

NHS Board  
30 March 2022

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**SUBJECT: CORPORATE PERFORMANCE MANAGEMENT REPORTING – UPDATE**  
- Quarterly Performance Report – Quarter 3, 2021/22  
- Three-year Integrated Plan - the *Medium Term Plan*

## 1. PURPOSE

This paper is coming to the NHS Board:

For approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>	For Noting	<input type="checkbox"/>
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The Board is asked to consider if the Quarter 3 Performance Report provides assurance on performance and progress in the delivery of the 2021/22 draft AOP Targets and Locally Agreed Standards.

The Board is further asked to note that the Scottish Government is proposing to replace the Annual Operational Plan from 2022/23 onwards.

## 2. ROUTE TO THE BOARD

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the Corporate Management Team on 21<sup>st</sup> March 2022.

## 3. SUMMARY OF KEY ISSUES

### 3.1 Response to and Management of 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 and NHS Lanarkshire remains at code Black due to the ongoing pressures on staff and services.

### 3.2 Quarterly Performance Report - Quarter 3, 2021/22

#### 3.2.1 Local System Pressures – Waiting Times & Activity

To encompass elements of the remobilisation work underway, appendix 1 and 2 provide a high level summary comparing waiting times and activity for two periods of time in Quarter 2 and 3. Appendix 1 provides details of the number of patients waiting and Appendix 2 provides details of the activity undertaken. This information is unvalidated management information providing a snapshot of local pressures.

### 3.2.2 Annual Operational Plan (AOP) Quarter 3, 2021/22

The Annual Operational Plan (AOP) Quarter 3, 2021/22 progress report is presented at appendix 3 in a control-chart format/terminology.

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 3, 2021/22 report are from the draft 2020/21 Annual Operational Plan;
- the control charts detailed at appendix 3 will identify variation, indicating if performance is “On Target” or “Not on Target” ; 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 Q3 exception reports. However, key areas of performance were discussed at each meeting of the NHS Board for assurance.

### 3.3 Three-year Integrated Plan - the *Medium Term Plan*

The 2021/22 AOP development process was replaced by the development of Remobilisation Plans. However, in the absence of any specific new national targets, NHS Lanarkshire has continued to report on performance against the draft 2020/21 AOP targets (as described at section 3.3.2).

From 2022/23 onwards, the Scottish Government is proposing to replace Annual Operational Plans/Remobilisation Plans with a 3-year integrated plan, currently being called the *Medium Term Plan*. This is likely to include detailed proposals in relation to the development of trajectories for recovery. It is anticipated that guidance for the *Medium Term Plan* will be issued late March/early April with a submission date of July 2022.

In relation to remobilisation and recovery, plans are currently being finalised to establish a short life working group called the Service Remobilisation Group (SROG) to oversee the “standing-up” of services. In addition, the SROG will oversee the preparation of the *Medium Term Plan* and the development of an associated performance management methodology that will continue to be operated beyond the lifetime of the SROG.

## 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"/>	AHF/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

NHS Lanarkshire's Financial Plan is reported on separately to each NHS Board and PPRC 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) is the agreed annual contract with Scottish Government, for delivery by NHS Lanarkshire.

This Quarterly Performance Report is the sole means of reporting against AOP Targets and Locally Agreed Standards (former Local Delivery Plan Standards) in a single report to the NHS Board and PPRC.

**10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY**

Has 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 NHS BOARD**

The Board is asked to:

Approve	<input type="checkbox"/>	Gain Assurance	<input checked="" type="checkbox"/>	Note	<input type="checkbox"/>
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The Board is asked to:

1. consider if the Quarter 3 Performance Report provides assurance about performance and progress;
2. 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;
3. note that the Annual Operational Plan will be replaced from 2022/23 onwards; and
4. note that the 2021/22 Quarterly Performance Report (Q4) will be prepared for consideration by the PPRC in June 2022.

**13. FURTHER INFORMATION**

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

Roslyn Rafferty, Head of Strategy & Performance

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

**APPENDICES**

- Appendix 1 Local System Pressures – Waiting Times (UNVALIDATED MANAGEMENT INFORMATION)
- Appendix 2 Local System Pressures – Activity (UNVALIDATED MANAGEMENT INFORMATION)
- Appendix 3 Quarter 3, 2021/22 - Performance Reports – Control Charts (VALIDATED INFORMATION)

Local System Pressures – Waiting Times

Appendix 1

NHS Lanarkshire

Waiting Times Balanced Scorecard

Queue

Date as at: 31/12/2021



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									TTG Delivery								
		Dec-21				Sep-21			Dec 2019 (Pre COVID)		Dec-21				Sep-21			Dec 2019 (Pre COVID)	
		WL Size	e in WL Size	Waiting >12 Weeks	Waiting >52 Weeks	WL Size	Waiting >12 Weeks	Waiting >52 Weeks	WL Size Pre-COVID	Waiting >12 Weeks	WL Size	e in WL Size	Waiting >12 Weeks	Waiting >52 Weeks	WL Size	Waiting >12 Weeks	Waiting >52 Weeks	WL Size Pre-COVID	Waiting >12 Weeks
Acute Waiting Times	Total	37650	16750	16895	844	37657	16203	835	20900	1121	11451	4469	8119	2840	10038	6841	2214	6982	1910
Diagnostic Waiting Times	Total										6122	2854	5978	2333	6304	2802	117	3268	3
	Cystosponge Upper GI <sup>[2]</sup>										19		1	0	0	0	0		
	Colon Capsule <sup>[2]</sup>										38		10	0	56	1	0		
Community Waiting Times	Total	18725	3403	7693	310	20632	8430	780	15322	1913									
Mental Health Waiting Times (reported 1 month in arrears)	Adult Mental Health Clinics	898	339	163	1	716	73	3	559	15									
	Psychiatry: Addictions	106	31	22	0	82	7	0	75	0									
	Psychiatry: Eating Disorders	13	5	2	0	23	6	0	8	0									
	Old Age Psychiatry	485	157	71	0	496	76	0	328	38									
	Learning Disabilities	2	-7	0	0	7	0	0	9	0									
	Total	1504	525	258	1	1324	162	3	979	53									
			0																
		WL Size	e in WL Size	Waiting >18 Weeks	Waiting >52 Weeks	WL Size	Waiting >18 Weeks	Waiting >52 Weeks	WL Size Pre-COVID	Waiting >18 Weeks									
	CAMHS: First Appointment <sup>[3]</sup>	1861	948	1224	405	1574	954	250	913	214									
	Psychological Therapies <sup>[3]</sup>	2336	539	525	4	2339	473	30	1797	346									
	Total	4197	1487	1749	409	3913	1427	280	2710	560									

[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

[4] No data for waiting >52 weeks available for Speech and Language Therapy Children and Young People

[5] No data for waiting >52 weeks available for Speech and Language Therapy Adult

[6] Includes All Dietetics rather than PCWT inclusive specialties

Local System Pressures – Activity

Appendix 2

NHS Lanarkshire

Waiting Times Balanced Scorecard

Activity (New Appointment ONLY)

Date as at: 14/01/2022



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									TTG Delivery											
		Dec-21			Sep-21			Dec 2019 (Pre-COVID)			Dec-21			Sep-21			Dec 2019 (Pre-COVID)					
		Total Activity	Base Activity [4]	al Activity [5]	Total Activity	Base Activity [4]	al Activity [5]	Total Activity	Base Activity [4]	al Activity [5]	Total Activity	Base Activity [4]	al Activity [5]	Total Activity	Base Activity [4]	al Activity [5]						
Acute Waiting Times	Total	9987	8309	1678	9786	7445	2341	11322	7072	1225	708	665	43	818	720	98	1585	1467	118			
Diagnostic Waiting Times	Total										1356				1072				1664			
	Cystosponge Upper GI [2]										0				0							
	Colon Capsule [2]										5				24							
Community Waiting Times	Total	4919			4299			5578														
Mental Health Waiting Times (reported 1 month in)	Adult Mental Health Clinics	193			153			192														
	Psychiatry: Addictions	41			29			41														
	Psychiatry: Eating Disorders	5			2			1														
	Old Age Psychiatry	186			155			193														
	Learning Disabilities	11			10			11														
	CAMHS [3]	101			51			159														
	Psychological Therapies [3]	738			683			743														
	Total	1275			1083			1340														

[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 shows numbers starting treatment on the 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


[6] No Sep 2019 Pre-Covid activity available for Children and Young People Occupational Therapy

Appendix 3  
 Quarter 3, 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

CONTROL CHART RULES

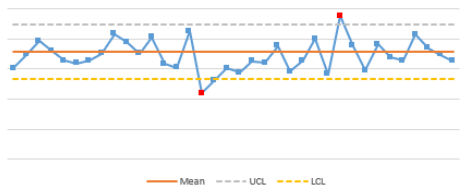


Active Governance Performance Summary - Control Chart Rules



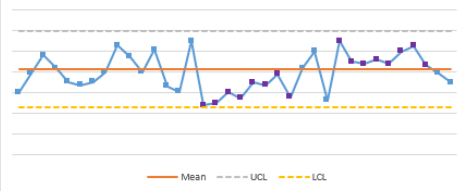
Rule	Description
Rule 1 - Outlier	Data point(s) exceeding the upper or lower control limits
Rule 2 - Shift	A run of 8 or more consecutive data points above or below the mean
Rule 3 - Trend	A run of 6 or more consecutively increasing or decreasing data points.
Rule 4 - Outer one - Third	Two out of three consecutive data points which sit close to control limits
Rule 5 - Inner One - Third	15 or more consecutive data points that lie close to the mean.

