

LANARKSHIRE NHS BOARD
CORPORATE OBJECTIVES 2019/20 – FULL YEAR REPORT

NHS LANARKSHIRE'S VISION

Achieving Excellence –Person-Centred, Innovative Healthcare to Help Lanarkshire Flourish

NHS LANARKSHIRE'S PURPOSE

To improve the health of the population of Lanarkshire & support people to live independently at home, through working with integrated health & social care partners

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:

- Modern fit for purpose NHSL, focused on prevention, reducing inequalities and access to care;
- Substantial & sustainable improvements in the delivery of safe services;
- Excellence in employment, staff engagement and partnership working;
- Greater integration of public services driven by partnerships and collaboration;
- Best outcomes and 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) and through regional partnerships.

Throughout this document, Objectives that flow from the Annual Operational Plan 2019/20 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 (4.16), 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 4.16.

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 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 AOP Standards, a sub-set of the ICPR noted above, and this will be refreshed during 2019/20;
- 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 AOP;

- The Corporate Objectives themselves are monitored twice yearly and a progress report produced for the NHS Board/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 2020, with the exception of the Winter Plan (1.14) which is required by October 2019, and Waiting Time Improvement Plan (WTIP) targets (1.3-1.5 & 1.7) which were due to be delivered by October 2019.

1 Modern fit for purpose NHSL, focused on prevention, reducing inequalities and access to care – 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 31 March 2020												
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>	Acute Director /Chief Officers North and South	Red: The 6 Essential Actions plan is currently being revised. Flow group 3 has seen rapid cycle testing on minor flow with Scottish Government support. (GMcG for JP)												
1.2	Achieve the A&E 4 hours target (UHM 95%, UHH & UHW 92.5%). (AOP)	Acute Director	<p>Red:</p> <table border="1"> <thead> <tr> <th>Target</th> <th>UHH</th> <th>UHW</th> <th>UHM</th> </tr> </thead> <tbody> <tr> <td>2019/20</td> <td>92.5%</td> <td>92.5%</td> <td>95%</td> </tr> <tr> <td>April 19 - March 20</td> <td>80.9%</td> <td>83.7%</td> <td>89.5%</td> </tr> </tbody> </table> <p>The March 2020 experience was atypical because of the impact of the COVID-19 pandemic where A & E attendances plummeted but alternative demand was placed on services. In the first 11 months of 2019/20 the numbers of people attending A & E attendances increased and the system's capacity to admit those that needed a hospital bed decreased, because of a rising number of delayed discharges. (GMcG for JP)</p>	Target	UHH	UHW	UHM	2019/20	92.5%	92.5%	95%	April 19 - March 20	80.9%	83.7%	89.5%
Target	UHH	UHW	UHM												
2019/20	92.5%	92.5%	95%												
April 19 - March 20	80.9%	83.7%	89.5%												
1.3	Achieve the 31 day cancer target (95%). (AOP) (WTIP)	Acute Director	Blue: 98.3% at March 2020 (GMcG for JP)												
1.4	Achieve the 62 day cancer target (95%). (AOP) (WTIP)	Acute Director	Blue: 96.9% at March 2020 (GMcG for JP)												
1.5	Achieve the TTG target (75%). (AOP) (WTIP)	Acute Director	Red: 68.7% at March 2020												

			NHS Lanarkshire previously recognised an ongoing gap between demand and capacity and had worked hard in 2019/20 to improve performance. The first 3 quarters of the year showed an improvement, with performance ranging between 72.4% and 73 .7%. At December 2019 there was an absolute reduction in the waiting list of 418 compared to the previous December. In March however over 700 procedures were cancelled with the elective programme being stood down nationally due to the COVID-19 pandemic and the progress made was lost. Addressing this will be a core aspect of the Acute Remobilisation Plan (GMcG for JP)
1.6	Achieve the 18 week RTT (acute) target. (90%) (AOP)	Acute Director	Red: 88.7% at March 2020. The cancellation of elective activity from March 2020 will impact on 18 week RTT. This will be addressed within the Acute Remobilisation Plan. (GMcG for JP)
1.7	Achieve the 12 week outpatients target (80%). (AOP) (WTIP) DNA rates will be improved in accordance with agreed local trajectories.	Acute Director	Blue: 92.8% at March 2020 This is an improvement on the 89.7% at March 2019. At the year-end there were 19,848 people waiting in total compared to 23,177 at the end of the previous year. The improvement would have been greater still had the COVID-19 pandemic not resulted in outpatient clinics being cancelled after 18th March 2020. It should be noted that there is currently over 23,000 patients on the COVID-19 holding list. Going forward, this will form a core element of the Acute Remobilisation Plan. (GMcG for JP)
1.8	Achieve the IVF target (90%).	PP&P Director	Blue: 100% at March 2020.
1.9	Achieve the 12 weeks AHP waiting times target (90%).		

	<p>Acute: Audiology, Paediatric Audiology, Orthoptics, MSK Orthotics</p> <p>North: Paediatric S&LT, Dietetics, MSK Podiatry, Non MSK Podiatry, S&LT, Podiatry Domiciliary visits</p> <p>South: Paediatric OT, MSK OT, MSK Physio, Rheumatology OT</p>	<p>Acute Director</p> <p>Chief Officer, North</p> <p>Chief Officer, South</p>	<p>As at March 2020: Blue: Audiology (91.5%), Paediatric Audiology (98.7%), MSK Orthotics (100%), Orthoptics (97.7%)</p> <p>As at March 2020: Blue: Dietetics (95.3%), MSK Podiatry (99.9%), Non MSK Podiatry (99.1%), Adult S&LT (94.6%), Podiatry Domiciliary Visits (97.6%)</p> <p>Red: Paediatric S&LT (60.4%) Waiting time performance has been challenging within the SLT (Children & Young People) service for several months against a backdrop of increasing demand. Pre-covid, work had commenced to trial the use of TrakCare in the Hamilton locality to improve overall management of the waiting list. The service is still to agree proposals for the roll out of Trakcare across all localities. The use of Near Me had been trialled within the Clydesdale locality, and clearly in the current circumstances the opportunities presented by Near Me and similar technologies are vital to future service models. (GC for RMcG)</p> <p>As at March 2020: Blue: Paediatric OT (100%), MSK OT (10%), Rheumatology</p>
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			<p>OT (100%)</p> <p>Red: Physio MSK (88.0%) Additional staff were employed and this demonstrated improvement through recent months both in numbers of new patients being seen as well as reducing numbers of people waiting and longest waits.</p> <p>Short term actions from the MSK Physiotherapy review, resulted in significant improvement.</p> <p>Pre-covid, the service anticipated reaching the 90% target by July 2020. Work is ongoing to establish the recovery period associated with the ability to see patients in lieu of being able to fully occupy premises. (CC for VdS)</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.	Chief Officer, North	<p>We can no longer report on this because the new dataset no longer records whether patients have a personalised care plan in place or whether they have achieved each of the 5 pillars of PDS. We have suggested the following targets which would be appropriate to focus on locally.</p> <p>Dementia Post Diagnostic Support:</p> <ul style="list-style-type: none"> • Number of new patients diagnosed in the reporting quarter. Part of the PDS target is to deliver the expected rate of diagnosis of Dementia. So the higher the numbers diagnosed the better. 91 patients diagnosed in Q4 19-20. • Percentage of patients waiting less than 12 months to begin PDS (waiting less than 12 months/total number waiting). We have suggested a target of 65%. This figure is higher than the average performance against

