LANARKSHIRE NHS BOARD
CORPORATE OBJECTIVES 2020/2021 YEAR-END 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 heath 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:

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

COVID-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 it 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 March, 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.

CONTENTS

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.

KEY

Where no defined RAG:
Blue = Completed / Exceeded   Amber = behind plan but expected to recover by year end
Green = on target   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:

	Objective	Accountable / Responsible	Progress at 31st March 2021
1.1	Unscheduled Care – Implement the 6 Essential Actions to drive improvements in quality and performance. 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)	**Acute Director / Chief Officers North and South**	**RAG: Red** Support continues for the 6 Essential Actions. However, in the context of the Covid Pandemic this has not been delivered. (GMcG for JP)
1.2	Achieve the A&E 4 hours target of (95%). **(AOP)** (Working towards 98%) **Local agreed targets are: UHH & UHW 92.5% and UHM 95%**	**Acute Director**	**RAG: Red** | **Target**	**UHH**	**UHW**	**UHM** | |---|---|---|---| | **2020/21** | **92.5%** | **92.5%** | **95%** | | March' 21 | 86.8% | 79.68% | 82.85% | (GMcG for JP)
1.3	Achieve the Mental Health 4 hours waiting times in Emergency Departments target (95%). **(AOP)**	**Chief Officer, North**	Recording arrangements for this performance standard are still in development. (GC for RMcG)
1.4	Achieve the 31-day cancer target (95%). **(AOP)** (WTIP)	**Acute Director**	**RAG: Blue** 98.8% at 31 March 2021
1.5	Achieve the 62-day cancer target (95%). **(AOP)** (WTIP)	**Acute Director**	**RAG: Red** 90.9% at 31 March 2021 During the Covid Pandemic focus shifted from waiting times to that of clinical urgency. Priority given to P2 cases Suspicion of Cancer, Cancer Treatment and urgent care. (GMcG for JP)
1.6	Achieve the TTG target (100%). **(AOP)** (WTIP)	**Acute Director**	**RAG: Red** 63.6% at 31 March 2021. During the Covid Pandemic focus shifted from waiting times to that of clinical urgency. Priority given to P2 cases Suspicion of Cancer, Cancer Treatment and urgent care. (GMcG for JP)
1.7	Achieve the 12-week outpatients target	**Acute Director**	**RAG: Red**

	(95%). **(AOP)** (WTIP) DNA rates will be improved in accordance with agreed local trajectories.		55.3% at 31 March 2021 During the Covid Pandemic focus shifted from waiting times to that of clinical urgency. Priority given to P2 cases Suspicion of Cancer, Cancer Treatment and urgent care. (GMcG for JP)
1.8	Achieve the IVF target (90%).	**PP&P Director**	**RAG: Blue** (RR for CL)
1.9	Achieve the 12 weeks AHP waiting times target (50%). (Locally Agreed Target revised in Sept 2020).		Many AHP areas have yet to fully recover their clinical accommodation. As such, the majority of AHP services are still struggling to meet waiting time targets and are still in recovery mode. (PMcC for JP, SS & RMcG)
	Acute: Audiology, Paediatric Audiology, Orthoptics, MSK Orthotics	**Acute Director**	**RAG: At 31st March 2021** Audiology 37.6% **Red** Paediatric Audiology 42.4% **Red** Orthoptics 46% **Red** MSK Orthotics 62.5% **Blue** During the Covid Pandemic focus shifted from waiting times to that of clinical urgency. Priority given to P2 cases Suspicion of Cancer, Cancer Treatment and urgent care. (GMG for JP)
	North: Paediatric S&LT, Dietetics, MSK Podiatry, Non MSK Podiatry, S&LT, Podiatry Domiciliary visits	**Chief Officer, North**	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: • Demand for services is still uncertain. Usual referral sources are currently not all re-established, when this changes demand is likely to increase. • 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. • 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. • Telephone and Near Me consultations may generate face to face appointments, again this will affect the numbers of people access services.

RAG: At 31st March 2021

Paediatric SLT – 29.0% at March 2021 Red
<u>Performance Recovery Plan</u>
Since an all-time low of 4.1% performance in July 2020, performance has gradually improved, showing a dip in December/January due to staff annual leave - this is usual pattern and may also be a dip in performance over the school holiday months.

1. **Increase capacity -** An additional 12 wte staff have been approved through the recovery process and vacancies are being recruited as they arise. This additional capacity will be vital for increasing the pace of recovery.

2. **Reduce demand for specialist assessment by increasing targeted offerings**
Numbers of referrals have decreased since the pandemic and part of the recovery plan pre-pandemic was development of targeted resources to reduce specialist demand- this has been put into place and will be monitored over time.

3. **Spread of Trakcare to all SLT teams -** While this will not in itself decrease waits, it will allow better metrics around this as currently the performance is only applicable to some parts of the service. Pre- 5 Complex needs team are now live on Trakcare. The next team will be SLT adult teams as it is easier to introduce Trakcare with teams already meeting waiting list targets. The service is awaiting details on the caseload report which has been the factor delaying the roll-out of Trakcare to other CYP teams- once this report set up on Trakcare roll out can recommence.

Dietetics – 63.1% at March 2021 Blue

MSK Podiatry - 88.6% at March 2021 Blue

Non-MSK Podiatry - 34.3% at March 2021 Red
<u>Performance Recovery Plan</u>
The service is currently working on a number of areas to aid recovery:
• Recruitment to staff bank to assist with staffing issues and back-log. Timescales are limited by recruitment checks and staff undertaking the relevant compulsory and mandatory training to register with the staff bank.

Work is also underway to review all accommodation requirements across the partnerships, though this is heavily constrained by current distancing requirements in healthcare facilities.

