Meeting of Lanarkshire NHS Board:

Lanarkshire NHS Board

29th May 2019

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SUBJECT: REVIEW OF THE INTEGRATED CORPORATE PERFORMANCE FRAMEWORK

1. PURPOSE

This paper is coming to the Board:

For approval	☒	For endorsement	☐	To note	☐

Board members are asked to consider a series of revisions to the NHS Lanarkshire Integrated Corporate Performance Framework (ICPF) as detailed in the attached paper. These aim to strengthen the three-tiered approach to performance management split between NHS Board/PP&RC (Tier 1), Governance Committees (Tier 2) and Chief Executive Performance Review (Tier 3).

This review of performance has also been included in the Corporate Governance Improvement Plan to be submitted to Scottish Government.

2. ROUTE TO THE BOARD

This paper has been:

discussed with the PP&RC during a development session on 24th April 2019, and

Prepared	☐	Reviewed	☒	Endorsed	☒

by the Corporate Management Team on 29 April 2019 and 20 May 2019.

3. BACKGROUND

The Planning, Performance and Resources Committee (PP&RC) agreed to review the Integrated Corporate Performance Framework (ICPF) with the objectives to ensure:

- ICPF remained fit for purpose and aligned to the revised Governance Committee structure to enhance the Board's assurance framework;
- no unnecessary reports were produced which could dilute governance arrangements and lead to an overload of paperwork, potential confusion of responsibility and possible inefficient use of scare resources.

The attached paper provides details of the review and a series of proposed revisions to the Integrated Corporate Performance Framework (ICPF).

The ICPF comprises an electronic online dashboard of **published** data on key indicators, to provide the NHS Board and its PP&RC with **assurance of governance.** The dashboard also provides a single source of published data for wider usage within Health & Social Care (e.g. IJB reports, Annual Review, and Annual Report).

3.1 Summary of Key Issues

3.1.1 Statistical Information– Compliance with the UK Statistics Authority Code of Practice for Statistics

A recurring theme within the PP&RC and NHS Board has been a dissatisfaction with the timing of the performance metrics being considered at each meeting: generally these metrics relate to a period of time long past.

The attached paper explains the reasons for such a delay and provides details of the UK Statistics Authority - Code of Practice for Statistics (Annex G). In summary, only validated data can be used to inform decisions of public bodies and be published by these bodies. It is recommended that:

- we discuss local unvalidated data only within our Board, it should not be put into the public or other domains and is intended for local management purposes only;
- when discussing other Boards' data, only refer to the validated, published data.

3.1.2 Performance Dashboard & Provision of Performance Information

The on-line dashboard is accessible through Firstport to all who have requested it, broadly this includes Non-Executive Directors, Executive Directors, and a range of senior staff from across NHS Lanarkshire and the Health & Social Care Partnerships.

The dashboard shows all data for quarterly reports to NHS Board and for reports to each PP&R Committee meeting. The purpose of these reports is to provide assurance of governance over performance. The dashboard only contains validated, publishable data, with each KPI the responsibility of a specific Executive Director/Chief Officer.

It is recommended that as far as possible nothing should be reported to the Board or to PP&RC that has not already been reviewed by the responsible Governance Committee (GC). This is to ensure that the formal structures of the Board (and the accountability of individual GCs) are not compromised.

3.1.3 The Annual Operational Plan (AOP)

The Local Delivery Plan, which was replaced in 2018/19 by the Annual Operational Plan, comprised some 21 Standards. The draft AOP for 2019/20 contains only 12 Targets (11 of which were previous LDP standards). It is recommended that the previous LDP Standards continue to form part of the performance metric data set, but be referred to as "Locally Agreed Standards". Annex A provides a list of the 23 Locally Agreed Standards and new AOP Targets.

3.1.4 Three-Tier Performance Management

Tier 1 - Performance Review By NHS Board and PP&RC

The NHS Board considers a Performance Report each quarter which is the sole means of reporting against locally agreed standards and AOP targets in a single report to the Board (**Quarterly AOP Report**). The information (validated) for this report is drawn from the electronic Integrated Corporate Performance Framework (ICPF) and the Board is asked to note the Quarterly Performance Report and confirm whether it provides sufficient assurance of progress in the delivery of locally agreed Standards and new AOP targets and what further actions are required. It is recommended that either the NHS

Board or PP&RC receive this quarterly report as set out in the timetable in the attached report.

The PP&RC has routinely considered a **Quarterly Integrated Corporate Performance Report** consisting of an Exceptions Report comprising those KPIs rated 'red' or 'amber', with narrative against each provided by its lead Executive Director. Following a review of this centralised approach, and to ensure that the role of individual Governance Committees is not weakened, this report will no longer be produced (effective 1 April 2019).

