Meeting of
NHS Board
25th August 2021

Lanarkshire NHS Board
Kirklands
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NHS
Lanarkshire

SUBJECT: RECOVERY - UPDATE REPORT

- **Recovery – National & Local Priorities**
- **Remobilisation Plan 4 (RMP4)**
- **Quarterly AOP Report - Quarter 1, 2021/22**

1.   PURPOSE

This paper is coming to the Board:

For approval	☐	For Assurance	☒	For Information	☒

The Board is asked to note that the Recovery, Remobilisation & Redesign Co-ordinating Group (RRRCG) was stood down in July and re-established in August. The Group will continue to have oversight of the recovery process and development of the Remobilisation Plan 4 (RMP4). Key to this work is the development of information to understand local system pressures and the Board is asked to note early examples of this information.

Scottish Government guidance has been issued in relation to the development of a Remobilisation Plan 4 (RMP4), and a draft will be submitted to the Scottish Government at the end of September. In keeping with the development of previous versions the draft plan will be shared with Board Members once submitted but should not be published formally until agreed by the Board and Scottish Government. Meetings are arranged with Scottish Government officials for October and November to discuss comments on plan.

The Board is further asked to note the Quarter 1 performance report, noting that the format of the reports has been developed and prepared in line with Active Governance principles. The Board is asked to confirm whether this report provides assurance about progress in the delivery of the 2021/22 AOP Targets and Locally Agreed Standards.

The Board is asked to note that a new approach to performance management reporting is being explored. There is an Active Governance workshop taking place in September involving Executive Directors and authors of governance reports. A more detailed paper will be prepared for consideration by the November PPRC.

2.   ROUTE TO THE BOARD

This report has been prepared by Roslyn Rafferty, Strategy & Performance Manager and reviewed by the Corporate Management Team on 16th August 2021.

3.   SUMMARY OF KEY ISSUES

National Context – Response to Covid-19

NHSScotland has been on an emergency footing since March 2020 and will continue to operate in exceptional circumstances throughout 2021/22. Covid-19 has had a significant impact upon NHS Lanarkshire which has been radically mobilised to respond to the acute needs of those affected, whist aiming to deliver scaled-back non-Covid-19 health care services.   NHS Lanarkshire continues to experience challenging service pressures in managing the ongoing impact of the pandemic and the recovery of services.

3.1   Recovery – National & Local Priorities

In April 2021 the Corporate Management Team approved the establishment of a Recovery, Remobilisation & Redesign Co-ordinating Group (RRRCG). This whole system group considers the implications of service recovery approaches to ensure that any unintended consequences have been identified and addressed.

The Group was stood down in July, due to service pressures and the re-instatement of the Strategic Command, but was re-established in August. The RRRCG will continue to support the recovery process and the development of the Remobilisation Plan 4 (RMP4).

The RRRCG will take cognizance of the NHSScotland Recovery Plan priorities, and Scottish Government guidance is expected in August 2021. Early indications are that there will be 6 priorities which will have a target of achieving 95% of outpatients and inpatients seen within 12 months by March 2023. The 6 priorities are likely to be:

- Cancer and diagnostics;
- Emergency care;
- Planned care;
- Covid-19 response;
- Community and Primary Care; and
- Mental Health.

Such targets will be extremely challenging and will require a whole system response in the development and delivery of ambitious service plans and trajectories. A verbal update on this will be provided at the Board meeting.

In relation to local priorities, the RRRCG will identify and discuss local clinical priorities and pressures. Key to this work is the development of information to understand local system pressures and the Board is asked to note early examples of this information. The information at appendix 1 provides details of waiting times and activity undertaken for May and June 2021. This information will continue to be developed to provide a clear picture of service demand and capacity. This will inform the development of service/workforce plans to determine how best to address the backlog.

3.2   Remobilisation Plan 4 (RMP4)

On 20th July 2021 the Scottish Government issued a commissioning pack to NHS Boards asking for a Mid-Year update on their Remobilisation Plan 2021/22 (RMP3). This approach has been adopted in recognition that, when the RMP3 was developed, there was a significant level of

uncertainty around the trajectory of the Covid-19 pandemic, and the associated impact on services.

This Mid-Year update will be called Remobilisation Plan 4 (RMP4) and will reflect on progress to date and set out expectations for the remainder of 2021/22. The commissioning letter and associated guidance document was considered by the Corporate Management Team (CMT) on 26 July and 2 August 2021 and the requirements noted. Namely, the new plan should consist of the following elements:

- **Introduction and brief narrative** - focused on areas where there has been considerable change or development since the commissioning of RMP3. For these areas a short narrative should be included on what these mean for NHSL, including the opportunities and risks they represent.
- **Delivery Planning Template/Progress Update** - a template designed to capture key deliverables, indicators, milestones and risks. These deliverables will largely reflect the work-streams and activities described in the RMP3, with a progress update for April to September 2021 and planned deliverables for October to March 2022. This will be a key tool for monitoring progress and managing risks across the system.
- **Winter Planning Checklist** - this checklist follows a similar approach to previous years, and should also inform the deliverables included in the Delivery Planning Template.
- **Centre for Sustainable Delivery (CfSD) Heat Maps and associated Action Plans** – the expectation is that these two elements will have been developed in conjunction with the CfSD between now and the submission of the RMP4, and should also inform the completion of the Delivery Planning Template.
- **Updated Activity and Performance Templates –** these are updated versions of the templates issued with previous Commissioning Letters and should include projected activity levels and performance trajectories for the next six months.

In addition to the guidance referred to above, the Scottish Government subsequently issued separate supplementary guidance in relation to Mental Health services. This guidance asks that the RMP4 include:

- plans for the use of Mental Health Recovery and Renewal Funds for waiting list reductions in PT and CAMHS and the delivery of the CAMHS Standards. This should include details in relation to engagement plans around mental health plans for CAMHS improvement and how the Board will ensure a focus on whole system working for mental health services going forward.
- a Mental Health section within the delivery planning template providing details in relation to CAMHS, PT, Urgent and Emergency/Unscheduled Care, Primary/Scheduled Care and Perinatal and Maternity Mental Health services.
- within the Mental Health delivery planning template, information (deliverables, activity, milestones etc.) related to the implementation phase of the improvement/recovery plans for PT and CAMHS and information (deliverables, activity, milestones etc.) relating to plans for spending the allocated Recovery and Renewal Funding for CAMHS improvement
- details associated with interdependencies, risks and mitigations (e.g., Level of Covid), restrictions in place (e.g. around distancing, infection control, testing and screening, etc.), workforce capacity, increased demand arising from Covid, estate/ accommodation, transport, training and development, Partnership arrangements, IT infrastructure and Data gaps

- year one NHS Recovery Plan commitments relating to Mental Health within the Mental Health Delivery Template and the NHS Recovery Plan should be flagged in the Strategies/Plans column.

Development Process

The draft RMP4 will be developed by the NHS Lanarkshire Corporate Management Team and the RRRCG over August and early September 2021. The Plan will reflect a whole system approach, providing details of the Lanarkshire response to March 2022 (where possible). The draft Plan will be reviewed by the NHS Lanarkshire Corporate Management Team in September 2021, prior to submission to the Scottish Government by 30th September 2021. The draft will be shared with Board Members for information only, and is not to be published at that stage. Development of the Plan will be an iterative process, with direct SG feedback on the draft being incorporated before the Plan is finalised. This will provide an opportunity to share the draft Plan with the Area Partnership Forum and Area Clinical Forum, ahead of formal consideration of the final draft by the NHS Board.

3.3   Quarter 1, 2021/22 - Performance Reports – Control Charts

The NHSL performance management reports have been reviewed and developed to reflect the principles of Active Governance. That is, where possible, performance management information will no longer be presented in the traditional format with RAG ratings, but will now be presented in a control-chart format/terminology.

The Annual Operational Plan (AOP) Quarter 1, 2021/22 progress report is presented in the new format at appendix 2. These are examples of Key Performance Indicators that could be presented in a control chart format. The Board is asked to consider if this approach meets the Board's assurance requirements. The information used for this report is validated and published, and is drawn from the electronic MiLAN Dashboard Integrated Corporate Performance Framework (ICPF). Versions of this information (in a management information format) would have been available previously to the appropriate Governance Committees.

It should be noted that:

- the AOP targets detailed in the Quarter 1, 2021/22 report are from the draft 2020/21 Annual Operational Plan;
- the control charts detailed at appendix 2 will identify variation; and
- the Planning, Performance and Resources Committee (PPRC) 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 and PPRC for those KPIs that are not on target, with narrative against each provided by its lead Executive Director. NHS Lanarkshire continues to operate on an emergency footing and Governance Committees that were stood down did not produce Q1 exception reports. However, key performance indicators were discussed at each meeting of the NHS Board for assurance.

The development of this new reporting format is an iterative process and further development will encompass elements of the information detailed as above in the "Recovery" section and elements of the RMP4 templates. This information is unvalidated management information.

Future Reporting in 2021/22

The quarterly AOP reports describe progress against the Annual Operational Plan Targets and Locally Agreed Standards. These reports present quarterly data and the information is ISD validated, published data and is thus in arrears.

As reported in previous Board papers, while a draft 2020/21 AOP was prepared for the Scottish Government, planning undertaken in response to the global pandemic superseded further development of AOPs nationally. For 2020/21 and 2021/22 Remobilisation Plans replaced the Annual Operational Plans. The Scottish Government has since indicated that there is no intention to develop AOPs in the future and that these will be replaced with Integrated Operational Plans. Discussions on the Integrated Operational Plan are at an early stage and guidance is awaited from the Scottish Government.

In addition, as noted at section 3.1, Scottish Government guidance is expected in August 2021 in relation to the NHSScotland Recovery Plan priorities. This will require a whole system response and consideration will be required as to how best to reflect these priorities within performance reporting.

When considering the Quarter 1, 2021/22 report, the Board should note a number of factors.
- The 2021/22 quarterly AOP reports report progress against **draft 2020/21** AOP targets which were never formally signed off by the Scottish Government.
- Given the impact of the global pandemic on service delivery, the draft 2020/21 AOP targets have little bearing on the reality of current service provision in Lanarkshire.
- There will be no further AOP targets and these will in time be replaced with Integrated Operational Plan targets.
- Does the current AOP reporting format provide the Board with the assurance needed in relation to service recovery and delivery.

