

NHS Lanarkshire

# INTEGRATED PERFORMANCE & QUALITY REPORT

**Issued:** 18 October 2023  
**Reference:** IPQR-M7-2023/24

COMMITTEE PATHWAY	
Committee	Date
Executive Director Group	16 October 2023
NHS Lanarkshire Board	25 October 2023

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## 1.1 Overview

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The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Lanarkshire's performance relating to National Standards and local Key Performance Indicators (KPIs).

At each meeting, the Standing Committees of the NHS Lanarkshire Board are presented the overall report and will consider the sections which are relevant to their area of governance. The complete report is presented to the NHS Lanarkshire Board.

This report relates to the data up to 30 September 2023, or the most recent available at the time of publication. The IPQR includes the following:

- **Introduction**  
Setting out the Lanarkshire context, objectives and summarising key Corporate Risks and status.
- **Indicator Summary**  
Summarising performance against National Standards and local KPIs. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- **Key Issues Summary**  
Summary assessment for indicators identified as amber or red.
- **Performance Exception Reports**  
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts.

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18 October 2023

## 1.2 Lanarkshire Context

NHS Lanarkshire employs around 14,000 staff delivering services to a total (estimated) population of 664,000.

The following graphic provides a snapshot of health service provision in Lanarkshire as at 31 March 2023:



NHS LANARKSHIRE ACUTE HOSPITAL BED FIGURES As at 1 August 2023				
HOSPITAL	COMPLEMENT	PHYSICAL	AVAILABLE	CLOSED
University Hospital Wishaw	611	649	626	23
University Hospital Hairmyres	490	556	478	78
University Hospital Monklands	413	441	405	36
<b>NHS Lanarkshire Total</b>	<b>1514</b>	<b>1616</b>	<b>1509</b>	<b>137</b>

### Definitions:

- *Complement:* The total funded number of beds for the hospital
- *Physical Beds:* The actual number of beds physically present in the hospital (not all staffed)
- *Available Beds:* The number of staffed beds ready for new patient admissions
- *Closed Beds:* The number of beds unavailable for patient care due to various reasons

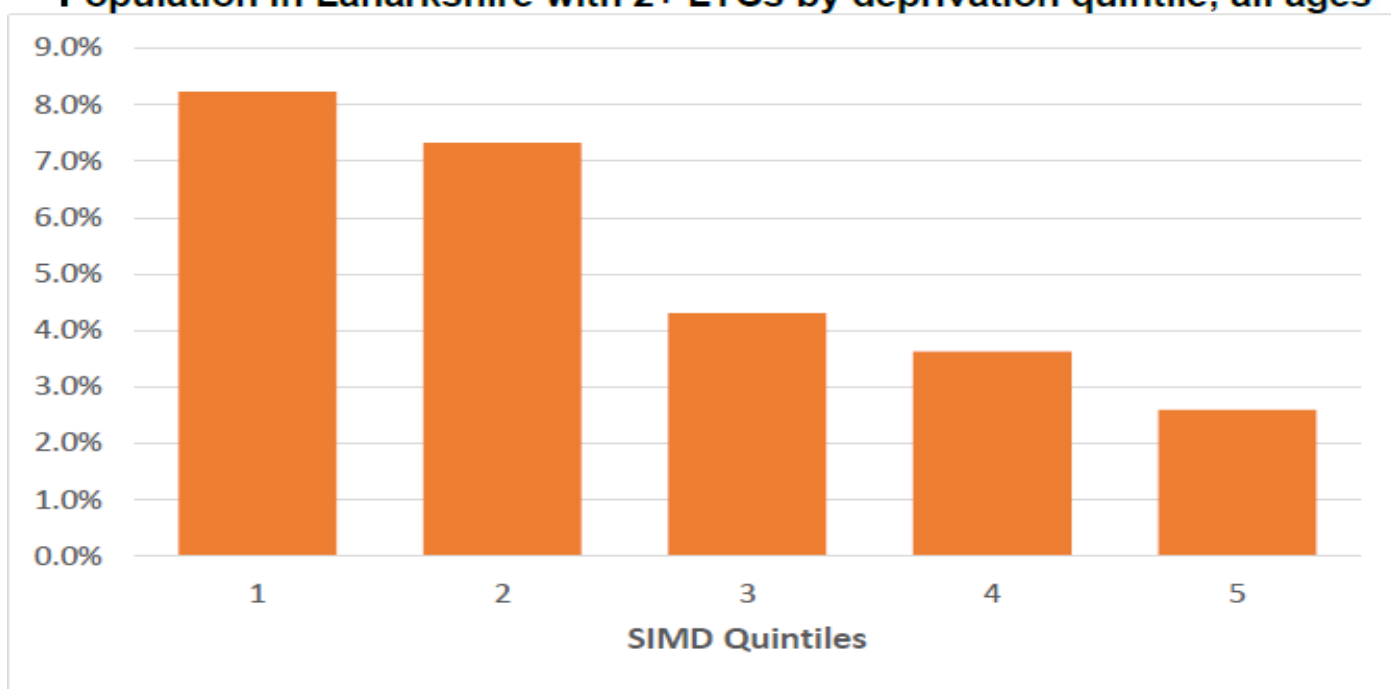
The demographics in Lanarkshire present particular challenges:

- 51.7% per cent of Lanarkshire’s population live in the most deprived areas - Scottish Index of Multiple Deprivation zones (SIMD) 1&2 with more than a quarter of our population (26%) in zone 1 which has the greatest deprivation.
- Lanarkshire has the third highest share of the 20 per cent most deprived data zones in Scotland
- The most deprived have over three times the prevalence of multiple long-term conditions than the least deprived.

Locality	Population	SIMD 1	SIMD 2	SIMD 3	SIMD 4	SIMD 5
Airdrie	56,357	42.7%	18.9%	17.3%	18.0%	3.3%
Coatbridge	50,330	39.8%	29.2%	13.6%	13.8%	3.6%
North Lanarkshire North	87,695	12.3%	30.1%	15.5%	18.5%	23.5%
Bellshill	41,377	38.5%	27.1%	12.6%	12.4%	9.4%
Motherwell	54,205	41.4%	18.4%	7.9%	17.2%	15.1%
Wishaw	51,436	33.9%	35.6%	14.6%	12.6%	3.3%
Cambuslang/Rutherglen	61,073	33.5%	12.9%	12.3%	21.9%	19.4%
East Kilbride	90,231	2.9%	24.3%	32.9%	17.7%	22.3%
Clydesdale	61,862	13.9%	32.3%	20.8%	25.0%	8.0%
Hamilton	109,464	29.1%	25.7%	12.8%	15.7%	16.7%

Data extracted on 31 March 2023

**Population in Lanarkshire with 2+ LTCs by deprivation quintile, all ages**



Data extracted on 31 March 2023

## 1.3 Corporate Objectives

# NHS LANARKSHIRE CORPORATE OBJECTIVES 2023/24

### BETTER HEALTH

Improve health & wellbeing and address inequalities

*Establish evidence informed outcomes and objectives that improve the health and wellbeing of our population, address health inequalities and reduce the environmental impact of climate change on population health.*

### BETTER CARE

Transforming to improve our services

*Redesigning and transforming across the whole system to improve access, outcomes, patient experience and to deliver resilient and sustainable health care.*

### BETTER VALUE

Deliver value & sustainability

*Provide effective planning that supports financial sustainability, balances budgets, provides value and ensures effective use of resources.*

### BETTER WORKPLACE

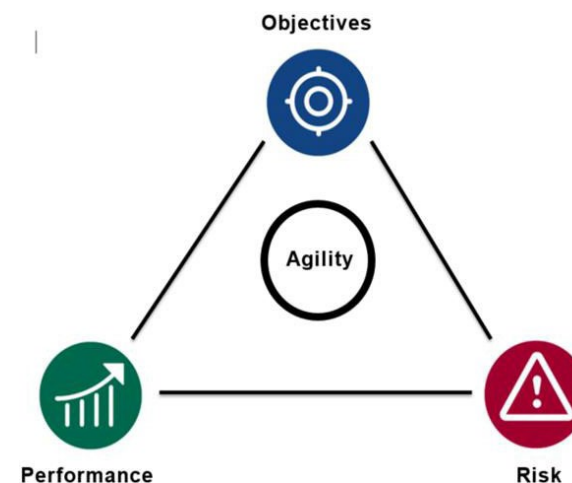
Improve staff experience & wellbeing

*Create a workplace that promotes health and wellbeing, implementing programmes that impact positively on the lives of our workforce, reflect the value we place on them, enhance engagement, and build resilience.*

### High Performing Organisation

In order to ensure NHS Lanarkshire is a high-performing organisation that operates in an agile way, objectives have been set that drive good performance while being cognisant of the risks we face.

The triangulation of objectives, performance and risk is set out in the graphic. This triangle shows the dynamic interaction of the different elements to make sure that NHS Lanarkshire continuously operates in an active and agile way.



## 1.4 Chief Executive's Objectives

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### CHIEF EXECUTIVE'S OBJECTIVES 2023/24

#### CHIEF EXECUTIVE LEADERSHIP

*Collaborative, ambitious and innovative in support of Scottish Government priorities to Remobilise, Recover and Redesign – through local, regional and national policy and strategy influence and development and delivery of key objectives through collective and personal contribution.*

#### OPTIMAL WORKFORCE / LEADERSHIP

*Evolve the workforce plans, roles, training solutions and recruitment & retention to be effective, resilient and agile in service delivery.*

#### DEVELOP HIGH PERFORMING TEAM, APPROACH & VALUES BASED CULTURE

*Create the conditions for success to establish and sustain a positive culture, values and high performing team and organisation.*

#### STRATEGIC – PLANNING, GOVERNANCE & RISK

*Executive Leadership and structure for a High Performing Organisation.*

#### HIGH PERFORMANCE

*Develop a High Performing Organisation. Establish a data driven approach using benchmarking and partnership opportunities to set out ambitious objectives and clear delivery plan.*

#### OUR HEALTH TOGETHER – EFFECTIVE STRATEGIC PLANNING FOR LANARKSHIRE DEVELOPED AND DELIVERED IN PARTNERSHIP

*Develop & establish an effective and comprehensive Sustainability & Value Program.*

#### STRATEGIC INFRASTRUCTURE DEVELOPMENT

*Reducing health inequalities & improving health as an anchor organisation. Providing leadership to develop an ambitious and person-centred approach to improve the health and wellbeing of our population.*



## 1.5 Corporate Risk Summary

Corporate Objective	Total Risks	Current Strategic Risk Profile				Risk Movement	Summary Statement on Risk Profile
Improve health & wellbeing & address inequalities	2	2	-	-	-	◀▶	The current assessment indicates that delivery against 3 out of 4 of the Corporate Objectives have very high risks within their risk profile. Mitigations are in place to support the management of risk over time with some risks requiring daily assessment. Assessment of Corporate Risk performance and improvement is in place.
Transforming to improve our services	11	6	1	4	-	◀▶	
Deliver value & sustainability	5	3	1	1	-	◀▶	
Improve staff experience & wellbeing	3	-	3	-	-	◀▶	
<b>Total</b>	<b>21</b>	<b>11</b>	<b>5</b>	<b>5</b>	<b>0</b>	◀▶	

### Risk Key

<b>High Risk</b>	<b>15 - 25</b>
<b>Moderate Risk</b>	<b>8 - 12</b>
<b>Low Risk</b>	<b>4 - 6</b>
<b>Very Low Risk</b>	<b>1 - 3</b>




### Movement Key

▲	Improved - Risk Decreased
◀▶	No Change
▼	Deteriorated - Risk Increased





## 1.6 Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	Previous -1	Previous -2	Previous -3	Vs Previous -1	Vs Year Previous
HQAIC - Clinical Governance and Corporate	SAERs Completed Within 90 Days	N/A	Monthly	Sep-23	16.0%	17.0%	16.0%	20.0%	▼	—
	HSMR	N/A	Year Ending	Mar-23	0.98	1.00	1.00	1.01	▲	—
	Inpatient Falls	N/A	Month	Aug-23	5.70	6.00	8.03	6.82	▲	▲
	Inpatient Falls with Harm	N/A	Month	Aug-23	0.15	0.22	0.15	0.22	▲	▲
	Pressure Ulcers	N/A	Month	Aug-23	0.15	0.31	0.38	0.45	▲	▲
	SAB - HAI/HCAI	16.1	Month	Aug-23	33.5	30.7	24.8	18.7	▼	▼
	C Diff - HAI/HCAI	14.8	Month	Aug-23	21.6	14.2	37.2	46.8	▼	▼
	ECB - HAI/HCAI	33.5	Month	Aug-23	64.7	42.50	59.60	81.10	▼	▼
	Hand Hygiene	95%	Month	Aug-23	67.0%	93.4%	93.2%	92.7%	▼	▼
	Complaints Closed at Stage 1	65%	Month	Sep-23	75.0%	75.4%	69.8%	69.2%	◀▶	▲
	Stage 2 Complaints responded to within 20 days	50%	Month	Aug-23	42.6%	32.7%	51.6%	24.3%	▲	▲
	Care Opinion	90%	Month	Aug-23	98.0%	73.0%	99.0%	91.0%	▲	▲
	Freedom of Information	90%	Month	Sep-23	93.0%	100.0%	93.0%	86.0%	▼	▼
PPRC - Operational Performance	4-Hour Emergency Access	95%	Month	Sep-23	60.20%	61.0%	65.4%	59.9%	▼	▲
	8-Hour Breaches	N/A	Month	Sep-23	84.2%	86.3%	90.5%	88.9%	▼	▼
	12-Hour Breaches	N/A	Month	Sep-23	92.4%	94.3%	96.8%	96.2%	▼	▼
	Patient TTG % <= 12 Weeks	100%	Month	Sep-23	50.1%	49.6%	49.8%	48.6%	▲	▼
	New Outpatients % <= 12 Weeks	95%	Month	Sep-23	62.8%	66.0%	68.3%	74.2%	▼	▼
	Diagnostics % <= 6 Weeks	100%	Month	Sep-23	50.5%	45.5%	41.4%	42.1%	▲	▼
	Cancer 31-Day DTT	95%	Month	Aug-23	97.2%	97.0%	98.4%	96.7%	▲	▲
	Cancer 62-Day RTT	95%	Month	Aug-23	71.1%	78.6%	81.6%	83.5%	▼	▼
PPRC - Finance	Delayed Discharge Bed Days - Standard Delays	25441	Year To Date	Aug-23	27272	—	—	—	—	—
	Revenue Resource Limit Performance	N/A	Month	Aug-23	(£7.956m)	(£8.423m)	—	—	▲	—
Staff Governance Committee - Workforce	Capital Expenditure	N/A	Month	Aug-23	£11.543m	£9.921m	—	—	▲	—
	Sickness Absence	4.00%	Month	Sep-23	7.3%	7.3%	6.9%	6.8%	▼	▲
Population Health Committee - Mental Health and Public Health	Vacancy Rates	0%	Month	Sep-23	1.3%	2.0%	1.4%	1.3%	▲	▲
	Off Framework Agency Usage	0%	Month	Sep-23	342	508	597	726	▲	▲
	CAMHS 18 Weeks Referral to Treatment	90%	Month	Aug-23	47.9%	25.5%	37.3%	30.1%	▲	▲
Population Health Committee - Mental Health and Public Health	Psychological Therapies 18 Weeks RTT	90%	Month	Aug-23	77.7%	77.2%	82.8%	80.1%	▲	▼
	Child Poverty - North Lanarkshire	N/A	Year Ending	Mar-22	26.6%	23.2%	26.5%	25.5%	▼	▼
	Child Poverty - South Lanarkshire	N/A	Year Ending	Mar-22	22.8%	19.6%	23.1%	22.5%	▼	▼
	Cervical Cancer Screening	80%	Quarter	Jun-22	73.2%	73.3%	73.7%	74.1%	▼	▼
	Smoking Cessation	100%	Quarter	Sep-22	50.0%	59.0%	71.0%	87.0%	▼	▼

### Performance Key

	on schedule to meet Standard/Delivery trajectory
	behind (but within 5% of) the Standard/Delivery trajectory
	more than 5% behind the Standard/Delivery trajectory

### Change Key

	"Better" than comparator period
	No Change
	"Worse" than comparator period
	Not Applicable

## 1.7 Key Issues Summary

### HQAIC - CLINICAL GOVERNANCE AND CORPORATE

#### BETTER CARE

##### Transforming to improve our services

		Target	Current
<b>SAERs</b>	<i>Completion of Significant Adverse Event Reviews (SAERs) within 90 days</i>	N/A	16%

Total number of SAERs closed between October 2022 and September 2023 was 83. 16% of these were concluded and closed <90 calendar days; 54% between 91 - 150 days and 30% took more than 150 days to conclude. The National Framework for Adverse Events timeline is met for events closed <150 calendar days. 70% were concluded and closed within this timeframe.

Overall key issues include workload pressure, capacity issues within the hospital sites and allowing time for patient / relative engagement in the process. The risk facilitators track and monitor the SAERs to endeavour to have these completed within the agreed timelines, as soon as is practically possible.

Monthly reports are produced and shared with all acute hospitals and north and south areas. These include detail on the number of days taken to conclude the reviews as well as highlighting all outstanding SAERs to allow managers to influence the process and help reduce any delays.

The monitoring process continues regularly by the adverse events team and includes monitoring compliance to ensure all aspects of the duty of candour legislation has been followed; checking the correlation of data recorded on Datix along with tracking the SAERs, monitoring the actions and action plans recorded.

<b>HSMR</b>	<i>Maintain HSMR within control limits</i>	N/A	0.98
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If the HSMR value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

NHS Lanarkshire is 0.98 and currently within control limits, with no change since the last reporting period.

All hospitals are shown to be within control limits for the current reporting period in comparison to the HSMR for Scotland (1.00).

<b>Inpatient Falls</b>	<i>Reduce all patient falls rate</i>	N/A	5.70
	<i>Reduce falls with harm rate</i>		0.15

Falls awareness week took place from 18th-24th September and encompassed:

- Pop up information stands across acute, promoting current resources for staff and patients
- Active Health team doing spotlight sessions
- Health Improvement team and Falls team carrying out community falls awareness pop up sessions

NHS Lanarkshire Total Falls Rate (per 1000 OBD) is showing random variation against a current median of 7.25 Falls per 1000 OBD. There has been a steady decrease in the median since Jan-2020, with latest

		Target	Current
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data point displaying 5.7 Falls per 1000 OBD for Aug-2023 – the lowest performance rate recorded for NHS Lanarkshire across the previous four years.

NHS Lanarkshire Falls with Harm Rate (per 1000 OBD) is showing random variation against a current median of 0.33 Falls with Harm per 1000 OBD, with the latest data point of 0.15 Falls with Harm per 1000 OBD for Aug-2023 (x6 Falls with Harm recorded across NHS Lanarkshire).

The reasons for the shift in the data are multifactorial, with improved reporting guidance within Datix, and continued implementation of the Lanarkshire Falls Strategy across the Acute and Health and Social Care Partnership Services.

<b>Pressure Ulcers</b>	<i>Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting</i>	<b>N/A</b>	<b>0.15</b>
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NHS Lanarkshire Pressure Ulcer Rate per 1000 Occupied Bed Days (OBD) is currently displaying random variation, with data fluctuating within expected limits. The median is 0.31 Pressure Ulcers per 1000 OBD with no change since September 2020, indicating steady performance. The latest data point for Aug-23 is displaying 0.15 Pressure Ulcers per 1000 OBD (x6 Grade 2-4 PU's recorded).

In February 2023 Tissue Viability commenced using a pressure ulcer review tool for acquired Grade 3 and Grade 4 pressure ulcers. Tissue Viability Pressure Ulcer Review Pathway continues for Grade 3 and Grade 4 acquired pressure ulcer injury with identified learnings shared for avoidable pressure ulcers with leads of localities and wards.

<b>SAB</b>	<i>Reduction of 10% in the national rate of healthcare associated SAB from 2019 to 2024</i>	<b>16.1</b>	<b>33.5</b>
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NHS Lanarkshire has not achieved the target for SAB Q2 (April-June 2023). NHS Lanarkshire is above the local Standard rate of 16.1 for Q2 April–June 2023 HCAI SAB rates, with performance for Q2 was 16.5. This is a negative impact. Local unvalidated data for August 2023 shows a rate of 33.5 per 100,000 total occupied bed days.

NHS Lanarkshire HCAI SAB rate of 16.5 for the most recent validated quarterly reporting period is below the national comparator rate of 18.3 for Q2 April-June 2023. This is a positive impact.

NHS Lanarkshire will be expected to achieve a target of <=91 HCAI SAB cases (a rate of 16.1 per 100,000 TOBDs by end of March 2024. (validated data for July-September 2023 awaited). Work is ongoing to further review SABs, CDIs and ECBs in NHS Lanarkshire and common themes identified are reported through the hygiene groups.

<b>C Diff</b>	<i>Reduction of 10% in the national rate of healthcare associated CDI from 2019 to 2024</i>	<b>14.8</b>	<b>21.6</b>
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NHS Lanarkshire has not achieved the target for CDI Q2 (April-June 2023). NHS Lanarkshire is above the local Standard rate of 14.8 for Q2 April–June 2023 HCAI CDI rates, with performance for Q2 was 25.7. This is a negative impact. Local unvalidated data for August 2023 shows a rate of 21.6 per 100,000 total occupied bed days.

NHS Lanarkshire healthcare associated infection CDI rate of 25.7 for this reporting period is above the national comparator rate of 16.1 for Q2 April-June 2023. This is a negative impact.

NHS Lanarkshire will be expected to achieve a target of <=84 HCAI CDI cases (a rate of 14.8 per 100,000 total occupied bed days by end of March 2024. (validated data for July- September 2023 awaited). Work

		Target	Current
is ongoing to further review SABs, CDIs and ECBs in NHS Lanarkshire and common themes identified are reported through the hygiene groups.			

<b>ECB</b>	<i>Reduction of 25% in healthcare associated E. coli bacteraemia by 2023/24</i>	<b>33.5</b>	<b>64.7</b>
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NHS Lanarkshire has not achieved the target for ECB Q2 (April-June 2023). NHS Lanarkshire's rate is above the local standard rate of 33.5 Q2 April-June 2023 HCAI ECB rates, with performance for Q2 was 46.1. This is a negative impact. Local unvalidated data for August 2023 shows a rate of 64.7 per 100,000 total occupied bed days.

NHS Lanarkshire's HCAI ECB rate of 46.1 for this reporting period is above the national comparator rate of 37.6 for April-June 2023. This is a negative impact.

NHS Lanarkshire will be expected to achieve a target of  $\leq 189$  HCAI ECB cases (a rate of 33.5 per 100,000 TOBDs) by end of March 2024. Validated data for July-September 2023 is awaited.

Work is ongoing to further review SABs, CDIs and ECBs in NHS Lanarkshire and common themes identified are reported through the hygiene groups.

<b>Hand Hygiene</b>	<i>95% hand hygiene compliance</i>	<b>95%</b>	<b>67%</b>
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The Hand Hygiene target rate for NHS Lanarkshire (NHSL) is 95%. An exercise was commissioned in August 2023 to conduct a collaborative approach to Hand Hygiene audits to align both IPC Quality Assurance audits and Standard Infection Control Precautions (SICPs) Nursing audits. The NHSL overall result of the collaborative Hand Hygiene Audits was 67%. Bare below the Elbow audits were also undertaken and the overall result for NHSL was 88%.

- Collaborative Hand Hygiene Audits have identified that the local compliance rate of 95% for Hand Hygiene has not been met.
- The NHS Lanarkshire overall result of the collaborative Hand Hygiene Audits was 67%.

Common themes of non-compliance with hand hygiene were as follows:

- Staff had to be advised that they should be bare below the elbows as per NHS Scotland Hand hygiene policy.
- Overuse of gloves - staff not risk assessing the need for gloves which is tantamount to missing opportunities for hand hygiene.
- "Bare Below the Elbows" (i.e. jewellery, wrist watches, sleeves worn below the elbow, painted and artificial nails)
- Hand Hygiene Key Moment 1: Before patient contact
- Hand Hygiene Key Moment 4: After patient contact
- Hand Hygiene Key Moment 5: After contact with patient surrounding.

A Hand Hygiene Steering Group was convened to review Hand Hygiene compliance across NHS Lanarkshire. The first meeting was held 18 September 2023 and the next meeting is scheduled for 13 October 2023. The Sub-Group identified to review the audit process met 27 September 2023 and a further meeting has been arranged for 17 October 2023.

There was an agreement by the sub group that additional support with the Nursing Hand Hygiene Audits would be requested by other specialities for example Allied Health Professionals (AHPs), Medical, Pharmacy and Domestic Services. The Sub Group will provide feedback on progress to the Hand Hygiene Steering Group and the Steering Group will report progress to the Infection Control Committee (ICC)

The Hand Hygiene Steering Group will incorporate the following into action plans with timescales identified:

- Hand Hygiene Policy and Dress Code Policy to be reviewed to ensure all areas of non-compliance are incorporated.
- Process to be agreed as noted above regarding developing an audit tool to align processes.
- Kind to remind continues to be promoted across NHS Lanarkshire.
- A communications strategy will be devised by the Communications Team to review promotional and educational material (including screen savers) that can be utilised as part of the hand hygiene campaign which was launched in September 2023
- Patient Stories and evidence-based videos will be utilised to deliver education sessions to staff.
- Wards to pilot \*Bare Below the Elbows\* campaign.
- Two subgroups of the Hand Hygiene Steering Group have been commissioned; one will oversee all aspects of communications and promotional materials and the other will agree and align the Hand Hygiene audit process between Nursing and IPCT staff.
- The Hand Hygiene audit process conducted by other boards will be reviewed for comparison.
- IPCT continue to carry out "Bare Below the Elbows Audits\*" in conjunction with the Hand Hygiene audits.

<b>Complaints</b>	<i>% of complaints closed at Stage 1</i>	<b>65%</b>	<b>75%</b>
	<i>% Stage 2 Complaints responded to within 20 days</i>	<b>50%</b>	<b>43%</b>
	<i>Average Response time (in days) for Stage 2</i>	<b>40 Days</b>	<b>29 Days</b>
	<i>Complaints</i>		

75% (141/188) of complaints were closed at a stage 1 in September 2023, exceeding the 65% target. As noted previously, this is reflective of both the nature of complaints received and the ongoing campaign and processes to support early resolution. This improvement will also impact on measure 2, as it ensures that only those that require investigation proceed directly to Stage 2. It is appropriate for only more complex or detailed complaints to proceed to Stage 2 investigation.

In September, 43% (20/47) of stage 2 complaints were closed within 20 working days, rising from 33% (18/55) in August, but falling short of the quarterly performance target (50%).

The average response time was 29 days, falling from 30 days in August, and exceeding the target (40 days).

<b>Care Opinion</b>	<i>Provide a response to each story within five days</i>	<b>90%</b>	<b>98%</b>
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- 88 stories were posted by the public in August 2023.
- 69 (77.5%) stories were positive
- 27 (32%) stories were critical of their experience.
- 98% of stories were responded to within 5 working days including weekends and bank holidays.

We aim to provide a response to each story within five days however sometimes it takes longer to access specific information to be able to formulate a response and this will exceed the five days.

The top themes of the stories which were critical of the person's experience were relating to the environment e.g. lack of breastfeeding facilities in an outpatient clinic, waiting times for appointments e.g. community physiotherapy, urgent cardiology and gynaecology, and staff attitude e.g. midwives' attitude following post C-section infection and pain, GP attitude towards patient's wife when she was attending appointment to support her husband, GP could be better in dealing with people who have ADHD/potential autism.

		Target	Current
The top themes of the stories which were positive of the person's experience were relating to the care and compassion of staff, staff attitude and communications with patients.			
<b>Freedom of Information</b>	<i>Respond to 90% of FOI enquiries within the Statutory Time Period of 20 working days</i>	<b>90%</b>	<b>93%</b>

The number of requests received continues to be extremely high with nine consecutive months above the median. 93 requests were received in September 2023. The number of requests from MSPs in particular is high. We have received 528 requests from April to September 2023 – an increase in 28% compared to the previous year.

The response rate for September was 93%. The response rate for the year so far (April to September 2023) is 93%.

We are carrying out a range of actions to improve internal processes and increase staff awareness of FOI procedures.

## PPRC - OPERATIONAL PERFORMANCE

### BETTER CARE

#### Transforming to improve our services

		Target	Current
<b>4-Hour Emergency Access</b>	<i>At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident &amp; Emergency treatment</i>	<b>95%</b>	<b>60%</b>

NHS Lanarkshire's September 2023 performance 60%, against a local target of 72%. This is a reduction from 61% in August 2023. NHS Lanarkshire's performance remains lower than the Scottish average.

Performance against the standard continues to be variable across any 24/7-day period with the main breach reasons reported as Time to First Assessment (TTFA) and wait for bed. The main driver for poor performance against this standard is high site occupancy, causing waits for bed and exit block in emergency departments.

A detailed programme of improvement in being taken forward through Operation Flow 2, Task and Finish Groups to reduced hospital occupancy and support other operational improvements. Establishing and maintaining good flow across our system is key to the success of Operation Flow 2 and therefore improving our unscheduled care performance. A project plan which outlines the key objectives for Operation Flow 2 has been developed in collaboration with colleagues across the system and also takes account of the learning from the Firebreak exercise in February 2023.

<b>Patient TTG</b>	<i>Ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed</i>	<b>100%</b>	<b>50.1%</b>
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At the end of September 2023 there were a total of 8005 patients who had breached their TTG date, compared to 8125 in August 2023. The number of patients on the waiting list has decreased to 11,812. In September 2023, 50% of patients were treated within 84 days, slightly more than in August 2023.



**Target****Current**

25% of patients are waiting over 52 weeks for surgery with the greatest number of patients in general surgery, orthopaedic, gynaecology, ENT and urology. At end of September 2023 there were 1649 patients waiting over 78 weeks and 970 patients waiting over 104 weeks to be treated.

Clinical urgency remains our priority and the implementation of long wait milestones needs to be managed in the context of continued access to theatres for urgent patients.

The Division continue to work with National Elective Coordination Unit (NECU) at the Golden Jubilee, to undertake further administrative validation exercises and to access external capacity where possible.

NHS Lanarkshire outperformed against all local TTG trajectories for end of September 2023 and will continue to work towards further trajectories.

**New Outpatients***12 Week Outpatient Guarantee (84 days)***95%****62.8%**

At the end of September 2023 there were 44,960 patients waiting over 84 days for an outpatient appointment, compared to 44,291 in August 2023.

63% of patients had completed waits to be seen within 84 days in September 2023, compared to 66% in August 2023. At end of September 2023, 65% of patients had ongoing waits over 12 weeks.

In September 2023, NHS Lanarkshire outperformed against trajectories for those waiting over 104 weeks and 78 weeks. Trajectories were not achieved for those waiting over 52 weeks and total waiting list size.

Significant improvements in general surgery waiting times have been seen since August due to the changes to the Business Continuity Arrangements in emergency general surgery and the establishment of low risk hernia see and treat capacity at the Golden Jubilee.

The additional capacity delivered through these actions is supporting significant reductions in the long waiting patients in this specialty. On 2<sup>nd</sup> August there were 351 general surgery outpatients waiting over 104 weeks. By 13<sup>th</sup> October this number was down to 46.

Although good progress is shown in the management of long waits, in line with trajectories, progress in managing the total growth of the list, and those waiting over 52 weeks, is more difficult. Increasing capacity internally and via insourced providers are key to progress in these areas.

On 2<sup>nd</sup> October 2023, 12,668 patients will be waiting over 52 weeks for an outpatient appointment if not booked before 31<sup>st</sup> December 2023.

The Division is continuing to work with the National Elective Coordination Unit (NECU) at the Golden Jubilee through the month of October to undertake further administrative validation exercises in the medicine specialties.

The previous process removed 9% of the approximately 12000 patients validated.

**Diagnostics**

*No patient will wait more than 6 weeks to receive one of the 8 key diagnostics test appointments (data reflects patients currently waiting within 6 weeks)*

**100%****50.5%**

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.



		Target	Current
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 used where available 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 90% of pre-Covid activity and the endoscopy service is operating at around 100%.			
<b>Cancer 31-Day &amp; 61-Day RTT</b>	<i>95% of patients should wait no more than 31 days from decision to treat to first cancer treatment</i>		<b>97.2%</b> <b>(31 day)</b>
	<i>95% of patients should wait no more than 62 days from urgent suspicion of cancer to treatment</i>	<b>95%</b>	<b>71.1%</b> <b>(62 day)</b> <b>Unverified data</b>

The data for Quarter 1 and Quarter 2 of 2023 are both now verified and published.

### 31-Day

Quarter 1 data shows that NHS Lanarkshire met the national standard, that is, 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat with Quarter 2 showing 98.6% of patients were treated within the national standard. It is predicted that recovery of the 95% standard for 31 days will continue to be sustained in the coming months, in line with the agreed recovery trajectory.

### 61-Day

Achievement of the 62-day target continues to be variable while we continue to apply clinical prioritisation as a response to Covid 19. The continuation of clinical prioritisation ensures high risk suspected cancer utilises current diagnostic capacity timely.

The 62-day standard remains challenged due to the pressures within the diagnostic element of the pathways, mainly due to scopes and radiology capacity, including reporting in breast, colorectal, lung and urology pathways, although work is ongoing to progress against the trajectories. Significant increases in referrals, particularly on the urology pathways are increasing the delays.

		Target	Current
<b>Delayed Discharges</b>	<i>5% Reduction in Bed Days for 2023/24 (Based on 10% Reduction in 2022/23 of the 2019/20 Performance, thus providing an overall reduction of 15%)</i>	<b>25441</b>	<b>27272</b>

Both partnerships have extensive change programmes underway to roll out Home Assessment/Home First teams, as well as protecting reablement services to protect the 'front door' of the service. It is vital that service users have assessments for ongoing care needs in their own homes, where we are more able to accurately assess ongoing need, focus on reablement and reduce over-provision to maximise what we can get from the existing service establishments.

Operation Flow Task and Finish Group 4 is leading the whole system roll out of the Foundation Flow Bundle, ensuring that we have regular multi-disciplinary review of inpatients and timely referrals for support required ahead of clinical readiness. Detailed self-assessments are now being undertaken across the sites and teams to demonstrate progress.

In addition, Task and Finish Group 5 is undertaking a review of the off-site bed model. Since the commencement of Operation Flow, there has been a definite improvement in delayed discharge performance on the acute sites, however, the same corresponding improvement has not followed across the off-site and community facilities. The split of delays has moved from 50/50 to beyond 60/40 in favour of off-site facilities, so the review of off-site model is a major priority.

## PPRC - FINANCE

### BETTER VALUE

#### Deliver value & sustainability

		Current
<b>Revenue Expenditure Limit Performance</b>	<i>Work within the revenue resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>(£7.956 m)</b>

As at 31 August 2023 the Board was reporting an overspend of £7.956m, spread across its divisions. The year-end forecast sits at £19.062m although at this stage there are high levels of uncertainty. There is not yet a plan to balance over three years. To date the Board has identified £22.191m of savings and the HSCPs £8.166m. £1.295m of these are recurring savings as is the HSCPs £2.266m which falls below the £42.7m requested by Scottish Government. A range of actions are underway including the Sustainability and Value programme.

<b>Capital Expenditure</b>	<i>Work within the revenue resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>£11.543m</b>
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Capital expenditure to 31 August 2023 is £11.543m. To date the schemes to which a commitment has been given exceed the current overall capital limit by £1.103m. If all requests were approved and the programmes proceeded on initial timelines, the capital limit would be exceeded by over £8m. Plans to avoid the over commitment include seeking HSCP funding for Mental health, recognising any slippage, phasing and prioritising.

## STAFF GOVERNANCE COMMITTEE – WORKFORCE

### BETTER WORKPLACE

Improve staff experience & wellbeing

		Target	Current
<b>Sickness Absence</b>	<i>Reduce sickness absence percentage to meet national target of 4%</i>	4%	7.3%

We are continuing to drive forward via the sustainability and value workstream to focus on reducing sickness absence.

<b>Vacancy Rates</b>	<i>Vacancy rate percentage</i>	0%	1.3%
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The over-established position is being refined with work between Human Resources and Finance to try to correct any anomalies where any non-recurring budget does not have an associated budget whole time equivalent (WTE).

<b>Off-Framework Agency Usage</b>	<i>Vacancy rate percentage</i>	0	342
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The current position, while considerably above the target of zero, is a significant reduction when compared to March 2023 – based on this trajectory this KPI is rated as amber.

