

### **LANARKSHIRE QUALITY APPROACH**

Our aim in Lanarkshire is to develop and deliver 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:

- Continuously improve experiences and outcomes;
- Deliver person-centred, safe, effective and sustainable services;
- Excellence in employment, engagement and partnership working;
- Shift the balance of care; and
- Achieve desired outcomes and best value for money.

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, all of which are delivered through the setting of Corporate Objectives.

## 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.

Since 2017/18, models of delivery against the Corporate Objectives are increasingly being influenced by the National Health & Social Care Delivery Plan (December 2016) through regional partnerships, with the West of Scotland Regional Delivery Plan due to be finalised by end March 2018.

Throughout this document, Objectives that flow from the new Annual Operational Plan (replacing the previous Local Delivery Plan) 2018/19 have (AOP) 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 (2.15), however, it is recognised that delivery of many of these will be linked to progress in other areas listed in this document. The 6 Key Integration Measures announced in the Scottish Government's letter to Chief Officers dated 19 January 2017 are also included at item 2.15.

***\*At time of production of this version of draft COs (14 February 2018), the AOP guidance has only just been received therefore some updating is likely to be required as the AOP is developed and approved.***

## 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 twice annually, at mid-year and year-end;
- 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 AOP access 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 has to date received a quarterly report on progress against LDP Standards, a sub-set of the ICPR noted above, and this will be refreshed during 2018/19 to reflect the focus of the new AOP;

- The CMT receives a weekly electronic data report, based on most recent local management information, covering an agreed set of critical indicators including areas to be covered in the new AOP;
- The Corporate Objectives themselves are monitored twice yearly and a progress report produced for PP&RC using this document format.

## 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><b>FAIRNESS</b></p> <p>Ensuring clear and considerate decision making at all levels</p>	<p><b>As a team</b>, we are responsible for being consistent and open in making decisions</p> <p><b>As an individual</b> I am responsible for participating in decisions and seeking clarity whenever I am unsure</p>
<p><b>RESPECT</b></p> <p>Valuing every individual and their contribution</p>	<p><b>As a team</b>, we are responsible for being courteous and professional in fulfilling our individual and collective roles</p> <p><b>As an individual</b>, I am responsible for recognising that we are all different and appreciating the contribution that I and others make</p>
<p><b>QUALITY</b></p> <p>Setting and maintaining standards in everything we do</p>	<p><b>As a team</b>, we are responsible for upholding our high standards in every activity, for every person, everywhere</p> <p><b>As an individual</b>, I am responsible for ensuring I understand and deliver our standards every time</p>
<p><b>WORKING TOGETHER</b></p> <p>Thinking, growing, delivering as a team</p>	<p><b>As a team</b>, we are responsible for creating and sustaining an environment that allows team working and collaboration to flourish</p> <p><b>As an individual</b>, 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 2019, with the exception of the Winter Plan (1.14) which is required by October 2018.

**1 Continuously improve experience and outcomes - delivering services that listen and respond to the needs of individuals, patients and carers to continuously improve experiences and outcomes:**

	<b>Objective</b>	<b>Accountable / Responsible</b>	<b>Progress</b>
1.1	<p>Unscheduled Care – Implement the 6 Essential Actions to drive improvements in quality and performance.</p> <p>Support to all 6 areas, but with particular attention to actions 3, 5, and 6 (patient flow, 7 day working and maximising care at home)</p>	<p><b>Acute Director / Chief Officers North and South</b></p> <p><b>Chief Officer, South</b></p>	
1.2	Achieve the A&E 4 hours target of 95%. (AOP)	<b>Acute Director</b>	
1.3	Achieve the 31 day cancer target (95%). (AOP)	<b>Acute Director</b>	
1.4	Achieve the 62 day cancer target (95%). (AOP)	<b>Acute Director</b>	
1.5	Achieve the TTG target (100%). (AOP)	<b>Acute Director</b>	
1.6	Achieve the 18 week RTT target. (90%) (AOP)	<b>Acute Director</b>	
1.7	Achieve the 12 week outpatients target (95%). (AOP) DNA rates will be improved in accordance with agreed local trajectories.	<b>Acute Director</b>	
1.8	Achieve the IVF target (90%).	<b>SP&amp;P Director</b>	
1.9	<p>Achieve the 12 weeks AHP waiting times target (90%).</p> <p><b>Acute:</b> Audiology, Paediatric Audiology, Orthoptics, MSK Orthotics</p> <p><b>North:</b> Paediatric S&amp;LT, Dietetics, MSK Podiatry, Non MSK Podiatry, S&amp;LT, Podiatry Domiciliary visits</p> <p><b>South:</b> Paediatric OT, MSK OT, MSK Physio, Rheumatology OT</p>	<p><b>Acute Director</b></p> <p><b>Chief Officer, North</b></p> <p><b>Chief Officer, South</b></p>	
1.10	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.	<b>Chief Officer, North</b>	
1.11	Achieve the 18 week CAMHS target (90%). (AOP)	<b>Chief Officer, North</b>	
1.12	Achieve the 18 week Psychological Therapies target (90%). (AOP)	<b>Chief Officer, North</b>	

