

Lanarkshire NHS Board
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Meeting of Lanarkshire NHS Board – 26th October 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 September 2022 and Unscheduled Care standards until the end of September 2022. The report highlights areas of pressure and challenge and describes the actions being taken.

2. ROUTE TO LANARKSHIRE NHS BOARD

This paper has been:

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

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

3. SUMMARY OF KEY ISSUES

The Board continues to face significant challenges in delivering routine elective outpatient, diagnostics and inpatient treatment. The focus continues to be clinical prioritisation of cancer, clinically urgent patients and in line with the change in guidance issued in June 2022, the treatment of patients waiting longer than 104 weeks 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"/>	LDP	Government policy
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	AHF/local policy
Urgent operational issue	<input checked="" type="checkbox"/>	Other	

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

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

7. FINANCIAL IMPLICATIONS

Financial implications are included in the Director of Finance report.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Very High Risks recorded within the Acute Division are:

- Medical Input to Balloch Unit, Carrickstone Care Home
- General Surgery Emergency Service
- 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

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 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 *Judith Park, Director of Acute Services*

**JUDITH PARK
DIRECTOR OF ACUTE SERVICES
14 OCTOBER 2022**

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

Meeting of Lanarkshire NHS Board – 26th October 2022

ACCESS TARGETS REPORT

1. PURPOSE

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

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

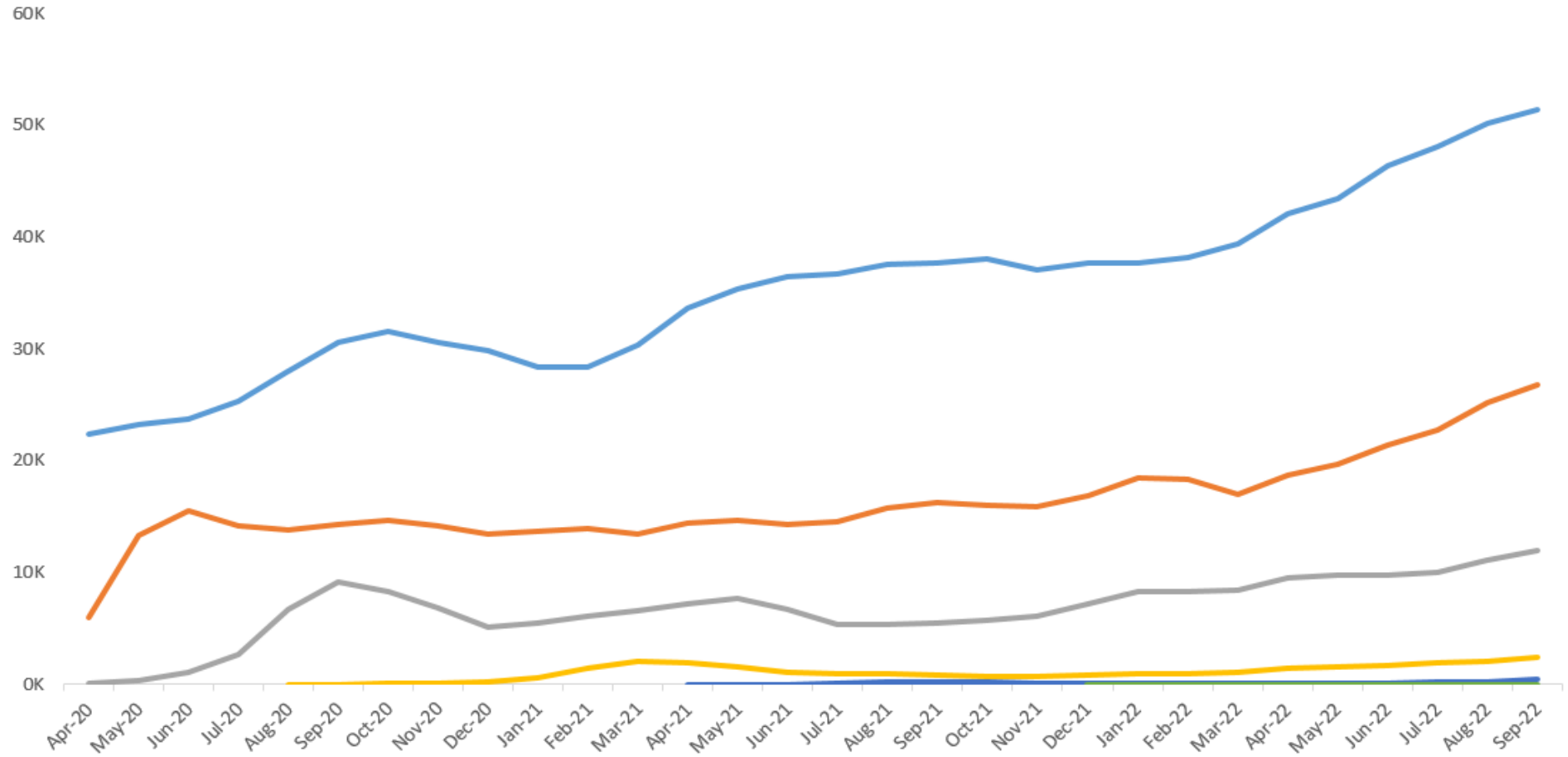
- 2 year waits for outpatients in most specialities by the end of August 2022.
- 18 months for outpatients in most specialities by the end of December 2022.
- one year for outpatients in most specialities by the end of March 2023.

What does the data tell us?

- At 30th September 2022 there were 26,815 patients waiting over 84 days for an outpatient appointment, compared to 25,192 at 31st August 2022. 68.2% of patients were seen within 84 days in September 2022, when compared to 71.9% in August 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 30th September 2022, 52.2% of patients are waiting over 12 weeks to be seen.

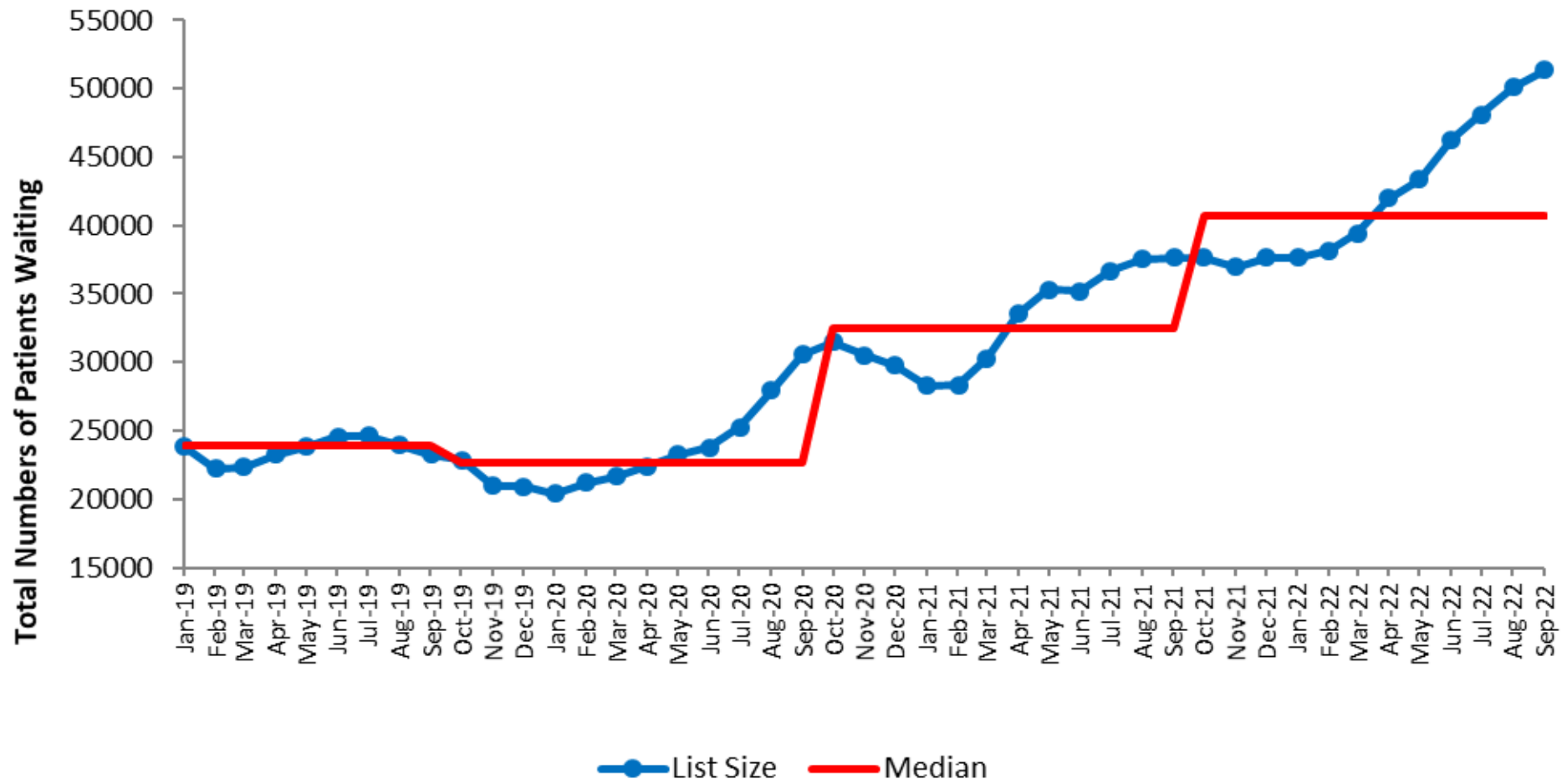
Management Information Only : data is unvalidated and subject to change

Lanarkshire - Outpatient Waiting Times Trend



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	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
WL Size	22398	23233	23753	25283	27970	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
>12 Weeks	5961	13312	15482	14128	13785	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
>26 Weeks	115	351	1022	2703	6693	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
>52 Weeks					2	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
>78 Weeks													9	14	22	87	259	248	158	97	77	73	56	58	60	75	145	193	265	396
>104 Weeks																					1	3	14	11	13	7	9	3	1	0

