NHS Lanarkshire

INTEGRATED PERFORMANCE & QUALITY REPORT

Issued:	**24 October 2024**
Reference:	**IPQR-M7-2024/25**

COMMITTEE PATHWAY	
Committee	**Date**
CMT	23 October 2024
Committee Cycle	24 October 2024

Contents

1. Introduction

1.1 Overview

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.

The IPQR includes the following:

- **Introduction**
  Setting out the Lanarkshire context

- **Indicator Summary**
  Summarising performance against National Standards and local KPIs, aligned to the associated Committee. These are listed showing current, 'previous' and 'previous year' performance.

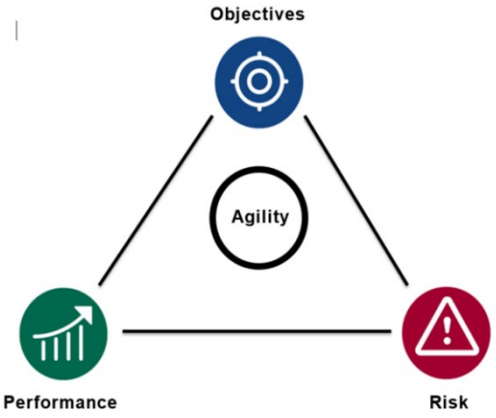
- **Main Report**
  Describing performance against National Standards and local KPIs, with improvement trajectories and a benchmarking indication, where appropriate.

- **Supporting Documentation**
  Summary of Corporate Risks and status, Corporate Objectives overview and explanation of Run Chart rules

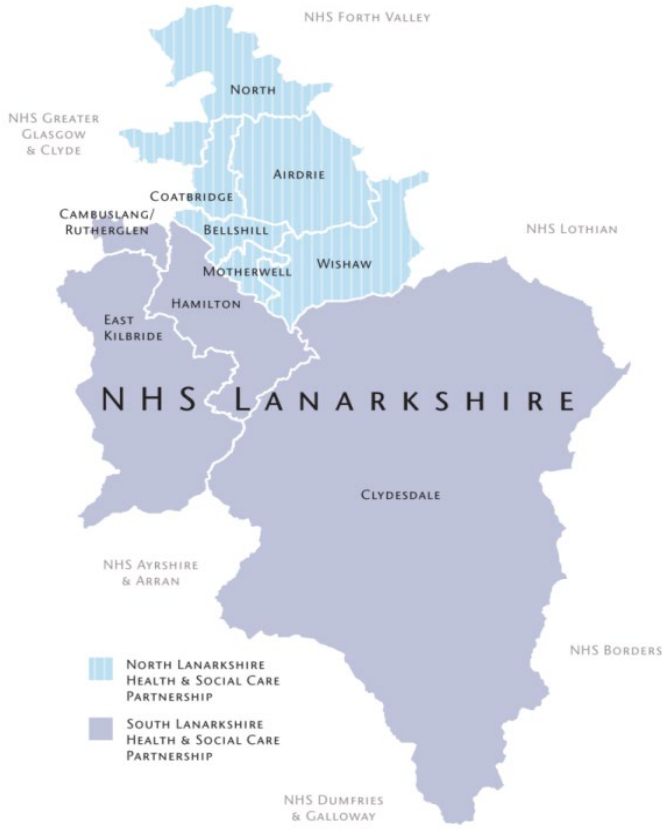
High Performing Organisation

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.



1.2 Lanarkshire Context



NHS Lanarkshire employs around 14,000 staff delivering services to a total (estimated) population of 668,000.
(Census 2022 figures).

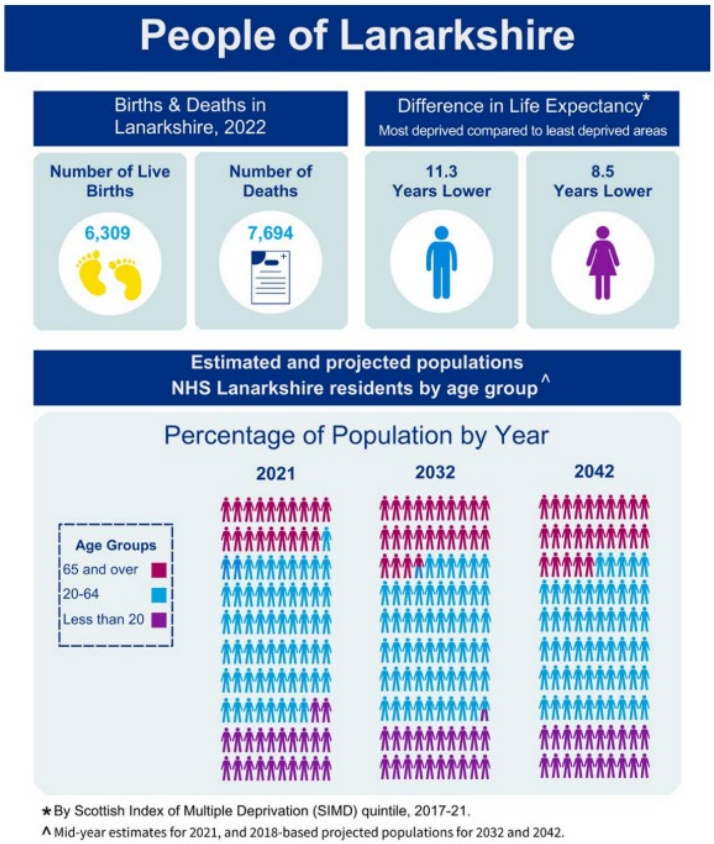
Approximately 85% of our staff live in Lanarkshire.

We are responsible for delivering care in a variety of settings, from community-based centres, acute hospital wards and secure settings, to services delivered in people's own homes or via video. Dentists, Opticians and Pharmacies support NHS Lanarkshire in the delivery of health and care services across our localities.

Demographics

The demographics in Lanarkshire present a challenge.

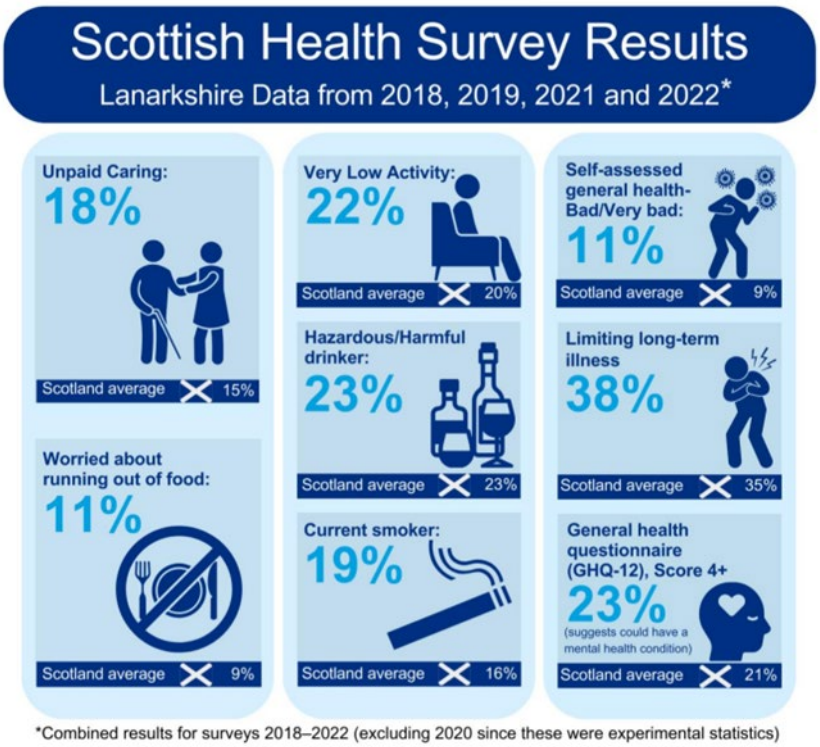
- 51.7% per cent of Lanarkshire's population live in the most deprived areas.
- Approximately 25% of Lanarkshire children live in low-income families, consistent with Scotland overall.
- Lanarkshire has the third highest share of the 20 per cent most deprived data zones in Scotland.
- The most deprived have over three times the prevalence of multiple long-term conditions than the least deprived.
- By 2042 the population will change, with an increase in people aged 75+ and a fall in those under 30.
- There has been a decrease in life expectancy in Lanarkshire over the last 10 years, and it is now lower than the Scottish average.



- In 2022, the 'big killer' diseases accounted for 43.1% of all deaths – cancer (25.8% of all deaths), coronary heart disease (11.5%), and stroke (5.9%). In addition, respiratory diseases accounted for 10% of deaths and dementia and Alzheimer's accounted for 9.6% of deaths.

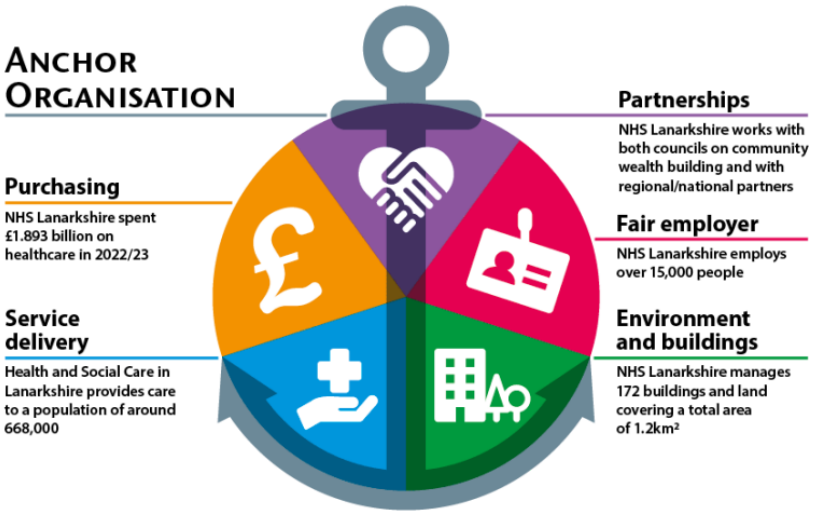
- The highest number of cancer registrations in 2021 related to Trachea, Bronchus and Lung Cancer, Female Breast Cancer, Large Bowel Cancer and Prostate Cancer.

- The Scottish Health Survey Lanarkshire data describe that over 1 in 3 people experience a limiting long-term illness and nearly 1 in 4 people experience mental.



NHS Lanarkshire is an Anchor Organisation

Through our role as an **'Anchor Organisation'** we can influence the wellbeing of the local community beyond the delivery of healthcare which helps address inequalities. The term "anchor" means that we deliver crucial services, employ large numbers of local people, who form a significant proportion of our workforce and use our resources for the benefit of our communities.



- NHS Lanarkshire has many positive examples of working in partnership across the five areas detailed in the infographic.

- NHS Lanarkshire is committed to working with other anchors by targeting opportunities and services to those who are most vulnerable.

Performance Summary

2.1 Indicator Summary

Standing Committee	Sub - Committee	Indicator	Target 2024/25	Reporting Period	Current Period	Current Performance	Previous -1	Previous -2	Previous -3	Vs Previous -1	Vs Year Previous
NHS BOARD											
Healthcare Govenance Committee		SAERs Completed Within 150 Days	75%	Month	Sep-24	58%	53%	53%	59%	■	■
		HSMR	N/A	Year Ending	Mar-24	0.99	—	—	—	—	■
		Inpatient Falls	N/A	Month	Aug-24	6.02	6.08	6.82	7.22	■	■
		Inpatient Falls with Harm	N/A	Month	Aug-24	0.05	0.05	0.13	0.29	■	■
		Pressure Ulcers	0.50	Month	Aug-24	0.10	0.22	0.25	0.29	■	■
		SAB - HAI/HCAI	16.1	Month	Aug-24	23.4	28.4	21.7	30	■	■
		C Diff - HAI/HCAI	14.8	Month	Aug-24	18.7	9.5	24.2	62.4	■	■
		ECB - HAI/HCAI	33.5	Month	Aug-24	42.1	59.2	31.4	50.9	■	■
		Hand Hygiene	90%	Month	Sep-24	93%	95%	93%	92%	■	—
		Complaints Closed at Stage 1	65%	Month	Sep-24	69%	69%	73%	77%	■	■
		Stage 2 Complaints responded to within 20 days	75%	Month	Sep-24	44%	48%	51%	40%	■	■
		Care Opinion	90%	Month	Aug-24	90%	99%	94%	92%	■	■
Planning, Performance & Resources Committee (PPRC)	Hospital Services Sub-Committee	4-Hour Emergency Access	95%	Month	Sep-24	59.9%	59.2%	57%	56.7%	■	■
		8-Hour Breaches	93%	Month	Sep-24	85.6%	84.6%	84.2%	82.4%	■	■
		12-Hour Breaches	96%	Month	Sep-24	92.5%	93.2%	91.6%	92.5%	■	■
		SAS Turnaround Time	30	Month	Sep-24	65.13	65.18	65	68	■	■
		Patient TTG % <= 12 Weeks	100%	Month	Sep-24	44.2%	45.1%	44.5%	48.2%	■	■
		New Outpatients % <= 12 Weeks	95%	Month	Sep-24	60.5%	58.6%	61.6%	61.4%	■	■
		Diagnostics % <= 6 Weeks	100%	Month	Sep-24	53.6%	52.5%	50.4%	47.5%	■	■
		Cancer 31-Day DTT	95%	Month	Aug-24	97.2%	97.5%	97.7%	98.8%	■	■
		Cancer 62-Day RTT	95%	Month	Aug-24	95.8%	91.6%	87.5%	88%	■	■
		Hospital Occupancy	95%	Month	Sep-24	99.2%	100.6%	99.9%	100.3%	■	■
	Interface Performance Sub-Committee	Delayed Discharges - Rate of Patients In Delay - North	34.6	Month	Aug-24	35.5	—	—	—	—	—
		Delayed Discharges - Rate of Patients In Delay - South	34.6	Month	Aug-24	58.1	—	—	—	—	—
		CAMHS 18 Weeks Referral to Treatment	90%	Month	Aug-24	78.95%	73.9%	60.7%	72.3%	■	■
		Psychological Therapies 18 Weeks RTT	90%	Month	Aug-24	73.81%	71%	76%	74%	■	■
	Finance & Resources Sub-	Revenue Resource Limit Performance	N/A	Month	Aug-24	-8,035,022	-6,468,685	-5,331,360	-2,656,562	■	—
		Capital Expenditure	N/A	Month	Aug-24	15,926,933	13,691,704	10,399,597	N/A	■	—
Staff Governance Committee		Sickness Absence	4%	Month	Sep-24	6.97%	6.81%	7.02%	7.54%	■	■
		Vacancy Rates	<0%	Month	Sep-24	1.41%	2.05%	2.30%	1.89%	■	■
		Off Framework Agency Usage	0	Month	Sep-24	1	0	71	78	■	■
Population Health Committee		Blood Borne Viruses - Hepatitis C Elimination	117 (PY)	Annual	Aug-24	54	—	—	—	—	■
		Child Poverty - North	18%	Annual	2022-23	26.9%	26.6%	—	—	—	■
		Child Poverty - South	18%	Annual	2022-23	23.6%	22.8%	—	—	—	■

Performance Key

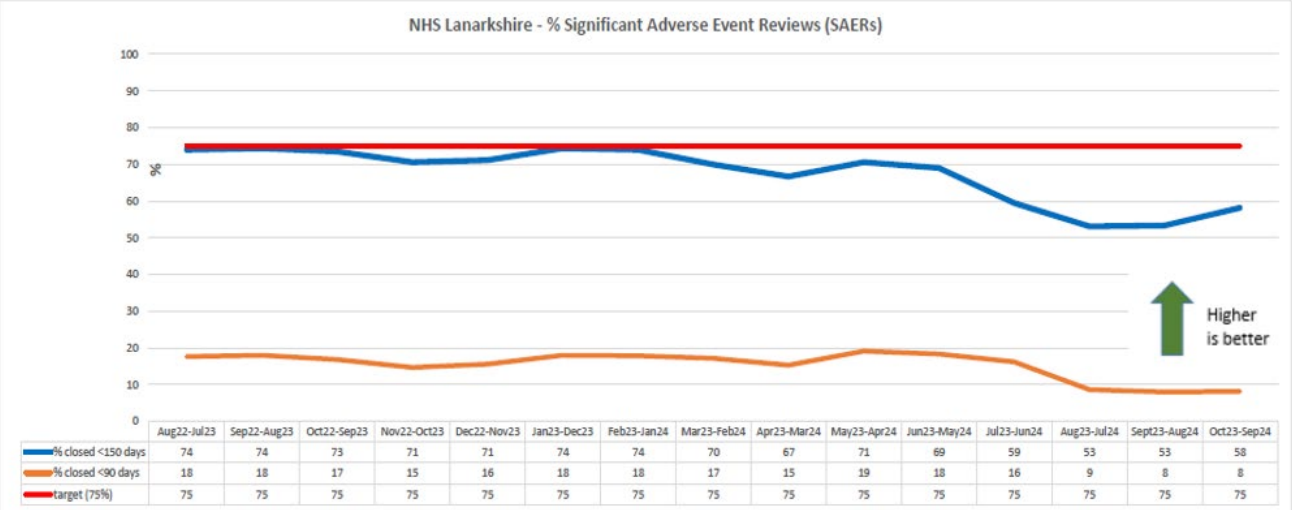
- on schedule to meet Standard/Delivery trajectory
- behind (but within 5% of) the Standard/Delivery trajectory
- more than 5% behind the Standard/Delivery trajectory

Change Key

- ■ "Better" than comparator period
- ■ No Change
- ■ "Worse" than comparator period
- — Not Applicable

3.1 SAERs *Completion of Significant Adverse Event Reviews within 150 calendar days*	Target 75%	Performance 58%

Fig. 1.1: SAERs – Timelines (Aug 22–Jul 23 to Oct 23-Sep 24) % Closed- unvalidated data and subject to change



	Aug22-Jul23	Sep22-Aug23	Oct22-Sep23	Nov22-Oct23	Dec22-Nov23	Jan23-Dec23	Feb23-Jan24	Mar23-Feb24	Apr23-Mar24	May23-Apr24	Jun23-May24	Jul23-Jun24	Aug23-Jul24	Sept23-Aug24	Oct23-Sep24
% closed <150 days	74	74	73	71	71	74	74	70	67	71	69	59	53	53	58
% closed <90 days	18	18	17	15	16	18	18	17	15	19	18	16	9	8	8
target (75%)	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75

Fig 1.2: SAERs - Timelines (October 2023 to September 2024)- unvalidated data and subject to change

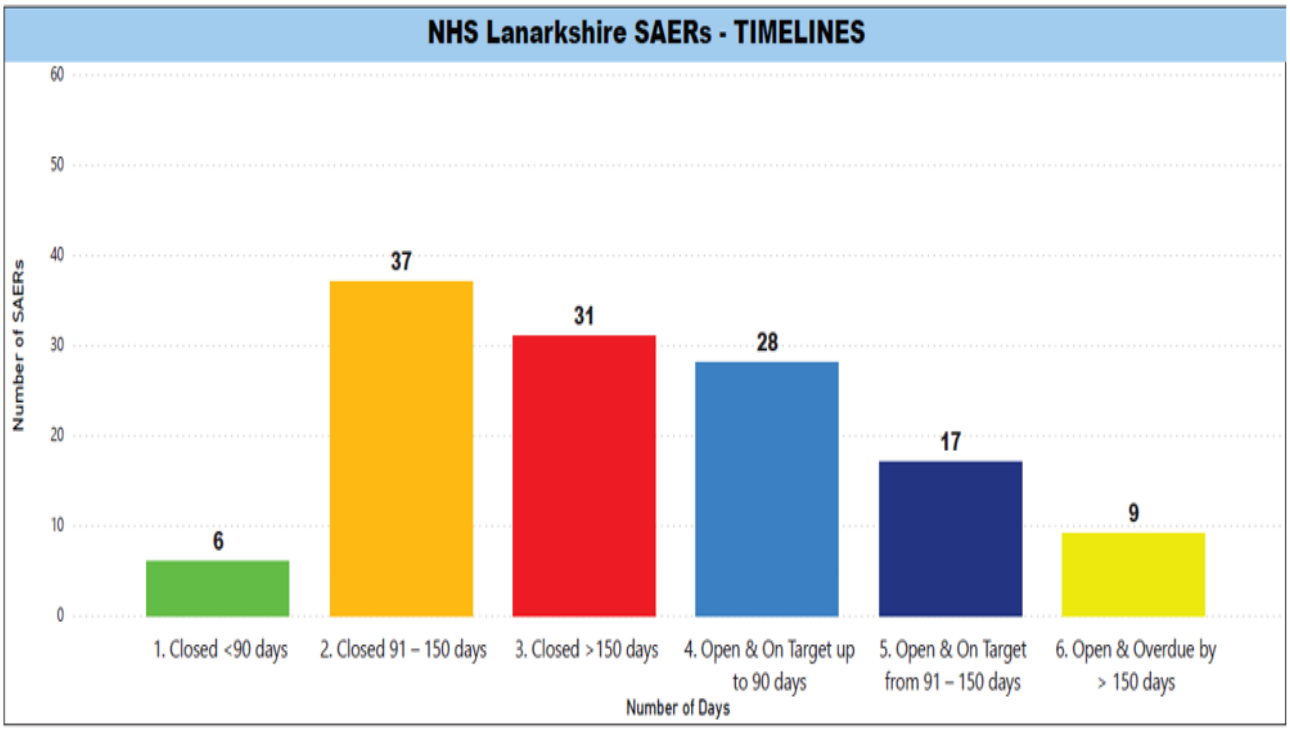
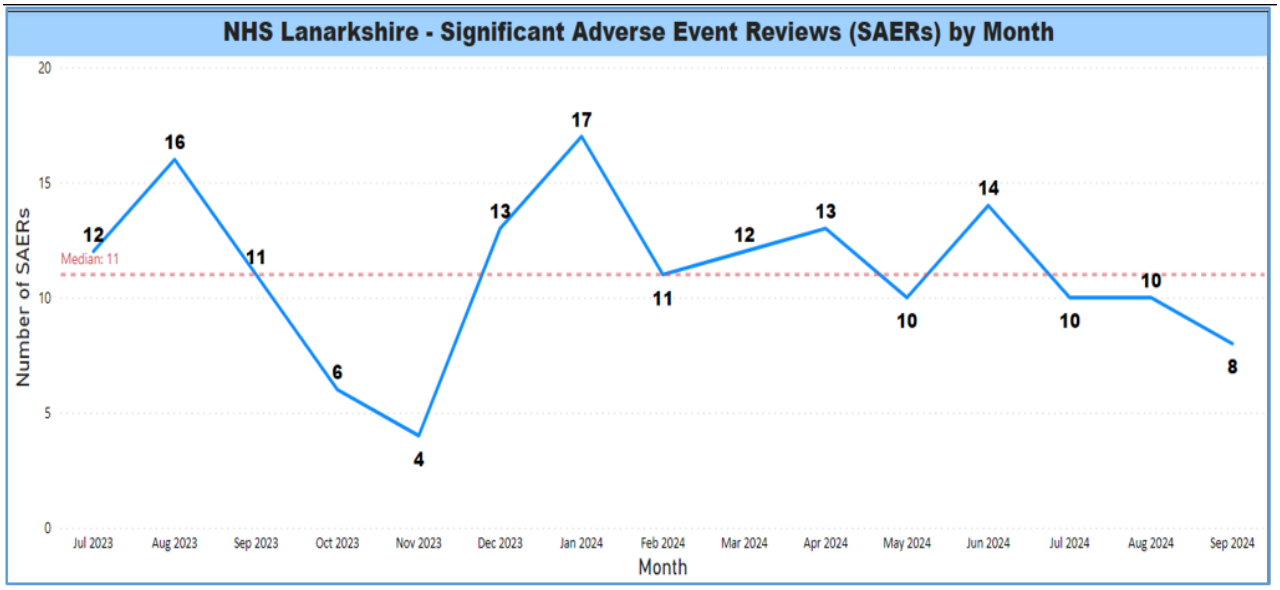


Fig. 1.3: SAERs by Month (July 2023 to September 2024) - unvalidated data and subject to change



Date of Extraction: 1st October 2024

Key Deliverable	End Date
Completion of Significant Adverse Event Reviews (SAERs) within 150 days.	31 March 2025

Key Issues

Fig. 1.1 and Fig 1.2: SAERs – Timelines

The first chart demonstrates performance against the 75% target for SAERs closed within 150 days, with performance currently **below target** at 58% for October 2023 – September 2024. However, this has raised from the previous 2 months and we realise as this is a year lookback it will take time for the improvement plans to have an effect.

The second chart demonstrates status of SAERs within the last year.

There are 9 SAERs open and over the 150 days; Maternity 4, UH Monklands 3, UH Wishaw 1, South UHSCP 1.

- **Maternity (4)**
  - SAER Report was returned from commissioners with comments, these have been taken back to the review group for comment and review.
  - Delays have been incurred due to information from external source.
  - SAER report currently with acute commissioners for approval.
  - Awaiting review team meeting, delay has been due to annual leave.
- **UH Monklands (3)**
  - SAER report has been amended and awaiting comments from commissioners.
  - Awaiting final comment to address family concerns, then the report will be sent to site commissioners.
  - SAER report has been sent to site commissioners for comment.
- **UH Wishaw (1)**
  - Delay incurred due to commissioner decision making.

- **South UHSCP (1)**
  - The overall narrative conclusion was not clear, commissioner having discussion regarding redraft with the team lead.

Fig. 1.3: SAERs by Month

The number of SAERs 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.

There were 8 SAERs recorded in September 2024:

- University Health and Social Care North Lanarkshire (4): Self Harm
- University Hospital Hairmyres (4): Wrong, Delayed or Misdiagnosis (2), Medication Prescribing Incident and Sudden Collapse/Deterioration

Overall Key Issues

Monitoring and tracking of SAERs continues to be carried out, however, key issues remain with workload pressure and capacity issues within the services. Annual leave has had an impact during this time period which has also contributed to the delays in completion of some of the reviews.

Key Actions

To address the drop in performance against the 75% target for SAERs closed within 150 days, the list of agreed improvements to be actioned by end September 2024 have been circulated to the Triumvirate on all acute hospital sites and Directors within both North and South UHSCPs.

Details of the actions in place are below –

North

- Delivering a support care and clinical governance development session with senior leadership team.
- Meeting with the General Managers (GMs) 4-6 weeks later to troubleshoot some of the outstanding SAER issues.
- Commissioning group created which will also track SAER timescales, group meeting twice weekly.
- Deep dive into the reasons why figures have dropped.
- SAER/InPhase report is provided at the Mental Health & Learning Disabilities Clinical Governance Group, which is then reported to the North Support Care & Clinical Governance Group.
- Weekly SAER meeting with MHLDA Management Team to discuss Briefing Notes and outstanding SAERs.
- SAER Peer Group set up which has now also been extended out with MHLDA services to include members from other North Services.

South

- Monthly meeting held with Commissioner/South Medical Director and Governance Support Manager, Category 1 incidents, Briefing Notes and SAERs are discussed including outstanding updates, prompts and concerns regarding any cause of delay.
- Outstanding and awaited Information documented by Governance Support Manager and sent to both commissioners for South and discussed at their catch-up meetings.
- South adverse events mailbox cc'd in when communicating to commissioners via their own email as a safety measure for ease of accessing latest communication or report.
- Governance Support Manager schedules tasks of reminders/prompts to SAER leads and Commissioners for each SAER.

Acute

- Weekly commissioner meetings are being held within the acute hospitals for monitoring of all SAERs.
- Commissioners meeting membership comprises of Chief of Medical Services, Chief of Nursing Services, Deputy Chief of Medical Services, Deputy Chief of Nursing Services, Quality and Safety

Lead, Risk Management Facilitator This requires one medic and one nurse representative to meet with the risk management facilitator.

- Briefing notes for decision are emailed to site commissioners as and when received, prior to meeting dates and not kept for decision until the meeting date; also prior to meeting a summary of SAER's/BNR/Falls review/cardiac arrest reviews/ongoing actions are emailed to site commissioners, all tasks on summary are discussed.
- Commissioners review the briefing notes and provide comments prior to the meeting which enables efficient decision making regarding further review.
- Feedback is provided to briefing note authors where a briefing note requires more information, and one to one discussion facilitated by one of the commissioners providing guidance on this as appropriate.
- Weekly status updates / spreadsheet circulated to site triumvirate detailing ongoing SAERs and current timescales with delays highlighted.
- Commissioner / risk management meetings take place to discuss SAERs and escalate delays to site triumvirate with review and re-design of the agenda and introduction of virtual decision making via email in the event of meeting cancellations/lack of quorate.
- Weekly updates given to site triumvirate for discussion at DMT.

