

Meeting of:  
NHS Board  
31<sup>st</sup> March 2021

Lanarkshire NHS Board  
Kirklands  
Fallside Road  
Bothwell  
G71 8BB  
Telephone: 01698 855500  
[www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk)



**SUBJECT: PERFORMANCE MANAGEMENT REPORT**

- AOP development 2020/21 & 2021/22
- Remobilisation Plan 3 (RMP3)
- Corporate Objectives 2021/22
- Quarterly AOP Report - Quarter 3, 2020/21

**1. PURPOSE**

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>	For Information	<input type="checkbox"/>
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The Board is asked to note that the draft AOP for 2020/21 will not be finalised and that there will be no AOP for 2021/22. The 2021/22 AOP will be replaced with the Remobilisation Plan (RMP3), with further information awaited from the Scottish Government in relation to 2021/22 priorities and specific targets for NHSScotland.

In addition, the Board is asked to note the Quarter 3 Performance Report which describes progress against the draft 2020/21 Annual Operational Plan (AOP) Targets and Locally Agreed Standards.

**2. ROUTE TO THE BOARD**

This report has been prepared by Roslyn Rafferty, Strategy & Performance Manager, and reviewed by the Corporate Management Team on 22<sup>nd</sup> March 2021.

**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 the Cabinet Secretary for Health and Sport has advised that this will continue until at least July 2021.

NHS Lanarkshire's revised corporate governance arrangements remain, with Governance Committees stood down and meeting on a virtual basis to provide scrutiny, assurance and oversight of key aspects of the Remobilisation Plan and resilience response. This continues to impact 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'.

### **3.2 Annual Operational Plan (AOP)**

As outlined in the Quarter 1 & 2 reports, the draft AOP for 2020/21 was submitted for approval to the Scottish Government in March 2020. Planning undertaken in response to the global pandemic has superseded further development of AOPs nationally, and this will not be progressed by the Scottish Government. Those targets which were amended or first introduced for the AOP 2020/21 remain under development and are yet to be reflected within the Integrated Corporate Performance Framework (ICPF).

There is no requirement for NHS Boards to submit an AOP for 2021/22. This has been replaced by the development of Remobilisation Plans.

### **3.3 Draft Remobilisation Plan (RMP3)**

The Remobilisation Plan was developed in response to the Scottish Government's December 2020 commissioning letters, with NHS Lanarkshire's draft Remobilisation Plan 3 (RMP3) submitted on 26 February 2021. While the Plan was reviewed by the NHS Lanarkshire Corporate Management Team, due to time constraints, it was not formally agreed by the Board.

Board Members have however been provided with a copy, and there was an opportunity to discuss the direction of travel and content of the draft Plan at the Board Member Briefing Session held on 17 March 2021.

The RMP3 is therefore to be considered as a working draft. Following receipt of comments from the Scottish Government, a further version of the RMP3 will be shared with the Area Partnership Forum and Area Clinical Forum, ahead of being considered for approval by the Lanarkshire NHS Board. Many uncertainties still exist with respect to the future impact of the global COVID-19 pandemic, and so the scope of the RMP3 is limited in terms of our ability to accurately assess how quickly the remobilisation process can take effect: we anticipate that there will be further iterations of this Plan through 2021 and beyond.

It is anticipated that there will be an ongoing dialogue with colleagues in the Scottish Government Health & Social Care Directorate (SGHSCD) on the fine detail of the Plan before final approval. The Scottish Government has indicated that it will provide feedback on the draft Plan by 31 March 2021.

Further information is awaited from the Scottish Government in relation to 2021/22 priorities and specific targets for NHSScotland.

### **3.4 Corporate Objectives 2020/21 & 2021/22**

The 2020/21 Corporate Objectives were revised and a Mid-Year progress report considered at the November 2020 Board meeting. The 2020/21 Year-End report will be prepared for the August meeting of the Board.

Discussions are ongoing in relation to the development of the 2021/22 Corporate Objectives and, following our traditional planning programme, the March Board would normally have been asked to consider a draft template. However, because of pandemic response pressures, and in the absence of an Annual Operational Plan for 2021/22, an interim set of Corporate Objectives will be discussed and agreed with the Corporate Management Team in April, to then inform an update of the Board's Strategic Aims in May 2021. The Board will be invited to approve the

revised Strategic Aims in May 2021, note the aligned Corporate Objectives and the intention to use these to align Executive Director / Senior Manager personal objectives for 2021/22. It is also intended to develop the Corporate Objectives reporting format to reflect Active Governance good practice.

### 3.5 Quarter 3 AOP 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 2020/21 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 9th March 2021. 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 3 Report comprises data published up to 9<sup>th</sup> March 2021. 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 Q3 exception reports).*

### 3.6 Review of Performance Metrics – Active Governance

Work is ongoing in relation to the review of national and local Key Performance Indicators (KPIs) and the further development of metrics for Board assurance and re-assurance purposes. This work is being progressed under the banner of Active Governance and is the subject of a separate paper to the March Board.

## 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 Management	<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 IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY**

Not applicable.