Total Number of Outpatients waiting to be seen by a Consultant



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

Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 30 September 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	39	41.1%	56	58.9%	31	32.6%	11	11.6%	0	0.0%	0	0.0%	95
A2 Cardiology	983	44.7%	1215	55.3%	568	25.8%	113	5.1%	0	0.00%	0	0.00%	2198
A6 Infectious Diseases	53	82.8%	11	17.2%	1	1.6%	0	0.0%	0	0.00%	0	0.00%	64
A7 Dermatology	2544	70.5%	1062	29.5%	1	0.0%	0	0.0%	0	0.00%	0	0.00%	3606
A8 Endocrinology	473	54.7%	392	45.3%	139	16.1%	15	1.7%	0	0.00%	0	0.00%	865
A9 Gastroenterology	917	38.1%	1491	61.9%	844	35.0%	162	6.7%	0	0.00%	0	0.00%	2408
AB Geriatric Medicine	360	69.9%	155	30.1%	28	5.4%	1	0.2%	0	0.00%	0	0.00%	515
AD Medical Oncology	104	98.1%	2	1.9%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	106
AF Medical Paediatrics	693	43.4%	903	56.6%	229	14.3%	0	0.0%	0	0.00%	0	0.00%	1596
AG Nephrology	135	30.3%	311	69.7%	178	39.9%	61	13.7%	0	0.00%	0	0.00%	446
AH Neurology	873	49.4%	893	50.6%	152	8.6%	4	0.2%	0	0.00%	0	0.00%	1766
AQ Respiratory Med	973	56.8%	741	43.2%	172	10.0%	1	0.1%	0	0.00%	0	0.00%	1714
AR Rheumatology	618	47.4%	687	52.6%	262	20.1%	4	0.3%	0	0.00%	0	0.00%	1305
C1 General Surgery	3245	39.9%	4892	60.1%	3155	38.8%	1228	15.1%	296	3.64%	0	0.00%	8137
C12 Vascular Surgery	360	49.0%	375	51.0%	132	18.0%	0	0.0%	0	0.00%	0	0.00%	735
C13 Oral and Maxillofacial Surgery	1456	55.2%	1182	44.8%	214	8.1%	0	0.0%	0	0.00%	0	0.00%	2638
C31 Chronic Pain	266	86.4%	42	13.6%	1	0.3%	0	0.0%	0	0.00%	0	0.00%	308
C5 ENT Surgery	1282	38.3%	2066	61.7%	1156	34.5%	11	0.3%	0	0.00%	0	0.00%	3348
C7 Ophthalmology	1953	42.0%	2696	58.0%	1301	28.0%	224	4.8%	8	0.17%	0	0.00%	4649
C7B NHSL Cataract List	861	23.7%	2777	76.3%	1794	49.3%	116	3.2%	0	0.00%	0	0.00%	3638
C8 Orthopaedics	2186	54.1%	1856	45.9%	83	2.1%	0	0.0%	0	0.00%	0	0.00%	4042
C9 Plastic Surgery	520	85.8%	86	14.2%	60	9.9%	12	2.0%	0	0.00%	0	0.00%	606
CA Surgical Paediatrics	96	98.0%	2	2.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	98
CB Urology	999	36.8%	1717	63.2%	933	34.4%	95	3.5%	0	0.00%	0	0.00%	2716
D1 Public Dental Service	202	21.8%	723	78.2%	513	55.5%	293	31.7%	92	9.95%	0	0.00%	925
D5 Orthodontics	75	86.2%	12	13.8%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	87
F2 Gynaecology	2043	90.6%	213	9.4%	4	0.2%	0	0.0%	0	0.00%	0	0.00%	2256
J4 Haematology	263	50.6%	257	49.4%	57	11.0%	0	0.0%	0	0.00%	0	0.00%	520
Grand Total	24572	47.8%	26815	52.2%	12008	23.4%	2351	4.6%	396	0.77%	0	0.00%	51387

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

The above chart shows that at the end of September 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 is now being revised in light of the reduced allocation of planned care funding confirmed by Scottish Government. A paper describing the options will be considered at CMT on Monday 24th October 2022.

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.
- 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 10/10/2022 (unvalidated and subject to change)

Site Grouping	08/08/2022	% Pre Covid	15/08/2022	% Pre Covid	22/08/2022	% Pre Covid	29/08/2022	% Pre Covid	05/09/2022	% Pre Covid	12/09/2022	% Pre Covid	19/09/2022	% Pre Covid	26/09/2022	% Pre Covid
University Hospital Hairmyres	757	85%	766	73%	899	86%	919	98%	1005	92%	1089	107%	838	82%	747	90%
University Hospital Monklands	726	56%	735	51%	760	61%	1021	69%	758	61%	963	65%	930	67%	806	63%
University Hospital Wishaw	618	85%	817	104%	883	103%	956	101%	976	129%	942	108%	694	82%	642	87%
Offsite	46	65%	51	57%	71	44%	136	181%	75	129%	42	183%	30	54%	17	27%
Grand Total	2147	72%	2369	71%	2613	79%	3032	88%	2814	89%	3036	90%	2492	75%	2212	76%

Specialty	08/08/2022	% Pre Covid	15/08/2022	% Pre Covid	22/08/2022	% Pre Covid	29/08/2022	% Pre Covid	05/09/2022	% Pre Covid	12/09/2022	% Pre Covid	19/09/2022	% Pre Covid	26/09/2022	% Pre Covid
A1 General Medicine	0	0%	0	0%	4	80%	4	200%	7	88%	4	200%	5	100%	0	0%
A2 Cardiology	49	58%	68	73%	67	63%	108	100%	75	76%	83	75%	79	69%	61	54%
A6 Infectious Diseases	12	80%	7	37%	6	32%	8	33%	16	70%	14	70%	16	70%	8	80%
A7 Dermatology	112	60%	128	36%	178	87%	322	128%	149	49%	248	57%	211	60%	312	90%
A8 Endocrinology	33	73%	28	65%	31	47%	26	55%	36	71%	42	82%	35	69%	30	57%
A9 Gastroenterology	35	85%	45	35%	51	124%	64	36%	100	196%	88	81%	92	60%	35	76%
AB Geriatric Medicine	60	90%	62	87%	69	173%	84	131%	85	92%	72	120%	77	100%	51	78%
AD Medical Oncology	22	76%	30	130%	27	104%	29	88%	41	128%	37	132%	36	129%	23	74%
AF Medical Paediatrics	72	118%	78	122%	87	118%	88	100%	59	95%	56	53%	49	57%	49	64%
AG Nephrology	11	79%	10	40%	8	33%	11	65%	13	93%	8	50%	10	59%	5	45%
AH Neurology	54	23%	38	17%	91	39%	113	51%	69	90%	69	59%	70	212%	78	55%
AQ Respiratory Med	82	109%	61	92%	80	56%	60	57%	118	113%	89	61%	131	198%	94	85%
AR Rheumatology	37	90%	108	174%	48	70%	71	173%	143	121%	145	173%	31	36%	49	120%
C1 General Surgery	197	54%	272	74%	336	81%	294	85%	231	61%	367	95%	274	77%	219	84%
C12 Vascular Surgery	37	86%	34	77%	31	42%	34	61%	41	76%	38	123%	27	96%	17	45%
C13 Oral and Maxillofacial Surgery	142	178%	51	41%	65	43%	98	67%	71	60%	59	36%	73	46%	41	31%
C31 Chronic Pain	25	132%	33	300%	35	250%	32	145%	32	356%	37	195%	24	200%	26	137%
C5 ENT Surgery	156	58%	122	39%	170	81%	214	76%	198	93%	223	87%	189	77%	171	84%
C7 Ophthalmology	214	80%	229	86%	209	82%	224	74%	259	84%	265	74%	198	54%	214	66%
C7B NHSL Cataract List	52	71%	56	76%	78	53%	135	157%	69	96%	40	93%	28	35%	12	17%
C8 Orthopaedics	305	76%	354	96%	426	112%	440	99%	393	112%	378	111%	326	77%	337	112%
C9 Plastic Surgery	41	46%	25	32%	62	86%	73	128%	116	161%	50	83%	74	125%	37	106%
CA Surgical Paediatrics	14	0%	11	69%	0	0%	9	129%	10	100%	11	58%	10	167%	8	44%
CB Urology	77	48%	113	76%	70	46%	72	45%	88	48%	127	93%	82	52%	31	22%
D1 Public Dental Service	3	14%	3	16%	3	14%	6	32%	5	22%	6	26%	0	0%	6	29%
D5 Orthodontics	6	50%	7	78%	12	55%	5	42%	6	33%	11	69%	6	35%	3	18%
F2 Gynaecology	284	112%	358	117%	345	107%	380	137%	352	132%	420	192%	291	110%	253	103%
J4 Haematology	15	60%	38	141%	24	96%	28	90%	32	128%	49	148%	48	160%	42	221%
Grand Total	2147	72%	2369	71%	2613	79%	3032	88%	2814	90%	3036	90%	2492	75%	2212	76%