## POPULATION HEALTH COMMITTEE – MENTAL HEALTH AND PUBLIC HEALTH

### BETTER HEALTH

Improve health & wellbeing and address inequalities

		Target	Current
<b>CAMHS 18 Weeks RTT</b>	<i>At least 90% of clients will wait no longer than 18 weeks from referral to treatment</i>	90%	47.9%

Although RTT performance has significantly decreased since the second half of 2022 this is because the number of patients seen for first assessment has increased, meaning in turn they have breached the timescale to be seen for intervention within 18 weeks. May and June had saw some recovery of position but did not establish a continued pattern in July. We now know there is a theme of reduced treatment times in July due to a combination of staff capacity and reduced attendance rates of CYP during peak holiday times. This is something we need to proactively address via communications and appointment planning going forward.

August saw the biggest recovery of position with a 22% increase in RTT from previous month and is now higher than where we were prior to commence. This is in line with previously mapped recovery trajectory. Further work required to assure continuance of positive progress. This includes establishment of a CAMHS Performance Work Stream that will replace the Choice And Partnership Approach (CAPA) implementation of the workstream. The work stream will empower Team Coordinators to take responsibility for management of CAPA and flexibility of activity aligned to meeting of average referral rate and longest treatment waits.

		Target	Current
<b>Psychological Therapies 18 Weeks RTT</b>	<i>At least 90% of clients will wait no longer than 18 weeks from referral to treatment</i>	90%	77.7%

Performance is heavily impacted by significant challenges around the recruitment and retention at Consultant grades. This challenge is experienced locally and nationally for services of this type. Most recent trajectories indicate that, with current staffing levels, we will not meet the RTT by the end of the calendar year. Our embedded PHS analyst is running various scenarios to determine the impact of staffing on the RTT and the impact of the R&R funding with various scenarios. The Scottish Government have recently asked for Board returns at the end of September 2023, to obtain financial projections against the given allocation for the remainder of the year and updates regarding any additional net recruitment to June 2023 (including from upcoming NES publications) to determine Tranche Two allocations.

<b>Child Poverty</b>	<i>Reduce child poverty in North and South Lanarkshire</i>	N/A	<b>26.6% North 22.8% South</b>
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Approximately one quarter of Scottish children live in low-income families – this figure has gradually been increasing over the past eight years from approximately one fifth. The proportion of Lanarkshire children living in low income families has followed a similar trend to Scotland overall but the proportion has consistently been larger in North Lanarkshire and only slightly lower in South Lanarkshire.

NHS Lanarkshire has contributed to child poverty action plans for both North and South Lanarkshire councils and is continuing to support further plans, as well as implementing actions and recommendations from these plans. This has included developing NHS Lanarkshire as an anchor organisation.

<b>Cancer Screening</b>	<i>Breast Cancer and Cervical Cancer Screening Uptake (performance given for cervical)</i>	80%	73.2%
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The uptake rates for the cervical cancer screening programme in NHS Lanarkshire are higher than those for Scotland overall, but still lower than the recommended safe uptake rate of at least 80%. Cytology laboratory assessment turnaround times in Lanarkshire are below recommended standards. The uptake rates for Lanarkshire have been falling, similar to the trend seen in Scotland overall.

The uptake rates for the breast cancer screening programme in NHS Lanarkshire are increasing, but remain lower than those for Scotland overall. . The uptake rates have increased to meet the recommended uptake rate of at least 70% as of the 2019/22 period (74.5%). The breast cancer screening programme in Lanarkshire meets all required standards except for time to issue results and time to assessment from first adequate screen.

NHS Lanarkshire has an established screening inequality action plan and steering group delivering actions focused on improving uptake of the cancer screening programmes targeted at areas of deprivation and groups where evidence suggests lower uptake. The Action Plan is currently being updated for 2023-2026.

<b>Smoking Cessation</b>	<i>Percentage of national target for number of quits</i>	100%	50%
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Lanarkshire is achieving 50% of its quarterly target. (Validated data up to September 2022).

Although we are not meeting the national target, the Lanarkshire Stop Smoking Service has performed well, in comparison to other Health Boards. In 2021/22, performance in NHS Lanarkshire was 85.0% of target which was better than the Scottish average figure of 78.3% and was the 5th highest figure across all NHS Boards.

The Lanarkshire 4 week quit rate is 48.4%, which is better than the Scottish average figure of 44.6%. The % of clients who self-report that they have quit smoking 12 weeks after quit dates set (QDS) in Lanarkshire is 31.2%, which is higher than the Scottish average figure of 28.7%.

NHS Lanarkshire has been very involved in the national review of stop smoking services which will inform improvements particularly within specialist services. The national review of smoking cessation services has been published, September 2023. This review asks NHS Boards to prioritise specific population groups, e.g., those living in deprived areas, pregnant women who smoke, people with mental ill-health who smoke, and people who are hospitalised due to smoking related illnesses.

### 2.1.1 Adverse Events (SAERs)

Completion of Significant Adverse Event Reviews (SAERs) within 90 days

Target  
N/A

Performance  
16%

Fig. 1.1: SAERs – Timelines (October 2022 – September 2023)

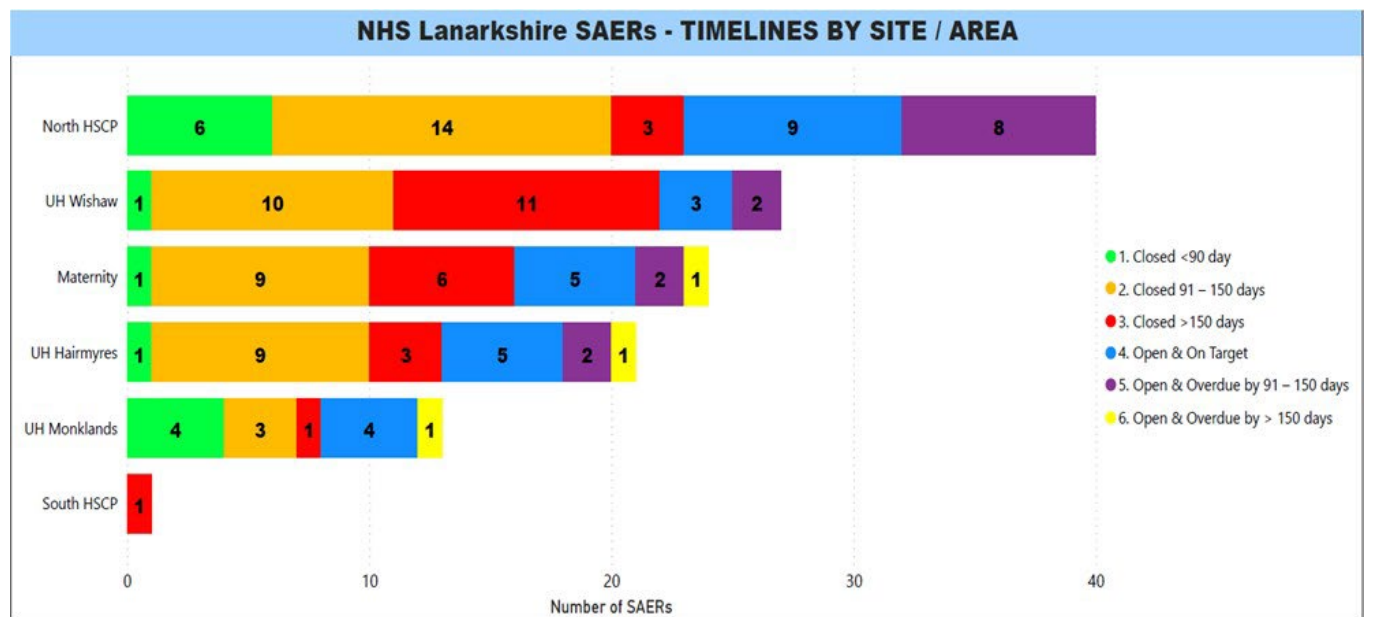
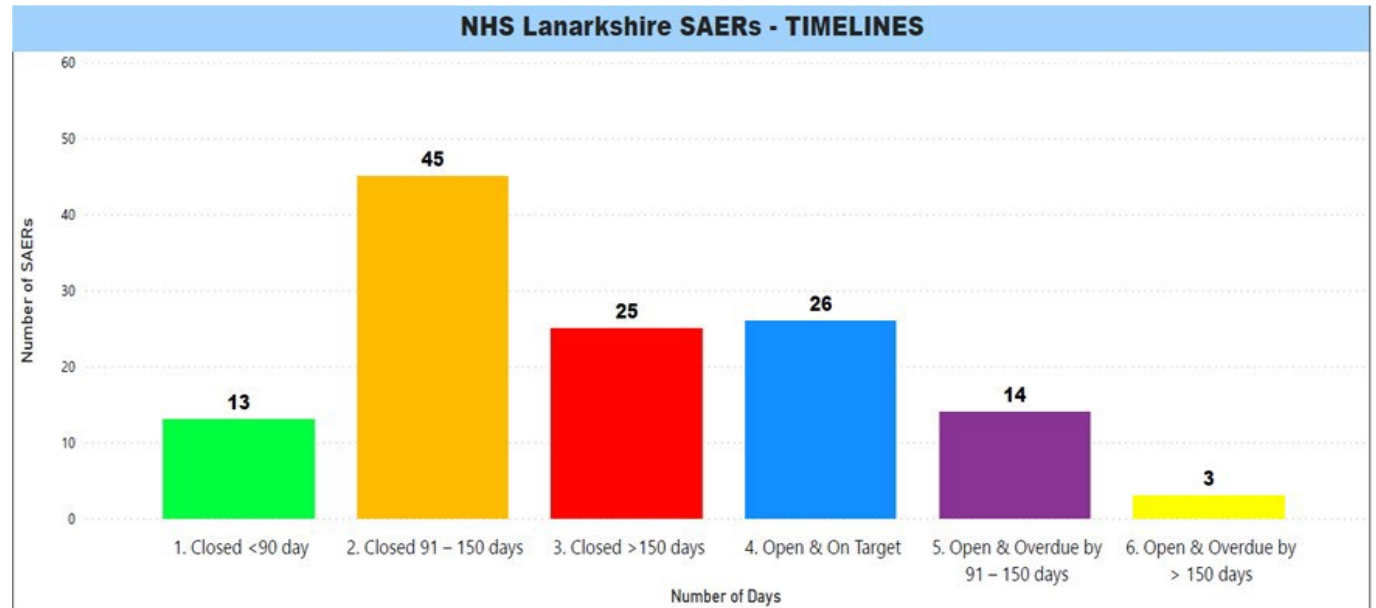


Fig. 1.2: SAERs – By Causation Code (October 2022 – September 2023)

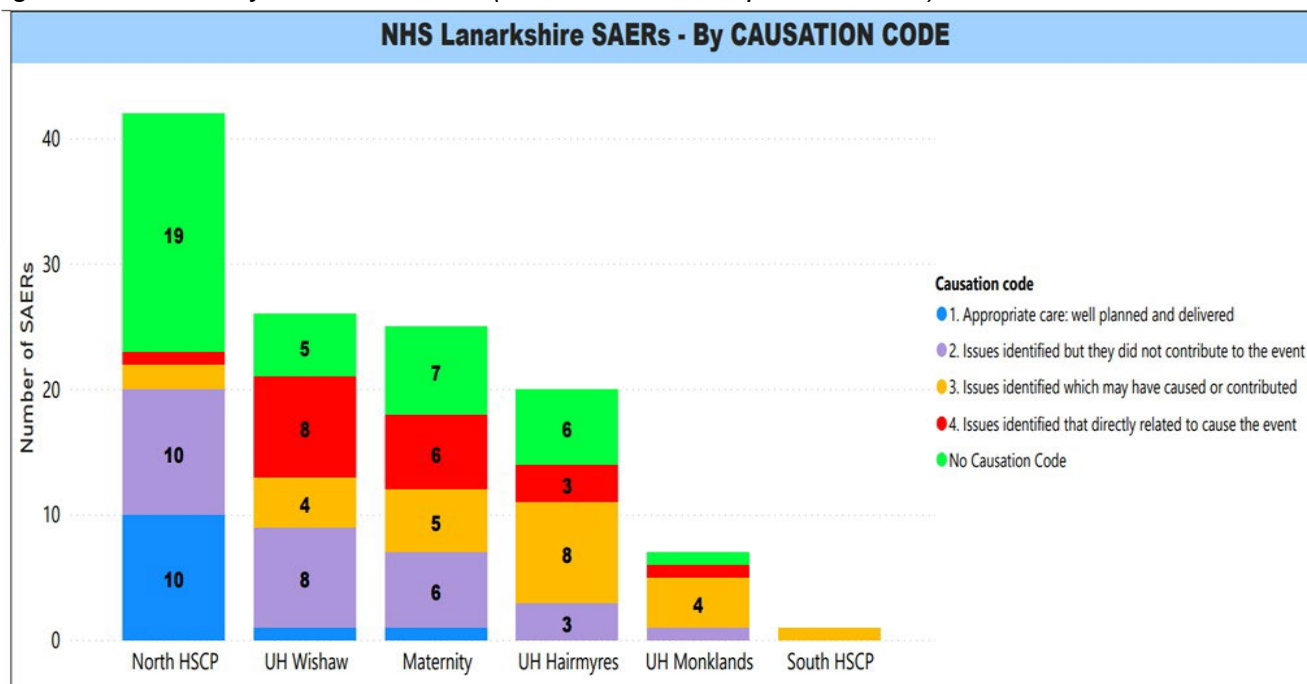
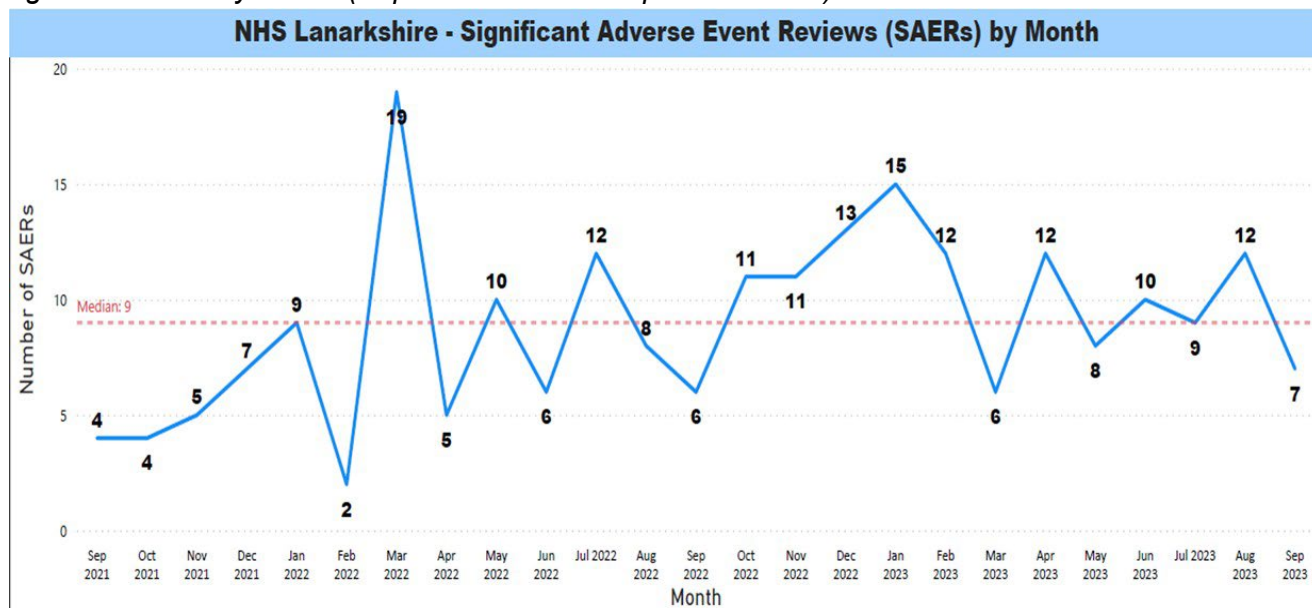


Fig. 1.3: SAERs by Month (September 2021 – September 2023)



Date of Extraction: 2 October 2023

Key Deliverable	End Date
Completion of Significant Adverse Event Reviews (SAERs) from the time of knowing about it to a quality report being finalised and produced within 90 days.	31 March 2024

**Key Issues**

Fig. 1.1: SAERs – Timelines

This chart demonstrates the overall number of SAERs within NHS Lanarkshire that are open and on target, the time taken to complete and close SAERs and the number of SAERs open and overdue.

The agreed timeline within NHS Lanarkshire to conclude SAERs from time of notification of event to final SAER report within 90 days.

Total SAERs closed between October 2022 and September 2023 = 83. 16% of these were concluded and closed <90 days; 54% between 91 - 150 days and 30% took more than 150 days to conclude. It should be noted that the National Framework for Adverse Events agrees a timeline for <150 days for SAERs to be completed; 70% were concluded and closed within this timeframe.

There are common themes/reasons from the hospital sites for delays in concluding SAERs which can be due to availability of clinical time; pressures at the hospital sites; complex cases involving multi-agency; joint board reviews; delay in commissioning and sign off for the SAER reports.

#### Fig. 1.2: SAERs – By Causation Code

This chart demonstrates the number of SAERs with a causation code recorded which indicates if the incident was avoidable. The SAERs with No Causation Codes are reviews which remain open and ongoing.

From the reviews that have causation codes recorded, the percentage that were concluded to be either avoidable/preventable or unavoidable, split by individual causation codes:

- Causation code 1 - 13%
- Causation code 2 - 35%
- Causation code 3 - 31%
- Causation code 4 - 20%

This information is helpful as it can be assumed that if an event is a SAER the organisation has caused the harm associated with the event, which is not always the case.

From the reviews that have concluded, currently 42% have been recorded as triggering the legislation for Duty of Candour.

#### Fig. 1.3: SAERs by Month

The number each month is random and can include retrospectively reported events which could have occurred in the previous months but not notified and reported until a later date.

7 SAERs recorded in September 2023:

- 1 recorded from North HSCP under the following category:
  - 1 Self Harm
- 2 recorded from UH Wishaw under the following categories:
  - 1 Failed Procedures
  - 1 Wrong/Delayed/Misdiagnosis
- 2 recorded from UH Hairmyres under the following categories:
  - 1 Sudden Collapse/Deterioration
  - 1 Wrong/Delayed/Misdiagnosis
- 2 recorded from UH Monklands under the following categories:
  - 1 Omission of Planned Procedures
  - 1 Maternal/Delivery

North HSCP hosts mental health services where suicide incidents and prison services with death in custody, trigger an automatic SAER.

#### Overall Key Issues

Overall key issues include workload pressure and capacity issues within the hospital sites. The risk facilitators track and monitor the SAERs to endeavour to have these completed within the agreed timelines, as soon as is practically possible.



Monthly reports are produced and shared with all acute hospitals and north and south areas. These include detail on the number of days taken to conclude the reviews as well as highlighting all outstanding SAERs to allow managers to influence the process and help reduce any delays.

The monitoring process continues regularly by the adverse events team and includes monitoring compliance to ensure all aspects of the duty of candour legislation has been followed; checking the correlation of data recorded on Datix along with tracking the SAERs, monitoring the actions and action plans recorded.

### **Key Actions**

Improving the visibility of the cases that are breaching the timescales continues to be reported. This is to allow managers to influence the process and reduce delays. All acute hospitals sites as well as North and South HSCP areas and services receive copies of these monthly reports which highlight the outstanding SAERs, providing detail on the number of days each review is over the 90 days.

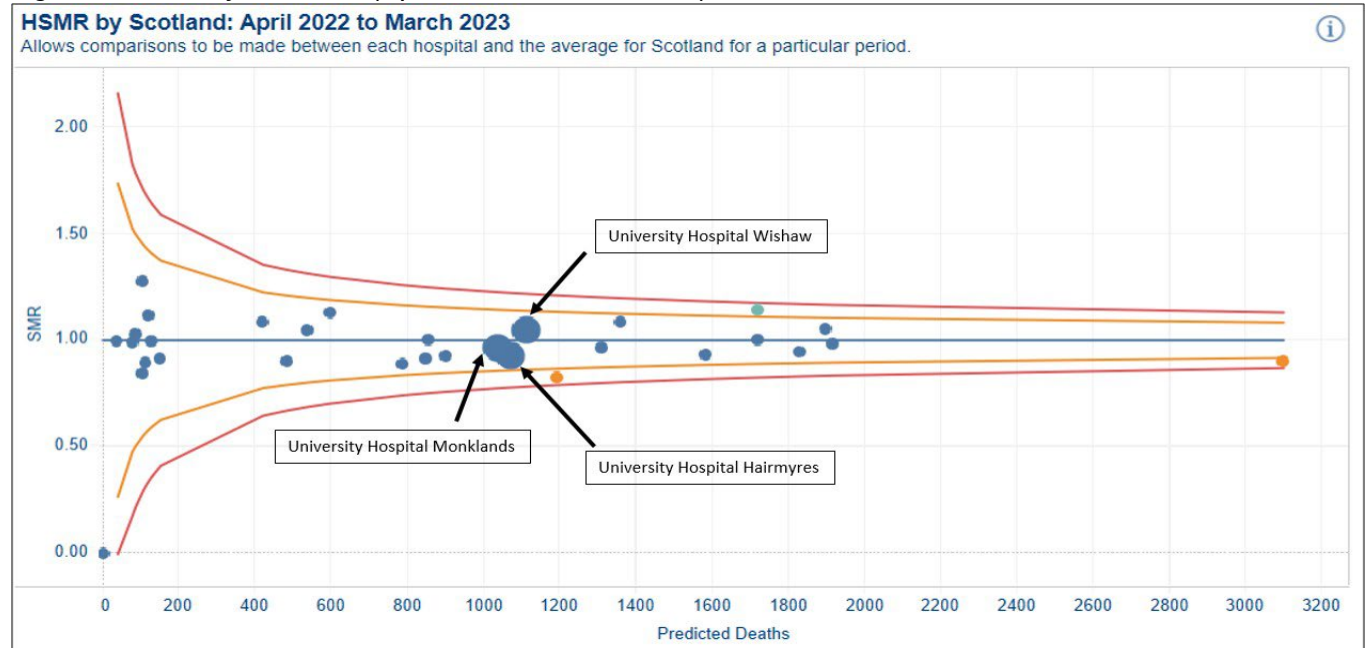
## 2.2 HSMR

Maintain HSMR within control limits

Target  
N/A

Performance  
0.98

Fig. 1.4 HSMR by Scotland (April 2022 – March 2023)



Health Board of Treatment:	Period						
NHS Lanarkshire	April 2022 to March 2023						
Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the chart	
Scotland	28,190	28,190	633,307	4.5%	1.00	n/a	
NHS Lanarkshire	3,152	3,222	68,356	4.6%	0.98	n/a	
University Hospital Hairmyres	990	1,070	21,432	4.6%	0.93	●	
University Hospital Monklands	1,001	1,038	19,520	5.1%	0.96	●	
University Hospital Wishaw	1,161	1,114	27,404	4.2%	1.04	●	

Date of Extraction: 8 August 2023 (Next HSMR Release: November 2023)

### Key Deliverable

Data is presented as a funnel plot (below) to allow comparisons to be made between each hospital and the average for Scotland for a particular period.

If the HSMR value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted

The three NHS Lanarkshire acute hospitals are highlighted on the funnel plot as the three larger dots with labels, as below.

### Key Actions

NHS Lanarkshire is 0.98 and currently within control limits. This reflects a decrease in ratio (from 1.00) recorded in the previous reporting period.

All Acute Site hospitals are shown to be within control limits for the current reporting period in comparison to the HSMR for Scotland (1.00).

### 2.3 Inpatient Falls

Reduce all patient falls rate

Reduce falls with harm rate

Target

N/A

Performance

5.70

0.15

Fig. 1.5: NHS Lanarkshire: Total Falls Rate (per 1000 Occupied Bed Days)

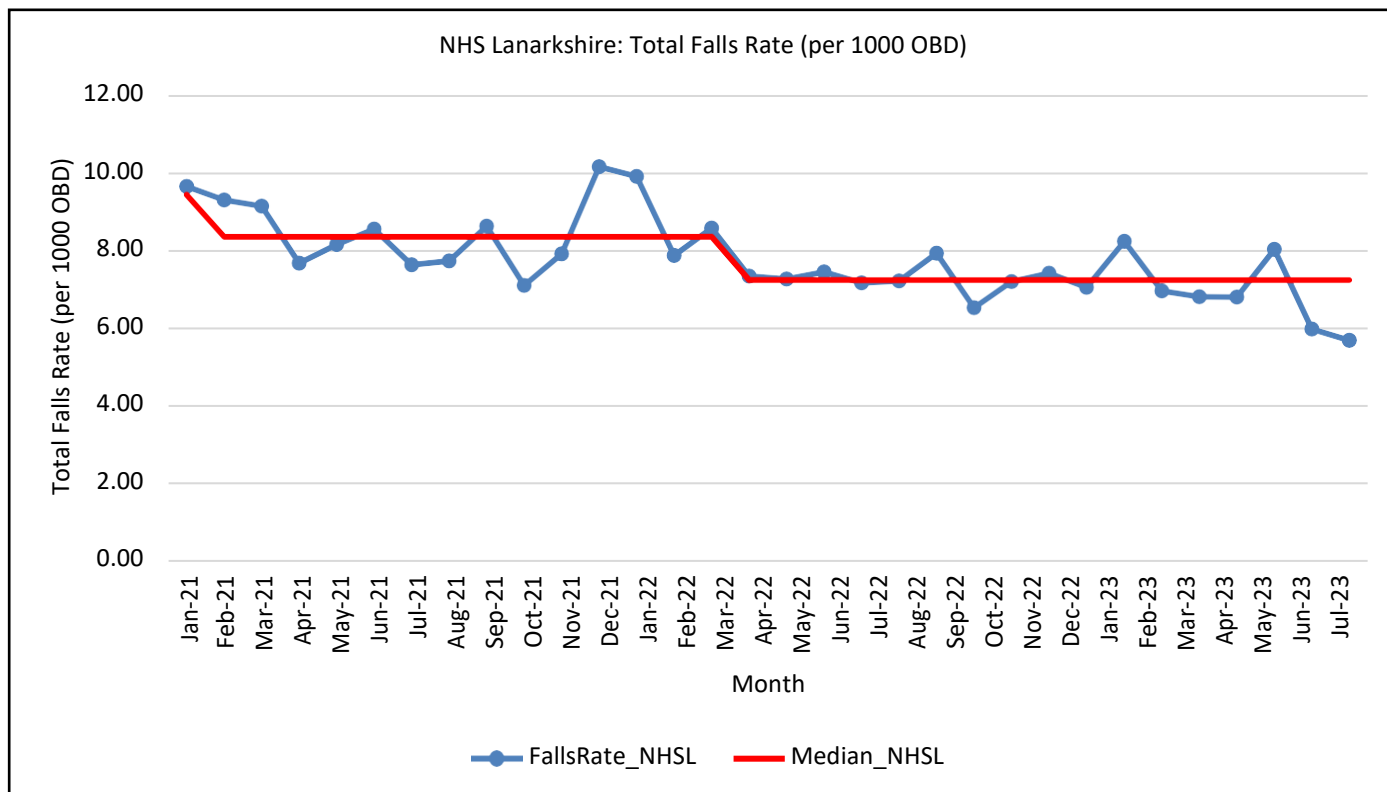
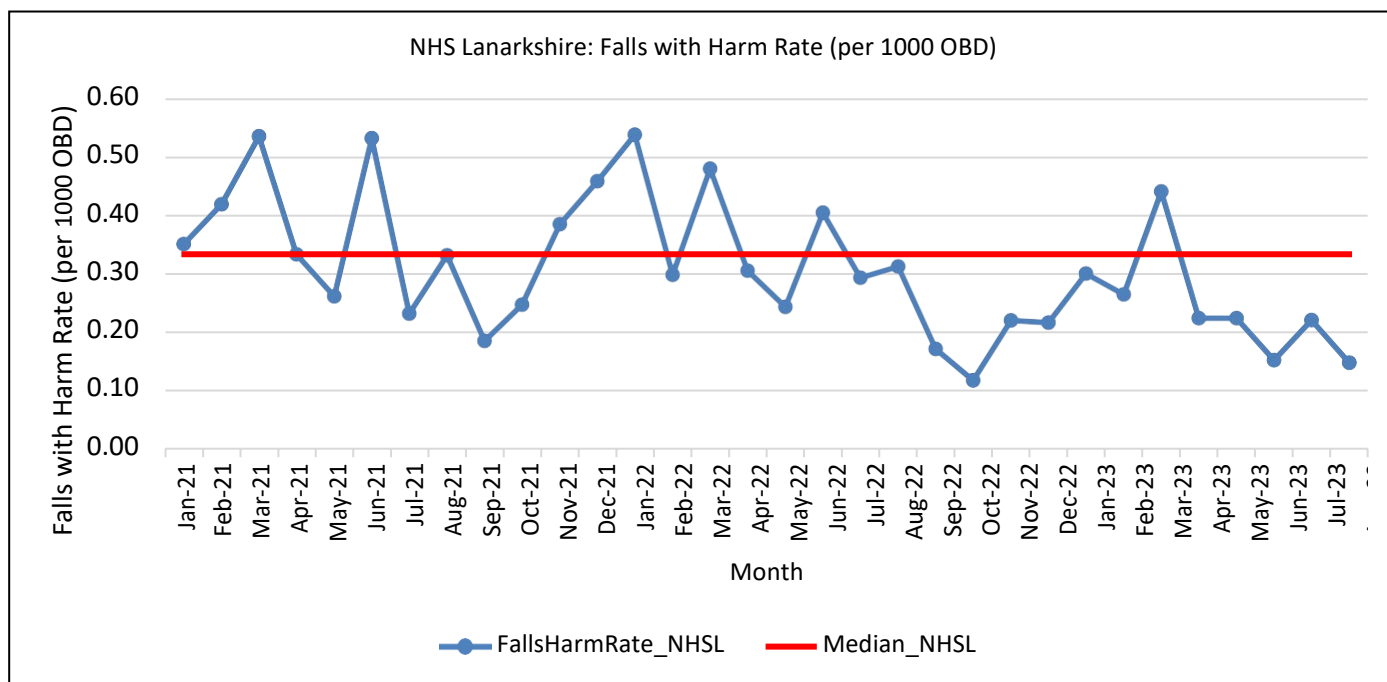


Fig. 1.6: NHS Lanarkshire: Falls with Harm Rate (per 1000 OBD)



Date of Extraction: 5 October 2023

## Key Deliverable

### Key Deliverable 1:

Build an integrated approach: working more closely together across the system and with individuals and communities to design, plan, fund and deliver falls and fragility fracture prevention and management, and frailty prevention, identification, management and care.

### Key Deliverable 2:

Build resilience at a population level: working together across sectors and with individuals and communities to enable more people to maintain or build their resilience and reduce their exposure to risk factors for falls and osteoporosis.

### Key Deliverable 3:

Take action earlier: working together across sectors and with individuals and communities to cultivate a shared responsibility for recognising and exploiting valuable opportunities to take earlier preventative action – when signs of frailty and functional decline are first recognised and, after one fall or fragility fracture, to prevent another.

### Key Deliverable 4:

Target evidence-based and personalised support: collaborating to deliver evidence-based falls and fragility fracture prevention interventions for those at highest risk and with complex needs, with a focus on supporting people to achieve outcomes that are important to them.

## Key Issues

### Fig 1.5: NHS Lanarkshire Total Falls Rate (per 1000 OBD)

The run chart is displaying random variation against a current median of 7.25 Falls per 1000 OBD. There has been a steady decrease in the median since Jan-2020, with latest data point displaying 5.7 Falls per 1000 OBD for August 2023. This is the lowest performance rate recorded for NHS Lanarkshire across the previous four years.

### Fig 1.6: NHS Lanarkshire Falls with Harm Rate (per 1000 OBD)

The run chart is displaying random variation against a current median of 0.33 Falls with Harm per 1000 OBD, with the latest data point of 0.15 Falls with Harm per 1000 OBD for August 2023.

The reasons for the shift in the data are multifactorial, with improved reporting guidance within Datix, and continued implementation of the Lanarkshire Falls Strategy across the Acute and HSCP Services.

## Key Actions

A summary of ongoing improvement work is provided below:

- Refresh of Firstport falls prevention page completed and Launched during Falls Awareness week
- Lanarkshire Falls Toolkit created and accessible for staff on Firstport Falls prevention page
- Working with the e-health team on a new Trakcare alert and icon to alert to previous falls history and any previous interventions (planned completion December 23)
- LearnPro module refresh (planned completion December 23)
- Link falls education, awareness, early intervention with active ward work across acute sites (December 23)
- Falls awareness Week – very successful lots of community engagement and education sessions all well attended
  - Pop up information stands across acute sights, promoting current resources for staff and patients
  - Active Health team doing spotlight sessions
  - Health Improvement team and Falls team carrying out community falls awareness pop up sessions

There is ongoing work within the Care Home Liaison Physiotherapy Team (CHLPT) to encourage early intervention and referrals to minimise chance of fall with harm.

Previously most data regarding falls for care home residents in Lanarkshire was taken from emergency department attendances. Many of these residents had a recorded falls history prior to this attendance. This highlighted the potential benefits of education for care home staff that an early referral to the CHLPT could be beneficial for their residents. Resources and referral information regarding the CHLPT were distributed to all 75 Lanarkshire care homes via email.

The service promoted a paperless referral pathway using either a telephone call or an email with basic resident demographics, creating an easy, simple and streamlined method to improve timely access.

#### University Hospital Hairmyres: Update

- Within older adult wards staff placement is utilised to ensure all areas of ward are observed and supported appropriately.
- Links made with the site Quality Improvement Advisor to identify appropriate wards and recommence Acute Adult Collaborative (Falls) work.
- All wards within Medicine for Older Adult and Lockhart Unit in Stonehouse, with Quality Improvement support we initiated Falls Storyboards. This allowed us to identify themes when falls happened most on which day at what time. This enabled the directorate to look at staffing to minimise falls. This has proved positive in the reduction of falls by 25%

#### University Hospital Monklands: Update

- CAAS link nurses being identified in each ward supported by Band 6 CN's in areas
- Falls safety walk-round boards in use – Older adult wards also using falls safety walk-round tool which is supported by a HCSW each shift day/night – positive feedback from staff.
- Links made with site Quality Improvement Advisor to identify appropriate wards and recommence Acute Adult Collaborative (Falls) work.

#### University Hospital Wishaw: Update

- Continue to progress as per previous month.
- Concentrated efforts in encouraging staff to complete post falls review documents.
- Site Quality Improvement Advisor has met with the falls wards and progressing the work.

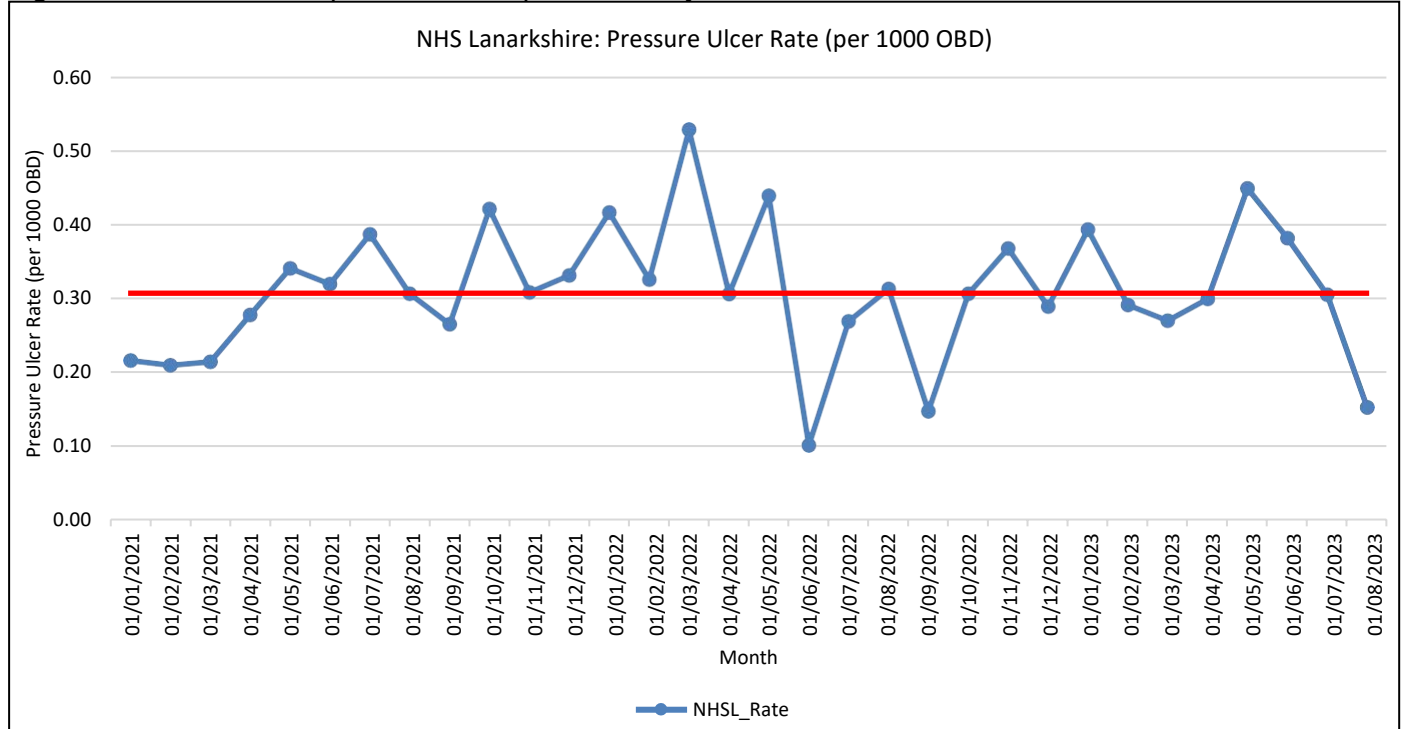
## 2.4 Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting

Target  
N/A

Performance  
0.15

Fig. 1.9 Pressure Ulcers per 1000 Occupied Bed Days



Date of Extraction: 5 October 2023

### Key Deliverable

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting

31 March 2023

### Key Issues

NHS Lanarkshire Pressure Ulcer (Rate per 1000 OBD):

- Currently displaying random variation, with data fluctuating within expected limits.
- Median currently = 0.31 Pressure Ulcers per 1000 OBD
- No change to the current median since September 2020, indicating steady performance, with the latest data point displaying 0.15 Pressure Ulcers per 1000 OBD.
- In February 2023, Tissue Viability commenced using a pressure ulcer review tool for acquired Grade 3 and Grade 4 pressure ulcers.

