

NHS Lanarkshire

INTEGRATED

PERFORMANCE &

QUALITY REPORT

Issued: 23 August 2023
Reference: IPQR-M5-2023/24

COMMITTEE PATHWAY	
Committee	Date
Corporate Management Team	21 August 2023
NHS Lanarkshire Board	30 August 2023
Staff Governance	14 September 2023
HQAIC	14 September 2023

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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.

This report relates to the data up to 31 July 2023, or the most recent available at the time of publication. The IPQR includes the following:

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

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23 August 2023

1.2 Lanarkshire Context

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

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



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

Definitions:

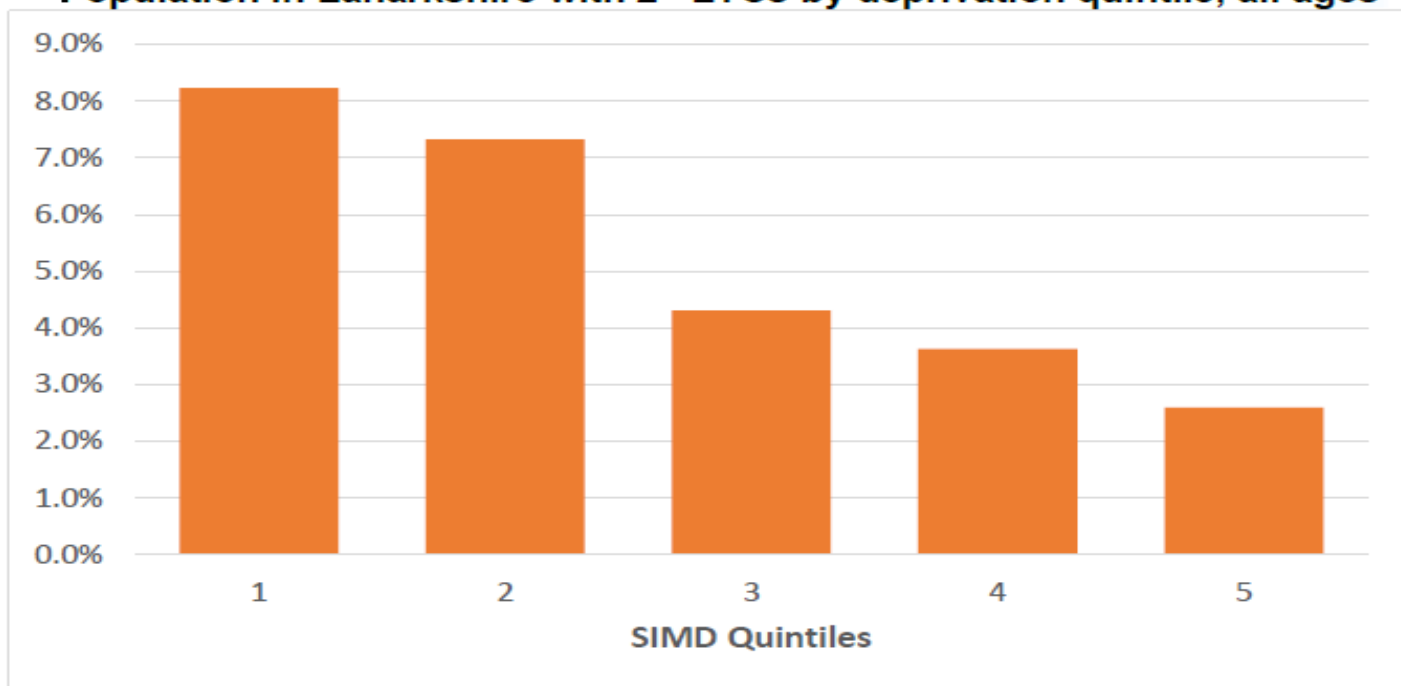
- *Complement:* The total funded number of beds for the hospital
- *Physical Beds:* The actual number of beds physically present in the hospital (not all staffed)
- *Available Beds:* The number of staffed beds ready for new patient admissions
- *Closed Beds:* The number of beds unavailable for patient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

The demographics in Lanarkshire present particular challenges:

- 50.8 per cent of the population live in deprived areas (Scottish Index of Multiple Deprivation zones 1-5, with zone 1 being the area of greatest deprivation)
- Lanarkshire has the third highest share of the 20 per cent most deprived data zones in Scotland
- The most deprived have over three times the prevalence of multiple long-term conditions than the least deprived.

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

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



Data extracted on 31 March 2023

1.3 Corporate Objectives

NHS LANARKSHIRE CORPORATE OBJECTIVES 2023/24

BETTER HEALTH

Improve health & wellbeing and address inequalities

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

BETTER CARE

Transforming to improve our services

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

BETTER VALUE

Deliver value & sustainability

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

BETTER WORKPLACE

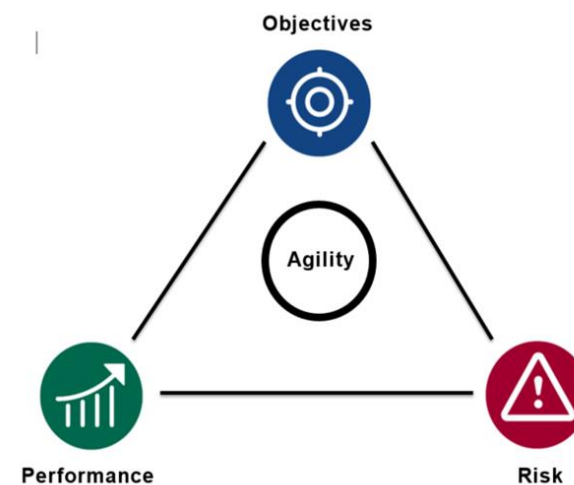
Improve staff experience & wellbeing

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

High Performing Organisation

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

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



1.4 Chief Executive's Objectives

CHIEF EXECUTIVE'S OBJECTIVES 2023/24

CHIEF EXECUTIVE LEADERSHIP

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

OPTIMAL WORKFORCE / LEADERSHIP

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

DEVELOP HIGH PERFORMING TEAM, APPROACH & VALUES BASED CULTURE

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

STRATEGIC – PLANNING, GOVERNANCE & RISK

Executive Leadership and structure for a High Performing Organisation.

HIGH PERFORMANCE

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

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

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

STRATEGIC INFRASTRUCTURE DEVELOPMENT

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

1.5 Corporate Risk Summary

Corporate Objective	Total Risks	Current Strategic Risk Profile				Risk Movement	Summary Statement on Risk Profile
Improve health & wellbeing & address inequalities	3	3	-	-	-	◀▶	The current assessment indicates that delivery against 3 out of 4 of the Corporate Objectives have very high risks within their risk profile. Mitigations are in place to support the management of risk over time with some risks requiring daily assessment. Assessment of Corporate Risk performance and improvement is in place.
Transforming to improve our services	11	7	-	4	-	◀▶	
Deliver value & sustainability	5	3	1	1	-	◀▶	
Improve staff experience & wellbeing	3	-	3	-	-	◀▶	
Total	22	13	4	5	0	◀▶	

Risk Key

High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key

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

1.6 Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	Previous -1	Previous -2	Previous -3	Vs Previous -1	Vs Year Previous
HQAIC - Clinical Governance and Corporate	SAERs Completed Within 90 Days	N/A	Monthly	Jul-23	17.0%	20.0%	22.0%	22.0%	▼	—
	HSMR	N/A	Year Ending	Mar-23	0.98	1.00	1.00	1.01	▲	—
	Inpatient Falls	N/A	Month	Jun-23	7.13	6.43	6.72	6.95	▼	↔
	Inpatient Falls with Harm	N/A	Month	Jun-23	0.08	0.22	0.20	0.44	▲	▲
	Pressure Ulcers	N/A	Month	Jun-23	0.33	0.36	0.27	0.29	▲	▼
	SAB - HAI/HCAI	16.1	Month	Jun-23	24.8	18.7	17.0	18.9	▼	▲
	C Diff - HAI/HCAI	14.8	Month	Jun-23	32.3	46.8	12.0	14.2	▲	▲
	ECB - HAI/HCAI	33.5	Month	Jun-23	59.6	81.10	46.00	42.60	▲	▼
	Hand Hygiene	95%	Month	Jul-23	51.0%*	50.0%	78.0%	75.0%	▲	▼
	Complaints Closed at Stage 1	65%	Month	Jul-23	70.0%	68.0%	63.0%	74.0%	▲	▲
	Stage 2 Complaints responded to within 20 days	75%	Month	Jul-23	49.0%	26.0%	24.0%	18.0%	▲	▲
	Care Opinion	90%	Month	Jul-23	73.0%	99.0%	90.0%	99.0%	▼	—
	Freedom of Information	90%	Month	Jul-23	93.0%	86.0%	95.0%	92.0%	▲	↔
PPRC - Operational Performance	4-Hour Emergency Access	95%	Month	Jul-23	65.4%	59.9%	57.7%	57.4%	▲	▲
	8-Hour Breaches	N/A	Month	Jul-23	90.5%	88.3%	84.8%	85.8%	▲	▲
	12-Hour Breaches	N/A	Month	Jul-23	96.8%	96.2%	93.5%	94.3%	▲	▲
	Patient TTG % <= 12 Weeks	100%	Month	Jul-23	31.3%	31.5%	31.0%	32.7%	▼	▼
	New Outpatients % <= 12 Weeks	95%	Month	Jul-23	37.0%	38.0%	38.9%	40.4%	▼	▼
	Diagnostics % <= 6 Weeks	100%	Month	Jul-23	41.4%	42.1%	40.7%	41.0%	▲	—
	Cancer 31-Day DTT	95%	Month	Jun-23	99.1%	97.4%	99.4%	95.1%	▲	▲
	Cancer 62-Day RTT	95%	Month	Jun-23	81.6%	85.4%	80.0%	79.8%	▼	▲
PPRC - Finance	Delayed Discharge Bed Days - Standard Delays	144437	Year To Date	Jul-23	16900	—	—	—	—	—
	Revenue Resource Limit Performance	N/A	Month	Jul-23	(£8.423m)	—	—	—	—	—
PPRC - Finance	Capital Expenditure	N/A	Month	Jul-23	£9.921m	—	—	—	—	—
	Staff Governance Committee - Workforce	Sickness Absence	4.00%	Month	Jul-23	6.99%	6.82%	6.72%	6.98%	▼
Vacancy Rates		0%	Month	Jun-23	1.40%	1.27%	1.30%	0.25%	▼	▲
Off Framework Agency Usage		0%	Month	Jul-23	597	726	2298	3304	▲	▲
Population Health Committee - Mental Health and Public Health	CAMHS 18 Weeks Referral to Treatment	90%	Month	Jun-23	37.3%	30.1%	17.0%	29.8%	▲	▼
	Psychological Therapies 18 Weeks RTT	90%	Month	Jun-23	82.8%	80.1%	82.2%	86.7%	▲	▼
	Child Poverty - North Lanarkshire	N/A	Year Ending	Mar-22	26.6%	23.2%	26.5%	25.5%	▼	▼
	Child Poverty - South Lanarkshire	N/A	Year Ending	Mar-22	22.8%	19.6%	23.1%	22.5%	▼	▼
	Cervical Cancer Screening	80%	Quarter	Jun-22	73.2%	73.3%	73.7%	74.1%	▼	▼
	Smoking Cessation	100%	Quarter	Sep-22	50.0%	59.0%	71.0%	87.0%	▼	▼

Performance Key

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

Change Key

▲ "Better" than comparator period
↔ No Change
▼ "Worse" than comparator period
— Not Applicable

*Hand hygiene performance is subject to review and quality control due to significantly lower results from IPC Quality Improvement audits & Standard Infection Control Precautions Nursing audits which show compliance of 94%.

1.7 Key Issues Summary

HQAIC - CLINICAL GOVERNANCE AND CORPORATE

BETTER CARE

Transforming to improve our services

		Target	Current
SAERs	<i>Completion of Significant Adverse Event Reviews (SAERs) within 90 days</i>	N/A	17%

Total number of SAERs closed between August 2022 and July 2023 was 77. 17% of these were concluded and closed <90 days; 64% between 91 - 150 days and 20% took more than 150 days to conclude. The National Framework for Adverse Events agrees a timeline for <150 days for SAERs to be completed. 81% were concluded and closed within this timeframe.

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

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

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

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

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

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

Inpatient Falls	<i>Reduce all patient falls rate</i>	N/A	7.13
	<i>Reduce falls with harm rate</i>		0.08

Total Falls Rate per 1000 Occupied Bed Days (OBD) is displaying random variation against a current median of 7.25 Falls per 1000 OBD. There has been a steady decrease in the median since Jan-2020, with latest data point displaying 7.13 Falls per 1000 OBD for Jun-2023.

Falls with Harm Rate per 1000 OBD is displaying random variation against a current median of 0.33 Falls with Harm per 1000 OBD, with the latest data point of 0.08 Falls with Harm per 1000 OBD for Jun-2023 (x3 Falls with Harm recorded) which reflects the lowest rate recorded across the previous four years.

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

Pressure Ulcers	<i>Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting</i>	N/A	0.33
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NHS Lanarkshire Pressure Ulcer Rate per 1000 Occupied Bed Days (OBD) is currently displaying random variation, with data fluctuating within expected limits. The median is 0.31 Pressure Ulcers per 1000 OBD with no change since September 2020, indicating steady performance. The latest data point displaying is 0.33 Pressure Ulcers per 1000 OBD.

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

SAB	<i>Reduction of 10% in the national rate of healthcare associated SAB from 2019 to 2024</i>	16.1	24.8
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NHS Lanarkshire has not achieved the Annual Operating Plan target for SAB (January-March 2023). NHS Lanarkshire is above the local Standard rate of 16.1 for Q1 January – March 2023 HCAI SAB rates. NHS Lanarkshire is sitting at 17.6. This is a negative impact. Local unvalidated data for June 2023 shows a rate of 24.8.

NHS Lanarkshire HCAI SAB rate of 17.6 for the most recent validated quarterly reporting period is below the national comparator rate of 19.1 for Q1 January – March 2023. This is a positive impact.

NHS Lanarkshire will be expected to achieve a target of ≤ 91 HCAI SAB cases (a rate of 16.1 per 100,000 TOBDs by end of March 2024. (validated data for April – June 2023 awaited).

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

Peripheral Vascular Catheter (PVC) bundles are being added onto PatientTrak and roll out across the sites is expected week beginning 21 August 2023. This will include insertion, review, removal and post removal review. Once the PVC insertion is complete it will schedule twice daily review and prompt removal at 72 hours.

C Diff	<i>Reduction of 10% in the national rate of healthcare associated CDI from 2019 to 2024</i>	14.8	32.30
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NHS Lanarkshire is above the local standard rate of 14.8 for Q1 January – March 2023 CDI rates. NHS Lanarkshire is sitting at 16.3. This is a negative impact. The rate for locally validated data for May 2023 is 46.8. Nationally validated data for April – June 2023 is awaited.

NHS Lanarkshire healthcare associated infection CDI rate of 16.3 for this reporting period is above the national comparator rate of 13.4 for Q1 January – March 2023. This is a negative impact. NHS Lanarkshire will be expected to achieve a target of ≤ 84 HCAI CDI cases (a rate of 14.8 per 100,000 total occupied bed days by end of March 2024.

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

ECB	<i>Reduction of 25% in healthcare associated E. coli bacteraemia by 2023/24</i>	33.5	59.6
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NHS Lanarkshire is above the local standard rate of 33.5 for the most recent validated quarterly reporting period January – March 2023 HCAI ECB rates. NHS Lanarkshire is sitting at 39.2. This is a negative impact. NHS Lanarkshire's local unvalidated monthly data for June shows a rate of 59.6.

NHS Lanarkshire's HCAI ECB rate of 39.2 for this reporting period is above the national comparator rate of 37.3 for January – March 2023. This is a negative impact.

NHS Lanarkshire will be expected to achieve a target of ≤ 189 HCAI ECB cases (a rate of 33.5 per 100,000 TOBDs by end of March 2024. Validated data for April – June 2023 is awaited.

The total number of ECB cases for October to December 2022 (Q4) was 132 (59 of these cases were HCAI) compared to 142 (60 HCAI) cases for January to March 2023 (Q1). This is an increase of one HCAI cases.

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

Hand Hygiene	<i>95% hand hygiene compliance</i>	95%	51%*
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The Hand Hygiene national target rate is 95%. A review is currently underway of NHS Lanarkshire's IPC Quality Improvement audits to subject these to quality control in light of a significant disparity between the results of these audits and the Standard Infection Control Precautions (SICPs) Nursing audits used in Lanarkshire and other Boards in Scotland.

The reported rate of 51% for July 2023 from the IPC QI audits is significantly lower than the other the Standard Infection Control Precautions (SICPs) Nursing audits which shows compliance rates of 94%.

The performance figure of 51% has been asterisked while the review is underway.

In the meantime, areas with low compliance rates are monitored via the hospital hygiene groups.

A range of initiatives planned and in place to improve hand hygiene compliance and ensure audit consistency are:

- IPCT are currently reviewing the Hand Hygiene audit tool to ensure it is aligned with the nursing audit tool. A short life working group will be convened to review in line with extant guidance.
- IPCT have initiated a trial of Bare Below the Elbow audits.
- The data collection methodology is currently under review with IPCT and the Senior Nursing Management team to standardise reporting of Hand Hygiene.
- Senior Nursing Team in collaboration with IPCT will undertake audits in each area to ensure consistency between IPCT quality assurance audits and nursing audits. This audit initiative has commenced in University Hospital Monklands (UHM). Initial results will provide a baseline for further improvement work.
- NHS Lanarkshire Hand Hygiene Policy has been reviewed and ratified by the Infection Control Committee (ICC). One key change highlights the escalation process for non-compliance with hand hygiene.
- Hand hygiene - *See something say something* relaunched across the UHW site.
- Kind to remind is promoted across NHS Lanarkshire.

- A hand hygiene campaign has been devised and will launch in September 2023.

The hand hygiene campaign will also incorporate the Dress Code and Appearance at Work (including National Uniform Policy). Literature reviews on Bare Below the Elbows and uniform laundering will be reviewed and key information will be extracted and shared with all Healthcare staff.

Complaints	<i>% of complaints closed at Stage 1</i>	65%	70%
	<i>Stage 2 Complaints responded to within 20 days</i>	75%	49%

70% of complaints were closed at a Stage 1 in July 2023, exceeding the 65% target, and rising from 68% in June and 63% in May 2023.

Local performance targets for Stage 2 complaints closed within 20 days were initially agreed as part of the corporate objectives. Following a review of complaints, new performance targets were introduced in August 2023.

In July 2023, 49% of Stage 2 complaints were closed within 20 days, against a quarterly target of 50% working towards a target of 75% by the 31 March 2024. The % has improved month on month.

This improvement is likely to be multi-factor, including, interim patient affairs resource and additional hours, which has enabled a ‘two-pronged’ approach – longest waiters and those ready for drafting earlier. Escalation, including chasing procedures, are also further embedded. There has also been a change to the number of Stage 2 complaints (including escalated) received and closed.

A complaints improvement plan has been developed and is being shared with the service for comment prior to implementation. This will include education opportunities, review of the current timescales of the process, more regular detailed data reports and a revised escalation plan. A report on progress and actions will also be shared with QPPG.

Care Opinion	<i>Provide a response to each story within five days</i>	N/A	73%
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84 stories were posted by the public in July 2023. 57 (58%) stories were positive and 27 (32%) stories were critical of their experience. 73% of stories were responded to within 5 working days including weekends and bank holidays. There were 27 stories which were critical of their experience.

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

The time to respond to stories was an issue in July. This was due to vacancies and leave within the Improvement Team. The service the story relates to are alerted to the stories and should provide the response, however, if they are unable to provide a response by day 4 then a member of staff in the Improvement Team will provide a response. The vacancy in the Improvement Team will be in post on 4th September and plans are in place to cover this in August.

We are continually recruiting staff to be care opinion subscribers and currently have 307 members of staff registered as responders which is an increase on the previous year. Our numbers of staff responding to Care Opinion stories continues to increase each year. Staff responders include nurses, doctors, allied health professionals, radiology staff, service managers and Senior Clinical staff.

Freedom of Information	<i>Respond to 90% of FOI enquiries within the Statutory Time Period of 20 working days</i>	90%	93%
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The response rate for July increased to 93%. The response rate for Quarter 1 (April to June 2023) was 91%.

The number of requests received continues to be extremely high. 98 requests were received in July 2023 – the highest number ever received in July. This follows a total of 246 requests in Quarter 1, which was the highest Quarter 1 total we have had and 22 per cent higher than the previous high in 2017/18. The number of responses from MSPs in particular is high.

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

PPRC - OPERATIONAL PERFORMANCE

BETTER CARE

Transforming to improve our services

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

95%

65.4%

NHS Lanarkshire June 2023 performance is 65%, against a local target of 67%. This is an improvement from 60% in June 2023. NHS Lanarkshire's performance remains lower than the Scottish average.

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

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

Patient TTG

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

100%

31.3%

At the end of July 2023 there were a total of 8055 patients who had breached their TTG date, compared to 8406 in June 2023. The number of patients on the waiting list has decreased slightly to 11,720. In July 2023 50% of patients were treated within 84 days, more than that in June 2023.

25% of patients are waiting over 52 weeks for surgery with the greatest number of patients in general surgery, orthopaedic, gynaecology, ENT and urology. On 15th August 2023 there were 1878 patients waiting over 78 weeks and 981 patients waiting over 104 weeks to be treated.

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

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

NHS Lanarkshire exceeded all trajectories for end of July 2023 and will continue to work towards further trajectories.

New Outpatients	<i>12 Week Outpatient Guarantee (84 days)</i>	95%	37%
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At the end of July 2023 there were 43,270 patients waiting over 84 days for an outpatient appointment, compared to 42,032 in June 2023.

69% of patients were seen within 84 days in July 2023 compared to 75% in June 2023. At end of July 2023, 63% of patients are waiting over 12 weeks to be seen.

Specific pressures are noted in some areas, particularly high volume specialties where large numbers of patients continue to wait longer than the milestones. General surgery is a particular example of this with patients waiting for this specialty accounting for all patients waiting over 104 weeks, 90% of all patients waiting over 78 weeks and 60% of those waiting over 52 weeks.

NHS Lanarkshire exceeded trajectories for those waiting over 104 weeks and 78 weeks. Trajectories were not achieved for those waiting over 52 weeks and total waiting list size.

Improvements in general surgery waiting times are being seen during August due to the changes to the Business Continuity Arrangements in emergency general surgery and the establishment of low risk hernia see and treat capacity at the Golden Jubilee. The additional capacity delivered through these actions is supporting significant reductions in the long waiting patients in this specialty.

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

On 8th August 2023, 9,960 patients were waiting over 52 weeks for an outpatient appointment with no confirmed appointment date.

The Division is continuing to work with the National Elective Coordination Unit (NECU) at the Golden Jubilee, to undertake further administrative validation exercises in the medicine specialties. The previous process removed 9% of the approximately 12000 patients validated.

Diagnostics	<i>No patient will wait more than 6 weeks to receive one of the 8 key diagnostics test appointments</i>	100%	41.4%
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Delivering access to key diagnostic tests remains an area of significant challenge for the Board. However, the number of patients waiting for diagnostic tests has decreased and the length of wait has also decreased.

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

Additional external and internal capacity is being used where available to address these waits. All aspects of endoscopy remain challenged due to staffing and accommodation constraints. The provision of outpatient scanning in MRI and CT continues to be pressured due to a significant increase in requests for emergency and inpatient scans and also workforce availability. The imaging service is operating at around 90% of pre covid activity and the endoscopy service is operating at around 100%.

		Target	Current
Cancer 31-Day & 61-Day RTT	<i>95% of patients should wait no more than 31 days from decision to treat to first cancer treatment</i>	95%	99.1% (31 day)
	<i>95% of patients should wait no more than 62 days from urgent suspicion of cancer to treatment</i>		81.6% (62 day)

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

The data for quarter 1 of 2023 is verified and published with quarter 2 submitted and publication due in September 2023. Quarter 1 data shows that NHS Lanarkshire met the national standard that 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat. It is predicated that recovery of the 95% standard for 31 days will continue to be sustained in the coming months, in line with the agreed recovery trajectory.

The 62-day standard remains challenged due to the pressures within the diagnostic element of the pathways, mainly due to scopes and radiology capacity, including reporting in breast, colorectal, lung and urology pathways, although progress against the trajectories is noted.

Delayed Discharges	<i>5% Reduction in Bed Days for 2023/24 (Based on 10% Reduction in 2022/23 of the 2019/20 Performance, thus providing an overall reduction of 15%)</i>	144437	16900
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Both partnerships have extensive change programmes underway to roll out Home Assessment/Home First teams, as well as protecting reablement services to protect the 'front door' of the service. It is vital that service users have assessments for ongoing care needs in their own homes, where we are more able to accurately assess ongoing need, focus on reablement and reduce over-provision to maximise what we can get from the existing service establishments.

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

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

PPRC - FINANCE

BETTER VALUE

Deliver value & sustainability

		Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	(£8.423m)

As at 30 June 2023 the Board is reporting an overspend of £8.423m, spread across its divisions. The year-end forecast sits at £19.241m although at this stage there are high levels of uncertainty. There is not yet a plan to balance over three years. To date the Board has identified £17.042m of savings and the

HSCPs £2.266m. £1.266m of these are recurring savings as is the HSCPs £2.266m which falls below the £42.7m requested by Scottish Government. A range of actions are underway including the Sustainability and Review programme.

Capital Expenditure

*Work within the revenue resource limits set by the
SG Health & Social Care Directorates*

**£1.558m
overcommitted**

Capital expenditure to 31 July 2023 is £9.921m. To date the schemes to which a commitment has been given exceed the current overall capital limit by £1.558m. If all requests were approved and the programmes proceeded on initial timelines, the capital limit would be exceeded by over £10m. Plans to avoid the over commitment include seeking alternative funding for the Chryston Community centre lease, HSCP funding for Mental health, recognising any slippage, phasing and prioritising.

STAFF GOVERNANCE COMMITTEE - WORKFORCE

BETTER WORKPLACE

Improve staff experience & wellbeing

		Target	Current
Sickness Absence	<i>Reduce sickness absence percentage to meet national target of 4%</i>	4%	7%

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

Vacancy Rates	<i>Vacancy rate percentage</i>	0%	1.4%
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The over-established position is being refined with work between Human Resources and finance to try to correct any anomalies where non-recurring budget doesn't have an associated budget WTE.

Off-Framework Agency Usage	<i>Vacancy rate percentage</i>	0	597
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Current position, whilst considerably above the target of zero, is a reduction of 85% when compared to March 2023 – based on this trajectory rated as amber.

POPULATION HEALTH COMMITTEE – MENTAL HEALTH AND PUBLIC HEALTH

BETTER HEALTH

Improve health & wellbeing and address inequalities

		Target	Current
CAMHS 18 Weeks RTT	<i>At least 90% of clients will wait no longer than 18 weeks from referral to treatment</i>	90%	37.3%

Although RTT performance has significantly decreased since the second half of 2022 this is because the number of patients seen for first assessment has increased, meaning in turn they have breached the timescale to be seen for intervention within 18 weeks. It's anticipated that performance will recover as the waiting list continues to reduce and the service can respond to referral rates and ongoing intervention through the Choice and Partnership Approach (CAPA) model.

CAMHS RTT Performance was heavily impacted by a combination of factors:

- an increased demand for services
- increased complexity of referrals
- vacancies across the service (various specialities) prior to RRF allocation in 2021/22, although vacancies for psychiatry are still a major contributing factor
- poor reporting/waiting list activity and performance monitoring and management
- lack of capacity planning/service flow.

Psychological Therapies 18 Weeks RTT	<i>At least 90% of clients will wait no longer than 18 weeks from referral to treatment</i>	90%	82.8%
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Performance is heavily impacted by significant challenges around the recruitment and retention at consultant grades. This challenge is experienced locally and nationally for services of this type. Some increase in overall staffing and use of hybrid delivery has allowed for some improvement. However, analysis suggests that continued improvement is contingent on maintaining or improving current staffing levels, therefore the service focus is currently on retention of staff within NHS Lanarkshire Psychology services. To sustain the current workforce and performance there is a key dependency on recurring funding from Scottish Government. Psychological Services have focused on addressing the longest waits through various means.

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

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

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

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

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

Smoking Cessation	<i>Percentage of LDP target for number of quits</i>	100%	50%
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Lanarkshire is achieving 50% of its quarterly target for the most recently nationally validated data up to September 2022.

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

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

NHS Lanarkshire has been very involved in the national review of stop smoking services which will inform improvements particularly within specialist services.

