

**Lanarkshire NHS Board
 Fallside Road
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Meeting of Meeting of Lanarkshire NHS Board – 25 May 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 April 2022 and Unscheduled Care standards until the end of April 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
- Finance
- General Surgery
- Impact on diagnosis and treatment as services were stepped down during acute

covid response.

- Renal Dietetics
- 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	X

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
20 MAY 2022

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

Meeting of Meeting of Lanarkshire NHS Board – 25 May 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 April 2022.
- The 4 hour Emergency Department standard until the end of April 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

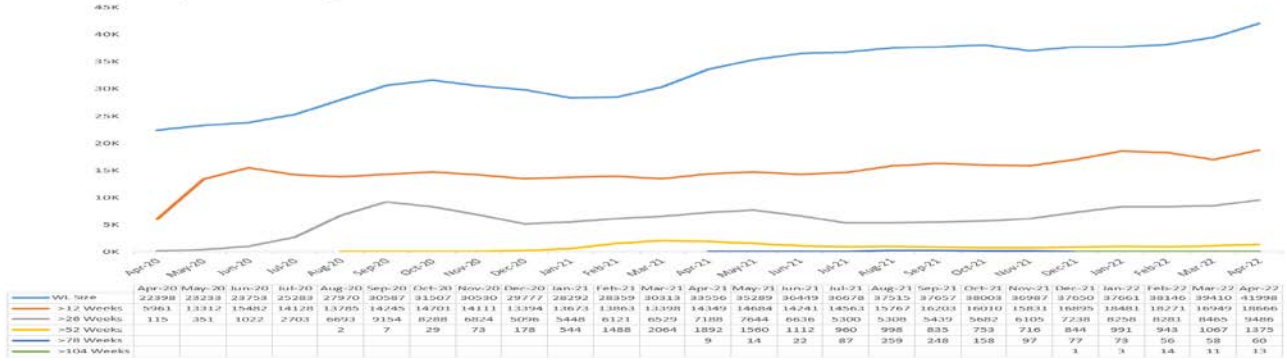
2.1) Outpatients Waiting Times

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 30th April 2022 there were 18,666 patients are waiting over 84 days for an outpatient appointment, compared to 16,949 at 31st March 2022 and 18,271 patients at 28th February 2022. 78.3% of patients were seen within 84 days in April 2022, an improvement when compared to 71.5% in March 2022 and 71.9% in February 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. 44.4% of routine patients are waiting over 12 weeks to be seen.

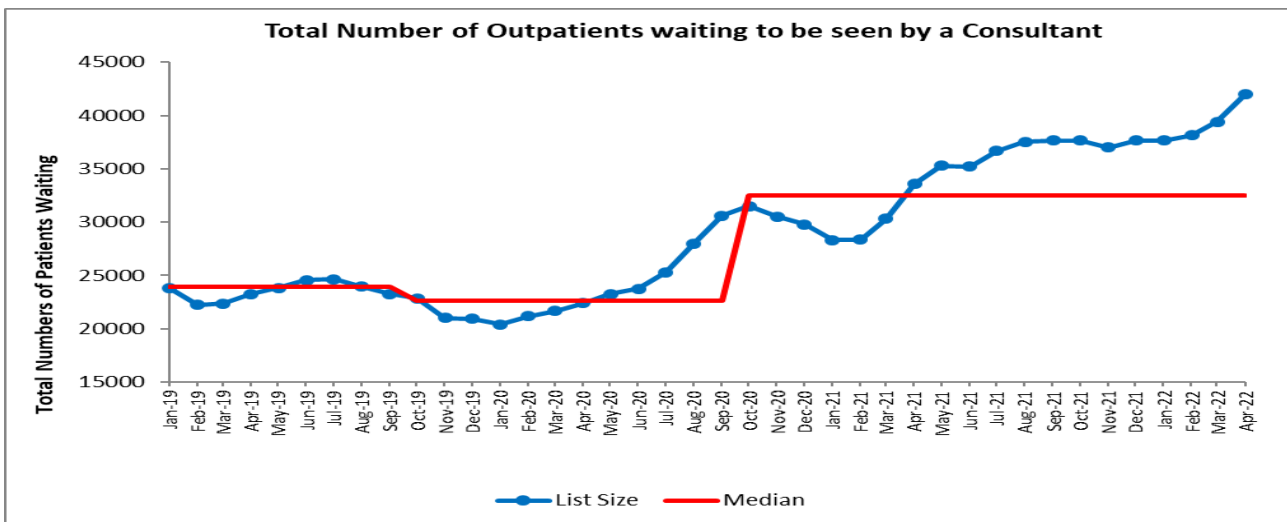
Lanarkshire - Outpatient Waiting Times Trend



The table below shows outpatient waiting list by specialty at 30th April 2022.