			<p>this measure especially in the North in the last 5 quarters. 54.3% in Q4 19-20</p> <p>(GC for RMcG)</p>
1.11	<p>Achieve the 18 week CAMHS target (90%). (AOP)</p>	Chief Officer, North	<p>Red: 65.2% as at March 2020.</p> <p>This is an area where rising referrals combined with continued difficulties with staff turnover are causing a national challenge. A deep dive into the service has been concluded and a series of improvement actions along with additional investment are underway. While COVID-19 has had a clear impact on performance, it has also provided opportunity to roll out some of the key actions of the deep dive, such as reducing the number of service bases to increase resilience and instigating senior clinical triage of all referrals using Near Me. (GC for RMcG)</p>
1.12	<p>Achieve the 18 week Psychological Therapies target (90%). (AOP)</p>	Chief Officer, North	<p>Red: 81.1% for January to March 2020.</p> <p>The AOP target is for all psychological therapies, including CAMHS. At the onset of the COVID-19 pandemic and as appointments started to be deferred, adult psychological therapies waiting time had reached 89.13%. (GC for RMcG)</p>
1.13	<p>Achieve the 3 week Drug & Alcohol target (90%).</p>	Chief Officer, North	<p>Green: As 99.6% at December 2019</p>
1.14	<p>An effective Winter Plan is in place by October 2019, for winter 2019/20.</p> <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 Chief Officer,</p>	<p>Blue: Plan was prepared, submitted to SG and implemented during 2019/20.</p> <p>The plan was produced with full involvement from all key elements of NHS service delivery and partner agencies.</p>

		North	(CC for VdS)
1.15	Improve performance against the Primary Care Advance Booking target (90%)	Chief Officer, South	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. (This is a biennial survey, next due to be reported in 2020).
1.16	Improve performance against the Primary Care 48 hour Access target (90%).	Chief Officer, South	Green: 90.9% at March 2018 (This is a biennial survey, next due to be reported in 2020).
1.17	Achieve the required standards of response in relation to Feedback, Comments, Concerns and Complaints.	NMAHPs Director Chief Officer, South Chief Officer, North Acute Director	Blue: Between 1 April 2019 and 31 March 2020, 2410 complaints were closed. <ul style="list-style-type: none"> • 1415 complaints were closed at Stage 1, 81% of these within 5 working days. • 995 complaints were closed at Stage 2, 65% of these within 20 working days. ** This includes Stage 2 escalated • 96% of Stage 2 complaints were acknowledged within 3 working days. (KC for ED)
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	Blue: We have public volunteers in the role of patient experience interviewers for our solicited feedback programme; however the numbers are small. We continue to engage with Voluntary Services to continue with ongoing recruitment. No volunteers currently in place for UHM however the Senior Nurse on site has identified a member of staff on restricted duties who is helping with capturing patient feedback. Solicited feedback programme was paused from mid-

			<p>March due to COVID-19. We are currently exploring alternative ways to capture feedback in line with COVID-19 restrictions.</p> <p>Education and awareness raising work continues in relation to Anticipatory Care Planning and Treatment Escalation/Limitation Planning, Record of End of Life Care, as well as Realistic medicine to support shared decision making and enable patients and families to make informed choices about their care which staff are then able to act on them.</p> <p>From mid-March the education and awareness raising sessions for realistic medicine has been paused due to COVID-19. Since March we have implemented a process for using the shortened version of the Anticipatory Care Plan (ACP) developed by Healthcare Improvement Scotland. This new ACP is available across all community settings including Care Homes and is completed with patients by healthcare professionals such as GPs and community nurses.</p> <p>A new Treatment Escalation/Limitation Plan was developed for use with all patients admitted as an emergency to an acute hospital during the pandemic.</p> <p>Following endorsement in July 2019 the Inpatient Visiting Policy Visiting is now implemented across NHS Lanarkshire in patient areas. Since mid-March this policy was paused due to COVID-19 in line with Scottish Government guidance. Alternative methods of communication have been in use for example use of technology to enable video calls between patients and relatives as well as regular telephone updates to relatives to keep them informed of progress.</p>
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			<p>A “psychologically safe” culture continues to grow through facilitated reflective meetings, SCHWARTZ rounds, Values Based reflective Practice and other staff training programmes. Since mid- March these meetings and programmes have been paused due to COVID-19. However alternative methods of carrying out these sessions are being explored so they can continue under current restrictions.</p> <p>NHS Lanarkshire Public Reference Forum was consulted on:</p> <ul style="list-style-type: none"> • Compassionate Lanarkshire “no-one dies alone” in Nov 19 • NHS Lanarkshire Complaint Handling Development Plan in Nov 19 • NHS Lanarkshire Car Parking Communication Plan in Feb 20 <p>Information sharing in Feb 20 on:</p> <ul style="list-style-type: none"> • Monklands Replacement Project • Infection Prevention & Control - Communication Plan • Myalgic encephalomyelitis (ME) survey • Hospital Signage Group <p>We continue to share good practice and learning at local team meetings, regional and national events in all of these areas. (MMcG for ED)</p>
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.	NMAHPs Director Chief Officer, South Chief Officer, North Acute Director	Blue: NHS Lanarkshire staff use feedback from the Public Reference Forum and PFPI Groups in North and South HSCPs to shape the area of work consulted / engaged around. Care Opinion remains our main platform for receiving unsolicited feedback, providing public transparency

			and enabling updates on how NHS Lanarkshire is using feedback for reflection, learning and action. This is now also used by our volunteers to record feedback from our inpatient solicited programme. (MMcG for ED)
1.20	Continue to engage with key stakeholders, including the PPF, South H&SCF, ACF and APF.	All Directors	Blue: A broad range of work is ongoing across all NHS Lanarkshire services and activities.
1.21	Implement the new GMS contract during 2019 and beyond. Continue to implement, monitor and report on the Primary Care Improvement Plans; and associated financial planning to facilitate the implementation of the new GMS Contract. Manage GMS sustainability in ensuring continuity of GMS services to the people of Lanarkshire.	Chief Officer, South	Green: Implementing New GMS Contract (Primary Care Improvement Programme) 2018-2021. Updated PCIP to reflect progress and submitted 6 monthly tracker paper to SG. Work streams underway in relation to: <ul style="list-style-type: none"> • Community Care and Treatment • Urgent Care • Pharmacotherapy • Vaccine transformation • Premises • IM&T • Recruitment and Retention The implementation process is currently being reviewed in line with COVID-19 recovery. (CC for VdS)

