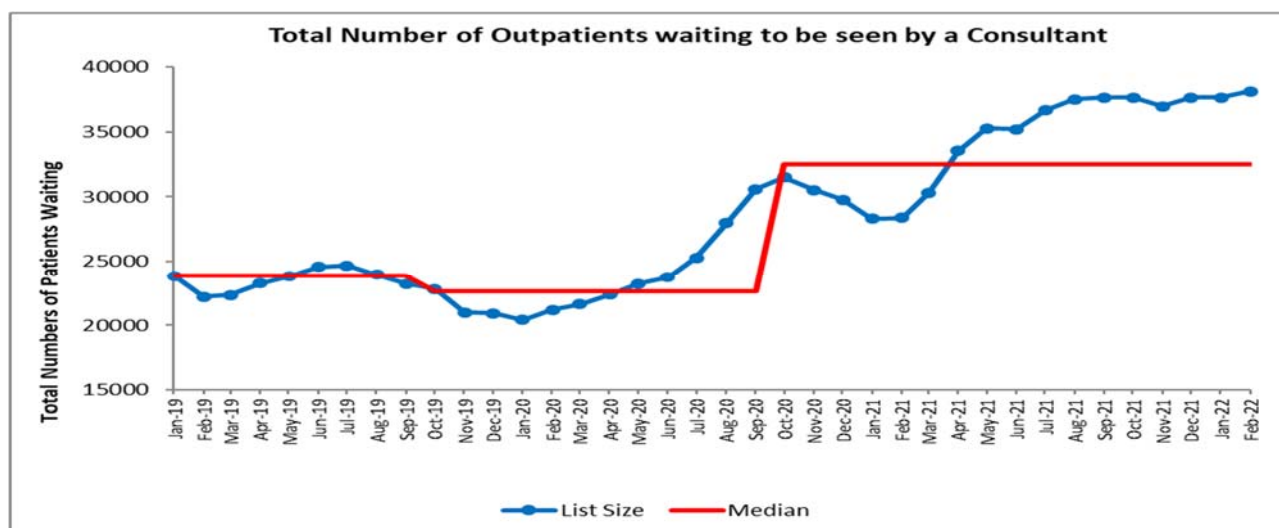
2. WAITING TIME GUARANTEES - ACUTE SERVICES

2.1) Outpatients Waiting Times

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. Due to Covid 19, there was no agreed AOP for NHS Lanarkshire.

What does the data tell us?

- At 28th February 2022 there were 18,271 patients are waiting over 84 days for an outpatient appointment, compared to 18,481 patients at 31st January 2022. 71.9% of patients were seen within 84 days in February 2022, compared to 74.1% in January 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. 47.9% of routine patients are waiting over 12 weeks to be seen.



Narrative: Clinical teams have continued to see urgent new outpatients through a variety of different care models (face to face and virtual) during the pandemic. Routine activity has been affected by the constraints of 2 metre physical distancing and the redeployment of clinical staff to acute areas. However, the acute division is delivering 90% of 2019 outpatient activity. NHS Lanarkshire has recommenced outpatient activity with a range of external providers who will be undertaking face to face consultations. The focus will be to reduce the waiting times for routine patients, particularly those waiting over 52 weeks.

Planning/Remobilisation:

- Individual risk assessments are being undertaken to support the reduction to 1 metre distancing and this will increase capacity in some areas.
- Validation exercise of patients on the waiting list is ongoing.
- Modelling of backlog reduction and performance trajectories by specialty under way. Uncertainty around the phasing of national waiting times targets.
- Re-new focus on principles of realistic medicine.
- Embed and roll out the core principles of innovation in line with the Centre for Sustainable Delivery.

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. Due to Covid 19, NHS Lanarkshire's AOP target, along with other NHS Board's was suspended for 2021.