Tier 2 - Performance Review by Individual Governance Committees (Quarterly)
The attached paper provides details of the review and concludes that the current centralised production of reports for the Board and PP&RC could be construed as weakening the role of individual Governance Committees. The process would be strengthened if individual Governance Committees:

- used the dashboard to draw down performance information which is aligned to their terms of reference;
- review the performance information as a standing agenda item and use this opportunity to review any "Red" rated items with a view to agreeing and monitoring an action plan to return the metric to compliance. KPIs which are of concern, but are not rated as "Red", should also be escalated to the Board / PP&RC;
- use the agreed template for reporting by exception to the PP&RC/NHS Board issues of performance in addition to the other key issues discussed at the Governance Committees (Annex F).

Tier 3 - Chief Executive Performance Review
The Chief Executive meets individually with the Chief Officers of North and South Lanarkshire HSCPs and the Director of Acute Services on a quarterly basis to review KPIs and for assurance on overall performance (unvalidated management information and validated data).

A review has been completed of the existing processes, with Control Measurement Plans introduced/refined for the quarterly reports used to inform the Chief Executive Quarterly Performance Review. It is recommended that this revised approach be introduced from 1st April 2019, with the first report in this new format encompassing the period Quarter 1 2019/20.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☒	AOP	☒	Government policy	☒
Government directive	☐	Statutory requirement	☐	AHF/local policy	☐
Urgent operational issue	☐	Other	☐		

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

Six Quality Outcomes:

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

6. MEASURES FOR IMPROVEMENT

The ICPR provides details of performance across a range of areas using a variety of KPIs and measures.

7. FINANCIAL IMPLICATIONS

None.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The ICPR is provided for assurance purposes. Reports within it will have links to the Risk Register where appropriate.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	☐	Effective partnerships	☒	Governance and accountability	☒
Use of resources	☒	Performance management	☒	Equality	☐
Sustainability	☐				

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

The preparation of this report has involved discussions at the PP&RC development session and with Executive Directors.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	☒	Endorse	☐	Identify further actions	☐
Note	☐	Accept the risk identified	☐	Ask for a further report	☐

The Board is asked to approve the following recommendations:

1. It is recommended that the actions arising from this paper will form part of the action plan arising from the **NHS Scotland Governance Blueprint DL (2019) 02** related to the clarification and strengthening of the corporate performance framework. This was included in the Improvement Plan to be submitted to Scottish Government by the end of April 2019.

2. The **UK Statistics Authority Code of Practice for Statistics** dictates that, only validated data can be used to inform decisions of public bodies, and to be published by these bodies. It is recommended that:
   - we discuss local unvalidated data only within our Board, it should not be put into the public or other domains and is intended for local management purposes only;
   - when discussing other Boards' data, only refer to the validated, published data.

3. It is recommended that as far as possible nothing should be reported to the Board or to PP&RC that has not already been reviewed by the responsible Governance Committee (GC). This is to ensure that the formal structures of the Board (and the accountability of individual GCs) are not compromised.

4. It is recommended that the **previous LDP Standards** continue to form part of the performance metric data set, but be referred to as "Locally Agreed Standards".

5. The Board receives the **Quarterly Annual Operational Plan Performance Report** and is asked to confirm whether it provides sufficient assurance of progress in the delivery of locally agreed Standards and new AOP targets. It is recommended that either the NHS Board or PP&RC receive this quarterly report as set out in the timetable in the attached report.

6. The PP&RC has routinely considered a **Quarterly Integrated Corporate Performance Report** consisting of an Exceptions Report comprising those KPIs rated 'red' or 'amber', with narrative against each provided by its lead Executive Director. It is recommended that this centralised report cease to be produced from 1 April 2019.

7. The **data considered at Tier 1** will be in the public domain and should reflect only validated information as per the UK Statistics Authority Code of Practice for Statistics.

8. It is recommended that the **Governance Committees (Tier 2)** should, for the suite of metrics that they have accountability for, be responsible for the production and submission of appropriate performance assurance reports (quarterly) to the PP&RC and or Board from 1 April 2019 onwards.

9. A review has been completed of the existing processes and **Control Measurement Plans introduced/refined for Acute and NL and SL HSCPs (Tier 3).** It is recommended that this revised approach be introduced from 1st April 2019, with the first report in this new format encompassing the period Quarter 1 2019/20.

10. To facilitate the reporting requirements as detailed in the paper, it is recommended that the schedule of Governance Committees be reviewed and amended, and accept the issues of timing for the 20/21 reporting cycle.

