

**LANARKSHIRE NHS BOARD  
CORPORATE OBJECTIVES 2020/2021 MID-YEAR REPORT**

**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 six 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 draft Annual Operational Plan 2020/21 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 (4.16). 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 targets, 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><b>FAIRNESS</b></p> <p>Ensuring clear and considerate decision making at all levels</p>	<p><b>As a team</b>, we are responsible for being consistent and open in making decisions</p> <p><b>As an individual</b> I am responsible for participating in decisions and seeking clarity whenever I am unsure</p>
<p><b>RESPECT</b></p> <p>Valuing every individual and their contribution</p>	<p><b>As a team</b>, we are responsible for being courteous and professional in fulfilling our individual and collective roles</p> <p><b>As an individual</b>, I am responsible for recognising that we are all different and appreciating the contribution that I and others make</p>
<p><b>QUALITY</b></p> <p>Setting and maintaining standards in everything we do</p>	<p><b>As a team</b>, we are responsible for upholding our high standards in every activity, for every person, everywhere</p> <p><b>As an individual</b>, I am responsible for ensuring I understand and deliver our standards every time</p>
<p><b>WORKING TOGETHER</b></p> <p>Thinking, growing, delivering as a team</p>	<p><b>As a team</b>, we are responsible for creating and sustaining an environment that allows team working and collaboration to flourish</p> <p><b>As an individual</b>, I am responsible for communicating effectively and working well with others at all times</p>

## COVID-19-19 – NHS LANARKSHIRE

### Context

In response to the global COVID-19 emergency, in March 2020 NHS Scotland was placed on an emergency footing and extraordinary reorganisation of local services took place in Lanarkshire, with clinical services and non-clinical services either suspended, reduced or reconfigured. The scale of such rapid and significant change has been challenging and, across the Health and Social Care system in Lanarkshire, we have seen exceptional work from individuals and teams.

COVID-19 is likely to be with us for some time and, as we move forward, plans are in place to ensure that we achieve a balance between maintaining a significant COVID-19 response, in line with modelling assumptions, alongside a commitment to provide safe primary and secondary care.

### Impact on Performance

As of the end of September, many of the services referred to above had been stood up/partially stood up. However, this did not/does not mean that services resumed “normal” delivery. Many “recovered” services are operating on a reduced scale which has had a significant impact on performance. While the restart of previously paused elective services is well underway, both the ability to sustain this activity and the pace of progress in restarting elective services will be determined by the success in suppressing the virus and the need to redeploy acute general beds and intensive care unit beds to create inpatient capacity to respond to further waves.

Of particular note is the impact on the Public Health Department. Whilst in a Public Health Emergency dealing with immediate ongoing actions with Coronavirus, the Public Health Department is unable to commit to delivering on key performance indicators (KPIs) developed pre COVID-19. It is recognised that all Public Health KPIs (including health inequalities and the provision of screening services) are extremely important, however, there is limited Public Health capacity and the Department will focus on:

- Suppressing the virus through effective delivery of Test & Protect and the effective management of clusters & outbreaks;
- Key vaccination programmes supporting colleagues in Health and Social Care to deliver Flu vaccine and hopefully a vaccine for COVID-19; and
- Sustaining a huge effort to try and minimise a second wave of COVID-19 on our Care Homes.

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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.

### KEY

#### Where no defined RAG:

**Blue** = Completed / Exceeded

**Green** = on target

**Amber** = behind plan but expected to recover by year end

**Red** = behind plan and at risk of not recovering by year end

**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:**

	<b>Objective</b>	<b>Accountable / Responsible</b>	<b>Progress at 30<sup>th</sup> September 2020</b>												
1.1	<p>Unscheduled Care – Implement the 6 Essential Actions to drive improvements in quality and performance.</p> <p>Support to all 6 areas, but with particular attention to actions 3, 5, and 6 (patient flow, 7 day working and maximising care at home)</p>	<b>Acute Director / Chief Officers North and South</b>	<b>RAG: Amber</b>												
1.2	<p>Achieve the A&amp;E 4 hours target of (95%). <b>(AOP)</b> (Working towards 98%)</p> <p><b>Local agreed targets are: UHH &amp; UHW 92.5% and UHM 95%</b></p>	<b>Acute Director</b>	<p><b>RAG: Red</b></p> <table border="1"> <thead> <tr> <th>Target</th> <th>UHH</th> <th>UHW</th> <th>UHM</th> </tr> </thead> <tbody> <tr> <td>2020/21</td> <td>92.5%</td> <td>92.5%</td> <td>95%</td> </tr> <tr> <td>Sept 20</td> <td>88.7%</td> <td>89%</td> <td>85.5%</td> </tr> </tbody> </table>	Target	UHH	UHW	UHM	2020/21	92.5%	92.5%	95%	Sept 20	88.7%	89%	85.5%
Target	UHH	UHW	UHM												
2020/21	92.5%	92.5%	95%												
Sept 20	88.7%	89%	85.5%												
1.3	Achieve the Mental Health 4 hours waiting times in Emergency Departments target (95%). <b>(AOP)</b>	<b>Chief Officer, North</b>	Recording arrangements for this performance standard are still in development. (GC for RMcG)												
1.4	Achieve the 31-day cancer target (95%). <b>(AOP)</b> (WTIP)	<b>Acute Director</b>	<b>RAG: Green</b> 97% at June 2020												
1.5	Achieve the 62-day cancer target (95%). <b>(AOP)</b> (WTIP)	<b>Acute Director</b>	<b>RAG: Amber</b> 91% at June 2020												
1.6	Achieve the TTG target (100%). <b>(AOP)</b> (WTIP)	<b>Acute Director</b>	<b>RAG: Red</b> 78.1% at June 2020												
1.7	Achieve the 12-week outpatients target (95%). <b>(AOP)</b> (WTIP) DNA rates will be improved in accordance with agreed local trajectories.	<b>Acute Director</b>	<b>RAG: Red</b> 32.8% at June 2020												

1.8	Achieve the IVF target (90%).	<b>PP&amp;P Director</b>	Validated data awaited.  The service was suspended in March and resumed in July with additional clinical capacity. Local management information indicates that all patients will be seen within the guarantee. (RR for CL)
1.9	<p>Achieve the 12 weeks AHP waiting times target (50%). (Target revised in Sept 2020).</p> <p><b>Acute:</b> Audiology, Paediatric Audiology, Orthoptics, MSK Orthotics</p> <p><b>North:</b> Paediatric S&amp;LT, Dietetics, MSK Podiatry, Non MSK Podiatry, S&amp;LT, Podiatry Domiciliary visits</p>	<p><b>Acute Director</b></p> <p><b>Chief Officer, North</b></p>	<p>Many AHP staff were and continue to be redeployed into key areas to manage Covid-19 activity. As such, the majority of AHP services have not met their waiting time targets and are still being “recovered”. (PMcC for JP, VdS &amp; RMcG)</p> <p><b>RAG: At 30 September 2020</b></p> <p>Audiology 18.4% <b>Red</b> Paediatric Audiology 30.7% <b>Red</b> Orthoptics 40.8% <b>Red</b> MSK Orthotics 87.2% <b>Green</b></p> <p>The majority of AHP services have not met the 12-week target and have been asked to provide performance recovery trajectories. However, there are a number of factors which are affecting their ability to develop meaningful trajectories:</p> <ul style="list-style-type: none"> <li>• Demand for services is still uncertain. Usual referral sources are currently not all re-established, when this changes demand is likely to increase.</li> <li>• All services are using telephone consultations and Near Me video consultations to some extent. Some services will need resource for face to face consultations. As accommodation is limited this may affect the numbers of people who can be seen face to face.</li> <li>• As members of staff become familiar and confident with Near Me and telephone consultations the proportion of this type of consultation may increase which in turn affects activity and waiting times.</li> <li>• Telephone and Near Me consultations may generate face to face appointments, again this will affect the numbers of people access services.</li> </ul> <p><b>RAG: At 30 September 2020</b></p>



**Paediatric SLT – 20% Red**

September performance against the percentage of people waiting at month end has **improved** since June 2020, increasing from 9.6% during June to 20% in September. Since June the longest wait in weeks has decreased from 55 in June to 54 during September, although there has been a decrease of 14 weeks in the longest wait when compared with August 2020. The number of patients waiting beyond the 12-week target has increased, from 965 in June to 1147 September.

