

Lanarkshire NHS Board Fallside Road Bothwell G71 8BB Telephone: 01698 855500 www.nhslanarkshire.org.uk

Meeting of Lanarkshire NHS Board – 31st May 2023

ACCESS TARGETS REPORT

1. PURPOSE

This paper is coming to Lanarkshire NHS Board

For approval For endorsement	To note	
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The paper reports on performance in the delivery of key Scheduled Care Waiting Time targets as at the end of April 2023 and Unscheduled Care standards until the beginning of May 2023. The report highlights areas of pressure and challenge and describes the actions being taken.

2. ROUTE TO LANARKSHIRE NHS BOARD

This paper has been:

no paper mas been			
Prepared	Reviewed	Endorsed	

By the following Committee:

Is a standing item

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 78 and 52 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		P	Government	
			policy	
Government directive	🖂 Sta	tutory	AHF/local policy	
	req	uirement		
Urgent operational issue	Oth Oth	ier		

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

Safe	Effective	\square	Person Centred	

Six Quality Outcomes:

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

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

ins puper ungils to the rom	ining bobt tu	ac criteria.		
Vision and leadership		Effective	Governance and	\square
_		partnerships	accountability	
Use of resources	\square	Performance	Equality	
		management		
Sustainability	\boxtimes			

This paper aligns to the following best value criteria:

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY ASSESSMENT

An E&D / FSD 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	Endorsement	Identify further actions	
Note	Accept the risk identified	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 23 MAY 2023



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

Meeting of Lanarkshire NHS Board – 31st May 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 April 2023.
- The 4 hour Emergency Department standard until the beginning of May 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 <u>12 Week Outpatient Guarantee</u> (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?

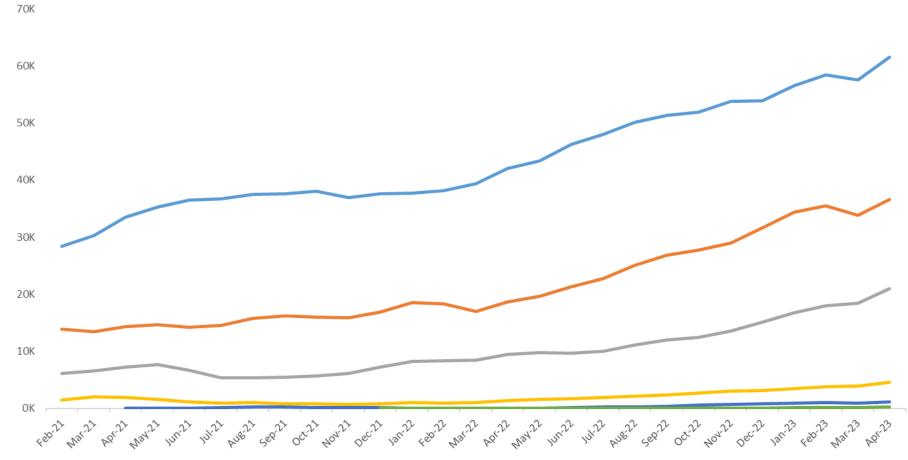
- At 30th April 2023 there were 36,648 patients waiting over 84 days for an outpatient appointment, compared to 33,791 at 31st March 2023. 76% of patients were seen within 84 days in April 2023, when compared to 68% in March 2023.
- Outpatient demand continues to increase and pent up demand/demand from 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 30th April 2023, 60% of patients are waiting over 12 weeks to be seen.

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

Data Source: Trakcare PMS

Management Information Only : data is unvalidated and subject to change

Lanarkshire - Outpatient Waiting Times Trend



	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	Mar-23	Apr-23
	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	58,393	57,507	61,541
>12 Weeks	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	35,509	33,791	36,648
>26 Weeks	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	17,987	18,469	20,985
	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	3,815	3,906	4,526
>78 Weeks			9	14	22	87	259	248	158	97	77	73	56	58	60	75	145	193	265	396	563	686	808	958	1,031	938	1,083
>104 Weeks											1	3	14	11	13	7	9	3	1	0	0	10	45	99	112	113	196

The table below shows outpatient waiting lists by specialty at 30th April 2023.