2 Substantial & sustainable improvements in the delivery of safe services - ensuring they are of the highest quality:

	Objective	Accountable / Responsible	Progress at 31 March 2020		
2.1	<p>Implement the Infection Prevention & Control Plan, including compliance with national targets for hand hygiene, clinical risk assessment, and PVC / CVC.</p> <ol style="list-style-type: none"> 1. Implement the IPC work plan for 2019-2020 2. Monitor compliance against the national level 3 indicators for MRSA and CPE Clinical Risk Assessment 	NMAHPs Director	<p>Blue: Work plan for 2019-2020 complete.</p> <p>Amber: Compliance with KPIs for MRSA and CPE continue to be monitored via the Hygiene Groups and the Infection Control Committee. Overall, compliance sits below the 90% compliance standard.</p> <p>Hand Hygiene compliance rates have fluctuated over this reporting period. Improvement work will be included in the Breakthrough Series Collaborative work during 2020-2021. (CC for ED)</p>		
2.2	<p>Achieve the SABs rate target (0.24) for 2019/20. A new target was introduced in-year for SABs April 2019 to end March 2022</p> <p>Staphylococcus aureus bacteraemia (SAB) Target (AOP) <i>Local Trajectory to achieve national standard of 10% reduction over three years from the NHSL end March 2019 baseline (benchmark)</i> (Rate of HCAI SAB per 100,000 total occupied bed days)</p> <table border="1" data-bbox="315 1236 958 1276"> <tr> <td>2019/20</td> <td>17.9 to reduce to 16.1</td> </tr> </table>	2019/20	17.9 to reduce to 16.1	NMAHPs Director	<p>Red: NHSL did not achieve a reduction from 17.9 to 16.1 by the end of 2019-2020. The year-end rate was 20.2 per 100,000 TOBDs.</p> <p>(CC for ED)</p>
2019/20	17.9 to reduce to 16.1				
2.3	Achieve the C diff rate target (0.32) for 2019/20.	NMAHPs			

	<p>A new target was introduced in-year for <i>Clostridioides difficile</i> Infection (CDI) April 2019 to end March 2022</p> <p><i>Clostridioides difficile</i> Infection (CDI) Target (AOP) <i>Local Trajectory to achieve national standard of 10% reduction over three years from the NHSL end March 2019 baseline (benchmark)</i> (Rate of HCAI CDI per 100,000 total occupied bed days)</p> <table border="1" data-bbox="315 523 958 563"> <tr> <td>2019/20</td> <td>16.5 to reduce to 14.8</td> </tr> </table>	2019/20	16.5 to reduce to 14.8	Director	<p>Blue:</p> <p>NHSL achieved a reduction from 16.5 to 14.8 by the end of 2019-2020.</p> <p>(CC for ED)</p>
2019/20	16.5 to reduce to 14.8				
2.4	<p>Implement the Quality of Care Strategy 2018-23, with particular focus on increasing organisational capability and capacity for QI:</p> <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. 	<p>NMAHPs Director</p> <p>Medical Director</p>	<p>Blue:</p> <p>The majority of the actions in the quality strategy for 2019/2020 have been met with a small number carried over to the 2020/2021 implementation plan due to either:</p> <ol style="list-style-type: none"> a) Work paused due to focus on managing the COVID-19 pandemic b) As a result of the COVID-19 pandemic the action requires to be changed to reflect new ways of working. For example all training requires to be changed from face to face to a different format. <p>A new implementation plan has been developed and the carried over actions are identified to ensure they are tracked.</p> <p>(KC for JB & ED)</p>		
2.5	<p>Ensure compliance with all aspects of Public Protection of children, adults and vulnerable families through delivery and compliance with legislation and national guidance.</p>	NMAHPs Director	<p>Green:</p> <p>The recommendations of the 2018 Public Protection review have now been actioned. The NHSL Public Protection Service continues to progress the establishment of a robust monitoring and reporting arrangement that will increase the level of oversight and assurance available to the Board around the compliance and performance of this service.</p>		

			(DMacL for ED)
2.6	Ensure Fire Safety compliance both in premises and with regard to staff training.	PP&P Director/ All Directors	Green: Will be completed during 2020/21.
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/	Blue: HFS environment scores have reduced at UH Monklands as a consequence of the age of the buildings. This is monitored through LICC.
2.8	Prepare an Estates and Asset Management Strategy in line with requirements and timescales.	PP&P Director/	Blue: Updated during 2019/20.
2.9	Ensure that a Sustainability Development Action Plan is developed and implemented.	PP&P Director/ All Directors	Blue: Action Plan launched March 2020.
2.10	Ensure that the eHealth Strategy is revised and aligned to the NHS Scotland Digital Health and Care Strategy.	Information & Digital Technology Director	Blue
2.11	Ensure that effective arrangements are in place to plan for and respond to emergencies and business continuity incidents including working towards full compliance with the May 2018 NHS Scotland Standards for Organisational Resilience, taking into account national risk assessments. This includes preparations for pandemic influenza, major incidents and severe weather.	Public Health Director	Green: NHS Lanarkshire has produced a 3 year action plan to ensure that effective arrangements are in place. Significant progress has been made and this has been demonstrated in its response. The 3 year action plan has been refreshed in line and updated in preparation for the current pandemic.
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; 	Medical Director	Blue: The shared decision making process is being facilitated through rollout of the 5Q cards through OP letters for all new appointments and also cards available in consultation areas in acute and community. Shared decision making now integral part of new consent policy. Plans to implement Citizens

