

## **Corporate Objectives 2007/08**

1. The attached paper sets out the Corporate Objectives for NHS Lanarkshire 2007/08.
2. The Objectives are a combination of national and local priorities with the Local Delivery Plan HEAT Targets set out in bold.
3. Lead and supporting Executive Directors are identified by their initials.
4. The Corporate Objectives have been developed by members of the Corporate Management Team over the last few weeks and will now be utilised to :
  - a) Inform production of individual personal objectives for Executive Directors for 2007/08.
  - b) Cascade the priorities of NHS Lanarkshire to Corporate Directorates, the Acute Division and the CHP's to create common understanding and commitment to the Board's delivery agenda. This will in turn inform Directorate, Team and Individual Performance Objectives throughout the organisation.
5. It is recognised that the Corporate Objectives 2007/08 have been written as a document for internal consumption. Following Board's consideration and approval of the Objectives a more "user-friendly" version will be produced for public and wider use.
6. The Board is asked to consider and approve the Corporate Objectives for 2007/08 and the proposals for their use.

**Kenneth Small**  
**Director of Organisational Development**

19<sup>th</sup> April 2007

## CORPORATE OBJECTIVES 2007/8

		Timescale	Lead Responsibility (support role)
<b>1.0</b>	<b>To Improve Life Expectancy and Healthy Life Expectancy for the People of Lanarkshire, through:</b>		
<b>1.1</b>	<b>Health Improvement / Health Protection:</b>		
1.1.1	<p>Deliver progress consistent with the LDP trajectories for performance against the national HEAT targets:</p> <ul style="list-style-type: none"> <li>• <b>H.01T – Reduce health inequalities by increasing the rate of improvement by 15% in CHD (only target being actively monitored by SEHD), Cancer, Adult Smoking, Smoking During Pregnancy, Teenage Pregnancy and Suicide in Young People.</b></li> </ul> <p><b>Strategy and Performance Monitoring:</b></p> <p><b>Implementation through CHPs :</b></p>	March 2008	DCM  CS/AL
	<ul style="list-style-type: none"> <li>• <b>H.02T – Reduce rate of smoking amongst adults (16+) in all social classes to 23.9%.</b></li> </ul> <p><b>Strategy and Performance Monitoring :</b></p> <p><b>Implementation through CHPs :</b></p>	March 2010	DCM  CS/AL
	<ul style="list-style-type: none"> <li>• <b>H.03T – Reduce incidence of exceeding the weekly alcohol limit of 21 units to 29% for men and 14 units to 11% for women.</b></li> </ul> <p><b>Strategy and Performance Monitoring :</b></p> <p><b>Implementation through CHPs :</b></p>	March 2010	DCM  CS/AL

		Timescale	Lead Responsibility (support role)
	<ul style="list-style-type: none"> <li>▪ <b>H.04T – 50% of all adults (16+) accumulating a minimum of 30 minutes per day of physical activity on 5 or more days per week.</b></li> </ul> <p><b>Strategy and Performance Monitoring :</b></p> <p><b>Implementation through CHPs :</b></p> <ul style="list-style-type: none"> <li>▪ <b>H.06T – Reduce suicide rate by 20%.</b></li> </ul> <p><b>Strategy and Performance Monitoring :</b></p> <p><b>Implementation through CHPs :</b></p> <ul style="list-style-type: none"> <li>▪ <b>H.07T – Reduce by 20% the pregnancy rate (per 100 population) in 13-15 year olds.</b></li> </ul> <p><b>Strategy and Performance Monitoring :</b></p> <p><b>Implementation through CHPs :</b></p> <ul style="list-style-type: none"> <li>▪ <b>H.08T – 60% of 5 year old children (Primary 1) with no signs of dental disease</b></li> </ul>	<p>2022</p> <p>March 2013</p> <p>March 2010</p> <p>March 2010</p>	<p>DCM</p> <p>CS/AL</p> <p>DCM</p> <p>CS/AL</p> <p>DCM</p> <p>CS/AL</p> <p>DCM/CS/AL</p>
1.2	In conjunction with North and South Lanarkshire Councils, produce and deliver Joint Health Improvement Plans (JHIPs) to drive progress against the Health Improvement HEAT Targets and other health improvement priorities in Lanarkshire.	Ongoing to March 2008	CS/AL/DCM
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) :</p> <p>Health Improvement Monitoring :</p>	July 2008	<p>CS</p> <p>DCM</p>
1.4	<p>Deliver against the specific Health Protection National HEAT Targets and other challenges :</p> <ul style="list-style-type: none"> <li>▪ <b>H.05T – 95% uptake for all childhood vaccinations.</b></li> </ul> <p><b>Strategy and Performance Monitoring :</b></p> <p><b>Implementation through CHPs :</b></p>	Ongoing	<p>DCM</p> <p>CS/AL</p>