Waiting List Summary | Outpatients | April 2023

Data Source: Trakcare PMS

Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 30 April 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	24	58.5%	17	41.5%	13	31.7%	0	0.0%	0	0.0%	о	0.0%	41
A2 Cardiology	1090	37.7%	1799	62.3%	972	33.6%	283	9.8%	1	0.0%	0	0.0%	2889
A6 Infectious Diseases	49	98.0%	1	2.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	50
A7 Dermatology	2469	51.7%	2306	48.3%	765	16.0%	0	0.0%	0	0.00%	0	0.00%	4775
A8 Endocrinology	470	49.4%	481	50.6%	224	23.6%	4	0.4%	0	0.00%	0	0.00%	951
A9 Gastroenterology	968	30.3%	2224	69.7%	1593	49.9%	563	17.6%	97	3.04%	0	0.00%	3192
AB Geriatric Medicine	356	78.6%	97	21.4%	14	3.1%	0	0.0%	0	0.00%	0	0.00%	453
AD Medical Oncology	134	99.3%	1	0.7%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	135
AF Medical Paediatrics	874	49.6%	888	50.4%	180	10.2%	0	0.0%	0	0.00%	0	0.00%	1762
AFA Community Child Health	2	40.0%	3	60.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	5
AG Nephrology	139	27.5%	367	72.5%	261	51.6%	112	22.1%	5	0.99%	0	0.00%	506
AH Neurology	839	34.3%	1606	65.7%	1029	42.1%	0	0.0%	0	0.00%	0	0.00%	2445
AQ Respiratory Med	1095	41.8%	1527	58.2%	699	26.7%	8	0.3%	0	0.00%	0	0.00%	2622
AR Rheumatology	600	47.1%	675	52.9%	217	17.0%	3	0.2%	0	0.00%	0	0.00%	1275
C1 General Surgery	2875	28.6%	7171	71.4%	5682	56.6%	2657	26.4%	972	9.68%	196	1.95%	10046
C12 Vascular Surgery	442	58.8%	310	41.2%	62	8.2%	0	0.0%	0	0.00%	0	0.00%	752
C13 Oral and Maxillofacial Surgery	1145	27.6%	3000	72.4%	1976	47.7%	106	2.6%	0	0.00%	0	0.00%	4145
C31 Chronic Pain	8	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	8
C41 Cardiac Surgery	180	99.4%	1	0.6%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	181
C5 ENT Surgery	1932	41.7%	2705	58.3%	1537	33.1%	87	1.9%	0	0.00%	0	0.00%	4637
C7 Ophthalmology	2003	38.3%	3231	61.7%	1869	35.7%	109	2.1%	2	0.04%	0	0.00%	5234
C7B NHSL Cataract List	930	27.9%	2406	72.1%	1504	45.1%	43	1.3%	1	0.03%	0	0.00%	3336
C8 Orthopaedics	2125	50.5%	2085	49.5%	418	9.9%	0	0.0%	0	0.00%	0	0.00%	4210
C9 Plastic Surgery	467	99.8%	1	0.2%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	468
CA Surgical Paediatrics	107	82.9%	22	17.1%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	129
CB Urology	953	28.4%	2403	71.6%	1665	49.6%	549	16.4%	5	0.15%	0	0.00%	3356
D5 Orthodontics	120	87.6%	17	12.4%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	137
F2 Gynaecology	2178	71.7%	858	28.3%	63	2.1%	0	0.0%	0	0.00%	0	0.00%	3036
J4 Haematology	319	41.7%	446	58.3%	242	31.6%	2	0.3%	0	0.00%	0	0.00%	765
Grand Total	24893	40.4%	36648	59.6%	20985	34.1%	4526	7.4%	1083	1.76%	196	0.32%	61541

Outpatients Waiting Over 52,78 & 104 Weeks

	>52	>78	>104
Outpatients	4526	1083	196

*Data current as at 10/05/2023

The above table shows that at 10th April 2023, NHS Lanarkshire reported 196 patients are waiting over 104 weeks, 1083 patients are waiting over 78 weeks and 4526 patients as waiting over 52 weeks for an outpatient appointment. Although there are areas of specific specialty pressures, NHS Lanarkshire continues to perform reasonably well nationally, relative to population share, in the management of long waits for outpatients. In line with the interim waiting times milestones, the majority of specialties have no patients waiting over 104,78 or 52 weeks. Specific pressures are noted in some areas, particularly high volume specialties where large numbers of patients continue to wait longer than the milestones. General surgery is a particular example of this with patients waiting for this specialty accounting for 90% of all patients waiting over 78 weeks and 60% of those waiting over 52 weeks.

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. This was launched at the end of April with around 12000 patients being contacted.

Expected Number Waiting at:	30th June 2023	30th Sept 2023	31st Dec 2023	31st March 2024
New Outpatients (NOP)	30th June 2023	30th Sept 2023	31st Dec 2023	31st March 2024
Over 104 Weeks	498	624	102	0
Over 78 Weeks	1574	1873	1027	545
Over 52 Weeks	4915	5398	3779	2013
Total List Size	62905	67147	61002	55462

Long Waits 23 /24

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.
- Further implementation of CfSD Heatmap actions. Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) of particular relevance to OP waits.

Risk that continue to impact activity

- Emergency pressures on staff. .
- Urgent caseload, including cancer.
- Staff availability particularly insourced staff, and competing demands on these providers.

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

Data Source: Trakcare PMS as at 0/05/2023 (unvalidated and subject to change)

		% Pre														
Site Grouping	06/03/2023	Covid	13/03/2023	Covid	20/03/2023	Covid	27/03/2023	Covid	03/04/2023	Covid	10/04/2023	Covid	17/04/2023	Covid	24/04/2023	Covid
University Hospital Hairmyres	935	89%	988	99%	868	94%	740	81%	549	61%	5	6%	775	91%	848	108%
University Hospital Monklands	957	76%	865	70%	855	71%	836	69%	603	60%	497	67%	684	70%	767	79%
University Hospital Wishaw	759	91%	810	99%	738	82%	709	78%	575	79%	556	57%	784	100%	842	112%
Offsite	54	75%	45	73%	34	36%	13	14%	10	19%	511	69%	44	67%	22	33%
Grand Total	2705	84%	2708	87%	2495	80%	2298	73%	1737	65%	1569	62%	2287	85%	2479	96%