**Rule 1 - Outlier**



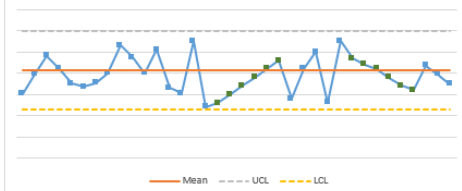
Note: A point exactly on the control limit is not considered outside the limit

**Rule 2 - Shift**



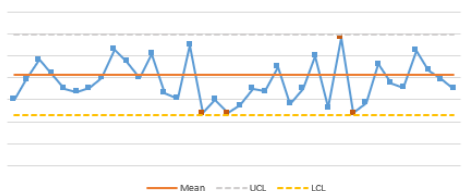
Note: A point exactly on the centre line does not cancel or count towards a shift

**Rule 3 - Trend**

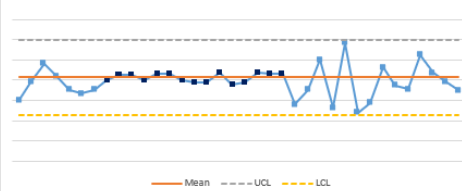


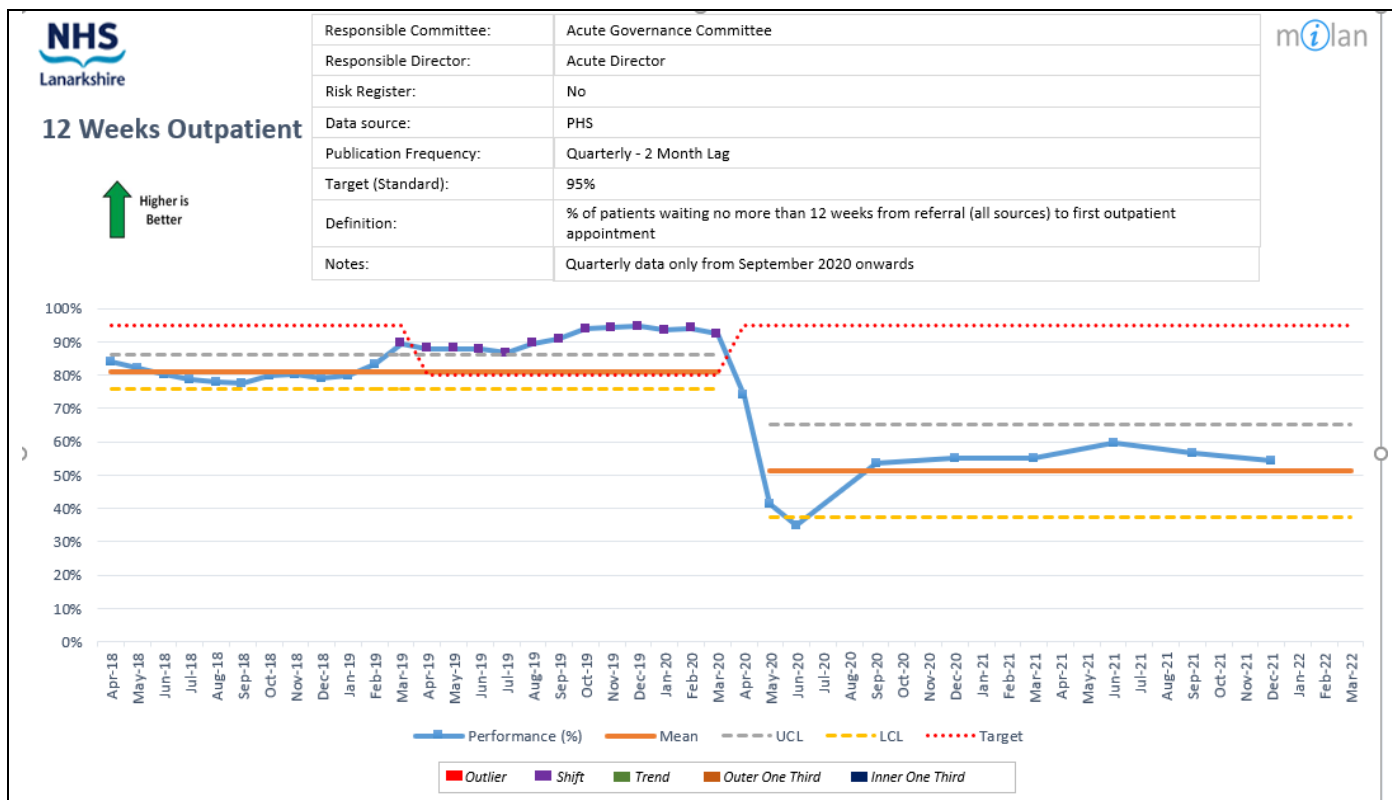
Note: Two consecutive points with equal values do not cancel or add to a trend

**Rule 4 - Outer One Third**



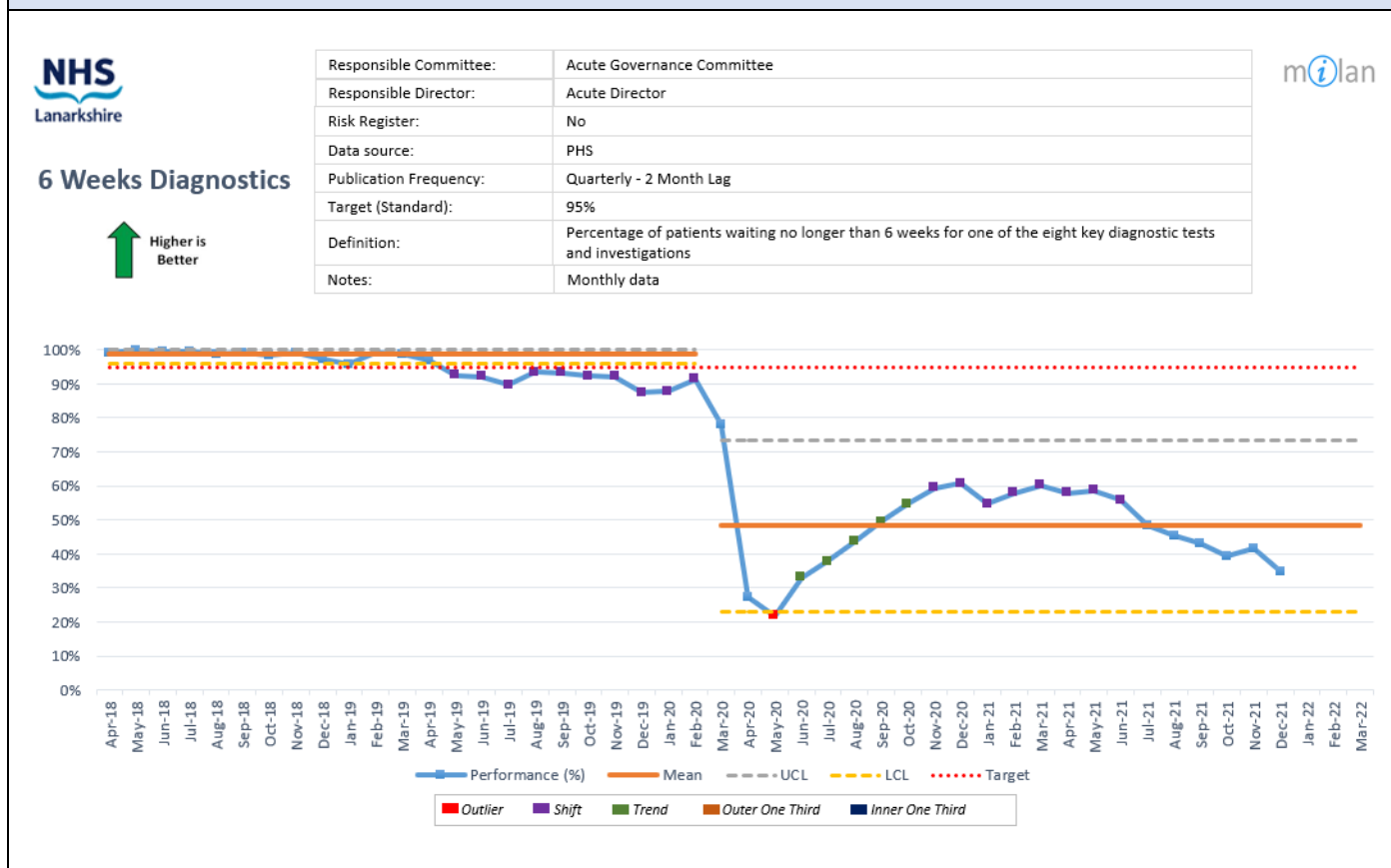
**Rule 5 - Inner One Third**





**Commentary – Not on target.**

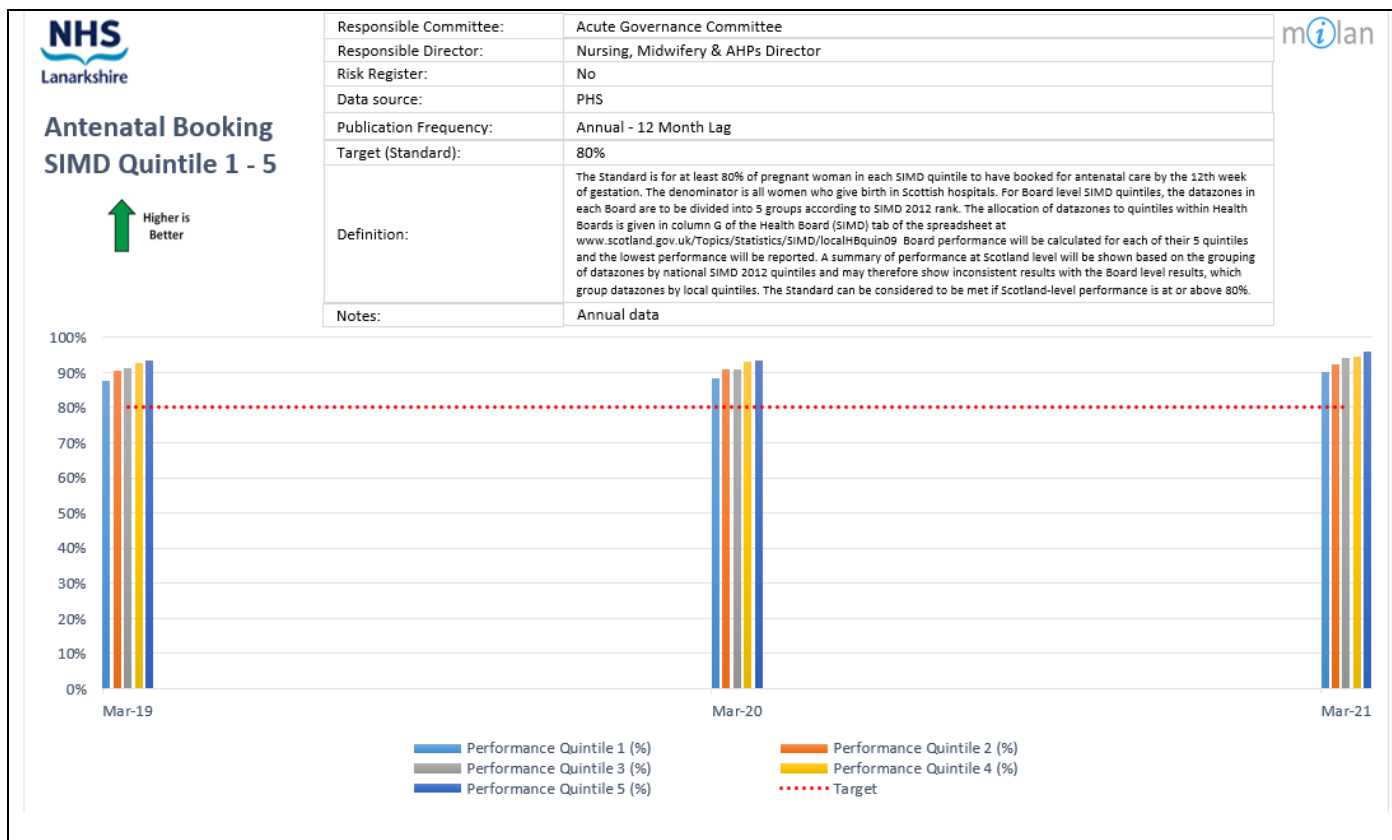
Performance continues to be subject to random variation, with Dec'21 performance at 54.41% (The Upper and Lower Control Limits reflect datapoints ranging from between 37.3% to 65.4%).



