

**LANARKSHIRE NHS BOARD
CORPORATE OBJECTIVES 2018/19**

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.

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 82 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>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 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:

	Objective	Accountable / Responsible	Progress at 30 September 2018
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>Acute Director / Chief Officers North and South</p> <p>Chief Officer, South</p>	Green: Work progressing to plan. (HK)
1.2	Achieve the A&E 4 hours target of 95%. (AOP)	Acute Director	Amber: Against national target of 95%, being 93.2% at August 2018, also amber against local trajectory. (HK)
1.3	Achieve the 31 day cancer target (95%). (AOP)	Acute Director	Green: 99% at June 2018
1.4	Achieve the 62 day cancer target (95%). (AOP)	Acute Director	Green: 96.7% at June 2018
1.5	Achieve the TTG target (100%). (AOP)	Acute Director	Red: Against national target of 100%, being 70.17% at June 2018, but green against local trajectory. (HK)
1.6	Achieve the 18 week RTT target. (90%) (AOP)	Acute Director	Amber: Against national target of 90%, being 89.8% at March 2018, but green against local trajectory. (HK)
1.7	Achieve the 12 week outpatients target (95%). (AOP) DNA rates will be improved in accordance with agreed local trajectories.	Acute Director	Amber: Against national target of 95%, being 80.22% at June 2018, but green against local trajectory. Amber: Progress against DNA rates locally. (HK)

1.8	Achieve the IVF target (90%).	PP&P Director	Green: 100% at June 2018.
1.9	Achieve the 12 weeks AHP waiting times target (90%). Acute: Audiology, Paediatric Audiology, Orthoptics, MSK Orthotics North: Paediatric S<, Dietetics, MSK Podiatry, Non MSK Podiatry, S<, Podiatry Domiciliary visits South: Paediatric OT, MSK OT, MSK Physio, Rheumatology OT	Acute Director Chief Officer, North Chief Officer, South	As at July 2018: Green: Audiology (100%), Paediatric Audiology (100%), Orthoptics (98.64%), MSK Orthotics (100%), Dietetics (99.7%), MSK Podiatry (100%), Non MSK Podiatry (98.66%), S< (100%), Podiatry Domiciliary visits (100%), Paediatric OT (97.6%), Rheumatology OT (96.86%) Amber: MSK OT (83.33%) Red: Paediatric S< (80.72%), MSK Physio (84.02)
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.	Chief Officer, North	(Pending confirmation of the national target and supporting dataset there is no agreed RAG rating for this Standard). Locally, for the period April – September 2018 80.6% of patients that completed the 12 month period of PDS had a person centred support plan in place. (GC for RMcG)
1.11	Achieve the 18 week CAMHS target (90%). (AOP)	Chief Officer, North	Red: 78.3% at June 2018.
1.12	Achieve the 18 week Psychological Therapies target (90%). (AOP)	Chief Officer, North	Amber: 82.4% at June 2018.
1.13	Achieve the 3 week Drug & Alcohol target (90%).	Chief Officer, North	Green: 98.6% for Q1 to June 2018
1.14	An effective Winter Plan is in place by October 2018, for winter 2018/19.		Green:

	<p>The Plan will be led and prepared by the Chief Officer, South.</p> <p>Acute site elements will be co-ordinated by the Acute Director, in close conjunction with H&SCP colleagues.</p>	<p>Chief Officer, South</p> <p>Acute Director</p> <p>Chief Officer, North</p>	<p>Plan prepared and will be submitted to SG by 31 October 2018. Initial draft and self-assessment also submitted by due date of 30 September 2018. (CC for VdS)</p> <p>Acute site elements included in plan. (HK)</p>
1.15	Improve performance against the Primary Care Advance Booking target (90%)	Chief Officer, South	<p>Red: 59% at March 2018. This figure will remain 'red' unless the target changes. To assist with managing demand in primary care, many practices now operate a same day access service which means they do not operate Advance Booking.</p> <p>(This is a biennial survey, next due to be reported in 2020).</p>
1.16	Improve performance against the Primary Care 48 hour Access target (90%).	Chief Officer, South	<p>Green: 90.9% at March 2018</p> <p>(This is a biennial survey, next due to be reported in 2020).</p>
1.17	Achieve the required standards of response in relation to Feedback, Comments, Concerns and Complaints.	<p>NMAHPs Director</p> <p>Chief Officer, South</p> <p>Chief Officer, North</p> <p>Acute Director</p>	<p>Green:</p> <p>The model CHP aims for complaints to be closed within 5 working days at stage one and 20 working days at stage two. The CHP recognises that it is important that every effort is made to meet these timescales.</p> <p>Between 01/04/18 and 30/09/18:</p> <ul style="list-style-type: none"> • 98% of complaints were acknowledged within 3 working days; • 96% of stage one complaints were closed within 5 working days;

