

Lanarkshire NHS Board
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Meeting of Lanarkshire NHS Board – 29th March 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 February 2023 and Unscheduled Care standards until the end of January 2023. The report highlights areas of pressure and challenge and describes the actions being taken.

2. ROUTE TO LANARKSHIRE PPRC

This paper has been:

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

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

3. SUMMARY OF KEY ISSUES

The Board continues to face significant challenges in delivering routine elective outpatient, diagnostics and inpatient treatment. The focus continues to be clinical prioritisation of cancer, clinically urgent patients and, in line with the change in guidance issued in June 2022, the treatment of patients waiting longer than 104 weeks and 78 weeks.

The Acute Management Team continue to focus on patient safety and responding appropriately to the continuing system pressures. Unscheduled Care performance continues to be variable and exacerbated by pre-existing performance issues, including physical space and staff availability.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	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
- Intensive Care Service at UHM

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
24 MARCH 2023**

Meeting of Lanarkshire NHS Board – 29th March 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 February 2023.
- The 4 hour Emergency Department standard until the end of February 2023.

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:

- one year for outpatients in most specialities by the end of March 2023.

What does the data tell us?

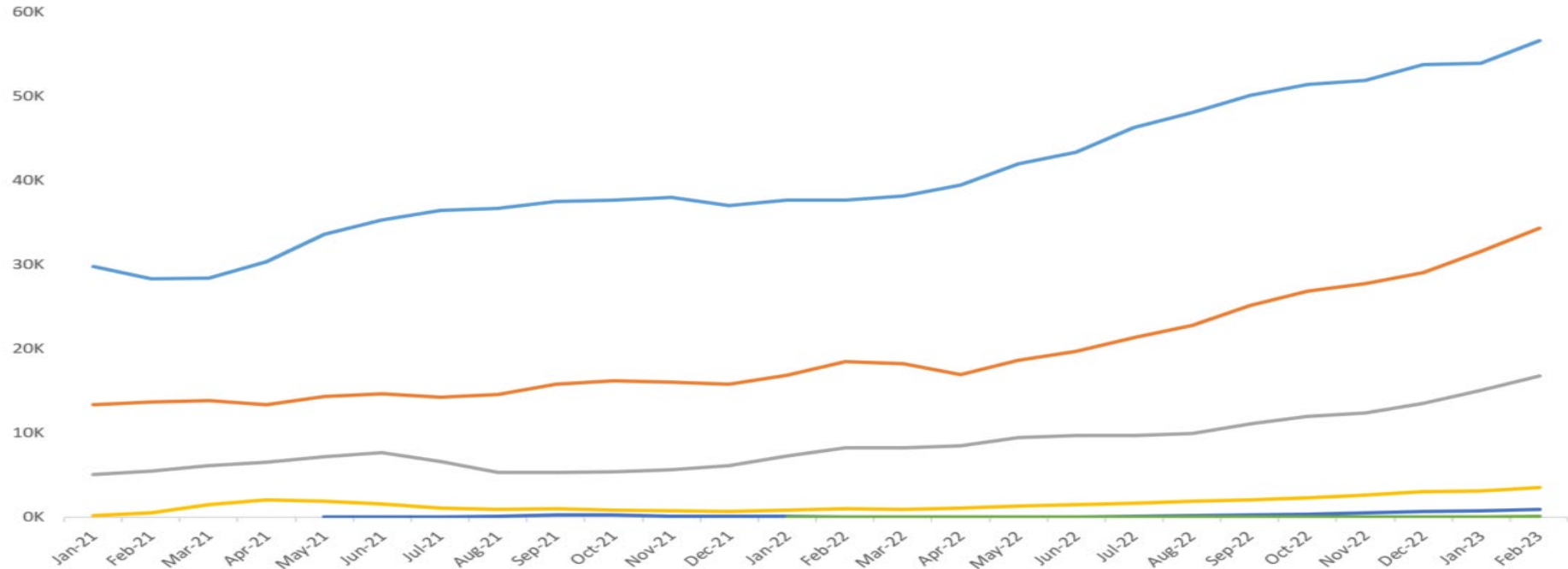
- At 28th February 2023 there were 35,509 patients waiting over 84 days for an outpatient appointment, compared to 34,336 at 31st January 2023. 67% of patients were seen within 84 days in February 2023, when compared to 72% in January 2023.
- Outpatient demand continues to increase and pent up demand/demand 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 28th February 2023, 61% of patients are waiting over 12 weeks to be seen.

Waiting List Summary | Outpatients | as at Month End February 2023

Data Source: Trakcare PMS

Management Information Only : data is unvalidated and subject to change

Lanarkshire - Outpatient Waiting Times Trend



	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	Jan-23	Feb-23
WL Size	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	56,552
>12 Weeks	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	34,336
>26 Weeks	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	16,763
>52 Weeks	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	3,501
>78 Weeks					9	14	22	87	259	248	158	97	77	73	56	58	60	75	145	193	265	396	563	686	808	958
>104 Weeks													1	3	14	11	13	7	9	3	1	0	0	10	45	99

The table below shows outpatient waiting lists by specialty at 28th February 2023.

Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 28 February 2023

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	13	28.9%	32	71.1%	11	24.4%	0	0.0%	0	0.0%	0	0.0%	45
A2 Cardiology	1038	39.6%	1582	60.4%	773	29.5%	210	8.0%	3	0.1%	0	0.0%	2620
A6 Infectious Diseases	52	94.5%	3	5.5%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	55
A7 Dermatology	2138	49.2%	2206	50.8%	376	8.7%	0	0.0%	0	0.00%	0	0.00%	4344
A8 Endocrinology	473	52.3%	431	47.7%	178	19.7%	0	0.0%	0	0.00%	0	0.00%	904
A9 Gastroenterology	928	29.8%	2190	70.2%	1408	45.2%	406	13.0%	51	1.64%	0	0.00%	3118
AB Geriatric Medicine	332	68.5%	153	31.5%	36	7.4%	1	0.2%	0	0.00%	0	0.00%	485
AD Medical Oncology	133	99.3%	1	0.7%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	134
AF Medical Paediatrics	795	43.3%	1040	56.7%	274	14.9%	0	0.0%	0	0.00%	0	0.00%	1835
AFA Community Child Health	1	20.0%	4	80.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	5
AG Nephrology	128	26.1%	363	73.9%	247	50.3%	80	16.3%	1	0.20%	0	0.00%	491
AH Neurology	694	32.6%	1435	67.4%	753	35.4%	1	0.0%	0	0.00%	0	0.00%	2129
AQ Respiratory Med	1004	45.8%	1188	54.2%	381	17.4%	0	0.0%	0	0.00%	0	0.00%	2192
AR Rheumatology	538	48.1%	581	51.9%	69	6.2%	3	0.3%	0	0.00%	0	0.00%	1119
C1 General Surgery	2718	28.6%	6794	71.4%	5003	52.6%	2021	21.2%	781	8.21%	103	1.08%	9512
C12 Vascular Surgery	412	60.3%	271	39.7%	66	9.7%	0	0.0%	0	0.00%	0	0.00%	683
C13 Oral and Maxillofacial Surgery	1184	32.0%	2520	68.0%	1359	36.7%	18	0.5%	0	0.00%	0	0.00%	3704
C31 Chronic Pain	149	98.7%	2	1.3%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	151
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	1779	40.1%	2658	59.9%	1485	33.5%	139	3.1%	0	0.00%	0	0.00%	4437
C7 Ophthalmology	1726	36.1%	3055	63.9%	1546	32.3%	143	3.0%	2	0.04%	0	0.00%	4781
C7B NHSL Cataract List	721	22.7%	2461	77.3%	1481	46.5%	32	1.0%	1	0.03%	0	0.00%	3182
C8 Orthopaedics	1976	48.7%	2080	51.3%	229	5.6%	0	0.0%	0	0.00%	0	0.00%	4056
C9 Plastic Surgery	340	96.9%	11	3.1%	4	1.1%	0	0.0%	0	0.00%	0	0.00%	351
CA Surgical Paediatrics	114	79.2%	30	20.8%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	144
CB Urology	885	27.7%	2308	72.3%	1425	44.6%	393	12.3%	0	0.00%	0	0.00%	3193
D1 Public Dental Service	166	15.7%	892	84.3%	679	64.2%	367	34.7%	192	18.15%	9	0.85%	1058
D5 Orthodontics	104	96.3%	4	3.7%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	108
F2 Gynaecology	2070	72.4%	789	27.6%	20	0.7%	0	0.0%	0	0.00%	0	0.00%	2859
H2 Clinical Oncology	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	1
J4 Haematology	271	38.9%	425	61.1%	184	26.4%	1	0.1%	0	0.00%	0	0.00%	696
Grand Total	22884	39.2%	35509	60.8%	17987	30.8%	3815	6.5%	1031	1.77%	112	0.19%	58393

Outpatient MMI Reportable
Weekly Countdown - Monitoring of Patients Waiting - 31st March 2023

	Patients who will be waiting over 52 weeks if not booked before 31/03/2023		Patients who are currently waiting over 78 weeks	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)	All patients (with or without an appointment date)
09/01/2023	6,232	7,025	848	56
16/01/2023	6,020	6,843	897	66
23/01/2023	5,862	6,569	917	79
30/01/2023	5,593	6,260	945	95
06/02/2023	5,213	5,996	981	115
13/02/2023	4,666	5,761	988	109
20/02/2023	4,571	5,553	1,005	112
27/02/2023	4,483	5,279	1,014	109
06/03/2023	4,346	5,085	1,179	122
13/03/2023	4,059	4,840	1,061	113

The above chart shows that at 13th March 2023, NHS Lanarkshire reported 113 patients are waiting over 104 weeks, 1061 patients are waiting over 78 weeks and 4840 patients projected to be waiting over 52 weeks at the end of March 2023. Although there are areas of specific specialty pressures, NHS Lanarkshire continues to perform well nationally, relative to population share, in the management of long waits for outpatients.

In March 2023, NHS Lanarkshire is working with the National Elective Coordination Unit (NECU) at the Golden Jubilee, to undertake administrative validation of all patients waiting over 26 weeks in key specialties, initially general surgery, urology, ENT and gynaecology. Based on previous similar national exercises this is expected to lead to around a 5% removal rate from these waiting lists, based on patient preferences.

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 23/24.

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

By Site & Specialty

Data Source: Trakcare FMS as at 13/03/2023 (unvalidated and subject to change)

Site Grouping	09/01/2023	% Pre Covid	16/01/2023	% Pre Covid	23/01/2023	% Pre Covid	30/01/2023	% Pre Covid	06/02/2023	% Pre Covid	13/02/2023	% Pre Covid	20/02/2023	% Pre Covid	27/02/2023	% Pre Covid
University Hospital Hairmyres	699	80%	896	86%	779	78%	989	107%	849	94%	759	88%	950	100%	860	84%
University Hospital Monklands	720	62%	855	68%	787	70%	929	70%	945	81%	495	45%	930	75%	1080	89%
University Hospital Wishaw	650	83%	813	87%	677	81%	765	101%	809	103%	662	83%	762	96%	729	81%
Offsite	8	12%	6	9%	13	27%	10	32%	25	48%	39	85%	67	56%	44	49%
Grand Total	2077	72%	2570	78%	2256	75%	2693	89%	2628	90%	1955	69%	2709	87%	2713	84%

Specialty	09/01/2023	% Pre Covid	16/01/2023	% Pre Covid	23/01/2023	% Pre Covid	30/01/2023	% Pre Covid	06/02/2023	% Pre Covid	13/02/2023	% Pre Covid	20/02/2023	% Pre Covid	27/02/2023	% Pre Covid
A1 General Medicine	6	86%	4	133%	5	63%	0	0%	5	71%	4	133%	5	100%	4	0%
A2 Cardiology	42	46%	62	58%	62	81%	91	105%	72	74%	44	58%	74	67%	63	50%
A6 Infectious Diseases	19	100%	5	20%	10	48%	7	41%	16	64%	14	70%	14	93%	9	53%
A7 Dermatology	160	64%	185	47%	250	77%	280	60%	203	62%	65	12%	210	55%	275	92%
A8 Endocrinology	50	89%	55	134%	40	87%	58	153%	38	97%	26	186%	48	114%	60	194%
A9 Gastroenterology	40	51%	50	78%	42	47%	29	34%	59	94%	37	76%	56	98%	44	38%
AB Geriatric Medicine	63	94%	89	106%	51	69%	77	101%	75	104%	66	83%	93	121%	79	96%
AD Medical Oncology	26	87%	34	103%	25	100%	36	129%	32	91%	20	95%	36	103%	34	142%
AF Medical Paediatrics	57	69%	129	172%	83	84%	99	118%	124	148%	82	88%	126	129%	133	127%
AG Nephrology	6	30%	9	47%	17	113%	6	33%	15	83%	9	60%	12	80%	14	88%
AH Neurology	44	200%	33	67%	28	48%	37	50%	29	29%	53	95%	44	34%	39	40%
AQ Respiratory Med	63	69%	68	51%	49	64%	73	66%	62	69%	59	71%	40	38%	71	73%
AR Rheumatology	46	43%	34	45%	37	71%	41	54%	43	73%	31	46%	32	38%	36	48%
C1 General Surgery	219	63%	294	70%	270	74%	318	94%	350	116%	244	74%	328	92%	268	75%
C12 Vascular Surgery	31	103%	44	79%	36	82%	37	88%	46	159%	43	88%	44	116%	34	71%
C13 Oral and Maxillofacial Surgery	56	78%	88	79%	37	39%	95	84%	90	118%	26	41%	26	31%	58	39%
C31 Chronic Pain	27	117%	31	124%	35	140%	29	107%	16	64%	30	115%	29	116%	26	144%
C5 ENT Surgery	160	62%	231	75%	154	64%	219	89%	242	81%	92	38%	211	106%	250	84%
C7 Ophthalmology	189	97%	217	102%	212	79%	201	96%	218	90%	218	113%	224	115%	203	72%
C7B NHSL Cataract List	24	23%	32	27%	46	52%	45	53%	56	68%	66	84%	91	58%	73	58%
C8 Orthopaedics	365	90%	410	104%	340	91%	376	107%	364	96%	286	90%	473	116%	440	106%
C9 Plastic Surgery	48	145%	61	84%	46	105%	55	108%	64	128%	46	135%	58	145%	66	147%
CA Surgical Paediatrics	10	1000%	11	52%	0	0%	11	122%	0	0%	0	0%	0	0%	20	1000%
CB Urology	45	34%	77	51%	74	54%	126	105%	66	118%	100	167%	104	137%	89	135%
D1 Public Dental Service	10	42%	13	54%	19	86%	9	43%	15	65%	18	72%	17	74%	19	83%
D5 Orthodontics	13	130%	12	75%	13	100%	4	29%	5	42%	8	133%	12	63%	7	33%
F2 Gynaecology	231	81%	265	122%	259	93%	313	142%	298	110%	253	101%	275	93%	280	113%
J4 Haematology	27	87%	27	84%	16	70%	21	84%	25	119%	15	63%	27	104%	19	59%
Grand Total	2077	72%	2570	78%	2256	75%	2693	89%	2628	90%	1955	69%	2709	87%	2713	84%

