

LANARKSHIRE NHS BOARD – INTERIM CORPORATE OBJECTIVES 2022/2023

NHS LANARKSHIRE'S VISION

Our Health Together: living our best lives in Lanarkshire

NHS LANARKSHIRE'S PURPOSE

To provide safe, effective and person-centred care to the communities we service. In the coming year our focus will be to recover services, through the lens of addressing inequalities, maximising wellbeing and addressing the challenges of sustainability and climate change

DEVELOPMENT OF CORPORATE OBJECTIVES

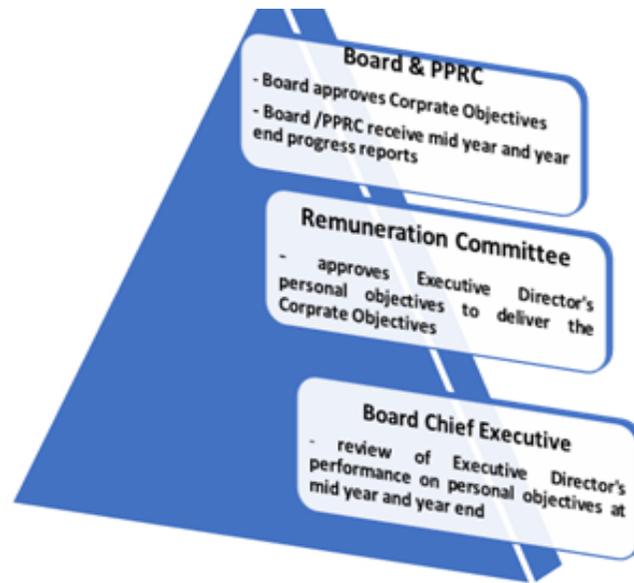
Many uncertainties remain with respect to the ongoing and future impact of the global COVID-19 pandemic. NHS Lanarkshire is committed to maximising a successful and sustained recovery of services as quickly as possible. The impact of COVID-19 and non-Covid demands on the service in recent months has contributed to a significant deterioration in our ability to deliver core services, which in turn impacts on our planning assumptions. As such, the scope of our Corporate Objectives is largely focused on our ability to accurately assess how the whole system can address the ongoing challenges of responding to the pandemic and how quickly the remobilisation and recovery process can take effect.

As such these Corporate Objectives should be regarded as interim, with a key focus on the recovery of services, and may be subject to amendment as Scottish Government policies are published.

The Corporate Objectives are developed each year by CMT, and signed off by the Lanarkshire 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 strategic ambition within each area, with more specific detail being set out in the cascade down through divisional, team and personal objectives.

PERFORMANCE MANAGEMENT OF CORPORATE OBJECTIVES





This approach is supported by the performance management governance structure detailed below.

PERFORMANCE REPORTING FOR GOVERNANCE & ASSURANCE -process as agreed by Board (May 2019)

	ROLE	REPORT & PURPOSE
<p>Tier 1 Board/PPRC</p> <p>Tier 2 Governance Committees</p> <p>Tier 3 Quarterly C.E. Reports</p>	<p>Board/PPRC Performance Reports</p> <p>To consider whether oversight provided by the respective Governance Committees/ Executive Directors is sufficient</p> <p>The Board/PPRC is asked to note the Quarterly AOP Report and confirm whether it provides sufficient assurance of progress in the delivery of locally agreed standards and AOP targets.</p> <p>The Board/PPRC is asked to approve the annual reporting template and note the progress reports.</p>	<p>Quarterly Annual Operational Plan (AOP) Progress Report</p> <p>The Quarterly AOP Report is a summation & confirmation of the information that has already been submitted to, and reviewed by, the respective Governance Committee (G.C.)</p> <p>This is the sole means of reporting against locally agreed standards and AOP targets in a single report to the Board, highlighting variation by means of a traffic light system with agreed parameters for triggering levels for each KPI.</p> <p>RAG rated report using validated data, from ICPF</p> <p>Corporate Objectives – Mid-Year and Year-End Reports</p> <p>Corporate Objectives (CO) are developed annually by CMT, with progress reports prepared for governance and assurance purposes. COs are the critical areas of business that must be delivered on time and to standard during the forthcoming year. The COs provide high level descriptions of KPIs, with each KPI assigned to an Executive Director and reflected in their objectives.</p> <p>RAG rated report using validated, published data</p> <p>Quarterly Exception Reports</p>
	<p>Governance Committee Reports to Board/PPRC</p>	<p>Quarterly Exception Reports</p>

TIER 2

Governance Committees have responsibility for the governance and assurance of each of the ICPF performance indicators.

Reporting by exception any "Red" rated items and, where appropriate, agree and monitor an action plan to return the metric to compliance. KPIs which are of concern, but are not rated as "Red", are also identified for escalation.

This mirrors the process of assurance which is used in compiling and monitoring the Corporate Risk Register and individual G.C. Risk Registers.

RAG rated report using validated data, from ICPF Quarterly Progress Report

Quarterly C.E. Performance meetings - Chief Officers & Director of Acute Services

TIER 3

Board Chief Executive meets individually with the Chief Officers of North and South Lanarkshire HSCPs and the Director of Acute Services on a quarterly basis to review performance measures and for assurance on overall performance.

To review KPIs and for assurance on overall performance. The information set contains a mix of unvalidated management information and validated data to allow more real-time performance monitoring and review.

RAG rated report using validated data & unvalidated management information

Integrated Corporate Performance Framework (ICPF) or "Dashboard" reflects validated, publishable data, with Key Performance Indicators (KPIs) grouped into three sections: Person Centred Care, Safe Care and Effective Care. Each KPI is the responsibility of a specific Executive Director/Chief Officer and Governance Committee.

NHSL Governance Committees - Staff Governance Committee, Population Health, Primary Care & Community Services Committee (Population Committee), Healthcare Quality Assurance & Improvement Committee (HQAIC), Acute Governance Committee, Planning, Performance & Resources Governance Committee (PP&RC), Audit Committee & Monklands Replacement Project Governance Committee.

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RAG: KEY

Blue = Achieved

Red = Not achieved

Green = on target

Amber = behind plan but expected to recover by year end

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 can be rated Amber or Green

1 Pandemic Response & Corporate Resilience - Respond to the pandemic to ensure resilience and provide a safe environment and interventions that minimise the risk of injury or harm to our patients and staff.

Objective	Deliverable(s) & Measurement of Progress	Accountable / Responsible	Mid Year Status RAG	Progress Update	Year End Status RAG	Progress @31 March 2023
1.1	<p>RESPONSE - Respond to the Covid-19 pandemic and mitigate the impact on the clinically vulnerable and high-risk settings</p> <p>Deliverable(s):</p> <ul style="list-style-type: none"> Respond to new variants Testing strategy developed, including ongoing <p>Measure:</p> <ul style="list-style-type: none"> Monitored through the PH Tactical Plan 	Public Health Director	Amber	<p>Scottish Variants and Mutations (VAM) Plan has been published and reviewed to identify Health Board actions. Work is underway to produce a NHS implementation plan.</p> <p>All 12 VAM staff funded by S Gov have been appointed with almost all in post. Staff are on short term contract to March 2023. Staff are in process of gaining experience with PH/ Health Protection currently. These staff will be available to respond to new COVID peaks either at PHS or within NHS.</p> <p>Testing activity is dependent on UK/Scottish strategy and has been greatly reduced, though the information from the nationally organised ONS and wastewater testing continues to be reported at weekly meetings of the PH Tactical Group, to identify trends.</p> <p>Joint COVID-19 Booster and flu programme is well underway though staff uptake is lower than desired. Vaccination has been carried out in all care homes for residents though staff vaccination is patchy. Vaccines continue to give high levels of protection against COVID. Currently about 90 patients are in acute care.</p>	Blue	<p>Following publication of the Scottish VAM Plan, service delivery standards were agreed with funding from SG to meet some of the resource needs, both nationally and locally.</p> <p>From March 2023 SAR-COV-2 activity has significantly dropped. However, infections are still regularly identified including significant clusters or outbreaks in care home settings and also acute healthcare settings.</p> <p>A number of ad hoc stand-alone protocols, processes and systems stood up as at the height of the pandemic are now being reviewed to incorporate into business as usual (BAU), modify or stand down to allow the health protection team (HPT) to develop robust systems as part of the pandemic recovery work. For example, SARS surveillance, respiratory panel tests for samples from high risk community settings like care homes, care home support and visits, incorporating COVID-19 vaccination into BAU seasonal vaccination, SIREN study and effective management of community respiratory infections cases.</p> <p>Finally, PH resilience plans are being reviewed and updated to reflect learning from the pandemic and changes in the operating/ programming environment e.g. revising historical 'Pandemic Flu Plans' to reflect the reality of responding to any novel pandemic respiratory infection and not just influenza.</p>
1.2	<p>RESPONSE - Continue delivery of COVID surveillance programme, responding to the changing requirements as the focus of the pandemic response evolves</p> <p>Deliverable:</p> <ul style="list-style-type: none"> Understand factors impacting severity and refine systems as required <p>Measure:</p> <ul style="list-style-type: none"> Monitored through the PH Tactical Plan 	Public Health Director	Green	<p>The surveillance programme has evolved as the testing has changed with less community testing there is a greater focus on data from ONS and waste water to estimate incidence in the community. Work has been undertaken to monitor and have a better understanding of COVID-19 patients in hospital.</p> <p>As influenza is likely to cause a significant burden on the acute sector this winter, surveillance has been expanded to capture influenza and other respiratory pathogens such as RSV.</p>	Blue	<p>Weekly surveillance reports captured the incidence and burden due to COVID and other key pathogens including influenza, RSV and NV. Surveillance evolved over the year to reflect the changes in testing and overall burden of infection.</p> <p>Worked in partnership with University of Strathclyde to develop bed pressure modelling associated with COVID.</p>
1.3	<p>RESPONSE - Care Homes - provide health protection expertise to manage COVID-19 and communicable disease outbreaks in Care Homes</p> <p>Deliverable:</p> <ul style="list-style-type: none"> Provision of health protection expertise to Care Homes <p>Measure:</p> <ul style="list-style-type: none"> Routine monitoring of all outbreaks via Oversight Committee 	Public Health Director	Green	<p>Care Homes continue to be assessed and supported on a daily or weekly basis depending on their current status. CH HPN in post to March 23 to take lead CH role within the HPT.</p> <p>Open Outbreaks are monitored at the weekly Outbreak Management Meetings commenced at the start of the Pandemic in every HB following Scot Gov requirements.</p> <p>A Discharge Planning Meeting was convened and can be stood up as required where discussion is carried out between the CH HPN, Care Home Assurance Senior Nurses and Hospital Discharge Team including Social Work.</p> <p>The CH HPN carry out support visits with the Care Home Assurance Team to advise on current guidance and, where there are ongoing outbreaks, to offer Infection Prevention and Control advice to minimise potential spread of the outbreak.</p> <p>A Q+A was prepared for CH Managers and Staff with frequently asked questions from current guidance to be used as an 'aide memoire' for ease.</p> <p>The HPN Consultant attends the 'CHAT' Care Home Assurance Tactical Meetings Chaired by the Head of the H+SC Partnership where Care Inspectorate, H+SC Partners and NHS come together to share and discuss information pertinent to all CH in North and South Lanarkshire.</p>	Blue	<p>Health Protection Nurse (HPN) Consultant post was made permanent in October 2021. The Nurse Consultant provides a leadership role and oversight of the care home work. Management of CH outbreaks rests with the Health Protection Team (HPT), however work is underway to recruit an additional HPN to support the care homes work.</p> <p>Due to sickness absence and other pressures on the HPN team, support visits with the Care Home Assurance Team have not taken place. The appointment of the additional HPN will help facilitate that support.</p> <p>The HPN Consultant represents Director of Public Health (DPH) at the 'CHAT' Care Home Assurance Tactical Meetings Chaired by the Head of the H+SC Partnership where Care Inspectorate, H+SC Partners and NHS come together to share and discuss information pertinent to all CH in North and South Lanarkshire.</p>
1.4	<p>RESPONSE - Care Homes - ensure care home support is maintained throughout 2022/23 (as required through emergency legislation), with professional oversight and support in place via an expanded care home team</p> <p>Deliverable(s):</p> <ul style="list-style-type: none"> Work plan developed and agreed with stakeholders which facilitates assurance visits providing professional and clinical advice on IPC and the provision of health care and nursing standards where appropriate. Areas for themed quality improvement work identified and embedded within the work plan. An engagement and communication plan developed to ensure appropriate buy-in and ownership of the current, evolving assurance and support model. <p>Measure:</p> <ul style="list-style-type: none"> Monitor progress against project plan. 	NMAHPs Director	Green	<p>Workplan has been developed in conjunction with wide range of stakeholders.</p> <p>Assurance visits continue throughout the year testing a combined approach with SW and providers. A number of SLWG have been established to undertake QI work as identified by stakeholder engagement and themes from assurance visits. Communication team continues to support work and there is regular stakeholder communication and wider communications to raise profile of care homes and positive work being undertaken</p>	Blue	<p>Lanarkshire's workplan has adopted a preventative model that fits well into the new Healthcare Framework for Adults Living in Care Homes: My Health, My Care, My Home. A gap analysis has been completed of the new framework and an improvement plan developed.</p> <p>There has also been an engagement event with all key stakeholder to discuss the new strategy and improvement plan. The main objectives are to:</p> <ul style="list-style-type: none"> Improve person centred outcomes for residents in care homes allowing them to spend more time in the homeliest environment. Develop meaningful ACP's and robust emergency care treatment plans Reschedule unscheduled care attendances from the care homes to both primary and secondary care. Reduce harm from medicines, ensure evidence and realistic medicine prescribing and reducing costs.
1.5	<p>RESPONSE - deliver a comprehensive Covid Vaccination programme for all eligible members of the population in Lanarkshire.</p> <p>Deliverable(s):</p> <ul style="list-style-type: none"> Comprehensive vaccination programme developed to cover Covid, seasonal influenza and other 'in-scope' vaccines. Staffing identified and appointed to manage programme accordingly. This will include 'surge' staffing to manage the significant increase in delivery required September through January. Governance arrangements clarified and new reporting arrangements established Vaccine delivered in line with national targets per cohort. <p>Measure(s):</p>	Chief Officer, South	Green	<p>Progress is in line with National average across majority of cohorts and slightly ahead in others. Further work has been identified to improve staff vaccine uptake and this will bring NHS uptake into line with national average. Work ongoing in confirming management arrangements and associated funding of programme</p>	Blue	<p>All vaccines delivered as per guidance.</p> <p>Performance around national average for all categories, with the exception of NHS staff vaccines where uptake was a few percentage points below national average.</p> <p>Uptake in SIMD groups with high inequalities was above national average and reflected well on the work undertaken to 'reach-out' to those communities where take up may traditionally have expected to have been below average.</p>