**Commentary – Not on target.**

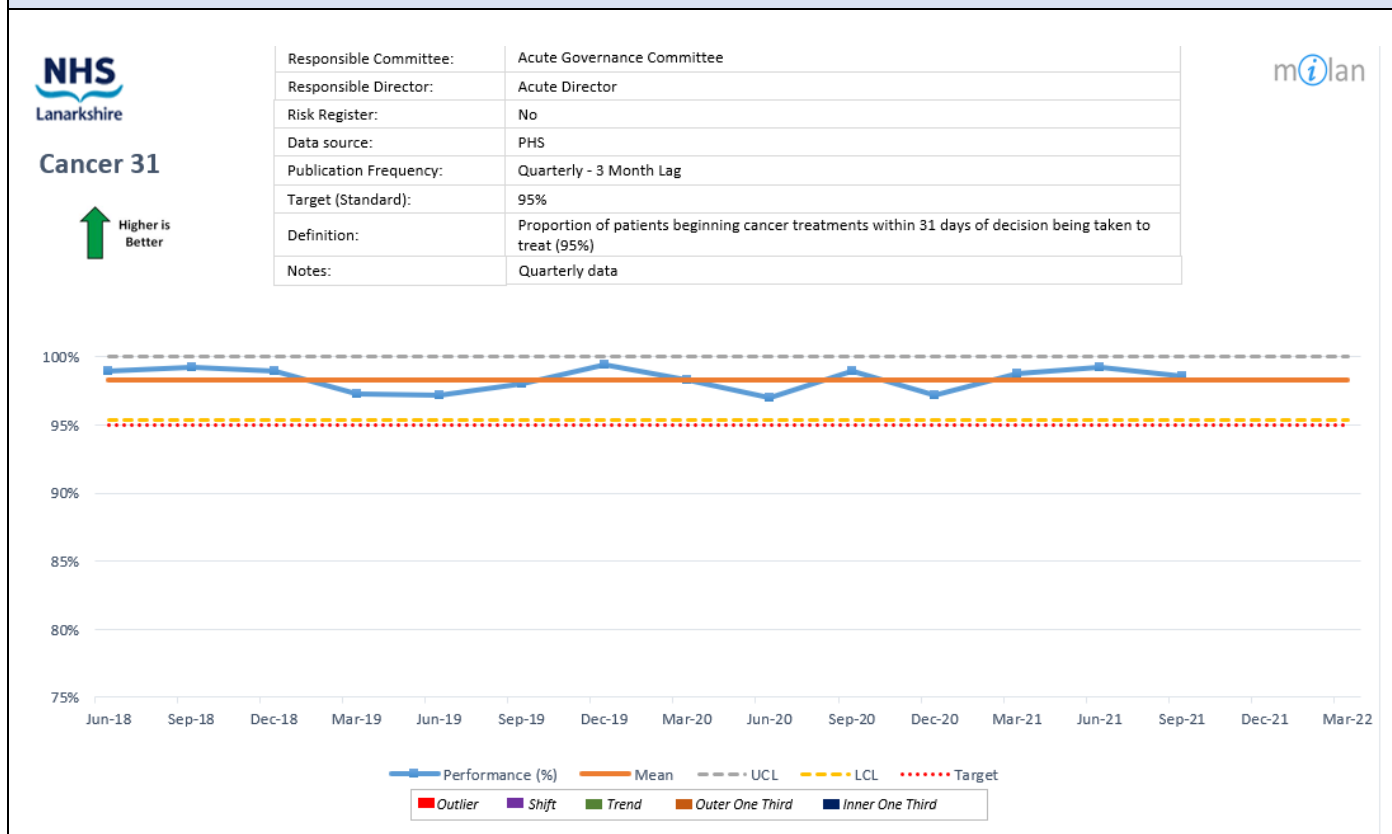
Performance continues to be subject to special cause variation, with Dec'21 performance at 34.83% (The Upper and Lower Control Limits reflect datapoints ranging from between 23% to 73.5%).





**Commentary – Target met**

Performance is consistent with standard having been met in 2018/19, 2019/20, and 2020/21



**Commentary – On target.**

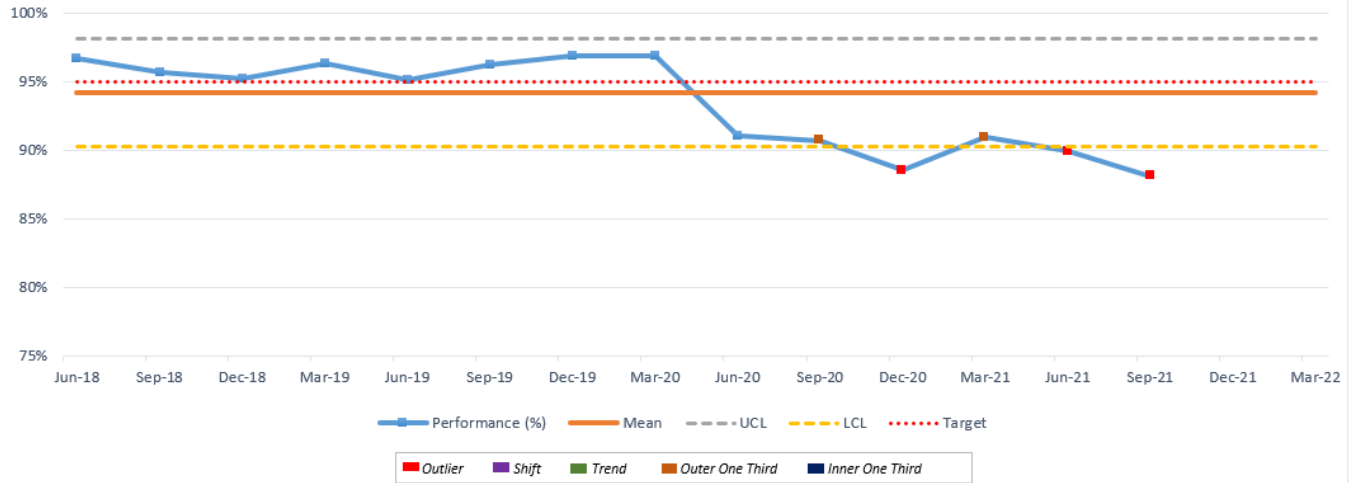
Performance continues to be subject to random variation, with Sept'21 performance at 99% exceeding the target. (The Upper and Lower Control Limits reflect datapoints ranging from between 95% to 100%).

Quarter 3 data due 29 March'22.

Cancer 62



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



**Commentary – Not on target.**

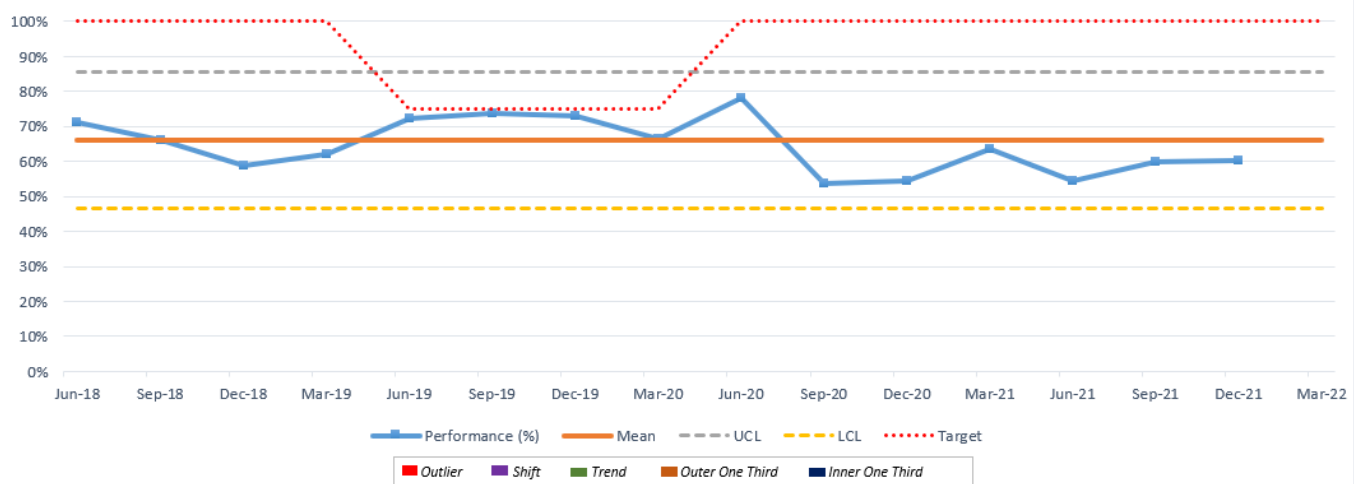
Performance at Dec '20, Jun '21 and Sept'21 breached the lower control limit indicating a special cause variation, with Sept'21 performance at 88% (The Upper and Lower Control Limits reflect datapoints ranging from between 90% to 98%).