All

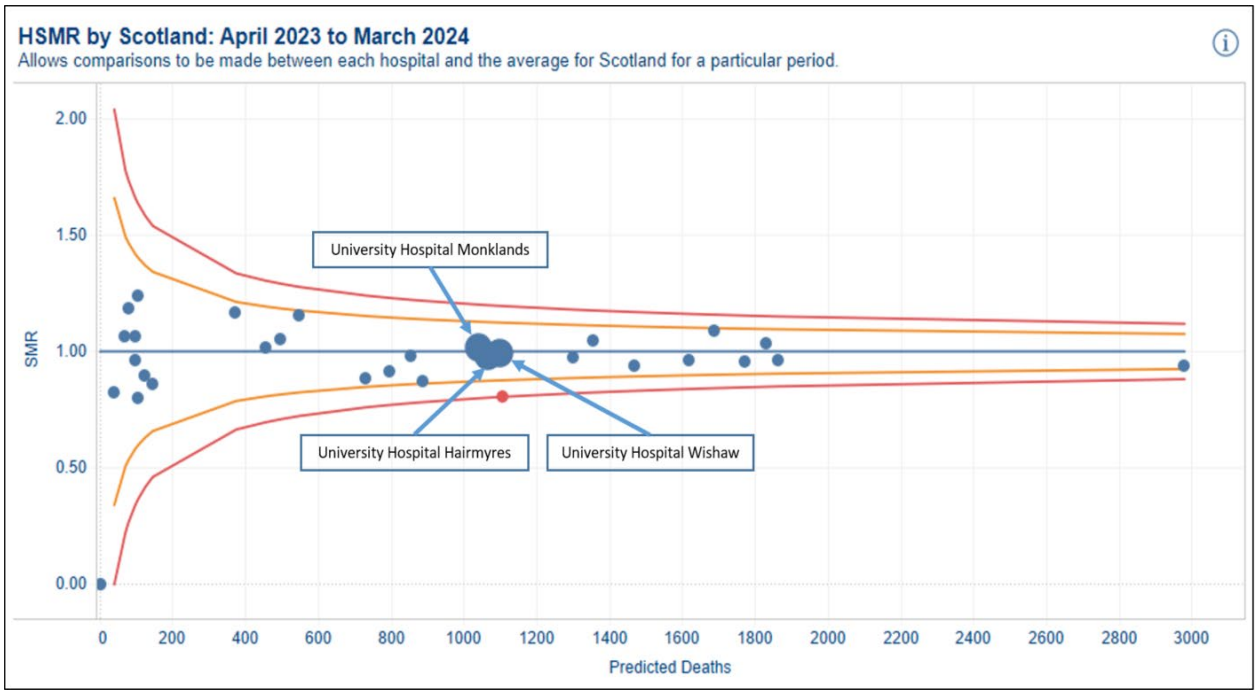
- Continued promotion of SAER training is cascaded throughout.

Quality Directorate

- Risk Facilitators section on InPhase has been updated to reflect dates of each step of the process.
- SAER training database developed detailing all staff who have completed SAER training and indicating if they have been a lead reviewer or been part of a review team member.
- Guidance being developed on SAER commissioning and the construct of the review group.

3.2 HSMR *Maintain Hospital Standardised Mortality Ratio (HSMR) within control limits*	Target N/A	Performance 0.99

Fig. 1.4 HSMR by Scotland (April 2023 – March 2024)- *validated data*



Health Board of Treatment: NHS Lanarkshire

Period: April 2023 to March 2024

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the chart
Scotland	**27,194**	**27,194**	**667,717**	**4.1%**	**1.00**	**n/a**
NHS Lanarkshire	3,184	3,207	72,772	4.4%	0.99	n/a
University Hospital Hairmyres	1,039	1,065	24,348	4.3%	0.98	●
University Hospital Monklands	1,057	1,043	20,201	5.2%	1.01	●
University Hospital Wishaw	1,088	1,100	28,222	3.9%	0.99	●

Date of Extraction: *13th August 2024 (Next HSMR Release: November 2024)*

Key Deliverable

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

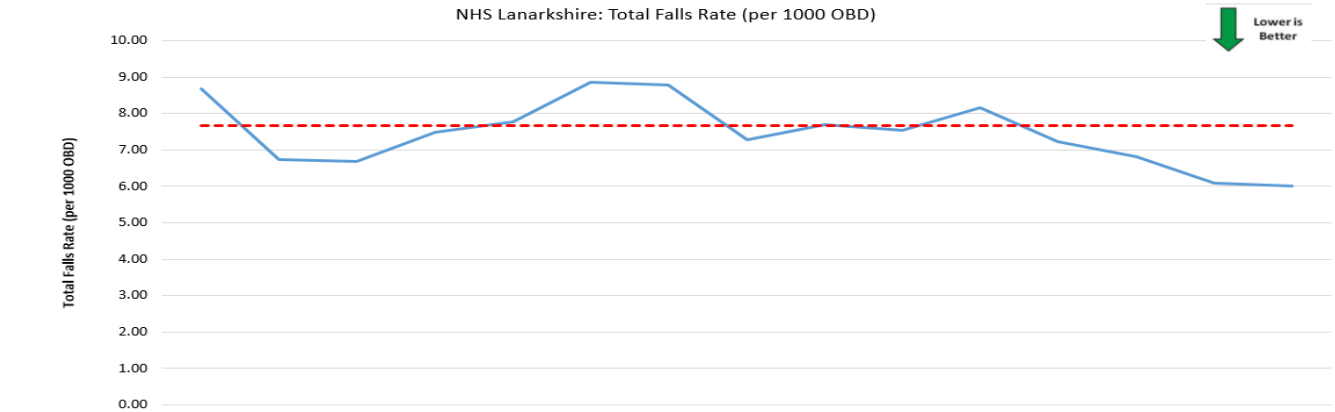
The three NHS Lanarkshire acute hospitals are highlighted on the funnel plot as the three larger dots.

Key Actions

NHS Lanarkshire is 0.99 and currently within control limits. This position is based on validated data from April 2023 to March 2024. 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).

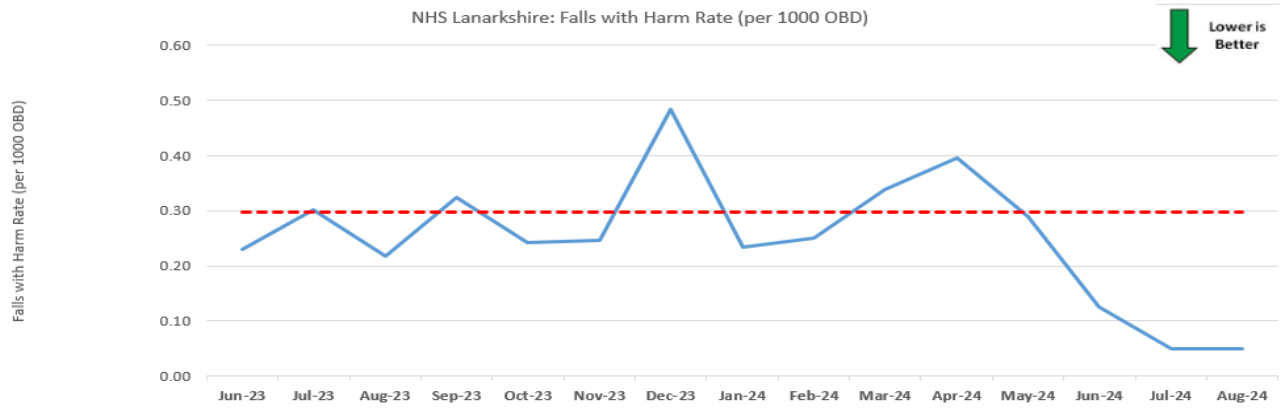
3.3 Inpatient Falls *Reduce all patient falls rate* *Reduce falls with harm rate*	Target N/A	Performance 6.02 0.05

Fig. 1.5: NHS Lanarkshire: Total Falls Rate (per 1000 Occupied Bed Days) - *unvalidated data and subject to change*



	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
FallsRate_NHSL	8.68	6.73	6.68	7.47	7.78	8.86	8.77	7.27	7.69	7.54	8.17	7.22	6.82	6.08	6.02
Median_NHSL	7.67	7.67	7.67	7.67	7.67	7.67	7.67	7.67	7.67	7.67	7.67	7.67	7.67	7.67	7.67

Fig. 1.6: NHS Lanarkshire: Falls with Harm Rate (per 1000 OBD) - *unvalidated data and subject to change*



	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
FallsHarmRate_NHSL	0.23	0.30	0.22	0.32	0.24	0.25	0.48	0.23	0.25	0.34	0.40	0.29	0.13	0.05	0.05
Median_NHSL	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30

Date of Extraction: *8th October 2024*

Key Deliverables

As the final stages of the NHS Lanarkshire Falls Strategy approach, the Falls Strategy Group's key priorities and deliverables for 2024/2025 will focus on the following areas:

1. **Falls Leadership -** Our aim is to significantly enhance organisational Falls leadership, a crucial step in ensuring that fall prevention is not just a priority, but a reality.
2. **Staff Engagement -** To improve staff engagement in falls prevention efforts across all clinical areas within the Board.
3. **Falls Risk Evaluation -** To evaluate the recognition of patients at risk from falling and develop resources to improve recognition for staff and the public.
4. **Post-Falls Debrief -** Establishing consistent structures and processes for post-fall debriefs is necessary to ensure that we learn from each incident and prevent future falls.
5. **Falls Prevention Information -** Ensure that there is robust information on fall prevention to support the work of the Falls Team.

6. **Meaningful Activity -** We will promote further implementation of meaningful activity programs, a proven strategy to prevent deterioration and promote overall health and well-being.

Key Issues

Fig 1.5: NHS Lanarkshire: Total Falls Rate (per 1000 Occupied Bed Days)
There has been an ongoing steady performance in Total Falls rate. The overall fall rate has reduced from a 6.08 rate in July to 6.02 Falls per 1000 OBD for August 2024 (Lower is Better).

Fig 1.6: NHS Lanarkshire: Falls with Harm Rate (per 1000 OBD)
There were 0.05 Falls with Harm per 1000 OBD for July 2024; this has remained the same for August 2024 (Lower is Better).

Falls Overview

On Thursday, 3rd October 2024, Health Improvement Scotland (HIS) paid a final virtual visit to NHS Lanarkshire (NHSL) to discuss the Board's participation in the Acute Adult's Health Improvement Falls Collaborative.

Representatives from each hospital site provided an overview of the work undertaken during the collaboration. A range of change ideas were shared at the meeting, including:

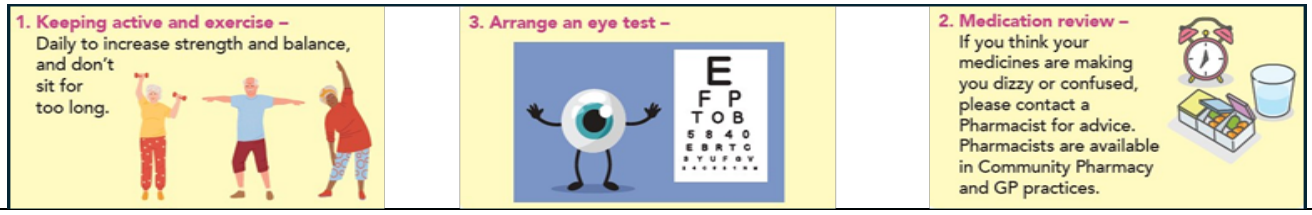
- Two hourly fall checks (ensuring call bells are within easy reach and removing any potential trip hazards).
- Increase collaboration between ward staff, AHPs, Pharmacy and QI Advisers.
- Screening patients who are on medications that might lead to an increased fall risk.
- Increasing the completion of assessment documentation.
- Introducing a fall checklist.
- Promoting active wards and a fit-to-sit approach to prevent patient deterioration and loss of muscle mass.
- The use of red triangles was also highlighted to identify a patient at risk of falling.

Appreciation of the support given to the participating wards from Improvement Advisors from the Quality Directorate, which boosted staff confidence, raised awareness, reduced falls, and increased enthusiasm for fall management approaches, was acknowledged.

The feedback received was very positive and encouraging. NHSL was asked to be proactive in sharing our change ideas with other NHS Boards.

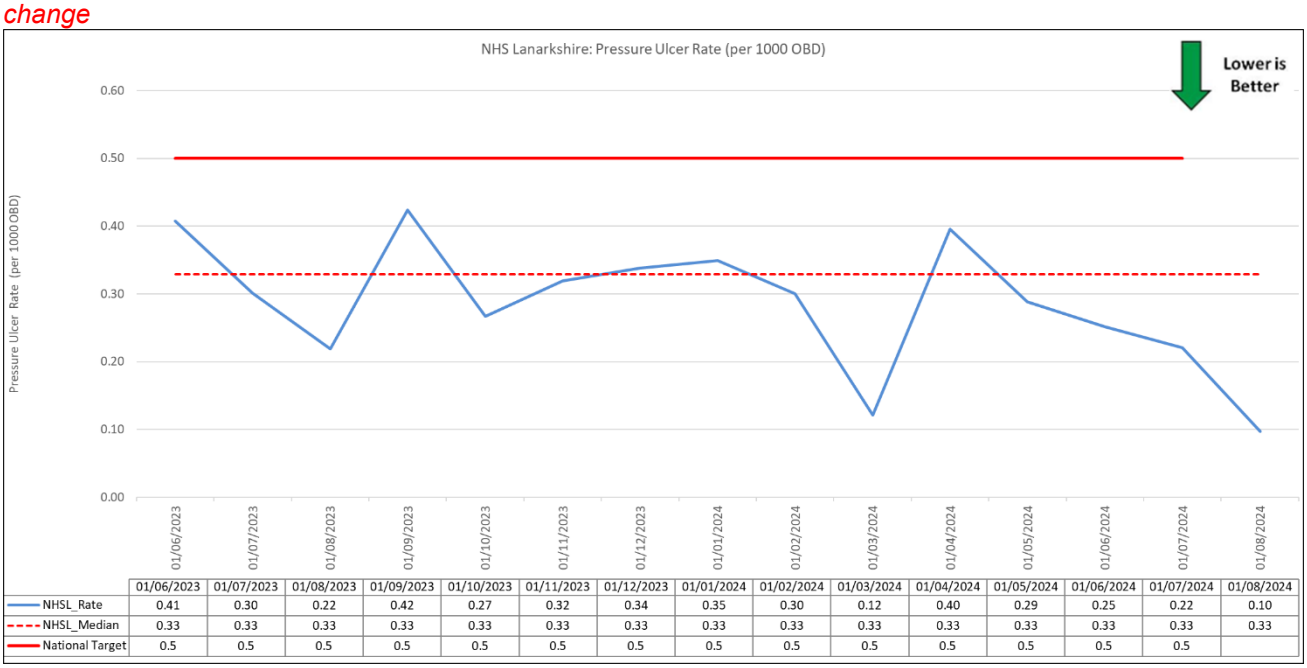
As part of Falls Week, which took place from September 16th to 20th, members of the Falls team participated in various falls awareness sessions. Two team members also created their first podcast called "Getting Everyone Talking about Falls," using equipment and support provided by South Lanarkshire Libraries.

Scottish Fire and Rescue also supported Falls Week on X (Twitter) by tweeting relevant information, as illustrated below in support of NHS colleagues.



3.4 Pressure Ulcers *Reduce avoidable pressure ulcers (grades 2 to 4 including ungradable and suspected deep tissue injury) developed in a healthcare setting*	Target 0.50	Performance 0.10

Fig. 1.7 Pressure Ulcers per 1000 Occupied Bed Days - *unvalidated data and subject to change*



	01/06/2023	01/07/2023	01/08/2023	01/09/2023	01/10/2023	01/11/2023	01/12/2023	01/01/2024	01/02/2024	01/03/2024	01/04/2024	01/05/2024	01/06/2024	01/07/2024	01/08/2024
NHSL_Rate	0.41	0.30	0.22	0.42	0.27	0.32	0.34	0.35	0.30	0.12	0.40	0.29	0.25	0.22	0.10
NHSL_Median	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33
National Target	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	

Fig. 1.8 Pressure Ulcers – Avoidable and Unavoidable - *unvalidated data and subject to change*

Not available due to implementation of InPhase reporting.

Date of Extraction: *8th October 2024*

Key Deliverable	
Reduce avoidable pressure ulcers (grades 2 to 4 including ungradable and suspected deep tissue injury) developed within the acute and community hospital inpatient setting.	31 March 2025

Key Issues

<u>Fig 1.7</u>: <u>Pressure Ulcers per 1000 Occupied Bed Days</u>

August 2024 performance was 0.10 per 1000 occupied bed days, **exceeding** the national performance target of 0.50 (Lower is better).

<u>Fig 1.8: Pressure Ulcers - avoidable and unavoidable</u>

For August 2024, 4 pressure ulcers were reported. The transfer to InPhase may have impacted on reporting and will continue to be reviewed throughout next quarter to ensure data accuracy.

We have been unable to report the data for avoidable/unavoidable this month due to the implementation of InPhase system for reporting. Learning outcomes, however, have been identified in relation to the avoidable pressure ulcers and these are detailed in the key actions.

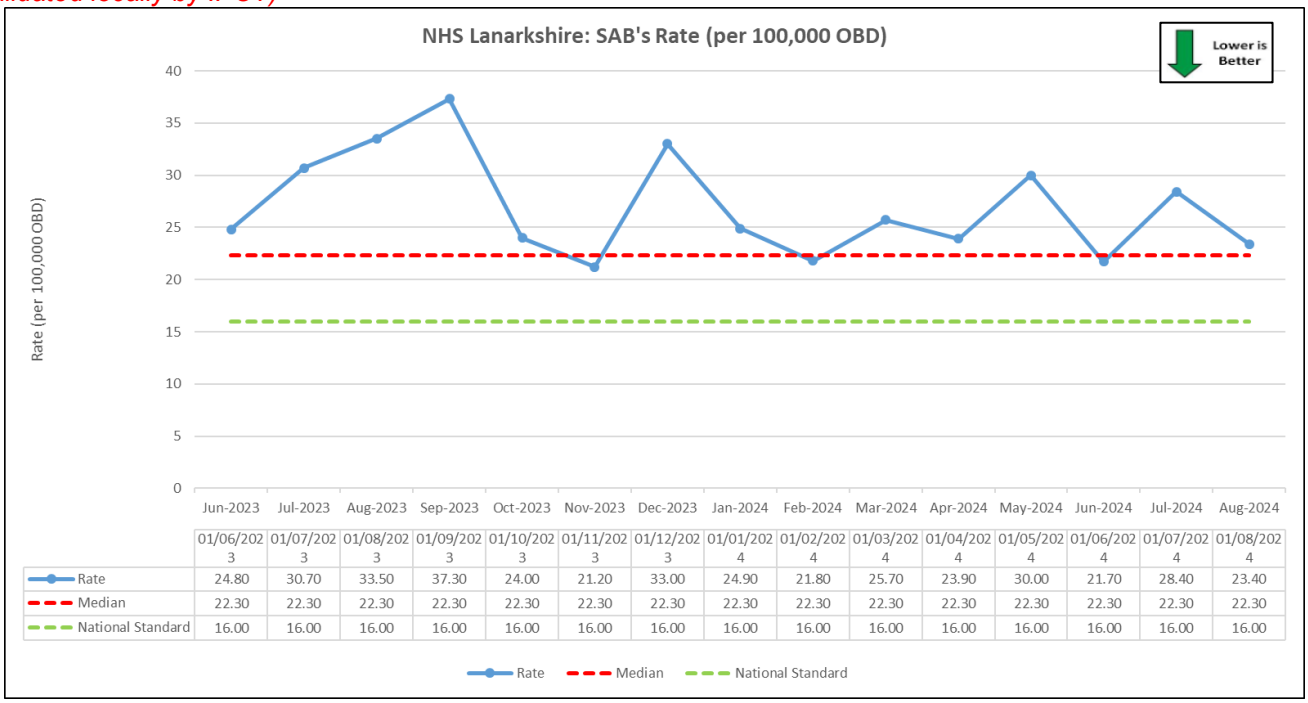
Key Actions

Improvement work has a particular focus on reducing the amount of random variation through a reduction in avoidable pressure ulcers. Key actions have included:

- Continuing review of reporting processes - updating guidance, awareness raising and reviewing data to assess if reporting consistency has improved.
- Quality improvement – continues to be targeted in areas where avoidable harm is identified. This has included the development of driver diagrams, review and testing technology to enhance reporting of avoidable harm.
- Tissue Viability Education Sessions - learning themes continue to be highlighted, although there appears to be no consistent reduction in avoidable pressure ulcers. Feedback and learning analysis suggest that staff learning following the sessions is evident in pressure ulcer prevention and management, and record keeping continues to be the challenge in improvement.

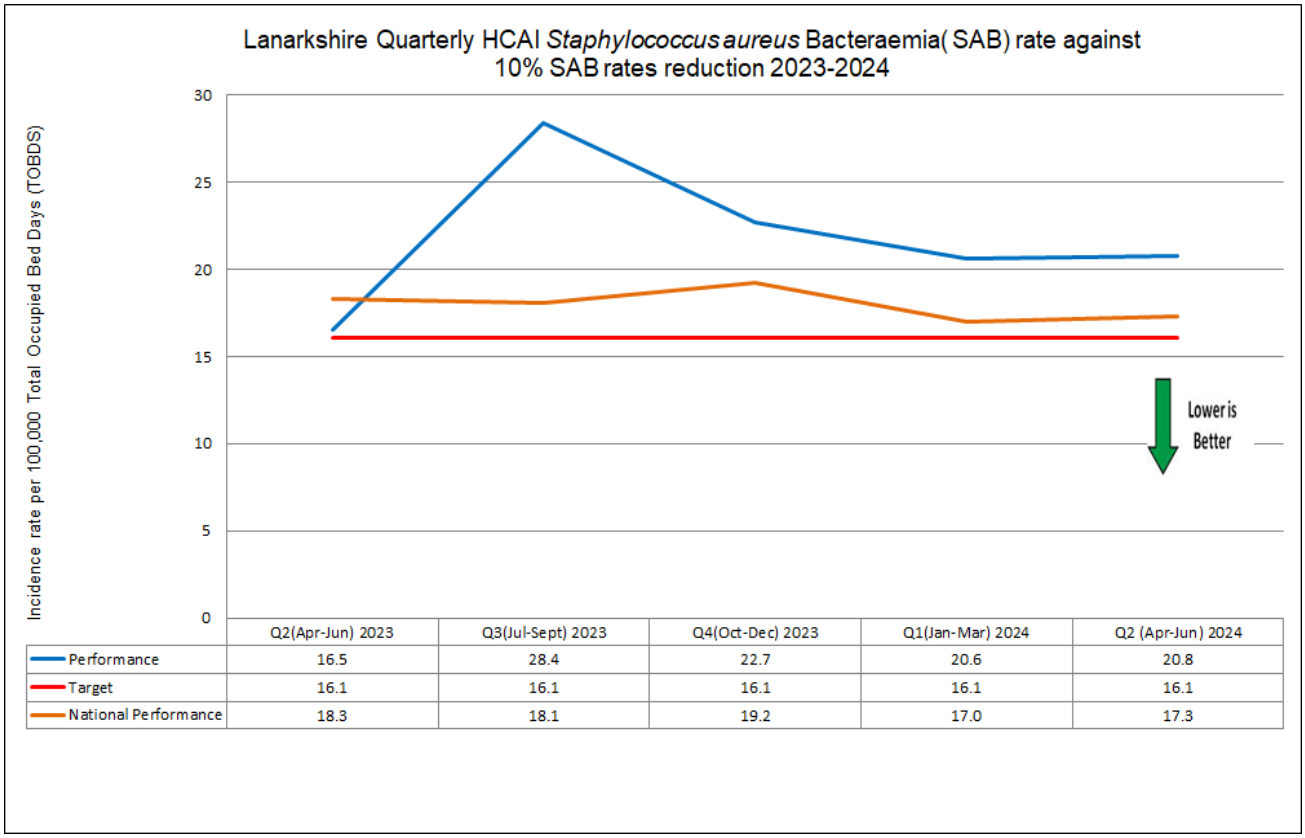
3.5 Staphylococcus Aureus Bacteraemia (SABs) (HAI/HCAI) *Reduction of 10% in the national rate of healthcare associated SABs from 2019 to 2024*	Target 16.1	Performance 23.4

Fig. 1.9 Monthly SABs Rate (Jan 21 – Aug 24) – *unvalidated data and subject to change (data validated locally by IPCT)*



	01/06/2023	01/07/2023	01/08/2023	01/09/2023	01/10/2023	01/11/2023	01/12/2023	01/01/2024	01/02/2024	01/03/2024	01/04/2024	01/05/2024	01/06/2024	01/07/2024	01/08/2024
Rate	24.80	30.70	33.50	37.30	24.00	21.20	33.00	24.90	21.80	25.70	23.90	30.00	21.70	28.40	23.40
Median	22.30	22.30	22.30	22.30	22.30	22.30	22.30	22.30	22.30	22.30	22.30	22.30	22.30	22.30	22.30
National Standard	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00

Fig. 1.10 Monthly SABs Rate (Apr 23 – June 24) *Validated data (data validated by ARHAI Scotland)*



	Q2(Apr-Jun) 2023	Q3(Jul-Sept) 2023	Q4(Oct-Dec) 2023	Q1(Jan-Mar) 2024	Q2 (Apr-Jun) 2024
Performance	16.5	28.4	22.7	20.6	20.8
Target	16.1	16.1	16.1	16.1	16.1
National Performance	18.3	18.1	19.2	17.0	17.3

Key Deliverable		End Date
Reduction of 10% in the national rate of healthcare associated *Staphylococcus Aureus* Bacteraemia (SAB) from 2019 to 2024, with 2018/19 used as the baseline for the SAB reduction target of 16.1.		31 December 2024
Key Milestones	To improve the national compliance rates for SAB by December 2024. To achieve a target of <=91 HCAI SAB cases (a rate of 16.1 per 100,000 TOBDs).	31 December 2024

Key Issues

National Data *(validated data)*
The national target has **not been achieved** for **Quarter 2 April – June 2024,** with a performance of **20.8** which is above the national average of 17.3 (This is a **negative** impact). There were 32 HCAI cases for this period which is no change from the previous quarter (This is a **positive** impact).

This data has been validated by Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Scotland. The **validated** data received from ARHAI Scotland has a 3-month lag, with Q3 July - September 2024 data due in January 2025.

Local Data *(unvalidated data and subject to change)(Figure 1.9)*
Local data is reported monthly and for August 2024 the national target has **not been achieved.** NHS Lanarkshire reported a HCAI SAB rate of 23.4 per 100,000 total occupied bed days, a **decrease** of 2 HCAI cases from the previous month (This is a **positive** impact).

The common themes identified for SABs continue to be:
- Device (PVC) related
- Not known
- Respiratory infection
- Skin & soft tissue (skin break)

Key Actions

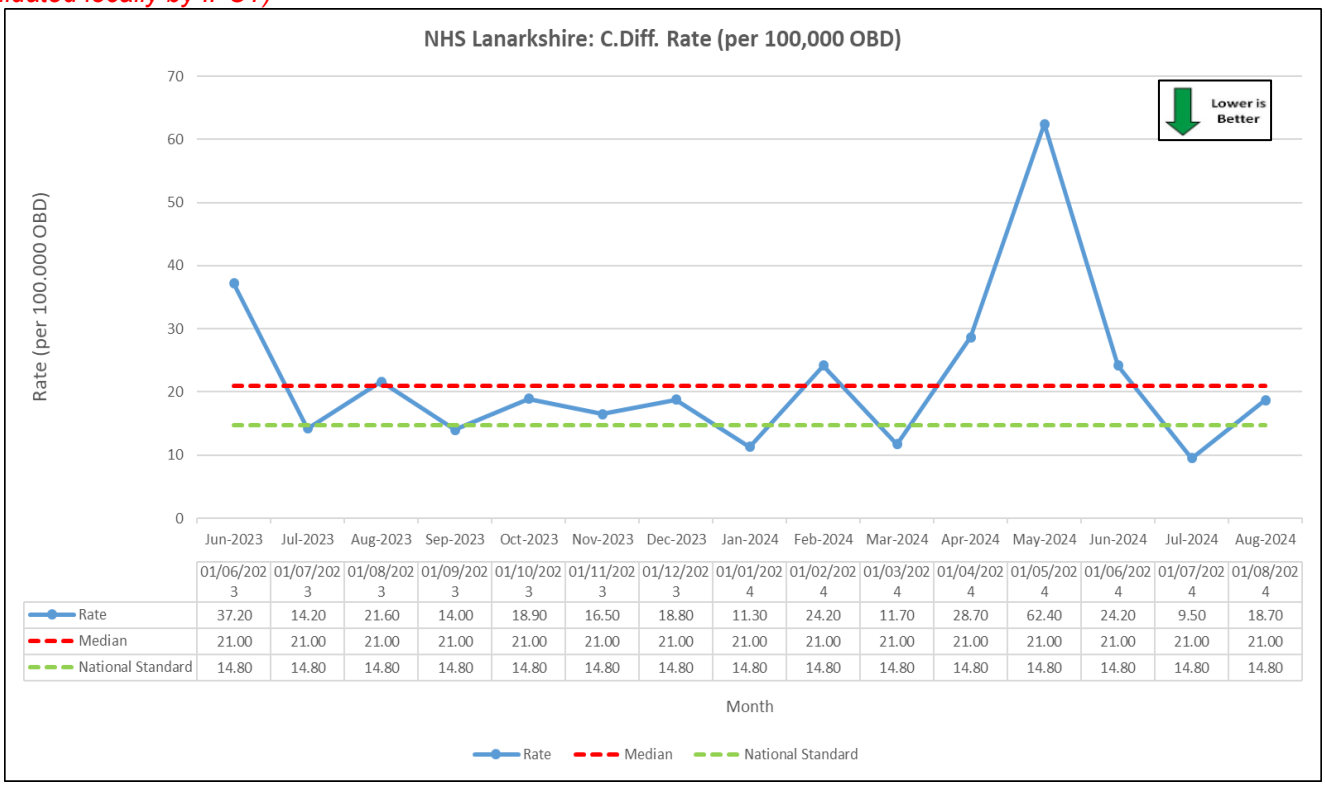
Enhanced surveillance of all SABs is undertaken by IPCT and results are fed back to the site Management Teams, then reported at the Hospital Hygiene and Site Care Assurance Meetings. If a SAB is identified as device related or SAB noted on a death certificate within 30 days, then IPCT will complete a SAB investigation tool, and a briefing note will be taken to the Commissioners and a Serious Adverse Event Review (SAER) may be requested.