### Key Actions

Tissue Viability Pressure Ulcer Review Pathway continues for Grade 3 and Grade 4 acquired pressure ulcer injury with identified learnings shared for avoidable pressure ulcers with leads of localities and wards.

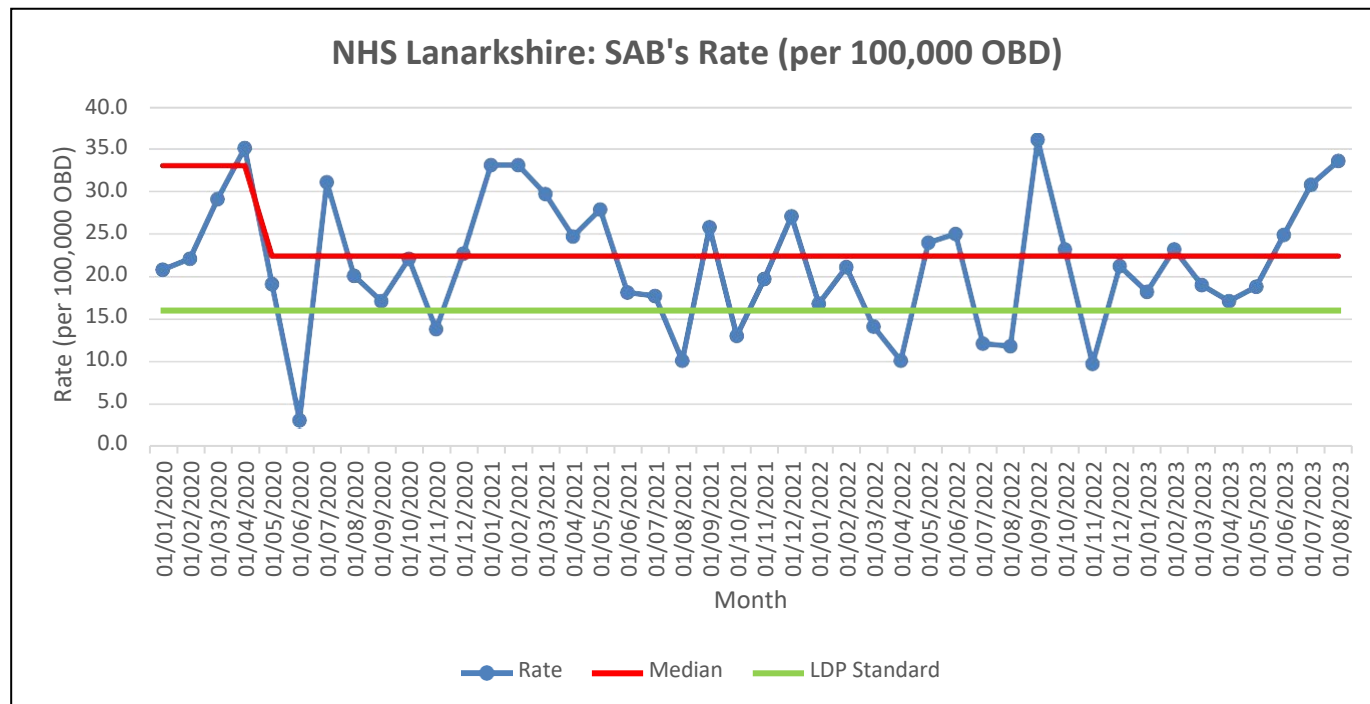
## 2.5 SAB (HAI/HCAI)

Reduction of 10% in the national rate of healthcare associated SAB from 2019 to 2024

Target  
16.1

Performance  
33.50

Fig. 1.10 Monthly SABs Rate (Jan 20 – Aug 23) – Unvalidated data subject to change



Quarter Ended	2022	2022	2022	2023	2023
	June	Sept	December	March	June
NHS Lanarkshire	16.8	18.3	16.1	17.6	16.5
Scotland	17.3	17.1	19.2	19.1	18.3

### Key Deliverable

Reduction of 10% in the national rate of healthcare associated SAB from 2019 to 2024, with 2018/19 used as the baseline for the SAB reduction target of 16.1.

In May 2022, DL (2022)13 was issued informing Health Boards that the previously agreed standards and indicators for Healthcare Associated Infection (HCAI) and antibiotic use originally due to be met in 2022 were to be extended by one year until 2023. This was agreed in light of the service pressures caused by ongoing COVID-19 related activity.

Given the continued service pressures it has been agreed by Scottish Government that the previous HCAI targets would be further extended by one year to 2024. This will allow for further consideration on whether the infections currently measured are still relevant for targeted surveillance.

The HCAI Strategy (2023-2025) was developed over a condensed period of time in order to provide NHS Scotland with a supportive national direction. Previous HCAI strategies followed a five-year running period to allow for adequate transformation to take place. The current strategy will only cover the interim period of 2023-2025. The overall aim of the HCAI strategy (2023-2025) is to reduce the incidence of HCAs and aid Health Boards in their recovery from COVID-19.

### End Date

31 March 2024

### Key Milestones

To improve the national compliance rates for SAB by March 2024.

31 March 2024

<p><b>Key Issues</b></p> <p>NHS Lanarkshire is above the local Standard rate of 16.1 for Q2 April-June 2023 HCAI SAB rates, with performance at 16.5. (This is a negative impact).</p> <p>NHS Lanarkshire HCAI SAB rate of 16.5 for this reporting period is above the national comparator rate of 18.3 for Q2 April-June 2023. (This is a negative impact). NHS Lanarkshire HCAI SAB rate of 16.5 for the most recent validated quarterly reporting period is below the national comparator rate of 18.3 for Q2 April-June 2023. This is a positive impact.</p> <p>National validated data provided by Antimicrobial Resistances and Healthcare Associated Infections (ARHAI) Scotland has confirmed that NHS Lanarkshire has seen a decrease of SAB cases from the previous reporting period. The total number of SAB cases for January-March 2023 (Q1) was 40 (27 of these cases were HCAI) compared to 39 (25 HCAI) cases for April-June 2023 (Q2). This is a decrease of 2 HCAI cases.</p> <p>Local validated data details an increase of 1 HCAI SAB case from July 2023, with 14 HCAI cases in August 2023 a rate of 33.5 per 100,000 total occupied bed days as noted in the SAB chart.</p> <p>NHS Lanarkshire will be expected to achieve a target of <math>\leq 91</math> HCAI SAB cases (a rate of 16.1 per 100,000 TOBDs) by end of March 2024. Validated data for July-September 2023 is expected in early January 2024.</p>		
<p><b>Key Actions</b></p> <p>Improvement work is ongoing to further review SABs, CDIs and ECBs in NHS Lanarkshire. Common themes identified are reported through the hygiene groups.</p> <p>A Short Life Working Group has been scheduled to review SABs, CDIs and ECBs in NHS Lanarkshire. The meeting will be multi-disciplinary and has been diarised for 31 October 2023.</p> <p>It is envisaged the group will then be broken down into 3 separate sub groups to oversee the work required.</p> <p>The Infection Prevention and Control (IPC) Team continue to carry out enhanced surveillance for all SABs identified within NHS Lanarkshire.</p> <p>IPC week commences the week beginning 09 October 2023, and awareness sessions will be delivered across NHS Lanarkshire for the duration. The themes for the week include:</p> <ul style="list-style-type: none"> <li>• IPC back to basics</li> <li>• Hand Hygiene/Bare Below the Elbows</li> <li>• Pink Star (alert on the trakcare system) awareness raising including Vancomycin Resistant <i>Enterococci</i> (VRE), Methicillin Resistant <i>Staphylococcus Aureus</i> (MRSA), Carbapenemase Producing <i>Enterobacteriaceae</i> (CPE) and MRSA- Panton-Valentine leucocidin (MRSA-PVL)</li> <li>• Respiratory</li> <li>• Loose Stools</li> </ul>		



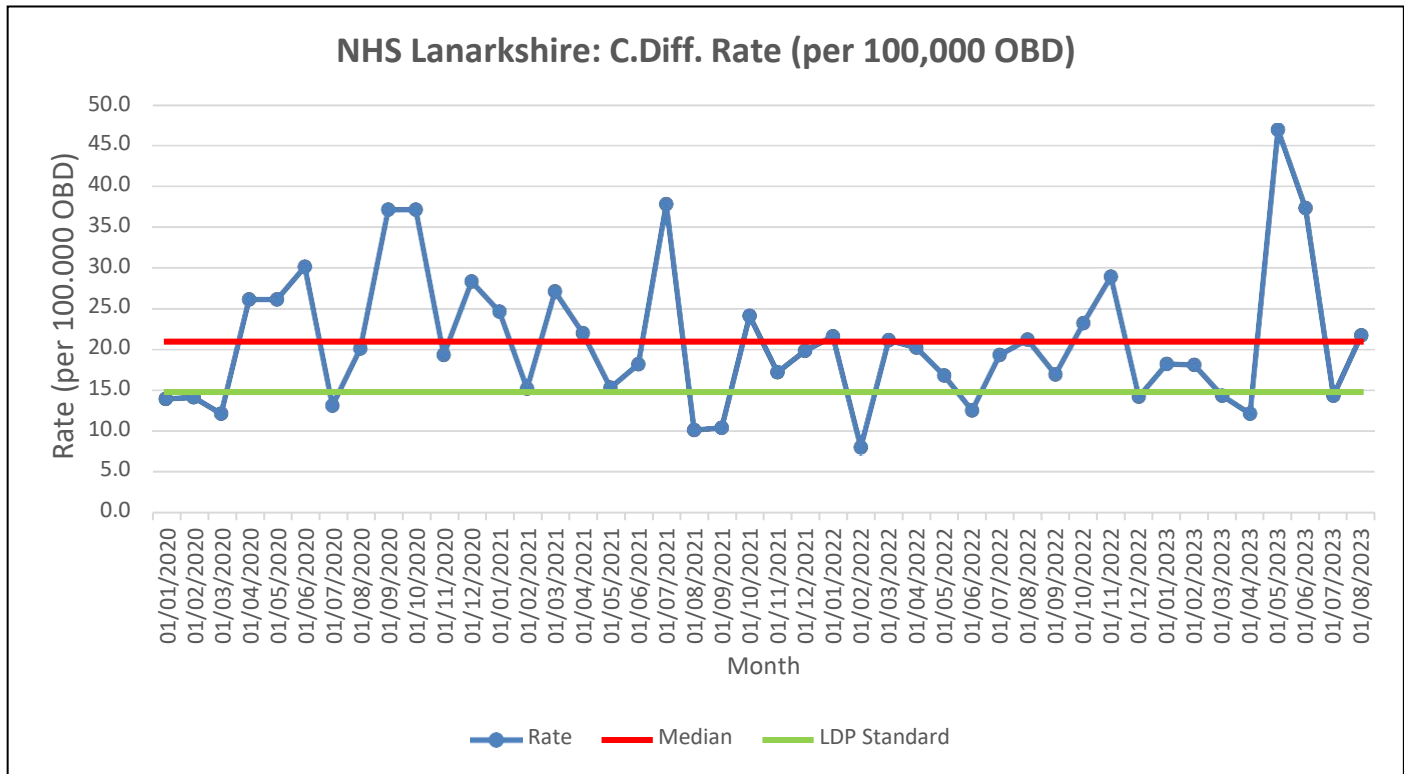
## 2.6 C Diff (HAI/HCAI)

Reduction of 10% in the national rate of healthcare associated CDI from 2019 to 2024

**Target**  
14.8

**Performance**  
21.6

Fig. 1.11 Monthly C.Diff Rate (Jan 20 – Aug 23) – Unvalidated data subject to change



Quarter Ended	2022	2022	2022	2023	2023
	June	Sept	December	March	June
NHS Lanarkshire	15.4	19.7	19.4	16.3	25.7
Scotland	14.3	13.1	13.5	13.4	16.1

Key Deliverable	End Date
Reduction of 10% in the national rate of healthcare associated CDI from 2019 to 2024, with 2018/19 used as the baseline for the CDI reduction target of 14.8.	31 March 2024
<b>Key Milestones</b> To improve the national compliance rates for CDI by March 2024.	31 March 2024

**Key Issues**

NHS Lanarkshire is above the local Standard rate of 14.8 for Q2 April-June 2023 HCAI CDI rates, with performance at 25.7. (This is a negative impact).

NHS Lanarkshire HCAI CDI rate of 25.7 for this reporting period is above the national comparator rate of 16.1 for Q2 April-June 2023. (This is a negative impact).

National validated data provided by Antimicrobial Resistances and Healthcare Associated Infections (ARHAI) Scotland has confirmed that NHS Lanarkshire has seen an increase of CDI cases from the previous reporting period.

The total number of CDI cases for January-March (Q1) was 30 (25 of these cases were HCAI) compared to 47 (39 HCAI) cases for April-June 2023 (Q2). This is an increase of 14 HCAI cases.

Local validated data provided by NHS Lanarkshire shows an increase of 3 HCAI CDI cases from July 2023 with 9 HCAI cases in August 2023 a rate of 21.6 per 100,000 total occupied bed days as noted in the CDI chart

NHS Lanarkshire will be expected to achieve a target of  $\leq 84$  HCAI CDI cases (a rate of 14.8 per 100,000 total occupied bed days by end of March 2024. Validated data for July-September 2023 is expected in early January 2024.

### **Key Actions**

Improvement work is ongoing to further review SABs, CDIs and ECBs in NHS Lanarkshire. Common themes identified are reported through the hygiene groups.

A Short Life Working Group has been scheduled to review SABs, CDIs and ECBs in NHS Lanarkshire. The meeting will be multi-disciplinary and has been diarised for 31 October 2023. It is envisaged the group will then be broken down into 3 separate sub groups to oversee the work required.

The Infection Prevention and Control (IPC) Team continue to carry out enhanced surveillance for all CDIs identified within NHS Lanarkshire.

IPC week commences the week beginning 09 October 2023, and awareness sessions will be delivered across NHS Lanarkshire for the duration. The themes will include:

- IPC back to basics
- Hand Hygiene/Bare Below the Elbows
- Loose Stools

## 2.7 ECB (HAI/HCAI)

Reduction of 25% in healthcare associated *E. coli* bacteraemia by 2023/24

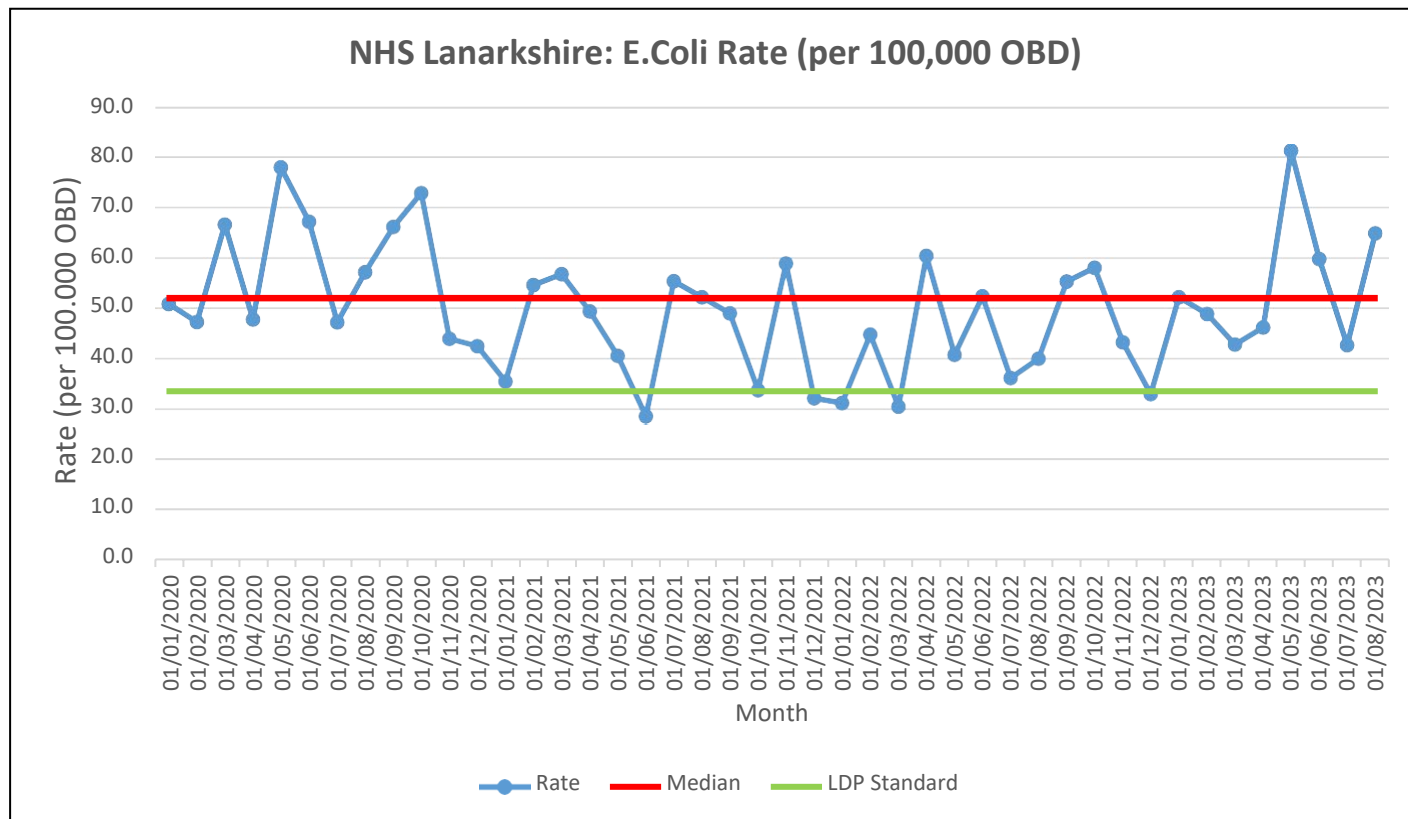
Target

33.5

Performance

64.7

Fig. 1.12 Monthly *E. Coli* Rate



Quarter Ended	2022 March	2022 June	2022 Sept	2022 December	2023 March	2023 June
NHS Lanarkshire	28.5	44.1	40.7	39.5	39.2	46.1
Scotland	30.5	34.8	36.2	34.5	37.3	37.6

Key Deliverable	End Date
Reduction of 25% in healthcare associated <i>E. coli</i> bacteraemia by 2023/24, with 2018/19 used as the baseline for <i>E. coli</i> bacteraemia reduction target of 33.5	31 March 2024
<b>Key Milestones</b> To improve the AOP compliance rates for ECB by March 2024.	31 March 2024

### Key Issues

NHS Lanarkshire is above the local Standard rate of 33.5 for Q2 April-June 2023 HCAI ECB rates, with performance at 46.1. (This is a negative impact).

NHS Lanarkshire HCAI ECB rate of 46.1 for this reporting period is above the national comparator rate of 37.6 for Q2 April-June 2023. (This is a negative impact).

National validated data provided by Antimicrobial Resistances and Healthcare Associated Infections (ARHAI) Scotland has confirmed that NHS Lanarkshire has seen an increase of ECB cases from the previous reporting period. The total number of ECB cases for January-March (Q1) was 142 (60 of these cases were HCAI) compared to 147 (70 HCAI) cases for April-June 2023 (Q2). This is an increase of 10 HCAI cases.

Local validated data provided by NHS Lanarkshire shows an increase of 9 HCAI ECB cases from July 2023 with 27 HCAI cases in August 2023 a rate of 64.7 per 100,000 total occupied bed days as noted in the ECB chart.

NHS Lanarkshire will be expected to achieve a target of  $\leq 189$  HCAI ECB cases (a rate of 33.5 per 100,000 TOBDs) by end of March 2024. Validated data for July-September 2023 is expected in early January 2024.

### **Key Actions**

Improvement work is ongoing to further review SABs, CDIs and ECBs in NHS Lanarkshire. Common themes identified are reported through the hygiene groups.

A Short Life Working Group has been scheduled to review SABs, CDIs and ECBs in NHS Lanarkshire. The meeting will be multi-disciplinary and has been diarised for 31 October 2023.

It is envisaged the group will then be broken down into 3 separate sub groups to oversee the work required. Work has already commenced to undertake reviews of ECBs.

IPC week commences the week beginning 09 October 2023, and awareness sessions will be delivered across NHS Lanarkshire for the duration. The themes for the week include:

- IPC back to basics
- Hand Hygiene/Bare Below the Elbows
- Pink Star (alert on the trakcare system) awareness raising including Vancomycin Resistant *Enterococci* (VRE), Methicillin Resistant *Staphylococcus Aureus* (MRSA), Carbapenemase Producing *Enterobacteriaceae* (CPE) and MRSA- Panton-Valentine leucocidin (MRSA-PVL)
- Respiratory
- Loose Stools

## 2.8 Hand Hygiene

95% hand hygiene compliance

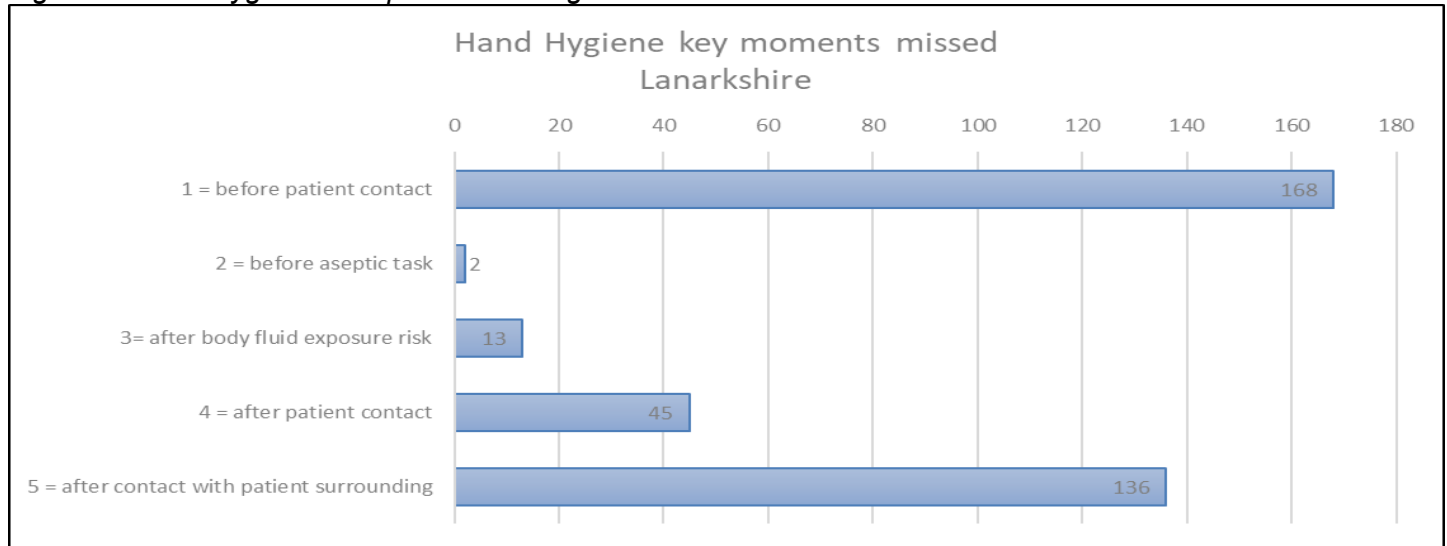
Target

95%

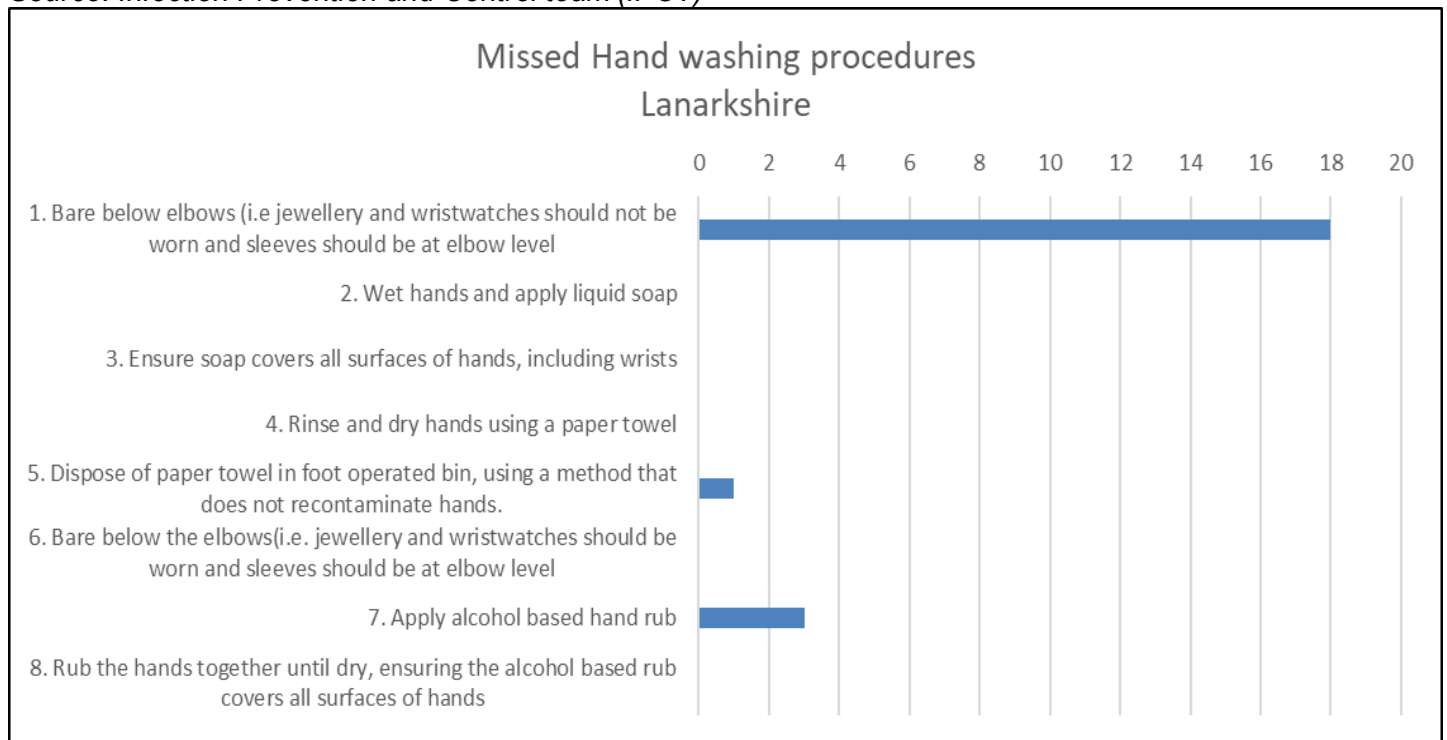
Performance

67%

Fig. 1.13 Hand Hygiene Compliance for August 2023



Source: Infection Prevention and Control team (IPCT)



Source: Infection Prevention and Control team (IPCT)

Note: These figures do not incorporate Health and Social Care Partnerships (H&SCPs) and were extracted from the Collaborative Hand Hygiene audits carried out by IPCT, the Chiefs of Nursing / Midwifery services and/or the Senior Nurses/ Midwives for all 3 NHS Acute sites, including maternity and neonatal services in August 2023.

The collaborative audits commenced in August 2023, therefore there is no comparison data to display as a run chart. There were no collaborative Hand Hygiene Audits undertaken for September 2023, due to the process being refined. The audits have commenced for October 2023 and going forward once there is enough data points available then run charts will be incorporated.

Key Deliverable	End Date
<p>The national hand hygiene campaign ended in 2013 with the ownership being handed back to local Boards to monitor compliance with hand hygiene. It had been agreed by Boards that 100% (zero tolerance) hand hygiene would not be achievable. While other Boards adopted 90%, NHS Lanarkshire agreed that 90% was two opportunities missed as per the World Health Organization's "5 Moments for Hand Hygiene", which could result in harm, therefore NHS Lanarkshire agreed to set a local agreement of 95% compliance and above.</p>	31 March 2024
<p><b>Key Milestones</b></p>	<p>To achieve hand hygiene compliance of 95% and above by March 31, 2024. The following trajectories have been set towards achieving this:</p> <ul style="list-style-type: none"> <li>• 30 September 2023 - 65%</li> <li>• 30 November 2023 - 75%</li> <li>• 31 January 2024 - 85%</li> </ul>
<p><b>Key Issues</b></p> <p>The Hand Hygiene target rate for NHS Lanarkshire (NHSL) is 95%. An exercise was commissioned in August 2023 to conduct a collaborative approach to Hand Hygiene audits to align both IPC Quality Improvement audits and Standard Infection Control Precautions (SICPs) Nursing audits. The NHSL overall result of the collaborative Hand Hygiene Audits was 67% with the breakdown as follows:</p> <ul style="list-style-type: none"> <li>• University Hospital Monklands (UHM), compliance rate for collaborative audits was 79%</li> <li>• University Hospital Wishaw (UHW), compliance rate for collaborative audits was 71%</li> <li>• University Hospital Hairmyres (UHH), compliance rate for collaborative audits was 44%</li> </ul> <p>Bare below the Elbow audits were also undertaken and the overall result for NHS Lanarkshire was 88%.</p> <ul style="list-style-type: none"> <li>• Collaborative Hand Hygiene Audits have identified that the local compliance rate of 95% for Hand Hygiene has not been met.</li> <li>• The NHS Lanarkshire overall result of the collaborative Hand Hygiene Audits was 67%.</li> </ul> <p>Common themes of non-compliance with hand hygiene were as follows:</p> <ul style="list-style-type: none"> <li>• Staff had to be advised that they should be bare below the elbows as per NHS Scotland Hand hygiene policy.</li> <li>• Overuse of gloves - staff not risk assessing the need for gloves which is tantamount to missing opportunities for hand hygiene.</li> <li>• "Bare Below the Elbows" (i.e. jewellery, wrist watches, sleeves worn below the elbow, painted and artificial nails)</li> <li>• Hand Hygiene Key Moment 1: Before patient contact</li> <li>• Hand Hygiene Key Moment 4: After patient contact</li> <li>• Hand Hygiene Key Moment 5: After contact with patient surrounding.</li> </ul>	
<p><b>Key Actions</b></p> <p>A Hand Hygiene Steering Group was convened to review Hand Hygiene compliance across NHS Lanarkshire. The first meeting was held 18 September 2023 and the next meeting is scheduled for 13 October 2023. The Sub-Group identified to review the audit process met 27 September 2023 and a further meeting has been arranged for 17 October 2023.</p> <p>There was an agreement by the sub group that additional support with the Nursing Hand Hygiene Audits would be requested by other specialities for example Allied Health Professionals (AHPs), Medical, Pharmacy and Domestic Services, The Sub Group will provide feedback on progress to the Hand Hygiene Steering Group and the Steering Group will report progress to the Infection Control Committee (ICC).</p>	

The Hand Hygiene Steering Group will incorporate the following into action plans with timescales identified:

- Hand Hygiene Policy and Dress Code Policy to be reviewed to ensure all areas of non-compliance are incorporated.
- Process to be agreed as noted above regarding developing an audit tool to align processes.
- Kind to remind continues to be promoted across NHS Lanarkshire.
- A communications strategy will be devised by the Communications Team to review promotional and educational material (including screen savers) that can be utilised as part of the hand hygiene campaign which was launched in September 2023
- Patient Stories and evidence-based videos will be utilised to deliver education sessions to staff.
- Wards to pilot \*Bare Below the Elbows\* campaign.
- Two subgroups of the Hand Hygiene Steering Group have been commissioned; one will oversee all aspects of communications and promotional materials and the other will agree and align the Hand Hygiene audit process between Nursing and IPCT staff.
- The Hand Hygiene audit process conducted by other boards will be reviewed for comparison.
- IPCT continue to carry out "Bare Below the Elbows Audits\*" in conjunction with the Hand Hygiene audits.