13. FURTHER INFORMATION

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

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May 2019

NHS LANARKSHIRE - REVIEW OF THE INTEGRATED CORPORATE PERFORMANCE FRAMEWORK

DISCUSSION PAPER FOR PP&RC DEVELOPMENT SESSION 24TH APRIL 2019

1. PURPOSE

Board members are asked to consider a series of revisions to the NHS Lanarkshire Integrated Corporate Performance Framework (ICPF). These aim to strengthen the three-tiered approach to performance management split between NHS Board/PP&RC (Tier 1), Governance Committees (Tier 2) and Chief Executive Performance Review (Tier 3).

These changes will then be used to prepare a paper for consideration at the NHS Lanarkshire Board meeting on 29th May. This will then shape the respective responsibilities, accountability and reporting arrangements for the period commencing 1st April 2019.

This review of performance will also be included in the Corporate Governance Improvement Plan to be submitted to Scottish Government.

2. BACKGROUND

The Planning, Performance and Resources Committee (PP&RC) agreed at the meeting in September 2018 to review the Integrated Corporate Performance Framework (ICPF) with the objectives to ensure:

- ICPF remained fit for purpose and aligned to the revised Governance Committee structure to enhance the Board's assurance framework;
- no unnecessary reports were produced which could dilute governance arrangements and lead to an overload of paperwork, potential confusion of responsibility and possible inefficient use of scare resources.

Subsequently, the Director of Planning, Property and Performance has worked with the Board Secretary and the Strategy & Performance Manager to review the ICPF.

The ICPF comprises an electronic online dashboard of **published** data on key indicators, to provide the NHS Board and its PP&RC with **assurance of governance.** The dashboard also provides a single source of published data for wider usage within Health & Social Care (e.g. IJB reports, Annual Review, and Annual Report).

An ICP Report (ICPR) has been submitted to PP&RC since September 2015, with a sub-set of Annual Operational Plan targets submitted to the NHS Board quarterly. Both have evolved and developed in light of local and national changes and, after 3 years of operation, it is now considered timely to reflect on the ICPF and its usage, particularly in relation to its original aim of strengthening governance.

Responsibility for the governance and assurance for each of the ICPR performance indicators sits within an appropriate Governance Committee of the Lanarkshire NHS Board. The current

contents of the ICPF are listed in Annex B, showing all current KPIs and Narrative Reports by responsible Governance Committee.

Governance is further augmented through a programme of performance review meetings when the Board Chief Executive meets individually with the Chief Officers of North and South Lanarkshire HSCPs and the Director of Acute Services on a quarterly basis to review performance measures and for assurance on overall performance. The information considered at these meetings has also formed part of the review.

Lanarkshire NHS Board considered the implications of the new NHS Scotland Governance Blueprint DL (2019) 02 through March and April 2019. Clarification and strengthening the corporate performance framework was one element within this review process, and the actions arising from this paper will form a part of the action plan arising from the Blueprint. This will be included in the Improvement Plan to be submitted to Scottish Government by the end of April 2019.

2.1 Statistical Information– Compliance with the UK Statistics Authority Code of Practice for Statistics

A recurring theme within the PP&RC and NHS Board has been a dissatisfaction with the timing of the performance metrics being considered at each meeting: generally these metrics relate to a period of time long past. For example, the IPCR for the period 1st January to 31st March will not be considered until 26th June PP&RC, three months after the end of the period in question.

This delay is caused by two factors: the calendar of timing of meetings of Governance Committees which consider performance metrics in advance of Board/PP&RC; and the requirement to adhere to the UK Statistics Authority Code of Practice for Statistics.

The UK Statistics Authority Code of Practice for Statistics dictates that, only validated data can be used to inform decisions of public bodies, and to be published by these bodies.

While this ensures the use of accurate and reliable data, it does result in the data being 3, 4 or more months in arrears. The table at Annex G further explains the appropriate usage of validated and unvalidated statistics. In summary, ISD advice is that NHS Boards have a responsibility to:

- Ensure that we discuss local unvalidated data only within our Board, it should not be put into the public or other domains and is intended for local management purposes only;
- When discussing other Boards' data, only refer to the validated, published data.

The period between a patient episode and that episode being coded and validated then forming part of that specialty's performance report will be at least 6 weeks.

This requirement was reinforced in March 2019 when Ed Humpherson, Director General for Regulation, Office for Statistical Regulation, UK Statistics Authority wrote to the Scottish Government issuing a reprimand in relation to the use of unpublished statistics at First Minister's Questions on 28 February 2019.

Therefore, it should be recognised that the role of the NHS Board and PP&RC is not to address pressing operational issues during consideration of the ICPR, rather to consider whether such oversight is being properly considered by the respective Governance Committee and/or Executive Director (i.e. the Board Chief Executive).