1.13	Achieve the 3 week Drug & Alcohol target (90%).	<b>Chief Officer, North</b>	
1.14	An effective Winter Plan is in place by October 2018, for winter 2018/19.  The Plan will be led and prepared by the Chief Officer, South.  Acute site elements will be co-ordinated by the Acute Director, in close conjunction with H&SCP colleagues.	<b>Chief Officer, South</b>  <b>Acute Director</b> <b>Chief Officer, North</b>	
1.15	Improve performance against the Primary Care Advance Booking target (90%)	<b>Chief Officer, South</b>	
1.16	Improve performance against the Primary Care 48 hour Access target (90%).	<b>Chief Officer, South</b>	
1.17	Achieve the required standards of response in relation to Feedback, Comments, Concerns and Complaints.	<b>NMAHPs Director</b> Chief Officer, South Chief Officer, North Acute Director	
1.18	Continue to deliver the Person Centred Care Prioritised Plan, to ensure that services are responsive to individual needs and preferences.	<b>NMAHPs Director</b> Chief Officer, South Chief Officer, North Acute Director	
1.19	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.	<b>NMAHPs Director</b> Chief Officer, South Chief Officer, North Acute Director	
1.20	Continue to engage with key stakeholders, including the PPFs, ACF and APF.	<b>All Directors</b>	
1.21	Implement the new GMS contract during 2018 and beyond.  This will include creating an overall governance structure and thereafter preparing statement in support of Memorandum of Understanding; creating Primary Care Improvement Plans; and associated financial planning to facilitate the implementation of the new GMS Contract.	<b>Chief Officer, South</b>	

## 2 Deliver person-centred, safe, effective and sustainable services, ensuring they are of the highest quality

	Objective	Accountable / Responsible	Progress
2.1	Implement the Infection Prevention & Control Plan, including compliance with national targets for hand hygiene, clinical risk assessment, and PVC / CVC.	<b>NMAHPs Director</b>	
2.2	Achieve the SABS rate target (0.24) for 2018/19.	<b>NMAHPs Director</b>	
2.3	Achieve the C diff rate target (0.32) for 2018/19.	<b>NMAHPs Director</b>	
2.4	Implement the Quality of Care Strategy 2018-23, with particular focus on increasing organisational capability and capacity for QI: <ul style="list-style-type: none"> <li>• Deliver improvements in Patient Safety and Person Centred Care;</li> <li>• Ensure effective care, continually reducing levels of both Harm and Waste.</li> </ul>	<b>NMAHPs Director</b>  <b>Medical Director</b>	
2.5	Ensure compliance with all aspects of Public Protection of children, adults and vulnerable families through delivery and compliance with legislation and national guidance.	<b>NMAHPs Director</b>	
2.6	Ensure Fire Safety compliance both in premises and with regard to staff training.	<b>SP&amp;P Director</b>	
2.7	Ensure compliance with all statutory requirements with regard to estates and associated services, e.g., water quality, asbestos management, high voltage, environmental cleanliness.	<b>SP&amp;P Director</b>	
2.8	Prepare an Estates and Asset Management Strategy in line with requirements and timescales.	<b>SP&amp;P Director</b>	
2.9	Ensure that a Sustainability Development Action Plan is developed and implemented.	<b>SP&amp;P Director</b>	
2.10	Ensure that the eHealth Strategy is revised and aligned to the NHS Scotland Digital Health and Care Strategy.	<b>SP&amp;P Director</b>	
2.11	Ensure that effective resilience arrangements are in place including for pandemic influenza, Major Emergency Plan, and Business Continuity Plans.	<b>Public Health Director</b>	
2.12	Support the implementation of the principles of Realistic Medicine /		

	<p>Health Care through a range of initiatives by:</p> <ul style="list-style-type: none"> <li>• Progressing the shared decision making agenda;</li> <li>• Promoting the use of hospital and community anticipatory care plans and mental health advances statements for long term conditions patients;</li> <li>• the Acute team working on building in the realistic medicine principle of shared decision making to treatment pathways;</li> <li>• Development of a programme of Public Health Messaging around prevention, self-management and living (and dying) well (choice in place of death).</li> </ul>	<p><b>Medical Director</b> <b>NMAHPs Director</b></p> <p><b>Acute Director</b></p> <p><b>Public Health Director</b></p>	
2.13	Demonstrate an increase of 20% in the number of commercial and non-commercial research studies being conducted over the lifetime of the R&D Strategy as enumerated within the Board's Research Activity and Expenditure report to the CSO.	<b>Medical Director / NMAHPs Director</b>	
2.14	Implement Duty of Candour in line with legislative requirements.	<b>Medical Director / NMAHPs Director</b>	