		<ul style="list-style-type: none"> % of vaccines delivered per cohort % of staff appointed against required posts. % of people in SIMD categories, BAME, other groups vaccinated 					
1.6	RESILIENCE – meet statutory duties and NHS Scotland “Resilience Standards”.	Deliverable: <ul style="list-style-type: none"> Statutory duties and NHS Scotland “Resilience Standards” met Measure: <ul style="list-style-type: none"> Oversight and monitoring of resilience work via Resilience Group 	Public Health Director	Amber	The Resilience Group has reconvened following a period of cancellations due to priorities associated with the Pandemic response. The group has now met on two occasions in 2022 with future meetings scheduled. A revised terms of reference and membership have been agreed and signed off. The annual statement went to PPRC in Sept 2022.	Red	The Resilience Group has been re-established with a refreshed terms of reference agreed. Regular attendance at meetings has been a challenge and will be closely monitored to seek improvement. This will be addressed as a matter of urgency during 2023/24.
1.7	RESILIENCE - review business continuity plans (BCPs), building upon the learning and collaboration that has been reinforced by the pandemic, to ensure that we have a resilient healthcare system for the future.	Deliverable: <ul style="list-style-type: none"> Business continuity plans (BCPs) reviewed to reflect learning from the response to the pandemic, ensuring a resilient healthcare system for the future. Measure: <ul style="list-style-type: none"> Monitoring of BCPs by the Resilience Team 	Public Health Director	Amber	Resilience plans remain the responsibility of the risk owner. The RRP Team maintain a register of plans. Reminders to review plans are issued by the RRP Team. A proposed Resilience Management System has been put forward by the eRRP Team which includes a review to the BCP strategy.	Red	Due to other work pressures and resourcing issues, the planned development of a BCP has not commenced. All areas are required to maintain plans as per current arrangements. The development of a BCP strategy is an integral component of the proposed RMS. Work on this will be linked to the RMS development through the Resilience Business Improvement Plan. Agreement on the RMS proposal is required.
1.8	RESILIENCE – Design, develop and implement an integrated Resilience Management System, which will be a whole systems approach to business continuity/contingency, governance, performance and planning processes. This will ensure a consistent and systematic approach to help secure a resilient healthcare system for now and the future.	Deliverable: <ul style="list-style-type: none"> Integrated Resilience Management System designed, developed and implemented Measure(s): <ul style="list-style-type: none"> proposal developed and endorsed Implementation commenced 	Public Health Director	Red	A proposal for the Resilience Management System has been put forward. An SBAR outlining the proposal and a presentation on this has been prepared and submitted. A further SBAR covering resourcing has been submitted.	Red	Proposal for a RMS system has been drafted although issues around resourcing have been a factor in delaying this. It is hoped to increase resources in 2023 to allow this work to progress. Agreement is in place to increase the Resilience Team with the addition of a permanent Resilience Officer. Initial recruitment effort did not identify a suitable candidate.
1.9	RESILIENCE – Develop the principle of continuous improvement through the concept of a learning organisation by introducing standardised approaches to capturing and embedding lessons learned e.g. debriefing and resilience/response reviews.	Deliverable: <ul style="list-style-type: none"> Standardised approaches introduced to capture and embed lessons learned as part of a continued improvement approach Measure: <ul style="list-style-type: none"> Delivery of a standardised suite of debriefing/review processes, including oversight of embedding lessons. 	Public Health Director	Red	A proposal for the Resilience Management System has been put forward this includes a key area of improvement. A draft Business Improvement Plan has also been submitted linked to the development and implementation of the Resilience Management System. development of the improvement work is included in the plan.	Red	Proposal for a RMS system has been drafted although issues around resourcing have been a factor in delaying this. It is hoped to increase resources in 2023 to allow this work to progress.
1.10	RESILIENCE – Build on NHS Lanarkshire’s ongoing positive engagement, profile and influence across the resilience networks and multi-agency forums at local, regional and national levels.	Deliverable: <ul style="list-style-type: none"> Areas of best practice/expertise shared through taking a lead role on key areas of work and leading forums. Measure: <ul style="list-style-type: none"> Attendance at local, regional and national meetings Feedback mechanisms developed with partners and key stakeholders 	Public Health Director	Green	The RRP Team maintain a high profile across local, regional and national for a. The Head of RRP is currently chair of the Regional Health Resilience Forum and engaged in national working groups developing revised approaches to business continuity, decontamination and learning and development.	Blue	The RRP Team maintain a high profile across local, regional and national fora. The Head of RRP is currently chair of the Regional Health Resilience Forum and engaged in national working groups developing revised approaches to business continuity, decontamination and learning and development.

2 Recovery of Services - Remobilise and recover services to re-establish timely and accessible health and social care to all parts of the community we serve.

Objective	Deliverables & Measurement of Progress	Accountable / Responsible	Mid Year Status RAG	Progress Update	Year End Status RAG	Progress @31 March 2023
2.1	Establish internal governance process to lead and oversee the recovery process, involving partner organisations and the local resilience partnership	PP&P Director	Green	<p>A whole system oversight group called the Service Remobilisation Oversight Group (SROG) was established in May 2022 to:</p> <ul style="list-style-type: none"> oversee service remobilisation approaches in line with local clinical priorities & pressures and national remobilisation priorities; ensure that any associated implications/unintended consequences are identified; provide a platform to discuss any unintended consequences/issues/risks; and provide assurance to the PPRC on the progression of service remobilisation. <p>In addition, the SROG oversaw the preparation of the 2022/23 Annual Delivery Plan (ADP) and the development of an associated performance management methodology that will continue to be operated beyond the lifetime of the SROG.</p> <p>The group has adopted a “light touch” approach to overseeing service remobilisation and reports progress, at a high level, to the CMT and PPRC.</p>	Blue	The Service Remobilisation Oversight Group (SROG) was stood down in November 2022 and, while services have remobilised, challenges remain
2.2	Mainstream Covid pathways across the whole system	Acute Director Chief Officer, North Chief Officer, South	Green	<p>Covid pathways implemented in accordance with national guidance. Ongoing relaxation of restrictions where appropriate. Compliant with staff well being policies</p>	Blue	<p>NHS Lanarkshire stood down its Covid Live Incident in January 2023, although command structures have been adapted to allow for continued focus on ongoing wider resilience challenges, specifically around service pressures.</p> <p>NHS Lanarkshire was able to move from black to red status on 6th March 2023 following a successful ‘firebreak’ as part of Operation Flow, which is a whole system strategic planning approach in Lanarkshire aimed at supporting a sustained recovery of the entire health and social care system.</p> <p>Whole system work continues on the Discharge Without Delay process and NHS Lanarkshire is a demonstrator site for the national Dwd</p>