		% Pre		% Pre		% Pre		% Pre		% Pre		% Pre		% Pre		% Pre
Specialty	06/03/2023	Covid	13/03/2023	Covid	20/03/2023	Covid	27/03/2023	Covid	03/04/2023	Covid	10/04/2023	Covid	17/04/2023	Covid	24/04/2023	Covid
A1 General Medicine	0	0%	4	200%	5	63%	0	0%	5	100%	0	0%	7	140%	0	0%
A2 Cardiology	65	75%	80	82%	57	59%	77	80%	43	54%	30	47%	43	43%	62	73%
A6 Infectious Diseases	16	80%	10	67%	9	47%	18	95%	24	114%	18	95%	18	86%	10	38%
A7 Dermatology	297	96%	214	89%	190	68%	131	47%	135	40%	110	49%	195	113%	193	94%
A8 Endocrinology	52	100%	58	123%	41	75%	33	60%	35	92%	25	69%	43	139%	29	71%
A9 Gastroenterology	54	75%	51	131%	37	44%	33	39%	38	97%	35	65%	51	53%	51	102%
AB Geriatric Medicine	76	119%	77	110%	69	113%	75	123%	60	100%	49	94%	88	183%	64	125%
AD Medical Oncology	36	124%	30	136%	32	100%	40	125%	22	105%	20	105%	28	108%	35	159%
AF Medical Paediatrics	112	138%	105	87%	138	164%	95	113%	71	187%	51	54%	98	129%	112	187%
AG Nephrology	10	111%	11	58%	12	63%	11	58%	3	30%	5	63%	15	100%	3	33%
AH Neurology	69	160%	75	97%	54	81%	38	57%	18	55%	31	72%	38	292%	38	190%
AQ Respiratory Med	54	57%	39	42%	27	34%	49	61%	41	61%	47	67%	52	41%	63	59%
AR Rheumatology	50	52%	32	39%	32	40%	31	39%	17	28%	17	100%	45	73%	26	23%
C1 General Surgery	299	68%	283	69%	249	54%	287	62%	236	78%	226	74%	314	87%	297	88%
C12 Vascular Surgery	59	134%	46	102%	35	81%	52	121%	11	39%	18	58%	32	133%	23	177%
C13 Oral and Maxillofacial Surgery	9	8%	29	22%	30	38%	51	65%	21	22%	33	44%	19	27%	43	35%
C3 Anaesthetics	3	300%	1	100%	4	400%	1	100%	3	300%	0	0%	2	20%	0	0%
C31 Chronic Pain	18	69%	26	104%	31	155%	24	120%	18	78%	23	72%	14	50%	18	72%
C5 ENT Surgery	269	76%	271	64%	233	67%	199	57%	176	97%	178	59%	207	69%	173	61%
C7 Ophthalmology	248	88%	252	97%	252	98%	181	71%	129	55%	149	87%	187	84%	257	121%
C7B NHSL Cataract List	81	153%	79	122%	50	51%	25	26%	17	35%	26	34%	44	75%	27	38%
C8 Orthopaedics	343	77%	377	90%	360	101%	366	103%	330	83%	221	66%	378	121%	380	123%
C9 Plastic Surgery	61	124%	52	90%	64	105%	47	77%	7	12%	25	56%	58	135%	48	218%
CA Surgical Paediatrics	9	53%	12	1200%	11	55%	0	0%		0%	10	36%	0	0%	0	0%
CB Urology	70	91%	144	236%	128	114%	91	81%	70	47%	6	10%	57	59%	123	124%
D5 Orthodontics	5	33%	5	45%	13	93%	8	57%	2	20%	7	140%	7	33%	5	24%
F2 Gynaecology	292	105%	296	137%	293	123%	8 ₂₉₂	122%	174	59%	197	62%	223	78%	365	175%
J4 Haematology	33	127%	36	116%	26	84%	30	97%	19	238%	12	34%	24	75%	34	131%
Grand Total	2705	84%	2708	87%	2495	80%	2298	74%	1737	65%	1569	62%	2287	86%	2479	97%

Narrative: NHS Lanarkshire currently continues to deliver outpatient activity internally and with a range of external providers who are undertaking face to face consultations. Planning is underway to deliver activity matched to the funding allocation received from Scottish Government for 23/24. This will include delivery of independent sector activity within Lanarkshire and externally. In line with national guidance, significant focus will also be on building sustainable local capacity for future years.

Planning/Remobilisation:

- Validation exercise of patients on the waiting list is ongoing with focus on the patients over 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 <u>12 Week Treatment Time Guarantee</u> (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.

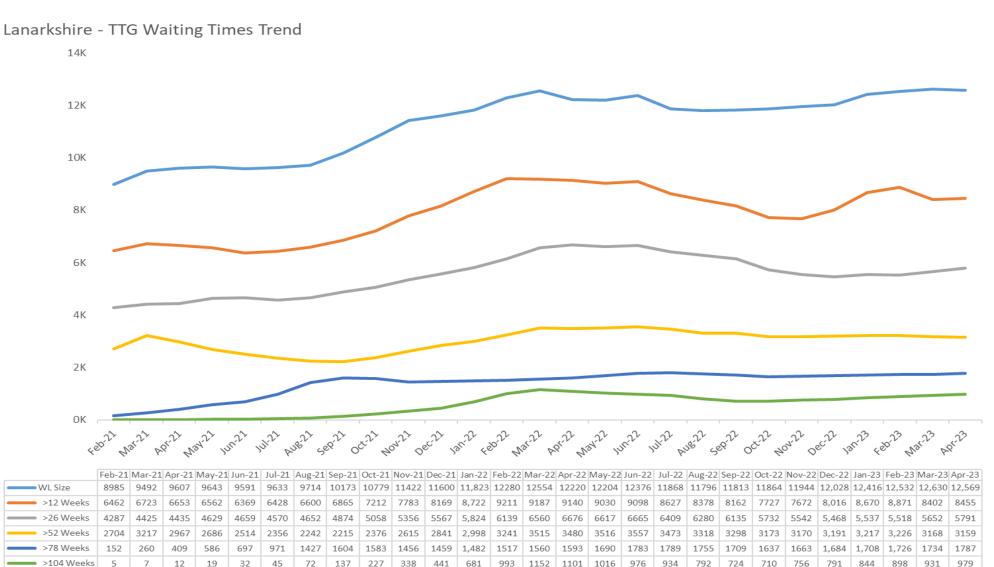
What does the data tell us? At the end of April 2023 there were a total of 8455 patients who had breached their TTG date, compared to 8402 patients in March 2023. The number of patients on the waiting list has increased slightly to 12,569. In April 2023 49% of patients were treated within 84 days, slightly more than that in March 2023. 25% of patients are waiting over 52 weeks for surgery with the greatest number of patients in general surgery, orthopaedic, gynaecology, ENT and urology.

The tables below were accurate at 30th April 2023 and shows the numbers of patients in each clinical prioritisation group. There are an increasing number of Cancer/ Suspicion of Cancer patients featuring in the long waiting times bands. These patients continue to be reviewed and treated on a prioritised basis. Most 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.