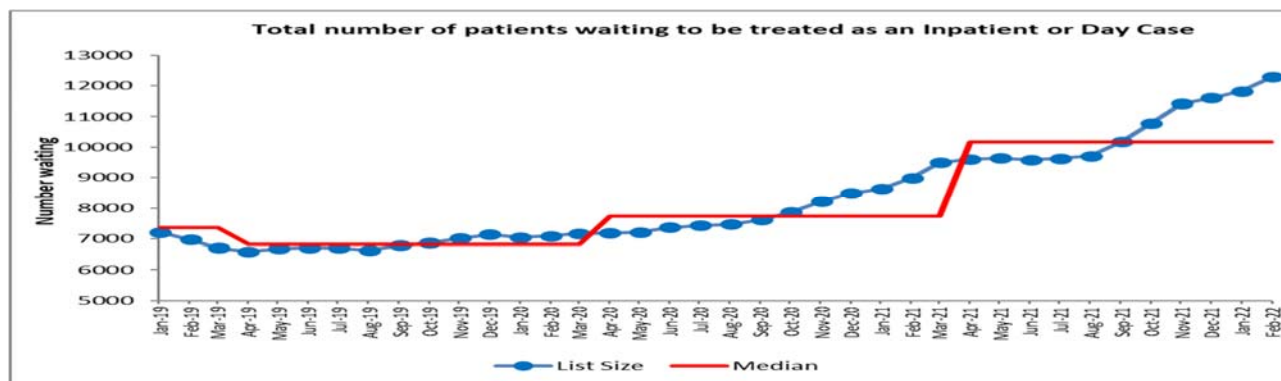
What does the data tell us? At the end of February 2022 there were a total of 20,108 patients who had breached their TTG date, compared to 19,026 patients in January 2022. The number of patients on the waiting list has increased to 12,280. In February 2022 55.4% of patients were treated within 84 days, compared to 58.2% in January 2022. 26% of patients are waiting over 52 weeks for surgery with the greatest number of patients in orthopaedics and ophthalmology. However, using the clinical prioritisation tool, 40% of patients on the waiting list for surgery have been categorised as Priority 4 (clinician has indicated that the patient can wait over 12 weeks).



The table below was accurate at 28th February 2022 and shows the numbers of patients in each clinical prioritisation group.

Patients Waiting (Ongoing waits) as at 28 February 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	59	34	43	24	12	172	1%	N/A
TTG Cancer	107	65	12	9	0	193	2%	45%
TTG Urgent SoC	91	89	40	18	6	244	2%	63%
TTG Category 2 (within 4 weeks)	289	329	474	578	324	1994	16%	86%
TTG Category 3 (within 12 weeks)	499	759	1453	1164	848	4723	38%	73%
TTG Category 4 (over 12 weeks)	311	437	1050	1105	2051	4954	40%	85%
Grand Total	1356	1713	3072	2898	3241	12280		
Grand Total %	11%	14%	25%	24%	26%	100%		



Narrative: Clinical urgency remains our priority at all times with the focus on scheduling Priority 2 and 3 patients. By the end of March, we anticipate being able to run approx. 52% of our pre Covid elective theatres and every effort will be made to schedule Priority 4 patients with lengthy waits into available capacity. This is dependent on a decrease in Covid positive patients and staff.

Planning/Remobilisation:

- Validation exercise of the patients on the waiting list is ongoing.
- Test of change with orthopaedics involving bespoke letters to patients providing them with advice and information.
- Modelling of backlog reduction and performance trajectories in each specialty underway. Uncertainty around the phasing of national waiting times targets.

- Work underway on the scope of the elective treatment centre in NHSL.

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 28th February 2022

Patients Waiting (Ongoing waits) as at 28 February 2022

PATIENTS STILL WAITING - at month end		>6 Wks													>26 Wks			>39 Wks	>52 Wks
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		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
Endoscopic procedures																			
Endoscopy	Upper endoscopy	134	207	190	147	107	85	77	61	52	51	57	65	58	1,351	2,642	459	55	3
Endoscopy	Lower Endoscopy (other than colonoscopy)	69	30	27	19	20	11	17	10	2	5	7	10	10	220	457	92	22	5
Endoscopy	Colonoscopy	281	192	199	179	91	59	26	44	34	70	64	66	72	732	2,079	208	39	6
Endoscopy	Cystoscopy	51	73	53	78	42	24	26	12	6	8	7	12	13	636	1,041	473	255	93
TOTAL SCOPEs		535	502	469	423	260	179	146	127	94	134	135	153	153	2,909	6,219			
Imaging																			
Imaging	Magnetic Resonance Imaging	257	288	166	111	91	58	46	14	15	18	18	19	11	93	1,205	5	0	0
Imaging	Computer Tomography	338	363	253	172	117	93	57	34	20	43	53	60	65	684	2,352	204	4	0
Imaging	Non-obstetric ultrasound	632	696	524	409	277	318	349	108	100	308	253	220	282	6,627	11,103	3,225	868	0
Imaging	Barium Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL IMAGING		1,227	1,347	943	692	485	469	452	156	135	369	324	299	358	7,404	14,660			
Other																			
Cardiology	ECG	101	117	81	121	108	97	34	24	45	48	49	94	31	108	1,058	34	12	3
Cardiology	Blood Pressure	56	61	48	73	66	28	7	5	11	22	15	61	14	22	489	9	6	1
Cardiology	Echocardiology	129	134	163	154	91	98	49	43	59	75	96	93	63	1,828	3,075	750	8	1
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	105	55	128	114	85	109	99	82	38	29	97	75	38	587	1,641	25	2	1
TOTAL		2,153	2,216	1,832	1,577	1,095	980	787	437	382	677	716	775	657	12,858	27,142			