Patients Waiting (Ongoing waits) as at 30th April 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	47	34.3%	90	65.7%	66	48.2%	15	10.9%	0	0.0%	0	0.0%	137
A2 Cardiology	841	48.0%	910	52.0%	431	24.6%	1	0.1%	0	0.0%	0	0.0%	1751
A6 Infectious Diseases	21	91.3%	2	8.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	23
A7 Dermatology	2356	99.1%	22	0.9%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	2378
A8 Endocrinology	453	66.3%	230	33.7%	106	15.5%	1	0.1%	0	0.0%	0	0.0%	683
A9 Gastroenterology	795	35.2%	1466	64.8%	825	36.5%	85	3.8%	26	1.15%	6	0.27%	2261
AB Geriatric Medicine	366	81.0%	86	19.0%	11	2.4%	0	0.0%	0	0.0%	0	0.0%	452
AD Medical Oncology	61	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	61
AF Medical Paediatrics	787	61.6%	490	38.4%	2	0.2%	1	0.1%	0	0.0%	0	0.0%	1277
AG Nephrology	143	40.1%	214	59.9%	144	40.3%	17	4.8%	0	0.0%	0	0.0%	357
AH Neurology	968	52.0%	895	48.0%	165	8.9%	0	0.0%	0	0.0%	0	0.0%	1863
AQ Respiratory Med	907	62.3%	549	37.7%	156	10.7%	4	0.3%	0	0.0%	0	0.0%	1456
AR Rheumatology	497	34.7%	934	65.3%	540	37.7%	1	0.1%	0	0.0%	0	0.0%	1431
C1 General Surgery	3202	53.5%	2785	46.5%	1750	29.2%	523	8.7%	1	0.02%	0	0.0%	5987
C12 Vascular Surgery	341	66.5%	172	33.5%	22	4.3%	0	0.0%	0	0.0%	0	0.0%	513
C13 Oral and Maxillofacial Surgery	1175	83.2%	237	16.8%	14	1.0%	0	0.0%	0	0.0%	0	0.0%	1412
C31 Chronic Pain	288	98.3%	5	1.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	293
C5 ENT Surgery	1448	43.8%	1855	56.2%	1014	30.7%	4	0.1%	0	0.0%	0	0.0%	3303
C7 Ophthalmology	1729	38.6%	2755	61.4%	1770	39.5%	398	8.9%	13	0.29%	3	0.07%	4484
C7B NHSL Cataract List	728	23.3%	2401	76.7%	1528	48.8%	147	4.7%	7	0.22%	0	0.0%	3129
C8 Orthopaedics	2116	83.8%	409	16.2%	8	0.3%	0	0.0%	0	0.0%	0	0.0%	2525
C9 Plastic Surgery	463	83.3%	93	16.7%	29	5.2%	0	0.0%	0	0.0%	0	0.0%	556
CA Surgical Paediatrics	69	69.0%	31	31.0%	4	4.0%	0	0.0%	0	0.0%	0	0.0%	100
CB Urology	968	48.5%	1028	51.5%	451	22.6%	0	0.0%	0	0.0%	0	0.0%	1996
D1 Public Dental Service	145	21.4%	531	78.6%	405	59.9%	178	26.3%	13	1.92%	4	0.59%	676
D5 Orthodontics	62	81.6%	14	18.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	76
F2 Gynaecology	2125	86.1%	344	13.9%	36	1.5%	0	0.0%	0	0.0%	0	0.0%	2469
J4 Haematology	231	66.2%	118	33.8%	8	2.3%	0	0.0%	0	0.0%	0	0.0%	349
Grand Total	23332	55.6%	18666	44.4%	9486	22.6%	1375	3.3%	60	0.14%	13	0.03%	41998