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

Data Source: Trakcare PMS

Management Information Only : data is unvalidated and subject to change



The table below shows TTG waiting list by specialty at 30th April 2023.

Waiting List Summary | TTG | April 2023

Data Source: Trakcare PMS

Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 30 April 2023

NHSL Specialties	Within 12 Weeks	% Within 12 Weeks	Over 12 Weeks	% Over 12 Weeks	Over 26 Weeks	26	Over 52 Weeks	% Over 52 Weeks	Over 78 Weeks	% Over 78 Weeks	Over 104 Weeks	% Over 104 Weeks	Total
A1 General Medicine	30	69.8%	13	30.2%	9	20.9%	2	4.7%	0	0.0%	0	0.0%	43
A2 Cardiology	130	68.4%	60	31.6%	42	22.1%	2	1.1%	0	0.0%	0	0.0%	190
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	35.7%	18	64.3%	5	17.9%	0	0.0%	0	0.0%	0	0.0%	28
AQ Respiratory Med	10	62.5%	6	37.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	16
C1 General Surgery	513	47.8%	561	52.2%	408	38.0%	280	26.1%	165	15.4%	79	7.4%	1074
C12 Vascular Surgery	84	54.5%	70	45.5%	46	29.9%	12	7.8%	3	1.9%	1	0.6%	154
C13 Oral and Maxillofacial Surgery	59	15.1%	333	84.9%	258	65.8%	124	31.6%	39	9.9%	13	3.3%	392
C31 Chronic Pain	22	81.5%	5	18.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	27
C5 ENT Surgery	444	26.8%	1212	73.2%	926	55.9%	551	33.3%	330	19.9%	170	10.3%	1656
C7 Ophthalmology	60	23.9%	191	76.1%	150	59.8%	93	37.1%	10	4.0%	0	0.0%	251
C7B NHSL Cataract List	972	45.7%	1156	54.3%	379	17.8%	7	0.3%	1	0.0%	0	0.0%	2128
C8 Orthopaedics	924	28.6%	2306	71.4%	1505	46.6%	602	18.6%	151	4.7%	41	1.3%	3230
CA Surgical Paediatrics	12	20.3%	47	79.7%	31	52.5%	13	22.0%	2	3.4%	0	0.0%	59
CB Urology	350	21.8%	1253	78.2%	1098	68.5%	891	55.6%	716	44.7%	495	30.9%	1603
D1 Public Dental Service	157	26.4%	437	73.6%	346	58.2%	224	37.7%	131	22.1%	47	7.9%	594
F2 Gynaecology	321	29.0%	786	71.0%	587	53.0%	358	32.3%	239	21.6%	133	12.0%	1107
H1 Clinical Radiology	14	93.3%	1	6.7%	1	6.7%	0	0.0%	0	0.0%	0	0.0%	15
Total	4114	32.7%	8455	67.3%	5791	46.1%	3159	25.1%	1787	14.2%	979	7.8%	12569

Waiting List Summary | TTG Cinical Priority | April 2023 Data Source: Trakcare PMS

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milan

Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 31 March 2023

Category Group	0-4 weeks	5-12 weeks	13-26 weeks	27-52 weeks	>52 weeks	Grand Total	Grand Total %	% Patient waiting over Priority Cat
Still to be re-categorised	116	106	47	13	6	288	2%	N/A
TTG Cancer	107	36	16	4	2	165	1%	35%
TTG Urgent SoC	102	112	27	15	13	269	2%	62%
TTG Category 2 (within 4 weeks)	311	547	443	390	476	2167	17%	86%
TTG Category 3 (within 12 weeks)	469	1433	1478	1325	1207	5912	47%	68%
TTG Category 4 (over 12 weeks)	215	560	653	885	1455	3768	30%	79%
Grand Total	1740	2488	2750	2484	3168	12630		
Grand Total %	14%	20%	22%	20%	25%	100%		

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

By Site & Specialty

Data Source: Trakcare PMS as at 09/05/2023 (unvalidated and subject to change)

		% Pre														
Site Grouping	06/03/2023	Covid	13/03/2023	Covid	20/03/2023	Covid	27/03/2023	Covid	03/04/2023	Covid	10/04/2023	Covid	17/04/2023	Covid	24/04/2023	Covid
University Hospital Hairmyres	171	86%	148	90%	170	99%	139	81%	94	59%	115	68%	139	93%	160	125%
University Hospital Monklands	88	59%	85	52%	77	63%	82	67%	49	41%	84	81%	65	60%	75	71%
University Hospital Wishaw	70	43%	58	36%	74	48%	55	35%	45	31%	51	39%	73	59%	62	43%
Offsite	77	63%	36	35%	29	21%	25	18%	7	11%	7	8%	22	27%	7	9%
Grand Total	406	64%	327	55%	350	60%	301	51%	195	40%	257	52%	299	64%	304	66%