Since receiving laptops and Near Me logins the service has made good progress. Waiting times lists have been merged. Personnel are back in schools and clinics doing face to face clinics but still using remote working as a preferred option.

Predicting trajectories is difficult until more data is available. MS Teams is being used to collect and refine activity data. Progress is being made towards having the service fully on Trakcare, with another CYP team being added shortly.

**Dietetics – 62.5% Green****MSK Podiatry - 32% Red**

September performance against the percentage of people waiting at month end has **improved** since June 2020, increasing from 15.4% during June to 32.0% in September. Since June the longest wait in weeks has increased from 30 in June to 38 during September, although there has been a small increase in the longest wait when compared with August 2020. The number of patients waiting beyond the 12 week target has increased, from 871 in June to 1069 September.

**Non-MSK Podiatry - 33.3% Red**

September performance against the percentage of people waiting at month end has **improved** since June 2020, increasing from 21.8% during June to 33.3% in September. Since June the longest wait in weeks has steadily increased from 53 in June to 62 during September, there has been a small increase in the longest wait when compared with August 2020. The number of patients waiting beyond the 12 week target has increased, from 1646 in June to 1695 September. Number of people waiting improved in September when compared to August 2020.

**SLT – 75.8% Green**

	<b>South:</b> Paediatric OT, MSK OT, MSK Physio, Rheumatology OT	<b>Chief Officer, South</b>	<p><b>Podiatry Domicillary – 44.4% Amber</b> Performance has improved from 32.3% during June to 44.4% in September. The longest wait in weeks has deteriorated when compared with both the June and August positions. With the number of people waiting beyond 12 weeks improving against both June and August. (GC for RMcG)</p> <p><b>RAG: As at end of September 2020</b></p> <p>There is likely to be a deterioration in performance for Physio MSK as result of redeployment into key areas to manage increase in Covid-19 activity.</p> <p>Paediatric OT           <b>100% Green</b> MSK OT                   <b>67.9% Green</b> MSK Physio.           <b>53.9% Green</b> Rheumatology OT   <b>34.4% Red</b> (CC for VdS)</p>
1.10	<p>Achieve the dementia post diagnosis support target – this has yet to be defined by SG.</p> <p>Pending an agreed target from SG, NHSL will record the number of people completing the objectives of PDS within 1 year of starting, aiming for 50% completion PDS goals. (NHSL Target of 65%).</p>	<b>Chief Officer, North</b>	<p>While a national target is awaited, local management information indicates that performance was 73.9% at September 2020 against a NHSL target of 65%. (GC for RMcG)</p>
1.11	Achieve the 18-week CAMHS target (90%). <b>(AOP)</b>	<b>Chief Officer, North</b>	<p><b>RAG: RED</b></p> <p>40% at June 2020</p> <p>Local management information indicates that performance at September 2020 had significantly improved from the June position, but the target had not been met.</p> <p>Telephone and video-based assessment reviews of patients have been used extensively to manage the waiting list. We have been able to provide this assessment, short term intervention and sign posting service to several hundred</p>

			<p>patients on the waiting list. Impact for patients and wait list numbers has been significant. At the end of May 2020 around 1200 patients were waiting and this was reduced to around 750 patients waiting at the end of August. The vast majority of these cases following clinical assessment were either provided with a short-term intervention or discharged from the service (based on new national clinical service threshold definitions) with sign posting to other provision if indicated. A small number of patients were identified that did not meet the clinical requirement for intervention and these are currently placed on our intervention wait list. Any young people requiring a more urgent and intensive intervention have been prioritised accordingly.</p> <p>Since the return of schools in the academic session we have seen a significant increase in urgent presentations. These fall into 3 broad categories of young people experiencing distress as a result of Covid-19 restrictions, young people with a neuro-developmental disorder such as Autism who are struggling with a return to school environments, and a small but significant number of particularly unwell young people whose situation may have deteriorated due to lockdown restrictions. Our services have been prioritising these referrals. To meet the level of demand we have re-established our Unscheduled Care provision which was successfully piloted and evaluated and rolled out following the deep dive review. (GC for RMcG)</p>
1.12	Achieve the 18-week Psychological Therapies target (90%). <b>(AOP)</b>	<b>Chief Officer, North</b>	<p><b>RAG: Red</b></p> <p>70.8% at June 2020</p> <p>Progress is being made on recovering the service, and we are currently able to commence interventions at around 80-85% of the 2018 and 2019 levels. This will continue to improve into 2021.</p> <p>However, due to deferment of new, non-urgent appointments between April and July, we added significantly to the number of patients who have waited over 18 weeks and who, therefore, breached the target. We are now able to see a small percentage of patients face-to-face and are offering telephone/Near Me consultations to all other patients. We are developing a digital strategy to support online groups and are extending use of online therapies. We are planning to introduce a new model of assessment and treatment (Assessment Plus), which will also impact on reducing WT. This is, as ever, contingent on being able to recruit to posts – and on any changes in service capacity as a result of future</p>

			COVID-19 restrictions. There is also evidence of significant increases in demand/referrals from GPs. (GC for RMcG)
1.13	Achieve the 3-week Drug & Alcohol	<b>Chief Officer, North</b>	<b>RAG: Green</b> 98% at June 2020
1.14	An effective Winter Plan is in place by October 2020, for winter 2020/21.  The Plan will be led and prepared by the Chief Officer, South.  Acute site elements will be co-ordinated by the Acute Director, in close conjunction with H&SCP colleagues.	<b>Chief Officer, South</b>  <b>Acute Director Chief Officer, North</b>	<b>RAG: Green</b> Plan is prepared for submission to SG and thereafter will be implemented throughout 2020/21. (CC for VdS)  <b>RAG: Amber</b>
1.15	Improve performance against the Primary Care Advance Booking target (90%)	<b>Chief Officer, South</b>	<b>RAG: Red</b>  Bi-annual survey results at March 2020 recorded a NHSL performance of 53% against a 90% target.  This target is unlikely to be met during 2020/21 as virtually all GP appointments are now being delivered via initial telephone consultation. All patients assessed to ensure non-Covid-19 status prior to being seen, therefore negating possibility for advance booking. (CC for VdS)
1.16	Improve performance against the Primary Care 48-hour Access target (90%). (Bi-annual survey results at March 2020).	<b>Chief Officer, South</b>	<b>RAG: Amber</b>  Bi-annual survey results at March 2020 recorded a NHSL performance of 89% against a 90% target.  Local management information indicates that current performance will be closer to 100% as all patients are responded to on the same day via telephone. (CC for VdS)