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

Date Range: January 2021 to September 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	Jan21 - Jun21	July21 - Dec21	Jan22 - Jun22	July22 - Sep22
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%	12.7%	10.5%	15.5%	16.7%
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%	6.8%	7.8%	9.7%	9.0%
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%	34.1%	38.6%	33.4%	30.5%
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%	7.4%	8.6%	10.6%	11.0%	5.7%	7.6%	9.8%	12.4%	8.8%	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%	14.8%	21.2%	18.8%	15.7%	15.5%	18.4%	19.0%	19.4%	24.3%	25.8%	22.1%	14.4%	19.0%	17.8%	24.1%
A9 Gastroenterology	7.3%	16.6%	3.3%	7.2%	8.9%	12.2%	14.4%	16.4%	9.6%	9.2%	17.5%	18.1%	16.8%	12.4%	16.6%	14.2%	16.1%	21.2%	17.0%	20.4%	15.2%	10.3%	10.4%	14.6%	16.2%	15.3%
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%	6.8%	6.4%	4.4%	6.1%	6.5%	7.7%	6.6%	7.5%	7.8%	4.2%	7.2%	9.3%	6.5%	6.5%	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%	2.7%	1.7%	5.3%	5.4%	3.7%	3.9%	3.3%	1.9%	5.5%	2.1%	4.2%	3.1%	1.9%	3.9%	3.9%
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%	11.4%	15.6%	15.5%	12.5%	11.4%	17.3%	21.3%	17.6%	21.9%	19.3%	15.5%	10.6%	15.3%	16.0%	18.9%
AG Nephrology	14.1%	14.8%	0.0%	12.0%	15.4%	14.3%	13.9%	17.6%	5.9%	9.5%	16.3%	20.5%	23.9%	14.0%	12.8%	10.6%	30.8%	17.9%	23.1%	6.3%	10.6%	19.5%	11.7%	15.6%	18.2%	12.1%
AH Neurology	8.7%	20.1%	18.9%	14.8%	12.2%	13.8%	12.6%	13.2%	14.4%	16.2%	20.2%	18.6%	21.4%	15.1%	13.0%	17.4%	19.1%	13.3%	10.8%	19.0%	12.5%	11.8%	15.4%	17.3%	14.8%	14.4%
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%	10.5%	12.1%	13.0%	15.0%	10.4%	13.1%	12.0%	9.0%	12.1%	12.4%	11.8%
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%	7.3%	13.6%	7.8%	6.6%	6.9%	4.7%	8.2%	9.3%	10.2%	9.4%	6.6%
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%	9.5%	13.1%	8.1%	9.7%	8.9%	8.7%	9.5%	9.7%	12.7%	8.8%	9.0%	8.2%	10.7%	9.1%	10.2%
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%	17.1%	20.1%	5.9%	13.6%	16.2%	18.7%	14.6%	17.4%	12.4%	12.7%	11.6%	14.8%	14.8%	14.2%
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%	14.2%	19.0%	14.2%	13.6%	11.8%	16.8%	14.8%	20.8%	17.5%	19.0%	14.6%	11.7%	15.9%	15.3%	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%	6.1%	5.7%	7.0%	6.7%	6.9%	13.3%	5.4%	8.6%	5.5%	5.4%	5.0%	6.0%	6.0%	8.0%	5.3%
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%	7.3%	6.7%	8.5%	6.3%	7.0%	9.9%	9.6%	10.8%	9.5%	6.1%	6.7%	8.3%	7.5%	8.7%	7.4%
C7 Ophthalmology	5.6%	12.4%	6.8%	6.0%	4.1%	6.7%	6.6%	6.8%	9.3%	13.4%	12.8%	11.1%	11.0%	11.2%	11.0%	9.6%	9.8%	10.0%	10.1%	10.0%	9.9%	10.7%	7.1%	10.7%	10.3%	10.2%
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%	8.2%	6.7%	12.1%	8.8%	8.8%	6.3%	5.0%	4.6%	5.1%	8.6%	7.7%	7.2%	7.7%	7.6%	7.1%
C8 Orthopaedics	5.8%	11.5%	11.1%	13.7%	10.8%	9.9%	12.4%	12.7%	12.0%	12.4%	11.5%	11.2%	13.9%	12.3%	9.3%	10.8%	12.9%	12.4%	11.0%	12.2%	12.5%	10.8%	11.5%	12.3%	11.4%	11.8%
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%	5.9%	4.8%	2.6%	7.7%	8.4%	11.3%	5.2%	3.5%	4.0%	4.5%	4.8%	5.0%	5.2%	6.4%	4.5%
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%	14.5%	22.6%	11.1%	14.1%	14.1%	23.3%	22.2%	22.2%	14.8%	24.0%	2.1%	6.8%	21.7%	17.8%	13.6%
CB Urology	10.1%	8.8%	7.8%	8.0%	7.5%	9.2%	11.6%	10.3%	10.8%	11.8%	8.4%	8.2%	7.9%	9.5%	9.6%	7.4%	12.0%	7.1%	13.1%	9.5%	10.0%	9.7%	8.8%	9.6%	9.8%	9.7%
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%	15.6%	25.0%	13.3%	25.9%	30.8%	8.3%	50.0%	20.0%	11.1%	38.5%	35.3%	10.6%	21.0%	24.7%	28.3%
D5 Orthodontics	5.2%	13.8%	11.6%	20.0%	26.3%	16.7%	9.4%	4.5%	0.0%	25.0%	26.1%	10.3%	24.2%	9.1%	10.5%	12.0%	21.2%	11.1%	8.9%	5.0%	17.0%	16.1%	16.3%	15.0%	12.1%	12.7%
F2 Gynaecology	6.9%	10.2%	9.6%	8.5%	7.6%	8.9%	9.8%	11.7%	10.3%	12.5%	9.5%	11.4%	12.3%	12.9%	9.4%	10.0%	10.8%	8.5%	11.5%	12.6%	8.9%	9.4%	9.1%	11.3%	10.5%	10.3%
J4 Haematology	5.8%	5.6%	4.3%	7.6%	1.0%	4.5%	3.0%	2.1%	5.9%	4.0%	5.2%	4.7%	5.1%	6.0%	4.2%	4.0%	6.6%	4.0%	7.1%	4.5%	8.9%	6.4%	4.3%	4.5%	5.3%	6.6%
Total	6.8%	10.3%	9.1%	9.2%	8.8%	9.3%	10.5%	12.2%	11.3%	12.0%	11.5%	10.9%	12.2%	11.1%	9.9%	10.0%	11.7%	10.9%	11.5%	12.1%	10.3%	9.6%	9.5%	11.7%	10.9%	10.7%

	External Contracts				
	YTD August				
	IP/DC	OP	Diag	£	
<i>Outsourced Activity</i>					
Gyn	237	1	1	644,937	Rosshall
General Surgery	77	4	1	292,239	Rosshall
Orthopaedics	74	24	1	564,166	Rosshall
Orthopaedics	27	1		207,547	Kings Park
Ophthalmology	128	155		194,585	Rosshall
				1,903,474	
<i>Insource Activity</i>					
Ophthalmology		940		97,500	Insource Medicare
Neurology		1397		154,433	Insource Medicare
Dermatology		3396		319,680	Insource Medicare
Respiratory		1040		95,946	Insource Medicare
Respiratory		83		6,120	Medinet
Gastroenterology		365		28,200	Medinet
Neurology		48		4,416	Medinet
Gastroenterology		96		8,000	Sirona
Urology		59		32,450	Sirona
ENT		164		110,000	Sirona
Rheumatology		304		38,000	Sirona
				894,745	
Total	543	8077	3	2,798,219	

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.

Planning/Remobilisation:

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

2.2) Treatment Time Guarantee (TTG)

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

In addition to the extant 12-week Treatment Time Guarantee, on 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 September 2022 there were a total of 8162 patients who had breached their TTG date, compared to 8378 patients in August 2022. The number of patients on the waiting list has increased slightly to 11,813. In September 2022 44.6% of patients were treated within 84 days, compared to 45.7% in August 2022. 27.9% of patients are waiting over 52 weeks for surgery with the greatest number of patients in general surgery, orthopaedic, gynaecology, ENT and urology.

