

Meeting of:
NHS Board
25th March 2020

Lanarkshire NHS Board
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SUBJECT: QUARTERLY PERFORMANCE REPORT - Quarter 3, 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 3, which describes progress against the Annual Operational Plan Targets for 2019/20, and Locally Agreed Standards.

This report has been prepared by Roslyn Rafferty, Strategy & Performance Manager.

2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input checked="" type="checkbox"/>
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by the Corporate Management Team on 16th March 2020.

3. SUMMARY OF KEY ISSUES

Annual Operational Plan (AOP) for 2019/20

The Annual Operational Plan (AOP) for 2019/20 was submitted to Scottish Government for approval on 7th 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 3 Report

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 12th March 2020. During 2019/20 an extract from the ICPF was included within this report, however, due to technical difficulties it has not been possible to include the extract for Quarter 3. To address this, the relevant performance information has been detailed within the table at Annex 1. 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 3 Report comprises data published up to 12th March 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. These Governance Committee exception reports will be considered as part of the individual Governance Committee reporting.
- this report seeks to provide summary information on performance against AOP Targets and Locally Agreed Standards (former LDP Standards), 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.

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 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 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"/>

The Board is asked to:

1. note the Quarterly Performance Report (Q3) and confirm whether the reports from the Governance Committees (reported and considered under each Governance Committee agenda item) provide sufficient assurance about progress in the delivery of the 2019/20 AOP Targets and Locally Agreed Standards; and

2. note that the Quarterly Performance Report (Q4) report will be considered by the PP&RC in June 2020.

13. FURTHER INFORMATION

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

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

Colin Lauder
Director of Planning, Property & Performance

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QUARTERLY BOARD PERFORMANCE REPORT
Quarter 3, October – December 2019

ANNEX 1

LIST OF 2019/20 AOP TARGETS AND LOCALLY AGREED STANDARDS - ASSURANCE OF GOVERNANCE OF 'RED' AND 'AMBER' STANDARDS

(AOP Targets are listed in bold)

Key Performance Indicator	AOP Target/ Locally Agreed Standard	RAG	Date of Data	Performance/Rating	Governance Committee
6 weeks diagnostics	95%	Green – 95% and above Amber - 90-94.9% Red - below 90%	Dec 19	87.5% (Red)	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.	Dec 18	24.8% (Red)	HQAIC
Cancer 31 days	95%	Green – 95% and above Amber - 90-95% Red - below 90%	Sept 19	98% (Green)	Acute Governance Committee
Cancer 62 days	95%	Green – 95% and above Amber - 90-95% Red - below 90%	Sept 19	96.2% (Green)	Acute Governance Committee
Dementia Post Diagnosis Support	tbc	NHS Lanarkshire has been awaiting the definition of this target for a significant period and details have yet to be published by the SG.	tbc	tbc	Population Committee
TTG	75%	Green – 75% Amber – 70% to 74.9% Red - below 70%	Dec 19	73.05% (Amber)	Acute Governance Committee
12 weeks Outpatient	80%	Green – 80% and above Amber – 75% to 79.9%	Dec 19	93.91% (Green)	Acute Governance Committee

		Red - below 75%			
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.	Mar 19	SIMD Quintile 1 87.7% (Green) SIMD Quintile 2 90.6% (Green) SIMD Quintile 3 91.2% (Green) SIMD Quintile 4 92.5% (Green) SIMD Quintile 5 93.5% (Green)	Acute Governance Committee
IVF	90%	Green – 90% and above Amber - 85-89.9% Red - below 85%	Dec 19	100% (Green)	Planning, Performance & Resources Committee
18 weeks RTT CAMHS	90%	Green – 85% and above Amber – 80% to 85% Red – less than 80%	Dec 19	63.80% (Red)	Population Committee
18 weeks RTT Psychology	90%	Green – 85% and above Amber – 80-85% Red – less than 80%	Dec 19	74.70% (Red)	Population Committee
C diff	tbc	From January 2019 Health Protection Scotland introduced a new method of calculation to bring reporting in line with other countries across Europe. The new Standards on Healthcare Associated Infections and Indicators on Antibiotic Use for Scotland were released on 10 October 2019. NHS Lanarkshire has developed local AOP standards which will be applied retrospectively. 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.	tbc	tbc	HQAIC
SABs	tbc		tbc	tbc	HQAIC
3 Weeks Drug & Alcohol	90%	Green – 90% and above Amber – 85-90% Red – below 85%	Sept 19	99.20% (Green)	Population Committee
ABIs	7,381	Green – 7,381 and above Amber – 7,012 – 7,380	Mar 19	10,101 (Green)	Population Committee

		Red – less than 7,012			
Smoking cessation	902	Green – 902 and above Amber – 739 – 901 Red – less than 739	Mar 18	2,401 (Green)	Population Committee
48 hour access primary care	90%	Green – 90% or more Amber – 80% - 89.9% Red – below 80%	Mar 18	90.9% (Green)	Population Committee
Advance booking primary care	90%	Green – 90% or more Amber – 80 – 89.9% Red – below 80%	Mar 18	59% (Red)	Population Committee
Sickness absence	4%	Green – 4% or less Amber – 4.1% - 6% Red – 6.1% or more	Dec 19	6% (Amber)	Staff Governance
A&E 4 hours	Monklands 95%	Green – 95% and above Amber – 92.3% to 94.9% Red - below 92.3%	Dec 19	80.6% (Red)	Acute Governance Committee
	Hairmyres 92.5%	Green – 92.5% and above Amber – 90% to 92.4% Red - below 90%	Dec 19	72.1% (Red)	
	Wishaw 92.5%	Green – 92.5% and above Amber – 90% to 92.4% Red - below 90%	Dec 19	78% (Red)	
Mental Health A&E Waiting Times	To be determined by SG – new entry in 2019/20 AOP		-	-	-
Financial Breakeven	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	Dec 19	-191.00 (Green)	Planning, Performance & Resources Committee