1.17	<p>Demonstrate continuous improvements in our performance against the National Complaints Handling Procedure by:</p> <ul style="list-style-type: none"> <li>Increasing the % of complaints dealt with under Stage 1 of the complaints procedure (early resolution)</li> <li>Increasing the % Stage 2 upheld/partially upheld complaints that have an associated action plan/learning</li> </ul>	<p><b>NMAHPs Director</b> Chief Officer, South Chief Officer, North Acute Director</p> <p><b>NMAHPs Director</b> Chief Officer, South Chief Officer, North Acute Director</p>	<p><b>RAG: Amber</b> The % of complaints closed at Stage 1 in 2019-2020 was 59%. This has fallen slightly to 57% in April – September 2020. The same period (April-September) in 2019-2020 was also 57%.</p> <p>The nature and volume of complaints changed in the course of COVID-19 and decreased availability of frontline clinical staff to respond to issues raised at Stage 1 may have resulted in increased delays and unnecessary escalation to Stage 2 complaints.</p> <p>Direction has been issued to Patient Affairs to ensure that we continue to manage complaints at an appropriate stage. Focused educational activities and quality assurance processes to support this objective has also been delayed as a direct result of COVID-19.</p> <p><b>RAG: Amber</b> Functionality has been deployed to monitor the availability of agreed action plans for upheld/partially upheld complaints. However, education to support full implementation has been delayed as a direct result of COVID-19. (KC for ED)</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><b>NMAHPs Director</b> Chief Officer, South Chief Officer, North Acute Director</p>	<p><b>RAG: Green</b> Due to COVID-19 restrictions alternative methods of capturing patient experience are being used. (MMcG for ED)</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</p>	<p><b>NMAHPs Director</b> Chief Officer, South Chief Officer,</p>	<p><b>RAG: Green</b> Care Opinion feedback is monitored and will be taken over by the Quality Directorate if clinical teams become too busy to respond. (KC for ED)</p>

	received will be responded to within three working days.	North Acute Director	
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. The national timetable has been adjusted in light of Covid-19</p>	<b>Chief Officer, South</b>	<p><b>RAG: Green</b></p> <p>Implementation ongoing albeit timescale has been extended to 2021 recognising impact of Covid-19 and respective implications.</p> <p>Work proceeding against each of the respective work streams. (CC for VdS)</p>
1.21	Achieve the 6 weeks Diagnostics target (95%). (AOP)	<b>Acute Director</b>	<p><b>RAG: Red</b></p> <p>33.1% at 30 June 2020</p>

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

	<b>Objective</b>	<b>Accountable / Responsible</b>	<b>Progress at 30<sup>th</sup> September 2020</b>
2.1	<p>Implement the Infection Prevention &amp; Control (IPC) Plan, including compliance with national targets for:</p> <ul style="list-style-type: none"> <li>• clinical risk assessment;</li> <li>• hand hygiene;</li> <li>• PVC / CVC.</li> </ul>	<p><b>NMAHPs Director</b></p> <p><b>NMAHPs Director</b></p> <p><b>NMAHPs Director</b></p> <p><b>NMAHPs Director</b></p>	<p><b>RAG: Green</b> The IPC Work Plan is a working document which is updated bi-monthly and presented to the Infection Control Committee and available to HQAIC on request. Slippage has been identified due to pandemic pressures and detailed in the RRROG risk register.</p> <p><b>RAG: Amber</b> MRSA and CPE KPI compliance remains challenging although rates remain in line with the compliance rates of most boards in Scotland. A further focus on MDRO screening was discussed at the October ICC with associated actions.</p> <p><b>RAG: Amber</b> Hand Hygiene compliance continues to fluctuate. This local performance indicator will be centre stage in the quality improvement work currently being agreed by the new established Breakthrough Series Collaborative Steering Group</p> <p>Currently PVC and CVC data is collated locally by clinical teams. This data will become available as part of the Breakthrough Series Collaborative and reported in the next mid-year or end of year update. (CC for ED)</p>
2.2	<p>Reduce the C Diff Infection (CDI) rate to 14.8 for 2020/21. <b>(AOP)</b></p>	<p><b>NMAHPs Director</b></p>	<p><b>RAG: Red</b></p> <p><b>Rate of 21 at 30 June 2020.</b> While the AOP target was met for end of March 2020, there has been an increase in CDI cases across NHSL. The Infection Control Committee (ICC) is aware of this increase and is investigating collectively with the Antimicrobial Management Committee members. This rise in cases happened during the first wave of the pandemic and therefore may be related. It is expected this surge in cases is temporary and will stabilise with a return to below target. (CC for ED)</p>

2.3	Reduce the SAB infection rate to 16.1 for 2020/21. <b>(AOP)</b>	<b>NMAHPs Director</b>	<b>RAG: Green</b>  <b>Rate of 16 at 30 June 2020.</b> SAB rates have decreased during the first wave of the pandemic to below the AOP target. Hospital admissions were reduced and acuity less, therefore avoidable harm related to healthcare also reduced. (CC for ED)
2.4	Reduce the Escherichia Coli Bacteraemia (ECB) infection rate to 33.5 by 2020/21. <b>(AOP)</b>	<b>NMAHPs Director</b>	<b>RAG: Red</b>  <b>Rate of 50.9 at 30 June 2020.</b> NHSL continues to perform poorly in relation to the AOP target. This has been discussed at length at the Infection Control Committee and will feature in the Breakthrough Series Collaborative work. This work will require substantial input from partner services across all of health and care. (CC for ED)
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). <b>(AOP)</b>	<b>Chief Officer, South</b>	<b>2.20 rate at March 2020.</b>  While target and trajectories for 2020/21 are under development, SG has indicated that validated baseline data will be shared with Boards imminently. Once available, local RAG parameters can be assigned around these values. (RMCC for VdS)
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. <b>(AOP)</b>	<b>Acute Director</b>	<b>0.88 rate at March 2020.</b>  While target and trajectories for 2020/21 are under development, SG has indicated that validated baseline data will be shared with Boards imminently. Once available, local RAG parameters can be assigned around these values. (SMCC for JP)
2.7	Use of WHO Access antibiotics (NHSE list) $\geq$ of total antibiotic use in acute hospitals by 2022. <b>(AOP)</b>	<b>Acute Director</b>	<b>56.6% at March 2020.</b>  While target and trajectories for 2020/21 are under development, SG has indicated that validated baseline data will be shared with Boards imminently. Once available, local RAG parameters can be assigned around these values. (SMCC for JP)
2.8	Implement the Quality of Care Strategy 2018-23, with particular focus on		



	<p>achieving over 90% of actions for the 2020/21 implementation plan.</p> <ul style="list-style-type: none"> <li>• Person Centred Care &amp; Safety Plan</li> <li>• Effective Care &amp; QI Capacity &amp; Capability</li> </ul>	<p><b>NMAHPs Director</b></p> <p><b>Medical Director</b></p>	<p><b>RAG: Green</b> While some actions have been delayed due to local and national COVID-19 restrictions, NHSL is still on track to deliver by end of year. (MMcG for ED)</p> <p><b>RAG: Green</b> Through Excellence in Care a number of Nursing &amp; midwifery practitioners have undertaken SCIL and SCLIP over the past year and have been successful in applications to undertake the new formatted NES programmes commencing in Jan 2021. In addition, NMAHP PDC staff are also rolling out the NES SCIF programme online with teams, complimenting the eEQUIP programme in conjunction with the Clinical Quality team (MR &amp; MMcG for JB)</p>
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.	<b>NMAHPs Director</b>	<p><b>RAG: Green</b></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. (DMacL for ED)</p>
2.10	Ensure Fire Safety compliance both in premises and with regard to staff training.	<b>PP&amp;P Director/</b> All Directors	<b>RAG: Green</b>
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.	<b>PP&amp;P Director</b>	<b>RAG: Green</b>
2.12	Ensure that a Sustainability Development Action Plan is developed and implemented.	<b>PP&amp;P Director/</b> All Directors	<b>RAG: Amber</b> Delayed due to Covid-19.
2.13	Ensure that the eHealth Strategy is revised and aligned to the NHS Scotland	<b>Information &amp; Digital</b>	<b>RAG: Green</b> Strategy is currently aligned. National strategy under review which will result in a

	Digital Health and Care Strategy.	<b>Technology Director</b>	further review of local strategy.
2.14	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.	<b>Public Health Director</b>	<b>RAG: Green</b> 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 and being utilised for the current pandemic. Preparations are in place for Exit from European Union. (MR for GD)
2.15	Support the implementation of the principles of Realistic Medicine / Health Care through a range of initiatives by: <ul style="list-style-type: none"> <li>Progressing the shared decision-making agenda;</li> <li>Promoting the use of hospital and community anticipatory care plans and mental health advances statements for long term conditions patients;</li> <li>the Acute team working on building in the realistic medicine principle of shared decision making to treatment pathways;</li> <li>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.</li> </ul>	<b>Medical Director</b>  <b>NMAHPs Director</b>  <b>Acute Director</b>  <b>Public Health Director</b>	<b>RAG: Amber</b> Work in progress (BM for JB)  <b>RAG: Green</b> Use of ACPs in community and use of TELPs in hospitals has increased during last 6 months. Good results from Mortality Case Note reviews demonstrating TEP and DNACPR use. (KC & TM for ED)  <b>RAG: Amber</b> Consent policy completed, OP letters in progress (BM for JB)  <b>RAG: Red</b> Paused due to COVID-19 (BM for JB)

