

DEVELOPMENT OF CORPORATE OBJECTIVES

The Corporate Objectives are developed each year by CMT, and signed off by the NHS Board. They identify the critical areas of business that must be delivered on time and to standard during the forthcoming year. The Corporate Objectives provide the high level description of each area, with more specific detail being set out in the cascade down through divisional, team and personal objectives. From 2017/18, the models of delivery against the Corporate Objectives will increasingly be influenced by the National Delivery Plan through increased regional partnerships.

Throughout this document, Objectives that flow from the LDP 2017/18 have (LDP) annotated. The 23 Integration Indicators that will measure progress towards achievement of the 9 National Health & Wellbeing Outcomes are included under the Objective concerning Joint Strategic Commissioning Plans (2.13), however, it is recognised that delivery of many of these will be linked to progress in other areas listed in this document.

Note: The draft LDP 2017/18 is due to be submitted to Scottish Government by 31 March 2017, and thereafter will be subject to a period of discussion leading up to agreement and sign-off by 30 September 2017. These Corporate Objectives will be updated in line with any material changes arising from the agreement and sign-off of the LDP.

PERFORMANCE MANAGEMENT OF CORPORATE OBJECTIVES

Performance management of progress against the Corporate Objectives is achieved by the following means:

- At individual level, personal objectives are subject to performance appraisal at least annually;
- At Divisional / Partnership level, the Operating Management Committee and Integrated Joint Boards have responsibility for the management of performance for those areas assigned / delegated to them;
- Also at Divisional / Partnership level, there is a Quarterly Chief Executive Review programme that focuses on a sub-set of key indicators including LDP Standards;
- Board members have access to an electronic report on the 105 KPIs that form the Integrated Corporate Performance Report, with Exceptions highlighted in a paper report;
- The NHS Board receives a quarterly report on progress against LDP Standards, a sub-set of the ICPR noted above;

- The Corporate Objectives themselves are monitored twice yearly and a progress report produced for PP&RC using this document format.

LANARKSHIRE QUALITY APPROACH

Aim – Our aim in Lanarkshire is to develop a healthcare strategy that supports the development of an integrated health and social care system which has a focus on prevention, anticipation and supported self-management. With the appropriate use of health and care services we can ensure that patients are able to stay healthy at home, or in a community setting, as long as possible, with hospital admission only occurring where appropriate.

People at the Heart of our Approach – The Lanarkshire Quality Approach sets out core values and principles and will ensure these reflect our aim to provide assurance to the public, the Board and Ministers that as a quality organisation we demonstrate: a caring and person-centred ethos that embeds high quality, safe and effective care; that we continually strive to do the best individually and collectively; that we accept individual accountability for delivering a service to the best of our ability; that we are responsive to changing culture, expectations and needs.

Quality Driven Aims –We have identified five strategic aims to achieve our vision, which have as pre-requisite criteria the NHS Scotland Quality Strategy ambitions of being person-centred, safe and effective along with the requirement to improve efficiency and achieve financial sustainability by doing the right thing, on time and within budget. These strategic aims are: Shift the balance of care; Continuously improve experiences and outcomes; Deliver person-centred, safe effective and sustainable services; Achieve desired outcome and best value for money; and Excellence in employment, engagement and partnership working.

Our underpinning quality ambitions are to deliver person-centred, safe and effective care. For us this means: **person-centred** – mutually beneficial partnerships between patients, their families, carers and those delivering health care services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making; **safe** - there will be no avoidable injury or harm to people from the health care they receive and an appropriate clean and safe environment will be provided for the delivery of health care services at all times; **effective** – the most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit and wasteful or harmful variations will be eradicated.

VALUES

The NHS Lanarkshire values of **Fairness, Respect, Working Together** and **Quality** underpin our purpose, providing local focus and context for the improvement of our services and guiding our individual and team behaviours.