Narrative: Clinical teams continue to see urgent new outpatients through a variety of different care models (face to face and virtual). Routine activity is gradually being introduced following individual departmental risk assessments to reduce 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 with focus on the patients over 52 weeks.
- 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)

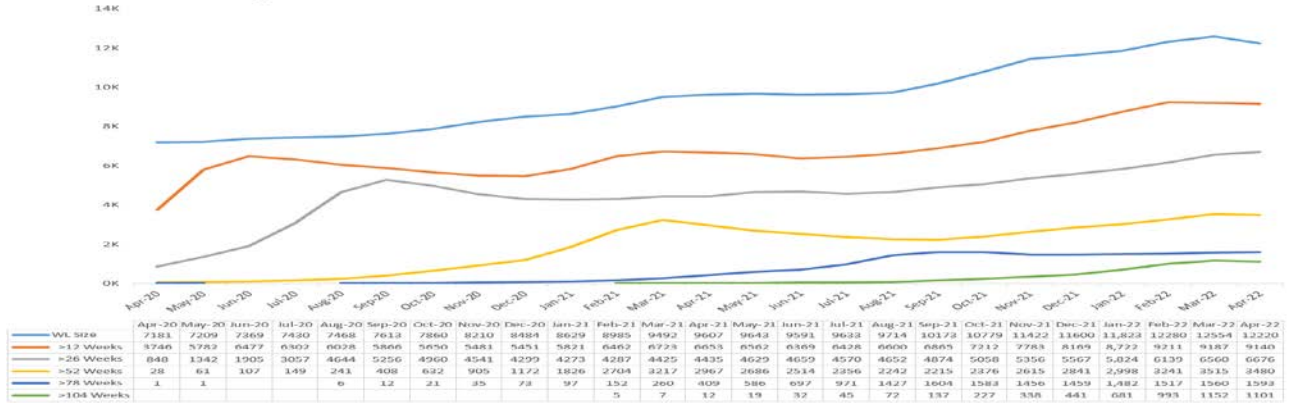
Measures Definition: The 12 Week Treatment Time Guarantee (84 days) applies to eligible patients who are receiving planned treatment on an inpatient or day-case basis and states that patients will not wait longer than 12 weeks from the date that the treatment is agreed to the start of that treatment. 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 April 2022 there were a total of 9140 patients who had breached their TTG date, compared to 9187 patients in March 2022 and 9211 patients in February 2022. The number of patients on the waiting list has reduced slightly to 12,220. In April 2022 52.3% of patients were treated within 84 days, compared to 48.9% in March 2022 and 55.4% in February 2022. 28.5% 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, 38% 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).

Patients Waiting (Ongoing waits) as at 30th April 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	Total
A1 General Medicine	41	74.5%	14	25.5%	6	10.9%	0	0.0%	0	0.0%	0	55
A2 Cardiology	88	84.6%	16	15.4%	6	5.8%	5	4.8%	2	1.9%	2	104
AG Nephrology	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	3
AQ Respiratory Med	9	37.5%	15	62.5%	9	37.5%	0	0.0%	0	0.0%	0	24
C1 General Surgery	391	26.3%	1094	73.7%	864	58.2%	507	34.1%	202	13.6%	140	1485
C12 Vascular Surgery	90	33.3%	180	66.7%	138	51.1%	82	30.4%	50	18.5%	43	270
C13 Oral and Maxillofacial Surgery	107	23.1%	357	76.9%	282	60.8%	145	31.3%	111	23.9%	108	464
C31 Chronic Pain	8	16.7%	40	83.3%	29	60.4%	5	10.4%	3	6.3%	2	48
C5 ENT Surgery	295	18.4%	1304	81.6%	1044	65.3%	639	40.0%	394	24.6%	265	1599
C7 Ophthalmology	124	33.0%	252	67.0%	127	33.8%	22	5.9%	11	2.9%	11	376
C7B NHSL Cataract List	432	36.5%	753	63.5%	312	26.3%	35	3.0%	11	0.9%	10	1185
C8 Orthopaedics	716	23.0%	2398	77.0%	1580	50.7%	657	21.1%	169	5.4%	89	3114
CB Urology	353	20.5%	1373	79.5%	1220	70.7%	851	49.3%	446	25.8%	313	1726
D1 Public Dental Service	73	13.8%	456	86.2%	367	69.4%	177	33.5%	43	8.1%	12	529
F2 Gynaecology	343	27.9%	888	72.1%	692	56.2%	355	28.8%	151	12.3%	106	1231
H1 Clinical Radiology	7	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	7
Grand Total	3080	25.2%	9140	74.8%	6676	54.6%	3480	28.5%	1593	13.0%	1101	12220