2.1.1 Adverse Events (SAERs)

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

Target
N/A

Performance
17%

Fig. 1.1: SAERs – timelines (Aug 2022 – Jul 2023)

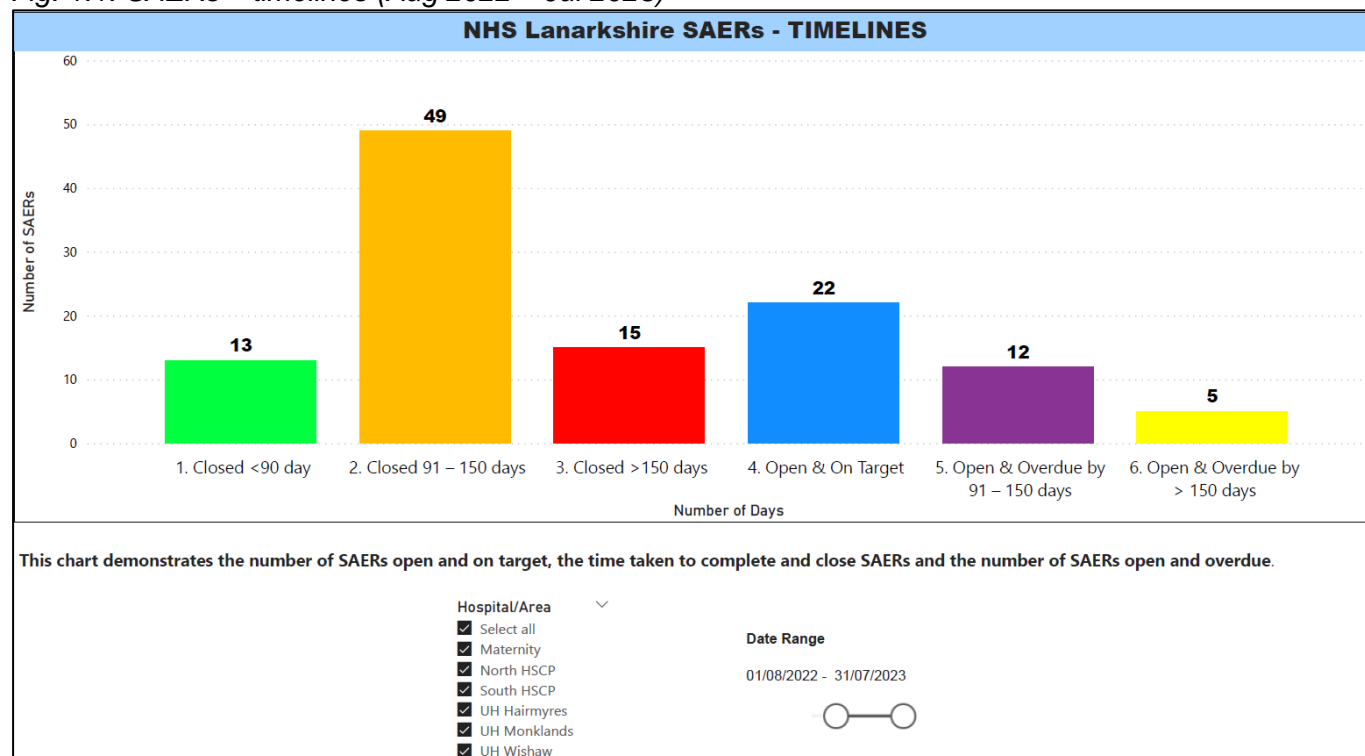
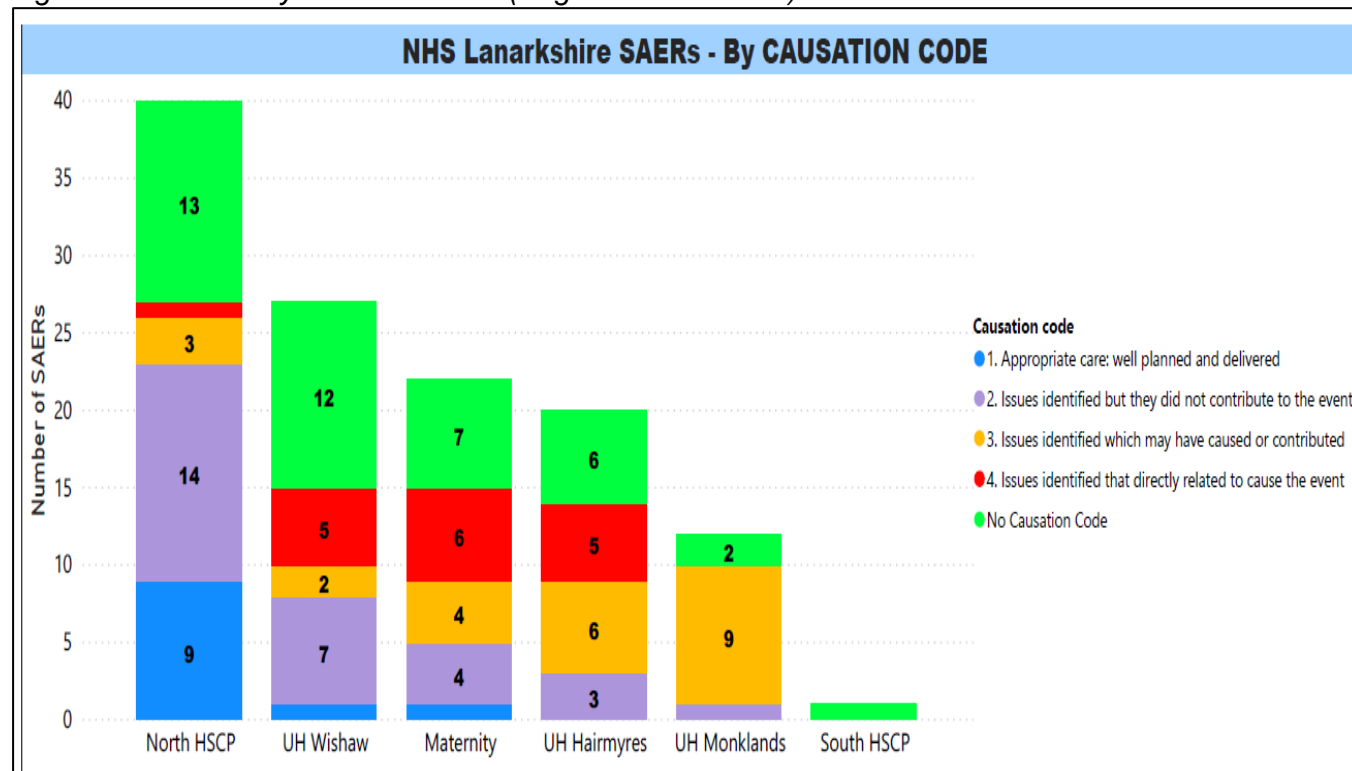


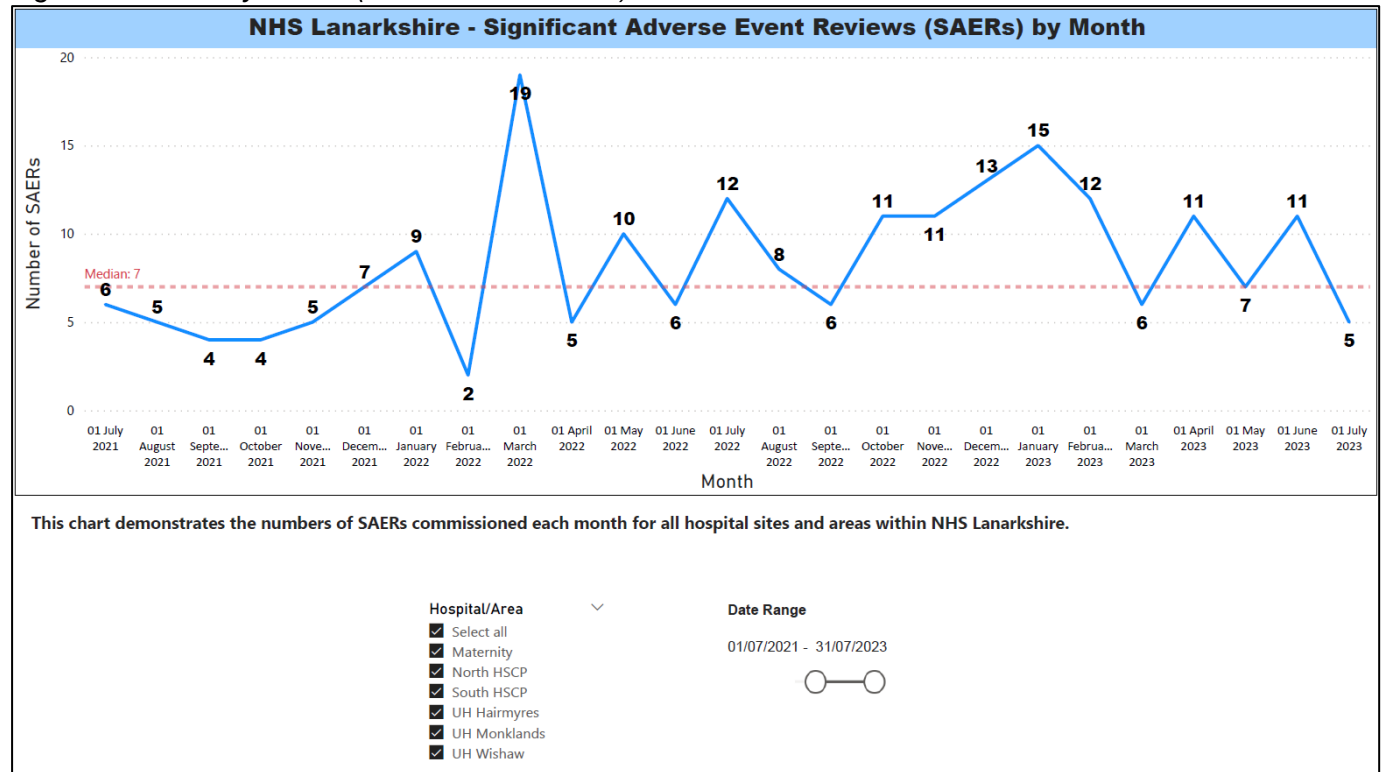
Fig. 1.4: SAERs – By causation code (Aug 2022 – Jul 2023)



Date of Extraction: 3 August 2023

2. Healthcare Quality Assurance and Improvement Committee – Clinical Governance and Corporate

Fig. 1.5: SAERs by month (Jul 2021 – Jul 2023)



Date of Extraction: 3 August 2023

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

Key Issues

Fig. 1.1 SAERs – timelines chart demonstrates the overall number of SAERs within NHS Lanarkshire that are open and on target, the time taken to complete and close SAERs and the number of SAERs open and overdue.

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

Total SAERs closed between August 2022 and July 2023 = 77. 17% of these were concluded and closed <90 days; 64% between 91 - 150 days and 19% took more than 150 days to conclude. It should be noted that the National Framework for Adverse Events agrees a timeline for <150 days for SAERs to be completed; 81% were concluded and closed within this timeframe.

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

Fig. 1.4 SAERs – By causation code chart demonstrates the number of SAERs with a causation code recorded which indicates if the incident was avoidable. The SAERs with no causation codes are reviews which remain open and ongoing.

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

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

- Causation code 1 - 14%
- Causation code 2 - 37%
- Causation code 3 - 26%
- Causation code 4 - 22%

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

From the reviews that have concluded, currently 41% have been recorded as triggering the legislation for Duty of Candour.

Fig. 1.5 SAERs by month (Jul 2021 – Jul 2023)

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

5 SAERs recorded in July 2023:

- 4 recorded from North HSCP:
 - 3 recorded as category “Self Harm”
 - 1 recorded as category “Child Death”
- 1 recorded from UH Hairmyres:
 - recorded as category “Falls”

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

Overall Key Issues

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

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

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

Key Actions

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

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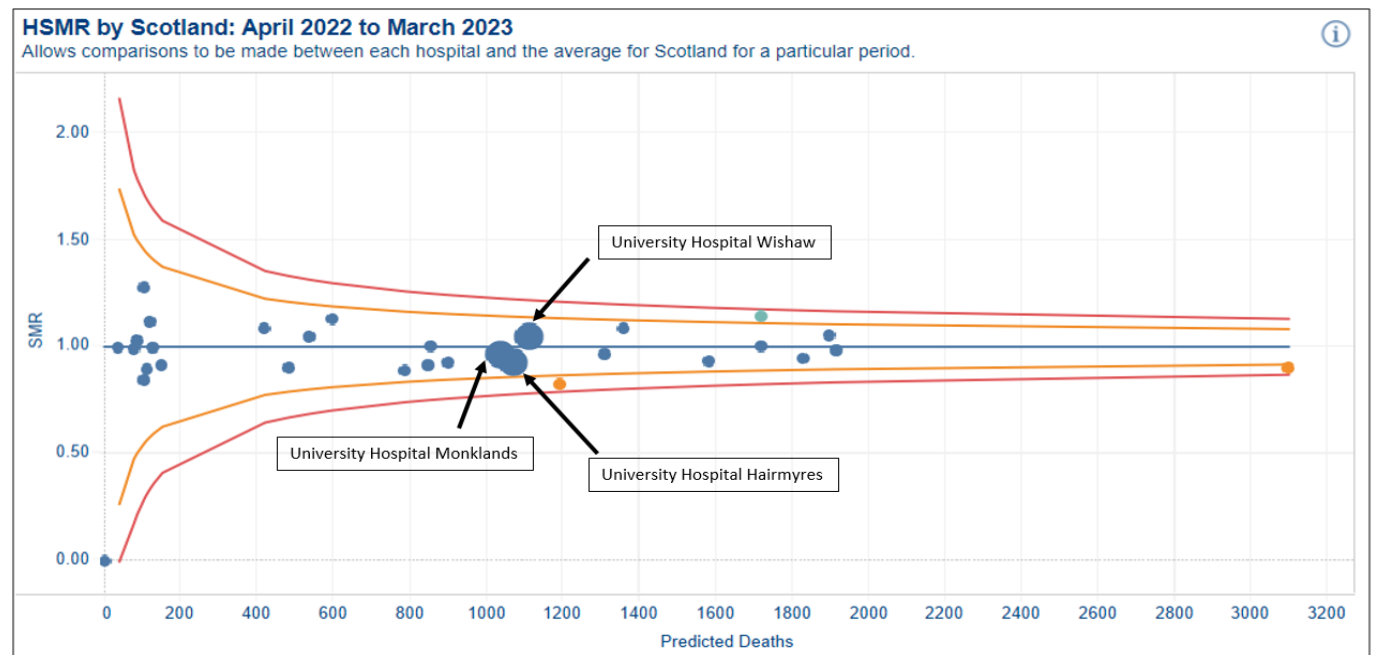
2.2 HSMR

Maintain HSMR within control limits

Target
N/A

Performance
0.98

Fig. 1.6 HSMR by Scotland (April 2022 – March 2023)



Health Board of Treatment: Period:

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

Date of Extraction: 8 August 2023

Key Deliverable

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

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

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

Key Actions

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

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

2.3 Inpatient Falls

Reduce all patient falls rate
Reduce falls with harm rate

Target
N/A

Performance

7.25

0.08

Fig. 1.7: NHS Lanarkshire: Total Falls Rate (per 1000 Occupied Bed Days)

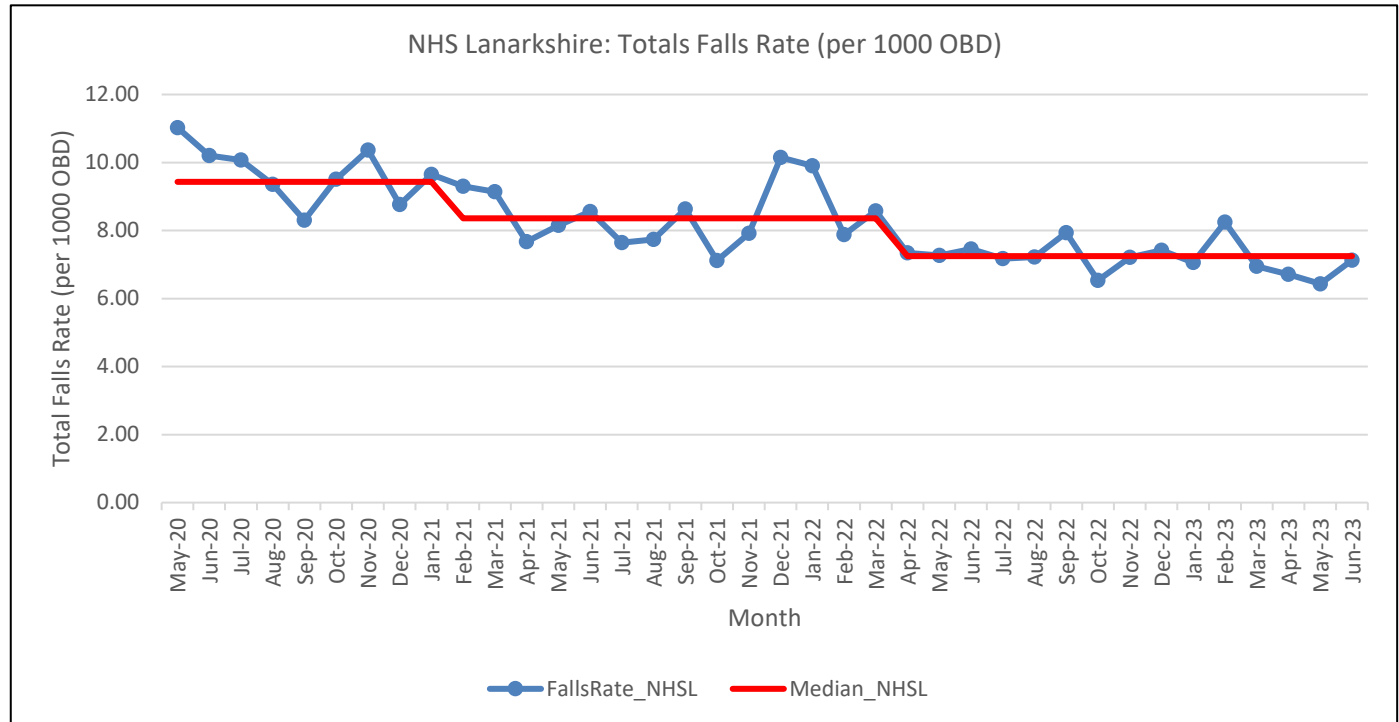
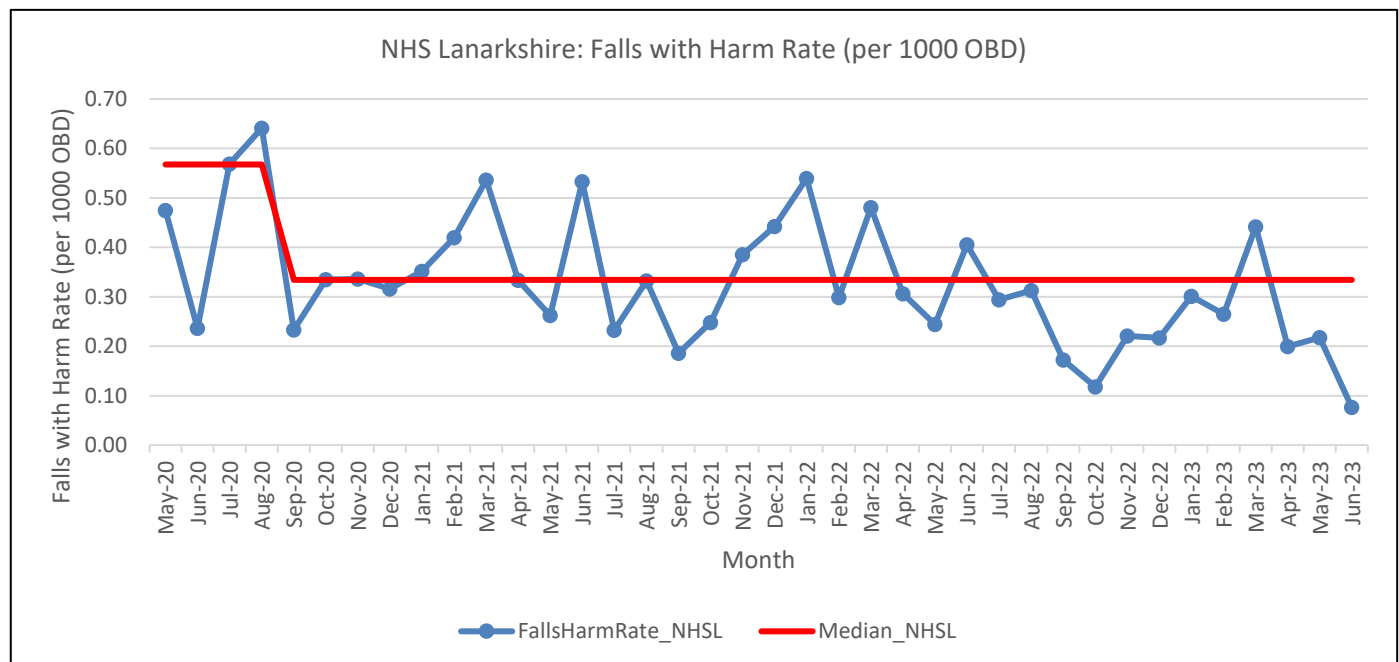


Fig. 1.8: NHS Lanarkshire: Falls with Harm Rate (per 1000 OBD)



Date of Extraction: 7 August 2023

2. Healthcare Quality Assurance and Improvement Committee – Clinical Governance and Corporate

Key Deliverable

Key Deliverable 1:

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

Key Deliverable 2:

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

Key Deliverable 3:

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

Key Deliverable 4:

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

Key Issues

Fig 1.7: NHS Lanarkshire Total Falls Rate (per 1000 OBD)

The run chart is displaying random variation against a current median of 7.25 Falls per 1000 OBD. There has been a steady decrease in the median since Jan-2020, with latest data point displaying 7.13 Falls per 1000 OBD for Jun-2023.

Fig 1.8: NHS Lanarkshire Falls with Harm Rate (per 1000 OBD)

The run chart is displaying random variation against a current median of 0.33 Falls with Harm per 1000 OBD, with the latest data point of 0.08 Falls with Harm per 1000 OBD for Jun-2023 (x3 Falls with Harm recorded) which reflects the lowest rate recorded across the previous four years.

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

Key Actions

A summary of ongoing improvement work is provided below:

- Refresh of FirstPort NHS Lanarkshire Falls page – Re-design to include falls toolkit resource for staff (planned completion for end of September 23)
- Raise Awareness of Falls resources – Lanarkshire Falls awareness week 18-24 September (planned completion end of September 23)
- Working with the e-health team on a new Trakcare alert and icon to alert to previous falls history and any previous interventions (planned completion December 23)
- LearnPro module refresh (planned completion December 23)
- Link falls education, awareness, early intervention with active ward work across acute sites (December 23)

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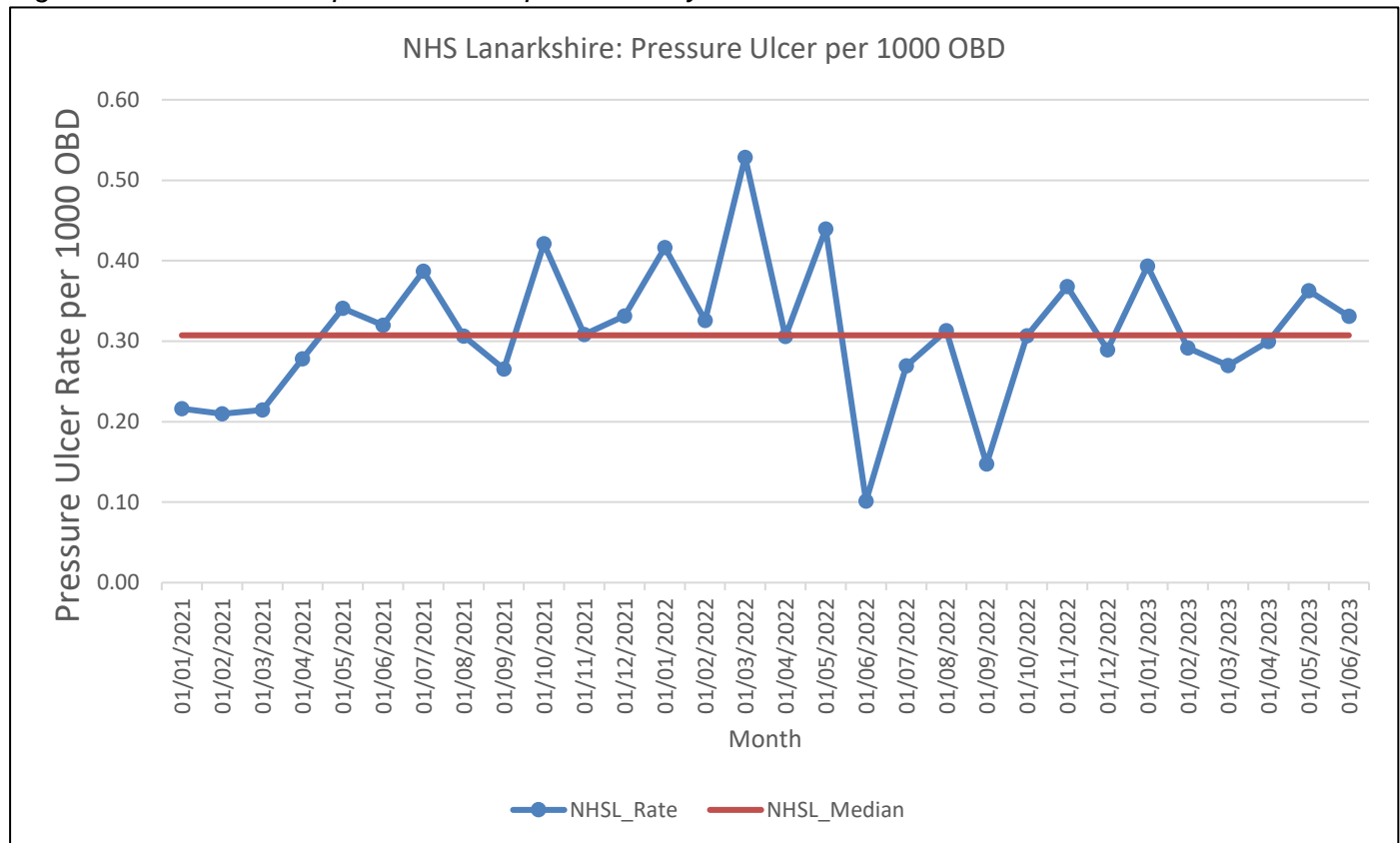
2.4 Pressure Ulcers

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

Target
N/A

Performance
0.33

Fig. 1.9 Pressure Ulcers per 1000 Occupied Bed Days



Date of Extraction: 7 August 2023

Key Deliverable

Key Issues

NHS Lanarkshire Pressure Ulcer (Rate per 1000 OBD):

- Currently displaying random variation, with data fluctuating within expected limits.
- Median currently = 0.31 Pressure Ulcers per 1000 OBD
- No change to the current median since September 2020, indicating steady performance, with the latest data point displaying 0.33 Pressure Ulcers per 1000 OBD. (13 Pressure Ulcer events recorded).
- In February 2023, Tissue Viability commenced pressure ulcer review tool for acquired Grade 3 and Grade 4 pressure ulcers.

Key Actions

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

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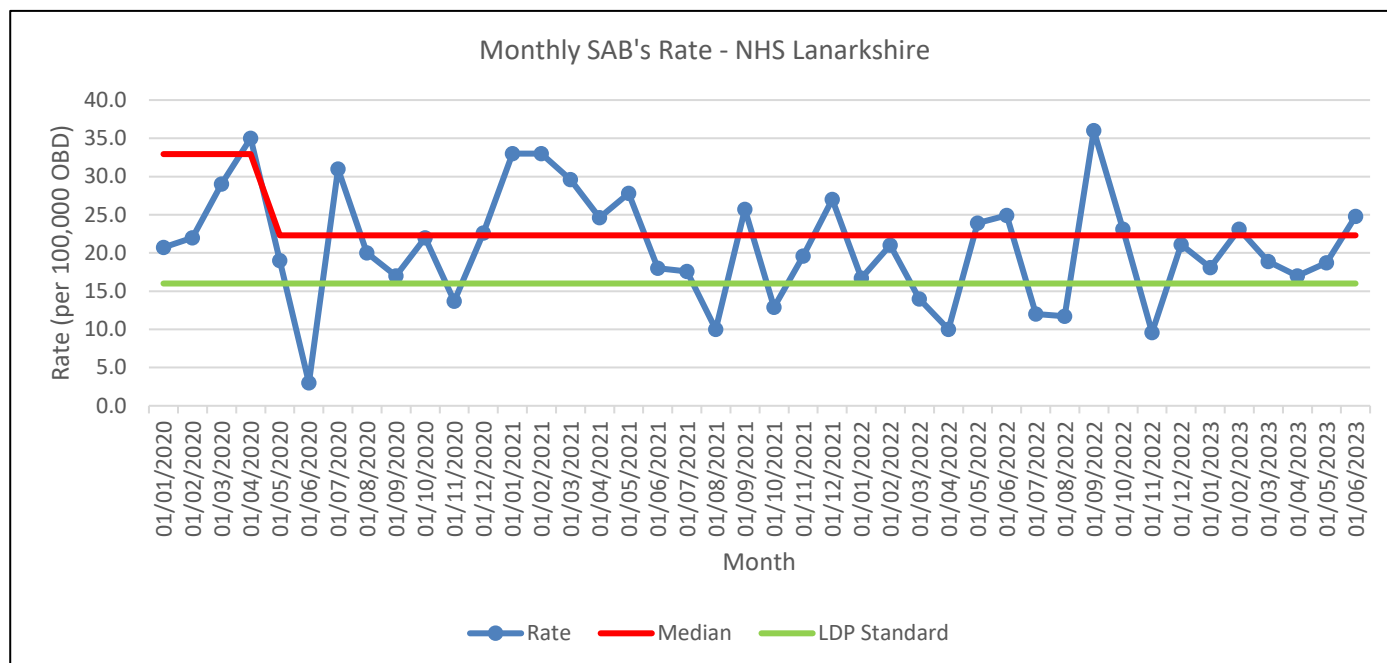
2.5 SAB (HAI/HCAI)

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

Target
16.1

Performance
24.80

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



Quarter Ended	2022	2022	2022	2022	2023
	March	June	Sept	December	March
NHS Lanarkshire	14.6	16.8	18.3	16.1	17.6
Scotland	16.3	17.3	17.1	19.2	19.1

Key Deliverable	End Date
<p>In May 2022, DL (2022)13 was issued informing Health Boards that the previously agreed standards and indicators for Healthcare Associated Infection (HCAI) and antibiotic use originally due to be met in 2022 were to be extended by one year until 2023. This was agreed in light of the service pressures caused by ongoing COVID-19 related activity.</p> <p>Given the continued service pressures it has been agreed by Scottish Government that the previous HCAI targets would be further extended by one year to 2024. This will allow for further consideration on whether the infections currently measured are still relevant for targeted surveillance.</p> <p>The HCAI Strategy (2023-2025) was developed over a condensed period of time in order to provide NHS Scotland with a supportive national direction. Previous HCAI strategies followed a five-year running period to allow for adequate transformation to take place. The current strategy will only cover the interim period of 2023-2025. The overall aim of the HCAI strategy (2023-2025) is to reduce the incidence of HCAs and aid Health Boards in their recovery from COVID-19.</p>	31 March 2024
<p>Key Milestones</p> <p>To improve the Annual Operational Plan (AOP) compliance rates for SAB by March 2023.</p>	31 March 2024
<p>Key Issues</p> <p>NHS Lanarkshire has not achieved the AOP target for SAB (January-March 2023).</p>	

2. Healthcare Quality Assurance and Improvement Committee – Clinical Governance and Corporate

NHS Lanarkshire is above the local Standard rate of 16.1 for Q1 January – March 2023 HCAI SAB rates. NHS Lanarkshire is sitting at 17.6; (this is a negative impact).

NHS Lanarkshire HCAI SAB rate of 17.6 for this reporting period is below the national comparator rate of 19.1 for Q1 January – March 2023. (this is a positive impact).

NHS Lanarkshire will be expected to achieve a target of ≤ 91 HCAI SAB cases (a rate of 16.1 per 100,000 TOBDs by end of March 2024. (validated data for April – June 2023 awaited).

Key Actions

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

At Infection Control Committee meeting on 9 August 2023, it was agreed that a Short Life Working Group would be convened to review SABs, CDIs and ECBs in NHS Lanarkshire. The meeting will be multi-disciplinary and has been diarised for 21 September 2023.

The Infection Prevention and Control Team (IPCT) have recently carried out 'Stay Safe – Stay Connected' awareness to three acute sites week beginning 14 August 2023 providing new up to date posters for the World Health Organisation's 5 moments for hand hygiene. These 5 moments were discussed in depth and wards were asked to share this with their teams and display posters in appropriate areas.

Peripheral Vascular Catheter (PVC) bundles are being added onto PatientTrak and roll out across the sites is expected week beginning 21 August 2023. This will include insertion, review, removal and post removal review. Once the PVC insertion is complete it will schedule twice daily review and prompt removal at 72 hours.