<p>FAIRNESS</p> <p>Ensuring clear and considerate decision making at all levels</p>	<p>As a team, we are responsible for being consistent and open in making decisions</p> <p>As an individual I am responsible for participating in decisions and seeking clarity whenever I am unsure</p>
<p>RESPECT</p> <p>Valuing every individual and their contribution</p>	<p>As a team, we are responsible for being courteous and professional in fulfilling our individual and collective roles</p> <p>As an individual, I am responsible for recognising that we are all different and appreciating the contribution that I and others make</p>
<p>QUALITY</p> <p>Setting and maintaining standards in everything we do</p>	<p>As a team, we are responsible for upholding our high standards in every activity, for every person, everywhere</p> <p>As an individual, I am responsible for ensuring I understand and deliver our standards every time</p>
<p>WORKING TOGETHER</p> <p>Thinking, growing, delivering as a team</p>	<p>As a team, we are responsible for creating and sustaining an environment that allows team working and collaboration to flourish</p> <p>As an individual, I am responsible for communicating effectively and working well with others at all times</p>

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Note: All Corporate Objectives are due to be delivered by March 2018, with the exception of the Winter Plan (3.14) which is required by October 2017.

1. To ensure that all resources are deployed to best effect, achieving transformational change in desired outcomes and value for money:

	Objective	Accountable / Responsible	Progress
1.1	Achieve financial breakeven and efficiency savings in line with agreed LDP Financial Plan. (LDP)	Finance Director/ All other Directors	
1.2	Achieve sickness absence rate of 4% or less. (LDP)	HR Director / All other Directors	
1.3	Ensure that there is an agreed 5 year Capital Plan in place, reviewed annually.	Finance Director SP&P Director	
1.4	Implement the Healthcare Strategy for Lanarkshire – <i>Achieving Excellence</i> , including the Primary Care Clinical Strategy, and agreed development programmes in relation to clinical services.	SP&P Director All Directors	
1.5	Refresh the Out of Hours Review in light of the national review and respective local action plans to transform urgent care.	Chief Officer, South	
1.6	To develop a prioritisation framework using a health economic tool, e.g., PBMA, to assist in prioritisation of services or initiatives.	Public Health Director	
1.7	To provide public health input to the implementation of the Effective Care Programme.	Public Health Director	

2. To ensure that Acute Services and North and South Lanarkshire H&SCPs give sufficient focus to health inequalities, prevention, self-care, home support and care to reduce reliance on hospitals and to support the desired shift in the balance of care.

	Objective	Accountable / Responsible	Progress
2.1	Working through both Health & Social Care Partnerships, implement the Health Improvement Delivery Plans in line with timescales and objectives in order to support achievement of improved health and wellbeing within our communities.	Public Health Director All other Directors	
2.2	Achieve Alcohol Brief Interventions target numbers for 2017/18 (number to be notified by SG). (LDP)	Chief Officer, North	
2.3	Achieve smoking cessation target numbers for 2017/18 (number to be notified by SG). (LDP)	Chief Officer, North	
2.4	Achieve Early Detection of Cancer target % (29%). (LDP)	Acute Director Public Health Director	
2.5	Achieve required KPIs / uptake rates for national screening programmes: <ul style="list-style-type: none"> o Cervical screening; o Colorectal screening; o AAA screening; o Diabetic retinopathy screening; o Breast screening; o Pregnancy and newborn screening; o Orthoptic vision screening. 	Public Health Director	
2.6	Maintain and improve immunisation rates for all universal programmes.	Public Health Director	
2.7	Oral health: continue the Childsmile Programme and associated deliverables including fluoride varnishing, and work towards the national target set for NHSL of 74.9% of p7 children to have no signs of dental disease by 2022. Local target set for 2017/18 to achieve 68.1%.	Public Health Director	
2.8	Continue to implement phase 2 of the national Sexual	Public Health	

	Health & BBV Framework 2015-2020.	Director/Medical Director	
2.9	Meet the requirements of the Children & Young People (Scotland) Act 2014.	NMAHPs Director/Chief Officer, North & South	
2.10	Meet the requirements of Getting it Right for Every Child.	NMAHPs Director/Chief Officer, North & south	
2.11	Implement the Children & Young People's Health Plan 2015-18.	Public Health Director	
2.12	Achieve the antenatal booking target for 2017/18 (80%). (LDP)	Acute Director	
2.13	<p>Implement Joint Strategic Commissioning Plans that will deliver on the 9 National Health & Wellbeing Outcomes, with progress measured by the 23 Integration Indicators listed below.</p> <p>Focus will be on those areas highlighted in keeping with the recently issued guidance regarding the 6 key performance measures for H&SCPs:</p> <p>(1) unplanned admissions; (2) occupied bed days for unscheduled care; (3) A&E performance; (4) delayed discharges; (5) end of life care; and (6) the balance of spend across institutional and community services</p> <p>The 23 Integration Indicators are:</p> <p>1. % Adults able to look after their own health; 2. % Adults supported to live independently at home; 3. % Adults supported at home who had a say in how care or support provided;</p>	Chief Officer, North Chief Officer, South	

