Meeting of: **Lanarkshire NHS Board**
NHS Board   **Kirklands**
30th September 2020 **Fallside Road**
                         Bothwell
                         G71 8BB
                         Telephone: 01698 855500
                         www.nhslanarkshire.org.uk

NHS Lanarkshire

SUBJECT: QUARTERLY PERFORMANCE REPORT - Quarter 1, 2020/21

1.   PURPOSE

This paper is coming to the Board:

For approval	☐	For endorsement	☐	To note	☒

The Board is asked to note the attached Quarterly 1 Performance Report, which describes progress against the 2020/21 draft 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).

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

2.   ROUTE TO THE BOARD

This paper has been:

Prepared	☐	Reviewed	☒	Endorsed	☒

by the Corporate Management Team on 21st September 2020.

3.   SUMMARY OF KEY ISSUES

3.1   Response to COVID-19

As reported previously, in line with other NHS Boards, 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 formal notification has now been received from the Scottish Government (SG) which extends the period of emergency footing until at least 31st March 2021.

The briefing paper prepared for the July Board described the revised corporate governance arrangements introduced to effectively support the Board's management of the public health emergency whilst providing essential scrutiny and assurance. Further discussions and changes have since taken place. Following two meetings of the Chairs of the Governance Committees, the Board Chair and the Board Secretary, it was agreed that the Governance Committees that had been stood down should meet on a virtual basis to provide scrutiny, assurance and oversight of key aspects of the COVID-19 Remobilisation Plan and resilience response.

At the time of writing there has been no decision to reconvene the Performance, Planning & Resources Committee.

These changes have continued to impact on a number of aspects of Committee business and, in relation to performance management reporting, performance reporting has been paused due to COVID 19 and the pause of normal activity, allowing the Board and Committees to focus on the response to the pandemic. However, the Board receives a routine update on key performance indicators (unvalidated data) at each of its monthly Board meetings.

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

Work commenced in September 2019 on the draft Annual Operational Plan (AOP) for 2020/21, with draft 4 of the NHSL AOP submitted to SG for approval on 6th March 2020. Since then efforts both locally and nationally have been focused on responding to the COVID-19 pandemic and a formal response to this draft is awaited from SG. The AOP for 2020/21 therefore remains a draft. As such, 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 1 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 10th September 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 1 Report comprises data published up to 10th September 2020. Further updates can be provided verbally at the meeting;
- **as detailed at section 3.1, NHS Lanarkshire is operating on an emergency footing and** these changes have continued to impact on a number of aspects of Committee business. In relation to performance management reporting, performance reporting has been paused due to COVID 19 and the pause of normal activity, allowing the Board and Committees to focus on the response to the pandemic. However, the Board receives a routine update on key performance indicators (unvalidated data) at each of its monthly Board meetings.

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

3.3.1   Corporate Objectives 2020/21

At the August NHS Board meeting, Members reflected on the implications of responding to COVID-19, including the impact on previously agreed performance trajectories. It was agreed that it would be beneficial to re-visit the 2020/21 Corporate Objectives which had been approved in March 2020. It was anticipated that Executive Directors would: review their KPIs during September; provide an updated position to the October Board; and prepare the 20/21 Corporate Objectives Mid-Year progress report for consideration at the November NHS Board meeting (as per the existing reporting programme timetable).

3.3.2   Key Performance Indicators (KPIs)

Work has commenced 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. These were last reviewed during 2018/19, with the recommendations used to inform the current system which has been operational since April 2019.

While performance against AOP targets will always be reported, this is an opportunity to re-assess the relevance of the "legacy" Locally Agreed Standards and other KPIs (reported on through the Chief Executive Performance Review meetings). For example, there is scope for inclusion of specific KPIs to reflect health inequalities, socio-economic factors, environmental sustainability and post COVID-19 changes in approaches to service delivery and staff homeworking. 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's Director of Planning, Property & Performance will chair a sub group leading on this work, ensuring that any conclusions are reported to the NHS Board and reflected timeously in the NHSL performance management reporting processes. A Project Manager has been appointed to support this work and develop plans to constitute a Programme Board, and it is anticipated that this work will concluded and operationalised by April 2021.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☒	AOP	☒	Government policy	☒
Government directive	☒	Statutory requirement	☐	Achieving Excellence /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)	☒

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	☐	Effective partnerships	☐	Governance and accountability	☒

Use of resources	☐	Performance management	☒	Equality	☐
Sustainability	☐				

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

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:

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 (Q1). Changes have continued to impact on a number of aspects of Committee business and, in relation to performance management reporting, performance reporting has been paused due to COVID 19 and the pause of normal activity, allowing the Board and Committees to focus on the response to the pandemic. However, the Board receives a routine update on key performance indicators (unvalidated data) at each of its monthly Board meetings;

3. note that the 2020/21 Corporate Objectives will be re-visited in light of the implications of responding to COVID-19, with an update report prepared for the October 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 the conclusions from this work will be shared with the NHS Board and reflected in NHSL's performance management processes; and

6. note that the 2020/21 Quarterly Performance Report (Q2) report will be considered by the NHS Board/PP&RC in November 2020.