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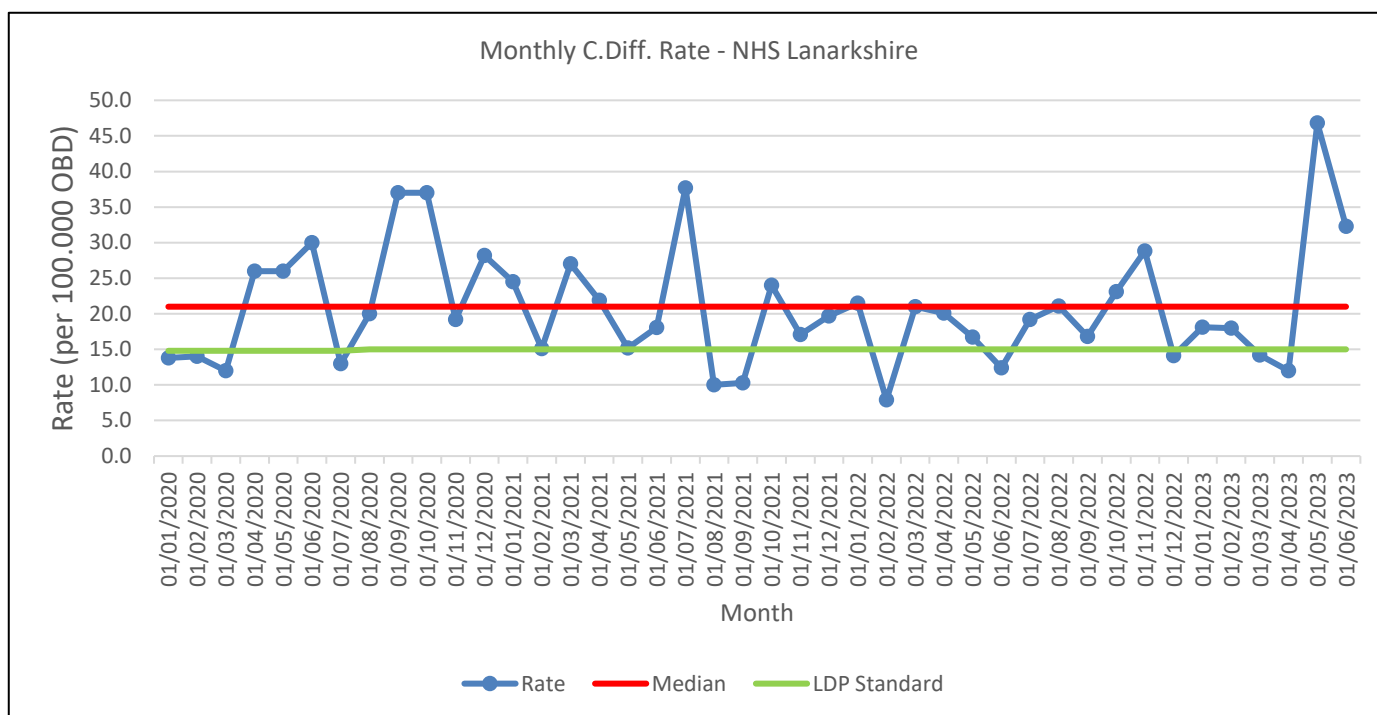
2.6 C Diff (HAI/HCAI)

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

Target
14.8

Performance
32.30

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



Quarter Ended	2022	2022	2022	2022	2023
	March	June	Sept	December	March
NHS Lanarkshire	15.3	15.4	19.7	19.4	16.3
Scotland	12.6	14.3	13.1	13.5	13.4

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

Key Issues

NHS Lanarkshire has not achieved the AOP target for SAB, CDI and ECBs for the validated reporting period (January-March 2023).

NHS Lanarkshire is above the local standard rate of 14.8 for Q1 January – March 2023 CDI rates. NHS Lanarkshire is sitting at 16.3. (This is a negative impact.) The rate for locally validated data for May 2023 is 46.8. Nationally validated data for April – June 2023 awaited.

NHS Lanarkshire healthcare associated infection CDI rate of 16.3 for this reporting period is above the national comparator rate of 13.4 for Q1 January – March 2023. (This is a negative impact.)

NHS Lanarkshire will be expected to achieve a target of ≤ 84 HCAI CDI cases (a rate of 14.8 per 100,000 total occupied bed days by end of March 2024).

Key Actions

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

At Infection Control Committee meeting on 9 August 2023, it was agreed that a Short Life Working Group would be convened to review SABs, CDIs and ECBs in NHS Lanarkshire. The meeting will be multi-disciplinary and has been diarised for 21 September 2023.

Antimicrobial pharmacists have been looking into a number of cases to identify any additional learning. There are discussions about training regarding CDI awareness for doctors/nurses provided jointly by the IPCT and AMP for September/October 2023

2. Healthcare Quality Assurance and Improvement Committee – Clinical Governance and Corporate

2.7 ECB (HAI/HCAI)

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

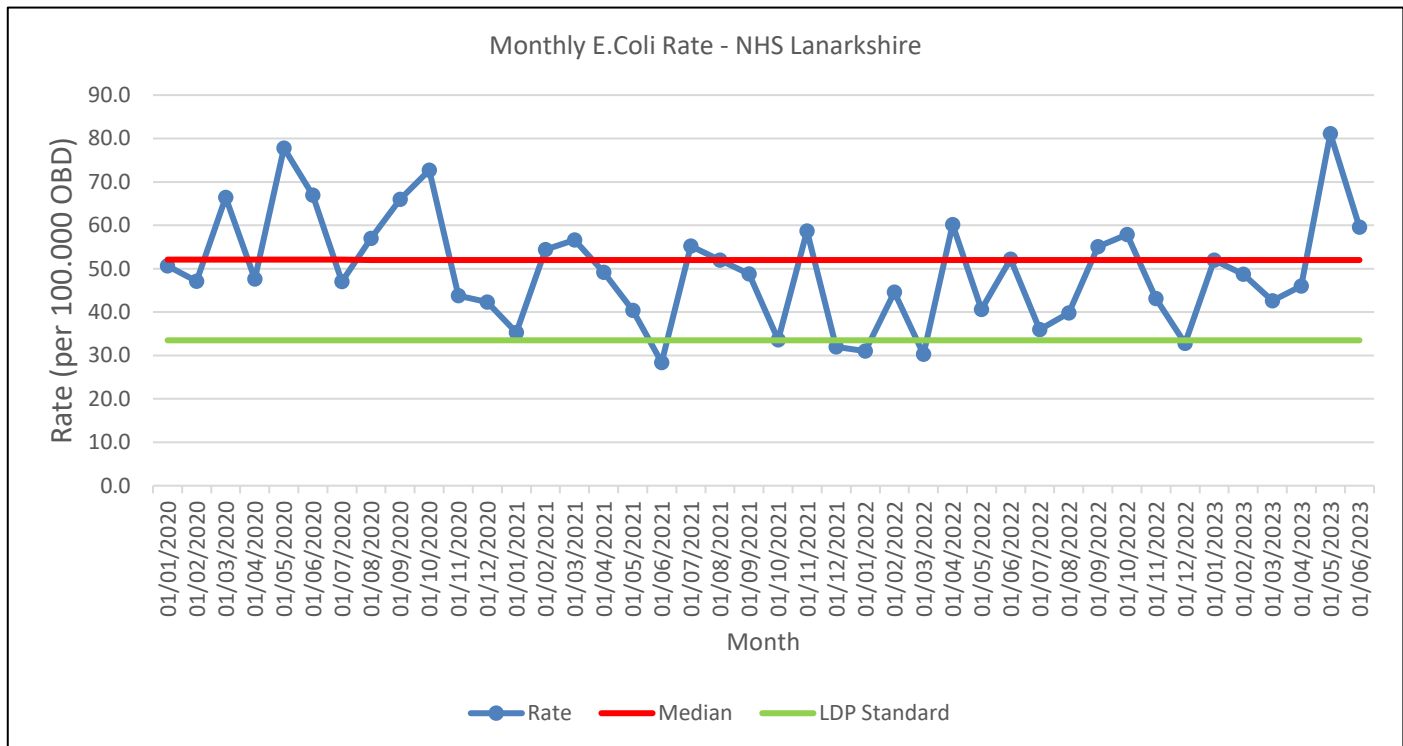
Target

33.5

Performance

59.60

Fig. 1.12 Monthly *E. Coli* Rate



Quarter Ended	2021	2022	2022	2022	2022	2023
	Dec	March	June	Sept	December	March
NHS Lanarkshire	36.6	28.5	44.1	40.7	39.5	39.2
Scotland	34.1	30.5	34.8	36.2	34.5	37.3

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

Key Issues

NHS Lanarkshire is above the local standard rate of 33.5 for the most recent validated quarterly reporting period January – March 2023 HCAI ECB rates. NHS Lanarkshire is sitting at 39.2. This is a negative impact. NHS Lanarkshire's local unvalidated monthly data for June shows a rate of 59.6

NHS Lanarkshire's HCAI ECB rate of 39.2 for this reporting period is above the national comparator rate of 37.3 for January – March 2023. This is a negative impact.

NHS Lanarkshire will be expected to achieve a target of ≤ 189 HCAI ECB cases (a rate of 33.5 per 100,000 TOBDs) by end of March 2024. Validated data for April – June 2023 is awaited.

The total number of ECB cases for October to December 2022 (Q4) was 132 (59 of these cases were HCAI) compared to 142 (60 HCAI) cases for January to March 2023 (Q1). This is an increase of one HCAI cases.

NHS Lanarkshire received an exceptions report from ARHAI Scotland in January 2023 for Quarter 3 July – September 2022, highlighting an increase in Community Associated Infections (CAI) ECBs. A further exceptions report was received in July 2023 for Quarter 1 January-March 2023 also highlighting an increase in CAI ECBs.

A multidisciplinary review commenced with IPCT, Deputy Nurse Directors for Health and Social Care Partnerships and Chiefs of Nursing Services regarding the increase. It had been identified during the review that the main source of ECB infections reported were Urinary Tract Infection (UTI) and Hepatobiliary. Both North and South Partnership Nursing teams commenced enhanced surveillance to identify all Community Associated ECB cases and ascertain areas for improvement. To date the findings have concluded that the majority of patients have not been known to the community nursing teams but on the occasions where the patients have been known, there has been some learning and improvement work is ongoing around Catheter care in particular.

University Hospital Wishaw (UHW) Chief of Nursing has conducted a literature review regarding ECBs and Urinary Tract Infections. The information will be utilised to commence improvement work.

Key Actions

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

2. Healthcare Quality Assurance and Improvement Committee – Clinical Governance and Corporate

2.8 Hand Hygiene

95% hand hygiene compliance

Target

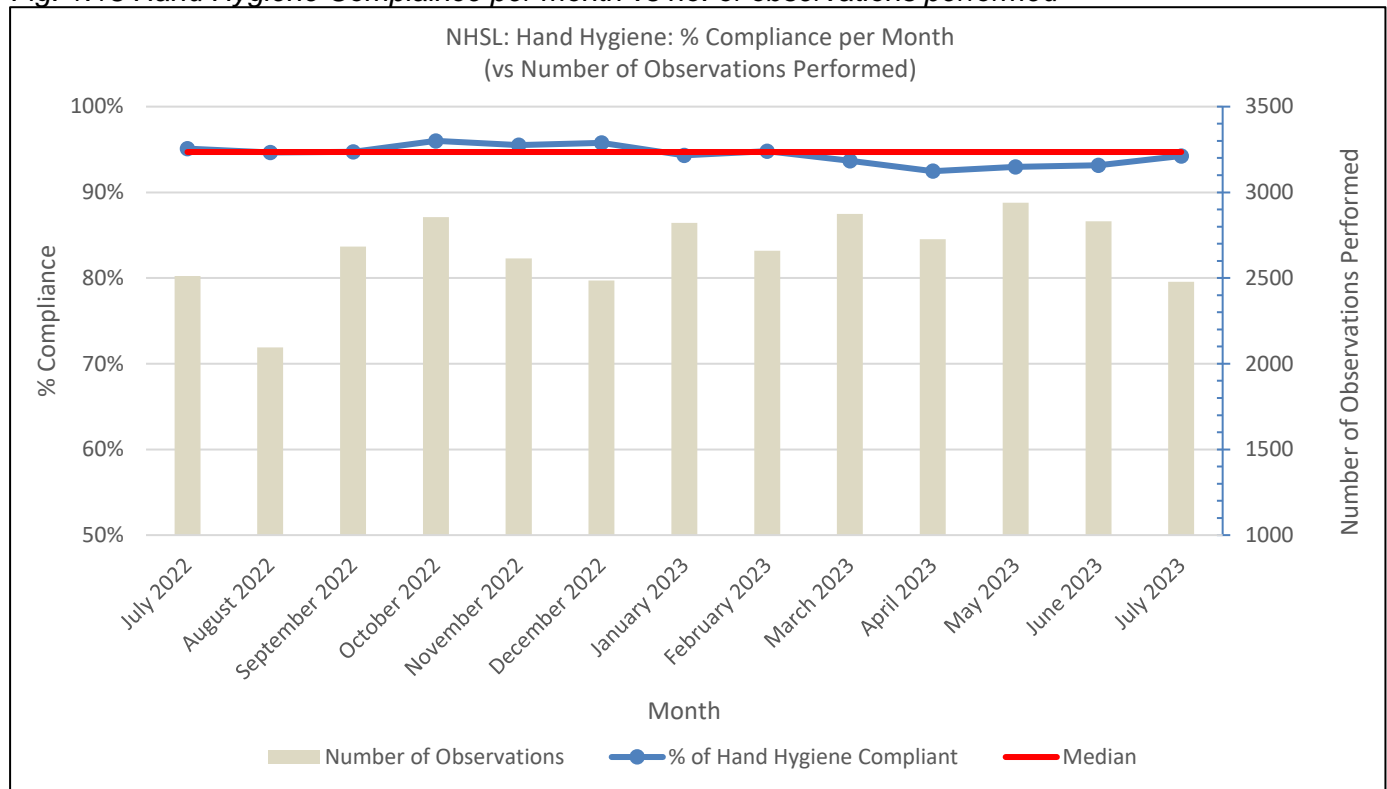
95%

Performance

51%*

*Note: The performance figure of 51% is subject to review and quality control due to significantly lower results from the IPC Quality Improvement audits and the Standard Infection Control Precautions (SICPs) Nursing audits which shows compliance rates of 94%.

Fig. 1.13 Hand Hygiene Compliance per month vs no. of observations performed



Date of Extraction: 9 August 2023

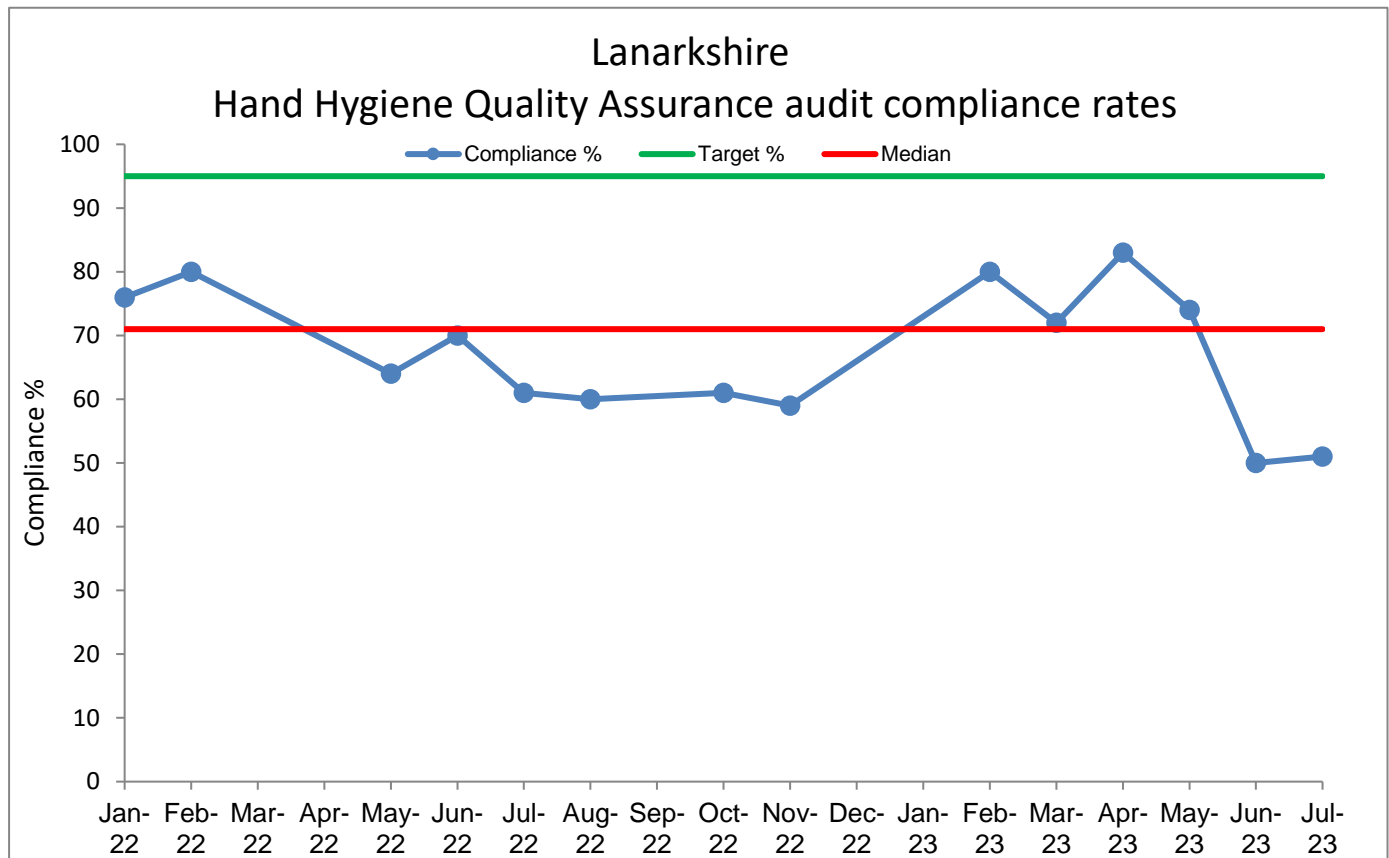
Source: Standard Infection Control (SICPs) Nursing Audits

Quality Assurance Hand Hygiene Audits carried out by the Infection Prevention and Control Team

	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023
Total IPC QA Audits	60	*	61	59	*	*	80	72	75	78	50	51

* No Quality Assurance Hand Hygiene Audits carried out by IPCT

Fig 1.14 Hand hygiene quality assurance audit compliance rates



Source: Infection Prevention and Control team (IPCT)

Note: These figures are subject to review and quality control due to significantly lower results from these audits and the Standard Infection Control Precautions (SICPs) Nursing audits which show compliance rates of 94%.

Key Deliverable		End Date
<p>The national hand hygiene campaign ended in 2013 with the ownership being handed back to local Boards to monitor compliance with hand hygiene. It had been agreed by Boards that 100% (zero tolerance) hand hygiene would not be achievable. While other boards adopted 90%, NHS Lanarkshire agreed that 90% was two opportunities missed as per the World Health Organization's "5 Moments for Hand Hygiene", which could result in harm, therefore NHS Lanarkshire agreed to set a local agreement of 95% compliance and above.</p>		31 March 2023
Key Milestones	<p>To achieve hand hygiene compliance of 95% and above by March 31 2023. The following trajectories have been set towards achieving this:</p> <ul style="list-style-type: none"> 30 September 2023 - 65% 30 November 2023 - 75% 31 January 2024 - 85% 	31 March 2023
<p>Key Issues</p> <p>The Hand Hygiene national target rate is 95%. A review is currently underway of NHS Lanarkshire's IPC Quality Improvement audits to subject these to quality control in light of a significant disparity between the results of these audits and the Standard Infection Control Precautions (SICPs) Nursing audits used in Lanarkshire and other Boards in Scotland.</p>		

2. Healthcare Quality Assurance and Improvement Committee – Clinical Governance and Corporate

The reported rate of 51% for July 2023 from the IPC QI audits is significantly lower than the other the Standard Infection Control Precautions (SICPs) Nursing audits which shows compliance rates of 94%.

The performance figure of 51% has been asterisked while the review is underway.

In the meantime, areas with low compliance rates are monitored via the hospital hygiene groups.

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

- Staff wearing Fitbits/Apple Watches within clinical areas
- Staff had to be advised that they should be bare below the elbows as per NHS Scotland Hand hygiene policy.
- Overuse of gloves - staff not risk assessing the need for gloves which is tantamount to missing opportunities for hand hygiene.
- Staff wearing nail polish and donning false nails.
- Frequently missed areas when carrying out hand washing.

A multidisciplinary review has commenced to identify areas where the 2 audits can be aligned. IPCT have commenced Bare Below the Elbow audits and a trial will be facilitated in UHW in conjunction with the Deputy Chief of Nursing Services.

Key Actions

As noted above, review and quality control is underway in relation to the results of hand hygiene audits.

Initiatives to improve hand hygiene compliance include:

- IPCT are currently reviewing the Hand Hygiene audit tool to ensure it is aligned with the nursing audit tool. A short life working group will be convened to review in line with extant guidance.
- IPCT have initiated a trial of Bare Below the Elbow audits.
- The data collection methodology is currently under review with IPCT and the Senior Nursing Management team to standardise reporting of Hand Hygiene.
- Senior Nursing Team in collaboration with IPCT will undertake audits in each area to ensure consistency between IPCT quality assurance audits and nursing audits. This audit initiative has commenced in University Hospital Monklands (UHM). Initial results will provide a baseline for further improvement work.
- NHS Lanarkshire Hand Hygiene Policy has been reviewed and ratified by the Infection Control Committee (ICC). One key change highlights the escalation process for non-compliance with hand hygiene.
- Hand hygiene - *See something say something* relaunched across the UHW site.
- Kind to remind is promoted across NHS Lanarkshire.
- A hand hygiene campaign has been devised and will launch in September 2023.

A Hand Hygiene Steering Group which is multi-disciplinary has been diarised for 29 August 2023, all of the actions above and more agreed will be allocated to individual groups and consideration will be taken if sub groups will be required to take this work forward. An SBAR and action plan has been developed to take to the Hand Hygiene Steering Group for approval. Progress from the Steering Group and an update on allocated actions will be provided for the next report.

The hand hygiene campaign will also incorporate the Dress Code and Appearance at Work (including National Uniform Policy). Literature reviews on Bare Below the Elbows and uniform laundering will be reviewed and key information will be extracted and shared with all Healthcare staff.

2. Healthcare Quality Assurance and Improvement Committee – Clinical Governance and Corporate

2.9 Complaints

Complaints closed at Stage 1

Stage 2 Complaints responded to within 20 days

Target

65%

50% (Quarterly)

Performance

70%

49%

Fig. 1.15: % Complaints closed at Stage 1

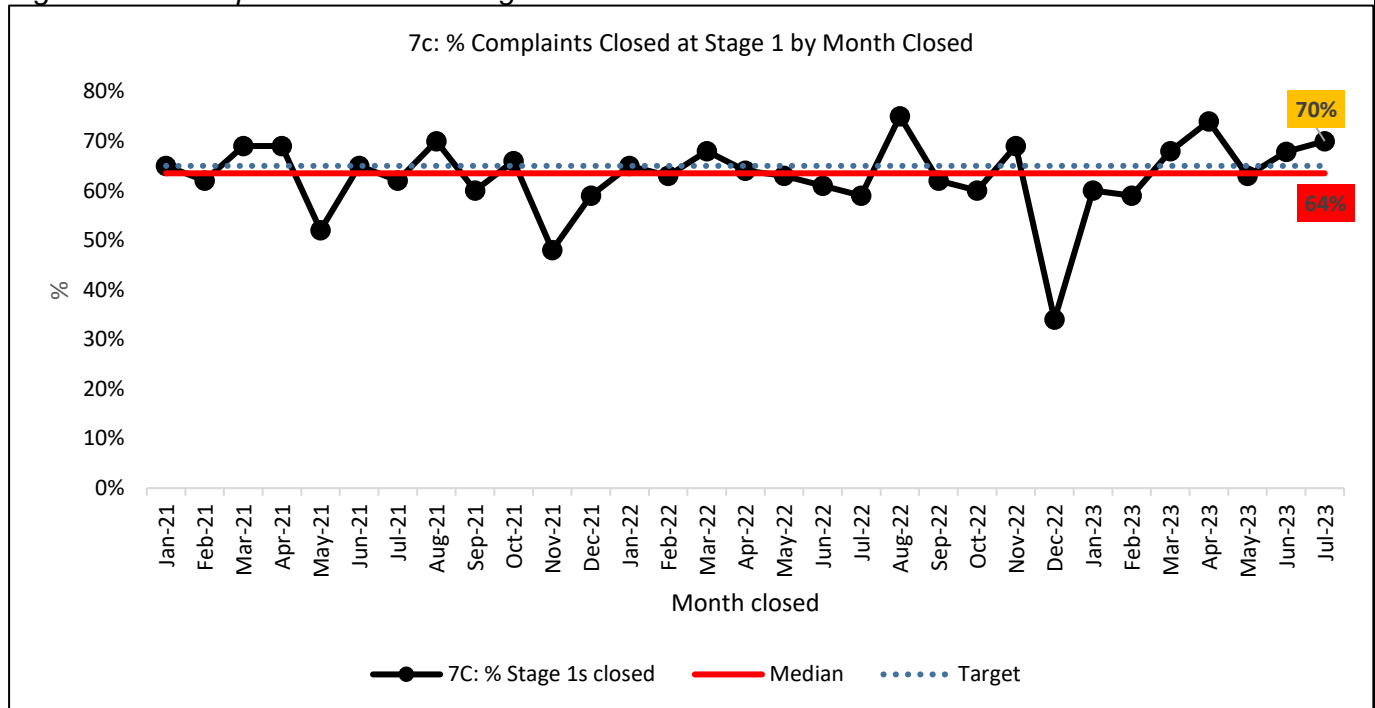


Fig. 1.16: % Stage 2 Complaints responded to within 20 days

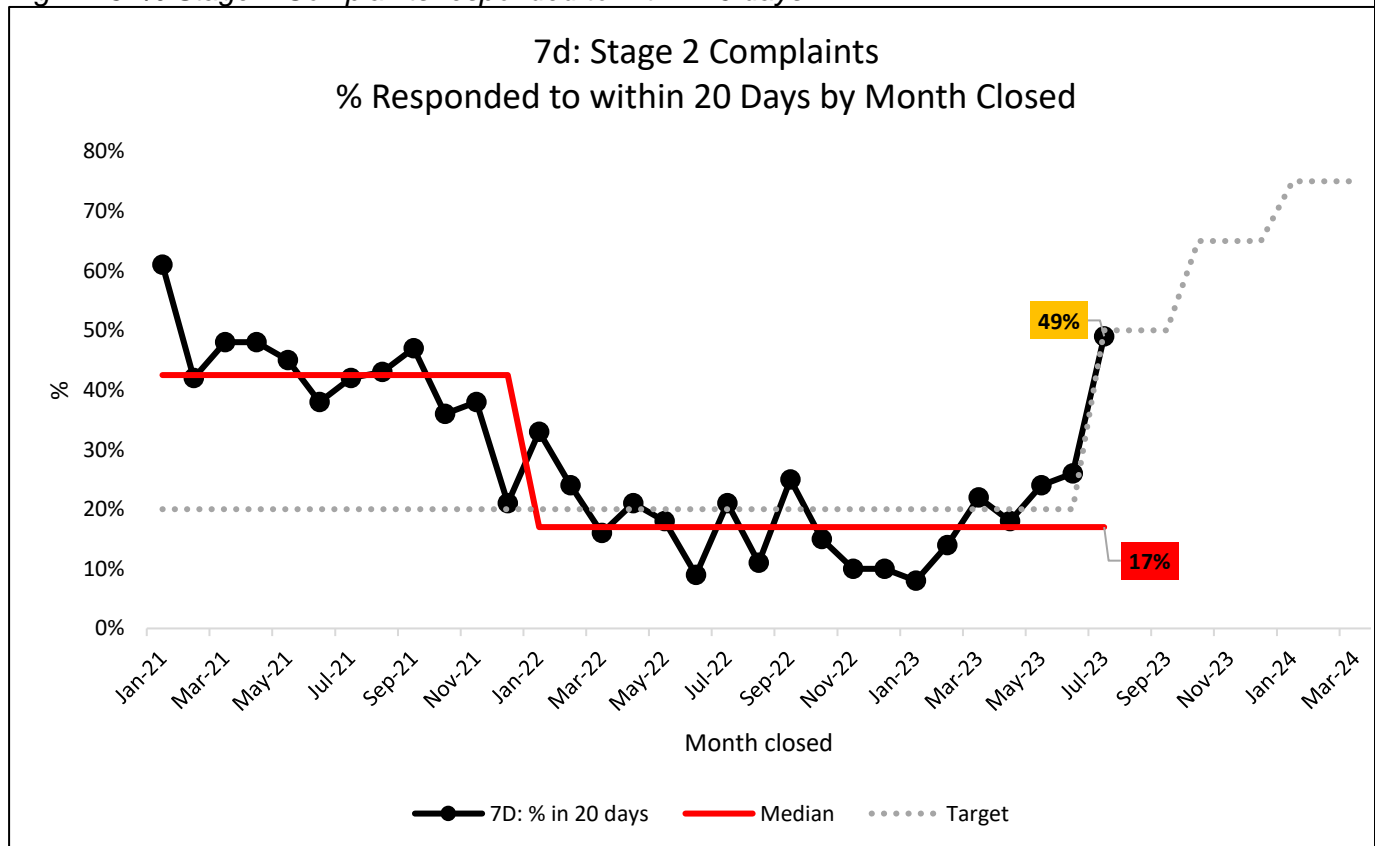
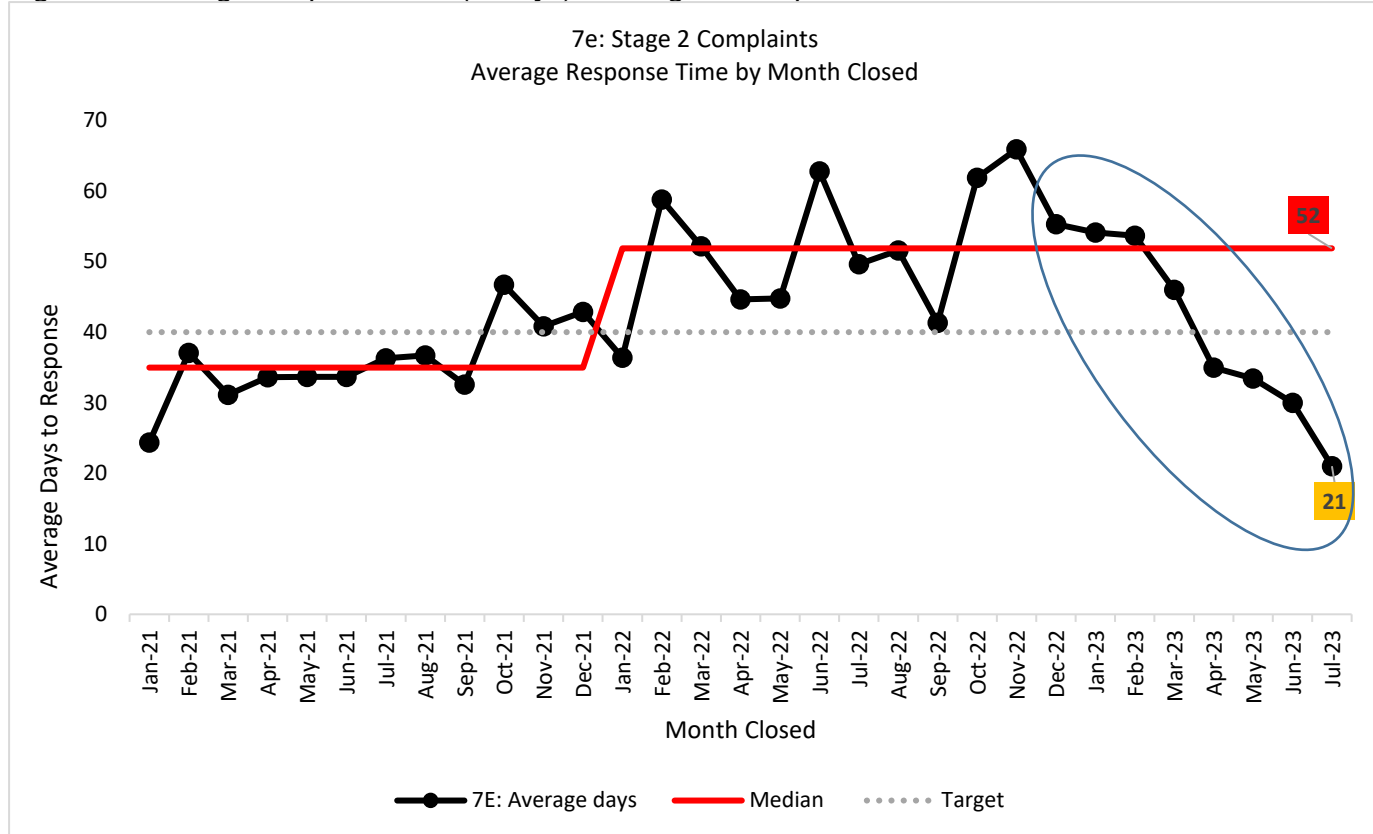


Fig. 1.17: Average Response time (in days) for Stage 2 Complaints



Key Deliverable

Improve % of Stage 2 complaints closed within 20 days

Key Milestones

Local performance target: 65% (or more) complaints to be closed as a Stage 1.
 Local performance targets for Stage 2 complaints closed within 20 days were initially agreed as part of the corporate objectives:
 Local performance target for Q1 2023/24: 20% (or more) Stage 2 complaints closed within 20 days
 Following a review of complaints, updated targets were introduced in July 2023 (see below)
 Local performance target: the average Stage 2 response time should be 40 days or less.