			<ul style="list-style-type: none"> 90% of stage two complaints were closed within 20 working days. (LD for IB)
1.18	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	Green: We are recruiting volunteers as patient experience interviewers for our solicited feedback programme who also feedback as the “patient voice” in team meetings. Education and awareness raising is ongoing around Anticipatory Care Planning and Treatment Escalation Limitation Planning to enable patients and families to make informed choices about their care and staff are able to act on them. Visiting summit was held in June 2018 to develop an NHS Lanarkshire Inpatient Visiting Policy; all staff groups were represented and 10 public partners participated. A “psychologically safe” culture continues to grow through facilitated reflective meetings, SCHWARTZ rounds, VBRP and other staff training programmes. Good practice and learning is being shared at local team meetings, regional and national events in all of these areas. NHS Lanarkshire Public Reference Forum was consulted on MRRP at the quarterly meeting in August 2018. (RE for IB)
1.19	Continue to develop and learn from feedback mechanisms and systems designed to capture patient, family and carer experiences, including our PFPI	NMAHPs Director Chief Officer,	Green: A review of NHS Lanarkshire’s complaints process has been completed, adopting the Scottish Public

	<p>Strategy; our Feedback, Comments, Concerns and Complaints systems; and Patient Opinion.</p>	<p>South Chief Officer, North Acute Director</p>	<p>Service Ombudsman's Improvement Framework and best practice information. Additionally, benchmarking visits & discussions have taken place with NHS Fife, NHS Forth Valley, NHS Dumfries and Galloway and the Scottish Public Service Ombudsman.</p> <p>In line with the Person-Centered Care Plan, a comprehensive Complaints Development Plan based on the findings from this review will be drafted and approved, after consultation with key stakeholders. Engagement sessions with the Operational Units have been arranged for November 2018.</p> <p>An assessment of SPSO reports to identify themes relating to recommendations on local investigation and complaint handling has been completed and a report on this is being prepared.</p> <p>Examples of actions/improvements taken in response to complaints during the reporting period:</p> <ul style="list-style-type: none"> • Work being undertaken regarding falls risk assessment and Care Plans; • Reminder issued about the need for clear communication when speaking to families; • Team met and discussed discharge planning, so they can reflect on their practice and learn from complainant's experiences; • Recommendations made in relation to signposting families for additional support and development of guidance for patients who require long term catheter care;
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			<ul style="list-style-type: none"> • Nursing staff have been reminded during their daily safety briefs of the importance of timely insulin management and diabetic patients are also highlighted to nursing staff on duty; • The breast and the wider cancer team will use patient feedback as an opportunity to facilitate reflection and learning for the future; • Office Manager reminded staff of the importance of ensuring all appointments are booked appropriately; • Emergency Department and Radiology have advised that issues raised were discussed at their departmental educational meetings. <p>All feedback mechanisms continue to be promoted with staff and the public. Additional staff have been trained as responders for Care Opinion; some actions as a result of feedback include:</p> <ul style="list-style-type: none"> • Updating letters; • Volunteers in meet and greet roles in acute hospitals (ongoing); • Information leaflets reviewed and updated. <p>(LD for IB)</p>
1.20	Continue to engage with key stakeholders, including the PPFs, ACF and APF.	All Directors	Green: A broad range of work is on-going across all NHS Lanarkshire services and activities.
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	Chief Officer, South	Green: Primary Care Improvement Plan prepared and submitted to SG by due date. Templates A and B around use of the Primary Care monies also submitted by due date and Template C, providing a 4 year funding and workforce profile, will be delivered by due date in November 2018. Work is

	planning to facilitate the implementation of the new GMS Contract.		proceeding in delivering against all work streams associated with implementation of the new contract. (CC for VdS)
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2 Deliver person-centred, safe, effective and sustainable services, ensuring they are of the highest quality