2.9 Complaints	Target	Performance
% Complaints closed at Stage 1	65%	75%
% Stage 2 Complaints responded to within 20 days	50% (Q2)	43%
Average Response time (in days) for Stage 2 Complaints	40 Days (Q2)	29 Days

### Overall Patient Affairs activity (received)

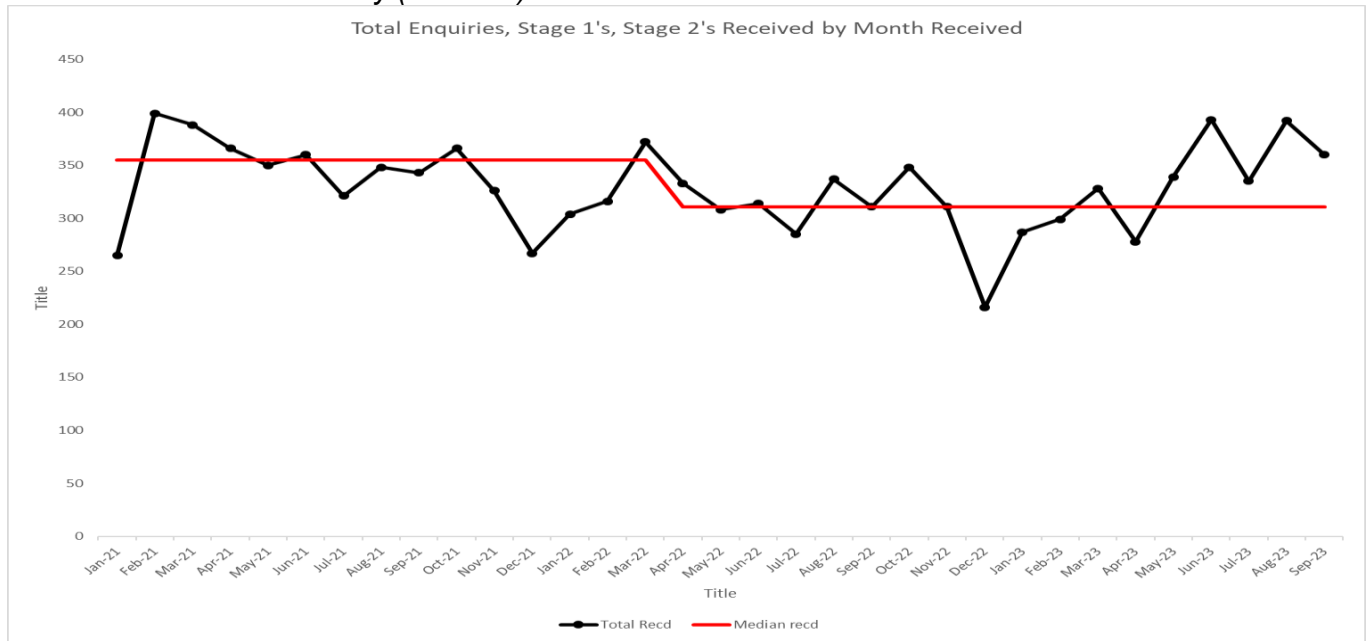


Fig. 1.15: % Complaints closed at Stage 1

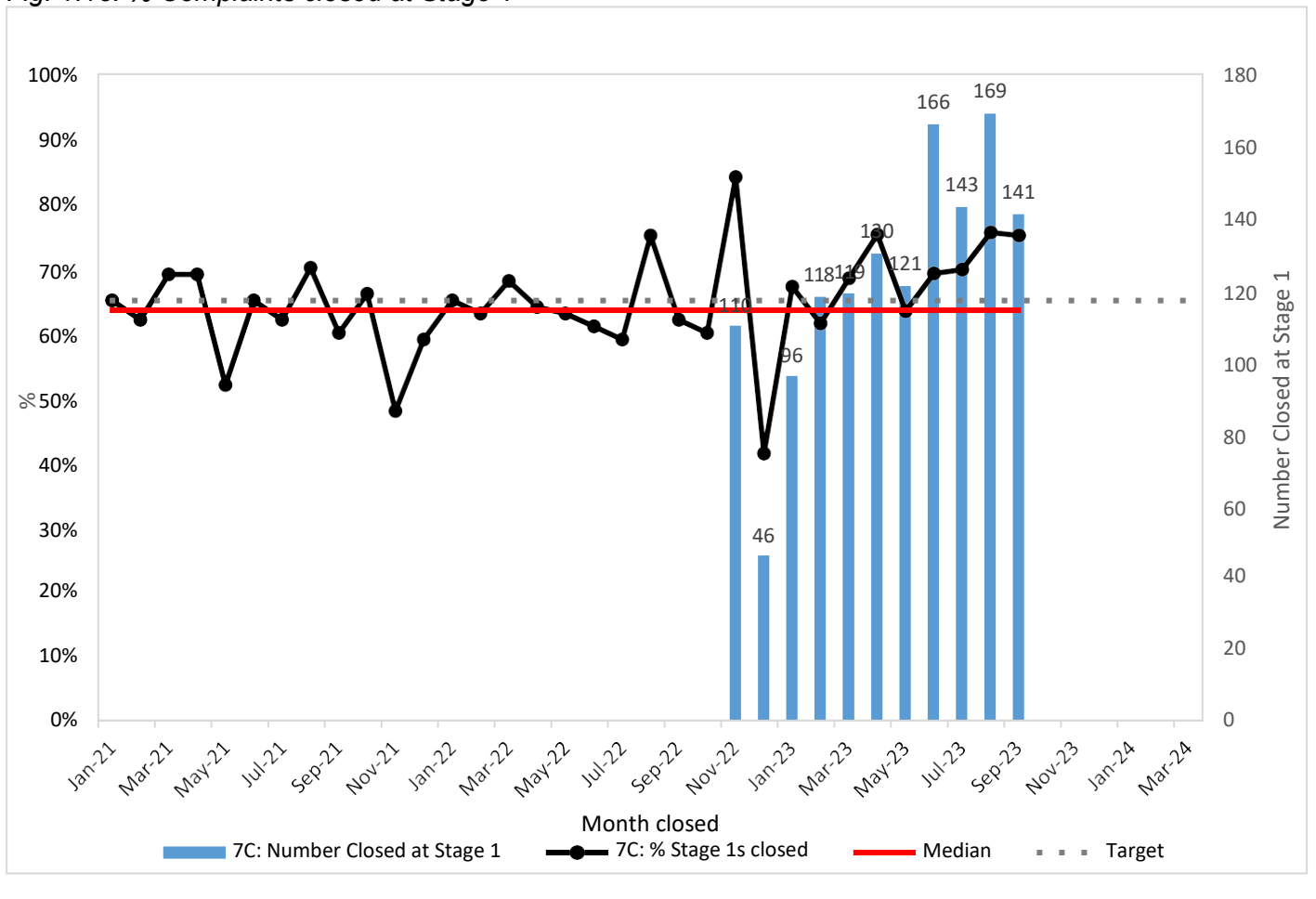




Fig. 1.16: % Stage 2 Complaints responded to within 20 days

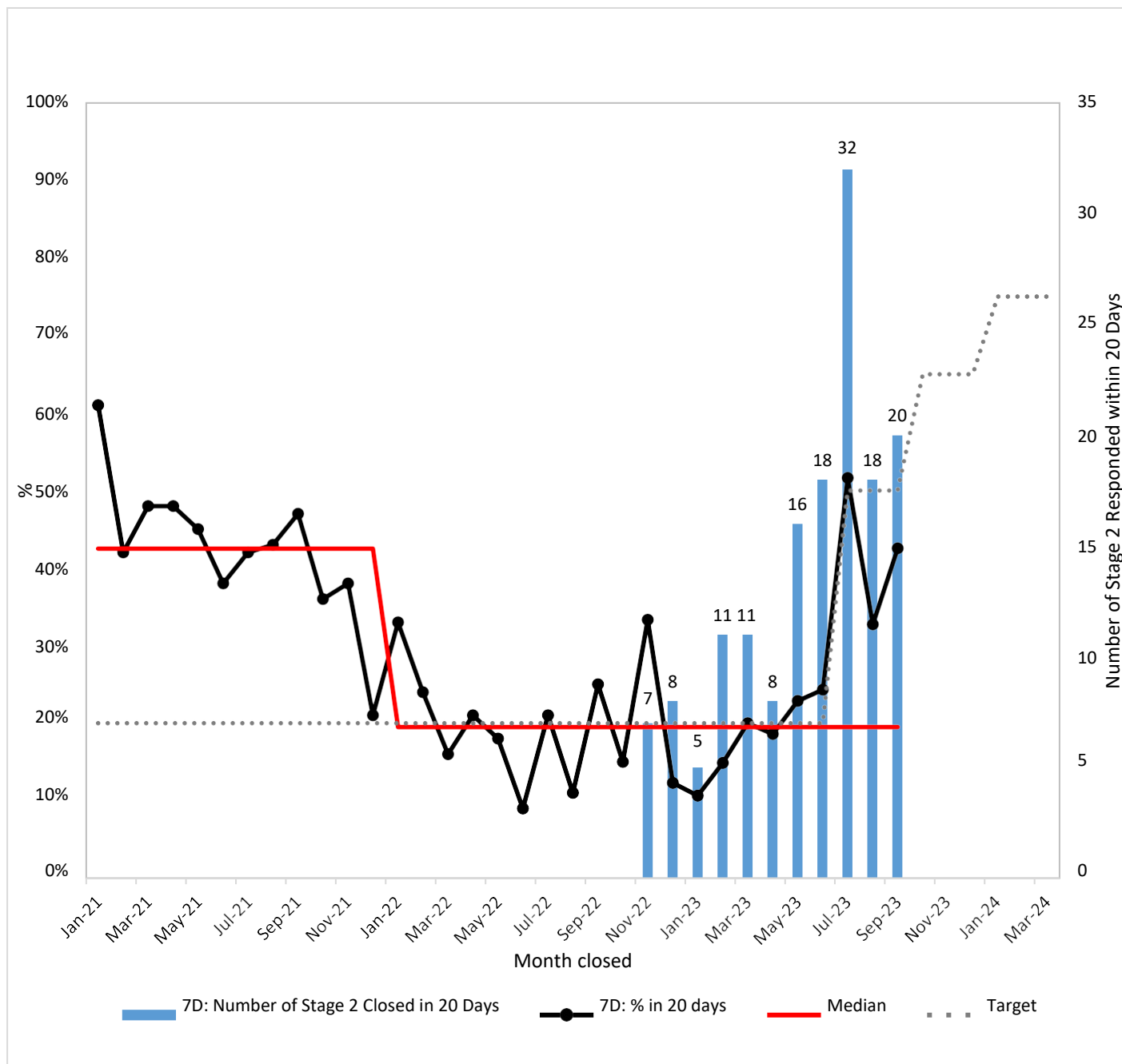
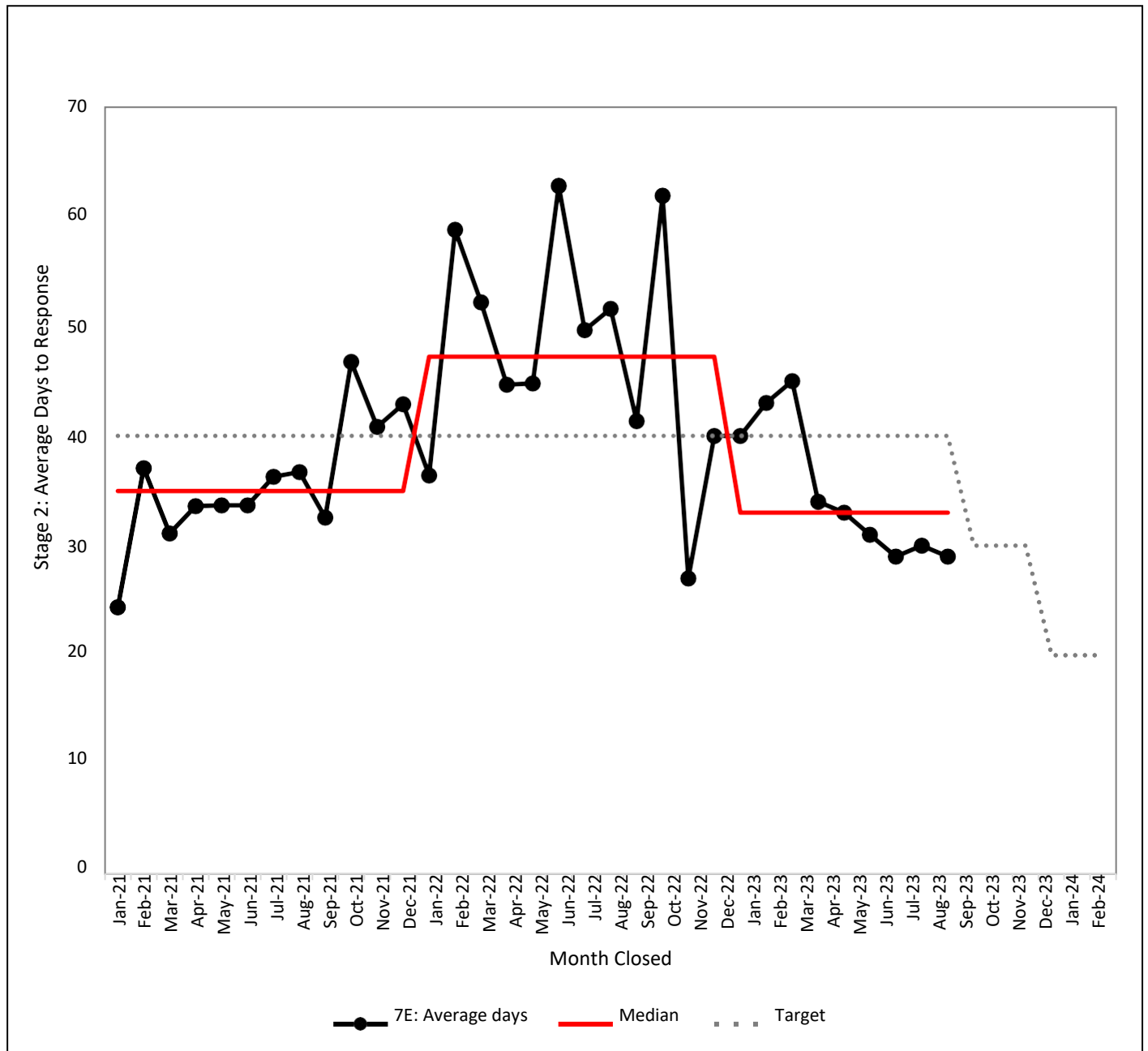


Fig. 1.17: Average Response time (in days) for Stage 2 Complaints



**Key Deliverable**

Improve % of Stage 2 complaints closed within 20 days

**Key Milestones**

Local performance target: 65% (or more) complaints to be closed as a Stage 1.

Local performance targets for Stage 2 complaints closed within 20 days were initially agreed as part of the corporate objectives:

Following a review of complaints, updated targets were introduced in July 2023 (see above)

Local performance target: the average Stage 2 response time has been reviewed (see above)

## Key Issues

### Fig 1.15: % Complaints closed at Stage 1

Local performance target: 65% (or more) complaints to be closed as a stage 1.

This chart has been amended to incorporate both the percentage of complaints closed at stage 1 (early resolution) and the number closed. It is anticipated that this will provide more meaningful comparison of % - v- volume.

75% (141/188) of complaints were closed at a stage 1 in September 2023, exceeding the 65% target.

As noted previously, this is reflective of both the nature of complaints received and the ongoing campaign and processes to support early resolution. This improvement will also impact on measure 2, as it ensures that only those that require investigation proceed directly to Stage 2. It is appropriate for only more complex or detailed complaints to proceed to Stage 2 investigation.

### Fig 1.16: % Stage 2 Complaints responded to within 20 days

Revised targets for stage 2 complaints closed within 20 days were introduced in August 2023

	<b>Performance target</b>
Q1 2023 – 2024	-
Q2 2023 – 2024	50%
Q3 2023 - 2024	65%
Q4 2023 – 2024	75%

This chart has been amended to incorporate both the percentage of stage 2 (investigation) complaints closed within 20 working days and the number closed.

In September, 43% (20/47) of stage 2 complaints were closed within 20 working days, rising from 33% (18/55) in August, but falling short of the quarterly performance target (50%).

To better understand complaints > 20 working days, we are testing an approach of recording what caused the longest delay and categorising as either a justifiable delay (out with control) or a system delay.

Note – delays may be multi-factorial, including justifiable and system. For example, delays agreeing the heads of complaint, leave of critical witnesses, quality of comments when they return from leave.

Primary delay reasons for September are noted below:

<b>Reason for stage 2 extension (what caused the longest delay)</b>	<b>Delay</b>	<b>Frequency</b>	<b>%</b>
Delay - witnesses critical to investigation on leave	Justified	6	22%
Delay – additional staff / issues identified during investigation	Justified	2	7%
Delay – comments required from external / partner organisation	Justified	1	4%

Delay – complainant unreasonable behaviour	Justified	1	4%
Delay – receiving comments	System	10	37%
Delay – quality of comments, more info / clarity required	System	3	11%
Delay – reviewing draft from those involved	System	2	7%
Delay – Patient Affairs workload	System	1	4%
Delay – signature	System	1	4%
		<b>27</b>	<b>100%</b>
<b>Overall</b>			
Justified / Unavoidable		10	37%
System delays		17	63%
		<b>27</b>	<b>100%</b>

37% of the stage 2's that went over the 20 days were unavoidable / justifiable.

The majority of system delays related to statement delays (37%). The revised escalation process for return of statements will be fully implemented in October to improve the timescales for this stage of the process.

The witness statement writing guide has been refreshed (with minor adjustments). This will be promoted throughout quarter 3, to support improvement of delays relating to quality of statements being returned (11%).

#### Fig 1.17: Average Response time (in days) for Stage 2 Complaints

Amended targets were introduced in September 2023. Trajectories are annotated on the chart.

	<b>Performance target</b>
Q1 2023 – 2024	-
Q2 2023 – 2024	40 days or less
Q3 2023 - 2024	30 days or less
Q4 2023 – 2024	20 days or less

In September, the average response time was 29 days, falling from 30 days in August, and exceeding the target (40 days).

#### **Key Actions**

Progress implementation of complaint improvement plan. The plan and a progress update were discussed at HQAIC on 14 September.

## 2.10 Care Opinion

Provide a response to each story within five days

Target  
90%

Performance  
98%

Fig. 1.18 Care Opinion total number of stories received

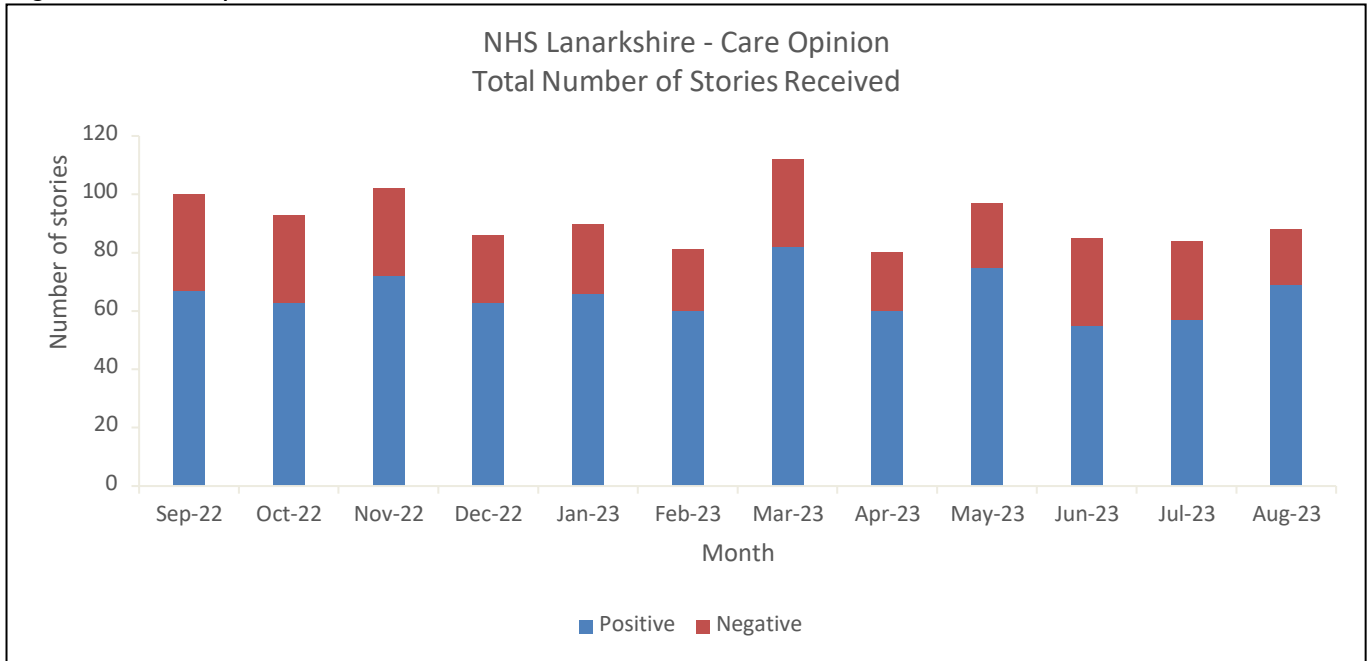


Fig. 1.19 Care Opinion % of stories responded to within 5 days

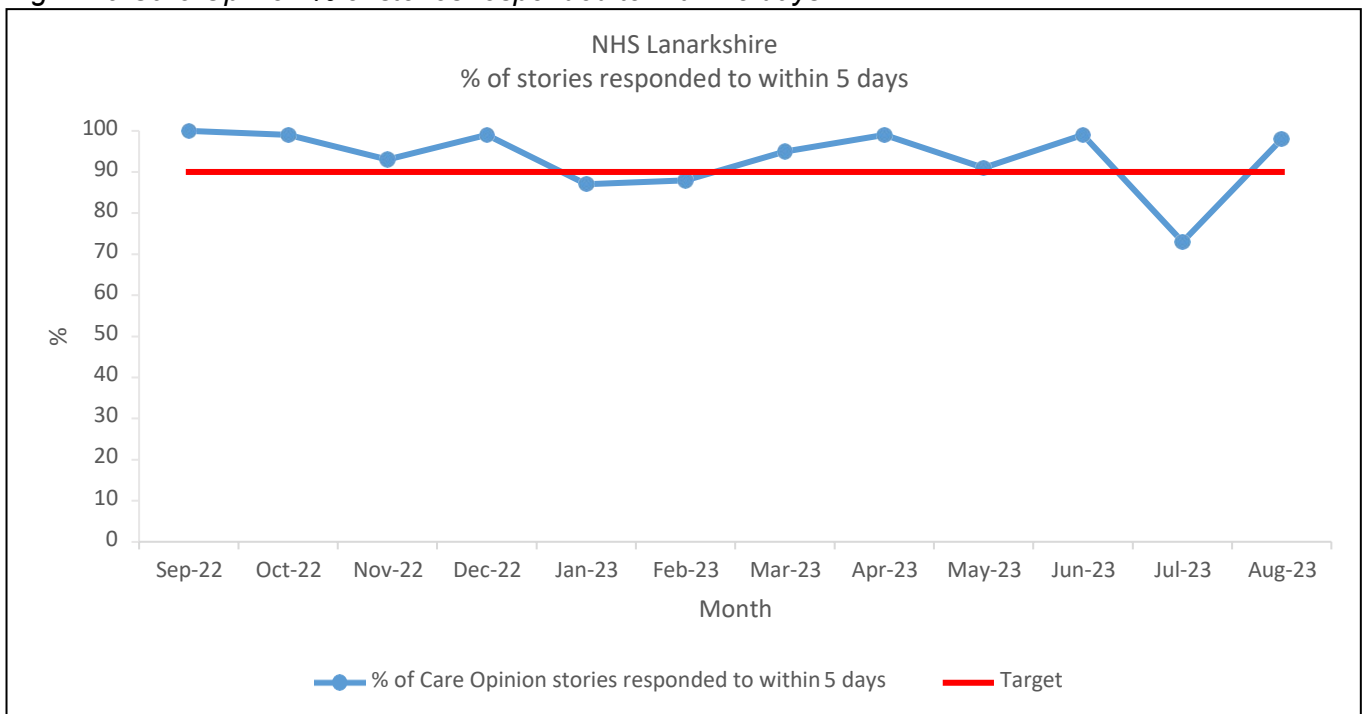


Fig 1.20 Care Opinion % Positive Stories

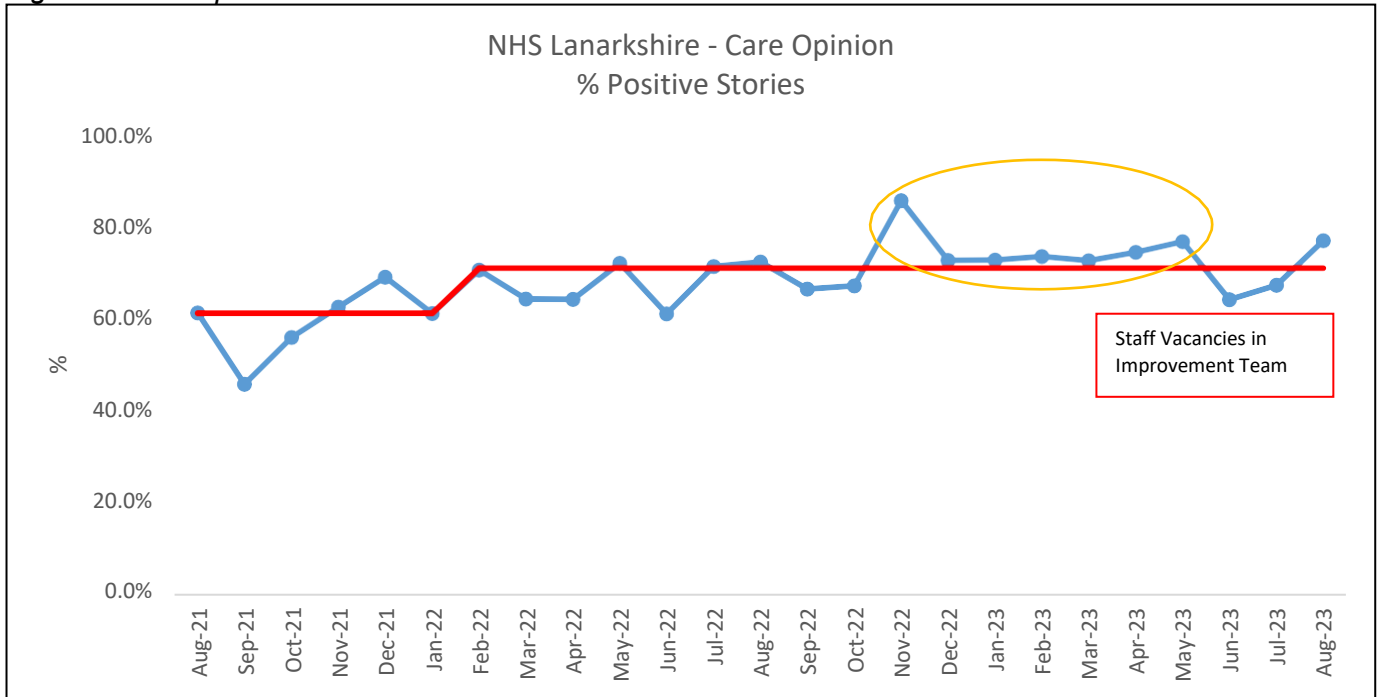


Fig. 1.21 Care Opinion Positive and Critical Feedback (Jun 2023)

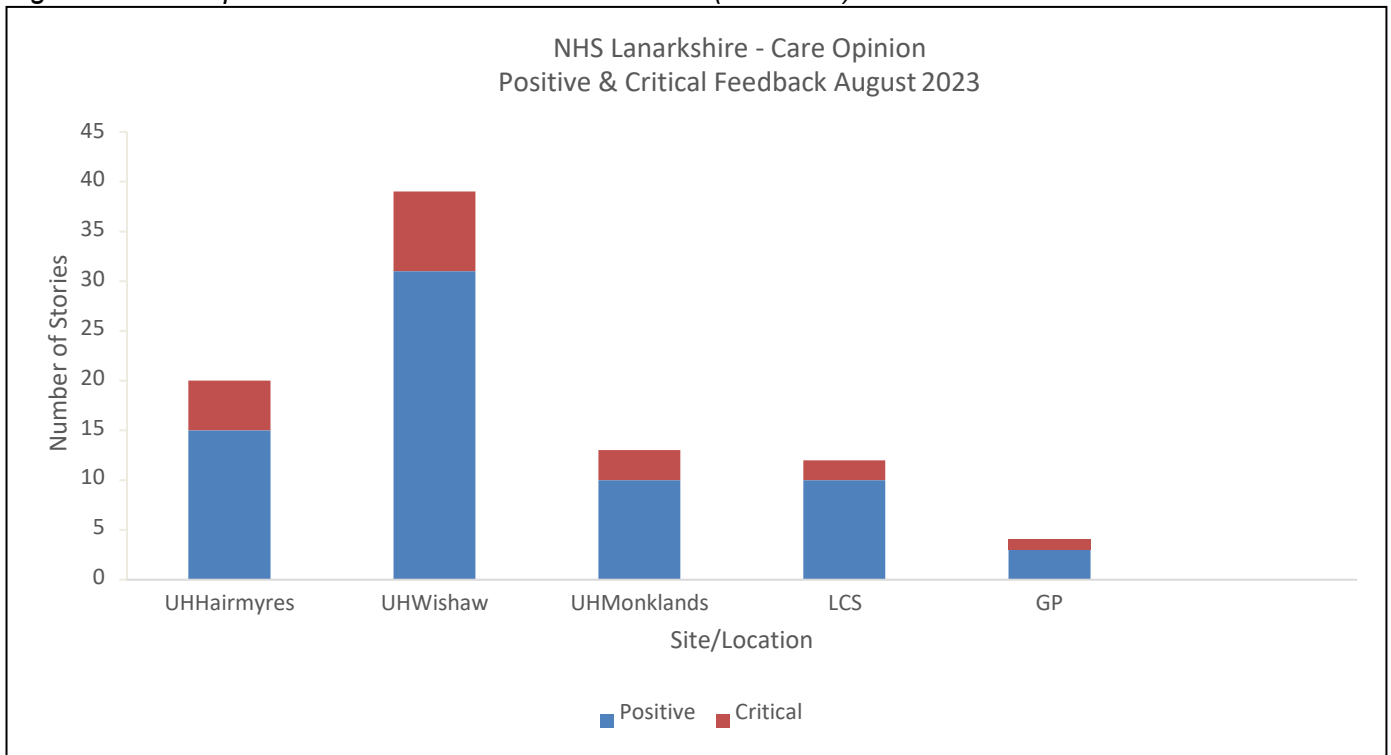


Fig. 1.22 Care Opinion Critical Themes (July 2023)

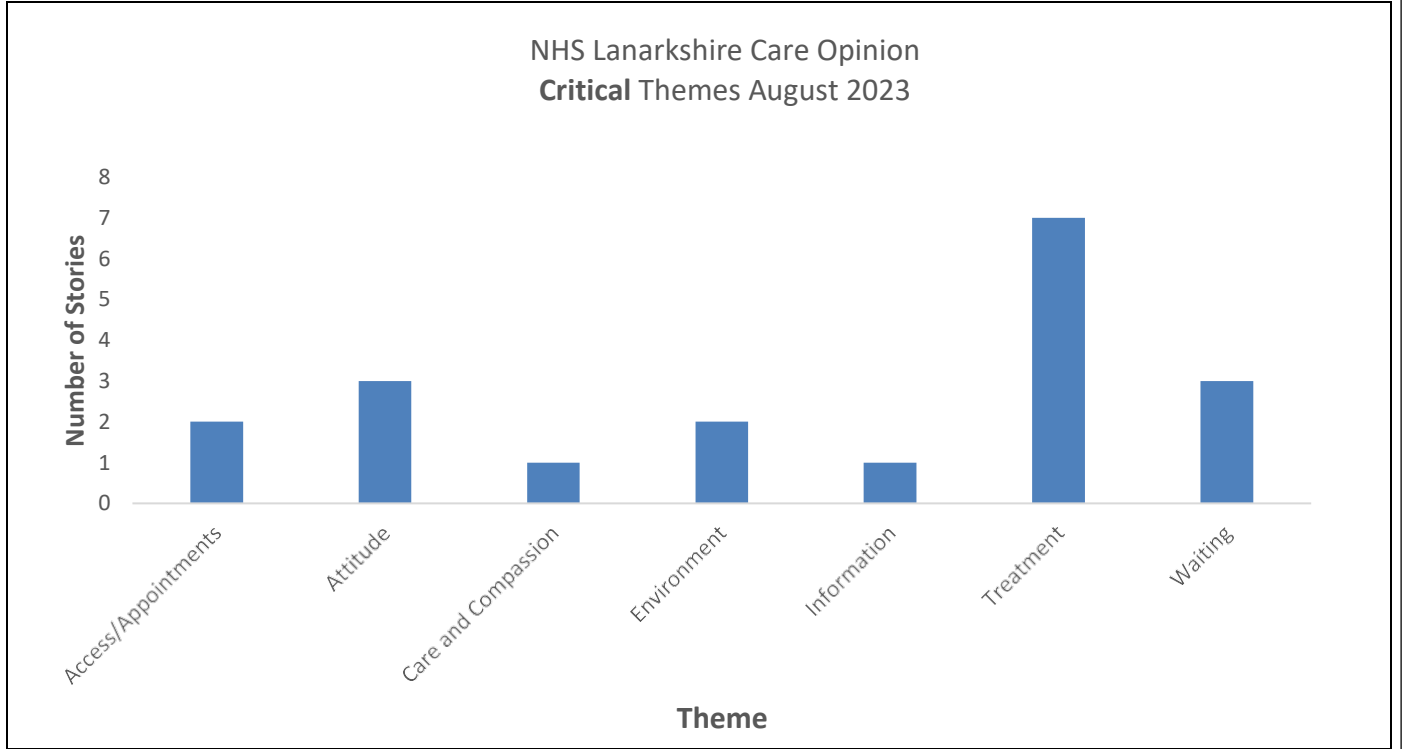
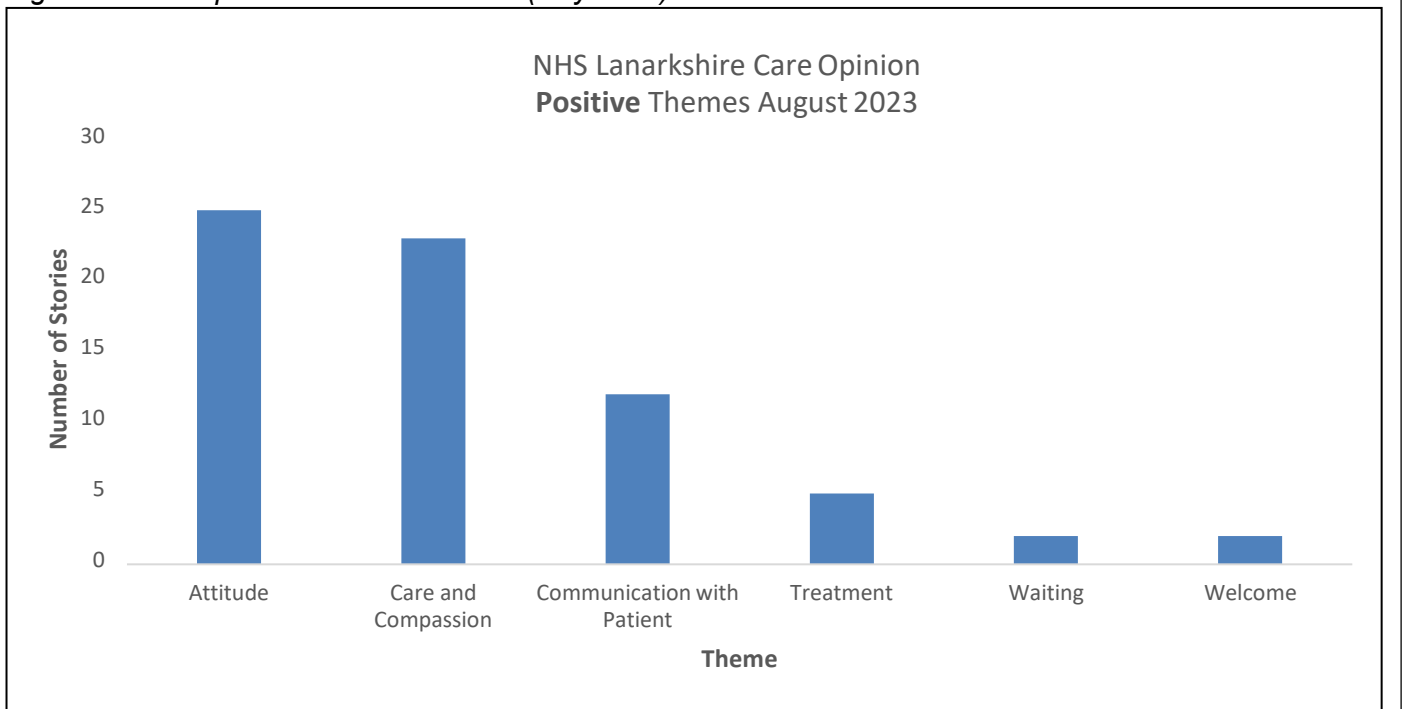


Fig 1.23 Care Opinion Positive Themes (July 2023)



NHS Lanarkshire: Care Opinion: Word Cloud: August-2023



Key Deliverable	End Date
<p>In NHS Lanarkshire our main way of capturing unsolicited patient feedback is via Care Opinion. Care Opinion is a not-for-profit social enterprise which enables people to share the story of their care, and provides feedback which can celebrate good practice and highlight areas where we could do better. Authors choose from a selection of tags to identify what they think was good about their experience, what could be improved and their feelings about their experience.</p> <p>We aim to provide a response to each story within 5 days. However, sometimes it takes longer to access specific information to be able to formulate a response and this will exceed the 5 days. We achieved this for 98% of stories.</p>	<p>31 March 2024</p>
<p><b>Key Issues</b></p> <ul style="list-style-type: none"> <li>88 stories were posted by the public in August 2023. <ul style="list-style-type: none"> <li>69 (77.5%) stories were positive</li> <li>27 (32%) stories were critical of their experience.</li> </ul> </li> <li>98% of stories were responded to within 5 working days including weekends and bank holidays.</li> </ul> <p>We aim to provide a response to each story within five days. However, sometimes it takes longer to access specific information to be able to formulate a response and this will exceed the five days.</p> <p>The top themes of the stories which were critical of the person’s experience were relating to the environment e.g. lack of breastfeeding facilities in an outpatient clinic, waiting times for appointments e.g. community physiotherapy, urgent cardiology and gynaecology, and staff attitude e.g. midwives’ attitude following post C-section infection and pain, GP attitude towards patients wife when she was attending appointment to support her husband, GP could be better in dealing with people who have ADHD/potential autism.</p> <p>The top themes of the stories which were positive of the person’s experience were relating to the care and compassion of staff, staff attitude and communications with patients</p>	



Both North and South HSCPs have their own subscription to Care Opinion and the public can post a story about their services. Some NHS Lanarkshire community services (LCS) are included in the NHS Lanarkshire subscription. As we move forward the service tree for NHS Lanarkshire and both Partnerships will be further developed by Care Opinion.

A meeting is scheduled with Care Opinion staff for October to meet with NHS Lanarkshire and North and South HSCPs to review the service tree to make sure all services are assigned to the correct subscription for responding and reporting.

### **Key Actions**

We are continually recruiting staff to be care opinion subscribers and currently have 313 members of staff registered as responders which is an increase on the previous year. Our numbers of staff responding to Care Opinion stories continues to increase each year. Staff responders include nurses, doctors, allied health professionals, radiology staff, service managers and Senior Clinical staff.

We continue to promote the use of Care Opinion across NHS Lanarkshire and have provided promotional materials to staff. A recorded session from Quality Week on Care Opinion and how we use it and learn from it is also available. We are planning drop-in sessions over the winter to provide support to staff to be able to respond to care opinion stories and use the learning from the stories to make local improvements.