Given the above, work in now underway to consider the format of future performance assurance reports. There is an Active Governance workshop taking place in September involving Executive Directors and authors of governance reports. A paper will be prepared for the November PPRC on the scope of future performance assurance reports, with consideration given to utilising alternative information sources. Namely:

- **actual activity V planned activity information for Acute, CAMHs & PT services** – this information is provided routinely to the Scottish Government and was a requirement of the RMP3 and now the RMP4;
- **information to identify local clinical priorities and pressures** - as described at section 3.1, details of waiting times and activity is available and work is underway to provide a clear picture of service demand and capacity. This will inform the development of service/workforce plans to determine how best to address the waiting list backlog;
- **RMP4 templates** – the RMP4 requires NHSL to provide metrics against specific services. These could be used as an indicator of service recovery and progress.
- **CAMHS and PT national templates** – this information is produced in relation to the Mental Health Recovery and Renewal Funds and will be included within the RMP4 templates;

- **NHSScotland Recovery Plan priorities** – while details are awaited, NHSL will be required to develop service plans and trajectories which perhaps could be used as a mechanism for monitoring progress and managing risks across the system.

As stated above, the outcome from this work will be reflected in a paper to the November PPRC. Such information would be management information and not validated published information which has traditionally been used for quarterly AOP performance reports.

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)	☒

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 Remobilisation Plan will provide details of a number of financial risks which will reported by the Director of Finance.

Any financial implications arising from the recovery of services will be identified and approved prior to service recovery.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The full impact of Covid-19 on activity and finance is not yet known but Covid-19 is recorded on the Corporate Risk Register as a Very High risk, and individual service recovery proposals will encompass an assessment of risk and plans for mitigation.

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 Management	☒				

10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

NHS Lanarkshire recognises that the remobilisation of services, whilst beneficial for both staff and service users, has the potential to have differential impacts on different groups in our community. We are committed to ensuring that as we re-introduce our services, in this new way of working, that we undertake Equality Impact Assessments to help us identify any potential barriers that these new ways of working may present. From there we will take appropriate steps to mitigate or minimise those impacts to ensure our services are as accessible as can be for our population.

11. CONSULTATION AND ENGAGEMENT

Remobilisation Plans are whole system plans for Health and Care Services in Lanarkshire and reflect the response to Covid-19 from NHS Lanarkshire, North Lanarkshire Health & Social Care Partnership and South Lanarkshire Health & Social Care Partnership. The draft RMP4 will be developed by the NHS Lanarkshire Corporate Management Team, inclusive of the Chairs of the Area Partnership Forum and Area Clinical Forum, and the RRRCG over August and early September 2021. The draft RMP4 will be reviewed at the September Board meeting, ahead of submission to the Scottish Government at the end of September. Development of the Plan will be an iterative process, with direct SG feedback on the draft being incorporated before the Plan is completed. This will provide an opportunity to share the Plan with the Area Partnership Forum or Area Clinical Forum.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	☐	Accept the assurance provided	☒	Note the information provided	☒

The Board is asked to:

1. note that the Recovery, Remobilisation & Redesign Co-ordinating Group (RRRCG) was stood down in July and re-established in August and will continue to have oversight of the recovery process;
2. note that SG guidance was issued in relation to the development of a Remobilisation Plan 4 (RMP4) and a draft Plan will be reviewed by the CMT ahead of submission to the Scottish Government at the end of September;
3. note that the draft will be shared with Board Members, but is not to be published at that stage;
4. consider the Quarter 1, 2021/22 performance report, noting that the format of the quarterly performance management reports has been developed with reports now prepared in line with Active Governance principles;

5. confirm whether the Quarter 1, 2021/22 performance report provides assurance about progress in the delivery of the 2021/22 AOP Targets and Locally Agreed Standards; and

6. note that a new approach to performance management reporting is being explored and a paper will be prepared for consideration by the November PPRC.

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

APPENDICES

Appendix 1   Local System Pressures – Waiting Times (Queue) & Activity
Appendix 2   Quarter 1, 2021/22 - Performance Reports – Control Charts

NHS Lanarkshire
Waiting Times Balanced Scorecard
Queue
Date as at: 30/06/2021

Data Source: Acute Data Sourced from OP & TTG Getting Ahead reports, Community from Primary Care Waiting Times Report (data is unvalidated and subject to change)
Data based upon waiting list census taken at a specific point in time (last day of the month)

Outpatient Delivery

		WL Size	Change in WL Size[1]	Waiting >12 Weeks	Waiting >52 Weeks	WL Size Pre-COVID	Waiting >12 Weeks	Waiting >52 Weeks	WL Size Pre-COVID	Waiting >12 Weeks
			Jun-21			May-21			March 2020 (Pre COVID)	
Acute	Total	33503	19511	14241	1112	34972	14684	1560	13992	939
Diagnostic Waiting Times	Total									
	Cystosponge Upper GI [2]									
	Colon Capsule [2]									
Community	Total	16354	3635	5043	623	15386	5253	617	12719	840
Mental Health Waiting Times	Total	1254	-996	125	8				2250	371

TTG Delivery

		WL Size	Change in WL Size[1]	Waiting >12 Weeks	Waiting >52 Weeks	WL Size Pre-COVID	Waiting >12 Weeks	Waiting >52 Weeks	WL Size Pre-COVID	Waiting >12 Weeks
			Jun-21			May-21			March 2020 (Pre COVID)	
Acute	Total	9415	2345	6353	2513	9501	6535	2684	7070	2187
Diagnostic	Total	5342	1579	2217	152	5884	2626	179	3763	1
	Cystosponge Upper GI [2]	55				148	33			
	Colon Capsule [2]	91		6		74	7			

Mental Health Waiting Times

	WL Size	Change in WL Size[1]	Waiting >18 Weeks	Waiting >52 Weeks	WL Size	Waiting >18 Weeks	Waiting >52 Weeks	WL Size Pre-COVID	Waiting >18 Weeks
CAMHS: First Appointment [3]	1517	-367	790	184				1884	358
Psychological Therapies [3]	2329	145	439	21				2184	492
Total	3846	-222	1229	205				4068	850

[1] Change in waiting list size since pre-COVID period - March 2020. A negative change in WL size (highlighted green) means the waiting list has decreased in size, while a positive number means the list has increased.

[2] No pre-covid data as these procedures were introduced post March 2020. These procedures are included in the totals for Colonoscopy and Upper GI

[3] These specialties work towards 18 weeks RTT rather than 12 weeks for 1st new appointment

NHS Lanarkshire
Waiting Times Balanced Scorecard
Activity (New Appointment ONLY)
Date as at: 30/06/2021

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Data Source: Acute Data Sourced from OP & TTG Getting Ahead reports, Community from Primary Care Waiting Times Report (data is unvalidated and subject to change)

Outpatient Delivery

		Jun-21			May-21			June 2019 (Pre-COVID)		
		Total Activity	Base Activity [4]	Additional Activity [5]	Total Activity	Base Activity [4]	Additional Activity [5]	Total Activity	Base Activity [4]	Additional Activity [5]
Acute	Total	9153	6518	2635	8435	6644	1791	11861	7358	2291
Diagnostic Waiting Times	Total									
	Cystosponge Upper GI [2]									
	Colon Capsule [2]									
Community	Total	6354			3857			5202		
Mental Health Waiting Times	Adult Mental Health Clinics	195						212		
	Psychiatry: Addictions	39						44		
	Psychiatry: Eating Disorders	6						1		
	Old Age Psychiatry	174						73		
	Learning Disabilities	9						10		
	CAMHS [3]	76						92		
	Psychological Therapies [3]	667						414		
	Total	1166			0			846		

TTG Delivery

Jun-21			May-21			June 2019 (Pre-COVID)		
Total Activity	Base Activity [4]	Additional Activity [5]	Total Activity	Base Activity [4]	Additional Activity [5]	Total Activity	Base Activity [4]	Additional Activity [5]
1214	1147	67	1110	1043	67	2115	1568	547
1529			1382			1777		
127			28					
59			54					

[1] Change in total activity since pre-COVID period - same month during the 2019/20 financial year

[2] No pre-covid data as these procedures were introduced post March 2020. These procedures are included in the totals for Colonoscopy and Upper GI

[3] These specialties work towards 18 weeks RTT rather than 12 weeks for 1st new appointment as such activity is based upon completed waits for 18 week pathway

[4] Base activity relates to clinics that are part of HCP job plans

[5] Additional activity relates to waiting list initiative and external (i.e. Medinet/Insource) clinics

Quarter 1, 2021/22 - Performance Reports – Control Charts

LIST OF EXAMPLES OF CONTROL CHARTS

12 weeks Outpatients
6 Weeks Diagnostics
Antenatal Booking – SIMD Quintile 1 – 5
Cancer 31-Days
Cancer 62-days
Treatment Time Guarantee (TTG)
Unscheduled Care – 4 Hour Compliance - NHSL
Unscheduled Care – 4 Hour Compliance – UHH
Unscheduled Care – 4 Hour Compliance - UHM
Unscheduled Care – 4 Hour Compliance - UHW
Healthcare Associated Clostridium Difficile Infection (C Diff)
Healthcare Associated Escherichia Coli Bacteraemia Infection (ECB)
Healthcare Associated Staphylococcus Aureus Bacteraemia Infection (SABs)
Primary Care Antibiotic Prescribing
Secondary Care IV Antibiotic Prescribing
Use of WHO Access Antibiotics
18 Weeks RTT - CAMHs
18 Weeks RTT – Psychological Therapies
Alcohol Brief Interventions (ABIs)
3 Weeks Drug & Alcohol
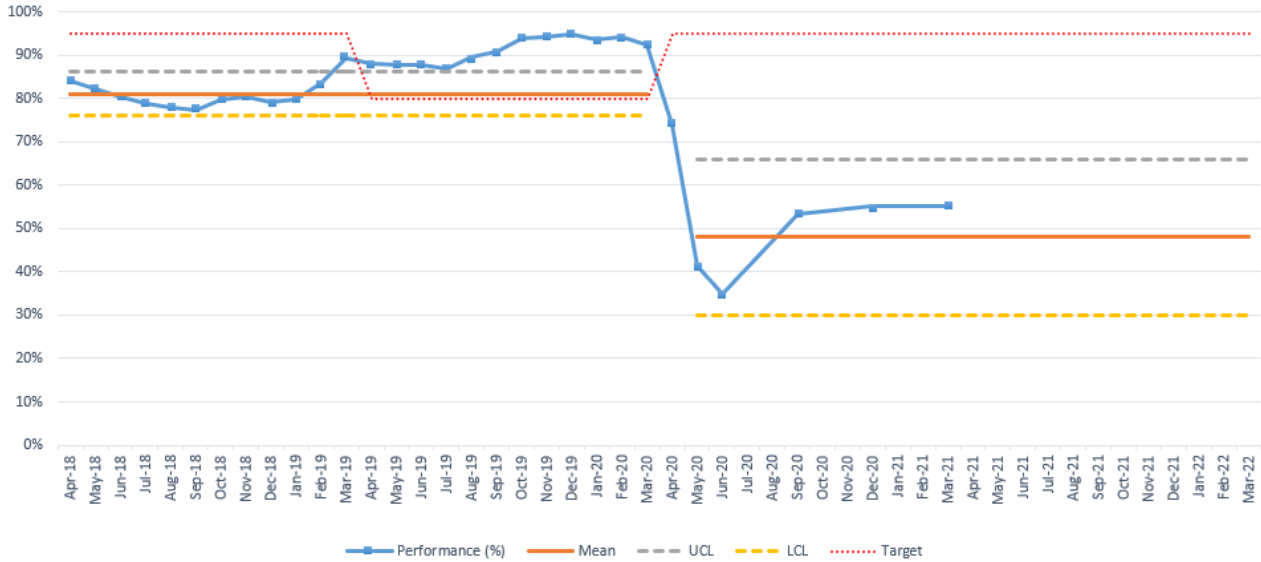**Smoking Cessation**
Financial Breakeven
IVF
Workforce - sickness

12 Weeks Outpatient

Higher is Better

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| Responsible Committee:	Acute Governance Committee
Responsible Director:	Acute Director
Risk Register:	No
Data source:	PHS
Publication Frequency:	Quarterly - 2 Month Lag
Target (Standard):	95%
Definition:	% of patients waiting no more than 12 weeks from referral (all sources) to first outpatient appointment
Notes:	Quarterly data only from September 2020 onwards

Legend: Performance (%) — Mean — UCL — LCL — Target

Commentary – Not on target, quarter 1 data due 31.08.21.