Key Issues

Fig 1.15: % Complaints closed at Stage 1

70% of complaints were closed at a Stage 1 in July 2023, exceeding the 65% target, and rising from 68% in June and 63% in May 2023.

The astronomical point in December 2022 reflects the focus on closing backlog stage 2 complaints. The latest published national complaints statistics for NHS Scotland Territorial Boards (2021/2022), shows that NHS Lanarkshire has a higher than average % of complaints closed at a Stage 1 (Scottish average 49%), which is considered as best practice in person centred complaint handling.

It should be noted that our focused efforts on closing as many complaints as possible at a Stage 1 will have an impact on the 20-day performance target. Previously, a higher proportion of our Stage 2s which should have been dealt with at Stage 1 were escalated because they couldn't be closed within 10 days. These cases related to minor issues which could be easily dealt with in less than 20 days, hence our 20-day response rate looked better. Excluding these cases (albeit for best practice reasons), makes it harder to reach a high % of cases meeting the 20-day target.

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

Local performance targets for Stage 2 complaints closed within 20 days were initially agreed as part of the corporate objectives. Following a review of complaints, updated targets were introduced in August 2023.

Quarter	Performance Target
Q1 2023 – 2024	-
Q2 2023 – 2024	50%
Q3 2023 - 2024	60%
Q4 2023 – 2024	75%

Initial achievable performance targets were set, considering multiple factors. For example, ongoing clinical pressures, no change in substantive patient affairs resource and national recognition of the changing nature of NHS complaints, including complexity and challenging behaviours. In the course of 2022-2023, NHS Lanarkshire adopted a 'longest waiter' backlog reduction focus, which we recognised would have a negative impact on local performance. In 2022-2023, NHS Lanarkshire responded to 13% of Stage 2 complaints in 20 working days. Throughout that period, we remained driven and focused on providing quality and learning focused complaint investigations and responses, an approach supported by the locally developed Stage 2 investigation toolkit based on best-practice.

The national average in 2021-2022, the latest information available, was 45% across NHS Scotland. Anecdotal information is that national challenges continued during 2022-2023. Information for 2022-2023 is to be submitted by the end of September 2023, for publication, likely towards the end of the calendar year. In July 2023, 49% of Stage 2 complaints were closed within 20 days, exceeding the initial target, but falling short of the new target. The % has improved month on month:

- April 18%
- May 24%
- June 26%
- July 49%

This improvement is likely to be multi-factor, including, interim patient affairs resource and additional hours, which has enabled a 'two-pronged' approach – longest waiters and those ready for drafting earlier. Escalation, including chasing procedures, are also further embedded. There has also been a change to the number of Stage 2 complaints (including escalated) received and closed.

	Received	Closed
May 2023	75	70
June 2023	55	73
July 2023	52	61

Future performance for this target will be impacted as longest waiters are closed. As at 8 August 2023, 26 (of 80 open) stage 2 complaints > 20 days remained open, the longest being open 101 working days (statements were received on 7 August, and drafting is being prioritised). Other responses are delayed for multiple factors, including pending post-mortems, requests for family meetings, number of issues raised and pending external input.

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

Local performance target: the average Stage 2 response time should be 40 days or less. The average response time in July was 21 days, reflecting a continued positive downward trend.

April 2023	34 days
May 2023	33 days
June 2023	30 days
July 2023	21 days

This is the lowest point from January 2021, an indicator of significant improvement.

Key Actions

A complaints improvement plan has been developed and is being shared with the service for comment prior to implementation. This will include education opportunities, review of the current timescales of the process, more regular detailed data reports and a revised escalation plan. A report on progress and actions will also be shared with Quality Performance and Professional Governance Group.

2.10 Care Opinion

Provide a response to each story within five days

Target
N/A

Performance
73%

Fig. 1.18 Care Opinion total number of stories received

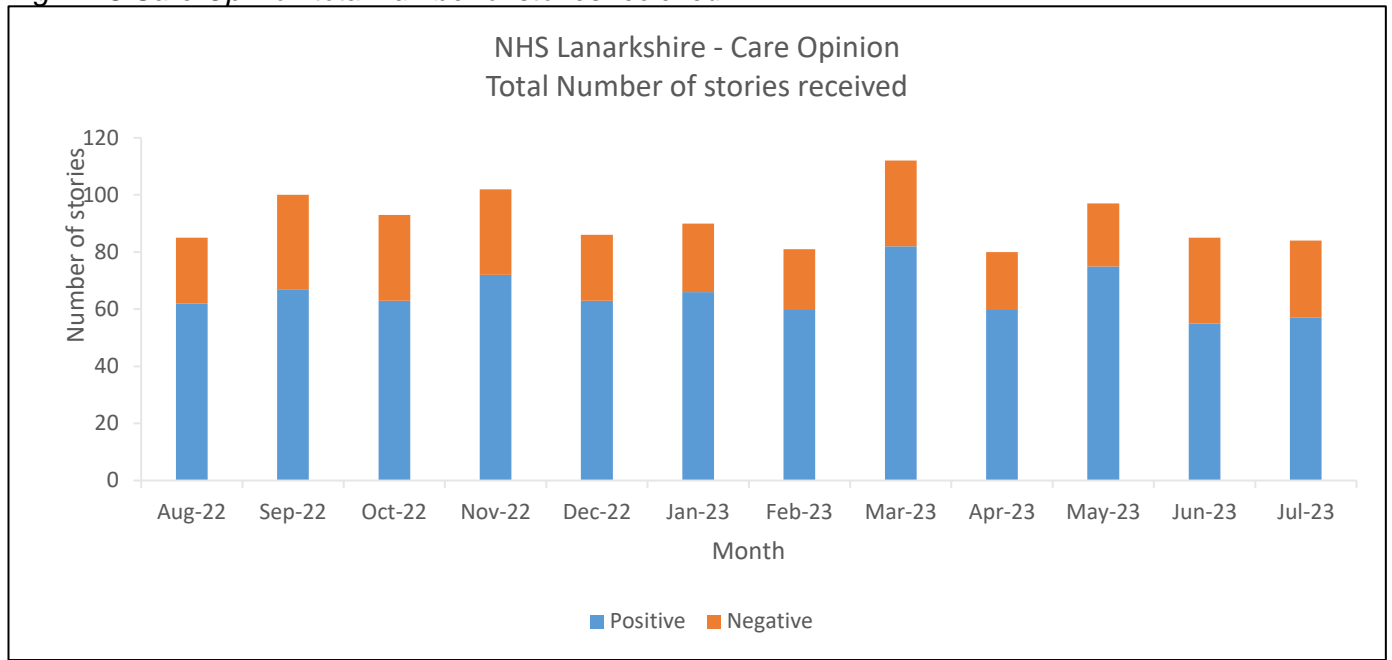


Fig. 1.19 Care Opinion % of stories responded to within 5 days

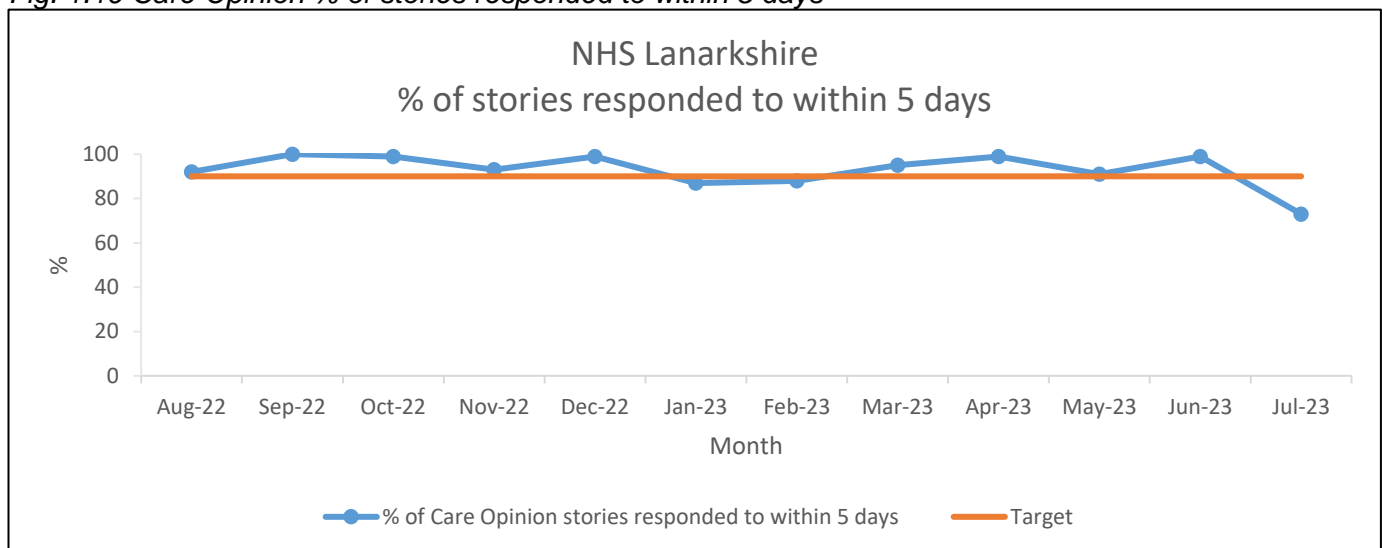


Fig 1.20 Care Opinion % Positive Stories

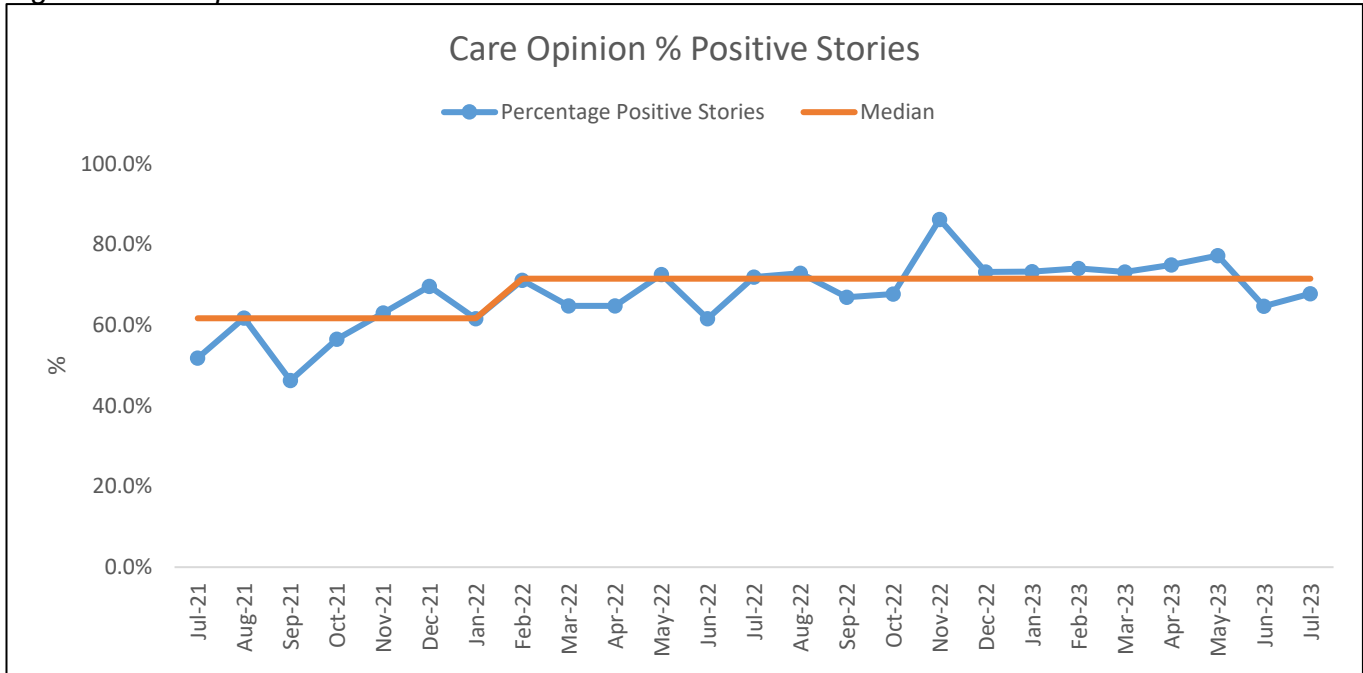


Fig. 1.21 Care Opinion Positive and Critical Feedback (Jun 2023)

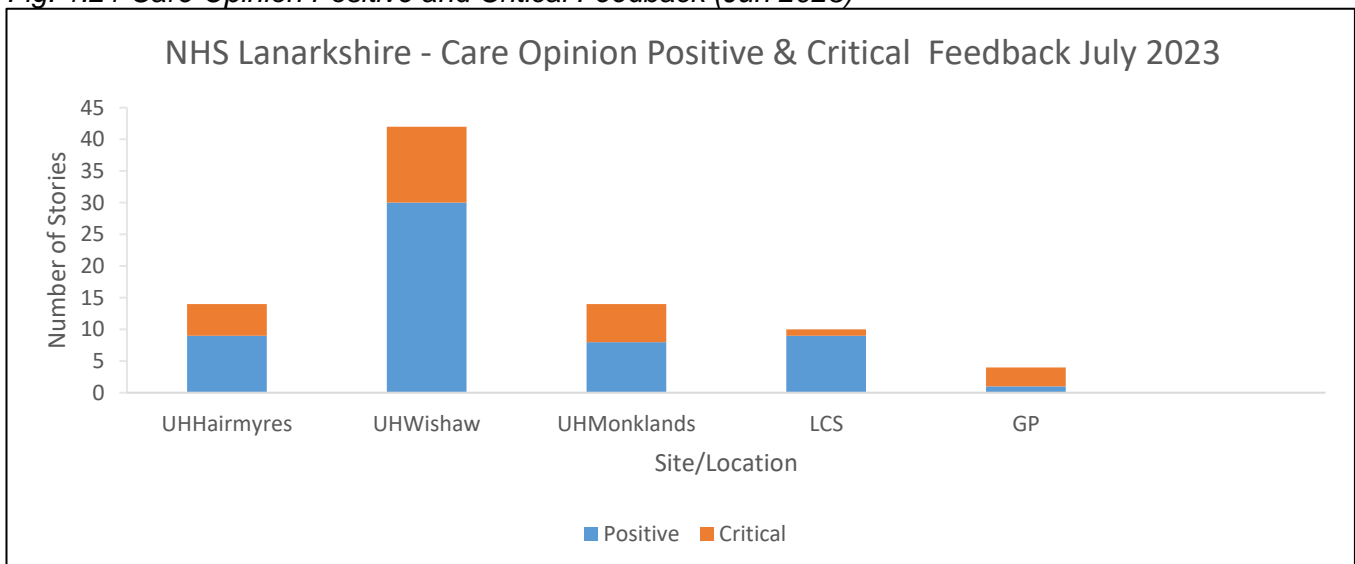


Fig. 1.22 Care Opinion Critical Themes (July 2023)

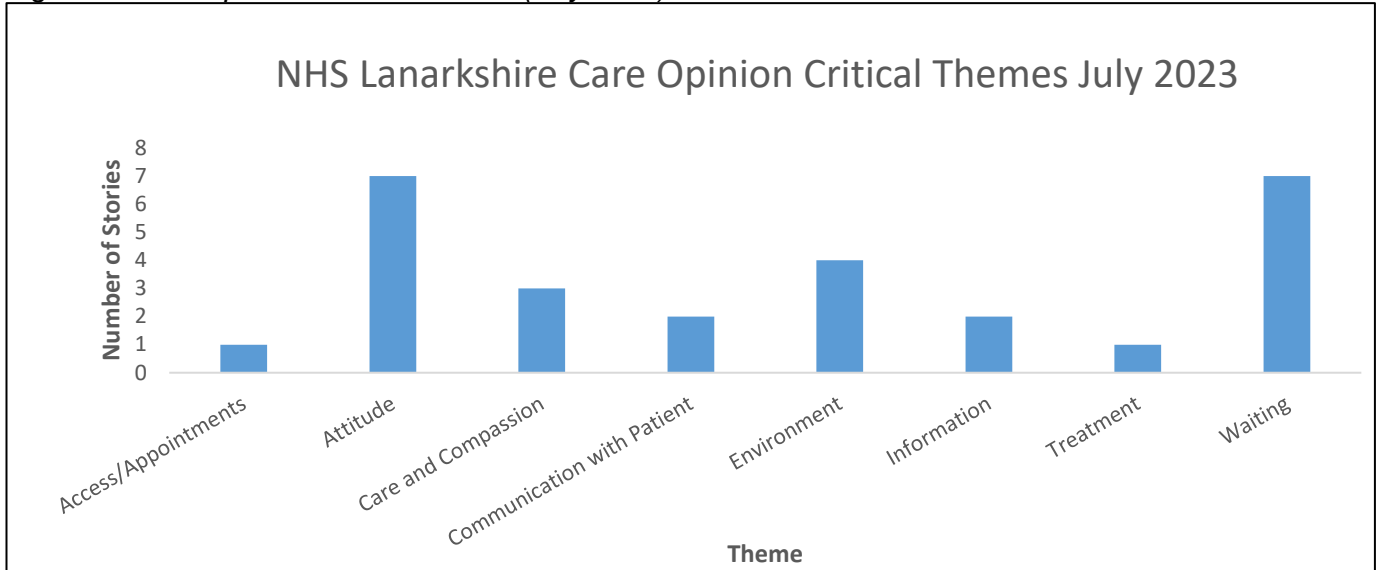
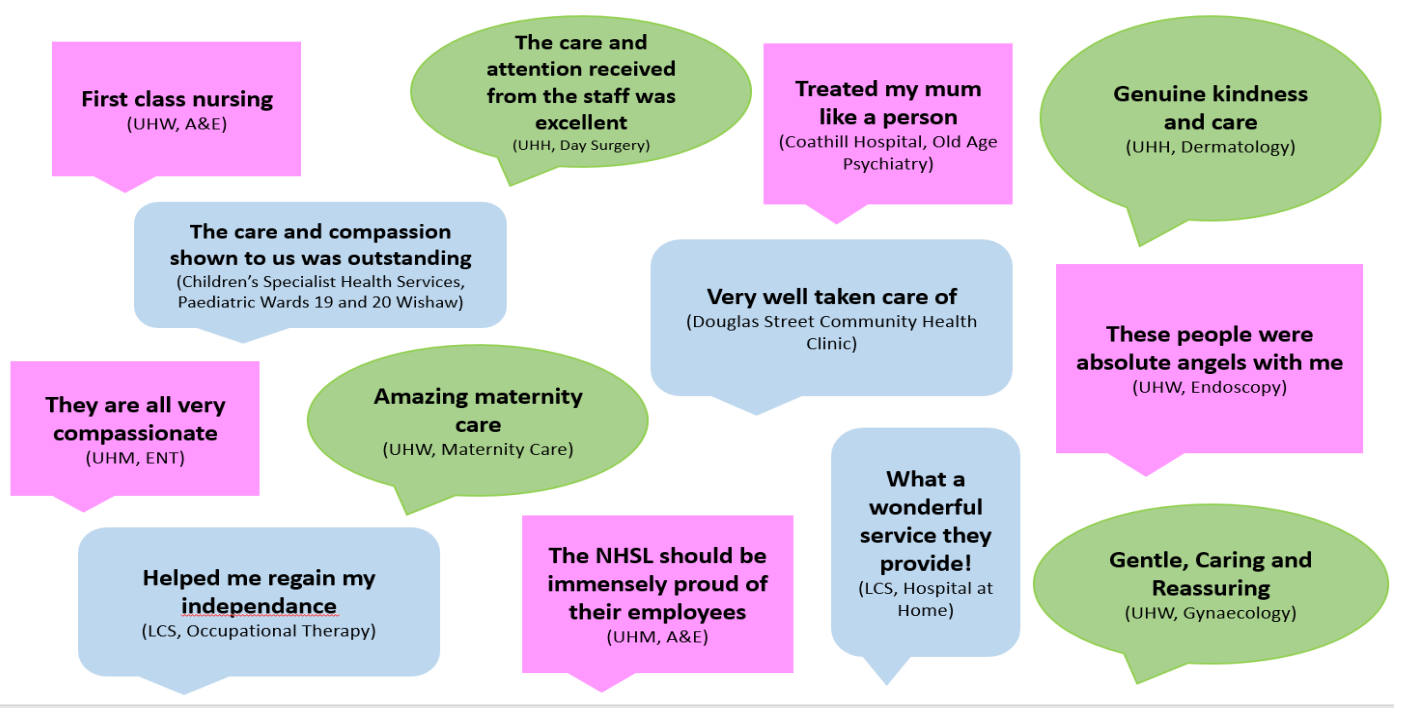
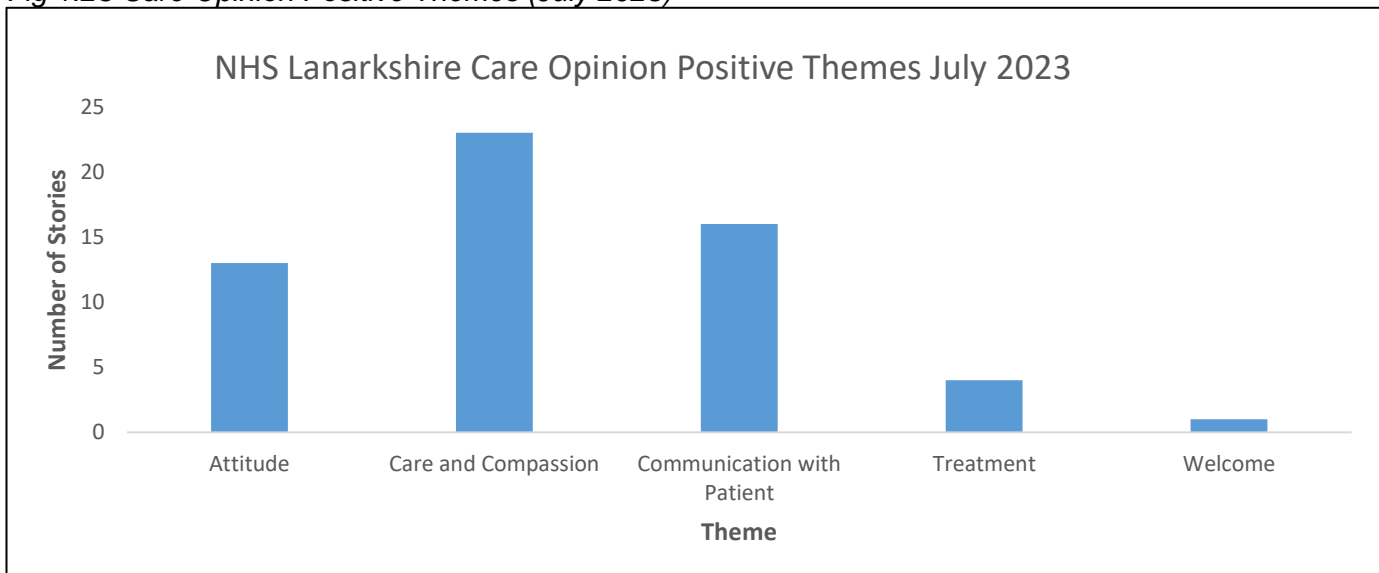


Fig 1.23 Care Opinion Positive Themes (July 2023)



2. Healthcare Quality Assurance and Improvement Committee – Clinical Governance and Corporate

Key Deliverable	End Date
<p>In NHS Lanarkshire our main way of capturing unsolicited patient feedback is via Care Opinion. Care Opinion is a not-for-profit social enterprise which enables people to share the story of their care, and provides feedback which can celebrate good practice and highlight areas where we could do better. Authors choose from a selection of tags to identify what they think was good about their experience, what could be improved and their feelings about their experience.</p> <p>Both North and South HSCPs have their own subscription to Care Opinion and the public can post a story about their services. Some NHS Lanarkshire community services (LCS) are included in the NHS Lanarkshire subscription. We also receive any stories posted relating to GPs however we are unable to provide a detailed response as GPs are independent contractors. As we move forward the service tree for NHS Lanarkshire and both Partnerships will be further developed by Care Opinion.</p> <p>We aim to provide a response to each story within five days however sometimes it takes longer to access specific information to be able to formulate a response and this will exceed the five days. We achieved this for 73% of stories</p>	<p>31 March 2024</p>
<p>Key Issues</p> <ul style="list-style-type: none"> • 84 stories were posted by the public in July 2023 • 57 (58%) stories were positive and 27 (32%) stories were critical of their experience. • 73% of stories were responded to within 5 working days including weekends and bank holidays <p>The time to respond to stories was an issue in July. This was due to vacancies and leave within the Improvement Team. The service the story relates to are alerted to the stories and should provide the response, however, if they are unable to provide a response by day 4 then a member of staff in the Improvement Team will provide a response. The vacancy in the Improvement Team will be in post on 4th September and plans are in place to cover this in August.</p> <p>There were 27 stories which were critical of their experience.</p> <p>Staff attitude was the theme in seven stories relating to how nursing and medical staff spoke to patients and also an incident where staff were discussing a patient in the corridor and the patient overheard the conversation and was unhappy with the content of the conversation. Attitude of GP reception staff was the theme of two of the seven stories.</p> <p>Waiting times was the theme in eight stories. Lengthy waiting times related to six stories with over 40 weeks for ENT, over 9 months for Dermatology, over 100 days for Day Surgery, 2 years waiting for Gynaecology (pelvic floor repair) and waiting time in A&E as well as the waiting time for one baby to have tongue tie division carried out and waiting time for GP appointments.</p> <p>The environment was the theme in four stories including relocation of clinic to an area where privacy for discussion was not so good, waiting area too warm and trip hazard identified in bathroom area.</p>	
<p>Key Actions</p> <p>We are continually recruiting staff to be care opinion subscribers and currently have 307 members of staff registered as responders which is an increase on the previous year. Our numbers of staff responding to Care Opinion stories continues to increase each year. Staff responders include nurses, doctors, allied health professionals, radiology staff, service managers and Senior Clinical staff.</p> <p>We continue to promote the use of Care Opinion across NHS Lanarkshire and have provided promotional materials to staff. A recorded session from Quality Week on Care Opinion and how we use it and learn from it is also available.</p>	

2. Healthcare Quality Assurance and Improvement Committee – Clinical Governance and Corporate

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

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

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

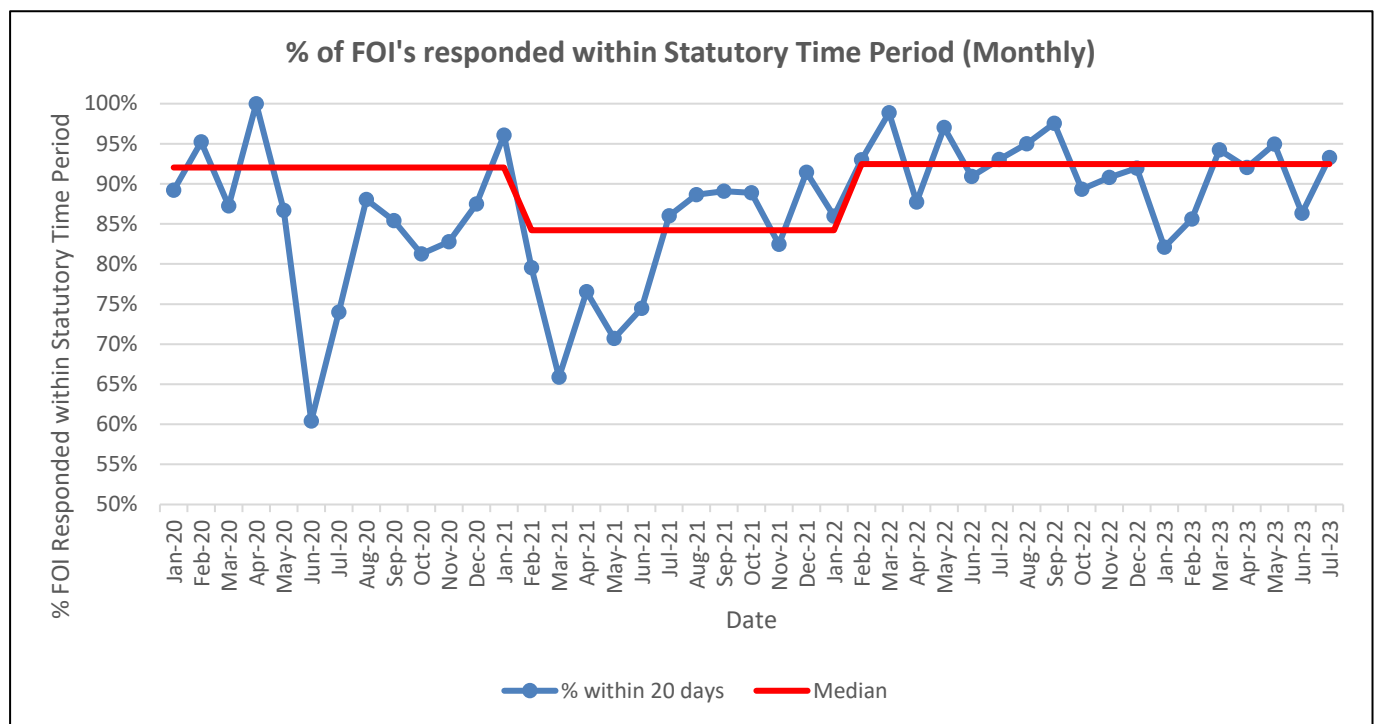
2.11 Freedom of Information

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

Target
100%

Performance
93%

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



Key Deliverable	End Date
Respond to 90% of FOI enquiries within the Statutory Time Period of 20 working days	31 March 2024

Key Issues

The number of requests received continues to be extremely high. 98 requests were received in July 2023 – the highest number ever received in July. This follows a total of 246 requests in Quarter 1, which was the highest Quarter 1 total we have had and 22 per cent higher than the previous high in 2017/18. The number of responses from MSPs in particular is high.

The response rate for July increased to 93%. The response rate for Quarter 1 was 91%.