- Review of compliance with PVC Care Bundles on Patient Trak continues to be taken through the Site Care Assurance Groups, which has representation from IPCT.
- SLWG for devices at University Hospital Wishaw (UHW) will review the safe management and care of invasive devices and the preparation, maintenance, and administration of IV antibiotics/fluids. Due to site acuity the meeting scheduled was cancelled and will be re-scheduled.
- Care Bundle in relation to SABs being developed following audit of SAB Treatment Plans against Scottish Antimicrobial Prescribing Group (SAPG) standards of SAB care.
- AMP staff continue to contribute to review confirmed SAB cases in liaison with acute ward pharmacy teams.
- A trial of different line connectors is being arranged in RDU C – these new connectors are currently in use in another NHS Board who have less line infections.
- Exploring reducing the number of people in the units at the time patients are being connected to the dialysis lines by changing patient tea times and by staggering patient connection times.
- A home emergency pack is being developed which is to be given to patients at the time of their line insertion. This will include an information leaflet on care of the line.
- Awareness of care of lines is checked with patients every few months during their connection time. All dressings and connectors are changed weekly.

- The connection bundle will be updated to add information about taking exit swabs and reviewing results to ensure prompt treatment of any signs of infection.
- An audit tool is currently being developed to carry out observation of nursing line connection practices for assurance.
- The renal SAB meeting took place in September 2024 and several methods of improvement were discussed to reduce infection rates. The next meeting is scheduled for early October 2024.
- The new Senior Nurse for Oncology is working with the teams to update a protocol for care of central venous access devices (CVADs) in a bid to drive improvements. When ratified this document will be made available to all staff caring for patients with CVADs.

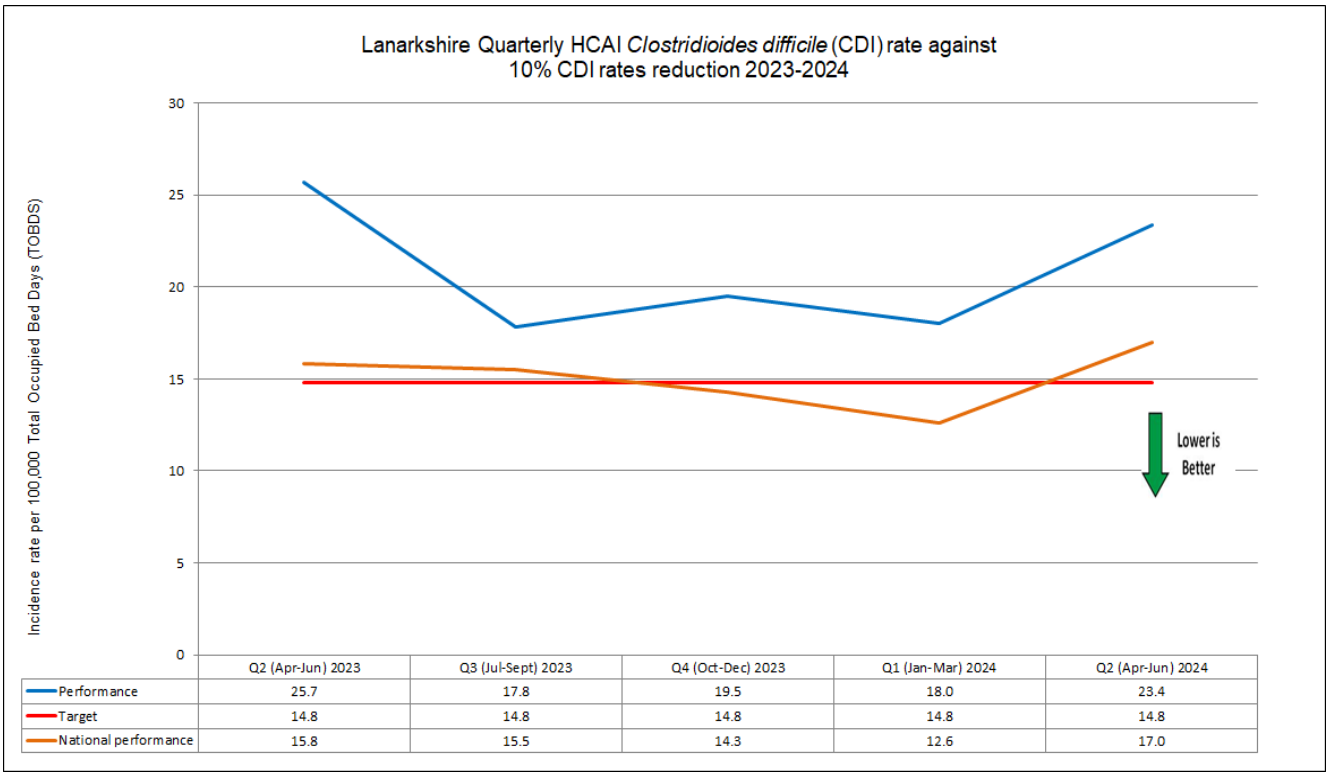
3.6 *Clostridioides Difficile* Infection (CDI) (HAI/HCAI) *Reduction of 10% in the national rate of healthcare associated CDI from 2019 to 2024*	Target 14.8	Performance 18.7

Fig. 1.11 Monthly C.Diff Rate (Jan 21 – Aug 24) – *unvalidated data and subject to change (data validated locally by IPCT)*



	01/06/2023	01/07/2023	01/08/2023	01/09/2023	01/10/2023	01/11/2023	01/12/2023	01/01/2024	01/02/2024	01/03/2024	01/04/2024	01/05/2024	01/06/2024	01/07/2024	01/08/2024
Rate	37.20	14.20	21.60	14.00	18.90	16.50	18.80	11.30	24.20	11.70	28.70	62.40	24.20	9.50	18.70
Median	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00
National Standard	14.80	14.80	14.80	14.80	14.80	14.80	14.80	14.80	14.80	14.80	14.80	14.80	14.80	14.80	14.80

Fig. 1.12 Monthly CDI Rate (Apr 23 – June 24) *Validated data (data validated by ARHAI Scotland)*



	Q2 (Apr-Jun) 2023	Q3 (Jul-Sept) 2023	Q4 (Oct-Dec) 2023	Q1 (Jan-Mar) 2024	Q2 (Apr-Jun) 2024
Performance	25.7	17.8	19.5	18.0	23.4
Target	14.8	14.8	14.8	14.8	14.8
National performance	15.8	15.5	14.3	12.6	17.0

Key Deliverable		End Date
Reduction of 10% in the national rate of healthcare associated *Clostridioides Difficile* Infection (CDI)from 2019 to 2024, with 2018/19 used as the baseline for the CDI reduction target of 14.8.		31 December 2024
Key Milestones	To improve the national compliance rates for CDI by December 2024. To achieve a target of <=84 HCAI CDI cases (a rate of 14.8 per 100,000 total occupied bed days.	31 December 2024

Key Issues

National Data *(validated data)*
The national target has **not been achieved** for **Quarter 2 April – June 2024,** with a performance of 23.4. This is above the national average of 17.0. (This is a **negative** impact). There were 36 HCAI cases for this period which is an increase from the previous quarter. (This is a **negative** impact).

This data has been validated by Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Scotland. The **validated** data received from ARHAI Scotland has a 3-month lag, with Q3 July - September 2024 data due in January 2025.

Local Data *(unvalidated data and subject to change) (Figure 1.11)*
Local data is reported monthly and for August 2024 the national target has **not been achieved.** NHS Lanarkshire reported a HCAI CDI rate of **18.7** per 100,000 total occupied bed days, an increase of 4 HCAI cases from the previous month. (This is a negative impact).

Key Actions

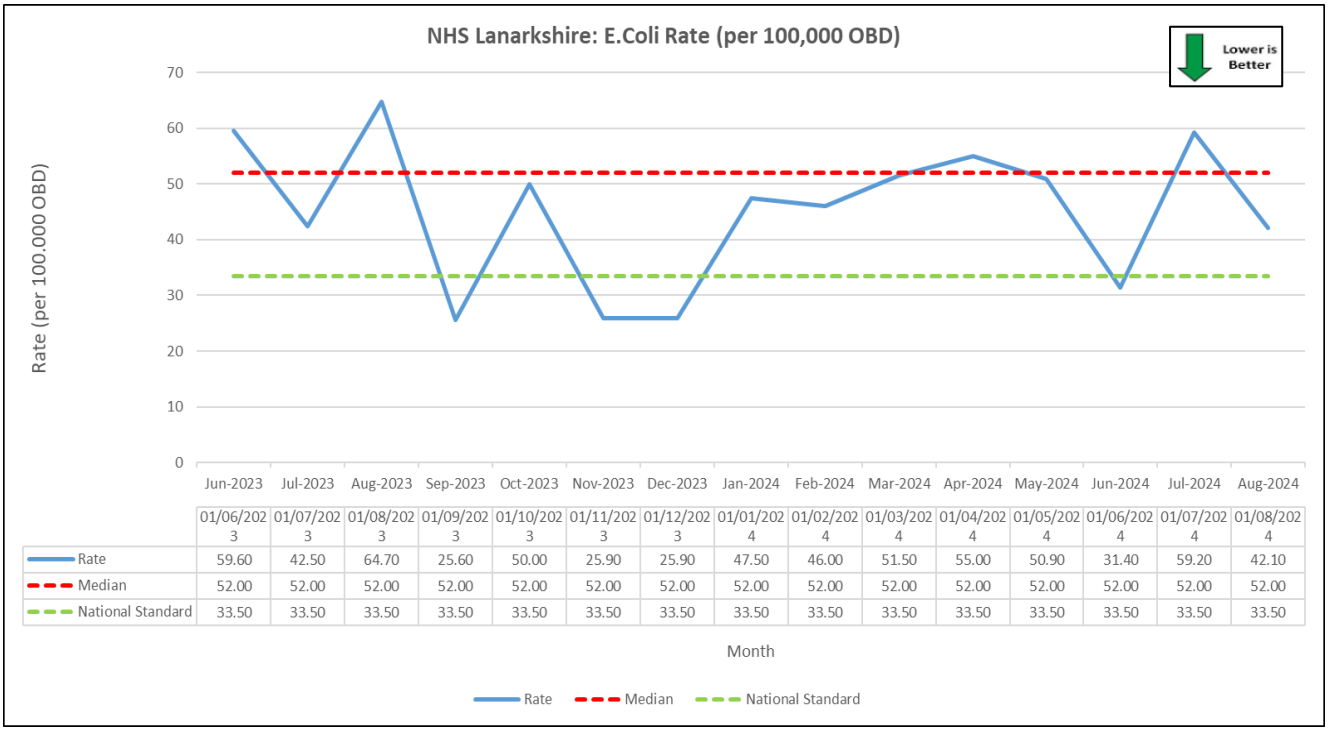
The Infection Prevention and Control (IPC) Team continue to carry out enhanced surveillance for all CDIs identified within NHS Lanarkshire.

IPCT review all cases daily whilst symptomatic. The severity score is checked and monitored to ensure it is not a severe case. Where there is a death, or a severe case identified, an Inphase form is completed and then reviewed by the Commissioners who decides if a (Serious Adverse Event Review (SAER) is required. IPC complete SBARs for all areas where an increase of HCAI CDIs cases is identified.

- IPCT continue to encourage staff to complete the Antimicrobial Stewardship Module on Learn Pro.
- IPCT continue to visit wards daily to assess symptomatic patients and discuss management with both medical and nursing staff.
- Pilot of new AMP review tool remains paused until Q4 2024 due to AMP staffing resources.
- AMP staff continue to contribute to review confirmed CDI cases in liaison with acute ward pharmacy teams to aid appropriate management/treatment of CDI.

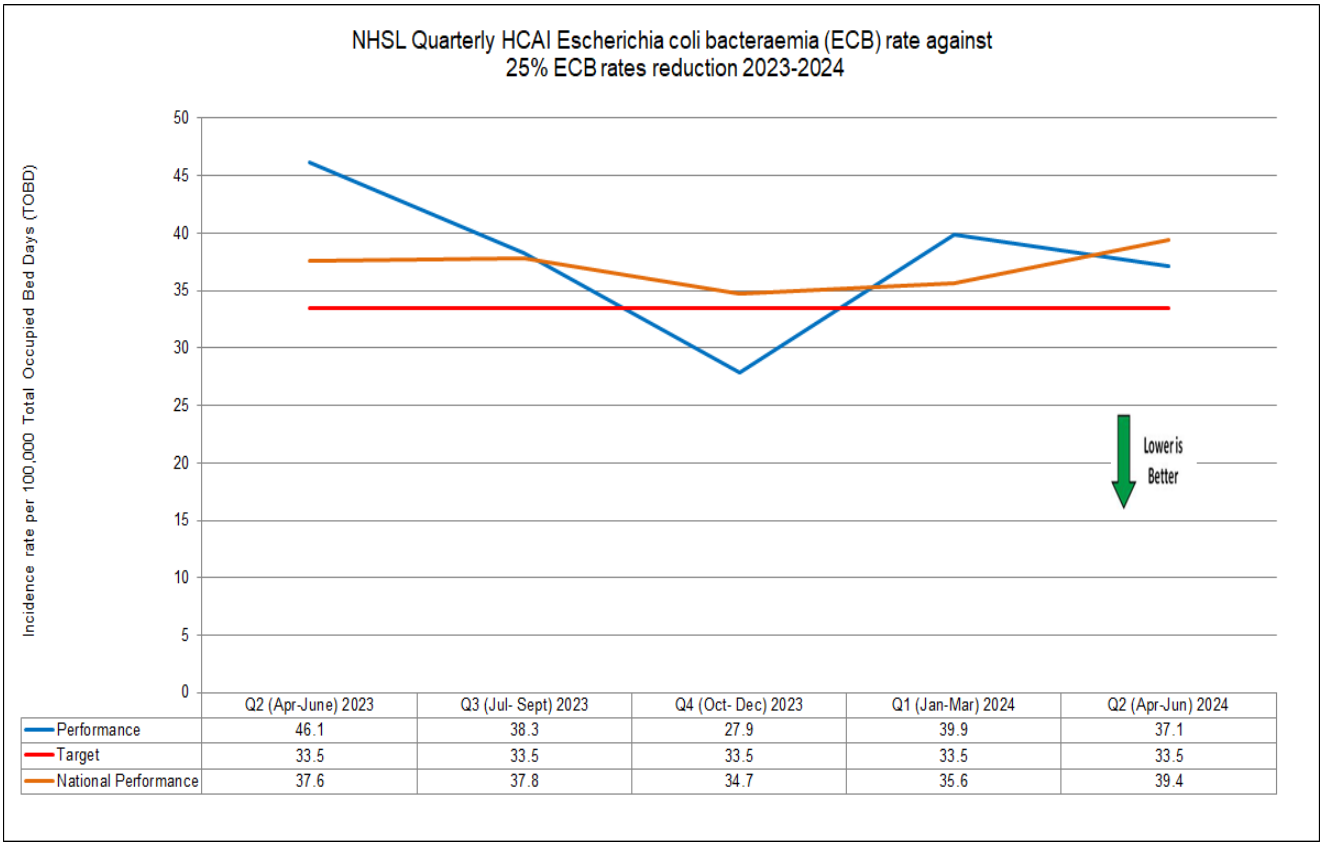
3.7 *E. coli bacteraemia* (ECB) (HAI/HCAI) *Reduction of 25% in healthcare associated E. coli bacteraemia by 2023/24*	Target 33.5	Performance 42.1

Fig. 1.13 Monthly E.Coli Rates - (Jan 21 – Aug 24) - *unvalidated data and subject to change (data validated locally by IPCT)*



	01/06/2023	01/07/2023	01/08/2023	01/09/2023	01/10/2023	01/11/2023	01/12/2023	01/01/2024	01/02/2024	01/03/2024	01/04/2024	01/05/2024	01/06/2024	01/07/2024	01/08/2024
Rate	59.60	42.50	64.70	25.60	50.00	25.90	25.90	47.50	46.00	51.50	55.00	50.90	31.40	59.20	42.10
Median	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00	52.00
National Standard	33.50	33.50	33.50	33.50	33.50	33.50	33.50	33.50	33.50	33.50	33.50	33.50	33.50	33.50	33.50

Fig. 1.14 Monthly ECB Rates (Apr 23 – June 24) *Validated data (data validated by ARHAI Scotland*



	Q2 (Apr-June) 2023	Q3 (Jul- Sept) 2023	Q4 (Oct- Dec) 2023	Q1 (Jan-Mar) 2024	Q2 (Apr-Jun) 2024
Performance	46.1	38.3	27.9	39.9	37.1
Target	33.5	33.5	33.5	33.5	33.5
National Performance	37.6	37.8	34.7	35.6	39.4

Key Deliverable		End Date
Reduction of 25% in healthcare associated *E. coli* bacteraemia (ECB) by 2023/24, with 2018/19 used as the baseline for *E. coli* bacteraemia reduction target of 33.5.		31 December 2024
Key Milestones	To improve the national compliance rates for ECB by December 2024. To achieve a target of <=189 HCAI ECB cases (a rate of 33.5 per 100,000 TOBDs.	31 December 2024

Key Issues

Nationally *(validated data)*
The national target has **not been achieved** for **Quarter 2 April - June 2024,** with a performance of 37.1. This is below the national average of 39.4. (This is a **positive** impact). There were 57 HCAI cases for this period which is a decrease from the previous quarter. (This is a **positive** impact).

This data has been validated by Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Scotland. The **validated** data received from ARHAI Scotland has a 3-month lag, with Q3 July - September 2024 data due in January 2025.

Local Data *(unvalidated data which is subject to change) (Figure 1.13)*
Local data is reported monthly and for August 2024 the national target has **not been achieved.** NHS Lanarkshire reported a HCAI ECB rate of **42.1** per 100,000 total occupied bed days, a **decrease** of **7** HCAI case from the previous month. (This is a **positive** impact).

The most common reported sources of infection for healthcare associated ECB are lower urinary tract infection and hepatobiliary.

Key Actions

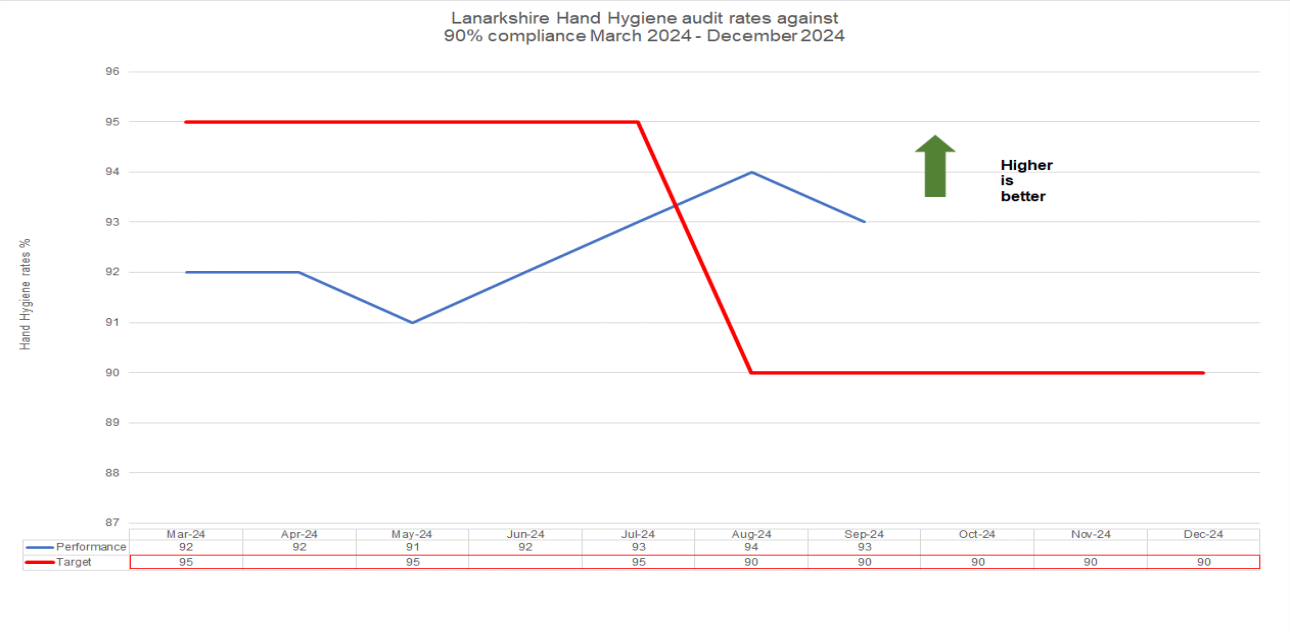
- Surveillance continues to be undertaken by IPC in relation to ECBs.
- IPCT attended the stakeholder event facilitated by ARHAI Scotland. All NHS Boards shared areas of best practice regarding ECB improvement work. ARHAI have agreed to compile all contributions and comprise a plan for local improvements. There were also discussions at the stakeholder event regarding how to ensure better fluid intake for Care of the Elderly (COTE) to assist with UTI's. Dietary requirements in relation to hepatobiliary was also discussed.
- Yearly trends (comparing Community associated infection cases for year-ending June 2023 with year-ending June 2024) show there was a **decrease** in NHS Lanarkshire (This is a **positive** impact).

3.8 Hand Hygiene *90% hand hygiene compliance*	Target 90%	Performance 93%

From August 2024, NHS Lanarkshire's Hand Hygiene compliance has been measured against the new local performance target of 90%. This will align with other NHS Boards.

Fig. 1.15 NHS Lanarkshire Hand Hygiene compliance performance rate in line with local target of 90%.

Data sourced from the Nursing SICPs Hand Hygiene Audits in LanQIP.



(Due to changes in data collection data only available from March 2024)

Fig. 1.16 By Site, Hand Hygiene Standard Infection Control Precautions (SICPs) Nursing Audits compliance at September 2024.

Site	% of Hand Hygiene Compliant
UHH	93%
UHM	90%
UHW	93%

Key Deliverable		End Date
Achieve a consistent compliance rate of **90**% and above for Hand Hygiene		**Ongoing**
Key Milestones	To maintain hand hygiene compliance of 90% and above.	**Ongoing**

Key Issues

Common Themes for Moments missed:

- **Moment 5:** After contact with patient surroundings.
- **Moment 4**: After patient contact.
- **Moment 1**: Before patient contact.
- **Moment 3:** After body fluid exposure risk.
- **Moment 2:** Before clean/aseptic procedures.

Common themes for Bare below the elbows missed procedures:

- Jewellery, fit-bit, rings, watches, nail polish, wearing fleeces and not bare below the elbows.

Key Actions

- The Communication Department is currently reviewing a hand hygiene communications plan for the autumn and winter period which may include Pulse articles, videos, staff briefing etc.
- Hand Hygiene celebration events were held across the 3 acute sites during August and September 2024 and attended by the Director of Nursing for Acute services.
- The celebration included the 5 wards from each of the acute areas who took part in the QI Project and the next steps will involve the 5 wards supporting other wards on the site to implement improvements in their areas.
- The spread plan will incorporate assurance processes around data collection and standardising this across the sites. All learning from the project will also be collated within the final report.
- IPCT at UHM facilitated and led an auditor training day in collaboration with the Senior Nursing team and have circulated the Tool Box developed by the Quality Improvement Team to provide teams with the tools they need to move forward. The site senior nursing team are currently holding monthly meetings with the Hand Hygiene leads from each ward to review progress.
- The Uniform Dress Code policy review is now complete and the final DRAFT has been sent to the Executive Director of Nursing for approval.
- IPCT have recommenced with their rolling audit programme for Quality Assurance Hand Hygiene audits. The results of the audits will be fed back to the Charge Nurses for the area and reported at the local Hygiene meetings.

3.9 Complaints	Target	Performance
% closed at Stage 1	65%	69%
% Stage 2 responded within 20 days	75%	44%
Average Response time for Stage 2	20 Days	26 Days

Fig 1.17: % of Complaints Closed at Stage 1 – *unvalidated data and subject to change*

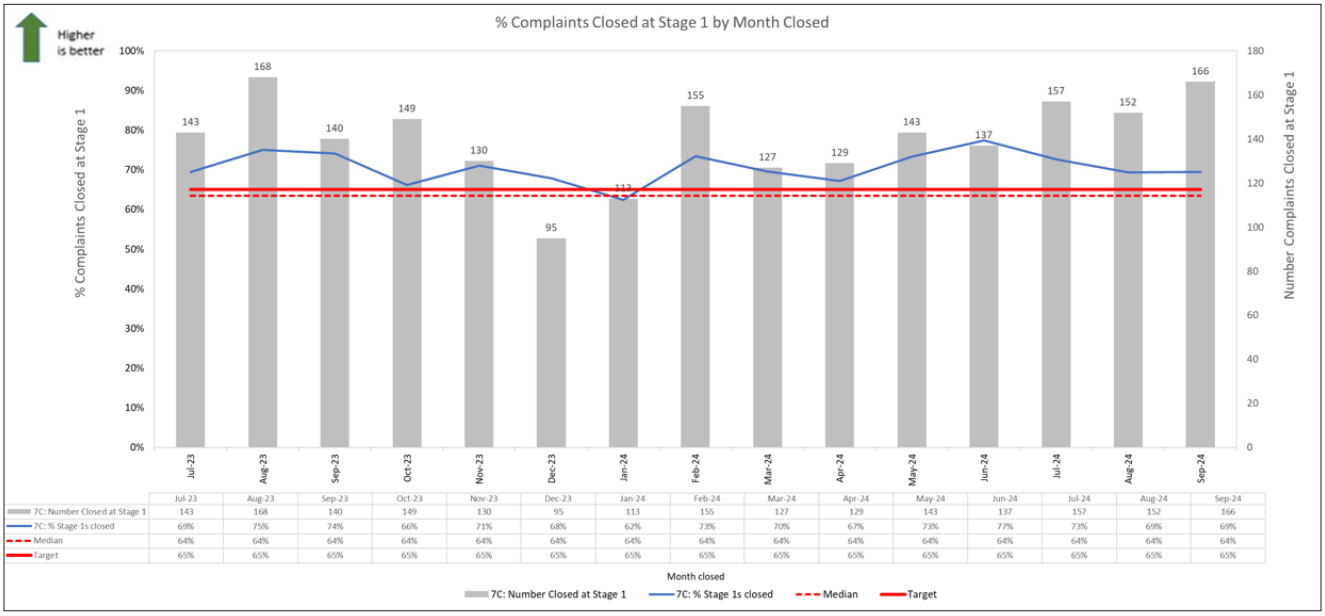


Fig. 1.18: % Stage 2 Complaints responded to within 20 days - *unvalidated data and subject to change*

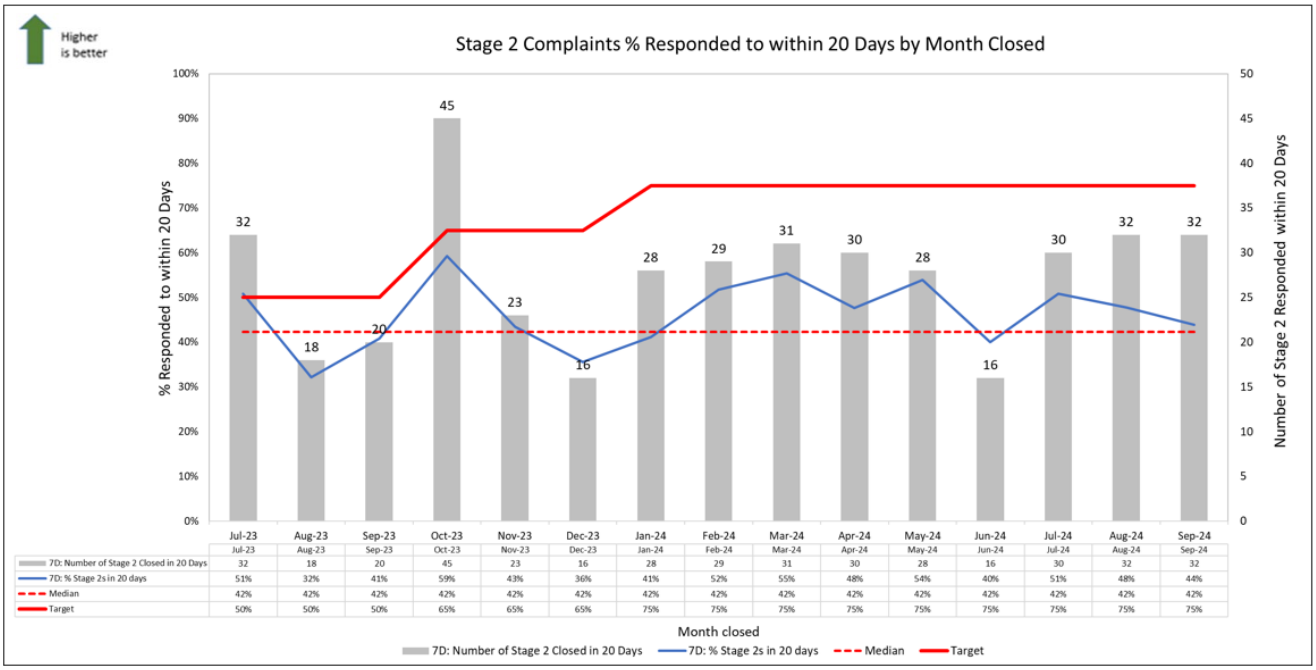
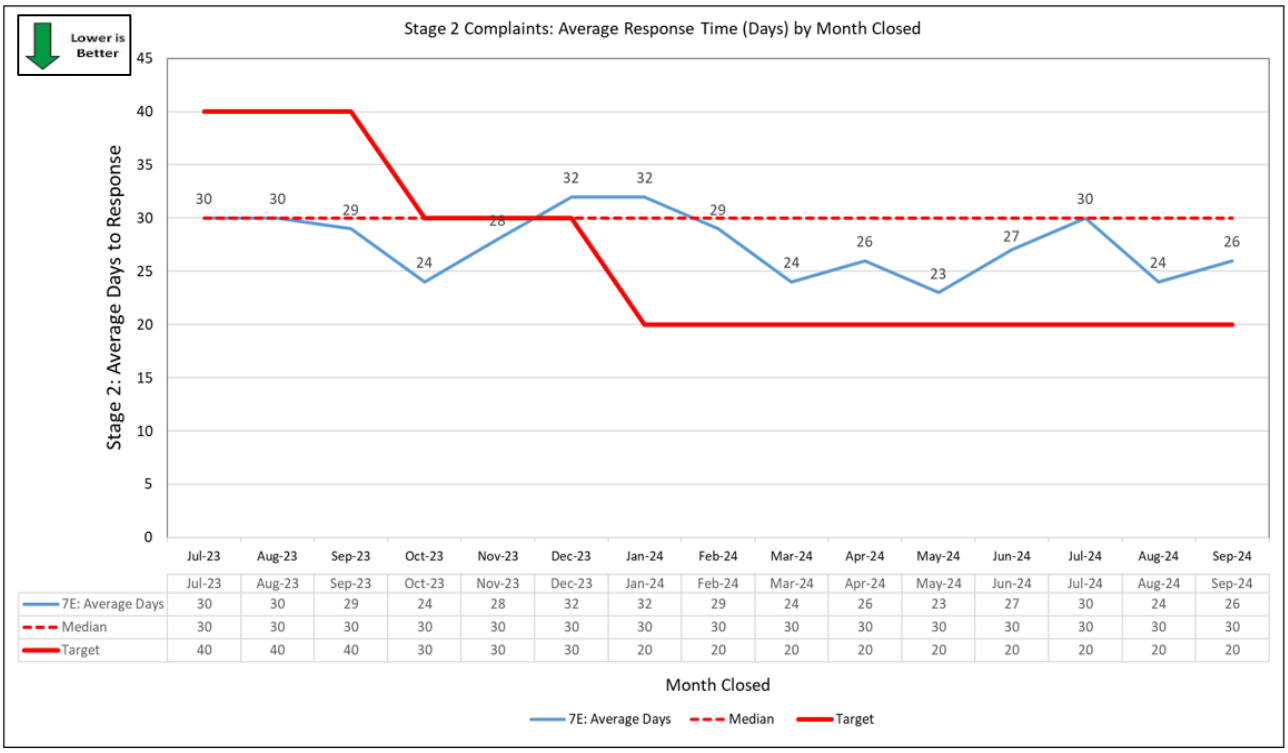


Fig. 1.19: Average Response time (in days) for Stage 2 Complaints - *unvalidated data and subject to change*



Note – given the transition to InPhase, report development and validation work is ongoing, and currently only headline data can be provided below.