	Objective	Accountable / Responsible	Progress at 30 September 2018
2.1	Implement the Infection Prevention & Control Plan, including compliance with national targets for hand hygiene, clinical risk assessment, and PVC / CVC.	NMAHPs Director	<p>Green:</p> <p><u>MRSA Screening:</u> April-June 83% July-September 80%</p> <p><u>CPE Screening:</u> April-June 38% (implemented fully during this quarter) July-September 65% (continued feedback to the sites to support improvement)</p> <p><u>Hand Hygiene:</u> April-June 90% July-September 85%</p> <p>(ES for IB)</p>
2.2	Achieve the SABs rate target (0.24) for 2018/19.	NMAHPs Director	<p>Red:</p> <p>0.37 for year to June 2018 (source: Scottish Government Scotland Performs website) against LDP target of 0.24 or less.</p> <p>April-June (validated) 35 cases, rate of 0.33 July-September (not validated), 34 cases, rate of</p>

			0.29 Total 69 cases. Requirement for no more than 104 cases over the activity year. (ES for IB)
2.3	Achieve the C diff rate target (0.32) for 2018/19.	NMAHPs Director	Green: 0.27 for year to June 2018 (source: Scottish Government Scotland Performs website) against LDP target of 0.32 or less. April-June (validated) 34 cases, rate of 0.28 July-September (not validated) 30 cases, rate of 0.26 Total 64 cases. Requirement for no more than 159 cases over the activity year. (ES for IB)
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"> • Deliver improvements in Patient Safety and Person Centred Care; • Ensure effective care, continually reducing levels of both Harm and Waste. 	NMAHPs Director Medical Director	Green: <i>The Quality Approach to Achieving Excellence</i> - NHS Lanarkshire's Quality Strategy was approved by the NHS Board in May 2018. The following Quality Plans have been developed for 2018-23, to support the implementation of the Strategy: <ul style="list-style-type: none"> • Person- centred Care Plan • Safety Plan • Clinical Effectiveness Plan • Quality Improvement Capacity & Capability Building Plan Each plan has been set out in the same format and includes: <ul style="list-style-type: none"> • Description of the priority areas • Annual Objectives for 2018-2023 including Measures of Success. • Detailed Implementation Plans for 2018/19

			The draft Quality Plans were approved at the September 2018 Healthcare Quality Assurance & Improvement Committee. (LD for IB)
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.	NMAHPs Director	Amber: Work continues on the implementation of the Public Protection Review Recommendations. Recruitment for a Public Protection Lead is about to commence. This post holder will be charged with establishing robust monitoring and reporting arrangements that will increase the level of oversight and assurance available within the Board on compliance and performance of this service. (GO for IB)
2.6	Ensure Fire Safety compliance both in premises and with regard to staff training.	PP&P Director	Green: The Fire Safety priorities for the year include the achievement of an improved system of measuring fire training compliance. (CL)
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.	PP&P Director	Green: This objective is being achieved through the respective Authorised Engineers, domestic quality standards and through infection control processes. (CL)
2.8	Prepare an Estates and Asset Management Strategy in line with requirements and timescales.	PP&P Director	Green: The 18/19 PAMS revision has been approved by the PP&RC. (CL)
2.9	Ensure that a Sustainability Development Action Plan is developed and implemented.	PP&P Director	Green: The sustainability plan has been reviewed and approved by PP&RC. (CL)
2.10	Ensure that the eHealth Strategy is revised and aligned to the NHS Scotland Digital Health and Care Strategy.	I&DT Director	Green: Work has started on the preparation of a Lanarkshire Digital Health and Care Strategy. The target is to have this approved by 31 March 2019.