Quarter 3 data 29 March'22.

TTG



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



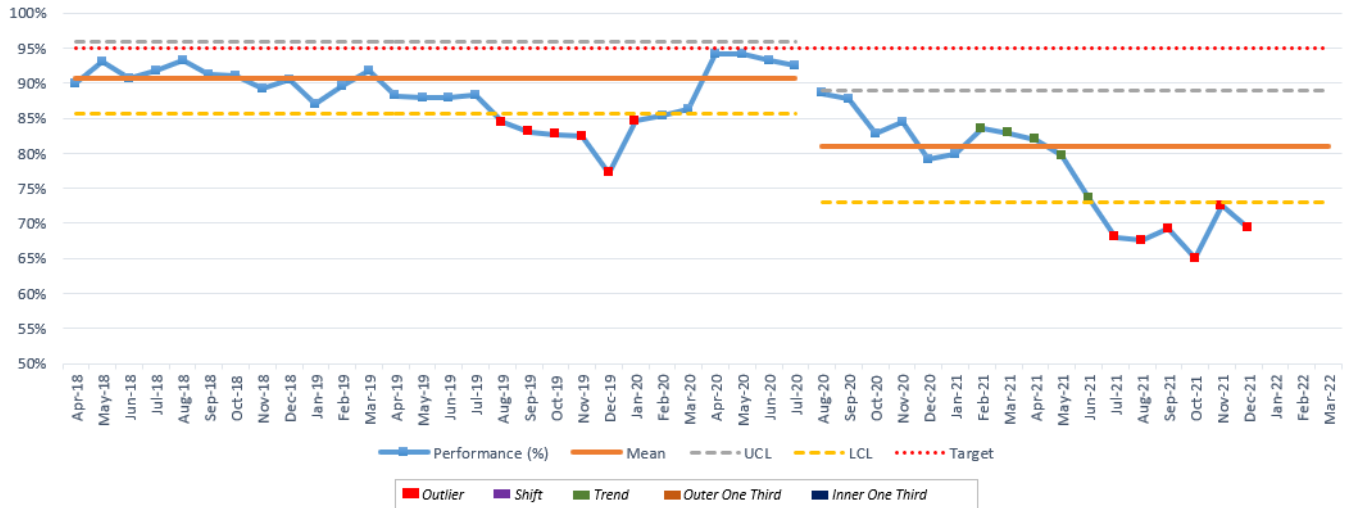
**Commentary – Not on target.**

Performance continues to be subject to random variation, with Dec'21 performance at 60% (The Upper and Lower Control Limits reflect datapoints ranging from between 47% to 86%).

### Unscheduled Care - 4 Hour Compliance



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



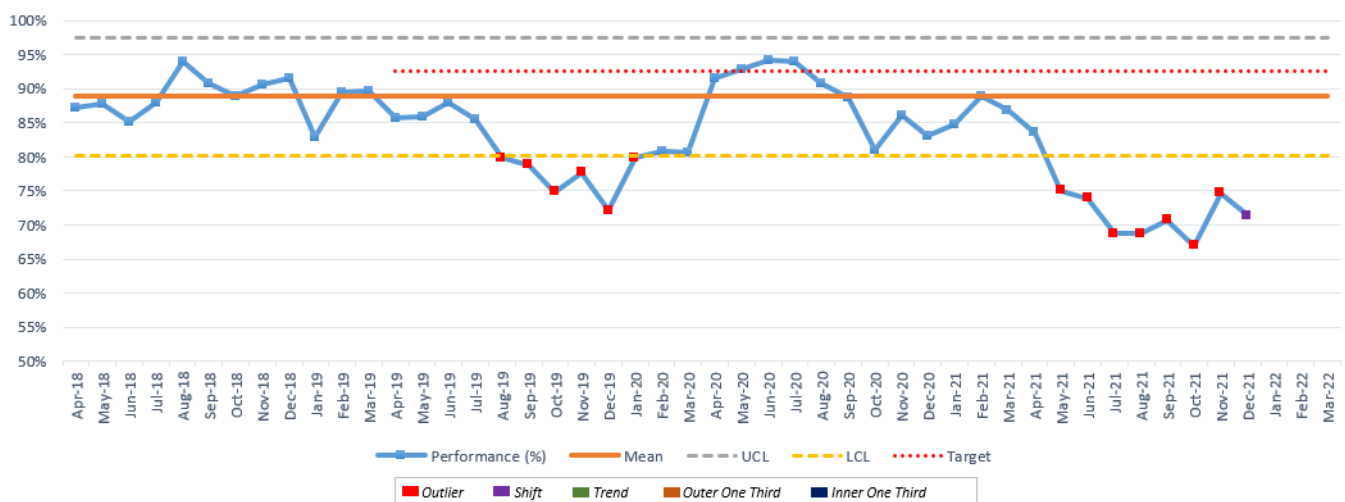
#### Commentary – Not on target

Performance continues to be subject to special cause variation, with Dec'21 performance at 69.28% (The Upper and Lower Control Limits reflect datapoints ranging from between 73% to 89%).

### Unscheduled Care - 4 Hour Compliance - UHH



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



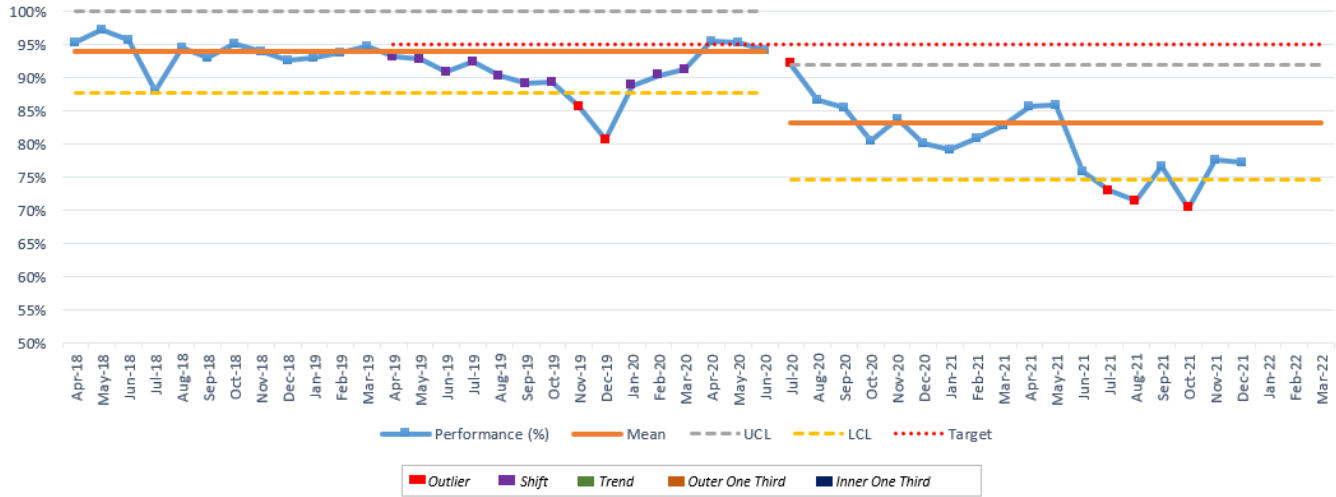
#### Commentary – Not on target

Performance continues to be subject to special cause variation, with Dec'21 performance at 71.36% (The Upper and Lower Control Limits reflect datapoints ranging from between 80.2% to 97.5%).

Unscheduled Care -  
4 Hour Compliance - UHM



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



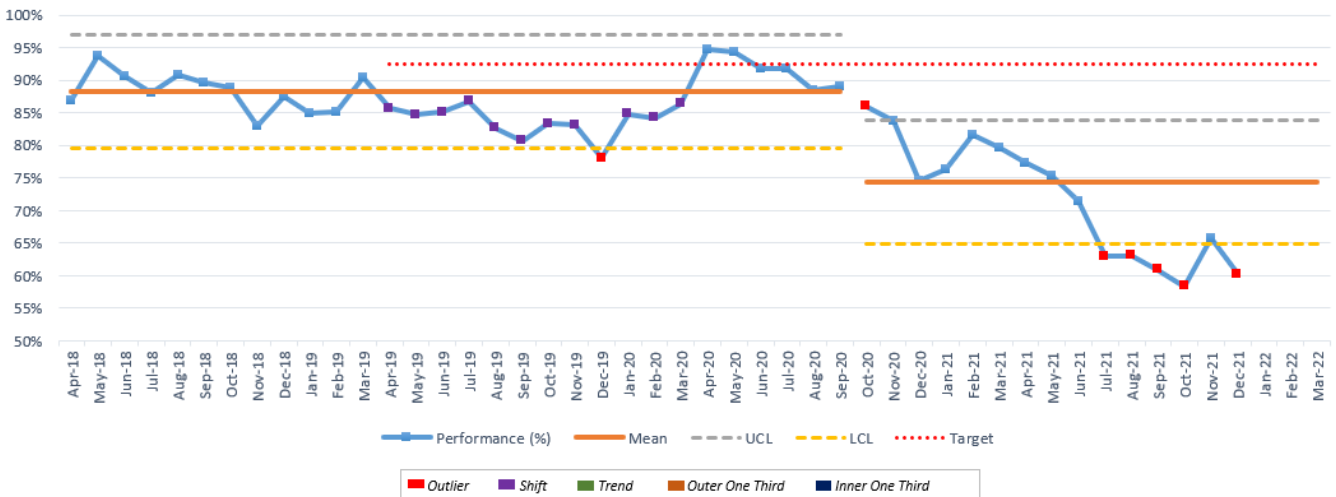
Commentary – Not on target

Current performance is subject to special cause variation, with Dec'21 performance at 77.31% (The Upper and Lower Control Limits reflect datapoints ranging from between 74.6% to 92%).