Narrative: NHS Lanarkshire currently continues to deliver outpatient activity internally and with a range of external providers who are undertaking face to face consultations. As a consequence of the revised funding allocation received from Scottish Government, independent sector activity ceased at the end of Q3, along with a reduction in internally provided additional waiting list initiative activity for routine outpatient appointments. Due to the availability of further funding some of this internal activity has been restored in recent weeks and will continue until the end of the financial year.

Planning/Remobilisation:

- Validation exercise of patients on the waiting list is ongoing with focus on the patients over 52 weeks, then 26 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:

- 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? At the end of February 2023 there were a total of 8871 patients who had breached their TTG date, compared to 8670 patients in January 2023. The number of patients on the waiting list has increased to 12,532. In February 2023 44% of patients were treated within 84 days, compared to 53% in January 2023. 26% of patients are waiting over 52 weeks for surgery with the greatest number of patients in general surgery, orthopaedic, gynaecology, ENT and urology.

The table below was accurate at 28th February 2023 and shows the numbers of patients in each clinical prioritisation group. There are an increasing number of Cancer/ Suspicion of Cancer patients now featuring in the long waiting times bands. These patients continue to be reviewed and treated on a prioritised basis. Most all of these patients have undergone recent clinical validation and have either been upgraded to this categorisation following that review or are unavailable, unsure if they wish to proceed or are uncontactable at this time. It is expected that many of these patients will return to outpatients prior to any further plan for treatment.

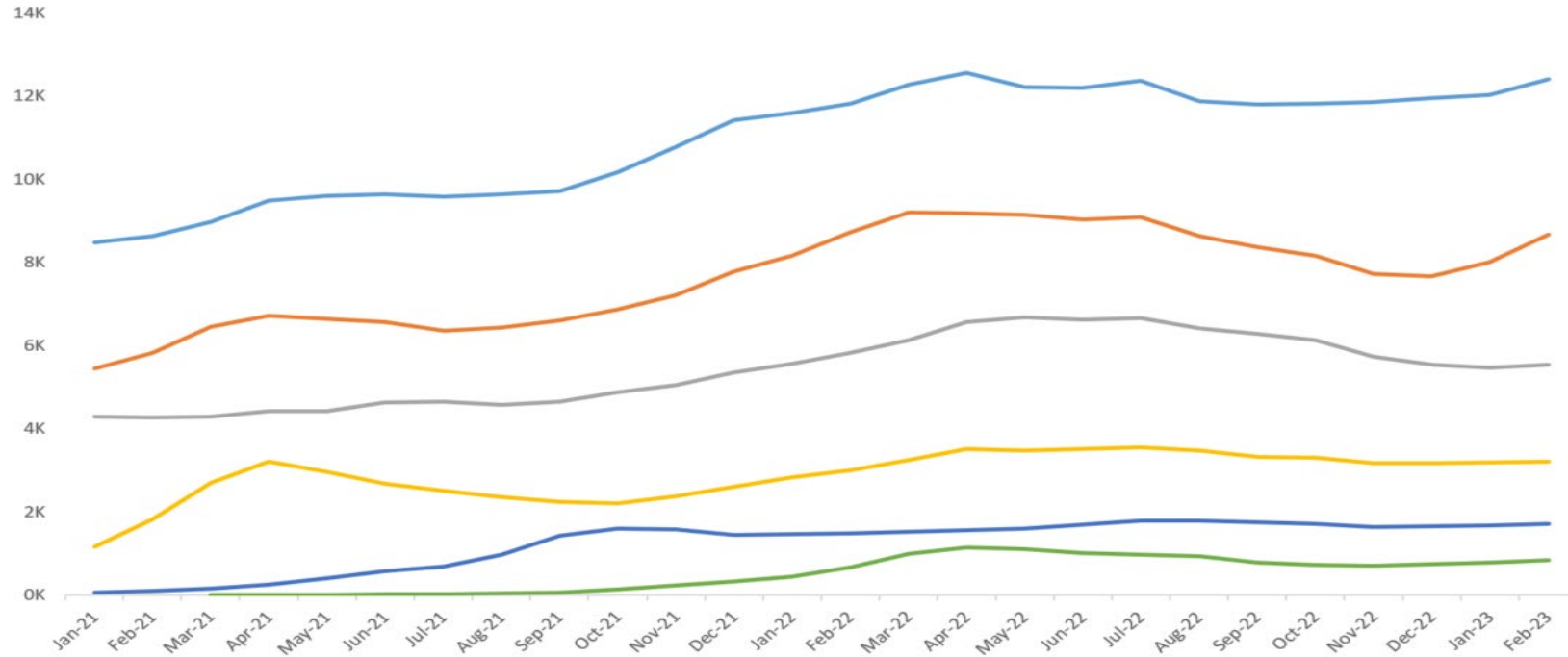
The table below shows TTG waiting list by specialty at 28th February 2023.