	<ul style="list-style-type: none"> 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; Input to service redesign and/or development by using data analytics and development of referral pathways to address Realistic Medicine principles e.g. unwarranted variation, building a personalised approach to care. 	<p>NMAHPs Director</p> <p>Acute Director</p> <p>Public Health Director</p>	<p>Jury recommendations were in progress, but paused since Mar 20 due to COVID-19 pandemic. (BM for JB)</p> <p>Blue: (TM for ED)</p> <p>Blue: Shared decision making part of new consent policy, and all new acute sector new patient appointments. New Programme of roll out paused in Mar 20 as per directive from RM Policy Team at SG. During the pandemic near total use of Treatment Escalation Limitation Plans (TELP) at all 3 acute sites. (BN for JP)</p> <p>Red: The Public Health department is contributing to a range of initiatives to support the delivery of Realistic Medicine in a number of ways. It has provided leadership to the NHSL/University of Strathclyde Collaborative and is currently supporting work to help redesign. A Patient Initiated Follow up model in Rheumatology was planned for implementation in April, however, this has been delayed due to COVID. Initial discussion about undertaking similar work in other specialties – Respiratory and Gastroenterology to address demand and capacity issues had commended, but have been put on hold since February. The NHSL /UoS partnership is currently focussed on modelling for developing and Early Warning System and also support service redesign for managing unscheduled care. (JP for GD)</p> <p>An SOP has been agreed for use in NHSL in response to publication of Atlas maps.(BM for GD)</p>
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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>Green:</p> <p>The overall objective relates to the lifetime of the R&D Strategy – the final assessment will therefore be in 2022.</p> <p>Interim progress is measured via the R&D Annual Performance & Expenditure review – this is an external review carried out by the Scottish Government Chief Scientist Office (CSO). Their most recently-published (25/10/2019) report noted that:</p> <p><i>"...CSO considers NHS Lanarkshire's performance [...to end Sep 2018, which is the CSO's reporting period...] was very good when considered against comparable boards and the national picture. Overall, NHS Lanarkshire are consistently improving every year, as reflected in their CSO allocation for 2019-20 which is over the £1m mark..."</i></p> <p>Since that report, the allocation for 2020-21 has been confirmed as £965k – down a small, but not significant, amount on the previous year.</p> <p>Most non-COVID-19-related research activities across all clinical settings were formally suspended on March 13th, with research activities between that point and the end of the reporting period being almost entirely focussed on supporting UK Urgent Public Health Covid-19-related research. (RH for JB)</p>
2.14	Implement Duty of Candour in line with legislative requirements.	Medical Director/ NMAHPs Director	<p>Blue:</p> <p>All confirmed Duty of Candour events, where the investigation is closed between April 2019 and March 2020, have met legislative requirements. There are some adverse events that have happened during this timescale but investigations are still open so are</p>

			unable to be assessed for Duty of Candour. These will be continue to be monitored by the QPPG group and the Duty of Candour Annual report went to the July HOAIC meeting. (KC for JB)
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3 Excellence in employment, staff 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 31 March 2020
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	Blue
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	Workforce Planning activity was paused as a result of COVID 19, subsequently in May 2020 Scottish Government confirmed workforce projections were stood down for 2020.
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 TURAS 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 	HR Director / All Directors	Blue

	embedded.		
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: iMatter was paused in March 2020 by Scottish Government during the COVID-19 pandemic
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	Blue:
3.6	Refresh and deliver the Equality and Diversity Annual Plan for 2019/20.	HR Director / All Directors	Blue:
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	Blue: 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. A new multi-agency partnership has been established to consider the future use of the UH Monklands site for the benefit of the community as a whole. This has been developed within a range of acute programmes including Peri-operative care. (GMcG for JP).
3.8	Delivery of the requirements of the National Health and Social Care Chaplaincy and Spiritual Care Strategy.	NMAHPs Director	Blue: Revised and updated Professional Standards and Competences for Scotland were approved in March

			<p>2020 by the UK Board of Healthcare Chaplaincy.</p> <p>New Scottish Spiritual Care Strategy 2030 is being developed and is expected to be launched in 2020-21. (PG for ED)</p>
3.9	<p>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.</p>	<p>NMAHPs Director / HR Director</p>	<p>Green:</p> <p>The Healthcare Staffing Team continue to collaborate with and provide support and guidance to senior leaders, managers and staff to ensure their preparedness to comply with the Health and Care (Staffing) (Scotland) Act 2019. An ongoing programme of work has been underway since 2019 and the team are on target in developing, supporting and delivering on the annual schedule of mandated workload tool runs, whilst also providing support to other clinical areas with no specialty specific tool to run the Professional Judgement workload tool, primarily this is in areas of high priority as identified within the Risk Assessment and Prioritisation Tool.</p> <p>The team will also support with education requirements and analysis and reporting of results in line with the Common Staffing method as well as ongoing support in the development, co-ordination and analysis of the annual Risk Assessment and Prioritisation Tool. A Think Tank event took place in 2019 to engage senior leaders in identifying gaps in compliance with the Health and Care (Staffing) (Scotland) Act 2019 and to identify roles and responsibilities going forward, in order to contribute to the development of systems and processes being established locally to deliver against the legislation. It was suggested going forward that an Oversight Group be developed to progress this further. (MB for ED)</p> <p>The programme was however suspended due to</p>

			COVID-19 in March 2020. (KS)
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4. **Greater integration of public services driven by partnerships and collaboration - 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 2019
4.1	Achieve Alcohol Brief Interventions target numbers for 2019/20 (annual number to be notified by SG).	Chief Officer, North	Blue: NHS Lanarkshire delivered 10,101 by March 2020. (GC for RMcG)
4.2	Achieve smoking cessation target numbers for 2019/20 (902 quits).	Chief Officer, North	Blue: The most recent validated figures from Public Health Scotland show the 2019/20 target of 902 12 week quits in the 40% most deprived areas has been met. (ER for RMcG)
4.3	Achieve the antenatal booking target for 2019/20 (80%)	Acute Director / Public Health Director	Blue: Rates range from across the 5 quintiles from 87.7% to 93.5% (GMcG for JP).
4.4	Achieve Early Detection of Cancer target (29.9%).	Public Health Director / Acute Director	Amber: This target was to be achieved in the 4 years to December 2015. Data is published more than one year in arrears. Given that (a) the original target date for achievement has passed and we failed (Red), and (b) data is published annually and in arrears, the value of more specific RAG work is questioned at this stage. Lanarkshire continues to fail the target of 25% of people who are diagnosed early in the disease process (with stage 1 disease). Year 7 data (combined 2017 and 2018) show 24.8% of people receive a stage 1 diagnosis for combined Breast, Colorectal and Lung in Lanarkshire. This has increased from 23.9% at Baseline (2010 and 2011). Some additional analysis has been carried out to identify