2.2 Performance Dashboard & Provision of Performance Information

The on-line dashboard is accessible through Firstport to all who have requested it, broadly this includes Non-Executive Directors, Executive Directors, and a range of senior staff from across NHS Lanarkshire and the Health & Social Care Partnerships.

The dashboard shows all data for quarterly reports to NHS Board and for reports to each PP&R Committee meeting. The purpose of these reports is to provide assurance of governance, i.e., that the individual Governance Committees have a 'grip' on those indicators and narrative topics that they have responsibility for, and are pro-actively managing any variance or exceptions.

The dashboard only contains validated, publishable data, with 100 Key Performance Indicators (KPIs) grouped into three sections: Person Centred Care (47 indicators), Safe Care (27 indicators) and Effective Care (26 indicators). Each KPI is the responsibility of a specific Executive Director/Chief Officer. The dashboard is being further developed during April 2019 to detail which Governance Committee is responsible for each KPI.

The system employed to produce reports is a centralised one. A Board officer pulls off the data for each meeting, identifies anything that is 'red' or 'amber', and sets this out in a written 'Exceptions' paper. Narrative reports are requested from each lead Executive Director (ED) in a standard template format and to an agreed annual reporting plan. These are discussed with each lead ED in terms of the specific KPIs / Narratives that they and their Governance Committee are accountable for, and any additional information inserted into the papers. These are then submitted on behalf of the various Directors and Committees to NHS Board and / or PP&RC.

It is recommended nothing should be reported to the Board or to PP&RC that has not already been reviewed by the responsible Governance Committee (GC), i.e., ICPR material is a summation and confirmation of that which has already been submitted to, and reviewed by, the respective GC. This is to ensure that the formal structures of the Board (and the accountability of individual GCs) are not compromised.

The performance data considered at the BCE Quarterly review meetings with Acute, North and South Chief Officers is a mix of unvalidated (and therefore timeous) management information and validated performance metrics. This data is collated by the respective operational teams and sense-checked by the Director of Planning, Property and Performance before being circulated internally to those attending the respective review meetings.

2.3 The Annual Operational Plan

The Annual Operational Plan (AOP) is the contract with Scottish Government, for delivery by NHS Lanarkshire. There is now a shift from single-year performance trajectories within the AOP to a three-year rolling cycle which mirrors the recent changes to the NHS Finance

Framework. The NHS Lanarkshire Corporate Objectives flow from the AOP each year, which in turn dictate significant elements of the objectives set for Executive Directors and their respective teams.

The Local Delivery Plan, which was replaced in 2018/19 by the AOP, comprised some 21 Standards. The draft AOP for 2019/20 contains only 12 Targets. NHS Lanarkshire continues to measure performance against those previous LDP Standards.

It is recommended that the previous LDP Standards continue to form part of the performance metric data set, but be referred to as "Locally Agreed Standards". Annex A to this paper provides a list of Locally Agreed Standards, and new AOP Targets.

3 THREE-TIER PERFORMANCE MANAGEMENT

3.1 Tier 1 - Performance Review By NHS Board and PP&RC

The NHS Board considers a Performance Report each quarter which is the sole means of reporting against locally agreed standards and AOP targets in a single report to the Board (Quarterly AOP 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. The information for this report is drawn from the electronic Integrated Corporate Performance Framework (ICPF).

The Board is routinely asked to note the Quarterly Performance Report and confirm whether it provides sufficient assurance of progress in the delivery of locally agreed Standards and new AOP targets. It is recommended that the NHS Board or PP&RC receive the Quarterly AOP Performance Report based on the following reporting programme.

QUARTERLY ANNUAL OPERATIONAL PLAN PERFORMANCE REPORT 2019/20		
QUARTER 1	25 September 2019	PP&RC
QUARTER 2	27 November 2019	PP&RC
QUARTER 3	25 March 2020	NHS Board
QUARTER 4	24 June 2020	PP&RC

The PP&RC has routinely considered a **Quarterly Integrated Corporate Performance Report** consisting of an Exceptions Report comprising those KPIs rated 'red' or 'amber', with narrative against each provided by its lead Executive Director. Following a review of this centralised approach, and to ensure that the role of individual Governance Committees is not weakened, it is recommended that this report cease to be produced from 1 April 2019. This is more fully discussed at section 3.2.

As described above, the data considered at Tier 1 will be in the public domain and should reflect only validated information as per the UK Statistics Authority Code of Practice for Statistics.

3.2 Tier 2 - Performance Review by Individual Governance Committees (Quarterly)

A desktop review and informal discussions suggest that centralised production of reports for the Board and PP&RC could be construed as weakening the role of individual Governance Committees.

