

Meeting of:  
NHS Board  
24<sup>th</sup> June 2020

Lanarkshire NHS Board  
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**SUBJECT: QUARTERLY PERFORMANCE REPORT - Quarter 4, 2019/20**

**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"/>
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The Board is asked to note the attached Quarterly Performance Report for Quarter 4, which describes progress against the Annual Operational Plan Targets for 2019/20, and Locally Agreed Standards.

An update on current performance (unvalidated data) across a range of key indicators will be provided by way of a PowerPoint presentation at the Board meeting.

**2. ROUTE TO THE BOARD**

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by Roslyn Rafferty, Strategy & Performance Manager.

**3. SUMMARY OF KEY ISSUES**

**3.1 Response to COVID-19**

In line with other NHS Boards, NHS Lanarkshire faces unprecedented challenges in managing the response to the COVID-19 pandemic. While it is recognised that this is a fast moving situation and is subject to continual change, it is also widely accepted that effective management of the situation required some changes to the existing corporate governance system. In recognition of the Public Health emergency, approval to revise governance arrangements across NHS Boards was given by the Scottish Government Director of Health Finance, Corporate Governance and Value in a letter to Board Chairs dated 26<sup>th</sup> March 2020

In response, Lanarkshire NHS Board approved revised corporate governance arrangements on 29<sup>th</sup> April 2020 to ensure that the governance arrangements effectively support the Board's management of the public health emergency whilst providing essential scrutiny and assurance. These proposals were discussed with the Internal and External Auditor(s). The revised arrangements included:

- standing down of the Performance, Planning and Resources Committee, the Acute Governance Committee and the Population Health, Primary Care and Community Services Governance Committee;
- agreement to hold virtual monthly Board meetings;
- conducting virtual meetings of the Audit Committee, Staff Governance Committee, and the Healthcare Quality Assurance and Improvement Committee, as and when required, to provide scrutiny, assurance and oversight of key aspects of the COVID 19 Mobilisation Plan and resilience response.

These changes have impacted on a number of aspects of Committee business and, in relation to performance management reporting, the operating Governance Committees are unable at this time to produce and submit appropriate performance assurance (Exception) reports to the NHS Board comprising those KPIs rated 'red' or 'amber' with narrative against each provided by its lead Executive Director. The Board put revised governance arrangements in place in April 2020 in order to allow Directors to focus on the demands placed upon the Board in responding to the global pandemic.

The Cabinet Secretary for Health and Sport has asked that no changes be made to the revised governance arrangements without Scottish Government being sighted on them as NHSScotland continues to operate on an emergency footing.

### **3.2 Performance Management Reporting - Process**

#### **Annual Operational Plan (AOP) for 2019/20**

The Annual Operational Plan (AOP) for 2019/20 was submitted to Scottish Government for approval on 7<sup>th</sup> June 2019, and in August 2019 approval was received to publish it on our website. <https://www.nhslanarkshire.scot.nhs.uk/download/local-delivery-plan/>

#### **Quarter 4 Report**

Annex 1 of this report provides details of performance for 2019/20 AOP Targets and Locally Agreed Standards. The information is drawn from the electronic MiLAN Dashboard Integrated Corporate Performance Framework (ICPF) and reflects the position at 8<sup>th</sup> June 2020. Annex 2 provides a list of the 22 AOP Targets and Locally Agreed Standards and associated RAG Definitions. The following general points should be noted:

- the report presents quarterly data available at the time of writing and as published in the ICPF. This is the ISD validated, published data and is thus in arrears. The Quarter 4 Report comprises data published up to 8<sup>th</sup> June 2020. Further updates can be provided verbally at the meeting;
- the Planning, Performance and Resources Committee (PP&RC) has full access to the entire ICPR, including these Targets and Standards, and, from April 2019 onwards, individual Governance Committees are responsible for the production and submission of appropriate performance assurance (Exception) reports to the NHS Board/PPRC comprising those KPIs rated 'red' or 'amber' with narrative against each provided by its lead Executive Director. *(As detailed at section 3.1, NHS Lanarkshire is operating on an emergency footing and a number of Governance Committees have either been stood down or had their role/focus altered at this time. The Board did so to allow Directors to focus on responding to the global pandemic. Therefore Q4 exception reports were not produced).*

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	Achieving Excellence /local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

#### 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"/>
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##### *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 Annual Operational Plan each contribute to one or more of the above Ambitions and 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 NHS 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	<input checked="" type="checkbox"/>
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				accountability	
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 new AOP Targets and Locally Agreed Standards (former LDP Standards) in a single report to the NHS Board/PP&RC. 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	<input type="checkbox"/>

1. note the impact on Governance Committee roles/focus as a result of the previously agreed changes to corporate governance arrangements, and to enable the focus of Lead Directors on the response to Covid-19;
2. note the Quarterly Performance Report (Q4) and that reports from the Governance Committees are not available at this time to provide assurance about progress in the delivery of the 2019/20 AOP Targets and Locally Agreed Standards; and
3. note that the 2020/21 Quarterly Performance Report (Q1) report will be considered by the NHS Board/PP&RC in September 2020.

