

Meeting of Lanarkshire
NHS Board:

29th May 2019

Lanarkshire NHS Board

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SUBJECT: QUARTERLY PERFORMANCE REPORT - Quarter 4, 2018/19

1. PURPOSE

This paper is coming to the Board:

| | | | | | |
|--------------|--------------------------|-----------------|--------------------------|---------|-------------------------------------|
| For approval | <input type="checkbox"/> | For endorsement | <input type="checkbox"/> | To note | <input checked="" type="checkbox"/> |
|--------------|--------------------------|-----------------|--------------------------|---------|-------------------------------------|

The NHS Board is asked to consider the attached Quarterly Performance Report for Quarter 4, which describes progress against the former Local Delivery Plan Standards for 2017/18, and the draft Annual Operational Plan targets for 2018/19.

2. ROUTE TO THE BOARD

This paper has been:

| | | | | | |
|----------|--------------------------|----------|-------------------------------------|----------|-------------------------------------|
| Prepared | <input type="checkbox"/> | Reviewed | <input checked="" type="checkbox"/> | Endorsed | <input checked="" type="checkbox"/> |
|----------|--------------------------|----------|-------------------------------------|----------|-------------------------------------|

by the Corporate Management Team.

3. SUMMARY OF KEY ISSUES

Local Delivery Plan (LDP) replaced with Annual Operational Plan (AOP) for 2018/19

In the Quarterly Local Delivery Plan report to the NHS Board (May 2018) it was noted that, for 2018/19, Scottish Government had replaced Local Delivery Plans (LDP) with a more succinct Annual Operational Plan (AOP). Our draft 2018/19 AOP was submitted to Scottish Government for approval on the due date of February 28th 2018 and remains pending agreement and sign-off.

LDP Standards and AOP Targets

One of the differences between the two reports is that the LDP comprised some 21 Standards, while the draft 2018/19 AOP contains only 8 Targets. There has been no indication that those previous LDP Standards that are not continued into the AOP are in any way diminished in terms of importance, nor that they should no longer be reported to NHS Boards.

Contents of this Report

Thus, until such time as our AOP for 2018/19 is formally signed off, or further guidance is received, it is considered prudent to continue to report both former LDP Standards (of which 7 are now AOP Targets) together with the one new Target included in the draft AOP (6 weeks Diagnostics). For ease of reference, Annex 1 to this paper provides a list of former LDP Standards and 2018/19 AOP Targets.

Q4 Report

The attached Report covering both former LDP Standards and those which are now 2018/19 AOP Targets is drawn from the electronic MiLAN Dashboard Integrated Corporate Performance Report (ICPR), and is a PDF extract taken on 15th May 2019. Annex 2 comprises a note of assurance of governance for those Standards/Targets that are rated as ‘red’ or ‘amber’. These ratings are as defined in the reports to the Planning, Performance and Resources Committee (28th September 2016 and 29th November 2017), and included in the ICPR dashboard. They have been repeated in Annex 2 for ease of reference.

The following general points should be noted:

- The Report presents quarterly data available at time of writing and as published in the ICPR. This is the ISD validated, published data and is thus in arrears. The Quarter 4 Report comprises data published up to 15th May 2019. Further updates can be provided verbally at the NHS Board meeting;
- The Planning, Performance and Resources Committee (PP&RC) has full access to the entire ICPR, including these Standards and Targets, and also receives an Exceptions Report comprising those KPIs rated ‘red’ or ‘amber’ with narrative against each provided by its lead Executive Director;
- This extract seeks to provide summary information on performance against former LDP Standards and AOP Targets, and assurance of the role of PP&RC and other Governance Committees in undertaking appropriate scrutiny of these as part of the wider ICPR and its associated Exceptions Report.

Review of Integrated Corporate Performance Framework

The September 2018 meeting of PP&RC received a paper proposing a review of the ICPF dashboard and its reports. This review has now been completed and recommendations for a refreshed system of reporting were shared with the PP&RC in April and are detailed in a separate paper for consideration at the May NHS Board meeting. These recommendations include proposals to amend the timetable for the future presentation Quarterly AOP Reports.

Annual Operational Plan (AOP) for 2019/20

Following the publication of guidance on 25th February 2019, the draft Annual Operational Plan for 2019/20 was submitted to the Scottish Government at the end of March. A separate paper has been prepared presenting the updated draft AOP for 2019/20 for formal consideration at the May NHS Board meeting.