NHS Lanarkshire

6 Weeks Diagnostics

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Responsible Committee:	Acute Governance Committee
Responsible Director:	Acute Director
Risk Register:	No
Data source:	PHS
Publication Frequency:	Quarterly - 2 Month Lag
Target (Standard):	95%
Definition:	Percentage of patients waiting no longer than 6 weeks for one of the eight key diagnostic tests and investigations
Notes:	Monthly data

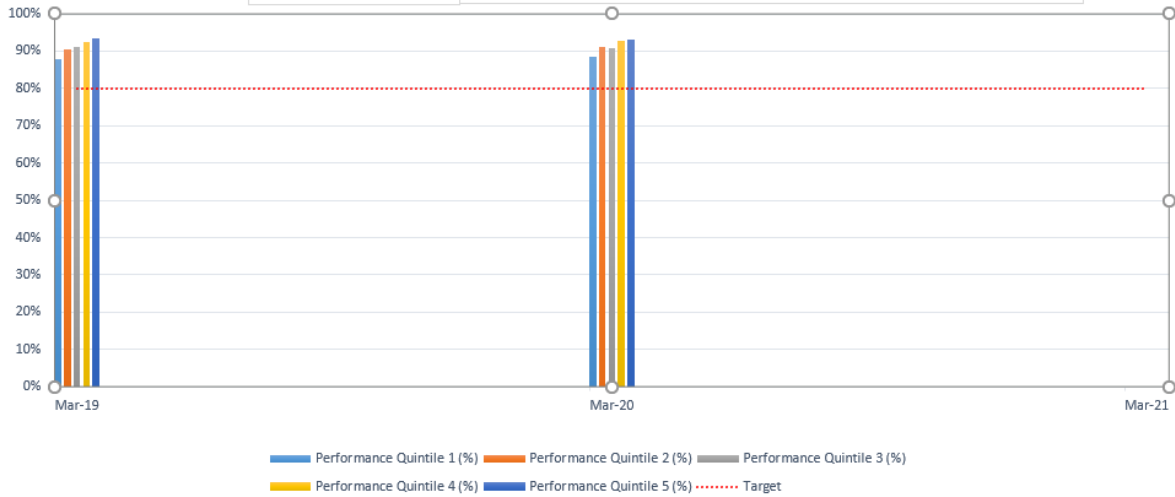Legend: Performance (%) — Mean — UCL — LCL — Target
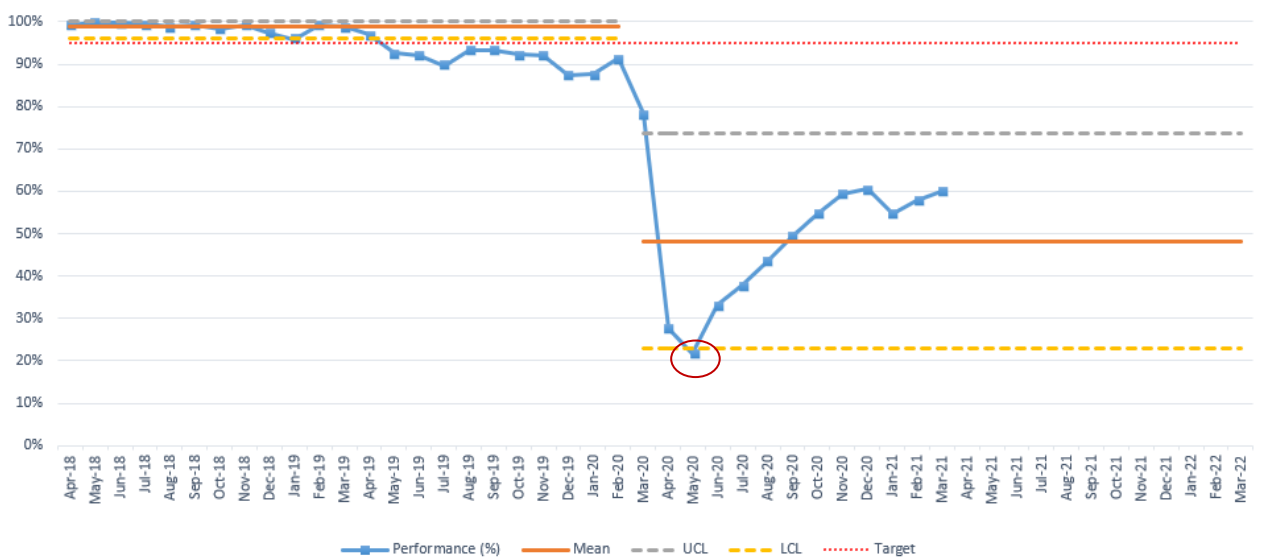
Commentary – Not on target, quarter 1 data due 31.08.21.
While May 2020 saw a breach in the lower control limit (special cause variation), performance improved from June to Dec 2020. Following a dip in Jan 2021, performance improved.

NHS Lanarkshire

Antenatal Booking SIMD Quintile 1 - 5

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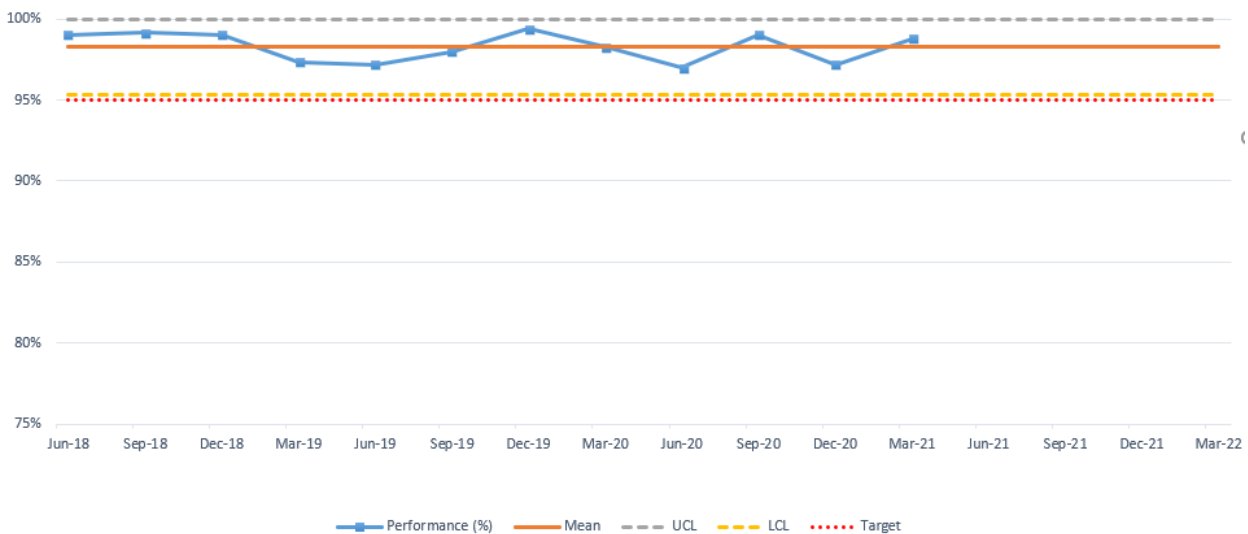|	
Responsible Committee:	Acute Governance Committee
Responsible Director:	Nursing, Midwifery & AHPs Director
Risk Register:	No
Data source:	PHS
Publication Frequency:	Annual - 12 Month Lag
Target (Standard):	80%
Definition:	The Standard is for at least 80% of pregnant woman in each SIMD quintile to have booked for antenatal care by the 12th week of gestation. The denominator is all women who give birth in Scottish hospitals. For Board level SIMD quintiles, the datazones in each Board are to be divided into 5 groups according to SIMD 2012 rank. The allocation of datazones to quintiles within Health Boards is given in column G of the Health Board (SIMD) tab of the spreadsheet at www.scotland.gov.uk/Topics/Statistics/SIMD/localHBquin09 Board performance will be calculated for each of their 5 quintiles and the lowest performance will be reported. A summary of performance at Scotland level will be shown based on the grouping of datazones by national SIMD 2012 quintiles and may therefore show inconsistent results with the Board level results, which group datazones by local quintiles. The Standard can be considered to be met if Scotland-level performance is at or above 80%.
Notes:	Annual data

Legend: Performance Quintile 1 (%), Performance Quintile 2 (%), Performance Quintile 3 (%), Performance Quintile 4 (%), Performance Quintile 5 (%), Target

Commentary – Target met for 2018/19 and 2019/20.   Annual data for 2020/21 due Nov. '21.

NHS Lanarkshire

Cancer 31

↑ Higher is Better

Responsible Committee:	Acute Governance Committee
Responsible Director:	Acute Director
Risk Register:	No
Data source:	PHS
Publication Frequency:	Quarterly - 3 Month Lag
Target (Standard):	95%
Definition:	Proportion of patients beginning cancer treatments within 31 days of decision being taken to treat (95%)
Notes:	Quarterly data

Legend: Performance (%), Mean, UCL, LCL, Target

Commentary – On target, quarter 1 data due 28.09.21.