The process would be strengthened if individual Governance Committees:

- used the dashboard to draw down performance information which is aligned to their terms of reference. (The dashboard will continue to maintained centrally by eHealth);
- review the performance information as a standing agenda item and use this opportunity to review any "Red" rated items with a view to agreeing and monitoring an action plan to return the metric to compliance. KPIs which are of concern, but are not rated as "Red", should also be escalated;
- use the agreed template for reporting by exception to the PP&RC/NHS Board.

This mirrors the process of assurance which is used in compiling and monitoring the Corporate Risk Register and individual G.C. Risk Registers.

It is recommended that the Governance Committees should, for the suite of metrics that they have accountability for, be responsible for the production and submission of appropriate performance assurance reports (quarterly) to the PP&RC and or Board from 1 April 2019 onwards. The Governance Committee meeting programme is listed below and the Performance Assurance Report Template is detailed at Annex F.

Governance Committee Meeting Dates	Q1	Q2	Q3	Q4
Staff Governance Committee	26 Aug 2019	25 Nov 2019	tbc	tbc
Population Health, Primary Care & Community Services Committee (Population Committee)	3 Sept 2019	12 Nov 2019	tbc	tbc
Healthcare Quality Assurance & Improvement Committee (HQAIC)	12 Sept 2019	14 Nov 2019	tbc	tbc
Acute Operational Management Governance Committee (OMC)	18 Sept 2019	20 Nov 2019	tbc	tbc
Planning, Performance & Resources Governance Committee (PP&RC)	25 Sept 2019	27 Nov 2019	tbc	tbc

3.3 Tier 3 - Chief Executive Performance Review

The Chief Executive meets individually with the Chief Officers of North and South Lanarkshire HSCPs and the Director of Acute Services on a quarterly basis to review KPIs and for assurance on overall performance. As described above, the information set contains a mix of unvalidated management information and validated data to allow more real-time performance monitoring and review.

A review has been completed of the existing processes and Control Measurement Plans introduced/refined for Acute and NL and SL HSCPs. This has facilitated a refreshed approach, with agreement reached on the minimum data set (measures, information source and frequency) to be used for the quarterly reports used to inform the Chief Executive Quarterly Performance Review. It is recommended that this revised approach be introduced from 1st April 2019, with the first report in this new format encompassing the period Quarter 1 2019/20.

The agreed list of metrics/ responsibilities to be reported on quarterly are detailed at Annexes C, D and E.

4 SUMMARY OF RECOMMENDATIONS

- An element of the **NHS Scotland Governance Blueprint DL (2019) 02** related to the clarification and strengthening of the corporate performance framework. It is

recommended that the actions arising from this paper will form part of the action plan arising from the Blueprint. This will be included in the Improvement Plan to be submitted to Scottish Government by the end of April 2019.

- The **UK Statistics Authority Code of Practice for Statistics** dictates that, only validated data can be used to inform decisions of public bodies, and to be published by these bodies. It is recommended that:
    - we discuss local unvalidated data only within our Board, it should not be put into the public or other domains and is intended for local management purposes only;
    - when discussing other Boards' data, only refer to the validated, published data.

- The **role of the NHS Board and PP&RC** is not to address pressing operational issues during consideration of the IPCR, rather to consider whether such oversight is being properly considered by the respective Governance Committee and/or Executive Director (i.e. the Board Chief Executive). It is therefore recommended that nothing should be reported to the Board or to PP&RC that has not already been reviewed by the responsible Governance Committee (GC). This is to ensure that the formal structures of the Board (and the accountability of individual GCs) are not compromised.

- It is recommended that the **previous LDP Standards** continue to form part of the performance metric data set, but be referred to as "Locally Agreed Standards". Annex C to this paper provides a list of Locally Agreed Standards, and new AOP Targets.

- The Board/PP&RC receives the **Quarterly Annual Operational Plan Performance Report** and is asked to confirm whether it provides sufficient assurance of progress in the delivery of locally agreed Standards and new AOP targets. It is recommended that the NHS Board or PP&RC receive this quarterly report as detailed in the timetable in the report.

- The PP&RC has routinely considered a **Quarterly Integrated Corporate Performance Report** consisting of an Exceptions Report comprising those KPIs rated 'red' or 'amber', with narrative against each provided by its lead Executive Director. Following a review of this centralised approach, and to ensure that the role of individual Governance Committees is not weakened, it is recommended that this report cease to be produced from 1 April 2019.

- The **data considered at Tier 1** will be in the public domain and should reflect only validated information as per the UK Statistics Authority Code of Practice for Statistics.

- It is recommended that the **Governance Committees** should, for the suite of metrics that they have accountability for, be responsible for the production and submission of appropriate performance assurance reports (quarterly) to the PP&RC and or Board from 1 April 2019 onwards.

