

SUBJECT: CORPORATE OBJECTIVES 2020/21 – YEAR END REPORT

1. PURPOSE

The purpose of this paper is to advise Board Members of the year-end performance against the 2020/21 Corporate Objectives.

For approval	<input type="checkbox"/>	For assurance	<input checked="" type="checkbox"/>	To note	<input type="checkbox"/>
--------------	--------------------------	---------------	-------------------------------------	---------	--------------------------

2. ROUTE TO THE BOARD

This paper has been reviewed by the Corporate Management Team on 16th August 2021.

3. SUMMARY OF KEY ISSUES

3.1 Background

At its March 2020 meeting, the NHS Board approved the 2020/21 Corporate Objectives and requested progress reports on delivery at Mid-Year and Year End. The Corporate Objectives were subsequently re-visited in September 2020 and a small number of KPIs revised to reflect the implications of responding to Covid-19. A Mid-Year report was considered by the NHS Board in November 2020. The attached Year End Report for the period to 31 March 2021 was completed by named leads during July / August 2021.

The data used is the validated, published data for governance and assurance purposes. The exception to this is the data used in section 4.16 for Unplanned Bed Days, A&E attendances and Emergency Admissions, where management information must be used as fully validated or published information is not available.

3.2 Objectives, Actions and Coding System

While there are 77 Corporate Objectives, we will only report against 74, equating to 117 separate actions at the year-end point.

Of the two Corporate Objectives not reported:

- 1.3 - recording arrangements/standards are in development;
- 3.8 – new national strategy is awaited; and
- 5.7 – national programme stood down.

The coding system used in-year is as follows:

Blue	Achieved / Exceeded
Green	On target
Amber	Delayed / off trajectory but expected to recover, in line with agreed RAG ratings or assessment of Lead ED
Red	Significantly delayed / off trajectory, not expected to recover, in line with agreed RAG ratings or assessment of Lead ED

However, at the year end, Objectives can only be ‘Achieved’ – Blue or ‘Not Achieved’ – Red, as there is no more time left for recovery. Only those items where data is in arrears (year-end position is as yet not known) or where the target straddles more than one year are rated Amber or Green.

3.3 Analysis of Results

The reported position as at 31 March 2021 is as follows:

Corporate Objectives Section:		Number of Actions:				
		Blue	Green	Amber	Red	Total
1	Delivering fit for purpose, timely, appropriate and effective interventions	19	0	0	16	35
2	Ensuring substantial & sustainable improvements in safety and quality	15	0	5	14	34
3	Promoting excellence in employment and engagement	7	0	1	0	8
4	Maximising the Integration of Public Services through cohesive partnerships and collaboration	21	0	0	10	31
5	Delivering best outcomes and value for money	3	1	0	3	7
6	Fostering and enabling a values-based culture through personal leadership	2	0	0	0	2
Total		67	1	6	43	117
%		57%	1%	5%	37%	100%

3.4 Reds

Details of ‘Reds’ can be found at the following entries in the attached report. (Some sections have multiple actions (*) which have a Red RAG rating).

1.1	Unscheduled Care - Implement 6 EAs	2.15*	Input to service redesign and/or development to address Realistic Medicine principles
1.2	Achieve the A&E 4 hours target	2.16*	Ensure progress is maintained across the eight strategic objectives within the Board’s R&D Strategy - Bullets 2, 6 & 8
1.5	Achieve 62-day Cancer target	2.17	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.
1.6	Achieve the TTG target	2.20	Implementation of governance framework to ensure compliance with the Network & Information Systems Directive
1.7	Achieve the 12 weeks OP target	4.4	Achieve Early Detection of Cancer target
1.9*	Achieve the 12 weeks AHP waiting times target	4.5*	Improve health and wellbeing within our communities
1.11	Achieve the 18-week CAMHS target	4.6	Achieve KPIs and meet Healthcare Improvement Scotland Standards for national screening programmes
1.12	Achieve the 18-week Psychological Therapies target	4.7*	Maintain and improve immunisation rates for all universal programmes.
1.15	Primary Care Advance booking target	4.9	Continue to implement the national Sexual Health & BBV Framework 2015-2020 and contribute to development of the next framework.
1.16	Primary Care 48-hour access target	4.11	Implement the Children & Young People’s Health

			Plan
1.21	Achieve 6-weeks Diagnostic target	4.13	Deliver the Family Nurse Partnership Model, including Core Elements and Fidelity Goals.
2.2	Reduce the Healthcare Associated C Diff Infection (CDI) rate	4.15*	Review physiotherapy & occupational therapy services
2.3	Reduce the Healthcare Associated SAB infection rate	4.16*	Implement Joint Strategic Commissioning Plans, with a focus on the 6 key performance measures for HSCPs
2.4	Reduce the Healthcare Associated Escherichia Coli Bacteraemia (ECB) infection rate	4.17	Develop a whole system clinical and service model for NHSL
2.8*	Implement Quality of Care Strategy	5.3	Achieve a sickness absence rate of 4% or less.
2.12	Development of Sustainability Action Plan	5.4	Implement Achieving Excellence & agree a clinical services development programme
2.14	Ensure effective arrangements are in place to plan for and respond to emergencies and business continuity incidents	5.5	Continue to implement the Out of Hours review

3.5 Conclusions

Thus, 67 (57%) actions were achieved at the year end, with 43 (37%) actions not achieved. A further 7 (6%) actions were rated green or amber, where the target straddles more than one year.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AE/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
------	-------------------------------------	-----------	-------------------------------------	----------------	-------------------------------------

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

The Corporate Objectives provide a summary of high level deliverables that are translated and cascaded into individual objectives each with specific measures attached for individual performance appraisal. The data used is the validated, published data for governance and assurance purposes.

7. FINANCIAL IMPLICATIONS

None.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The Corporate Objectives Year End Report is provided for assurance purposes. Areas described within it will have links to the Risk Register where appropriate

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY IMPACT ASSESSMENT

EQIAs will be completed for work streams that underpin the delivery of individual Corporate Objectives.

11. CONSULTATION AND ENGAGEMENT

Corporate Objectives are developed by the CMT each year and approved by the NHS Board. The process of development involves all lead Executive Directors and their senior staff where appropriate.

12. ACTIONS FOR THE BOARD

Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

The Board is asked to:

1. note and seek assurance on the Corporate Objectives 2020/21 Year End report; and
2. note that the 2021/22 Corporate Objectives are under development and, once finalised, will be presented to the Board for approval.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Roslyn Rafferty, Strategy & Performance Manager, Telephone: 01698 75284

Colin Lauder
Director of Planning, Property & Performance