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

QUARTERLY BOARD PERFORMANCE REPORT   **ANNEX 1**
Quarter 1, April – June 2020

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

(**DRAFT 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 '19	10,101 (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
A&E - 4 hours	**NHSL**	-	**Jun '20**	**93.3%**	**Acute Governance Committee**
	Monklands **95%**	**Green – 95% and above** **Amber – 92.3% to 94.9%** **Red - below 92.3%**	**Jun '20**	**94.2% (Amber)**	
	Hairmyres **92.5%**	**Green – 92.5% and above** **Amber – 90% to 92.4%** **Red - below 90%**	**Jun '20**	**94.2% (Green)**	
	Wishaw **92.5%**		**Jun '20**	**91.8% (Amber)**	
A&E - Mental Health Waiting Times	**New target for 2019/20 AOP, with methods of tracking being developed**				
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	89.8% (Green)	Acute Governance Committee
Cancer 31 days	**95%**	**Green – 95% and above** **Amber - 90-95%** **Red - below 90%**	**Mar '20**	**98.3% (Green)**	**Acute Governance Committee**
Cancer 62 days	**95%**	**Green – 95% and above** **Amber - 90-95%** **Red - below 90%**	**Mar '20**	**96.9% (Green)**	**Acute Governance Committee**
Dementia Post Diagnosis Support	Awaiting target numbers from SG				Population Committee
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			HQAIC

Key Performance Indicator	DRAFT AOP Target/ Locally Agreed Standard	RAG	Date of Data	Performance/Rating	Governance Committee
		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.			
48 hour access primary care	90%	Green – 90% or more Amber – 80% - 89.9% Red – below 80%	Mar '18	90.9% (Green)	Population Committee
18 weeks RTT CAMHS	**90%**	**Green – 85% and above** **Amber – 80% to 85%** **Red – less than 80%**	**Jun '20**	**40% (Red)**	**Population Committee**
IVF	90%	Green – 90% and above Amber - 85-89.9% Red - below 85%	Jun '20	No patients were seen during this quarter	Planning, Performance & Resources Committee
18 weeks RTT Psychology	**90%**	**Green – 85% and above** **Amber – 80-85%** **Red – less than 80%**	**Jun '20**	**70.8% (Red)**	**Population Committee**
6 weeks diagnostics	**95%**	**Green – 95% and above** **Amber - 90-94.9%** **Red - below 90%**	**Jun '20**	**33.1% (Red)**	**Acute Governance Committee**
3 Weeks Drug & Alcohol	90%	Green – 90% and above Amber – 85-90% Red – below 85%	Mar '20	99.4% (Green)	Population Committee
Smoking cessation	902	Green – 902 and above Amber – 739 – 901 Red – less than 739	Mar '20	902 (Green)	Population Committee
TTG **(target was 75% for 19/20)**	**100%**	**Green –** 100% and above **Amber – 75.5% to 99.9%** **Red -** less than **75.5%**	**Jun '20**	**78.1% (Red)**	**Acute Governance Committee**
12 weeks Outpatient **(target was 80% for 19/20)**	**95%**	**Green – 95% and above** **Amber – 77.8% to 94.9%** **Red – less than 77.8%**	**Jun '20**	**32.8% (Red)**	**Acute Governance Committee**

Safe Care

Key Performance Indicator	DRAFT AOP Target/ Locally Agreed Standard	RAG	Date of Data	Performance/Rating	Governance Committee
C diff	**14.8**	**Green 14.8 and below** **Amber 15.0 to 16.5** **Red 16.6 and above**	**Mar '20**	**14.2% (Green)**	**HQAIC**
ECB (Escherichia coli bacteraemia) **(new target for 20/21)**	**33.5**	**Green 33.5 and below** **Amber 33.6 to 44.7** **Red 44.8 and above**	**Mar '20**	**45.5 (Red)**	**HQAIC**
SABs	**16.1**	**Green 16.1 and below** **Amber 16.2 to 17.9** **Red 18.0 and above**	**Mar '20**	**20.6% (Red)**	**HQAIC**

Effective Care					
Key Performance Indicator	**DRAFT AOP Target/ Locally Agreed Standard**	**RAG**	**Date of Data**	**Performance/Rating**	**Governance Committee**
Sickness absence	4%	Green – 4% or less Amber – 4.1% - 6% Red – 6.1% or more	Mar '20	5.5% (Amber)	Staff Governance
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**	**Jun '20**	**-2,876 (Green)**	**Planning, Performance & Resources Committee**
Primary Care Antibiotic Prescribing (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). Target and trajectories for 2020/21 are under development.				**HQAIC**
Secondary Care Intravenous Antibiotic Prescribing (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. Target and trajectories for 2020/21 are under development.				**HQAIC**
Use of WHO Access Antibiotics (new target for 20/21)	Use of WHO Access antibiotics (NHSE list) ≥60% of total antibiotic use in acute hospitals by 2022. Target and trajectories for 2020/21 are under development.				**HQAIC**