

**Lanarkshire NHS Board
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Meeting of Lanarkshire NHS Board – 25th January 2023

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 December 2022 and Unscheduled Care standards until the end of December 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. The increasing incidence of Covid and Influenza are also having a significant impact on service provision.

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:

- Delayed Radiology Examinations/Radiology Staffing
- Staffing and Resilience
- Unscheduled Care
- TTG
- Finance
- Ophthalmology Diabetic Service
- Ophthalmology Glaucoma Service
- Stroke/Care of the Elderly additional beds AHP risk

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
18 JANUARY 2023

Meeting of Lanarkshire NHS Board – 25th January 2023

ACCESS TARGETS REPORT

1. PURPOSE

The purpose of this paper is to recommend that the NHS 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 December 2022.
- The 4 hour Emergency Department standard until the end of December 2022.

The overall approach adopted is that performance management is integral to the delivery of quality and effective management, governance and accountability. The indicators included in this report are a high level set of performance standards which are supported by a comprehensive framework of measures discussed at different meetings in NHS Lanarkshire. In addition, the report will identify issues that are affecting the achievement of standards and will outline the measures that have been taken to secure improvement. This report is divided into sections. Section 2 below, details waiting times within Acute Services. Section 3 covers unscheduled care activity.

2. WAITING TIME GUARANTEES - ACUTE SERVICES

2.1) Outpatients Waiting Times

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

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

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

What does the data tell us?

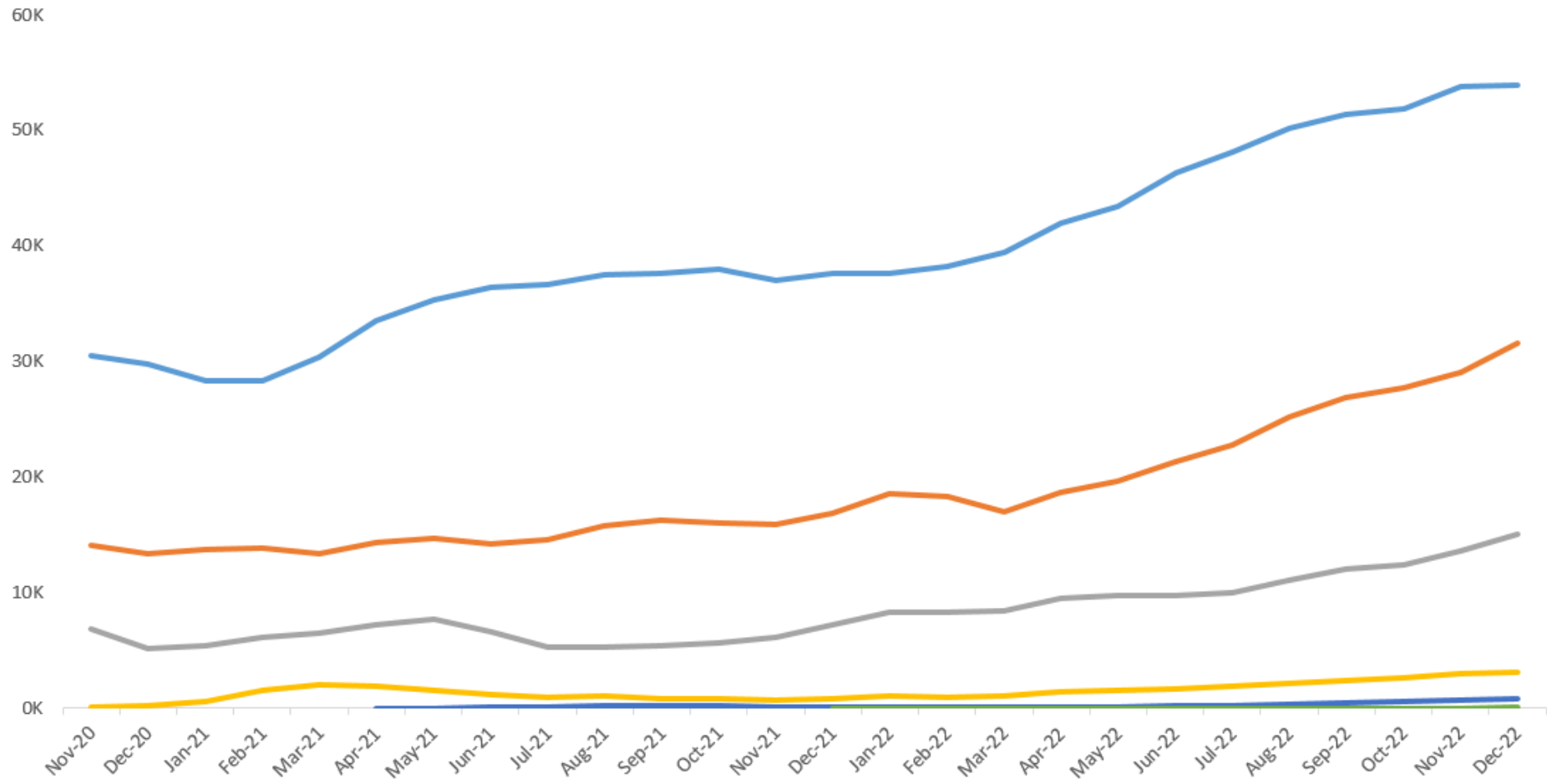
- At 31st December 2022 there were 31,598 patients waiting over 84 days for an outpatient appointment, compared to 29,007 at 30th November 2022. 71.6% of patients were seen within 84 days in December 2022, when compared to 67.6% in November 2022.
- Outpatient demand continues to increase and pent up demand/demand from long term conditions has contributed to the growth in the waiting list size and the increase in length of time for a routine outpatient appointment. At 31st December 2022, 54.0% of patients are waiting over 12 weeks to be seen.

Waiting List Summary | Outpatients | as at Month End December 2022

Data Source: Trakcare PMS

Management Information Only : data is unvalidated and subject to change

Lanarkshire - Outpatient Waiting Times Trend



	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
WL Size	30530	29777	28292	28359	30313	33556	35289	36449	36678	37515	37657	38003	36987	37650	37661	38146	39410	41998	43363	46302	48078	50125	51387	51897	53746	53,896
>12 Weeks	14111	13394	13673	13863	13398	14349	14684	14241	14563	15767	16203	16010	15831	16895	18481	18271	16949	18666	19674	21343	22758	25129	26815	27755	29007	31,598
>26 Weeks	6824	5096	5448	6121	6529	7188	7644	6636	5300	5308	5439	5682	6105	7238	8258	8281	8465	9486	9741	9714	9954	11054	12008	12389	13547	15,080
>52 Weeks	73	178	544	1488	2064	1892	1560	1112	960	998	835	753	716	844	991	943	1067	1375	1526	1695	1898	2085	2351	2630	3010	3,125
>78 Weeks						9	14	22	87	259	248	158	97	77	73	56	58	60	75	145	193	265	396	563	686	808
>104 Weeks														1	3	14	11	13	7	9	3	1	0	0	10	45

The table below shows outpatient waiting lists by specialty at 31st December 2022.