- Key Actions**
- We are reviewing internal processes to address the few responses which are missing the deadline by one or two days.
 - Discussions are taking place with services who are struggling to meet the deadline in an effort to smooth the process and improve performance.
 - Work is ongoing to raise awareness of FOI. Ongoing training is being provided to staff members within the Communications Team to up-skill them in FOI and, therefore, provide more resilience in the team to deal with the volume of FOI requests being received. A training session is due to be held shortly with eHealth who have a few staff new to FOI.
 - We are working with colleagues in Finance to proactively publish more information on our website.

3. Planning, Performance, and Resources Committee – Operational Performance

3.1 4 Hour Emergency Access <i>At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment</i>	Target 95%	Performance 65%
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Fig. 1.25: 4 hour compliance (Apr 21 – Jul 23) - Unvalidated and subject to change

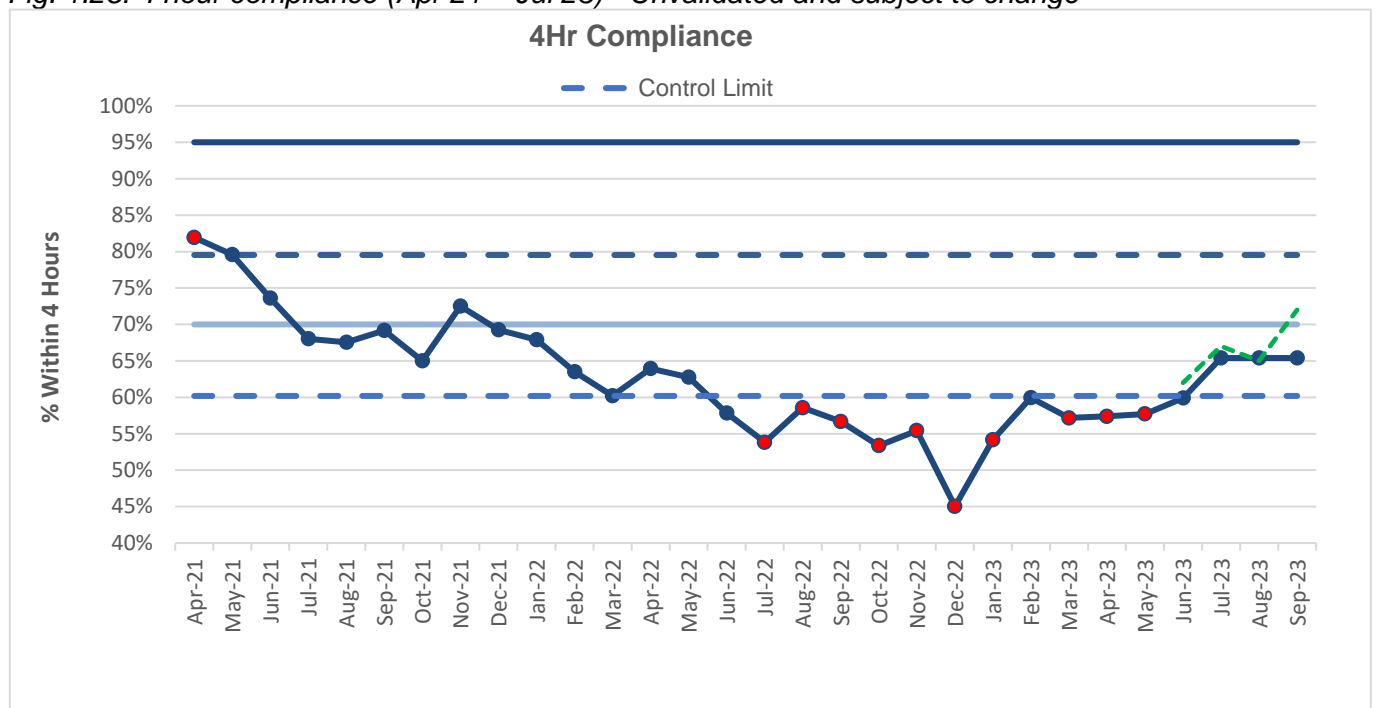


Fig. 1.26 Attendances (Apr 21 – Jul 23) - Unvalidated and subject to change

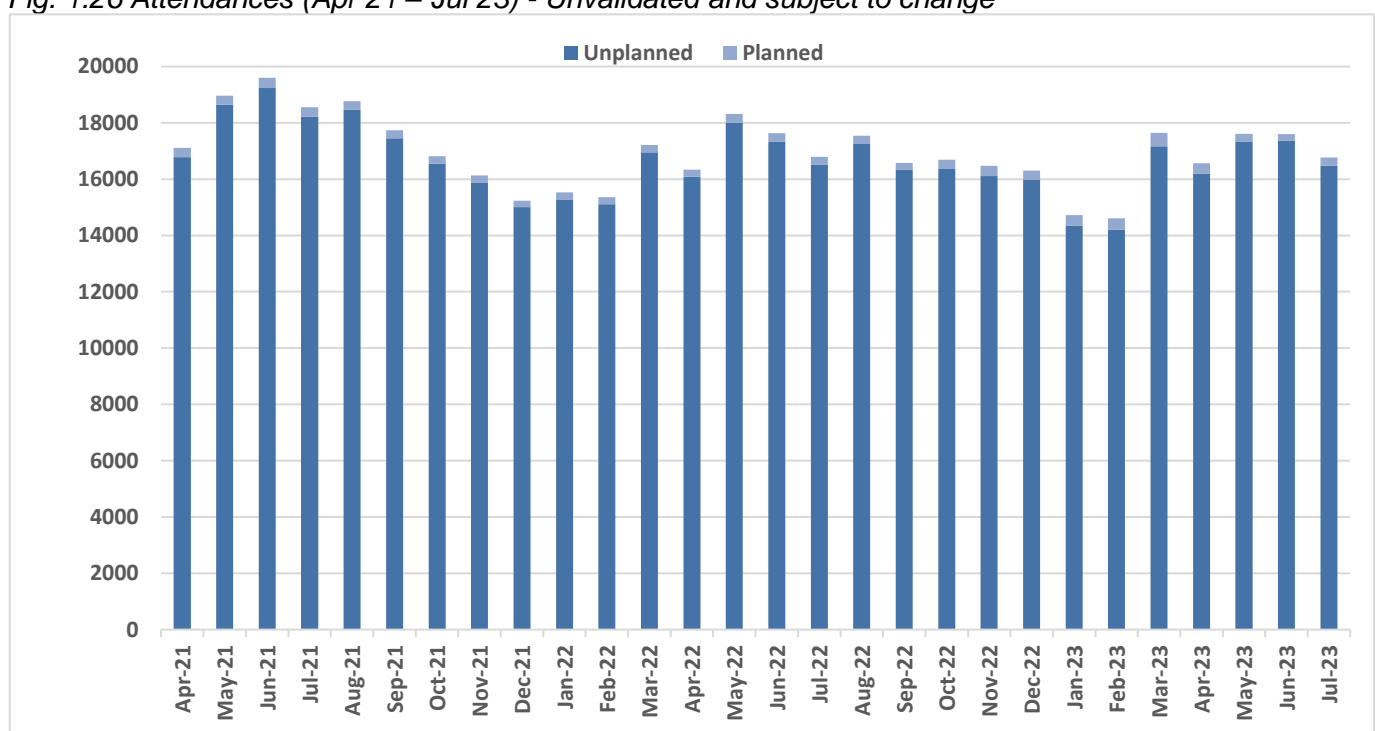
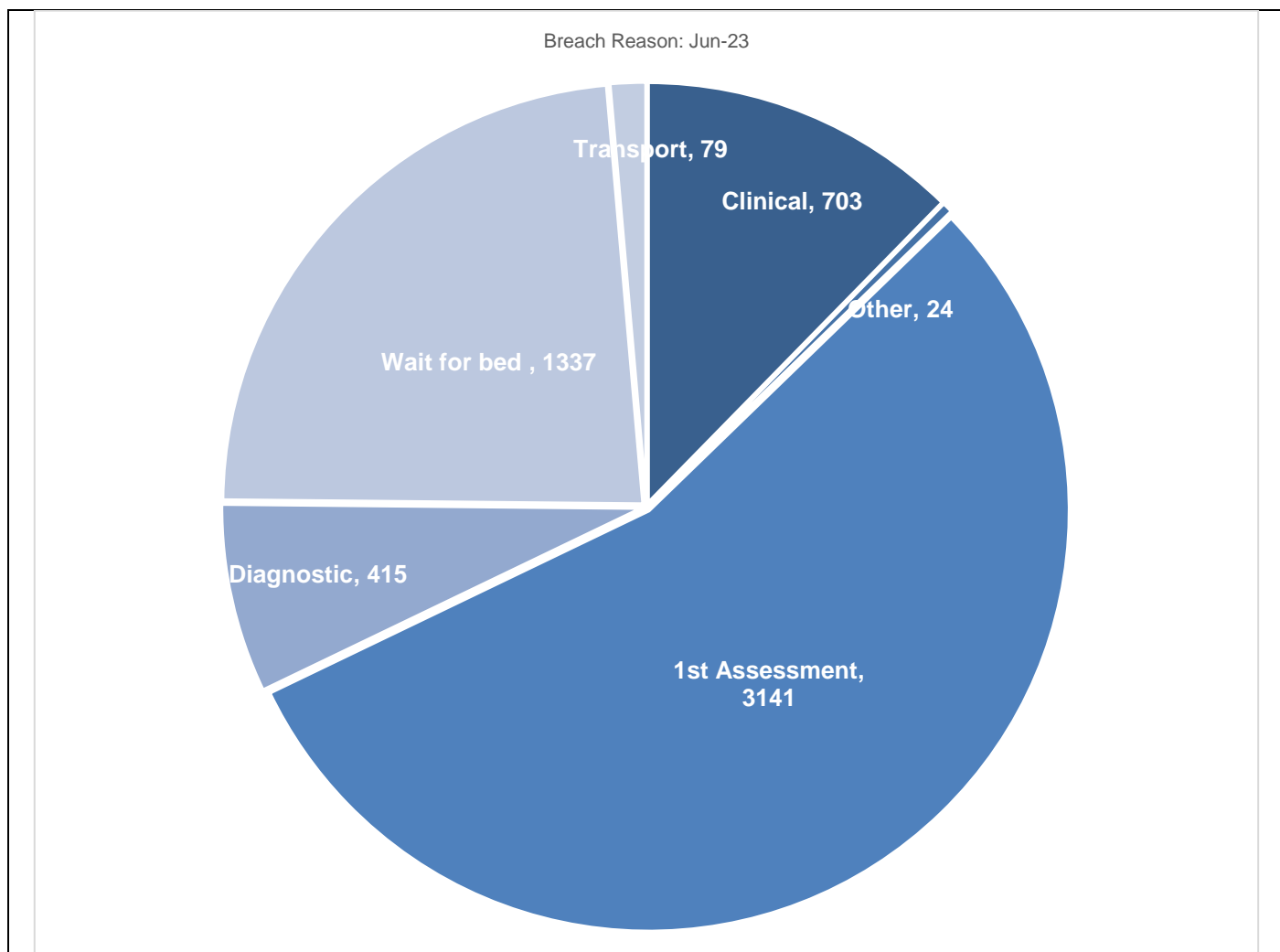


Fig. 1.27: Breach Reason (Jun 2023) - Unvalidated and subject to change

3. Planning, Performance, and Resources Committee – Operational Performance



Date of Extraction: 7 August 2023

Source: Trakcare (unvalidated and subject to change)

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
NHSL	53.8%	58.6%	56.7%	53.4%	55.4%	45.0%	54.2%	59.9%	57.2%	57.4%	57.7%	59.9%	65.4%
Scotland	70.0%	69.7%	69.0%	67.6%	67.5%	62.1%	68.7%	69.7%	68.0%	69.3%	70.8%	72.6%	

Key Deliverable		End Date
<p>National standard: At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment.</p> <p>The delivery of a sustained improvement in the performance against this standard remains a key clinical priority area for NHS Lanarkshire.</p>		
Key Milestones	<p>4-hour compliance trajectory:</p> <ul style="list-style-type: none"> End of July 2023 = 67% End of August 2023 = 65% End of September 2023 = 72% End of October 2023 = >75% 	31 October 2023
Key Issues		

3. Planning, Performance, and Resources Committee – Operational Performance

NHS Lanarkshire July 2023 performance is 65%, improved from 60% in June 2023. NHS Lanarkshire's performance remains lower than the Scottish average. In July 2023 attendances decreased to 16,470 compared to 17,361 in June 2023.

University Hospital Hairmyres July 2023 month-end performance was 61% with 5336 attendances. This compares to June 2023 performance of 59% with 5401 attendances.

University Hospital Monklands July 2023 month-end performance was 74% with 5429 attendances. This compares to June 2023 performance of 65% with 5727 attendances.

University Hospital Wishaw July 2023 month-end performance was 61% with 5705 attendances. This compares to June 2023 performance of 56% with 6233 attendances.

At the end of July 2023, 1567 patients waited longer than 8 hours and 522 waiting more than 12 hours. This is fewer than in June 2023.

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

Assessment times are influenced by the availability of suitable staff to manage patients, occupancy in the departments that prevent suitable assessment space being available (mainly caused by exit block) and the acuity and complexity of the patients presenting. Time to assessment for the high clinical priority patient group (immediate resuscitation) has been maintained at levels close to historic levels, most other patient categories have experienced longer waits to clinical assessment.

The TTFA data shows the impact of ED overcrowding due to exit block and the continued clinical prioritisation of the most unwell patients. All sites continue to experience very high occupancy (>90%) related to the impact of increased lengths of stay for emergency admissions. Full system and site action plans are in place to support progress in maximising discharges, reducing length of stay and reducing delayed discharges. However, the impact of occupancy on clinical risk and performance remain significant challenges for the acute division.

Key Actions

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

As outlined in the structure below, 5 Task and Finish Groups have been established to lead in the development and implementation of the key elements aligned to the new flow model. The Task and Finish Groups are accountable to the Executive Flow Oversight Board (EFOB) which reports to Corporate Management Team (CMT).

3. Planning, Performance, and Resources Committee – Operational Performance

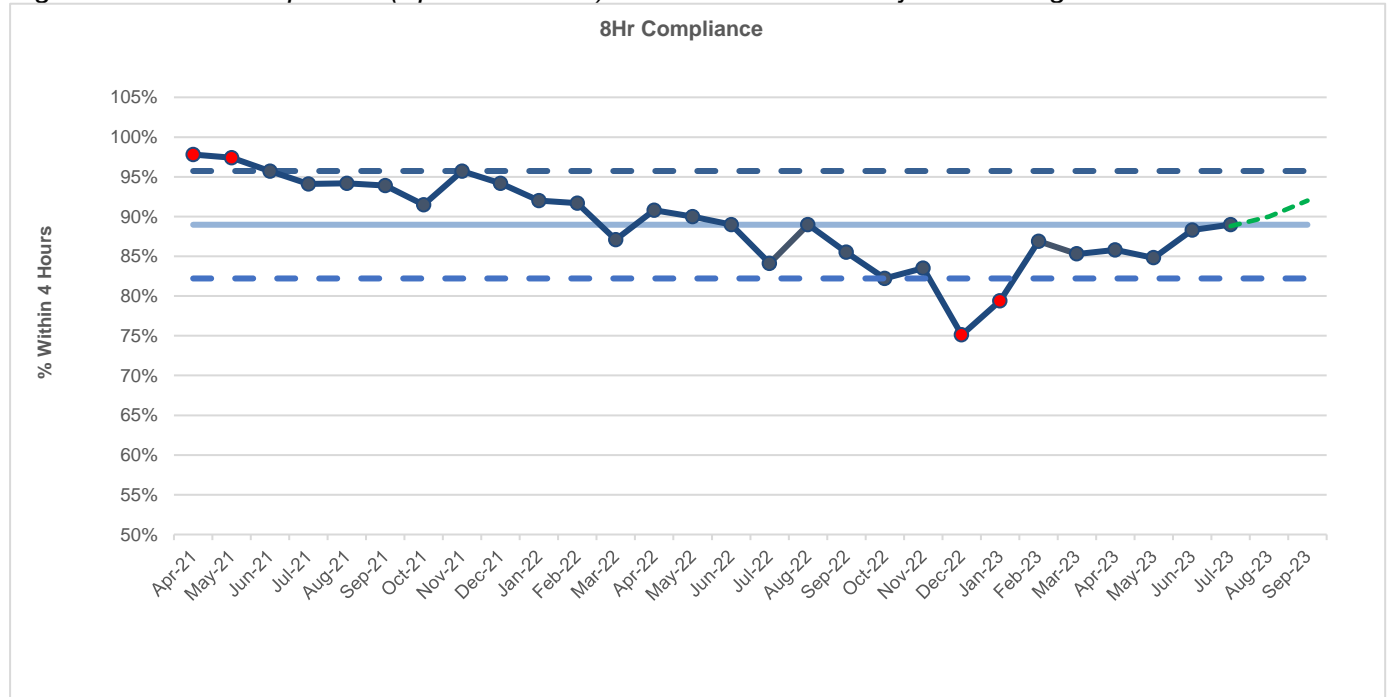
3.2.1 8 hour breaches

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

Target
95%

Performance
91%

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



	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
NHSL	88.1 %	84.1 %	87.9 %	85.5 %	81.6 %	83.5 %	75.1 %	79.4 %	86.9 %	85.3 %	85.8 %	84.8 %	88.3 %	90.5 %
Scotland	91.5 %	90.3 %	90.0 %	89.4 %	87.5 %	88.7 %	84.6 %	87.5 %	89.9 %	88.4 %				

Key Milestones

8 hour breaches trajectory:

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

Key Issues

At the end of July 20203, 1576 (1045) patients waited longer than 8 hours. An average of 224 per week.

For further information, see 3.1 4 Hour Emergency Access.

Key Actions

As per 3.1 4 Hour Emergency Access.

3. Planning, Performance, and Resources Committee – Operational Performance

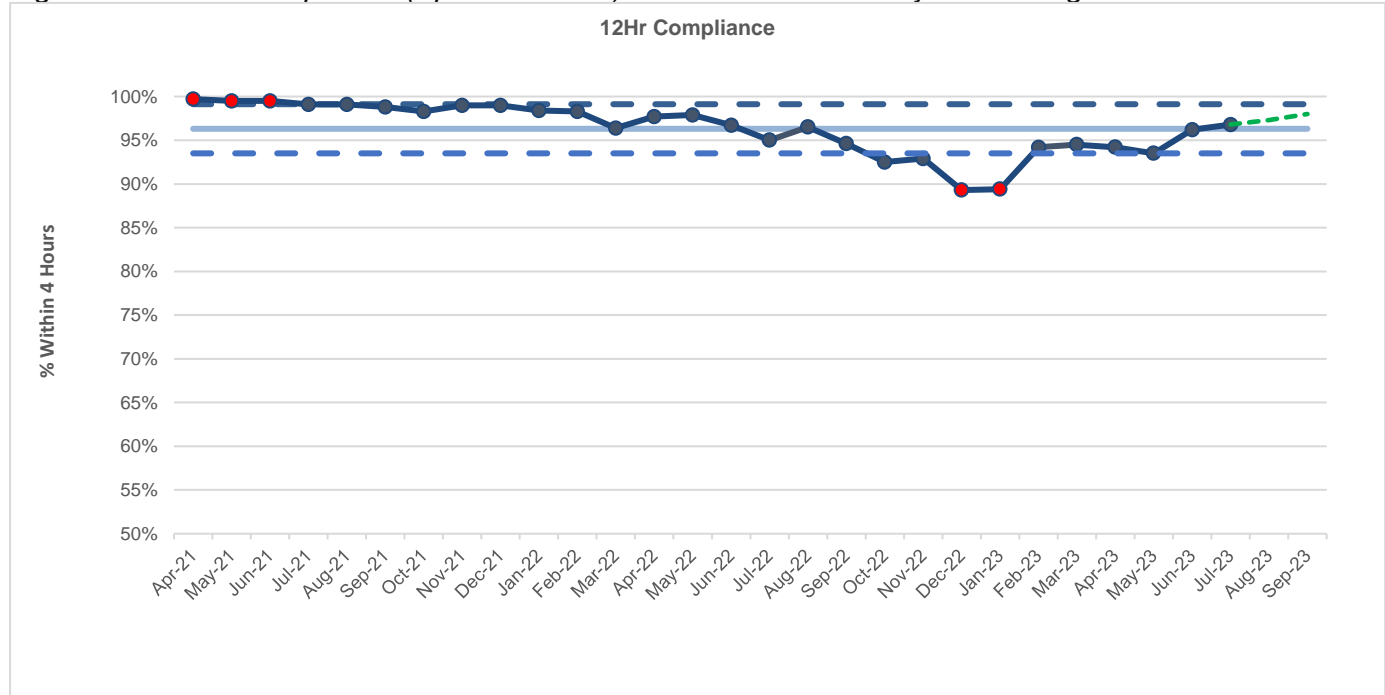
3.2.2 12 hour breaches

Reduce 12 hour breaches to zero by end of October 2023

Target
95%

Performance
97%

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



	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
NHSL	96.7%	95.0%	96.5%	94.7%	92.5%	92.9%	89.4%	89.4%	94.2%	94.5%	94.3%	93.5%	96.2%	96.8%
Scotland	96.9%	96.3%	96.1%	95.8%	94.4%	95.6%	93.0%	93.9%	95.4%	95.1%				

Key Milestones

12 hour breaches trajectory:

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

31 October 2023

Key issues

At the end of July 2023, 522 patients waited longer than 12 hours. (An average of 109 per week)

For further information, see 3.1 4 Hour Emergency Access.

Key actions

As per 3.1 4 Hour Emergency Access.

3.3 Patient TTG

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

Target
100%

Performance
31%

Fig 1.30: % within 12 weeks

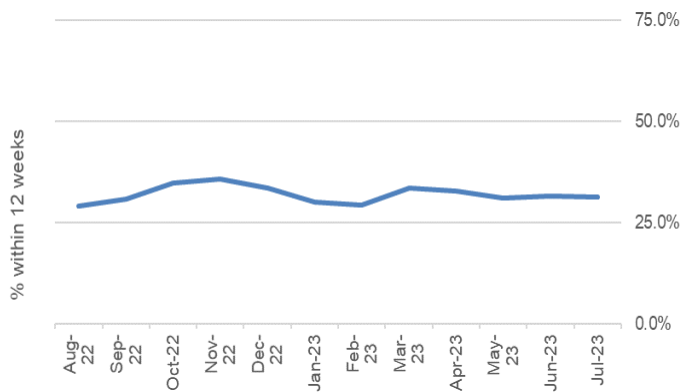


Fig 1.31: No. over 78 weeks

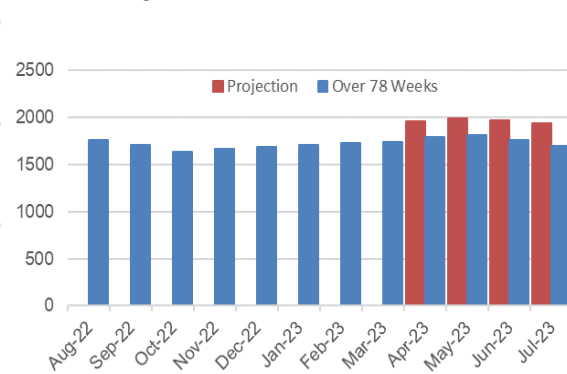


Fig. 1.32: No. on waiting list

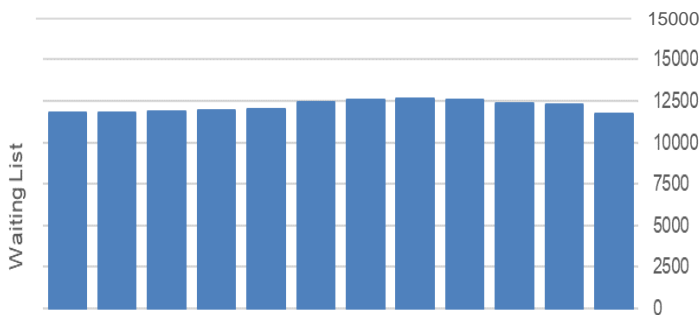
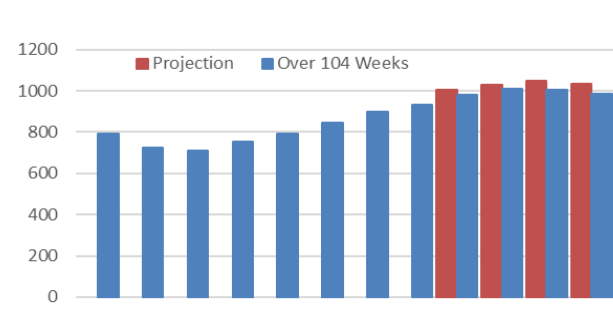


Fig. 1.33: No. over 104 weeks



	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
NHS Lanarkshire	29.0%	30.9%	34.9%	35.8%	33.4%	30.2%	29.2%	33.5%	32.7%	31.0%	31.5%	31.3%
Scotland	31.6%	32.2%	33.1%	33.7%	31.7%	30.8%	29.9%	32.2%	31.2%	32.9%	31.7%	

Key Deliverable

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

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

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

3. Planning, Performance, and Resources Committee – Operational Performance

Key Milestones	Inpatient and Day case(TTG)	31st July 2023 Trajectory/Actual @1st August	Trajectory 30th Sept 2023	Trajectory 31st Dec 2023	Trajectory 31st March 2024
	Over 104 Weeks	1034/ 984	1012	722	124
	Over 78 Weeks	1970 / 1754	1893	1245	686
	Over 52 Weeks	3102/ 2907	3057	2278	1145
	Total List Size	13001/11720	12968	11934	11006
	<i>The data in the table above indicates progress is in line with the trajectories.</i>				

Key Issues

At the end of July 2023 there were a total of 8055 patients who had breached their TTG date, compared to 8406 patients in June 2023.

The number of patients on the waiting list has decreased slightly to 11,720. In July 2023 50% of patients were treated within 84 days, slightly more than that in June 2023.

25% of patients are waiting over 52 weeks for surgery with the greatest number of patients in general surgery, orthopaedic, gynaecology, ENT and urology.

On 8th August 2023 there were 1899 patients waiting over 78 weeks for treatment.

The management of long TTG waits continues to be a challenge in NHS Lanarkshire and nationally. High numbers of very long waits are concentrated in a small number of specialties. Urology accounts for around half of all waits over 104 weeks. This is a position reflected in a large number of boards nationally.

Clinical urgency remains our priority and the implementation of long waits milestones needs to be managed in the context of continued access to theatres for urgent patients. We are currently running circa 95% of our pre-Covid elective theatre sessions and approximately 60% of this capacity is used for the treatment of urgent/cancer patients. Continued delivery and expansion of theatres is dependent on availability of workforce. This remains the greatest risk to progress in this area. Maximising use of current theatres, through new ways of working, greater patient optimisation and process improvements are the focus for the Divisional teams.

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

Risk that continue to impact activity:

- Emergency pressures on staff, beds and other resources.
- Urgent caseload, including cancer.
- Staff availability
- Requirement for clinic review before definitive surgical arrangements.
- Pre-assessment capacity.
- Availability of planned care funding.

Key Actions

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

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

Actions undertaken in a range of specialties:

- Waiting list validation.
- Prioritisation of available capacity to high pressure specialties.
- Access policy adherence.
- Scrutiny of booking available capacity, maximising use of existing capacity.
- Review and prioritisation of routine capacity towards long waits.
- Urology – working with Forth Valley to treat minor, long waiting cases.
- Access Independent Sector capacity where possible
- Continued development of Heatmap actions, linked to individual specialty recovery plans
- Insourcing theatre teams.
- Theatre improvement plans.

Planning/Remobilisation:

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

3. Planning, Performance, and Resources Committee – Operational Performance

3.4 New Outpatients

12 Week Outpatient Guarantee (84 days)

Target

95%

Performance

38%

Fig 1.34: % within 12 weeks (Aug 22 – Jul 23) - Unvalidated and subject to change

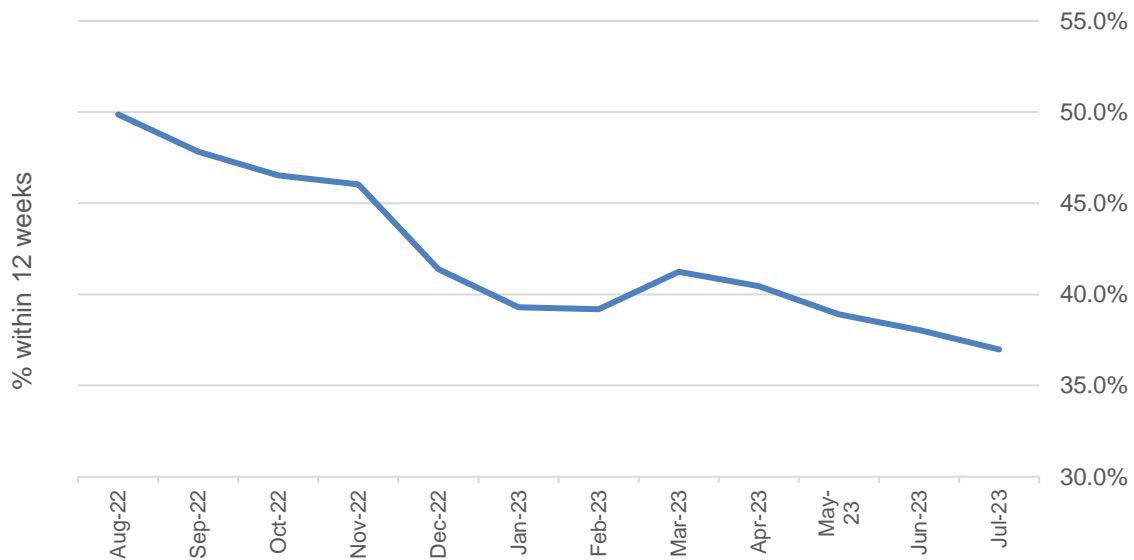
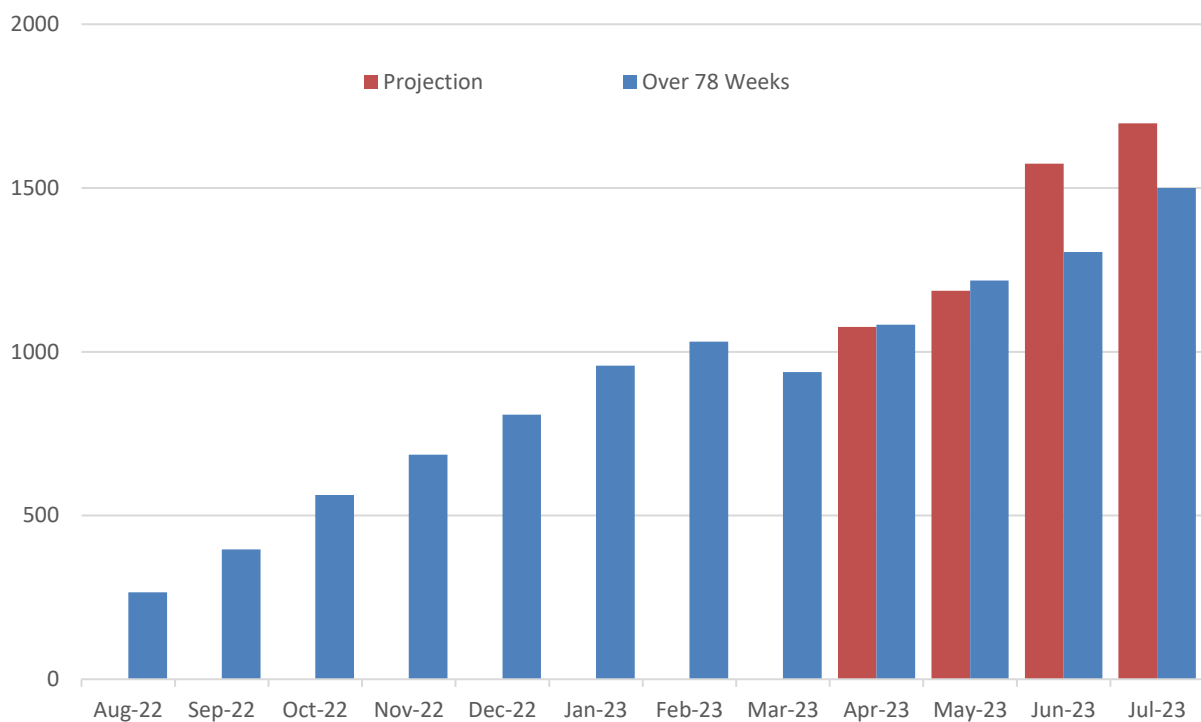


Fig. 1.35 No. over 78 weeks (Aug 22 – Jul 23) - Unvalidated and subject to change



	Jul -22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
NHSL	52.7 %	49.9 %	47.8 %	46.5 %	46.0 %	41.4 %	39.3 %	39.2 %	41.2 %	40.4 %	38.9 %	38.0 %	37.0 %
Scotland	49.1 %	48.3 %	47.0 %	47.0 %	46.9 %	44.1 %	42.9 %	43.2 %	47.1 %	45.8 %	46.9 %	46.5 %	

Date of Extraction: 4 August 2023

Source: Trakcare (unvalidated and subject to change)

3. Planning, Performance, and Resources Committee – Operational Performance

Key Deliverable

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

In addition to the extant 12-week outpatient guarantee, on 6 July 2022 the Cabinet Secretary for Health & Social Care set out waiting times milestones to eliminate long waits for care. For outpatients these are the elimination of one year for outpatients in most specialities by the end of March 2023.