Waiting List Summary | TTG | as at Month End February 2023

Data Source: Trakcare PMS

Management Information Only : data is unvalidated and subject to change

Lanarkshire - TTG Waiting Times Trend



	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	Jan-23	Feb-23
WL Size	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	12,416
>12 Weeks	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	8,670
>26 Weeks	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	5,537
>52 Weeks	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	3,217
>78 Weeks	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	1,708
>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	844

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

Data Source: Trakcare PMS as at 07/03/2023 (unvalidated and subject to change)

Site Grouping	09/01/2023	% Pre Covid	16/01/2023	% Pre Covid	23/01/2023	% Pre Covid	30/01/2023	% Pre Covid	06/02/2023	% Pre Covid	13/02/2023	% Pre Covid	20/02/2023	% Pre Covid	27/02/2023	% Pre Covid
University Hospital Hairmyres	133	67%	130	64%	108	71%	161	101%	152	90%	167	104%	157	92%	153	81%
University Hospital Monklands	54	49%	87	65%	105	73%	90	59%	86	75%	89	95%	74	51%	85	63%
University Hospital Wishaw	56	45%	59	41%	69	48%	57	45%	62	46%	65	52%	67	44%	72	46%
Offsite	10	9%	37	48%	32	39%	31	35%	38	50%	71	109%	15	16%	32	23%
Grand Total	253	46%	313	56%	314	60%	339	64%	338	69%	392	88%	313	55%	342	55%

Specialty	09/01/2023	% Pre Covid	16/01/2023	% Pre Covid	23/01/2023	% Pre Covid	30/01/2023	% Pre Covid	06/02/2023	% Pre Covid	13/02/2023	% Pre Covid	20/02/2023	% Pre Covid	27/02/2023	% Pre Covid
A1 General Medicine	13	260%	8	73%	11	100%	10	143%	11	138%	10	143%	8	89%	5	36%
A2 Cardiology	13	108%	14	70%	11	65%	17	106%	18	164%	9	69%	12	71%	16	160%
AQ Respiratory Med	0	0%	3	100%	2	100%	3	60%	1	50%	4	100%	3	150%	7	700%
C1 General Surgery	42	53%	41	49%	65	72%	55	65%	47	59%	67	105%	42	52%	56	62%
C12 Vascular Surgery	16	145%	12	92%	16	100%	19	173%	9	69%	21	191%	22	183%	16	94%
C13 Oral and Maxillofacial Surgery	2	15%	4	24%	5	45%	4	20%	5	36%	5	45%	4	17%	0	0%
C31 Chronic Pain		0%		0%	5	33%	1	20%	0	0%	0	0%	3	60%	2	200%
C5 ENT Surgery	24	45%	44	90%	35	50%	49	89%	29	62%	32	67%	38	58%	33	49%
C7 Ophthalmology	9	150%	9	64%	10	167%	6	43%	6	75%	11	275%	11	122%	15	71%
C7B NHSL Cataract List	51	40%	54	55%	9	13%	43	73%	61	72%	48	63%	51	61%	46	49%
C8 Orthopaedics	33	34%	48	57%	42	53%	57	70%	59	63%	68	94%	52	63%	50	37%
CA Surgical Paediatrics	0	0%	0	0%	0	0%	0	0%	0	0%	1	33%	1	100%	3	300%
CB Urology	19	44%	24	43%	52	104%	22	33%	28	104%	36	150%	23	72%	36	109%
D1 Public Dental Service	2	9%	6	22%	6	55%	7	33%	7	27%	7	27%	0	0%	10	42%
F2 Gynaecology	25	42%	40	69%	38	67%	39	57%	54	106%	62	100%	37	38%	40	51%
H1 Clinical Radiology	4	36%	6	55%	7	64%	7	88%	3	18%	11	79%	6	60%	7	70%
Grand Total	253	46%	313	56%	314	60%	339	64%	338	69%	392	88%	313	55%	342	55%

**TTG (all referral sources)
Weekly Countdown - Monitoring of Patients Waiting - 31st March 2023**

Patients who will be waiting over 104 weeks if not booked before 31/03/2023		
Census date	Patients with no confirmed admission date	All patients (with or without an admission date)
07/01/2023	1,149	1,185
14/01/2023	1,126	1,171
21/01/2023	1,102	1,147
28/01/2023	1,077	1,116
04/02/2023	1,048	1,098
11/02/2023	1,033	1,084
18/02/2023	1,003	1,052
25/02/2023	989	1,034
04/03/2023	966	1,014
11/03/2023	955	1,005

The table above shows that at 11th March 2023 1005 patients are projected to be waiting over 104 weeks by 31st March. The management of long TTG waits continues to be a challenge in NHS Lanarkshire and nationally.

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 60% 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 also the reduced availability of Scottish Government capacity planning funding.

In March 2023, NHS Lanarkshire is working with the National Elective Coordination Unit (NECU) at the Golden Jubilee, to undertake administrative validation of all patients waiting over 26 weeks in key specialties, initially general surgery, urology, ENT and gynaecology. Based on previous similar national exercises this is expected to lead to around a 5% removal rate from these waiting lists, based on patient preferences.

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 minor, long waiting cases.
- Ortho Upper limb – planning with Forth Valley to treat.
- Ortho joints – Procured additional capacity in Kings Park
- Insourcing theatre teams.
- Accessing all Rosshall activity although terminating.

Risk that continue to impact activity

- Emergency pressures on staff, beds and other resources.
- 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

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)

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. Diagnostic services are also impacted on through the reduction in funding for planned care however all efforts are being made to prioritise urgent and cancer pathways. The imaging service is operating at 90% of pre covid activity and the endoscopy service is operating at over 100%.

Planning/Remobilisation:

- Modular endoscopy unit continues to run at UHH, although due to reduced funding reduced to 1 room from 2 from mid-December 2022. Funding has been secured from Scottish Government to reinstate 2 rooms and run this capacity through 2023.
- Additional imaging capacity secured within the region. 240 CT slots at the Golden Jubilee confirmed in February and March.
- Additional endoscopy capacity accessed at Golden Jubilee in February and March.
- 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 data for quarter 4 of 2022 is not yet validated, but shows that NHS Lanarkshire was below the National Standard: 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat. 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. However, improvement work is underway to introduce double Q Fit within the Colorectal and Upper GI pathways.