Waiting List Summary | Outpatients | December 2022

Data Source: Trakcare PMS

Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 31 December 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	25	37.3%	42	62.7%	19	28.4%	1	1.5%	0	0.0%	0	0.0%	67
A2 Cardiology	960	40.0%	1438	60.0%	746	31.1%	213	8.9%	0	0.00%	0	0.00%	2398
A6 Infectious Diseases	51	89.5%	6	10.5%	1	1.8%	0	0.0%	0	0.00%	0	0.00%	57
A7 Dermatology	2073	53.7%	1787	46.3%	33	0.9%	0	0.0%	0	0.00%	0	0.00%	3860
A8 Endocrinology	436	53.5%	379	46.5%	121	14.8%	4	0.5%	0	0.00%	0	0.00%	815
A9 Gastroenterology	854	30.6%	1937	69.4%	1177	42.2%	284	10.2%	11	0.39%	0	0.00%	2791
AB Geriatric Medicine	339	70.2%	144	29.8%	34	7.0%	1	0.2%	0	0.00%	0	0.00%	483
AD Medical Oncology	101	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	101
AF Medical Paediatrics	824	44.8%	1016	55.2%	396	21.5%	0	0.0%	0	0.00%	0	0.00%	1840
AG Nephrology	137	28.2%	349	71.8%	235	48.4%	79	16.3%	2	0.41%	0	0.00%	486
AH Neurology	707	38.2%	1142	61.8%	373	20.2%	0	0.0%	0	0.00%	0	0.00%	1849
AQ Respiratory Med	1016	55.2%	823	44.8%	249	13.5%	2	0.1%	0	0.00%	0	0.00%	1839
AR Rheumatology	557	54.9%	457	45.1%	56	5.5%	4	0.4%	0	0.00%	0	0.00%	1014
C1 General Surgery	2472	28.2%	6279	71.8%	4292	49.0%	1578	18.0%	602	6.88%	45	0.51%	8751
C12 Vascular Surgery	331	55.4%	267	44.6%	58	9.7%	0	0.0%	0	0.00%	0	0.00%	598
C13 Oral and Maxillofacial Surgery	1248	37.1%	2119	62.9%	745	22.1%	0	0.0%	0	0.00%	0	0.00%	3367
C31 Chronic Pain	168	97.1%	5	2.9%	1	0.6%	0	0.0%	0	0.00%	0	0.00%	173
C41 Cardiac Surgery	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	1
C5 ENT Surgery	1429	37.4%	2393	62.6%	1321	34.6%	67	1.8%	0	0.00%	0	0.00%	3822
C7 Ophthalmology	1636	36.9%	2800	63.1%	1453	32.8%	134	3.0%	5	0.11%	0	0.00%	4436
C7B NHSL Cataract List	796	24.3%	2473	75.7%	1492	45.6%	34	1.0%	0	0.00%	0	0.00%	3269
C8 Orthopaedics	2065	53.2%	1815	46.8%	125	3.2%	0	0.0%	0	0.00%	0	0.00%	3880
C9 Plastic Surgery	428	96.8%	14	3.2%	10	2.3%	2	0.5%	0	0.00%	0	0.00%	442
CA Surgical Paediatrics	110	98.2%	2	1.8%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	112
CB Urology	1071	33.9%	2090	66.1%	1320	41.8%	332	10.5%	0	0.00%	0	0.00%	3161
D1 Public Dental Service	205	19.2%	864	80.8%	655	61.3%	386	36.1%	188	17.59%	0	0.00%	1069
D5 Orthodontics	72	92.3%	6	7.7%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	78
F2 Gynaecology	1876	75.3%	615	24.7%	17	0.7%	0	0.0%	0	0.00%	0	0.00%	2491
J4 Haematology	310	48.0%	336	52.0%	151	23.4%	4	0.6%	0	0.00%	0	0.00%	646
Grand Total	22298	41.4%	31598	58.6%	15080	28.0%	3125	5.8%	808	1.50%	45	0.08%	53896

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

	Patients who will be waiting over 78 weeks if not booked before 31/12/2022		Patients who are currently waiting over 104 weeks
Census date	Patients with no confirmed appointment date	All patients (with or without an appointment date)	All patients (with or without an appointment date)
05/09/2022	985	1141	1
12/09/2022	978	1,112	1
19/09/2022	976	1,066	0
26/09/2022	945	1,023	0
03/10/2022	940	1,014	0
10/10/2022	940	1,002	0
17/10/2022	930	983	0
24/10/2022	926	965	1
31/10/2022	921	954	1
07/11/2022	912	940	0
14/11/2022	907	935	0
21/11/2022	900	935	1
28/11/2022	869	904	4
05/12/2022	864	891	15
12/12/2022	790	816	23
19/12/2022	791	815	32
28/12/2022	782	807	41
01/01/2023	785	808	45

The above chart is local data and shows that at 1st January 2023, NHS Lanarkshire reported 45 patients waiting over 104 weeks and 808 patients waiting over 78 weeks. As reflected in these numbers most specialties did not have patients waiting longer than the interim milestones. NHS Lanarkshire is one of the higher performing Boards nationally in the management of long waits for outpatients.

Actions undertaken in a range of specialties

- Waiting list validation.
- Prioritisation of available capacity to high pressure specialties.
- Access policy adherence.
- Scrutiny of booking available capacity.
- Review and prioritisation of routine capacity towards long waits, where funding permits.
- Accessing independent activity where possible and where funding permits.
- Engagement with NECU around opportunities for capacity management.
- Delivery of CfSD Heatmap described productive opportunities.