	<p>4. % Adults supported at home who agree services well co-ordinated;</p> <p>5. % Adults receiving services and rating them as excellent or good;</p> <p>6. % people with a positive experience of GP practice;</p> <p>7. % Adults agreeing services have a positive impact upon life;</p> <p>8. % carers supported to continue caring role;</p> <p>9. % Adults supported at home who felt safe;</p> <p>10. % staff who would recommend their workplace as a good place to work;</p> <p>11. Premature mortality rate;</p> <p>12. Rate of emergency admissions for adults;</p> <p>13. Rate of emergency bed days for adults;</p> <p>14. Readmissions to hospital within 28 days of discharge;</p> <p>15. Proportion of last 6 months of life spent at home or in community setting;</p> <p>16. Falls per 1,000 population over 65yrs;</p> <p>17. Proportion of care services graded 'good' or better in Care Inspectorate inspections;</p> <p>18. % Adults with intensive needs receiving services at home;</p> <p>19. Number of days people spend in hospital when they are ready to be discharged;</p> <p>20. % total health & care spend on hospital stays where patients was admitted as emergency;</p> <p>21. % of people admitted from home to hospital during the year and who are discharged to a care home;</p> <p>22. % people discharged from hospital within 72 hours of being ready;</p> <p>23. Expenditure on end of life care.</p>		
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3 To deliver services that listen and respond to the needs of individuals, patients and carers to continuously improve experiences and outcomes:

	Objective	Accountable / Responsible	Progress
3.1	Unscheduled Care – Implement the 6 Essential Actions to drive improvements in quality and performance.	Acute Director	
3.2	Achieve the A&E 4 hours target of 95%. (LDP)	Acute Director	
3.3	Achieve the 31 day cancer target (95%). (LDP)	Acute Director	
3.4	Achieve the 62 day cancer target (95%). (LDP)	Acute Director	
3.5	Achieve the TTG target (100%). (LDP)	Acute Director	
3.6	Achieve the 18 week RTT target. (90%) (LDP)	Acute Director	
3.7	Achieve the 12 week outpatients target (95%). (LDP) DNA rates will be improved in accordance with agreed local trajectories.	Acute Director	
3.8	Achieve the IVF target (90%). (LDP)	SP&P Director	
3.9	Achieve the 12 weeks AHP waiting times target (90%). 70% for Rheumatology OT and Orthoptics.	Chief Officer, North Chief Officer, South Acute Director	
3.10	Achieve the dementia post diagnosis support target (still to be defined by SG). Pending an agreed target from SG, we will record the number of people completing the objectives of PDS within 1 year of starting, aiming for 80% completion PDS goals. (LDP)	Chief Officer, North	
3.11	Achieve the 18 week CAMHS target (90%). (LDP)	Chief Officer, North	
3.12	Achieve the 18 week Psychological Therapies target (90%). (LDP)	Chief Officer, North	
3.13	Achieve the 3 week Drug & Alcohol target (90%). (LDP)	Chief Officer, North	
3.14	An effective Winter Plan is in place by October 2017, for winter 2017/18.	Chief Officer, South Chief Officer, North Acute Director	

3.15	Improve performance against the Primary Care Advance Booking target (90%) (LDP)	Chief Officer, South	
3.16	Improve performance against the Primary Care 48 hour Access target (90%). (LDP)	Chief Officer, South	
3.17	Achieve the required standards of response in relation to Feedback, Comments, Concerns and Complaints.	NMAHPs Director Chief Officer, South Chief Officer, North Acute Director	
3.18	Continue to deliver the Person Centred Care Prioritised Plan, to ensure that services are responsive to individual needs and preferences.	NMAHPs Director Chief Officer, South Chief Officer, North Acute Director	
3.19	Continue to develop and learn from feedback mechanisms and systems designed to capture patient, family and carer experiences, including our PFPI Strategy; our Feedback, Comments, Concerns and Complaints systems; and Patient Opinion.	NMAHPs Director Chief Officer, South Chief Officer, North Acute Director	
3.20	Continue to engage with key stakeholders, including the PPFs, ACF and APF.	All Directors	