Cancer 62

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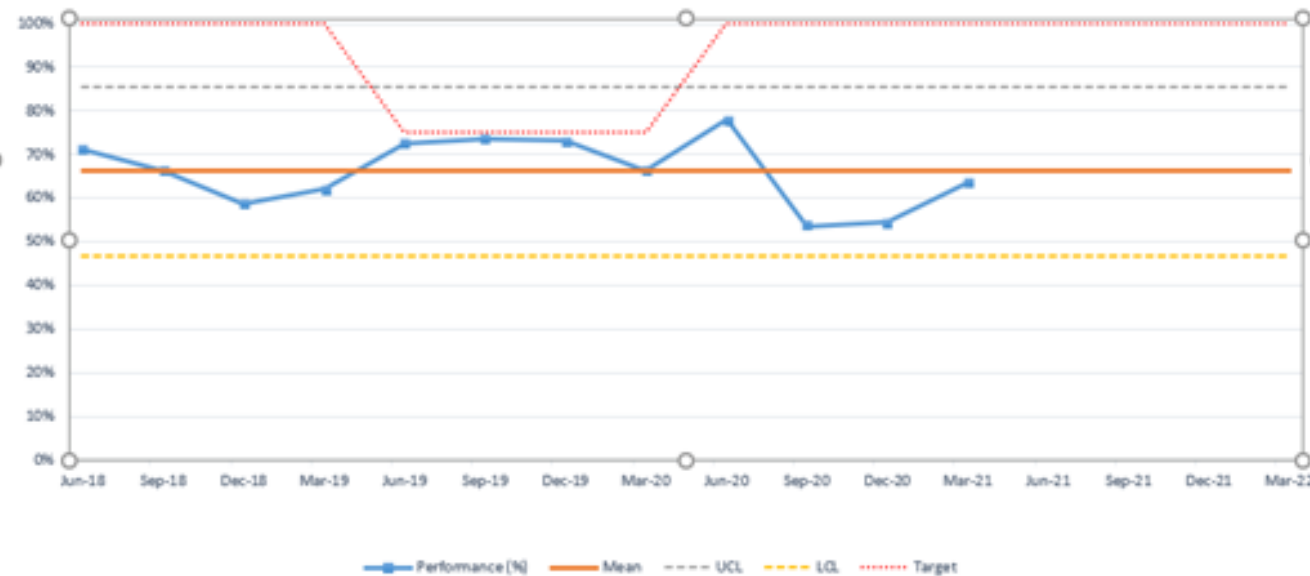| Responsible Committee:	Acute Governance Committee
Responsible Director:	Acute Director
Risk Register:	No
Data source:	PHS
Publication Frequency:	Quarterly - 3 Month Lag
Target (Standard):	95%
Definition:	Proportion of patients beginning cancer treatments within 62 days from urgent referral with suspicion of cancer (95%)
Notes:	Quarterly data

Legend: Performance (%) — Mean — UCL — LCL — Target
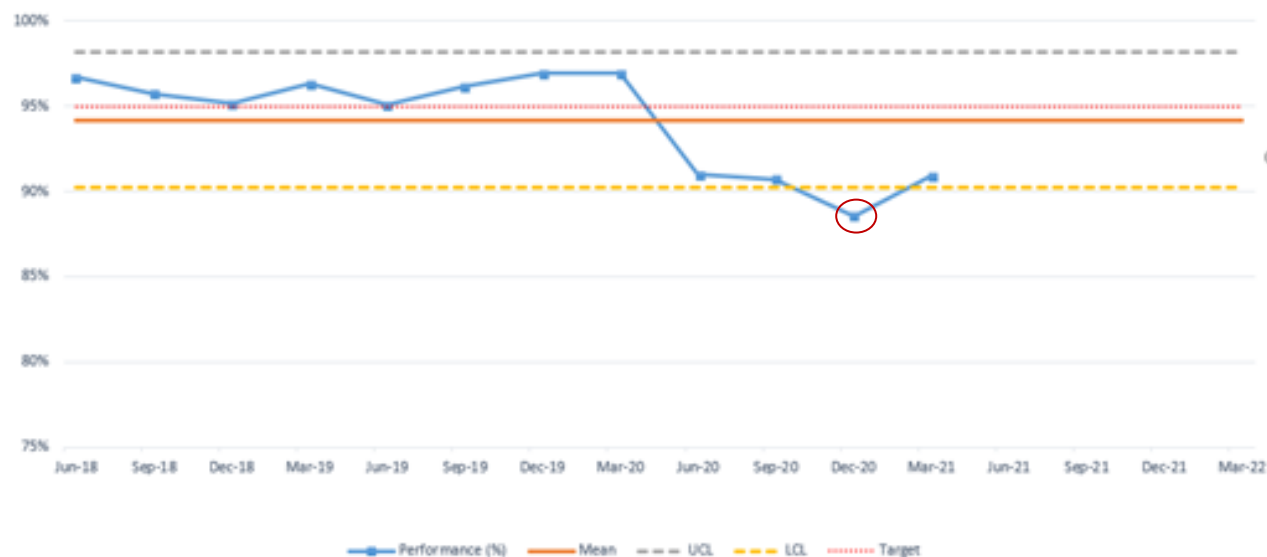
Commentary – Not on target, quarter 1 data due 28.09.21.
Performance at Dec 2020 breached the lower control limit indicating a special cause variation.

TTG

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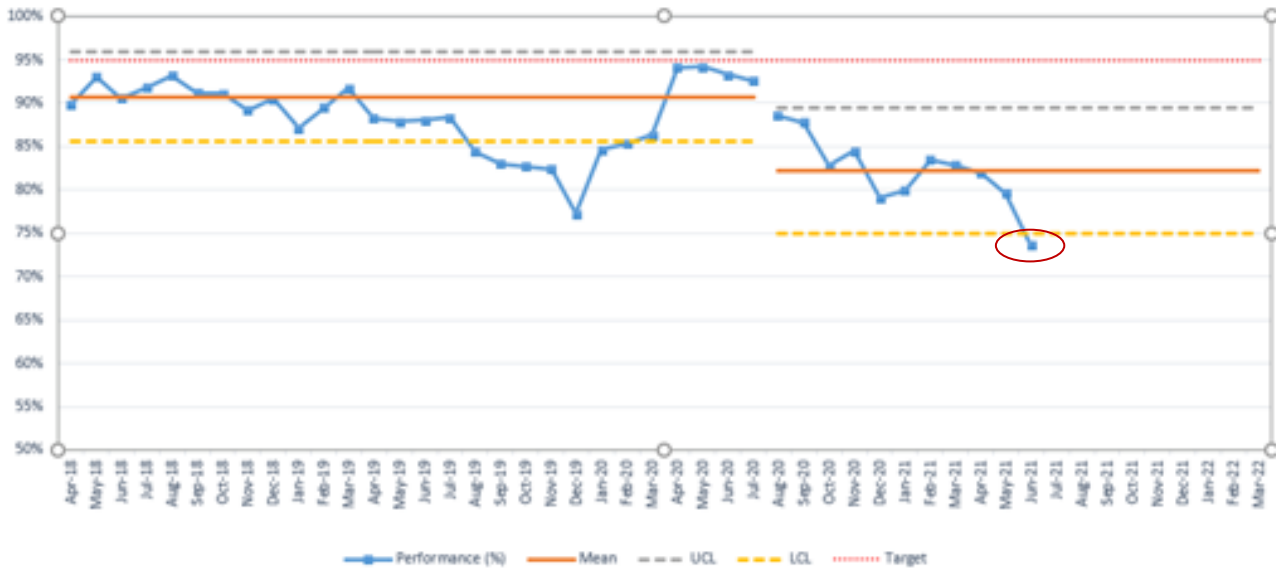| Responsible Committee:	Acute Governance Committee
Responsible Director:	Acute Director
Risk Register:	No
Data source:	PHS
Publication Frequency:	Quarterly - 2 Month Lag
Target (Standard):	100%
Definition:	Proportion of patients that were seen within the 12 week Treatment Time Guarantee
Notes:	Quarterly data

Legend: Performance (%) — Mean — UCL — LCL — Target

Commentary – Not on target, quarter 1 data due 31.08.21.

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Unscheduled Care - 4 Hour Compliance

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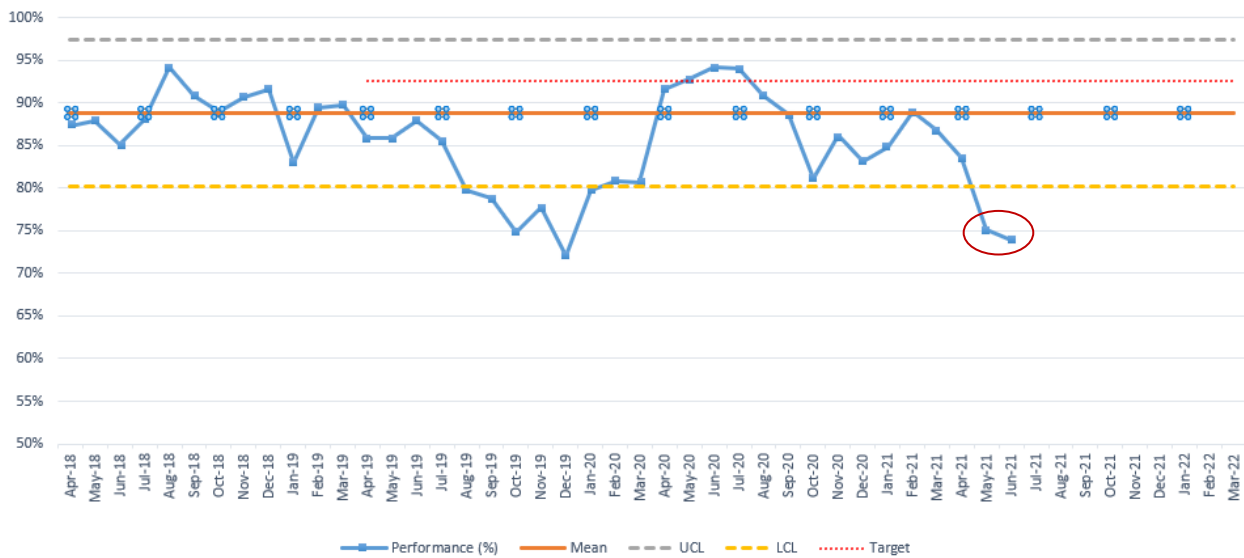| Responsible Committee:	Acute Governance Committee
Responsible Director:	Acute Director
Risk Register:	Yes
Data source:	PHS
Publication Frequency:	Monthly - 2 Month Lag
Target (Standard):	95%
Definition:	4 hours from arrival to admission or discharge or transfer for A&E treatment
Notes:	Monthly data

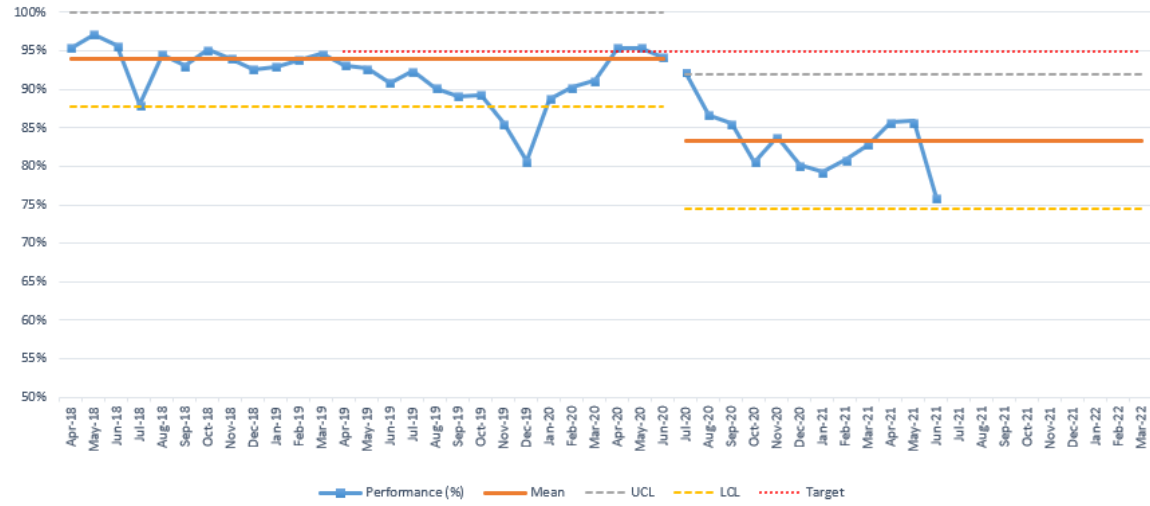**Commentary – Not on target.** There was a decline in performance in quarter 1, with June 2021 data breaching the lower control limit. (Special cause variation).