**3 Excellence in employment, engagement and partnership working – 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
3.1	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.	<b>HR Director /</b> All Directors	
3.2	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.	<b>HR Director</b>	
3.3	Ensure that our workforce is managed and developed within agreed policies: <ul style="list-style-type: none"> <li>• Staff in post are within funded establishment;</li> <li>• Annual Leave allocation is effectively managed;</li> <li>• Vacancy levels are monitored and managed to ensure no detriment to service and no excess costs;</li> <li>• Excess hours or overtime rates are managed within agreed parameters and minimised;</li> <li>• Bank and agency staff utilisation is within agreed policies and parameters;</li> <li>• There is full compliance with the agreed sickness absence policy;</li> <li>• There is full compliance with the eKSF completion and review process;</li> <li>• All eligible medical staff engage in annual appraisal;</li> <li>• Nursing and Midwifery Revalidation and Re-Registration is enacted in a timely manner;</li> <li>• Employer led Midwifery supervision is embedded.</li> </ul>	<b>HR Director /</b> All Directors	
3.4	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	<b>HR Director /</b> All Directors	

	staff engagement opportunities to continuously improve the working experience.		
3.5	Continued improvement of recruitment, selection, and development of values-based leadership skills, including a pro-active approach to providing employment opportunities for disadvantaged communities.	<b>HR Director / All Directors</b>	
3.6	Refresh and deliver the Equality and Diversity Annual Plan for 2018/19.	<b>HR Director / All Directors</b>	
3.7	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.	<b>All Directors</b>	
3.8	Delivery the requirements of the National Health and Social Care Chaplaincy and Spiritual Care Strategy.	<b>NMAHPs Director</b>	
3.9	Ensure preparedness for the forthcoming legislation re Safe Staffing for Nurse and Midwives through scheduling and undertaking workload and workforce planning, triangulation and risk assessment of the current workforce and ensure effective planning and awareness of future models of care and services achievable through transforming roles.	<b>NMAHPs Director / HR Director</b>	

**4. Shift the Balance of Care - ensuring 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:**

	<b>Objective</b>	<b>Accountable / Responsible</b>	<b>Progress</b>
4.1	Achieve Alcohol Brief Interventions target numbers for 2018/19 (annual number to be notified by SG).	<b>Chief Officer, North</b>	
4.2	Achieve smoking cessation target numbers for 2018/19 (annual number to be notified by SG).	<b>Chief Officer, North</b>	
4.3	Achieve the antenatal booking target for 2018/18 (80%)	<b>Public Health Director / Acute Director</b>	
4.4	Achieve Early Detection of Cancer target (29.9%).	<b>Public Health Director / Acute Director</b>	
4.5	<p>Improve health and wellbeing within our communities by working through both Health &amp; Social Care Partnerships, continue to implement the Health Improvement Delivery Plan in line with timescales.</p> <p>Give priority to health inequalities as part of LOIP and Neighbourhood Planning processes.</p>	<p><b>Public Health Director / Chief Officer, South; Chief Officer, North</b></p> <p><b>Chief Officer, South</b></p>	
4.6	<p>Achieve required KPIs / uptake rates for national screening programmes:</p> <ul style="list-style-type: none"> <li>o Cervical screening;</li> <li>o Colorectal screening;</li> <li>o AAA screening;</li> <li>o Diabetic retinopathy screening;</li> <li>o Breast screening;</li> <li>o Pregnancy and newborn screening;</li> <li>o Orthoptic vision screening.</li> </ul>	<b>Public Health Director</b>	
4.7	Maintain and improve immunisation rates for all universal programmes.	<b>Public Health Director / Chief Officers North &amp; South</b>	

