

		Timescale	Lead Responsibility (support role)
	<ul style="list-style-type: none"> ▪ H5 – Reduce suicide rate between 2002 and 2013 by 20% supported by 50% of key frontline staff in Mental Health and Substance Misuse Services, Primary Care and Accident and Emergency being educated and trained in using suicide assessment tools / suicide prevention training programmes. ▪ H6 – Through Smoking Cessation Services, support 8% of the NHS Lanarkshire smoking population in successfully quitting (at one month post quit) over the period 2008/09 – 2010/11. <p>10,737 (cumulative) quitters as target to March 2011.</p> <p>Performance Monitoring:</p> <p>Implementation through CHPs and Acute:</p> <ul style="list-style-type: none"> ▪ H7 – Increase the proportion of newborn children exclusively breast-fed at 6-8 weeks to 23.5% (NHS Lanarkshire Local Target) against a National Target of 33.3% by March 2011. <p>Strategy and Performance Monitoring:</p> <p>Implementation through Acute Division and CHPs:</p> <ul style="list-style-type: none"> ▪ H8 – Achieve a cumulative 4965 health inequalities targeted Cardiovascular Health Checks by March 2011. (Keep Well Project) <p>H9 - At least 60% of three and four year old children in each SIMD quintile to receive at least 2 applications of fluoride varnish per annum by March 2014. (HEAT performance trajectory for 2010/11 awaited) </p>	<p>December 2010</p> <p>March 2011</p> <p>Ongoing to March 2011</p> <p>March 2011</p> <p>March 2011</p>	<p>CS (AL/RL)</p> <p>HK</p> <p>CS/AL/RL</p> <p>PW</p> <p>CS/AL/RL</p> <p>CS</p> <p>AL</p>
1.2	In partnership with North and South Lanarkshire Councils and through the shared responsibilities of the Community Planning Partnerships produce and deliver Single Outcome Agreements to drive and resource progress against the Health Improvement HEAT Targets and priorities in Lanarkshire.	Ongoing to March 2011	CS/AL (CMT)

		Timescale	Lead Responsibility (support role)
1.3	<p>Deliver the NHSiS Project - Keep Well within North Lanarkshire CHP to target health improvement and reduced inequalities in areas of social deprivation.</p> <p>Project Implementation through CHP (N) : Health Improvement Monitoring :</p>	Ongoing to March 2011	CS HK
1.4	Develop and deliver Equally Well Delivery Plans at Unit level based on the NHS Lanarkshire Equally Well high level Action Plan and Delivery Plan.	Ongoing to March 2011	CS/AL (HK)
1.5	<p>Implement an Action Plan 2010/11 for improving oral health and modernising NHS Dental Services in Lanarkshire, including:</p> <ul style="list-style-type: none"> ▪ Health improvement interventions relating to children, teenagers, older people, prisoners, homeless people and people in the workplace. ▪ Continued Dental Services modernisation. 	Ongoing to March 2011	AL (HK)
1.6	Design and deliver a range of initiatives to achieve and maintain Health Promoting Hospital status for Wishaw General, Monklands and Hairmyres Hospitals.	Ongoing to March 2011	RL
1.7	<p>Deliver against specific health protection challenges :</p> <p>Deliver, in collaboration with NLC, SLC and other partners, the health protection objectives detailed in the Lanarkshire Joint Health Protection Plan 2010-12.</p> <ul style="list-style-type: none"> ▪ Maintain smooth implementation of the Human Papilloma Virus (HPV) vaccination programme taking account of the changes in populations transferring from NHS Greater Glasgow and Clyde. ▪ Continue to prioritise progress against the Cervical Screening target of 80% of the eligible population screened every 5 years. ▪ Closely monitor the introduction of the first round of Colorectal (Bowel) screening in Lanarkshire which commenced in August 2009. ▪ Continue to support implementation of significant changes required for pregnancy and newborn screening programmes to fulfil CEL(31) 2008. ▪ Deliver diabetes retinal screening according to the national targets and the national screening programme. ▪ Deliver the seasonal influenza campaign according to the annual programme. 	<p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>Winter 2010/11</p>	<p>HK (CMT)</p> <p>HK (CS/AL)</p> <p>HK (CMT)</p> <p>HK (CMT)</p> <p>HK (RL)</p> <p>HK (AL)</p> <p>HK (AL)</p>