## 13. FURTHER INFORMATION

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

Roslyn Rafferty, Strategy & Performance Manager, Telephone: 01698 858210.

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*Colin Lauder*  
*Director of Planning, Property & Performance*

## ANNEXES

Annex 1      **Integrated Corporate Performance Framework Report Quarter 4**  
Annex 2      **List of 2019/20 AOP Targets & Locally Agreed Standards**

## GOVERNANCE COMMITTEE EXCEPTION REPORTS

Exception Reports are usually available from the following committees and considered as part of the individual Governance Committee reporting.

- **Acute Governance Committee** – current status - Committee stood down
- **Population Health, Primary Care & Community Services Committee** – current status - Committee stood down
- **Healthcare Quality Assurance & Improvement Committee** – current status - Committee operating with a revised focus
- **Staff Governance Committee** – current status - Committee operating with a revised focus

ITEM 14



Integrated Corporate Performance Framework | Quarterly Report

Executive Summary

Person Centred Care

KPI	Metric Definition	Responsible Committee	Month	Performance
12 Weeks OP	12 weeks first outpatient appointment (80% with stretch 100%) (Measured on Month End Census)	Acute Governance Committee	Mar 19	89.72
			Jun 19	87.88
			Sep 19	90.81
			Dec 19	93.91
			Mar 20	92.28
18 RTT CAMHS	90% of patients referred for Child & Adolescent Mental Health Services (CAMHS) are to start treatment within 18 weeks of referral	Population Committee	Mar 19	80.90
			Jun 19	58.60
			Sep 19	60.40
			Dec 19	63.60
			Mar 20	65.20
18 RTT Psychology	90% of patients referred for Psychological Therapies are to start treatment within 18 weeks of referral	Population Committee	Mar 19	81.00
			Jun 19	77.00
			Sep 19	81.60
			Dec 19	74.70
			Mar 20	84.70
ABIs	Number of alcohol brief interventions (ABIs) delivered in 2015/16 by setting and inline with ABI Standard Guidance (Annual target for 2019/20 = 7381)	Population Committee	Mar 19	10,101.00
Antenatal Booking SIMD Quintile 1	At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	Acute Governance Committee	Mar 19	87.70
Antenatal Booking SIMD Quintile 2	At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	Acute Governance Committee	Mar 19	90.60
Antenatal Booking SIMD Quintile 3	At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	Acute Governance Committee	Mar 19	91.20
Antenatal Booking SIMD Quintile 4	At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	Acute Governance Committee	Mar 19	92.50
Antenatal Booking SIMD Quintile 5	At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	Acute Governance Committee	Mar 19	93.50
Cancer 31	Proportion (%) of patients beginning treatment within 31 days of decision to treat. (Target 95%)	Acute Governance Committee	Mar 19	97.30
			Jun 19	97.20
			Sep 19	98.00
			Dec 19	99.40
Cancer 62	Proportion (%) of patients beginning treatment within 62 days of urgent referral of suspicion of cancer. (Target 95%)	Acute Governance Committee	Mar 19	96.30
			Jun 19	95.10
			Sep 19	96.20
			Dec 19	96.90
Dementia Support	Ongoing development nationally by ISD in terms of defining a denominator with which to calculate rates / %	Population Committee	Mar 19	
			Mar 20	
Drug & Alcohol	90% of clients referred for drug or alcohol treatment are to be treated within 3 weeks from date of referral received	Population Committee	Mar 19	97.80
			Jun 19	99.20
			Sep 19	99.20
			Dec 19	99.60
IVF	100% of eligible patients screened for IVF treatment within 12 months	PP&RC	Mar 19	100.00
			Jun 19	100.00
			Sep 19	100.00
			Dec 19	100.00
TTG	Proportion of patients that were seen within the 12 week Treatment Time Guarantee (Target = 75%)	Acute Governance Committee	Mar 19	62.08
			Jun 19	72.44
			Sep 19	73.68
			Dec 19	73.05
			Mar 20	66.46
Unscheduled Care - 4 hour Compliance	Standard is for 95% of patients attending emergency departments to wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment (with a stretch aim of 98%)	Acute Governance Committee	Mar 19	91.70
			Jun 19	88.00
			Sep 19	83.00
			Dec 19	77.20
			Mar 20	86.30



## Integrated Corporate Performance Framework | Quarterly Report

### Executive Summary

#### Safe Care

KPI	Metric Definition	Responsible Committee	Month	Performance
Cdiff	Rate of C diff per 1,000 total occupied bed days (Target rate = 0.32)	HQAIC	Mar 19	0.00
SABs Rate	Rate of SABs per 1,000 total occupied bed days (Target rate = 0.24)	HQAIC	Mar 19	0.00