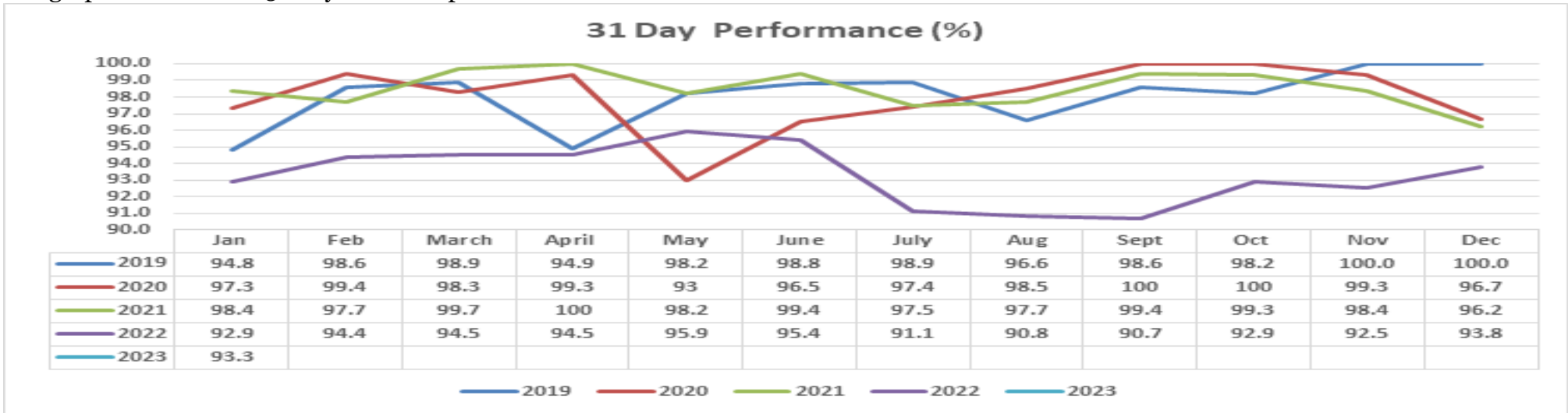
Data submitted to ISD for quarter 4 2022, January 2023 and February 2023, (all un-validated UV). For cancer waiting times figures quarters are expressed as a portion of the calendar year, not financial year.

January 2023 (UV)	February 2023 (UV)	Q4 data (UV)
62 day - 71%	62 day- 67.3%	62 day - 78.4%
31 day – 93.3%	31 day – 94.6%	31 day - 93%

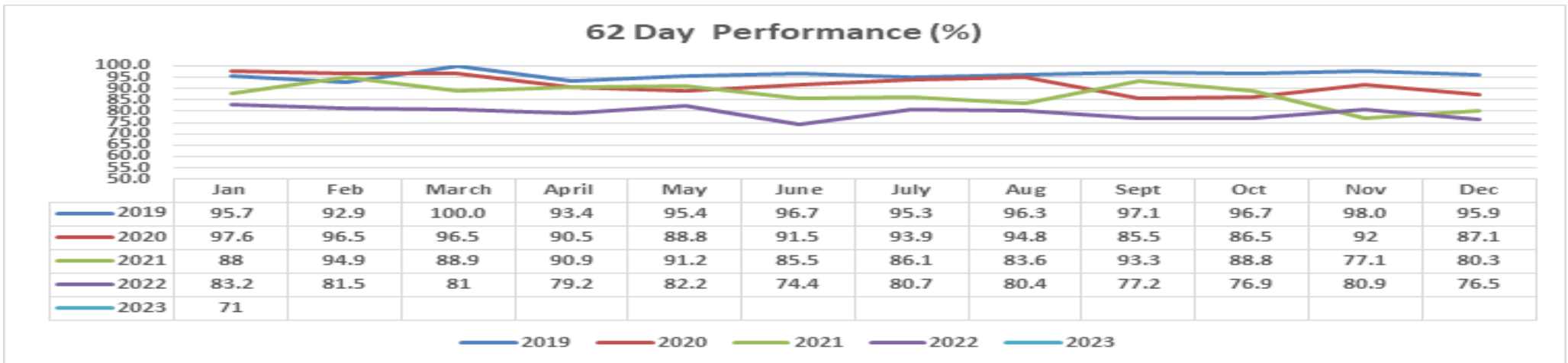
Planning/Remobilisation

- Although diagnosed cancer rates remain reasonably 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.
- 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.
- Work underway to scope out the opportunity of introducing a Urology Hub to NHSL learning from other Health Boards experience.

The graph below shows 31-day standard performance. Please note this is local data.



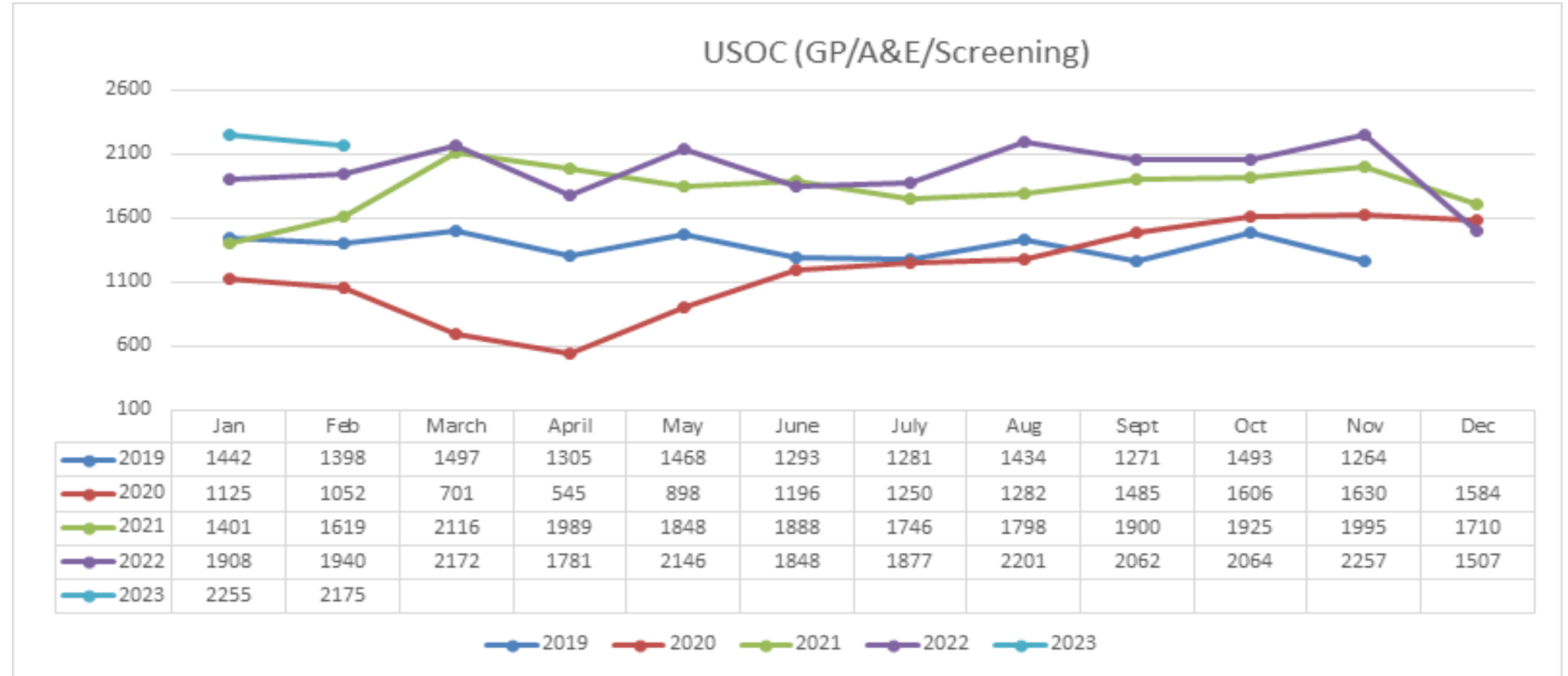
The graph below shows 62-day standard performance. Please note this is local data.