		Timescale	Lead Responsibility (support role)
1.8	<p>Meet the requirements of QIS Infection Control Standards and the NHS Scotland Healthcare Associated Infection Task Force 3 year Delivery Plan (2008-2011) requirements, including :</p> <p>T11 (KPM 1) – Reduce all staphylococcus aureas bacteraemia (SABs) (including MRSA) to a maximum of 142 identifications.</p> <p>Deliver against the nationally specified Cleaning Service Standards.</p> <p>Identify the scale and nature of SABs within NHS Lanarkshire, produce and deliver a plan of action to support achievement against the target reductions in cases with advice and support from Health Protection Scotland and NHS Quality Improvement Scotland.</p> <p>Maintain roll out of the national MRSA Screening Programme for relevant elective admissions to acute specialties.</p> <p>To implement CEL 11 (2009) to implement the 3 supporting antimicrobial indicators related to prescribing policy.</p> <p>T11 (KPM 2) - To reduce the rate of C difficile infection in hospitals among patients aged 65+ to 1.00 cases per 1000 occupied bed day by March 2011.</p>	<p>March 2011</p> <p>March 2011</p> <p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p>	<p>AG (IAR/PW/RL/CS/AL)</p> <p>AG (PW)</p> <p>IAR</p> <p>AG (IAR/PW/RL/CS/AL)</p> <p>AG (CMT)</p> <p>AG (CMT)</p> <p>AG (CMT)</p>
1.9	<p>Implement the NHS Lanarkshire Flu Pandemic Plan to ensure :</p> <ul style="list-style-type: none"> • Full preparedness to implement national and/or local decisions. • A review of the pandemic is undertaken. • A review of the implementation of the H1N1 immunisation programme is undertaken. • The plan is updated to reflect new UK and Scottish policy and guidance. 	<p>Ongoing to March 2011</p> <p>September 2010</p> <p>September 2010</p> <p>March 2011</p>	<p>HK (CMT)</p>
1.10	<p>Deliver a clear programme of actions and milestones to meet the requirements of An Action Framework for Children and Young People’s Health in Scotland (HDL (2007) 6).</p>	<p>Ongoing to March 2011</p>	<p>CS (PW/HK/RL)</p>

		Timescale	Lead Responsibility (support role)
1.11	Deliver continuous improvement in Child Protection arrangements across NHS Lanarkshire :	Ongoing to March 2011	PW (RL/CS/AL)
1.11.1	Review NHD Lanarkshire's arrangements for child and adult protection in the light of multi-agency public protection arrangements.	December 2010	PW
1.11.2	Implement improvements to the health care delivered to looked after and accommodated children through multi-agency review and partnership working.	March 2010	CS/AL
1.11.3	Full participation in multi-agency preparation for future HMiE inspections of Child Protection services due in 2010/11.	Ongoing to March 2011	PW
1.11.4	Implement "Getting it Right for Every Child" in partnership with relevant agencies.	March 2010	CS/AL (PW)
1.12	Develop and implement an Action Plan to meet the requirements of the Adult Support and Protection (Scotland) Act 2007.	Ongoing to March 2011	PW (CMT)
1.13	Maintain effective Emergency Planning and Response arrangements, through : <ul style="list-style-type: none"> ▪ Maintenance of an up-to-date NHSL Major Emergency Plan with annual review. ▪ Maintenance of a comprehensive Business Continuity Plan for NHSL, including specific Acute and CHP plans. ▪ Review Acute Hospital Emergency Plans annually and test at appropriate interval ▪ Full use of opportunities across the organisation to participate in national, regional and local inter-agency emergency planning exercises. ▪ Production and implementation of the 2010/11 Winter Plan. 	Ongoing to March 2011 March 2011 March 2011 March 2011 October 2010	HK (CMT) IAR (CMT) RL HK (CMT) AL (CMT)
1.14	▪ Develop Rehabilitation Strategy as required by Scottish Government Health Department.	March 2011	PW