			<p>areas of good practice and the possibility of exploring how those Boards have achieved better results will be considered. (JD for GD)</p>
4.5	<p>Improve health and wellbeing within our communities by working through both Health & Social Care Partnerships, continue to implement the Health Improvement Delivery Plan in line with timescales.</p>	<p>Public Health Director / Chief Officer, South; Chief Officer, North</p>	<p>Green:</p> <p>IMPROVING THE HEALTH OF THE PUBLIC</p> <p>NHS Lanarkshire seeks to improve the health and wellbeing of the population through the delivery of effective services, supporting both Health and Social Care Partnerships in their efforts to promote health, functioning as a key partner in both Community Planning Partnerships and supporting the implementation of the Community Plans. This has involved supporting the development of new Community Boards in North Lanarkshire and a review of Community Planning structures in South Lanarkshire.</p> <p>A draft Integrated Population Health Plan was developed during 2019/20 to bring together the broad range of the partnership strategies and action plans which are being delivered in Lanarkshire in response to the six national public health priorities.</p> <p>Consideration is now being given to both the direct and indirect impacts of COVID-19 on the future priorities for this plan.</p> <p>Many population health programmes have had to be paused or significantly modified since March 2020 as a result of COVID-19 restrictions and staff being redeployed to Public Health. As we move into recovery of services it is essential these programmes are prioritised in order to mitigate further negative impacts on inequalities.</p> <p>Some key achievements across the public health priority</p>

			<p>areas for 2019/2020 include:</p> <ul style="list-style-type: none"> • Addressing the impact of poverty and financial insecurity by developing pathways from health settings into specialist welfare advice. Between April 2019 and Feb 2020 there were 811 referrals from Midwives, Health Visitors and Family Nurses into the South Lanarkshire Money Matters Telephone Advice Line. 77.3% of families engaged with the service and as a result there has been substantial financial improvement for many families, with an average increase in household income of £2569 per year. A similar welfare advice referral pathway is also in place in two localities in North Lanarkshire and will be rolled out to all of North Lanarkshire in 2020/21. • Further development of the Lanarkshire Green Health Partnership to connect people with nature and maximise the use of health inducing green assets including development of gardening sessions at 5 community hospitals; integration of green health activities to existing referral pathways; raising awareness of the benefits of nature with over 600 health & social care professionals; and, infrastructure changes and resources developed to improve active travel. • Raising awareness of the impact of trauma and adversity and developing trauma informed services. Over 2000 staff members/partners/community members have attended screenings of the <i>Adverse Childhood Experiences Resilience</i> documentary at over 60 venues across North and South Lanarkshire. A psychologically informed environment pilot is being delivered with multi-agency staff from NHS, housing and wider in order
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			<p>to better support those most vulnerable to have a positive experience of accessing services.</p> <ul style="list-style-type: none"> • Continued delivery and development of the Lanarkshire Weight Management Service. The service has continued to offer around 30 classes each week in community venues through a partnership with North Lanarkshire Culture and Leisure and South Lanarkshire Leisure and Culture through a partnership with NHSL. A key focus over the last year has been transitioning individual programmes to an integrated service model which covers all four tiers and across the life course and which meets the requirements of the Diabetes Prevention Framework. Key to this is the roll out of the Healthy School approach which is now used by 80% of primary schools in North Lanarkshire and 69% of primary schools in South Lanarkshire. • Development of Good Mental Health for All partnership delivery plans for North and South Lanarkshire as part of the GIRFEP Lanarkshire Mental Health and Wellbeing Strategy. A key priority within the plan has been to address mental health stigma and discrimination across health and community settings. Two senior leader events seminars were held in autumn 2019 and actions from these events will be built into the Stigma Free Lanarkshire partnership action plan going forward. • Addressing the needs of vulnerable groups through continued delivery of the Keep Well service. Referrals from Addictions, Restorative Justice, carers and other partners resulted in the service undertaking 893 Health checks with over half of these clients requiring case management due to the
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			<p>complexity of issues identified. Outcome measures show that on average there is an 80% improvement in the person's well-being score on discharge from the service.</p> <ul style="list-style-type: none"> Supporting employability and addressing in work poverty through a range of initiatives including increasing trade spend with Lanarkshire Living Wage accredited employers and Supported Businesses and working in partnership to promote Living Wage accreditation, Living Hours and an understanding of in work poverty within Health and Social Care Partnerships and Lanarkshire employers. Health Improvement locality teams have also been working with DWP colleagues in North and South Lanarkshire to develop their knowledge and skills around health improvement and social prescribing. NHS Lanarkshire are also part of a new Lanarkshire wide partnership strategic employability group. <p>Links to key plans are listed below.</p> <p>South Lanarkshire Local Outcomes Improvement Plan: https://www.southlanarkshire.gov.uk/cp/downloads/file/93/local_outcome_improvement_plan_-_2017-2020</p> <p>South Lanarkshire Strategic Commissioning Plan: www.slhsc.org.uk</p> <p>North Lanarkshire Local Outcomes Improvement Plan: https://www.northlanarkshire.gov.uk/CHttpHandler.ashx?id=21277&p=0</p> <p>North Lanarkshire Strategic Plan: http://www.hscnorthlan.scot/wp-</p>
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	<p>Give priority to health inequalities as part of Local Outcome Improvement Plans (LOIPs) and Neighbourhood Planning processes.</p>	<p>Chief Officer, South</p>	<p>content/uploads/2016/05/nlc_strat_doc_v13.pdf</p> <p>North Lanarkshire Commissioning Plan: http://www.hscnorthlan.scot/wp-content/uploads/2018/02/Achieving-Integration-Final.pdf</p> <p>North Lanarkshire Integration Scheme: https://www.northlanarkshire.gov.uk/CHttpHandler.ashx?id=22525&p=0</p> <p>Blue: 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 also featured 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 KPIs and meet Healthcare Improvement Scotland Standards 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>Amber: New HIS standards have recently been published by HIS for Cervical, Breast and Pregnancy and Newborn screening programmes. Local audit underway to identify areas of improvement required. Majority of KPIs met for programmes but uptake rates for DRS, Cervical, Bowel and Breast Screening programmes do not meet HIS targets. A detailed health improvement action plan is in place and work will continue to address poor uptake, with a particular focus in more deprived groups.</p> <p>Screening programmes with the exception of Pregnancy and new born were stalled due to the current pandemic. The expectation is these will gradually recommence as the</p>