Each month the previous months Care Opinion report summary is provided to UHH, UHW and UHM Senior Leadership team to cascade to staff via team meetings, staff forums etc. This allows staff to celebrate and share good practice and also to learn how we can improve on any critical feedback received.

During the reporting year we undertake a deep dive of the stories where the response took longer than 5 working days. This has provided assurance that it was appropriate that more time was taken to provide the appropriate response. Every story posted in the reporting period did receive a response.

We continue to work with the national Care Opinion team on how the system can best serve the public to provide feedback and support staff to receive and respond to feedback.

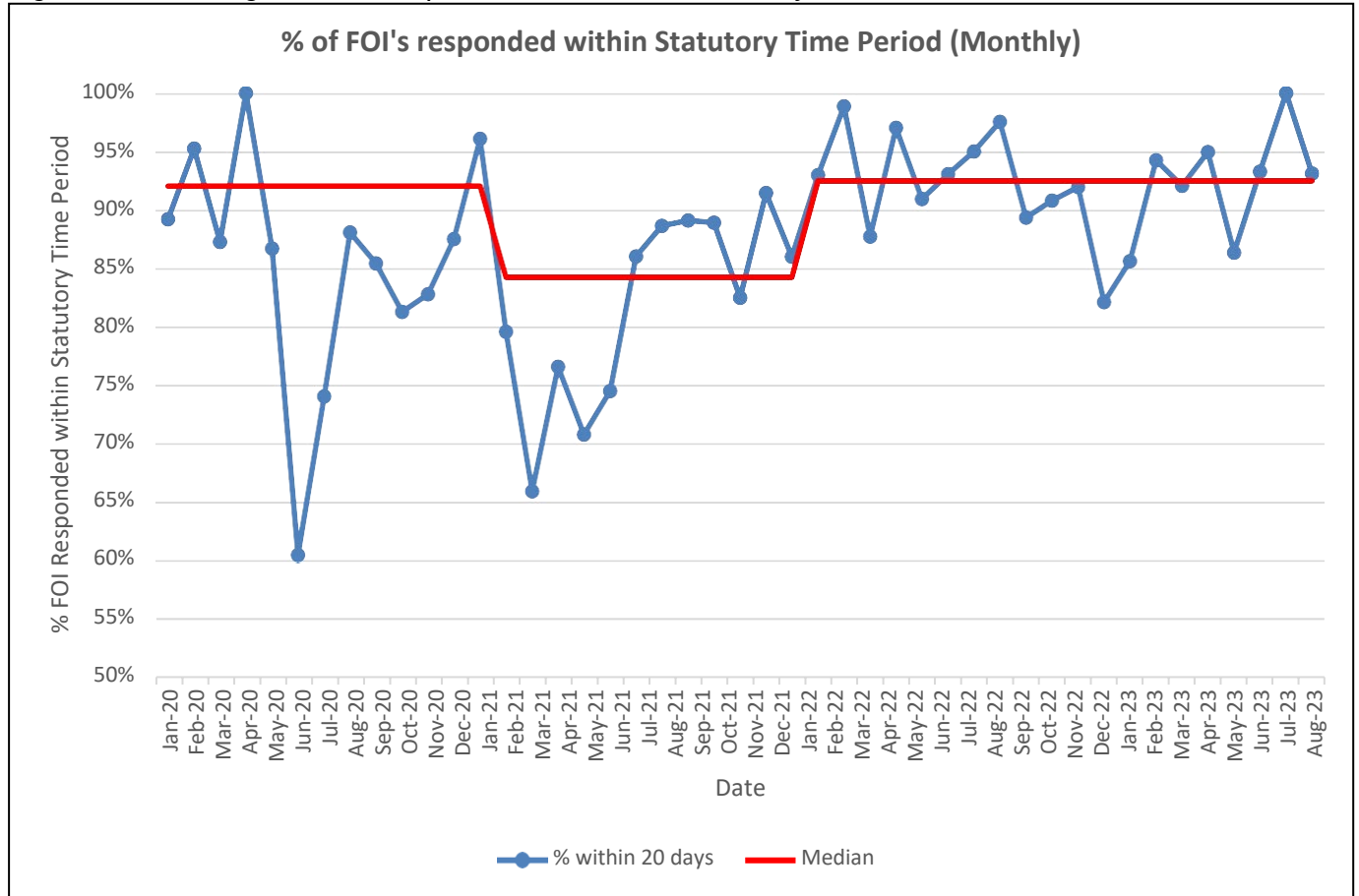
## 2.11 Freedom of Information

Respond to 90% of FOI enquiries within the Statutory Time Period of 20 working days

**Target**  
90%

**Performance**  
93%

Fig 1.24: Percentage of FOIs responded to within the Statutory Time Period



### Key Deliverable

Respond to 90% of FOI enquiries within the Statutory Time Period of 20 working days

### End Date

31 March 2024

### Key Issues

The number of requests received continues to be extremely high with nine consecutive months above the median. 93 requests were received in September 2023. The number of requests from MSPs in particular is high. We have received 528 requests from April to September 2023 – an increase in 28% compared to the previous year.

The response rate for September was 93%. The response rate for the year so far (April to September 2023) is 93%.

### Key Actions

- We are reviewing and strengthening internal processes to address the few responses which are missing the deadline by only one or two days.
- Discussions are taking place with services who are struggling to gather the appropriate information to meet the deadline in an effort to smooth the process and improve performance.
- Work is ongoing to raise awareness of the FOI statutory requirements amongst the services involved. Training sessions with services are held regularly and we are currently working with colleagues in Finance to proactively publish more information on our website.

- Ongoing training is being provided to staff members within the Communications Team to up-skill them in FOI knowledge. This provides more resilience in the team to deal with an increasingly high volume of FOI requests being received.

### 3.1 4 Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

**Target**  
95%

**Performance**  
60.2%

Fig. 1.25: 4 hour compliance (Apr 21 – Sep 23) - Unvalidated and subject to change

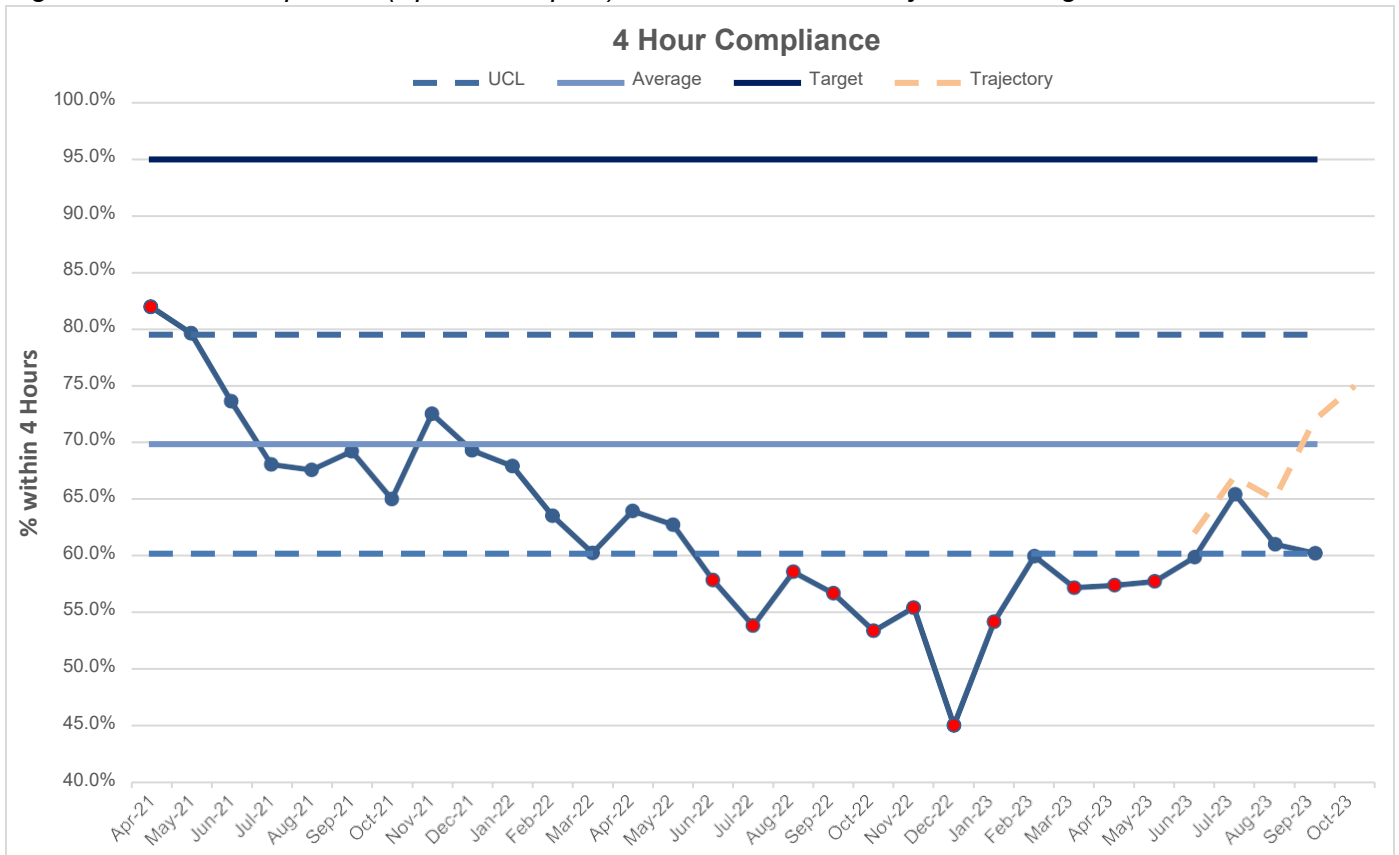


Fig. 1.26 Attendances (Apr 21 – Sep 23) - Unvalidated and subject to change

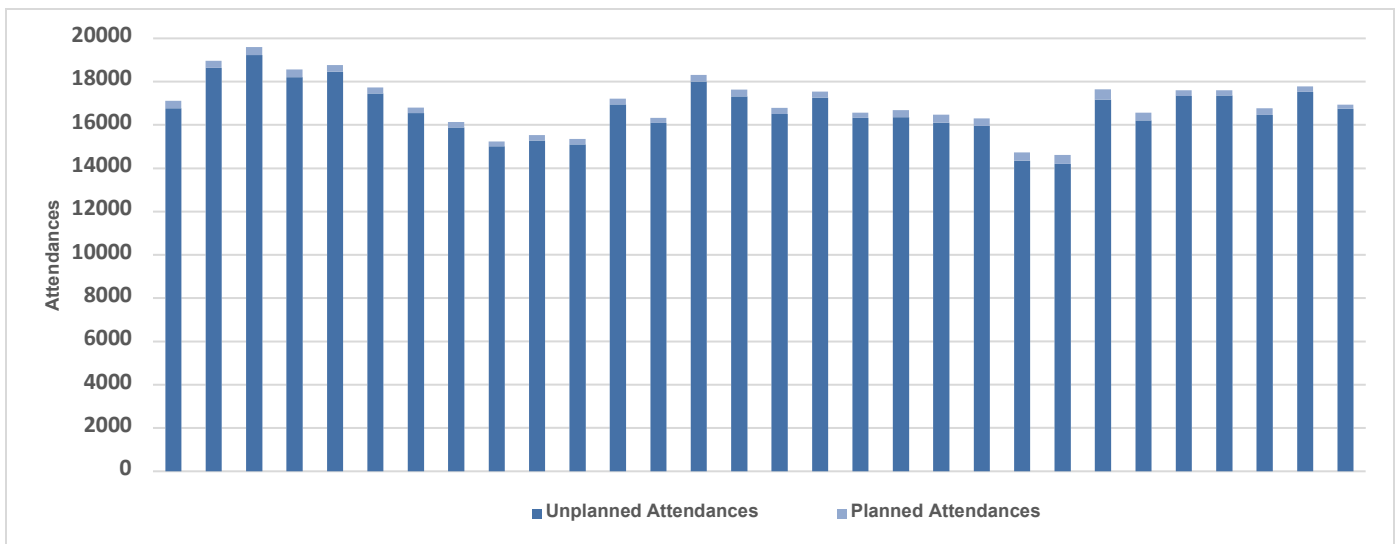
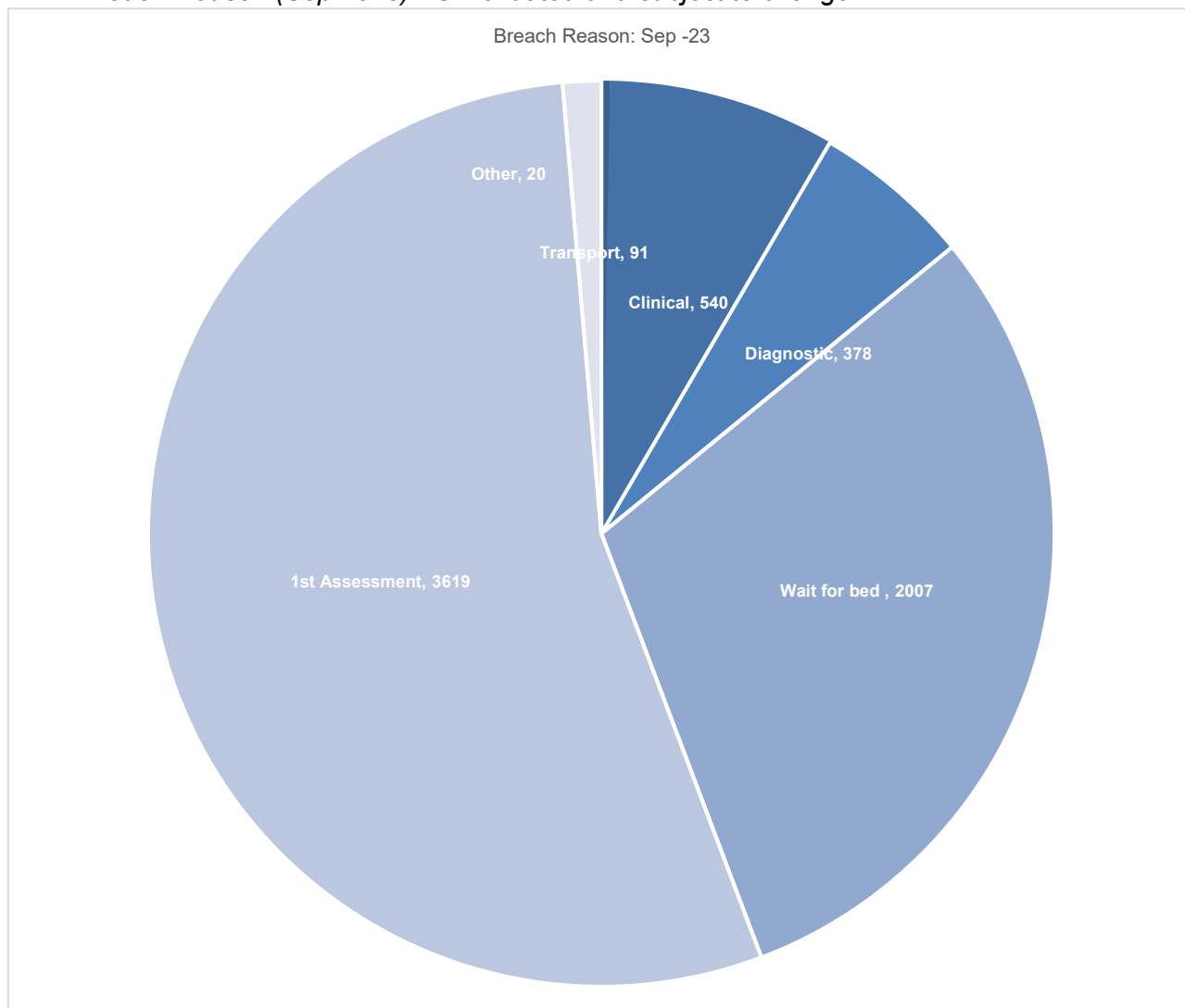


Fig. 1.27: Breach Reason (Sep 2023) - Unvalidated and subject to change



Date of Extraction: 7 August 2023

Source: Trakcare (unvalidated and subject to change)

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHSL	56.7%	53.4%	55.4%	45.0%	54.2%	59.9%	57.2%	57.4%	57.7%	59.9%	65.4%	61.0%	60.2%
Scotland	69.0%	67.6%	67.5%	62.1%	68.7%	69.7%	68.0%	69.3%	70.8%	72.6%	72.7%	71.3%	

Key Deliverable		End Date
<p>National standard: At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident &amp; Emergency treatment.</p> <p>The delivery of a sustained improvement in the performance against this standard remains a key clinical priority area for NHS Lanarkshire.</p>		
Key Milestones	<p>4-hour compliance trajectory:</p> <ul style="list-style-type: none"> <li>End of September 2023 = 72%</li> <li>End of October 2023 = &gt;75</li> </ul>	31 October 2023

## **Key Issues**

NHS Lanarkshire's September 2023 performance is 60%, a reduction from 61% in August 2023. NHS Lanarkshire's performance remains lower than the Scottish average. In September 2023 attendances decreased to 16,779 compared to 17,566 in August 2023.

University Hospital Hairmyres September 2023 month-end performance was 52% with 5339 attendances. This compares to August 2023 performance of 56% with 5629 attendances.

University Hospital Monklands September 2023 month-end performance was 64% with 5669 attendances. This compares to August 2023 performance of 64% with 5737 attendances.

University Hospital Wishaw September 2023 month-end performance was 64% with 5731 attendances. This compares to August 2023 performance of 62% with 6200 attendances.

At the end of September 2023, 2653 patients waited longer than 8 hours and 1268 waiting more than 12 hours, an increase than that in August 2023.

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.

Assessment times are influenced by the availability of 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.

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 (>95%) 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 remains significant challenges for the acute division.

## **Key Actions**

A detailed programme of improvement is being taken forward through Operation Flow 2 Task and Finish Groups. Establishing and maintaining good flow across our system is key to the success of Operation Flow 2 and therefore improving our unscheduled care performance. A project plan which outlines the key objectives for Operation Flow 2 has been developed in collaboration with colleagues across the system and also takes account of the learning from Firebreak.

5 Task and Finish Groups have been established to lead in the development and implementation of the key elements aligned to the new flow model. The Task and Finish Groups are accountable to the Executive Flow Oversight Board (EFOB) which reports to Corporate Management Team (CMT). The primary focus of this work is to reduce occupancy across all our sites.

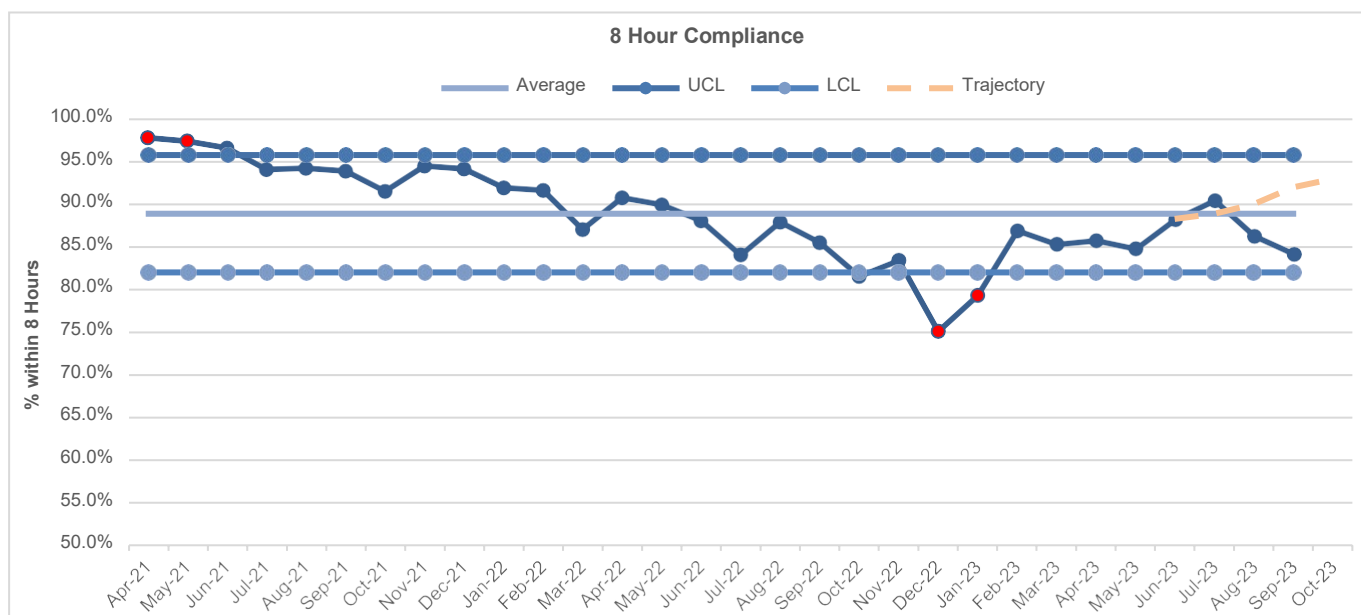
### 3.2.1 8 hour breaches

Reduce 8 hour breaches to <5% by end of October 2023

Target  
N/A

Performance  
84.2%

Fig. 1.28: 8 hour compliance (Apr 21 – Sep 23) - Unvalidated and subject to change



	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
<b>NHSL</b>	85.5%	81.6%	83.5%	75.1%	79.4%	86.9%	85.3%	85.8%	84.8%	88.3%	90.5%	86.3%	84.2%
<b>Scotland</b>	89.4%	87.5%	88.7%	84.6%	87.5%	89.9%	88.3%	90.5%	91.6%	92.8%	93.4%	91.6%	

#### Key Milestones

8 hour breaches trajectory:

- End of June 2023 = 294 (weekly average)
- End of October 2023 <5%

#### Key Issues

At the end of September 2023, 2653 patients waited longer than 8 hours. An average of 663 per week.

For further information, see section 3.1 4 Hour Emergency Access.

#### Key Actions

As detailed in section 3.1 4 Hour Emergency Access.

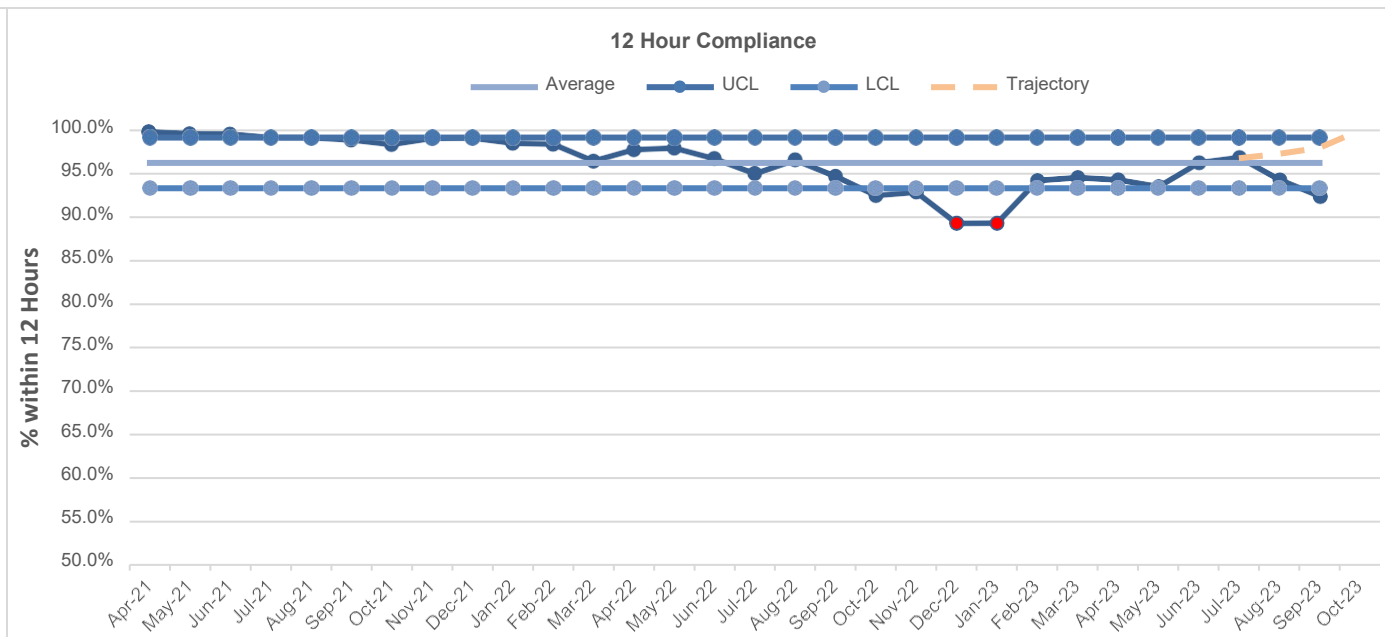
### 3.2.2 12 hour breaches

Reduce 12 hour breaches to zero by end of October 2023

Target  
N/A

Performance  
92.4%

Fig. 1.29: 12 hour compliance (Apr 21 – Sep 23) - Unvalidated and subject to change



	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHSL	94.7%	92.5%	92.9%	89.4%	89.4%	94.2%	94.5%	94.3%	93.5%	96.2%	96.8%	94.3%	92.4%
Scotland	95.8%	94.4%	95.60%	93.0%	93.9%	95.4%	95.1%	96.7%	97.2%	97.7%	97.9%	97.0%	

#### Key Milestones

12 hour breaches trajectory:

- End of June 2023 = 152 (Weekly average)
- End of October 2023 = 0

31 October 2023

#### Key issues

At the end of September 2023, 1268 patients waited longer than 12 hours. An average of 317 per week.

For further information, see section 3.1 4 Hour Emergency Access.

#### Key actions

As detailed in section 3.1 4 Hour Emergency Access.



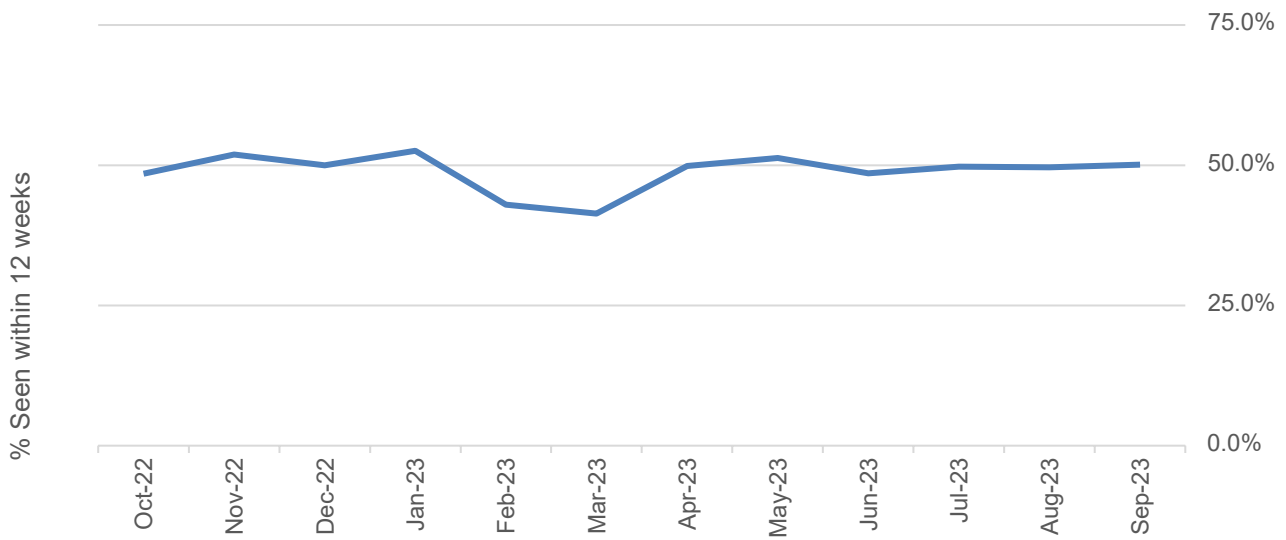
### 3.3 Patient TTG

Ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

**Target**  
**100%**

**Performance**  
**50.1%**

Fig 1.30: Percentage Seen within 12 weeks



	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
<b>NHS Lanarkshire</b>	48.5%	51.9%	50.0%	52.6%	43.0%	41.4%	49.9%	51.3%	48.6%	49.8%	49.6%	50.1%
<b>Scotland</b>	57.1%	56.4%	53.1%	52.7%	60.0%	60.6%	50.4%	57.1%	51.7%	56.5%	57.2%	

Fig 1.30b: % Waiting within 12 weeks

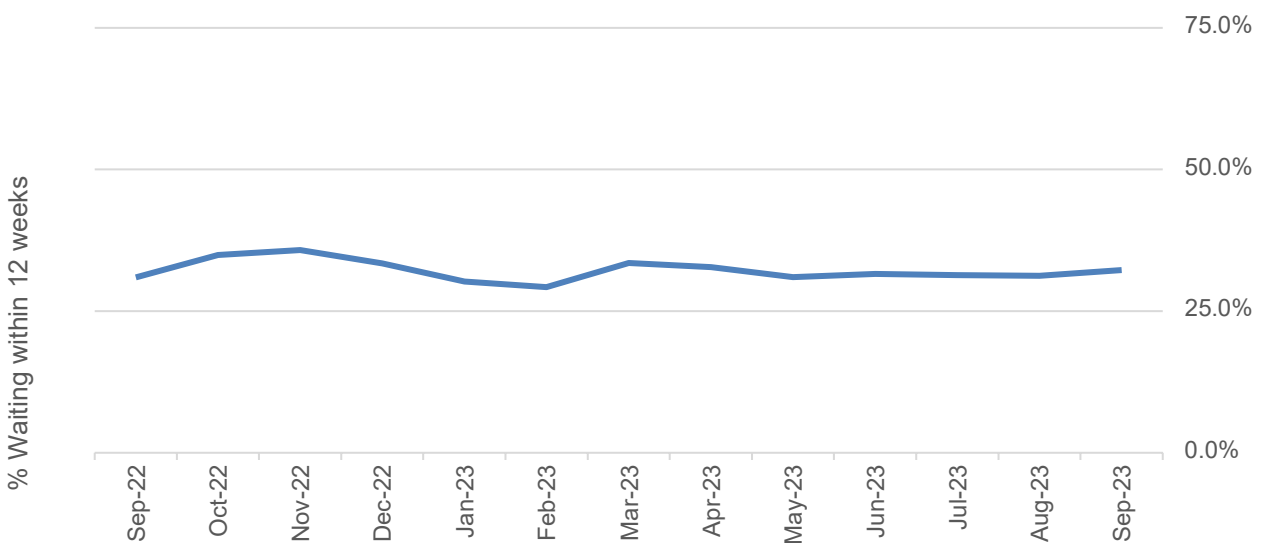


Fig 1.31: No. Waiting over 78 weeks

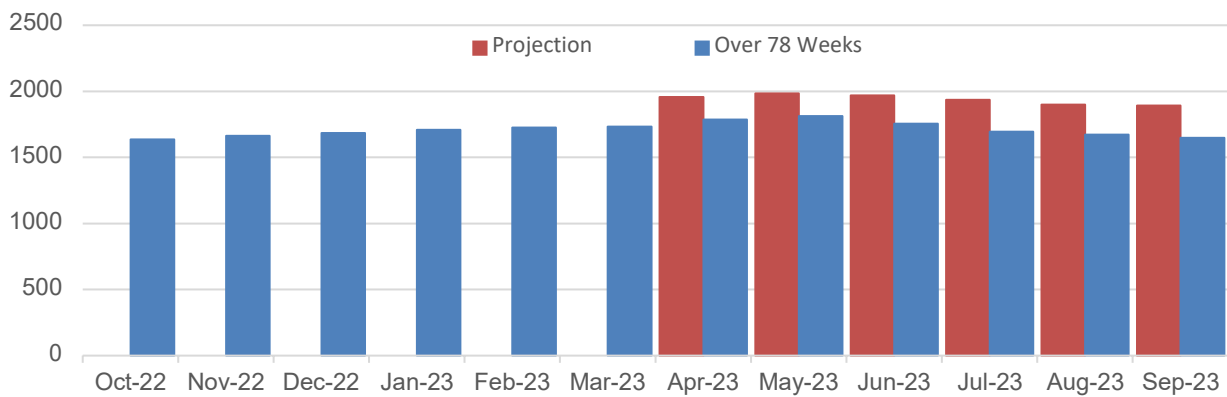


Fig. 1.32: No. on waiting list

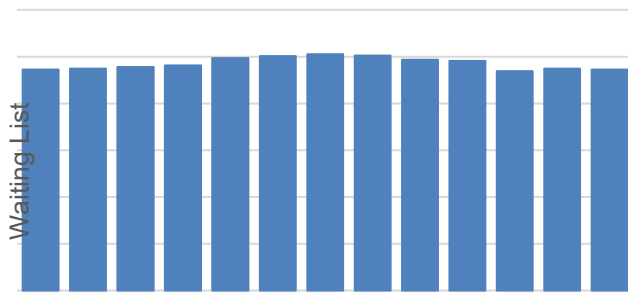
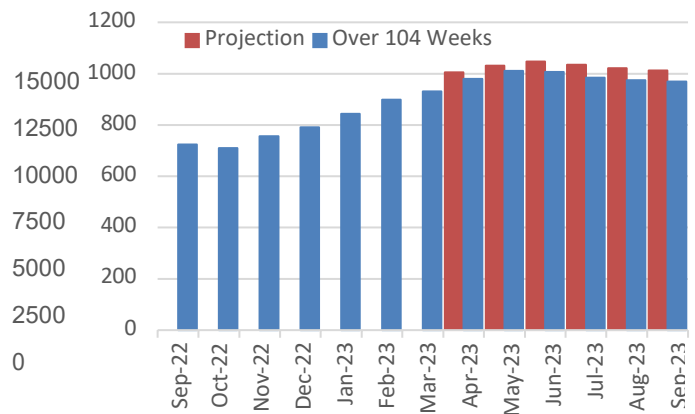


Fig. 1.33: No. Waiting over 104 weeks



National Benchmarking Patients Waiting within 12 weeks

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
<b>NHS Lanarkshire</b>	34.9 %	35.8 %	33.4 %	30.2 %	29.2 %	33.5 %	32.7 %	31.0 %	31.5 %	31.3 %	31.2 %	32.2 %
<b>Scotland</b>	33.1 %	33.7 %	31.7 %	30.8 %	29.9 %	32.2 %	31.2 %	32.9 %	31.5 %	31.2 %	31.1 %	

Key Deliverable

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

Key Milestones	Inpatient and Day case (TTG)	31st August 2023	Trajectory 30th Sept 2023	Trajectory 31st Oct 2023	Trajectory 31st Dec 2023	Trajectory 31st March 2024
		Trajectory/Actual @1st September	Trajectory/Actual @1st October			
Over 104 Weeks		1021/974	1012/970	904	722	124
Over 78 Weeks		1901 / 1672	1893/1649	1599	1245	686
Over 52 Weeks		3085/ 2832	3057/2889	2756	2278	1145
Total List Size		12,975/11,860	12,968/11,812	12,687	11,934	11,006

*The data in the table above indicates progress is in line with the trajectories.*

### Key Issues

At the end of September 2023 there were a total of 8005 patients who had breached their TTG date, compared to 8125 in August 2023.

The number of patients on the waiting list has decreased to 11,812. In September 2023, 50.8% of patients were treated within 84 days, slightly more than in August 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. At end of September 2023 there were 1649 patients waiting over 78 weeks and 970 patients waiting over 104 weeks to be treated.

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 95% of our pre-Covid elective theatre sessions 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. Maximising use of current theatres, through new ways of working, greater patient optimisation and process improvements are the focus for the Divisional teams.

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.

Risks 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.

### Key Actions

The Division continue to work with National Elective Coordination Unit (NECU) at the Golden Jubilee, to undertake further administrative validation exercises.

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.
- Theatre improvement plans.

Planning/Remobilisation:

- Validation exercise of the patients on the waiting list is ongoing.
- Maximisation of all NHS Lanarkshire 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.