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.

Planning/Remobilisation:

- Work continues in developing a Regional Out of Hours Interventional Radiology model.
- Alternatives to endoscopy, for example cytosponge and colon capsule endoscopy are being 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 has been variable due to the introduction of clinical prioritisation as a response to Covid 19.

What does the data tell us? The Quarter 3 data and unvalidated Quarter 4 data shows that NHSL have achieved the National Standard: 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat. The 62 day standard has not been achieved.

Data submitted to ISD for January 2022 and February 2022

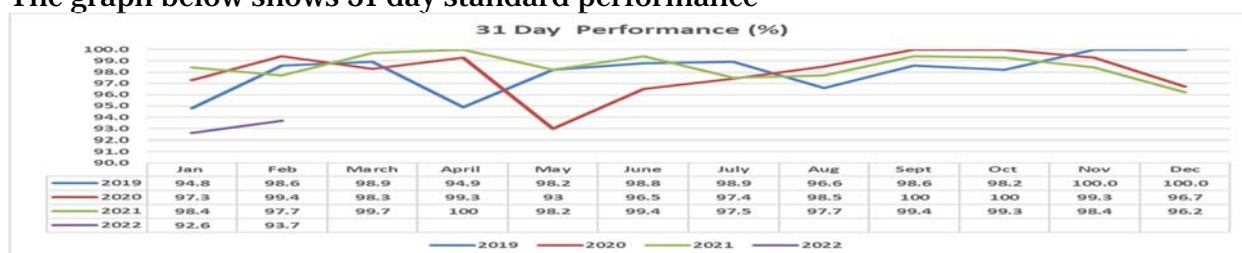
January 2022
 62 Days – 81.8%
 31 Days – 92.6%