		Timescale	Lead Responsibility (support role)
	<ul style="list-style-type: none"> <li><b>T.03T – Cervical screening target of 80%.</b></li> </ul> <p><b>Strategy and Performance Monitoring :</b></p> <p><b>Implementation through CHPs :</b></p>	Ongoing	DCM CS/AL
1.5	Compliance with the Glennie Report instrument decontamination requirements.	Ongoing	CS (AL/IAR/DCM)
1.6	Meet the requirements of QIS and the Code of Practice on Healthcare Acquired Infection and Cleaning Standards.	Ongoing	DCM (PW/IAR/CS/AL)
1.7	Develop and 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).	Ongoing to March 2008	CS (PW/DCM)
1.8	<p>Develop Child Protection services and practice (in partnership with other agencies) in preparation for HMiE inspections expected in 2008, to deliver :</p> <ul style="list-style-type: none"> <li>Strategic vision for Child Protection</li> <li>Reduction of risk</li> <li>Clear accountabilities within NHSL</li> <li>Audit and response to rectify gaps in existing service</li> <li>Develop and implement policy where gaps exist</li> <li>Briefing for Board, CMT and senior management teams on Strategic vision, results of Audit and plans for improvement</li> </ul>	March 2008	PW (IAR/CS/AL)
1.9	<p>Develop effective Emergency Planning and Response arrangements, through :</p> <ul style="list-style-type: none"> <li>Develop Flu Pandemic plan in light of further national guidance issued in March 2007</li> <li>Maintain up-to-date NHSL Major Emergency Plan with annual review.</li> <li>Produce a Business Continuity Plan for NHSL.</li> <li>Adopt and disseminate Business Continuity Plan</li> <li>Review Acute Hospital Emergency Plans annually and test at appropriate interval</li> </ul>	<p>Dec 2007</p> <p>Dec 2007</p> <p>March 2007</p> <p>June 2007</p> <p>March 2008</p>	<p>DCM (CMT)</p> <p>DCM (CMT)</p> <p>DCM (CMT)</p> <p>DCM (CMT)</p> <p>IAR</p>

		Timescale	Lead Responsibility (support role)
	<ul style="list-style-type: none"> <li>Make full use of opportunities across the organisation to participate in national, regional and local inter-agency emergency planning exercises.</li> </ul>	March 2008	DCM (CMT)
2.0	<b>To Continually Improve the Efficiency and Effectiveness of the NHS in Lanarkshire</b>		
2.1	<b>Health and Clinical Governance :</b>		
2.1.1	Produce and publish a Health and Clinical Governance Strategy designed 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.	Ongoing to March 2008	AG (DCM/PW)
2.1.2	Deliver progress consistent with the LDP trajectory for performance against the National HEAT Target : <ul style="list-style-type: none"> <li><b>T.04T – Improvement against QIS Clinical Governance and Risk Management Standards.</b></li> </ul> Full compliance	March 2009	AG (DCM/PW)
2.1.3	Maintain an up-to-date NHS Lanarkshire Clinical and Non-Clinical Risk Register.	Ongoing to March 2008	AG/SG (CMT)
2.1.4	Deliver improved effectiveness and efficiency in prescribing practice through : <ul style="list-style-type: none"> <li>Full implementation of the NHS Lanarkshire prescribing formulary with active management and monitoring.</li> <li>Establish a clear role and influence for the Prescribing Management Board in relation to prescribing action plans, managed entry of new drugs, clinical effectiveness and cost control</li> <li>Managed introduction of extended prescribing roles to relevant health care professionals.</li> </ul>	Ongoing to March 2008  Ongoing to March 2008  Ongoing to March 2008	AG  AL  PW/AG

		<b>Timescale</b>	<b>Lead Responsibility (support role)</b>
2.1.5	<p>Fully align the provision of IM&amp;T support to delivery of the Corporate Objectives through implementation of the 2007/8 Work Plan, to deliver :</p> <ul style="list-style-type: none"> <li>• Continued progress in delivery of the e-Health priorities implementation programme set by the Board.</li> <li>• <b>E.04T Deliver 97% utilisation of the CHI number and sustain this use.</b></li> </ul>	<p>Ongoing to March 2008</p> <p>January 2008 and ongoing</p>	<p>AL/CS/IAR</p> <p>AL (CS/IAR)</p>
2.2	<b>Corporate and Financial Governance :</b>		
2.2.1	Deliver enhanced, measurable improvement in CHP performance against the Audit Scotland CHP Toolkit checklist.	Ongoing to March 2008	CS/AL (IAR)
2.2.2	Ensure clear organisational arrangements for delivery of Lanarkshire wide Acute Services. Support the ongoing development of the effectiveness and efficiency of Acute Services.	Ongoing to March 2008	IAR
2.2.3	Establish and refine corporate performance management arrangements to improve levels of assurance for LDP and PoH.	May 2007	MFH (CMT)
2.2.4	Establish clear joint performance objectives and performance management arrangements between CHPs and Acute Services with clear leadership and support roles, responsibilities and accountabilities.	May 2007	IAR/CS/AL (KS)
2.2.5	<p>Deliver financial performance against the National HEAT Target :</p> <ul style="list-style-type: none"> <li>• <b>E.01T to operate within the Revenue Resource Limited, Capital Resource Limit and meet the Board's cash requirements.</b></li> </ul>	Ongoing to March 2008	SG (CMT)
2.2.6	Develop a financial strategy which recognises the need to delivery ongoing programme of CRES to support Picture of Health implementation.		SG (CMT)