4 To deliver high quality services that are person-centred, safe, effective and sustainable:

	Objective	Accountable / Responsible	Progress
4.1	Implement the Infection Prevention & Control Plan, including compliance with national targets for hand hygiene, clinical risk assessment, and PVC / CVC.	NMAHPs Director	
4.2	Achieve the SABs rate (0.24) for 2017/18. (LDP)	NMAHPs Director	
4.3	Achieve the C diff rate (0.32) for 2017/18. (LDP)	NMAHPs Director	
4.4	Continue to implement the Transforming Patient Safety and Quality of Care Strategy, with particular focus on the Patient Safety Strategic Prioritised Plan, the Person Centred Care Strategic Prioritised Plan, and the Quality Improvement Capability and Capacity Plan.	Medical Director / NMAHPs Director	
4.5	Ensure compliance with all aspects of Public Protection of children, adults and vulnerable families through delivery and compliance with legislation and national guidance.	NMAHPs Director	
4.6	Ensure Fire Safety compliance both in premises and with regard to staff training.	SP&P Director	
4.7	Ensure compliance with all statutory requirements with regard to estates and associated services, e.g., water quality, asbestos management, high voltage, environmental cleanliness.	SP&P Director	
4.8	Prepare an Estates and Asset Management Strategy in line with requirements and timescales.	SP&P Director	
4.9	Ensure that a Sustainability Development Action Plan is developed and implemented.	SP&P Director	
4.10	Ensure that the eHealth Strategy is revised and aligned to the NHS Scotland Digital Health and Care Strategy that is due to be published in summer 2017.	SP&P Director	
4.11	Ensure that effective resilience arrangements are in place including for pandemic influenza, Major Emergency Plan, and Business Continuity Plans.	Public Health Director	

4.12	Support the implementation of the principles of Realistic Medicine through a range of initiatives.	Medical Director /Public Health Director/Director of Acute Services	
4.13	Expand the number and range of clinical trials available within NHS Lanarkshire and also increase the number of research active clinicians.	Medical Director	

5 To promote excellence using the influence of NHS Lanarkshire’s organisational values and behaviours to support more effective partnership working with all of our stakeholders and our ambitions as an employer of choice.

	Objective	Accountable / Responsible	Progress
5.1	Continue to develop partnership working and Staff Governance, with particular reference to the 2020 Workforce Vision and the continuing opportunities presented by Health & Social Care integration.	HR Director / All Directors	
5.2	Ensure that there is a comprehensive Workforce Plan in place, in line with delivery against <i>Achieving Excellence</i> and the national Workforce Vision 2020 policy and guidance.	HR Director	
5.3	Ensure that our workforce is managed and developed within agreed policies: <ul style="list-style-type: none"> • Staff in post are within funded establishment; • Vacancy levels are monitored and managed to ensure no detriment to service and no excess costs; • Excess hours or overtime rates are managed within agreed parameters and minimised; • Bank staff utilisation is within agreed policies and parameters; • There is full compliance with the agreed sickness absence policy; • There is full compliance with the eKSF completion and review process • All eligible medical staff engage in annual appraisal. 	HR Director / All Directors	
5.4	Leadership & Management - Ensure that staff are supported to deliver high quality care by developing a culture of continuous learning and improvement including effective and values-based leadership by following through feedback from iMatter and other staff engagement opportunities to continuously improve the	HR Director / All Directors	

	working experience.		
5.5	Continued improvement of recruitment, selection, and development of values-based leadership skills, including a pro-active approach to providing employment opportunities for disadvantaged communities.	HR Director / All Directors	
5.6	Refresh and deliver the Equality and Diversity Annual Plan for 2017/18.	HR Director / All Directors	
5.7	Strengthen links with partners, e.g., the voluntary sector, local authorities, colleges and universities, to maximise collaborative gain on areas of mutual interest such as health improvement, community development, and employment and training.	All Directors	