February 2022 - Unvalidated
 62 Days – 80.9%
 31 Days – 93.7%

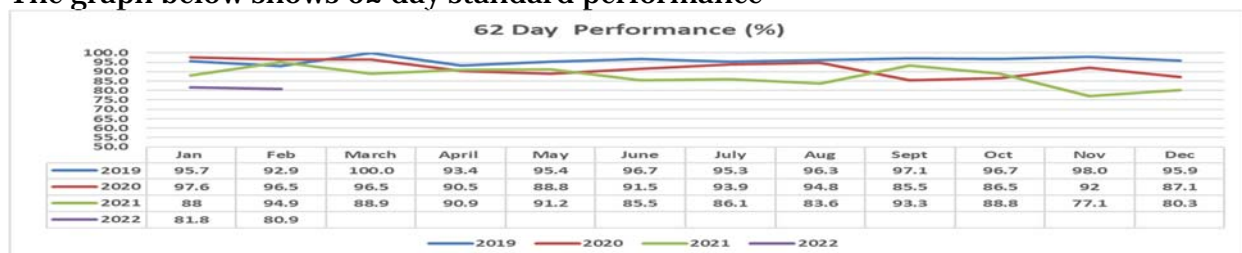
Q3 2021
 62 Day – 88%
 31 Day – 98.6%

Q4 2021 (un-validated)
 62 Days – 81.7%
 31 Day – 98.2%

The graph below shows 31 day standard performance



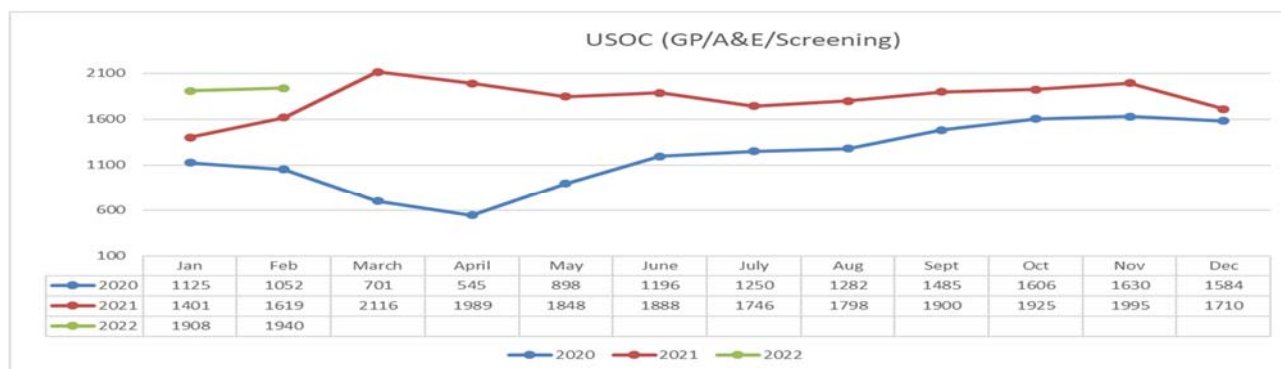
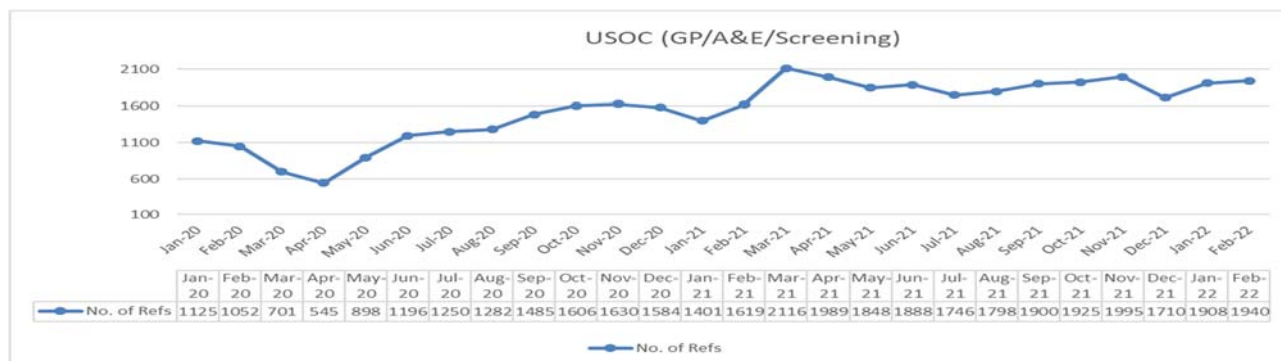
The graph below shows 62 day standard performance



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.

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.