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 above pre-Covid 19 levels. Please note this is local data.



Planning/Remobilisation

- Although diagnosed cancer rates remain reasonably 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%.
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- Work underway to scope out the opportunity of introducing a Urology Hub to NHSL learning from other Health Boards experience.

3. UNSCHEDULED CARE

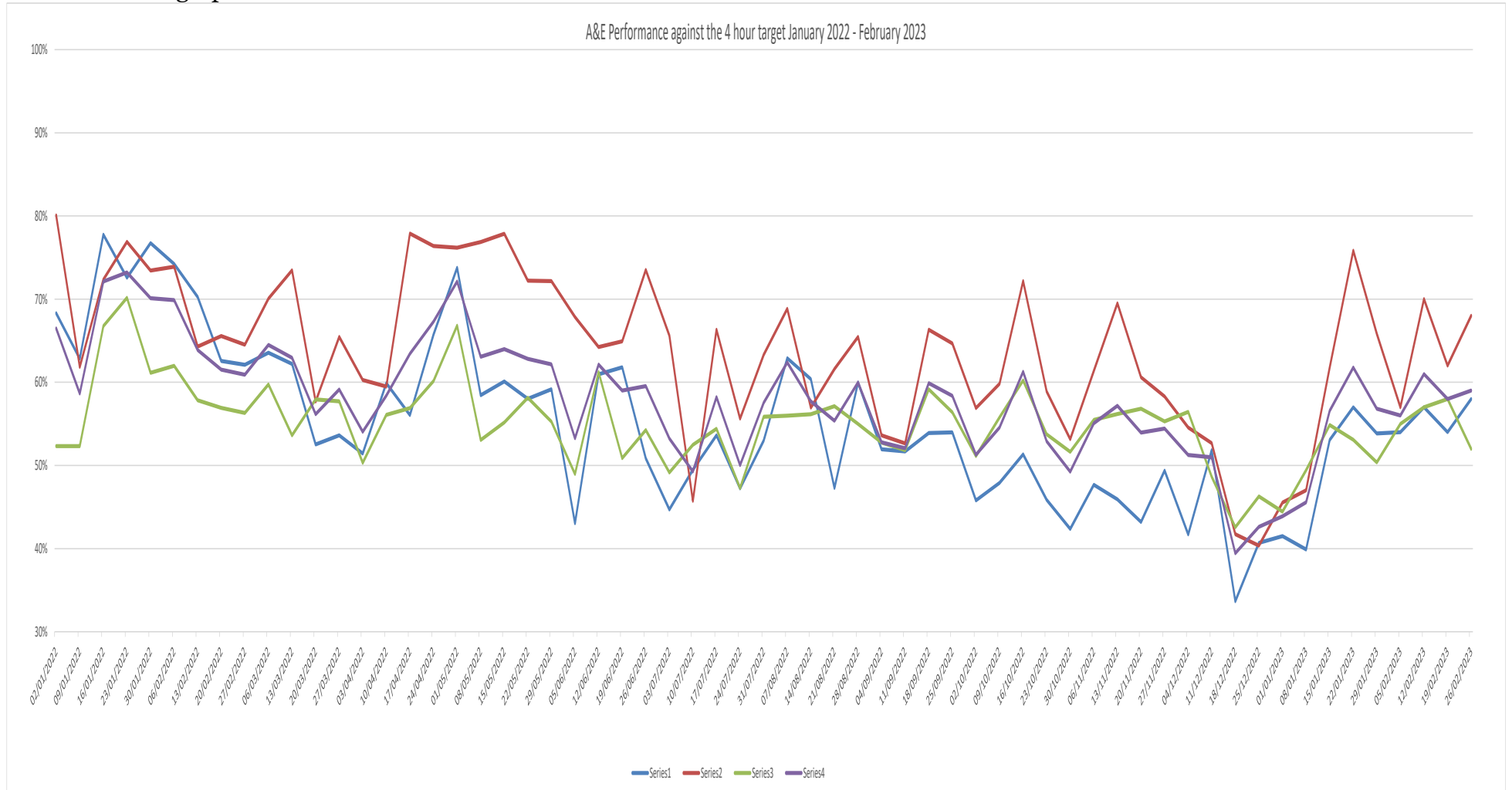
Measures Definition: NATIONAL STANDARD: 95% of patients attending Accident & Emergency to be admitted discharged or transferred within 4 hours of arrival. The Local AOP target is 92.5%.

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.