4. STRATEGIC CONTEXT

This paper links to the following:

| | | | | | |
|--------------------------|-------------------------------------|-----------------------|-------------------------------------|-------------------|-------------------------------------|
| Corporate objectives | <input checked="" type="checkbox"/> | LDP | <input checked="" type="checkbox"/> | Government policy | <input checked="" type="checkbox"/> |
| Government directive | <input checked="" type="checkbox"/> | Statutory requirement | <input type="checkbox"/> | AHF/local policy | <input type="checkbox"/> |
| Urgent operational issue | <input type="checkbox"/> | Other | <input type="checkbox"/> | | |

The Local Delivery Plan (LDP) was the annual delivery contract between NHS Lanarkshire and Scottish Government. Its content was covered by Government directive and policies, and it was agreed annually. It was a requirement that in-year LDP progress reports be provided to NHS Boards. From April 2018, LDPs have been replaced with Annual Operational Plans, and Scottish Government approval of our draft AOP 2018/19 is awaited.

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

| | | | | | |
|------|-------------------------------------|-----------|-------------------------------------|----------------|-------------------------------------|
| Safe | <input checked="" type="checkbox"/> | Effective | <input checked="" type="checkbox"/> | Person Centred | <input checked="" type="checkbox"/> |
|------|-------------------------------------|-----------|-------------------------------------|----------------|-------------------------------------|

Standards and policy aims contained within the former Local Delivery Plan and new Annual Operational Plan each contribute to one or more of the above Ambitions.

Six Quality Outcomes:

| | |
|---|-------------------------------------|
| Everyone has the best start in life and is able to live longer healthier lives; (Effective) | <input checked="" type="checkbox"/> |
| People are able to live well at home or in the community; (Person Centred) | <input checked="" type="checkbox"/> |
| Everyone has a positive experience of healthcare; (Person Centred) | <input checked="" type="checkbox"/> |
| Staff feel supported and engaged; (Effective) | <input checked="" type="checkbox"/> |
| Healthcare is safe for every person, every time; (Safe) | <input checked="" type="checkbox"/> |
| Best use is made of available resources. (Effective) | <input checked="" type="checkbox"/> |

Standards and policy aims contained within the former Local Delivery Plan and new Annual Operational Plan each contribute to one or more of the above Outcomes.

6. MEASURES FOR IMPROVEMENT

Operational work towards achieving the Standards, Targets and policy aims will use various improvement measures to secure delivery.

7. FINANCIAL IMPLICATIONS

The Annual Operational Plan includes an associated Financial Plan. This is reported separately to each Board and PP&RC meeting.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Development and agreement of the Annual Operational Plan includes an assessment of risk and management implications for each target and policy aim.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

| | | | | | |
|-----------------------|--------------------------|------------------------|-------------------------------------|-------------------------------|-------------------------------------|
| Vision and leadership | <input type="checkbox"/> | Effective partnerships | <input type="checkbox"/> | Governance and accountability | <input checked="" type="checkbox"/> |
| Use of resources | <input type="checkbox"/> | Performance management | <input checked="" type="checkbox"/> | Equality | <input type="checkbox"/> |
| Sustainability | <input type="checkbox"/> | | | | |

The Annual Operational Plan (AOP) replaces the Local Delivery Plan as the agreed annual contract with Scottish Government, for delivery by NHS Lanarkshire. Our Corporate Objectives flow from this each year.

This Quarterly Performance Report is the sole means of reporting against all former LDP Standards and new AOP targets in a single report to the Board. It has been adapted from the previous Quarterly Local Delivery Plan Report. It highlights variation by means of a traffic light

system with agreed parameters for triggering levels for each KPI, and provides a rolling view of current plus 4 previous quarters' performance.

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has been completed

Yes
 No

This is a business performance report, not a proposal for change or development.

11. CONSULTATION AND ENGAGEMENT

This is a business performance report, not a proposal for change or development.

12. ACTIONS FOR THE BOARD

The Board is asked to:

| | | | | | |
|---------|-------------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| Approve | <input type="checkbox"/> | Endorse | <input type="checkbox"/> | Identify further actions | <input type="checkbox"/> |
| Note | <input checked="" type="checkbox"/> | Accept the risk identified | <input type="checkbox"/> | Ask for a further report | X |

The Board is asked to:

1. note the Quarterly Performance Report (Q4) and to confirm whether it provides sufficient assurance about progress in the delivery of former LDP Standards and 2018/19 AOP targets; and
2. note that the timetable for the presentation of 2019/20 Quarterly AOP Reports is the subject of recommendations detailed within a separate paper for consideration at the NHS May Board meeting (Review of the Integrated Corporate Performance Framework).