			peak of the pandemic decreases. It is not possible to indicate a recommencement date at this time.
4.7	Maintain and improve immunisation rates for all universal programmes.	Public Health Director / Chief Officers North & South	<p>Blue: Four Immunisation Update Sessions were held in August 2019. 200+ members of staff attended. Staff groupings involved, including practice nurses, health visitors and GPs were in attendance</p> <p>Blue: Pre 5 immunisation – NHSL remains one of the top performing Boards for uptake of DTaP/IPV/ Hib/HepB, Rotarix, Men B, PCV and MMR. (Often exceeding the Scottish average uptake).</p> <p>Blue: The primary school influenza immunisation programme (targeting 52,000 children) achieved a 76% uptake.</p> <p>Amber: The shingles programme delivered by GPs is ongoing with variable uptake across Lanarkshire. It is hoped that the cohort for inclusion now being 70-79 will increase uptake. Programme was suspended in March by SG.</p> <p>VTP >65-74 & 2-5 year old Flu Green: The seasonal flu programme for over 65-74 year olds and 2-5 year olds not at school was delivered by managed staff from October 2019. They achieved a 68.5% and 44% uptake rate respectively.</p> <p>All other flu vaccines (<65@risk & 75+, mop up of school children) were delivered by GPs. They achieved 39.6%,</p>

			<p>75.5% & 2.5% uptake rate respectively.</p> <p>Pertussis & Flu Vaccine - Pregnant Women Community midwifery staff delivered the flu programme for the first time achieving an uptake rate of 41% (none at risk) and 57.9% (at risk). Pertussis update ~60%.</p> <p>Travel Health Service Lanarkshire was working internally to identify a model for travel health immunisation which could be piloted in partnership with Scottish Government and Public Health Scotland colleagues' support, however, due to COVID-19 this has been put on hold.</p>
4.8	<p>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 2019/20 to achieve 74.4 %. Performance is monitored as follows: Green: 74.4% Amber: 74.2 - 74.3% Red: <74.2 %</p>	Public Health Director	<p>Blue: Childsmile Programme has been continued as planned. The report of the National Dental Inspection Programme of P7 children was published on 22 October 2019 and showed NHSL at 78.4% against our local target of 74.4%. This was the position at 31 March 2020. (AY for GD)</p>
4.9	<p>Continue to implement the national Sexual Health & BBV Framework 2015-2020 and contribute to development of the next framework.</p>	Public Health Director	<p>Amber: BBV and sexual health work in Lanarkshire will continue to be driven via the Lanarkshire BBV Prevention and Care Network (BBV PCN) and the Sexual Health Steering Group (SHSG).</p> <p>Four key national and UK developments that will influence and support the ongoing work within Lanarkshire for sexual health and blood borne viruses (BBVs) include:</p> <ol style="list-style-type: none"> a. The next Scottish Government Framework for sexual health and blood borne viruses which is expected to cover 2020 to 2025. b. Scotland's Hepatitis C Action Plan: Achievements for

			<p>the First Decade and Proposals for a Scottish Government Strategy for Elimination of both Infection and Disease – Taking Advantage of Outstanding New Therapies (Reported June 2019)</p> <p>c. Scottish Health Protection Network. Recommendations on Hepatitis C Virus Case Finding and Access to Care. Report of the National Short Life Working Group – (Reported January 2019)</p> <p>d. The work and findings of the UK Infected Blood Inquiry.</p> <p>Key priorities and actions to March 2020 include:</p> <p>a. Current local plans have been reviewed in light of COVID-19 and the development of a Lanarkshire BBV Prevention and Hepatitis C Elimination Action Plan 2020 to 2025 has been delayed as a result.</p> <p>b. Scottish Government have cancelled all NHS Board hepatitis C initiations targets for 1st April 2019 and 31st March 2020. NHS Board targets will be re-established for 2020/21</p> <p>c. The Greater Glasgow and Clyde on-going HIV outbreak amongst people who inject drugs (PWID) continues to develop. In early February 2020 Health Protection Scotland contacted NHS Lanarkshire Public Health Department to inform them that a significant number of new HIV cases had been identified. A Lanarkshire HIV IMT was established immediately, however, the HIV Prevention and Control Plan has been impacted by COVID-19 with no testing taking place from February 2020 to July 2020.</p> <p>d. Responding to the ongoing syphilis situation in Lanarkshire. This work continues.</p> <p>e. As a result of the HIV outbreak among young people who inject drugs, links have been established with national organisations to understand more about the relationship between the endemic use of cocaine and</p>
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			<p>sexual risk taking and education events have been delivered highlighting this change in drug use.</p> <p>f. BBV Third Sector Services to support high risk groups and populations have been re-commissioned. Contracts will run from 1st April 2020 to 31st March 2023. These services will target and support:</p> <ul style="list-style-type: none"> • Men who have Sex with Men (MSM) • Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) • Black and Ethnic Minorities (BME), specifically African and Chinese Communities • People living with and affected by HIV and Hepatitis, particularly individuals with current problematic substance use.
4.10	Meet the requirements of the Children & Young People (Scotland) Act 2014.	NMAHPs Director/ Chief Officers, North & South	<p>Amber:</p> <p>SG repealed Parts 4 and 5 of the Act and the changes have been communicated widely across services. The Lanarkshire GIRFEC implementation plan update has been drafted but needs to be finalised. The last Scottish Government Cel 29 meeting occurred in October 2019 – no further national updates. (GQ for ED)</p>
4.11	Implement the Children & Young People's Health Plan 2018-20.	Public Health Director/ NMAHPs Director, Chief Officers, North and South	<p>Red:</p> <p>Year 2 implementation of the 2018-2020 plan was progressing well as at end February 2020. Due to the COVID response, many of the commitments/actions in the plan were postponed and progress stalled. A final report is not yet available for the 2018-2020 plan. This is scheduled for end September 2020.</p> <p>The CYP Health Plan 2020-2023 plan is in draft and has been circulated to the Child Health Services Implementation and Planning Group for review. A final draft is scheduled for end September 2020 for sign off by the Child Health Commissioner Steering Group and Population Health & Primary and Community Services Governance Committee. An updated maternal and child</p>