		% Pre		% Pre		% Pre		% Pre		% Pre		% Pre		% Pre		% Pre
Specialty	06/03/2023	Covid	13/03/2023	Covid	20/03/2023	Covid	27/03/2023	Covid	03/04/2023	Covid	10/04/2023	Covid	17/04/2023	Covid	24/04/2023	Covid
A1 General Medicine	11	110%	5	83%	8	47%	10	59%	7	88%	8	67%	10	125%	4	29%
A2 Cardiology	12	100%	7	41%	18	225%	14	175%	5	45%	4	40%	18	150%	12	109%
AQ Respiratory Med	0	0%	3	100%	1	100%	5	500%	0	0%	2	50%	3	75%	3	300%
C1 General Surgery	76	63%	75	82%	51	62%	52	63%	27	41%	35	44%	55	77%	49	64%
C12 Vascular Surgery	13	93%	11	69%	14	108%	9	69%	10	83%	7	64%	10	83%	9	129%
C13 Oral and Maxillofacial Surgery	/ 0	0%	0	0%	0	0%	1	4%	0	0%	0	0%	0	0%	1	20%
C31 Chronic Pain	4	50%	1	20%	4	57%	0	0%	1	20%	2	33%	0	0%	1	9%
C5 ENT Surgery	38	57%	39	74%	43	98%	36	82%	31	111%	38	106%	16	38%	37	106%
C7 Ophthalmology	13	81%	10	71%	11	73%	11	73%	7	140%	6	75%	14	350%	14	200%
C7B NHSL Cataract List	58	56%	48	72%	58	57%	45	45%	28	31%	37	47%	40	41%	48	72%
C8 Orthopaedics	65	80%	55	59%	61	60%	51	50%	36	44%	56	84%	56	86%	50	71%
CA Surgical Paediatrics	3	150%	3	300%	3	100%	0	0%	0	0%	2	0%	0	0%	1	0%
CB Urology	41	93%	32	60%	20	59%	34	100%	11	22%	22	44%	30	94%	21	47%
D1 Public Dental Service	4	27%	11	50%	10	56%	9	50%	9	43%	10	43%	4	22%	12	75%
F2 Gynaecology	61	67%	20	19%	43	47%	19	21%	18	25%	24	28%	36	55%	32	39%
H1 Clinical Radiology	7	39%	7	70%	5	26%	5	26%	5	45%	4	80%	7	64%	10	111%
Grand Total	406	64%	327	55%	350	60%	301	51%	195	40%	257	52%	299	65%	304	67%

Inpatients Waiting Over 52,78 & 104 Weeks

	>52	>78	>104
Inpatients	3159	1787	979

*Data current as at 10/05/2023

The table above shows that at 10th May 2023 979 patients are currently waiting over 104 weeks, 1787 patients are waiting over 78 weeks and 3159 are waiting over 52 weeks for inpatient treatment. 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 circa 90% of our pre-Covid elective theatres and approximately 60% of this capacity is used for the treatment of urgent/cancer patients. Continued delivery and expansion of theatres is dependent on availability of workforce. This remains the greatest risk to progress in this area.

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. This process commenced at the end of April and is expected to be concluded by the end of May. Around 12000 patients are being contacted as part of this exercise.

InPatient / Day Cases (TTG)	30th June 2023	30th Sept 2023	31st Dec 2023	31st March 2024
Over 104 Weeks	1047	1012	759	124
Over 78 Weeks	1970	1893	1245	686
Over 52 Weeks	3196	3057	2278	1145
Total List Size	13094	12968	11934	11006

Continued reduction in the numbers of patients experiencing very long waits for treatment remains an area of significant challenge for NHS Lanarkshire. In the majority of specialties, no patients are waiting longer than 104 weeks for treatment but there are significant numbers of patients in a small number of specialties who continue to experience very long waits for treatment. Specific plans to address waits in these specialties are being taken forward.

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, maximising use of existing capacity.
- Review and prioritisation of routine capacity towards long waits.
- Urology working with Forth Valley to treat minor, long waiting cases.
- Access Independent Sector capacity where possible
- Continued development of Heatmap actions, linked to individual specialty recovery plans
- Insourcing theatre teams.

Risk that continue to impact activity

- Emergency pressures on staff, beds and other resources.
- Urgent caseload, including cancer.
- Staff availability Requirement for clinic review before definitive surgical arrangements.
- Pre-assessment capacity.
- Availability of 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. The imaging service is operating at around 100% of pre covid activity and the endoscopy service is operating at over 125%.

Planning/Remobilisation:

- Modular endoscopy unit continues to run at UHH. Funding has been secured from Scottish Government to run 2 rooms through 2023. Local plans are required to provide sustainability in future years.
- Additional imaging capacity secured within the region. Additional capacity provided at Golden Jubilee.
- Additional endoscopy capacity accessed at Golden Jubilee.
- Work continues in developing a Regional Out of Hours Interventional Radiology model.
- Alternatives to endoscopy, for example cytosponge have been introduced.

The table below shows the ongoing waits as at 30^{th} April 2023.

Waiting List Summary | Diagnostics | April 2023 Data Source: Trakcare PMS

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Management Information Only : data is unvalidated and subject to change

Patients Waiting (Ongoing waits) as at 30 April 2023

PATIENTS STILL WAIT	ING - at month end							<u>>6 Wks</u>	<u>5</u>								>26 Wks	>39 Wks	>52 Wks
reported/verified, listed	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			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 procedure	S.					-	-												
Endoscopy	Upper endoscopy	163	186	159	134	80	105	67	69	70	64	44	57	49	1,075	2,322	574	279	84
Endoscopy	Lower Endoscopy (other than conoloscopy	119	87	20	15	11	12	14	15	11	13	9	16	19	182	543	79	27	5
Endoscopy	Colonoscopy	213	227	189	123	86	96	71	57	42	47	30	47	48	601	1,877	237	65	15
Endoscopy	Cystoscopy	79	88	70	56	83	68	72	57	77	85	68	84	76	316	1,279	79	42	22
TOTAL SCOPES		574	588	438	328	260	281	224	198	200	209	151	204	192	2,174	6,021	969	413	126
Imaging																			
Imaging	Magnetic Resonance Imaging	252	263	139	191	181	202	183	168	131	137	69	68	64	666	2,714	183	0	0
Imaging	Computer Tomography	341	393	238	211	200	162	130	73	49	29	9	5	2	16	1,858	Ø	0	0
Imaging	Non-obstetric ultrasound	764	707	399	424	470	377	331	312	313	329	296	343	278	4,660	10,003	1,908	209	0
Imaging	Barium Studies	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
TOTAL IMAGING		1,357	1,363	777	826	851	741	644	553	493	495	374	416	344	5,342	14,576	2,091	209	0
Other																			
Cardiology	ECG	176	173	146	152	116	43	107	59	55	45	6	7	8	1,125	2,218	0	0	0
Cardiology	Blood Pressure	122	93	107	22	3	0	2	1	0	0	0	0	0	0	350	0	0	0
Cardiology	Echocardiology	218	212	69	93	126	78	111	65	57	68	45	60	31	803	2,036	403	57	0
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	107	62	127	126	93	147	112	144	146	111	127	83	98	975	2,458	257	10	1
TOTAL		2,554	2,491	1,664	1,547	1,449	1,290	1,200	1,020	951	928	703	770	673	10,419	27,659	660	67	1

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.