## 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"/>	Accept the assurance provided	<input checked="" type="checkbox"/>	Note the information provided	<input type="checkbox"/>
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The Board is asked to:

1. note that the draft AOP for 2020/21 will not be finalised, and that there will be no AOP for 2021/22;
2. note that the AOP for 2021/22 will be replaced with the Remobilisation Plan (RMP3);
3. note that information is awaited from the Scottish Government in relation to priorities and specific targets for 2021/22 for NHSScotland. This will inform the development of the 2021/22 Corporate Objectives;
4. note that development of the 2021/22 Corporate Objectives discussions are ongoing;
5. note that a national review of KPIs has commenced under the banner of “Active Governance” and that this is the subject of a separate report.;
6. note the impact on Governance Committee roles/focus as a result of the ongoing changes to corporate governance arrangements in response to the global pandemic;
7. note the Quarterly Performance Report (Q3), and that Exception 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; and
8. note that the Quarterly Performance Report (Q4) will be presented at the June 2021 Board meeting.

## 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 3, Oct – Dec 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 prepared by the following committees and considered as part of the individual Governance Committee reporting.

<b>Governance Committee</b>	<b>Current Status</b>
Acute Governance Committee	Committee stood down
Population Health, Primary Care & Community Services Committee	Committee stood down
Healthcare Quality Assurance & Improvement Committee	Committee operating with a revised focus
Staff Governance Committee	Committee operating with a revised focus

QUARTERLY BOARD PERFORMANCE REPORT  
Quarter 3, October – December 2020

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>		<b>Dec '20</b>	<b>79.1%</b>	<b>Acute Governance Committee</b>
	<b>Monklands 95%</b>	Green – 95% and above Amber – 92.3% to 94.9% Red - below 92.3%	<b>Dec '20</b>	<b>80.1% (Red)</b>	
	<b>Hairmyres 92.5%</b>	Green – 92.5% and above Amber – 90% to 92.4% Red - below 90%	<b>Dec '20</b>	<b>83.1% (Red)</b>	
	<b>Wishaw 92.5%</b>		<b>Dec '20</b>	<b>74.6% (Red)</b>	
<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 Nov'21)	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 '20	91.2% (Green)	Acute Governance Committee
<b>Cancer 31 days</b>  (ISD update due Mar'21)	<b>95%</b>	Green – 95% and above Amber - 90-95% Red - below 90%	<b>Sept '20</b>	<b>99% (Green)</b>	<b>Acute Governance Committee</b>
<b>Cancer 62 days</b>  (ISD update due Mar'21)	<b>95%</b>	Green – 95% and above Amber - 90-95% Red - below 90%	<b>Sept '20</b>	<b>90.7% (Amber)</b>	<b>Acute Governance Committee</b>
Dementia Post Diagnosis Support  (ISD update due Mar'21)	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 (ISD update due Aug'21)	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 (ISD update due 2022)	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>Dec '20</b>	<b>82.6% (Amber)</b>	<b>Population Committee</b>
IVF	90%	Green – 90% and above Amber - 85-89.9% Red - below 85%	Dec '20	100% (Green)	Planning, Performance & Resources Committee
<b>18 weeks RTT Psychology</b>	<b>90%</b>	<b>Green – 85% and above Amber – 80 to 85% Red – less than 80%</b>	<b>Dec '20</b>	<b>80.6% (Amber)</b>	<b>Population Committee</b>
<b>6 weeks diagnostics</b>	<b>95%</b>	<b>Green – 95% and above Amber - 90-94.9% Red - below 90%</b>	<b>Dec '20</b>	<b>60.8% (Red)</b>	<b>Acute Governance Committee</b>
3 Weeks Drug & Alcohol (ISD update due Mar'21)	50%	Green – 90% and above Amber – 85-90% Red – below 85%	Sept '20	99.6% (Green)	Population Committee
Smoking cessation (ISD update due Oct'21)	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>Dec '20</b>	<b>54.43% (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>Dec '20</b>	<b>55.03% (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/Rating</b>	<b>Governance Committee</b>
<b>C diff</b>	<b>14.8</b>	Green 14.8 and below Amber 15.0 to 16.5 Red 16.6 and above	Sept '20	22 (Red)	HQAIC
<b>ECB</b> (Escherichia coli bacteraemia) (new target for 20/21)	<b>33.5</b>	Green 33.5 and below Amber 33.6 to 44.7 Red 44.8 and above	Sept '20	47.3 (Red)	HQAIC
<b>SABs</b>	<b>16.1</b>	Green 16.1 and below	Sept '20	19.6 (Red)	HQAIC



Amber 16.2 to 17.9  
Red 18.0 and above

**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	Dec '20	6.03% (Red)	Staff Governance
<b>Financial Breakeven</b>	Year-end target versus current viable plan at each month of the year.	Risk will be assigned by the Director in line with the Risk Register entry: Green - low risk Amber - medium risk Red - high risk	Dec '20	1,460 (Green)	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).	2020/21 target, trajectories and baseline data have now been confirmed by SG. Local RAG parameters will be assigned around these values at the Antibacterial Management Committee meeting at the end of March 2021.	Sept '20	1.64	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.	2020/21 target, trajectories and baseline data have now been confirmed by SG. Local RAG parameters will be assigned around these values at the Antibacterial Management Committee meeting at the end of March 2021.	Sept '20	0.7	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.	2020/21 target, trajectories and baseline data have now been confirmed by SG. Local RAG parameters will be assigned around these values at the Antibacterial Management Committee meeting at the end of March 2021.	Sept '20	57.5%	HQAIC