### 3.4 New Outpatients

12 Week Outpatient Guarantee (84 days)

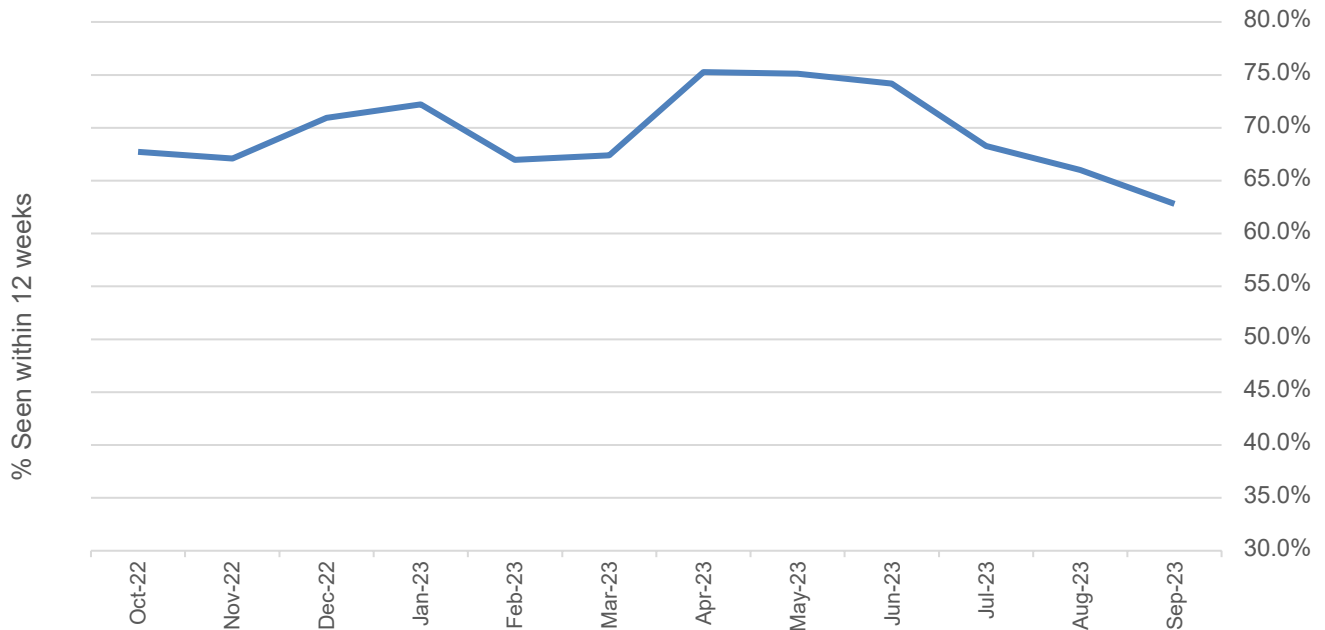
Target

95%

Performance

62.8%

Fig 1.34: Percentage seen within 12 weeks (Oct 22 – Sep23) - Unvalidated and subject to change



	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
<b>NHS Lanarkshire</b>	67.7%	67.1%	70.9%	72.2%	67.0%	67.4%	75.3%	75.1%	74.2%	68.3%	66.0%	62.8%
<b>Scotland</b>	91.1%	89.4%	80.5%	75.5%	81.4%	84.8%	77.1%	78.6%	76.3%	82.1%	84.6%	

Fig 1.34b: Percentage waiting within 12 weeks (Oct 22 – Sep 23) - Unvalidated and subject to change

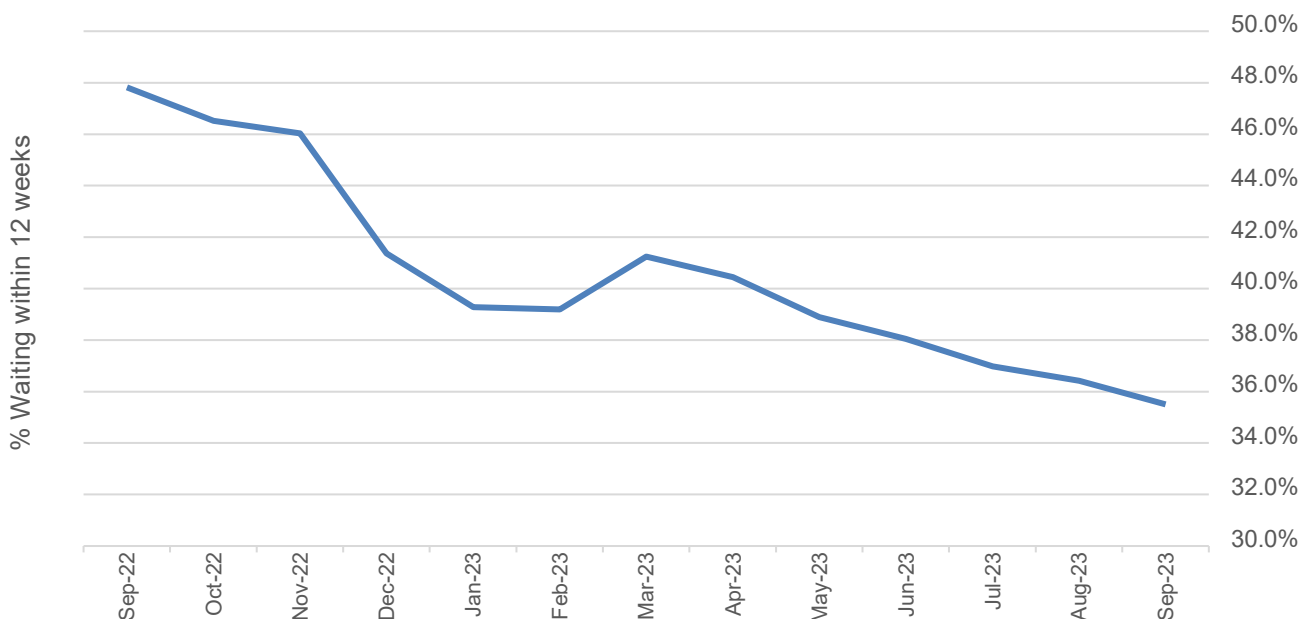
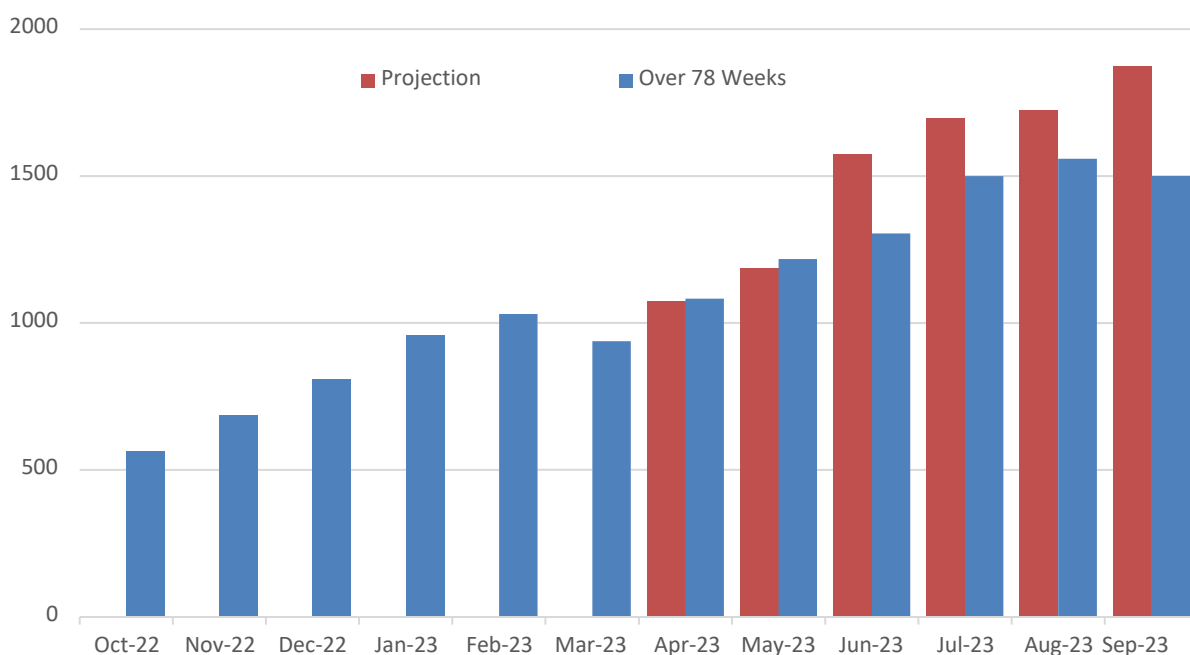


Fig. 1.35 No. Waiting over 78 weeks (Oct 22 – Sep 23) - Unvalidated and subject to change



	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
<b>NHS Lanarkshire</b>	34.9%	35.8%	33.4%	30.2%	29.2%	33.5%	32.7%	31.0%	31.5%	31.3%	36.4%	35.5%
<b>Scotland</b>	33.1%	33.7%	31.7%	30.8%	29.9%	32.2%	31.2%	32.9%	31.5%	32.4%	43.5%	

Date of Extraction: 4 September 2023

Source: Trakcare (unvalidated and subject to change)

### Key Deliverable

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 6 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.

Key Milestones	New Outpatients (NOP)	31st August 2023	Trajectory 30th Sept 2023	Trajectory 31st Oct 2023	Trajectory 31st Dec 2023	Trajectory 31st March 2024
		Trajectory/Actual @1st September	Trajectory/Actual @1st October			
	Over 104 Weeks	576/ 245	624/87	498	102	0
	Over 78 Weeks	1725/ 1559	1873/1499	1599	1027	545
	Over 52 Weeks	5574/ 7821	5398/8041	4664	3739	2013
	Total List Size	66,992/ 69,288	67,147/69,700	66,356	61,002	55,462

### Key Issues

At the end of September 2023 there were 44,960 patients waiting over 84 days for an outpatient appointment, compared to 44,291 in August 2023.

63% of patients were seen within 84 days (completed) in September 2023, compared to 66% in August 2023. At end of September 2023, 65% of patients are waiting over 12 weeks to be seen (ongoing).

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 31 August 2023, 64% of patients are waiting over 12 weeks to be seen.

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.

On 5 September 2023, 8322 patients were waiting over 52 weeks for an outpatient appointment with no confirmed appointment date.

### Key Actions

The Division is continuing to work with the National Elective Coordination Unit (NECU) at the Golden Jubilee, to undertake further administrative validation exercises. The previous process removed 9% of the approximately 12000 patients validated. Further exercises across a range of NHS Lanarkshire waiting lists are being delivered across October.

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.
- Specialty plans developed – benchmarked using Discovery.

NHS Lanarkshire currently continues to deliver outpatient activity internally and with a range of external providers who are undertaking face-to-face consultations. Work continues to deliver activity matched to the funding allocation received from Scottish Government for 2023/24. This will include delivery of independent sector activity within Lanarkshire and externally and, following submission of tenders, contracts are in place for this year. 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 lists
- 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.



### 3.5 Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Test appointments (data reflects patients currently waiting within 6 weeks)

**Target**  
100%

**Performance**  
50.5%

Fig. 1.36: Diagnostic Waiting Times (unvalidated and subject to change)

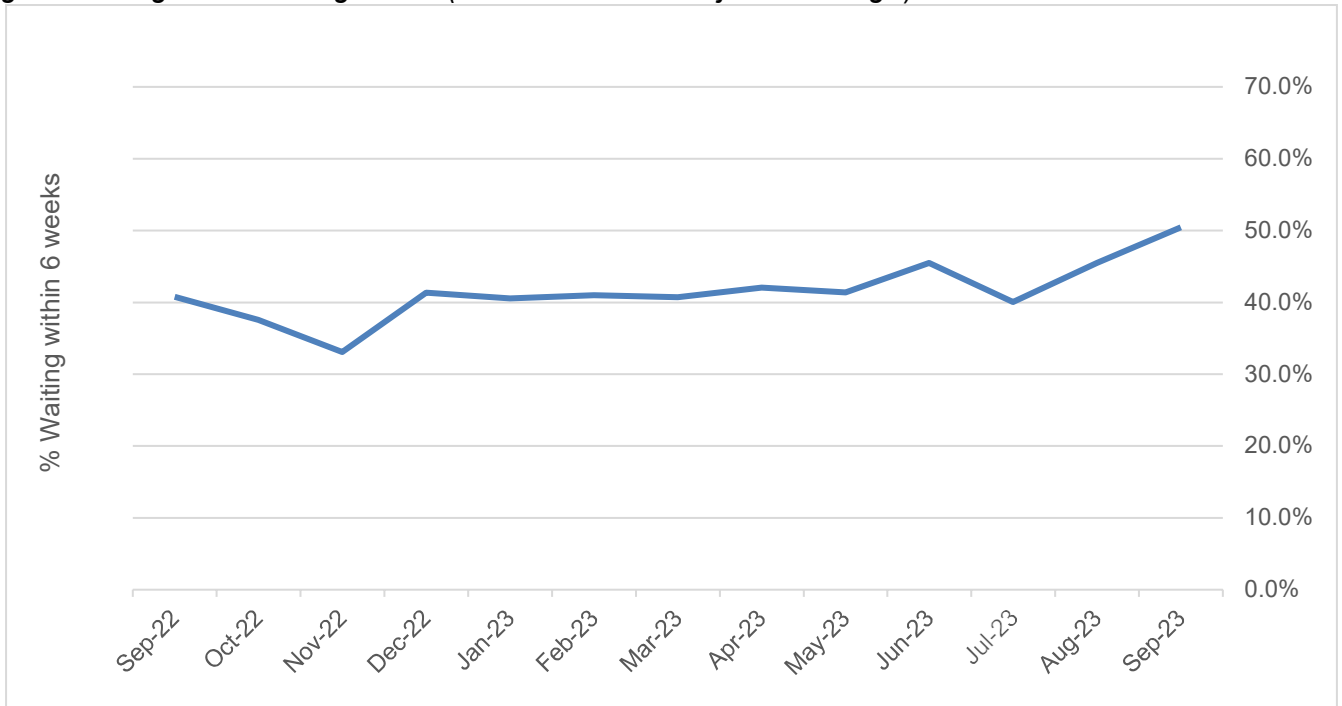


Fig. 1.37: Total no. of patients waiting

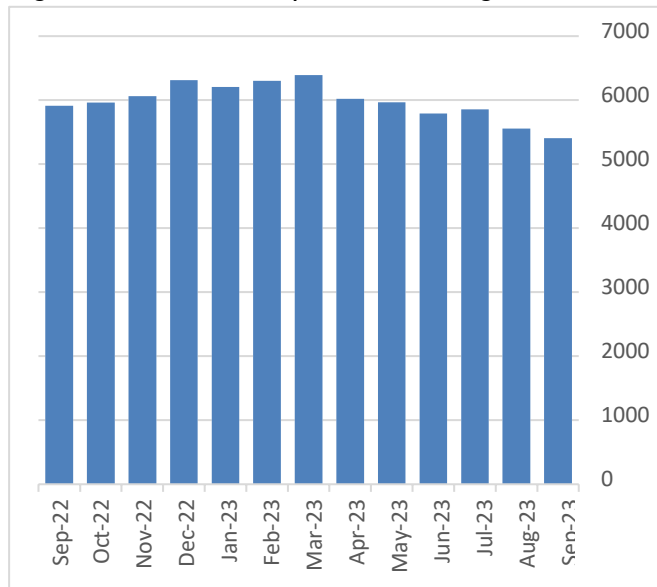
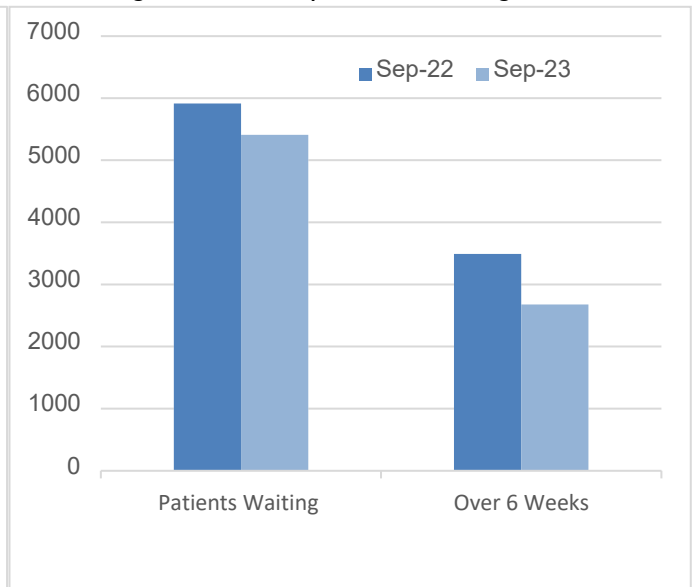


Fig. 1.38: Total patients waiting over 6 weeks



	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
<b>NHSL</b>	41.4%	40.8%	37.6%	33.1%	41.4%	40.6%	41.0%	40.7%	42.1%	41.4%	45.5%	50.5%
<b>NHS Scotland</b>	40.5%	41.6%	37.2%	36.1%	41.5%	42.3%	40.7%	40.8%	39.8%	37.7%	39.1%	

Fig. 1.39: Diagnostic Waiting Times - Imaging (unvalidated and subject to change)

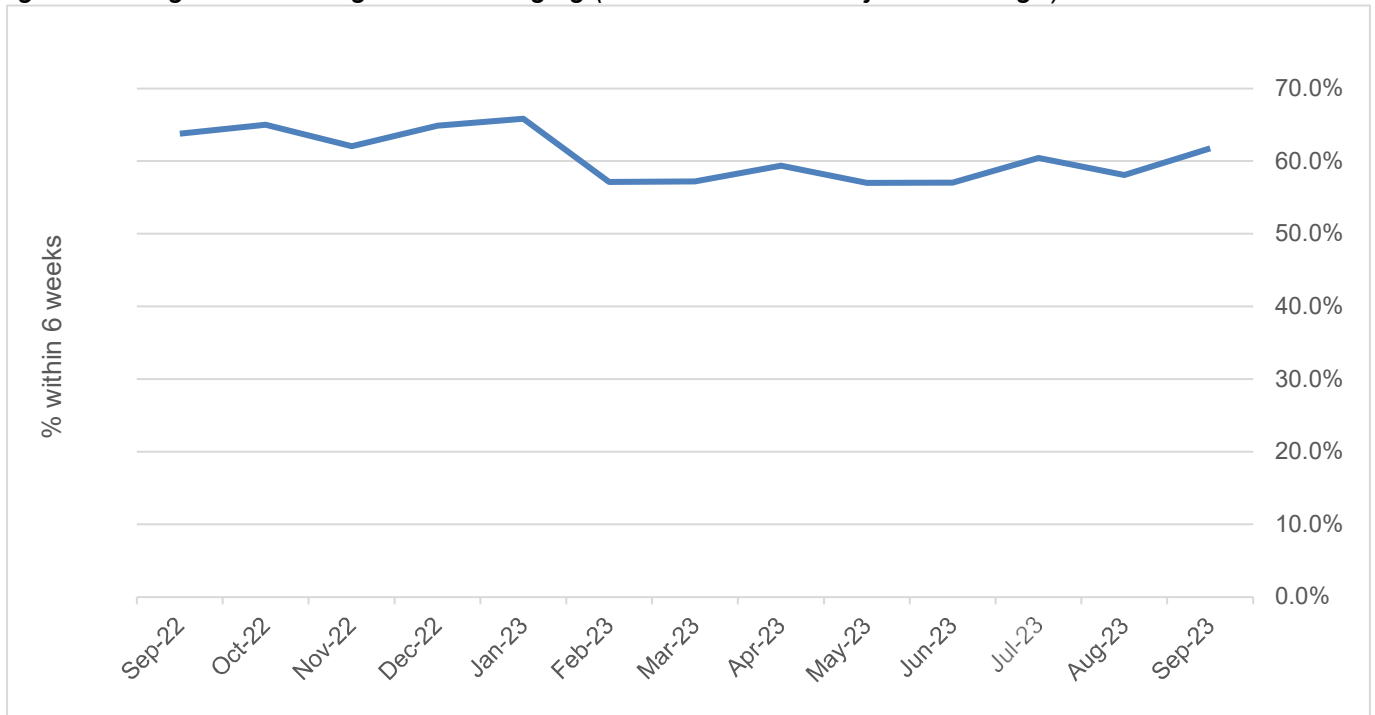


Fig. 1.40 No. of patients waiting - imaging

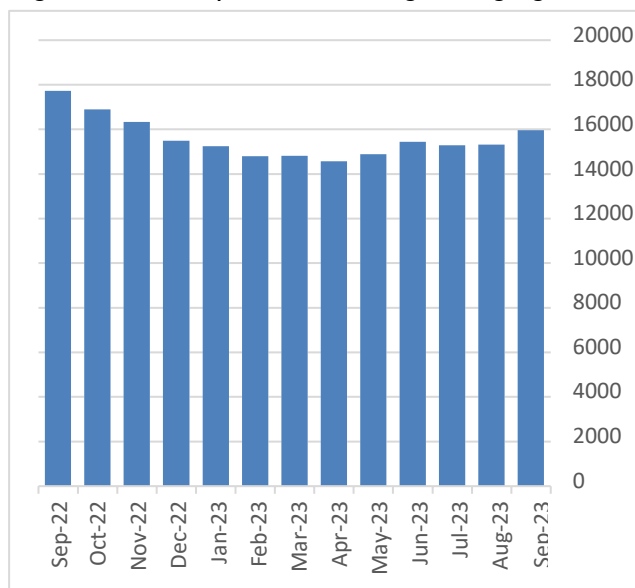
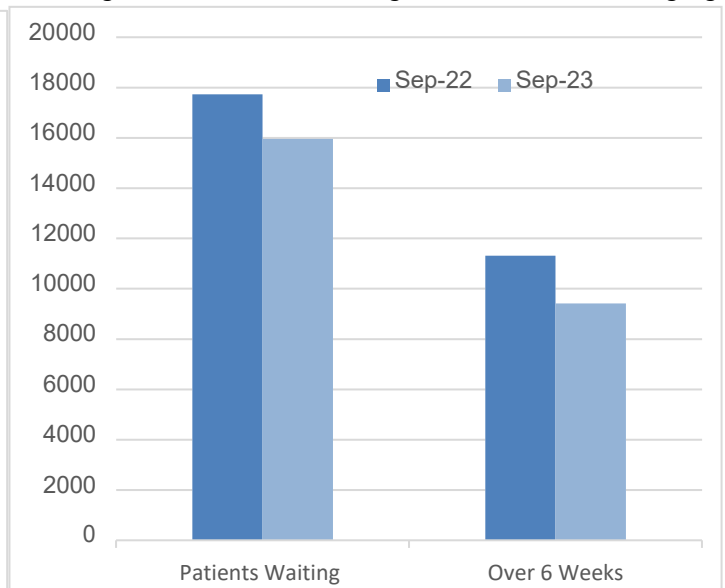


Fig. 1.41 Patients waiting over 6 weeks – imaging



	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
<b>NHS Lanarkshire</b>	36.2 %	35.0 %	37.9 %	35.1 %	34.1 %	42.8 %	42.8 %	40.6 %	37.9 %	39.5 %	41.9 %	41.0 %
<b>NHSScotland</b>	50.2 %	49.6 %	53.1 %	48.5 %	48.2 %	56.3 %	55.0 %	51.5 %	51.1 %	50.1 %	51.3 %	

Date of Extraction: 17 July 2023

Source: Trakcare (unvalidated and subject to change)

## Key Deliverable

Diagnostic tests and investigations are used to identify a patient's condition, disease or injury. Under the 18-weeks national waiting time standard, NHS Lanarkshire must ensure that the result of any test or investigation is available within six weeks of receiving the request.

The eight key diagnostic tests and investigations are:

- Upper Endoscopy
- Lower Endoscopy (excluding colonoscopy)
- Colonoscopy
- Cystoscopy
- Computer Tomography (CT)
- Magnetic Resonance Imaging (MRI)
- Barium studies
- Non-obstetric ultrasound

## Key Issues

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.

Radiology imaging remains under significant stress due to increasing demand for inpatient, outpatient and cancer examinations, particularly in MRI and subspecialty MRI examinations.

## Key Actions

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 90% of pre covid activity and the endoscopy service is operating at around 100%.

Planning/Remobilisation:

- Modular endoscopy unit continues to run at University Hospital Hairmyres. Funding has been secured from Scottish Government to run two 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 for CT and MRI.
- 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.
- Validation via NECU in Ultrasound and MRI being explored.

### 3.6 Cancer 31 and 62-day Referral to Treatment

95% of patients should wait no more than 31 days from decision to treat to first cancer treatment

95% of patients should wait no more than 62 days from urgent suspicion of cancer to treatment

Target	Performance
95%	97.2% (31 day)
95%	71.1% (62 day)

Fig. 1.42: 31-day standard performance (local data) note July and August is unverified data.

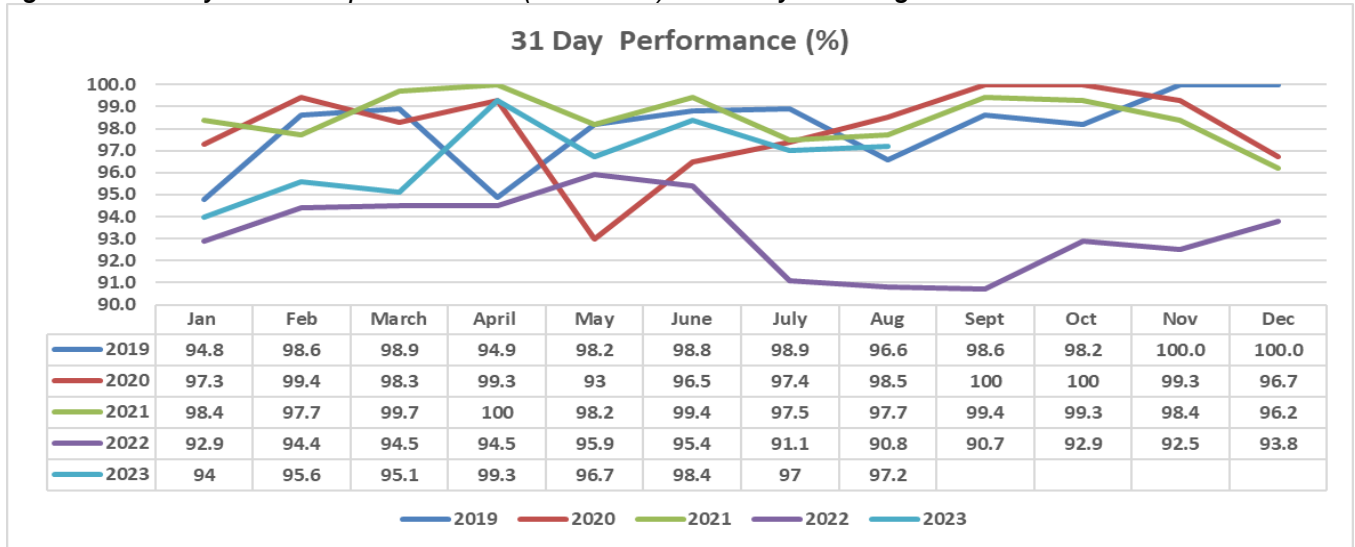
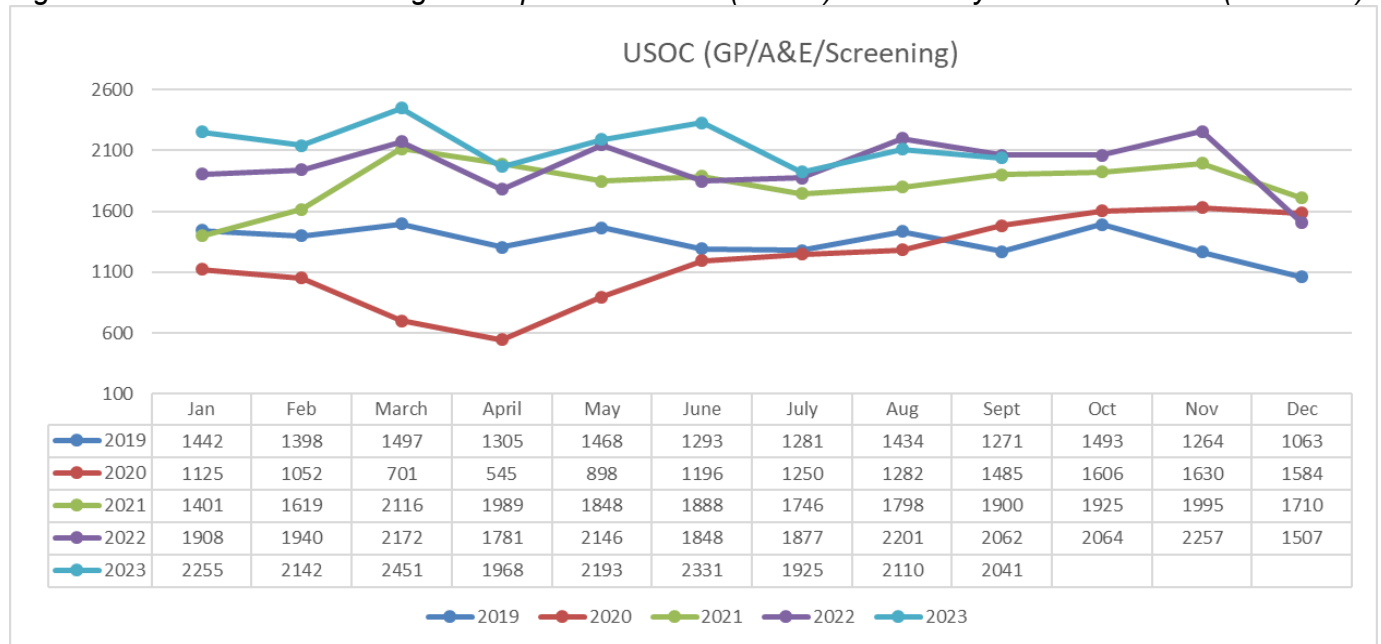


Fig. 1.45: GP referrals due to urgent suspicion of cancer (USOC) received by NHS Lanarkshire (local data)



### Cancer performance projections

Percentage treated within 31 days of decision to treat	Quarter ending 30 June 2023	Quarter ending 30 September 2023	Quarter ending 31 December 2023	Quarter ending 31 March 2024
Breast	96.1%	85.9%	89.0%	94.8%
Cervical	100.0%	100.0%	100.0%	100.0%
Colorectal	96.6%	96.0%	98.3%	96.4%
Head & Neck	100.0%	100.0%	100.0%	100.0%
Lung	100.0%	100.0%	100.0%	100.0%

Lymphoma	100.0%	100.0%	100.0%	100.0%
Melanoma	100.0%	100.0%	100.0%	100.0%
Ovarian	100.0%	100.0%	100.0%	100.0%
Upper GI	100.0%	100.0%	100.0%	100.0%
Urological	95.5%	96.9%	98.2%	95.3%
<b>All Cancer types combined</b>	<b>97.7%</b> <b>Actual 98.6%</b>	<b>95.2%</b>	<b>96.7%</b>	<b>98.0%</b>

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 31 December 2023	Quarter ending 31 March 2024
Breast	94.4%	89.5%	90.3%	96.0%
Cervical	100.0%	100.0%	100.0%	100.0%
Colorectal	83.5%	74.6%	82.8%	94.0%
Head & Neck	94.4%	100.0%	81.3%	100.0%
Lung	95.0%	97.0%	94.6%	98.3%
Lymphoma	100.0%	100.0%	90.0%	100.0%
Melanoma	100.0%	100.0%	100.0%	100.0%
Ovarian	100.0%	94.7%	88.8%	80.0%
Upper GI	91.4%	90.7%	91.9%	92.3%
Urological	78.7%	76.9%	70.0%	81.1%
<b>All Cancer types combined</b>	<b>80.0%</b> <b>Actual 82.4%</b>	<b>85.0%</b>	<b>90.0%</b>	<b>95.0%</b>

Fig 1.43: 62-day standard performance (local data) - rate July and August is unverified data.

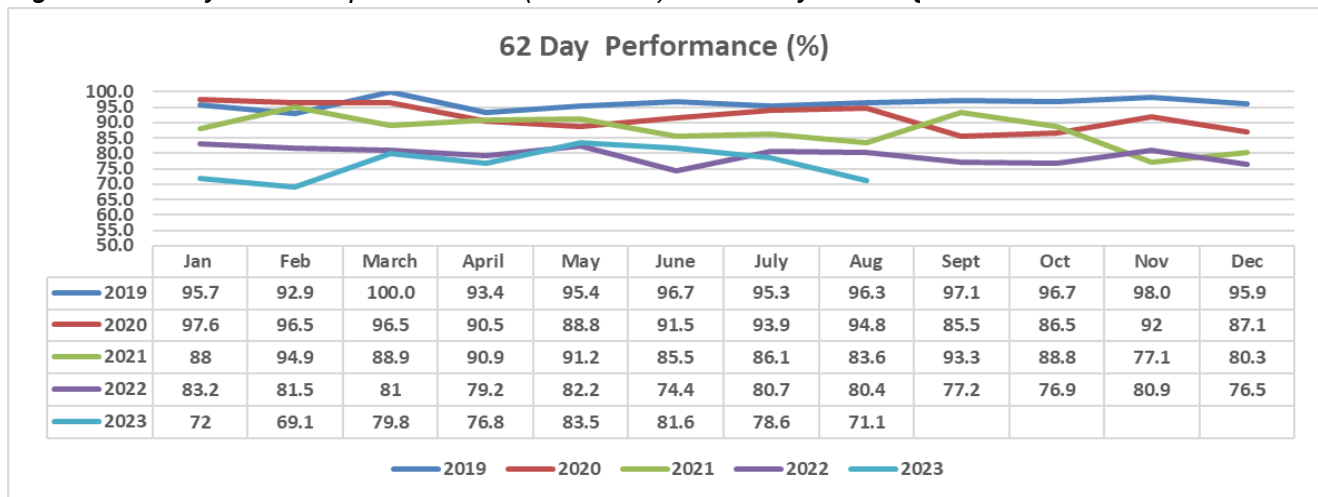
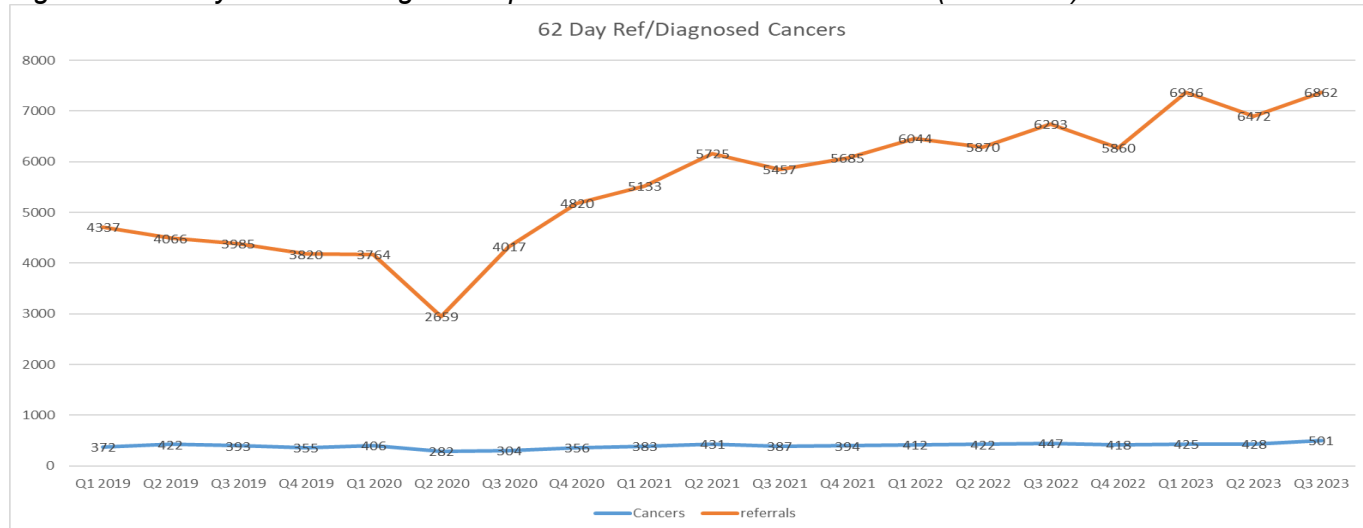


Fig. 1.44: 62-day referral of urgent suspicion of cancer vs Cancer Yield (local data)



**Key Deliverable**

**End Date**

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.

31 March 2024

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.

The data for Quarter 1 and Q2 of 2023 is verified and published. It shows that NHS Lanarkshire has met the national standard for 31 days for both Quarters as noted below in performance table. It is predicted that recovery of the 95% standard for 31 days will continue to be sustained in the coming months, in line with the agreed recovery trajectory.

The 62-day standard has improved across Quarter 2 however remains challenged due to the pressures within the diagnostic element of the pathways, with key challenges being scopes and radiology capacity, including reporting in breast, colorectal, lung and urology pathways. Heading into Quarter 3 Colorectal and Urology have been most challenged and unverified figures for July and August indicate a deterioration against trajectory. Pathway review indicates and increase in the number of referrals, particularly in urology, and consequent delays across the early stages of the pathways.

Below is data submitted to Public Health Scotland (PHS) for Q1 2023 and Q2 2023 which are both verified. For cancer waiting times figures quarters are expressed as a portion of the calendar year, not financial year.