			health dashboard will follow thereafter. (AG for 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	Blue: There is currently no HV vacancies across H&SC North. We have 9.8 WTE due to qualify in January 2021 which will support 20/21 turnover. (GC for RMcG)
4.13	Deliver the Family Nurse Partnership Model, including Core Elements and Fidelity Goals.	Chief Officers, North and South	Blue: FNP continues to be delivered within budget and license. Self-assessment has just been completed and due to be submitted to Scottish Government end July 2020. Some fidelity targets have not been met. COVID-19 has had some impact but also challenging demographics and workforce challenges. Model has a degree of workforce fragility that has been escalated to SG. (GC for RMcG)
4.14	Continue to improve breastfeeding rates in Lanarkshire: <ul style="list-style-type: none"> Maintain initiation rate of 48% Attrition rate of 18% or less; A new formula to calculate the attrition stretch aim has been developed in-year by the Scottish Government and ISD. The new target for 2024/25 is 42.1%. <ul style="list-style-type: none"> Develop improvement plan in line with National Programme for Government, implementing year one; Review recording and coding of breastfeeding. 	NMAHPs Director	Green: Quarter 1 to 3 combined activity reflects Lanarkshire's initiation rates at 50.9%. Quarter 4 data is awaited. (TM for ED) Green: The Quarter 1 to 3 combined activity levels reflects an attrition rate of 39.2%. (TM for ED) Blue: (TM for ED) Blue: (TM for ED)
4.15	Meet the requirements of the National AHP Strategy – Active and Independent Living Programme. Programmes to review physiotherapy and occupational	NMAHPs Director Chief Officers, North and South	Green: The six ambitions contained in the ALIP document have been scoped out and are being addressed within NHS Lanarkshire.

	<p>therapy services and associated impact on national and local strategies.</p>	<p>Chief Officer, South</p>	<p>3 AHP lecturer/practitioners have been appointed in partnership with GCU in areas of Orthoptics, Physiotherapy and Podiatry.</p> <p>The podiatry service has been awarded the use of the GCU departmental title and will be re-named the University Department of Podiatry. It is believed this is the first such award achieved by an AHP service in the UK.</p> <p>Work on AHP workforce planning continues to support changes linked to T&O, Brain Injury, and tiered Rehabilitations services related to a redesign of regional T&O services. A rehabilitation strategy for Lanarkshire is currently being worked up.</p> <p>A paper regarding outlining the proposal to joining up of the professional leadership between NHSL and South OT services is progressing though the South H&SCP governance structures.</p> <p>In Occupational Therapy and Physiotherapy, additional Advanced Practice Occupational Therapists and to work in GP practices have been recruited.</p> <p>Work is on-going to build capacity in Advanced Practice across a range of AHP Professions. Discussions have been held to look at AHPs developing a west region approach to Advanced Practice.</p> <p>The NHS Lanarkshire Head of Spiritual Care is currently leading a review of Spiritual Care in NHSGG&C.</p> <p>Unfortunately, discussion on the orthoptic regional working proposal stalled to due to Covid 19 combined with the NHSL Orthoptic lead being on a period of protracted sickness absence</p>
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			(PMcC for ED, 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> <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; 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</p>	<p>Chief Officer, North Chief Officer, South/ All Directors</p>	<p>NLHSCP</p> <table border="1"> <thead> <tr> <th></th> <th>Target 2019/20</th> <th>Actual</th> <th>RAG Status</th> </tr> </thead> <tbody> <tr> <td>Unplanned admissions (management info)</td> <td>46,241</td> <td>47,575 (April 2019 – March 2020)</td> <td>RED</td> </tr> <tr> <td>Occupied bed days for unscheduled care (management info)</td> <td>309,703</td> <td>309,599 (April 2019 – March 2020)</td> <td>BLUE</td> </tr> <tr> <td>A&E attendances</td> <td>124,580</td> <td>124,882 (April 2019 – March 2020)</td> <td>RED</td> </tr> <tr> <td>Delayed discharge bed days (non-code 9)</td> <td>29,020</td> <td>35,329 (April 2019– March 2020)</td> <td>RED</td> </tr> <tr> <td>End of life care</td> <td>90%</td> <td>89.4% (2019)</td> <td>AMBER</td> </tr> <tr> <td>Balance of Care</td> <td>96.1%</td> <td>96.7% (2018/19)</td> <td>GREEN</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>Title</th> <th>Current score</th> </tr> </thead> <tbody> <tr> <td>NI - 1</td> <td>Percentage of adults able to look after their health very well or quite well</td> <td>90% (2017/18)</td> </tr> <tr> <td>NI - 2</td> <td>Percentage of adults supported at home who agreed that they are supported to live as independently as possible</td> <td>75% (2017/18)</td> </tr> <tr> <td>NI - 3</td> <td>Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided</td> <td>71% (2017/18)</td> </tr> <tr> <td>NI - 4</td> <td>Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated</td> <td>70% (2017/18)</td> </tr> <tr> <td>NI - 5</td> <td>Total % of adults receiving any care or support who rated it as excellent or good</td> <td>75% (2017/18)</td> </tr> </tbody> </table>		Target 2019/20	Actual	RAG Status	Unplanned admissions (management info)	46,241	47,575 (April 2019 – March 2020)	RED	Occupied bed days for unscheduled care (management info)	309,703	309,599 (April 2019 – March 2020)	BLUE	A&E attendances	124,580	124,882 (April 2019 – March 2020)	RED	Delayed discharge bed days (non-code 9)	29,020	35,329 (April 2019– March 2020)	RED	End of life care	90%	89.4% (2019)	AMBER	Balance of Care	96.1%	96.7% (2018/19)	GREEN		Title	Current score	NI - 1	Percentage of adults able to look after their health very well or quite well	90% (2017/18)	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	75% (2017/18)	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	71% (2017/18)	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	70% (2017/18)	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	75% (2017/18)
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<p>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>		NI - 6	Percentage of people with positive experience of the care provided by their GP practice	76% (2017/18)		
		NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	76% (2017/18)		
		NI - 8	Total combined % carers who feel supported to continue in their caring role	33% (2017/18)		
		NI - 9	Percentage of adults supported at home who agreed they felt safe	80% (2017/18)		
		NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA		
		NI - 11	Premature mortality rate per 100,000 persons	517 (2018)		
		NI - 12	Emergency admission rate (per 100,000 population)	16,519 (2019)		
		NI - 13	Emergency bed day rate (per 100,000 population)	116,683 (2019)		
		NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	105 (2019)		
		NI - 15	Proportion of last 6 months of life spent at home or in a community setting	89.4% (2019)		
		NI - 16	Falls rate per 1,000 population aged 65+	21 (2019)		
		NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	83.3% (2019/20)		
		NI - 18	Percentage of adults with intensive care needs receiving care at home	75% (2018)		
		NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1,137 (2019/20)		
		NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20.3% (2019)		
		NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA		
		NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA		
		NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA		
		(GC for RMcG)				