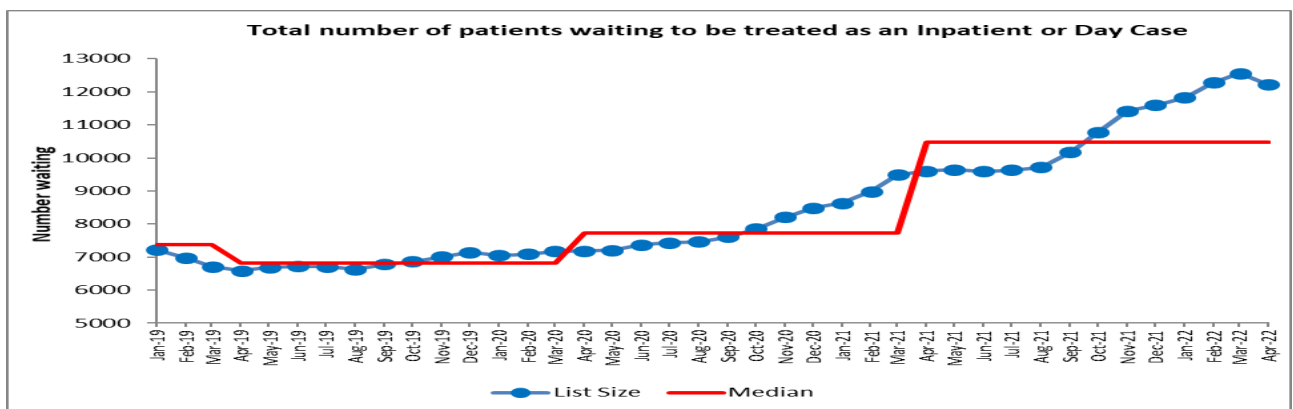
Lanarkshire - TTG Waiting Times Trend



The table below was accurate at 30th April 2022 and shows the numbers of patients in each clinical prioritisation group. There are 10 patients currently recorded as Cancer/Suspicion of Cancer who are waiting over 6 weeks. 8 in urology and 2 in gynaecology. All of these patients have undergone validation in the last 2 months 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 likely that some of these patients will return to outpatients prior to any further plan for treatment.

Patients Waiting (Ongoing waits) as at 30th April 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	90	38	34	31	4	197	2%	N/A
TTG Cancer	102	63	15	6	2	188	2%	46%
TTG Urgent SoC	98	73	47	26	10	254	2%	61%
TTG Category 2 (within 4 weeks)	283	377	458	638	470	2226	18%	87%
TTG Category 3 (within 12 weeks)	338	859	1159	1323	1040	4719	39%	75%
TTG Category 4 (over 12 weeks)	222	537	751	1172	1954	4636	38%	84%
Grand Total	1133	1947	2464	3196	3480	12220		
Grand Total %	9%	16%	20%	26%	28%	100%		



Narrative: Clinical urgency remains our priority at all times with the focus on scheduling Priority 2 and 3 patients. By the end of April, we anticipate being able to run approximately 70 % 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 30th April 2022