Risk that continue to impact activity

- Emergency pressures on staff. The Board remains in Black status and increased postponement of planned care on a targeted basis has been required in December and January
- 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 09/01/2023 (unvalidated and subject to change)

Site Grouping	07/11/2022	% Pre Covid	14/11/2022	% Pre Covid	21/11/2022	% Pre Covid	28/11/2022	% Pre Covid	05/12/2022	% Pre Covid	12/12/2022	% Pre Covid	19/12/2022	% Pre Covid	26/12/2022	% Pre Covid
University Hospital Hairmyres	1062	137%	1036	91%	1046	103%	954	99%	983	118%	887	83%	755	74%	281	93%
University Hospital Monklands	941	71%	812	64%	949	67%	765	52%	850	67%	713	60%	687	55%	257	63%
University Hospital Wishaw	795	84%	765	68%	766	80%	751	83%	755	87%	706	85%	628	81%	323	93%
Offsite	93	121%	87	116%	98	209%	59	98%	15	28%	13	29%	11	16%	0	0%
Grand Total	2891	92%	2700	75%	2859	83%	2529	74%	2603	86%	2319	74%	2081	67%	861	81%

Specialty	07/11/2022	% Pre Covid	14/11/2022	% Pre Covid	21/11/2022	% Pre Covid	28/11/2022	% Pre Covid	05/12/2022	% Pre Covid	12/12/2022	% Pre Covid	19/12/2022	% Pre Covid	26/12/2022	% Pre Covid
A1 General Medicine	0	0%	10	125%	0	0%	6	120%	0	0%	9	225%	0	0%	5	500%
A2 Cardiology	70	71%	79	67%	80	104%	51	59%	86	97%	78	75%	52	58%	23	52%
A6 Infectious Diseases	10	56%	6	20%	12	55%	9	56%	13	43%	12	52%	10	53%	7	140%
A7 Dermatology	337	91%	247	120%	295	74%	129	22%	149	38%	156	56%	119	32%	53	62%
A8 Endocrinology	50	89%	53	100%	49	100%	71	127%	45	96%	54	113%	51	111%	11	85%
A9 Gastroenterology	41	33%	37	20%	31	15%	40	47%	39	81%	26	25%	32	23%	13	57%
AB Geriatric Medicine	72	73%	60	74%	58	65%	59	83%	74	128%	68	106%	85	113%	11	27%
AD Medical Oncology	40	121%	30	86%	29	74%	36	120%	20	63%	40	200%	34	94%	13	81%
AF Medical Paediatrics	83	95%	93	119%	75	74%	71	81%	111	108%	47	50%	14	13%	32	76%
AG Nephrology	6	32%	10	71%	10	50%	8	53%	10	100%	7	37%	9	60%	13	118%
AH Neurology	76	127%	58	49%	35	28%	34	27%	64	96%	36	38%	34	24%	14	175%
AQ Respiratory Med	136	99%	65	43%	109	179%	71	106%	96	83%	63	68%	43	48%	12	40%
AR Rheumatology	43	86%	84	95%	75	90%	61	88%	96	145%	43	91%	34	67%	25	50%
C1 General Surgery	299	85%	361	78%	359	98%	311	95%	375	111%	312	85%	244	71%	76	56%
C12 Vascular Surgery	63	131%	61	197%	71	151%	71	229%	54	150%	52	116%	51	131%	7	100%
C13 Oral and Maxillofacial Surgery	38	32%	48	28%	41	55%	55	39%	59	45%	31	24%	70	80%	34	179%
C31 Chronic Pain	27	150%	22	85%	21	70%	38	165%	24	92%	32	128%	25	104%	25	500%
C41 Cardiac Surgery	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
C5 ENT Surgery	170	62%	163	52%	211	76%	193	71%	176	66%	176	61%	177	72%	56	53%
C7 Ophthalmology	270	93%	248	90%	253	78%	229	71%	228	102%	233	72%	200	65%	79	101%
C7B NHSL Cataract List	132	244%	104	101%	117	272%	80	229%	47	112%	22	34%	44	293%	0	0%
C8 Orthopaedics	428	107%	421	102%	429	118%	401	100%	366	96%	412	123%	333	82%	179	92%
C9 Plastic Surgery	48	69%	66	125%	47	82%	51	128%	31	89%	32	71%	30	176%	0	0%
CA Surgical Paediatrics	24	300%	23	164%	22	110%	0	0%	0	0%	8	114%	11	61%	0	0%
CB Urology	83	151%	105	74%	106	61%	104	75%	88	75%	73	46%	43	43%	2	17%
D1 Public Dental Service	2	10%	3	13%	3	15%	7	44%	3	9%	3	16%	0	0%	0	0%
D5 Orthodontics	7	41%	8	57%	16	107%	8	40%	5	42%	10	143%	10	48%	3	0%
F2 Gynaecology	290	131%	199	57%	271	86%	300	112%	303	108%	249	87%	299	127%	155	129%
J4 Haematology	46	288%	36	100%	34	142%	35	121%	41	158%	35	109%	27	93%	13	130%
Grand Total	2891	92%	2700	75%	2859	83%	2529	74%	2603	86%	2319	74%	2081	67%	861	81%

Narrative: In addition to core services, NHS Lanarkshire has historically had a range of outpatient activity delivered by a number of external providers who undertake face to face consultations. The focus has been to reduce the waiting times for routine patients, particularly those waiting over 78 weeks. Progress in this area has been impacted by the reduced availability of Scottish Government capacity planning funding and from the end of Quarter 3 this financial a year insourced routine outpatient provision ceased, except in dermatology where a reduced level of activity will continue until year end. Other barriers to delivery of pre-covid levels of activity vary across specialty but include the prioritisation of unplanned over planned care and specific workforce challenges associated with absence and recruitment difficulties.

Planning/Remobilisation:

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

2.2) Treatment Time Guarantee (TTG)

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

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

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

What does the data tell us? The table below shows at the end of December 2022 there were a total of 8016 patients who had breached their TTG date, compared to 7672 patients in November 2022. The number of patients on the waiting list has increased slightly to 12,028. In December 2022 51.4% of patients were treated within 84 days, compared to 50.1% in November 2022. In December 2022 26.5% of patients are waiting over 52 weeks, 14% of patients are waiting over 78 weeks and 6.6% of patients are waiting over 104 weeks for surgery with the greatest number of patients in general surgery, orthopaedic, gynaecology, ENT, Urology and Public Dental.