Key Milestones

New Outpatients (NOP)	31st July 2023 Trajectory/Actual @1st August	Trajectory 30th Sept 2023	Trajectory 31st Dec 2023	Trajectory 31st March 2024
Over 104 Weeks	525/ 356	624	102	0
Over 78 Weeks	1697/ 1500	1873	1027	545
Over 52 Weeks	5736/ 7149	5398	3739	2013
Total List Size	65789/ 68659	67147	61002	55462

Key Issues

At 31 July 2023 there were 43,270 patients waiting over 84 days for an outpatient appointment, compared to 42,0321 at 30 June 2023. Progress is being made on the long waits but the growth in waiting list size continues to be a pressure.

69% of patients were seen within 84 days in July 2023, when compared to 75% in June 2023.

Outpatient demand continues to increase and pent up demand/demand from long term conditions has contributed to the growth in the waiting list size and the increase in length of time for a routine outpatient appointment. At 31 July 2023, 62% of patients are waiting over 12 weeks to be seen.

Risk that continue to impact activity:

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

On 8 August 2023, 9,960 patients were waiting over 52 weeks for an outpatient appointment with no confirmed appointment date.

Key Actions

The Division is continuing to work with the National Elective Coordination Unit (NECU) at the Golden Jubilee, to undertake further administrative validation exercises. The previous process removed 9% of the approximately 12000 patients validated.

Actions undertaken in a range of specialties:

- Waiting list validation.

3. Planning, Performance, and Resources Committee – Operational Performance

- Prioritisation of available capacity to high pressure specialties.
- Access policy adherence.
- Scrutiny of booking available capacity.
- Review and prioritisation of routine capacity towards long waits.
- Accessing independent activity where possible and where funding permits.
- Further implementation of CfSD Heatmap actions. Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) of particular relevance to OP waits.
- Specialty plans developed – benchmarked using Discovery.

NHS Lanarkshire currently continues to deliver outpatient activity internally and with a range of external providers who are undertaking face-to-face consultations. Planning is underway to deliver activity matched to the funding allocation received from Scottish Government for 2023/24. This will include delivery of independent sector activity within Lanarkshire and externally and, following submission of tenders, contracts have been issued to providers for this year. In line with national guidance, significant focus will also be on building sustainable local capacity for future years.

Planning/Remobilisation:

- Validation exercise of patients on the waiting list is ongoing with focus on the patients over 26 weeks.
- Embed and roll out the core principles of innovation in line with the Centre for Sustainable Delivery.
- Continue to increase delivery of outpatient capacity wherever possible, using existing NHS Lanarkshire resource and independent sector insourcing and outsourcing.

3. Planning, Performance, and Resources Committee – Operational Performance

3.5 Diagnostics Waiting Times <i>No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Test appointments</i>	Target 100%	Performance 41%
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Fig. 1.36: Diagnostic Waiting Times (unvalidated and subject to change)

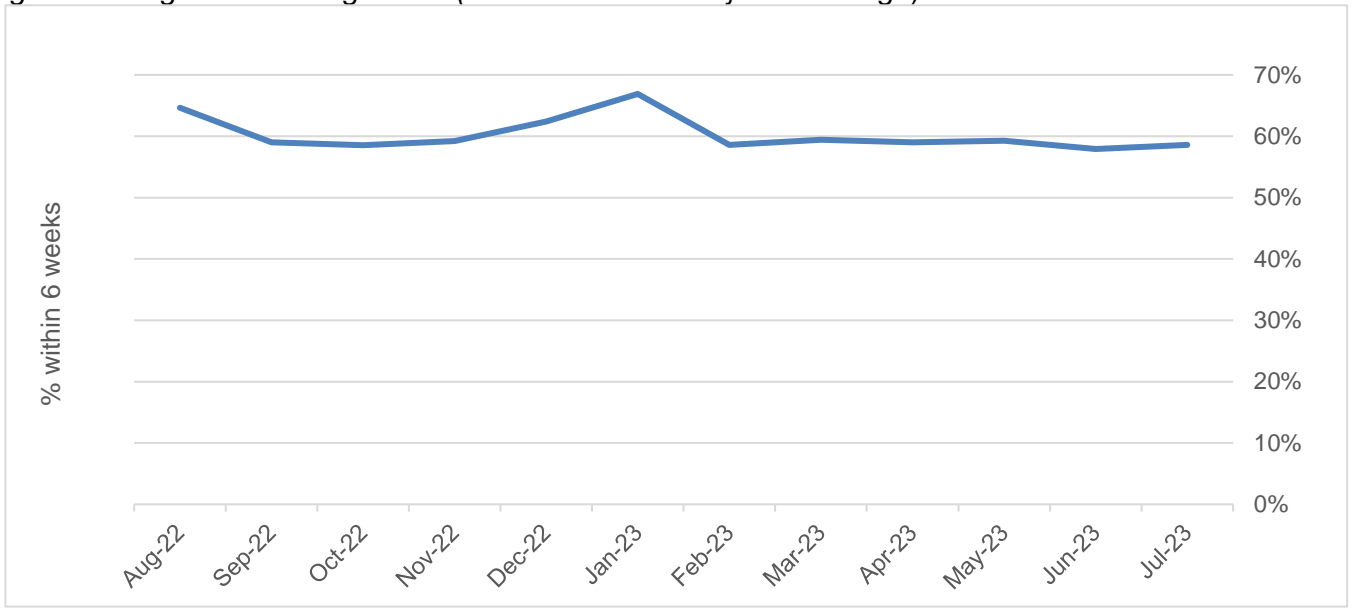


Fig. 1.37: Total no. of patients waiting

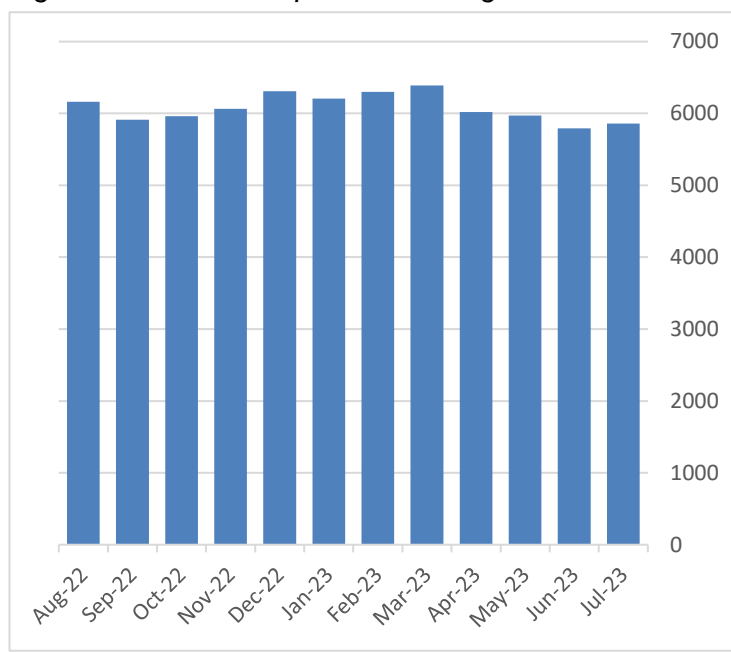
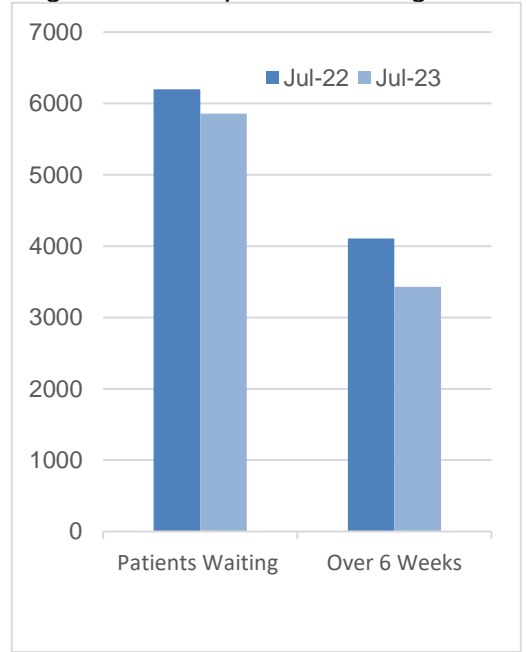


Fig. 1.38: Total patients waiting over 6 weeks



	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
NHS Lanarkshire	35.4%	41.0%	41.4%	40.8%	37.6%	33.1%	41.4%	40.6%	41.0%	40.7%	42.1%	41.4%
NHSScotland	38.1%	39.4%	40.5%	41.6%	37.2%	36.1%	41.5%	42.3%	40.7%	40.8%	39.8%	

3. Planning, Performance, and Resources Committee – Operational Performance

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

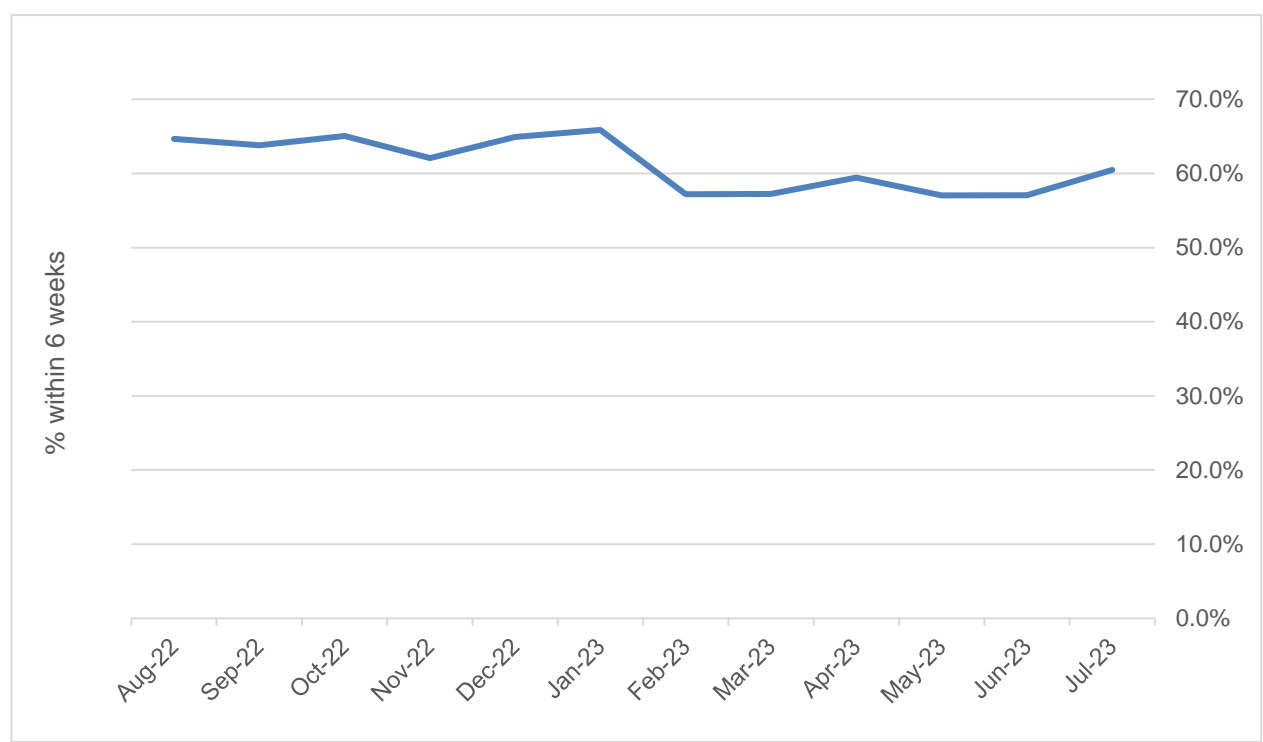


Fig. 1.40 No. of patients waiting - imaging

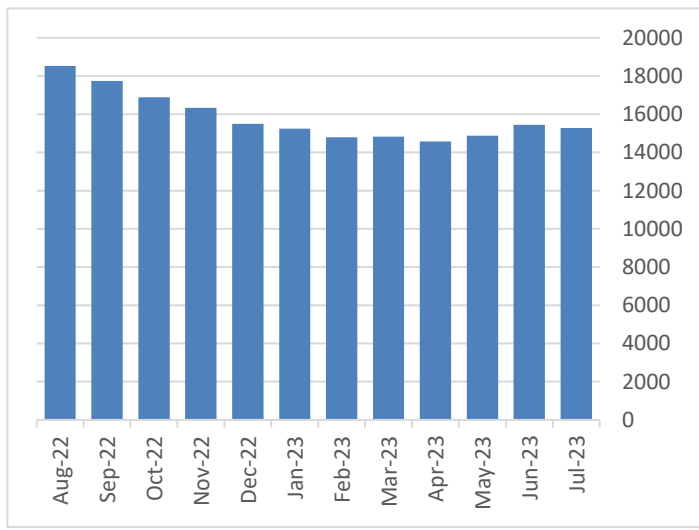
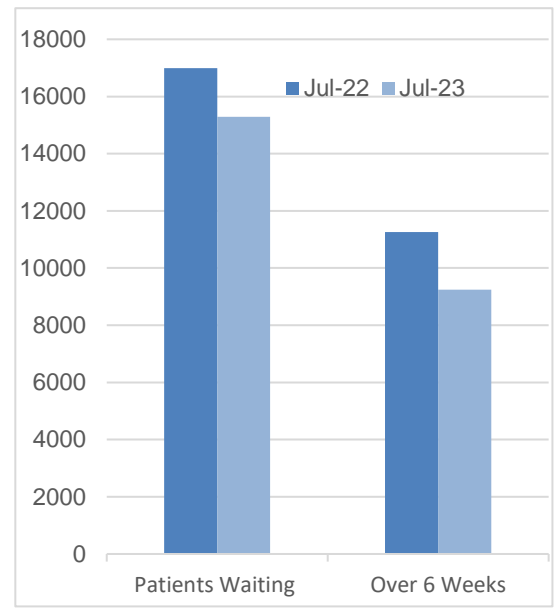


Fig. 1.41 Patients waiting over 6 weeks – imaging



	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
NHS Lanarkshire	33.8%	35.3%	36.2%	35.0%	37.9%	35.1%	34.1%	42.8%	42.8%	40.6%	37.9%	39.5%
NHSScotland	47.3%	48.1%	50.2%	49.6%	53.1%	48.5%	48.2%	56.3%	55.0%	51.5%	51.1%	

Date of Extraction: 17 July 2023
 Source: Trakcare (unvalidated and subject to change)

Key Deliverable

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

3. Planning, Performance, and Resources Committee – Operational Performance

The eight key diagnostic tests and investigations are:

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

Key Issues

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

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

Key Actions

Additional external and internal capacity is being sourced to address these waits. All aspects of endoscopy remain challenged due to staffing and accommodation constraints. The provision of outpatient scanning in MRI and CT continues to be pressured due to a significant increase in requests for emergency and inpatient scans and also workforce availability. The imaging service is operating at around 90% of pre covid activity and the endoscopy service is operating at around 100%.

Planning/Remobilisation:

- Modular endoscopy unit continues to run at University Hospital Hairmyres. Funding has been secured from Scottish Government to run two rooms through 2023. Local plans are required to provide sustainability in future years.
- Additional imaging capacity secured within the region. Additional capacity provided at Golden Jubilee for CT and MRI.
- Additional endoscopy capacity accessed at Golden Jubilee.
- Work continues in developing a Regional Out of Hours Interventional Radiology model.
- Alternatives to endoscopy, for example cytosponge have been introduced.
- Validation via NECU in Ultrasound and MRI being explored.

3. Planning, Performance, and Resources Committee – Operational Performance

3.6 Cancer 31 and 62-day Referral to Treatment 95% of patients should wait no more than 31 days from decision to treat to first cancer treatment 95% of patients should wait no more than 62 days from urgent suspicion of cancer to treatment	Target	Performance
	95%	99% (31 day)
	95%	82% (62 day)

Fig. 1.42: 31-day standard performance (local data)

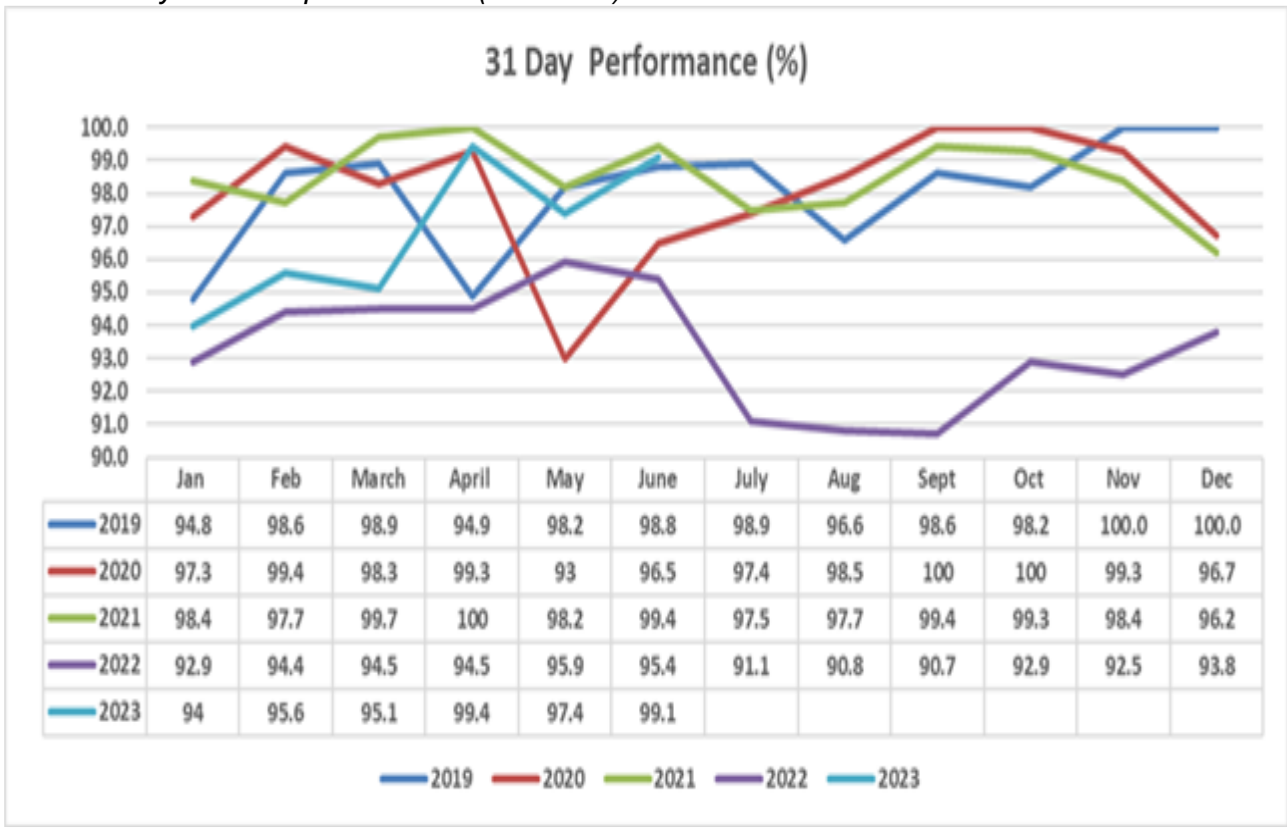
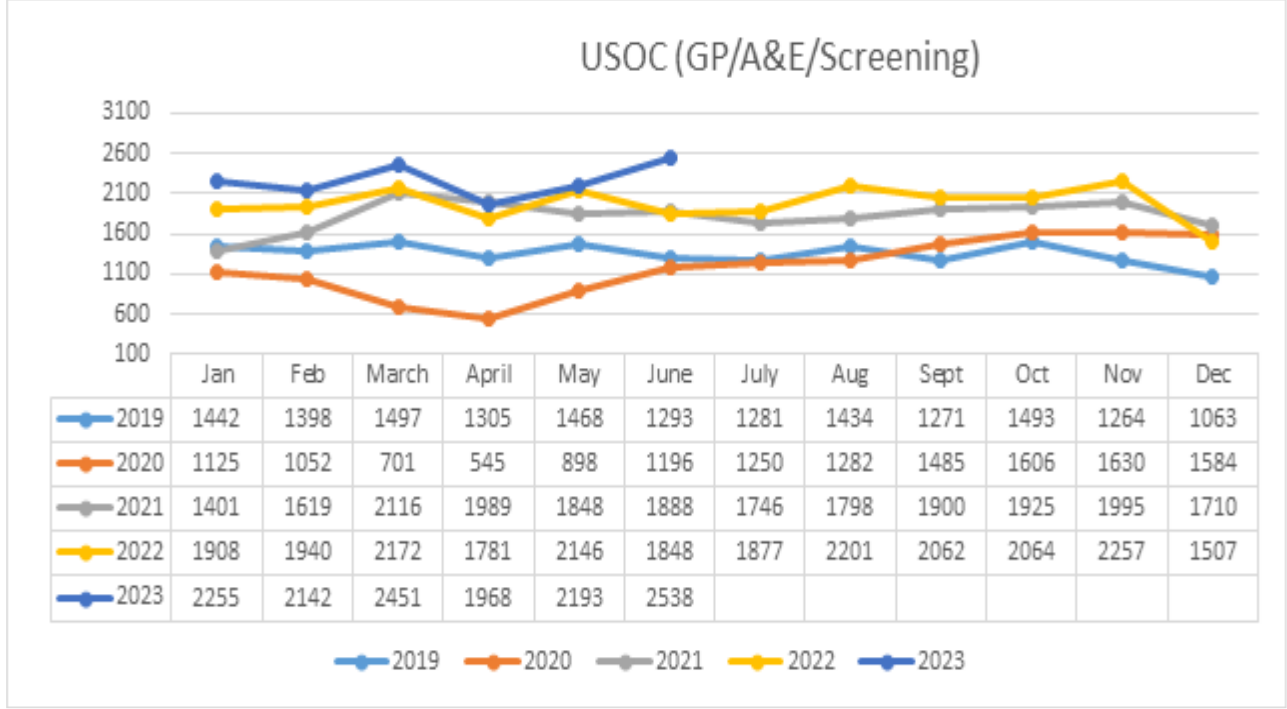


Fig. 1.45: GP referrals due to urgent suspicion of cancer (USOC) received by NHS Lanarkshire (local data)



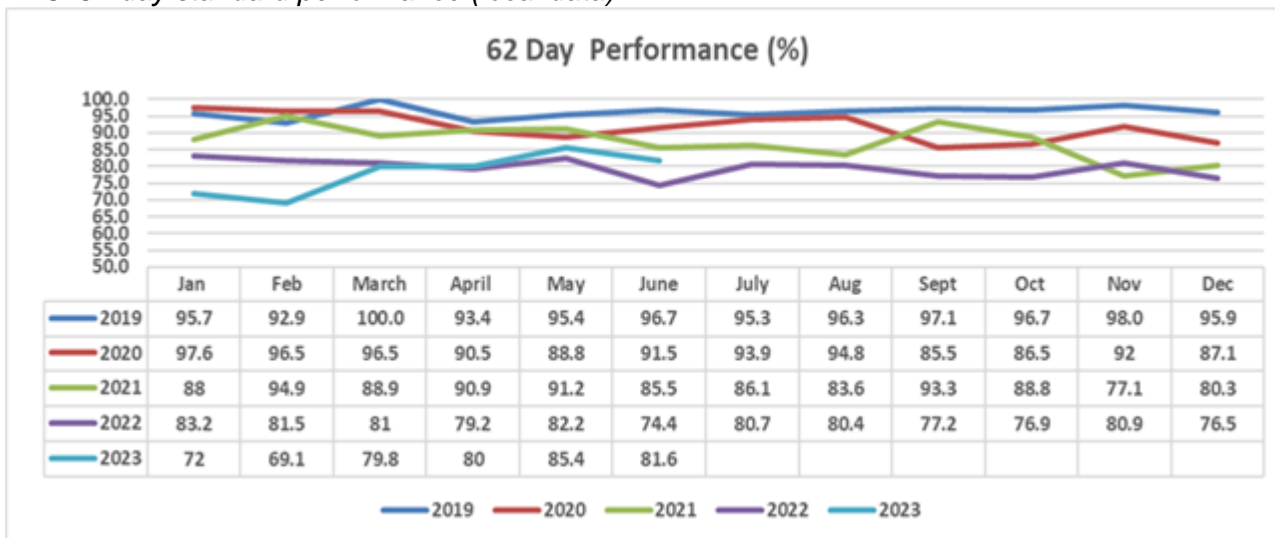
3. Planning, Performance, and Resources Committee – Operational Performance

Cancer performance projections

Percentage treated within 31 days of decision to treat	Quarter ending 30 June 2023	Quarter ending 30 September 2023	Quarter ending 31 December 2023	Quarter ending 31 March 2024
Breast	96.1%	85.9%	89.0%	94.8%
Cervical	100.0%	100.0%	100.0%	100.0%
Colorectal	96.6%	96.0%	98.3%	96.4%
Head & Neck	100.0%	100.0%	100.0%	100.0%
Lung	100.0%	100.0%	100.0%	100.0%
Lymphoma	100.0%	100.0%	100.0%	100.0%
Melanoma	100.0%	100.0%	100.0%	100.0%
Ovarian	100.0%	100.0%	100.0%	100.0%
Upper GI	100.0%	100.0%	100.0%	100.0%
Urological	95.5%	96.9%	98.2%	95.3%
All Cancer types combined	97.7% Actual 98.6%	95.2%	96.7%	98.0%

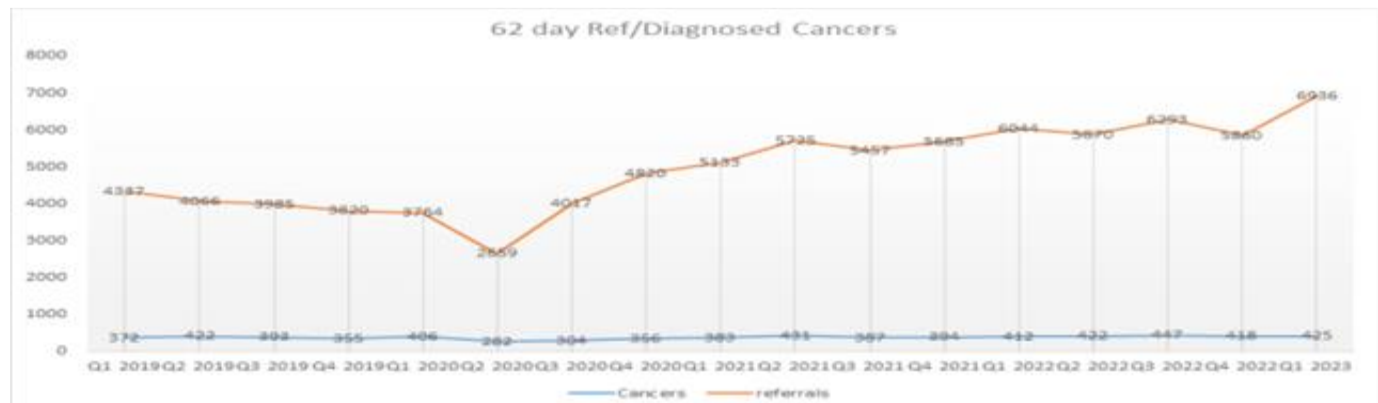
Percentage treated within 62 days of urgent referral with a suspicion of cancer	Quarter ending 30 June 2023	Quarter ending 30 September 2023	Quarter ending 31 December 2023	Quarter ending 31 March 2024
Breast	94.4%	89.5%	90.3%	96.0%
Cervical	100.0%	100.0%	100.0%	100.0%
Colorectal	83.5%	74.6%	82.8%	94.0%
Head & Neck	94.4%	100.0%	81.3%	100.0%
Lung	95.0%	97.0%	94.6%	98.3%
Lymphoma	100.0%	100.0%	90.0%	100.0%
Melanoma	100.0%	100.0%	100.0%	100.0%
Ovarian	100.0%	94.7%	88.8%	80.0%
Upper GI	91.4%	90.7%	91.9%	92.3%
Urological	78.7%	76.9%	70.0%	81.1%
All Cancer types combined	80.0% Actual 82.3%	85.0%	90.0%	95.0%

Fig 1.43: 62-day standard performance (local data)



3. Planning, Performance, and Resources Committee – Operational Performance

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



Key Deliverable

End Date

Measures Definition: National Standard: 95% of all patients referred urgently with a suspicion of cancer will begin treatment within 62 days of receipt of referral. This target continues to be variable whilst we continue to apply clinical prioritisation as a response to Covid 19. The continuation of clinical prioritisation ensure high risk suspected cancer utilises current diagnostic capacity timely.

31 March 2024

The 62-day cancer standard includes A&E patients, screened positive patients and all patients referred by GP/GDP urgently with a suspicion of cancer. The 31-day standard includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to first treatment. The current standard is that 95% of all eligible patients should wait no longer than 62 or 31 days.

The data for Quarter 1 of 2023 is verified and due for publication at the end of June. It shows that NHS Lanarkshire has met the national standard that 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat. It is predicated that recovery of the 95% standard for 31 days will continue to be sustained in the coming months, in line with the agreed recovery trajectory. The 62-day standard remains challenged due to the pressures within the diagnostic element of the pathways, mainly due to scopes and radiology capacity, including reporting in breast, colorectal, lung and urology pathways.