NHS Lanarkshire

Unscheduled Care - 4 Hour Compliance - UHH

Higher is Better

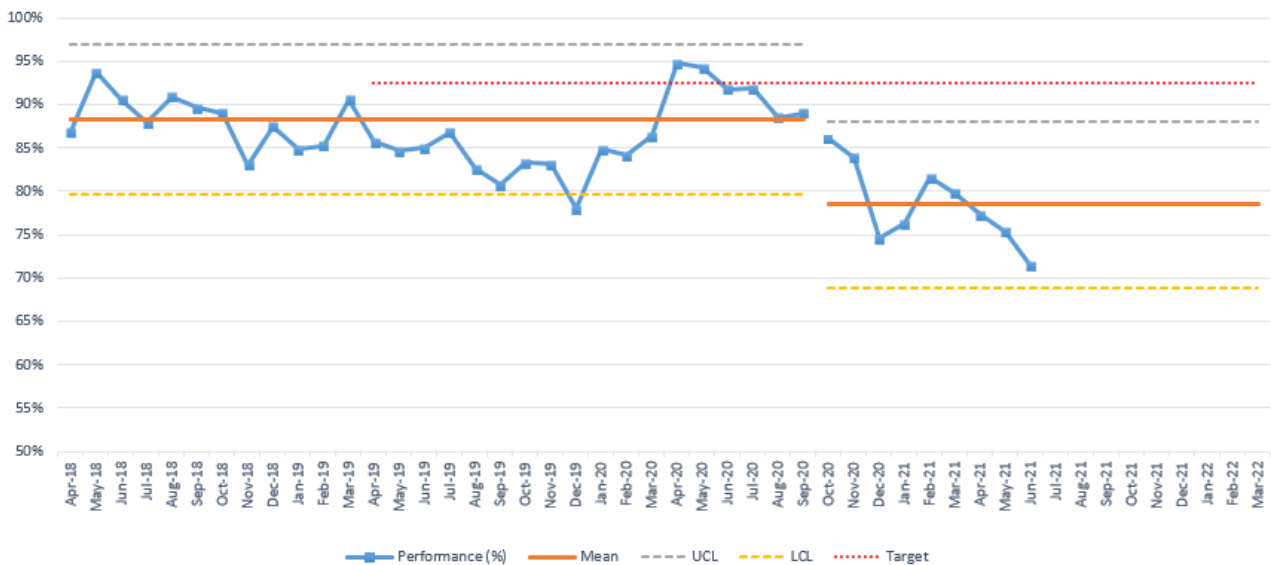| Responsible Committee:	Acute Governance Committee
Responsible Director:	Acute Director
Risk Register:	Yes
Data source:	PHS
Publication Frequency:	Monthly - 2 Month Lag
Target (Standard):	92.5%
Definition:	4 hours from arrival to admission or discharge or transfer for A&E treatment
Notes:	Monthly data, no target between April 2018 - March 2019

Commentary – Not on target. There was a decline in performance in quarter 1, with May and June 2021 data breaching the lower control limit. (Special cause variation).

NHS Lanarkshire

Unscheduled Care – 4 Hour Compliance - UHM

Higher is Better

Responsible Committee:	Acute Governance Committee
Responsible Director:	Acute Director
Risk Register:	Yes
Data source:	PHS
Publication Frequency:	Monthly - 2 Month Lag
Target (Standard):	95%
Definition:	4 hours from arrival to admission or discharge or transfer for A&E treatment
Notes:	Monthly data, no target between April 2018 - March 2019

Commentary – Not on target. There was a decline in performance from May to June 2021, with performance now close to the lower control limit.

NHS Lanarkshire

Unscheduled Care – 4 Hour Compliance - UHW

Higher is Better

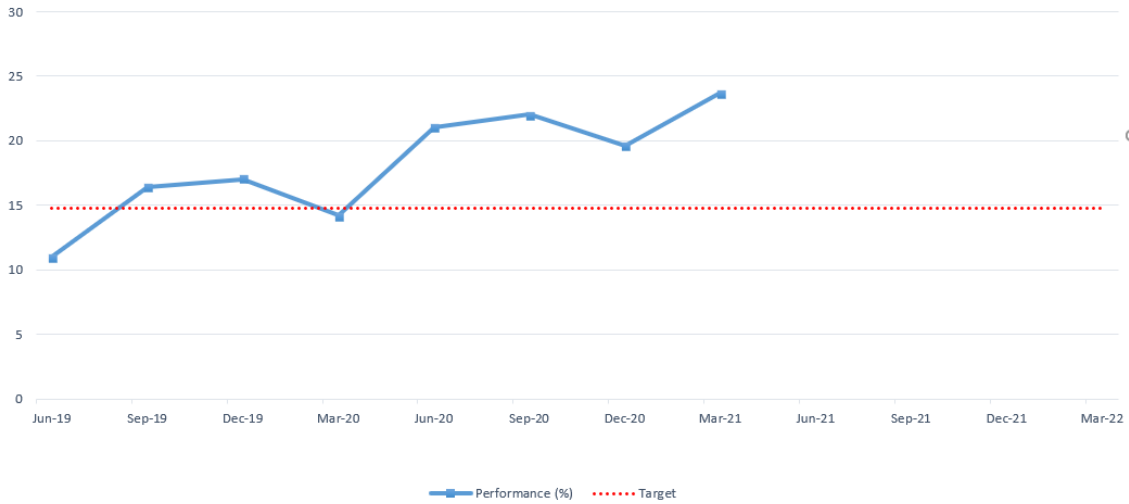| Responsible Committee: | Acute Governance Committee |
Responsible Director:	Acute Director
Risk Register:	Yes
Data source:	PHS
Publication Frequency:	Monthly - 2 Month Lag
Target (Standard):	92.5%
Definition:	4 hours from arrival to admission or discharge or transfer for A&E treatment
Notes:	Monthly data, no target between April 2018 - March 2019

Commentary – Not on target. There was a decline in performance in quarter 1

NHS Lanarkshire

Clostridium Difficile (CDiff)

Lower is Better

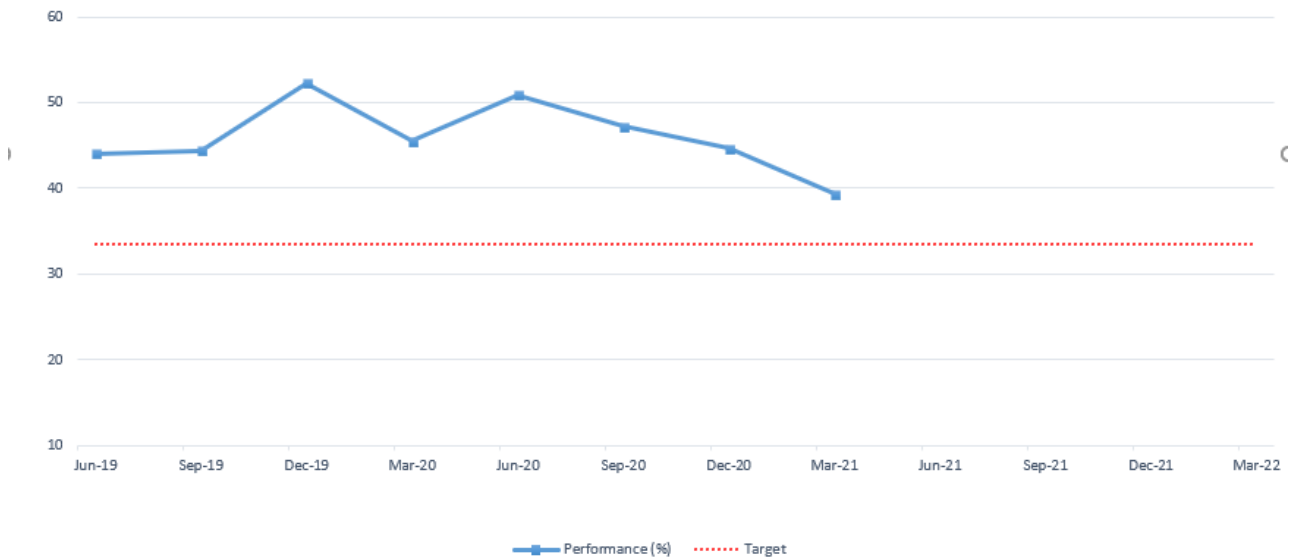|	
Responsible Committee:	HQAIC
Responsible Director:	Nursing, Midwifery & AHPs Director
Risk Register:	No
Data source:	PHS
Publication Frequency:	Quarterly - 3 Month Lag
Target (Standard):	14.80
Definition:	Reduction of 10% in the national rate of healthcare associated CDI from 2019 to 2022, with 2018/19 used as the baseline for the CDI reduction target
Notes:	Quarterly data

Performance (%) .... Target

Commentary – Not on target, quarterly data due September 2021.
Performance has been out with the target for the last four quarters.

NHS Lanarkshire

Escherichia Coli Bacteraemia (ECB)

Lower is Better

|	
Responsible Committee:	HQAIC
Responsible Director:	Nursing, Midwifery & AHPs Director
Risk Register:	No
Data source:	PHS
Publication Frequency:	Quarterly - 3 Month Lag
Target (Standard):	33.50
Definition:	Reduction of 50% in the national rate of healthcare associated ECB over 5 years, with 2018/19 used as the baseline for the ECB reduction
Notes:	Quarterly data

Performance (%) .... Target

Commentary – Not on target, quarterly data due September 2021.
Performance has been out with the target for the last four quarters.

