

**LANARKSHIRE NHS BOARD
CORPORATE OBJECTIVES 2020/2021**

NHS LANARKSHIRE'S VISION

Achieving Excellence –Delivering 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 supported through integrated health & social care working

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:

- Delivering fit for purpose, timely, appropriate and effective interventions;
- Ensuring substantial & sustainable improvements in safety and quality;
- Promoting excellence in employment and engagement;
- Maximising the Integration of Public Services through cohesive partnerships and collaboration;
- Delivering best outcomes and value for money;
- Fostering and enabling a values based culture through personal leadership.

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 new Annual Operational Plan 20/21 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.

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;
- 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 PP&RC/NHS Board 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 2021, with the exception of the Winter Plan (1.14) which is required by October 2020, and Waiting Time Improvement Plan (WTIP) targets (1.3-1.5 & 1.7) which are due to be delivered by October 2020.

1 Delivering fit for purpose, timely, appropriate and effective interventions – delivering services that listen and respond to the needs of individuals, patients and carers to continuously improve experiences and outcomes:

	Objective	Accountable / Responsible	Progress
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	
1.2	<p>Achieve the A&E 4 hours target of (95%). (AOP) (Working towards 98%) Local agreed targets are: UHH & UHW 92.5% and UHM 95%</p>	Acute Director	
1.3	Achieve the Mental Health 4 hours waiting times in Emergency Departments target (95%). (AOP)	Chief Officer, North	
1.4	Achieve the 31 day cancer target (95%). (AOP) (WTIP)	Acute Director	
1.5	Achieve the 62 day cancer target (95%). (AOP) (WTIP)	Acute Director	
1.6	Achieve the TTG target (100%). (AOP) (WTIP)	Acute Director	
1.7	Achieve the 12 week outpatients target (95%). (AOP) (WTIP) DNA rates will be improved in accordance with agreed local trajectories.	Acute Director	
1.8	Achieve the IVF target (90%).	PP&P Director	
1.9	<p>Achieve the 12 weeks AHP waiting times target (90%).</p> <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>	
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	
1.11	Achieve the 18 week CAMHS target (90%). (AOP)	Chief Officer, North	
1.12	Achieve the 18 week Psychological Therapies target (90%). (AOP)	Chief Officer, North	
1.13	Achieve the 3 week Drug & Alcohol target (90%).	Chief Officer, North	

1.14	<p>An effective Winter Plan is in place by October 2020, for winter 2020/21.</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, North</p>	
1.15	<p>Improve performance against the Primary Care Advance Booking target (90%)</p>	Chief Officer, South	
1.16	<p>Improve performance against the Primary Care 48 hour Access target (90%).</p>	Chief Officer, South	
1.17	<p>Demonstrate continuous improvements in our performance against the National Complaints Handling Procedure by:</p> <ul style="list-style-type: none"> • Increasing the % of complaints dealt with under Stage 1 of the complaints procedure (early resolution) • Increasing the % Stage 2 upheld/partially upheld complaints that have an associated action plan/learning 	<p>NMAHPs Director Chief Officer, South Chief Officer, North Acute Director</p>	
1.18	<p>Deliver the NHS Lanarkshire Person-Centred Quality Plan.</p> <p>Solicited patient experience feedback will be gathered from each adult acute physical health ward at least three times a year.</p>	<p>NMAHPs Director Chief Officer, South Chief Officer, North Acute Director</p>	
1.19	<p>Listen, learn and act on patient, family and carer experience through our Feedback, Comments, Concerns and Complaints systems and our Public Engagement Groups. 90% of feedback received will be responded to within three working days.</p>	<p>NMAHPs Director Chief Officer, South Chief Officer, North Acute Director</p>	
1.20	<p>Implement the new GMS contract during 2020 and beyond.</p> <p>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.</p> <p>Manage GMS sustainability in ensuring continuity of GMS services to the people of Lanarkshire.</p>	Chief Officer, South	
1.21	<p>Achieve the 6 weeks Diagnostics target (95%). (AOP)</p>	Acute Director	