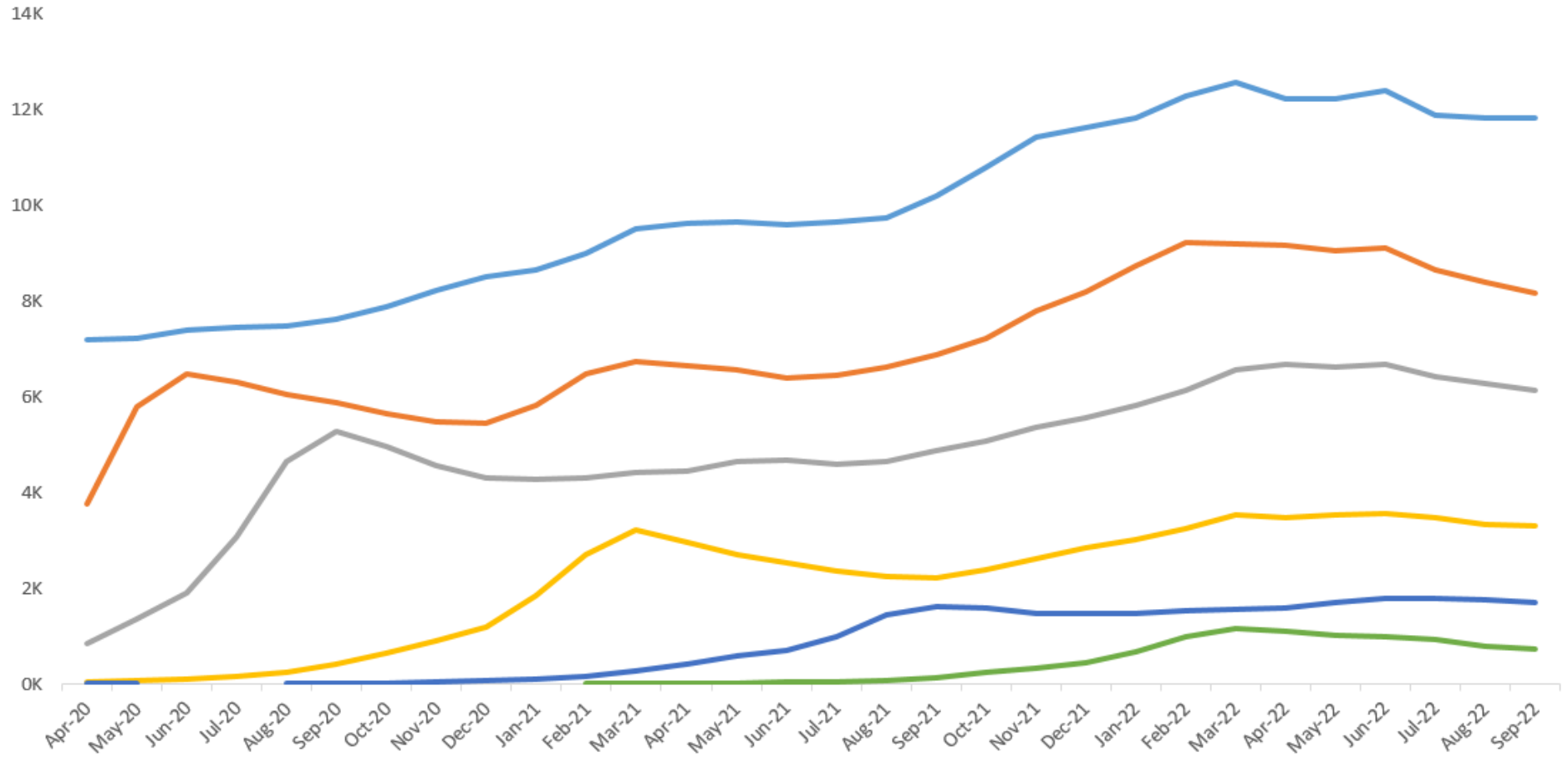
Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 30 September 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	18	78.3%	5	21.7%	1	4.3%	0	0.0%	0	0.0%	0	0.0%	23
A2 Cardiology	121	82.9%	25	17.1%	13	8.9%	0	0.0%	0	0.0%	0	0.0%	146
AB Geriatric Medicine	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2
AG Nephrology	10	83.3%	2	16.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	12
AQ Respiratory Med	10	83.3%	2	16.7%	2	16.7%	2	16.7%	0	0.0%	0	0.0%	12
C1 General Surgery	442	32.6%	915	67.4%	734	54.1%	457	33.7%	251	18.5%	73	5.4%	1357
C12 Vascular Surgery	76	32.2%	160	67.8%	107	45.3%	59	25.0%	29	12.3%	14	5.9%	236
C13 Oral and Maxillofacial Surgery	63	15.9%	332	84.1%	233	59.0%	100	25.3%	33	8.4%	20	5.1%	395
C31 Chronic Pain	19	67.9%	9	32.1%	3	10.7%	0	0.0%	0	0.0%	0	0.0%	28
C5 ENT Surgery	392	23.7%	1262	76.3%	1020	61.7%	656	39.7%	357	21.6%	204	12.3%	1654
C7 Ophthalmology	53	17.1%	257	82.9%	216	69.7%	37	11.9%	3	1.0%	2	0.6%	310
C7B NHSL Cataract List	795	63.5%	456	36.5%	127	10.2%	24	1.9%	4	0.3%	1	0.1%	1251
C8 Orthopaedics	738	25.7%	2138	74.3%	1610	56.0%	507	17.6%	171	5.9%	29	1.0%	2876
CA Surgical Paediatrics	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3
CB Urology	361	21.2%	1341	78.8%	1139	66.9%	900	52.9%	588	34.5%	293	17.2%	1702
D1 Public Dental Service	67	13.0%	450	87.0%	359	69.4%	230	44.5%	93	18.0%	14	2.7%	517
F2 Gynaecology	464	36.5%	808	63.5%	571	44.9%	326	25.6%	180	14.2%	74	5.8%	1272
H1 Clinical Radiology	17	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	17
Total	3651	30.9%	8162	69.1%	6135	51.9%	3298	27.9%	1709	14.5%	724	6.1%	11813

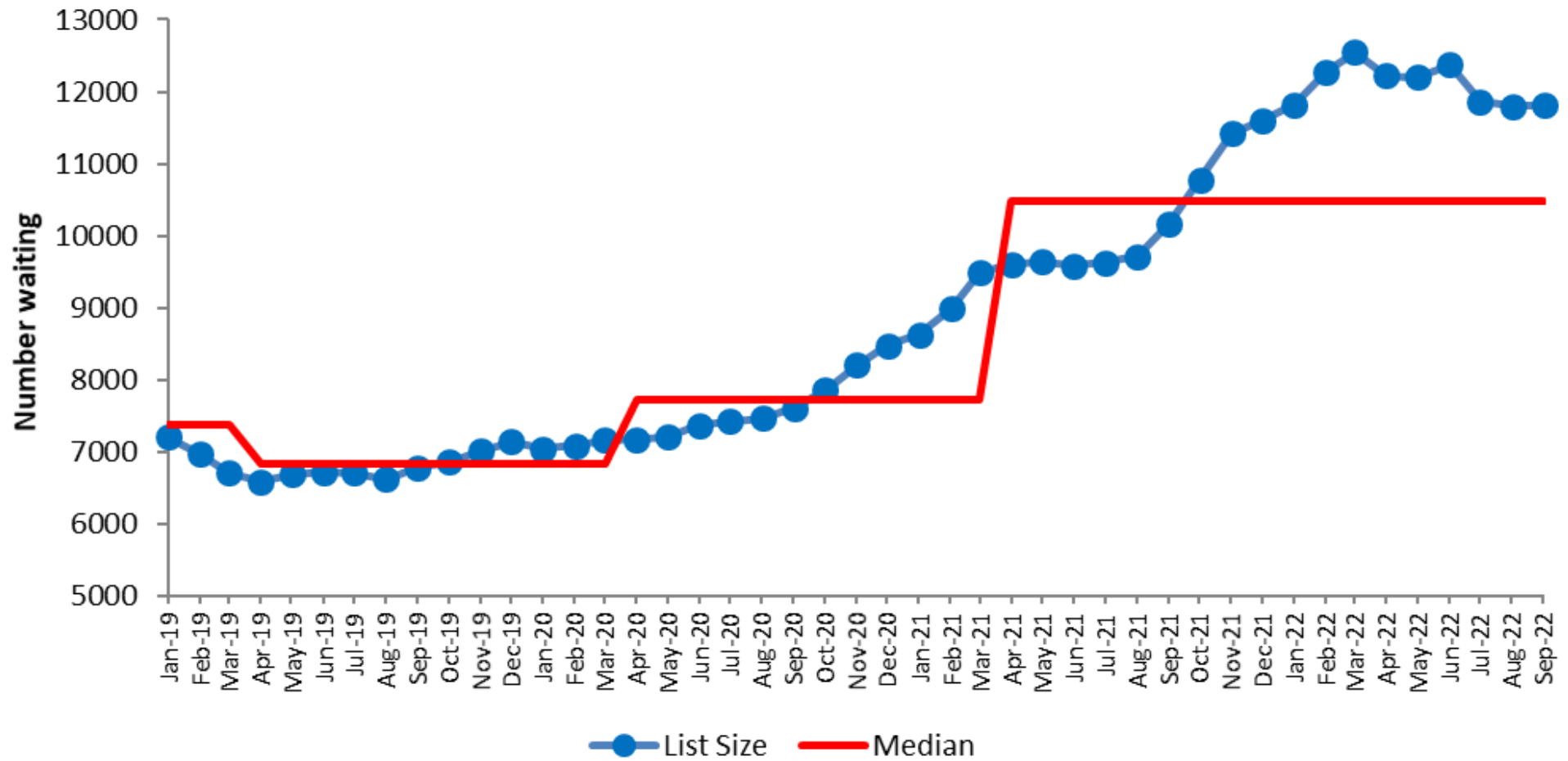
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Lanarkshire - TTG Waiting Times Trend



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	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
WL Size	7181	7209	7369	7430	7468	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
>12 Weeks	3746	5782	6477	6302	6028	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
>26 Weeks	848	1342	1905	3057	4644	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
>52 Weeks	28	61	107	149	241	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
>78 Weeks	1	1			6	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
>104 Weeks											5	7	12	19	32	45	72	137	227	338	441	681	993	1152	1101	1016	976	934	792	724

Total number of patients waiting to be treated as an Inpatient or Day Case



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

By Site & Specialty

Data Source: Trakcare PMS as at 08/10/2022 (unvalidated and subject to change)

Site Grouping	08/08/2022	% Pre Covid	15/08/2022	% Pre Covid	22/08/2022	% Pre Covid	29/08/2022	% Pre Covid	05/09/2022	% Pre Covid	12/09/2022	% Pre Covid	19/09/2022	% Pre Covid	26/09/2022	% Pre Covid
University Hospital Hairmyres	129	73%	128	75%	118	69%	122	65%	115	74%	142	82%	148	89%	120	100%
University Hospital Monklands	72	58%	93	77%	86	64%	92	84%	84	78%	85	77%	78	62%	74	68%
University Hospital Wishaw	60	45%	54	48%	58	37%	57	33%	60	41%	55	37%	58	34%	47	45%
Offsite	80	56%	46	47%	58	44%	49	49%	55	44%	61	48%	18	11%	9	7%
Grand Total	341	59%	321	64%	320	54%	320	56%	314	59%	343	61%	302	48%	250	54%