## Integrated Corporate Performance Framework | Quarterly Report

### Executive Summary

#### Effective Care

KPI	Metric Definition	Responsible Committee	Month	Performance
Efficiency Savings	Either cash released, costs avoided or quantified value of productivity gain. (£000)	PP&RC	Mar 19	28,762.00
			Jun 19	6,111.00
			Sep 19	14,639.00
			Dec 19	14,984.00
			Mar 20	21,511.00
Financial Breakeven	Agreed resource limit less expenditure on an accruals basis in line with NHS accounting manuals and financial reporting standards (£000). (-) denotes overspend.	PP&RC	Mar 19	288.00
			Jun 19	-624.00
			Sep 19	-808.00
			Dec 19	-191.00
			Mar 20	0.00
Workforce - Sickness	As per national agreed definitions and CMT HR Report	Staff Governance	Mar 19	5.10
			Jun 19	5.40
			Sep 19	5.70
			Dec 19	6.00

**QUARTERLY BOARD PERFORMANCE REPORT**  
**Quarter 4, January – March 2020**

**List of 2019/20 AOP Targets and Locally Agreed Standards – Assurance of Governance of ‘red’ and ‘amber’ Standards**

(AOP Targets are listed in bold)

<b>Key Performance Indicator</b>	<b>AOP Target/ Locally Agreed Standard</b>	<b>RAG</b>	<b>Governance Committee</b>
<b>6 weeks diagnostics</b>	<b>95%</b>	Green – 95% and above Amber - 90-94.9% Red - below 90%	Acute Governance Committee
Early Detection of Cancer	29.9%	This standard was to be achieved in the 4 years to December 2015. Data is published more than one year in arrears. Given that (a) the original target date for achievement has passed and we failed (Red), and (b) data is published annually and in arrears, the value of more specific RAG work is questioned at this stage.	HQAIC
<b>Cancer 31 days</b>	<b>95%</b>	Green – 95% and above Amber - 90-95% Red - below 90%	Acute Governance Committee
<b>Cancer 62 days</b>	<b>95%</b>	Green – 95% and above Amber - 90-95% Red - below 90%	Acute Governance Committee
Dementia Post Diagnosis Support	tbc	Awaiting target numbers from SG	Population Committee
<b>TTG</b>	<b>75%</b>	Green – 75% Amber – 70% to 74.9% Red - below 70%	Acute Governance Committee
<b>12 weeks Outpatient</b>	<b>80%</b>	Green – 80% and above Amber – 75% to 79.9% Red - below 75%	Acute Governance Committee
Antenatal Booking	80%	Green – sustain 80% or above Amber – if any quintile falls below 80% in any reporting period (annual, ISD, one year lag); Red – if any quintile remains below 80% into a second reporting period.	Acute Governance Committee
IVF	90%	Green – 90% and above Amber - 85-89.9% Red - below 85%	Planning, Performance & Resources Committee
<b>18 weeks RTT CAMHS</b>	<b>90%</b>	Green – 85% and above Amber – 80% to 85% Red – less than 80%	Population Committee
<b>18 weeks RTT Psychology</b>	<b>90%</b>	Green – 85% and above Amber – 80-85% Red – less than 80%	Population Committee
<b>C diff</b>	<b>tbc</b>	From January 2019 Health Protection Scotland introduced a new method of calculation to bring reporting in line with other countries across Europe.	HQAIC
<b>SABs</b>	<b>tbc</b>	The new Standards on Healthcare Associated Infections and Indicators on Antibiotic Use for Scotland were released on 10 October 2019. NHS Lanarkshire is currently developing local AOP standards which will be applied retrospectively from April 2019 onwards. The new standards will be applied during November 2019. Due to the change in calculation methods, no comparisons can be made with statistics from Jan 2019 onwards with previous SABs/C.Diff statistics. The ICPF will be revised to reflect the new developments.	HQAIC



3 Weeks Drug & Alcohol	90%	Green – 90% and above Amber – 85-90% Red – below 85%	Population Committee
ABIs	7,381	Green – 7,381 and above Amber – 7,012 – 7,380 Red – less than 7,012	Population Committee
Smoking cessation	902	Green – 902 and above Amber – 739 – 901 Red – less than 739	Population Committee
48 hour access primary care	90%	Green – 90% or more Amber – 80% - 89.9% Red – below 80%	Population Committee
Advance booking primary care	90%	Green – 90% or more Amber – 80 – 89.9% Red – below 80%	Population Committee
Sickness absence	4%	Green – 4% or less Amber – 4.1% - 6% Red – 6.1% or more	Staff Governance
<b>A&amp;E 4 hours</b>	<b>Monklands 95%</b>	Green – 95% and above Amber – 92.3% to 94.9% Red - below 92.3%	Acute Governance Committee
	<b>Hairmyres &amp; Wishaw 92.5%</b>	Green – 92.5% and above Amber – 90% to 92.4% Red - below 90%	
<b>Mental Health A&amp;E Waiting Times</b>	<b>To be determined by SG – new entry in 2019/20 AOP</b>		
<b>Financial Breakeven</b>	Year-end target versus current viable plan at each month of the year.	Risk will be assigned by the Director in line with the Risk Register entry:  Green - low risk Amber - medium risk Red - high risk	Planning, Performance & Resources Committee