Unscheduled Care -  
4 Hour Compliance - UHW

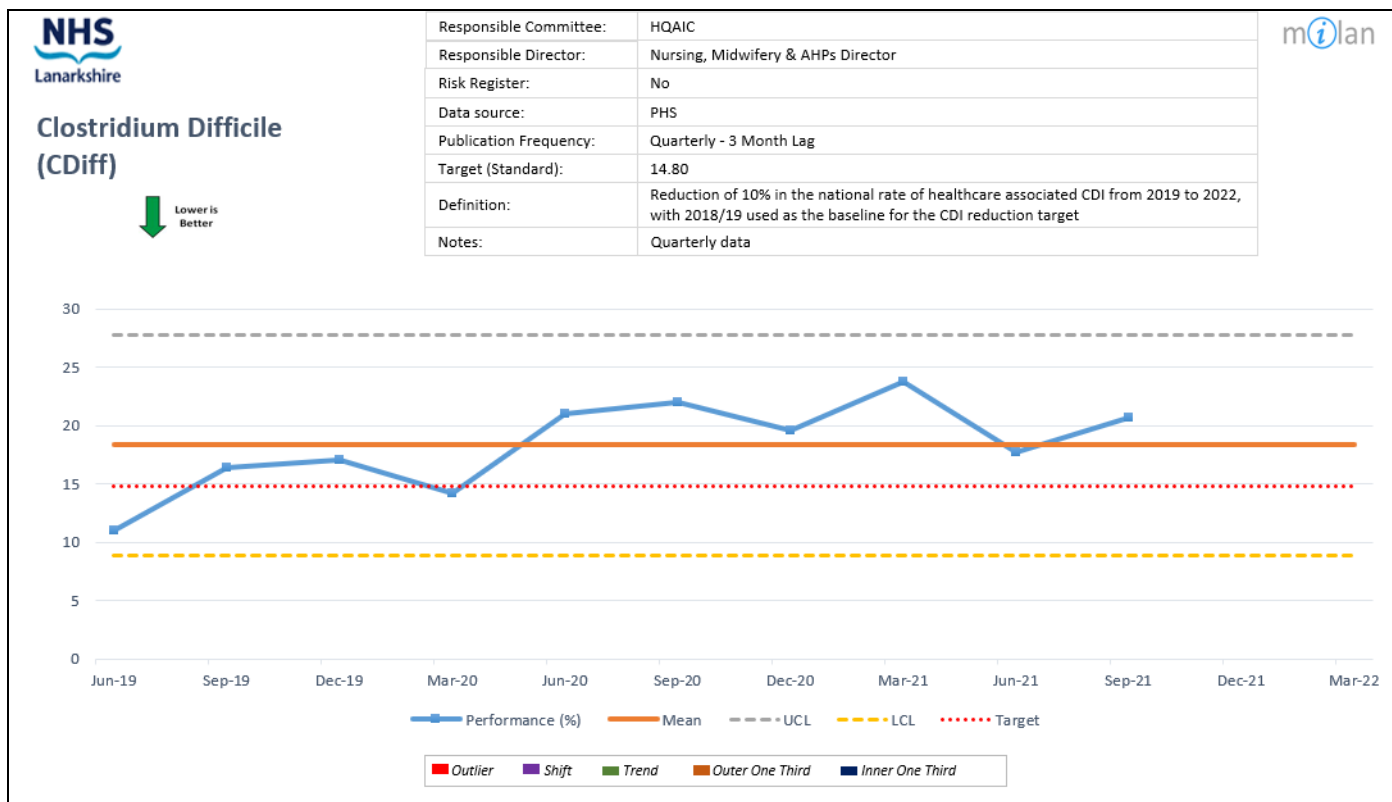


Responsible Committee:	Acute Governance Committee
Responsible Director:	Acute Director
Risk Register:	Yes
Data source:	PHS
Publication Frequency:	Monthly - 2 Month Lag
Target (Standard):	92.5%
Definition:	4 hours from arrival to admission or discharge or transfer for A&E treatment
Notes:	Monthly data,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



Commentary – Not on target

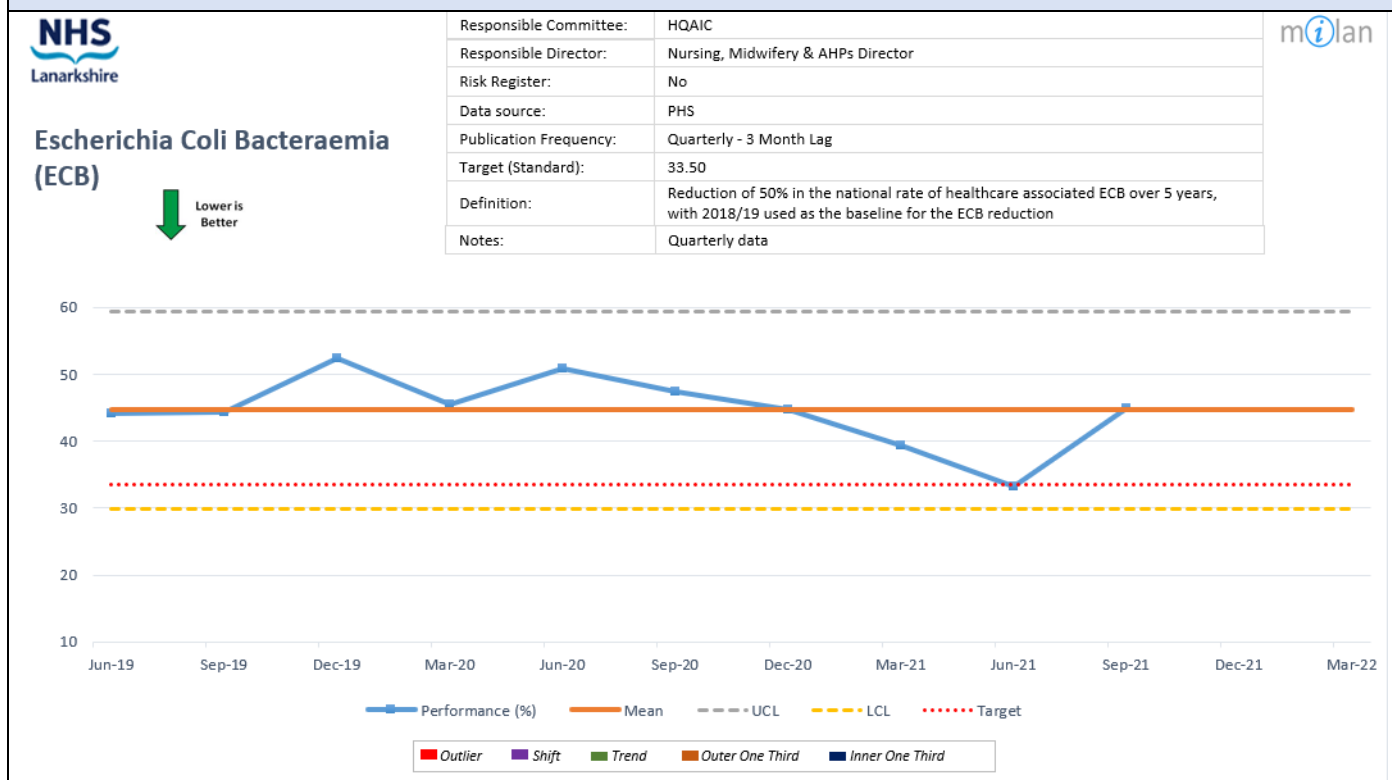
Current performance is subject to special cause variation, with Dec'21 performance at 60.19% (The Upper and Lower Control Limits reflect datapoints ranging from between 64.9% to 83.9%).



**Commentary – Not on target.**

Performance continues to be subject to random variation, with Sept'21 performance at 20.7. (The Upper and Lower Control Limits reflect datapoints ranging from between 27.8 to 8.82).

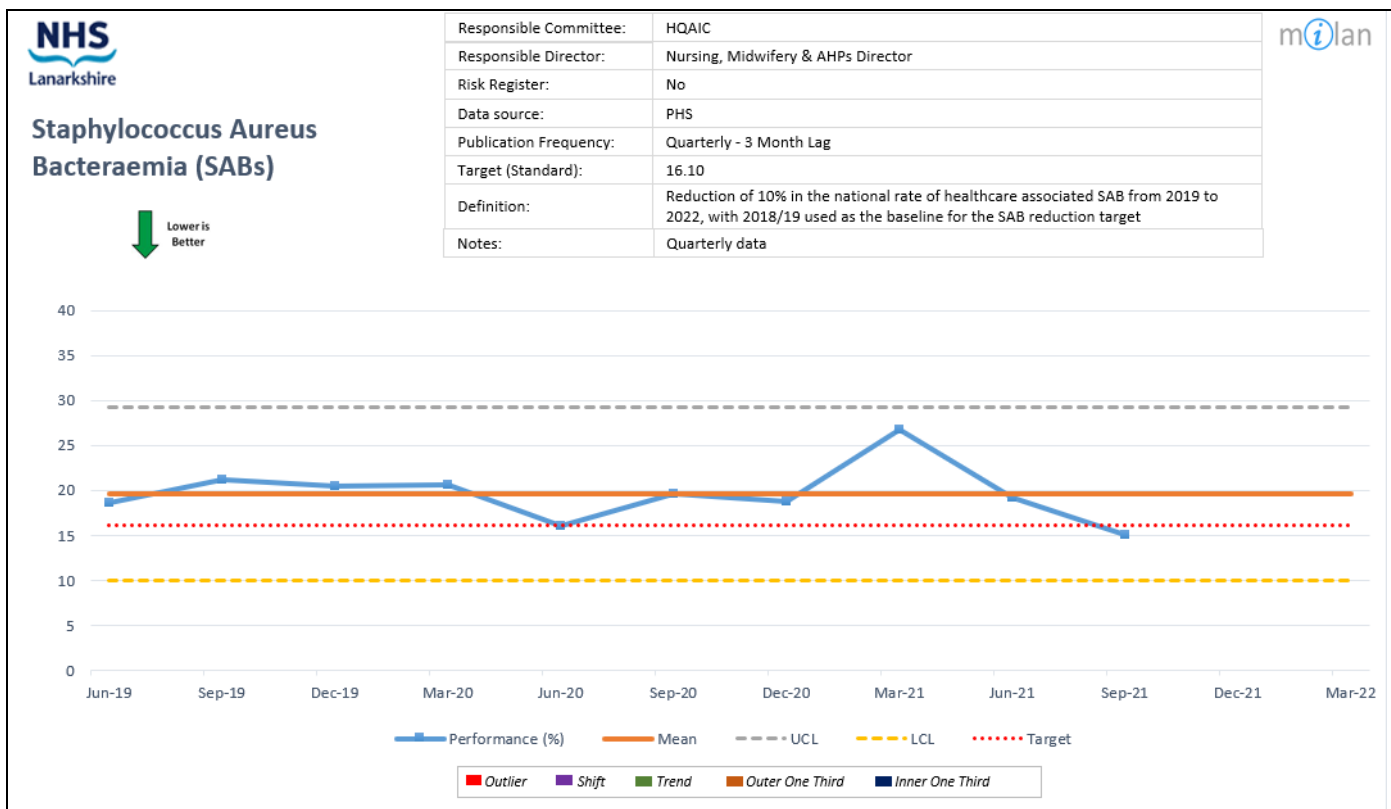
October – Dec'21 data due – PHS to confirm



**Commentary – Not on target.**

Performance continues to be subject to random variation, with Sept'21 performance at 44.68 (The Upper and Lower Control Limits reflect datapoints ranging from between 59.4 to 29.9).