4.8	Oral health: continue the Childsmile Programme and associated deliverables including fluoride varnishing, and work towards the national target set for NHSL of 74.6% of p1 children to have no signs of dental disease by 2022. Local target set for 2018/19 to achieve 68.1%.	<b>Public Health Director</b>	
4.9	Continue to implement phase 2 of the national Sexual Health & BBV Framework 2015-2020.	<b>Public Health Director/Medical Director</b>	
4.10	Meet the requirements of the Children & Young People (Scotland) Act 2014.	<b>NMAHPs Director/ Chief Officers, North &amp; South</b>	
4.11	Implement the Children & Young People's Health Plan 2015-18.	<b>NMAHPs Director / Public Health Director</b>	
4.12	Meet the requirements of Getting it Right for Every Child, including attainment of Health Visitor numbers as per local trajectory.	<b>Chief Officers, North &amp; South / NMAHPs Director</b>	
4.13	Deliver the Family Nurse Partnership Model, including Core Elements and Fidelity Goals.	<b>Chief Officers, North and South</b>	
4.14	Continue to improve breastfeeding rates in Lanarkshire: <ul style="list-style-type: none"> <li>• Maintain initiation rate of 48%;</li> <li>• Attrition rate of 18% or less;</li> <li>• Develop improvement plan in line with National Programme for Government, implementing year one;</li> <li>• Review recording and coding of breastfeeding.</li> </ul>	<b>NMAHPs Director</b>	
4.15	Meet the requirements of the National AHP Strategy – Active and Independent Living Programme.  Programmes to review physiotherapy and occupational therapy services and associated impact on national and local strategies.	<b>NMAHPs Director Chief Officers, North and South  Chief Officer, South</b>	
4.16	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.  Focus will be on those areas highlighted in keeping with the January 2017 guidance regarding the <b>6 key performance measures for H&amp;SCPs:</b>	<b>Chief Officer, North Chief Officer, South</b>	

	<p>(1) unplanned admissions;  (2) occupied bed days for unscheduled care;  (3) A&amp;E performance;  (4) delayed discharges;  (5) end of life care; and  (6) the balance of spend across institutional and community services</p> <p><b>The 23 Integration Indicators are:</b></p> <ol style="list-style-type: none"> <li>1. % Adults able to look after their own health;</li> <li>2. % Adults supported to live independently at home;</li> <li>3. % Adults supported at home who had a say in how care or support provided;</li> <li>4. % Adults supported at home who agree services well co-ordinated;</li> <li>5. % Adults receiving services and rating them as excellent or good;</li> <li>6. % people with a positive experience of GP practice;</li> <li>7. % Adults agreeing services have a positive impact upon life;</li> <li>8. % carers supported to continue caring role;</li> <li>9. % Adults supported at home who felt safe;</li> <li>10. % staff who would recommend their workplace as a good place to work;</li> <li>11. Premature mortality rate;</li> <li>12. Rate of emergency admissions for adults;</li> <li>13. Rate of emergency bed days for adults;</li> <li>14. Readmissions to hospital within 28 days of discharge;</li> <li>15. Proportion of last 6 months of life spent at home or in community setting;</li> <li>16. Falls per 1,000 population over 65yrs;</li> <li>17. Proportion of care services graded 'good' or better in Care Inspectorate inspections;</li> <li>18. % Adults with intensive needs receiving services at home;</li> <li>19. Number of days people spend in hospital when they are ready to be discharged;</li> <li>20. % total health &amp; care spend on hospital stays where patients was admitted as emergency;</li> </ol>		
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	21. % of people admitted from home to hospital during the year and who are discharged to a care home; 22. % people discharged from hospital within 72 hours of being ready; 23. Expenditure on end of life care.		
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**5 Achieve desired outcomes and best value for money - ensuring that all resources are deployed to best effect, achieving transformational change in desired outcomes and value for money:**

	<b>Objective</b>	<b>Accountable / Responsible</b>	<b>Progress</b>
5.1	Achieve financial breakeven and efficiency savings in line with agreed AOP / Financial Plan. (AOP)	<b>Finance Director/</b> All other Directors	
5.2	Ensure that there is an agreed 5 year Capital Plan in place, reviewed annually.	<b>Finance Director</b> SP&P Director	
5.3	Achieve sickness absence rate of 4% or less.	<b>HR Director /</b> All other Directors	
5.4	Implement the Healthcare Strategy for Lanarkshire – <i>Achieving Excellence</i> , including the Primary Care Clinical Strategy with due regard to the GMS Contract 2018, and agreed development programmes in relation to clinical services.	<b>SP&amp;P Director</b> All other Directors	
5.5	Continue to pro-actively contribute to and influence the development of the first West of Scotland Regional Delivery Plan and its subsequent implementation.  Participate in Urgent Care Sub Group.	<b>SP&amp;P Director</b> All other Directors  <b>Chief Officer, South</b>	
5.6	Continue to implement the Out of Hours Review in light of the national review and respective local action plans to transform urgent care. This will also link to other Out of Hours services in 2018/19.	<b>Chief Officer, South</b>	
5.7	Continue to develop a framework to predict future service demands and to assist the prioritisation process within Lanarkshire and also in a regional context.	<b>Public Health Director</b>	
5.8	Provide public health input to the implementation of the Effective Care Programme.	<b>Public Health Director</b>	