SLT (adults) – 98.2% at March 2021 Blue

			Podiatry Domiciliary – 56.2% at March 2021 Blue
	South: Paediatric OT, MSK OT, MSK Physio, Rheumatology OT	**Chief Officer, South**	**RAG: As at 31st March 2021** As described above, many AHP staff – and in particular MSK physios were redeployed to support acute inpatient services to manage increases in Covid-19 activity. Paediatric OT **100% Blue** MSK OT **67.9% Blue** MSK Physio. **53.9% Blue** Rheumatology OT **34.4% Red** (CC for SS)
1.10	Achieve the dementia post diagnosis support target – this has yet to be defined by SG. 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%).	**Chief Officer, North**	**RAG: Blue** While a national target is awaited, local management information indicates that performance was 68.5% for quarter 4 of 2020/21 against a NHSL target of 65%. (GC for RMcG)
1.11	Achieve the 18-week CAMHS target (90%). **(AOP)**	**Chief Officer, North**	**RAG: RED** **55.3% at 31 March 2021** The overall trajectory for the service in recovering the 18 week RTT target of 90% is dependent on a number of inter dependencies. Successful recruitment of specialised staff from a small pool of resource in direct competition with other NHS Boards is priority to be able to build capacity. National recruitment campaigns supported by HSCP Communications are planned to continue through to March 2023. Work has begun with HR and Communications to create smart recruitment strategies that will include launch of a landing page for a national recruitment campaign designed to attract a large volume of staff to the SCHSU. Retention of staff is key to delivery of sustainable quality services and work is ongoing in relation to securing fit for purpose accommodation and IT infrastructure to support teams across CAMHS and NDP.

			By early Autumn 2021, we aim to have completed consultation across CAMHS and reached consensus on the use of the Choices and Partnership Approach (CAPA) service transformation model for CAMHS. Implementation of this model is wholly dependent on our ability to recruit workforce and secure accommodation, IT and supportive administrative infrastructure.
			A series of workshops attended by representatives from the Directorate for Mental Health at SG have already been held and more are planned for delivery over summer 2021. These workshops will include CAPA engagement sessions for the CAMHS management team, a CAPA Master Class for CAMHS clinicians and a separate information session for HSCP leaders. CAMHS in Lanarkshire have been to visit CAMHS colleagues in NHS Grampian to establish a supportive network and learn lessons from their implementation of the CAPA model. (GC for RMcG)
1.12	Achieve the 18-week Psychological Therapies target (90%). **(AOP)**	**Chief Officer, North**	**RAG: Red** **71.2% at 31 March 2021 is the overall PT figure.** Following discussions with Scottish Government, it has been agreed that NHS Lanarkshire will henceforth only report adult psychological therapies waiting times. This is because our CAMHS are currently unable to disaggregate psychological therapies from their overall data and, whilst the overall CAMHS data has been used as a proxy measure over the past several years, this is not accurate and only served to skew and distort the majority of psychological therapies waiting times data. Local figures for June 2021 indicate that 83.81% of adults commenced psychological therapy within 18 weeks. Despite the considerable demands on staff and services, Psychological Services have entered into a period of innovation specifically targeted to achieve faster access to psychological therapies which refers to a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. A Quality Improvement approach has been adopted, in order to ensure that the front line psychologists participate in leading and delivering change, from improving individual patient care to transforming services across complex health and care systems. The primary intention of the QI approach will be to bring about measurable improvement to the delivery of psychological therapies within NHSL. Waiting times for Adult Psychological Therapies are recovering, and are

			approaching pre-covid levels. With additionality to the workforce, assuming successful recruitment, there is a degree of optimism around achieving performance objectives. (GC for RMcG)
1.13	Achieve the 3-week Drug & Alcohol	**Chief Officer, North**	**RAG: Blue** 99.1% at 31 March 2021 (GC for RMcG)
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.	**Chief Officer, South**	**RAG: Blue** The Winter Plan was prepared for submission to NHSL, both IJBs and Scot Gov by due date and thereafter implemented fully in the management of winter pressures which coincided with the 2nd wave of covid. 1. (CC for SS)
	Acute site elements will be co-ordinated by the Acute Director, in close conjunction with H&SCP colleagues.	**Acute Director Chief Officer, North**	**RAG: Blue**
1.15	Improve performance against the Primary Care Advance Booking target (90%)	**Chief Officer, South**	**RAG: Red** Bi-annual survey results at March 2020 recorded a NHSL performance of 53% against a 90% target. This target was not 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 SS)
1.16	Improve performance against the Primary Care 48-hour Access target (90%). (Bi-annual survey results at March 2020).	**Chief Officer, South**	**RAG: Red** 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 SS)
1.17	Demonstrate continuous improvements in our performance against the National Complaints Handling Procedure by: • Increasing the % of complaints dealt with under Stage 1 of the	**NMAHPs Director**	**RAG: Blue** NHSL increased the percentage of complaints closed at Stage 1 by 4% in

	complaints procedure (early resolution)	Chief Officer, South Chief Officer, North Acute Director	2020/2021. This data has been validated, and will be published to the SG by end of September. (KC for ED)
	• Increasing the % Stage 2 upheld/partially upheld complaints that have an associated action plan/learning	**NMAHPs Director** Chief Officer, South Chief Officer, North Acute Director	**RAG: Blue** Functionality has been deployed to monitor the availability of agreed action plans for upheld/partially upheld complaints. This has increased, based on unvalidated electronic (Datix) information. (KC for ED)
1.18	Deliver the NHS Lanarkshire Person-Centred Quality Plan. Solicited patient experience feedback will be gathered from each adult acute physical health ward at least three times a year.	**NMAHPs Director** Chief Officer, South Chief Officer, North Acute Director	**RAG: Blue** Due to COVID-19 restrictions volunteers were not able to attend inpatient wards to capture feedback, alternative methods of capturing patient experience were used mainly the promotion of the use of Care Opinion website to capture the patient's story of their admission. (KC for ED)
1.19	Listen, learn and act on patient, family and carer experience through our Feedback, Comments, Concerns and Complaints systems and our Public Engagement Groups. 90% of feedback received will be responded to within three working days.	**NMAHPs Director** Chief Officer, South Chief Officer, North Acute Director	**RAG: Blue** Care Opinion feedback is monitored and the role of first responder was taken over by the Quality Directorate if clinical teams became too busy to respond. (KC for ED)
1.20	Implement the new GMS contract during 2020 and beyond. Continue to implement, monitor and report on the Primary Care Improvement Plans; and associated financial planning to facilitate the implementation of the new GMS Contract. Manage GMS sustainability in ensuring	**Chief Officer, South**	**RAG: Blue** Implementation ongoing albeit timescale has been extended to April 22 for 3 of the work streams (VTP/Pharmacotherapy and CTAC) with other deliverables extended to 22/23. The Board prioritised the Covid response and much of the PCIP workforce is delivering this with the risk of non-delivery of the timescales accepted. (CC for SS)

	continuity of GMS services to the people of Lanarkshire. The national timetable has been adjusted in light of Covid-19		
1.21	Achieve the 6 weeks Diagnostics target (95%). (AOP)	**Acute Director**	**RAG: Red** 60.1% at 31 March 2021 During the Covid Pandemic focus shifted from waiting times to that of clinical urgency. Priority given to P2 cases Suspicion of Cancer, Cancer Treatment and urgent care. (GMcG for JP)