		<ul style="list-style-type: none"> increased community based/outreach services in support of respiratory care patients. Monitor implementation of National and local Pathways and guidance re. access to clinical services Support systems for patients and staff in place Staged reduction of measures in line with Living with 				Programme.	
2.3	Remobilisation of Planned Care	<p>Deliverable(s):</p> <ul style="list-style-type: none"> acute outpatient services remobilised to pre Covid 19 levels treatment capacity maximised, service efficiency improved (Theatres), new clinical treatment pathways implemented and access to national mutual aid allocations optimised (e.g. Golden Jubilee and National Treatment Centres). approach to reducing TTG waiting list backlogs determined <p>Measure(s):</p> <ul style="list-style-type: none"> Monitor outpatients against agreed Scottish Government trajectories Monitor TTG theatre access against agreed Scottish Government trajectories by priority Monitor delivery against agreed national targets (e.g. cancer 31 / 62) approach to reducing TTG waiting list backlogs as agreed with SG 	Acute Director	Amber	<ul style="list-style-type: none"> Work is ongoing in recovering specialities to Pre Covid Levels. Outpatients in currently running at 90% of -pre-covid levels. Theatres are currently running at 80% of sessions provided pre Covid although work continues in improving activity within these sessions as well as theatre efficiency Through Capacity Funding (Outlined in ADP) access has been maximised to insourcing and Outsourcing capacity Allocations at the Golden Jubilee have change over 2022/2023 but where available this has been maximised, specifically within Endoscopy and Ophthalmology Revised Timeline in reduction of long waits has been published and modelling completed within Planned Care. Further amendments made to reflect reduction in the initial funding from Scottish Government 	RED	<p>As of 31st March:</p> <ul style="list-style-type: none"> Outpatient performance was at 90% of pre covid levels (Target 100%) Theatres running 90% of pre covid sessions (70% pre covid activity -Target 85%) <p>Reductions in Scottish Government funding for Q3- Q4 disrupted access to insourcing and outsourcing capacity</p> <p>Access to Golden Jubilee was reduced, however, allocation maximised above allocation (endoscopy)</p> <p>Cancer 31 day position 94.3% (Target 95%), 62 day position 79.3% (Target 95%)</p> <p>Trajectories for 2023 /2024 now agreed.</p> <p>Workforce remains a significant risk</p>
2.4	Remobilisation of Mental Health & Wellbeing	<p>Deliverable:</p> <ul style="list-style-type: none"> Mental Health & Wellbeing services remobilised <p>Measure(s):</p> <p>Monitored via updates on the delivery of the Mental Health and Wellbeing Strategy action plan. Service performance metrics include:</p> <ul style="list-style-type: none"> CAMHS RTT PT RTT Service waiting times 	Chief Officer, North	Amber	<p>The status of this KPI ranges from Green to Amber depending on service.</p> <p>PT RTT at 85.32% and on trajectory, CAMHS RTT at 25.32%, however, this figure is low due to the onset of our waiting list initiative clinics. Over 450 cases were called to appointments over August and September, and as these cases have already breached the 18wks, it brings the RTT performance down. The waiting list has reduced by over 20% in 6wks since the new Nursing teams commenced.</p>	Red	<p>Services have been remobilised and although the position for RTT and access is challenging, work is ongoing to address this and is detailed below.</p> <p>PT RTT - Analysis has been carried out and the current trajectory indicates that RTT is likely to be achieved by the end of the calendar year. This assumes that the current level of demand is sustained, all of the current R&R/Scot Gov funding is maintained, and that staffing levels within the service are maintained with all vacant posts recruited to.</p> <p>PT continue to focus on addressing the longest waits through various means, with work to reduce geographical disparity and share out longest waits across Adult Psychological Therapies Teams (PTT) ongoing. Additional waiting list reduction clinics will commence in July 2023. The service continues to offer a stepped care approach to delivering evidence based therapies, enabling individuals to step up or down within the model according to changing need and in response to intervention.</p> <p>Quality Improvement projects are planned for Summer 2023 to improve service delivery and focus on the service research agenda; it is anticipated that such work will assist with staff retention.</p> <p>CAMHS RTT - The Waiting List Initiative continues to evidence a steady downward trajectory in children and young people who are waiting to be seen. This complements delivery of increased capacity for initial assessment (Choice Appointment) and the improvement is evidenced by incremental monthly reductions in waiting list and longest waits.</p> <p>There is an interdependency with WLI for initial assessment and RTT waiting times. Where increased numbers of patients receive an initial assessment, there is a corresponding increase in the numbers of children waiting to be seen for treatment and RTT targets are made increasingly difficult. A slow recovery of the position in relation to RTT is evident, as the implementation of the CAPA model has increased capacity for return appointments.</p> <p>The service has CAPA development days planned to review internal processes and a Communications Plan is being developed to promote positive messaging on improvements to the service and future plans. The Communications Plan will complement existing Engagement activity with CYP and their families.</p>
2.5	Remobilisation of Primary Care	<p>Deliverable(s):</p> <ul style="list-style-type: none"> New GMS contract implemented during 2022/23 and beyond. Continue to implement, monitor and report on the Primary Care Improvement Plans; and associated financial planning to facilitate the implementation of the new GMS Contract. Manage GMS sustainability in ensuring continuity of GMS services to the people of Lanarkshire. Measure - Produce sustainability strategy and continued provision of GMS via non 17C routes <p>Measure(s):</p> <ul style="list-style-type: none"> Progress will be recorded as per Primary Care Tracker <ul style="list-style-type: none"> "Tracker" document submissions to IJB/Scottish Government. 	Chief Officer, South	Green	<p>PCIP tracker continues to be submitted to IJB(s), NHSL and Scottish Government. Next PCIP tracker is due to be submitted on 22 November. GMS sustainability remains a major challenge with weekly meetings being held to identify practices in danger and respective plans to support their sustainability/transfer to new ways of working and/or mergers or takeovers with/by other practices</p>	Green	<p>Good progress continues to be made in the implementation of the PCIP as per regularly submitted PCIP tracker updates. Through significant work of the primary care team and associated PC leaders, all GMS contracts continue to be provided via 17J and, to date, there are no practices where the NHS Board has had to take over running of the contract in lieu of any interest from GPs.</p>
2.6	Remobilise national and local programmes/services with a particular focus on prevention and early intervention to re-establish timely and accessible health care to all parts of the community we serve.	<p>Deliverable(s):</p> <ul style="list-style-type: none"> Action plan developed for the next 12 months focused on the structured remobilisation actions set out for each service area. Deliver against national plans and frameworks Alcohol Harm Prevention Programmes/Services remobilised Drug Harm Prevention Programmes (including Drug Related Deaths Prevention) remobilised 	Public Health Director/Chief Officer, North, Chief Officer South	Amber	<p>The status of this KPI ranges from Green to Amber depending on service.</p> <p>Service remobilisation board in place to monitor progress on service recovery. Quarterly Chief Executive performance reviews now back in place and commencing with Locality/service teams again to review progress.</p> <p>Full action plans in place around MAT standards for both ADPs and pan-Lanarkshire implementation board in place to coordinate ahead of March 23 delivery timeline. Additions waiting times remain on track.</p> <p>Screening programmes: AAA Capacity has recovered above pre</p>	Red	<p>Prevention and Early Intervention programmes and services are in place across the HSCP; the overwhelming majority of services have now been remobilised, or alternative service models and provision exist where circumstances have required this. Per the interim update, comprehensive action plans are in place for MAT standards and a governance structure supports the delivery of this. Performance for remobilised services is variable, however HSCP Performance Reviews are again being carried out to address any areas of concern and share best practice across the system.</p> <p>CAMHS - a CAMHS Recovery and Renewal Programme Board was set up and significant improvements have been made in reducing waiting times for CAMHS, in addition to this there is the Child Health Commissioner Group and the Children and Young People Service Improvement Group chaired by the Public Health Consultant for Children & Young People to address inequalities, and improve access and support for children and young people. These groups support the Children's Health Plan, which has now been finalised for 2021-23 and a new revised plan for 2023-25 is in development. to address inequalities and access for children and young people. Cervical uptake rates have recently been published and show a</p>