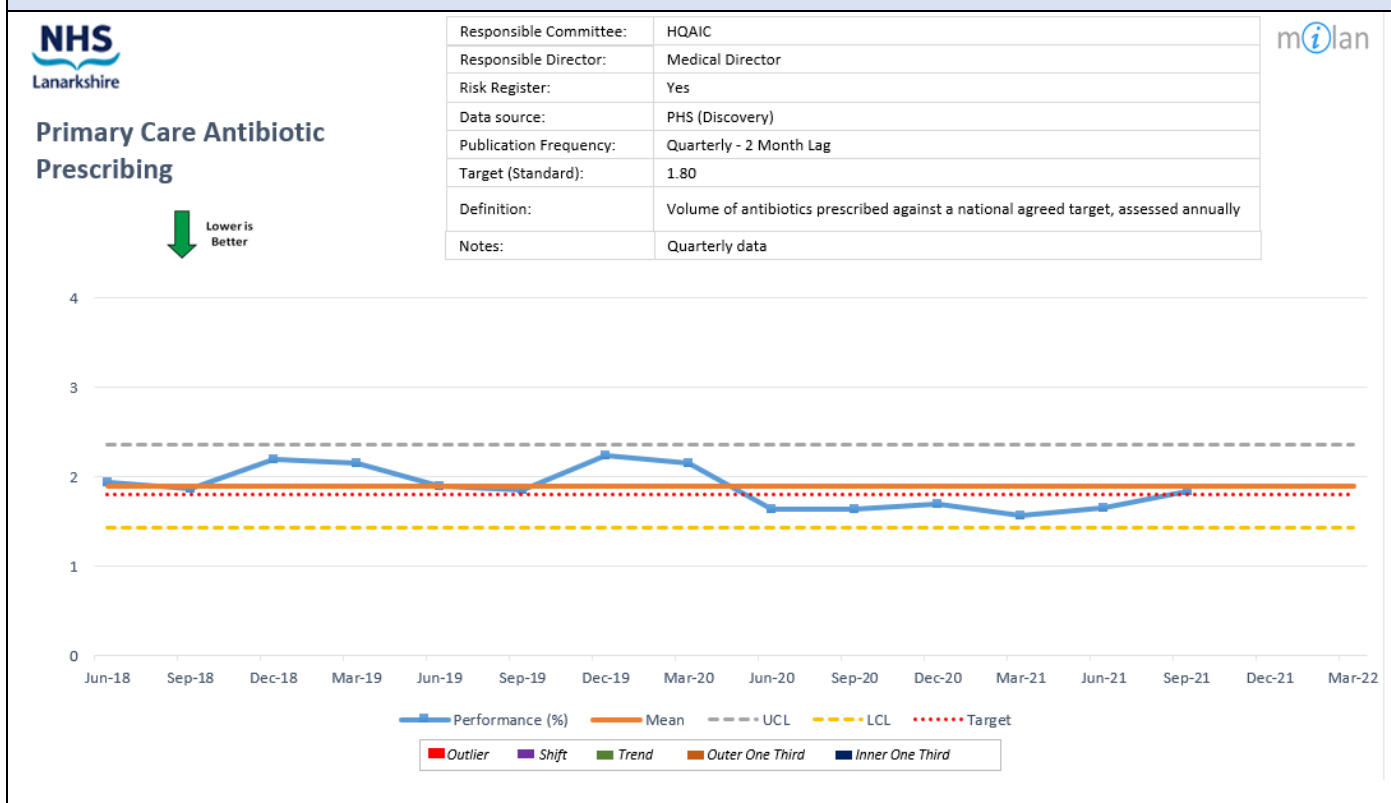
October – Dec'21 data due - PHS to confirm



#### Commentary – On Target

While performance continues to be subject to random variation, the target was met in Sept'21 when performance was 15. (The Upper and Lower Control Limits reflect datapoints ranging from between 29.2 to 10).

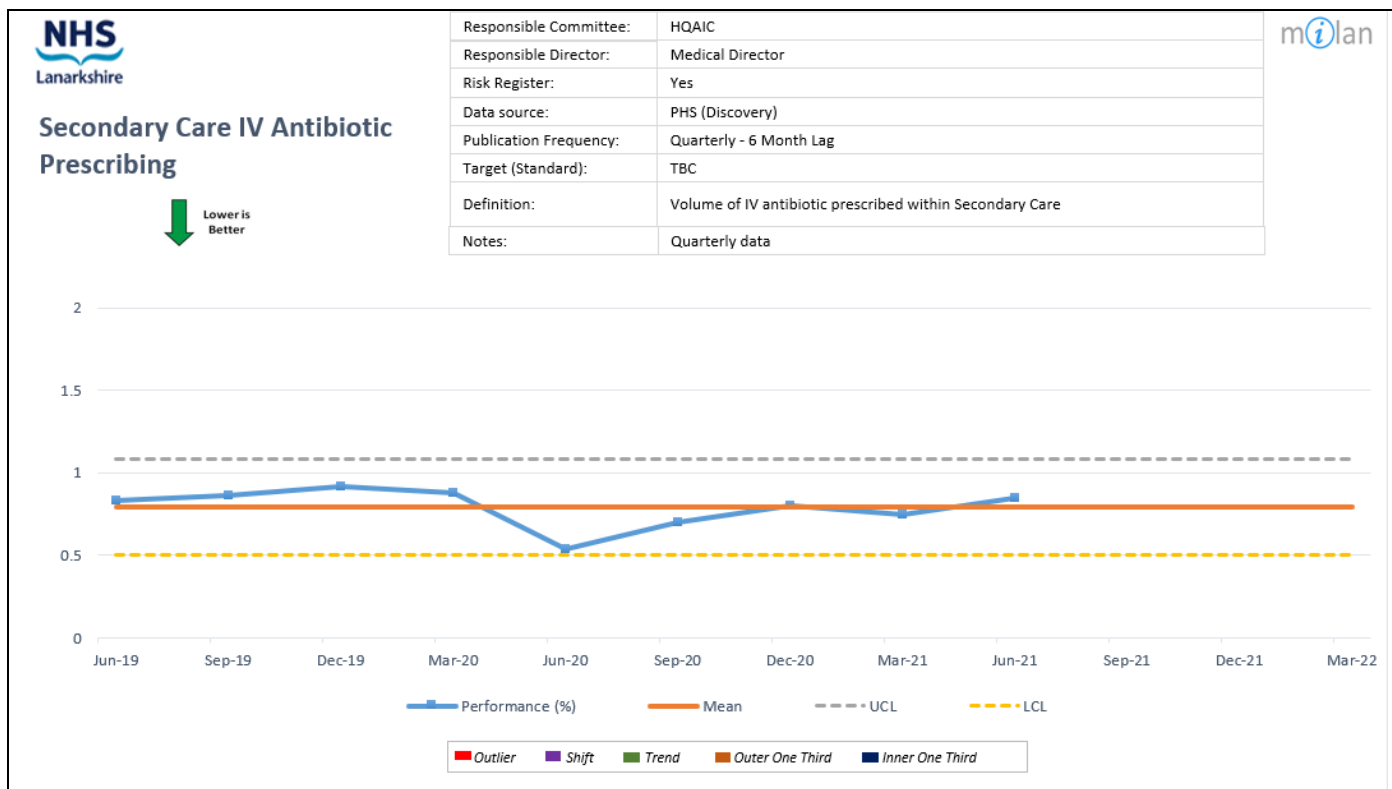
October – Dec'21 data due – PHS tbc



#### Commentary – Not on target

Performance continues to be subject to random variation, with Sept'21 performance at 1.84. (The Upper and Lower Control Limits reflect datapoints ranging from between 2.36 to 1.43).