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

	Objective	**Accountable / Responsible**	**Progress at 31st March 2021**
2.1	Implement the Infection Prevention & Control (IPC) Plan, including compliance with national targets for:	**NMAHPs Director**	**RAG: Blue** The IPC Work Plan is a working document which is updated bi-monthly and presented to the Infection Control Committee (ICC) and available to HQAIC on request. Slippage has been identified due to pandemic pressures and detailed on the risk register.
	• clinical risk assessment;	**NMAHPs Director**	**RAG: Blue** 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 February 2021 ICC with associated actions.
	• hand hygiene;	**NMAHPs Director**	**RAG: Blue** Hand Hygiene compliance continues to fluctuate. This local performance indicator will be centre stage in the quality improvement work currently being agreed by the newly established Breakthrough Series Collaborative Steering Group. Local teams demonstrate compliance between 90-100%. IPC Quality Assurance hand hygiene audits results vary and are reported via the ICC.
	• PVC / CVC.	**NMAHPs Director**	**RAG: Amber** 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)
2.2	Reduce the Healthcare Associated C Diff Infection (CDI) rate to 14.8 for 2020/21. **(AOP)**	**NMAHPs Director**	**RAG: Red** **HCAI rate 21.6 at 31 March 2021.** HCAI CDI rates have increased during the pandemic to above the AOP Standard. Special cause variation is evident. National services are investigating the rates across all boards in Scotland to better understand the impact the pandemic has had on HCAI CDI. The ICC has resurrected the Vale of Leven recommendations and requirements to review practice, policy and procedures. Progress will be reported via the ICC. (CC for ED)
2.3	Reduce the Healthcare Associated SAB	**NMAHPs**	**RAG: Red**

	infection rate to 16.1 for 2020/21. **(AOP)**	**Director**	**HCAI rate 20.5 at 31 March 2021.** HCAI SAB rates have remained stable in comparison to the end of year rate at March 2020. Hospital admissions have increased to pre pandemic numbers with high acuity a dominant factor. (CC for ED)
2.4	Reduce the Healthcare Associated Escherichia Coli Bacteraemia (ECB) infection rate to 33.5 by 2020/21. **(AOP)**	**NMAHPs Director**	**RAG: Red** **HCAI rate 45.3 at 31 March 2021.** HCAI ECB rates have improved slightly from the end of March 2020 rate however the AOP was not achieved. A period of enhanced surveillance has been undertaken to review systems and processes and identify areas of improvement. This has been discussed at length at the Infection Control Committee and will feature in the Virtual Breakthrough Series Collaborative work. This work will require substantial input from partner services across all of health and care. March 2021 End of year HCAI rate 45.3; target 33.5. March 2020 End of year HCAI rate 46.6; target 33.5. Yearly trends (comparing year-ending March 2020 with year-ending March 2021) show that there was no increase or decrease in NHSL or Scotland overall. NHSL was not above normal variation when analysing trends over the past three years. (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). **(AOP)**	**Chief Officer, South**	**RAG: Blue** **1.56 rate at 31st March 2021** (SMcC for SS)
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. **(AOP)**	**Acute Director**	**RAG: Blue** **0.75 rate 31st March 2021** (SMcC for JP)
2.7	Use of WHO Access antibiotics (NHSE list) ≥ of total antibiotic use in acute hospitals by 2022. **(AOP)**	**Acute Director**	**RAG: Amber** **54.8% at 31st March 2021** Rag rating and monitoring under development (SMcC for JP)
2.8	Implement the Quality of Care Strategy 2018-23, with particular focus on		

	achieving over 90% of actions for the 2020/21 implementation plan.		
	• Person Centred Care & Safety Plan	**NMAHPs Director**	**RAG: Red** Due to the pandemic a number of national quality improvement programmes were hibernated and therefore work did not progress. There were other objectives that were unable to be achieved due to staff being unable to attend meetings or be engaged in quality objectives due to the significant demand of the pandemic. Therefore 90% of the actions were not met. Person centred care = 70% & Safety Plan = 45% (KC for ED)
	• Effective Care & QI Capacity & Capability	**Medical Director**	**RAG: Red** Due to the pandemic a number of actions were not able to be progressed as staff were unable to attend meetings or be engaged in quality objectives due to the significant demand of the pandemic. Therefore 90% of actions were not met. Effective Care = 77% & Capacity and capability = 69% (KC for JB)
2.9	Ensure compliance with all aspects of Public Protection of children, adults and vulnerable families through delivery and compliance with legislation and national guidance.	**NMAHPs Director**	**RAG: Blue** 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)
2.10	Ensure Fire Safety compliance both in premises and with regard to staff training.	**PP&P Director/** All Directors	**RAG: Blue**
2.11	Ensure compliance with all statutory requirements with regard to estates and associated services, e.g., water quality, asbestos management, high voltage, environmental cleanliness.	**PP&P Director**	**RAG: Blue**
2.12	Ensure that a Sustainability Development Action Plan is developed and implemented.	**PP&P Director/** All Directors	**RAG: Red** Objective carried forward, with re-launch in 2022 due to Covid-19.
2.13	Ensure that the eHealth Strategy is revised and aligned to the NHS Scotland Digital Health and Care Strategy.	**Information & Digital Technology**	**RAG: Blue** The NHSL Strategy is currently aligned. It is anticipated that a new national strategy will be published in August 2021.