NHS Lanarkshire

Staphylococcus Aureus Bacteraemia (SABs)

Lower is Better

|	
Responsible Committee:	HQAIC
Responsible Director:	Nursing, Midwifery & AHPs Director
Risk Register:	No
Data source:	PHS
Publication Frequency:	Quarterly - 3 Month Lag
Target (Standard):	16.10
Definition:	Reduction of 10% in the national rate of healthcare associated SAB from 2019 to 2022, with 2018/19 used as the baseline for the SAB reduction target
Notes:	Quarterly data
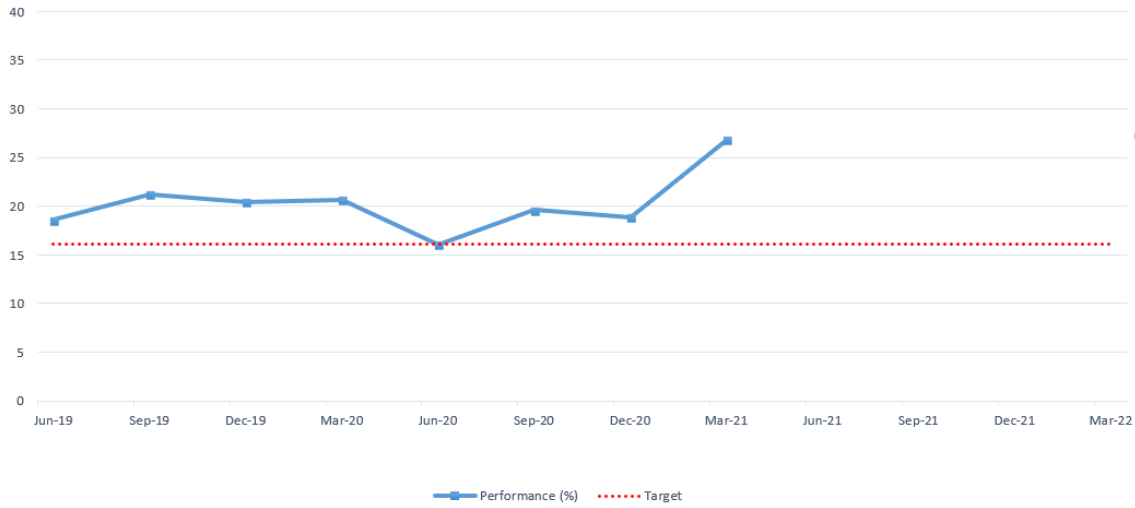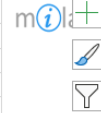
Performance (%) ·····Target

Commentary – Not on target, quarterly data due September 2021.
Performance has been out with the target for the last three quarters.

NHS Lanarkshire

Primary Care Antibiotic Prescribing

Lower is Better

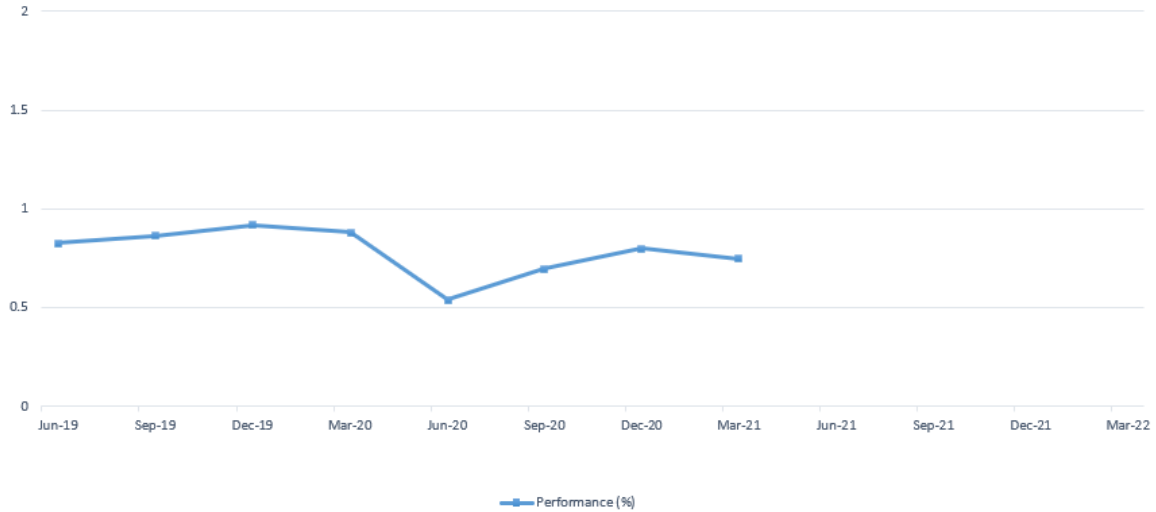|	
Responsible Committee:	HQAIC
Responsible Director:	Medical Director
Risk Register:	Yes
Data source:	PHS (Discovery)
Publication Frequency:	Quarterly - 2 Month Lag
Target (Standard):	1.80
Definition:	Volume of antibiotics prescribed against a national agreed target, assessed annually
Notes:	Quarterly data

Performance (%) Mean ---·UCL ---·LCL ·····Target
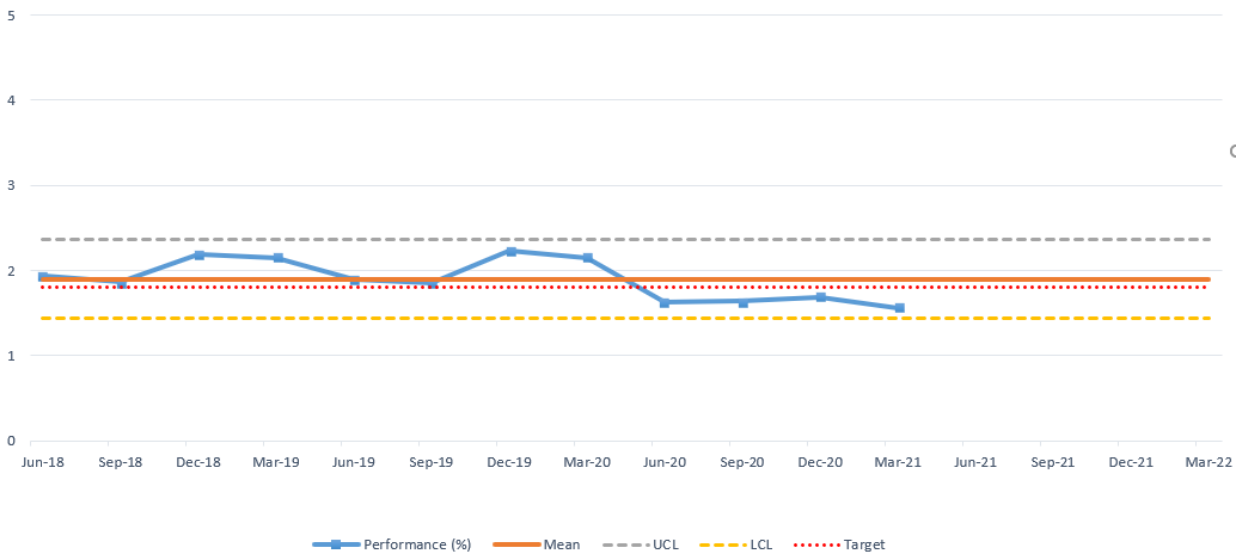
Commentary – On target, quarterly data due September 2021.
Performance over the last four quarters surpassed the target.

NHS Lanarkshire

Secondary Care IV Antibiotic Prescribing

Lower is Better

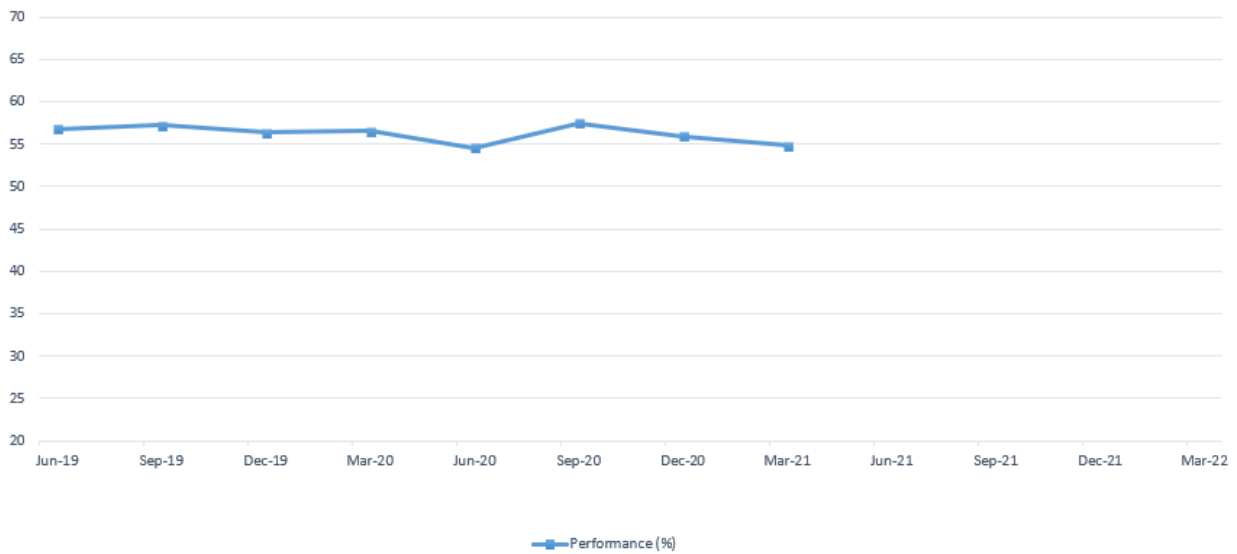| Responsible Committee:	HQAIC
Responsible Director:	Medical Director
Risk Register:	Yes
Data source:	PHS (Discovery)
Publication Frequency:	Quarterly - 6 Month Lag
Target (Standard):	TBC
Definition:	Volume of IV antibiotic prescribed within Secondary Care
Notes:	Quarterly data

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Commentary – On target, quarterly data due September 2021.

NHS Lanarkshire

Use of WHO Access Antibiotics

Lower is Better

Responsible Committee:	HQAIC
Responsible Director:	Medical Director
Risk Register:	Yes
Data source:	PHS (Discovery)
Publication Frequency:	Quarterly - 6 Month Lag
Target (Standard):	TBC
Definition:	Use of WHO Access antibiotics within acute hospitals
Notes:	Quarterly data

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Commentary – Not on target, quarterly data due September 2021.