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

Waiting List Summary | TTG | December 2022

Data Source: Trakcare PMS

Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 31 December 2022

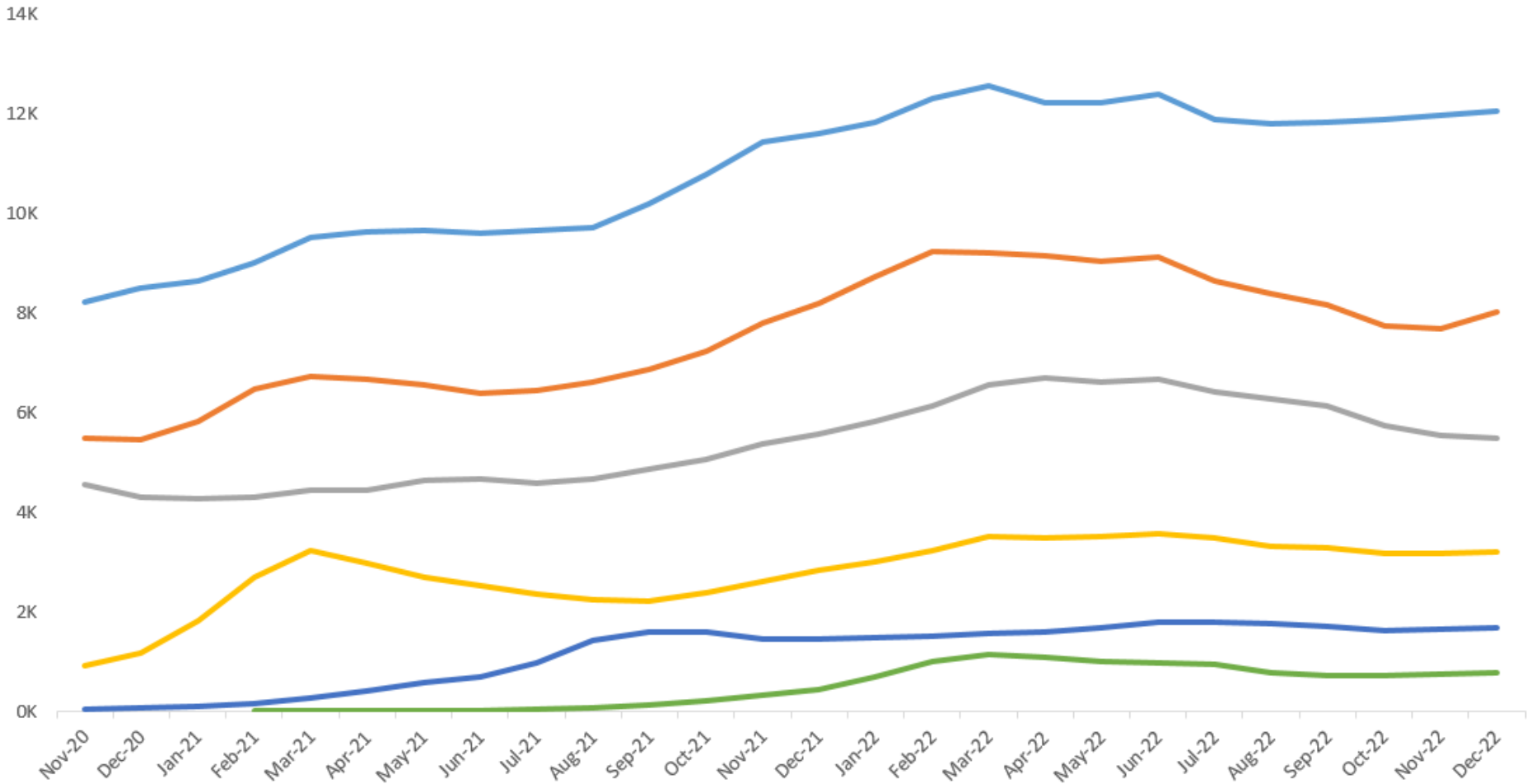
NHSL Specialties	Within 12 Weeks	% Within 12 Weeks	Over 12 Weeks	% Over 12 Weeks	Over 26 Weeks	% Over 26 Weeks	Over 52 Weeks	% Over 52 Weeks	Over 78 Weeks	% Over 78 Weeks	Over 104 Weeks	% Over 104 Weeks	Total
A1 General Medicine	18	66.7%	9	33.3%	5	18.5%	0	0.0%	0	0.0%	0	0.0%	27
A2 Cardiology	107	60.8%	69	39.2%	16	9.1%	0	0.0%	0	0.0%	0	0.0%	176
AB Geriatric Medicine	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2
AG Nephrology	10	62.5%	6	37.5%	2	12.5%	0	0.0%	0	0.0%	0	0.0%	16
AQ Respiratory Med	14	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	14
AR Rheumatology	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1
C1 General Surgery	420	35.0%	779	65.0%	629	52.5%	426	35.5%	258	21.5%	87	7.3%	1199
C12 Vascular Surgery	86	44.3%	108	55.7%	71	36.6%	29	14.9%	21	10.8%	9	4.6%	194
C13 Oral and Maxillofacial Surgery	56	16.7%	280	83.3%	212	63.1%	72	21.4%	19	5.7%	14	4.2%	336
C31 Chronic Pain	14	58.3%	10	41.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	24
C5 ENT Surgery	373	23.4%	1219	76.6%	939	59.0%	626	39.3%	343	21.5%	180	11.3%	1592
C7 Ophthalmology	89	30.3%	205	69.7%	180	61.2%	63	21.4%	1	0.3%	0	0.0%	294
C7B NHSL Cataract List	1018	59.0%	708	41.0%	116	6.7%	19	1.1%	1	0.1%	1	0.1%	1726
C8 Orthopaedics	929	30.4%	2125	69.6%	1379	45.2%	575	18.8%	131	4.3%	37	1.2%	3054
CA Surgical Paediatrics	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3
CB Urology	337	20.8%	1283	79.2%	1106	68.3%	880	54.3%	638	39.4%	350	21.6%	1620
D1 Public Dental Service	82	17.0%	399	83.0%	325	67.6%	195	40.5%	87	18.1%	19	4.0%	481
F2 Gynaecology	430	34.6%	814	65.4%	488	39.2%	306	24.6%	185	14.9%	94	7.6%	1244
H1 Clinical Radiology	25	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	25
Grand Total	4012	33.4%	8016	66.6%	5468	45.5%	3191	26.5%	1684	14.0%	791	6.6%	12028

Waiting List Summary | TTG | as at Month End December 2022

Data Source: Trakcare PMS

Management Information Only : data is unvalidated and subject to change

Lanarkshire - TTG Waiting Times Trend



	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
WL Size	8210	8484	8629	8985	9492	9607	9643	9591	9633	9714	10173	10779	11422	11600	11,823	12280	12554	12220	12204	12376	11868	11796	11813	11864	11944	12,028
>12 Weeks	5481	5451	5821	6462	6723	6653	6562	6369	6428	6600	6865	7212	7783	8169	8,722	9211	9187	9140	9030	9098	8627	8378	8162	7727	7672	8,016
>26 Weeks	4541	4299	4273	4287	4425	4435	4629	4659	4570	4652	4874	5058	5356	5567	5,824	6139	6560	6676	6617	6665	6409	6280	6135	5732	5542	5,468
>52 Weeks	905	1172	1826	2704	3217	2967	2686	2514	2356	2242	2215	2376	2615	2841	2,998	3241	3515	3480	3516	3557	3473	3318	3298	3173	3170	3,191
>78 Weeks	35	73	97	152	260	409	586	697	971	1427	1604	1583	1456	1459	1,482	1517	1560	1593	1690	1783	1789	1755	1709	1637	1663	1,684
>104 Weeks				5	7	12	19	32	45	72	137	227	338	441	681	993	1152	1101	1016	976	934	792	724	710	756	791