		<ul style="list-style-type: none"> Blood Borne Virus Prevention (HIV and Hepatitis) Programmes remobilised Dental Health Promotion Programmes/Services remobilised Addressing inequalities and access for children and young people Sexual Health Improvement Programmes/Services remobilised National Immunisation Programmes delivered National Screening Programmes delivered Promoting and encouraging people to engage and reducing inequalities in uptake of screening opportunities. <p>Measure(s):</p> <ul style="list-style-type: none"> Progress will be monitored through service performance metrics, including: <ul style="list-style-type: none"> Cervical screening uptake Child immunisation uptake at 2 and 5yrs Addictions waiting times Self-assessment against new HIS Sexual Health standards Delivery progress measured against national plans and frameworks <ul style="list-style-type: none"> Maintain high uptake rates for all routine vaccination programmes/ensure the uptake rates are above the Scottish average. Successful completion of the VTP (By December 2022 there should be a comprehensive Travel vaccination service in place). Monitor the recovery of screening services 		<p>pandemic; DES programme is still in recovery phase but progressing. Pre School Vision screening has fully recovered and screened the backlog of children who required screening following the pause due to school covid restrictions; Child immunisations slightly short of 95% target at mid-year, but activity ongoing to continue recovery. Preg Newborn - recovery not applicable as not paused during pandemic; Cancer screening programme invites all fully recovered, access to GP practices may still be an issue for some due to pressures across primary care, endoscopy waiting times mean that HIS standard is not being met and breast screening service continue to try and reduce 'slippage' which is the period of time over and above 36 month screen period that women are screened. Slippage in Lanarkshire is currently 16 weeks. Initiatives are in place to reduce slippage and endoscopy waiting times. Cervical uptake rates have not been published in a format comparable to pre pandemic levels as yet.</p> <p>Sexual health services have been remobilised. Self-assessment of sexual health services against the HIS standards has commenced in conjunction with the clinical audit team.</p> <p>Drug death prevention group is currently reviewing its action plan in response to the recommendations from the Drug Deaths National Task Force – this is led by Police Scotland.</p> <p>Addiction waiting times will be reported by the HCSPs.</p> <p>Reducing alcohol harms Pan-Lanarkshire group has been established. Dental health services have been remobilised.</p> <p>Main areas of concern remain as:</p> <p>-C&P SLT (significant backlog as service was stood down at start of pandemic response/difficulty in recruitment. Range of actions underway including use of new online groups to increase capacity)</p>		<p>continuing decline in cervical screening uptake. The Screening Inequalities Action Plan 2023-26 is in draft and the final version will be completed following the launch of Scottish Equity in Screening Strategy and Action Plan. Across all screening programmes, targeted work continues in areas of deprivation and with those under-served across screening programmes.</p> <p>Work is in progress to refresh the Performance Framework for North HSCP. All levels of Quarterly Performance Reviews and Scrutiny Panels have now resumed. Cervical Screening and Child Immunisations at 5 years uptake remains below target.</p> <p>Cervical Screening - Cervical uptake rates have recently been published and show a continuing decline in cervical screening uptake. Training is currently being delivered in partnership with all sectors (NHS/Localities) to promote cancer screening programmes and early detection. An increase of 0.2 WTE for the Public Health Quality Improvement Facilitator offers some additional capacity for the service to improve the current position. Targeted campaign work is taking place in the areas where there is lowest uptake and with specific populations in the community (SIMD 1&2). A Cervical Screening Audit is being carried out across North HSCP; GP Clinical Leads and Quality Coordinators are auditing the process in each practice to ensure compliance, promoting best practice and implement improvements, where necessary. The final version will be completed following the launch of Scottish Equity in Screening Strategy and Action Plan. Across all screening programmes, targeted work continues in areas of deprivation and with those under-served across screening programmes.</p> <p>Immunisations % of 5 year olds - The national trend is for a gradual and slight decline in uptake of immunisation and the decline in uptake appears more significant in 2022 when compared with previous years. As this is a national trend, PHS are reviewing the data to identify the drivers for this, any potential implications and to link these findings to Health Improvement work streams. Ongoing work to improve the local position includes the use of media campaigns, improved access to local clinics and better parent/carer contact prior to appointments.</p> <p>Breast screening and bowel screening - uptake continues to increase across Lanarkshire. Endoscopy waiting times have been reduced and further work is underway to enable NHS Lanarkshire to meet the HIS standard. As a result of national breast screening incident on image quality and the loss of a breast screening unit in the West of Scotland, increasing uptake and senior staff shortages nationally the breast screening round length has continued to increase with the average round length in Lanarkshire now 41 - 43 months. Initiatives are in place to bring this down where possible in the next quarter.</p> <p>Abdominal Aortic Aneurysm screening - capacity has recovered to above pre-pandemic levels and uptake is now only just below Scotland (69% versus 74.4%); the DES programme is still in recovery phase but is maintaining capacity above pre-pandemic levels, to support ongoing catch-up; and the Preschool Orthoptic Vision Screening Programme has fully recovered. Pregnancy and Newborn Screening Programmes - recovery not applicable, as these programmes continued to be delivered during the pandemic.</p> <p>Reducing Alcohol Harms Group has been established and draft work plan developed. Alcohol Harms Health Needs Assessment is in progress. ABI reporting recommenced and local evaluation of ABIs being undertaken. Drug and Alcohol services mobilised. Drug death prevention group terms of reference and action plan being reviewed in line with DDTF Changing Lives Report.</p>	
2.7	Develop and implement a NHSL Recovery Plan in line with SG guidelines and timelines	<p>Deliverable:</p> <ul style="list-style-type: none"> NHSL Recovery Plan developed and implemented in line with SG guidelines and timelines <p>Measure(s):</p> <ul style="list-style-type: none"> Corporate Recovery plan approved Trajectories developed to measure progress against demand, staff availability and waiting times 	PP&P Director	Green	A draft Annual Delivery Plan was developed & submitted to SG in July '22, and formally approved by the NHS Board in October'22. Quarter 1 and 2 updates have subsequently been submitted. Trajectories for Q3 and Q4 are currently being re-worked in response to a reduction in anticipated SG funding for planned care	Blue	ADP completed, with Q1 to Q4 updates submitted to SG as prescribed.
2.8	Agree with SG the level of Covid support for 2022/23, including support for savings that could not be delivered and achieve a year end position in line with that SG agreement.	<p>Deliverable:</p> <ul style="list-style-type: none"> Covid funding support for 2022/23 in place. <p>Measure:</p> <ul style="list-style-type: none"> Agreed position reached 	Finance Director	Amber	Agreed an envelope with SG which was £5m more than initial offer of £15.8m but still £2.5m short of forecast expenditure	Blue	Agreed position reached at year end
2.9	Implementation of Delayed Discharge Programme	<p>Deliverable(s):</p> <ul style="list-style-type: none"> "Discharge without Delay" programme implemented in line with national agreement/funding. Programme plan milestones developed and agreed Patient flow through acute sites improved <p>Measure(s):</p> <ul style="list-style-type: none"> Delayed discharges reduced and monitored via Referrals for Supported Discharge Delayed Discharge episodes and bed days Use of Discharge to Assess/home First services 	Chief Officer, South/ Chief Officer, North Acute Director	Amber	<p>Delayed Discharges remain challenging. Programme has been implemented and work underway to identify areas for maximising use of the respective 'tools' which form part of the DWD approach across all areas of the system. DWD programme groups in place, e.g., Planned Date of Discharge (PDD) and significant work is being undertaken across the three acute hospital sites to embed PDD and ensure processes working well.</p> <p>National DWD target is for 98% of patients to be discharged with no delay - NHSL currently averaging around 94%. Agreement at NHS CMT to change DD performance reporting to include DWD metrics, which will be operational from November onwards.</p> <p>Work is in hand to maximise Home Assessment Teams (NL) and 'Home First' Teams (SL) whereby patients are assessed in their own home with a recognition that reablement/rehabilitation is best undertaken in the patient's own home. This is being rolled out across both North and South Lanarkshire localities with a view to reducing home care delays - both in terms of absolute numbers and associated bed days. The South Lanarkshire 'Home First' model won the award at Scottish Health Awards 2022 for Integrated Care</p>	Blue	<p>Delayed Discharges and DD bed days remain above the target set locally and nationally. However multiple workstreams, projects and Programmes of work are in place to try and improve the position and the partnerships have averaged around 12% below the Scottish average over the year. It is important to note that the two H&SCPs delivered a position whereby delays are below pre-pandemic levels, which is unique in the West of Scotland. (This exceeded the national 10% reduction target).</p> <p>The Dwd Programme of work is ongoing. NHSL was a national 'pathfinder site' for the Dwd Programme and "Planned date of discharge" (PDD) was piloted prior to Dwd in UHH leading to a sustained drop in delayed discharges. The Dwd programme has work streams across Lanarkshire and improved systems of working linking NHS staff, hospital-based social care and community social care services are being introduced and refined.</p> <p>Utilisation of a 'Home First' approach through the Home assessment team (HAT) in North and 'Home First' team in South continues to feature as a key part of Operation Flow, seeking to maximise flow and in turn, unscheduled care performance across the system. Operation Flow was launched in January 2023 as a comprehensive programme of work to design a refreshed care and flow system for Lanarkshire. This complemented extant service improvement and recovery plans, including those enacted as part of the winter plan. A nine-day "firebreak" in February 2023 was a co-ordinated system reset and stabilisation, including a reduction in hospital occupancy levels supported by enhanced focus on discharge. Following the Firebreak, a new system approach was adopted and this is now being extended and embedded with Operation Flow 2, which is a plan for a sustainable and resilient way forward with a clear focus on improving patient and staff experience as well as key performance improvements. Operation Flow 2 is focused at improving the system across the full patient pathway from avoiding hospital admission through to discharge and beyond, including work around the use of Planned Date of Discharge, Criteria Led Discharge and Criteria to Reside. The Programme structure is five Operation FLOW 2 Task & Finish Groups who are responsible for developing and implementing the key changes. These groups are:</p> <p>Group 1 – Overarching – escalation, system management, resource, performance Group 2 – Keeping People Well at Home Group 3 – Pan Lanarkshire Front Door Redesign Group 4 – Ward and System Flows Group 5 – Frailty and Off-site Beds finish" working groups.</p>

2.10	Development of a Winter Plan to mitigate winter pressures on the acute site and ensure continuing safe and effective care through winter months.	Deliverable: <ul style="list-style-type: none"> Winter Plan developed Measure(s): <ul style="list-style-type: none"> Winter Plan in place by October 2022. Plans in place for each of the respective operational directorates which link with both Lanarkshire Councils and other partners. Metrics available through national and local data sets and reports 	Chief Officer, South Supported by Acute Director and Chief Officer, North	Green	Winter plan has been prepared and shared with all respective groups. Additional returns for Scottish Government have also been prepared and submitted. Details of funding have yet to be confirmed.	Blue	<p>Planning for Winter 2022/23 commenced in July 2022. In accordance with national guidance, a multi-agency approach was taken across NHS Lanarkshire. The content of the plan meets the requirements of the guidance and also the findings from the checklist and operational self-assessment on winter preparedness issued by the Scottish Government.</p> <p>The winter plan was shared widely across all NHS, IJB/H8SCP and Council partners and communicated widely. In turn, this ensured that a range of mitigating factors were in place which assisted in managing the overall demands across the system, albeit that the system was under significant pressure at key times through the winter period. This was as a result of a number of factors, some of which were beyond the control of 'the system', e.g. rate and impact of influenza, covid prevalence etc.</p> <p>Operation Flow and the associated Firebreak period was also influential in minimising the level of pressure in the system and learning from this is being carried forward in the current process of planning for winter 2023/24. There has also been a full debrief process which has similarly been shared with wider partners and again will form part of the learning for preparation for the 23/24 winter plan.</p>
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3 Workforce - Ensure we have a diverse, flexible and appropriately trained workforce in place that delivers high quality care that meets the needs of NHS Lanarkshire's population

Objective	Deliverables & Measurement of Progress	Accountable / Responsible	Mid Year Status RAG	Progress Update	Year End Status RAG	Progress @31 March 2023
3.1	Develop a Workforce Plan for NHS Lanarkshire that aligns with the national workforce strategy and NHS service recovery plans.	HR Director	Green	Workforce plan has gone through relevant governance groups for comments including Area Partnership Forum, Area Clinical Forum and Corporate Management Team. Submitted to Board for assurance 26 October and Area Partnership Forum for approval on 7 November prior to publication. The Plan will subsequently be shared with Area Clinical Forum and Staff Governance Committee for noting.	Blue	Plan was submitted to Scot Gov early November, and received positive feedback from Scottish Government - particularly around the level of integration with both of our HSCPs.
3.2	Deliver enhanced recruitment services	HR Director	Green	<p>International recruitment programme is established and on target to recruit 34 nurses and 6 AHPs</p> <p>Employability programme is established to support disadvantaged communities with the most recent programme in place. NHSL has been nominated for an award for the work undertaken with Kickstart. The draft Strategy is out for comment.</p> <p>90% of vacancies are achieving the 10 week KPI</p> <p>Marked increased in international applications with 364 received from direct recruitment to date this year.</p>	Amber	International recruitment programme well established and delivering new clinicians. Employability strategy now published. The only area where there is slippage is the time to recruit - currently achieving 12 weeks time to recruit as opposed to 10, however there has been substantial bank recruitment over the last 6 months.
3.3	Develop and/or implement new workforce policies/guidance in response to post Covid requirements	HR Director	Green	<p>The terms and conditions associated with the Flexible Work Location policy (Homeworking) have yet to be agreed by the UK Staff Council discussions.</p> <p>Retire & Return policy, there is a national interim policy in place at present and this is being reviewed as part of the national OIS consultation process for the Work/Life Balance policies. This consultation process is scheduled to commence in November.</p> <p>Information on how many staff are homeworking is currently unknown as this information is not readily available.</p>	Blue	Once for Scotland policy on retire and return embedded and use encouraged. Local hybrid working guidance produced - still awaiting the Once for Scotland policy.