Specialty	08/08/2022	% Pre Covid	15/08/2022	% Pre Covid	22/08/2022	% Pre Covid	29/08/2022	% Pre Covid	05/09/2022	% Pre Covid	12/09/2022	% Pre Covid	19/09/2022	% Pre Covid	26/09/2022	% Pre Covid
A1 General Medicine	10	77%	13	93%	6	50%	8	73%	6	46%	7	64%	3	38%	9	69%
A2 Cardiology	7	47%	14	93%	10	77%	10	71%	12	133%	9	69%	14	108%	13	93%
AG Nephrology	0	0%	0	0%	0	0%	5	500%	0	0%	0	0%	0	0%	0	0%
A7 Dermatology	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
AQ Respiratory Med	0	0%	3	100%	0	0%	3	100%	0	0%	2	200%	2	40%	4	133%
AR Rheumatology	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
C1 General Surgery	68	80%	44	52%	47	46%	40	47%	48	50%	44	54%	48	54%	50	51%
C12 Vascular Surgery	19	158%	12	86%	13	81%	12	92%	10	91%	13	93%	12	92%	12	400%
C13 Oral and Maxillofacial Surgery	5	19%	2	11%	10	67%	3	27%	7	78%	6	35%	4	21%	5	28%
C31 Chronic Pain	3	300%	0	0%	0	0%	4	80%	2	29%	4	133%	3	38%	1	100%
C5 ENT Surgery	21	32%	29	67%	27	47%	29	46%	31	74%	38	83%	30	47%	28	56%
C7 Ophthalmology	4	133%	14	88%	15	1500%	5	19%	11	100%	9	45%	10	83%	8	62%
C7B NHSL Cataract List	71	59%	53	85%	38	39%	50	96%	26	33%	61	81%	34	33%	33	55%
C8 Orthopaedics	70	83%	45	59%	79	89%	66	63%	81	85%	64	65%	59	58%	32	46%
CA Surgical Paediatrics	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
CB Urology	27	68%	35	69%	35	59%	40	68%	33	75%	25	45%	33	75%	23	72%
D1 Public Dental Service	7	30%	18	62%	7	37%	12	43%	9	60%	10	59%	8	38%	7	41%
F2 Gynaecology	26	34%	35	59%	27	28%	27	36%	30	36%	46	53%	34	32%	22	32%
H1 Clinical Radiology	3	38%	4	57%	6	38%	6	60%	8	57%	5	36%	8	62%	3	75%
Grand Total	341	59%	321	64%	320	54%	320	56%	314	59%	343	61%	302	48%	250	54%

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

The table above shows that at 11th October 2022 979 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. 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 likely to be 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.
- 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 August 2022

Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 30 September 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	94	148	128	94	91	81	67	67	42	37	50	44	34	559	1,536	317	133	29
Endoscopy	Lower Endoscopy (other than cond	86	35	23	21	26	29	12	16	13	7	12	14	8	85	387	54	19	5
Endoscopy	Colonoscopy	254	221	213	172	165	156	116	78	92	94	80	85	65	467	2,258	136	60	18
Endoscopy	Cystoscopy	58	68	73	70	60	57	56	32	16	13	10	7	16	114	650	58	67	187
TOTAL SCOPES		492	472	437	357	342	323	251	193	163	151	152	150	123	1,225	4,831			
Imaging																			
Imaging	Magnetic Resonance Imaging	370	250	227	215	197	150	158	249	248	123	87	40	23	293	2,630	95	8	0
Imaging	Computer Tomography	476	338	271	227	226	246	198	166	99	116	72	78	37	761	3,311	292	80	0
Imaging	Non-obstetric ultrasound	889	678	642	457	391	301	346	330	216	210	258	282	198	7,395	12,593	4,331	2,479	748
Imaging	Barium Studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL IMAGING		1,735	1,266	1,140	899	814	697	702	745	563	449	417	400	258	8,449	18,534			
Other																			
Cardiology	ECG	168	169	114	127	75	65	66	62	35	43	40	43	45	149	1,201	53	36	16
Cardiology	Blood Pressure	86	103	50	35	11	24	22	23	9	16	5	17	23	77	501	0	0	0
Cardiology	Echocardiology	230	87	214	168	172	206	95	59	48	77	74	72	68	1,462	3,032	533	141	4
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	110	95	186	152	100	109	72	109	75	97	39	44	52	731	1,971	111	2	0
TOTAL		2,821	2,192	2,141	1,738	1,514	1,424	1,208	1,191	893	833	727	726	569	12,093	30,070			

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.

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%. Although it is predicated that recovery of the 95% standard for 31 days will be delivered in the coming months. This was compounded 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.

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

July 2022

62 day – 73.3%
31 day – 88.8%

August (unvalidated) 2022

62 day – 75.2%
31 day – 87.7%

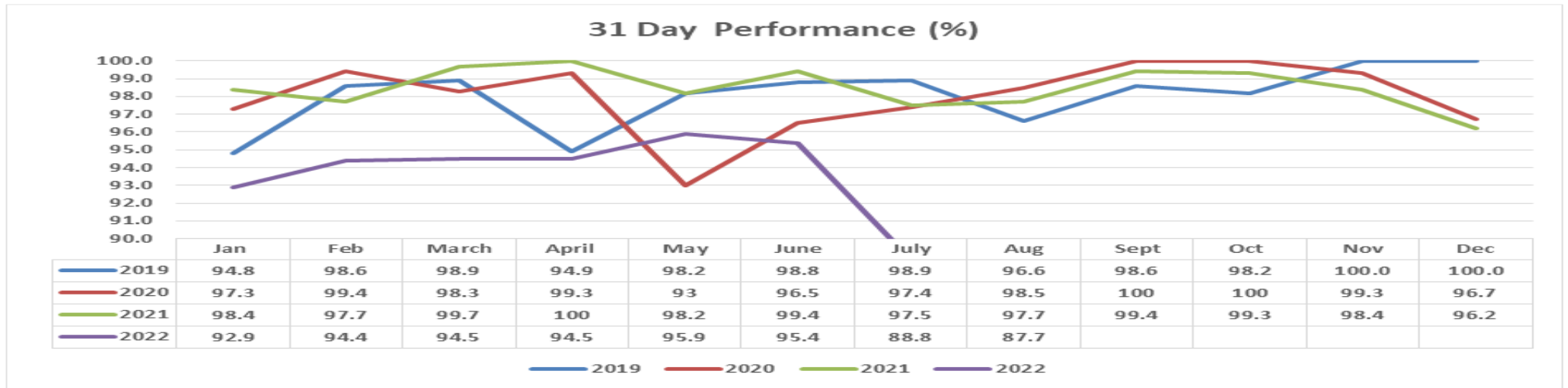
Q1 data 2022

62 day- 82.4%
31 day- 94.4%

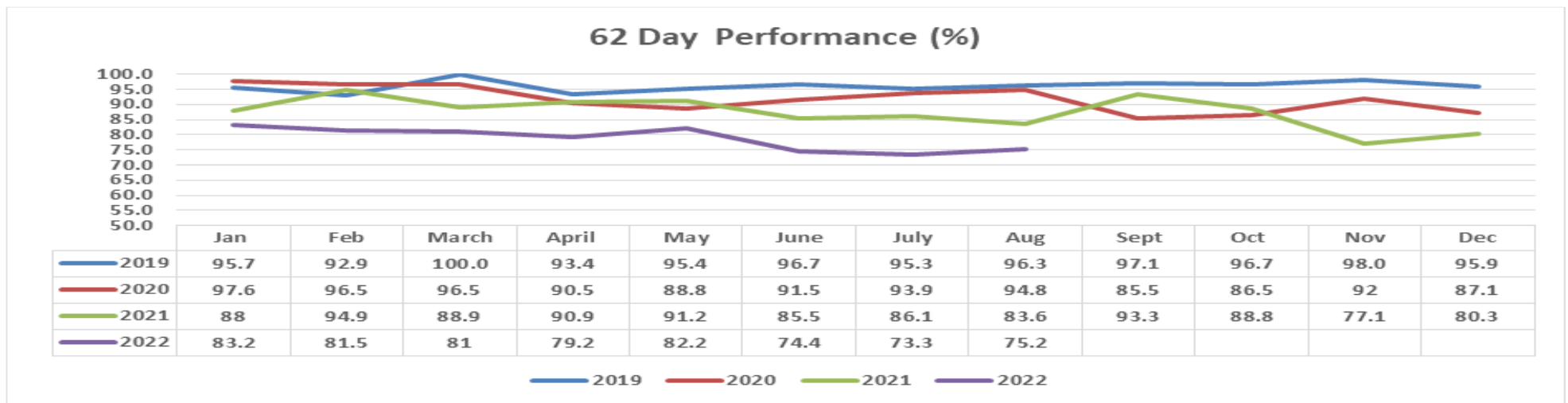
Q2 data 2022 (unvalidated)

62 day- 78.5%
31 day- 95.3%

The graph below shows 31-day standard performance.



