

Meeting of:  
NHS Board  
25<sup>th</sup> November 2020

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**SUBJECT: QUARTERLY PERFORMANCE REPORT - Quarter 2, 2020/21**

**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 Quarterly 2 Performance Report, which describes progress against the draft 2020/21 Annual Operational Plan (AOP) Targets and Locally Agreed Standards. In addition, the Board is asked to note the local and national work underway in relation to the review of Key Performance Indicators (KPIs), known as Active Governance.

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 16<sup>th</sup> November 2020.

**3. SUMMARY OF KEY ISSUES**

**3.1 Response to COVID-19**

As reported previously, NHS Lanarkshire faces unprecedented challenges in managing the response to the COVID-19 pandemic. NHSScotland has been on an emergency footing since March 2020 and will continue to operate on this basis until at least 31<sup>st</sup> March 2021.

As noted at the July Board, NHS Lanarkshire introduced revised corporate governance arrangements to support the Board's management of the public health emergency whilst providing essential scrutiny and assurance. As such, Governance Committees stood down meeting on a virtual basis to provide scrutiny, assurance and oversight of key aspects of the COVID-19 Remobilisation 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 appropriate performance assurance (Exception) reports to the NHS Board detailing those KPIs rated 'red' or 'amber'.

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

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

### **3.2.1 Draft Annual Operational Plan (AOP) for 2020/21**

As outlined in the Quarter 1 report, the AOP for 2020/21 remains a draft and those targets which have been amended or first introduced for the AOP 20/21 remain under development and are yet to be reflected within the Integrated Corporate Performance Framework (ICPF).

### **3.2.2 Quarter 2 Report**

Annex 1 of this report provides details of performance against the 2020/21 draft AOP Targets and Locally Agreed Standards. This information is usually drawn from the electronic MiLAN Dashboard Integrated Corporate Performance Framework (ICPF). As noted above, the ICPF has not yet been updated to reflect the draft 20/21 AOP targets and the performance information reflected in Annex 1 is drawn from both the ICPF and the Scotland Performs NHSScotland website, reflecting the position at 11th November 2020. The following general points should be noted:

- the report presents quarterly data available at the time of writing and as published in the ICPF and the Scotland Performs NHSScotland website. This is the ISD validated, published data and is thus in arrears. The Quarter 2 Report comprises data published up to 11<sup>th</sup> November 2020. Further updates can be provided verbally at the meeting;
- the Planning, Performance and Resources Committee (PP&RC) has full access to the entire ICPF, 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 these Governance Committee are unable at this time to produce Q2 exception reports).*

## **3.3 Review of Performance Management – Key Performance Indicators (KPIs)**

### **3.3.1 Corporate Objectives 2020/21**

As agreed at the August NHS Board meeting, the 2020/21 Corporate Objectives (approved in March 2020) were re-visited during September 2020. A small number of KPIs were amended to reflect the implications of responding to COVID-19, including the impact on previously agreed performance trajectories. The 20/21 Corporate Objectives have been revised and a Mid-Year progress report has been prepared for consideration at the November NHS Board meeting (as per the existing reporting programme timetable).

### 3.3.2 Key Performance Indicators (KPIs)

Work has continued to review the Key Performance Indicators (KPIs) reported on as part of the quarterly AOP reports and Chief Executive Performance Review meetings with the operating divisions. It is anticipated that this work will be concluded and the new format operational from April 2021.

### 3.3.3 Active Governance

At the request of the Cabinet Secretary, work is underway at a national level to review the KPIs routinely reported to each NHS Board for assurance and governance purposes. This work is being led by NHS Board Chairs and information is currently being collated with a view to developing a “core” list of KPIs. Once agreed, this “core” list of KPIs will be the minimum that would be reported to NHS Boards. Individual NHS Boards will, of course, be able to enhance the list and report on additional KPIs to reflect local priorities as outlined in section 3.3.2.