4 Development of Our Health Together - Work in partnership to deliver 'Our Health Together' realising our strategic ambition to modernise and continuously improve care, engaging with our patients, partners and workforce to ensure health and social care services are sustainable, focused on prevention and early intervention and continue to meet their needs.

Objective	Deliverables & Measurement of Progress	Accountable / Responsible	Mid Year Status RAG	Progress Update	Year End Status RAG	Progress @31 March 2023
4.1	Develop and deliver an Engagement & Communication Programme to ensure effective engagement with stakeholders in the development of Our Health Together (inclusive of co-production aspirations)	Director of Communications	Green	Progress is on track with an Equality Impact Assessment developed to inform the Our Health Together communications and engagement. The proposed engagement approach and draft engagement plan were presented to the PPRC in September as part of the OHT Framework. Planning is now underway for the next phase of engagement activities including stakeholder research.	Blue	Comprehensive stakeholder engagement programme developed and delivered over April to June 2023. A report on the engagement responses will be considered by the Strategic Delivery Team in August.
4.2	Delivery of the Children & Young People work stream (incl. Best Start, Corporate parenting, maternity & paediatrics)	Chief Officer, North / Public Health Director	Green	<p>Child Poverty Action Reports complete and presented to committees, with implementation across partnerships on-going.</p> <p>Children and Young People's Health Plan Year 1 Report complete - some areas have progressed well, with other actions being adversely affected by staffing and capacity issues linked to COVID pandemic and other pressures. Programme Boards currently in place coordinating service redesigns in Paediatrics, CAMHS and Neurodevelopmental Service.</p> <p>New Child Death Review processes have been trialled and implemented with 13 child death reviews being completed under the new programme. Child Death Reviews now reporting through North HSCP's</p>	Blue	<p>Child poverty action plans for both North and South Lanarkshire are complete and in line with the statutory duty placed on local authorities and NHS Boards to jointly author and produce annual Local Child Poverty Action Reports (LCPARs). These have now been presented to the relevant Committees in each organisation, describing the actions taken in the previous year, and those planned for the future. This work is also monitored at a national level by the Improvement Service, who publish annual summary papers for LCPAR and have reviewed the first four year Child Poverty Delivery Plan; Every Child, Every Chance.</p> <p>The Child Death Review process is now embedded in practice with 15 child death reviews being completed to date. Monitoring and evaluation is taking place on an on-going basis.</p> <p>In North Lanarkshire, cash first approaches supported the wider work and were a key tool to fund food and energy costs for those in crisis. In the final year of the plan, in North Lanarkshire, 5,774 households were assisted with a £150 fuel hardship payment, totalling £866,100 to help vulnerable residents meet the costs of their rising fuel payments.</p>

		Year 1 Corporate Parenting Workplan delivered			Support, Care and Clinical Governance Forum ensuring appropriate governance and oversight. UNCRC - Baseline survey and staff focus groups completed. Scoping of health needs of care experienced children and young people completed. Cross Border (DOL) Regulations 2022 implemented and pathways developed.		Further requirements meet the goals of their funding partnerships. Within North Lanarkshire, service redesign and improvement is governed by Programme Boards in Paediatrics, CAMHS and the Neurodevelopmental Service. The CAMHS Programme Board and the associated programme of work planned for 2021-2023 has progressed to a business as usual position in 3 out of 5 of the work streams. The framework for these services is provided by a number of complementary and supporting strategies, including the Lanarkshire Mental Health and Wellbeing Strategy (2019-2024) and the North Lanarkshire Children's Services Plan (2021-2023).
4.3	Delivery of the Digital Health & Technology work stream (eHealth programme board)	Deliverable: · Digital Health & Technology work stream delivered Measure: · Monitor progress against project plan	Information & Digital Technology Director	Green	Digital strategy development on target; progressing through governance approval gates, prior to Board delivery on 14th Dec.	Blue	Digital Plan Complete and approved by the Board on 25 January 2023. Detailed operational delivery plan has been developed and is being presented to the eHealth Executive Group on 1 August 2023 for approval.
4.4	Delivery of the Population Health Needs Assessment work stream	Deliverable(s): · Understanding of the direct and indirect impacts of · Develop monitoring processes, aligned to national work, to understand long term health outcomes in the population including the impact of Covid-19. Measure: · Initial baseline assessment completed	Public Health Director	Amber	Additional staff members have been allocated to this workstream and have commenced with scoping of data sources and figures which can be used to assess the status of the health of the population, what disease burdens are being experienced, and what the impact of COVID-19 has been on the health of the population. Further stakeholder engagement with those working on chronic conditions in the Lanarkshire area has taken place to determine the priorities and suggested editing that will develop the subsection of the population HNA concerned with those who have multiple long term conditions. The work on the health needs assessment is feeding into the development of processes for other priority work within the department, such as the public health intelligence data hub/observatory.	Blue	The Population Health Needs Assessment for those who have or are at risk of developing multiple long term conditions has been concluded and a copy has been provided to the long term conditions steering group (this group assisted in the finalisation and revision of the needs assessment). The collation of information pertaining to the health and wellbeing of the population of Lanarkshire has continued and a draft version of the Lanarkshire information hub has been produced and reviewed by relevant stakeholders. This is undergoing evaluation and further revision - discussions have been arranged to determine how this is to be developed and how it is to be structured. This includes information for the localities of Lanarkshire region, as well as information related to specific themes (such as demography, deprivation and risk factors). The information that has been gathered is to be used to evaluate the effectiveness of preventative medical activities. The Directorate of Public Health has provided information relating to the health of the population to departments and directorates within NHS Lanarkshire, including the Strategic Development Team for the development of the new NHS strategy (Our Health Together) and to the Board Integrated Quality Performance Report. This has revealed a continued pattern of disproportionate deprivation and reduced life expectancy among Lanarkshire residents relative to the rest of Scotland.
4.5	Provide holistic person centred pathways of care for people with long term conditions to maximise their quality of life and reduce the burden of disease	Deliverable: · Framework for the development of long term condition pathways created Measure: · Test three LTC pathways by March 2022.	Medical Director, North	Amber	It is anticipated that the position will be recovered by year end.	Red	The Long Covid and Respiratory Journeys work stream has informed the development of the Pathways Framework (draft). The work stream and the development of the Framework are being monitored closely to ensure they are aligned with complementary work undertaken in the development of the 3rd Journey. The internal RAG assessment of the LTC work stream is Amber, as it is recognised that not all of the original objectives have been achieved or completed for 2022 / 2023, and as a result this is subject to additional scrutiny. However, it should be recognised that significant progress has been made, despite setbacks due to service pressures and difficulties recruiting the LTC Lead Clinician. Following a review, it has been agreed that the outstanding objectives will be completed in the testing of the Pathways Framework (draft) during 2023 / 2024. Consequently, it has also been agreed that the top priority for the LTC Work stream Corporate Objectives for 2023 / 2024 is to finalise and test the Lanarkshire Pathways Framework on a further three LTCs, with an initial focus on Heart Failure pathways.
4.6	Delivery of the Mental Health work stream (incl. CAMHS and Dementia)	Deliverable(s): · Mental Health and Wellbeing Strategy actions · roll out of the new CAMHS and PT service models · development of plans for future 2-site inpatient model for Lanarkshire. Measure: · Progress monitored via work stream progress updates	Chief Officer, North	Green	PT back above 85% against RTT following significant recovery activity including development of a wide range of online resources and online groups. CAMHS redesign board in place to coordinate roll out of new CAMHS service model by March 2023, including new Udston facility and roll out of Trak and Morse. Meetings commenced with the NHS Planning Dept. on future bed model for MH.	Blue	There are 5 work streams within CAMHS Programme Board 1.EHealth - Trakcare build complete and MORSE implementation Planning is in process. 2.CAPA model - Close to BAU following implementation 3.Workforce - Close to BAU, some recruitment challenges remain, however reflect the national position. 4.Capital - Now BAU, Udston and refurb completed in South Lanarkshire. 5. NDS - A Steering Group is providing clinical assurance of performance, external providers and planned tests of change/pilots with collaborative partners in health, education and social care. An Operational Group is managing the service delivery with externally commissioned providers. Strong progress has been made against implementation of the MH and Wellbeing Strategy. Despite the impact of the pandemic, the 5-yr plan is on track for delivery by the end of 23/24, with work on the new 2024-29 strategy already underway. Corporate discussions around the future aspirations for a 2-site model continue as part of the development of Our Health Together.
4.7	Ensure appropriate progress is achieved with the Monklands Replacement Project to ensure delivery of the new hospital by 2028.	Deliverable: · Developed Outline Business Case (OBC) Measure(s): · Monitor progress against project plan · Programme risk register maintained · OBC submitted within planned timeline	PP&P Director	Green	OBC progressing to programme. Full governance in place, including risk register and successful project Gateway2. OBC KSAR received supported status in October 2022.	Blue	The Monklands Replacement Project submitted the Outline Business Case on 16th December 2022 and was considered by the SG CIG on 22 February. The Scottish Government approved the Outline Business Case for the Monklands Replacement Project on 3 July 2023.
4.8	Development of a Frailty Strategy for Lanarkshire aiming to reduce the consequence of frailty through prevention, early recognition and intervention and the development of person - centered responsive services (incl. care homes)	Deliverable: · Develop a Frailty Strategy for Lanarkshire Measure: · Monitor progress against project plan	Nursing Director, North	Green	Strategy development has commenced and making good progress. Testing of frailty MDT approaches has commenced in care homes and locality demonstrator site is being explored.	Blue	A Frailty Team SLWG has been formed to support the development of a multi professional frailty team and the delivery of the frailty strategy across the whole system. The SLWG reports to Frailty Strategy Group, which is chaired by Executive Nurse Director HSCP NL. The work of this group supports the Integrated Unscheduled Care Strategy, Our Health Together – Living our Best Lives in Lanarkshire and the objectives of Operation Flow.