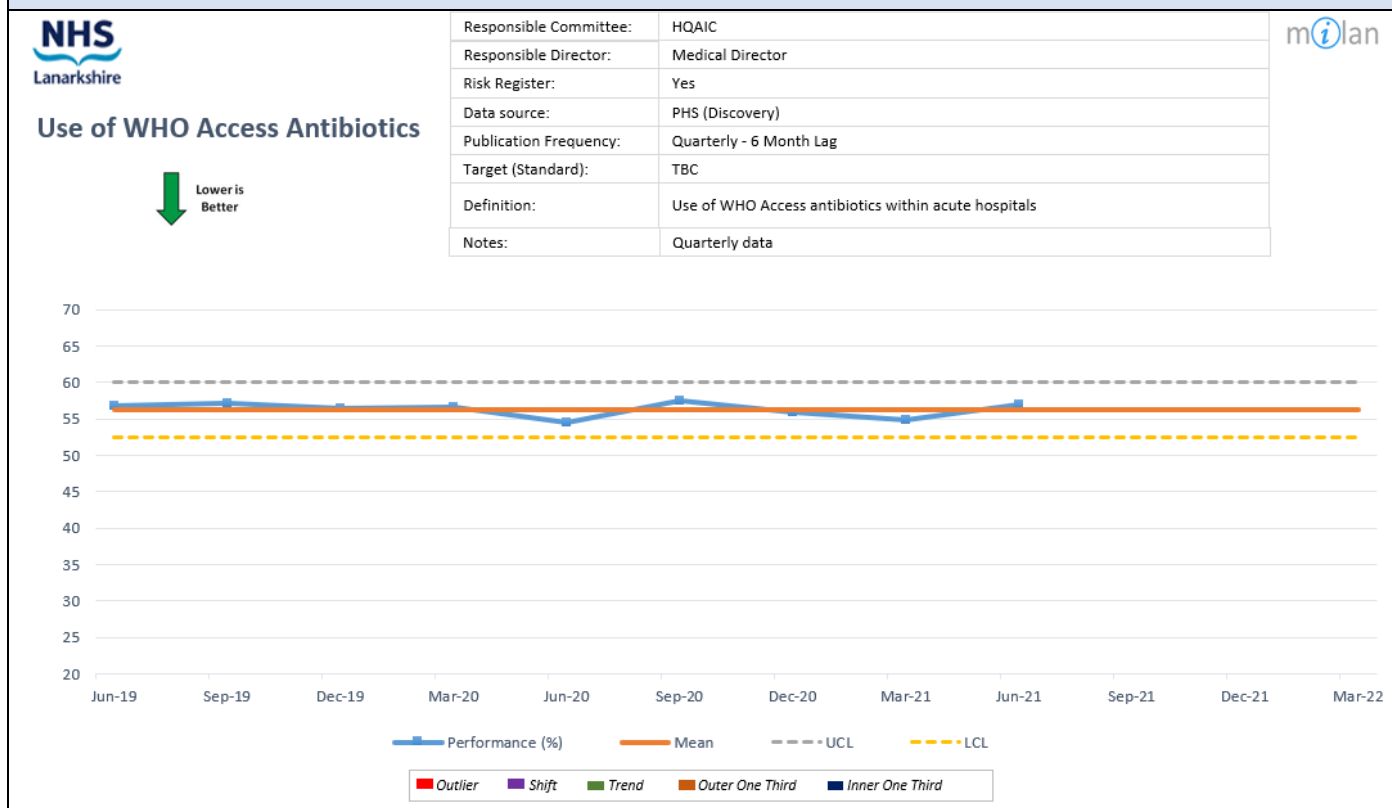
October – Dec'21 data due – PHS to confirm



#### Commentary

Performance continues to be subject to random variation, with Jun'21 performance at 0.85. (The Upper and Lower Control Limits reflect datapoints ranging from between 1.08 to 0.50).

July – Sept'21 data due - PHS to confirm



#### Commentary

Performance continues to be subject to random variation, with Jun'21 performance at 56.27 (The Upper and Lower Control Limits reflect datapoints ranging from between 60.1 to 52.5).

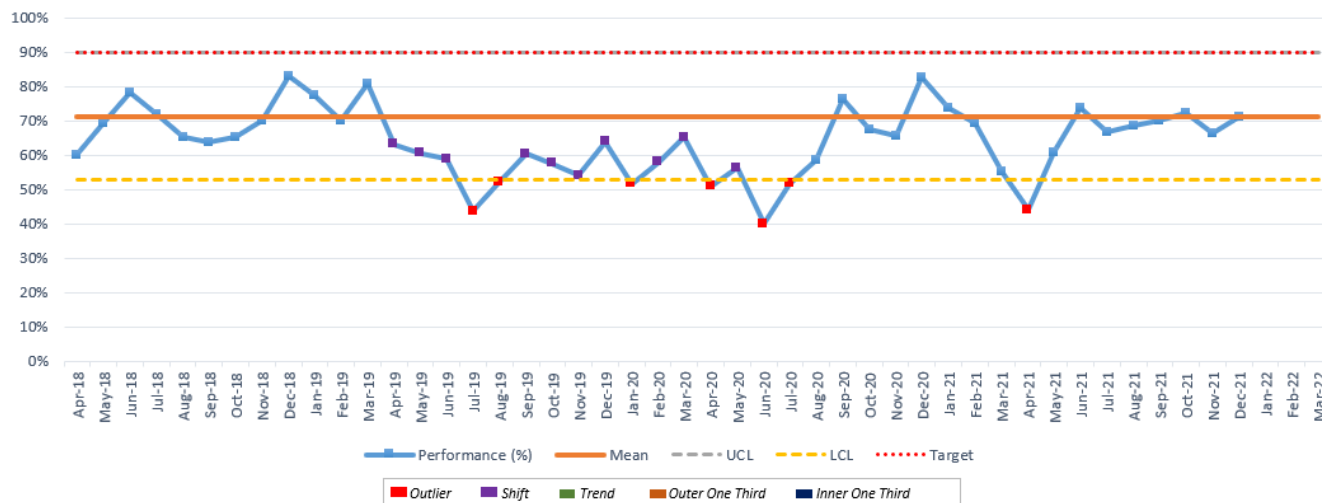
July – Sept'21 data due - PHS to confirm.



### 18 Wks RTT - CAMHS



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



#### Commentary – Not on target.

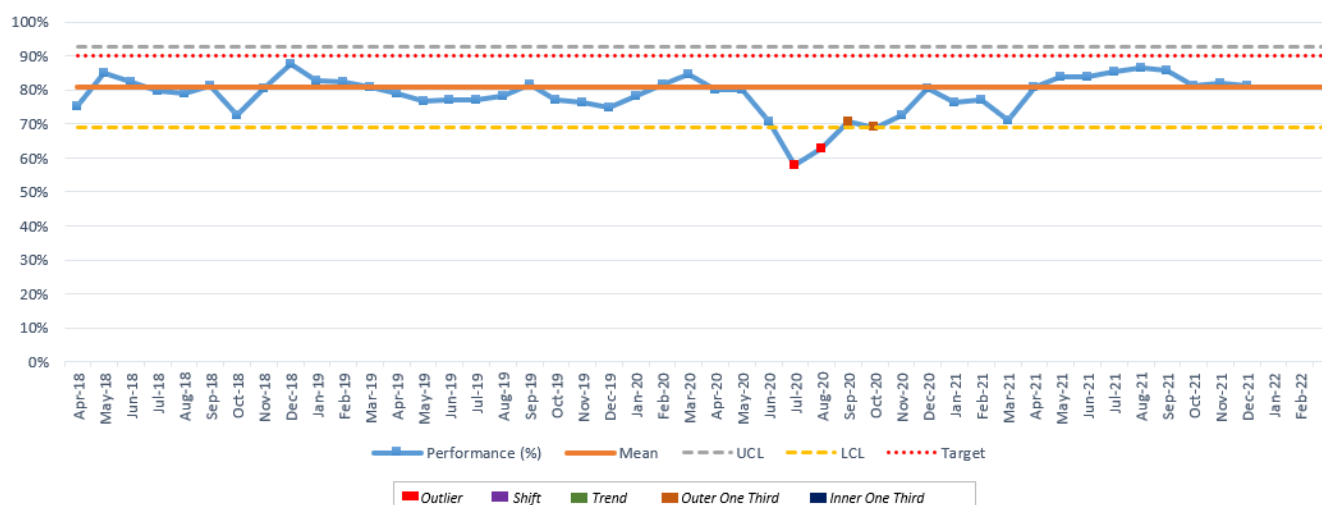
Current performance (with the exception of April 2021) remains subject to random variation, with Dec'21 performance at 71.31% (The Upper and Lower Control Limits reflect datapoints ranging from between 52.9% to 89.7%).



### 18 Wks RTT - Psychology



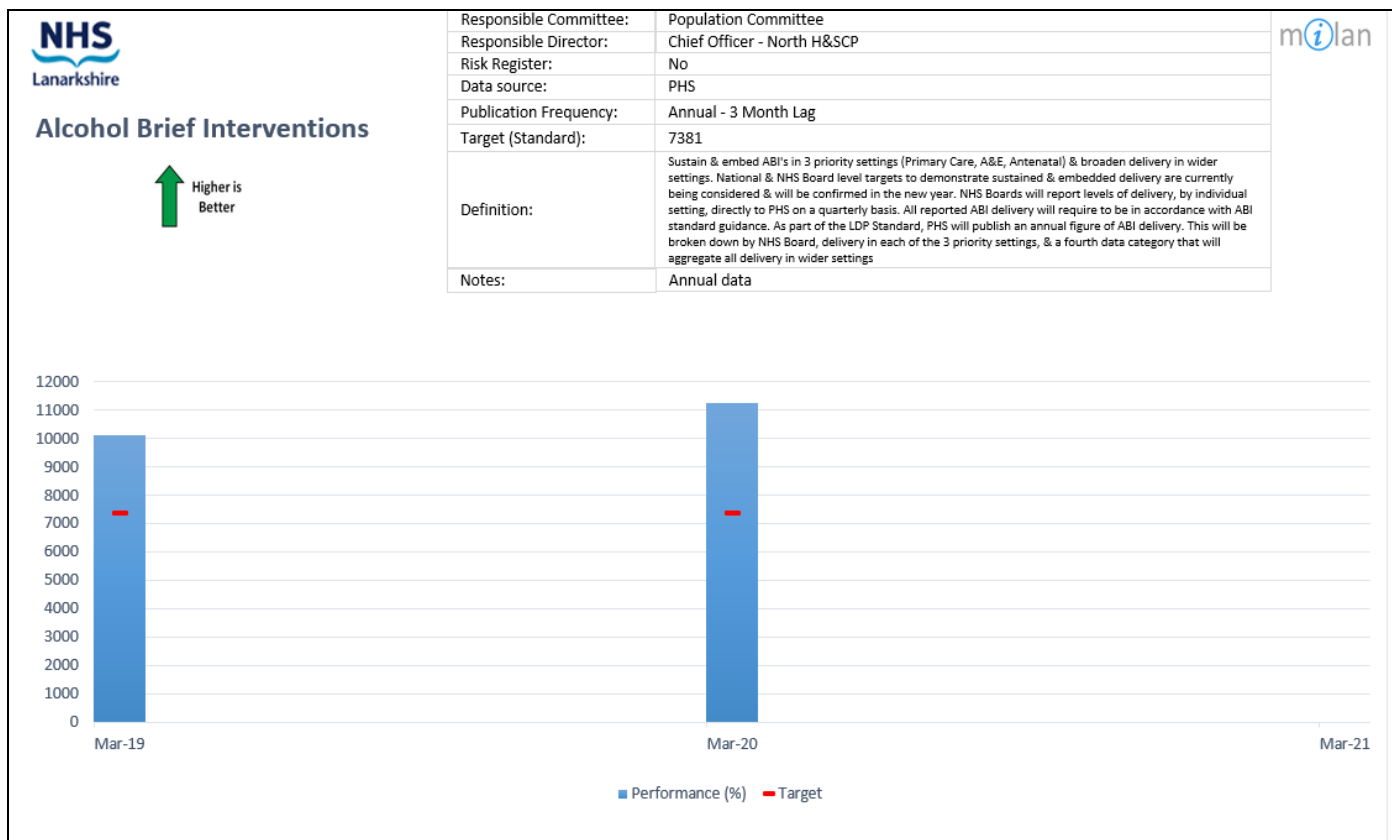
Responsible Committee:	Population Committee
Responsible Director:	Chief Officer - North H&SCP
Risk Register:	No
Data source:	PHS
Publication Frequency:	Quarterly - 2 Month Lag
Target (Standard):	90%
Definition:	18 weeks referral to treatment for Psychological Therapies
Notes:	Quarterly data