2.16	<p>Ensure progress is maintained across the eight strategic objectives within the Board's R&amp;D Strategy, with the overall aim of maximising the volume of commercial and non-commercial research and other collaborative projects being conducted over the lifetime of the R&amp;D Strategy. The eight objectives are:</p> <ul style="list-style-type: none"> <li>• <b>Objective 1:</b> Enhance research governance arrangements to improve compliance with GCP standards</li> <li>• <b>Objective 2:</b> Ensure R&amp;D remains financially viable and generates income for reinvestment</li> </ul>	<p><b>Medical Director</b> NMAHPs Director /</p> <p><b>Medical Director</b></p> <p><b>Medical Director</b></p>	<p>Progress is not uniform across all objectives; some are in advance of target while others are behind having been particularly impacted by COVID-19. Individual ratings are supplied below:</p> <p><b>RAG: Blue</b> Research Governance Facilitator is in post, with a scheduled programme of audits of new CTIMP studies already commenced (<i>non-Covid-19-related audits were paused in recent months in line with suspension of these studies, as detailed below</i>)</p> <p><b>RAG: Red</b> Two factors have had a significant impact on research finances during the reporting period.</p> <ul style="list-style-type: none"> <li>• In terms of generating income: <ul style="list-style-type: none"> <li>○ In March, most * non-Covid research activity was suspended across the NHS to enable teams to focus on UK-wide Urgent Public Health Covid-19 research efforts. In particular, practically all commercially-funded research was paused, meaning there has been a significant reduction in in-year research income during the reporting period (<i>see Corporate Objective 2.17 for details</i>).</li> <li>*exceptions included trials that provided crucial, core clinical treatment – primarily some cancer / Haematology trials</li> <li>○ A positive development is that the Chief Scientist Office is bringing forward payments related to recruitment into Covid-19 priority research studies during the reporting period. These will be paid at three points during this current year instead of the next financial year, as would normally be the case - payments are intended to help support ongoing Covid-19 research efforts; they and will help sustain the overall research finance position during this fiscal year. For the reporting period to September, we estimate</li> </ul> </li> </ul>
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- **Objective 3:** Secure dedicated clinical and Pharmacy accommodation for delivering research

**Medical Director**

£104K of additional 'earned income'.

- In terms of viability and resilience, the main factor is non-Covid-related and, potentially, has a longer-term effect on how research income is managed:
  - At the end of the 2019-20 financial year compliance with the IFRS-15 financial accounting standard was achieved. The standard provides '*guidance on accounting for revenue from contracts with customers*'.
  - However, the impact of this on the Board's 'Capacity Building' research fund resulted in a reduction in the fund from around £1.8M to around £0.9M. The fund - which had been built-up primarily as a result of commercial research activities and grant income – is used to support the expansion of research. This includes capacity-building activities such as supporting research staff salaries, paying for clinician PA sessions, etc. It also provides the resilience required to cater for variations in annual CSO funding allocations and in-year income – a particular pressure during this reporting period. A paper outlining options for future financial sustainability will be brought to the CMT for consideration.

**RAG: Amber**

Positives:

- Some dedicated accommodation is established on each hospital site
- The position, in comparison with start of 2017-22 R&D Strategy, is much-improved
- Very positive plans for dedicated Clinical research Facility in Monklands replacement

Challenges

- There is ongoing pressure on research accommodation to be used for other service requirements – some pressures are related to COVID-19
- Although welcome, the accommodation is limited in size; this restricts expansion of research – the main objective of the strategy
- Physical capacity to host major, priority studies – including some Urgent Public Health COVID-19 studies - remains constrained

- **Objective 4:** Increase both eligibly-funded and commercial research activity

**Medical Director**

**RAG: Amber**

Almost all non-COVID-19-related research activities across all clinical settings were suspended on March 13<sup>th</sup> - these actions were mirrored across NHS organisations UK-wide and were in line with national guidance for research in the UK.

Research activities were thereafter almost entirely focussed on supporting UK Urgent Public Health research aimed at:

- understanding how the SARS-CoV-2 virus affects people; and
- finding treatments that may lessen the impact of COVID-19

NHS Lanarkshire has had an exceptional response in supporting COVID-19 research and is the fourth-highest recruiting Board in Scotland. This is impressive as NHSL is not tied to a University Medical School (*one of the main determinants of volume of research*) and significant credit is due to NHSL clinical teams and Research Nurses for this contribution to the global research-effort.

Almost 1,000 patients have been recruited to a variety of national priority COVID-19 studies during the reporting period, including:

- 90 patients participating in the Oxford-led Recovery Trial – this is the world’s largest COVID-19 treatment trial which has, to date:
  - Identified Dexamethasone as the first treatment that is proven to save some lives from COVID-19, and is now adopted as standard therapy
  - Confirmed that hydroxylchloriquine has no therapeutic benefit for patients hospitalised with COVID-19 disease
  - Began investigating convalescent plasma as a potential therapeutic treatment for COVID-19 (seven patients randomised to receive this experimental therapy in Lanarkshire during the reporting period)
  - See <https://www.recoverytrial.net/news> for further updates
- 600 patients enrolled to the ISARIC World Health Organisation study – more than any other Scottish Board. This crucial study aims to correctly characterise and understand the disease in humans, and has already generated significant new knowledge that is feeding in to the management of the disease, including:
  - Quantifying the impact of ethnicity on disease outcomes
  - Development of a simple, robust (*based on 57,824 hospital admissions*) and

- **Objective 5:** Broaden the research base across clinical services

**Medical  
Director**

clinically useful prognostic scoring system for adult hospitalised patients, enabling patients to be risk stratified

- See <https://isaric4c.net/outputs/> for further updates
- Enrolling to a range of other UK Urgent Public Health COVID-19 Priority clinical trials of acute treatments for COVID-19, and, more recently for the treatment of 'Long-Covid-19'.

The above activities will ensure that the overall number of patients enrolled in studies in 2020-21 will remain high – and will most likely exceed recruitment in recent years.

That recruitment is, however, focussed on a small number of very large national studies. The suspension of the broader mix of non-Covid-19 research activities, and the barriers to reopening them in the current circumstances, will severely impact on our ability to maintain the recent trajectory when measured in terms of the fairly blunt metric of 'number of studies' open.

Efforts are ongoing to re-open non-Covid-19 studies where it is safe to do so, but some external study Sponsors and funders will decide that their studies are no longer feasible in the current climate, and many other studies will not be able to recruit to the same levels as was previously the case.

Almost all COVID-19 trials are non-commercial, the exception being vaccination trials; Lanarkshire is not participating in any of those as yet. Commercial recruitment during the reporting period was therefore virtually-nil; as noted, this has a negative impact on overall research funding.

While we continue to try to re-open more studies, the main focus remains on supporting national and international research efforts to identify treatments for COVID-19.