			<p>SLHSCP *denotes indicators which will be affected by data completeness</p> <table border="1"> <thead> <tr> <th></th> <th>Target</th> <th>Actual</th> <th>RAG Status</th> </tr> </thead> <tbody> <tr> <td>Unplanned admissions</td> <td>40,349 (2019/20)</td> <td>39,565* (2019/20)</td> <td>Green</td> </tr> <tr> <td>Occupied BDs for UC (all specialties)</td> <td>323,877</td> <td>317,591*</td> <td>Green</td> </tr> <tr> <td>A&E attendances</td> <td>107,223</td> <td>108,445*</td> <td>Red</td> </tr> <tr> <td>DD bed days (exc code 9s)</td> <td>39,044</td> <td>39,632*</td> <td>Red</td> </tr> <tr> <td>End of Life -% of last 6mths of life spent in community setting</td> <td>87.1% by end of March 2020</td> <td>88.5%* (2019/20)</td> <td>Green</td> </tr> <tr> <td>Balance of Care Supported & Unsupported at home</td> <td>91.8%</td> <td>92.1%*</td> <td>Green</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Indicator</th> <th>Title</th> <th>Current Score</th> <th>latest data</th> </tr> </thead> <tbody> <tr> <td>NI - 1</td> <td>Percentage of adults able to look after their health very well or quite well</td> <td>91.6%</td> <td rowspan="6">2017/ 18</td> </tr> <tr> <td>NI - 2</td> <td>Percentage of adults supported at home who agreed that they are supported to live as independently as possible</td> <td>81.0%</td> </tr> <tr> <td>NI - 3</td> <td>Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided</td> <td>69.4%</td> </tr> <tr> <td>NI - 4</td> <td>Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated</td> <td>74.4%</td> </tr> <tr> <td>NI - 5</td> <td>Total % of adults receiving any care or support who rated it as excellent or good</td> <td>78.4%</td> </tr> <tr> <td>NI - 6</td> <td>Percentage of people with positive experience of the care provided by their GP practice</td> <td>81.3%</td> </tr> </tbody> </table>		Target	Actual	RAG Status	Unplanned admissions	40,349 (2019/20)	39,565* (2019/20)	Green	Occupied BDs for UC (all specialties)	323,877	317,591*	Green	A&E attendances	107,223	108,445*	Red	DD bed days (exc code 9s)	39,044	39,632*	Red	End of Life -% of last 6mths of life spent in community setting	87.1% by end of March 2020	88.5%* (2019/20)	Green	Balance of Care Supported & Unsupported at home	91.8%	92.1%*	Green	Indicator	Title	Current Score	latest data	NI - 1	Percentage of adults able to look after their health very well or quite well	91.6%	2017/ 18	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	81.0%	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	69.4%	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74.4%	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	78.4%	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	81.3%
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			NI - 8	Total combined % carers who feel supported to continue in their caring role	32.0%		
			NI - 9	Percentage of adults supported at home who agreed they felt safe	82.4%		
			NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	
			NI - 11	Premature mortality rate per 100,000 persons	421	2018	
			NI - 12	Emergency admission rate (per 100,000 population)*	14,858	2019	
			NI - 13	Emergency bed day rate (per 100,000 population)*	122,346	2019	
			NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)*	99	2019	
			NI - 15	Proportion of last 6 months of life spent at home or in a community setting*	88.7%	2019	
			NI - 16	Falls rate per 1,000 population aged 65+*	22.0	2019	
			NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	79.9%	2019/20	
			NI - 18	Percentage of adults with intensive care needs receiving care at home	61.3%	2018	
			NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1,186	2019/20	
			NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency*	23.4%	2019	
			NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	
			NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	
			NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	
			(CC for VdS)				
4.17	Prepare a whole-system clinical and service model for Lanarkshire which addresses the ambitions of "Achieving Excellence", building on the success of work of the last three years. This will enable the formulation of a sustainable workforce model and a property strategy.	PP&P Director/ All Directors	Green This work progressed through the Strategy Delivery Team through to February 2020. Some work has continued through the pandemic (e.g. Monklands Replacement Project, Trauma & Ortho Redesign), others paused.				

5 Best outcomes and 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 31 March 2020
5.1	Achieve financial breakeven and efficiency savings in line with agreed AOP / Financial Plan. (AOP)	Finance Director/ All other Directors	Blue: Achieved RRL and efficiency targets
5.2	Ensure that there is an agreed 5 year Capital Plan in place, reviewed annually.	Finance Director PP&P Director	Blue: Delivered capital plan within RRL, 20/21 AOP rolled forward capital plan for 20/21 and currently working through solutions for known over-commitments in that year.
5.3	Achieve sickness absence rate of 4% or less.	HR Director / All other Directors	Red: An improvement programme has been established as part of the boards financial sustainability programme. The aim is to improve attendance rates by introducing a range of support mechanisms and the application of agreed policy. HRF and CMT will receive monthly updates. The attendance management improvement programme was paused in March 2020 due to the coronavirus pandemic. The sickness absence level was 5.5% in March 2020; 1.5% greater than the target level.
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.	PP&P Director All other Directors	Green: This work progressed through the Strategy Delivery Team through to February 2020. Some work has continued through the pandemic (e.g. Monklands Replacement Project, Trauma & Ortho Redesign),

			others paused.
5.5	Continue to pro-actively contribute to the delivery of the first West of Scotland Regional Delivery Plan. Participate in Urgent Care Sub Group.	PP&P Director All other Directors Chief Officer, South	This approach was not adopted by the current Cabinet Secretary and will therefore not be progressed.
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 2019/20.	Chief Officer, South	Red: Further implementation of Out Of Hours Review is ongoing – including review of workforce. It was also subsumed by the need to develop the COVID-19 Hub and COVID-19 Assessment Centres. Despite this, reduced numbers of GPs in the in- hours period also has led to fewer numbers prepared to work in the OOH period which has led to increased pressures in staffing. This has in some way been offset by additional ANPs, however there are still gaps in these numbers as the ANPs leave to take work elsewhere. The review will be continued into 2020/21. (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: Significant progress has been made through the auspices of realistic medicine and the University of Strathclyde Strategic Partnership. Examples of work include chronic pain and rheumatology. Gastroenterology service at UHH had undertaken work to address the increasing demand at their site, which fits very well with the implementation of Realistic Medicine principles. The work on high resource users came about due to the link with partnership working.
5.8	Provide public health input to the implementation of the Effective Care Programme.	Public Health Director	Green: Public Health has contributed through Public Health Care through a range of health care public health

			programmes such as homeless work
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