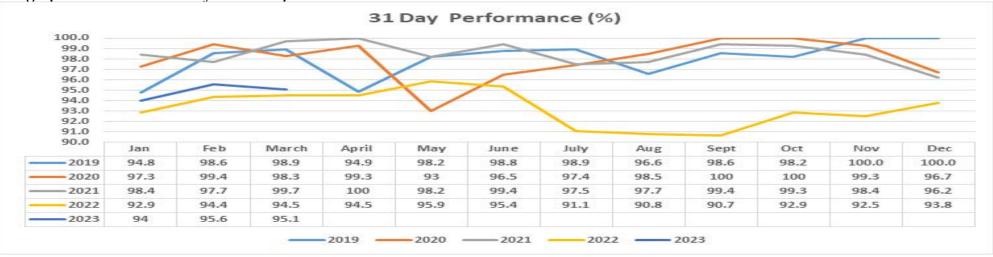
What does the data tell us? The data for quarter 1 of 2023 is unverified, but shows that NHS Lanarkshire met the National Standard: 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat. It is predicated that recovery of the 95% standard for 31 days will be sustained in the coming months, in line with the agreed recovery trajectory. 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. Work is also underway with Urology Pathway to take forward a Urology Hub model and learn from NHS FV and NHS A&A who already have this established. Redesign in this area is crucial to deliver sustainable recovery of 62-day performance, in line with the agreed recovery trajectory.

Below is data submitted to Public Health Scotland (PHS) for January 2023, February 2023 and March 2023 (all unvalidated). For cancer waiting times figures quarters are expressed as a portion of the calendar year, not financial year.

March 2023	Q1 data (unverified)
62 day- 79.8.3%	62 day- 74.3%
31 day – 95.1%	31 day- 95%

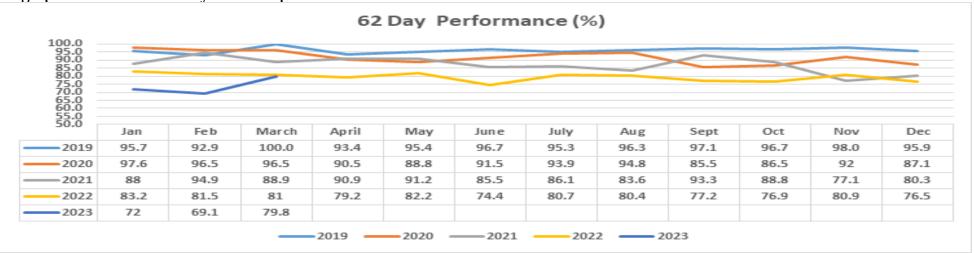
Planning/Remobilisation

- 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 also trying to achieve the other waiting times milestones.
- Colorectal, Lung and Urology performance has been adversely impacted by waits for access to diagnostic tests including TURBT and cystoscopies 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 however 31 day performance has improved to achieve the target of 95%.
- Urology, Breast and Colorectal Oncology Clinics are challenged around New patient capacity due to increase referrals compounded with Clinical Oncology workforce challenges. Collaboration with the Regional Cancer Centre to review the workforce needed to maintain the 52 weeks is ongoing. 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 is underway to scope and establish a Urology Hub in NHS Lanarkshire, learning from other Health Board's 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.

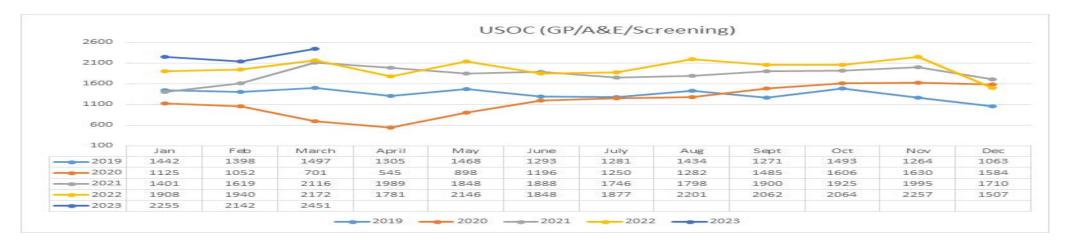
The table below outlines the agreed recovery trajectories to restore cancer performance at 95% or above for 62 and 31 day pathways in 2023/24.