		Director	
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.	**Public Health Director**	**RAG: Red** There are aspects of the plan that will not be completed due to prioritisation of the incident response for Exit from European Union (Brexit) and Covid-19. The Brexit response has concluded and this incident closed. Objectives from this plan shall carry over to 2021-2024 plan. (TT for GD)
2.15	Support the implementation of the principles of Realistic Medicine / Health Care through a range of initiatives by:		
	• Progressing the shared decision-making agenda;	**Medical Director**	**RAG: Amber** Work in progress (BM for JB)
	• Promoting the use of hospital and community anticipatory care plans and mental health advances statements for long term conditions patients;	**NMAHPs Director**	**RAG: Blue** Use of ACPs in community and use of TEPs in hospitals increased during first 6 months. From November 2020 there is anecdotal evidence of less TEPs being used. However the site Mortality Case Note reviews continue to demonstrate use of TEP and DNACPR. Detailed analysis of the reviews will provide areas where some focussed improvement may be required. (KC for ED)
	• the Acute team working on building in the realistic medicine principle of shared decision making to treatment pathways;	**Acute Director**	**RAG: Red** Work was paused due to the Covid Pandemic (GMcG for JP)
	• 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.	**Public Health Director**	**RAG: Red** The Public Health department has contributed to a range of initiatives to support the delivery of Realistic Medicine in a number of ways. It has provided leadership to the NHSL/University of Strathclyde Collaborative to help with service redesign. A Patient Initiated Follow Up model in Rheumatology was planned for implementation in April, however, this has been delayed due to COVID. Initial discussions about undertaking similar work in other specialties – Respiratory and Gastroenterology to address demand and capacity issues had commenced but have been put on hold since February. The NHSL / UoS partnership was focussed on modelling for bed

			utilisation numbers, providing regular updates and highlights through an Early Warning System and also provided some support for the work around service redesign for managing unscheduled care. (JP for GD)
2.16	Ensure progress is maintained across the eight strategic objectives within the Board's R&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&D Strategy. The eight objectives are:	**Medical Director** / NMAHPs Director	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. *(To note, some Objectives are graded as Amber due to the fact that their delivery straddles multiple years).*
	• **Objective 1:** Enhance research governance arrangements to improve compliance with GCP standards	**Medical Director**	**RAG: Blue** Research Governance Facilitator is in post, with a scheduled programme of audits of new CTIMP studies already commenced (*non-Covid-19-related audits were paused in recent months in line with suspension of these studies, as detailed below*).
	• **Objective 2:** Ensure R&D remains financially viable and generates income for reinvestment	**Medical Director**	**RAG: Red** Two factors have had a significant impact on research finances during the reporting period. • In terms of generating income: o 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 (*see Corporate Objective 2.17 for details*). **exceptions included trials that provided crucial, core clinical treatment – primarily some cancer / Haematology trials* o A positive development is that the Chief Scientist Office brought forward payments related to recruitment into Covid-19 priority research studies during the reporting period. – see 2.17 for details. • 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: o 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'.

o 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, at year end 2019-20, and this has fallen further to around £0.3M at year end 2020-21 - a reduction of 80% from the initial level. The fund - which had been built-up primarily as a result of commercial research activities and grant income – is used to reinvest and 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 seeking options for future financial sustainability that recognises the need to be able to maintain funding for reinvestment in research will be brought to the CMT for consideration.

• **Objective 3:** Secure dedicated clinical and Pharmacy accommodation for delivering research	**Medical Director**	**RAG: Amber** This KPI has been graded as Amber as it straddles multiple years, with the needs for accommodation varying in line with the Board's portfolio of research at any given time. The fundamental issue is lack of dedicated facilities being planned for research from the inception of all three main acute hospital buildings. This is being addressed in the New Monklands. However, ongoing issues with accommodation for research out with the Monklands development will remain a limiting factor in relation to delivering on the strategic objective to increase research activities.

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** Again – this is a multi-year objective which, despite Covid-19, was met during the period. As described in the mid-year update, almost all non-COVID-19-related research activities across all clinical settings were suspended on March 13th 2020 - 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 As of 31st March 2021, 3,895 participants were recruited to a variety of the UK-wide Urgent Public Health COVID-19 Studies – the usual annual total is around 1,000 patients. That recruitment was, 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, have negatively impact on our ability to maintain the recent trajectory when measured in terms of the fairly blunt metric of 'number of studies' open. In particular, it should be noted that the number of studies reduced during the period, but the number of patients recruited to the smaller number of research studies increased by a factor of 3. 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. Commercial recruitment during the reporting period was virtually-nil; as noted, this has a negative impact on overall research funding as described previously. The focus – nationally - is now on re-opening more non-Covid studies, whilst continuing to support the national and international research efforts to identify

			treatments for COVID-19.
• **Objective 5:** Broaden the research base across clinical services	**Medical Director**		**RAG: Blue** 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 Services, Vascular surgery and many others.
• **Objective 6:** Expand the provision of dedicated research sessions for clinicians	**Medical Director**		**RAG: Red** The focus on Covid-19-research, coupled with funding issues as described above, has limited recent progress, after positives steps in previous years. During the past year, Covid-19 pressures on clinical services, and the national focus on Covid-19 research – has meant that the provision of additional research sessions has not been possible – either financially or in terms of clinical capacity. We have, however, been able to take forward a ST-5 level Research Fellow post in Respiratory Medicine – part funded by R&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.
• **Objective 7:** Strengthen academic collaboration	**Medical Director**		**RAG: Blue** 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: • Senior R&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; • a template Honorary Clinical Contract has been developed to enable clinically-qualified and registered university staff to take up honorary positions in the Board; • collaborative research-funding bids with university partners are emerging; • potential department-level partnerships are being explored with both UoS and

			GCU;
			• two joint NHSL/Glasgow Caledonian University PhD students are in post
			University of Strathclyde and NHS Lanarkshire's R&D service have agreed to jointly funding a Research Fellow's PhD
	• **Objective 8:** Develop infrastructure support for locally-led research studies	**Medical Director**	**RAG: Red**
			The R&D Strategy originally envisaged a potential 'Research Grant Developer' role to assist clinical staff in developing and submitting stand-alone grant applications, and so increasing the number of grant-holding Chief Investigators in the Board.
			The ongoing work with our University partners has indicated that collaborative teams, with NHSL staff and services supporting University-led academic research bids, is likely to be a more appropriate / successful route for seeking grant funding.
			In this model, NHS clinical staff will still require significant support to enable collaborative research bids – a 'Research Grant Developer'-type post remains desirable. The reduction in the R&D Capacity Building fund, as previously described has reduced our scope to consider 'development' posts such as these.
			(RH for JB)
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.	**Medical Director / NMAHPs Director**	**RAG: Red**
			Research income to the Board can be split into two main elements:
			a. Annual Chief Scientist Office allocation – at £0.97M for 2020-21, this was in line with the 2019-20 allocation of £1.01M
			b. **In-year 'earned' income** 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.
			Additional COVID-19 income – At year end, the CSO payments associated with Covid-19 served to offset the majority of the reduction in in-year Academic and Commercial income. In the previous year, the total was £858k (£150K Academic + £708k Commercial). This fell to £252K (Academic + Commercial), but the addition of £452K of Covid-related study income brought the overall total to £704K.
			This was a drop of > £150k in overall income – a lower level of deficit than had originally been feared (expectation was a drop of around £500k).
			The position in 2020/21 is very atypical. Notwithstanding that, the research team