- A review has been completed of the existing processes and **Control Measurement Plans introduced/refined for Acute and NL and SL HSCPs.** This has facilitated a

refreshed approach, with agreement reached on the minimum data set (measures, information source and frequency agreed) to be used for the quarterly reports used to inform the Chief Executive Quarterly Performance Review. It is recommended that this revised approach be introduced from 1st April 2019, with the first report in this new format encompassing the period Quarter 1 2019/20.

- Following consideration of these **revisions to the NHS Lanarkshire Integrated Corporate Performance Framework (ICPF)**, it is recommended that a paper be prepared for consideration at the NHS Lanarkshire Board meeting on 29th May. This will then shape the respective responsibilities, accountability and reporting arrangements for the period commencing 1st April 2019.

CONTENTS LIST OF ANNEXES

ANNEX A

TIER 1 - LIST OF LOCALLY AGREED STANDARDS AND NEW AOP TARGETS

Standard / Target (AOP Targets in bold)	Responsible Executive Director
6 weeks diagnostics	**Acute Director**
Early Detection of Cancer	Public Health Director
Cancer 31 days	**Acute Director**
Cancer 62 days	**Acute Director**
Dementia post diagnosis support	Interim Chief Officer, North
TTG	**Acute Director**
18 weeks RTT Acute	Acute Director
12 weeks Outpatient	**Acute Director**
Antenatal booking	Acute Director
IVF	PP&P Director
18 weeks RTT CAMHS	**Interim Chief Officer, North**
18 weeks RTT Psychological Therapies	**Interim Chief Officer, North**
C diff	**NMAHPs Director**
SABs	**NMAHPs Director**
3 weeks drug & alcohol	Interim Chief Officer, North
ABIs	Interim Chief Officer, North
Smoking cessation	Interim Chief Officer, North
48 hour access primary care	Chief Officer, South
Advance booking primary care	Chief Officer, South
Sickness absence	HR Director
A&E 4 hours	**Acute Director**
Mental Health A&E Waiting Times (new AOP target for 2019/20, further details awaited)	**Interim Chief Officer, North**
Financial breakeven	**Finance Director**

ANNEX B

TIER 2 - KPIs BY RESPONSIBLE GOVERNANCE COMMITTEE

(Items in bold are former LDP Standards / new AOP Targets. (N) = Narrative Report)

ACUTE OPERATIONAL MANAGEMENT GOVERNANCE COMMITTEE (OMC)
Antenatal booking
Cancer 31
Cancer 62
18 RTT Acute
TTG
12 weeks outpatients
A&E attendances
A&E admissions
A&E 4 hour compliance
A&E 8 hour compliance
A&E 12 hour compliance
Mental Health A&E Waiting Times
Audiology
Paediatric audiology
Orthoptics
MSK Orthotics
6 weeks Diagnostics

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE (HQAIC)
FCCC – 20 day compliance
FCCC – proportion re staff attitude/behaviour
FCCC – proportion returning
FCCC – reduction upheld by Ombudsman
Early Detection of Cancer
Falls rate
Adverse Events – Cat 1 and 2
HSMR (3 hospital sites)
SABs rate
C diff rate
Staff flu - % overall
Staff flu - % high risk
Staff flu - % medical
Staff flu - % primary care
Staff flu - % nursing
Staff flu - % AHPs
Coding completeness (NHSL and 3 hospital sites)
Antibiotic prescribing
Prescribing costs
Stroke – 1 hr thrombolysis
Stroke - % bundle
Stroke – CI 14 days
Infection Control (N)
HIS/HEI Inspections (N)

ANNEX B cont.

TIER 2 - KPIs BY RESPONSIBLE GOVERNANCE COMMITTEE

POPULATION HEALTH, PRIMARY CARE & COMMUNITY SERVICES GOVERNANCE COMMITTEE (Population Committee)
Smoking cessation
18 RTT CAMHS
18 RTT Psychology
3 weeks Drug & Alcohol
ABIs
Paediatric S&LT
Dietetics
MSK Podiatry
S&LT
Podiatry domiciliary visits
Dementia PDS
Non-MSK Podiatry
Paediatric OT
MSK OT
MSK Physio
Rheumatology OT
Primary Care 48 hours
Primary Care Advance Booking
Oral Health
Primary Care Out of Hours (N)
Delayed Discharges (N)
Family Nurse Partnership
Health Visitor staffing
Breastfeeding (N)

PLANNING, PERFORMANCE AND RESOURCES GOVERNANCE COMMITTEE (PP&RC)
IVF
Cleaning Standards (NHSL and 3 hospital sites)
Financial Breakeven
Efficiency Savings
eHealth Strategy (N)
Asset Management (N)
Fire Safety (N)
SCART compliance (N)

ANNEX B cont.