**Verified performance**

	62 day	31 day
Quarter 1	74.30%	95.10%
Quarter 2	82.4%	98.6%

<p><b>Key Milestones</b></p> <ol style="list-style-type: none"> <li>1. Corporate responsibility</li> <li>2. Optimal pathway</li> <li>3. Initiating the pathway</li> <li>4. Dynamic tracking and escalation</li> <li>5. Optimal diagnostics</li> <li>6. Effective MDT</li> <li>7. Treatment</li> <li>8. Collective strength</li> </ol>	<p><b>Planning/Remobilisation</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Cancer patients continue to be prioritised for treatment whilst also trying to achieve the other waiting times milestones.</li> </ul>
<p><b>Key Issues</b></p> <p><u>Fig. 1.44: 62-day referral of urgent suspicion of cancer (local data)</u></p> <p>This chart displays the increasing volume of patients being referred onto a 62-day pathway as urgent suspicion of cancer.</p> <p>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 with cancer yield remaining relatively static.</p> <p>Diagnostic capacity remains challenging within:</p> <ul style="list-style-type: none"> <li>• Upper and lower scopes</li> <li>• Cystoscopy</li> <li>• CT Biopsy</li> <li>• Prostate Biopsy</li> <li>• Hysteroscopy</li> <li>• Clinic USOC capacity - Urology and Colorectal</li> </ul> <p>We continue to work with Clinical Leads and Service Managers to share the CSFD key deliverables and sharing of good practise aligned to ACRT, PIR etc. We are currently working with teams to deliver optimal vetting pathways that fully utilise the skills of specialist nurses and ANPs in the vetting process. Urology have devised pathways within improvement plan to support enhancing their ACRT model and improve access and reduce waiting times in the earlier stages of the Urology pathways. Colorectal are also looking to adopt the same principles across their pathway.</p> <p>Further work is ongoing to implement the national regrading guidance. Acute and GPs teams are working to define an agreed pathway that is robust and meaningful to enable GPs to come back with additional information aligned to the Once for Scotland Regrading Framework. This work is progressing through the primary and secondary cancer care interface group to ensure a collaborative approach for Lanarkshire that has been agreed by GPs and clinical Leads. A short life working group has been established with all key stake holders to support ongoing work and implementation aligned to Framework for Effective Cancer Management.</p>	
<p><b>Key Actions</b></p> <ul style="list-style-type: none"> <li>• Colorectal, Lung and Urology performance has been adversely impacted by waits for access to diagnostic tests including Transurethral Resection of Bladder Tumour (TURBT) and cystoscopies for urology. However, work is underway within the colorectal pathway to review Active Clinical Referral Triage (ARCT) along with the introduction of 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%. Colorectal and Urology are both at the recruitment stage of appointing fixed term Advance Nurse Practitioners to support their enhanced ACRT pathways.</li> </ul>	

- 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% and has been sustained. There are also current medical workforce challenges which is impacting post-operative clinics with mitigations now in place to support. Theatre capacity remains to be a challenge however the service is hopeful these challenges will be resolved early 2024.
- 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. Further workforce challenges however NHS Lanarkshire and Beatson are working collaboratively to support.
- Work is underway to scope and establish a Urology Hub in NHS Lanarkshire, learning from other Health Board's experience and peer review event. Initial stages of recruitment to support now underway with regular service and Scottish Government meetings being arranged to support improvement work and ongoing engagement. Infrastructure requirements in terms of space at UHM with discussions on going to enable increased capacity.



### 3.7 Delayed Discharges

5% Reduction in Bed Days for 2023/24 (Based on 10% Reduction in 2022/23 of the 2019/20 Performance, thus providing an overall reduction of 15%)

**Target**  
25441

**Performance**  
27272

Fig. 1.46: Delayed discharge bed days - Standard Delays (Nationally Published Data)

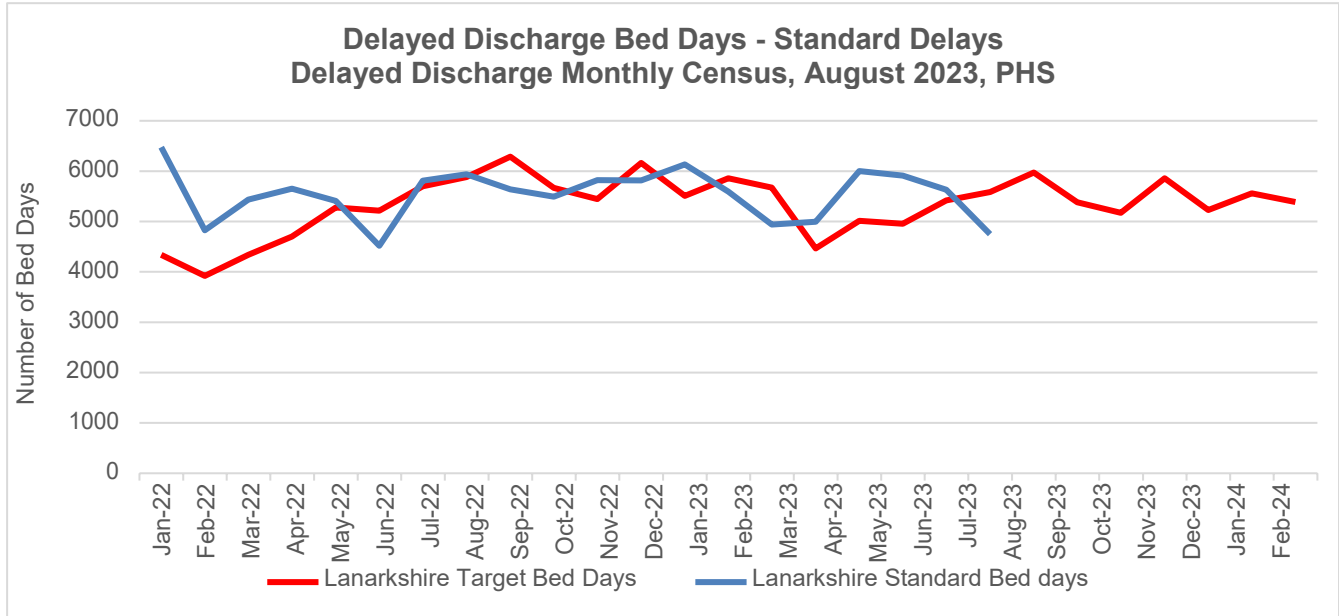


Fig. 1.47 No. of patients in standard delays

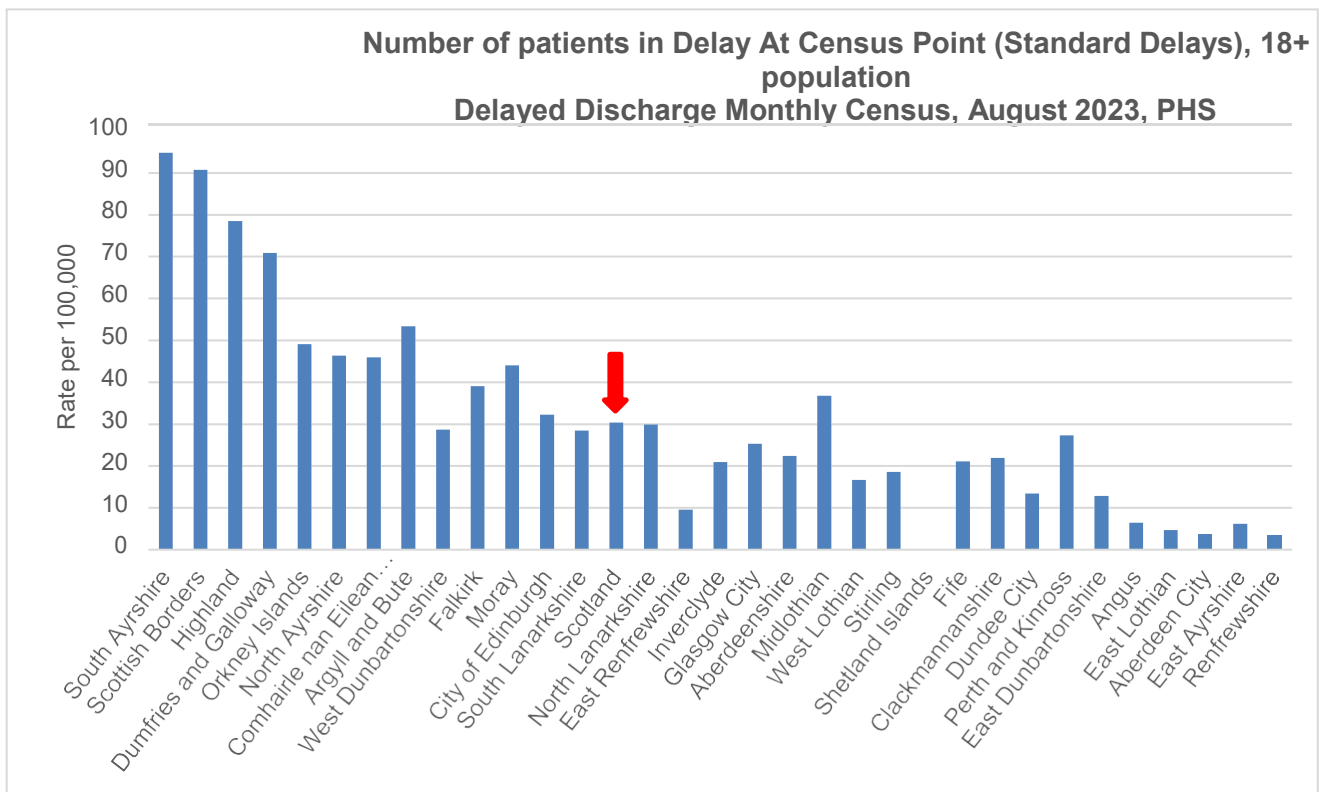


Fig. 1.48 Performance (Local Management Performance Data)

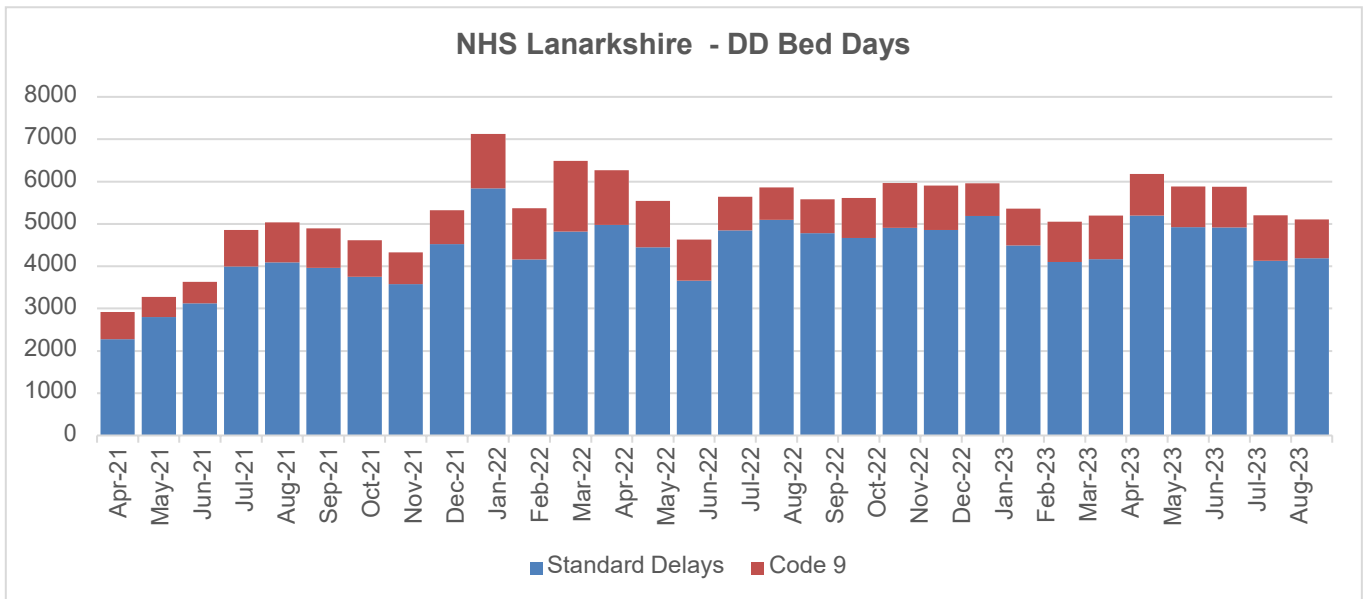
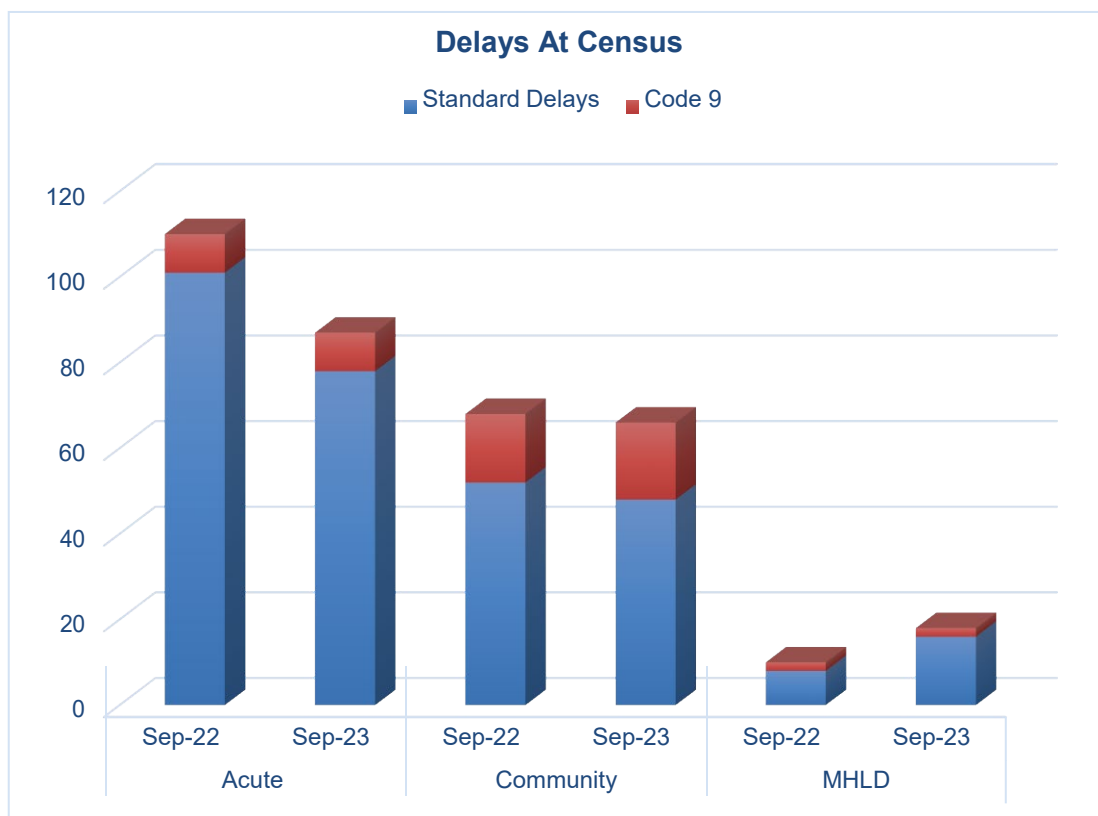


Fig. 1.49 Delays at census



Data as at September 2023

Source: Local Performance is based on Monthly DD Return to PHS and includes residents delayed within NHS Lanarkshire Hospitals. Residents delayed out with NHS Lanarkshire are excluded.

**Definitions:**

- Acute = UHH, UHM & UHW excluding mental health and learning disabilities specialities
- Community = All hospital settings excluding acute hospitals & mental health specialities
- MHLD = All hospital settings with mental health and learning disabilities specialities

<b>Key Deliverable</b>		<b>End Date</b>
<b>Key Milestones</b>	Roll out of Foundation Flow Bundle across 3 acute sites, including use of PDDs, Criteria Led Discharge and Discharge Without Delay principles (via Operation FLOW Task and Finish Group 4)	30 Sept 2024
	Roll out of Foundation Flow Bundle across off-site beds and community hospitals, including use of PDDs, Criteria Led Discharge and Discharge Without Delay principles (via Op Flow T&F 4 and 5)	30 Sept 2024
	Home Support recruitment, particularly in priority areas of Cumbernauld and East Kilbride	31 March 2024
	Continued expansion and roll out of Home Assessment Teams/Home First Teams to support assessment at home and admission prevention	31 March 2024
	Prioritisation of reablement services, to ensure sufficient capacity to support discharge and control demand into mainstream Home Support services	30 Sept 2024
<b>Key issues</b>		
<p>Performance in July and August shows gradual improvement, both partnerships sitting on the Scottish average. The data comparing performance to that of 2022 clearly highlights the on-site improvements that have been made through Operation Flow, however, this hasn't as yet been met off-site where we have seen an increase in delayed discharge numbers, though it is worth noting that a significant component of this is code 9 delays.</p> <p>Work is still required at the interface to ensure referrals for supported discharge are picked up as early as possible in the patient's journey, as 40% of supported discharge referrals continue to arrive within 24hrs of Clinical Readiness. Visits to Glasgow City's Home Support service has also identified that the Lanarkshire partnerships see double the rate of supported discharge referrals in comparison to Glasgow City, which needs to be explored to better understand why that continues to be the case.</p>		
<b>Key actions</b>		
<p>Work continues in conjunction with acute colleagues to implement the flow foundation bundle. Key actions have been implemented across a timeline of delivery by October 2023. These will create a stronger planned flow of discharges including in off-site inpatient beds.</p> <p>Home Support recruitment and capacity remains a challenge, with current pressures in Cumbernauld, Coatbridge, Clydesdale and East Kilbride. Work continues to target recruitment, including on the day recruitment events and supporting recruitment events with independent providers.</p> <p>Home Assessment/Home First Teams continue to expand and have a positive impact on service performance. Services in both partnerships continue to see ~60% of people supported home requiring no long term Home Support input after 2 weeks of wrap around support. This has included examples of patients assessed as requiring highly complex 4x7x2 packages whilst in hospital requiring no ongoing care package after just 2 weeks of support at home, highlighting the importance of assessing people in their own home.</p>		

## 4.1 Finance

NHS Boards are required to work within the revenue and capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

**Revenue**  
(£7.956m)  
**Capital**  
£1.103m over  
committed

Financial Position as at 31 August 2023

**Table 1 - Summary Financial Position 2023/24**

	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	206.641	219.115	(12.474)
North Lanarkshire Health & Social Care Partnership	145.671	145.582	0.089
South Lanarkshire Health & Social Care Partnership	203.685	204.492	(0.807)
Estates, E-health and Other Corporate Functions	97.535	96.863	0.672
Service Level Agreements / Other Healthcare Providers	94.149	93.422	0.727
NHSL - wide	(31.675)	(34.794)	3.119
<b>Net operating cost</b>	<b>716.006</b>	<b>724.680</b>	<b>(8.674)</b>
Remove IJB Position	(349.356)	(350.074)	0.718
<b>Revised Net operating cost</b>	<b>366.650</b>	<b>374.606</b>	<b>(7.956)</b>

### Key Deliverable

### End Date

1. The Board is required to deliver break even over three financial years with 1% flexibility between years unless SG has agreed a higher level of brokerage
2. The Board is required to deliver recurring efficiency savings equal to 3% of its Revenue Resource Limit in 2023/24 (£42.7m)
3. The Board is required to stay within its capital resource limit

31 March 2024

### Key Issues

As at 31 August 2023 the Board is reporting an overspend of 7.956m, spread across its divisions as set out in the table above.

The year-end forecast deficit sits at £19.062m although at this stage there are high levels of uncertainty. There is not yet a plan to balance over three years.

To date the Board has identified £22.191m of savings and the health and social care partnerships (HSCPs) £8.166m. £1.295m of these are recurring savings as is £2.266m of HSCP savings which falls below the £42.7m requested by Scottish Government.

Capital expenditure to 31 August 2023 is £11.543m. To date the schemes to which a commitment has been given exceed the current overall capital limit by £1.103m. If all requests were approved and the programmes proceeded on initial timelines, the capital limit would be exceeded by over £8m. Plans to avoid the over commitment include seeking HSCP funding for Mental health projects, recognising any slippage, phasing and prioritising.

The gap between the funding available to the Board and the cost of the services it provides arises from three main sources. The first is a core deficit which has built up over several years because the adoption of new high cost medicines, pay and supplies inflation and mandated national developments has increased the cost of existing services by more than the allocation uplift. In that situation the only way to remain in financial balance is to deliver savings from existing services. After over a decade of doing this, the pipeline of ideas started to dry up in 2019 and then halted in the first years of the pandemic.

The second cause is that the Acute Division, which had been exceeding its budget by between £3.6m and £5m pre pandemic, which was manageable within the NHS Board's overall budget, is now overspending at a far higher rate. The overspend to 31 July 2023 sits at £12.474m.

The final source, impacting on the forecast but not yet the actual position to date, is the permission to increase the deficit by £5.9m to invest in measures which will improve the unscheduled care performance within the hospitals as part of Operation Flow. Through the monthly finance report the Board is being kept informed of the amount committed and the expected 2023/24 financial impact.

### **Key Actions**

- Full finance report to be considered at each Board and PPRC. Position as at August 2023 was considered at PPRC meeting of 27 September 2023.
- Audit committee to overview arrangements for and progress with sustainability and value programme and level of financial risk.
- Continued work by sustainability and value groups to deliver extant savings plans and identify new opportunities.
- Quantification of agency saving target.
- Structured assessment of all national identified opportunities.
- Enhanced work on redesign and reform options.
- Monthly meetings with Acute Division to review overspending areas and agree actions which, in conjunction with Sustainability and Value programme, will reduce forecast overspend.
- Maximise any opportunities for new funding, better use of funding or opportunistic underspends.
- Prioritise, identify in year slippage and seek additional funding to help bridge the gap between capital requests and funding. Ultimately may have to accept longer timescales to stay within the capital resource limit.

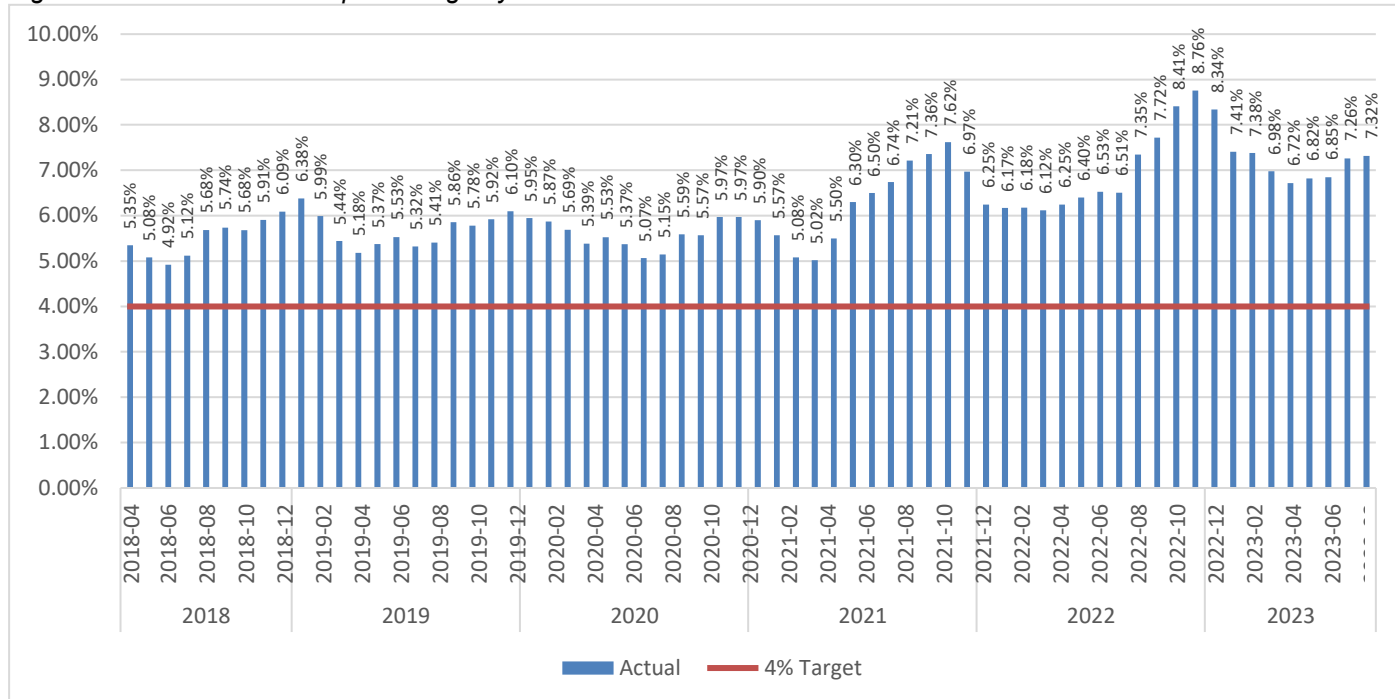
## 5.1 Sickness Absence

Reduce sickness absence percentage to meet national target of 4%

**Target**  
4%

**Performance**  
7.32%

Fig 1.50: Sickness absence percentage by month



Date of extraction: 9 October 2023

Data source: SSTS

### Key Deliverable

Reduce sickness absence to bring NHS Lanarkshire closer to 4% target

### End Date

31 March 2024

### Key Issues

NHS Lanarkshire is currently the highest territorial board for sickness absence across Scotland and third highest Board overall. Sickness absence is showing an increasing trend, and, based upon historic seasonal trends, is likely to continue to increase into winter. The composition of sickness absence has not changed much with known other/unknown being the top reason for absence followed by anxiety/stress which is the recorded reason for around 25% of days lost.

### Key Actions

There is a dedicated workstream via the Sustainability and Value Workforce Optimisation Group focussing on reducing sickness absence.

## 5.2 Vacancy Rates

Vacancy rate percentage

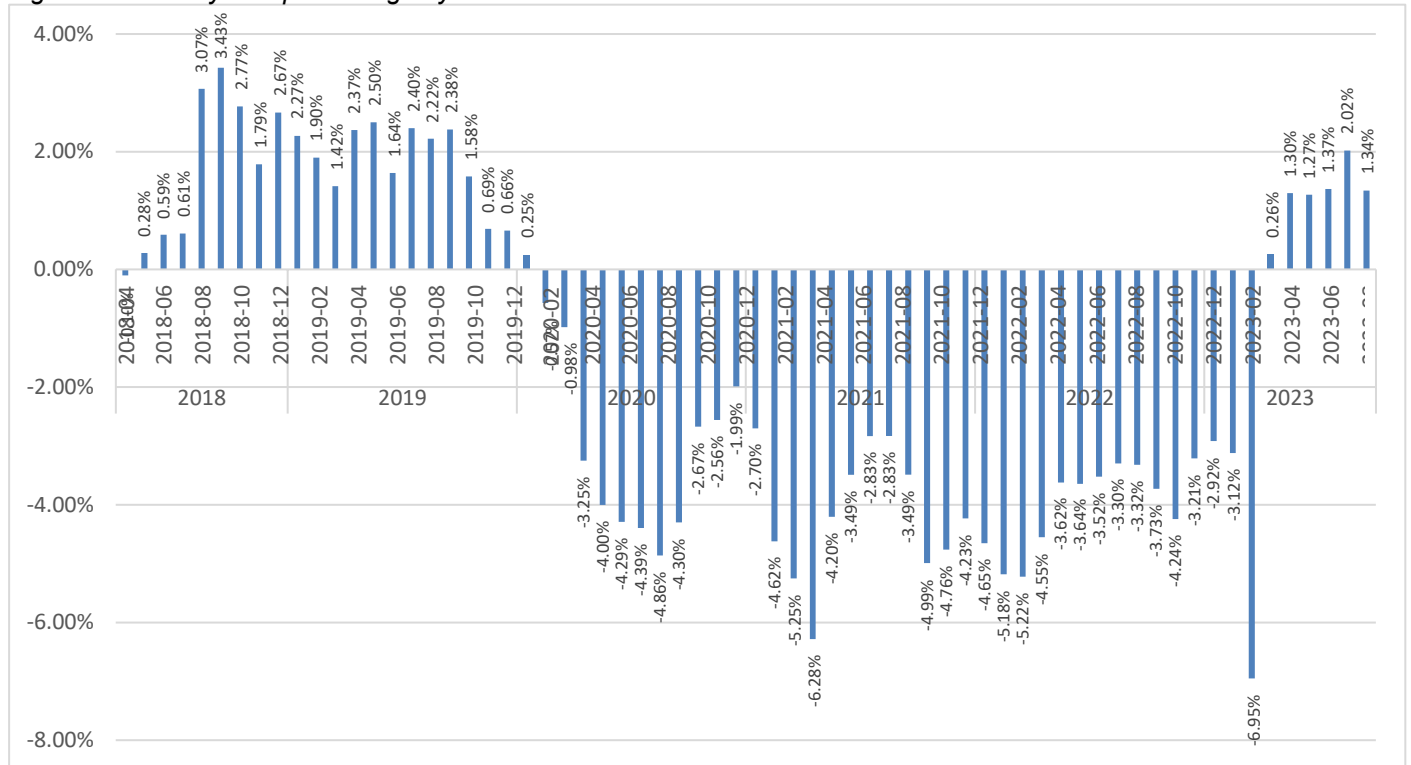
Target

0

Performance

1.3%

Fig 1.51: Vacancy rate percentage by month



Date of Extraction: 10 October 2023

Data source: ePayroll and eFinancials

### Key Deliverable

Overall vacancy position reflects an over-established position meaning more people are employed than the current recurring budget whole time equivalent (WTE) affords. Note that some non-recurring monies are not reflected in the budget WTE.

### End Date

31 March 2024

### Key issues

Over established position and non-recurring monies.

### Key actions

The over-established position is being refined with work between HR and finance to try to correct any anomalies where non-recurring budget doesn't have an associated budget WTE.

### 5.3 Off-Framework Agency Usage

Reduce off-framework agency usage to zero

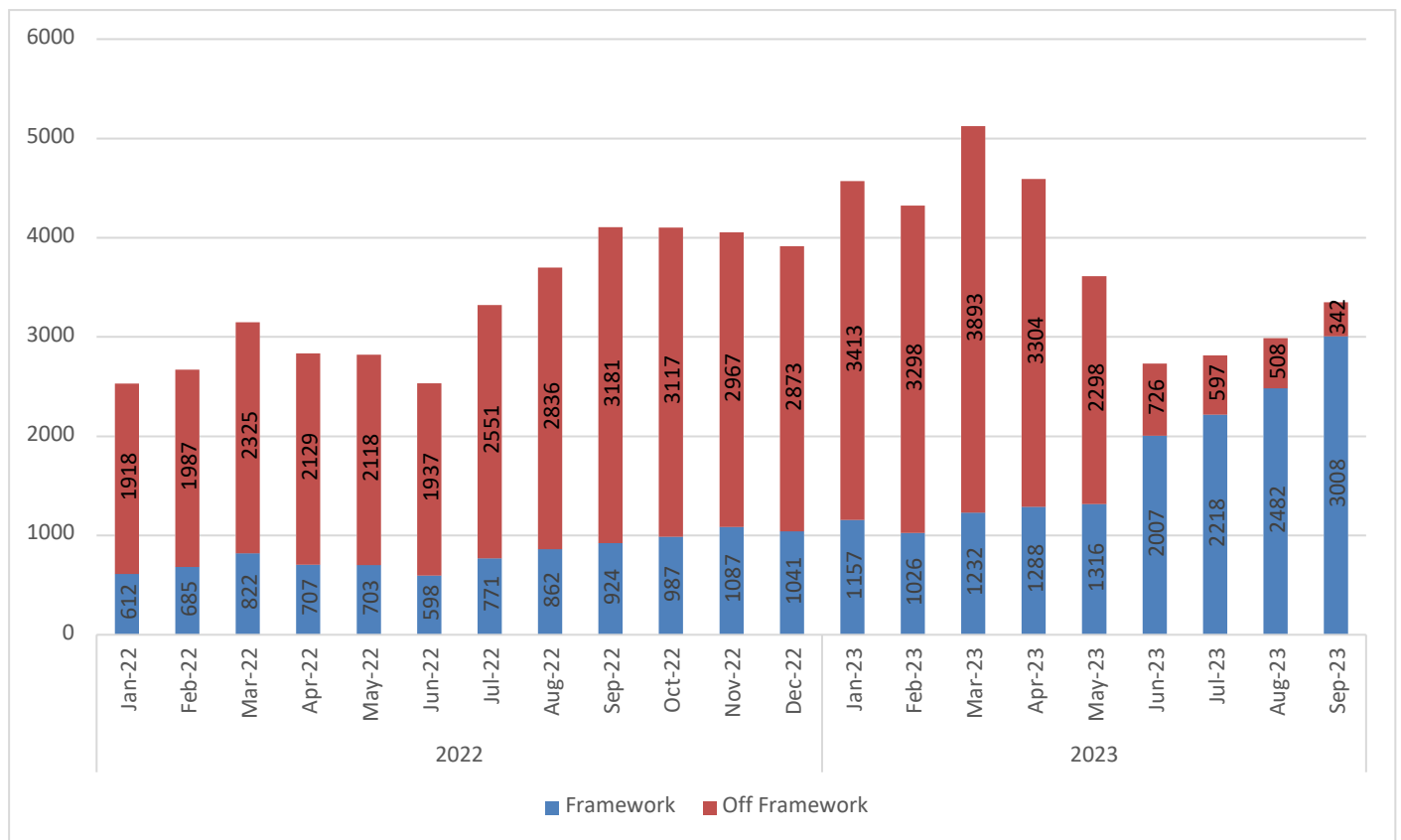
Target

0

Performance

342

Fig 1.52: Monthly agency shifts filled



Date of Extraction: 8 September 2023

Data source: Allocate Bank System

#### Key Deliverable

To reduce off-framework agency usage to zero.

#### End Date

31 December 2023

#### Key issues

Critical Care, Emergency Departments and Learning Disabilities are the three main areas continuing to use off-framework agency on a recurring basis. The level of off-framework agency continues to decline, however the level of framework agency is increasing resulting in September 2023 being the highest month since May 2023 for all agency usage. Progress remains on track to have all off-framework removed by 31 December 2023.

#### Key actions

Continue to progress a reduction in off-framework agency usage to zero via the sustainability and value nursing agency group.



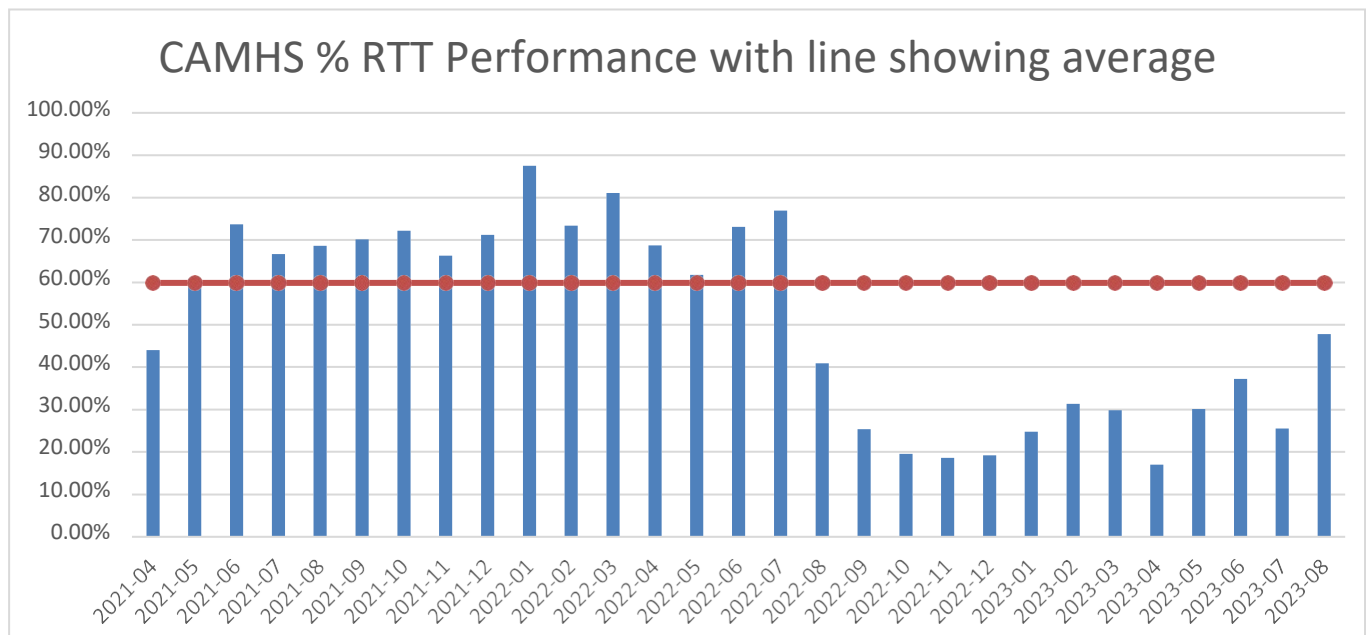
## 6.1 CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Target  
90%

Performance  
47.85%

Fig. 1.53: CAHMS % RTT Performance



### CAMHS Projection/Trajectories

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Patients Starting Treatment total	200	220	220	190	205	220	240	230	190	220	240	235
Projected patients starting treatment within 18 weeks	42	55	58	42	54	80	110	130	130	160	180	190
Projected Performance Against Standard (Auto Populates)	0.21	0.25	0.263636	0.221053	0.263415	0.363636	0.458333	0.565217	0.684211	0.727273	0.75	0.808511

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Waiting list ≤ 18 weeks	574	497	467	430	430	570	490	395	300	200	100	20
Projected Waiting list >18 weeks	890	801	666	580	540	480	440	400	370	300	310	300
Projected Waiting list >52 weeks	264	207	124	90	85	55	35	25	10	5	0	0

### Key Deliverable

Key Deliverable	End Date
Implementation of the National Specification for CAMHS	31 March 2024
Service Redesign using CAPA service model	31 May 2023
CAMHS Modernisation Programme Board – Service Improvement Plan	Ongoing

### Key Issues

Data prior to 2022 illustrates higher RTT% performance, however it doesn't reflect the increasing number of CYP waiting for first assessment. Reduced capacity to see new patients resulted in more routine/return activity which resulted in decreased RTT performance. Although RTT performance has significantly decreased since the second half of 2022 this is because the number of patients seen for first assessment has increased, meaning in turn they have breached the timescale to be seen for intervention within 18 weeks. May and June had saw some recovery of position but did not establish a continued pattern in July. We now know there is a theme of reduced treatment times in July due to a combination of staff capacity and reduced attendance rates of CYP during peak holiday times. This is something we need to proactively address via communications and appointment planning going forward.