		Timescale	Lead Responsibility (support role)
2.0	Continually Improve the Governance and Efficiency of the NHS in Lanarkshire		
	Health and Clinical Governance :		
2.1	Implement Stages 1 and 2 of the NHSScotland Quality Strategy across NHS Lanarkshire.	Ongoing from April 2010	AG (CMT)
2.2	Deliver a Health and Clinical Governance Action Plan for 2010/11 designed to implement the CG&RM Strategy, to support implementation of the NHSS Quality Strategy, to promote and monitor implementation of Better Health Better Care, to improve clinical effectiveness, reduce clinical risk and integrate the principles of clinical governance into both the development of the organisation and the delivery of the services provided.	March 2011	AG (CMT)
2.3	Continue to implement the Patient Safety Alliance Project within Acute Services in NHS Lanarkshire.	Ongoing to March 2011	AG (CMT)
2.4	Deliver improvement in the NHS Lanarkshire rating against National Clinical Governance and Risk Management Standards.	Ongoing to March 2011	PW (CMT)
2.5	Maintain an up-to-date NHS Lanarkshire Clinical and Non-Clinical Risk Register and ensure the meaningful cascade of a comprehensive Risk Management process into the Operating Divisions and Corporate Directorates.	Ongoing to March 2011	AG (CMT)
2.6	Deliver clinically effective and cost effective Prescribing in both Primary and Secondary care to : <ul style="list-style-type: none"> ▪ Achieve 2010/11 Prescribing Savings Targets as described in Prescribing Action Plans 6a and 7. ▪ Continued Pharmaceutical Product Horizon Scanning to inform future financial and service plans. ▪ Review SGHD compliance systems for introduction and use of new drugs. 	Ongoing to March 2011	CS/AL (CMT)

		Timescale	Lead Responsibility (support role)
2.7	<p>Fully align the provision of IM&T support to delivery of the Corporate Objectives through implementation of the 2010/11 Work Plan, to deliver :</p> <ul style="list-style-type: none"> ▪ Continued progress in delivery of the e-Health priorities implementation programme set by the Board and the new national e-Health Strategy. ▪ Procurement and Phase 1 implementation of the new PMS system. ▪ E7 – Increase the percentage of new GP outpatient referrals into Consultant led secondary care services that are managed electronically – 90% of referrals to be electronically triaged (e vetting) by March 2011. ▪ Data Sharing Partnership; ensure that e-Single Shared Assessment is fully implemented in line with SGHD requirements, with a particular focus on the National Minimum Information Standards and Community Care Outcomes. 	<p>Ongoing to March 2011</p> <p>March 2011</p> <p>March 2011</p>	<p>AL (CS/RL)</p> <p>AL (CS/ RL)</p> <p>AL (CS)</p>
2.8	<p>Deliver improvements in the management of outpatient and inpatient attendances, to include :</p> <ul style="list-style-type: none"> ▪ E4 – Deliver agreed improved efficiencies for first outpatient attendance DNA, non-routine inpatient average length of stay, review to new outpatient attendance ratio and same day surgery by March 2011 and for pre-operative stay by March 2013 : <p>E4 (KPM 4) - First outpatient attendance DNA rate - 10% reduction between March 2007 and March 2010. March 2011 target rate of 9.5%.</p> <p>E4 (KPM2) - Reduce the average length of stay of acute inpatients discharged following urgent, emergency or other non-routine, unplanned admission (including emergency transfers) (Target 3.0 bed days by March 2011).</p> <p>E4 (KPM5) – Reduce by 15%, from 2007/8 baseline, pre-operative stays for planned admissions for surgical specialties over the 3 years 2010/11 to 2012/13. (Differential reductions will be agreed with NHS Boards in April 2010).</p>	<p>March 2011</p> <p>March 2011</p> <p>Ongoing to March 2013</p>	<p>RL/CS (CMT)</p> <p>RL (CMT)</p> <p>RL (CMT)</p>

		Timescale	Lead Responsibility (support role)
	E4 (KPM1) - Improve number of BADS surgical procedures performed without an overnight stay to 84.4% (including referrals to Golden Jubilee Hospital)	March 2011	RL (CMT)
2.9	Deliver a clear Strategy and Action Plan for 2010/11 for NHS Lanarkshire consistent with national guidance - Better Cancer Care.	March 2011	RL (CMT)
Corporate and Financial Governance :			
2.10	Establish clear joint performance objectives and performance management arrangements between CHPs and Acute Services for 2010/11 with clear leadership and support roles, responsibilities and accountabilities.	May 2010	RL/CS/AL (KS)
2.11	Deliver financial performance against the National HEAT Targets : <ul style="list-style-type: none"> ▪ E5 – To operate within the agreed Revenue Resource Limit, Capital Resource Limit and meet the Board’s cash requirements. ▪ E6 – To meet the Board’s 2 year cumulative cash efficiency target of £47,106,000 for 2010/11. 	Ongoing to March 2011 March 2011	LA (CMT) LA (CMT)
2.12	Maintain a 5-year financial strategy which recognises and prioritises the need to deliver a robust CRES programme, developed in partnership with the Area Partnership Forum and Area Clinical Forum, to support delivery of financial balance and in support of the Board’s prioritised investment programme. Establish and maintain robust (financial) performance monitoring arrangements to ensure that CRES plans deliver against target.	Ongoing to March 2011 Ongoing to March 2011	LA (CMT) LA/IAR (CMT)
2.13	Maintain robust arrangements for corporate Performance Management and reporting in support of enhanced governance, performance monitoring and assurance.	Ongoing to March 2011	IAR (CMT)