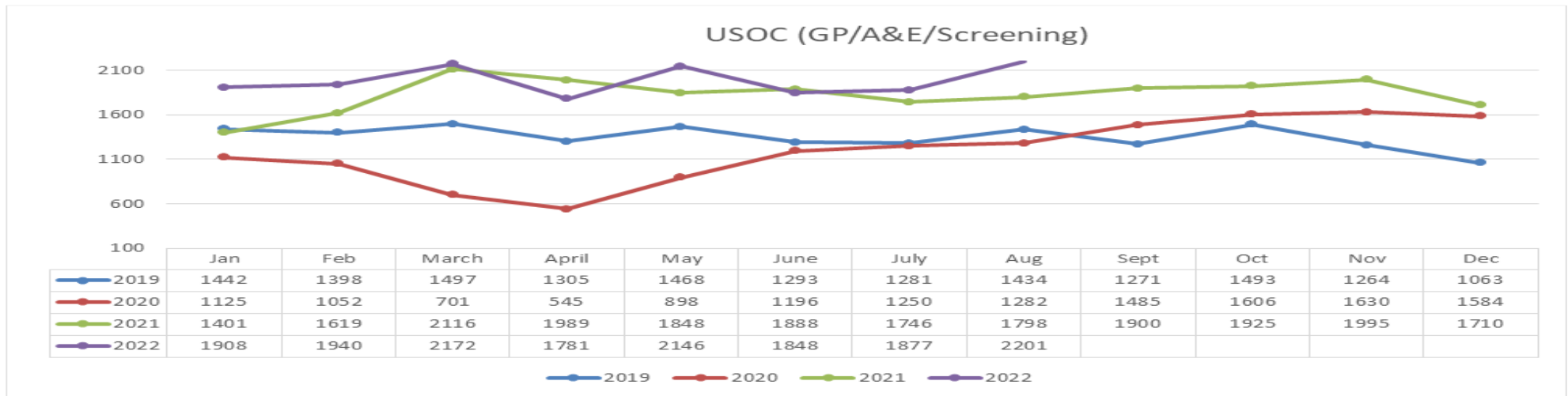
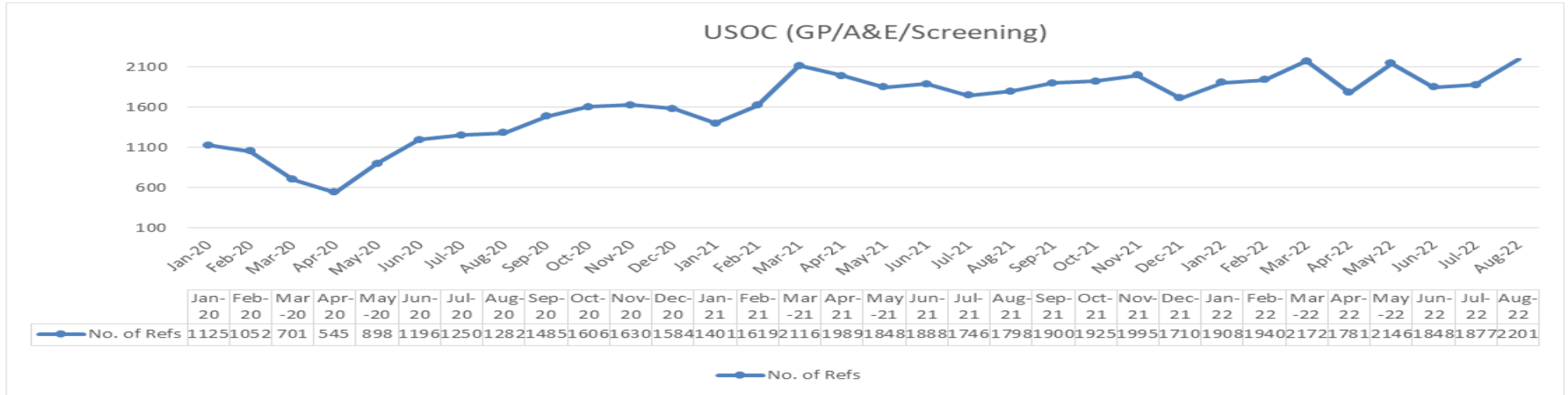
The graph below shows 62-day standard performance.



Narrative: The 62-day cancer standard includes A&E patients, screened positive patients and all patients referred by GP/GDP urgently with a suspicion of cancer. The 31-day standard includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to first treatment. The current standard is that 95% of all eligible patients should wait no longer than 62 or 31 days.

Local chemotherapy treatment has been sustained 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.

The graphs below show the total number of GP Referrals due to urgent suspicion of cancer (USOC) received by NHS Lanarkshire. It should be noted that referral rates have increased to pre-Covid 19 levels.



Planning/Remobilisation

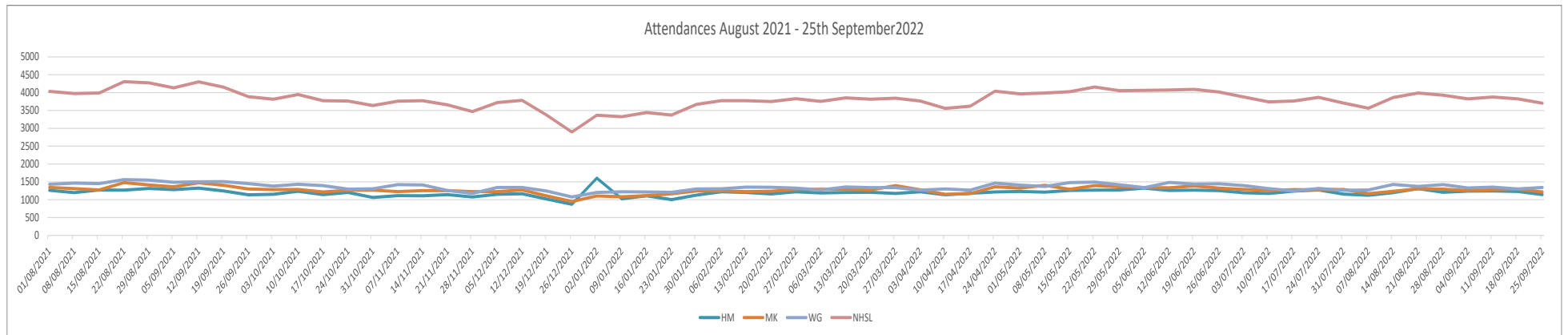
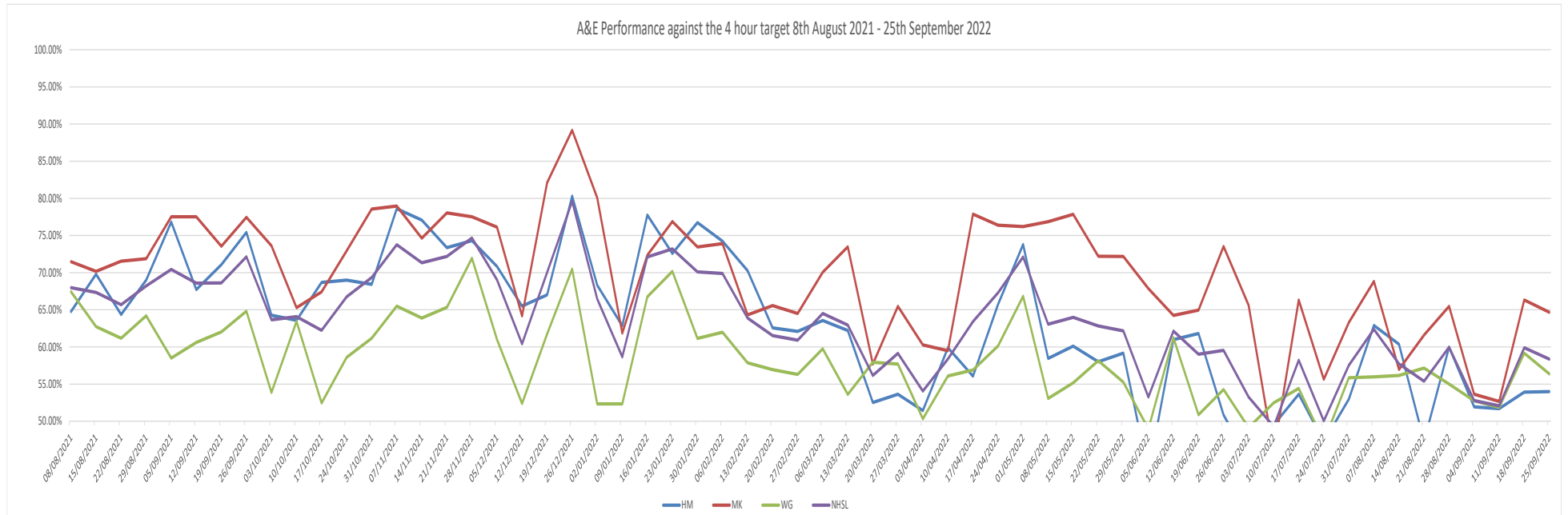
- Cancer patients continue to be prioritised for treatment.
- Any Priority 2 patient whose surgical treatment is deferred due to capacity constraints is rescheduled as quickly as possible.
- Referral numbers have returned to pre Covid levels and increasing.
- Colorectal, Lung and Urology performance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