**RAG: Green**

We continue to engage with new clinical areas as research opportunities emerge. Covid-19-related research has been supported by a range of new investigators from a number of areas, including Infectious Diseases, ITU, A&E, etc. Expansion of University collaboration supports this objective; partner Universities are developing collaborations with community nurses (long-term catheter studies), AHPs (Covid-19-rehab), Ophthalmology, Orthopaedics, Psychology, Addiction

	<ul style="list-style-type: none"> <li>• <b>Objective 6:</b> Expand the provision of dedicated research sessions for clinicians</li> </ul>	<b>Medical Director</b>	<p>Services, Vascular surgery and many others.</p> <p><b>RAG: Amber</b> The focus on Covid-19-research, coupled with funding issues as described above, has limited recent progress, after positives steps in previous years. We have, however, been able to take forward a ST-5 level Research Fellow post in Respiratory Medicine – part funded by R&amp;D, the clinical service and Medical education. This is an innovative post which also enhances our academic links. One of the limited-number of senior clinical staff with research sessions has moved on to work full-time for the Scottish Government, advising on the development of Hospital at Home services.</p>
	<ul style="list-style-type: none"> <li>• <b>Objective 7:</b> Strengthen academic collaboration</li> </ul>	<b>Medical Director</b>	<p><b>RAG: Blue</b> The continued development of close collaborations with local universities has been a real positive for the Board, and this has continued throughout the first portion of the year; examples of progress include:</p> <ul style="list-style-type: none"> <li>• Senior R&amp;D Manager recently concluded discussions with University counterparts on the wording of the 'Framework Collaboration Agreement' that will support the growing formal partnership with University of Strathclyde;</li> <li>• a template Honorary Clinical Contract has been developed to enable clinically-qualified and registered university staff to take up honorary positions in the Board;</li> <li>• collaborative research-funding bids with university partners are emerging;</li> <li>• potential department-level partnerships are being explored with both UoS and GCU;</li> <li>• two joint NHSL/Glasgow Caledonian University PhD students are in post</li> </ul> <p>University of Strathclyde and NHS Lanarkshire's R&amp;D service have agreed to jointly funding a Research Fellow's PhD</p>
	<ul style="list-style-type: none"> <li>• <b>Objective 8:</b> Develop infrastructure support for locally-led research studies</li> </ul>	<b>Medical Director</b>	<p><b>RAG: Amber</b> The R&amp;D Strategy originally envisaged a potential 'Research Grant Developer' role to assist clinical staff in developing and submitting grant applications, and so</p>

			<p>increasing the number of grant-holding Chief Investigators in the Board.</p> <p>Subsequent experience with our developing University collaborations has indicated that this is likely to be a more appropriate route.</p> <p>Given their expertise and existing processes, partner Universities will usually take the lead in assessing potential research ideas, prioritising those that will have greatest chance of having a positive impact. More emphasis is now therefore given to encouraging collaborative research bids, with NHSL staff and services supporting University academic research bids.</p> <p>In this model, the University leads on the bid and the Board leads on study delivery.</p> <p>The R&amp;D Department continues to provide staff with free access to research training, and in particular Good Clinical Practice (GCP) training for Clinical Trials.</p> <p>(RH for JB)</p>																				
2.17	<p>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.</p>	<p><b>Medical Director</b> NMAHPs Director</p> <p>/</p>	<p><b>RAG: Red</b></p> <p>Research income to the Board can be split into two main elements:</p> <p><b>a. Annual Chief Scientist Office allocation</b> – at £0.97M for 2020-21, this was in line with the 2019-20 allocation of £1.01M</p> <p><b>b. In-year 'earned' income</b> from commercial clinical trials, non-commercial grants, etc. As noted previously, the impact of COVID-19 on research income is significant with most studies having been suspended in March. Compared to mid-year 2019-20, there has been a 69% reduction (£328k) in in-year income when compared with the same period last year. Although steps are being taken to re-open non-COVID-19 research, it is not likely that this position will fully-recover by year-end.</p> <table border="1" data-bbox="1032 1114 2168 1315"> <thead> <tr> <th>In-year 'earned' income</th> <th>Apr-Sep19</th> <th>Apr-Sep20</th> <th>Difference</th> <th>Reduction %</th> </tr> </thead> <tbody> <tr> <td>Non-commercial</td> <td>£ 86,000</td> <td>£ 17,000</td> <td>-£69,000</td> <td>-80%</td> </tr> <tr> <td>Commercial</td> <td>£ 386,000</td> <td>£ 127,000</td> <td>-£259,000</td> <td>-67%</td> </tr> <tr> <td></td> <td><b>£ 472,000</b></td> <td><b>£ 144,000</b></td> <td><b>-£328,000</b></td> <td><b>-69%</b></td> </tr> </tbody> </table> <p><b>Additional COVID-19 income</b> – as described in 2.16 above, the CSO will be making additional in-year payments as a result of recruitment to COVID-19</p>	In-year 'earned' income	Apr-Sep19	Apr-Sep20	Difference	Reduction %	Non-commercial	£ 86,000	£ 17,000	-£69,000	-80%	Commercial	£ 386,000	£ 127,000	-£259,000	-67%		<b>£ 472,000</b>	<b>£ 144,000</b>	<b>-£328,000</b>	<b>-69%</b>
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			studies. The first tranche was earned during the reporting period; we expect the resulting payment of ~£104k to be made in the next quarter. This will improve the final non-commercial-research position for the current reporting period.(RH for JB)
2.18	Implement Duty of Candour in line with legislative requirements: Ensure appropriate patient /family engagement (apology & report findings shared) in all DoC events.	<b>Medical Director</b> / NMAHPs Director	<b>RAG: Green</b> On track for full implementation and compliance with the regulations. Well monitored for SAERs. (KC for JB)
2.19	Lead the development and delivery of an information and digital delivery annual workplan.	<b>Information &amp; Digital Technology Director</b>	<b>RAG: Green</b> Annual workplan is established and reported as part of the eHealth Exec Group.
2.20	Lead the implementation of a governance framework to ensure NHS Lanarkshire is compliant with the Network and Information Systems (NIS) Directive.	<b>Information &amp; Digital Technology Director</b>	<b>RAG: Green</b> NIS Programme is progressing with external audit taking place in October 2020.

**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 at 30 <sup>th</sup> September 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	RAG: Green
3.2	Continue to engage with key stakeholders, including the PPFs, ACF and APF.	All Directors	RAG: Green PPFs meeting virtually. (MMcG)
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	Board WFP paused nationally due to COVID-19
3.4	Ensure that our workforce is managed and developed within agreed policies: <ul style="list-style-type: none"> <li>• Staff in post are within funded establishment;</li> <li>• Annual Leave allocation is effectively managed;</li> <li>• Vacancy levels are monitored and managed to ensure no detriment to service and no excess costs;</li> <li>• Excess hours or overtime rates are managed within agreed parameters and minimised;</li> <li>• Bank and agency staff utilisation is within agreed policies and parameters;</li> <li>• There is full compliance with the agreed sickness absence policy;</li> <li>• There is full compliance with the TURAS completion and review process;</li> <li>• All eligible medical staff engage in annual appraisal</li> </ul>	HR Director / All Directors	RAG: Amber  The workforce has continued to be managed and developed within the NHSL policy framework, however, due to COVID-19 some exceptions are noted: <ul style="list-style-type: none"> <li>• Annual leave – running lower year to date due to C-19; full utilisation of leave allowance requires 15.5% (1% over normal) for remainder of year.</li> <li>• Ongoing monitoring of FE, overtime, excess hours, bank, agency continues against budget although C-19 has realised additional funding.</li> <li>• Bank usage reduced markedly over summer – helped, in part, by the standing down of services and additional support provided by nursing students undertaking paid placements as part of the wider C-19 response. Bank demand has, from October, returned to normal levels.</li> <li>• Appraisal in all staff groups was paused due to C-19 whilst</li> </ul>