		Timescale	Lead Responsibility (support role)
2.14	<p>Assess performance of NHS Lanarkshire Board Committees against the national Clinical Governance and Risk Management Standards and Best Value requirements. Design and implement an Action Plan focused on the further improvement of NHS Board effectiveness and good governance.</p> <p>Assessment to be completed : Action Plan :</p>	<p>April/May 2010 From May 2010 and ongoing</p>	<p>PW PW (CMT)</p>
2.15	<p>Deliver progress against the agreed Capital Plan for 2010/11 (and beyond), including progress against Capital Projects, service changes, production of business cases and commissioning of buildings.</p> <p>Implement a clear and inclusive Property Strategy for NHS Lanarkshire.</p> <p>In partnership with SGHD, develop arrangements to implement a Property Asset Management System to monitor and inform future plans for capital investment.</p>	<p>March 2011 and ongoing</p> <p>Ongoing to March 2013</p> <p>March 2011</p>	<p>IAR/LA (CMT)</p> <p>IAR/LA (CMT)</p> <p>IAR</p>
2.16	<p>Implement the Environmental Management Policy for NHS Lanarkshire consistent with HDL(2006)21 to include delivery against :</p> <ul style="list-style-type: none"> ▪ E8 – To reduce emissions over the period to March 2011. NHS Lanarkshire targets for 2010/11 : E8 (KPM2) - Energy GJ: 378,105 E8 (KPM1) - CO2 Tonnes: 26,236 <p>Deliver against the NHS Lanarkshire Carbon Management Programme Strategy Implementation Plan (SIP) to identify areas of opportunities for CO2 emissions reduction and support the delivery of the HEAT targets for future years.</p>	<p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p>	<p>IAR (CMT)</p> <p>IAR (CMT)</p>
2.17	<p>Maintain governance arrangements for the provision of comprehensive and effective Occupational Health and Safety Services across NHS Lanarkshire to ensure we meet our statutory legislative obligations of providing a safe working environment for our staff:</p>	<p>Ongoing to March 2011</p>	<p>LK (CMT)</p>

		Timescale	Lead Responsibility (support role)
	<ul style="list-style-type: none"> • Clear governance and reporting arrangements for Occupational Health and Safety embedded in the standing / existing arrangements with NHS Lanarkshire. • The provision of regular Health and Safety Performance reports to ensure areas of concern are highlighted and staff incidents are monitored. • The Provision of a Health and Safety Compliance Service including a full audit of all control books. • Maintain the structure of Site Designated Fire Safety Managers, Fire Risk Assessments and Fire Safety Training across NHS Lanarkshire. 	<p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>March 2011</p> <p>Ongoing to March 2011</p>	<p>LK (CMT)</p> <p>LK</p> <p>LK</p> <p>IAR</p>
Staff Governance and Workforce Development :			
2.18	<p>Produce and deliver against a comprehensive Staff Governance Action Plan for 2010/11, to include :</p> <ul style="list-style-type: none"> ▪ E10 – To ensure that permanent staff employed under Agenda for Change have an annual review against their KSF post outline and that at least 80% of such reviews are recorded on eKSF by March 2011. 	March 2011	KS (CMT)
2.19	Develop and publish an NHS Lanarkshire Workforce Strategy and Development Plan for 2010/11 to help deliver clinical and service sustainability, reflecting the work of the Modernisation Group, Service Improvement Boards and fully integrated with Regional and National Workforce Planning and Development activity.	Ongoing to March 2011	LK/KS (CMT)
2.20	<p>National Nursing and Midwifery Workforce and Workload Tools :</p> <ul style="list-style-type: none"> ▪ Implement Tools ▪ Provide written advice to Operational, HR and Finance Directors on implications for resources in 2010/11 ▪ Maintain system of annual Performance Objectives for Team Leaders / Senior Charge Nurses. 	Ongoing to March 2011	PW