NHS Lanarkshire will be a pilot Board for this work and as such Board Members and other officers have been invited to a development session with the Active Governance project team on 3 February 2020

## 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 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

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 checked="" type="checkbox"/>

The Board is asked to:

1. note the impact on Governance Committee roles/focus as a result of the previously agreed and ongoing changes to corporate governance arrangements;
2. note the Quarterly Performance Report (Q2) and that reports from the Governance Committees are not available at this time to provide assurance about progress in the delivery of the 2020/21 draft AOP Targets and Locally Agreed Standards;
3. note that the 2020/21 Corporate Objectives have been revised and a mid-year report prepared for the November NHS Board meeting;
4. note that work is underway to review the Key Performance Indicators (KPIs) reported through the Quarterly AOP reports and Chief Executive Performance Review meetings;
5. note that a national review of KPIs has commenced under the banner of “Active Governance” and that NHS Lanarkshire will be a pilot Board for this project;
6. note that the 2020/21 Quarterly Performance Report (Q3) report will be considered by the NHS Board in March 2021.

### **13. FURTHER INFORMATION**

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

Roslyn Rafferty, Strategy & Performance Manager, Telephone: 01698 752843.

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

### **ANNEXES**

**Annex 1**      **Quarter 2, July – Sept 2020, 2020/21 DRAFT Annual Operational Plan (AOP) Targets and Locally Agreed Standards – Assurance of Governance of ‘red’ and ‘amber’ 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

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QUARTERLY BOARD PERFORMANCE REPORT  
Quarter 2, July – September 2020

ANNEX 1

2020/21 DRAFT Annual Operational Plan (AOP) Targets and Locally Agreed Standards – Assurance of Governance of ‘red’ and ‘amber’ Standards

(DRAFT 2020/21 AOP Targets are shaded in light blue)

Person Centred Care					
Key Performance Indicator	DRAFT AOP Target/ Locally Agreed Standard	RAG	Date of Data	Performance/ Rating	Governance Committee
ABIs	7,381	Green – 7,381 and above Amber – 7,012 – 7,380 Red – less than 7,012	Mar '20	11,263 (Green)	Population Committee
Advance booking primary care	90%	Green – 90% or more Amber – 80 – 89.9% Red – below 80%	Mar '20	53% (Red)	Population Committee
<b>A&amp;E - 4 hours</b>	<b>NHSL</b>		Sept '20	87.8%	<b>Acute Governance Committee</b>
	<b>Monklands 95%</b>	Green – 95% and above Amber – 92.3% to 94.9% Red - below 92.3%	Sept '20	85.5% (Red)	
	<b>Hairmyres 92.5%</b>	Green – 92.5% and above Amber – 90% to 92.4% Red - below 90%	Jun '20	88.7% (Red)	
	<b>Wishaw 92.5%</b>		Jun '20	89% (Red)	
<b>A&amp;E - Mental Health Waiting Times</b>	New target for 2019/20 AOP, with methods of tracking being developed				
Antenatal Booking  (ISD update due 24 Nov'20)	80%	Green – sustain 80% or above Amber – if any quintile falls below 80% in any reporting period Red – if any quintile remains below 80% into a second reporting period. (annual, ISD, one-year lag)	Mar '19	89.8% (Green)	Acute Governance Committee
<b>Cancer 31 days</b>	<b>95%</b>	Green – 95% and above Amber - 90-95% Red - below 90%	Jun '20	97% (Green)	Acute Governance Committee
<b>Cancer 62 days</b>	<b>95%</b>	Green – 95% and above Amber - 90-95% Red - below 90%	Jun '20	91% (Amber)	Acute Governance Committee
Dementia Post Diagnosis Support	The dementia post diagnosis support target is still to be defined by SG. Pending an agreed target from SG, NHSL will record the number of people completing the objectives of PDS within 1 year of starting, aiming for 50% completion PDS goals. (NHSL Target of 65%).				<b>Population Committee</b>