			provided support to the whole research portfolio, and managed to meet all staffing and non-pay commitments. (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.	**Medical Director /** NMAHPs Director	**RAG: Blue** Annual report completed and all duty of candour events had full compliance with the regulations. This continues to be well monitored for SAERs. (KC for JB)
2.19	Lead the development and delivery of an information and digital delivery annual workplan.	**Information & Digital Technology Director**	**RAG: Blue** 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.	**Information & Digital Technology Director**	**RAG: Red** NIS Programme is progressing and external audit took place in October 2020. Due to Covid restrictions, a desk-top audit was undertaken on-site and resulted in an interim report being published, with an Amber (52%) rating. A full on-site audit is scheduled to take place in October 2021.

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 31st March 2021
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: Blue**
3.2	Continue to engage with key stakeholders, including the PPFs, ACF and APF.	**All Directors**	**RAG: Blue** PPFs meeting virtually. (MMcG)
3.3	Ensure that there is a comprehensive Workforce Plan in place, in line with delivery against *Achieving Excellence* and the national Workforce Vision 2020 policy and guidance.	**HR Director**	**RAG: Blue** Board WFP paused nationally due to COVID-19, however, an Interim Workforce Plan for 2021/22 was submitted to SG as requested.
3.4	Ensure that our workforce is managed and developed within agreed policies: • Staff in post are within funded establishment; • Annual Leave allocation is effectively managed; • Vacancy levels are monitored and managed to ensure no detriment to service and no excess costs; • Excess hours or overtime rates are managed within agreed parameters and minimised; • Bank and agency staff utilisation is within agreed policies and parameters; • There is full compliance with the agreed sickness absence policy; • There is full compliance with the TURAS completion and review process; • All eligible medical staff engage in annual appraisal • Nursing and Midwifery Revalidation and Re-	**HR Director** / All Directors	**RAG: Blue** The workforce has continued to be managed and developed within the NHSL policy framework, however, due to COVID-19 some exceptions are noted: • Annual leave – ran below normal levels throughout 2020/21 (c.1%) due to C-19; additional carry forward annual leave permitted into 2021/22 (DL (2021)03). • Ongoing monitoring of FE, overtime, excess hours, bank. agency continues against budget although C-19 has realised additional funding. • Bank usage reduced markedly over summer 2020 – 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 from October 2020 rose to normal levels but been higher January- March 2021. • Appraisal in all staff groups was paused due to C-19. At March 2021, 56% of staff had completed a TURAS appraisal. This matches the NHSL level of 2019/20.

	Registration is enacted in a timely manner; • Employer led Midwifery supervision is embedded.		• NMC provided 3 month extension for nursing and midwifery registrants during the COVID-19 emergency response period.)
3.5	Continued improvement of recruitment and selection skills, including a pro-active approach to providing employment opportunities for disadvantaged communities.	**HR Director** / All Directors	**RAG: Blue**
3.6	Refresh and deliver the Equality and Diversity Annual Plan for 2020/21.	**HR Director** / All Directors	**RAG: Blue**
3.7	Strengthen links with partners, e.g., the voluntary sector, local authorities, colleges and universities, to maximise collaborative gain on areas of mutual interest such as health improvement, community development, and employment and training.	**All Directors**	**RAG: Blue** 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) Significant work has been undertaken jointly with both VASLan (South Lanarkshire H&SCP) and VANL (North Lanarkshire H&SCP) in responding to the implications of Covid and supporting a huge range of activities in the community. This ranged from supporting local pharmacies with queue management at the outset of the pandemic, through providing shielded/other vulnerable people with food and ongoing support through providing transport options to get people to their Covid vaccine. This work will be built upon proactively in the coming year to further develop wider community supports which are beneficial to the health of the population. (CC for SS)
3.8	Delivery the requirements of the National Health and Social Care Chaplaincy and Spiritual Care Strategy.	**NMAHPs Director**	This strategy has not been released for publication and there is no indication when it will be available. This objective will be removed for the corporate objectives until there is a firm indication of the strategy being published. (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	**HR Director** / All Directors	**RAG: Amber** The Safe Staffing national programme was paused during C-19, the programme was reinstated locally during September and has now been extended by SG. The plan for 2021/22 has been

	of future models of care and services achievable through transforming roles.		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:

	Objective	Accountable / Responsible	Progress at 31st March 2021
4.1	Achieve Alcohol Brief Interventions target numbers for 2020/21 (SG annual target of 4,673).	**Chief Officer, North**	**RAG: Blue** Validated year end data is awaited. The target for the community teams was to deliver 4,673 ABIs in the period April 20 - March 21. The number of ABIs delivered were 4,641 (99.3% of target). (GC for RMcG)
4.2	Achieve smoking cessation target numbers for 2020/21 (annual SG target of 902).	**Chief Officer, North**	**RAG: Blue** Target achieved for 2020/21, with 943 quits against target of 902. Data will be validated by Public Health Scotland by October 2021. (ER for RMcG)
4.3	Achieve the antenatal booking target for 2020/21 (80%)	**Acute Director/** Public Health Director	**RAG: Blue** 91.24% at March 2021 Rates range from across the 5 quintiles from 88.4% to 93.26%. **(GMCG for JP)**
4.4	Achieve Early Detection of Cancer target (29.9%).	**Public Health Director /** Acute Director	**RAG: Red** 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. Year 8 data (combined 2018 and 2019) show 26.5% 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).This is a relative increase of 2.6% from the baseline which falls below the AOP target set to increase the proportion of people diagnosed with early stage disease