	<ul style="list-style-type: none"> <li>Nursing and Midwifery Revalidation and Re-Registration is enacted in a timely manner;</li> <li>Employer led Midwifery supervision is embedded.</li> </ul>		<p>reinstated annual levels are lower for at this point in the year.</p> <ul style="list-style-type: none"> <li>NMC provided 3 month extension for nursing and midwifery registrants during the COVID-19 emergency response period. (MR for ED)</li> </ul>
3.5	Continued improvement of recruitment and selection skills, including a pro-active approach to providing employment opportunities for disadvantaged communities.	<b>HR Director</b> / All Directors	<b>RAG: Green</b>
3.6	Refresh and deliver the Equality and Diversity Annual Plan for 2020/21.	<b>HR Director</b> / All Directors	<b>RAG: Green</b>
3.7	Strengthen links with partners, e.g., the voluntary sector, local authorities, colleges and universities, to maximise collaborative gain on areas of mutual interest such as health improvement, community development, and employment and training.	<b>All Directors</b>	<b>RAG: Green</b>  Robust operational and strategic relationships with UWS and GCU in relation to preparation of NMAHP registrants. Robust partnership working with local FE colleges – SVQ, HNC provision as well as employability programmes. Ongoing relationship development with University of Strathclyde. (MR for ED)
3.8	Delivery the requirements of the National Health and Social Care Chaplaincy and Spiritual Care Strategy.	<b>NMAHPs Director</b>	The SG launch of the Strategy is awaited.  (PMcC for ED)
3.9	Ensure preparedness for the forthcoming legislation re Safe Staffing for Nurse and Midwives through scheduling and undertaking workload and workforce planning, triangulation and risk assessment of the current workforce and ensure effective planning and awareness of future models of care and services achievable through transforming roles.	<b>HR Director</b> / All Directors	<b>RAG: Amber</b>  The Safe Staffing national programme was paused during C-19, the programme was reinstated locally during September and has now been extended by SG by six months. The plan for 2020/21 has been reviewed accordingly.

**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:**

	<b>Objective</b>	<b>Accountable / Responsible</b>	<b>Progress at 30<sup>th</sup> September 2020</b>
4.1	Achieve Alcohol Brief Interventions target numbers for 2020/21 (annual number to be notified by SG).	<b>Chief Officer, North</b>	Validated Quarter 1 data is awaited.  Local management information indicates that the target has been exceeded. (GC for RMcG)
4.2	Achieve smoking cessation target numbers for 2020/21 (annual number to be notified by SG).  (There is a 16 week delay with publication of data, therefore Quarter 2 figures are not available).	<b>Chief Officer, North</b>	Validated Quarter 1 data is awaited.  Local management information indicates that 90% of the target for Quarter 1 had been met.  <u>Successes</u> <ul style="list-style-type: none"> <li>• New service model set up in response to COVID-19 showing improved quit rate</li> </ul> <u>Risks and issues</u> <ul style="list-style-type: none"> <li>• Public Health Scotland have “paused” tobacco control work at national level</li> <li>• 41% decline in footfall to Lanarkshire specialist service</li> </ul> <u>Remedial action planned</u> <ul style="list-style-type: none"> <li>• Recover tobacco control programme including “Deep dive” of Lanarkshire Stop Smoking Services</li> <li>• Re-engage with 3<sup>rd</sup> sector partners</li> <li>• Explore use of technology enabled care</li> </ul> (GL for RMcG)
4.3	Achieve the antenatal booking target for 2020/21 (80%)	<b>Acute Director/ Public Health Director</b>	<b>RAG: Green</b>  89.8% at March 2019 (most recent data) Rates range from across the 5 quintiles from 87.7% to 93.5%.

4.4	Achieve Early Detection of Cancer target (29.9%).	<b>Public Health Director / Acute Director</b>	<p>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.</p> <p>Lanarkshire continues to fail the target of 25% of people who are diagnosed early in the disease process (with stage 1 disease).</p> <p>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).</p> <p>Some additional analysis has been carried out to identify 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 &amp; Social Care Partnerships, continue to implement the Health Improvement Delivery Plan in line with timescales.</p> <p>Links to key plans are listed below.</p> <p>South Lanarkshire Community Plan: <a href="https://www.southlanarkshire.gov.uk/cp/downloads/file/93/local_outcome_improvement_plan_-_2017-2020">https://www.southlanarkshire.gov.uk/cp/downloads/file/93/local_outcome_improvement_plan_-_2017-2020</a></p> <p>South Lanarkshire Strategic Commissioning Plan: <a href="https://www.southlanarkshire.gov.uk/slhscp/downloads/file/194/south_lanarkshire_he">https://www.southlanarkshire.gov.uk/slhscp/downloads/file/194/south_lanarkshire_he</a></p>	<b>Public Health Director / Chief Officer, South; Chief Officer, North</b>	<p><b>RAG: Amber</b></p> <p>A draft Integrated Population Health Plan (IPHP) was developed during 2019/20. It brought 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. Work is underway on an abridged version of the IPHP for Lanarkshire. This will harness collective actions to address the wider indirect impacts of the Pandemic, specifically; inequalities, improving outcomes for children and young people and mental health and well-being. (GL for G Docherty)</p> <p>Many of the Health Improvement delivery mechanisms and respective staff have been adversely impacted upon by Covid-19. Many of the Health Improvement staff have been redeployed to support Covid-19 specific initiatives, e.g. Test and Protect. Additionally, it has not been possible to access schools, Leisure and Culture facilities etc albeit that remote offerings are in place where possible.</p>

	<p><a href="#">alth and social care partnership strategic commissioning plan 2019-2022</a></p> <p>The Plan for North Lanarkshire  <a href="https://www.northlanarkshire.gov.uk/index.aspx?articleid=1240">https://www.northlanarkshire.gov.uk/index.aspx?articleid=1240</a></p> <p>Give priority to health inequalities as part of the South Lanarkshire Community Plan and associated Neighbourhood Planning processes.</p>	<p><b>Chief Officer, South</b></p>	<p>Recovery and redesign plans for these programmes are now in place and will be prioritised in order to mitigate further negative impacts on inequalities and ensure targets are met. (GL for GD) &amp; (CC for VdS)</p> <p><b>RAG: Green</b>  Work ongoing across the CPP in identifying areas of inequality and creating plans to address same. Further session scheduled for December to consider further.  (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"> <li>o Cervical screening;</li> <li>o Colorectal screening;</li> <li>o AAA screening;</li> <li>o Diabetic retinopathy screening;</li> <li>o Breast screening;</li> <li>o Pregnancy and newborn screening;</li> <li>o Orthoptic vision screening.</li> </ul>	<p><b>Public Health Director</b></p>	<p><b>RAG: Amber</b>  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>Although all NHS Lanarkshire national population screening programmes have now re started, or are in the process of re starting, in line with the national programme of re start, they are functioning at a significantly reduced capacity.</p> <p>Public health scrutiny and oversight is severely impacted by the Covid 19 response. This poses a clinical risk for the organisation.  <b>(MR for GD)</b></p>
4.7	<p>Maintain and improve immunisation rates for all universal programmes.</p>	<p><b>Public Health Director / Chief Officers North &amp; South</b></p>	<p><b>RAG:</b>  <b>Blue:</b>  <b>Two Immunisation Update Sessions</b> were held via Microsoft Teams in August 2020. 60 members of staff attended, with the recording available on the Firstport Immunisation page. Staff groupings involved, including practice nurses, health visitors and staff nurses.</p> <p><b>Blue:</b></p>

			<p><b>Pre 5 immunisation</b> – 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><b>Amber:</b> The shingles programme delivered by GPs Programme was suspended in March 2020 by SG.</p> <p><b>VTP</b> Flu for 65+, &lt;65 at risk, 2-5 year old, 55+ and household members of shielded people</p> <p><b>Green :</b> <b>The seasonal flu programme</b> for the above cohorts is being delivered as part of the VTP by managed staff from the end of September 2020. It is on track to deliver the vaccines to the population as planned.</p> <p><b>School Flu Immunisation</b> is being delivered by the school imms team in partnership with LA Education departments during the COVID pandemic</p> <p><b>Flu Immunisation for those social care staff</b> who deliver personal care to individuals is being delivered by SALUS for NHS Lanarkshire and began at the end of Sep 2020.</p> <p><b>Pertussis &amp; Flu Vaccine - Pregnant Women</b> Community midwifery staff are delivering both vaccines to pregnant women this year during routine face to face clinics.</p> <p>Public Health input and oversight to immunisation programmes has been limited due to competing pressures due to COVID this year. (MR for GD)</p>
4.8	Oral Health: continue the Childsmile Programme and associated deliverables including fluoride varnishing, and work towards the national target set for NHSL of 74.6% of P1 children to have no signs of dental disease by 2022.	<b>Public Health Director</b>	<p><b>RAG: Blue</b></p> <p>The Childsmile programme was interrupted in March 2020 following closure of schools due to public health emergency. The report of the National Dental Inspection Programme of P1 children was published on 20 October 2020 and showed NHSL at 72.0% against our local target of 71.5%.</p>