		Timescale	Lead Responsibility (support role)
2.21	Develop and roll-out Releasing Time to Care Programme and implement the Framework for Leading Better Care.	March 2011	PW
2.22	Plan and deliver revised national NMAHP Strategy ("CURAM") including Modernising Nursing and Modernising Midwifery Careers (MNC, MMiC)	Ongoing to March 2011	PW
2.23	Maintain momentum in the effective management of sickness absence towards the achievement and maintenance of a standard 4% rate of sickness absence.	Ongoing to March 2011	LK/KS (CMT)
2.24	Maintain progress in the achievement of the Gold Standard for Healthy Working Lives throughout NHS Lanarkshire.	Ongoing to March 2011	CMT
3.0	Deliver Continuous Improvement in Response to Patients Needs for Quicker and Easier Access in use of NHS Services.		
	Waiting Times and Access to Services :		
3.1	<p>Deliver progress consistent with the LDP trajectories for performance against the National HEAT Targets for access :</p> <ul style="list-style-type: none"> ▪ A8 – Provide advance booking to an appropriate member of the GP Practice Team. 90% of patients to confirm such access by National survey by March 2011. ▪ A9 (KPM1) – The maximum wait for urgent referral with a suspicion of cancer to treatment is 62 days. (By March 2011 - 95% performance target). <p>A9 (KPM2) - Maximum wait from decision to treat to first treatment for all patients diagnosed with cancer is 31 days. (By March 2011 - 90% performance target).</p>	<p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p>	<p>CS/AL</p> <p>RL (Acute implications) CS/ AL (Referrals Management implications)</p>

		Timescale	Lead Responsibility (support role)
	<ul style="list-style-type: none"> ▪ A10 – Deliver 18 weeks referral to treatment from 31st December 2011. No patient will wait longer than 12 weeks from referral to first outpatient appointment from 31st March 2010. No patient will wait longer than 9 weeks from being placed on a waiting list to admission for an inpatient or day case procedure from 31st March 2010. ▪ A10(KPM1a) – Admitted Performance: 80% ▪ A10(KPM1b) – Admitted Completeness: 95% ▪ A10(KPM1c) – Non-Admitted Performance: 80% ▪ A10(KPM1d) – Non-Admitted Completeness: 95% <p>Analysis of GP and internal referrals to Referral Management Service (RMS).</p> <p>Introduction of no delays toolkit across all specialties.</p> <ul style="list-style-type: none"> ▪ A10(KPM3) – No patients waiting more than 9 weeks from placement on waiting list to admission for inpatient/day case treatment from March 2010. ▪ A11 – Offer drug misusers faster access to appropriate treatment to support their recovery. <p>A11(KPM1) – 90% will receive a date for assessment for drug treatment that falls within 4 weeks of the date of receipt of their referral.</p> <p>A11(KPM2) – 90% will receive a date for drug treatment that falls within 4 weeks of the date their care plan was agreed.</p> <ul style="list-style-type: none"> ▪ A12 – By March 2013 no-one will wait longer than 26 weeks from referral to treatment for specialist CAMHS services. <p>(A local Target of 12 weeks from referral to assessment has been established by NHS Lanarkshire. Development work is ongoing to create a National Target for inclusion in HEAT in 2011/12).</p>	<p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>December 2010</p> <p>December 2010</p> <p>Ongoing to March 2011</p>	<p>RL <i>(Acute implications)</i></p> <p>CS/ AL <i>(Referrals Management implications)</i></p> <p>CS <i>(AL)</i></p> <p>CS</p>

		Timescale	Lead Responsibility (support role)
	<ul style="list-style-type: none"> T10 – To support Shifting the Balance of Care, achieve agreed reductions in the rates of attendance at A&E per 100,000 population by March 2011. <p>A Target of 2886 attendances per 100,000 population by March 2011 has been agreed with the national Access Support Team .</p>	Ongoing to March 2011	RL (CS/AL)
3.2	Maintain performance at 98% of patients waiting no more than 4 hours from arrival to admission, discharge or transfer for A&E treatment.	Ongoing to March 2011	RL (Acute implications) CS/ AL (Referrals Management implications)
3.3	Refine the 2009/10 Capacity Plan to create and implement the 2010/11 Capacity Plan to sustain and improve performance against targets for waiting times and access to services, including specific reference to Community, AHP and Audiology Services.	Ongoing to March 2011	RL/CS/AL (CMT)
	Service Modernisation and Planning :		
3.4	Ensure full participation in and the application of learning from the National and Regional collaborative programmes in : <ul style="list-style-type: none"> 18 Week Referral to Treatment Emergency Access Mental Health Long Term Conditions 	April 2010 and ongoing April 2010 and ongoing April 2010 and ongoing April 2010 and ongoing	RL RL CS AL
3.5	To represent the interests and priorities of NHS Lanarkshire in West of Scotland Regional Planning arrangements and facilitate the application of models of contemporary clinical practice in Lanarkshire.	Ongoing to March 2011	IAR (CMT)