Fig 1.17: % Complaints closed at Stage 1
166 complaints were closed at Stage 1 in September, increasing from 152 in August. The percentage closed at a Stage 1 has been maintained at **69%**, **exceeding** the local performance target of 65%.

Fig 1.18: % Stage 2 Complaints responded to within 20 days
44% (32/73) of Stage 2 complaints were closed within 20 working days, falling from 48% (32/67). This is **below** the local performance target. We anticipate that information to identify system versus justified delays will be available later this month.

Fig 1.19: Average Response time (in days) for Stage 2 Complaints
The average Stage 2 response time was **26 days** in September 2024, which is **below** the local performance target of 20 days, but below the median.

Key Deliverable

Improve % of Stage 2 complaints closed within 20 days.

Key Milestones	Local target: 65% (or more) complaints to be closed as a Stage 1.
	Local target: 75% of Stage 2 complaints will be closed within 20 days.
	Local target: Average Response time (in days) for Stage 2 Complaints <= 20 days.

Key Actions
Continue to promote early resolution of complaints at Stage 1. Monitor stage 2 delays and trigger escalation procedure as required.

Review underway of how to best utilise the patient affairs resource.

Working to develop enhanced reporting on InPhase to demonstrate statement delays and bottlenecks in the process.

3.10 Care Opinion *Provide a response to each story within five days (Acute)*	Target 90%	Performance 90%

Fig. 1.20 Care Opinion % of Stories Responded to Within 5 days for NHS Lanarkshire Acute Division - *unvalidated data and subject to change*

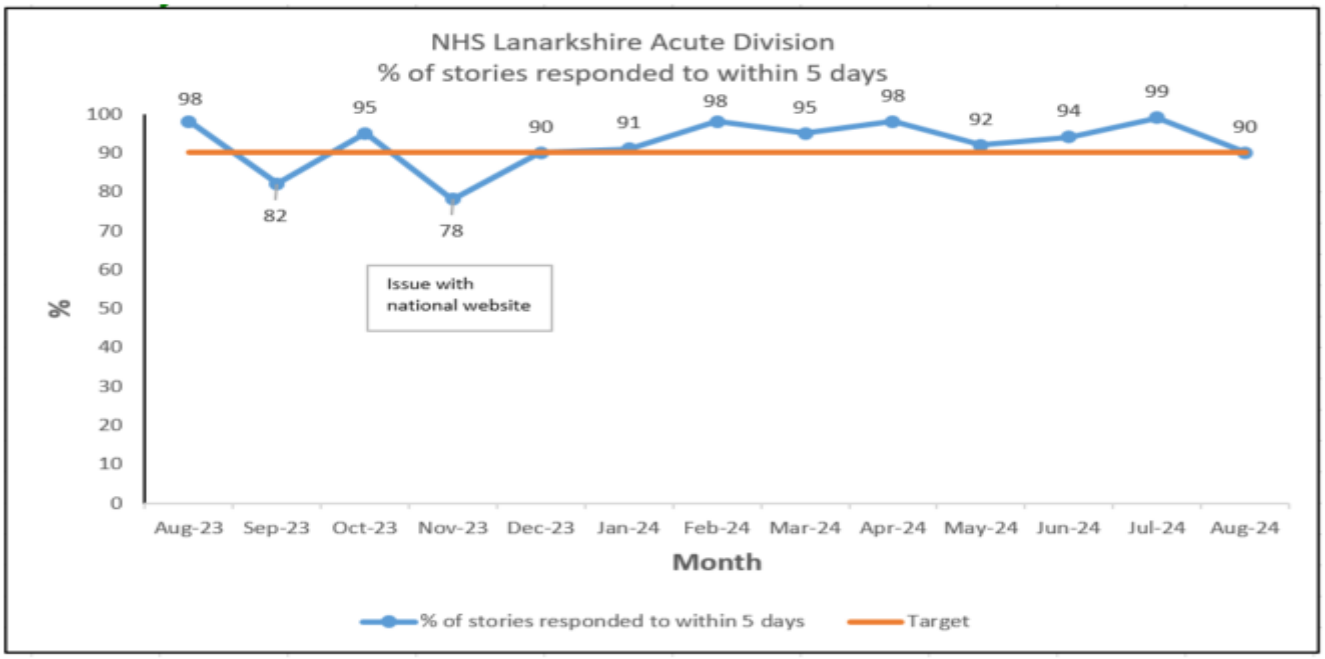
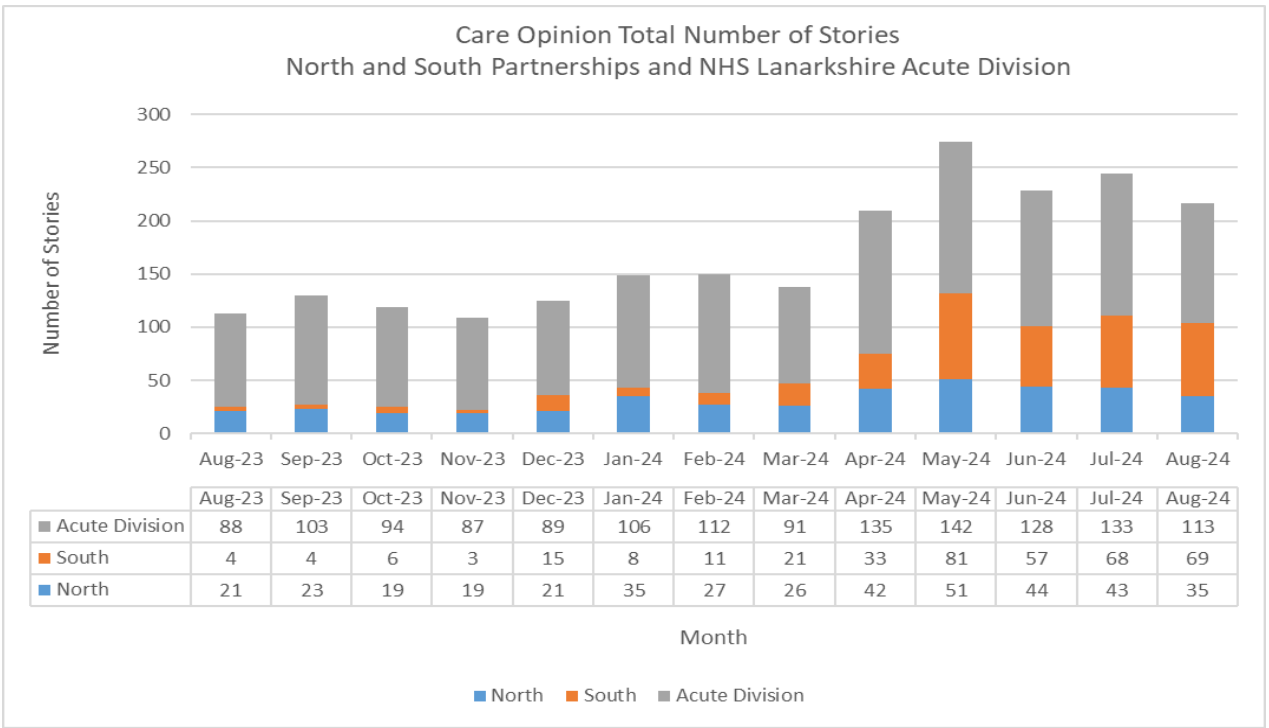
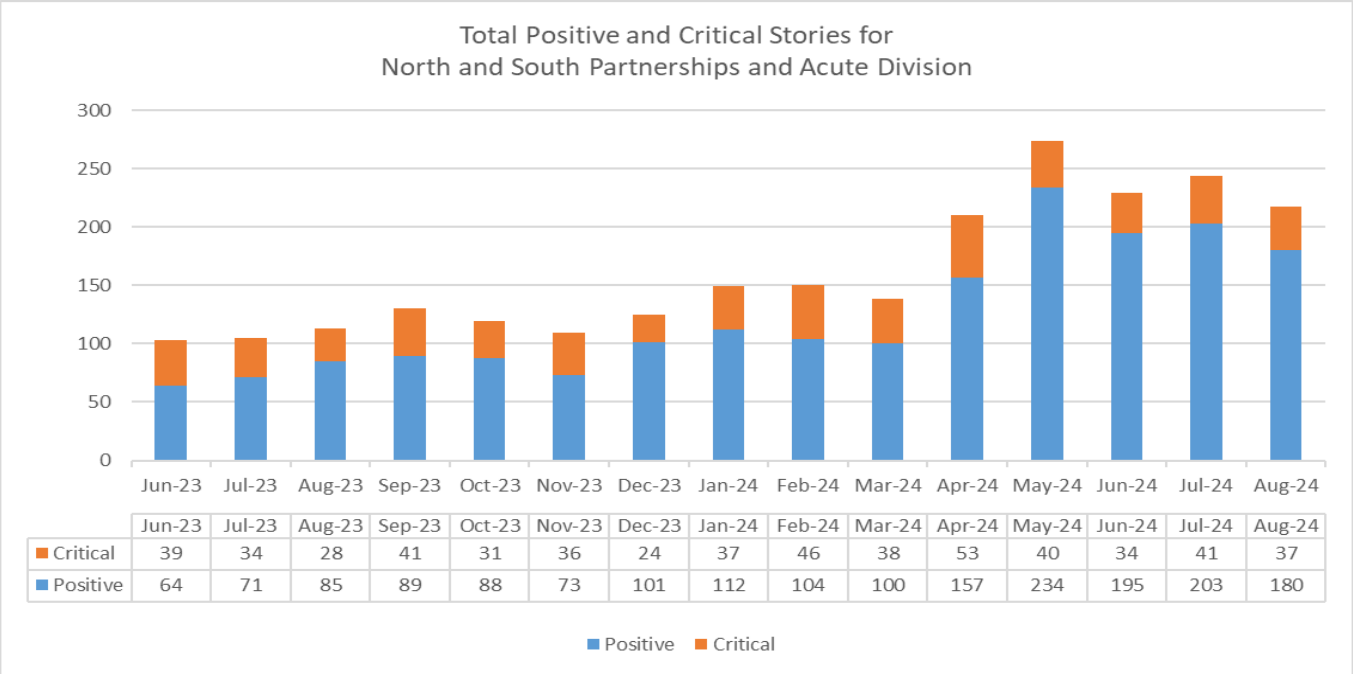


Fig. 1.21 Care Opinion total number of stories received NHS Lanarkshire Acute Division, North and South Partnerships- *unvalidated data and subject to change*



	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Acute Division	88	103	94	87	89	106	112	91	135	142	128	133	113
South	4	4	6	3	15	8	11	21	33	81	57	68	69
North	21	23	19	19	21	35	27	26	42	51	44	43	35

Fig. 1.22 Care Opinion Positive and Critical Feedback – *unvalidated data and subject to change*



	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Critical	39	34	28	41	31	36	24	37	46	38	53	40	34	41	37
Positive	64	71	85	89	88	73	101	112	104	100	157	234	195	203	180

Key Deliverable	End Date
Acute - at least 90% of stories will receive a response within 5 days, including bank holidays and weekends. North & South Partnerships – do not have a target for response times at present.	31 March 2025

Key Issues

<u>NHS Lanarkshire Acute Division</u>

NHS Lanarkshire Acute Division had a total of **113** stories published in August 2024. **86** (**76%**) of these were positive of their experience and **27** (**24%**) were critical of their experience. **90%** of stories were responded to within 5 days, **meeting** the local performance target. All stories were responded to.

The main themes of the stories reflecting critical experiences related to: **Waiting,** e.g., waiting to be seen in A&E, waiting for operations or investigations; **Staff Attitude,** e.g., staff being rude, or lack of empathy shown; and **Treatment,** e.g., lack of post-operative advice, IV medication not administered on time.

The main themes of the stories reflecting positive experiences related to: **Care and Compassion** shown by staff towards patients; the **Level of care** from staff towards patients; and **Staff attitude** towards patients and visitors.

<u>University Health and Social Care North Lanarkshire</u>

University Health and Social Care North Lanarkshire had a total of **35** stories published in August 2024. **30** (**86%**) were positive of their experience and **5** (**14%**) were critical of their experience. **94%** of stories received a response.

<u>South Lanarkshire University Health and Social Care Partnership</u>

South Lanarkshire University Health and Social Care Partnership had a total of **69** stories published in August 2024. **64** (**93%**) of these were positive of their experience and **5** (**7%**) were critical of their experience. **100%** of stories received a response.

Key Actions

New Responders (NHS Lanarkshire Acute Division)
We are continually recruiting staff to be Care Opinion subscribers and currently have **253** members of staff registered as responders within the Acute Division. As part of the improvement work being undertaken, work is underway to increase the numbers going forward through promotion work and responder training.

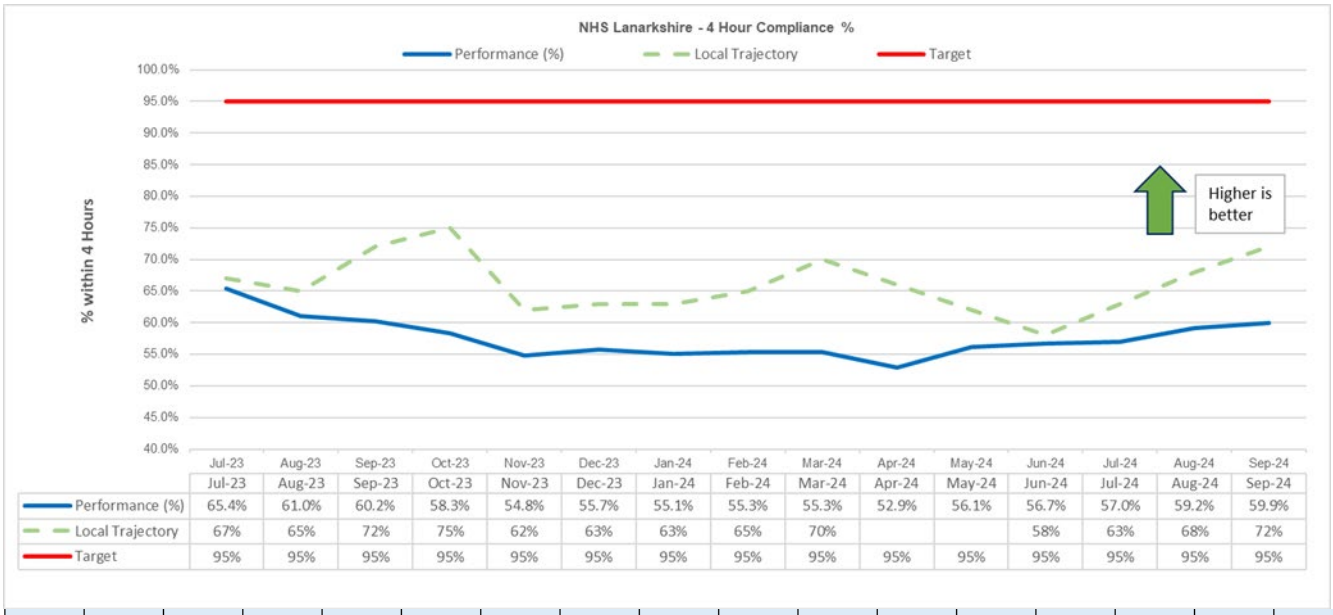
Who responds (NHS Lanarkshire Acute Division)
A key aim of Care Opinion is that authors will receive responses from staff in the service they are writing about. The Improvement Team provide responses to the Acute Division subscription if staff are unable to respond within the timeframe, for example, due to staff capacity issues. In August, **32%** of stories were responded to by the Improvement Team and **68%** were responded to by someone close to the service. This is an increase in the number responded to by Acute Division staff from the previous month.

Promoting Care Opinion (NHS Lanarkshire Acute Division)
Staff continue to promote the use of Care Opinion across NHS Lanarkshire Acute Division and have provided promotional materials to staff. Training has been carried out both on a 1-1 or small group basis across NHS Lanarkshire Acute Division covering how to use the website, responding to stories posted and other functions available on the Care Opinion site.

4. Hospital Services Sub-Committee

4.1 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 59.9%

Fig. 1.23: 4 hour compliance (Jul23 –Sep24) - *unvalidated data and subject to change validated data*

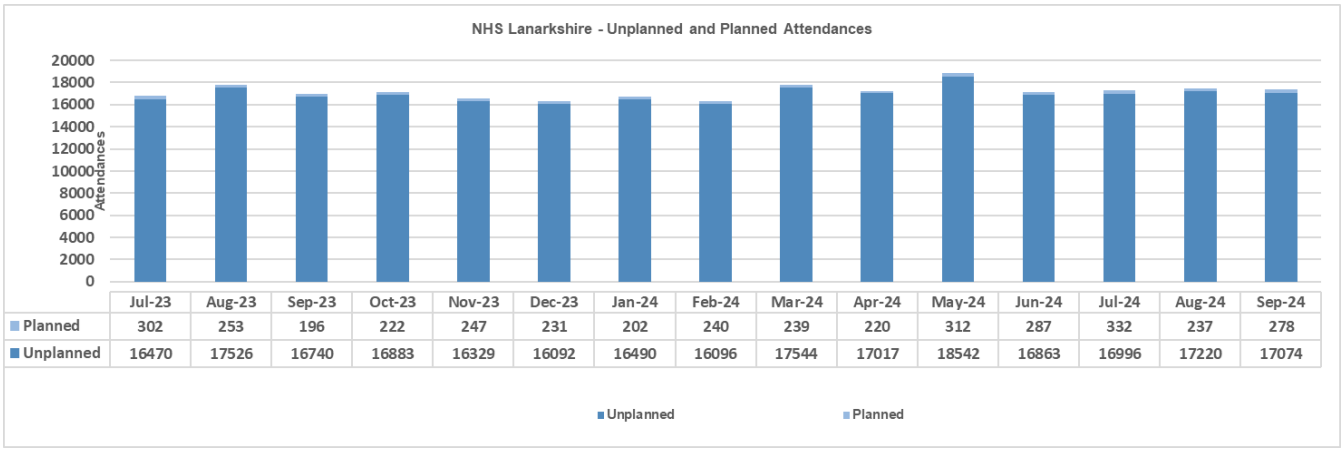


	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Performance (%)	65.4%	61.0%	60.2%	58.3%	54.8%	55.7%	55.1%	55.3%	55.3%	52.9%	56.1%	56.7%	57.0%	59.2%	59.9%
Local Trajectory	67%	65%	72%	75%	62%	63%	63%	65%	70%			58%	63%	68%	72%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Scotland	72.6%	72.7%	71.3%	69.4%	68.3%	67.0%	65.6%	65.5%	67.1%	67.4%	67.4%	70.8%	69.0%	69.6%	68.7%	

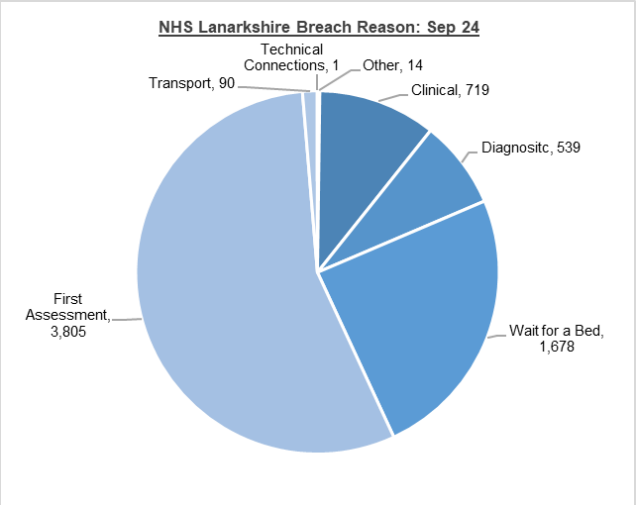
This shows there was a slight improvement in performance compared to last month, but below trajectory.

Fig. 1.24 Attendances (Jul23 – Sep24) - *unvalidated data and subject to change*



	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Planned	302	253	196	222	247	231	202	240	239	220	312	287	332	237	278
Unplanned	16470	17526	16740	16883	16329	16092	16490	16096	17544	17017	18542	16863	16996	17220	17074

Fig. 1.25: Breach Reason (September 2024) - *unvalidated data and subject to change*



Date of Extraction: *3rd October 2024*
Source: *Trakcare (unvalidated and subject to change)*

Key Deliverable		End Date
National standard: At least 95% of patients will wait less than 4 hours from arrival to admission, discharge, or transfer for Accident & Emergency treatment. The delivery of a sustained improvement in the performance against this standard remains a key clinical priority area for NHS Lanarkshire.		Ongoing
Key Milestones	Local trajectory is 72%.	30th September 2024

Key Issues

NHS Lanarkshire's September 2024 performance was 60%, against a local trajectory of 72%. This is a slight improvement when compared August 2024. NHS Lanarkshire's performance continues to remain **lower** that the Scottish average which was 69% for August 2024.

University Hospital Hairmyres month-end performance was improved at 56% compared to 53% in August 2024. During September 2024 weekly performance varied between 54% and 60%.

University Hospital Monklands month-end performance was improved at 61% compared to 58% in August 2024. During September 2024 weekly performance varied between 53% and 68%.

University Hospital Wishaw month-end performance was reduced at 62% compared to 65% in August 2024. During September 2024 weekly daily performance varied between 59% and 66%.

At the end of September 2024, 86% of patients were admitted, treated or discharged within 8 hours, an improved position compared to August 2024, but below the trajectory for September 2024 of 93%.

At the end of September 2024, 93% of patients were admitted, treated or discharged within 12 hours, a similar position compared to August 2024, but below the trajectory for September 2024 of 96%.

All 3 of our acute sites continue to experience the following challenges, which impacts on length of stay, delays to admission and delays to first assessment:

- High number of patients with a length of stay greater than 14 days.
- High site occupancy.

- High number of patients not meeting the criteria to reside, including delayed discharges.
- Workforce absences.

Key Actions

All 3 of our acute sites have the following actions in place to improve performance and address challenges. The actions below link to specific improvement in flow groups.

- Flow 1 performance plans to improve Minors Flow performance.
- Strengthening of Flow Foundation Bundle outcomes, to support performance improvement in Flow 3 and Flow 4, linked to 14-day Length of Stay review and improved discharge planning.
- Continuous improvement work across the flow categories linked to improvement trajectories.
- Recruitment process underway to enhance Emergency Department workforce.
- Expansion of the diagnostic virtual ward pathway to reduce occupancy.
- Discharge Target Operating Model implemented, incorporating the pathway approach to enable home assessment with the Health and Social Care Partnerships.

Site specific actions and outcomes in response to local factors include:

UHH

- Emergency department recruitment process commenced for additional nursing to reduce reliance on agency, improve compliance against the 4-hour standard.
- Revised senior decision maker rota in Emergency Assessment Unit to support admission avoidance and reduce overnight bed waits, Monday -Thursday.
- Establishment of Surgical Hot Clinics to improve performance against the 4-hour standard for patients admitted into surgical specialties.
- Expanding Diagnostic Virtual pathways to reduce occupancy.

UHM

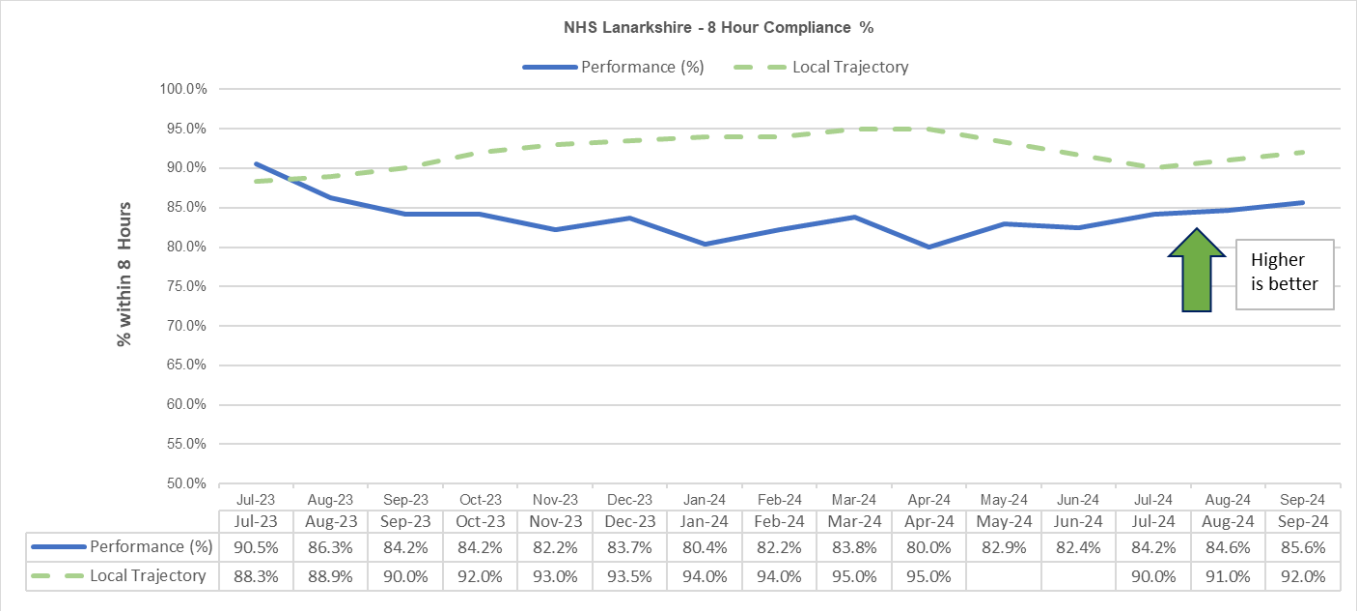
- Increased dedicated support for category 4 Minor patients, with an aim to improve performance in this category of Flow group 1.
- Increase weekly number of urology patients accessing Surgical Ambulatory Care Unit to maximise utilisation of capacity.
- Undertake robust breach analysis to further inform future actions, considering breaches by time of day, day of week, flow groups and reason for breach.
- Monitor and review patients with a length of stay of 8-14 days.

UHW

- Expansion of REACT in line with the Target Operating Model.
- Trauma Assessment Unit to manage Orthopaedic activity outside of the Emergency Department.
- Embedding Diagnostic Virtual pathways to reduce occupancy.