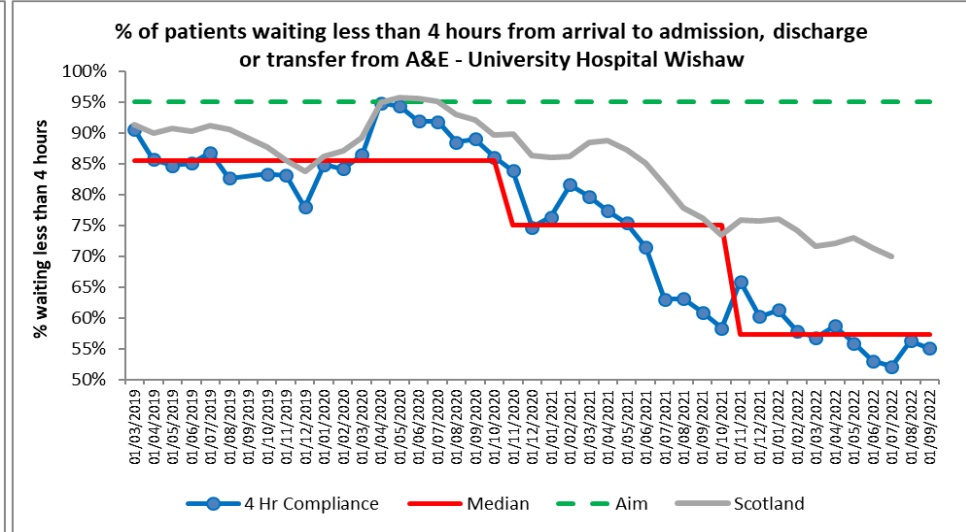
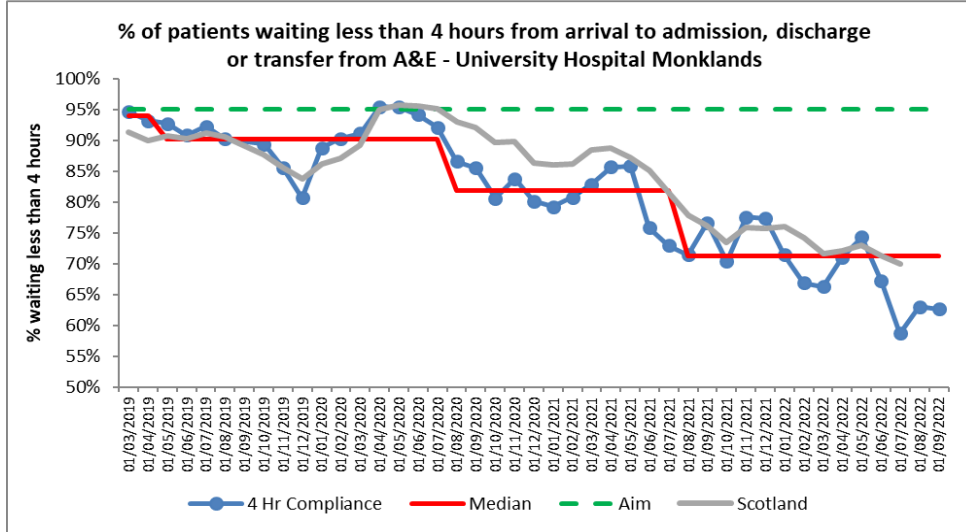
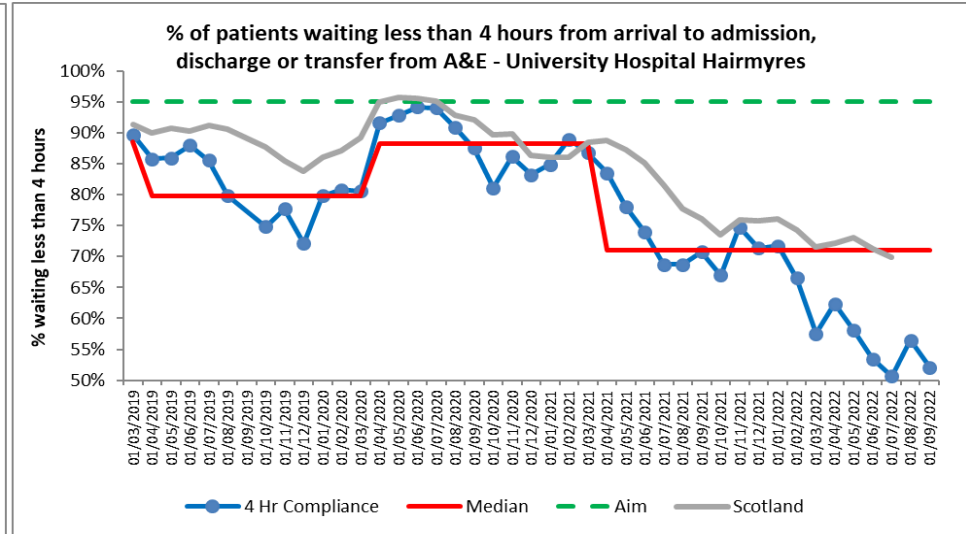
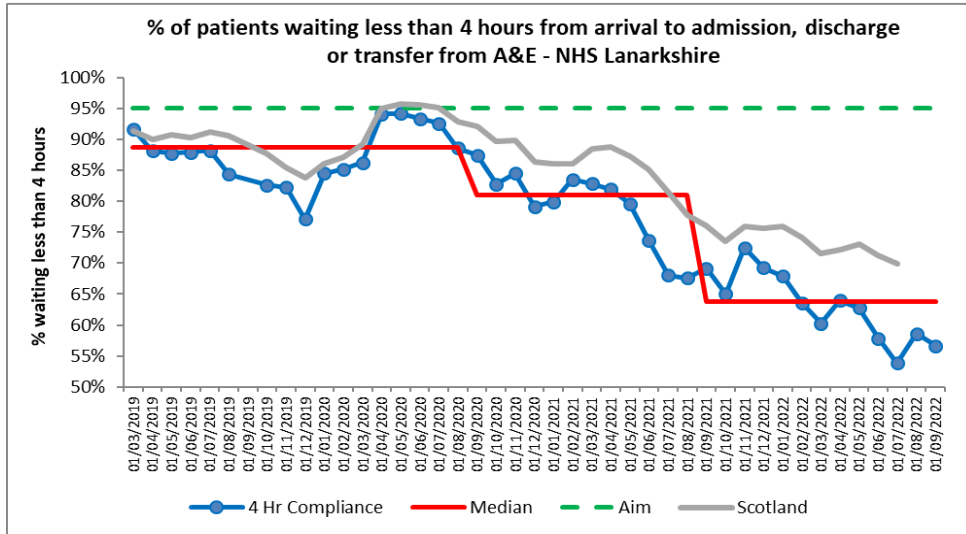
3. UNSCHEDULED CARE

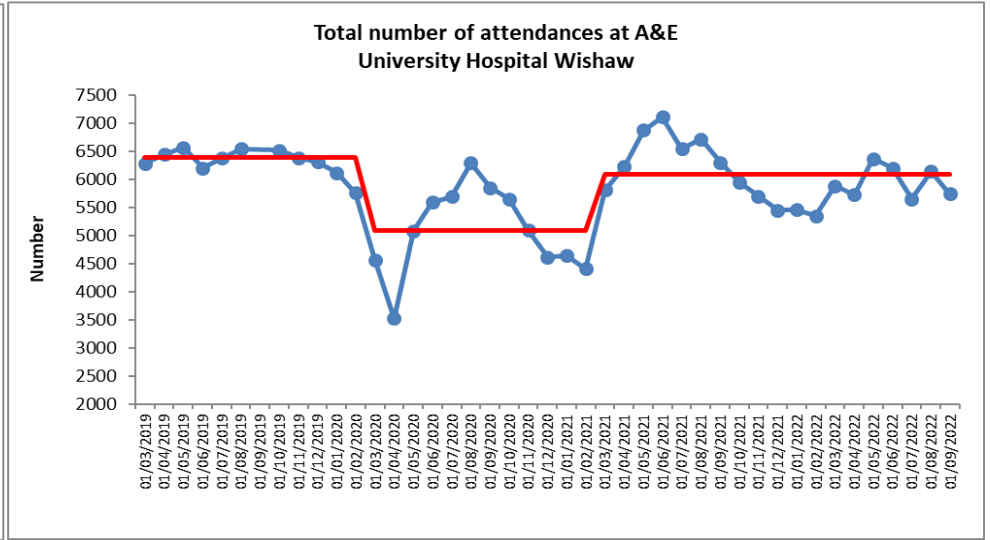
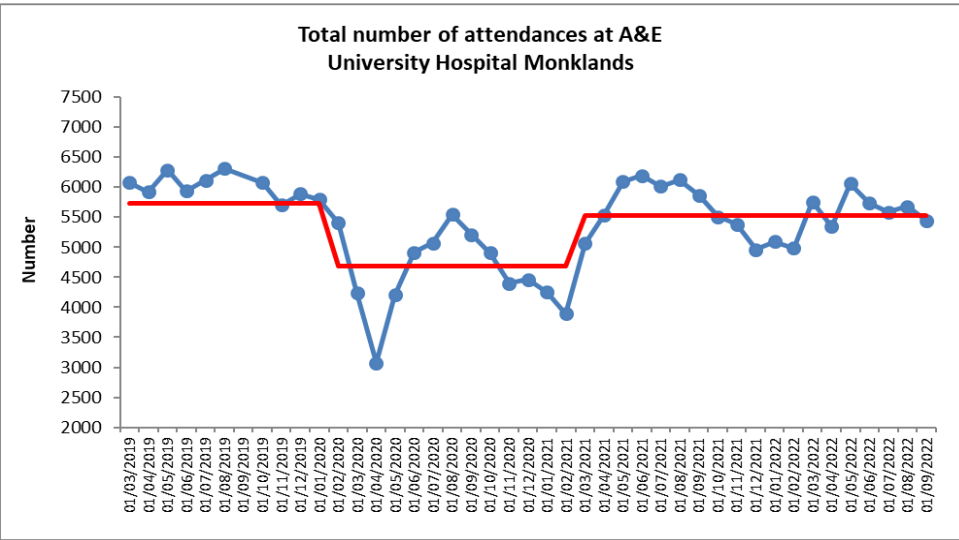
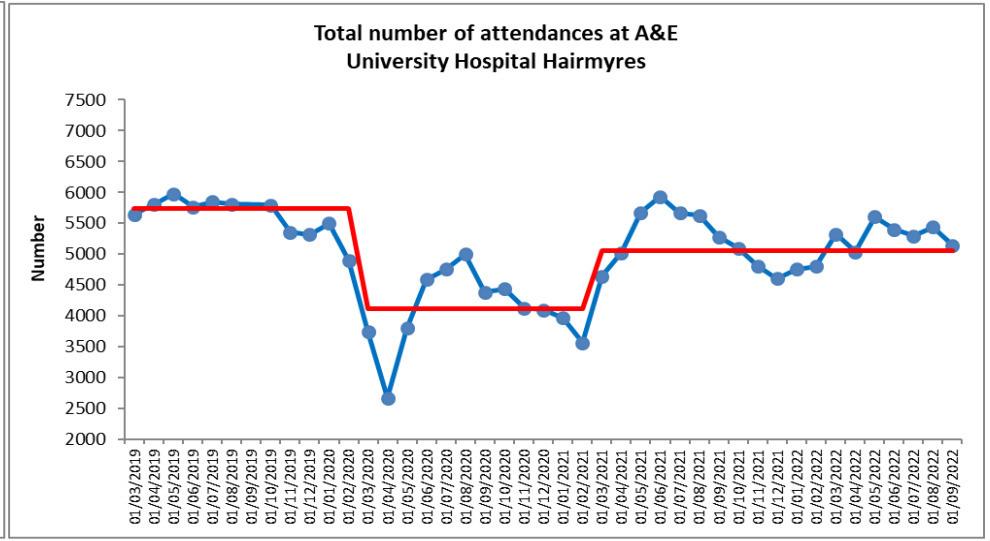
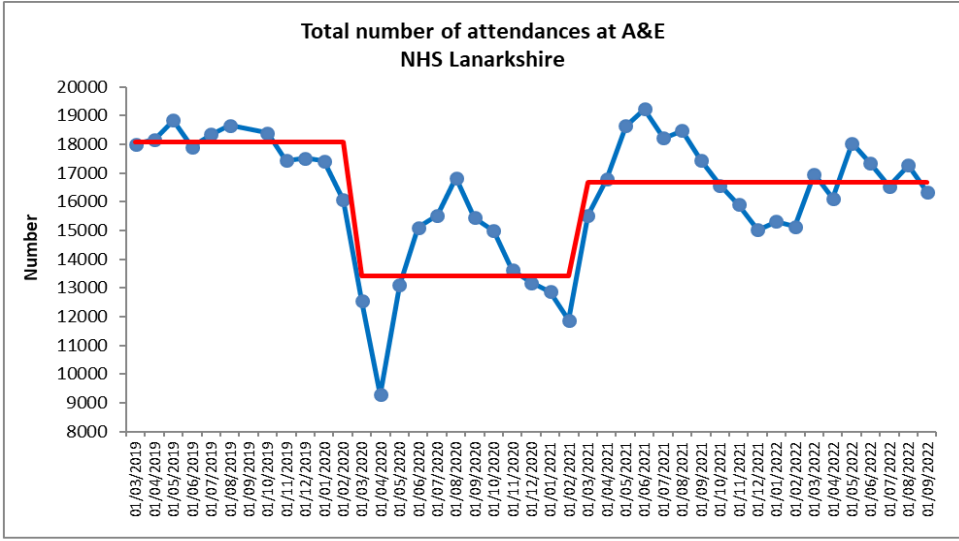
Measures Definition: NATIONAL STANDARD: 95% of patients attending Accident & Emergency to be admitted discharged or transferred within 4 hours of arrival. The Local AOP target is 92.5%.