			(DW)
2.11	Ensure that effective resilience arrangements are in place including for pandemic influenza, Major Emergency Plan, and Business Continuity Plans.	Public Health Director	Amber: On plan, arrangements in NHSL are comparable with, and in some instances better than, preparedness levels across the NHS in Scotland and other UK nations. These will be subject to a programme of continuous improvement as processes are refined in learning from incidents and exercises, and as resources, technology, policy and legislation makes possible. (GD)
2.12	Support the implementation of the principles of Realistic Medicine / Health Care through a range of initiatives by: <ul style="list-style-type: none"> Progressing the shared decision making agenda; Promoting the use of hospital and community anticipatory care plans and mental health advances statements for long term conditions patients; the Acute team working on building in the realistic medicine principle of shared decision making to treatment pathways; Development of a programme of Public Health Messaging around prevention, self-management and living (and dying) well (choice in place of death). 	Medical Director NMAHPs Director Acute Director Public Health Director	Green: 5Q's approach being spread in outpatient environment. Hospital anticipatory care plans now used routinely with DNACPR statements. Report submitted to HQAIC in July 2018 and NHSL Board in August 2018 Green: proactive work is underway to support NMAHPs to highlight and encourage completion of anticipatory care plans by relevant patient groups. (GO for IB) Green: opportunities being taken to build in principles in treatment pathways. (HK) Green: there are a number of programmes where social media and various communications platforms have been used to highlight and raise awareness around the following areas where action in required to support improved health and wellbeing outcomes: <ul style="list-style-type: none"> Lanarkshire Stop Smoking Services;

			<ul style="list-style-type: none"> • Supporting people with mental ill health and in emotional distress via a range of interactive websites and programmes; • The NHSL <i>Money Worries</i> app to address issues of financial insecurity; • The <i>Know Who to Turn To</i> campaign; • <i>Making Life Easier (MLE)</i> – a website that supports self-management; • Telehealth messaging to support self-care; • Alcohol awareness / unit intake; • Sexual Health Awareness / get tested; • Suicide Awareness Prevention – <i>Breathing Space</i>; • Veterans 1st point; • Anticipatory Care Plans / Power of Attorney; • Active Living – travel, walking.
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.	Medical Director / NMAHPs Director	<p>(GD)</p> <p>Green:</p> <p>The overall objective relates to the lifetime of the R&D Strategy – the final assessment will therefore be in 2022. Activity tracking illustrates periodic progress towards that goal.</p> <p>Figures are available on request detailing activity during the reporting half-year period (Apr – Sep 2018) versus previous full year (2017-18) and the Strategy's Baseline full year (2016-17). These indicate that the 5-year R&D Strategic Aim of a 20% increase in activity over the Baseline year of 2016-17 remains on track.</p> <p>As always, it is important to be cautious in interpreting these results - there will always be a - sometimes significant - degree of year-on-year variability. Comparisons given are the most recent half-year figures versus prior full-year figures – a more accurate measure of status will be available</p>

			<p>at year-end.</p> <p>In line with the theme of more targeted and personalised medicine, there is an emerging pattern – nationally - of clinical trials being more focussed on smaller numbers of patients – many trials now have recruitment targets of 5-10 patients only. It is not clear whether this will have a knock-on effect on the number of clinical trials being proposed by commercial pharmaceutical companies – either positively or negatively. We will maintain an awareness of this issue.</p> <p>The R&D Department will continue to work to progress the broad objectives that are detailed within the R&D Strategy to pursue steady and sustainable growth of the Board's Research Portfolio.</p> <p>(RH for IW / JB)</p>
2.14	Implement Duty of Candour in line with legislative requirements.	Medical Director / NMAHPs Director	<p>Green:</p> <p>DoC fully implemented within NHSL. Reporting and monitoring processes are in place with early indications of over-reporting. Through effective review processes, support is being provided to ensure appropriate classification which is resulting in a reduction in the numbers of inappropriate classifications. (JB)</p>