		Timescale	Lead Responsibility (support role)
3.6	Implement Regional Planning Clinical service priorities within NHS Lanarkshire.	Ongoing to March 2011	IAR (CMT)
3.7	<p>Manage and deliver the strategic implementation, planning and performance of significant change programmes to improve health and health services and deliver against Shifting the Balance of Care through the NHS Lanarkshire Modernisation Board and supporting Service Improvement Boards infrastructure, as follows :</p> <ul style="list-style-type: none"> ▪ Health Improvement and Protection ▪ Acute / Primary and Community Care Services ▪ Child and Maternal Health Services ▪ Older Peoples Services ▪ Mental Health Services ▪ Learning Disability Services ▪ Regional Planning 	Ongoing to March 2011	IAR (CMT) HK IAR (AL/RL) RL IAR CS CS IAR
3.8	Continue to implement the NHS Lanarkshire Strategic LEAN improvement programme to deliver accelerated and sustainable quality improvement.	Ongoing to March 2011	RL (CMT)
3.9	Maintain the single system Emergency Access Delivery Team to ensure that NHS Lanarkshire's focus on delivery of timely, high quality emergency access is delivered and embedded in re-designed clinical systems.	Ongoing to March 2011	RL/AL
Patient Focus, Public Involvement, Equality, Diversity and Spirituality :			
3.10	Implement actions to ensure that NHS Lanarkshire makes progress towards the requirements of the PFPI Participation Standard.	Ongoing to March 2011	IAR/CS/AL /KS/RL/PW /AG
3.11	Implement the Board's Single Equality Scheme and associated Action Plan for 2010/11.	Ongoing to March 2011	KS (CMT)
3.12	Continue implementation of the "Better Together" programme of patient experience in concert with Patient Safety Programme.	Ongoing to March 2011	PW (AG/RL/CS/AL/KS)

		Timescale	Lead Responsibility (support role)
3.13	Implement Customer Care Standards across NHS Lanarkshire to enhance the quality of public and patient experience.	Ongoing to March 2011	IAR (CMT)
3.14	Implement the NHS Lanarkshire volunteering Strategy and achieve volunteering accreditation.	December 2010	PW
3.15	Implement the Carer's Information Strategy Action Plan 2010/11.	Ongoing to March 2011	IAR (CMT)
4.0	Provide Treatment appropriate to Individuals ensuring that Patients receive High Quality Services that meet their needs.		
	Treatment		
4.1	<p>Deliver progress consistent with LDP trajectories for performance against the National HEAT Targets :</p> <ul style="list-style-type: none"> ▪ T12 – Reduce the emergency inpatient bed days for people aged 65 years and over by 10% compared to 2004/5. <p>(Trajectory of performance of 3164 bed days per 1000 population aged 65+ by March 2011).</p> <ul style="list-style-type: none"> ▪ T6 – Achieve agreed reductions in the rates of hospital bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD from 2006/07 to 2010/11. <p>(Target trajectory for hospital bed days for selected Long Term Conditions per 100,000 population is 8,400 by March 2011)</p> <ul style="list-style-type: none"> ▪ T8 – Increase the level of older people with complex care needs receiving care at home. Older People with complex care needs are defined as people 65 years and over who are: <ul style="list-style-type: none"> - Receiving 10+ hours of homecare - Resident in a care home - Resident in long term hospital <p>(Target trajectory of performance of 40% of patients receiving complex care by March 2011).</p>	<p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p>	<p>RL/CS/AL (CMT)</p> <p>AL (RL/CS)</p> <p>AL (CMT)</p>

		Timescale	Lead Responsibility (support role)
	<ul style="list-style-type: none"> ▪ T9 – Achieve improvement in the early diagnosis and management of patients with dementia. <p>(Target trajectory of 3774 people with a diagnosis of dementia on the QOF Dementia Register by March 2011.</p>	Ongoing to March 2011	CS