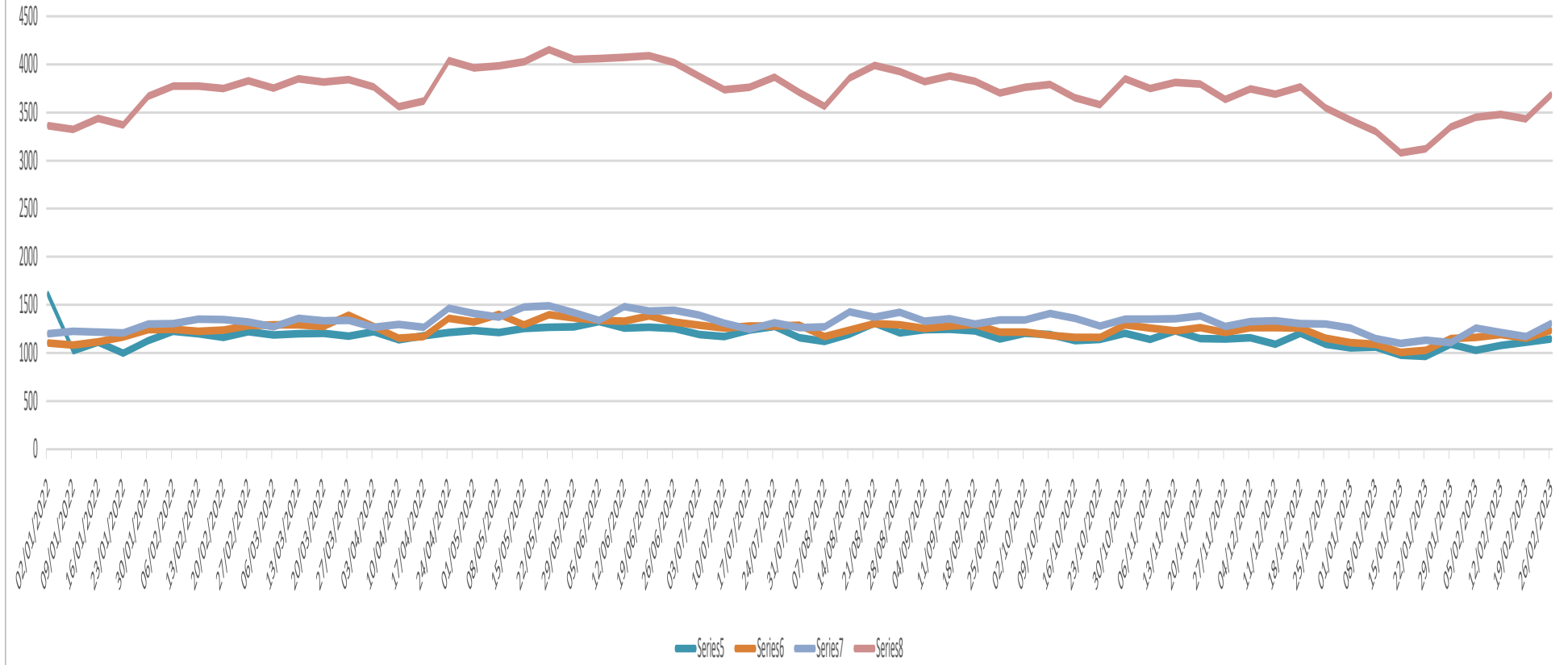
Each of the sites has submitted an improvement plan to colleagues at Scottish Government and regular meetings are in place to support achievement of trajectories.

What the data tells us? NHS Lanarkshire February 2023 performance is 60%, this is an increase from 54% in January 2023. NHS Lanarkshire's performance has been lower than the Scottish average. In February 2023 the attendances decreased to 14,201 compared to 14,317 attendances in January 2023.

Please note the graphs below show local data.



Attendances January 2022 - February 2023



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

NHS Lanarkshire

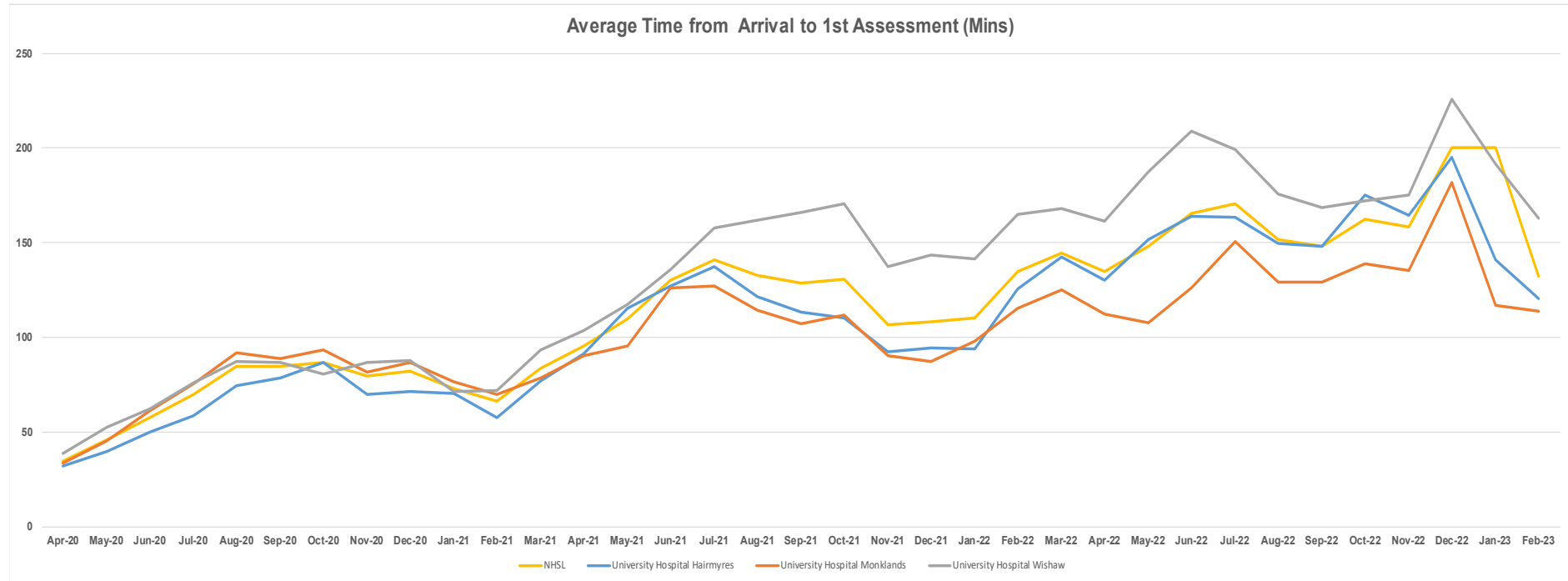
Emergency Department | Average Time from Arrival to 1st Assessment