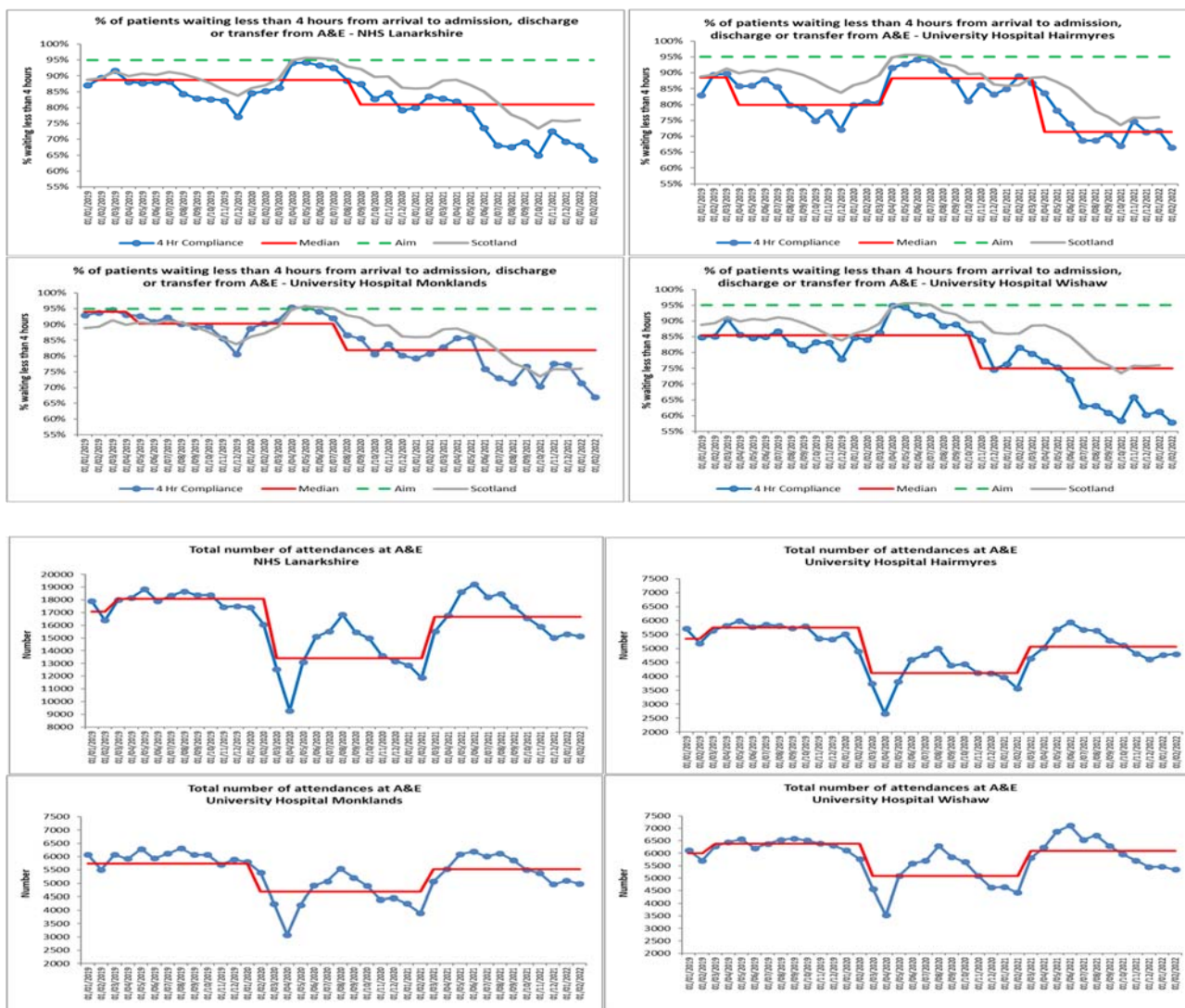
Planning/Remobilisation

- 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.
- Colorectal and urology performance has been adversely impacted by waits for access to diagnostic tests.

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 February performance is 63.74%, this is a decrease from 79.95% in January 2022. NHSL performance is trending below the Scottish average. In February 2022 the attendances increased to 15,085, compared to 12,866 attendances in January 2022.



Narrative: An overview presentation will be provided to the Acute Governance Meeting on 23rd March 2022 with a performance report on in-patient capacity, unscheduled care performance of the 4 Hour Waiting Time Standard, with particular reference to 8 and 12-hour performance, cancer waiting time performance, Treatment Time Guarantee (TTG) and outpatient performance, clinical prioritisation, remobilisation, staffing absence levels and well-being, hand hygiene, very high graded risks, redesign of urgent care and finance delivered.

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

University Hospital Hairmyres

February 2022 month end performance for University Hospital Hairmyres (UHH) was 66.75% with 4785 attendances. This compares to January 2022 performance of 84.88% with 3968 attendances.

University Hospital Monklands

February 2022 month end performance for University Hospital Monklands (UHM) was 66.93% with 94978 attendances. This compares to January 2022 performance of 79.24% with 4253 attendances.

University Hospital Wishaw

February 2022 month end performance for University Hospital Wishaw (UHW) was 58.04% with 5322 attendances. This compares to January 2022 performance of 76.38% with 4645 attendances.

Each of the sites is working through 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 been challenged in maintaining separate patient flows whilst complying with Infection, Prevention and Control guidance and physical distancing. Moving forward there is a focus on site actions to review physical space and discussions are continuing on the ED Staffing Paper which has been developed.

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.

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.

5. CONCLUSION

The Acute Division continues to focus on responding to the Covid 19. Remobilisation of planned care has been constrained by the increase in Covid 19 patients. 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
22 March 2022