

**LANARKSHIRE NHS BOARD  
QUARTERLY PERFORMANCE REPORT – PERIOD TO 31 MARCH 2010-05-05**

**CORPORATE OBJECTIVES 2009/10 – YEAR END REPORT**

**1 Background**

At its April 2009 meeting, the Board approved the 2009/10 Corporate Objectives and requested progress reports on delivery during the course of the year. The attached progress template was issued to named leads during April 2010, with individual discussions following shortly thereafter.

**2 Objectives, Actions, and Coding System**

While there are 81 Corporate Objectives, many have multiple actions and so there are 122 separate actions against which progress requires to be reported. (Since the Q3 report one action has been abandoned in light of financial situation - see 2.1.4). The coding system used in-year is as follows:

Blue	Completed
Green	On Target
Amber	Delayed
Red	Unlikely to be Achieved

However, for the year end report, objectives will either have been completed according to plan or not, and will therefore be either Blue - Completed or Red - Not Completed, with 'green' or 'amber' ratings generally not being appropriate without further explanation.

**3 Analysis of Results**

The reported position as at 31 March 2010 is as follows:

<b>Status Code</b>	Blue	Green	Amber	Red
<b>Actions (No)</b>	105	2	0	15
<b>Actions (%)</b>	86.1%	1.6%	0%	12.3%

The two 'Green' items are the financial HEAT targets, shown thus as year-end financial out-turn will not be signed off by Auditors until mid June.

Details of the 'Red' items are provided below:

**Red:**

1.1.2	<b>H3 – Deliver Child Healthy Weight Intervention Programmes in accordance with SGHD guidance and contribute to the delivery of the overall interventions target of 2,263 Intervention Programmes by March 2011.</b>	March 2010	<b>H Kohli (Strategy and Programme Monitoring)</b>  <b>C Sloey, A Lawrie (Implementation through CHPs)</b>	Red – The Child Healthy Weight team worked with partners to deliver a variety of intervention groups in various venues. During 2009/10, it was recognised nationally that the targets set had been unrealistic and over-ambitious, with revised targets developed for 2010/11. Nevertheless, Lanarkshire was among the best performing Boards in 2009/10, providing re-assurance that overall approaches are appropriate. (HK)  Red – in recognition that 2009/10 targets and trajectories were subsequently found by SGHD to be unrealistic, revised trajectories have been agreed for 2010/11 that will lead to a cumulative total of 1,012 completions by NHSL by March 2011. NHSL completed 237 interventions in 2009/10, and has been one of the highest performing Boards nationally since inception of the programme. We are therefore well placed to meet the new revised target in 2010/11. (CS)
1.1.6	<b>H7 – Increase the proportion of newborn children exclusively breast-fed at 6-8 weeks to 22.4% by March 2010. (HEAT Target of 23.5% by March 2011)</b>	Ongoing to March 2010	<b>P Wilson (Strategy and Performance Improvement)</b>	Red – 17.5% (ISD) against trajectory of 21.8% (Q2, July – September 2009). Breastfeeding support teams are in place in the maternity unit and community from March and September 2009 respectively. An interim evaluation of the hospital

			<b>R Lyness, C Sloey, A Lawrie (implementation through Acute Division and CHPs)</b>	<p>support team shows that 80% women supported by the team continue to breastfeed to discharge (January 2010). Local data shows that initiation rates have risen from 35.2% (July 2009) to 45.5% (January 2010). An increase in breastfeeding rates at 6-8 weeks is expected once the community support team have had an opportunity to embed. An interim evaluation of the community breastfeeding support team is scheduled for September 2010. (PW)</p> <p>Figures for South CHP do however show an improvement in areas of deprivation such as Camglen and Blantyre. Work will be undertaken to identify any root causes for this improvement that can be replicated elsewhere in NHSL. (AL)</p>
1.6	<p><b>Deliver against specific health protection challenges :</b></p> <ul style="list-style-type: none"> <li>• <b>Continue to prioritise progress against the Cervical Screening target of 80% of the eligible population screened every 5 years;</b></li> </ul>	Ongoing to March 2010	<b>H Kohli (A Lawrie, C Sloey)</b>	<p>Red – latest data (December 2009) indicates NHSL is at 78% against national target of 80% of eligible women screened at 5.5 year recall. Work ongoing to raise awareness and local data used to target practices / areas with lowest levels. (HK)</p> <p>Within South CHP, the Clydesdale locality has for the first time broken through the 80% figure which is of key importance and the lessons learned there can be replicated elsewhere in NHSL. (AL)</p>
1.10.2	<b>Implement further cycle of the agreed multi-agency continuous improvement system for Lanarkshire to ensure that identified corrective action is taken.</b>	March 2010	<b>P Wilson</b>	<p>Red – incomplete. The North Lanarkshire Multi-agency Case File audit took place on 29<sup>th</sup> March – 1<sup>st</sup> April 2010. A report is in the process of being compiled. The South Lanarkshire approach is an audit of the multi-agency 'network of support' for the</p>