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 at 30 September 2018
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.	HR Director / All Directors	Green: Partnership working is an integral and routine way of working and is progressing well across all areas. (JW)
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.	HR Director	Green: The Workforce Plan has been developed and is being implemented as agreed. (JW)
3.3	Ensure that our workforce is managed and developed within agreed policies: <ul style="list-style-type: none"> • Staff in post are within funded establishment; • Annual Leave allocation is effectively managed; • 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 and agency 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; • Nursing and Midwifery Revalidation and Re-Registration is enacted in a timely manner; • Employer led Midwifery supervision is embedded. 	HR Director / All Directors	Green: Performance management systems are in place with monthly reports to CMT and quarterly reports to Staff Governance Committee. (JW) In terms of medical appraisal there is a system in place to offer appraisal to all non-training grade medical staff. There are currently a sufficient number of appraisers in place to meet requirements but the situation is a dynamic one. (IW)

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 staff engagement opportunities to continuously improve the working experience.	HR Director / All Directors	Green: The NHSL Training Plan 2018-19 is in place and is being delivered. iMatter is being delivered across the organisation with a high employee engagement index. (JW)
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.	HR Director / All Directors	Green: Values based recruitment and selection is established as the base model for all recruitment. Executive recruitment and selection has adopted the key requirements of project Lift. (Multi-stage assessment. Employment opportunities remain a priority for individuals furthest from employment. Core work includes Project Search, Modern Apprenticeships and work experience programmes. New developments include North Care Academy and Princess Trust. (JW)
3.6	Refresh and deliver the Equality and Diversity Annual Plan for 2018/19.	HR Director / All Directors	Blue: Completed. (JW)
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.	All Directors	Green: On plan, ongoing work in all partnership areas, specific developments and continuing to strengthen academic links for mutual benefit. Significant progress has been made with both Community Planning Partnerships (CPPs) on a range of plans in response to DPH Annual Report. Work continues on a number of programmes including Project Search. (GD)
3.8	Delivery the requirements of the National Health and Social Care Chaplaincy and Spiritual Care Strategy.	NMAHPs Director	(No update available due to the National Strategy not yet being published)
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	NMAHPs Director / HR Director	Green: Joint work underway to ensure the Board is able to deliver the expected requirements of the forthcoming legislation. (IB and JW)

	current workforce and ensure effective planning and awareness of future models of care and services achievable through transforming roles.		
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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:**

	Objective	Accountable / Responsible	Progress at 30 September 2018
4.1	Achieve Alcohol Brief Interventions target numbers for 2018/19 (annual target 7,381).	Chief Officer, North	Green: 2,751 ABIs delivered April – September 2018 against target of 4,671 (acute figures not included). (GC for RMcG)
4.2	Achieve smoking cessation target numbers for 2018/19 (annual number to be notified by SG).	Chief Officer, North	Amber: 1,273 quits delivered against SG annual target of 1,411 and against local trajectory of 1,220 at March 2018. SG target for 2018/19 is 1,287. (GC for RMcG)
4.3	Achieve the antenatal booking target for 2017/18 (80%)	Acute Director	Green: Rates range across the 5 quintiles from 87.4% to 91% at March 2017.
4.4	Achieve Early Detection of Cancer target (29.9%).	Public Health Director / Acute Director	Red: We did not meet the target of 29.9% by the due date of December 2015 (25.5% achieved at that point, 24.9% at December 2017). While the target has made a very positive contribution in driving down the proportion of non-staged cancers locally and nationally, the target as it is currently worded is unhelpful due to the problems with identifying progress. Our local focus around DCE and increasing stage 1 disease is on increasing (informed) participation in all cancer screening programmes, although cervical cancers are not include in the national DCE target. (GD)
4.5	Improve health and wellbeing within our communities by working through both Health & Social Care Partnerships, continue to implement the Health	Public Health Director / Chief Officer, South;	Green: On plan, the health improvement delivery is being implemented in line with timescales and objectives