						<p>The vision for North Lanarkshire is for easier and earlier access to support and services in local neighbourhoods and towns, with a place based, whole systems approach that mobilises all assets within a community, promoting equity and increasing people's control over their health and lives. The Health & Social Care North Lanarkshire Strategic Commissioning Plan further reinforces this by seeking to build on community capacity to take action together through collaboration and partnerships where approaches connect people to community resources and increase active participation through activities and volunteering. This approach supports those experiencing frailty through an increase in community capacity.</p> <p>Several concurrent transformational change programmes are underway and a number of these, in particular Home Support Redesign, Home Assessment Team/Discharge without Delay, Community Alarm Review, Integrated Equipment and Adaptations Service, Access Social Work and Community Nursing Review are intrinsically linked to the GIRFE Frailty pathfinder project that is being undertaken in North Lanarkshire. In addition, NHS Lanarkshire is currently developing a Strategy for Prevention and Management of Frailty as part of NHS Lanarkshire's 'Our Health Together – Living Our Best Lives in Lanarkshire' strategy. A key aim of the strategy is supporting older people to remain well and active within our communities. The GIRFE pathfinder proposal links to a range of national policies including Home First, Discharge without Delay, Realistic Medicine, Self Directed Support, Unscheduled Care and Discharge Without Delay. The work being undertaken in the HSCP is aligned to national programmes, such as the HIS Frailty Change Package, as well as both national and local Mental Health and Wellbeing Strategies.</p>	
4.9	Development of clinical work streams to ensure high standards of patient care and improved access to acute care. This would include; service reconfiguration, improvements, developments as well as revised clinical pathways and adoption of new ways of working.	<p>Deliverable(s):</p> <ul style="list-style-type: none"> Robotic Assisted surgery implemented in first quarter of Initial Assessment for National Treatment and New ways of working embedded Adoption of service improvements working with national bodies (e.g. centre for sustainable delivery) <p>Measure(s):</p> <ul style="list-style-type: none"> Delivery measured against project plans Data set available through National and local NHS data sets (including discovery). Additional data sets developed through relevant project work streams 	Acute Director	Green	<ul style="list-style-type: none"> Robotic Assisted Surgery now established in Colorectal surgery. Urology surgeons currently in training expected to be complete by Jan 2023. Initial data demonstrates reduced LOS and improved patient experience. NTC - Needs Assessment complete. Project Managers and Health Planners appointed. Work continues on development of Initial Agreement. Collaboration with CFSD now established with monthly meetings to: <ul style="list-style-type: none"> Agree milestones and reporting for Heat Map Agreed implementation plan to expand use of ACRT, PIR and other elements of the Heat Map across Clinical Specialities Working with speciality groups to review theatre efficiency and Pre-assessment Processes Links to ANIA around theatre technologies (booking and scheduling) 	Green (ongoing)	<ul style="list-style-type: none"> Robotic Assisted Surgery (RAS) now established in both Colorectal and Urology. 2 further colorectal surgeons will complete training during 2023/24. NTC - Project team now in place and work continues on the Initial Agreement (IA) <p>CFSD Collaboration</p> <ul style="list-style-type: none"> 2022/2023 Heat map complete: <ul style="list-style-type: none"> ACRT Progress: ENT 92%, Urology 100%, Orthopaedics 98%, Gynaecology 100%, General Surgery 100%, Dermatology 91% PIR Progress: Orthopaedics 100%, Vascular 100%, Gynaecology 74% Progress on Cytosponge and Colon Capture Endoscopy 100% NHS Lanarkshire piloted revised format 2023/2024 Heat map. Local progress targets agreed including roll out of ACRT, PIR and Day Surgery Representation continues on CFSD Speciality Delivery Groups (SDG) contributing to development of National pathways and local implementation NHS Lanarkshire Planned Care Delivery Board established to drive waiting times reduction in line with trajectories agreed with Scottish Government. In addition, the delivery board will co-ordinate the implementation of CFSD high impact programmes and local innovation. Clinical Staff and Operational Managers continue to support ANIA pathway development including pre-operative assessment and theatre scheduling (theatre optimisation)
4.10	Delivery of Primary Care Redesign	<p>Deliverable(s):</p> <ul style="list-style-type: none"> Work streams developed for Community Care & Treatment and Urgent Care to support primary care redesign in keeping with General Medical Services (GMS) contract GMS sustainability plan developed linked to PC strategy and new contract. new GP IM&T system introduced in line with national Primary Care premises strategy developed to support above work streams. <p>Measure(s):</p> <ul style="list-style-type: none"> Progress monitored via Primary Care (PC) Tracker GP IM&T system progress as per local and national project plan and associated milestones Premises strategy integral part of NHS Capital Planning programme and progress monitored against project plan 	Chief Officer, South	Amber	Workstreams have been identified and work ongoing in execution of respective plans. PC strategy and GMS sustainability plan is in production and will be finalised over the next few months. The GP IM&T replacement plan is ongoing and is anticipated to commence in the near future. Work is expected to commence on the Capital Plan to support a premises strategy for primary and community care premises.	Amber	Work streams have continued to deliver against the agreed targets associated with PCIP/new GMS contract. The national programme for IM&T replacement has unfortunately slipped which means progress against this objective will continue into the coming year, albeit NHS Lanarkshire is still playing a lead role in the process and a number of practices lined up to be 'early-implementers'. Work has also commenced in the formulation of the new PC strategy and a wider community premises property strategy and both will be completed in the coming financial year.
4.11	Delivery of a re-developed Public Health System	<p>Deliverable:</p> <ul style="list-style-type: none"> Public Health Strategy and work plan developed <p>Measure(s):</p> <ul style="list-style-type: none"> Review completed of current structures Progress monitored against work plan 	Public Health Director	Amber	Protecting Scotland, Renewing Scotland: The Government's Programme for Scotland 2020-2021 set the challenge of embedding a world class public health system and the Scottish Directors of Public Health group (SDPHs) was asked to lead on this work. The 10-year vision for population health and wellbeing is to develop a public health system that produces outstanding population health outcomes. Work undertaken to strengthen PH directorate structures and team work plan being progressed. We are also working closely with partners to examine what actions we can take jointly, in particular what actions we as the NHS can take to mitigate the impact of the cost of living crisis. Whole systems working and consultant input to North & South Health & Social Care Partnerships and locality planning is being developed to promote closer working with our partners on a number of areas. Two Lead Consultant roles were appointed to in July 2022 for Health Care and Health Protection Public Health. The PH Tactical plan is being progressed and both health protection and healthcare PH team work plans and consultant job planning will be completed by end of the	Amber	Further development sessions ongoing with the Scottish Directors of Public Health (SDPHs) and the wider system i.e. SG Population Health Directorate and PHS.
4.12	Realistic Medicine - To create a programme of work that aligns to the remobilisation plan and encompasses a whole system focus (locally and nationally) ensuring engagement that supports workforce and all service users with realistic healthcare principles.	<p>Deliverable:</p> <ul style="list-style-type: none"> Action plan developed for the next 12 months that facilitates remobilisation actions that enhance the six principles of Realistic Medicine across all H&SCP; Shared Decision Making¹, building a personalised approach to care², Manage Risk better³ <i>hermene impervios and innovare</i>⁴ <p>Measure(s):</p> <ul style="list-style-type: none"> Anticipatory Care Plans (ACP) are embedded into four community areas. 20% increase in Turas SDM module 	Medical Director	Green	¹ Anticipatory care planning (ACP) has continued to progress across four community areas, including two care homes, two hospices, community palliative care teams and GP cluster. ReSPECT work is now progressing to digital application with active planning for NHSL and NES application teams. Turas module continues to be undertaken with a monthly medium increase of almost 20%. Updates to access are displayed on intranet to enhance uptake. <ul style="list-style-type: none"> ² Treatment Escalation Plans are evident across three sites. Interim results showed 30% of all TEPs audited were that of the revised version. A formal audit will be undertaken in November 	Blue	¹ Anticipatory care planning (ACP) continued to progress across community areas, seven care homes, two hospices, community & acute palliative care team and EK locality. ReSPECT is to progress to digital application with active planning for NHSL and NES application teams. Turas module continues to be undertaken with a strive to increase uptake in 22/23. Links are provided on intranet and as part of foundation induction. <ul style="list-style-type: none"> ² Treatment Escalation Plans are evident across three sites. Formal audit indicated continued use and progress has developed to link with national vision for a consistent template, and locally progress has linked with deteriorating work streams. ³ A framework to capture waiting list validation was established to introduce primary & secondary liaison for diabetes long waits. Rheumatology OT have introduced ACRT triage to manage waiting list long waits, using virtual and remote monitoring. High risk general surgery, orthopaedics, varicose vein and urology, all undertook waiting list validation with SDM model for review. Patient decision aids in gynaecology have released 15% clinic capacity. ⁴ The intranet page continues to be updated. The public webpage has been updated and includes patient story videos. A RM conference was held in December with over 70