By Site

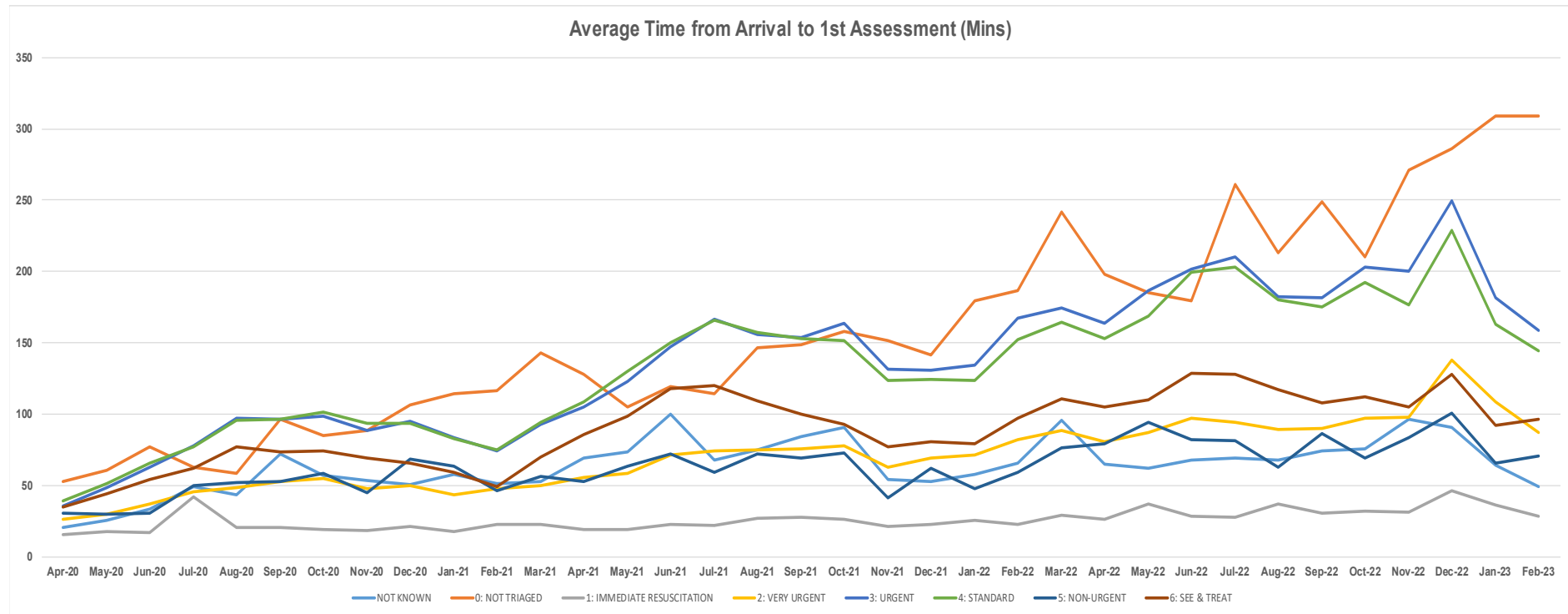
Date Range: April 2020 to February 2023



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



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 decreased in February 2023. Assessment times are influenced by available to suitable staff to manage patients, occupancy in the departments that prevent suitable assessment space being available (mainly caused by exit block) 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 (>90%) 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

February 2023 month end performance for University Hospital Hairmyres (UHH) was 58% with 4397 attendances. This compares to January 2023 performance of 50% with 4555 attendances.

University Hospital Monklands

February 2023 month end performance for University Hospital Monklands (UHM) was 67% with 4773 attendances. This compares to January 2023 performance of 61% with 4769 attendances.

University Hospital Wishaw

February 2023 month end performance for University Hospital Wishaw (UHW) was 56% with 5013 attendances. This compares to January 2023 performance of 51% with 4993 attendances.

Each of the sites has revised escalation plans in response to the requirement to operate within a full capacity protocol. However, UHW has been operating beyond their agreed escalation plan.

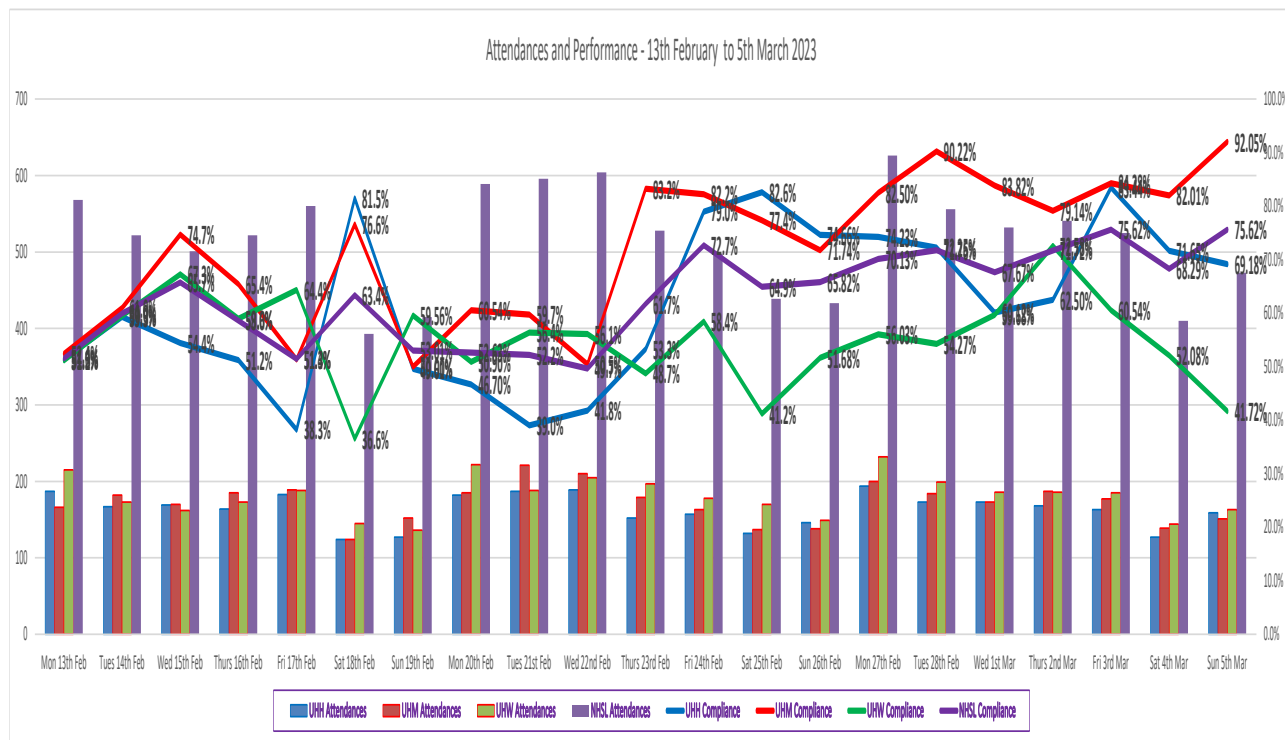
Staff Wellbeing remains a significant focus.

Operation Flow

The table below shows NHS Lanarkshire's position following the firebreak.

	Occupancy on Monday 6 th March	Pre-noon 3 rd March	Discharge Lounge 3 rd March	Longest waits 5-6 March
UHW	96%	21% of discharges (17 patients)	22% of discharges (18 patients)	15hrs 49
UHM	90%	30% of discharges (19 patients)	27% of discharges (17 patients)	11hrs 11
UHH	92%	24% of discharges (17 patients)	11% of discharges (8 patients)	7hrs 20
NHS L	94%	25%	17%	

Occupancy reduced during firebreak from over 100% in all 3 acute sites. Following firebreak there has been an increase in utilisation of the discharge lounges, with 25% of all discharges being discharged before noon this is an improvement of 14%. The number of long waits were also reduced as a result of firebreak.



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.

The key learning points from Firebreak are being drawn together in a whole system action plan which will be considered at CMT. Each of the sites is continuing to focus on embedding the flow bundles and patient pathways at ward level.

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.
- The Impact of Operation Flow.

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. All sites have improvement plans in place and work is ongoing across a wide range of activities to improve flow. The delivery of whole system change will be a core component of effecting improvement.

6. FURTHER INFORMATION

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

JUDITH PARK
DIRECTOR OF ACUTE SERVICES
22 MARCH 2023