4.2.1 8-hour breaches *Reduce 8-hour breaches to <5% by end of October 2023*	Target 93%	Performance 85.6%

Fig. 1.26: 8 hour compliance (Jul23 –Sep24) - *unvalidated data and subject to change validated data*



	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Performance (%)	90.5%	86.3%	84.2%	84.2%	82.2%	83.7%	80.4%	82.2%	83.8%	80.0%	82.9%	82.4%	84.2%	84.6%	85.6%
Local Trajectory	88.3%	88.9%	90.0%	92.0%	93.0%	93.5%	94.0%	94.0%	95.0%	95.0%			90.0%	91.0%	92.0%

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Scotland	93.4%	91.6%	90.6%	88.7%	88.1%	87.5%	85.4%	88.3%	89.0%	88.3%	90.1%	89.3%	89.4%	89.8%	

Key Milestones	Local Trajectory 93%	30th September 2024

Key Issues

At the end of September 2024, 86% of patients were admitted, treated or discharged within 8 hours, an improved position compared to August 2024, but below the local trajectory for September 2024 of 93%.

For further information, see section 4.1 4 Hour Emergency Access.

Key Actions

As detailed in section 4.1 4 Hour Emergency Access.

4.2.2 12-hour breaches *Reduce 12-hour breaches to zero by end of October 2023*	Target 96%	Performance 92.5%

Fig. 1.27: 12 hour compliance (Jul23 – Sep24) - *unvalidated data and subject to change*

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Performance (%)	96.2%	96.8%	94.3%	92.4%	92.4%	91.7%	92.8%	89.9%	91.9%	94.2%	90.0%	92.5%	91.6%	93.2%	92.5%
Local Trajectory	96.8%	97.3%	98.0%	100.0%	93.5%	94.0%	95.0%	96.0%	98.0%			94.0%	95.0%	95.0%	96.0%

This shows an improved position when compared to last month.

	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Scotland	97.7%	97.9%	97.0%	96.6%	95.2%	94.9%	94.7%	92.8%	95.0%	95.6%	94.8%	95.8%	95.5%	95.5%	95.8%	

validated data

Key Milestones	Local Trajectory 96%	30th September 2024

Key issues

At the end of September 2024, 93% of patients were admitted, treated or discharged within 12 hours, a similar position when compared with August 2024, but **below** the trajectory for September 2024 of 96%.

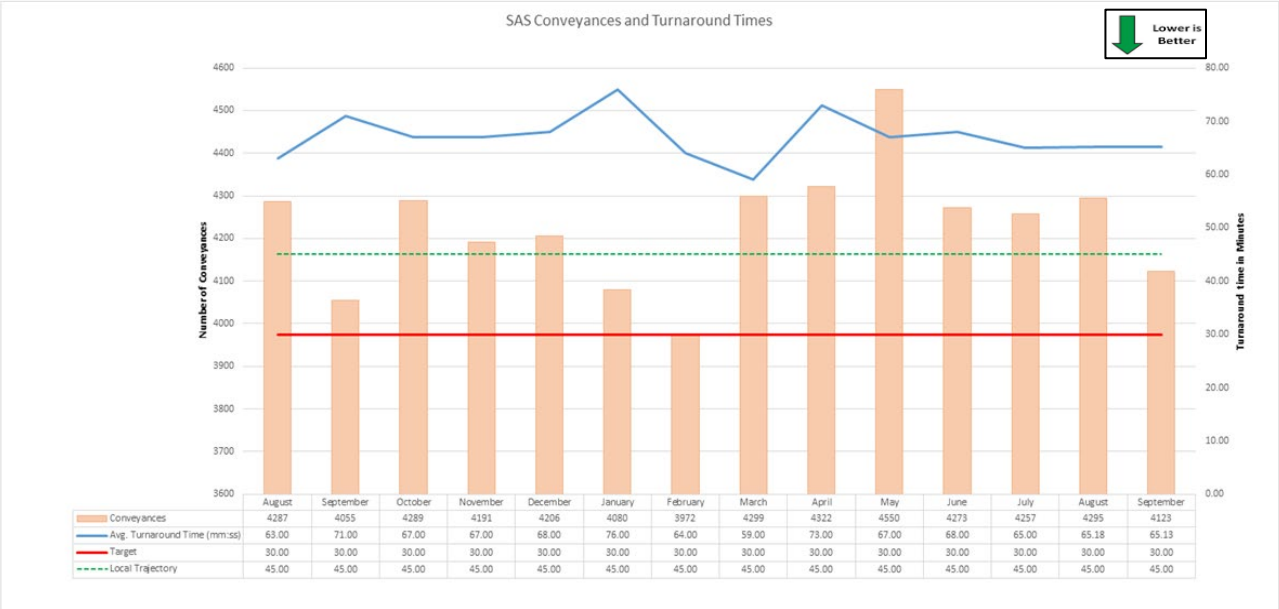
*For further information, see section 4.*1- 4 Hour Emergency Access

Key actions

As detailed in section 3.1 *4 Hour Emergency Access.*

4.3 SAS Turnaround Time *Reduce average turnaround times*	Target 30 minutes	Performance 65 Minutes

Fig. 1.28: NHS Lanarkshire Performance – SAS average turnaround times against target of 30 minutes



	August	September	October	November	December	January	February	March	April	May	June	July	August	September
Conveyances	4287	4055	4289	4191	4206	4080	3972	4299	4322	4550	4273	4257	4295	4123
Avg. Turnaround Time (mm:ss)	63.00	71.00	67.00	67.00	68.00	76.00	64.00	59.00	73.00	67.00	68.00	65.00	65.18	65.13
Target	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
Local Trajectory	45.00	45.00	45.00	45.00	45.00	45.00	45.00	45.00	45.00	45.00	45.00	45.00	45.00	45.00

Key Milestones	Reduce SAS average turnaround times to 30 minutes	31 March 2025

Key issues

NHS Lanarkshire is **not meeting** the target, with an average performance in September 2024 of 65.13 minutes against a national target of 30 minutes and a local improvement trajectory of 45 minutes.

At University Hospital Hairmyres in September 2024, the average turnaround time was 60 minutes.

At University Hospital Monklands in September 2024, the average turnaround time was 63 minutes.

At University Hospital Wishaw in September 2024, the average turnaround time was 74 minutes.

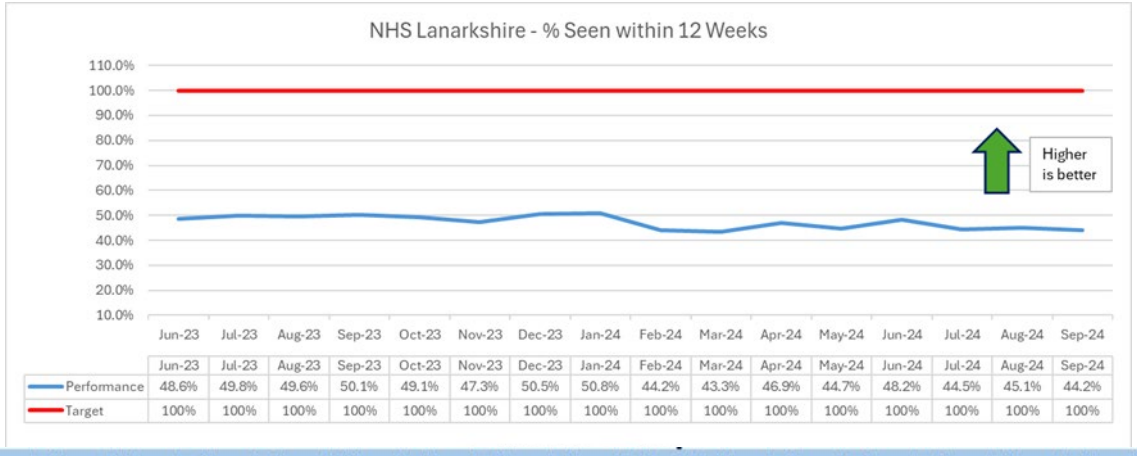
Key actions

The following actions are being taken at all 3 of our Acute sites to address the challenges to achieve the improvement trajectory:

- An implementation of escalation framework in Emergency Department to reduce time to triage and time to first assessment;
- Implementation of co-horting of patients where appropriate in order to release ambulances and improve turnaround times;
- Implementation of Fit to Sit to reduce turnaround times; and
- Daily attendance of SAS colleagues on escalation calls to support system wide decisions and reduce turnaround times.
- FNC organising transport of GP heralded patients, to ensure timeous assessment of patients.

4.4 Patient TTG *Ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed*	Target 100%	Performance 44.2%

Fig 1.29: Percentage Seen within 12 weeks (completed) - *unvalidated data and subject to change*

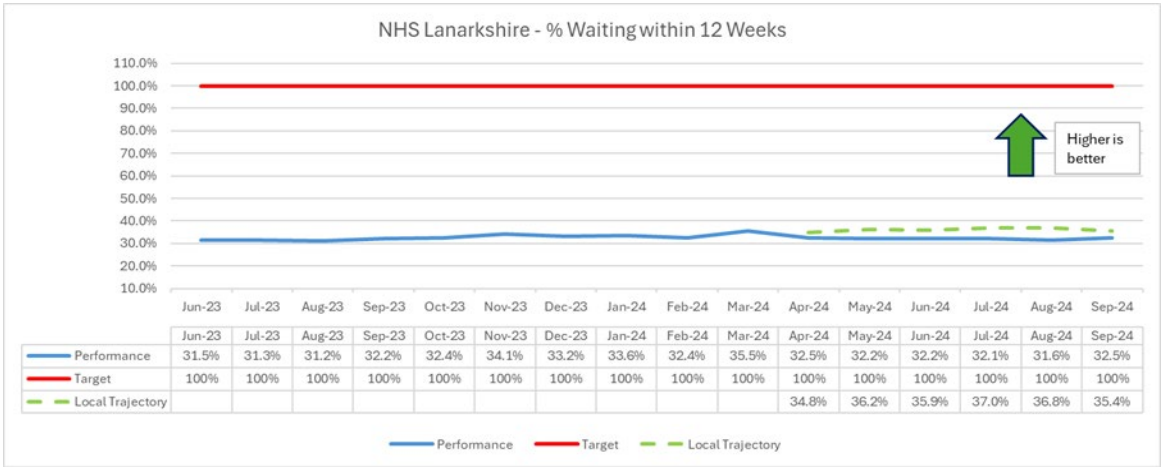


	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Scotland	51.7%	56.5%	57.2%	52.6%	52.4%	52.9%	61.0%	56.1%	56.4%	54.8%	59.9%	58.2%	58.3%	58.6%	57.8%	

National Benchmarking Percentage Seen within 12 weeks (completed) - unvalidated data and subject to change

Performance has slightly decreased from August 2024, but the 12 weeks waiting time target continues **not** being met. We continue to balance activity to ensure cancer and clinically urgent patients are completed within 12 weeks whilst focusing on reducing the very long waits.

Fig 1.30: % Waiting within 12 weeks (ongoing) - *unvalidated data and subject to change*



	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Scotland	31.5%	31.2%	31.1%	31.6%	32.6%	32.7%	30.4%	29.5%	31.0%	26.2%	31.7%	31.7%	31.4%	32.0%	31.5%	

National Benchmarking Patients Waiting within 12 weeks (ongoing) - unvalidated data and subject to change

This shows that patients waiting more than 12 weeks has reduced when compared to August 2024. Waiting time targets are not being met. We continue to balance activity to ensure cancer and clinically urgent patients are completed within 12 weeks whilst focusing on reducing the very long waits.

Fig 1.31: TTG waiting list size against local trajectories

Inpatient and Day case(TTG)	Apr-24		May-24		Jun-24		Jul-24		Aug-24		Sep-24		Oct-24	
	Trajectory	Actual @1st May	Trajectory	Actual @1st June	Trajectory	Actual @1st July	Trajectory	Actual @1st August	Trajectory	Actual @1st September	Trajectory	Actual @1st October	Trajectory	Actual @1st November
Over 104 Weeks	723	681	710	635	700	581	683	535	671	504	649	483	655	
Over 78 Weeks	1276	1276	1298	1240	1319	1161	1384	1126	1443	1111	1505	1105	1533	
Over 52 Weeks	2893	2649	2999	2574	3032	2488	3104	2231	3213	2328	3286	2224	3387	
Total List Size	12311	11897	12558	11816	12578	11742	12780	11631	12756	11513	12501	11616	12773	

This shows that the number of patients waiting over 104, 78, 52 weeks continues to **exceed performance against local trajectories. (Lower is better).** National targets continue not to be met.

Fig. 1.32 TTG Monthly activity against projected funded activity.

TTG Activity Projections	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Year to Date Total
Projected	1639	1676	1587	1411	1467	1689	1678	1633	1410	1454	1678	1532	9469
Achieved	1593	1673	1406	1513	1582	1374							9141

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.

Key Issues

In September 2024, 44.2% of patients were treated within 84 days, a reduced position compared with August 2024. There are still a number of patients being treated who continue to experience very long waits. The number of patients on the waiting list has **increased** from 11,513 in August 2024 to 11,616 in September 2024.

Risks that continue to impact activity include:

- Availability of planned care funding.
- Complexity of patient treatment plans.
- Availability of workforce.

Key Actions

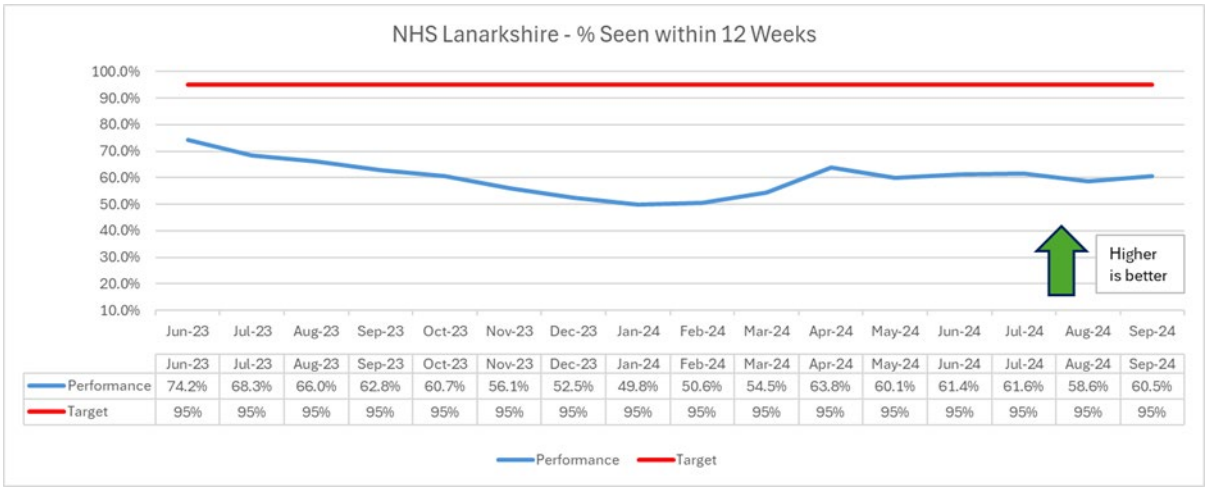
The following actions are being undertaken to address the challenges to achieve trajectory:

- Define a shared clinical pathway with NHS Forth Valley for non-medical workforce models for Orthopaedics to support high volume activity.
- Continued administration validation process that was supported by National Elective Coordination Unit (NECU) for all patients waiting over 12 weeks. 8% response to date with the expectation of this increasing to circa 10%. Full impact will be confirmed by end of October 2024.
- Implementing the scheduling system for theatres. Phase 1 involves Urology and Head & Neck.
- Continue to balance activity to ensure cancer and clinically urgent patients are completed within 12 weeks whilst focusing on reducing the very long waits.

Overall activity in September 2024 was 1374, **not meeting projected funded activity** (Fig 1.32), a decrease in activity compared to 1582 in August 2024.

4.5 New Outpatients *12 Week Outpatient Guarantee (84 days)*	Target 95%	Performance 60.5%

Fig 1.33: Percentage seen within 12 weeks (Jun23-Sep24) - *unvalidated data and subject to change*

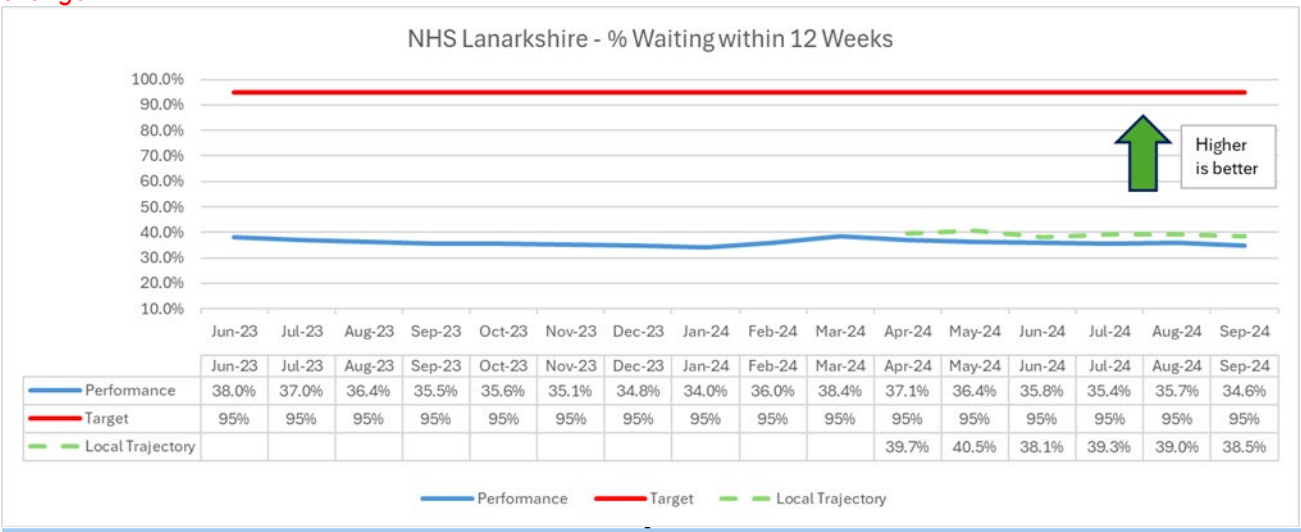


	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Scotland	76.3%	82.1%	84.6%	83.1%	62.6%	60.9%	59.9%	61.9%	60.1%	62.1%	65.7%	64.9%	65.4%	67.1%	65.2%	

National Benchmarking Patients Seen within 12 weeks – unvalidated and subject to change

This shows that the number of patients seen within 12 weeks in September 2024 has **increased** when compared to August 2024. Patients seen within 12 weeks are largely cancer patients and clinically urgent.

Fig 1.34 : Percentage waiting within 12 weeks (Jun23-Sep24) - *unvalidated data and subject to change*



	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Scotland	31.5%	32.4%	43.5%	42.9%	42.1%	42.5%	38.8%	38.9%	40.1%	42.9%	41.9%	41.5%	40.8%	40.7%	39.9%	

National Benchmarking Patients Waiting within 12 weeks (ongoing) - unvalidated and subject to change

This shows that the number of patients waiting within 12 weeks has decreased slightly in September 2024 when compared to August 2024.

Fig. 1.35 – New Outpatients Waiting list size against local trajectories

New Outpatients (NOP)	Apr-24		May-24		Jun-24		Jul-24		Aug-24		Sep-24		Oct-24	
	Trajectory	Actual @1st May	Trajectory	Actual @1st June	Trajectory	Actual @1st July	Trajectory	Actual @1st August	Trajectory	Actual @1st September	Trajectory	Actual @1st October	Trajectory	Actual @1st November
Over 104 Weeks	3	4	11	4	5	6	0	3	0	9	0	2	0	
Over 78 Weeks	1002	829	1242	954	1302	1051	1390	1002	1488	947	1536	912	1582	
Over 52 Weeks	7771	6772	9331	7432	9567	7988	9947	7832	10234	8050	10679	7845	11144	
Total List Size	67125	65228	70569	66195	69280	66091	70932	64674	72575	65502	73522	64436	74992	

This shows that the number of patients waiting over 78 and 52 weeks **exceeds** performance against local trajectories. (**Lower** is better). The 2 patients waiting over 104 weeks have a plan for early October. Service plans in place to ensure no further patients move to 104 weeks wait to deliver the trajectory for no patients waiting over 104 weeks by end of October 2024. National target continues to **not** be met.

Fig 1.36 - New Outpatients Monthly activity against projected funded activity

OP Activity Projections	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Year to Date Total
Projected	9589	9972	10105	9445	9328	9979	10921	11849	9451	10925	11245	11147	58418
Achieved	9498	10376	9539	9585	10149	9470							58617

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.

Key Issues

In September 2024, 61% of patients had completed waits to be seen within 84 days, an improvement when compared to August 2024. At end of September 2024, 35% of patients had ongoing waits over 12 weeks (ongoing).

Risk that continue to impact activity:

- Balancing long waits against clinical prioritisation and cancer.
- Balancing return and new out-patients.
- Availability of workforce.
- Availability of planned care funding.

Key Actions

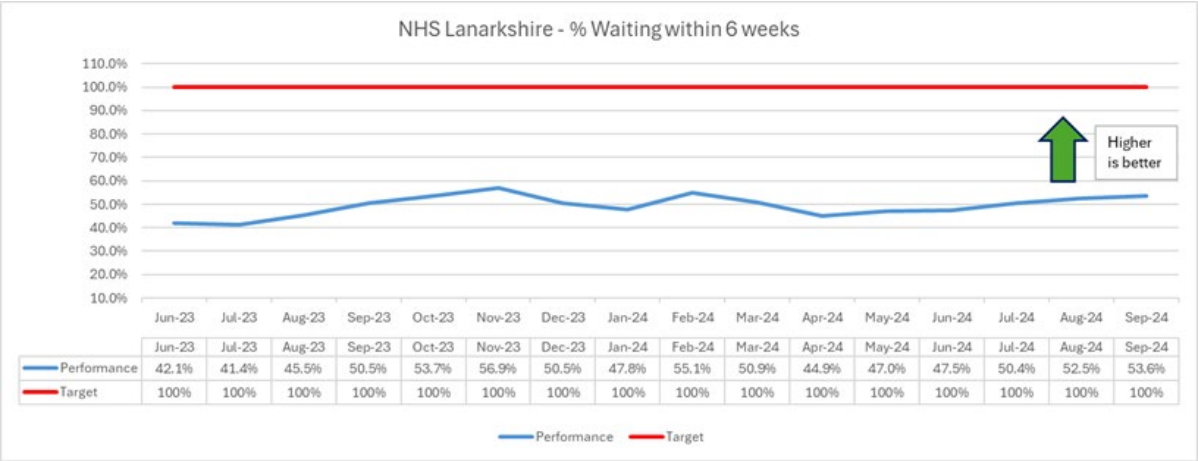
The following actions are being undertaken to address the challenges to achieve trajectory.

- Monitoring process in place to measure the impact of Active Clinical Referral Triage (ACRT) and Patient Initiated Returns (PIR).
- Conclude the administration validation process that was supported by National Elective Coordination Unit (NECU) for all patients waiting over 12 weeks. 8% response to date with the expectation of this increasing to circa 10%. Full impact will be confirmed by end of October 2024.
- Three-Month Test of Change at University Hospital Monklands in place for Virtual Sleep pathway within Respiratory, commencing September 2024.
- Working in collaboration with Primary Care to implement an image capture and referral pathway which enables the safe and secure acquisition and transfer of images from primary care to secondary care as part of a Dermatology referral to enable effective Active Clinical Referral Triage by March 2025.
- Progressing plans to implement digital prostate marker monitoring by end of November 2024.

Overall activity in September 2024 was 9470, **below projected funded activity** (Fig 1.36) and a decrease compared to 10149 in August 2024.

4.6 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 53.6%

Fig. 1.37: Diagnostic Waiting Times - Endoscopy - *unvalidated data and subject to change*

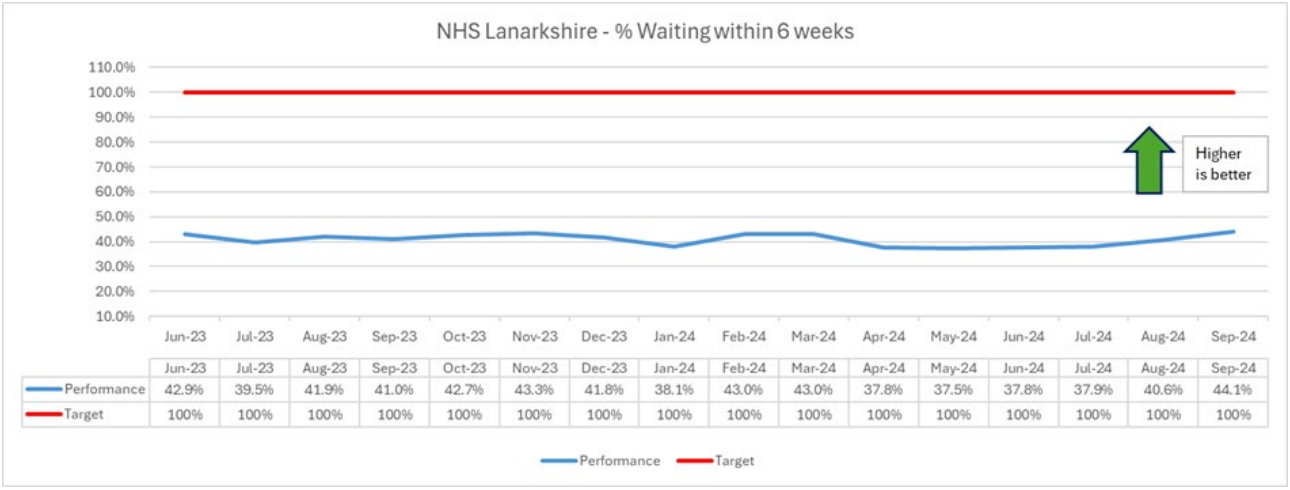


	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Scotland	40.0%	37.7%	38.9%	40.3%	41.2%	42.7%	39.4%	38.2%	43.0%	41.6%	39.6%	40.7%	40.0%	39.0%	39.8%	

National Benchmarking Endoscopy Patients Seen within 6 weeks – unvalidated and subject to change

This shows that the percentage of patients waiting less than 6 weeks has increased in September 2024 compared to August 2024. National target continues **not to be met**.

Fig. 1.38: Diagnostic Waiting Times - Imaging - *unvalidated data and subject to change*



	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Scotland	53.0%	50.1%	51.3%	52.6%	52.7%	55.0%	51.5%	50.4%	57.6%	56.1%	51.8%	52.9%	52.9%	51.0%	53.7%	

National Benchmarking Imaging Patients Seen within 6 weeks – unvalidated and subject to change

While the national target is not being met, the percentage of patients waiting less than 6 weeks has increased in September 2024 when compared to August 2024.

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

Endoscopic Diagnostics

In September 2024, 1686 patients underwent investigation, a **decrease** compared to 1853 in August 2024. The number of patients on the waiting list has marginally **increased** from 4549 in August 2024 to 4584 in September 2024.

NHS Lanarkshire continues to make progress with local trajectories with patients waiting over 6 weeks. Patients waiting over 52 weeks has **decreased**, however, patients waiting over 26 weeks has marginally increased when compared to August 2024. This continues to be due to workforce availability and the prioritisation of urgent/cancer cases. **National targets continue not to be met.**

Endoscopy 4 Key Diagnostic Tests	Apr-24		May-24		Jun-24		Jul-24		Aug-24		Sep-24		Oct-24	
	Trajectory	Actual @1st May	Trajectory	Actual @1st June	Trajectory	Actual @1st July	Trajectory	Actual @1st August	Trajectory	Actual @1st September	Trajectory	Actual	Trajectory	Actual
Over 52 Weeks	220	214	262	253	223	302	225	307	227	317	228	289	235	
Over 26 Weeks	891	830	1007	964	690	958	697	887	701	867	706	878	725	
Over 6 Weeks	2981	2965	2672	2645	3305	2505	3342	2346	3371	2161	3381	2125	3457	
Total List Size	5410	5547	5037	5104	5639	4773	5689	4732	5718	4549	5776	4584	5694	

Risks that continue to impact activity:

- Balance of clinical prioritisation, particularly urgent suspicion of cancer workload.
- Increased referrals.
- Availability of skilled workforce.
- Regular accredited endoscopy training availability.
- Availability of planned care funding.

Radiological Imaging

In September 2024, 5745 patients underwent investigation, a **decrease** compared to 6217 in August 2024. The number of patients on the overall radiology waiting list has **decreased** by 2% from 15,955 in August 2024 to 15633 in September 2024. Radiological imaging activity in September 2024 is circa 13.3% lower than August 2024.

NHS Lanarkshire continues to make progress with local trajectories, although **national targets continue not to be met**. There are no patients waiting over 52 weeks, robust plans in place to monitor diagnostic reporting challenges that are a result of patients moving into this waiting times category.