	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%		Public Health Scotland annual report. <a href="https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/national-dental-inspection-programme">https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/national-dental-inspection-programme</a>
4.9	Continue to implement the national Sexual Health & BBV Framework 2015-2020 and contribute to development of the next framework.	<b>Public Health Director/</b> Medical Director	<p><b>RAG: Amber:</b> BBV and sexual health work in Lanarkshire continues 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 drive the ongoing work within Lanarkshire for sexual health and blood borne viruses (BBVs) include:</p> <ol style="list-style-type: none"> <li>The next Scottish Government Framework for sexual health and blood borne viruses which is expected to cover 2020 to 2025. Scottish Government are currently developing a 'recovery plan' to support BBV and Sexual Health work across Scotland. This will be published in Spring 2021.</li> <li>Scotland's Hepatitis C Action Plan: Achievements for 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)</li> <li>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)</li> <li>The work and findings of the UK Infected Blood Inquiry</li> </ol> <p>In addition, there is a new focus on HIV due to the HIV outbreak situations across a number of Boards. Initial discussions with Scottish Government focusing on the development of an HIV transmission elimination policy in 2021, led by BBV and Sexual Health Strategic Leads.</p> <p>Key priorities and actions to March 2021 include:</p> <ol style="list-style-type: none"> <li>Current local plans have been reviewed in light of COVID-19. Whilst the development of a Lanarkshire BBV Prevention and Hepatitis C</li> </ol>



			<p>Elimination Action Plan 2020 to 2025 was delayed this is now moving forward.</p> <p>b. Scottish Government have cancelled all NHS Board hepatitis C initiation targets for 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2022. NHS Board targets will be re-established for 2021/22. Hep C Treatment has restarted but with significantly reduced numbers.</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. Testing re-started in August albeit reduced capacity. Significant work is taking place to develop new approaches to testing including Dried Blood Spot Testing (DBST)/Postal Scheme and Door Stop/Self Testing.</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 sexual risk taking. Education events continue to be delivered highlighting this change in drug use as well as links and joint working with local Alcohol Drug Partnerships and Drug Trend Group.</p> <p>f. Work has continued through lockdown with BBV Third Sector Services who work with high risk groups and populations. Due to the 5% cut to the 'Prevention Bundle' from Scottish Government there will be a reduction in funding to contracts from April 2021 to 31<sup>st</sup> March 2023. These services target and support:</p> <ul style="list-style-type: none"> <li>• Men who have Sex with Men (MSM)</li> <li>• Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)</li> <li>• Black and Ethnic Minorities (BME), specifically African and Chinese Communities</li> <li>• People living with and affected by HIV and Hepatitis, particularly individuals with current problematic substance use.</li> </ul> <p>(MR for GD)</p>
4.10	Meet the requirements of the Children &	<b>NMAHPs</b>	<b>RAG: Green</b>

	Young People (Scotland) Act 2014.	<b>Director/</b> Chief Officers, North & South	(TM for ED)
4.11	Implement the Children & Young People's Health Plan 2018-20.	<b>Public Health Director/</b> NMAHPs Director, Chief Officers, North and South	<b>RAG: Red</b> Year 2 implementation of the 2018-2020 plan was progressing well but much of this progress was impacted by response to the COVID pandemic. A risk assessment, mitigation plan and recovery plan were progressed through the COVID-19 Children and Young People's Clinical Reference Group. The 1.0wte Consultant in Public Health for child health has not been able to progress this work since February 2020 and delay in recruitment to cover this work and the role of Band 7 programme manager has further impacted progress on many of the commitments/actions in the plan. A final draft of the CYP Health Plan 2020-2023 has also been delayed and will be scheduled for sign off by the Child Health Commissioner Steering Group and Population Health & Primary and Community Services Governance Committee as soon as possible. An updated maternal and child health dashboard will follow thereafter. (MR for GD)
4.12	Meet the requirements of Getting it Right for Every Child, including attainment of Health Visitor numbers as per local trajectory.	<b>Chief Officers, North &amp; South</b> / NMAHPs Director	<b>RAG: Green</b> (TM for RMcG)
4.13	Deliver the Family Nurse Partnership Model, including Core Elements and Fidelity Goals.	<b>Chief Officers, North and South</b>	<b>RAG: Green</b> (TM for RMcG)
4.14	Continue to improve breastfeeding rates in Lanarkshire: <ul style="list-style-type: none"> <li>• Maintain initiation rate of 48%;</li> <li>• Attrition rate of 18% or less;</li> <li>• Develop improvement plan in line with National Programme for Government, implementing year one;</li> <li>• Review recording and coding of breastfeeding.</li> </ul>	<b>NMAHPs Director</b>	<b>RAG: Blue</b>  The Scottish government have set a target to reduce attrition (fall off) by 10% by 2024/25, our interim target -45.4% for 2019/20 and a target of -42.1% by 2024/25.  Attrition for 2019/21 has exceeded both those targets and is currently -39.5%. (TM for ED)