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact

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Strategy & Performance Manager, Telephone: 01698 858210

LIST OF FORMER LDP STANDARDS AND 2018/19 AOP TARGETS

| Standard / Target | LDP 2017/18 | (Draft) AOP 2018/19 |
|---------------------------------|-------------|---------------------|
| 6 weeks diagnostics | X | √ |
| Early Detection of Cancer | √ | X |
| Cancer 31 days | √ | √ |
| Cancer 62 days | √ | √ |
| Dementia post diagnosis support | √ | X |
| TIG | √ | √ |
| 18 weeks RTT Acute | √ | X |
| 12 weeks Outpatient | √ | √ |
| Antenatal booking | √ | X |
| IVF | √ | X |
| 18 weeks RTT CAMHS | √ | √ |
| 18 weeks RTT Psychology | √ | X |
| C diff | √ | X |
| SABs | √ | X |
| 3 weeks drug & alcohol | √ | X |
| ABIs | √ | X |
| Smoking cessation | √ | X |
| 48 hour access primary care | √ | X |
| Advance booking primary care | √ | X |
| Sickness absence | √ | X |
| A&E 4 hours | √ | √ |
| Financial breakeven | √ | √ |

QUARTERLY BOARD PERFORMANCE REPORT
Quarter 4, January – March 2019

ASSURANCE OF GOVERNANCE OF 'RED' AND 'AMBER' STANDARDS

| Standard | Date of data | Rating | Assurance of Governance | RAG Definition ¹ |
|-----------------------------------|--------------|--------|--|--|
| 12 weeks outpatients | Dec 18 | Amber | This is included within a substantive Waiting Times Report submitted to and reviewed by the Corporate Management Team, the Acute Operating Management Committee, the Planning, Performance & Resources Committee, and the NHS Board. | Green – 95%> Amber – 77.8% – 94.9% Red - <77.8% |
| 18 weeks RTT Acute | Dec 18 | Amber | This is included within a substantive Waiting Times Report submitted to and reviewed by the Corporate Management Team, the Acute Operating Management Committee, the Planning, Performance & Resources Committee, and the NHS Board. | Green – 90%> Amber – 76.2%-89.9% Red - <76.2% |
| 18 weeks RTT CAMHS | Dec 18 | Amber | This is reported to and managed by the North H&SCP IJB. | Green – 85% > Amber – 80%-84.9% Red - <80% |
| Advance Booking – Primary Care | Mar 18 | Red | (59% satisfaction against target of 90%) This is reported to and managed by South H&SCP IJB | (RAG ratings remain at the previous general definition of up to 5% from target = amber and more than 5% from target = red as this data is only provided biennially by national survey) |
| Detect Cancer Early | Dec 17 | Red | This is managed by the Cancer Management Team and the DCE Steering Group within Acute Division. | The target was for Lanarkshire to achieve 29.9% by December 2015. At December 2017 (latest data) we were achieving 24.9%. No new RAG definitions were developed due to published data being annual and in arrears. |
| TTG | Dec 18 | Red | This is included within a substantive Waiting Times Report submitted to and reviewed by the Corporate Management Team, the Acute Operating Management Committee, the Planning, Performance & Resources Committee, and the NHS Board. | Green – 100%> Amber – 75.5% - 99.9% Red -<75.5% |
| Unscheduled Care – 4hr compliance | Mar 19 | Red | This is included within a substantive Waiting Times Report submitted to and reviewed by the Corporate | Green – 95%> Amber – 92.3% - 94.9% Red - <92.3% |

| | | | | |
|------------------|---------|-------|---|---|
| | | | Management Team, the Acute Operating Management Committee, the Planning, Performance & Resources Committee, and the NHS Board. | |
| SABs | Sept 18 | Amber | This is reported to the Lanarkshire Infection Control Committee and the Healthcare Quality Assurance and Improvement Committee. It is also part of a mandatory national Healthcare Associated Infection Reporting Template that is submitted to each NHS Board meeting. | Green – <0.24 Amber – 0.25 – 0.35 Red – 0.36> |
| Sickness Absence | Mar 19 | Amber | This is reported at corporate level to the Staff Governance Committee and at divisional level to Acute Operating Management Committee, North Integrated Joint Board and South Integrated Joint Board. | Green – <4% Amber – 4.1 – 6% Red -6%> |

1 As agreed by PP&RC 28th September 2016 and 29th November 2017.