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

Data Source: Trakcare FMS as at 09/01/2023 (unvalidated and subject to change)

Site Grouping	07/11/2022	% Pre Covid	14/11/2022	% Pre Covid	21/11/2022	% Pre Covid	28/11/2022	% Pre Covid	05/12/2022	% Pre Covid	12/12/2022	% Pre Covid	19/12/2022	% Pre Covid	26/12/2022	% Pre Covid
University Hospital Hairmyres	145	70%	145	71%	153	85%	161	99%	156	103%	144	88%	95	60%	66	127%
University Hospital Monklands	114	88%	84	58%	99	74%	85	74%	93	69%	91	64%	78	71%	17	57%
University Hospital Wishaw	69	51%	63	42%	64	42%	62	46%	57	51%	55	42%	61	47%	30	58%
Offsite	37	43%	44	53%	34	40%	46	70%	16	29%	7	16%	9	14%	2	4%
Grand Total	365	65%	336	58%	350	63%	354	74%	322	71%	297	62%	243	52%	115	63%

Specialty	07/11/2022	% Pre Covid	14/11/2022	% Pre Covid	21/11/2022	% Pre Covid	28/11/2022	% Pre Covid	05/12/2022	% Pre Covid	12/12/2022	% Pre Covid	19/12/2022	% Pre Covid	26/12/2022	% Pre Covid
A1 General Medicine	6	50%	6	40%	9	56%	8	100%	10	100%	7	58%	8	62%	4	100%
A2 Cardiology	13	45%	12	63%	12	109%	9	60%	5	38%	10	63%	8	47%	5	250%
AQ Respiratory Med	3	150%	2	100%	1	13%	0	0%	1	33%	1	20%	0	0%	0	0%
AR Rheumatology	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
C1 General Surgery	52	51%	59	46%	62	63%	49	61%	44	54%	43	57%	58	67%	25	76%
C12 Vascular Surgery	14	108%	15	136%	12	100%	16	100%	21	263%	18	90%	5	50%	4	133%
C13 Oral and Maxillofacial Surgery	8	35%	6	50%	0	0%	7	32%	8	57%	3	19%	9	75%	0	0%
C31 Chronic Pain	1	25%	0	0%	1	17%	0	0%	1	25%	2	29%	0	0%	2	0%
C5 ENT Surgery	47	104%	34	62%	41	91%	35	92%	45	105%	38	61%	34	100%	7	39%
C7 Ophthalmology	9	100%	12	80%	9	50%	10	111%	15	125%	6	32%	7	35%	2	50%
C7B NHSL Cataract List	61	64%	48	69%	59	91%	96	139%	54	89%	56	193%	29	60%	23	96%
C8 Orthopaedics	44	52%	62	74%	57	70%	59	82%	58	123%	49	79%	31	46%	15	44%
CB Urology	50	109%	28	56%	39	91%	28	88%	19	35%	27	55%	19	39%	9	300%
D1 Public Dental Service	7	33%	9	36%	5	23%	8	32%	5	19%	8	36%	5	17%	4	80%
F2 Gynaecology	43	66%	35	47%	34	41%	22	35%	28	44%	23	35%	22	41%	15	38%
H1 Clinical Radiology	7	175%	8	53%	9	129%	7	50%	8	80%	6	38%	8	62%	0	0%
Grand Total	365	65%	336	58%	350	63%	354	74%	322	71%	297	62%	243	52%	115	63%

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

Patients who will be waiting over 104 weeks if not booked before 31/12/2022		
Census date	Patients with no confirmed admission date	All patients (with or without an admission date)
08/10/2022	979	1,062
15/10/2022	933	1,019
22/10/2022	912	999
29/10/2022	898	978
05/11/2022	879	943
12/11/2022	859	925
19/11/2022	832	898
26/11/2022	817	875
03/12/2022	795	855
10/12/2022	784	834
17/12/2022	787	809
24/12/2022	770	795
31/12/2022	769	791

The table above shows that at 31st December 2022 769 patients waited over 104 weeks. The management of long TTG waits continues to be a challenge in NHS Lanarkshire and nationally. The number waiting over 104 weeks (and 78 weeks) in Lanarkshire are below the proportion of national waits expected for our population share.

Clinical urgency remains our priority and the implementation of long waits milestones needs to be managed in the context of continued access to theatres for urgent patients and limited alternative capacity options due to restricted funding. We are currently running around 80% of our pre Covid elective theatres and around 70% of this capacity is used for the treatment of urgent patients. Continued delivery and expansion of theatres is dependent on availability of workforce. This remains the greatest risk to progress in this area. Further risk to progress here is the continued availability of Scottish Government capacity planning funding and access to inpatient beds and staff as a result of unscheduled care pressures.

Actions undertaken in a range of specialties.

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

Risk that continue to impact activity

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

Planning/Remobilisation:

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

2.3) Diagnostic Targets

Measures Definition: Diagnostic tests and investigations are used to identify a patient's condition, disease or injury. Under the 18 weeks standard, NHS Lanarkshire must ensure that the result of any test or investigation is available within 6 weeks of receiving the request. The 6 key diagnostic tests and investigations are:

- Upper Endoscopy
- Lower Endoscopy (excluding colonoscopy)
- Colonoscopy
- Cystoscopy
- Computer Tomography (CT)
- Magnetic Resonance Imaging (MRI)

The table below shows the ongoing waits as at 31st December 2022

Waiting List Summary | Diagnostics | December 2022

Data Source: Trakcare PMS

[Return to Index](#)

Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 31 December 2022

PATIENTS STILL WAITING - at month end		>6 Wks														Total	>26 Wks 183 days and over	>39 Wks 274 days and over	>52 Wks 365 days and over
		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				
This is the number of patients waiting, but not yet reported/verified, listed by period (days) since the date of receipt of referral for the test, as at the last day of the month																			
Endoscopic procedures																			
Endoscopy	Upper endoscopy	49	118	199	149	96	103	73	82	62	62	59	82	81	980	2,195	398	154	15
Endoscopy	Lower Endoscopy (other than conc	32	40	49	33	19	19	12	14	15	12	15	10	14	163	447	45	18	5
Endoscopy	Colonoscopy	111	257	211	204	173	133	100	76	57	89	89	87	93	779	2,459	211	68	12
Endoscopy	Cystoscopy	19	65	75	66	85	66	66	63	50	52	32	35	18	518	1,210	381	289	232
TOTAL SCOPES		211	480	534	452	373	321	251	235	184	215	195	214	206	2,440	6,311	1,035	529	264
Imaging																			
Imaging	Magnetic Resonance Imaging	139	227	257	191	228	180	214	156	135	104	102	69	67	460	2,529	80	0	0
Imaging	Computer Tomography	228	383	279	183	161	141	110	88	62	40	23	22	10	48	1,778	2	0	0
Imaging	Non-obstetric ultrasound	437	555	538	494	395	415	365	414	353	308	336	311	276	5,982	11,179	2,959	1,083	88
Imaging	Barium Studies	0	0	1	0	0	2	1	1	0	0	0	0	0	0	5	0	0	0
TOTAL IMAGING		804	1,165	1,075	868	784	738	690	659	550	452	461	402	353	6,490	15,491	3,041	1,083	88
Other																			
Cardiology	ECG	52	167	146	120	90	71	90	117	97	92	11	10	15	24	1,102	0	0	0
Cardiology	Blood Pressure	29	106	37	71	18	21	25	23	24	18	16	5	6	5	404	0	0	0
Cardiology	Echocardiology	39	180	143	111	107	77	121	83	92	92	41	61	70	979	2,196	302	9	3
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	74	62	122	135	160	129	162	83	189	85	93	65	68	762	2,189	179	1	0
TOTAL		1,209	2,160	2,057	1,757	1,532	1,357	1,339	1,200	1,136	954	817	757	718	10,700	27,693	481	10	3

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

Narrative: Radiology imaging remains under significant stress due to increasing demand for inpatient, outpatient and cancer examinations, particularly in MRI and subspecialty MRI examinations. Additional external and internal capacity is being sourced to address these waits. All aspects of endoscopy remain challenged due to staffing and accommodation constraints. The provision of outpatient scanning in MRI and CT continues to be pressured due to a significant increase in requests for emergency and inpatient scans and also workforce availability.

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

Planning/Remobilisation:

- Modular endoscopy unit continues to run at UHH.
- Additional imaging capacity secured within the region.
- Work continues in developing a Regional Out of Hours Interventional Radiology model.
- Alternatives to endoscopy, for example cytosponge have been introduced.
- Establishment of a second CT scanner at University Hospital Monklands is expected in Q4 this year.

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 data for quarters 2 and 3 of 2022 shows that NHSL was above the National Standard: 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat. Performance for the months in quarter 3 published so far indicate performance below the standard. It is predicated that recovery of the 95% standard for 31 days will be delivered in the coming months. 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 October 2022 and November (un-validated) 2022. For cancer waiting times figures quarters are expressed as a portion of the calendar year, not financial year.

October 2022

62 day- 76.1%
31 day- 92.2%

November 2022 (unvalidated)

62 day- 72.4%
31 day – 91.3%

Q2 data

62 day – 78.5%
31 day – 95.3%

Q3 data

62 day-79.2%
31 day -95.6%

The graph below shows 31-day standard performance.



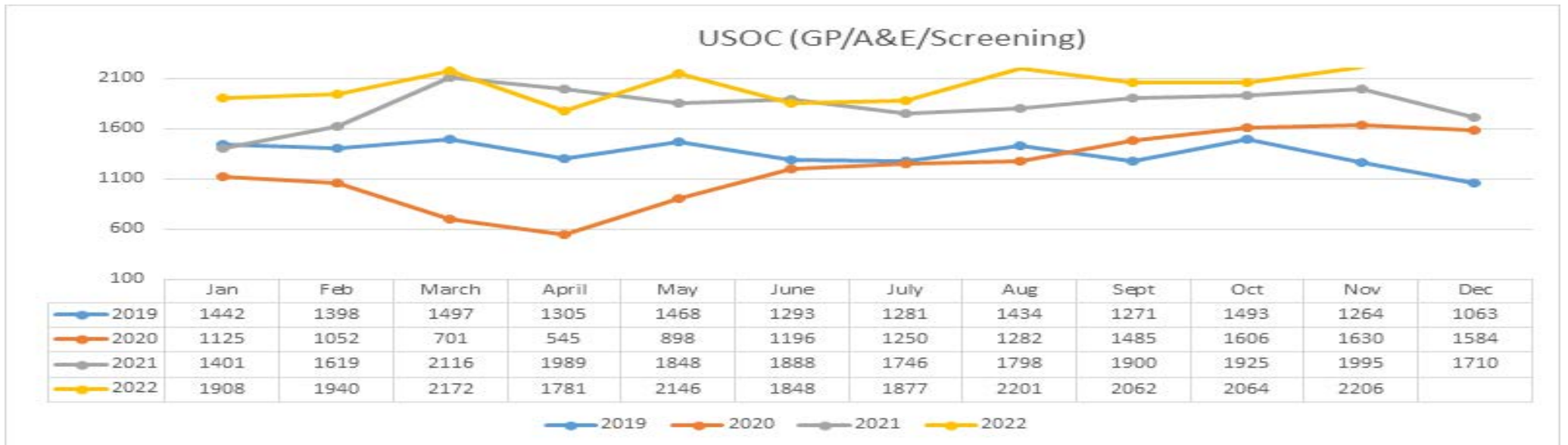
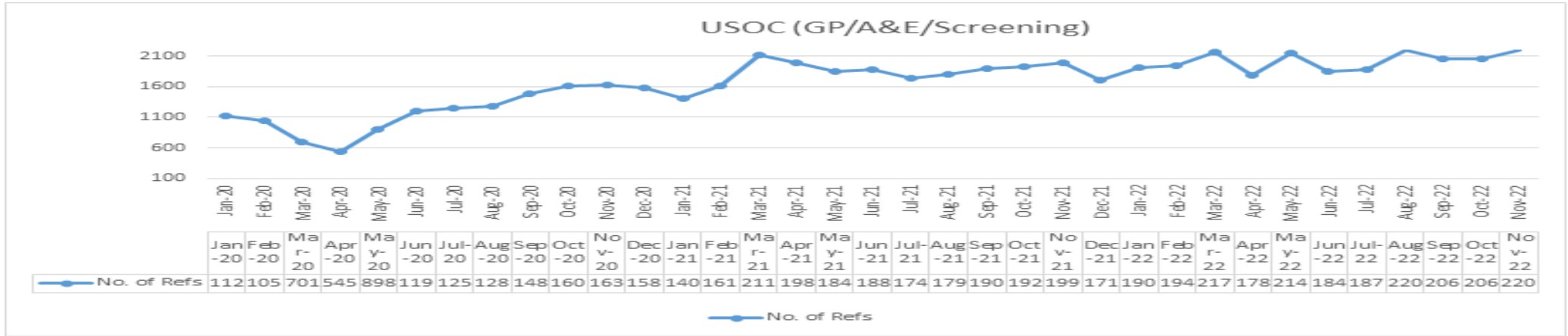
The graph below shows 62-day standard performance.