	<p>Improvement Delivery Plan in line with timescales.</p> <p>Give priority to health inequalities as part of LOIP and Neighbourhood Planning processes.</p>	<p>Chief Officer, North</p> <p>Chief Officer, South</p>	<p>through a number of projects including Review of Frequent Emergency Attenders Project. (GD)</p> <p>The Chief Officer – South has continued to be a key contributor to the Community Planning Partnership and, in turn, ensuring the H&SCP takes a leading role in delivering against the respective actions associated with the LOIP and Neighbourhood planning areas – in particular, the 4 areas identified for action in South Lanarkshire. Addressing Health Inequalities will also feature as part of the revised Strategic Commissioning Plan for 2019-22. Moreover, the programme for Building and Celebrating Communities will also assist in this regard. (CC for VdS)</p>
4.6	<p>Achieve required KPIs / uptake rates for national screening programmes:</p> <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. 	<p>Public Health Director</p>	<p>Green:</p> <p>For the following:</p> <ul style="list-style-type: none"> • Cervical screening; • Colorectal screening uptake with implementation of the new FIT test in November 2017; • POVS; • Newborn screening; • AAA; • DRS – although staffing issues may affect performance for rest of year; <p>There is no uptake data for breast screening from national IT system, it is expected that this will be available in January 2019.</p> <p>There are no uptake targets for pregnancy screening. (GD)</p>

4.7	Maintain and improve immunisation rates for all universal programmes.	Public Health Director / Chief Officers North & South	<p>Green: Four Immunisation Update Sessions were held in August 2018 for all staff working in Lanarkshire. 200 staff attended including practice nurses, health visitors and GPs;</p> <p>Green: Pre 5 immunisation – NHSL remains one of the top performing Boards for uptake of DTaP/IPV/Hib/HepB, Rotarix, Men B, PCV and MMR;</p> <p>Green: The primary school immunisation programme (targeting 52,000 children) started on 26 September 2018 and this will continue till 21 December 2018;</p> <p>Green: The seasonal flu programme for over 65s and those at risk also commenced in October with flu clinics being run through GP surgeries;</p> <p>Green: the NHSL staff flu programme is also underway with SALUS leading and public health supporting. Numerous opportunities for staff to receive a vaccine are now available with a communication plan to support this;</p> <p>Green: Pertussis vaccine for pregnant women continues to be offered at GP surgeries;</p> <p>Amber – The shingles programme delivered by GPs is still ongoing with variable uptake. It is hoped that the cohort for inclusion now being 70-79 will encourage uptake.</p> <p>The Vaccine Transformation Programme is underway in Lanarkshire as part of nGMS 2018. A number of national factors will influence the pace</p>
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			of the programme implementation locally. (GD)
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%.	Public Health Director	Blue: Childsmile Programme has been continued as planned. The report of the National Dental Inspection Programme of p1 children was published on 23 rd October 2018 and showed NHSL at 70.7% against our local target of 68.1%. (AY for GD)
4.9	Continue to implement phase 2 of the national Sexual Health & BBV Framework 2015-2020.	Public Health Director/ Medical Director	Red: Good progress is being made with implementation of many aspects of the Sexual Health and BBV Framework locally, however, the standard for LARC (long acting reversible contraception) detailed in Scottish standards for sexual health services is not being achieved and NHS Lanarkshire is a persistent outlier compared to other NHS Boards. The Director of Public Health, sexual health lead clinician and sexual health service manager are meeting to review clinical sexual health service resources and to consider further action required. This review is taking place in the context of a sustained increase in the number of cases of syphilis being diagnosed in Lanarkshire residents. Green: The clinical sexual health service is continuing to provide human papilloma virus vaccination for men who have sex with men (MSM) and HIV Pre-Exposure Prophylaxis (PrEP) for MSM, and others who are at risk of HIV. The use of new hepatitis C drugs and HIV generic drugs has provided significant cost savings for NHS Lanarkshire. The BBV Prevention and Care Network held two performance review and service overview events that have supported service improvement and