Cancer Performance trajectories (June 2023-March 2024)

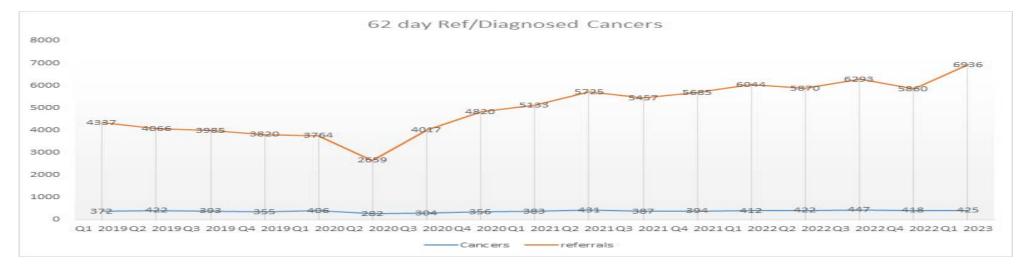
Percentage treated within 34 days of decision to treat	Quarter ending 30 June 2023	Guarter ending 30 September 2023	Quarter ending 31 December 2023	Guarter ending 31 March 2824
Great	25.1%	65.9%	29.0%	94,8%
Cervical	100.0%	100.0%	100.0%	100.0%
Colorectal	95.6%	96.0%	95.3%	98.4%
Head & Nock	100.0%	100.0%	100.0%	100.0%
Lung	100.0%	188.0%	100.0%	100.0%
Lymphoma	100.0%	100.0%	100.0%	100.0%
lifelanoma	100.0%	189.0%	100.0%	100.0%
Overlan	100.0%	100.0%	100.0%	100.0%
Upper Gl	100.0%	100.0%	100.0%	100.0%
Urological	95.5%	96.9%	98.2%	25.3%
				96.0%
All Cancer types combined	97.7%	95.2%	96.7%	

Percentage treated within 62 days of urgent referral with a suspicion of cancer	Quarter ending 30 June 2023	Quarter ending 30 September 2023	Quarter ending 34 December 2023	Quarter ending 31 March 2024
Breast	94.4%	89.5%	90.3%	95.0%
Cervical	100.0%	100.0%	100.0%	100.4%
Colorectal	83.5%	74.8%	82.0%	94,4%
Head & Neck	94.4%	100.0%	81.2%	100.0%
Lung	95.0%	97.0%	94.6%	98.3%
Lymphoma	100.0%	100.0%	90.0%	100.0%
lilelanoma	100.0%	100.0%	100.0%	100.0%
Overlan	100.0%	94.7%	88.8%	80.0%
Upper GI	91.4%	50.7%	91,9%	92.3%
Uminaical	78.7%	76.9%	70.0%	81.1%
All Cancer types combined	80.0%	85.0%	90.0%	95.0%

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.



The graph below demonstrates the increase in suspicion of cancer rates v's the reasonable static position of the cancer yield.



The table above displays the increasing volume of patients being referred onto a 62day pathway as urgent suspicion of cancer. It also indicates that this referral increase is not mirrored by a corresponding increase in the proportion of diagnosed cancer. There is some variability across tumour types, but all tumour groups are experiencing increased referrals.

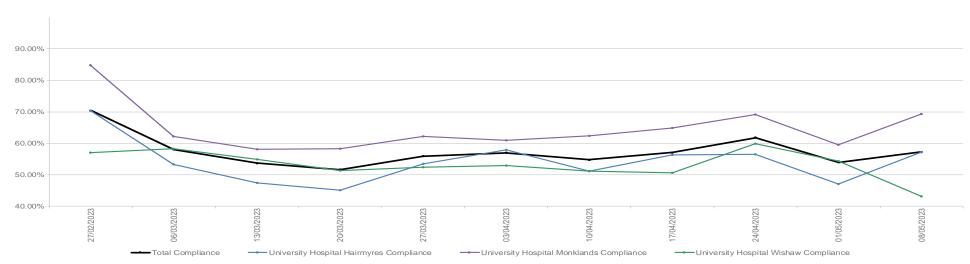
3. UNSCHEDULED CARE

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 continues to be variable across any 24/7-day period with the main issues being Time to First Assessment (TTFA) and wait for bed.

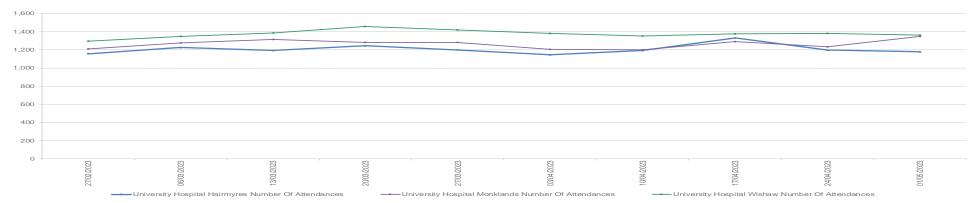
What the data tells us? NHS Lanarkshire April 2023 performance is 57%, this is identical to March 2023. NHS Lanarkshire's performance remains been lower that the Scottish average. In April 2023 the attendances decreased to 16,205 compared to 17,168 attendances in March 2023.

Please note the graphs below show local data.