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 Systemic Anti Cancer Treatment (SACT) episodes within 2021/2022 and workforce challenges this is becoming more difficult to achieve. This is a recognised National concern with review of the data underway along with scheduled National workshops with key Stakeholders.

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



Planning/Remobilisation

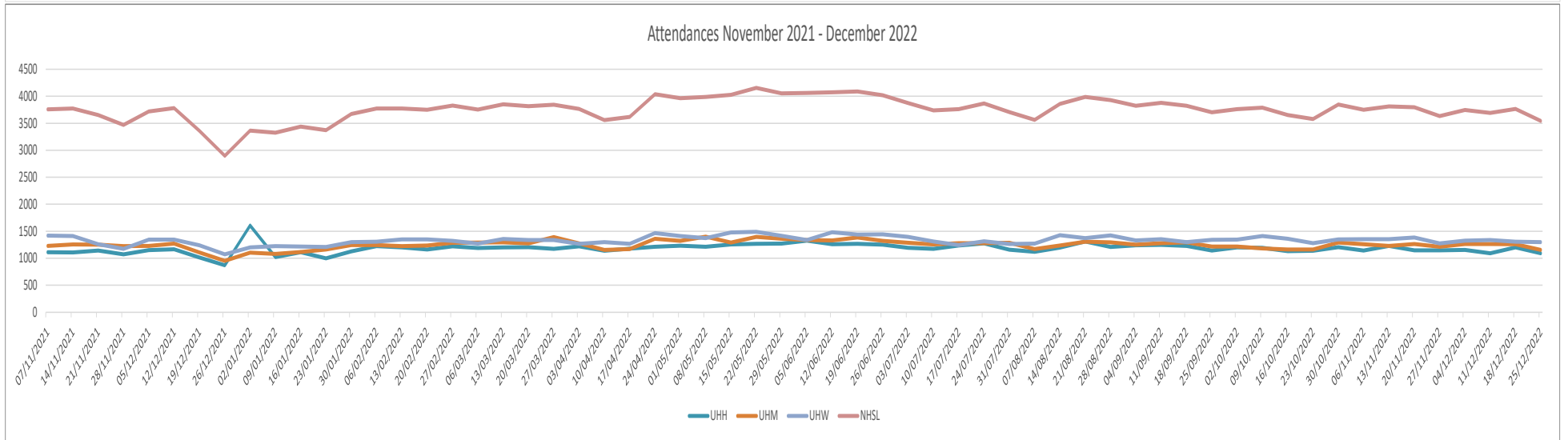
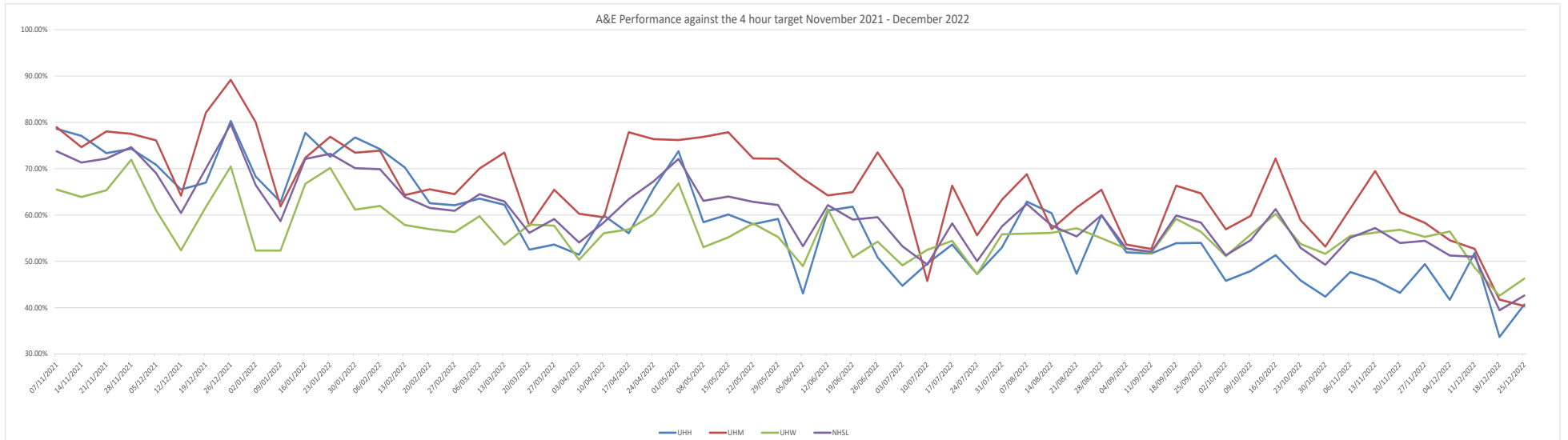
- Although diagnosed cancer rates remain reasonable static, suspicion of cancer referrals from all sources have increased. This has put pressure on the early, assessment and diagnostic parts of the pathways.
- Cancer patients continue to be prioritised for treatment whilst trying to achieve within the waiting times milestones.
- Any Priority 2 patient whose surgical treatment is deferred due to capacity constraints is rescheduled as quickly as possible.
- Colorectal, Lung and Urology performance has been adversely impacted by waits for access to diagnostic tests including TURBT for urology. However work is underway within the colorectal pathway to introduce double QFit which is anticipated to have a positive impact of stratification of patients to scope. This will in turn release capacity which is anticipated to be 70%.
- Breast has been adversely impacted due to radiology capacity through workforce pressures and elective theatre capacity.
- Urology, Breast and Colorectal Oncology Clinics are challenged around New patient capacity due to increase referrals compounded with Clinical Oncology workforce. Collaboration with the Regional Cancer Centre continues to foster discussion moving forward to review the workforce requirement that is sustainable to maintain the 52 weeks service agreed to support SACT assessment. NHS Lanarkshire continue to review and support to develop the Non-Medical Prescriber (NMP) model that supports Oncology clinics through Cancer Nursing and Cancer Pharmacy however this is not sustainable currently.