			development. A development session was held in August to support the Lanarkshire response to the national report on hepatitis C case finding and the Scottish Government's hepatitis C elimination strategy. The outbreak of HIV among people who inject drugs in Greater Glasgow & Clyde continues with a small number of Lanarkshire residents identified within this cohort. NHS Lanarkshire has representation on the HIV Incident Management Team. (GD)
4.10	Meet the requirements of the Children & Young People (Scotland) Act 2014.	NMAHPs Director/ Chief Officers, North & South	Amber: Contributed to Scottish government draft policy guidance. Further implementation delayed pending finalisation of statutory guidance and parliamentary process. (GQ for IB)
4.11	Implement the Children & Young People's Health Plan 2015-18.	NMAHPs Director / Public Health Director	Green: Children & Young People's Health Plan 2018-20 introduced in April 2018. Bi-annual reports scheduled for mid-October 2018. (GD)
4.12	Meet the requirements of Getting it Right for Every Child, including attainment of Health Visitor numbers as per local trajectory.	Chief Officers, North & South / NMAHPs Director	Amber: Whilst the respective number of HVs to meet the local trajectory were appointed, it is recognised that the original assumptions will be revised following a further review of the workforce and additional staffing / funding will be required to deliver the full programme. (CC for VdS) 107.44 HVs in North excluding FNP and CP. (GC for RMcG)
4.13	Deliver the Family Nurse Partnership Model, including Core Elements and Fidelity Goals.	Chief Officers, North and South	Green: All arrangements in place to ensure FNP model delivered, including additional staffing and managerial cohorts. (CC for VdS)

4.14	<p>Continue to improve breastfeeding rates in Lanarkshire:</p> <ul style="list-style-type: none"> • Maintain initiation rate of 48%; • Attrition rate of 18% or less; • Develop improvement plan in line with National Programme for Government, implementing year one; • Review recording and coding of breastfeeding. 	NMAHPs Director	<p>Red:</p> <p>As at June 2018 Breastfeeding Combination initiation figures = 53.2% Attrition rate of 34.4% or 14.1% points between HV first visit and 6 – 8 weeks On discharge to community = 38% At HV First visit – 10 days = 33.7% At 6 – 8 weeks = 19.6%</p> <p>An Improvement Plan has been developed and is being implement and local recording and coding of Breastfeeding is being established via BADGERNET. (IB)</p>
4.15	<p>Meet the requirements of the National AHP Strategy – Active and Independent Living Programme.</p> <p>Programmes to review physiotherapy and occupational therapy services and associated impact on national and local strategies.</p>	<p>NMAHPs Director Chief Officers, North and South</p> <p>Chief Officer, South</p>	<p>Green:</p> <p>The 6 ambitions contained in the ALIP document have been scoped out and are being addressed within NHS Lanarkshire A briefing paper was presented to the CMT at its meeting on 27 August 2018, to update the CMT on the NHSL ALIP position. The SBAR set out the progress made across a number of the ambitions</p> <p>A review of AHP structures has been carried out. It is the intention to split the operational management of physiotherapy, occupational therapy, speech and language therapy, and podiatry into both health and social care partnerships. The hosted services group supported this approach at its meeting held on the 20 September 2018.</p> <p>Discussions regarding the joining up of the NHSL and North and South OT services under one professional leadership structure are progressing.</p>