		<ul style="list-style-type: none"> 2 Treatment Escalation Plan (TEP) is embedded with clinical teams in all three acute hospitals and used in 25% 3 A framework for surgical and planned care waiting list management is developed and piloted in 2 areas. 4 Revised intranet page supports resource access. 20% increase in unique users. 			<p>A further goal will be undertaken to improve:</p> <ul style="list-style-type: none"> 2 A framework to capture waiting list validation is in progress with diabetes and rheumatology, surgical areas include, high risk general surgery, orthopaedics, varicose vein and urology. Patient decision aids are in testing in gynaecology. 3 The intranet page continues to be updated. A public webpage has been developed. Firstport RM page has seen a 20% increase for hits, albeit unique users has not. The page is shared in induction talks to help 		delegates attending with many RM projects presented raising RM awareness and networking to share/adapt into practice.
4.13	Delivery of the Rehabilitation work stream	<p>Deliverable: Rehabilitation Strategy for Lanarkshire developed</p> <p>Measure: Monitor progress against project plan</p>	NMAHPs Director	Amber	Good progress is being made with the chapter development and design of the Lanarkshire Rehab Strategy, but changes to sub group leadership and membership of 4 out of 5 sub groups has resulted in a delay to planned timescales. It is anticipated that all content will be available by 31st Dec 2022 with final editing and design completed late Jan 2023.	Amber	Good progress is being made with the chapter development and design of the Lanarkshire Rehab Strategy, but changes to sub group leadership and membership of 4 out of 5 sub groups has resulted in a delay to planned timescales. The additional impact of operational flow activity and covid recovery for all partners has been challenging. An agreed extension to timescales was agreed with the AHP Director to enable final content completion, edit and design. Planned completion Sept 23
4.14	Delivery of the Unscheduled Care Programme with a specific focus on implementation of the 2 nd phase of the national redesign of urgent care and interface pathways, reviewing existing pathways and identifying opportunities for redesign.	<p>Deliverable:</p> <ul style="list-style-type: none"> Improved unscheduled care pathways <p>Measure(s):</p> <ul style="list-style-type: none"> Review concluded Areas for change identified Change programme established 	PP&P Director	Green	Despite the unrelenting pressures on our staff and system our new whole system planning governance structures has supported ongoing work and delivery of key achievements to support urgent and unscheduled care developments across our 3 priority areas which are: <ul style="list-style-type: none"> Acute Front Door Model Redesign of Urgent Care and Community Care 24/7 Discharge without Delay Plans have been developed to expand the footprint of UHW ED to enhance flow and improve patient and staff wellbeing. Specifically within RUC we have extended our scope of work to include urgent community services in recognition of the need for a whole system approach to urgent and unscheduled care. Work has commenced with a new infographic to demonstrate the Lanarkshire Quality Approach has been designed which was co-produced with feedback from multiple staff groups. A narrative for Our Health Together has been written for the Quality Strategy section. Staff and patient engagement is currently underway using a survey to collect data. Other content is in the design phase and is developing well.	RED	Operation Flow commenced at the start of January 2023. Plans and work progressed via our whole system structures and includes: capital works to increase assessment capacity within Front door services at UHW (completed by end Aug 2023); Model of a locality urgent community care response being scoped and tested; FNC operational model scoped and being progressed with increasing SAS use of consultant connect to support call before you convey. Test of change underway, following a recruitment process, for testing a Community Respiratory Service in the Wishaw catchment area, non-recurring expansion of complex Acute based service being implemented, Flow Foundation bundle being implementation across our system with PDD setting being a key element of that bundle
4.15	Update the strategic direction for quality to ensure that high quality care is delivered across all health care settings within Lanarkshire.	<p>Deliverable:</p> <ul style="list-style-type: none"> New NHS Lanarkshire Quality Strategy (final draft) developed by March 2023 <p>Measure:</p> <ul style="list-style-type: none"> planning milestones reached within timescale 	Medical Director/Quality Director	Green	A new infographic to demonstrate the Lanarkshire Quality Approach has been designed which was co-produced with feedback from multiple staff groups. A narrative for Our Health Together has been written for the Quality Strategy section. Staff and patient engagement is currently underway using a survey to collect data. Other content is in the design phase and is developing well.	Blue	Completed
4.16	Establish a Programme of work to plan for the delivery of the National Treatment Centre in Cumbernauld	<p>Deliverable:</p> <ul style="list-style-type: none"> Strategic Assessment and Initial Assessment concluded <p>Measure(s):</p> <ul style="list-style-type: none"> Programme Board established with agreed membership and terms of reference in place Phase 1 Project plan developed and agreed with key timelines and leads identified to finalise the strategic assessment and commence work on the initial assessment. Programme risk register established Monitor progress against the project plan. 	PP&P Director	Amber	<ul style="list-style-type: none"> Programme Delivery Group established. Terms of reference in place Strategic Assessment agreed, signed off via PPRC and submitted to Scottish Project Management Resource secured – timeline for project update based on SCIM requirements and build period. Healthcare Planner resource procured with start-up meeting/initial stakeholder engagement process commencing 21/22 November IA work will be supported by HCP and is currently scheduled for completion during financial year 23/24 	Amber	Strategic assessment was completed and submitted to SG within the prescribed timelines. Modelling work being progressed by the Health Care Planner has not been delivered and this has delayed work on the IA. SG have agreed an extended timeline for completion to 2028.
4.17	Reduce the likelihood and impact of patients falling within NHS Lanarkshire	<p>Deliverable:</p> <ul style="list-style-type: none"> Implementation of Falls Strategy Group <p>Measure(s):</p> <ul style="list-style-type: none"> Progress monitored against project plan by the Falls Strategy Steering Group who reports to the Safe Care Number of falls 	NMAHPs Director	Green	The Falls Strategy Group and Subgroup structure for delivery of the Implementation Plan are working well. The Falls Strategy Implementation Plan for 22/23 has 14 actions across four subgroups. Activities are progressing as planned and should be completed by the target date. All 14 (100%) actions are progressing as planned in the last quarter. The Falls strategy group continues to meet with various services. Strategy actions are going to plan and should be completed by the target date. Several QI initiatives have also been undertaken concerning Falls across the Acute Division and Community Hospitals.	Amber	<p>The Falls Strategy group is working on the agreed actions of the strategy implementation Plan to update the plan for 23/24. Four sub-groups deal with early intervention and prevention, falls within the acute setting, technology, and staff training; these workstreams are progressing well.</p> <p>Improvement work in Acute wards, part of the SPSP in Acute Adult Collaborative (Falls), is progressing where staff capacity allows. The strategy implementation has positively impacted the NHS Lanarkshire inpatient falls rate, which is now below the national rate and has improved over the last three years. Work has been ongoing to 'understand the system' regarding falls across all three acute sites and the two North and South Partnerships.</p> <p>The training and falls pathway that is in place with the Scottish Ambulance Service SAS supports early referral to the falls register at the time of fall. This means a timelier intervention from the appropriate community service to minimise the risk of future falls. Referrals to the falls register from SAS have steadily grown with the introduction of this training. As medically fit patients remain at home once seen by the SAS following a fall are always contacted by the falls register on a priority basis.</p> <p>The Falls register referrals continue to rise due to continued training opportunities delivered by the falls team to promote falls awareness and level 1 screening and the importance of early intervention.</p> <p>In partnership with North Lanarkshire Leisure and the HSCP: 1652 Specialist Health Class Referrals were received during 2022/23, an increase of 546 on the previous year. 642(39) of these referrals were to Strength and Balance classes.</p> <p>Attendance through the Specialist Health Class programmes was 23551, up by 9206 from the previous year. Developing further lower-level strength and balance classes is required to accommodate those at the frailer end of the spectrum; this would require monetary resources. Another challenge is capacity v's demand within the falls register and falls, team. It is a very small, fragile team. While they successfully educate on fall awareness and routes to support intervention, this increases referrals to both the register and the team and heightens interest in specialist support around education. As referrals rise, the ability to respond quickly reduces. Therefore, additional funding to increase staff within the team would be required for upscaling of work across Lanarkshire.</p>

5 Equalities & Inequalities - Establish NHSL as an Anchor organisation, working with partners to tackle socio-economic disadvantage and reduce inequalities and ill health that are associated with being disadvantaged

Objective		Deliverables & Measurement of Progress	Accountable / Responsible	Mid Year Status RAG	Progress Update	Year End Status RAG	Progress @31 March 2023
5.1	Delivery of agreed actions identified for 2022/23 within the NHS Lanarkshire Equality Strategy 2021 – 2025.	Deliverable: <ul style="list-style-type: none"> 2022/23 Equality Strategy actions delivered Measure(s): <ul style="list-style-type: none"> increased number of clinics, increased number of disability confident applications. 	HR Director	Amber	2022/23 Equality Strategy actions delivered: <ul style="list-style-type: none"> Actions for 2022/23 of the strategy that have been reported back are on track to be delivered at the appropriate time related stages. A number of updates have not been received. 	Blue	Complete
5.2	To develop a range of equality staff networks based on protected characteristics which support the organisation to identify and address discrimination within the workplace.	Deliverable: <ul style="list-style-type: none"> 3 year work plan to highlight issues, actions agreed and progress achieved. Measure: <ul style="list-style-type: none"> Monitor progress against workplan 	HR Director	Green	NHS Lanarkshire has established the following staff equality networks <ul style="list-style-type: none"> Ethnic Minority Employee Network (EMEN) February 2021: the EMEN 3-year action plan is being delivered at the appropriate time related stage LGBT+ Employee Network February 2022: Executive Group elected in Sept 2022, workplan to be designed and agreed. Disability Network – first meeting on 31.10.22 	Blue	Complete
5.3	Work with local community planning partners/networks and national partnerships to develop programmes to support those most adversely impacted, both directly and indirectly, by Covid-19 to address the inequalities gap which has been widened by the global pandemic.	Deliverable: <ul style="list-style-type: none"> Key deliverables developed against each of the 6 PHPs and the agreed Joint Community Planning Partner (CPP) priorities of employability, drug related deaths and high Measure(s): <ul style="list-style-type: none"> Deliver as per national standards Monitor implementation of key priorities through the Directorate of Public Health's workplan 	Public Health Director /Chief Officers North & South HSCPs	Green	Robust workstreams in place to deliver on the 6 Public Health Priorities (PHPs) to ensure the social, economic and physical environments across Lanarkshire create health and wellbeing, and that local communities and services make it possible for individuals to take positive decisions about their own health and feel supported to do so. Internal Department review and reflection on all PHPs and plans to address inequalities has been completed and highlighted a number of good practice examples for 1; Living in vibrant, healthy and safe places and communities. 2; Flourishing in the early years. 3; Having good mental health. 4; Reducing the use of and harm from alcohol, tobacco and other drugs. 5; Having a sustainable, inclusive economy with equality outcomes for all and 6; Eating well, having a healthy weight and being physically active.	Blue	Support from NHS and the HSCPs is provided across all levels of the CPPs, from neighbourhood plans to officers groups and the CPP Board. Each group has an agreed delivery plan with associated measures that are routinely reported on to ensure they are on track. Delivery spans across the 6 PHPs recognising the importance of planning and delivering jointly to improve health and reduce inequalities. Workstreams across the 6 PHPs and joint CPP priorities have successfully continued throughout 2022/23, with a focus on inequalities and the cost of living crisis. National and local reporting has highlighted examples of good practice as well as areas for development for 2023/24. A sample of the range of health improvement work delivered in response to the PHPs can be found https://www.nhs.uk/download/health-improvement-2022-23-flash-reports/ Employability work has progressed through the Local Employability Partnership and a NHS Employability strategy and action plan is under development. Links have also been made through the Care Academy initiative to ensure work is coordinated across partners. Funding has been secured to scale up the high resource user project in North Lanarkshire and embed this approach longer term. In South Lanarkshire Locality Anchor Networks are being developed within the third sector that seek to coordinate activity and make best use of available community assets to ensure those most at need are supported to remain resilient within their communities. The pan-Lanarkshire Drug Death Prevention group is being reviewed and workstreams updated to reflect the recommendations of the Drug Deaths Taskforce Changing Lives report published in 2022. More broadly the inequalities focus of the work being delivered across the PHPs contributes to this area of work and addressing the wider determinants of health.
5.4	Development of NHSL as an exemplar anchor institution in our own NHS care delivery work and in how we support and catalyse action with our local partners.	Deliverable: <ul style="list-style-type: none"> Action plans with agreed measures developed Measure(s): <ul style="list-style-type: none"> Baseline assessment completed Measures of progress against action plans 	Public Health Director /All Directors	Amber	An anchor plan has been developed for NHS Lanarkshire against the Joseph Rowntree foundation baseline assessment and is currently being updated to reflect an increased focus on environmental sustainability in the new JRF assessment framework. Work is being undertaken with the Strategic Delivery Team to align the ambitions of the anchor action plan with Our Health Together. Work has also been undertaken to reflect the anchor ambitions in the Community Benefits plan for the new UHM. Most recently the five anchor pillars have been used as a framework to develop an action plan to support NHS Lanarkshire's contribution to mitigate the impact of the Cost of Living crisis.	Blue	Priority has been given to using the anchor pillars to frame our actions to mitigate the cost of living crisis. Good progress has been reported across the plan in the first six months, especially around communications, employability and health referrals to financial inclusion services. These actions are now being embedded within the wider NHSL anchor plan using the new Scottish Anchor framework assessment tool. Good progress is also being made to work collaboratively with the local authorities to link the anchor work to community wealth building approaches. Under the anchor service delivery pillar the EQIA paperwork has been updated to reflect the Fairer Scotland Duty and the UNCRC and each of the Our Health Together Strategy workstreams are undertaking EQIAs to inform their service developments.
5.5	Develop a programme towards meeting the requirements of global citizenship	Deliverable: <ul style="list-style-type: none"> Key national and local objectives met Action Plan developed Measure: <ul style="list-style-type: none"> Monitor progress against implementation of action plan 	Public Health Director	Green	There has been good progress made in terms of initiating the work of the Twinning Project Between NHS Lanarkshire, South Lanarkshire Health and Social Care Partnership, and Central Province/Chitambo District in Zambia. An introductory meeting was held on 30 March 2022 with the Lanarkshire Global Citizenship co-leads and representatives from the South Lanarkshire Health and Social Care Partnership, and representatives	Amber	Work continued in the second half of the year to try and build on the links established through the initial meetings and the visit to Blantyre. Unfortunately, it has proved logistically challenging to arrange further joint discussions. One area that was intensified was a potential joint working and learning on maternity care and neonatal care – in particular in relation to safe deliveries (for mothers and babies) and resuscitation of new-born babies requiring this. Early discussions have taken place with colleagues and in Lanarkshire and Zambia as to how to best progress this.