TIER 2 - KPIs BY RESPONSIBLE GOVERNANCE COMMITTEE

STAFF GOVERANCE COMMITTEE
% vacancy
% total vacancy / absence
% sickness
% annual leave / PH
% mat/pat leave
% other leave
Equality & Diversity (N)
Culture & Values (N)
LearnPro Training (N)
Leadership Development (N)
HASAW (N)

ID	Measure
1. NHS Scotland Summary	
1.1	**Performance Summary**
2. Unscheduled Care	
2.1	**ED attendances**
2.2	**4 hour compliance** (AOP) % of patients waiting less than 4 hours from arrival to admission, discharge or transfer from A&E
2.3	**OBD for Emergency Admissions (Inc Transfers)** All Specialties
3. Planned Care	
3.1	**TTG 12 weeks (completed waits)** (AOP) % of patients who are currently waiting less than the 12 week treatment time guarantee
3.2	**NHSL Outpatient 12wks** (AOP) % of outpatients who at the defined census point are currently waiting less than the 12 week waiting time standard for a new appointment
3.3	**% DNA Rate - New & Peer Upper Quartile**
3.4	**Hospital Length of Stay & Peer Upper Quartile Elective & Non Elective**
4. Safe Care	
4.1	**HSMR**
4.2	**Rate of falls with harm**
4.3	**Rate of pressure ulcers**
4.4	**Cardiac arrest rate**
4.5	**30 day % mortality in patients with sepsis**
4.6	**Stroke - % thrombolysis within 1 hour**
4.7	**Stroke - % compliance Stroke Care Bundle**
5. HR Acute Report - Efficiency & Productivity	
5.1	**Workforce (incl. Sickness Absence)** (AOP)
6 . Financial Report	
6.1	**Acute & Corporate Division** (AOP)

ANNEX D

TIER 3 - NORTH LANARKSHIRE HSCP – QUARTERLY MEASUREMENT PLAN

KPI
Alcohol Brief Interventions
Alcohol Brief Interventions Cumulative Total
6 - 8 wk review. Completed within 10 weeks
Breastfeeding % exclusive at 6-8 weeks
Cervical Screening
Immunisations % 2year olds
Immunisations % 5 year olds
Addictions - completed
Addictions - ongoing waits
27 - 30 month Child Health Surveillance - No Concerns
Delayed Discharges Bed days standard delays
Delayed Discharges - % discharged within 72 hours
A&E Attendances - North
Emergency Admissions - North
UC Bed Days: All specialties
Readmissions to hospital within 7 days of discharge
Readmissions to hospital within 28 days of discharge
Mental Health Inpatient Activity – Admissions
Mental Health Inpatient Activity – Length of Stay
Mental Health Inpatient Activity – Bed Days
Dementia QOF Registers
Dementia PDS 5 Pillars Outcomes
Dementia Post Diagnostic Support
18 Week RTT Performance – CAMHS (AOP)
CAMHS - mean adjusted average wait
CAMHS - new patients seen per WTE
18 Week RTT Performance – Psychology (LDP) (NHSL)
Consultant Outpatient WT - Adult Mental Health - 12wks
Consultant Outpatient WT - Older Adult Psychiatry - 12wks
Consultant Outpatient WT - Learning Disability - 12wks (NHSL)
Admission to MH Wards: Proportion NHSL patients
Consultant Outpatient WT - Paediatrics - 12 wks
MSK Physiotherapy - 12wks (NHSL)
MSK Podiatry - 12wks
Podiatry - 12wks
Podiatry - domiciliary visits - 12wks
SLT - Paediatrics - 12wks

SLT - Adult - 12wks
Audiometry - Paediatric - 12wks
Audiometry - Adult - 12wks
Dietetics - 12wks
Occupational Therapy - Paediatric - 12wks
Complaints
Sustain and embed successful smoking quits, at 12 weeks post quit, in 40% of SIMD areas.
RIDDORs
Category 1 Incidents
Category 2 Incidents
Category 3 Incidents
SAERs
Moving & Handling Training (Level 1)
PAMOVA Training (Level 1)
Resuscitation Training (Level 1)
Fire Safety Training
Hand Hygiene
Safe information Handling
Child Protection Awareness
Staff flu vaccination (NHSL)
Percentage of LAC Health Needs Assessments completed within 4 weeks of notification
Turas Compliance
Breakeven Position (LDP) Including Prescribing (£000)
Breakeven Position (LDP) Excluding Prescribing (£000)
Sickness Absence (LDP)