Imaging 4 Key Diagnostic Tests	Apr-24		May-24		Jun-24		Jul-24		Aug-24		Sep-24		Oct-24	
	Trajectory	Actual @1st May	Trajectory	Actual @1st June	Trajectory	Actual @1st July	Trajectory	Actual @1st August	Trajectory	Actual @1st September	Trajectory	Actual	Trajectory	Actual
Over 52 Weeks	223	0	16	18	20	44	15	0	7	10	0	0	0	
Over 26 Weeks	2300	2315	2457	2470	3546	2358	3781	1940	3862	1604	3995	1388	3794	
Over 6 Weeks	10564	10622	10918	10865	11317	10693	11284	9942	11193	9356	11124	8734	10975	
Total List Size	16977	17056	17,457	17324	17,786	17190	17625	16001	17534	15758	17,450	15,633	17248	

Risks that continue to impact activity:

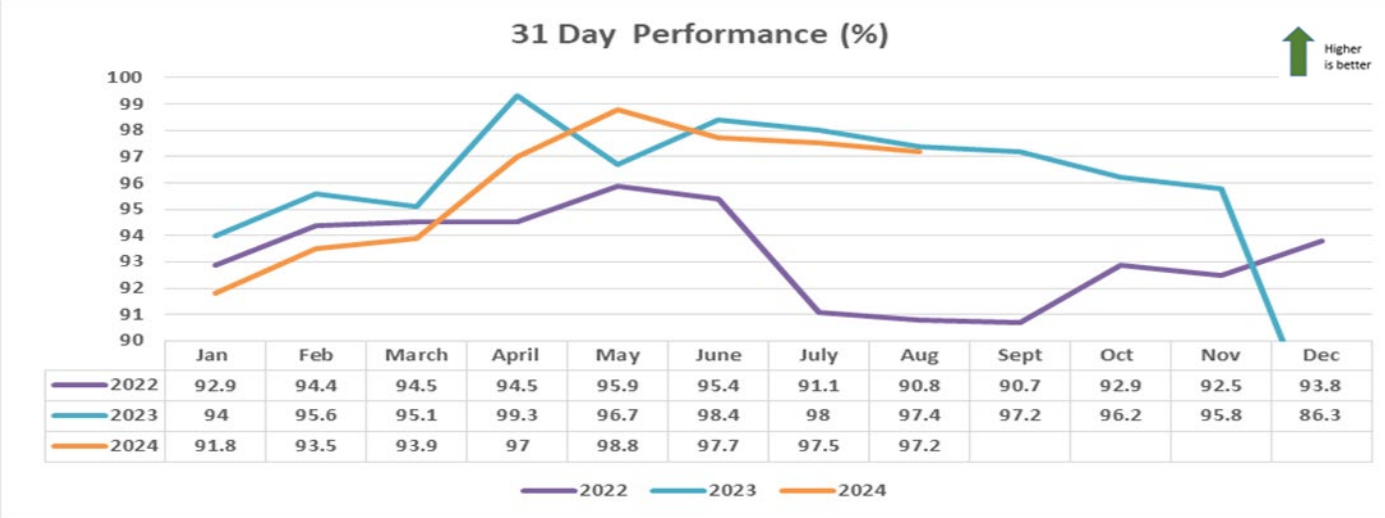
- Emergency pressures on staff, beds and other resources.
- Urgent caseload, including cancer.
- Availability of workforce.
- Availability of planned care funding.
- Rebalance of emergency to planned care provision.
- Increased volume of CT urgent suspicion of cancer and planned /surveillance scans.

Key Actions

- Collaborating with Forth Valley to maximise capacity in the region.
- Develop 7 day working pathways for MRI by early November 2024.
- Enhance training and development within the Endoscopy Service workforce.
- Reviewing non-medical Clinical Pathways to improve efficiency and productivity and reduce waiting times.
- Working with the National Endoscopy Team to support service improvements such as implementation of Reflux Pathway.

4.7 Cancer 31 and 62-day Referral to Treatment	Target	Performance
95% of patients should wait no more than 31 days from decision to treat to first cancer treatment	95%	97.2% (31 day)
95% of patients should wait no more than 62 days from urgent suspicion of cancer to treatment	95%	95.8% (62 day)

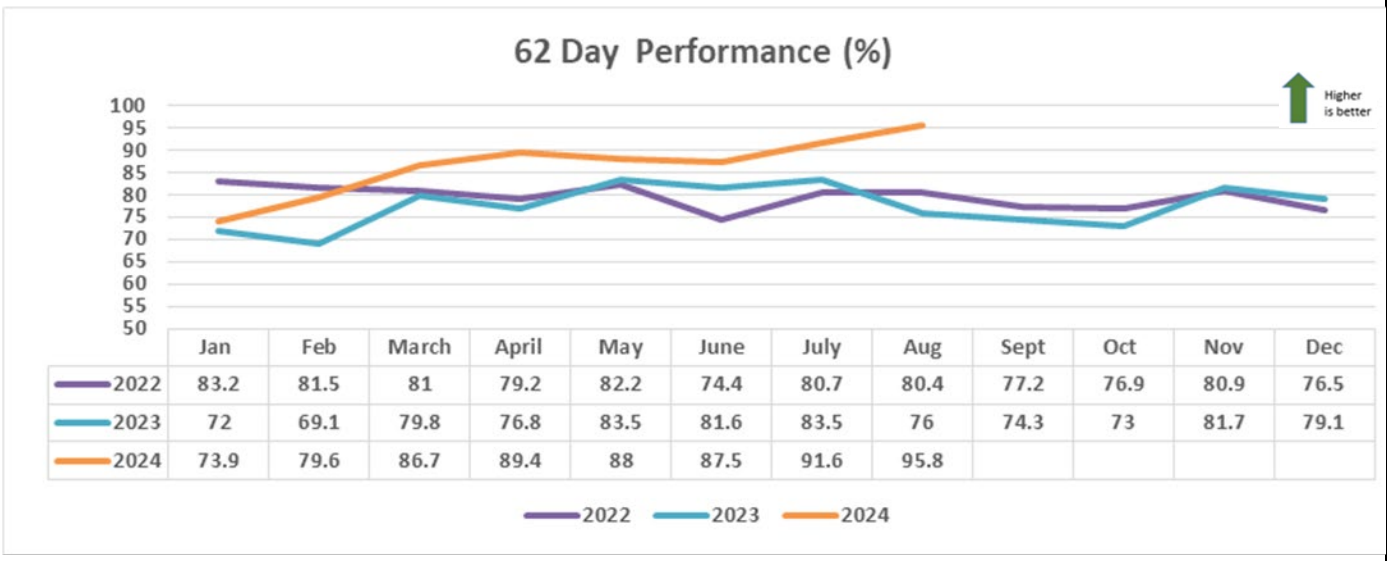
Fig. 1.39: 31-day standard performance (local data) - August 2024



	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2022	92.9	94.4	94.5	94.5	95.9	95.4	91.1	90.8	90.7	92.9	92.5	93.8
2023	94	95.6	95.1	99.3	96.7	98.4	98	97.4	97.2	96.2	95.8	86.3
2024	91.8	93.5	93.9	97	98.8	97.7	97.5	97.2				

For 31 Days, NHS Lanarkshire **exceeds** the National target.

Fig 1.40: 62-day standard performance (local data) - August 2024



	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2022	83.2	81.5	81	79.2	82.2	74.4	80.7	80.4	77.2	76.9	80.9	76.5
2023	72	69.1	79.8	76.8	83.5	81.6	83.5	76	74.3	73	81.7	79.1
2024	73.9	79.6	86.7	89.4	88	87.5	91.6	95.8				

For 62 Days, NHS Lanarkshire **exceeds** the National target.

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. 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.	March 2025

Cancer Quarterly performance continues to progress against local trajectories, **meeting** the National standard for August 2024.

Fig:1.41: Cancer Quarterly Performance (31-Day & 62-Day) – Predicted vs Actual

	Q1 (Jan - March)				Q2 (April - June)			
	31 Day Predicted Performance (Q1 2024)	31 Day Actual Performance (Q1 2024)	62 Day Predicted Performance (Q1 2024)	62 Day Actual Performance (Q1 2024)	31 Day Predicted Performance (Q2 2024)	31 Day Actual Performance (Q2 2024)	62 Day Predicted Performance (Q2 2024)	62 Day Actual Performance (Q2 2024)
All Cancer Types	95%	93.40%	95%	80.20%	95%	97.9%	95%	89%
Breast	90%	78.50%	95%	95.20%	90%	96.9%	95%	100%
Cervical	100%	100.00%	100%	69.20%	100%	100%	100%	91.7%
Colorectal	100%	98.90%	90%	77.80%	100%	100%	95%	90.4%
Head and Neck	100%	100.00%	100%	100.00%	100%	100%	100%	100%
Lung	100%	100.00%	95%	79.60%	100%	100%	95%	89.6%
Lymphoma	100%	100.00%	100%	100.00%	100%	100%	100%	100%
Melanoma	100%	100.00%	100%	100.00%	100%	100%	100%	96.7%
Ovarian	100%	100.00%	80%	100.00%	100%	100%	85%	83.3%
UGI	100%	100.00%	95%	81.50%	100%	100%	95%	80%
Urology	95%	97.00%	80%	66.70%	95%	93.1%	85%	79%

Key Issues

<u>31-Day</u>
In August 2024, NHS Lanarkshire continues to **meet** the National standard. This is expected to be sustained in the months ahead.

<u>62-Day</u>
Improvements continue to be made in August 2024, with NHS Lanarkshire being the only mainland Board to achieve the 62-day standard, reporting **26.3% above the National average** for the month.

Service actions including the development of the Urology Hub continue to support improvement in these pathways. In August 2024, NHS Lanarkshire urology performance for 62-days was 47% points higher than the Scottish average and is the highest compliance of the 11 mainland Scottish Health Boards, sustaining above the national average for 5 consecutive months.

Continued improvement, particularly in the complex diagnostic pathways in gynaecological, colorectal, upper GI and urology is noted.

Key Actions

- Continue to prioritise core capacity for out-patients, diagnostics and theatres.
- Full implementation of the National Framework for Effective Cancer Management.
- Robust local service escalation.
- Continued expansion of diagnostics for complex pathways (including Urology Hub).

Continued progress in the reduction of patients who have breached but not yet diagnosed and patients over 100 days continues and are demonstrated in the graphs below.

Fig:1.42 Patients Breaches yet to be diagnosed

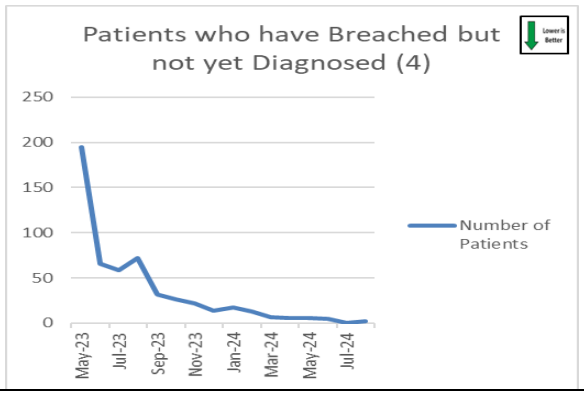
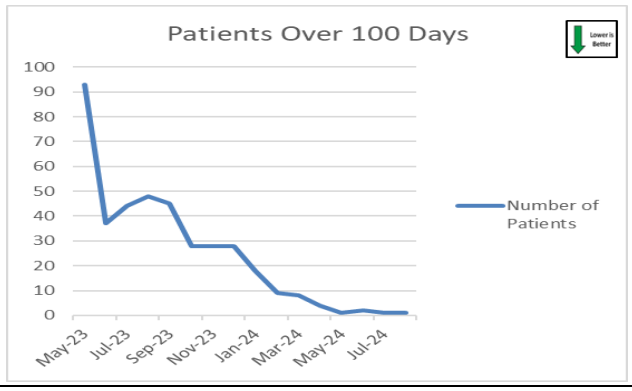


Fig:1.43 Patients – over 100 days



Rapid Cancer Diagnostic Service (RCDS)

The undernoted tables (Figure 1.51 & 1.52) illustrate the total number of referrals across the second quarter of RCDS pilot phase. It provides a breakdown of conversion to cancer rate, patients diagnosed with a significant/non-significant benign disease, as well as longest and median wait for patients aligned to key milestones from 1st June 2024 – 31st August 2024. Across the last reportable quarter, there was a 44% increase in referrals to RCDS, with the **highest** conversation to cancer rate to date.

Key Challenges

Diagnostics capacity continues to be challenged within the Rapid Cancer Diagnostic Service much like other tumour specific pathways, in particular CT scan capacity due to an increasing volume of referrals. Working closely with Radiology Department to improve waiting time for appointments and reporting of scans. This has been compounded by a **significant** increase in demand in the last quarter as well as reduced workforce, increasing waits slightly.

Key Actions

- Stratifying high and low risk to maximise CT capacity
- Review of workforce model.

Figure 1.44 Total number of referrals and conversation rates

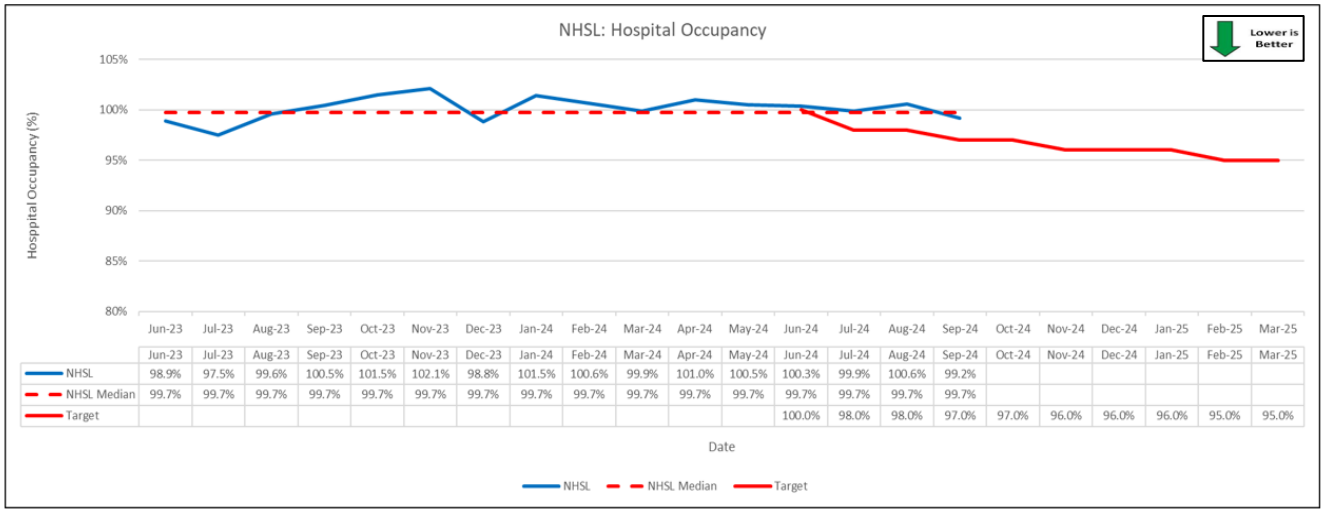
Referrals 1st June - 31st August 2024		
Total Referrals Received:	440	
Primary Care:	440	
Outcomes	**No.Pts 13**	
Conversion rate to Cancer:		18%
Conversion rate to significant Benign Disease	28	38.3%
Conversion rate to non significant benign disease /Normal CT	31	42.4%
Conversion rate to no other investigations required	1	1.3%
Total	60	
Referral back to Primary Care following MDT	**60**	
Non Sig benign disease/Normal CT	28	46.6%
Sig benign disease /Lifestyle Advice	31	51.6%
No Further Investigation required	1	1.6%

Figure 1.45 longest and median waiting times on pathway

Timed Pathway	
Longest w/time from referral to 1st direct contact	6
Median w/time from referral to 1st direct contact :	3
Longest w/time from referral to CNS review*	10
Median w/time from referral to CNS review	6.5
Longest w/time from referral to 1st diagnostic test: *	45
Median w/time from referral to 1st diagnostic test :	27
Longest w/time from referral to Cancer Diagnosis:*	48
Median w/time from referral to Cancer Diagnosis:	29.3
* 1 CNS only/Increased Referrals / * CT Waiting Time/*Increased Reporting Time	

4.8 Hospital Occupancy *Achieve occupancy of 95% by March 2025*	Target 95%	Performance 99.2%

Fig. 1.46: NHSL: Hospital Occupancy (%) – June-2023 - September 2024



Key Deliverable	End Date
Trajectories in place to achieve 95%	March 2025

Key Milestones

Occupancy remains higher than trajectory.

Key Issues

NHS Lanarkshire's occupancy level was 99.2% for September 2024.

All 3 Acute sites continue to experience the following occupancy challenges:

- Inability to consistently meet ward beat
- High level of onsite delayed discharges
- Increase in patients with length of stay greater than 14 days

Key Actions

All 3 Acute sites continue to undertake actions to reduce length of stay and occupancy:

- Consistent delivery of Flow Bundles
- Implementation of the Discharge Target Operating Model
- Joint review with Health & Social Care Partnerships for all patients with a length of stay more than 14 days

5.1 Delayed Discharges *Rate of patients in delay, no more than 34.6 per 100,000 population (All Delays)*	Target 34.6	Performance North HSCP – 35.5 South HSCP – 58.1

Fig. 1.47: No. of patients in delay (per 100,000) - All Delays - *validated data*

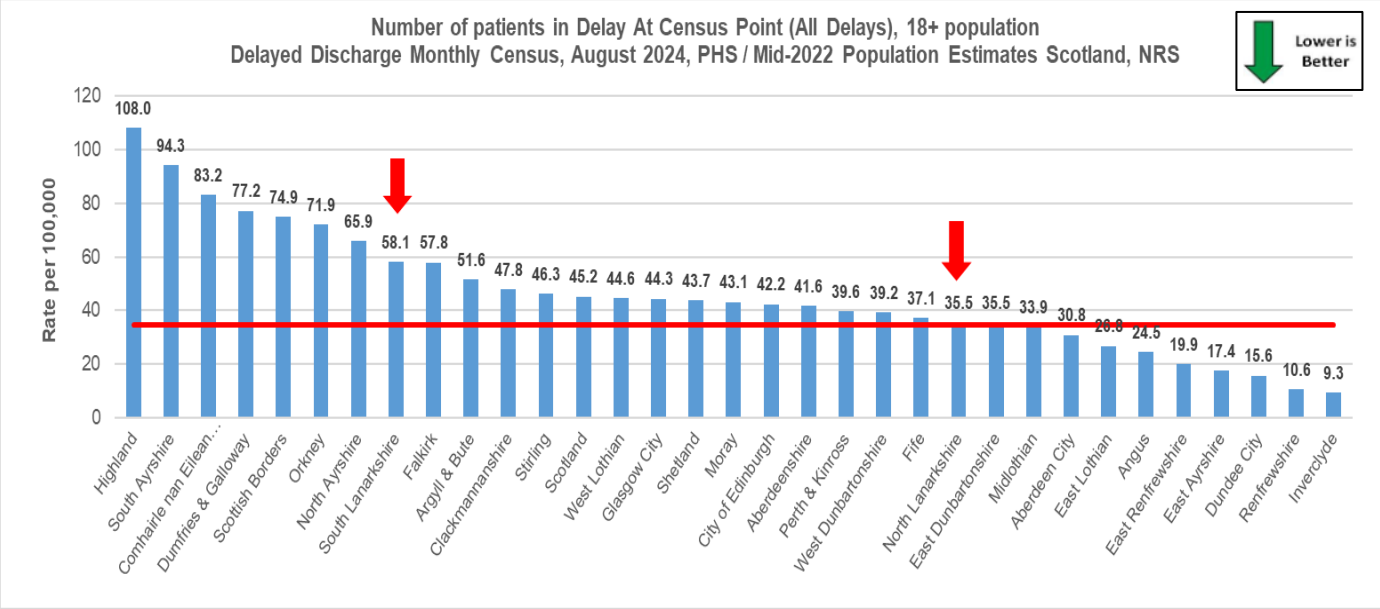
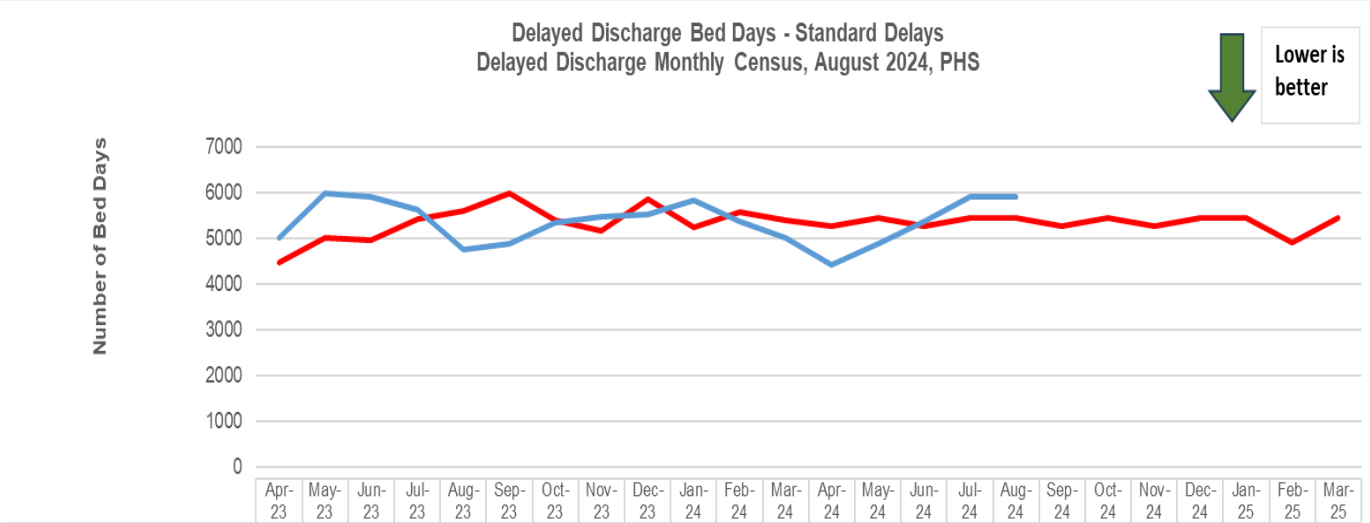
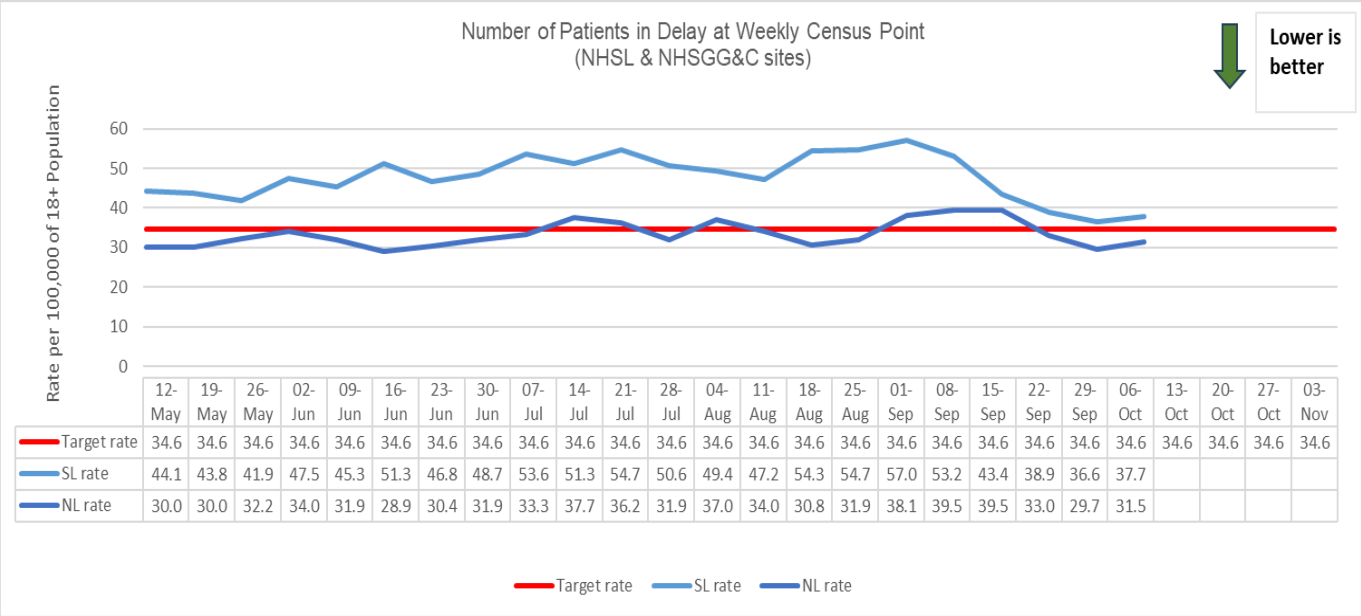


Fig. 1.48: Delayed discharge bed days - Standard Delays - *validated data*



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Lanarkshire Target Bed Days	4465	5014	4958	5417	5587	5973	5383	5170	5858	5232	5563	5387	5261	5436	5261	5436	5436	5261	5436	5261	5436	5436	4910	5436
Lanarkshire Standard Bed days	4996	5996	5908	5627	4755	4875	5338	5464	5510	5833	5369	4997	4427	4892	5359	5899	5896							

Fig. 1.49: Delays at weekly census (per 100,000) *unvalidated data and subject to change*



	12-May	19-May	26-May	02-Jun	09-Jun	16-Jun	23-Jun	30-Jun	07-Jul	14-Jul	21-Jul	28-Jul	04-Aug	11-Aug	18-Aug	25-Aug	01-Sep	08-Sep	15-Sep	22-Sep	29-Sep	06-Oct	13-Oct	20-Oct	27-Oct	03-Nov
Target rate	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6	34.6
SL rate	44.1	43.8	41.9	47.5	45.3	51.3	46.8	48.7	53.6	51.3	54.7	50.6	49.4	47.2	54.3	54.7	57.0	53.2	43.4	38.9	36.6	37.7				
NL rate	30.0	30.0	32.2	34.0	31.9	28.9	30.4	31.9	33.3	37.7	36.2	31.9	37.0	34.0	30.8	31.9	38.1	39.5	39.5	33.0	29.7	31.5				

***Data as at**: August 2024 (validated), 6th October 2024 (unvalidated)*
Source: PHS (validated), DWD / NHSGG&C (unvalidated)

Key Deliverable		End Date
	Both Partnerships have reviewed management of HAT (Home Assessment Team)/ Home First Teams in response to emergent issues and learning re ongoing challenges. New arrangements are in place and subject to ongoing review to maximise improvement capability. Agreed to undertake consistent approach across all three acute hospitals and the two H&SCPs as per action session 2nd July 2024. This will be accelerated and expanded as part of Firebreak, September 2024.	31 Jan 2025
	Ongoing recruitment as part of the Home Support redesign will be ongoing throughout the year.	Mar 2025

Key issues

From mid May 2024 Scottish Government set a new delayed discharge target to reduce delays to 34.6 per 100,000 of 18+ population. The change in focus has been reflected in this report with Figure 1.47 displaying the latest available national position and Figure 1.48 displaying more recent local data for Lanarkshire residents in NHSL and NHS GG&C hospitals. The local target (to maintain a 15% reduction (from 2019/20 performance) in occupied bed days for standard delays) has been retained with figure 1.49.

In Figure 1.47 the national target performance in August (validated data) shows both Lanarkshire HSCPs above target. (**Lower** is better). North Lanarkshire is below **(better)** the Scottish average in terms of delay numbers at census date, however, South Lanarkshire remains above **(worse)** the Scottish average. More recent performance, Figure 1.48 (unvalidated data) shows an improving position with North Lanarkshire below **(better**) target & South Lanarkshire only slightly above (**worse**). Figure 1.49 shows a very small **decrease** in bed days for August, Lanarkshire as a whole remains below **(better)** the cumulative target. (April to reporting month, target 26,830 bed days, performance 26,273).

Site FOB's (Flow Oversight Board's) are maturing in their focus and beginning to commission new ways of working and general improvement actions with a 'once for Lanarkshire approach' and joint membership between HSCP's and Acute Division.

Key actions

North

- The Joint weekly forum to discuss and plan for Patients awaiting Care Home placements (and associated issues such as Choices protocol etc) has been initiated and is developing, although recent Firebreak caused some hiatus due to the requirement to participate in firebreak escalation meetings etc on a daily basis for the 9-day period. This forum will continue to develop as there remains a challenge in transferring patients to care Homes when assessed, without incurring delay in some cases. The group has however, begun to review patients. It is intended that this forum will also champion the use of 'Assessment at Home' rather than in Hospital as well as the use of the Choices protocol and 13za where appropriate.
- The 'Legal Authority to Discharge' weekly forum continues to show clearly that the main themes for delay are the **Waits for Medical Reports** mainly in cases of **Private Applications** for Guardianship. Focus on this has increased with more intense requests/instructions for Mental Health Officers to remind solicitors of the pressing need for efficiency. The volume of ongoing AWI/Guardianship cases has remained stable, but higher than several months ago, and therefore remains a challenge.

South

- The previously reported weekly meeting set up continues to progress. Service manager and hospital social work teams continue to review all CCA (Complex Care Assessment) and AWI (Adults with Incapacity) cases. In order to maintain the appropriate legal, assessment and choices responsibilities the 'tracking' process continues to be actioned.
- The Mental Health Officer previously reported as being moved under the management responsibility of the Social Work Team Manager is now in place and supported by the 'tracker' resource.
- Social Care is now a standard item of discussion at all daily huddles within the acute sites and is in line with the community beat KPI's.
- Referral for Assessment was introduced as part of the recent Firebreak activity.
- Community Beat / Community Flow activities continue to optimize throughput within acute sites.
- South have now introduced the aligned referral process utilised by colleagues and services in North, for individuals who require an assessment for support on discharge. These referrals are now completed via telephone by the discharge coordinators to centralised social work teams. Communication and discussion are ongoing in order to review and improve the performance of this process.