			(stage 1) by 25% by the end of 2015.
			Recovery of Detect Cancer Early work has yet to commence. (TT for GD)
4.5	Improve health and wellbeing within our communities by working through both Health & Social Care Partnerships, continue to implement the Health Improvement Delivery Plan in line with timescales. Links to key plans are listed below. South Lanarkshire Community Plan: https://www.southlanarkshire.gov.uk/cp/downloads/file/93/local_outcome_improvement_plan_-_2017-2020 South Lanarkshire Strategic Commissioning Plan: https://www.southlanarkshire.gov.uk/slhscp/downloads/file/194/south_lanarkshire_health_and_social_care_partnership_strategic_commissioning_plan_2019-2022 The Plan for North Lanarkshire https://www.northlanarkshire.gov.uk/index.aspx?articleid=1240	**Public Health Director / Chief Officer, South; Chief Officer, North**	**RAG: Red** Health improvement programme delivery timescales have been significantly adversely affected by the local and national Covid-19 restrictions. Many Health Improvement programmes are delivered within community settings thus were reduced, paused or adapted over the last year and staff were redeployed to support the direct Covid-19 response. Health Improvement programme recovery plans have been developed and are being implemented as restrictions ease. This has included using mechanisms such as postal delivery, online platforms and telephone support to deliver services and support. The learning from these new approaches is now being built into longer term programme planning and service redesign. The ambitions of the Integrated Population Health Plan will be absorbed within the new *Our Health Together* strategy, the two HSCP Commissioning Plans, and the Community Plans for North and South Lanarkshire. (ER for GD)
	Give priority to health inequalities as part of the South Lanarkshire Community Plan and associated Neighbourhood Planning processes.	**Chief Officer, South**	**RAG: Blue** Work ongoing across the CPP in identifying areas of inequality and creating plans to address same. This has culminated in broader planning event and community needs survey, locality planning and wider BCC approach to community supports. (CC for SS)
4.6	Achieve KPIs and meet Healthcare Improvement Scotland Standards for national screening programmes:	**Public Health Director**	**RAG: Red** 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

	- Cervical screening; - Colorectal screening; - AAA screening; - Diabetic retinopathy screening; - Breast screening; - Pregnancy and newborn screening; - Orthoptic vision screening.		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. 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. Public health scrutiny and oversight is severely impacted by the Covid 19 response. This poses a clinical risk for the organisation. (MR for GD)
4.7	Maintain and improve immunisation rates for all universal programmes.	**Public Health Director / Chief Officers North & South**	**RAG:** **Blue**: **Pre 5 immunisation** – Uptake rates for all childhood immunisations have been reviewed and NHSL remains one of the top performing Boards for uptake, despite the challenges of the Covid pandemic. **Red**: The shingles programme delivered by GPs Programme was suspended in March 2020 by SG. PHS report an uptake rate for the eligible population at March 2021 as 50.63%. **VTP** Flu for 65+, <65 at risk, 2-5 year old, 55+ and household members of shielded people **Blue:** **The seasonal flu programme** for the above , 2-5=63.5%, @risk= 55.8%, 65+=84.9%, an increase in uptake across all cohorts from previous years. **School Flu Immunisation** delivered by the School Imms Team achieved an uptake rate of 80%, again an increase in uptake in this cohort. **Flu Immunisation for those social care staff** was successfully delivered by SALUS. **Pertussis & Flu Vaccine - Pregnant Women**

			Community midwifery staff are delivering both vaccines to pregnant women this year during routine face to face clinics. Public Health input and oversight to immunisation programmes has been limited due to competing pressures due to COVID this year. (TT for GD)
4.8	Oral Health: continue the Childsmile Programme and associated deliverables including fluoride varnishing, and work towards the national target set for NHSL of 74.6% of P1 children to have no signs of dental disease by 2022. Local target set for 2020/21 to achieve 71.5%. Performance is monitored as follows: Green: 71.5% Amber: 67.9% - 71.4% Red: <67.9%	**Public Health Director**	**RAG: Blue** 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%. Public Health Scotland annual report. https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/national-dental-inspection-programme
4.9	Continue to implement the national Sexual Health & BBV Framework 2015-2020 and contribute to development of the next framework.	**Public Health Director/**Medical Director	**RAG: Red** 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). Four key national and UK developments that will drive the ongoing work within Lanarkshire for sexual health and blood borne viruses (BBVs) include: a. 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 publication is awaited. b. 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) c. Scottish Health Protection Network. Recommendations on Hepatitis C Virus Case Finding and Access to Care. Report of the National Short Life Working Group – (Reported January 2019) d. The work and findings of the UK Infected Blood Inquiry

			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.

Progress to support testing and treatment of Hep C has been slow due to the lack of face to face clinical service being provided. Dried Blood Spot Testing is being priorities, new ways of working established to overcome these barriers.

Scottish Government have cancelled all NHS Board hepatitis C initiation targets for 1st April 2020 and 31st March 2022. NHS Board targets will be re-established for 2021/22. Hep C Treatment has restarted but with significantly reduced numbers.

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. Concerningly, no new HIV infections have been identified.

Webinars delivered by the BBV Network and Scottish Drugs Forum were provided however this is significantly reduced compared to previous years. Work has continued through lockdown with BBV Third Sector Services who work with high risk groups and populations.

Reductions to the 'Prevention Bundle' from Scottish Government continue to cause concern at a time when there has been an increase in re-infections of Hep C, HIV outbreak and reduction in harm reduction provision. (TT for GD) |
| 4.10 | Meet the requirements of the Children & Young People (Scotland) Act 2014. | **NMAHPs Director**/ Chief Officers, North | **RAG: Blue**

The ongoing work to support CYP Act 2014 is now embedded in wider |

		& South	GIRFEC work. The UNCRC(Incorporation)(Scotland) Bill passed its final stages in Scottish Parliament in March 2021. The new legislation requires public authorities to take proactive steps to ensure compliance with children's rights in their decision making and service delivery. A survey has been developed within Lanarkshire to support public services preparation for the 'incorporation' with the results being used to identify what actions/supports are required. Work is underway with the NHS Lanarkshire Communications team to distribute UNCRC information to workforce. Development of a Participation Framework is underway to support CYP's involvement in service re-design. Scoping is being undertaken to explore incorporating Child Rights and Wellbeing Impact Assessment (CRWIA) within Lanarkshire's children's services. (TM for ED)
4.11	Implement the Children & Young People's Health Plan 2018-20.	**Public Health Director/** NMAHPs Director, Chief Officers, North and South	**RAG: Red** Implementation of the 2018-2020 plan was impacted by the response to the Covid-19 pandemic. A risk assessment, mitigation plan and recovery plan were progressed through the Covid-19 Children and Young People's Clinical Reference Group. Consideration was given to those elements that had not progressed going into the 2021-23 plan. However, due to Covid-19 commitments limited progress was made between February 2020- February 2021. Interim arrangements for plan leadership have been in place since 22 February 2021 to progress this work stream, but clarity is required on a long term solution The CYP Health Plan 2021-2023 is currently going through governance processes. The maternal and child health dashboard is in the process of being updated. (RM/GQ for GD)
4.12	Meet the requirements of Getting it Right for Every Child, including attainment of Health Visitor numbers as per local trajectory.	**Chief Officers, North & South** / NMAHPs Director	**RAG: Blue** Nurse Consultant CYP/FNP is member on the GIRFEC National Stakeholders Meeting supporting the production of GIRFEC refresh to policy, statutory and practice guidance. North Lanarkshire GIRFEC Steering group is