ANNEX E

TIER 3 - SOUTH LANARKSHIRE HSCP – QUARTERLY MEASUREMENT PLAN

KPI
Alcohol Brief Interventions (LDP)
Alcohol Brief Interventions (LDP) Cumulative Total
6 - 8 wk review. Completed within 10 weeks
Breastfeeding % exclusive at 6-8 weeks
Cervical Screening
Immunisations % 2year olds
Immunisations % 5 year olds
Addictions - completed (LDP)
Addictions - ongoing waits (LDP)
27 - 30 month Child Health Surveillance - No Concerns
Delayed Discharges Bed days standard delays
A&E Attendances - South
Emergency Admissions - South
UC Bed Days: All specialties
Readmissions to hospital within 7 days of discharge
Readmissions to hospital within 28 days of discharge - South
PC Out of Hours Home Visit 1 hour
PC Out of Hours Home Visit 2 hours
PC Out of Hours PCEC 1 hour
P C Out of Hours PCEC 2 hours
Mental Health Inpatient Activity – Admissions
Mental Health Inpatient Activity – Length of Stay
Mental Health Inpatient Activity – Bed Days
Dementia QOF Registers
Dementia PDS 5 Pillars Outcomes
Dementia Post Diagnostic Support
18 Week RTT Performance – CAMHS (LDP)
18 Week RTT Performance – Psychology (LDP) (NHSL)
Consultant Outpatient WT - Adult Mental Health - 12wks
Consultant Outpatient WT - Older Adult Psychiatry - 12wks
Consultant Outpatient WT - Learning Disability - 12wks (NHSL)
MSK Physiotherapy - 12wks (South)
MSK Physiotherapy - 12wks (NHSL)
MSK Podiatry - 12wks
MSK OT South
Podiatry - 12wks
Podiatry - domiciliary visits - 12wks

SLT - Paediatrics - 12wks
SLT - Adult - 12wks
Audiometry - Paediatric - 12wks
Audiometry - Adult - 12wks
Dietetics - 12wks
Occupational Therapy - Paediatric - 12wks
Complaints
Sustain and embed successful smoking quits, at 12 weeks post quit, in 40% of SIMD areas. (LDP)
RIDDORs
Category 1 Incidents
Category 2 Incidents
Category 3 Incidents
SAERs
Moving & Handling Training (Level 1)
PAMOVA Training (Level 1)
Resuscitation Training (Level 1)
Fire Safety Training
Hand Hygiene
Safe information Handling
Child Protection Awareness
Staff flu vaccination (NHSL)
Turas Compliance
Breakeven Position (LDP) Including Prescribing (£000)
Breakeven Position (LDP) Excluding Prescribing (£000)
Sickness Absence (LDP)

GOVERNANCE COMMITTEE - REPORT TEMPLATE

COMMITTEE NAME: CHAIR AND COMMITTEE COMMENTS

COMMITTEE NAME (Meeting on XX XXXX 2019)

Key Issues Considered (including performance areas for escalation and actions)
1. 2. 3.
Any Decisions / Approvals taken to highlight
Any risks identified that need to be highlighted

TABLE BASED ON THE CODE OF PRACTICE FOR STATISTICS – USE OF VALIDATED AND UNVALIDATED STATISTICS **ANNEX G**

PURPOSE	DATA TYPE	USED FOR	PROS	CONS
Assurance and Governance	Validated, published nationally	• Board and Committee assurance and governance; • Public publication; • Other sharing.	• Accurate and reliable; • Consistent over time; • Matches what is published / available elsewhere (Scotland Performs, ISD); • Complies with UK National Statistics and other legal requirements; • Can be shared / used anywhere.	• Time lag – can be 3, 6 or more months in arrears.
Service management and improvement	Unvalidated, local	• Local internal performance monitoring and review; • Local Management Information only.	• Up to the minute, fresh; • Locally available.	• Not absolutely accurate – can change over time; • Can change daily – depends when you draw data off; • Should not be publicly published or shared.
Benchmarking - to compare NHSL against other Boards: At Governance / Assurance level	Validated, published data, matching that used in other nationally available reports – e.g., Scotland Performs, ISD website	• Board and Committee assurance and governance; • Public publication; Other sharing.	• Accurate and reliable; • Consistent over time; • Matches what is published / available elsewhere (Scotland Performs, ISD); • Complies with UK National Statistics and other legal requirements; • Can be shared / used anywhere.	• Time lag – can be 3, 6 or more months in arrears.
At operational / management level	Discovery - validated, unpublished	• Local performance monitoring and review; • Local Management Information only.	• Up to the minute, fresh; • Locally available.	• Not absolutely accurate – can change over time; • Can change daily – depends when you draw data off; • Should not be publicly published or shared.