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

	Performance (Verified)	
	62 day	31 day
Quarter 1	74.30%	95.10%

	Performance (Unverified)	
	62 day	31 day
Quarter 2	82.3 %	98.6%
April	80 %	99.4%
May	85.4%	97.4%
June	81.6%	99.1%

3. Planning, Performance, and Resources Committee – Operational Performance

<p>Key Milestones</p> <ol style="list-style-type: none"> 1. Corporate responsibility 2. Optimal pathway 3. Initiating the pathway 4. Dynamic tracking and escalation 5. Optimal diagnostics 6. Effective MDT 7. Treatment 8. Collective strength 	<p>Planning/Remobilisation</p> <ul style="list-style-type: none"> • Although diagnosed cancer rates remain reasonably static, suspicion of cancer referrals from all sources have increased. This has put pressure on the early, assessment and diagnostic parts of the pathways. • Cancer patients continue to be prioritised for treatment whilst also trying to achieve the other waiting times milestones.
<p>Key Issues</p> <p><u>Fig. 1.44: 62-day referral of urgent suspicion of cancer (local data)</u> This chart displays the increasing volume of patients being referred onto a 62-day pathway as urgent suspicion of cancer.</p> <p>It also indicates that this referral increase is not mirrored by a corresponding increase in the proportion of diagnosed cancer. There is some variability across tumour types, but all tumour groups are experiencing increased referrals.</p> <p>Diagnostic capacity remains challenging within:</p> <ul style="list-style-type: none"> • Upper and lower scopes • Cystoscopy • CT Biopsy • Prostate Biopsy • Hysteroscopy • Clinic USOC capacity - Urology and Colorectal <p>We continue to work with Clinical Leads and Service Managers to share the CSFD key deliverables and sharing of good practise aligned to ACRT, PIR etc. We are currently working with teams to better understand their service vetting model as variation within teams on how they undertake and the measurable timeframe to vet along with who is supporting, mindful of the impact the role of specialist nurses and ANPs can have within vetting.</p> <p>Further work is required to build on current regrading pathway. We are reviewing the content of the letters for specialities to ensure clarity and rational for regrading. We are working with GPs to define an agreed pathway that is robust and meaningful to enable GPs to come back with additional information as aligned to the Once for Scotland Regrading Framework. This work is progressing through the primary and secondary cancer care interface group to ensure a collaborative approach for Lanarkshire that has been agreed by GP's and clinical Leads.</p> <p>Cancer Team are in attendance at the site weekly Planned Care meetings supporting the opportunity to discuss capacity for USOC v's the demand that is reflective of patients waiting to be seen. The supports services are working in collaboration to meet the CWT milestone of being seen within 2 weeks.</p>	
<p>Key Actions</p> <ul style="list-style-type: none"> • Colorectal, Lung and Urology performance has been adversely impacted by waits for access to diagnostic tests including TURBT and cystoscopies for urology. However, work is underway within the colorectal pathway to review ACRT along with the introduction of double QFit which is anticipated to have a positive impact of stratification of patients to scope. This will in turn release capacity which is anticipated to be 70%. • Breast has been adversely impacted due to radiology capacity through workforce pressures and elective theatre capacity however 31-day performance has improved to achieve the target of 95% and has been sustained. 	

3. Planning, Performance, and Resources Committee – Operational Performance

- Urology, Breast and Colorectal Oncology Clinics are challenged around new patient capacity due to increase referrals compounded with Clinical Oncology workforce challenges. Collaboration with the Regional Cancer Centre to review the workforce needed to maintain the 52 weeks is ongoing. NHS Lanarkshire continue to review and support to develop the Non-Medical Prescriber (NMP) model that supports Oncology clinics through Cancer Nursing and Cancer Pharmacy however this is not sustainable currently.
- Work is underway to scope and establish a Urology Hub in NHS Lanarkshire, learning from other Health Board's experience and peer review event. Initial stages of recruitment to support now underway with regular service and SG meetings being arranged to support improvement work and ongoing engagement.

3.7 Delayed Discharges 5% Reduction in Bed Days for 2023/24 (Based on 10% Reduction in 2022/23 of the 2019/20 Performance, thus providing an overall reduction of 15%)	Target 144437	Performance 16900
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Fig. 1.46: Delayed discharge bed days - Standard Delays (Nationally Published Data)

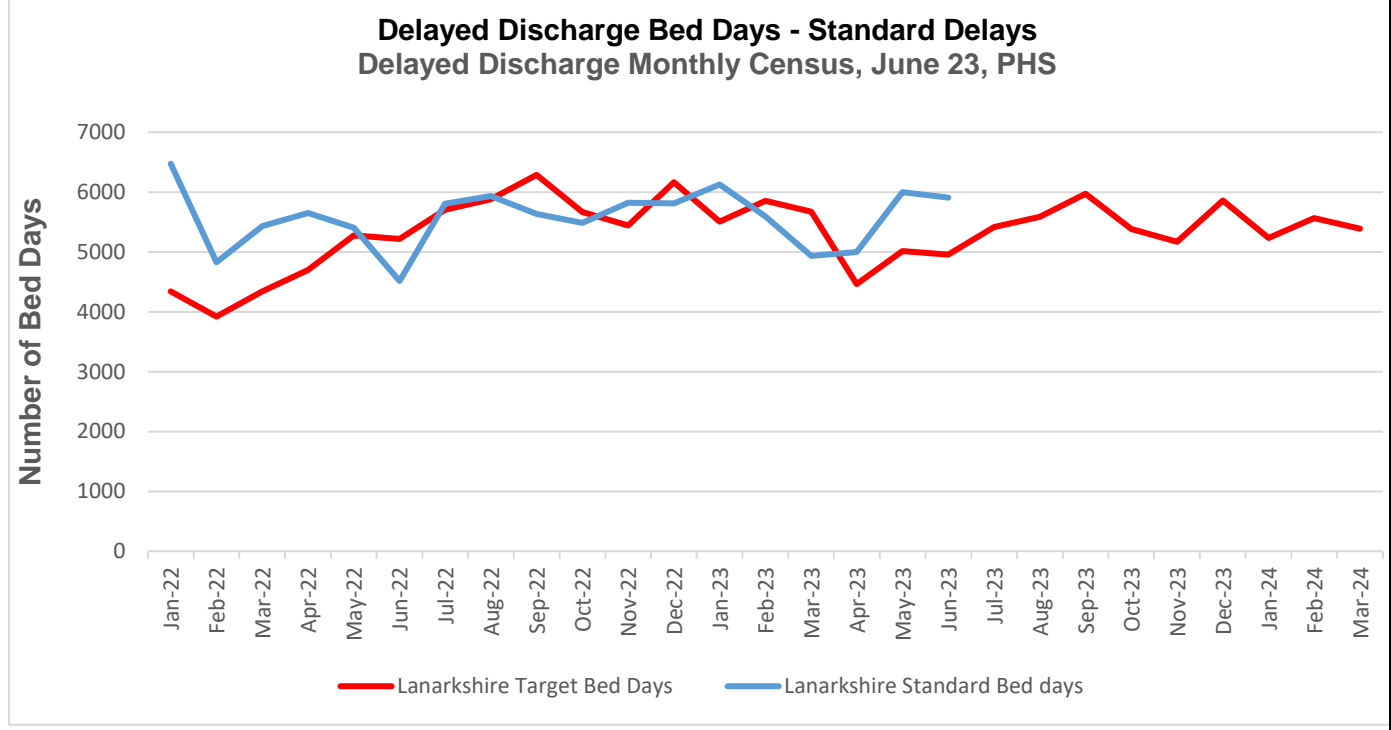


Fig. 1.47 No. of patients in standard delays

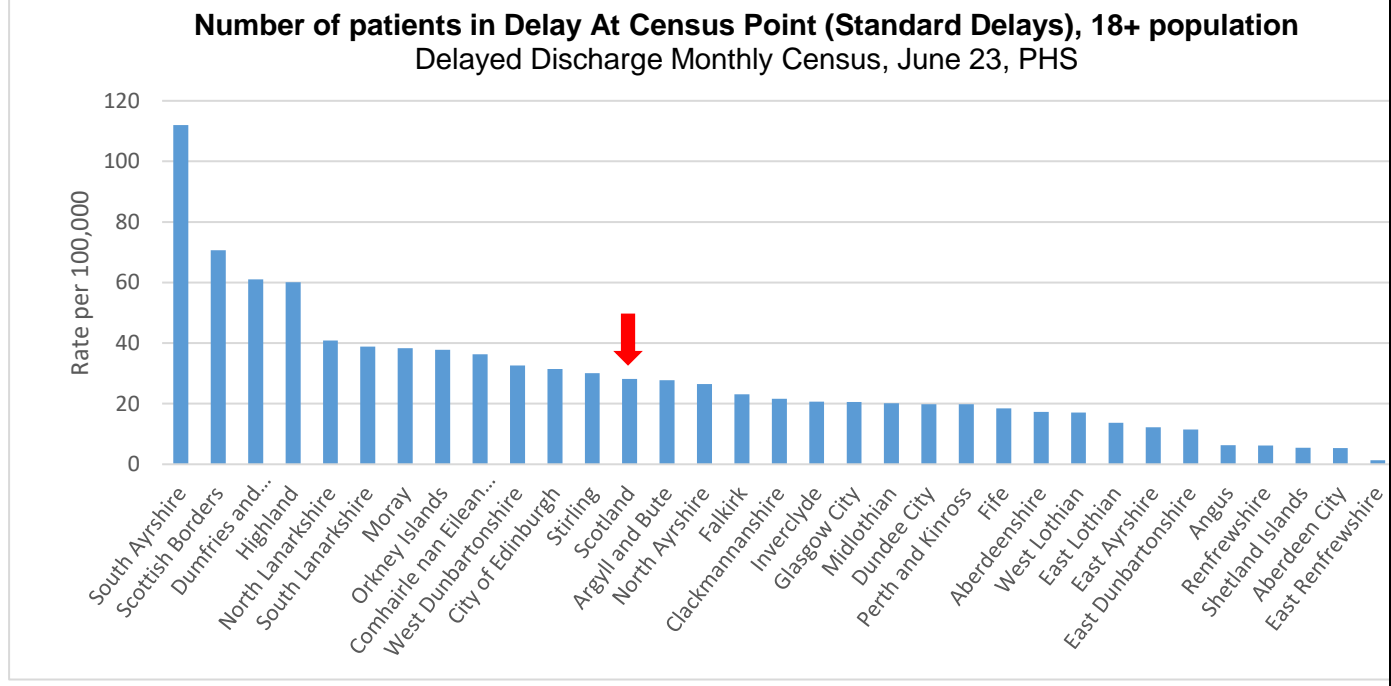


Fig. 1.48 Performance (Local Management Performance Data)

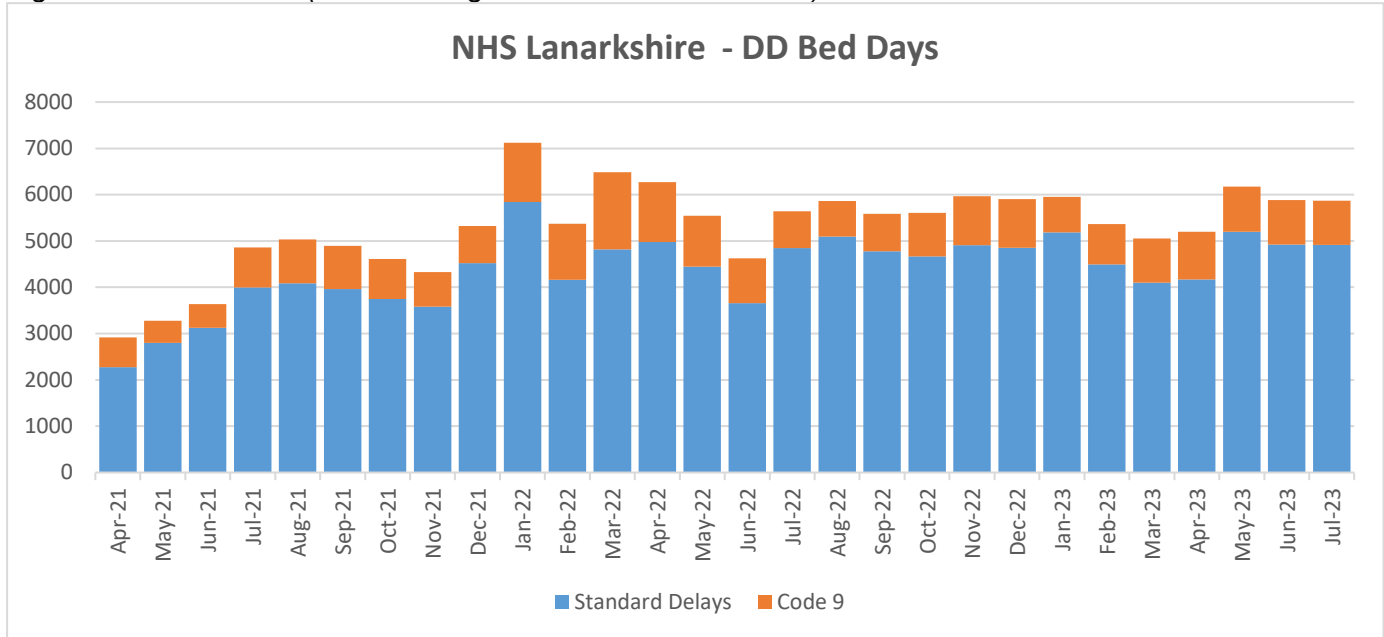
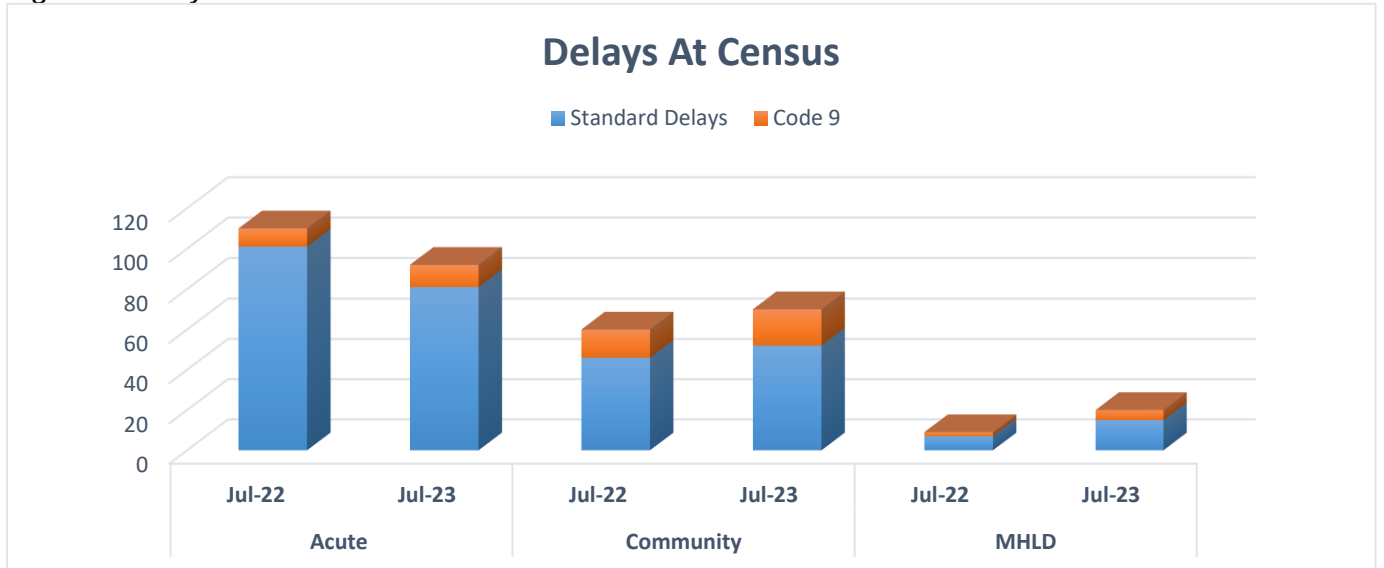


Fig. 1.49 Delays at census



Data as at July 2023

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

Definitions:

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

Key Deliverable		End Date
Key Milestones	Roll out of Foundation Flow Bundle across 3 acute sites, including use of PDDs, Criteria Led Discharge and Discharge Without Delay principles (via Operation FLOW Task and Finish Group 4)	30 Sept 2024
	Roll out of Foundation Flow Bundle across off-site beds and community hospitals, including use of PDDs, Criteria Led Discharge and Discharge Without Delay principles (via Op Flow T&F 4 and 5)	30 Sept 2024

3. Planning, Performance, and Resources Committee – Operational Performance

	Home Support recruitment, particularly in priority areas of Cumbernauld and East Kilbride	31 March 2024
	Continued expansion and roll out of Home Assessment Teams/Home First Teams to support assessment at home and admission prevention	31 March 2024
	Prioritisation of reablement services, to ensure sufficient capacity to support discharge and control demand into mainstream Home Support services	30 Sept 2024

Key issues

Performance in May was challenging, with both partnerships sitting just above the Scottish average rate for numbers of delays, though NHS Lanarkshire remains below their pre-pandemic rates of delayed discharge bed days.

Key actions

Work continues in conjunction with acute colleagues to implement the flow foundation bundle to create a stronger planned flow of discharges.

Home Support recruitment and capacity remains a challenge, with current pressures in Cumbernauld, Coatbridge, Clydesdale and East Kilbride. Work continues to target recruitment, including on the day recruitment events and supporting recruitment events with independent providers.

Home Assessment/Home First Teams continue to expand and have a positive impact on service performance. Services in both partnerships continue to see ~60% of people supported home requiring no long term Home Support input after 2 weeks of wrap around support. This has included examples of patients assessed as requiring highly complex 4x7x2 packages whilst in hospital requiring no ongoing care package after just 2 weeks of support at home, highlighting the importance of assessing people in their own home.

4. PPRC - FINANCE

4.1 Finance

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

Revenue
(£8.423m)
Capital
£1.558m over
committed

Financial Position as at 31 July 2023

Table 1 - Summary Financial Position 2023/24

	YTD Budget £M	YTD Actual £M	YTD Variance £M
Acute Operating Division	164.620	173.980	(9.360)
North Lanarkshire Health & Social Care Partnership	116.072	115.973	0.099
South Lanarkshire Health & Social Care Partnership	163.059	163.514	(0.455)
Estates, E-health and Other Corporate Functions	79.611	79.084	0.527
Service Level Agreements / Other Healthcare Providers	76.858	76.277	0.581
NHSL - wide	(22.106)	(21.935)	(0.171)
Net operating cost	578.114	586.893	(8.779)
Remove IJB Position	(279.131)	(279.487)	0.356
Revised Net operating cost	298.983	307.406	(8.423)

Key Deliverable

End Date

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

31 March
2024

Key Issues

As at 31 July 2023 the Board is reporting an overspend of £8.423m, spread across its divisions as set out in the table above.

The year-end forecast sits at £19.241m although at this stage there are high levels of uncertainty. There is not yet a plan to balance over three years.

To date the Board has identified £17.042m of savings and the health and social care partnerships (HSCPs) £2.266m. £1.266m of these are recurring savings as is the HSCPs £2.266m which falls below the £42.7m requested by Scottish Government.

Capital expenditure to 31 July 2023 is £9.921m. To date the schemes to which a commitment has been given exceed the current overall capital limit by £1.558m. If all requests were approved and the programmes proceeded on initial timelines, the capital limit would be exceeded by over £10m. Plans to avoid the over commitment include seeking alternative funding for the Chryston Community centre lease, HSCP funding for Mental health, recognising any slippage, phasing and prioritising.

The gap between the funding available to the Board and the cost of the services it provides arises from three main sources. The first is a core deficit which has built up over several years because the adoption of new high cost medicines, pay and supplies inflation and mandated national developments has increased the cost of existing services by more than the allocation uplift. In that situation the only way to remain in

4. PPRC - FINANCE

financial balance is to deliver savings from existing services. After over a decade of doing this, the pipeline of ideas started to dry up in 2019 and then halted in the first years of the pandemic.

The second cause is that the Acute Division, which had been exceeding its budget by between £3.6m and £5m pre pandemic, which was manageable within the NHS Board's overall budget, is now overspending at a far higher rate. The overspend to 31 July 2023 sits at £9.360m.

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

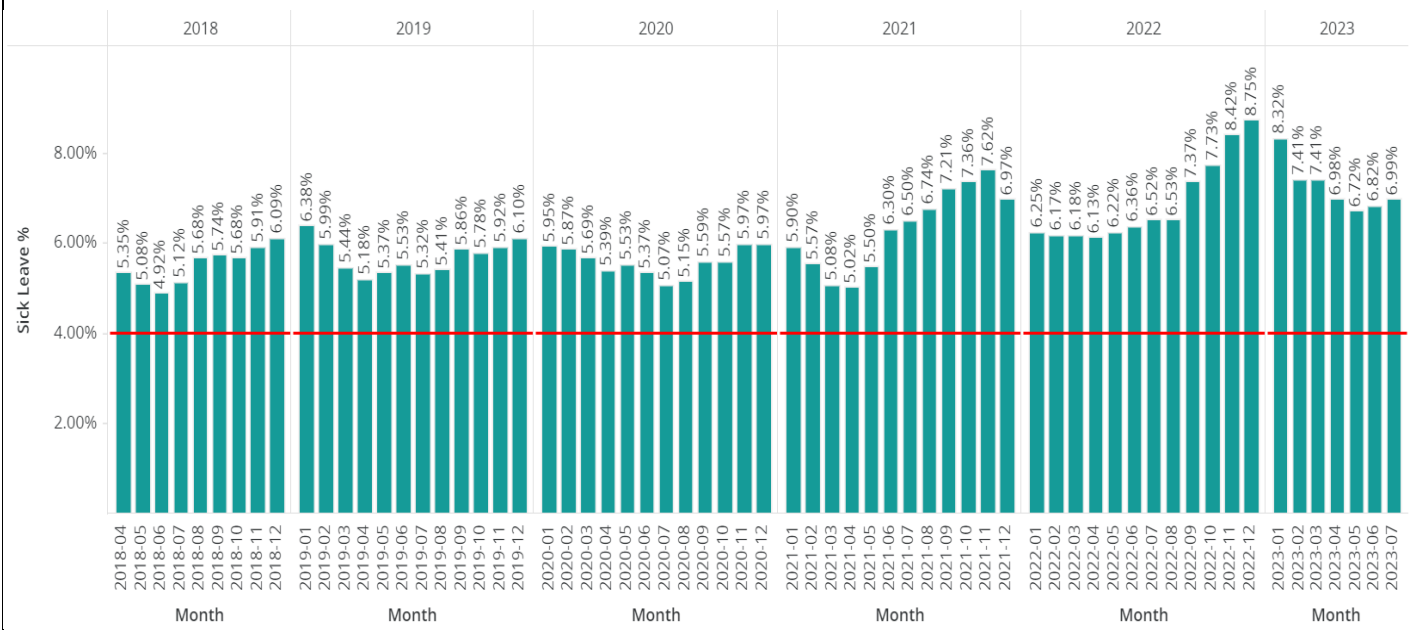
Key Actions

- Full finance report to be considered at each Board and PPRC. Position as at July 2023 will be considered at Board meeting of 30 August 2023.
- Audit committee to overview arrangements for and progress with sustainability and value programme and level of financial risk.
- Continued work by sustainability and value groups to deliver extant savings plans and identify new opportunities.
- Quantification of agency saving target.
- Structured assessment of all national identified opportunities.
- Enhanced work on redesign and reform options.
- Monthly meetings with Acute Division to review overspending areas and agree actions which, in conjunction with Sustainability and Value programme, will reduce forecast overspend.
- Maximise any opportunities for new funding, better use of funding or opportunistic underspends.
- Prioritise, identify in year slippage and seek additional funding to help bridge the gap between capital requests and funding. Ultimately may have to accept longer timescales to stay within the capital resource limit.

5. STAFF GOVERNANCE COMMITTEE - WORKFORCE

5.1 Sickness Absence <i>Reduce sickness absence percentage to meet national target of 4%</i>	Target 4%	Performance 6.99%
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Fig 1.50: Sickness absence percentage by month



Date of extraction: 11 August 2023
Data source: SSTS

Key Deliverable	End Date
Reduce sickness absence to bring NHS Lanarkshire closer to target	31 March 2023

Key Issues

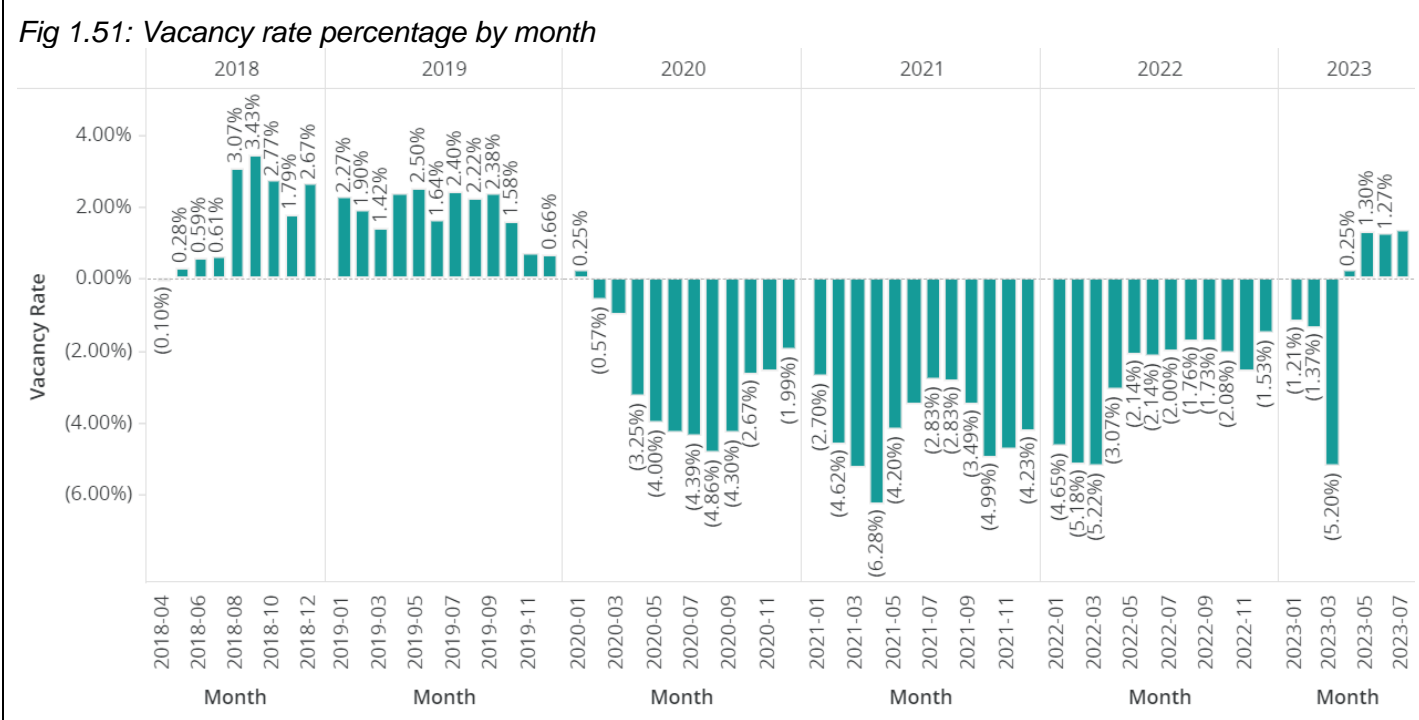
NHS Lanarkshire is currently the highest territorial board for sickness absence across Scotland and third highest Board overall. The composition hasn't changed much with known other/unknown being the top reason for absence followed by anxiety/stress which is the recorded reason for around 25% of days lost.

Key Actions

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

5. STAFF GOVERNANCE COMMITTEE - WORKFORCE

5.2 Vacancy Rates Vacancy rate percentage	Target 0	Performance 1.4%
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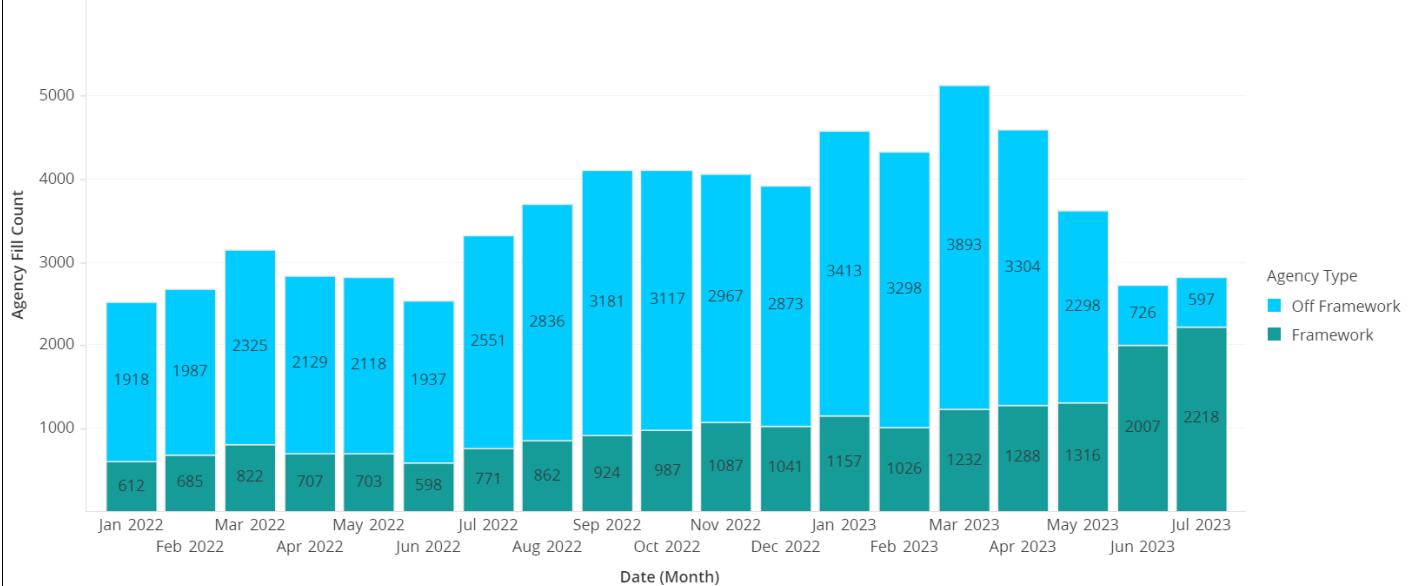
Date of Extraction: 11 August 2023
 Data source: ePayroll and eFinancials

Key Deliverable	End Date
Overall vacancy position reflects an over-established position meaning more people are employed than the current recurring budget whole time equivalent (WTE) affords. Note that some non-recurring monies are not reflected in the budget WTE.	31 March 2023
Key issues	
Over established position and non-recurring monies.	
Key actions	
The over-established position is being refined with work between HR and finance to try to correct any anomalies where non-recurring budget doesn't have an associated budget WTE.	

5. STAFF GOVERNANCE COMMITTEE - WORKFORCE

5.3 Off-Framework Agency Usage <i>Reduce off-framework agency usage to zero</i>	Target 0	Performance 597
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Fig 1.52: Monthly agency shifts filled



Date of Extraction: 11 August 2023
Data source: ePayroll and eFinancials

Key Deliverable	End Date
To reduce off-framework agency usage to zero.	31 March 2023

Key issues

Critical Care, Emergency Departments and Learning Disabilities are the three main areas continuing to use off-framework agency on a recurring basis.