				<p>from the Zambian Ministry of Health, Central Province and Chitambo District.</p> <p>The initial discussion took place around common themes and areas of interest and to consider a global health twinning partnership project with Central Province in Zambia and the local developments of the Blantyre Community Hub initiative. Future meetings will be held to help understand the strategic priorities to promote a knowledge and skills exchange to support improvements in community health and social care in jointly agreed topics/areas/services, involving communities, considering how improvement approaches can support exchanging clinical skills, clinical experience, and possibly intergeneration work.</p> <p>A meeting was held on 31 March 2023 to relaunch the Lanarkshire Global Citizenship Network. It was agreed to re-establish the Lanarkshire Global Citizenship Network Group to oversee the wider global citizenship work. The group would ensure appropriate governance and determining the scope and scale of other global citizenship work to be undertaken, the prioritisation process, how resources for sustainability should be obtained; consider fundraising opportunities, risk management, benefits to partnerships, and how wider partnership work can be developed and evaluated.</p> <p>Colleagues from Malawi and Zambia visited Scotland from 26 – 30 September as part of the Global Health Quality Improvement Tripartite</p>	
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6 Maximising Staff Wellbeing - Promote health and wellbeing, implementing programmes that impact positively on the lives of our workforce, reflect the value we place on them, enhance engagement, and build resilience

Objective	Deliverables & Measurement of Progress	Accountable/Responsible	Mid Year Status RAG	Progress Update	Year End Status RAG	Progress @31 March 2023
6.1	<p>Delivery of the Staff Health & Wellbeing work stream</p> <p>Deliverable</p> <ul style="list-style-type: none"> Staff Health and Wellbeing Strategy developed by September 2022. <p>Measure(s):</p> <ul style="list-style-type: none"> Implementation programme developed Monitor progress against project plan (a range of KPIs to assess organisational position including sickness absence rate, vacancy levels, turnover, grievance, etc.) 	HR Director /NMAHP Director	Amber	<p>The Staff Health & Wellbeing Strategy approved at Strategic Staff Health & Wellbeing group meeting (20 October 2022). The associated action plan for the strategy is being developed and will be discussed at the Strategic group meeting in December.</p> <p>The following data insights will be used to monitor the impact and outcomes of staff health and wellbeing during 2022-2023:</p> <ul style="list-style-type: none"> iMatters/Referrals to support services (Salus Staff Support, Staff Care and Wellbeing and Psychological Staff Support Service)/ Workforce data - Attrition rates, Supplementary staffing/Staff Engagement opportunities collating both quantitative and qualitative feedback from staff on their perception of staff health and wellbeing - 'Your Health Matters – Your Online Counts' engagement resources / Your Staff Support Staff 	Blue	Vast majority of activity complete. Still working on analytics of the wellbeing website.
6.2	<p>Ensure the active promotion and delivery of positive staff experience that enables staff at all levels to be empowered and have their voices heard.</p> <p>Deliverable:</p> <ul style="list-style-type: none"> Staff empowered and their voices heard. <p>Measure(s):</p> <p>Four KPIs measured via the National iMatter Staff experience tool.</p> <ul style="list-style-type: none"> Response rate Number of teams that Employee Engagement Index Number of action plans agreed within 8 week standard. <p>This objective can be measured on a year on year basis and results tracked against previous years.</p>	HR Director	Green	<p>Results against the four National KPIs for 2022 were:</p> <p>Response Rate - 55%</p> <p>Employee Engagement Score - 78</p> <p>Number of teams achieving report - 90%</p> <p>Action plans agreed and recorded within 8 week standard - 50%</p>	Blue	<p>Results against the four National KPIs for 2022/23:</p> <p>Response Rate - 55%</p> <p>Employee Engagement Score - 78</p> <p>Number of teams achieving report - 90%</p> <p>Action plans agreed and recorded within 8 week standard - 50%</p>
6.3	<p>To ensure that all staff have the opportunity to participate in an annual appraisal discussion to fulfil their job role and purpose and increase the effectiveness of the organisations performance</p> <p>Deliverable:</p> <ul style="list-style-type: none"> Staff participate in annual appraisal discussions. <p>Measure(s):</p> <p>KPI – (Turns) National standard</p> <ul style="list-style-type: none"> 80% of all staff must have an appraisal recorded in the appropriate recording tool. Medics (100%) Exec and Snr Manager (100%) <p>A further measure is available in the iMatter Staff Experience Report from the Staff Governance Strand Scores relating to Appropriately trained and developed</p>	HR Director	Red	<p>Agenda for Change staff :</p> <p>By end of September 2022 :</p> <p>47% of staff had their annual appraisal recorded on turns in the past 12 months with 11% recorded since 1st April 2022</p> <p>Exec & Snr Manager: 100% compliance</p> <p>Measure from 2022 Staff Experience Survey:</p> <p>Appropriately Trained & Developed – 77 (this is 2 points up on 2021 survey results)</p>	Red	<p>Agenda for Change staff: 55% compliance</p> <p>Exec & Snr Manager: 100% compliance</p> <p>Measure from 2022 Staff Experience Survey: Appropriately Trained & Developed - 77 (this is 2 points up on 2021 survey results)</p>

7 Addressing the Challenges of Sustainability and Climate Change - To work towards delivery of net zero health and social care services, responding to climate change while delivering efficient, low carbon patient focused care.

Objective		Deliverables & Measurement of Progress	Accountable / Responsible	Mid Year Status RAG	Progress Update	Year End Status RAG	Progress @31 March 2023
7.1	Develop the Sustainability and Climate Change Strategy for NHS Lanarkshire.	Deliverable: · Sustainability and Climate Change Strategy developed Measure: · Board sign off	PP&P Director	Blue	Signed of at Board meeting held on 26th Oct 2022.	Blue	Signed- off at Board meeting held on 26th Oct 2022.
7.2	Secure leadership and resource to champion and deliver the key objectives of the Sustainability and Climate Change Strategy across NHSL, ensuring that sustainability becomes a key consideration in all aspects of service delivery.	Deliverable: · Board executive and non-executive lead identified Measure(s): · Internal Sustainability & Climate Change posts filled · Identification of Sustainability and climate change champions within PSSD	PP&P Director	Green	Board exec lead and champion in place Head of sustainability recruitment process complete Energy and Sustainability Officer - offer made - HR checks ongoing Discussions ongoing with GM for PSSD re sustainability lead and mainstreaming	Blue	Complete and new governance arrangements in place. Workstream leads identified for each of the Sustainability sub groups.
7.3	Develop and agree trajectories which will deliver SG targets of a 75% reduction in Carbon Emissions by 2030 and net zero by 2040	Deliverable: · Action plan for reduction in Carbon Omissions Measure: · Trajectories in place and monitored/reported on through Board Governance Structures.	PP&P Director	Green	Jacobs carrying out site surveys and will support production of Boards route map to net zero by end colander year. This will inform the preparation of our action plan Funding secured via the Green Energy Grant scheme to carry out energy audits across pre selected (non PF) sites. Framework meeting arranged to finalise workplan and process	Blue	Complete, with net zero route map in place.
7.4	Develop a plan to reduce NHSL's energy and resource consumption	Deliverable: · Energy workstream established with agreed targets and objectives Measure(s): · Plan agreed and in place · Measurable trajectories for improvement identified, agreed and monitored	PP&P Director	Green	Funding bid successfully submitted with E50k funding secured via the Green Energy Grant scheme to fund a number of energy audits with a view to producing costed bids for grant funding to improve the capital infrastructure. Plan to be developed based on output of the surveys Survey arranged across the 3 main acute hospitals as part of a green Lighting pilot being sponsored by SG	Blue	E5m capital bid submitted to SG. Awaiting outcome.
7.5	Embed environment and sustainability as a key consideration in service development and re-design, and in particular as a key consideration for all capital developments.	Deliverable: · Mainstreaming plan developed. Measure: · Monitor progress against project plan	PP&P Director	Amber	Mainstreaming plan to be developed PM support secured to support the development of the overarching workplan and governance arrangements to support delivery	Blue	S&E considerations being factored into design work for the new Monklands hospital.
7.6	Develop a travel plan for the service, staff, patients and service users that promotes environmentally sustainable methods of access and service delivery	Deliverable: · Work stream established with workplan in place Measure: · Travel plan agreed and signed off through internal S&CC governance structures	PP&P Director	Green	Governance plan under development which will establish a series of workstreams PM resource secured to support development of workstream workplans	Amber	Workstream established and objectives set, but travel plan not finalised.
7.7	Development of a Waste Strategy for the Board that details the Board ambitions in terms of waste reduction	Deliverable: · Waste Strategy developed Measure(s): · Trajectories set · Delivery plan agreed	PP&P Director	Amber	To be informed by the national waste management policy requirements which is currently under development	Red	Workstream in place and objectives set. Strategy still to be developed.

8 Financial Sustainability - Provide effective financial planning that supports financial sustainability, balances budgets and provides value.

Objective		Deliverables & Measurement of Progress	Accountable / Responsible	Mid Year Status RAG	Progress Update	Year End Status RAG	Progress @31 March 2023
8.1	Operate within the Revenue Resource Limit (RRL) parameters agreed with SG	Deliverable: · Deliver on RRL parameters agreed with SG Measure: · Monitor performance against SG trajectories	Finance Director	Red	Gap sits at £28.150m. Still in discussion with SG about potential brokerage of £14.8m - £19.8m and what other income to expect so plans to close gap not finalised.	Blue	Achieved breakeven
8.2	Operate within the Capital Resource Limit (CRL)	Deliverable: · Deliver on CRL parameters agreed with SG Measure: · Monitor performance against SG trajectories	Finance Director	Amber	Capital plan was balanced but we have now been asked to pull back to help national funding shortfall. Still unclear as to expectations.	Blue	Balanced within resource envelope
8.3	Achieve the Cash Requirement	Deliverable: · Deliver on Cash Requirement parameters agreed with SG Measure: · Monitor performance against SG trajectories	Finance Director	Red	Need agreement on RRI and CRL target before can deliver cash target	Blue	Target achieved