Patients Waiting (Ongoing waits) as at 30th April 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 test 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	123	120	96	109	116	99	125	116	79	100	84	95	73	1,091	2,426	510	119	0
Endoscopy	Lower Endoscopy (other than colonoscopy)	100	49	13	19	18	29	19	18	20	14	10	12	6	151	478	89	18	0
Endoscopy	Colonoscopy	240	207	141	125	136	130	112	114	95	114	55	100	42	499	2,110	241	56	0
Endoscopy	Cystoscopy	57	63	48	17	15	12	17	11	16	16	12	12	8	628	932	536	353	0
TOTAL SCOPES		520	439	298	270	285	270	273	259	210	244	161	219	129	2,369	5,946			
Imaging																			
Imaging	Magnetic Resonance Imaging	293	138	177	158	144	72	71	60	38	40	27	22	15	137	1,392	18	0	0
Imaging	Computer Tomography	487	230	282	216	214	158	139	85	62	85	67	64	52	762	2,903	337	55	0
Imaging	Non-obstetric ultrasound	865	388	584	451	405	317	424	363	239	242	308	244	208	7,043	12,081	4,299	1,862	62
Imaging	Barium Studies	0	2	1	3	0	0	0	0	0	0	0	0	0	0	6	0	0	0
TOTAL IMAGING		1,645	758	1,044	828	763	547	634	508	339	367	402	330	275	7,942	16,382			
Other																			
Cardiology	ECG	215	233	34	188	63	68	73	76	106	103	43	53	27	96	1,378	52	13	8
Cardiology	Blood Pressure	90	133	45	60	85	38	71	52	34	25	2	11	14	60	720	11	7	2
Cardiology	Echocardiology	169	262	77	109	122	115	80	98	203	21	14	43	85	1,805	3,203	910	25	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	Pulmonary Function Tests	116	106	126	86	100	135	116	118	99	59	1	71	47	601	1,781	24	2	0
TOTAL		2,755	1,931	1,624	1,541	1,418	1,173	1,247	1,111	991	819	623	727	577	12,873	29,410			

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 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 however there is a dip in performance for Q1 data 2022 which is reflective of the months within this quarter that have just been under 95%. It is predicated that on the upward trajectory we will achieve 95% for 31 days moving forward. 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 to support the Breast one stop pathway.

Data submitted to ISD for March 2022 and April 2022

March 2022 (validated)

62 Days – 81.05

31 Days – 94.2%

April 2022 (unvalidated)

62 Days – 77.0%

31 Days – 94.7%

Q4 2021 (validated)

62 Days – 81.7%

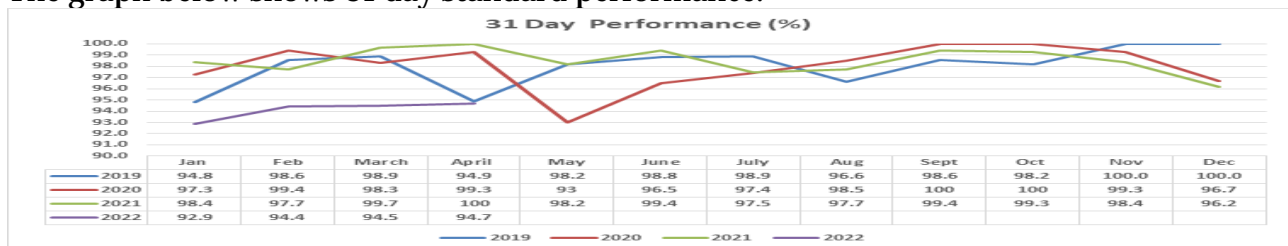
31 Day – 98.2%

Q1 2022 (un-validated)

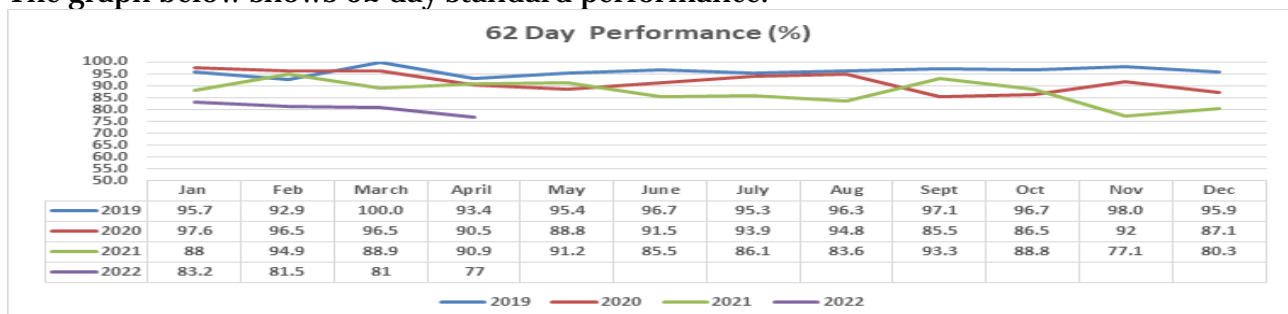
62 Days – 81.8%

31 Day – 93.8%

The graph below shows 31 day standard performance.