Key actions

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

6.1 CAMHS 18 weeks RTT

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

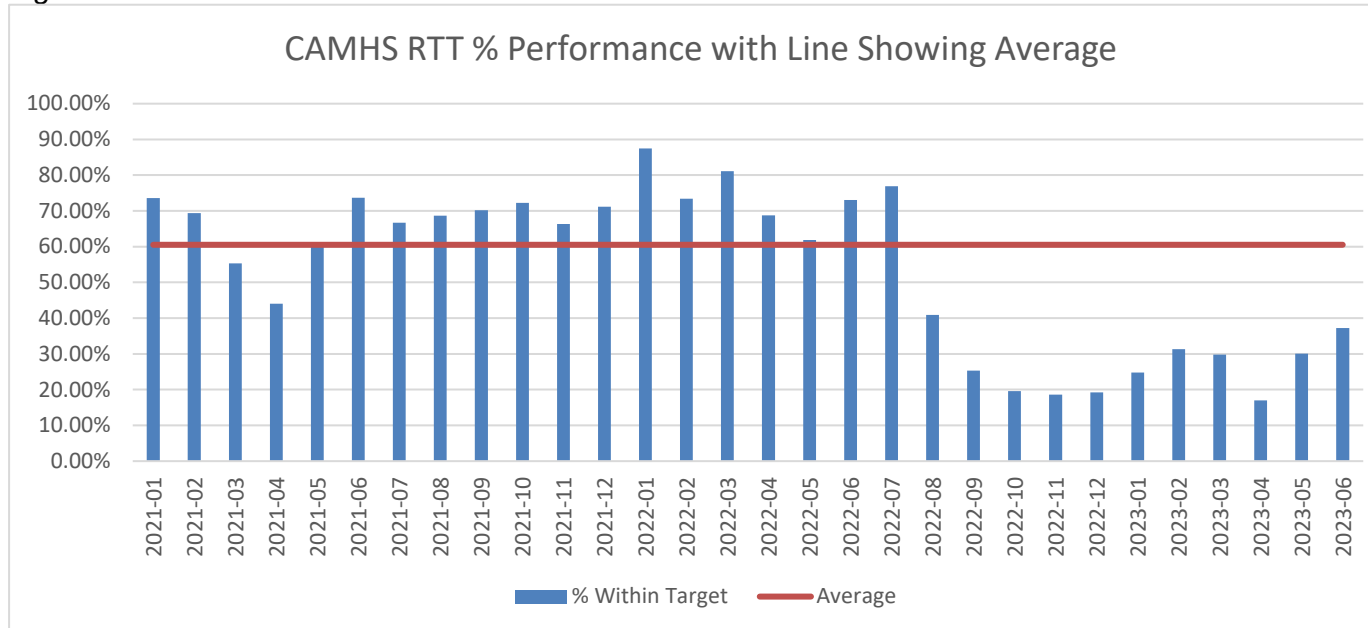
Target

90%

Performance

37.3%

Fig. 1.53: CAHMS % RTT Performance



CAMHS Projection/Trajectories

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

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

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

Key issues

Data prior to 2022 illustrates higher RTT% performance, however it doesn't reflect the increasing number of CYP waiting for first assessment. Reduced capacity to see new patients resulted in more routine/return activity which resulted in increased RTT performance. Although RTT performance has significantly decreased since the second half of 2022 this is because the number of patients seen for first assessment has increased, meaning in turn they have breached the timescale to be seen for intervention within 18 weeks. It's anticipated that performance will recover as the waiting list continues to reduce and the service can respond to referral rates and ongoing intervention through the Choice and Partnership Approach (CAPA) model.

CAMHS RTT Performance was heavily impacted by a combination of factors:

- an increased demand for services
- increased complexity of referrals

- vacancies across the service (various specialities) prior to RRF allocation in 2021/22, although vacancies for psychiatry are still a major contributing factor
- poor reporting/waiting list activity and performance monitoring and management
- lack of capacity planning/service flow.

Under the remit of the CAMHS Modernisation Programme Board a service improvement plan was devised and progressed throughout 2022/23 and continue to monitor progress against a detailed action plan.

Key actions

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

- A waiting list initiative has been in operation since August 2022 and is due to be reduced by September 2023. This has resulted in reducing the WL (for initial assessment) significantly.
- The introduction of CAPA service model - using a Choice and Partnership approach has allowed refined capacity planning for clinical staff, robust local activity data and a focus on key intervention areas to support routine work. It is anticipated that the remaining CYP on the waiting list will be seen during the next round of CAPA (13 weeks). Following this, it's anticipated that the service will be able to respond (offer Choice appointment) to incoming referrals within 4-6 weeks (from referral date).
- Focussed work is being undertaken with clinical managers and teams to allocate patients who have been assessed but wait for further intervention.
- The introduction of group therapy is underway (in several specialist area's) and local data recording has been established.
- Supervision and peer group supervision has been planned and scheduled within Round 2 job plans for clinicians to allow the increased review of cases with a view to reviewing possible discharges.
- Additional flexibility has been built into round 2 clinical job plans to offer more core partnerships (new, otherwise known as first return) appointments at various suitable times within a clinicians working week.
- Additional supports from other parts of the increased CAMHS workforce (AHP groups and pharmacy) as well as centralised duty system and nursing teams (including treatment room) will allow assist in providing additional scheduled and unscheduled support to locality teams, who in the main contribute to RTT Performance.
- Local monitoring of waiting list activity and RTT performance is in place to track progress against trajectories.

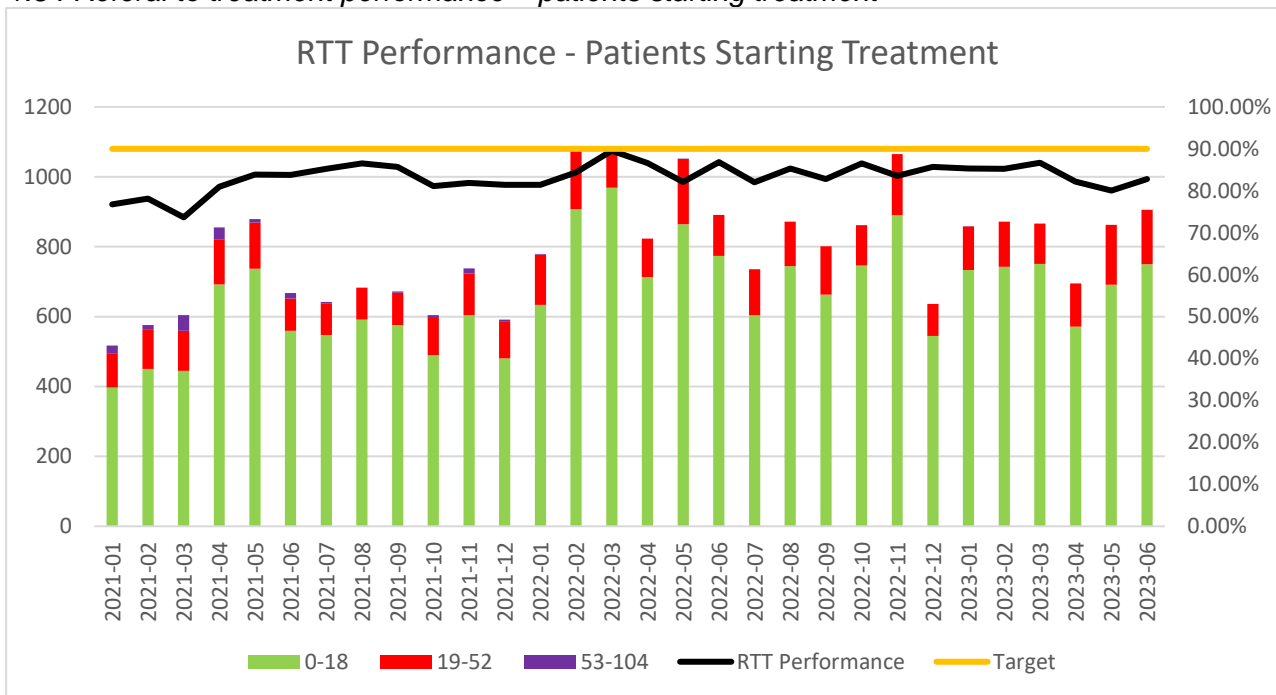
6.2 Psychological Therapies 18 weeks Referral to Treatment

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

Target
90%

Performance
82.8%

Fig. 1.54 Referral to treatment performance – patients starting treatment

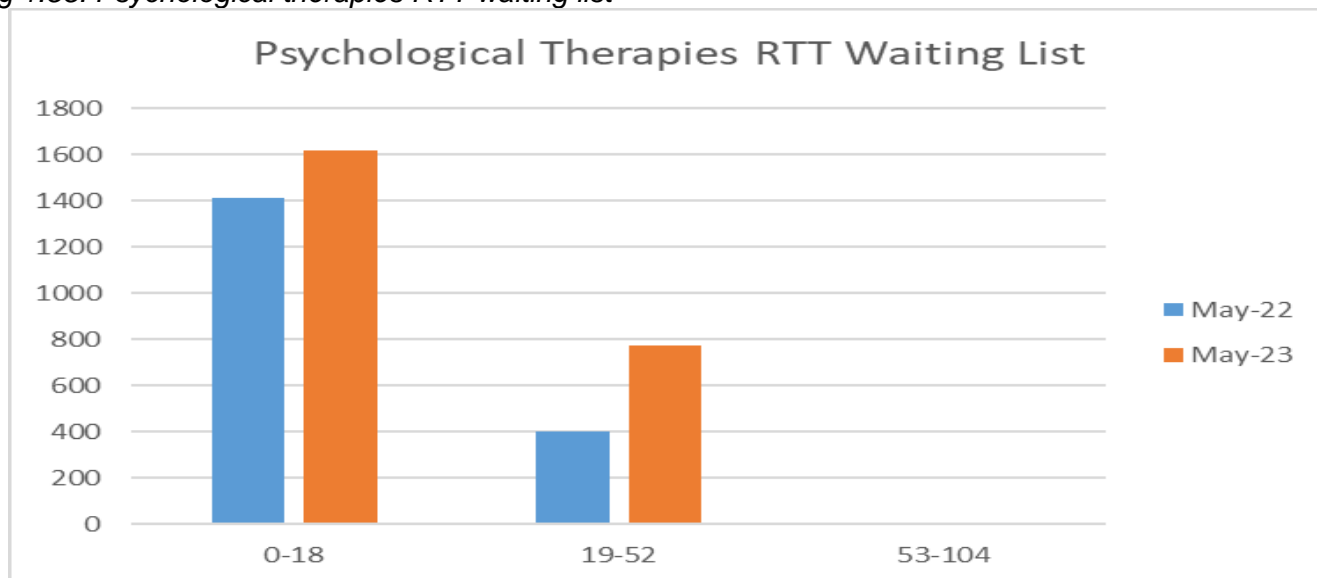


July 2023

Psychological Therapies

Month	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Lanarkshire	82.07%	85.32%	82.77%	86.54%	83.57%	85.69%	85.33%	85.21%	86.72%	82.16%	80.07%	82.78%
Scotland	79.20%	81.60%	81.20%	80.90%	80.60%	82.40%	80.60%	79.40%	79.30%			

Fig 1.55: Psychological therapies RTT waiting list



Trajectories for waiting lists

Month	April 23	May 23	June 23	July 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Projected waiting list <18 weeks	1586	1586	1586	1586	1586	1586	1586	1586	1586	1495	1391	1369

6. POPULATION HEALTH COMMITTEE – MENTAL HEALTH AND PUBLIC HEALTH

Projected waiting list >18 weeks	272	260	292	245	189	174	162	118	80	0	0	0
Projected waiting list >52 weeks	0	0	0	0	0	0	0	0	0	0	0	0

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

Key issues

Performance is heavily impacted by significant challenges around the recruitment and retention at Consultant grades. This challenge is experienced locally and nationally for services of this type. Some increase in overall staffing and use of hybrid delivery has allowed for some improvement, however analysis suggests that continued improvement is contingent on maintaining or improving current staffing levels, therefore the service focus is currently on retention of staff within NHS Lanarkshire Psychology services. To sustain the current workforce and performance there is a key dependency on recurring funding from Scottish Government.

Key actions

Psychological Services have focused on addressing the longest waits through various means. A Consultant Psychologist is now in post to coordinate the management of longest waits in Adult Psychological Therapies Teams (PTT). Sharing out the longest waits across localities (where appropriate) allows patients to be seen more quickly and reduces variation across geographical boundaries. Early screening appointments are now routinely offered for patients referred to Adult PTT to ensure that patients are directed to services that will best meet their needs, at the earliest possible time. A stepped care approach to delivering evidence based therapies has now been established utilising online therapy programmes, digital therapies and group-based interventions, and offering face-to-face psychological therapies where this is deemed the most appropriate form of psychological therapy.

A large MDT Research conference planned for January 2024 in collaboration with University partners and provides current staff with continued professional development and engagement with the wider professional network. It is anticipated that this event and future events of this type will assist in the recruitment and retention of staff.

A focus on staff wellbeing continues in order to support our workforce and promote staff retention. Consultants are now in place to lead on Quality Improvement and Research which, in addition to service improvement and adding to the evidence base, will also create and maintain an enthusiastic workforce. The centralisation of recruitment processes and the creation of generic job descriptions has led to a noticeable improvement in reducing vacancies across the service.

6.3 Child Poverty

Reduce child poverty in North and South Lanarkshire

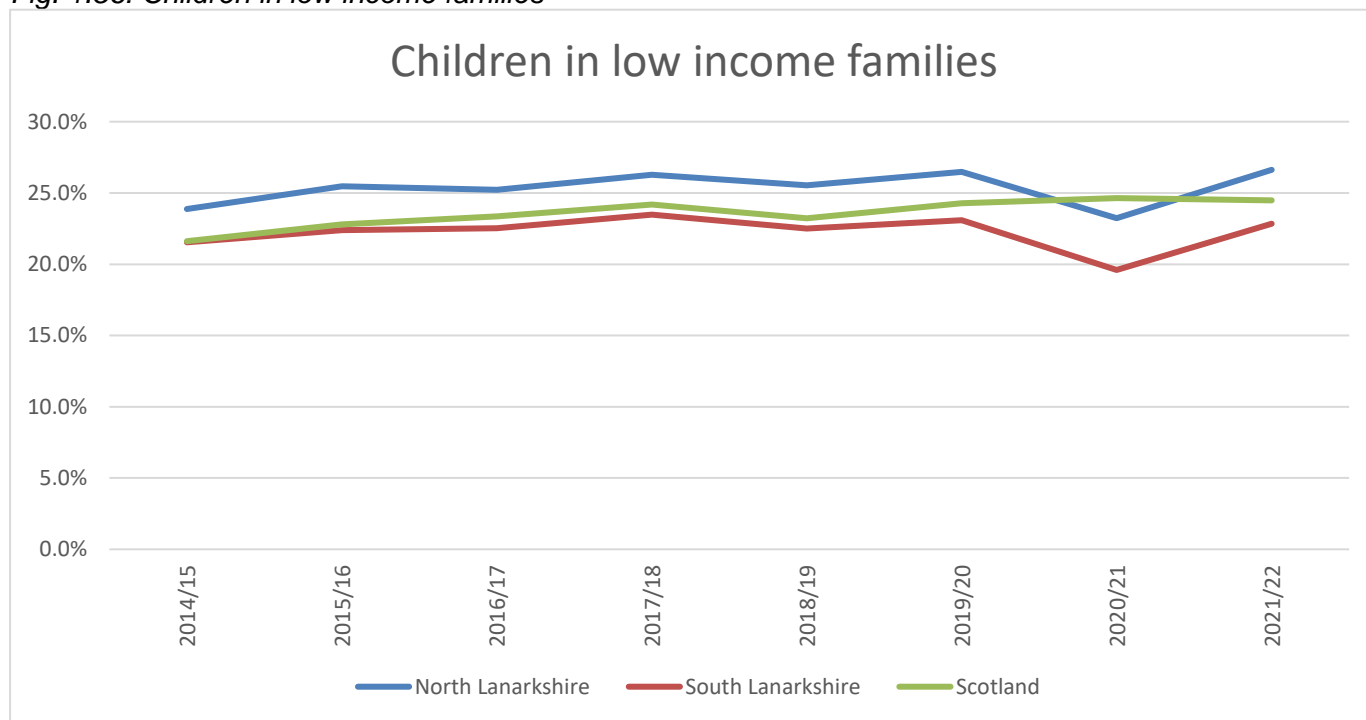
Target
N/A

Performance

26.6% North

22.8% South

Fig. 1.56: Children in low income families



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

Key Issues

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

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

Key Actions

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

6.4 Cancer Screening

Brest Cancer and Cervical Cancer Screening Uptake (performance given for cervical)

**Target
80%**

**Performance
70.3%**

Fig. 1.57: Cervical cancer screening uptake

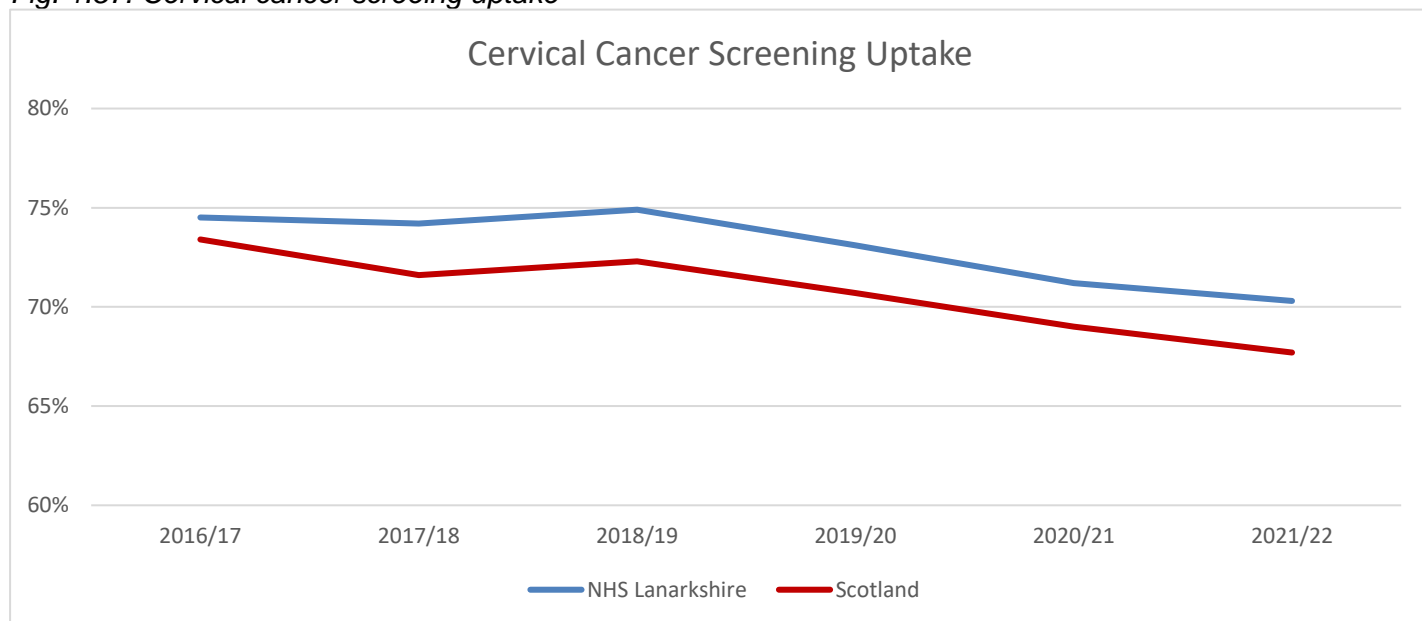
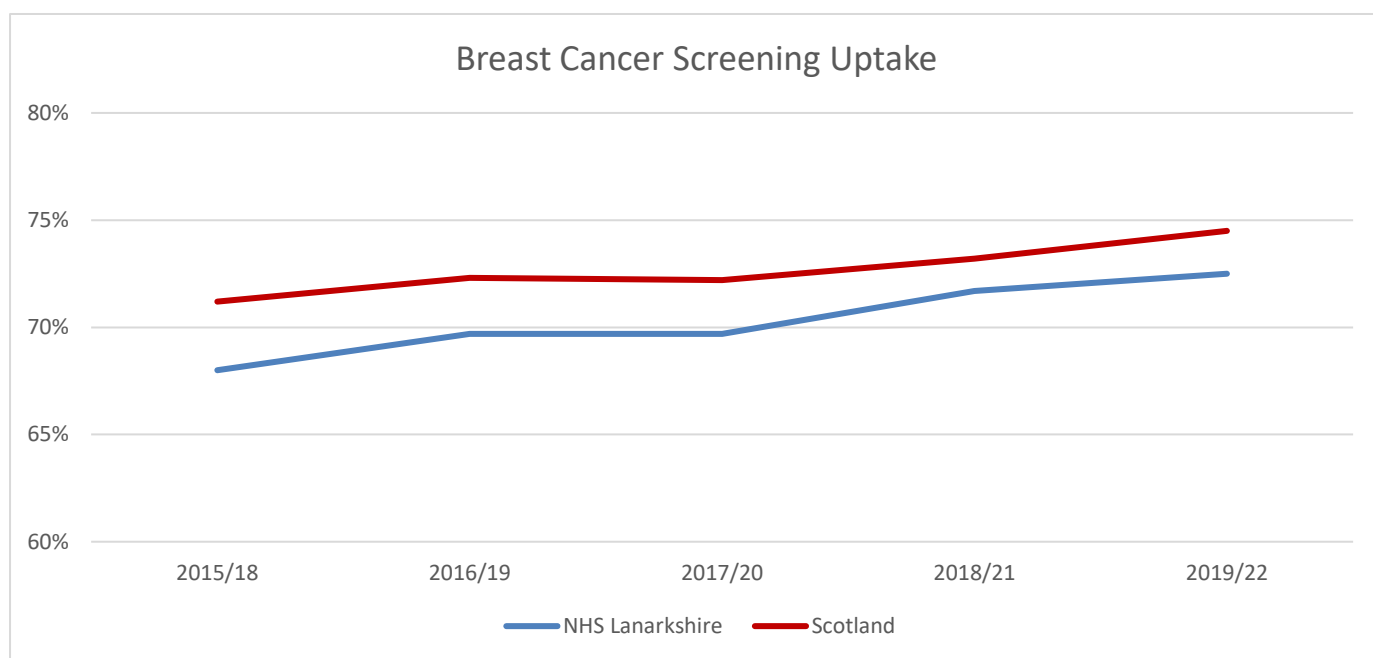


Fig. 1.58: Breast cancer screening uptake



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

Key issues

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

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

Key actions

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

6.5 Smoking Cessation Percentage achieved of Lanarkshire's target for number of quits	Target 100%	Performance 50%
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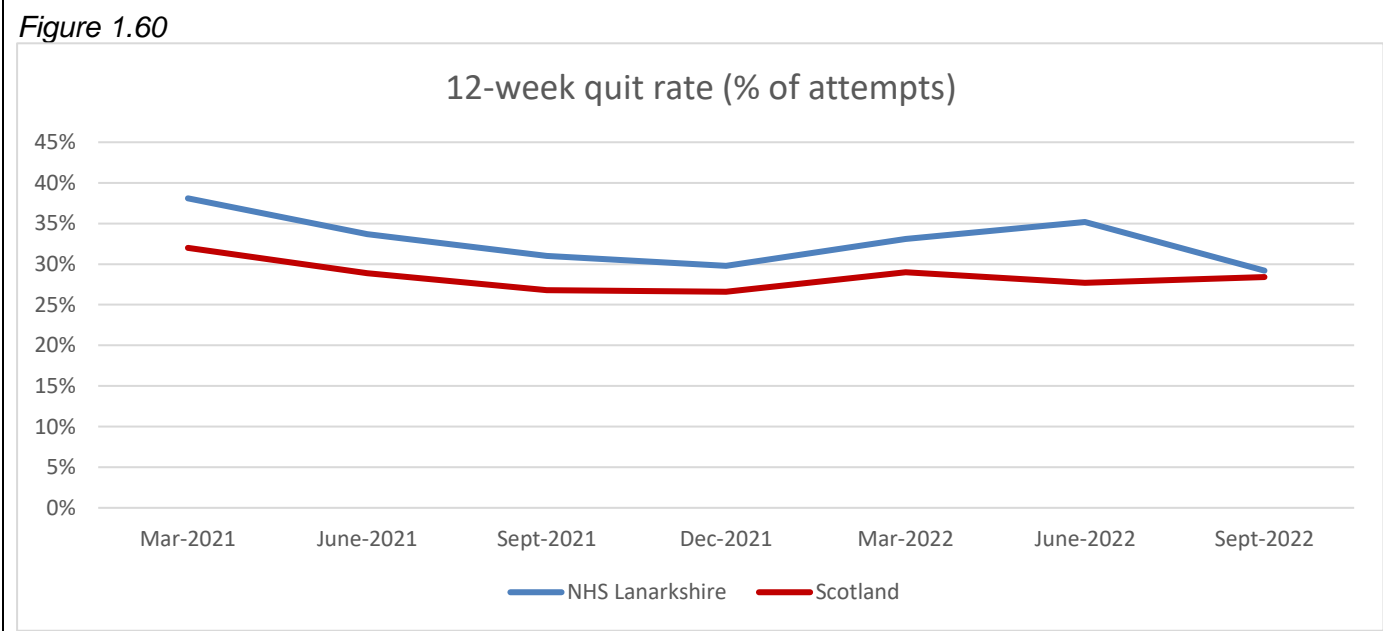
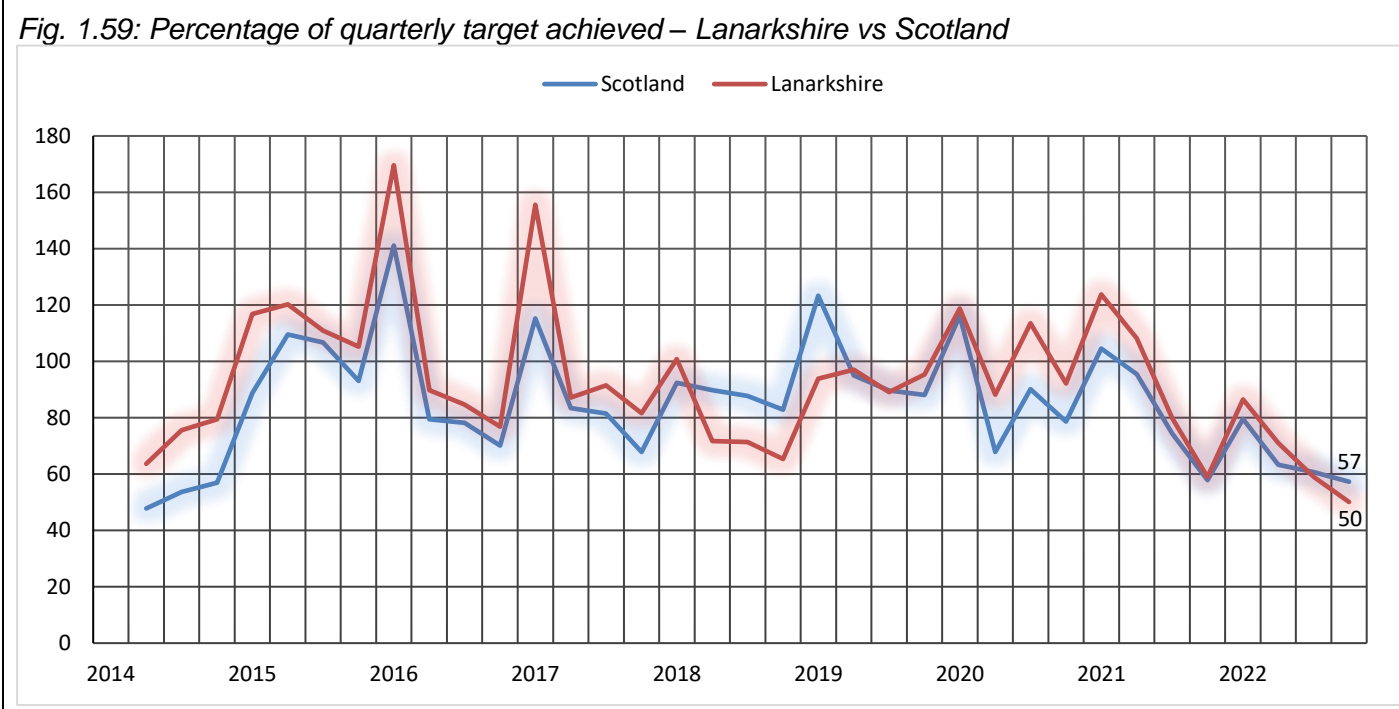
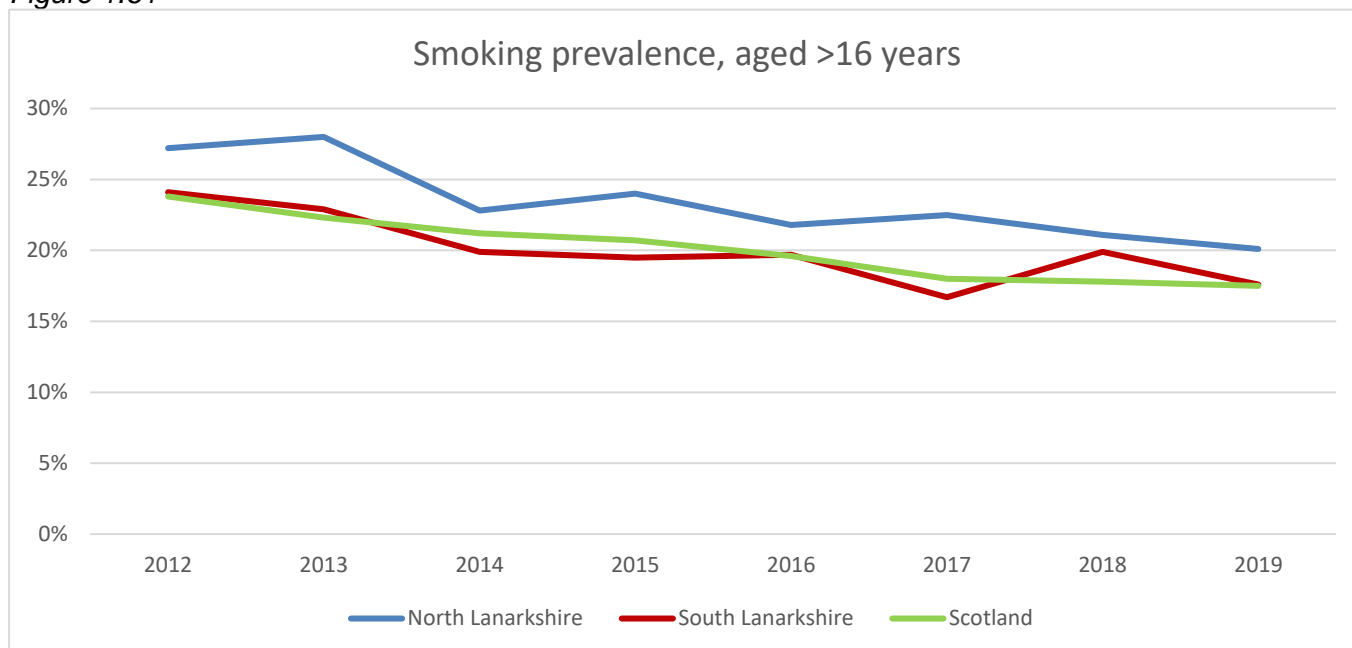


Figure 1.61



National Benchmarking

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

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

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

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

Key Issues

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

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

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

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

Tobacco Control does not currently have parity with other public health priorities with regards national support and direction. The National Tobacco Control Programme within Public Health Scotland was stood down during COVID-19 pandemic, this is yet to be fully reinstated and there is no special interest group (SIG) to support the programme.

Key Actions

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

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

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

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

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