			now chaired by North Lanarkshire's Associate Nurse Director; membership from partner agencies, forum sets priorities in relation to GIRFEC practice, models of working, resources and workforce development. All HV numbers have been maintained. (TM for RMcG)		

4.13	Deliver the Family Nurse Partnership Model, including Core Elements and Fidelity Goals.	**Chief Officers, North and South**	**RAG: Red**

3	FIDELITY MEASURES (age 19 and under only see appendix A for older age range)	
		%
3.1	*Uptake (fidelity target ≥ 75%)	79
	*Clients recruited before 16+6 weeks gestation (fidelity target ≥60%)	49
3.2	*Cumulative site attrition (fidelity target < 40%)	13
	*Cumulative site attrition *minus* transfers out to other Scottish sites (fidelity target < 40%)	10
	*Pregnancy phase attrition *minus* transfers out to other Scottish sites (fidelity target ≤10%)	2
	*Infancy phase attrition *minus* transfers out to other Scottish sites (fidelity target ≤20%)	6
	*Toddlerhood phase attrition *minus* transfers out to other Scottish sites (fidelity target ≤10%)	2
3.3	**CME#4**	**Number**
	*Did not access any health care before 28+6 weeks gestation and prior to birth	23
	*Moved to Scotland > 28+6 weeks gestation	2
	*Enrolled postnatal prior to discharge from midwife.	2
3.4	***Breach of licence**	**Number**
	* SG RICE log submitted (pre-enrolment - authorised)	3
	* SG RICE log submitted (post-enrolment - authorised)	0
3.5	**Dosage** (only for clients who have completed the phase within this reporting period)	**%**
	Pregnancy phase dosage (fidelity target 100% of clients should receive ≥ 80% of expected visits)	33.98
	Infancy phase dosage (fidelity target 100% of clients should receive ≥ 65%)	41.91
	Toddlerhood phase dosage (fidelity target 100% of clients should receive ≥ 60%)	46.42

			SG Clinical Guidance in place and followed, home visits were accordingly reduced and therefore remote contacts introduced with materials shared with our clients by post. For the reporting period, 01.04.2020 -31.03.2021, there were 1163 Near Me consultations with clients and children on the programme.

In addition to essential visits, children on the child protection register or where there were child protection concerns, and vulnerable families continued to be visited regularly throughout the pandemic. Between 1.07.2020 - 31.01.2021, there were 4802 face to face contacts with clients and children, this compares with 8590 contacts from the same period the previous year (MILAN Data).

Despite the changes to the visiting schedule, attrition remained low and well within the fidelity target of 40%.

For the reporting period, clients enrolled by 16 weeks + 6 days gestation was 58% (fidelity target 60%), which is an increase on the cumulative figure of 49%, with 65% of clients enrolled by 17 weeks + 6 days gestation. Pregnancy dosage achieved was 33.98% (80% fidelity target), however 11% achieved 100%, and 50% achieved 70%.

Infancy dosage achieved was 41.88% (65% fidelity target), however 4.8% achieved 100%
Toddlerhood dosage achieved was 46.42% (60% fidelity target), however 10.7% achieved 100%
(TM for RMcG) |
| 4.14 | Continue to improve breastfeeding rates in Lanarkshire:

- Maintain initiation rate of 48%;
- Attrition rate of 18% or less;
- Develop improvement plan in line | **NMAHPs Director** | **RAG: Blue**

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. |

	with National Programme for Government, implementing year one; • Review recording and coding of breastfeeding.		Attrition for 2019/21 has exceeded both those targets and is currently -39.5%. When broken down into local authority, North Lanarkshire are at 40.28% (target is 48.1%) and South at 38.83% (target 41.6%). (TM for ED)
4.15	Meet the requirements of the National AHP Strategy – Active and Independent Living Programme.	**NMAHPs Director** **Chief Officers, North and South**	**RAG: Blue** 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 rehabilitation requirements caused by the pandemic. (PMcC for ED)
	Programmes to review physiotherapy and occupational therapy services and associated impact on national and local strategies.	**Chief Officer, South**	**RAG: Red** Work was delayed in this regard as a result of Covid-19 and staff being asked to prioritise other things (CC for SS)
4.16	Implement Joint Strategic Commissioning Plans that will deliver on the 9 National Health & Wellbeing Outcomes, with progress measured by the 23 Integration Indicators listed below. Focus will be on those areas highlighted in keeping with the January 2017 guidance regarding the *6 key performance measures for H&SCPs:* (1) unplanned admissions; (2) occupied bed days for unscheduled care; (3) A&E performance; (4) delayed discharges; (5) end of life care; and (6) the balance of spend across institutional and community services **The 23 Integration Indicators are:** 1. % Adults able to look after their own health;	**Chief Officer, North** **Chief Officer, South/** All Directors	**SLHSCP April 2020 – March 2021** *(see table below)* **SLHSCP April 2020 – March 2021** **Indicators 1-10 are questions which form part of the Health & Wellbeing biennial survey and will be available with the next core indicators update**.