18 Wks RTT - CAMHS

NHS Lanarkshire

m(i)lan

↑ Higher is Better

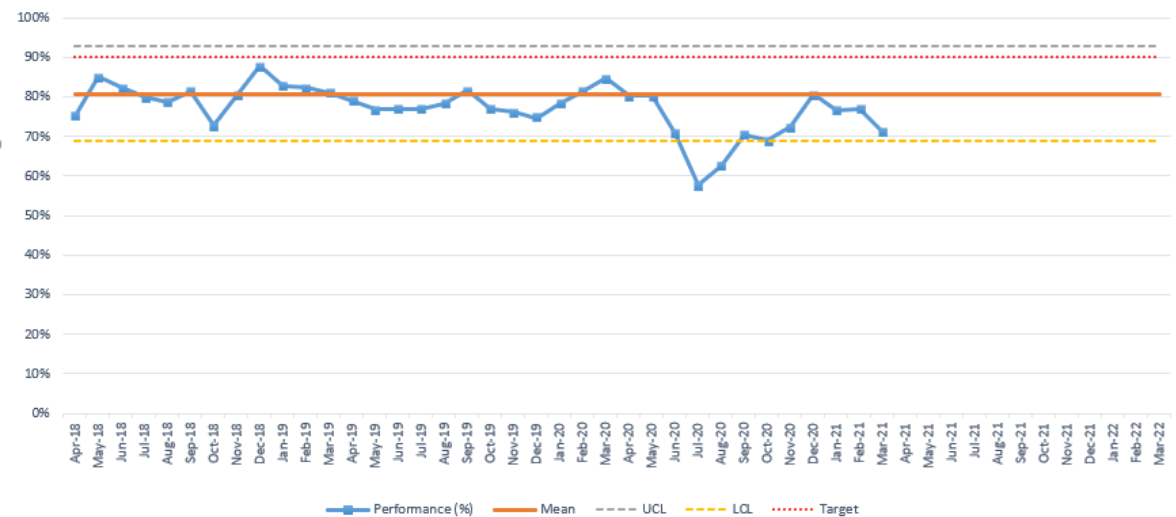| Responsible Committee:	Population Committee
Responsible Director:	Chief Officer - North H&SCP
Risk Register:	No
Data source:	PHS
Publication Frequency:	Quarterly - 2 Month Lag
Target (Standard):	90%
Definition:	18 weeks referral to treatment for specialist Child & Adolescent Mental Health Services
Notes:	Quarterly data

Legend: Performance (%) — Mean — UCL — LCL — Target
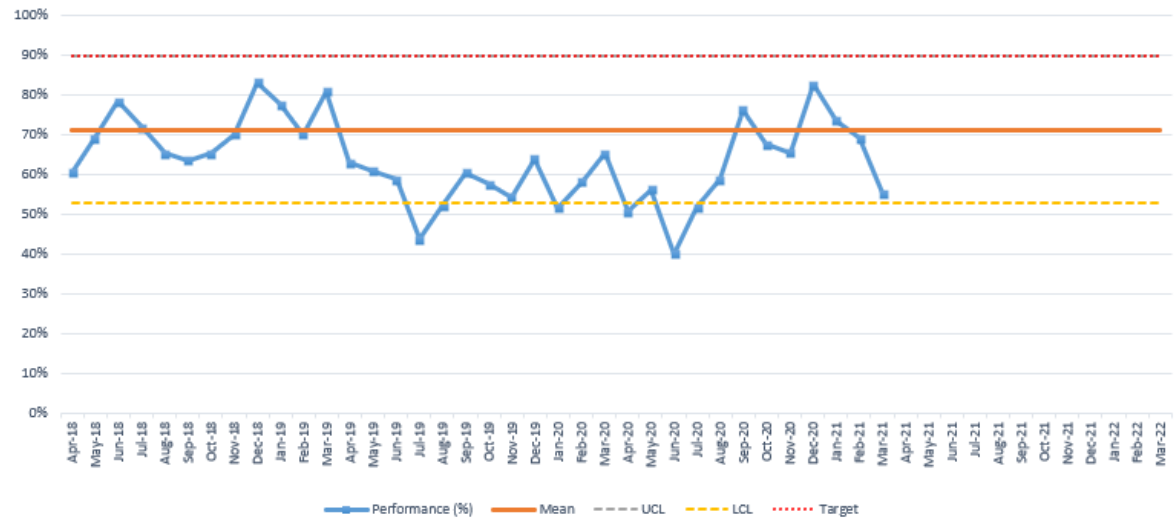
Commentary – Not on target, quarter 1 data due 07.09.21.
There has been a decline in performance since Dec 2020.

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18 Wks RTT - Psychology

NHS Lanarkshire

m(i) +

↑ Higher is Better

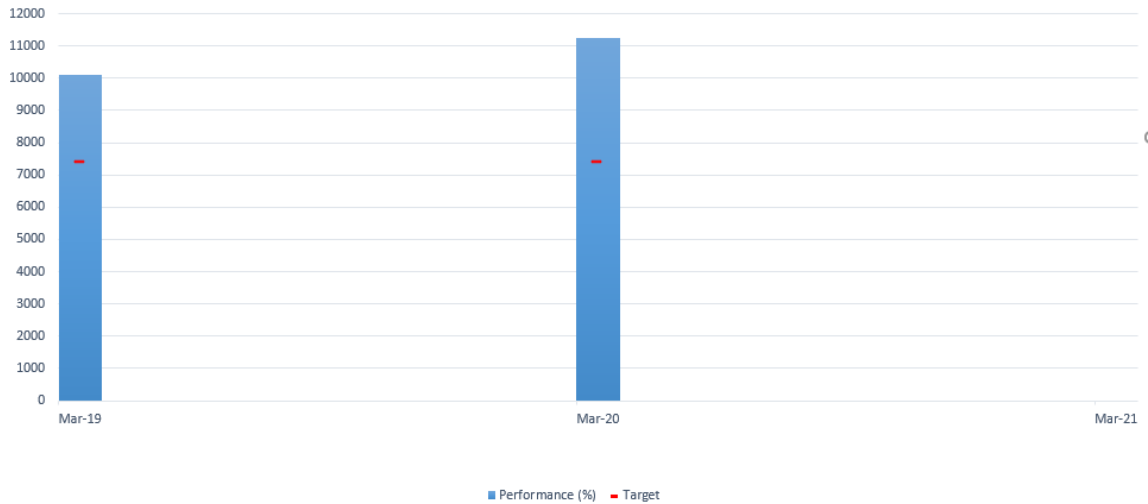| Responsible Committee:	Population Committee
Responsible Director:	Chief Officer - North H&SCP
Risk Register:	No
Data source:	PHS
Publication Frequency:	Quarterly - 2 Month Lag
Target (Standard):	90%
Definition:	18 weeks referral to treatment for Psychological Therapies
Notes:	Quarterly data

Legend: Performance (%) — Mean — UCL — LCL — Target

Commentary – Not on target, quarter 1 data due 07.09.21.

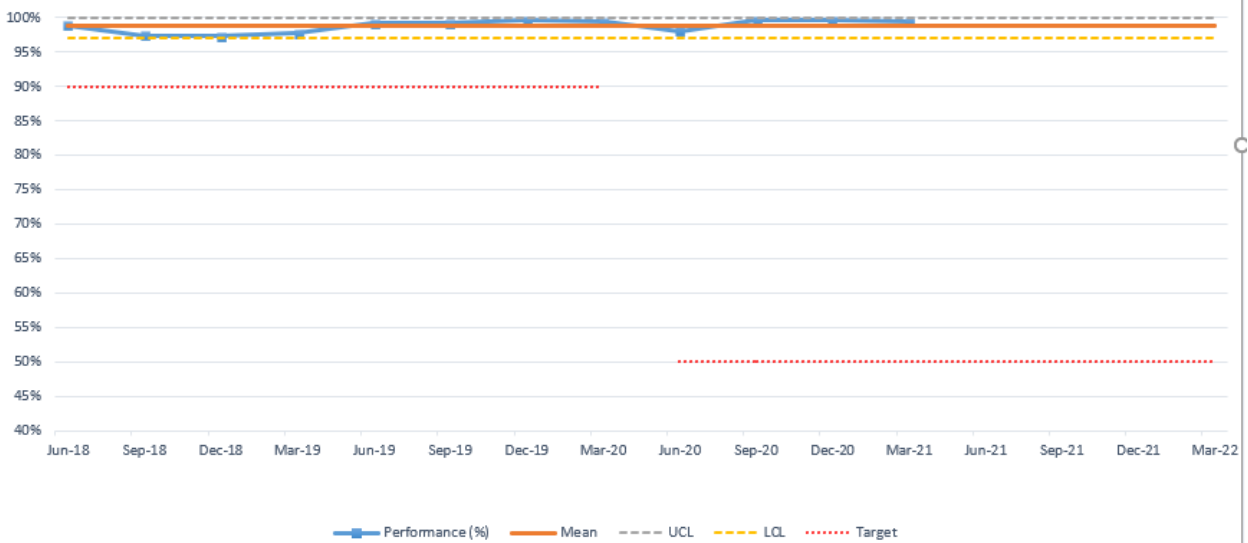| Responsible Committee:	Population Committee
Responsible Director:	Chief Officer - North H&SCP
Risk Register:	No
Data source:	PHS
Publication Frequency:	Annual - 3 Month Lag
Target (Standard):	7381
Definition:	Sustain & embed ABI's in 3 priority settings (Primary Care, A&E, Antenatal) & broaden delivery in wider settings. National & NHS Board level targets to demonstrate sustained & embedded delivery are currently being considered & will be confirmed in the new year. NHS Boards will report levels of delivery, by individual setting, directly to PHS on a quarterly basis. All reported ABI delivery will require to be in accordance with ABI standard guidance. As part of the LDP Standard, PHS will publish an annual figure of ABI delivery. This will be broken down by NHS Board, delivery in each of the 3 priority settings, & a fourth data category that will aggregate all delivery in wider settings
Notes:	Annual data

Alcohol Brief Interventions

↑ Higher is Better

Commentary – Target surpassed for 2018/19 and 2019/20. Annual data for 2020/21 awaited.

Responsible Committee:	Population Committee
Responsible Director:	Chief Officer - North H&SCP
Risk Register:	No
Data source:	PHS
Publication Frequency:	Quarterly - 3 Month Lag
Target (Standard):	50%
Definition:	Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery
Notes:	Quarterly data

Drug & Alcohol

↑ Higher is Better

Commentary – On target, quarter 1 data due September 2021.