				child and took place on 22 <sup>nd</sup> April 2010. A report has yet to be compiled.. (PW)
1.11	<b>Develop and implement an Action Plan to meet the requirements of the Adult Support and Protection (Scotland) Act 2007</b>	Ongoing to March 2010	<b>P Wilson (CMT)</b>	Red – delayed. Procedures in place but subject to revision in light of agreed West of Scotland procedures. Delay in finalising protocol for medical examination and training and development infrastructure not implemented because of lack of revenue funding. (PW)
2.6	<b>Deliver clinically effective and cost effective prescribing in both primary and secondary care to:</b>  <ul style="list-style-type: none"> <li><b>Achieve 2009/10 Prescribing Savings Targets as described in Prescribing Action Plan 6;</b></li> </ul>	Ongoing to March 2009	<b>A Lawrie, C Sloey (CMT)</b>	Red – PAP 6 targets achieved in all localities, however, current performance identifying year end overspend of c.£4.8m (This figure is covered overall by NHSL financial plan for 2009/10)). A range of measures were developed for implementation February / March 2010 to recover £2.2m of recurring savings in 2010/11. This was entitled PAP6a. In addition PAP7 is being finalised for issue to Units in May 2010 looking for a further £1.553m. (AL)
2.7	<b>Fully align the provision of IM&amp;T support to delivery of the Corporate Objectives through implementation of the 2009/10 Work Plan, to deliver:</b>  <ul style="list-style-type: none"> <li><b>E7 – Increase the percentage of new GP outpatient referrals into Consultant led secondary care services that are managed electronically – 35% of referrals to be achieved by March 2010. (HEAT target of 90% of referrals to be achieved by</b></li> </ul>	March 2010	<b>A Lawrie (C Sloey, R Lyness)</b>	Red – 30.13% at March 2010 against trajectory of 35%. Substantial improvement on previous quarter and work ongoing within Acute Division regarding evetting roll out. (AL)

	<b>March 2011)</b>			
2.8.2	<b>E4 KPM 2 – Reduce the average length of stay of acute patients discharged following urgent, emergency or other non-routine, unplanned admission (including emergency transfers) (Target 3.0 bed days by March 2010).</b>	March 2010	<b>R Lyness (CMT)</b>	Red – performance at March 2010 4.2 against trajectory of 3.0. The increase in day surgery as a result of target E4 KPM 1 has the effect of removing zero length of stays and so increasing the average LOS for remaining cases. The competing priorities of these targets would benefit from review nationally. Comparison with most recently published national HEAT data (Sept 2009) shows Lanarkshire to be the second best performing Board in Scotland. (RL)
2.18	<b>Develop and publish an NHS Lanarkshire Workforce Strategy and Development Plan for 2009/10 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.</b>	Ongoing to March 2010	<b>L Khindria, K Small (CMT)</b>	Red – Workshop held in December and draft strategy to go out to consultation. The delay was as a consequence of awaiting the outcome of the CRES programmes to ensure they were captured within the strategy. (LK)
2.21	<b>Plan and deliver revised national NMAHP Strategy ('CURAM') including Modernising Nursing and Modernising Midwifery Careers (MNC, MMiC).</b>	Ongoing to March 2010	<b>P Wilson</b>	Red – review of progress yet to be undertaken, likely completion May 2010. (PW)
3.1.1	<b>A8 – Provide 48 hour access or advance booking to an appropriate member of the GP practice team. 90% of patients to confirm such access by national survey by March 2010.</b>	Ongoing to March 2010	<b>A Lawrie, C Sloey</b>	Advance booking:  Red – 74% against trajectory of 80% by March 2010, based on 2008/09 survey. Work ongoing with practices. (AL)

4.4	<p><b>T6 – Achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD from 2006/07 to 2010/11. (Target trajectories for hospital episodes for selected long term conditions per 100,000 population 2,269 by March 2010 and 2,187 by March 2011)</b></p>	Ongoing to March 2010	<p><b>A Lawrie (R Lyness, C Sloey)</b></p>	<p>Red – rate of 2463 against trajectory of 2269 hospital episodes at December 2009. Via LTC Collaborative, significant increase in both numbers of patients on ICM and COPD telehealth programme, and undertaking self-management of diabetes and COPD with COPD outreach services. Anecdotally these activities are reducing frequency of admissions and lengths of stay although this has still to be evidenced in the actual rate.</p> <p>National work completed in relation to reviewing appropriateness of current measure (episodes) with the result that this has been changed to bed days for 2010/11. Had NHSL been measured on bed days in 2009/10, this would have shown a year on year reduction since 2006/07. (AL)</p>
4.6	<p><b>T8 – Increase the level of older people with complex care needs receiving care at home.</b></p> <p><b>(Target trajectory of performance of 40% of patients receiving complex care (as defined in T8 (KPM1) at home by March 2010).</b></p>	Ongoing to March 2010	<p><b>A Lawrie (CMT)</b></p>	<p>Red – 38.2% against trajectory of 40% at December 2009. This is jointly shared by NHS and local authorities and is included in SOAs. Work via Older People's partnership arrangements is looking to increase the % over 2009/10. NHSL compares favourably with Scotland in that we have set the fourth highest target to be achieved (40%), and according to the national HEAT system are the fifth best performing Board. (AL)</p>
4.7	<p><b>T9 – Achieve improvement in the early diagnosis and management of patients with dementia.</b></p> <p><b>(Target trajectory of 3,540</b></p>	Ongoing to March 2010	<p><b>C Sloey</b></p>	<p>Red – March 2010 data shows 3,369 against trajectory of 3,540. Ongoing work to influence GPs via Locality Clinical Forum and lead clinician has presented to GPs on the benefits of early diagnosis. (CS)</p>

	people with a diagnosis of dementia on the QOF Dementia Register by March 2010 (HEAT target of 3,774 by March 2011).			
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#### 4 Conclusions

Thus, 107 actions (87.7%) are satisfactory, being either completed or expected to be so when details are confirmed, with 15 (12.3%) incomplete at the year end for the reasons outlined above.

Ian A Ross  
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May 2010