Joint UHSCP

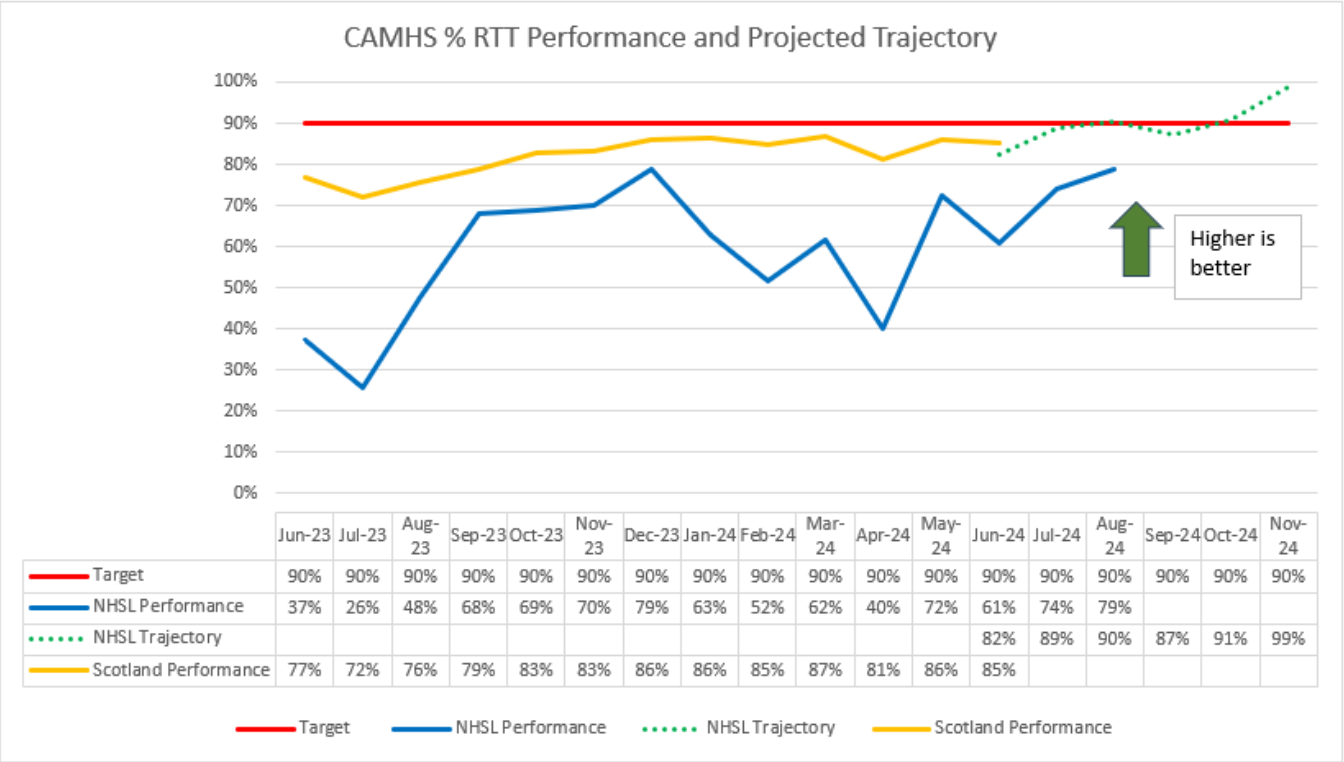
- North and South HSCP's had pre-planned and developed Tests/Demonstrators with greater focus on "Home Assessment" and then built this into the Organisation-wide "Firebreak 24" initiative lasting from 16th -25th September 2024. These initiatives were complimentary to a range of other activities and tests that were being undertaken across the Whole System, inclusive of the Acute Hospital Division on all acute sites. Data collection and reporting was done daily, with joint review calls set up to discuss, analyse and learn from data as well as escalating operational issues. We are now in a period of De-brief and review of the Firebreak activities and reports on the outcomes will be forthcoming. In North, the activity in Airdrie and Wishaw will continue, as it was part of an ongoing development of North's "Enabling" approach which will eventually be operational in all localities.
- The above initiatives also coincided with the Wider Implementation of the Lanarkshire Optimal Discharge Target Operating Model (TOM) on 16th September, which although at an embryonic stage, included the raising of the profile of Discharge Pathway Allocation (based on the work done by the NHS Scotland Centre for Sustainable Delivery). Pathways 1-4 describe the various requirements in terms of assessment, support etc required for patient discharge, highlighting the potential discharge arrangements for patients who have differing levels of ability and independence, escalating to more complex needs, and where applicable, End of Life arrangements. The TOM working group had already delivered awareness and participation sessions and made an accompanying video that has been liberally circulated across all mediums prior to Firebreak. North and South are championing the use of

the pathways and are actively engaged in Pathway Allocation for patients whose discharge is being planned. Compliance is expected to grow and become normal practice across the whole system.

- North & South Lanarkshire continue to address late cancellations of discharge where support has been arranged, in conjunction with hospital site FOB groups. Numbers have decreased over recent weeks; however, this is tempered by the coinciding rise in unmet PDD. Work will continue on both.
- As confirmed at PPRC meeting of 12 September 2024, and as described above the 24/72-hour rule is being implemented. This enables HSCP's to expect referrals 24/72 hours ahead of PDD to arrange care. Whilst inconclusive at this early stage, it is anticipated that this will have a positive impact on delays for Homecare. Data will be collected and reported on, then information on this will appear in future versions of this report. This was explained in an information video that was circulated across all mediums ahead of firebreak. This is consistent with the Public Health Scotland Delayed Discharge Definitions Manual 2016.
- In terms of information sharing, reporting and "Whole System" ownership of issues related to Delayed Discharges, a piece of Joint (North/South) work has been initiated to review and re-engineer the Whole System Reporting Template for the Daily Whole System call. This has progressed well and the proposed template is awaiting ratification before being tested/implemented.

5.2 CAMHS 18 weeks RTT *At least 90% of clients will wait no longer than 18 weeks from referral to treatment*	Target 90%	Performance 78.95%

Fig. 1.50: CAMHS % RTT Performance & Trajectories – *unvalidated data subject to change*



	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
NHSL Performance	37%	26%	48%	68%	69%	70%	79%	63%	52%	62%	40%	72%	61%	74%	79%			
NHSL Trajectory													82%	89%	90%	87%	91%	99%
Scotland Performance	77%	72%	76%	79%	83%	83%	86%	86%	85%	87%	81%	86%	85%					

Key Deliverable	End Date
Implementation of the National Specification for CAMHS	31 March 2024
CAMHS Modernisation Programme Board – Service Improvement Plan	Ongoing

Key Issues

CAPA was fully implemented in May 2023. It has facilitated robust data collection of referral patterns as well as an improved patient management system. As a result, analysis of retrospective information has provided detail that is capable of predicting patterns in trajectory based on previous referral patterns and when they are likely to occur due to increased demand. PHS analyst colleagues have advised RTT will be met by October 2024, with the caveat that posts that contribute to the trajectory are filled as soon as they become vacant. In effect we have recovered the position that was lost in Q1. Our experience of a regressed position earlier in the year indicates that a dip in RTT performance can be anticipated as we head to Q4. This is due to anticipated higher numbers of referrals in Q3 (based on previous year data), in conjunction with reduced attendance and reduced staff capacity during early winter. To proactively address this, we have: -

- Established a CAMHS performance meeting
- Ring fenced intense choice appointment activity week in each CAPA round
- Considered patterns of leave and match with patterns of attendance
- Prompted HWB activities and appropriate management response to short and long term absence.

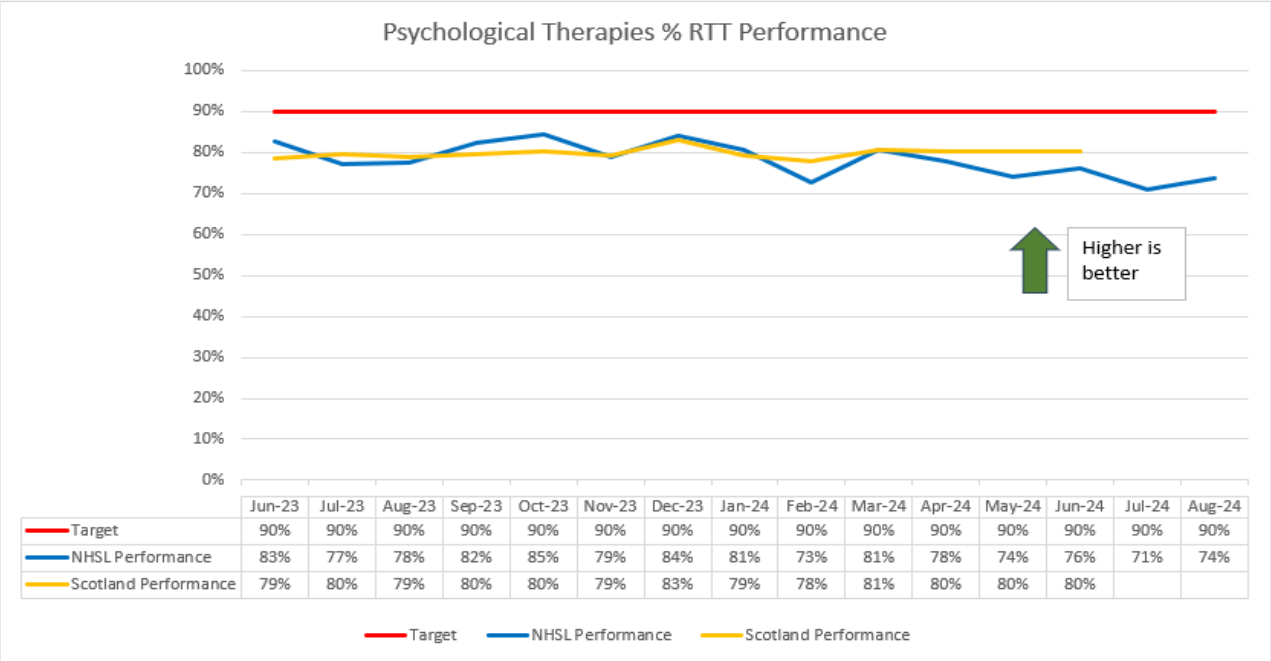
Our Psychiatric Consultant capacity continues to be challenged, however, the vacancy rate has reduced to 39% (though this is currently being negatively impacted by a long term absence). A further colleague has been appointed and will take up post in October. This will reduce the vacancy rate to 31%.

Key Actions

Our evidenced rate of referrals in previous year has facilitated an informed approach to CAPA which has resulted in planned increased choice appointment activity within CAMHS in late October. This mitigates against increase in referral rates post return to school in August and ensures positive trajectory maintained.

5.3 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 73.81%

Fig. 1.51 Referral to treatment performance – patients starting treatment – *unvalidated data and subject to change*



	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
NHSL Performance	83%	77%	78%	82%	85%	79%	84%	81%	73%	81%	78%	74%	76%	71%	74%
Scotland Performance	79%	80%	79%	80%	80%	79%	83%	79%	78%	81%	80%	80%	80%		

Key Deliverable	End Date
Establish rolling programme of Stress Control Classes across all localities	April 2025 – *achieved Oct 2024*
Implementation of National Specification of Delivery of Psychological Therapies and Interventions (SG)	Lanarkshire self-assessment to be implemented within 3 months of receiving (TBC from Scottish Government (SG))
Second MDT Research conference in collaboration with University partners – to be held at Strathclyde University. Theme of: *Research and Innovation really matters: The next generation*	16th September 2025
Adult CMHT model review with Programme Board established – relevant to Psychology services 1. *PTT work stream* 2. *Joint Mental Health & Addictions Work stream*	TBC

Key Issues

- Reported performance will be approximately 5% less due to the exclusion of self-referral digital interventions.
- Service continues to be impacted due to uncertainty of funding and delays in finance approval processes.
- The Mental Health Outcomes Framework funding allocations are significantly less than anticipated – currently at **reduction of 45%** of total allocation.
- The continued focus on clearing longest waits necessitates that the percentage of completed waits over 18 weeks remaining as high, thus impacting on reported RTT performance. Based on projected trajectories, the waiting list at the end of August 2024 was marginally lower than predicted (*2425 actual vs 2491 predicted*).

Key Actions

- Rolling programme of Stress Control Classes across all localities achieved earlier than anticipated (as above) – continue to work closely with HIS with quality evaluation of this.
- The waiting list declined by 69 patients between July and August 2024 and the teams continue to focus on those who have waited the longest.
- Due to an increase in demand v's capacity within the Adult Weight Management Service, they are reporting the longest waits across all Adult Psychology Services. A number of measures are currently being implemented to address this.
- PTOP redesign of services have demonstrated significant improvement in flow within the service.

Planning, Performance, and Resources Committee

6. Finance & Resources Sub-Committee

6.1 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** **-£8,035,022** **Capital** **£ 15,926,933 to date**

FINANCE REPORT AT 31 AUGUST 2024 (MONTH 5)

Prior to savings being delivered the starting position for the whole of NHS Lanarkshire for 2024-25 is an overall deficit of -£82,408,475 being:

- NHS Lanarkshire Board -£54,589,475
- North IJB -£14,286,000
- South IJB -£13,533,000

INCOME v EXPENDITURE BUDGETS

The expected total Income for the year is £2,045,988,222 with corresponding net expenditure budgets of £2,045,988,222.

NHS LANARKSHIRE POSITION

NHS Lanarkshire is reporting an overspend of -£8,035,022.

- **NHS LANARKSHIRE BOARD POSITION**
  NHS Lanarkshire is reporting a -£8,152,375 overspend (excluding IJBs) which is better than the 2024-25 Financial Plan year to date trajectory. The position noted includes a reported overspend within the Acute Division of -£6,098,280.

- **NORTH IJB AND SOUTH IJB POSITION**
  Both IJBs are reporting surplus positions on the delegated health budgets. North IJB is reporting a surplus of £56,419 and South IJB £60,934. Despite these figures, prescribing is increasing as a cost pressure with a significant expected overspend included at Month 5.

NHS LANARKSHIRE BOARD SAVINGS ACHIEVED

At August 2024, the expected level of savings was £12,335,654, with £15,464,704 achieved. This equates to an **overachievement** of the phased target at Month 5 (Full Year Effect assessment £26,241,304).

FORECAST OUTTURN

Given the Month 5 position, an early forecast of the 2024-25 position has been included for the NHS Lanarkshire Board. The forecast includes £6,725,000 of future expected savings with the majority being financial management.

Category	£
2024-25 Recurring Gap	-83,565,475
Gains / Losses (Pre 31 March 2024)	28,976,000
Gains / Losses (Post 1 April 2024)	9,433,324
S&V Schemes Achieved	26,241,304
Forecast Surplus / Deficit to Break Even	-18,914,847

Forecast Surplus / Deficit to Break Even	-18,914,847

S&V EXPECTED IN FUTURE PERIODS

Financial Management	5,350,000
Other S&V Schemes	1,375,000
Total	6,725,000

Revised Forecast Surplus / Deficit to Break Even	-12,189,847

Based on the Month 5 position, additional savings of £12,189,847 are required to be delivered to the end of the Financial Year to achieve a break-even revenue outturn position. (This requirement narrows to £5,939,847 when compared to the SG adjusted RRL target of -£6,250,000).

CURRENT RISK ASSESSMENT

Risk 2197: Ability of NHS Lanarkshire to Deliver a Balanced Budget remains **Very High**.

Risk Score of 20 (Probability 4 and Impact 5) – Reduced Risk from previous 25 (From Month 2 Reporting).

A number of financial drivers underpin this reduction in risk:

- Additional funding received in-year which was not included within the Financial Plan
- Risk assessed review of the original 2024-25 Sustainability and Value Programmes
- Identification at Month 5 of £26,241,304 (Full Year Effect) of S&V schemes, with £15,464,704 achieved to August 2024
- Improved trajectory based on actual results to date
- Agreement of SG to provide financial coverage up to -£6,250,000

CAPITAL POSITION

Key Capital Points

- **SG Capital Allocations**
  £53,592,000 of total Capital Allocations are expected by NHS Lanarkshire.

- **NHS Lanarkshire Capital Plan**
  Capital Plans have been agreed for Core Capital projects covering Estates, Medical Equipment and Digital.

All other funding noted in the Table is ring-fenced for specific projects.

- **Capital Expenditure to Date**
  The Capital expenditure to Month 5 is £15,926,933 split between Core (£2,884,300) and Non-Core (£15,926,933).

Category	Capital Plan June 2024	YTD Actual	Variance to Current Plan
Estates	7,199,715	332,369	6,867,346
Medical Equipment	3,290,285	514,708	2,775,577
Digital	4,522,000	2,037,223	2,484,777
Total Core Capital	**15,012,000**	**2,884,300**	**12,127,700**
Monklands Replacement Project	29,279,000	13,042,633	16,236,367
Diagnostic and Elective Centre, Cumbernauld	0	0	0
GP Sustainability Loan Scheme - Anticipated	504,000	0	504,000
Leases (IFRS16)	6,522,000	0	6,522,000
Revenue to capital transfer from IJBs – CAHMS Northern Development	75,000	0	75,000
Green Public Sector Estate Decarbonisation Scheme (GPSEDS)	2,200,000	0	2,200,000
Total Capital	**53,592,000**	**15,926,933**	**37,665,066**

Key Deliverable	End Date
NHS Lanarkshire requires to return a financial performance in-year within each of the resource limits set. 1. Revenue Resource Limit: a resource budget for ongoing operations. 2. Capital Resource Limit: a resource budget for capital investment. 3. Cash Requirement: a financing requirement to fund the cash consequences of the ongoing operations and capital investment.	31 March 2025

Key Issues at August 2024 (Month 5)

- NHS Lanarkshire has a net revenue overspend of -£8,035,022.
- The NHS Lanarkshire Board has a net revenue overspend of -£8,152,375
- North IJB and South IJB delegated health budgets have a combined underspend of £117,353 as at August 2024 (being North £56,419 and South £60,934).
- Identification at Month 5 of £26,241,304 (M4 £23,460,971) of Full Year S&V schemes against the revised total of £42,748,691. £15,464,704 of savings have been phased into the budget to date.
- A total Capital Allocation of £53,592,000 is expected for this Financial Year with Capital expenditure to date of £15,926,933.

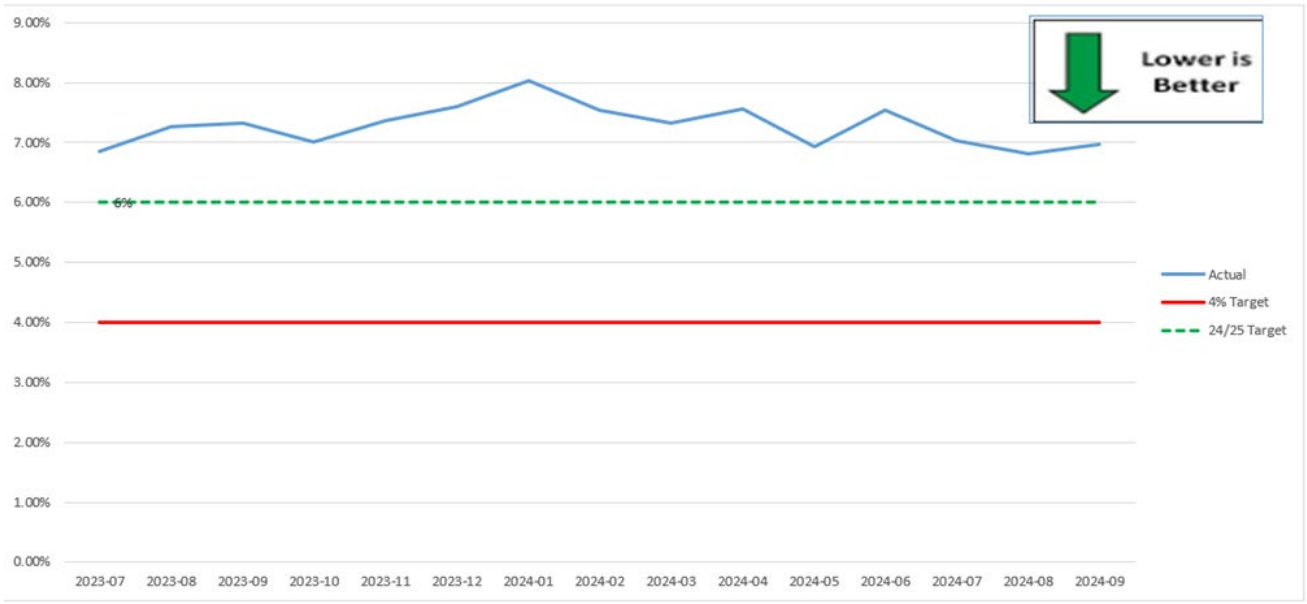
Key Actions

- Continued focus to achieve a break-even financial position during 2024-25 by a combination of actions covering grip and control, identification of savings and transformation and reform initiatives.
- Further development of financial and other management systems to accurately identify actual savings achieved against the targets set for each Executive Director as early as possible within this Financial Year.
- Active monthly management and monitoring of all budgets within NHS Lanarkshire.
- Month 6 review of performance against the 2024-25 Financial Plan and a clear 6 months' strategy for October 2024 to March 2025.
- The Month 6 review will also be used as the starting point for the initial draft of the 2025-26 Financial Plan.

7. Staff Governance Committee

7.1 Sickness Absence *Reduce sickness absence percentage to meet national target of 4%*	Target 4%	Performance 6.97%

Fig 1.52: Sickness absence percentage by month - *validated data at point of publication, but subject to change if workforce data is added or changed retrospectively this will update Dashboard figures, for example: absence and supplementary staffing information*



Month	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09
Actual	7.32%	7.01%	7.36%	7.59%	8.03%	7.55%	7.32%	7.56%	6.93%	7.54%	7.02%	6.81%	6.97%
4% Target	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
24/25 Target	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%

***Date of extraction**: 10th October 2024*
Data source: SSTS

Key Deliverable	End Date
Reduce sickness absence by 1% to bring NHS Lanarkshire to 6%, and closer to 4% target	31 March 2025

Key Issues

Nationally *Validated Data*
July 24 national sickness absence figures showed an increase from 6.99% in June 24 to 7.23% in July 24. July 24 figures also showed notable increases across other territorial Boards, with both NHS Fife and NHS Greater Glasgow and Clyde increasing to above 7% in July, and with NHS Forth Valley remaining the highest territorial board for sickness absence at over 8%.

Latest August 24 SWISS figures for NHS Lanarkshire indicate a reduction of 0.51% from 7.23% to 6.72% which brings NHS Lanarkshire slightly closer to NHS Scotland rate of 6.04% in August 24.

Local Data *(unvalidated data and subject to change)* (Figure 1.52)

Despite a marginal increase of 0.16% from August (6.81%) to September 24 (6.97%) figures, sickness absence trend data is showing a gradual improving position of remaining under 7% in previous 2 months.

As outlined in Key Deliverable section above, NHS Lanarkshire has set a target of reducing sickness absence by 1% to circa 6% sickness absence by 31st March 2025.

Key Actions

In addition to a dedicated workstream via the Sustainability and Value Workforce Optimisation Group focusing on reducing sickness absence, there are a number of actions ongoing to improve sickness absence levels across NHS Lanarkshire.

Actions to Date

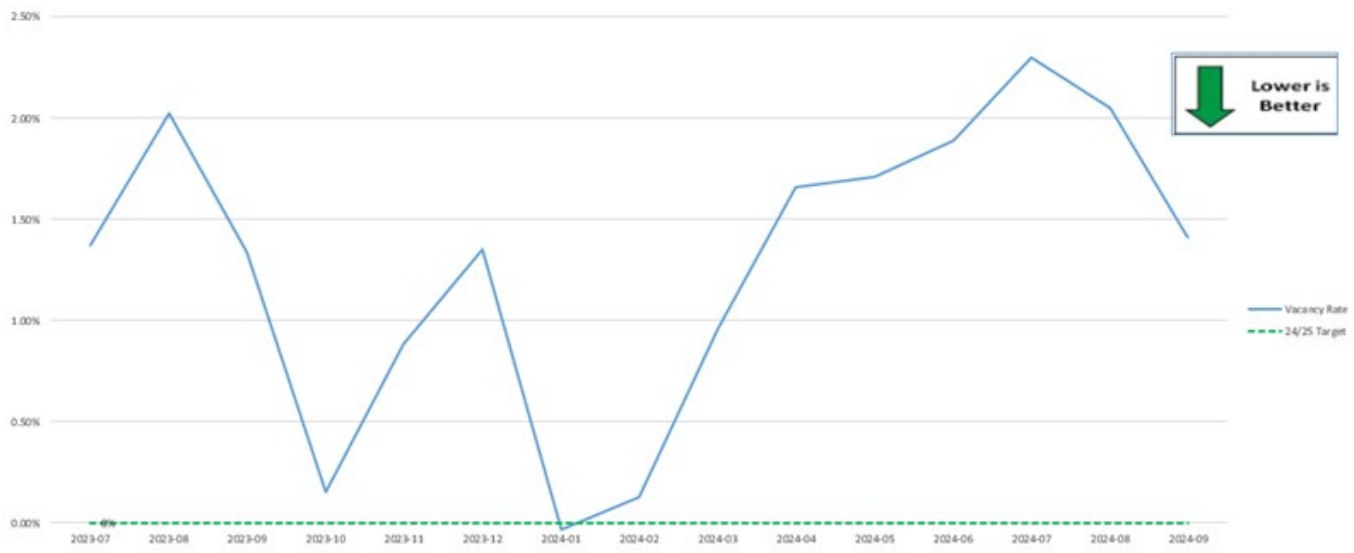
- Named lists of individuals where consideration should be given to opening an absence management case and/or making a referral to Occupational Health has been shared with Executive Directors for appropriate action. ER (Employee Relations) referrals for Attendance cases in July & August saw a marginal increase.
- Human Resources reviewing thresholds for when absence management cases will receive support: Data evidences that NHSL hotspot is predominately long-term absence.
- Human Resources developing process map, detailing timelines for interventions, including earlier interventions for long term absence, and escalation triggers within HR and service.
- Monthly email notifications to managers detailing staff absences, episodes and days lost and whether or not OH/ER involvement initiated, at initial build phase. Testing within HR in October, thereafter, roll out to service before end of calendar year.
- Session held within HR to ensure consistent messaging and application of policy.
- Roles and Responsibilities – meeting arranged with Acute colleagues and wider service colleagues to review, ensure understanding and alignment with OFS Policy.
- 13 Training sessions held by HR in Jan-Jun 2024; 309 delegates, training continuing through 2025.

Work in Progress

- Review of Top 2% to be undertaken by Employee Relations team: Circa 300 staff to be reviewed in granular detail – recommendation for Action Plans drawn up at local levels.
- Refresh of Staff Health Wellbeing Group to include annual communication plan: Signposting to self-help, message ‘Work is Good for You’ leading to annual well-being week.
- Governance and Data: HR reaching out to divisions to establish existing arrangements (divisional and granular level) – survey has been developed and due to be issued to service in September.
- Developing absence reports to include costs with assistance of Finance colleagues.
- Roles and Responsibilities – meeting arranged with Acute colleagues and wider service colleagues to review, ensure understanding and alignment with Once for Scotland Policy.
- Digitalisation – initial testing of monthly email, scope further digital interventions with HR/OH attendance process map.

7.2 Vacancy Rates *Vacancy rate percentage*	Target <0%	Performance 1.41%

Fig 1.53: Vacancy rate percentage by month - *validated data at point of publication, but subject to change if workforce data is added or changed retrospectively this will update Dashboard figures. For example: absence and supplementary staffing information*



Month	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09
Vacancy Rate	1.34%	0.15%	0.88%	1.35%	-0.03%	0.13%	0.96%	1.66%	1.71%	1.89%	2.30%	2.05%	1.41%
24/25 Target	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Date of Extraction: *10th October 2024*
Data source: ePayroll and eFinancials

Key Deliverable	End Date
Target for Overall vacancy position for 2024/25 is to reach and maintain a vacancy rate of less than 1%. Note that some non-recurring monies are not reflected in the budget WTE.	31 March 2025

Key issues

Trend data shows that the vacancy rate had continued to gradually increase month on month from February through to July 2024 figure of 2.30%, the highest vacancy figure within the last year. Since July this has continued to reduce in both August (2.05%) and September 24 (1.41%) figures. This significant month on month reduction between August and September can be attributed to newly qualified nurses starting to join NHS Lanarkshire Workforce, improving Nursing and overall vacancy position.

Despite the reduction from previous month, September 24 figure of 1.41% is slightly higher but broadly in line with September 2023 vacancy rate of 1.34%.

Support Services Job Family continue to have the highest vacancy rate of 10% on average over last 12 months, with this increasing to over 15% in latest September monthly figure. Nursing/Midwifery Job Family have the second highest vacancy rates, which has reduced significantly from circa 7% throughout 2023/24 to under 5% in more recent months, reducing from 4.59% in August to 3.43% in September 24.

In September NHS Lanarkshire had 224 WTE Registered Nursing vacancies. The labour market for clinicians has been subdued in recent years, and we are continuing to explore proactive recruitment approaches to attract clinicians to join NHS Lanarkshire. A reserve list of surplus newly qualified nurses who expressed interest in working in NHS Lanarkshire is evidence of improving workforce supply compared to previous years.

Overall, University Hospital Monklands Division has the highest vacancy rate for August 2024 (7%, followed by South UHSCP (6%) and North UHSCP (4%).

Key actions

All recruitment activity remains ongoing, with active recruit to clinical roles across Acute and Community settings and prioritising the onboarding of new starts to these roles.

Anticipated improvements in Domestic Workforce Supply could potentially improve vacancy levels in coming months, particularly within registered clinical roles.

7.3 Off-Framework Agency Usage *Reduce off-framework agency usage to zero*	Target 0	Performance 1

Fig 1.54: Monthly agency shifts filled* - *validated data at point of publication, but subject to change if workforce data is added or changed retrospectively this will update Dashboard figures, for example: absence and supplementary staffing information*

Month	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09
Framework	3008	3204	3479	3204	3263	2780	2516	2173	2000	2239	2143	2247	2000
Off Framework	342	153	9	12	8	27	20	3	50	78	71	0	1

**Note: Although target is 0, this has been shown on graph as 100 so that it appears on the chart, as a comparator for actual figures.*

Date of Extraction: *10th October 2024*

Data source: Allocate Bank System

Key Deliverable	End Date
To reduce off-framework agency usage to zero.	NHSL has met the target of zero Off Framework Agency Shifts in August 2024, with a view of maintaining this target going forward.