2 Ensuring substantial & sustainable improvements in safety and quality - ensuring they are of the highest quality:

	Objective	Accountable / Responsible	Progress
2.1	Implement the Infection Prevention & Control Plan, including compliance with national targets for hand hygiene, clinical risk assessment, and PVC / CVC.	NMAHPs Director	
2.2	Reduce the C Diff Infection (CDI) rate to 15.5 for 2020/21.	NMAHPs Director	
2.3	Reduce the SAB infection rate to 16.7 for 2020/21.	NMAHPs Director	
2.4	Reduce the Escherichia Coli Bacteraemia (ECB) infection rate to 37.3 by 2020/21.	NMAHPs Director	
2.5	Achieve a 10% reduction in antibiotic use in Primary care (excluding Dental) by 2022, using 2015/16 data as the baseline (items/1000/day)	Chief Officer, South	
2.6	Use of intravenous antibiotics in secondary care defined as DDD/1000/population/day will be no higher in 2022 that it was in 2018	Acute Director	
2.7	Use of WHO Access antibiotics (NHSE list) \geq of total antibiotic use in acute hospitals by 2022	Acute Director	
2.8	Implement the Quality of Care Strategy 2018-23, with particular focus on achieving over 90% of actions for the 2020/21 implementation plan. <ul style="list-style-type: none"> • Person Centred Care & Safety Plan • Effective Care & QI Capacity & Capability 	NMAHPs Director Medical Director	
2.9	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	
2.10	Ensure Fire Safety compliance both in premises and with regard to staff training.	PP&P Director / All Directors	
2.11	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	
2.12	Prepare an Estates and Asset Management Strategy in line with Scottish Government requirements and timescales.	PP&P Director	

2.13	Ensure that a Sustainability Development Action Plan is developed and implemented.	PP&P Director/ All Directors	
2.14	Ensure that the eHealth Strategy is revised and aligned to the NHS Scotland Digital Health and Care Strategy.	Information & Digital Technology Director	
2.15	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	
2.16	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; • 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. 	Medical Director NMAHPs Director Acute Director Public Health Director	
2.17	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	
2.18	Demonstrate a 10% increase in rolling 3-year average research funding coming into the Board from all sources as a proxy measure* for quantifying the Board's research efforts and activity.	Medical Director / NMAHPs Director	
2.19	Implement Duty of Candour in line with legislative requirements: Ensure appropriate patient /family engagement (apology & report findings shared) in all DoC events.	Medical Director / NMAHPs Director	

3 Promoting excellence in employment and engagement – using the influence of NHS Lanarkshire’s organisational values and behaviours to support more effective partnership working with all of our stakeholders and our ambitions as an employer of choice:

	Objective	Accountable / Responsible	Progress
3.1	Continue to develop partnership working and Staff Governance, with particular reference to the 2020 Workforce Vision and the continuing opportunities presented by Health & Social Care integration.	HR Director / All Directors	
3.2	Continue to engage with key stakeholders, including the PPFs, ACF and APF.	All Directors	
3.3	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	
3.4	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 embedded. 	HR Director / All Directors	
3.5	Continued improvement of recruitment and selection skills, including a pro-active approach to providing employment opportunities for disadvantaged communities.	HR Director / All Directors	

3.6	Refresh and deliver the Equality and Diversity Annual Plan for 2020/21.	HR Director / All Directors	
3.8	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	
3.9	Delivery the requirements of the National Health and Social Care Chaplaincy and Spiritual Care Strategy.	NMAHPs Director	
3.10	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.	HR Director / All Directors	