4.15	<p>Meet the requirements of the National AHP Strategy – Active and Independent Living Programme.</p> <p>Programmes to review physiotherapy and occupational therapy services and associated impact on national and local strategies.</p>	<p><b>NMAHPs Director Chief Officers, North and South</b></p> <p><b>Chief Officer, South</b></p>	<p><b>RAG: Amber</b> The National AHP Strategy has now concluded. A NHS Lanarkshire Rehabilitation Strategy Group has been established which will take account of long Covid and other issues associated with lockdown. (PMcC for ED)</p> <p><b>RAG: Amber</b> Work has been delayed in this regard as a result of Covid-19 and staff being asked to prioritise other things (CC for VdS)</p>																												
4.16	<p>Implement Joint Strategic Commissioning Plans that will deliver on the 9 National Health &amp; 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 <b>6 key performance measures for H&amp;SCPs:</b></p> <p>(1) unplanned admissions; (2) occupied bed days for unscheduled care; (3) A&amp;E performance; (4) delayed discharges; (5) end of life care; and (6) the balance of spend across institutional and community services</p> <p><b>The 23 Integration Indicators are:</b></p> <p>1. % Adults able to look after their own health; 2. % Adults supported to live independently at home;</p>	<p><b>Chief Officer, North Chief Officer, South/ All Directors</b></p>	<p><b>SLHSCP April – July</b></p> <table border="1" data-bbox="1070 639 1977 959"> <thead> <tr> <th></th> <th>Target 2020/21</th> <th>Actual</th> <th>RAG</th> </tr> </thead> <tbody> <tr> <td>Unplanned admissions</td> <td>30,948</td> <td>9,830 (April – July 20)</td> <td>GREEN</td> </tr> <tr> <td>Occupied bed days for unscheduled care</td> <td>284,638</td> <td>69,744 (April – June 20)</td> <td>GREEN</td> </tr> <tr> <td>A&amp;E attendances</td> <td>98,793</td> <td>25,326 (April – July 20)</td> <td>GREEN</td> </tr> <tr> <td>Delayed discharge bed days</td> <td>21,344</td> <td>7,384 (April – July 20)</td> <td>GREEN</td> </tr> <tr> <td>End of life care</td> <td>87.1%</td> <td>88.5% (2019/20)</td> <td>GREEN</td> </tr> <tr> <td>Balance of Care</td> <td>91.8%</td> <td>92.1% (2018/19)</td> <td>GREEN</td> </tr> </tbody> </table> <p><b>Indicators 1-10 are questions which form part of the Health &amp; Wellbeing biennial survey and will be available with the next core indicators update.</b></p>		Target 2020/21	Actual	RAG	Unplanned admissions	30,948	9,830 (April – July 20)	GREEN	Occupied bed days for unscheduled care	284,638	69,744 (April – June 20)	GREEN	A&E attendances	98,793	25,326 (April – July 20)	GREEN	Delayed discharge bed days	21,344	7,384 (April – July 20)	GREEN	End of life care	87.1%	88.5% (2019/20)	GREEN	Balance of Care	91.8%	92.1% (2018/19)	GREEN
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<p>3. % Adults supported at home who had a say in how care or support provided;</p> <p>4. % Adults supported at home who agree services well co-ordinated;</p> <p>5. % Adults receiving services and rating them as excellent or good;</p> <p>6. % people with a positive experience of GP practice;</p> <p>7. % Adults agreeing services have a positive impact upon life;</p> <p>8. % carers supported to continue caring role;</p> <p>9. % Adults supported at home who felt safe;</p> <p>10. % staff who would recommend their workplace as a good place to work;</p> <p>11. Premature mortality rate;</p> <p>12. Rate of emergency admissions for adults;</p> <p>13. Rate of emergency bed days for adults;</p> <p>14. Readmissions to hospital within 28 days of discharge;</p> <p>15. Proportion of last 6 months of life spent at home or in community setting;</p> <p>16. Falls per 1,000 population over 65yrs;</p> <p>17. Proportion of care services graded 'good' or better in Care Inspectorate inspections;</p> <p>18. % Adults with intensive needs receiving services at home;</p> <p>19. Number of days people spend in hospital when they are ready to be discharged;</p> <p>20. % total health &amp; 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</p>					
	<b>Indicator</b>	<b>Title</b>	<b>SL HSCP rate</b>	<b>Scotland rate</b>	
	NI - 11	Premature mortality rate per 100,000 persons	431	426	
	NI - 12	Emergency admission rate (per 100,000 population)	14,809	12,616	
	NI - 13	Emergency bed day rate (per 100,000 population)	122,809	118,127	
	NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	99	105	
	NI - 15	Proportion of last 6 months of life spent at home or	88.7%	88.6%	
	NI - 16	Falls rate per 1,000 population aged 65+	21.6	22.5	
	NI - 17	Proportion of care services graded 'good' (4) or	79.9%	81.8%	
	NI - 18	Percentage of adults with intensive care needs receiving care at home	61.3%	62.1%	
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000	1,156	774	
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an	23.9%	23.7%	
	(JA & CC for VdS)				
	<b>HSCNL</b>				
		<b>Target 2020/21</b>	<b>Actual</b>	<b>RAG</b>	
	<b>Unplanned admissions</b>	46,241	11,081 (April – July 20)	<b>GREEN</b>	
	<b>Occupied bed days for unscheduled care</b>	309,703	53,530 (April – June 20)	<b>GREEN</b>	
	<b>A&amp;E attendances</b>	124,580	30,508 (April – July 20)	<b>GREEN</b>	
	<b>Delayed discharge bed days</b>	29,020	7,855 (April – July 20)	<b>GREEN</b>	
	<b>End of life care</b>	90%	89.4% (2019/20)	<b>AMBER</b>	
	<b>Balance of Care</b>	96.1%	96.9% (2018/19)	<b>GREEN</b>	
Please note targets have not been revised in light of COVID-19					
	<b>Title</b>	<b>NL 2017/18</b>			
NI - 1	Percentage of adults able to look after their health very well or quite well	90.3%			

	discharged to a care home; 22. % people discharged from hospital within 72 hours of being ready; 23. Expenditure on end of life care.		NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	75.4%				
			NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	71.4%				
			NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	69.7%				
			NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	75.4%				
			NI - 6	Percentage of people with positive experience of the care provided by their GP practice	75.5%				
			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	75.6%				
			NI - 8	Total combined % carers who feel supported to continue in their caring role	33.2%				
			NI - 9	Percentage of adults supported at home who agreed they felt safe	79.9%				
			NI - 11	Premature mortality rate per 100,000 persons	515	2019			
			NI - 12	Emergency admission rate (per 100,000 population)	16,488	2019			
			NI - 13	Emergency bed day rate (per 100,000 population)	116,770	2019			
			NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	106	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+	21.2	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	74.6%	2018			
			NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1,109	2019/20			
			NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20.7%	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			
			(GC for RMCG)						
			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.	<b>PP&amp;P Director/</b> All Directors	<b>RAG: Amber</b>  Delayed due to Covid-19.			

**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:**

	<b>Objective</b>	<b>Accountable / Responsible</b>	<b>Progress at 30<sup>th</sup> September 2020</b>
5.1	Achieve financial breakeven and efficiency savings in line with agreed AOP / Financial Plan. <b>(AOP)</b>	<b>Finance Director/</b> All other Directors	<b>RAG: Red</b> Efficiency programme suspended due to COVID-19. Financial breakeven depends on adequate COVID-19 allocation.
5.2	Ensure that there is an agreed 5 year Capital Plan in place, reviewed annually.	<b>Finance Director</b> PP&P Director	<b>RAG: Amber</b> Plan is in place, but new in year expenditure is requiring it to be amended.
5.3	Achieve sickness absence rate of 4% or less.	<b>HR Director /</b> All other Directors	<b>RAG: Amber</b> 5.61% at August 2020.  The sickness absence level is over the target level and has not changed significantly during 2020/21.  It should however be noted that special leave associated with C-19 has ranged from 1.9%-7.58% during 2020/21. There was no evidence of a migration of absence from staff shielding due to C-19 to sickness absence following the pausing of shielding in August as feared.
5.4	Implement the Healthcare Strategy for Lanarkshire – <i>Achieving Excellence</i> , including the Primary Care Clinical Strategy with due regard to the GMS Contract 2018, and agreed development programmes in relation to clinical services.	<b>PP&amp;P Director</b> All other Directors	<b>RAG: Amber</b> Some progress (T&O) but other elements delayed due to Covid-19.
5.5	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.	<b>Chief Officer, South</b>	<b>RAG: Amber</b> OOH work plan revised and new triumvirate approach being taken with key clinical leaders. Updated approach being reviewed as part of Population Health and Primary Care Committee. (CC for VdS)

5.6	Continue to develop a framework to predict future service demands and to assist the prioritisation process within Lanarkshire and also in a regional context.	<b>Public Health Director</b>	<p><b>RAG: Green:</b> Significant progress has been made through the auspices of realistic medicine and the University of Strathclyde Strategic Partnership.</p> <p>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.</p> <p>Strathclyde University has been integral in supporting modelling regarding the pandemic. (MR for GD)</p>
5.7	Provide public health input to the implementation of the Effective Care Programme.	<b>Public Health Director</b>	<p><b>RAG: Green:</b> Public Health has contributed through Public Health Care through a range of health care public health programmes such as homeless work. (MR for GD)</p>
5.8	Prepare a business case for the replacement of University Hospital Monklands	<b>PP&amp;P Director</b>	<p><b>RAG: Amber</b></p> <p>Behind schedule.</p>

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

	<b>Objective</b>	<b>Accountable / Responsible</b>	<b>Progress at 30<sup>th</sup> September 2020</b>
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)	<b>HR Director /</b> All Directors	<b>RAG: Amber</b> iMatter was paused in 2020/21, however NHSL achieved a 44% completion rate in the recent everyone Matters Pulse survey. Over 16 team stories from a range of teams across the organisation have been submitted nationally for consideration/inclusion to the Scottish Government 2020 National Everyone Matters Report.
6.2	Continued development of values-based leadership skills. (Previously detailed at section 3.6)	<b>HR Director /</b> All Directors	<b>RAG: Amber</b> Although challenging, there has been continuation of some programmes by transferring to online platforms. A total of 27 individuals have completed the renowned 7 Habits - Leadership Journey, in collaboration with Franklin Covey Ltd. A further cohort are due to commence in November 2020. We have recommenced the Introduction to Leadership (ILM) programme, with 10 participants currently enrolled in this programme using an online format.