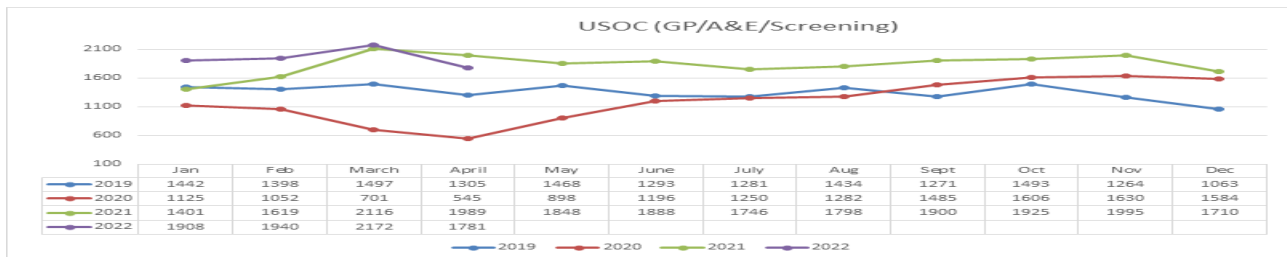
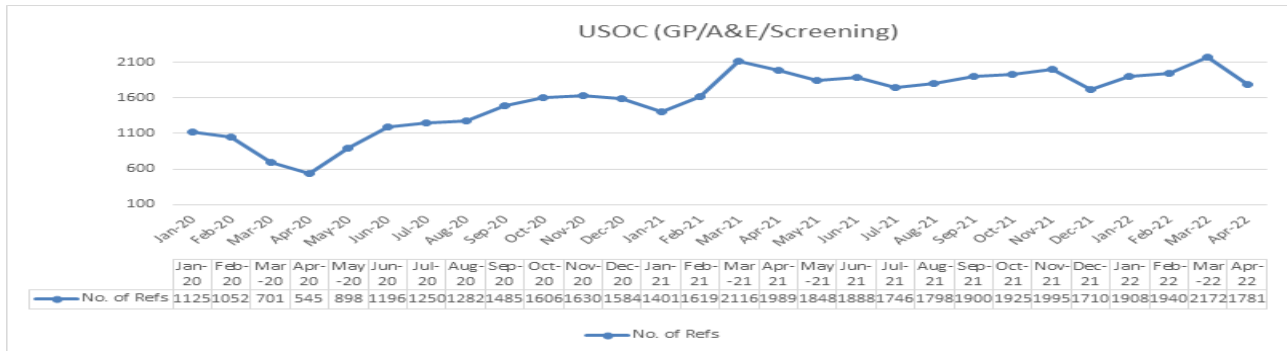
The graph below shows 62 day standard performance.



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 (attached- USOC referrals) 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.