			(PMcC for IB, VdS, RMcG)																								
4.16	<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 January 2017 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> <ol style="list-style-type: none"> 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; 4. % Adults supported at home who agree services well co-ordinated; 5. % Adults receiving services and rating them as excellent or good; 6. % people with a positive experience of GP practice; 7. % Adults agreeing services have a positive impact upon life; 8. % carers supported to continue caring role; 9. % Adults supported at home who felt safe; 10. % staff who would recommend their workplace as a good place to work; 	Chief Officer, North Chief Officer, South	<p>Green:</p> <p>North:</p> <table border="1"> <thead> <tr> <th></th> <th>Target</th> <th>Actual performance</th> </tr> </thead> <tbody> <tr> <td>Unplanned admissions</td> <td>15,185 (April – July 2018)</td> <td>14,328 (April – July 2018)</td> </tr> <tr> <td>Occupied BDs for UC (all specialties)</td> <td>63,458 (April – June 2018)</td> <td>49,525** (April – June 2018)</td> </tr> <tr> <td>A&E attendances</td> <td>37,982 (April – July 2018)</td> <td>43,097 (April – July 2018)</td> </tr> <tr> <td>DD bed days (exc code 9s)</td> <td>8,849 (April – July 2018)</td> <td>9,411 (April – July 2018)</td> </tr> <tr> <td>End of Life - % of last 6mths of life spent in community setting</td> <td>90% by end of March 2018</td> <td>89% at end of June 2018</td> </tr> <tr> <td>Balance of Care</td> <td>10.6% of 75+ supported at home 5.2% of 75+ in care homes</td> <td>10.5% at end of 2016/17 5.2% at end of 2016/17</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>** please treat figures with caution due to incompleteness</p>		Target	Actual performance	Unplanned admissions	15,185 (April – July 2018)	14,328 (April – July 2018)	Occupied BDs for UC (all specialties)	63,458 (April – June 2018)	49,525** (April – June 2018)	A&E attendances	37,982 (April – July 2018)	43,097 (April – July 2018)	DD bed days (exc code 9s)	8,849 (April – July 2018)	9,411 (April – July 2018)	End of Life - % of last 6mths of life spent in community setting	90% by end of March 2018	89% at end of June 2018	Balance of Care	10.6% of 75+ supported at home 5.2% of 75+ in care homes	10.5% at end of 2016/17 5.2% at end of 2016/17			
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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:

	Objective	Accountable / Responsible	Progress at 30 September 2018
5.1	Achieve financial breakeven and efficiency savings in line with agreed AOP / Financial Plan. (AOP)	Finance Director/ All other Directors	Green: On trajectory for achieving year-end target position. (LA)
5.2	Ensure that there is an agreed 5 year Capital Plan in place, reviewed annually.	Finance Director SP&P Director	Green: Outline 5 year plan submitted to SG though specific details are kept under monthly review as project plans and strategies develop. (LA)
5.3	Achieve sickness absence rate of 4% or less.	HR Director / All other Directors	Amber: 5.9% at August 2018.
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.	SP&P Director All other Directors	Green: The Strategy Delivery Team is now well established and has assumed the performance management of how the whole-system approach set out in <i>Achieving Excellence</i> is being implemented. Reports are made to each PP&RC meeting. (CL)
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.	SP&P Director All other Directors Chief Officer, South	Green: The West Regional Discussion document has been promulgated and views of NHSL will be fed back to the delivery board by 3 rd December 2018. (CL)
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.	Chief Officer, South	Green: OOH Review is continuing to be implemented and refined as more opportunities arise. Work is ongoing on a West of Scotland test of change

			which seeks to provide more alternatives to both OOH and A&E attendances. (CC for VdS)
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.	Public Health Director	Green: On plan, work ongoing at present. Core group continues to review list of activities that contribute to the intermediate care pathway; list of criteria to assess options identified; programme budget template developed to summarise activities and costs; initial list of options identified for which evidence is being reviewed currently to help progress with next steps that will be defined in a forthcoming meeting. It is anticipated that after a further stock take and agreement on next steps, a final meeting will be held to score the options. This process is expected to contribute to the delivery of an enhanced model of intermediate care in the South Partnership and also to provide a toolkit for prioritisation to the commissioning process. (GD)
5.8	Provide public health input to the implementation of the Effective Care Programme.	Public Health Director	Green: On plan, review of colonoscopy services was identified as a key topic in the initial phase of implementing ECap. PH input provided to a colonoscopy mapping event: various sources of data were reviewed to assess the demand and supply aspects of colonoscopies for Lanarkshire and identify areas for focus, the main one being the enhancement of the local referral pathways in keeping with the principles highlighted in Realistic Medicine. (GD)