Compliance Summary

Attendance Summary



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

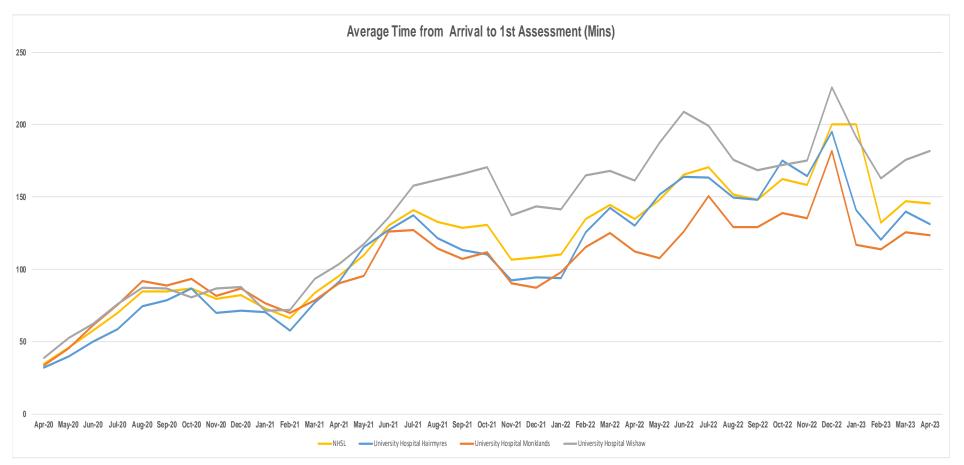
NHS Lanarkshire

Emergency Department | Average Time from Arrival to 1st Assessment

By Site

Date Range: April 2020 to April 2023

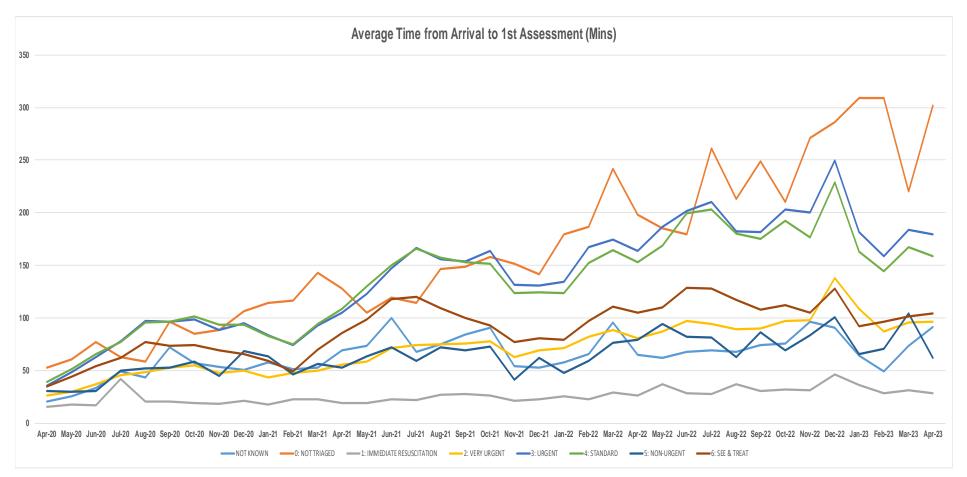
Data Source: TrakCare PMS as at 05/01/2023 (unvalidated and subject to change)





NHS Lanarkshire Emergency Department | Average Time from Arrival to 1st Assessment By Triage Category Date Range: April 2020 to April 2023

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





The data shows that time to first assessment (TTFA) across all sites increased in March 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.

A detailed programme of improvement in being taken forward through Operation Flow 2, Task and Finish Groups.

OPERATION F	LOW 2 TASK & FINISH	CM	urpose of Group is to review weekly plans pecifically consider actions, performance c	
			eview weekly plans and progress to drive s onsider T&F Progress -actions, performanc	
		Exec Sponsor: Colin Lauder		
Task & Finish Group 2 Exec Sponsor: Eddie Docherty	Task & Finish Group 3 Exec Sponsor: Chris Deighan	ChairRussell CoulthardAMDJohn Keaney	Task & Finish Group 4 Exec Sponsor: Judith Park	Task & Finish Group 5 Exec Sponsor: Ross McGuffie
Pre Hosp/Avoiding Admission Chair Claire Ritchie	Front Door Redesign Pan NHSL Chair Stephen Peebles	AND Ruth Thompson T & F Groups Chairs Other H&SCP	Ward & System Flow Chair Margaret Meek	Frailty/Offsite Beds Chair Trudi Marshall
Lead CoM Marion Devers Lead CoN Lise Axford Lead H&SCP Specialist ED, CoTE, SAS	Lead CoM Claire MacDougall Lead CoN David Watson Lead H&SCP Specialist ED, AP, Adv Prac	Scope: Co-ordination for Success Weekly Actions Plan Weekly Performance Review	Lead CoM Ken Dagg Lead CoN Karen Goudie Lead H&SCP Specialist AP, Adv Prac	Lead CoM Ken Dagg Lead CoN Karen Goudie Lead H&SCP Specialist AP, Adv Prac
Scope: FNC Model Development Pan Lanarkshire Single Model Pre Hosp Assessment Consultant Connect Front Door Frailty-Rapid Access H@H Community Access Pathway	Scope: Pan Lanarkshire ED Review Weekend Focus Pan Lanarkshire Single Model Assessment Areas Ambulatory Care Flow in to and out of Resource Review by Shift & compare 2019/20 to current	 Ensure T&F 2,3,4,5 on track Produce weekly report Escalation Actions & Policy Resource Proposal R:I OOH Flow Management/OnCall Connected Groups: Data and Evaluation Supporting People at Home 	Scope: Establish NHS L Huddle Embed NHS LWard Bundle Embed NHS L Ward Beat NHS L Ward Beat Escalation Daily Escalation Points/Actions NHS L FLOW Resource Team Flow Management In Hours Flow Management OOH	Scope: • Lanarkshire Frailty Model • Critical Points for Success • Off Site Bed Holding
 Reduce % Conveyance Reduce Diverts & Transfers Increase % D/C within 24, 48 and 72 hours 	 Increase % 4 hour access Reduce 8 and 12 hour delay Improve System FLOW Reduce variance 	 Operation FLOW 2 Objectives Admissions<discharges< li=""> Effective FLOW Management & Escalation </discharges<>	 Reduce Occupancy Reduce LOS Increase pre noon D/C Increase D/C Lounge Use 	 Reduce Delayed Discharges Reduce Readmissions Increase Ward Beat Compliance in ALL wards

The following summarises the performance at site level:

University Hospital Hairmyres

April 2023 month end performance for University Hospital Hairmyres (UHH) was 56% with 5140 attendances. This compares to March 2023 performance of 52% with 5370attendances.

University Hospital Monklands

April 2023 month end performance for University Hospital Monklands (UHM) was 64% with 5223 attendances. This compares to March 2023 performance of 64% with 5681 attendances.

University Hospital Wishaw

April 2023 month end performance for University Hospital Wishaw (UHW) was 53% with 5842 attendances. This compares to March 2023 performance of 55% with 6117 attendances.

Staff Wellbeing remains a significant focus.

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. 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 23 MAY 2023