4. Maximising the Integration of Public Services through cohesive 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
4.1	Achieve Alcohol Brief Interventions target numbers for 2020/21 (annual number to be notified by SG).	Chief Officer, North	
4.2	Achieve smoking cessation target numbers for 2020/21 (annual number to be notified by SG).	Chief Officer, North	
4.3	Achieve the antenatal booking target for 2020/21 (80%)	Acute Director / Public Health Director	
4.4	Achieve Early Detection of Cancer target (29.9%).	Public Health Director / Acute Director	
4.5	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. Give priority to health inequalities as part of LOIP and Neighbourhood Planning processes.	Public Health Director / Chief Officer, South; Chief Officer, North Chief Officer, South	
4.6	Achieve KPIs and meet Healthcare Improvement Scotland Standards for national screening programmes: <ul style="list-style-type: none"> o Cervical screening; o Colorectal screening; o AAA screening; o Diabetic retinopathy screening; o Breast screening; o Pregnancy and newborn screening; o Orthoptic vision screening. 	Public Health Director	
4.7	Maintain and improve immunisation rates for all universal programmes.	Public Health Director / Chief Officers North & South	
4.8	Oral Health: continue the Childsmile Programme and associated deliverables including fluoride varnishing, and work towards the	Public Health Director	

	national target set for NHSL of 74.6% of P1 children to have no signs of dental disease by 2022. Local target set for 2020/21 to achieve 71.5%. Performance is monitored as follows: Green: 71.5% Amber: 67.9% - 71.4% Red: <67.9%		
4.9	Continue to implement the national Sexual Health & BBV Framework 2015-2020 and contribute to development of the next framework.	Public Health Director/Medical Director	
4.10	Meet the requirements of the Children & Young People (Scotland) Act 2014.	NMAHPs Director/ Chief Officers, North & South	
4.11	Implement the Children & Young People's Health Plan 2018-20.	Public Health Director/ NMAHPs Director, Chief Officers, North and South	
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	
4.13	Deliver the Family Nurse Partnership Model, including Core Elements and Fidelity Goals.	Chief Officers, North and South	
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; • Develop improvement plan in line with National Programme for Government, implementing year one; • Review recording and coding of breastfeeding. 	NMAHPs Director	
4.15	Meet the requirements of the National AHP Strategy – Active and Independent Living Programme. Programmes to review physiotherapy and occupational therapy services and associated impact on national and local strategies.	NMAHPs Director Chief Officers, North and South Chief Officer, South	
4.16	Implement Joint Strategic Commissioning Plans that will deliver on the 9 National Health & Wellbeing Outcomes, with progress measured by the 23 Integration Indicators listed below.	Chief Officer, North Chief Officer, South/ All Directors	

	<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> <ol style="list-style-type: none"> (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>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; 11. Premature mortality rate; 12. Rate of emergency admissions for adults; 13. Rate of emergency bed days for adults; 14. Readmissions to hospital within 28 days of discharge; 15. Proportion of last 6 months of life spent at home or in community setting; 16. Falls per 1,000 population over 65yrs; 17. Proportion of care services graded 'good' or better in Care Inspectorate inspections; 		
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	<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>		
4.17	<p>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.</p>	<p>PP&P Director/ All Directors</p>	

5 Delivering 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
5.1	Achieve financial breakeven and efficiency savings in line with agreed AOP / Financial Plan. (AOP)	Finance Director/ All other Directors	
5.2	Ensure that there is an agreed 5 year Capital Plan in place, reviewed annually.	Finance Director PP&P Director	
5.3	Achieve sickness absence rate of 4% or less.	HR Director / All other Directors	
5.4	Implement the Healthcare Strategy for Lanarkshire – <i>Achieving Excellence</i> , including the Primary Care Clinical Strategy with due regard to the GMS Contract 2018, and agreed development programmes in relation to clinical services.	PP&P Director All other Directors	
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	
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 2020/21.	Chief Officer, South	
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	
5.8	Provide public health input to the implementation of the Effective Care Programme.	Public Health Director	
5.9	Prepare a business case for the replacement of University Hospital Monklands	PP&P Director	

6 Fostering and enabling a values based culture through personal leadership:

	Objective	Accountable / Responsible	Progress
6.1	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. (Previously detailed at section 3.5)	HR Director / All Directors	
6.2	Continued development of values-based leadership skills. (Previously detailed at section 3.6)	HR Director / All Directors	