Table within 4.16:

	Target 2020/21	Actual	RAG
Unplanned admissions	30,948	32,536 (April 20 – March 21)	**Blue**
Occupied bed days for unscheduled care	284,638	223,226 (April 20 – March 21) (NB Unpublished data & will increase)	**Blue**
A&E attendances	98,793	83,203 (April 20 – March 21)	**Blue**
Delayed discharge bed days	21,344	9,177 (April 20 – March 21)	**Blue**
End of life care	87.1%	88.5% (2019/20)	**Blue**
Balance of Care	91.8%	92.1% (2018/19)	**Blue**

2. % Adults supported to live independently at home;
3. % Adults supported at home who had a say in how care or support provided;
4. % Adults supported at home who agree services well co-ordinated;
5. % Adults receiving services and rating them as excellent or good;
6. % people with a positive experience of GP practice;
7. % Adults agreeing services have a positive impact upon life;
8. % carers supported to continue caring role;
9. % Adults supported at home who felt safe;
10. % staff who would recommend their workplace as a good place to work;
11. Premature mortality rate;
12. Rate of emergency admissions for adults;
13. Rate of emergency bed days for adults;
14. Readmissions to hospital within 28 days of discharge;
15. Proportion of last 6 months of life spent at home or in community setting;
16. Falls per 1,000 population over 65yrs;
17. Proportion of care services graded 'good' or better in Care Inspectorate inspections;
18. % Adults with intensive needs receiving services at home;
19. Number of days people spend in hospital when they are ready to be discharged;
20. % total health & care spend on hospital stays where patients was admitted as emergency;
21. % of people admitted from home to hospital during the year and who are

Indicator	Title	SL HSCP rate	Scotland rate
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 SS)

HSCNL

	Target 2020/21	Actual	RAG
Unplanned admissions	46,241	39,248 (April 20 – March 21)	BLUE
Occupied bed days for unscheduled care	309,703	276,276 (April 20 – March 21)	BLUE
A&E attendances	124,580	98,727 (April 20 – March 21)	BLUE
Delayed discharge bed days	29,020	30,249 (April 20- March 21)	RED
End of life care	90%	90.5% (2020/21)	BLUE
Balance of Care	96.1%	96.8% (2019/20)	BLUE

Please note targets have not been revised in light of COVID-19

	Title	NL 2019/20
NI - 1	Percentage of adults able to look after their health very well or quite well	90.5%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	77.6%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	71.2%

	discharged to a care home; 22. % people discharged from hospital within 72 hours of being ready; 23. Expenditure on end of life care.		NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	70.2%	
			NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	77.8%	
			NI - 6	Percentage of people with positive experience of the care provided by their GP practice	68.3%	
			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	75.7%	
			NI - 8	Total combined % carers who feel supported to continue in their caring role	32.6%	
			NI - 9	Percentage of adults supported at home who agreed they felt safe	80.0%	
			NI - 11	Premature mortality rate per 100,000 persons	515	2019
			NI - 12	Emergency admission rate (per 100,000 population)	13,609	2020/21
			NI - 13	Emergency bed day rate (per 100,000 population)	96,770	2020/21
			NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	118	2020/21
			NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90.5%	2020/21
			NI - 16	Falls rate per 1,000 population aged 65+	18.7	2020/21
			NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	80.7%	2020/21
			NI - 18	Percentage of adults with intensive care needs receiving care at home	74.4%	2019
			NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	789	2020/21
			NI - 20		17.8%	2020/21
			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.	**PP&P Director/** All Directors	**RAG: Red** Development work commenced but delayed due to Covid-19.		

		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:	

5 **Delivering best outcomes and value for money - ensuring that all resources are deployed to best effect, achieving transformational change in desired outcomes and value for money:**

	Objective	Accountable / Responsible	Progress at 31st March 2021
5.1	Achieve financial breakeven and efficiency savings in line with agreed AOP / Financial Plan. **(AOP)**	**Finance Director/** All other Directors	**RAG: Blue** While the efficiency programme was suspended due to COVID-19, a breakeven year end position which was achieved through adequate provision of funding from Scottish Government to cover expenditure relating to Covid-19. (GS for LA)
5.2	Ensure that there is an agreed 5 year Capital Plan in place, reviewed annually.	**Finance Director** PP&P Director	**RAG: Blue** 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.	**HR Director /** All other Directors	**RAG: Red** 5.47% at 31 March 2021. 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 c.0.5%-7.5% during 2020/21.
5.4	Implement the Healthcare Strategy for Lanarkshire – *Achieving Excellence*, including the Primary Care Clinical Strategy with due regard to the GMS Contract 2018, and agreed development programmes in relation to clinical services.	**PP&P Director** All other Directors	**RAG: Red** 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.	**Chief Officer, South**	**RAG: Red** 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. This work is ongoing and was not completed in-year. (CC for SS)

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.	**Public Health Director**	**RAG: Blue:** Significant progress had been made through the auspices of realistic medicine and the University of Strathclyde Strategic Partnership. Examples of work include chronic pain and rheumatology. Gastroenterology service at UHH was undertaken work to address the increasing demand at their site, which would fit very well with the implementation of Realistic Medicine principles. However, most of the work was paused during the pandemic and other partnership work streams are in place to address demand and capacity modelling. Strathclyde University has been integral in supporting modelling regarding the pandemic. (JP for GD)
5.7	Provide public health input to the implementation of the Effective Care Programme.	**Public Health Director**	This national programme has been stood down. (JP for GD)
5.8	Prepare a business case for the replacement of University Hospital Monklands	**PP&P Director**	**RAG: Green** OBC on track for completion late 2021.

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

	Objective	Accountable / Responsible	Progress at 31st March 2021
6.1	Leadership & Management - Ensure that staff are supported to deliver high quality care by developing a culture of continuous learning and improvement including effective and values-based leadership by following through feedback from iMatter and other staff engagement opportunities to continuously improve the working experience. (Previously detailed at section 3.5)	**HR Director /** All Directors	**RAG: Blue** It was nationally agreed to re-start the iMatter staff experience survey in 2021, following a pause in 2020, due to the COVID-19 pandemic. In 2020, staff experience was measured by the Everyone Matters Pulse survey, which comprised a series of questions from the iMatter survey, ONS questionnaire as well as free text qualitative questions. Due to ongoing communication, training, support and sustained senior management and staff side support, NHS Lanarkshire received a 44% response rate. The national response rate ranged from 38% - 54%.
6.2	Continued development of values-based leadership skills. (Previously detailed at section 3.6)	**HR Director /** All Directors	**RAG: Blue** Whilst training was essentially 'paused' to minimise service pressures, a number of programmes were able to continue. Development sessions for Corporate Management Team and Board, 64 participants attended the Covey 7 habits programme and a series of bespoke team based programmes were also provided. Further development of an NHS Lanarkshire BAME network was also established.