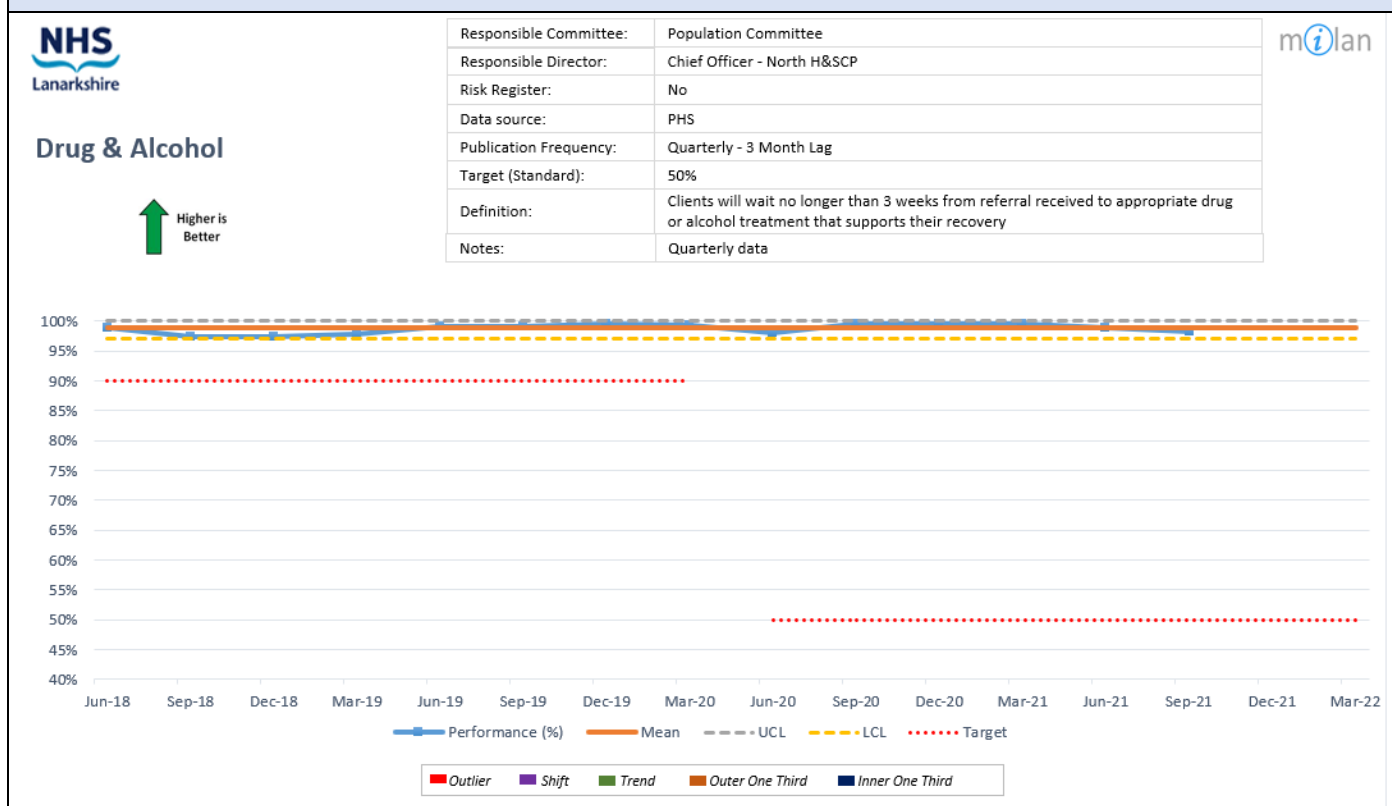
#### Commentary – Not on target.

Current performance remains subject to random variation, with Dec'21 performance at 80.83% (The Upper and Lower Control Limits reflect datapoints ranging from between 68.9% to 92.8%).





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



**Commentary** – On target.

Performance continues to be subject to random variation, with Sept'21 performance at 98.79%. (The Upper and Lower Control Limits reflect datapoints ranging from between 97.1% to 100%).

Quarter 3 data awaited



**Commentary – On Target.**

Performance shows standard was met in 2019/20 and 2020/21.

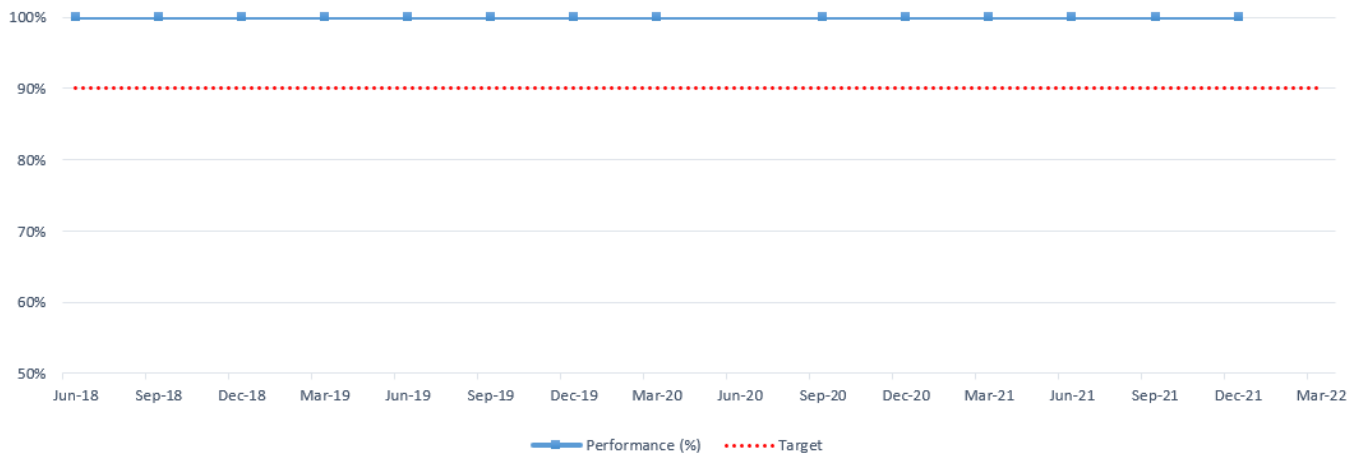


**Commentary – Not on target**

Performance at December 2021 reports as -7933, which is greater than the target of -7114

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

IVF

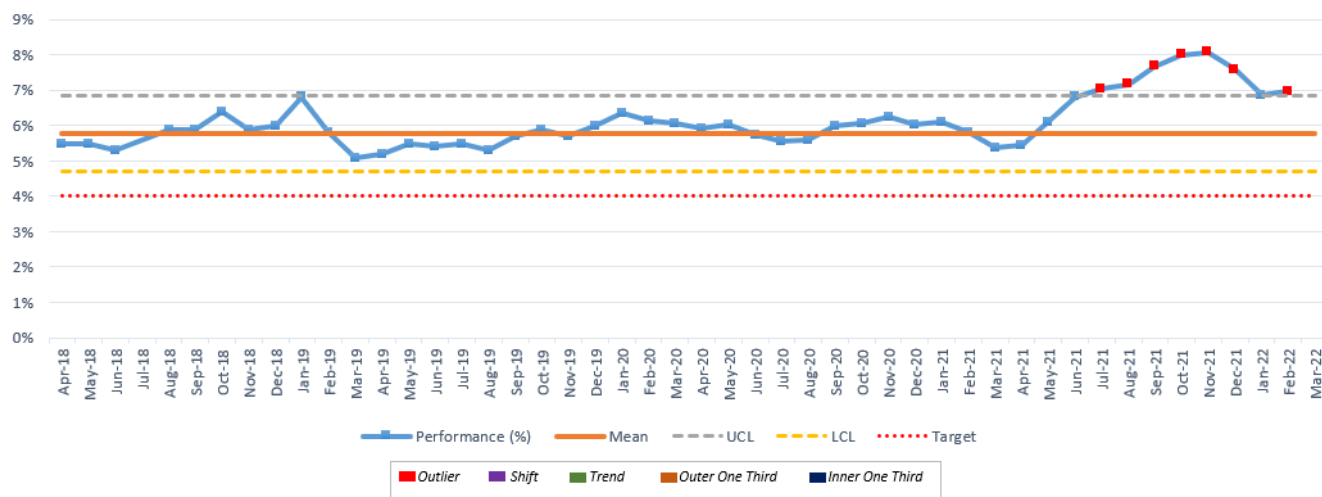


Commentary – On Target

Performance consistently meets 100%, exceeding the 90% standard.

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

Workforce - Sickness



Commentary – Not on target.

Current performance is subject to special cause variation, with Dec'21 performance at 7.58%. (The Upper and Lower Control Limits reflect datapoints ranging from between 6.86% to 4.69%).