Key issues

NHS Lanarkshire have seen an overall reduction in Off Framework Agency usage and overall Agency usage compared to same period last year.

For Off Framework agency usage, NHS Lanarkshire has successfully achieved target of zero Off-Framework agency shifts in August 2024 following a declining trend, with a view of maintaining zero target going forward.

Following no Off-Framework Agency usage in August 24, there was only 1 Off Framework Agency shift in September 24. For overall agency usage, September 2024 figures show a total of 2,001 shifts, a decrease from August 2024 position of 2,247 shifts and from previous year figure of 3,350 in September 23 (reduction of 1,349 shifts). To date for first week of October 24, there have been 240 Framework agency shifts.

Despite reaching key deliverable to reduce off –framework agency usage to zero, there are a number of ongoing actions to focus on reducing the volume of framework agency usage which continues to be around 2,000 shifts each month.

Key actions

Improvement actions included in Delivery Plan submission for 2024/25 for SG Priority area 'Achieve further reductions in agency staffing use and to optimise staff bank arrangements' are listed below:

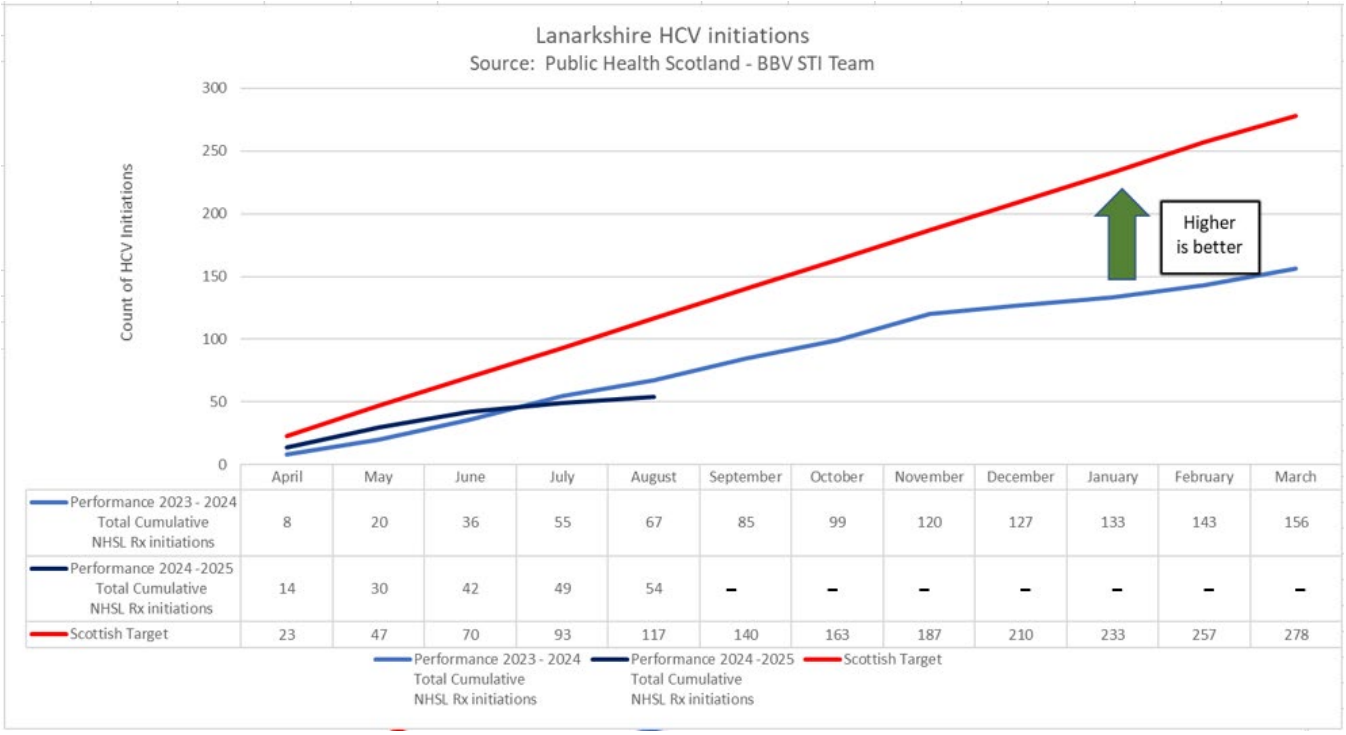
- Implement no HCSW Agency Use from 1st March, in line with DL issued from CNO and Director of Health Workforce advising that use of HCSW agency is to cease unless clinical safety and/or the delivery of the service will be compromised. This would require Executive sign-off of any exemptions. Boards subsequently received a further letter from CNOD to implement agency usage by exception only from October 2024.
- Weekly Agency meetings continue to take place to agree actions for reduction in Framework Agency.
- Continued focus on shifts becoming available to Staff Bank staff at the earliest opportunity.
- Agency escalation period has changed from 48 to 24 hours prior to shift start time, to again increase the opportunity for the shift to be filled by Bank in the first instance prior to being escalated to Agency.

Maintaining target of zero off-framework agency usage continues to be progressed via the Sustainability & Value Nursing Agency Group.

8. Population Health Committee

8.1 Blood Borne Viruses *Two-year programme to eliminate Hepatitis C (April 2023 – March 2025)*	Target 2023/2024: 278 2024/2025:278 (April – Aug'24:117)	Performance 156 (56%) 54 (46%)

Figure 1.55: Lanarkshire Hepatitis C Virus (HCV) initiations 2023-2024 and 2024 to 2025 (cumulative)



	April	May	June	July	August	September	October	November	December	January	February	March
Performance 2023 - 2024 Total Cumulative NHSL Rx initiations	8	20	36	55	67	85	99	120	127	133	143	156
Performance 2024 -2025 Total Cumulative NHSL Rx initiations	14	30	42	49	54	-	-	-	-	-	-	-
Scottish Target	23	47	70	93	117	140	163	187	210	233	257	278

Key Issues

For nearly two decades, NHS Boards across Scotland have contributed to the challenge of Scotland's poor liver health and specifically hepatitis C related liver disease, via the delivery of the previous Scottish Government's Scotland's Hepatitis C Action Plans and the more recent Scottish Government Hep C Elimination Plan[1].

Achievements have included a 78% reduction in the number of people who died of a liver-related cause [i.e. Decompensated Cirrhosis (Liver Failure) / or Hepatocellular Carcinoma (HCC)] in Scotland between 2015 (n=65) and 2022 (n=14) among those with chronic Hepatitis C Virus (HCV) infection at the time of their death. In December 2023 Public Health Scotland also reported that the WHO 2020 target of 10% reduction in HCV mortality had been met and surpassed and the WHO 2030 target of a 65% reduction in HCV mortality had also been met, but only when considering those individuals with chronic infection at the time of their death but not those with past infection.[2]

Hep C elimination in Scotland is now the key focus with a national target of 5,000 Hep C treatment initiations required across Scotland from April 2023 to March 2025 to deliver elimination. This ambitious target was not amended following the significant impact of COVID-19 pandemic on Hep C testing and treatment, particularly testing provision within drug and alcohol services, which has still not recovered.

From April 2023 to March 2025, NHS Lanarkshire requires an increase of previous yearly HCV treatment initiation targets by 2.5 times to meet the total NHS Lanarkshire elimination target of *556 Hep C treatment* initiations. Furthermore, this requirement to more than double the HCV treatment initiations number in Lanarkshire came with no additional resource, and so required a re-think of how the challenge would be met within the existing funding envelope and service provision.

It is important to note the current challenges faced by services in engaging and treating people who inject drugs due to the change from heroin to cocaine injecting. This includes fueling Hepatitis C reinfection rates. People who inject cocaine often have more chaotic lives and can inject up to 10/20 per day, compared to 2/3 times per day for heroin users. The effects of cocaine also mean that individuals presenting to services can be more erratic, aggressive and often have more chaotic lives. This remains a challenge locally and nationally to enabling safer injecting and reducing drug related harms, BBV transmission and Hepatitis C elimination.

Scottish Government Targets

In spite of Lanarkshire achieving a 60% increase in Hep C initiations in 2023-2024 on the previous year, and the third highest number of initiations in Scotland behind NHSGGC and NHS Lothian, it is unlikely that Lanarkshire and the overall Scottish Hep C target will be achieved. Concerns about keeping the March 2025 deadline have been highlighted and Scottish Government may review targets later in 2024 or in early 2025. It may be that revised treatment targets with achievement target dates of December 2025 or March 2026 are set with further discussion locally and nationally.

[1]https://www.gov.scot/publications/sexual-health-blood-borne-virus-action-plan-2023-2026/pages/11/
[2] https://www.publichealthscotland.scot/media/24025/hcvsurveillancereport2023_final.pdf

Key Actions
A number of projects and work-streams are underway in response to the significant challenge of eliminating hepatitis C in Lanarkshire.

NHS Lanarkshire BBV Network Hepatitis C Elimination Project (April 2023 to March 2025)
A two-year project (April 2023 March 2025) was developed focusing on 4 key work-streams.

Work-stream 1: BBV Testing
Finding and testing individuals who have been at risk of acquiring HCV is pivotal to achieving HCV treatment initiation targets and delivering HCV elimination. Lead roles for each service within key settings was established to support better coordination and more efficient use of resources. BBV testing has been extended to Criminal Justice, Police Custody Suites, Pharmacy (Harm Reduction Team Pharmacy Development Worker), Mental Health Services, with continued work with all statutory and commissioned drug and alcohol services in Lanarkshire. In 2024/25 there will be an additional focus on delivering testing in HMP Shotts and targeted work in local factories, as well as with asylum seekers, refugees and displaced people.

Increasing hepatitis B and hepatitis C Testing in Primary Care - Intelligent Liver Function Test (ILFT)
Lanarkshire BBV Network are also supporting the Intelligent Liver Function Test (ILFT) pilot being led by clinical colleagues in the Gastro/Liver Service in University Hospital Hairmyres (UHH). It is hoped that this project will increase testing for hepatitis B and hepatitis C in Primary Care, whilst preventing further appointments and additional sample requests.[3]

Work-stream 2: New HCV Pathway
A short life working group was established in 2023 to review and develop a new HCV Pathway. The new streamlined pathway, with simplified criteria from testing to treatment has been a significant factor in the 60% increase in hepatitis C initiations in 2023/2024. The network continues to focus on building relationships and developing new ways of working with staff across statutory and third sector drug and alcohol services, as well as the partnership between the Lanarkshire Harm Reduction Team and BBV Specialist Nurses which have been pivotal to the increase in HCV treatment initiations.

Work-stream 3: Implementing Public Health Scotland's RECAST project
The RECAST[4] project will facilitate the reengagement and treatment of people with chronic HCV infection. Led by Public Health Scotland (PHS) and in partnership with NHS Boards, PHS has led an audit of the national HCV data held by PHS and supported the identification of individuals with chronic HCV infection. This initial data linkage work in 2023/2024 identified approximately 500 individuals in

Lanarkshire who have been lost to follow up. A short-life working group has been established and is now progressing re-engagement with local services and individuals across Lanarkshire.

Work-stream 4: Community Engagement and Screening

Love Your Liver Events – Partnership with the British Liver Trust.

10 community events in partnership with the British Liver Trust (BLT) were delivered across all 10 Lanarkshire localities from June to August 2023. These events provided a health screening questionnaire, BBV testing and fibro-scan:

Attendance/Participation
847 attendees - 627 (74%) completed the survey
431/627 (69%) received a fibro-scan.
Fibroscan Results
29/431 were referred to Gastroenterology/Liver Service
6/29 now on the Hepatocellular Carcinoma surveillance pathway
Hepatitis C
Low hepatitis C awareness
170/611* identified HCV risk
162/170 hepatitis C point of care tests conducted
9/162 Dried Blood Spot Tests
3/9 positive identified
Obesity & Non Alcoholic Fatty Liver Disease (NAFLD)
579/627 (92%) overweight or obese
536/627 (85.8%) caution/high- risk NAFLD
* 611/627 completed the hepatitis C risk assessment section

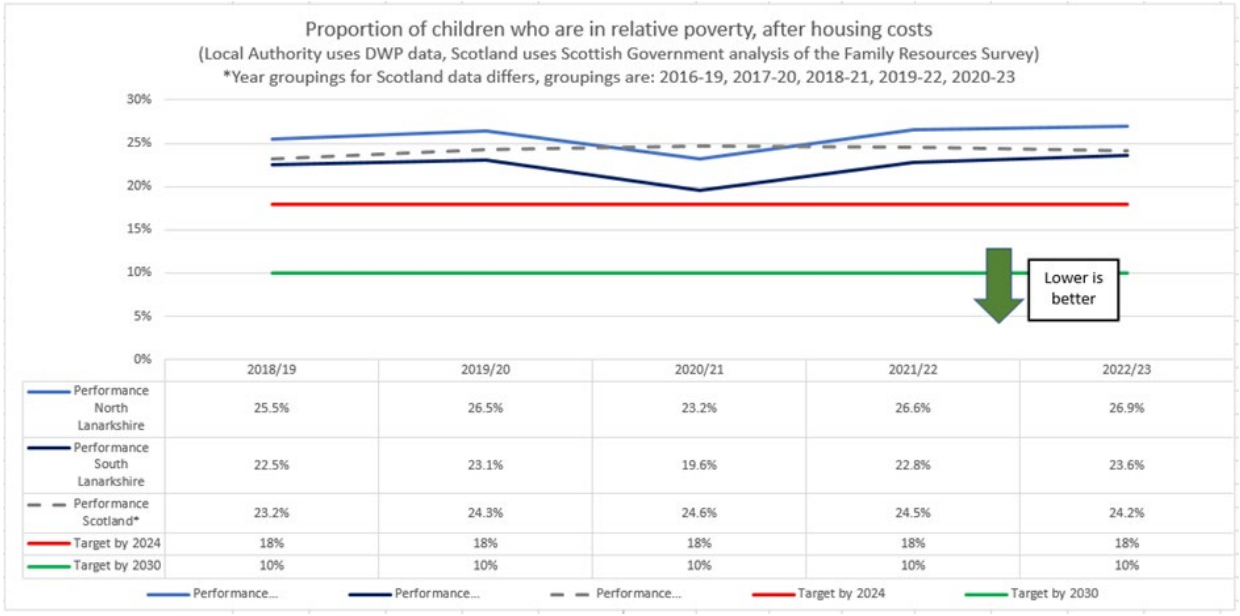
[3] ILFT "Screening" tests for liver disease are automatically added to a request based on an abnormality in the initial 'intelligent liver function test' profile. This also includes testing for hepatitis B and C. These tests include Biochemistry, Virology (serology), and Immunology.

[4] RECAST: Re-Engagement with hepatitis C diAgnosed in ScoTland project

8.2 CHILD POVERTY *Reduce Child Poverty*	Target 18% by 2024 10% by 2030	Performance South Lanarkshire 23.6% North Lanarkshire 26.9%

A child is defined as being in poverty if they are living in households with equivalised incomes below 60% of the median UK income in the current year.

Figure 1.56: Proportion of children who are in relative poverty, after housing costs



	2018/19	2019/20	2020/21	2021/22	2022/23
Performance North Lanarkshire	25.5%	26.5%	23.2%	26.6%	26.9%
Performance South Lanarkshire	22.5%	23.1%	19.6%	22.8%	23.6%
Performance Scotland*	23.2%	24.3%	24.6%	24.5%	24.2%
Target by 2024	18%	18%	18%	18%	18%
Target by 2030	10%	10%	10%	10%	10%

Key Issues

Official Scottish government poverty statistics released in March 2024[1] show that **24.2%** of all children remained locked in poverty in Scotland in the period from 2020 to 2023. Children remain at significantly higher risk of poverty than pensioners (15%) and working age adults (21%). Recent figures don't yet include the full impact of the roll out of the Scottish child payment and its increase to £25 per week in November 2022.

The most recent Lanarkshire figures for 2022/23[2] for children living in households in relative poverty (after housing costs) are:

- Just under 1 in 4 children (**23.6%**) in South Lanarkshire- below the national average.
- Just over 1 in 4 children (**26.9%**) in North Lanarkshire- above the national average.

Many Boards are facing the same challenges with reduced overall budgets and communities that are struggling with socio-economic crisis, therefore this is not unique to Lanarkshire. There are strong national NHS and Local Authority networks where best practice in tackling child poverty is shared and we work alongside our local partners to deliver actions and contribute to the child poverty action reports.

In a 2023 discussion paper, Public Health Scotland identified 4 key areas where NHS Scotland could maximise their contribution to reducing child poverty;

1. Ensure tackling child poverty is prioritised at a senior level.
2. Implement an Anchor Institution approach, ensuring that reducing child poverty and the priority families are a priority outcome.
3. Supporting and sustaining income maximisation services/pathways.
4. Increasing awareness and understanding across frontline NHS Staff.

Key Actions

NHS Lanarkshire has many opportunities to mitigate the effects of poverty, which should ultimately improve health and wellbeing. Routine enquiry is well established across many children's services and further work is being undertaken to expand this to more teams.

NHS colleagues are active participants across both North and South Lanarkshire in contributing to Local Child Poverty Activity. Some examples over the 2023/24 financial year include;

	Key Area	Example of Activity
1	Ensure tackling child poverty is prioritised at a senior level.	The Director of Public Health presented at the joint North Lanarkshire Tackling Poverty conference in April 2024, alongside key local and national speakers, to around 150 delegates.
2.	Implement an Anchor Institution approach, ensuring that reducing child poverty and the priority families are a priority outcome	NHS Lanarkshire supported 38 people to enter placements within our organisation as part of the demonstrator 2 programme. 71% of the individuals have gone onto positive destinations, securing employment or joining the Staff Bank.
3.	Supporting and sustaining income maximisation services/pathways	NHS Lanarkshire are one of 4 Boards chosen to be part of a Public Health Scotland led project "Deep Dive into Income Maximisation in Health" looking to take a deeper look into the barriers and enablers of this work and should serve to inform further development. NHS Lanarkshire was also successful in a partnership bid to the Scottish Government Child Poverty Accelerator fund which will support 10 local families with disabled children access more intensive support to help them to improve their financial situation; it is hoped that the learning may influence future national direction/activity in this area going forward.
4	Increasing awareness and understanding across frontline NHS Staff.	Key awareness raising periods in the year, including Challenge Poverty Week and Talk Money Week are promoted widely across the organisation via various mediums to reach as many staff as possible and increase knowledge of local support services in relation to finances.

References

1. Scottish Government, Poverty and income Inequality in Scotland 2020-2023, (Published on 21st March 2024) https://data.gov.scot/poverty/
2. End Child Poverty Coalition, Local Child Poverty Statistics 22/23, (Published June 2024) https://endchildpoverty.org.uk/child-poverty-2024/

9. Supporting Addendum

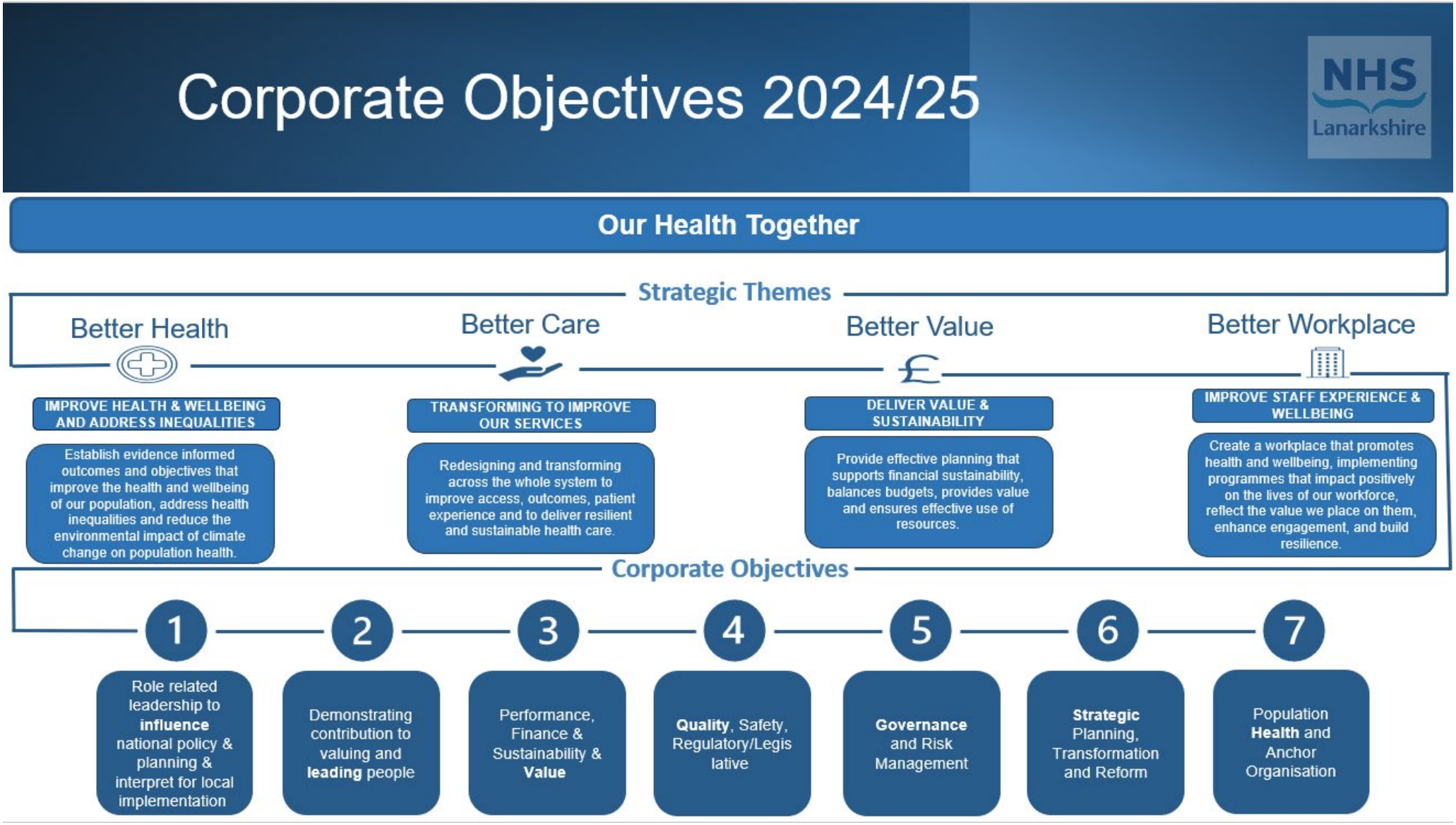
9.1 Corporate Risk Summary

Corporate Objective	Total Risks	Current Strategic Risk Profile				Risk Movement	Summary Statement on Risk Profile
Improve health & wellbeing & address inequalities	4	2	1	1	0	▼▲	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	10	5	2	3	0	▼	
Deliver value & sustainability	4	3	-	1	0	◄►	
Improve staff experience & wellbeing	2	-	2	-	0	◄►	
Total	**20**	**10**	**5**	**5**	**0**		

Risk Key	
High Risk	16 - 25
Moderate Risk	10 - 15
Low Risk	5 - 9
Very Low Risk	1 - 4

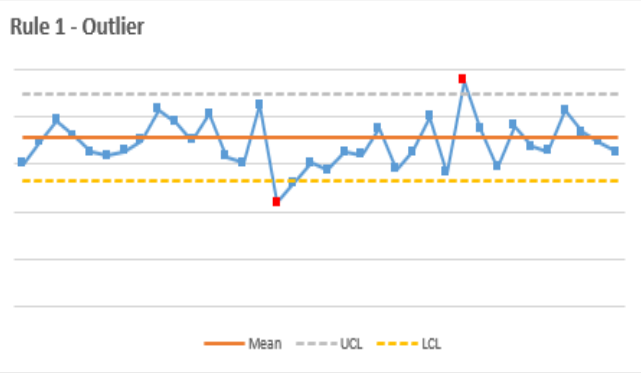
Movement Key	
▲	Improved - Risk Decreased
◄►	No Change
▼	Deteriorated - Risk Increased

9.2 Corporate Objectives - Overview

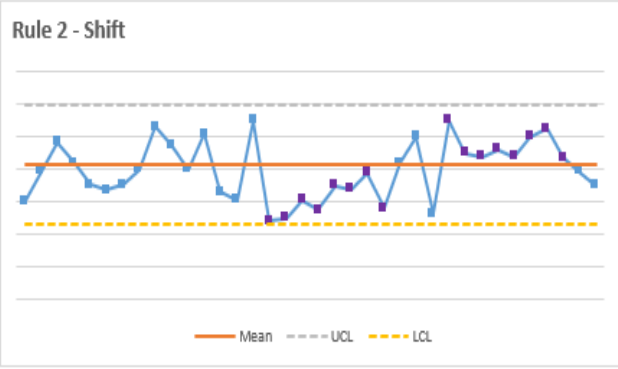


9.3 Control Chart Rules

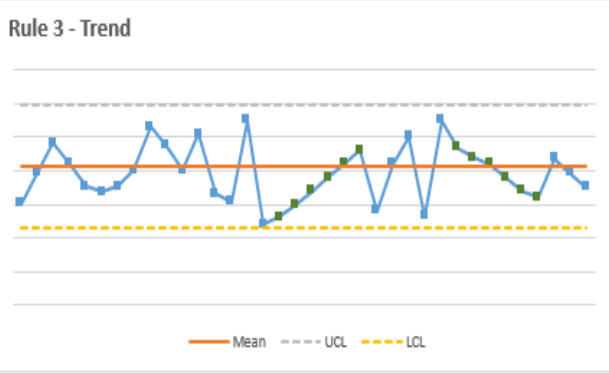
Rule	Description
Rule 1 -Outlier	Data point(s) exceeding the upper or lower control limits
Rule 2 - Shift	A run of 8 or more consecutive data points above or below the mean
Rule 3 - Trend	A run of 6 or more consecutively increasing or decreasing data points.
Rule 4 - Outer one - Third	Two out of three consecutive data points which sit close to control limits
Rule 5 - Inner One - Third	15 or more consecutive data points that lie close to the mean.



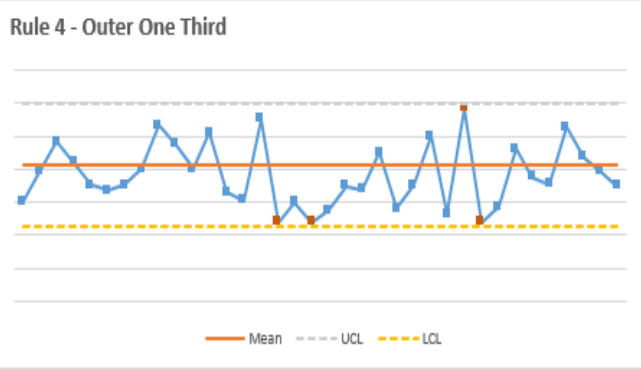
Note: A point exactly on the control limit is not considered outside the limit

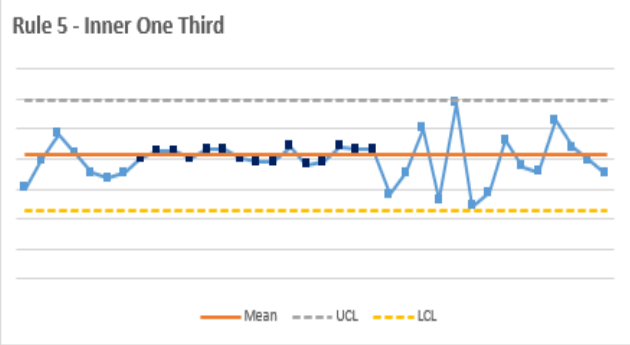


Note: A point exactly on the centre line does not cancel or count towards a shift



Note: Two consecutive points with equal values do not cancel or add to a trend





9.4 Population Health Committee IPQR Reporting Schedule – 2024/25

Section	Indicator	Reporting Month	Reporting Period
PHC	Breast Screening	July	Annual
PHC	Vaccination Report	August	Quarterly
PHC	AAA Screening	September	Annual
	Alcohol	September	Annual
	Lanarkshire Weight Management- Programme	September	Quarterly
	Tobacco	September	Quarterly
PHC	Bloodborne Viruses	October	Annual
	Child Poverty	October	Annual
PHC	Diabetic Eye Screening	November	Annual
	Drug Deaths	November	Annual
	Infant Feeding	November	Quarterly
	Vaccination	November	Quarterly
PHC	Detect Cancer Early	December	Annual
	Lanarkshire Weight Management- Programme	December	Quarterly
	Tobacco	December	Quarterly
PHC	Cervical Screening	January	Annual
	Newborn Hearing Screening	January	Annual
	Pre-school Orthoptic Eye Screening	January	Annual
PHC	Annual report of the National Dental Inspection Programme	February	Annual
	Infant Feeding	February	Quarterly
	Vaccination	February	Quarterly
PHC	Antenatal Screening Programmes	March	Annual
	Lanarkshire Weight Management- Programme	March	Quarterly
	Newborn Bloodspot	March	Annual
	Tobacco	March	Quarterly
PHC	Tuberculosis	April	Annual
PHC	Infant Feeding	May	Quarterly
	Vaccination	May	Quarterly
PHC	Bowel Screening	June	Annual
	Tobacco	June	Quarterly

9.5 Figure and Table List

Figure 1.55: Population Health Committee: Blood Borne Viruses- Lanarkshire HCV initiations 2023-2024 and 2024 to 2025

Figure 1.56: Population Health Committee: Child Poverty- Proportion of children who are in relative poverty, after housing costs