What the data tells us? NHS Lanarkshire September 2022 performance is 56.67%, this is a decrease from 58.57% in August 2022. NHS Lanarkshire's performance has been lower than the Scottish average. In September 2022 the attendances decreased to 16,352, compared to 17,284 attendances in August 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

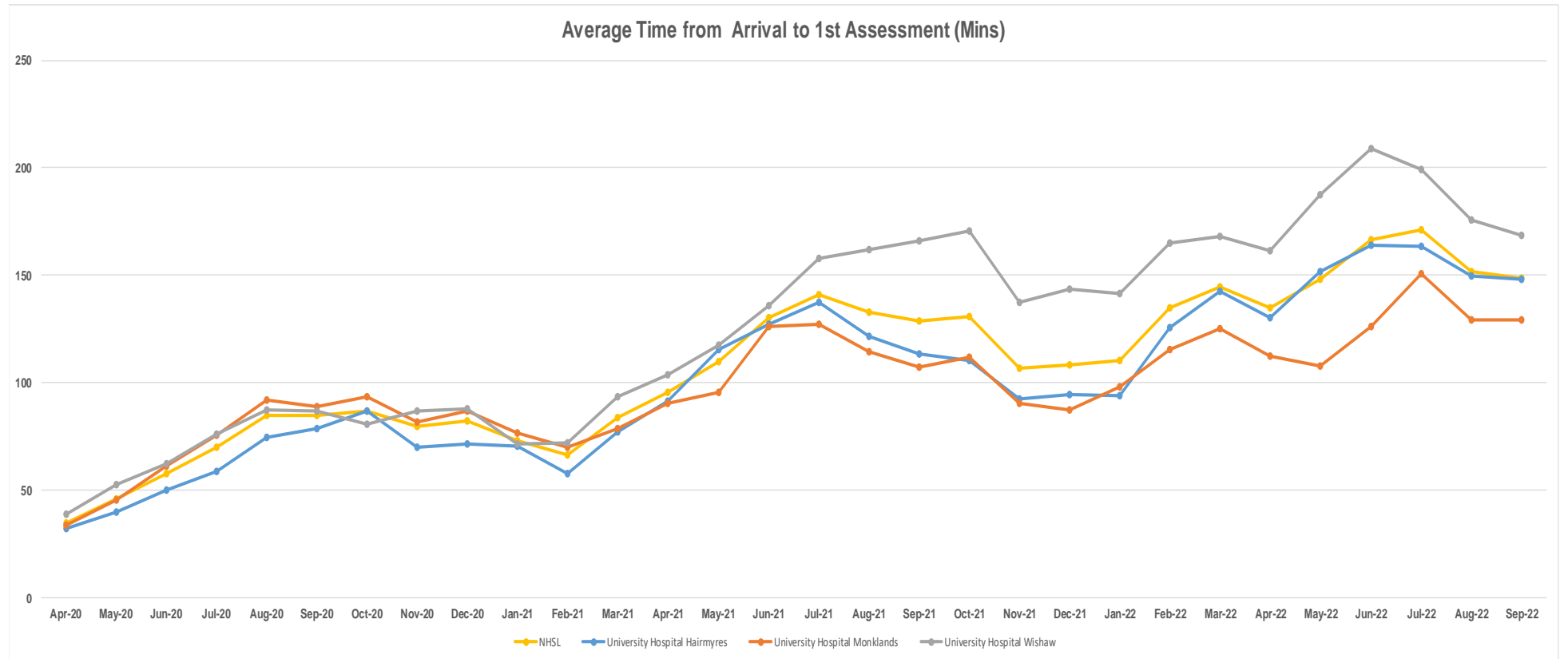
Emergency Department | Average Time from Arrival to 1st Assessment

By Site

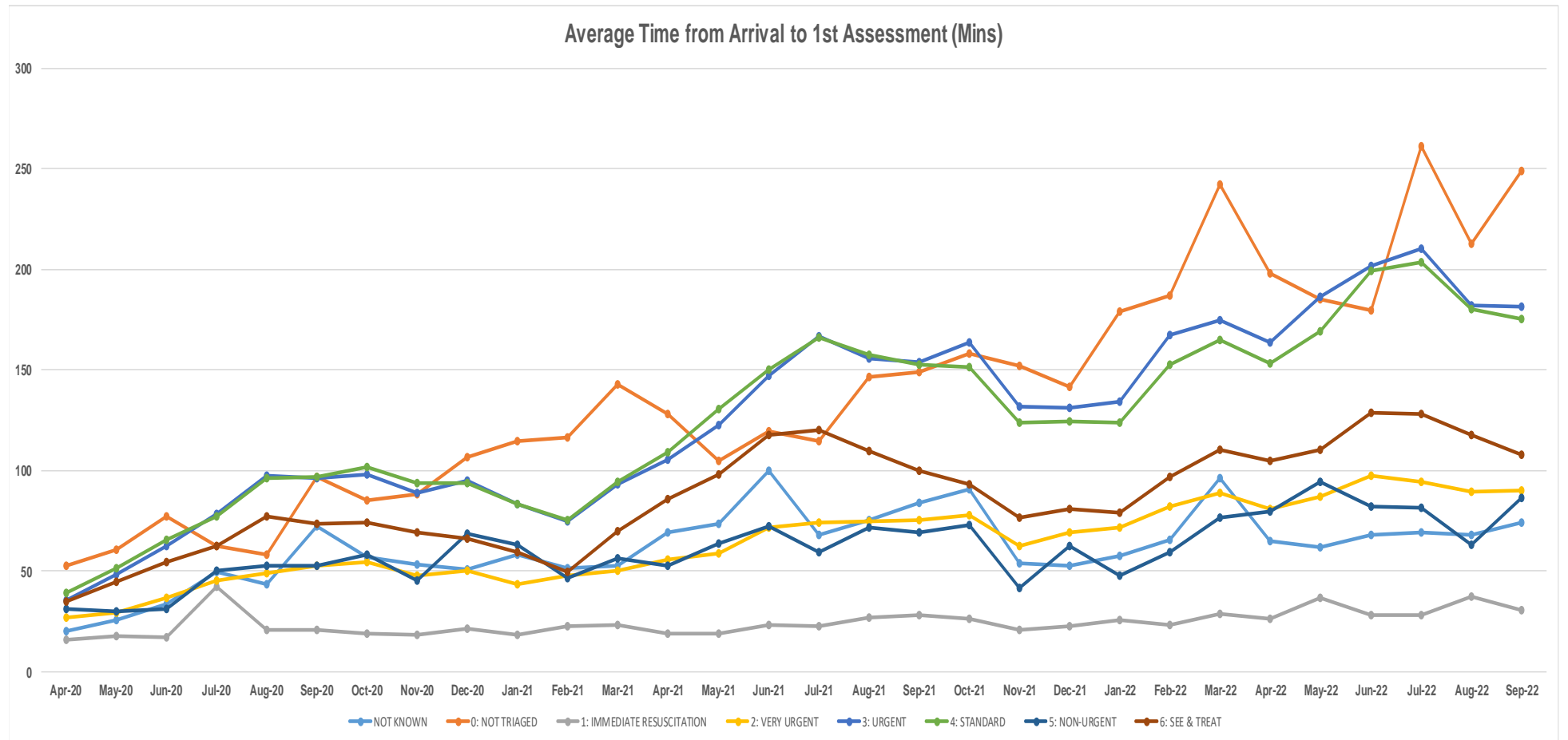
Date Range: April 2020 to September 2022



Data Source: TrakCare PMS as at 04/10/2022 (unvalidated and subject to change)



Data Source: TrakCare PMS as at 04/10/2022 (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: A deep dive on workforce was presented to the Acute Governance Committee on 21st September 2022. The Committee discussed the impact workforce has on unscheduled care performance.

The following summarises the performance at site level:

University Hospital Hairmyres

September 2022 month end performance for University Hospital Hairmyres (UHH) was 52.10% with 5154 attendances. This compares to August 2022 performance of 56.45% with 5451 attendances.

University Hospital Monklands

September 2022 month end performance for University Hospital Monklands (UHM) was 62.67% with 5443 attendances. This compares to August 2022 performance of 63.03% with 5678 attendances.

University Hospital Wishaw

September 2022 month end performance for University Hospital Wishaw (UHW) was 55.10% with 5775 attendances. This compares to August 2022 performance of 56.34% with 6155 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.

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
18 OCTOBER 2022