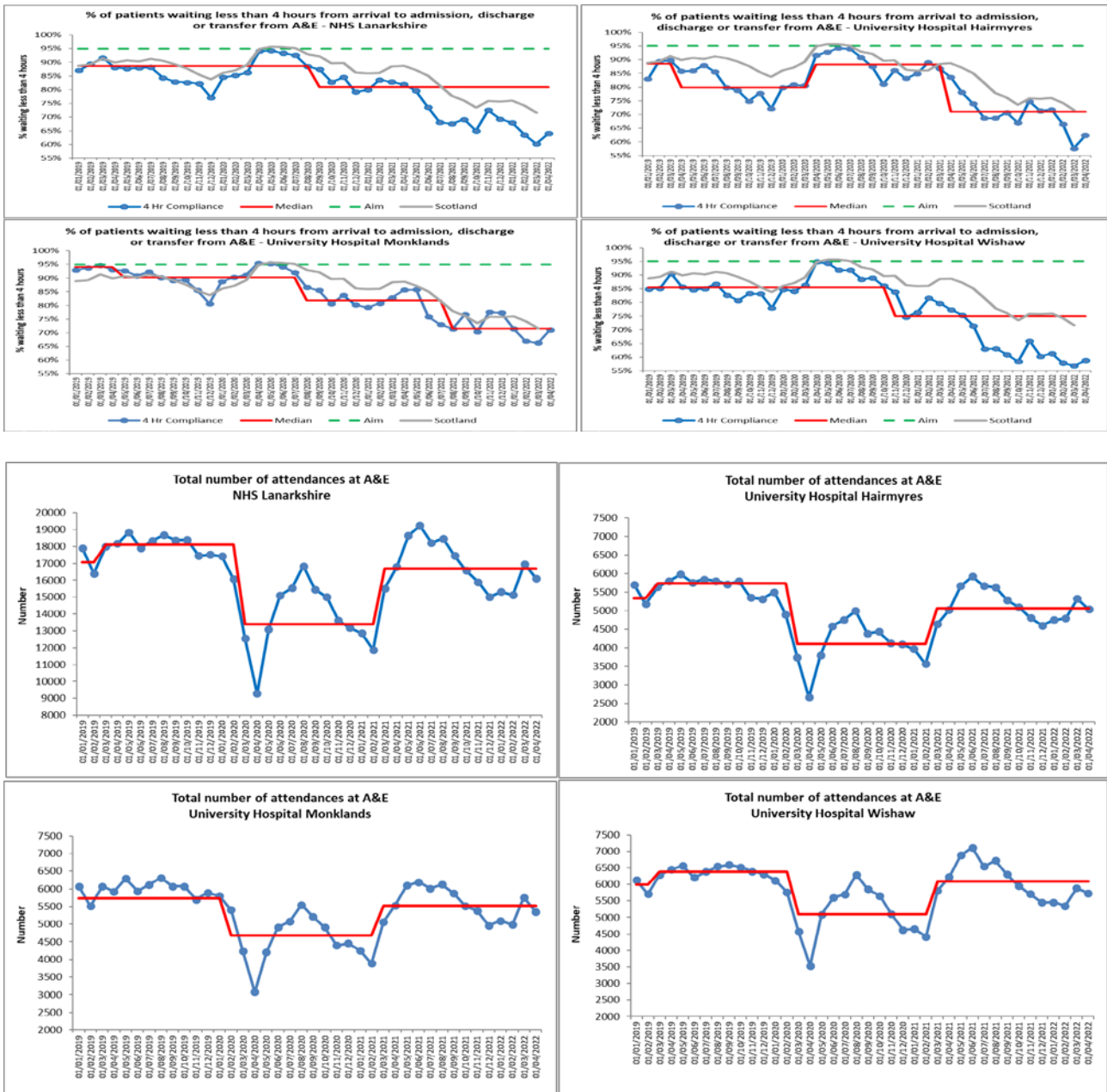
Planning/Remobilisation

- 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, Lung and urology performance has been adversely impacted by waits for access to diagnostic tests.
- Breast has been adversely impacted due to radiology capacity through workforce pressures.

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 April 2022 performance is 63.97%, this is a slight increase from 60.26 in March 2022 and 63.74% in February 2022. NHSL performance is variable against the Scottish average. In April 2022 the attendances decreased to 16,113, compared to 16,969 attendances in March 2022.



Narrative: An overview presentation was provided to the Acute Governance Meeting on 5th May 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

April 2022 month end performance for University Hospital Hairmyres (UHH) was 62.36% with 5040 attendances. This compares to March 2022 performance of 57.57% with 5327 attendances.

University Hospital Monklands

April 2022 month end performance for University Hospital Monklands (UHM) was 71.08% with 5343 attendances. This compares to March 2022 performance of 66.26% with 5759 attendances.

University Hospital Wishaw

April 2022 month end performance for University Hospital Wishaw (UHW) was 58.74% with 5737 attendances. This compares to March 2022 performance of 56.82% with 5883 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*,
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