NHS Lanarkshire

Smoking Cessation
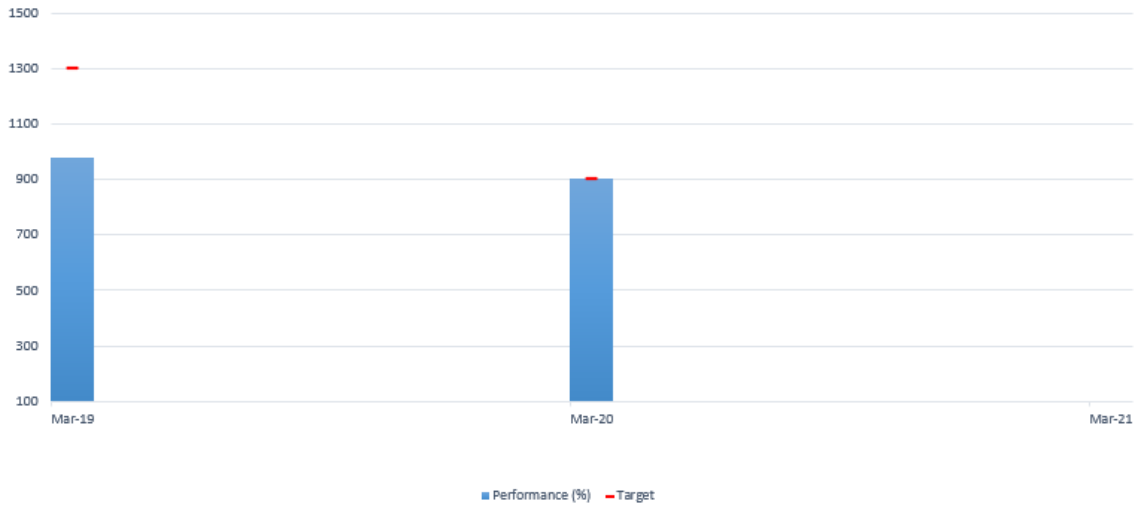
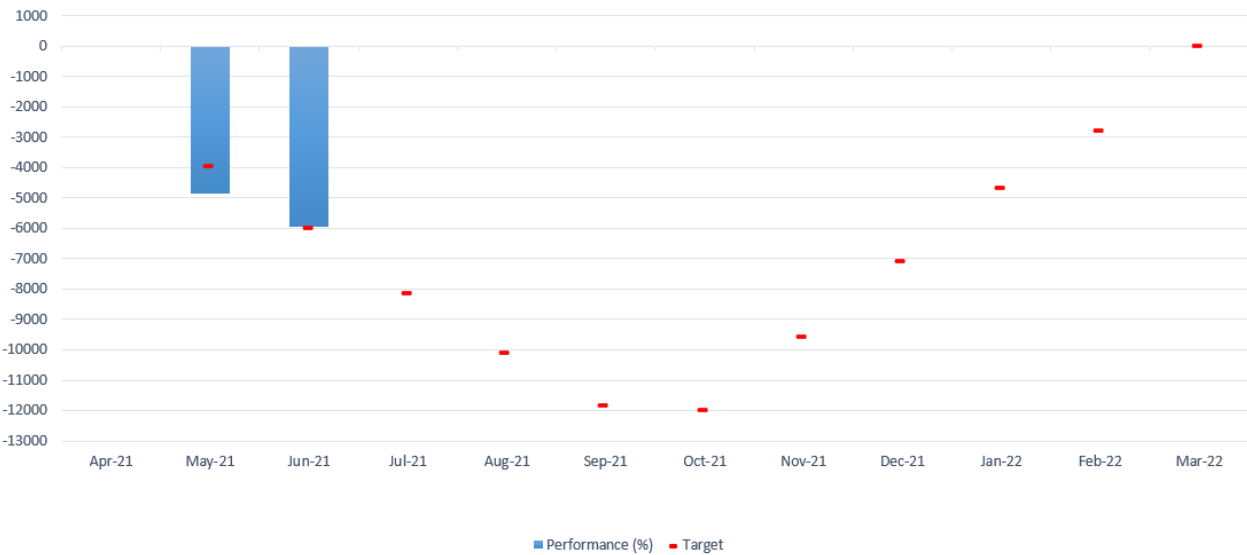↑ Higher is Better

Responsible Committee:	Population Committee
Responsible Director:	Chief Officer - North H&SCP
Risk Register:	No
Data source:	PHS
Frequency of Publication:	Annual - 6 Month Lag
Target (Standard):	902
Definition:	Sustain & embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas. Risks: as noted above, the number of 12 week quits to be achieved by each Board in 2015/2016 is still to be advised, therefore this poses a risk until it is known & assessed. The move from 4 week to 12 week quits is an additional challenge, as is the fact that year-on-year progress has captured those most interested in quitting, with the residual smoking population including those most difficult to engage. We will continue with our work programme to encourage cessation, adapting & developing this as indicated, however, we feel it is prudent to flag up now the potential risks around meeting the Standards
Notes:	Annual data

■ Performance (%) ▬ Target

Commentary – Target met for 2019/20. Annual data for 2020/21 due October 2021.

NHS Lanarkshire

Financial Breakeven

|	
Responsible Committee:	PP&RC
Responsible Director:	Finance Department
Risk Register:	Yes
Data source:	PHS
Publication Frequency:	Monthly - No Lag
Target (Standard):	-6008 (Current Reporting Period)
Definition:	Revenue Resource Limited (RRL) - year end position against RRL as agreed in LDP
Notes:	Monthly data, Annual - monthly cumulative targets

m(i)lan

■ Performance (%) ▬ Target

Commentary – Not on target – target -6005 and performance was -5935

NHS Lanarkshire

IVF

↑ Higher is Better

|	
Responsible Committee:	PP&RC
Responsible Director:	Strategic Planning & Performance Director
Risk Register:	No
Data source:	PHS
Publication Frequency:	Quarterly - 2 Month Lag
Target (Standard):	90%
Definition:	90% of eligible patients screened for IVF treatment within 12 months of the decision to treat made by one of the four IVF centres. This is based on adjusted completed waits
Notes:	Quarterly data
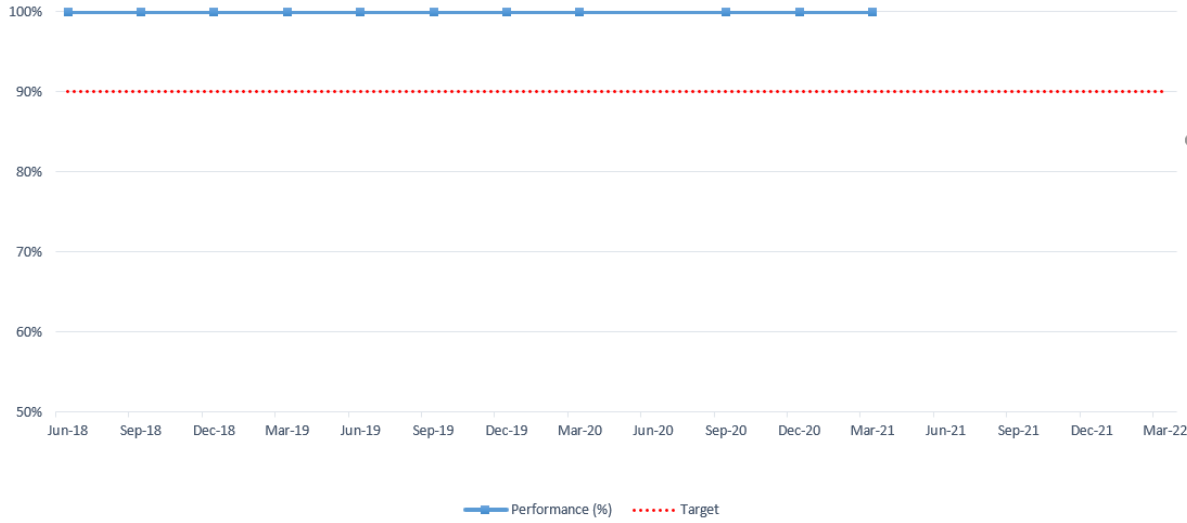
Performance (%) ──■── Target ·······

Commentary – On target, quarter 1 data due 31.08.21.

NHS Lanarkshire

Workforce - Sickness

↓ Lower is Better

Responsible Committee:	Staff Governance
Responsible Director:	HR Director
Risk Register:	No
Data source:	Locally
Publication Frequency:	Monthly - 2 Month Lag
Target (Standard):	4%
Definition:	As per national agreed definitions and Monthly Workforce Dashboard
Notes:	Monthly data

Performance (%) ──■── Mean ──── UCL ─ ─ ─ LCL ─ ─ ─ Target ·······
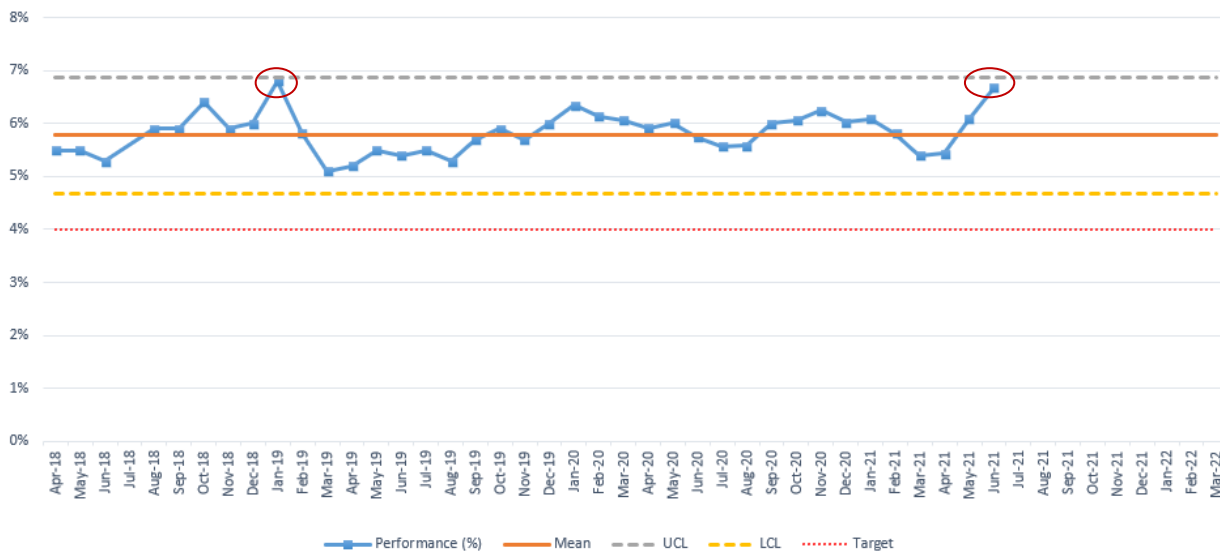
Commentary – Not on target.
Sickness absence levels have increased over quarter 1. June 2021 levels were at the highest point since January 2019.