August saw biggest recovery of position with a 22% increase in RTT from previous month and is now higher than where we were prior to commence. This is in line with previously mapped recovery trajectory.

Further work required to assure continuance of positive progress. This includes establishment of a CAMHS Performance Work Stream that will replace CAPA implementation of work stream. The work stream will empower Team Coordinators to take responsibility for management of CAPA and flexibility of activity aligned to meeting of average referral rate and longest treatment waits.

Our Psychiatric Consultant capacity continues to be challenged. This creates bottlenecks for our most complex cases and for CYP who are awaiting initial prescribing. Work is being progressed that will provide additional capacity through a Consultant led waiting list initiative and through expansion of non-medical prescribing capacity within workforce.

### **Key Actions**

CAMHS have been working on the reduction of the waiting list and addressing the RTT performance by the following measures:

- Waiting list initiative has now stopped. Review of CAPA appointment capacity and flex of appointment type to reach demand is being undertaken.
- The introduction of CAPA service model - using a Choice and Partnership approach has allowed refined capacity planning for clinical staff, robust local activity data and a focus on key intervention areas to support routine work.
- Focussed work is being undertaken with clinical managers and teams to allocate patients who have been assessed but wait for further intervention.
- The introduction of group therapy is underway (in several specialist area's) and local data recording has been established.
- Supervision and peer group supervision has been planned and scheduled within Round 2 job plans for clinicians to allow the increased review of cases with a view to reviewing possible discharges.
- Additional flexibility has been built into round 2 clinical job plans to offer more core partnerships (new, otherwise known as first return) appointments at various suitable times within a clinician's working week.
- Additional supports from other parts of the increased CAMHS workforce (AHP groups and pharmacy) as well as centralised duty system and nursing teams (including treatment room) will allow assist in providing additional scheduled and unscheduled support to locality teams, who in the main contribute to RTT Performance.
- Local monitoring of waiting list activity and RTT performance is in place to track progress against trajectories.

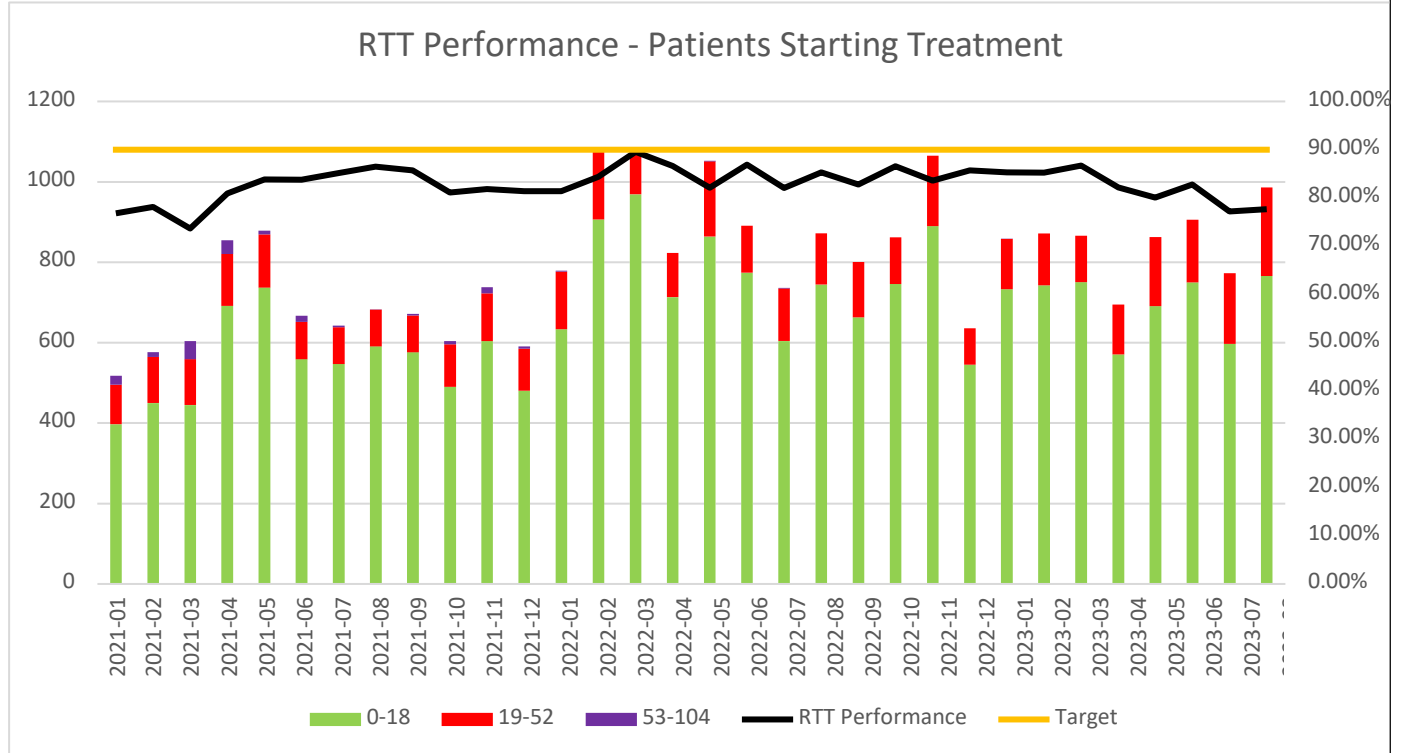
## 6.2 Psychological Therapies 18 weeks Referral to Treatment

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

**Target**  
90%

**Performance**  
77.69%

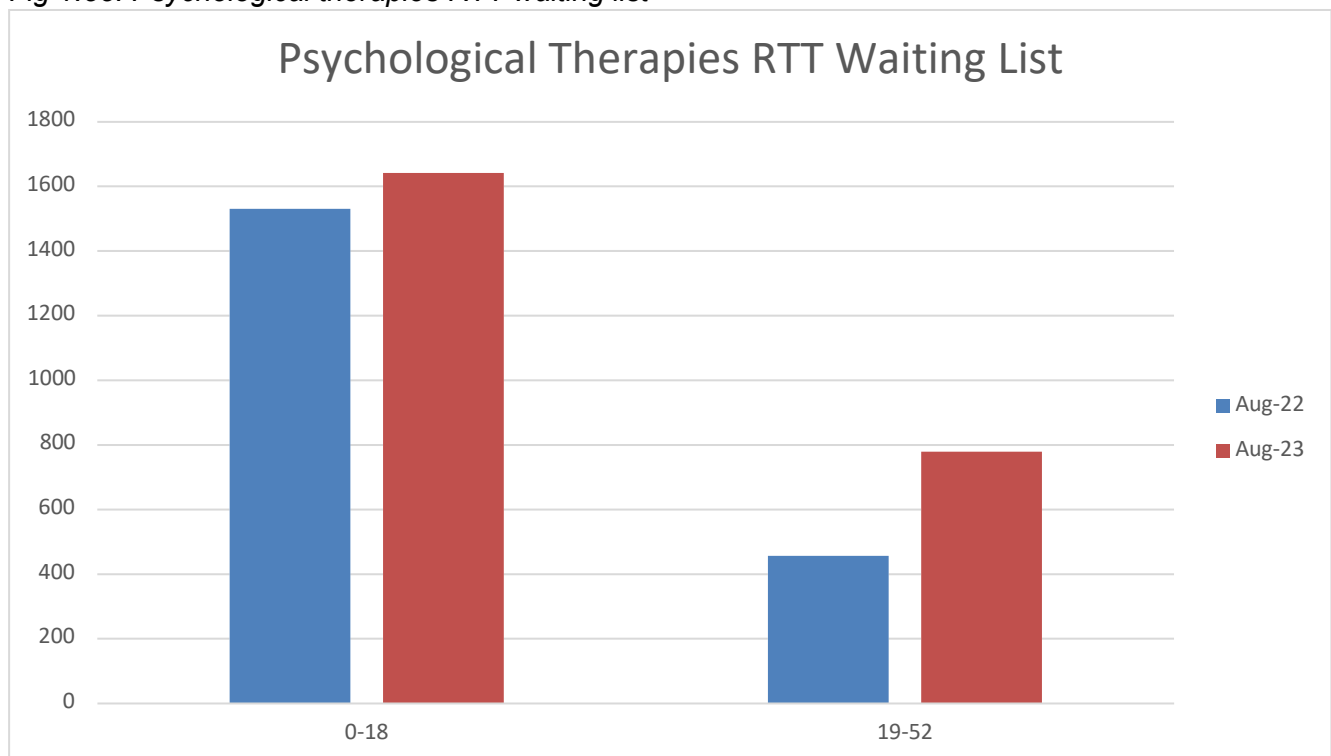
Fig. 1.54 Referral to treatment performance – patients starting treatment



### Psychological Therapies

Month	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
NHS Lanarkshire	85.32%	82.77%	86.54%	83.57%	85.69%	85.33%	85.21%	86.72%	82.16%	80.07%	82.78%	77.23%	77.69%
Scotland	81.60%	81.20%	80.90%	80.60%	82.40%	80.60%	79.40%	79.30%	79.40%	78.50%	78.50%		

Fig 1.55: Psychological therapies RTT waiting list



*Trajectories for waiting lists*

Month	April 23	May 23	June 23	July 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Projected waiting list <18 weeks	1586	1586	1586	1586	1586	1586	1586	1586	1586	1495	1391	1369
Projected waiting list >18 weeks	272	260	292	245	189	174	162	118	80	0	0	0
Projected waiting list >52 weeks	0	0	0	0	0	0	0	0	0	0	0	0

Key Deliverable		End Date
Implementation of the National Specification for Psychological Therapies		31 March 2024
Service Redesign in collaboration with “Expert by Experience		31 March 2024
Digital interventions redevelopments		31 March 2024
Research publication – Quality Improvement Research – focussed collaboration with partners at Glasgow University, Strathclyde University and Glasgow Caledonian University – Research questions aimed at improvements in service quality, and recruitment and retention of staff		31 March 2024
<b>Key Milestones</b>	MDT Research conference in collaboration with University partners	31 January 2024

**Key issues**

Performance is heavily impacted by significant challenges around the recruitment and retention at Consultant grades. This challenge is experienced locally and nationally for services of this type. Most recent trajectories indicate that, with current staffing levels, we will not meet the RTT by the end of the calendar year. Our embedded PHS analyst is running various scenarios to determine the impact of staffing on the RTT and the impact of the R&R funding with various scenarios. The Scottish Government have recently asked for Board returns at the end of September 2023, to obtain financial projections against the given allocation for the remainder of the year and updates regarding any additional net recruitment to June 2023 (including from upcoming NES publications) to determine Tranche Two allocations.

**Key actions**

Psychological Services continue to focus on addressing waiting times through a variety of means. Where appropriate, longest waits are shared across Adult Psychological Therapies Teams (PTT) to reduce geographical disparity. The service continues to offer a stepped care approach to delivering evidence based psychological therapies, enabling individuals to step up or down within the model according to changing need and in response to intervention. Additional waiting list reduction clinics are being offered to clinicians across the service. A robust caseload monitoring system is in place, and a Quality Improvement project is planned to focus specifically on supporting clinicians within PTT to effectively manage endings with the aim of enhancing efficiency of service delivery.

A large MDT Research conference planned for January 2024 in collaboration with University partners and provides current staff with continued professional development and engagement with the wider professional network. It is anticipated that this event and future events of this type will assist in the recruitment and retention of staff. A focus on staff wellbeing continues in order to support our workforce and promote staff retention. Consultants are now in place to lead on Quality Improvement and Research which, in addition to service improvement and adding to the evidence base, will also create and maintain an enthusiastic workforce. The centralisation of recruitment processes and the creation of generic job descriptions has led to a noticeable improvement in reducing vacancies across the service.

### 6.3 Child Poverty

Reduce child poverty in North and South Lanarkshire

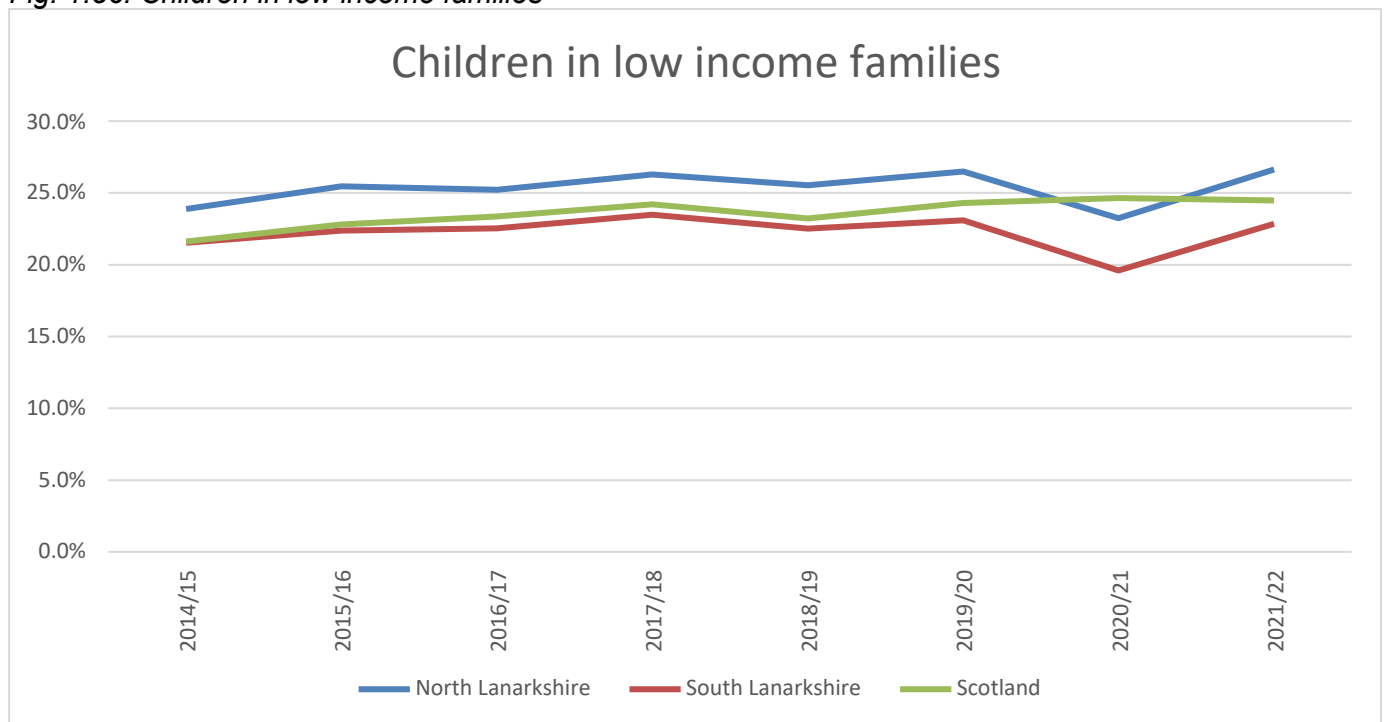
Target  
N/A

Performance

26.6% North

22.8% South

Fig. 1.56: Children in low income families



Year	2017/18	2018/19	2019/20	2020/21	2021/22
North Lanarkshire	26.3%	25.5%	26.5%	23.2%	26.6%
South Lanarkshire	23.5%	22.5%	23.1%	19.6%	22.8%
Scotland	24%	23%	24%	25%	24%

#### Key Issues

Approximately one quarter of Scottish children live in low-income families – this figure has gradually been increasing over the past eight years from approximately one fifth.

The proportion of Lanarkshire children living in low income families has followed a similar trend to Scotland overall but the proportion has consistently been larger in North Lanarkshire and only slightly lower in South Lanarkshire.

#### Key Actions

NHS Lanarkshire has contributed to child poverty action plans for both North and South Lanarkshire councils and is continuing to support further plans, as well as implementing actions and recommendations from these plans. This has included developing NHS Lanarkshire as an anchor organisation.

## 6.4 Cancer Screening

Breast Cancer and Cervical Cancer Screening Uptake (performance given for cervical screening using validated data)

**Target**  
80%

**Performance**  
73.2%

Fig. 1.57: Cervical cancer screening uptake

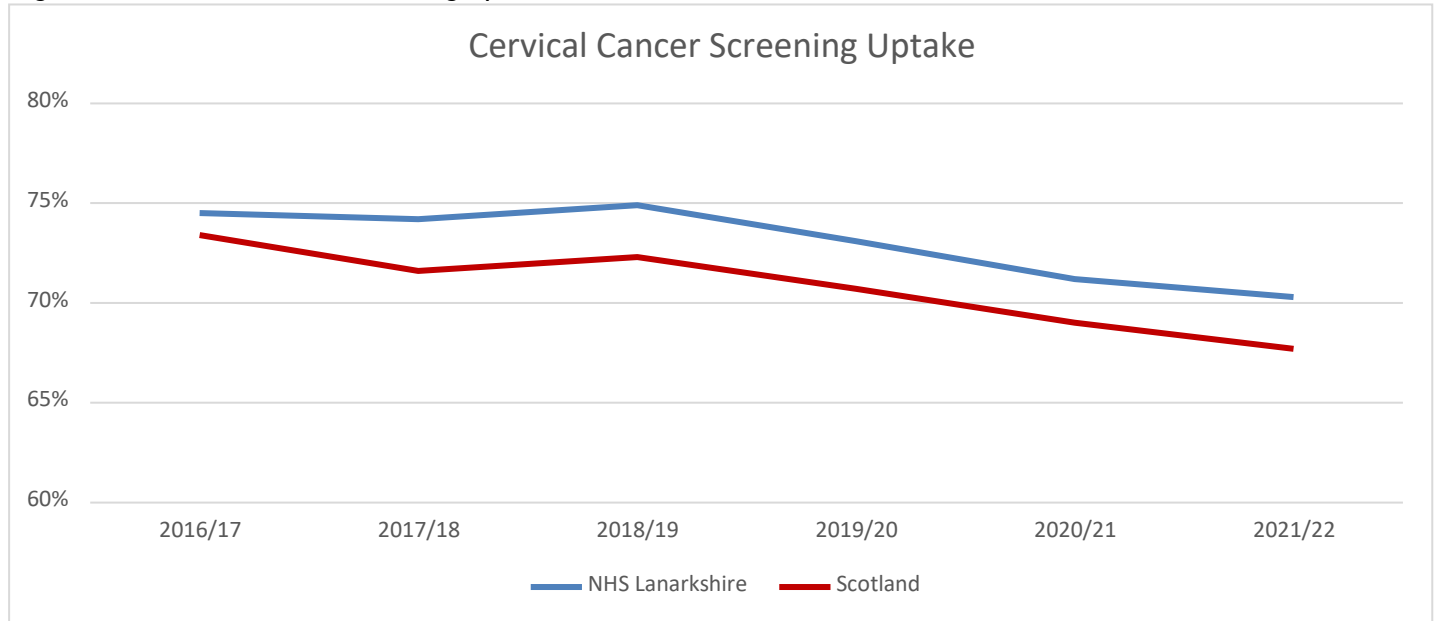
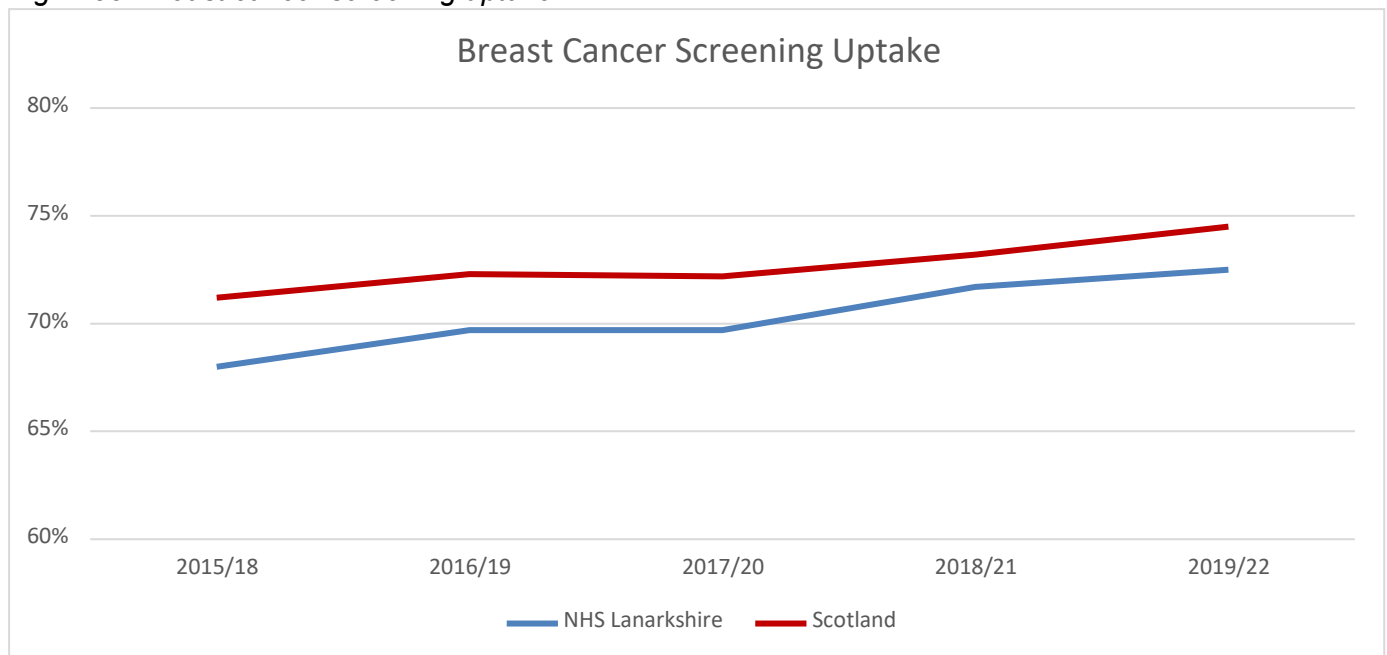


Fig. 1.58: Breast cancer screening uptake



Cervical Screening	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
NHS Lanarkshire	74.5%	74.2%	74.9%	73.1%	71.2%	70.3%
Scotland	73.4%	71.6%	72.3%	70.7%	69.0%	67.7%
Quarter ended	2022	2022	2022	2022	2023	2023
Cervical Screening	March	June	Sept	December	March	June
NHS Lanarkshire	75.0%	75.5%	74.1%	73.7%	73.3%	73.2%
Breast Screening	2015/18	2016/19	2017/20	2018/21	2019/22	
NHS Lanarkshire	68.0%	69.7%	69.7%	71.7%	72.5%	
Scotland	71.2%	72.3%	72.2%	73.2%	74.5%	

**Key Issues**

The uptake rates for the cervical cancer screening programme in NHS Lanarkshire are higher than those for Scotland overall, but still lower than the recommended safe uptake rate of at least 80%. Cytology laboratory assessment turnaround times in Lanarkshire are below recommended standards. The uptake rates for Lanarkshire have been failing, similar to the trend seen in Scotland overall.

The uptake rates for the breast cancer screening programme in NHS Lanarkshire are lower than those for Scotland overall but are increasing. The uptake rates have increased to meet the recommended uptake rate of at least 70% as of the 2019/22 period (74.5%). The breast cancer screening programme in Lanarkshire meets all required standards except for time to issue results and time to assessment from first adequate screen.

**Key Actions**

NHS Lanarkshire has an established screening inequality action plan and steering group delivering actions focused on improving uptake of the cancer screening programmes targeted at areas of deprivation and groups where evidence suggests lower uptake. The Action Plan is currently being updated for 2023-2026.



## 6.5 Smoking Cessation

Percentage achieved of Lanarkshire's target for number of quits

Target  
100%

Performance  
50%

Fig. 1.59: Percentage of quarterly target achieved – Lanarkshire vs Scotland

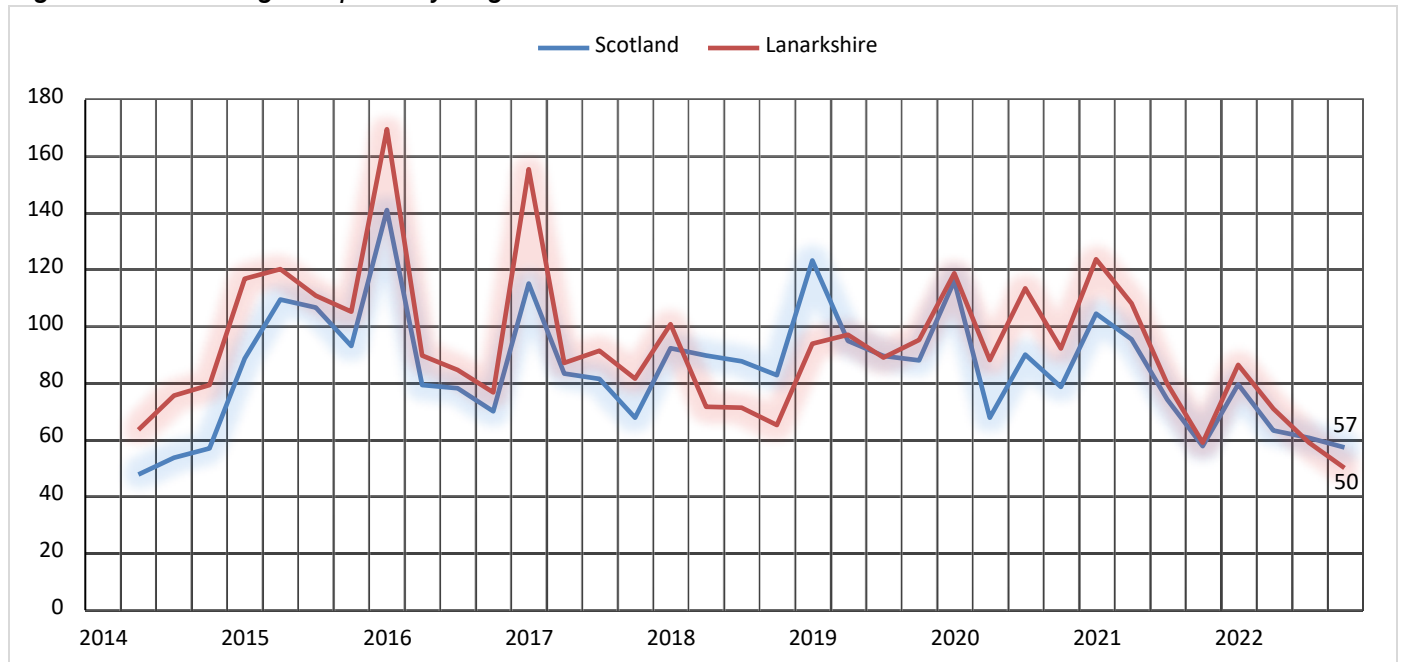


Figure 1.60: 12-week quit rate (% of attempts)

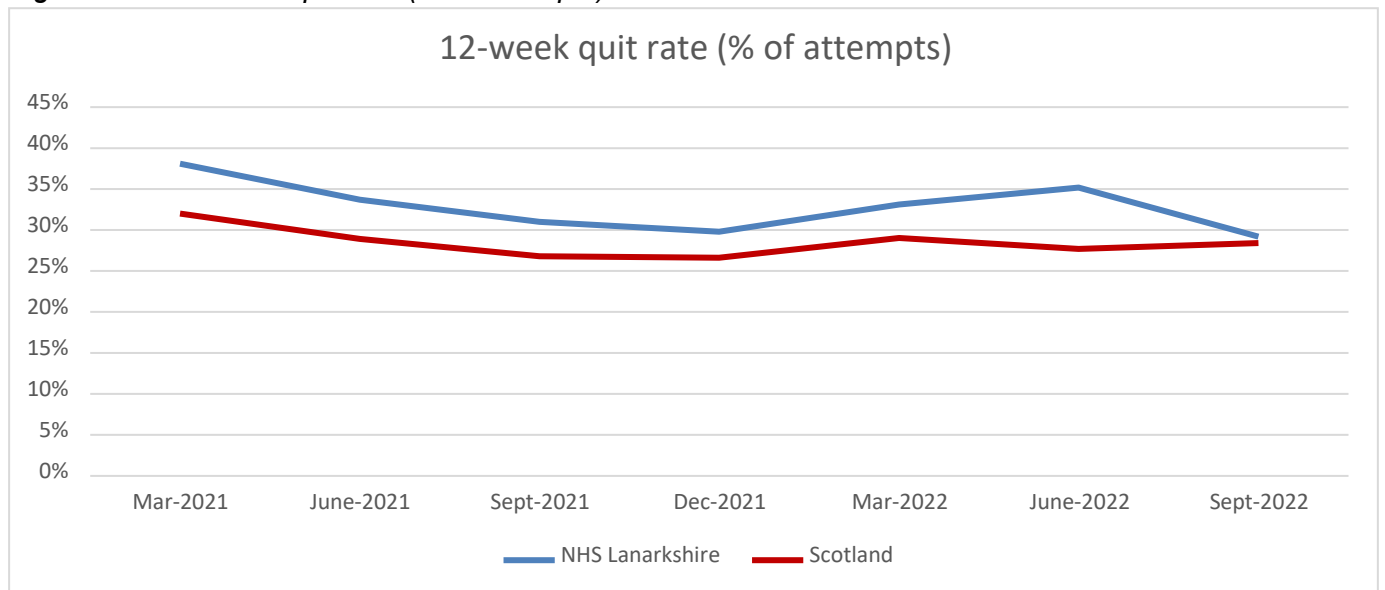
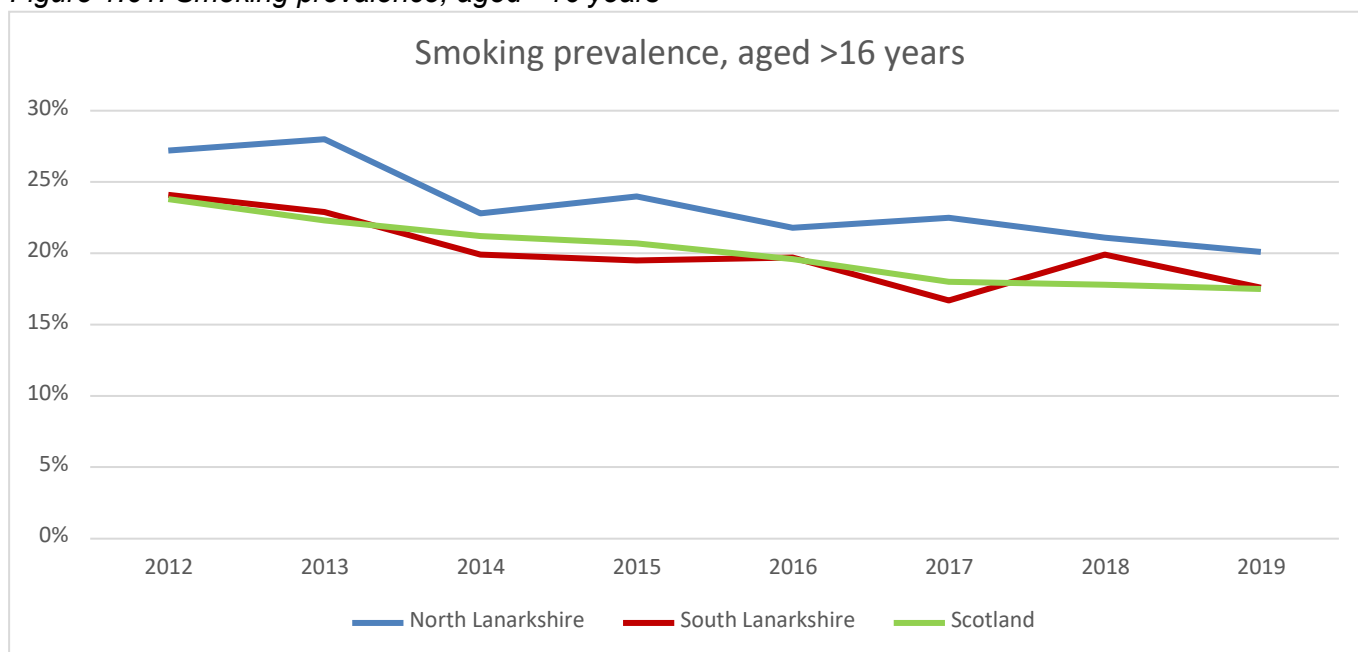


Figure 1.61: Smoking prevalence, aged >16 years



Quarter Ended	2021	2021	2021	2021	2022	2022	2022
12-week quit rate	Mar	June	Sept	Dec	Mar	June	Sept
For chart	Mar-2021	June-2021	Sept-2021	Dec-2021	Mar-2022	June-2022	Sept-2022
NHS Lanarkshire	38.1%	33.7%	31.0%	29.8%	33.1%	35.2%	29.2%
Scotland	32.0%	28.9%	26.8%	26.6%	29.0%	27.7%	28.4%

Year	2012	2013	2014	2015	2016	2017	2018	2019
Prevalence								
North Lanarkshire	27.2%	28.0%	22.8%	24.0%	21.8%	22.5%	21.1%	20.1%
South Lanarkshire	24.1%	22.9%	19.9%	19.5%	19.7%	16.7%	19.9%	17.6%
Scotland	23.8%	22.3%	21.2%	20.7%	19.6%	18.0%	17.8%	17.5%

Nationally verified data is only available up until the quarter ending September 2022

Key Deliverable	End Date
Percentage of target achieved - calculated as the quarterly number of quits divided by the quarterly target.	31 March 2023

**Key Issues**  
 An analysis of stop smoking services performance across Scotland was conducted which identified that Lanarkshire's overall performance was ranked ninth, for the period 2021-2022.

Demand for smoking cessation services in Lanarkshire, as measured by the number of quit dates set (QDS), has been reducing over time. Between 2020/21 and 2021/22 demand in Lanarkshire reduced by 6.8%.

There have been some challenges implementing the recommendations from the Lanarkshire Stop Smoking Services deep dive project, e.g., establishing telehealth options, providing specialist outreach services, testing the feasibility of other services providing smoking cessation support.

Stimulating demand and referrals to the stop smoking service continues to be challenging, e.g., referrals from acute sites.

Tobacco Control does not currently have parity with other public health priorities with regards national support and direction. The National Tobacco Control Programme within Public Health Scotland was stood down during COVID-19 pandemic, this is yet to be fully reinstated and there is no special interest group (SIG) to support the programme. NHS Lanarkshire has been very involved in the national review of stop smoking services which will inform improvements particularly within specialist services. The national review of smoking cessation services has been published, September 2023. This review asks NHS Boards to prioritise specific population groups, e.g., those living in deprived areas, pregnant women who smoke, people with mental ill-health who smoke, and people who are hospitalised due to smoking related illnesses.

### **Key Actions**

Improvement sessions have been set up with tobacco control staff to discuss tests of change with a view to maximising demand, engagement and retention across the quit pathway from referral through to discharge.

Local improvement targets (LITs) have been created at each stage of the patients quit journey which will help focus where our improvement efforts are needed the most.

A performance management system which monitors performance against the LITs on a quarterly basis has been developed.

The above actions will ensure that the team has a focus on performance where the goal is to increase the referrals into the system and maximise the percentage of referrals that successfully quit smoking.

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