3. UNSCHEDULED CARE

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

What the data tells us? NHS Lanarkshire December 2022 performance is 45.04%, this is a decrease from 55.42% in November 2022. NHS Lanarkshire's performance has been lower than the Scottish average. In December 2022 the attendances decreased to 15,985, compared to 16,125 attendances in November 2022.

Please note the graphs below show local data.

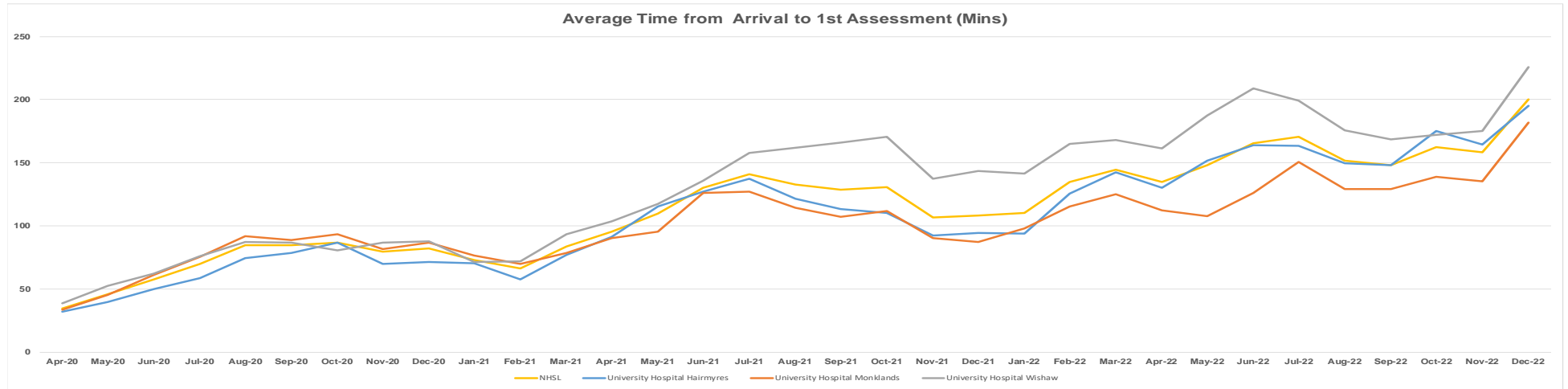


The graphs below show average time to first assessment (TTFA) by site and by triage category.

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



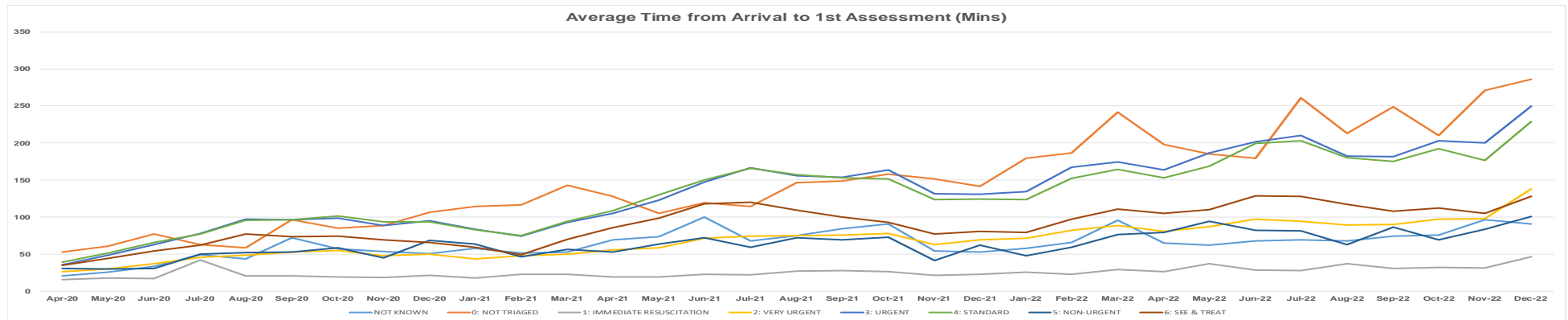
Data Source: TrakCare PMS as at 05/01/2023 (unvalidated and subject to change)



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



Data Source: TrakCare PMS as at 05/01/2023 (unvalidated and subject to change)



The above graphs show that time to first assessment (TTFA) across all sites remains a major and increasing factor in ED delays and depressed performance against the 4 hour standard. Assessment times are influenced by available to suitable staff to manage patients, occupancy in the departments that prevent suitable assessment space being available and the acuity and complexity of the patients presenting. Time to assessment for the high clinical priority patient group (immediate resuscitation) has been maintained at levels close to historic levels, most other patient categories have experienced longer waits to clinical assessment.

Narrative: The TTFA data shows the impact of ED overcrowding due to exit block and the continued clinical prioritisation of the most unwell patients. All sites continue to experience very high occupancy (>100%) related to the impact of increased lengths of stay for emergency admissions. Full system and site action plans are in place to support progress in maximising discharges, reducing length of stay and reducing delayed discharges. However, the impact of occupancy on clinical risk and performance remain significant challenges for the Acute Division.

The following summarises the performance at site level:

University Hospital Hairmyres

December 2022 month end performance for University Hospital Hairmyres (UHH) was 41.58% with 4916 attendances. This compares to November 2022 performance of 47.25% with 4999 attendances.

University Hospital Monklands

December 2022 month end performance for University Hospital Monklands (UHM) was 46.31% with 5290 attendances. This compares to November 2022 performance of 61.65% with 5377 attendances.

University Hospital Wishaw

December 2022 month end performance for University Hospital Wishaw (UHW) was 46.81% with 5779 attendances. This compares to November 2022 performance of 56.69% with 5749 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.

Operation FLOW is an ambitious service improvement plan expected to be implemented in the coming weeks. A separate paper will be shared by the Director of Planning.

4. RECOMMENDATIONS

The Lanarkshire NHS Board are asked to note:

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

5. CONCLUSION

The Acute Division continues to focus on responding to system pressures. Unscheduled Care continues to be an area of significant concern and an on-going challenge for the Acute Division. The delivery of whole system change will be a core component of effecting improvement. In response to the continued and sustained system pressures, Strategic Command meetings have been reinstated.

6. FURTHER INFORMATION

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

**JUDITH PARK
DIRECTOR OF ACUTE SERVICES
18 JANUARY 2023**