Early Detection of Cancer	29.9%	This standard was to be achieved in the 4 years to Dec. 2015, with data 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 (in arrears), the value of more specific RAG work is questioned at this stage.			HQAIC
48-hour access primary care	90%	Green – 90% or more Amber – 80% - 89.9% Red – below 80%	Mar '20	89% (Amber)	Population Committee
<b>18 weeks RTT CAMHS</b>	<b>90%</b>	<b>Green – 85% and above Amber – 80% to 85% Red – less than 80%</b>	<b>Jun '20</b>	<b>40% (Red)-ICPF</b>	<b>Population Committee</b>
IVF (ISD update due 24 Nov'20)	90%	Green – 90% and above Amber - 85-89.9% Red - below 85%	-	The service was paused in March and resumed in July, with additional clinical capacity.	Planning, Performance & Resources Committee
<b>18 weeks RTT Psychology</b>	<b>90%</b>	<b>Green – 85% and above Amber – 80-85% Red – less than 80%</b>	<b>Jun '20</b>	<b>70.8% (Red)</b>	<b>Population Committee</b>
<b>6 weeks diagnostics</b> (ISD update due 24 Nov'20)	<b>95%</b>	<b>Green – 95% and above Amber - 90-94.9% Red - below 90%</b>	<b>Jun '20</b>	<b>33.1% (Red)</b>	<b>Acute Governance Committee</b>
3 Weeks Drug & Alcohol	50%	Green – 90% and above Amber – 85-90% Red – below 85%	Jun '20	98% (Green)	Population Committee
Smoking cessation	902	Green – 902 and above Amber – 739 – 901 Red – less than 739	Mar '20	902 (Green)	Population Committee
<b>TTG</b> (target was 75% for 19/20)	<b>100%</b>	<b>Green – 100% and above Amber – 75.5% to 99.9% Red - less than 75.5%</b>	<b>Jun '20</b>	<b>78.1% (Red)</b>	<b>Acute Governance Committee</b>
<b>12 weeks Outpatient</b> (target was 80% for 19/20)	<b>95%</b>	<b>Green – 95% and above Amber – 77.8% to 94.9% Red – less than 77.8%</b>	<b>Jun '20</b>	<b>32.8% (Red)</b>	<b>Acute Governance Committee</b>
<b>Safe Care</b>					
<b>Key Performance Indicator</b>	<b>DRAFT AOP Target/ Locally Agreed Standard</b>	<b>RAG</b>	<b>Date of Data</b>	<b>Performance/Rat ing</b>	<b>Governance Committee</b>
<b>C diff</b>	<b>14.8</b>	<b>Green 14.8 and below Amber 15.0 to 16.5 Red 16.6 and above</b>	<b>Jun '20</b>	<b>21 (Red)</b>	<b>HQAIC</b>
<b>ECB</b> (Escherichia coli bacteraemia)	<b>33.5</b>	<b>Green 33.5 and below Amber 33.6 to 44.7</b>	<b>Jun '20</b>	<b>50.9 (Red)</b>	<b>HQAIC</b>

(new target for 20/21)		Red 44.8 and above			
SABs	16.1	Green 16.1 and below Amber 16.2 to 17.9 Red 18.0 and above	Jun '20	16 (Green)	HQAIC
<b>Effective Care</b>					
<b>Key Performance Indicator</b>	<b>DRAFT AOP Target/ Locally Agreed Standard</b>	<b>RAG</b>	<b>Date of Data</b>	<b>Performance/Rating</b>	<b>Governance Committee</b>
Sickness absence	4%	Green – 4% or less Amber – 4.1% - 6% Red – 6.1% or more	Aug '20	5.61% (Amber)	Staff Governance
<b>Financial Breakeven</b>	Year-end target versus current viable plan at each month of the year.	<b>Risk will be assigned by the Director in line with the Risk Register entry:</b> Green - low risk Amber - medium risk Red - high risk	Sept '20	-5,065 (Red)	Planning, Performance & Resources Committee
<b>Primary Care Antibiotic Prescribing</b>  (new target for 20/21)	A 10% reduction of antibiotic use in Primary Care (excluding dental) by 2022, using 2015/16 data as the baseline (items/1000/day).	While target and trajectories for 2020/21 are under development, SG has indicated that validated baseline data will be shared with Boards imminently. Once available, local RAG parameters can be assigned around these values.	Mar'20	2.20	HQAIC
<b>Secondary Care Intravenous Antibiotic Prescribing</b>  (new target for 20/21)	Use of intravenous antibiotics in secondary care defined as DDD / 1000 population / day will be no higher in 2022 than it was in 2018.	While target and trajectories for 2020/21 are under development, SG has indicated that validated baseline data will be shared with Boards imminently. Once available, local RAG parameters can be assigned around these values.	Mar'20	0.88	HQAIC
<b>Use of WHO Access Antibiotics</b>  (new target for 20/21)	Use of WHO Access antibiotics (NHSE list) ≥60% of total antibiotic use in acute hospitals by 2022.	While target and trajectories for 2020/21 are under development, SG has indicated that validated baseline data will be shared with Boards imminently. Once available, local RAG parameters can be assigned around these values.	Mar'20	56.6%	HQAIC