		Timescale	Lead Responsibility (support role)
2.3	<b>Staff Governance and Workforce Development :</b>		
2.3.1	Produce and deliver against a comprehensive Staff Governance Action Plan for 2007/8 to include : <ul style="list-style-type: none"> <li>• <b>National HEAT Target E.02T to achieve time releasing savings including an increase in Consultant productivity by 1% over the next 3 years and a 4% sickness absence rate.</b></li> <li>- <b>Consultant Productivity (measured by day case rates)</b></li> <li>- <b>Sickness Absence</b></li> </ul>	March 2010  March 2008	AG IAR/CS/AL  GW/KS/IAR/ CS/AL
2.3.2	Develop an NHS Lanarkshire Workforce Strategy and Development Plan attuned to the workforce priorities in A Picture of Health and fully integrated with Regional and National Workforce Planning and Development activity.	Ongoing to March 2008	GW/KS (CMT)
2.3.3	Plan and deliver the implementation of Modernisation of Medical Careers within NHS Lanarkshire.	Ongoing to March 2008	AG (GW/IAR/CS)
2.3.4	Mainstream implementation of Agenda for Change.	Ongoing to March 2008	GW (CMT)
2.3.5	Project manage implementation of the Knowledge Skills Framework and e-KSF according to national timescales.	Ongoing to March 2008	KS (CMT)
3.0	<b>To Deliver Continuous Improvement in Response to Patients Needs for Quicker and Easier Access in use of NHS Services.</b>		
3.1	<b>Waiting Times and Access to Services :</b>		
3.1.1	Deliver progress consistent with the LDP trajectories for performance against the National HEAT Targets : <ul style="list-style-type: none"> <li>• <b>A.01T – Ensure that anyone contacting their GP surgery has guaranteed access to a GP, Nurse or other healthcare professional within 48 hours.</b></li> </ul>	April 2007 and ongoing	CS/AL

		Timescale	Lead Responsibility (support role)
	<ul style="list-style-type: none"> <li>▪ <b>A.03T – No patient with a guarantee should wait longer than 18 weeks for inpatient or day case treatment. Achieve no patients with an ASC Code.</b></li> <li>▪ <b>A.04T – No patient will wait longer than 6 months for GP referral to an out-patient appointment (maintenance), reducing to an 18 week target.</b></li> <li>▪ <b>A.06T – Maximum wait for cataract surgery – 18 weeks from referral to treatment.</b></li> <li>▪ <b>A.08T – Women with breast cancer and who need urgent treatment will be treated within 1 month where appropriate. Maximum wait from urgent referral to treatment for all cancers is 2 months.</b></li> <li>▪ <b>A.11T – Maximum wait for cardiac intervention of 16 weeks from GP referral through rapid access chest pain clinic or equivalent. No patient will wait more than 16 weeks for treatment after a Heart Specialist has recommended treatment following outpatient attendance.</b></li> <li>▪ <b>A.12T – Maximum wait of 9 weeks for an MRI or CT scan or other key diagnostic test.</b></li> </ul>	<p>Ongoing to March 2008</p> <p>December 2007</p> <p>December 2007</p> <p>December 2007</p> <p>April 2007 and ongoing</p> <p>December 2007</p> <p>December 2007</p>	<p>IAR (Acute implications) CS / AL (Referrals Management implications)</p>
	<ul style="list-style-type: none"> <li>▪ <b>A.05T – No patient will wait more than 4 hours for arrival to discharge or transfer for A&amp;E treatment. ( Target 98% compliance.)</b></li> <li>▪ <b>A.07T – Maximum wait for admission to a specialist unit for hip surgery following fracture will be 24 hours.</b></li> </ul>	<p>December 2007</p> <p>December 2007</p>	<p>IAR</p>
3.1.2	Refine the 2006/7 Capacity Plan to create and implement the 2007/8 Capacity Plan to sustain and improve performance against targets for waiting times and access to services.	April 2007 and ongoing	IAR/CS/AL (CMT)

		<b>Timescale</b>	<b>Lead Responsibility (support role)</b>
3.2	<b>Service Modernisation and Planning :</b>		
3.2.1	<p>Ensure full participation in and the application of learning from the National and Regional collaborative programmes in :</p> <ul style="list-style-type: none"> <li>▪ Primary Care</li> <li>▪ Unscheduled Care</li> <li>▪ Diagnostic Services</li> <li>▪ Planned Care</li> </ul> <p>To represent the interests and priorities of NHS Lanarkshire and to facilitate the application of models of contemporary clinical practice in Lanarkshire.</p>	<p>April 2007 and ongoing</p> <p>April 2007 and ongoing</p> <p>April 2007 and ongoing</p> <p>April 2007 and ongoing</p>	<p>CS/AL</p> <p>IAR/CS/AL</p> <p>IAR/CS/AL</p> <p>IAR/CS/AL</p>
3.2.2	Wider participation and influence in Regional Planning, including resource prioritisation	April 07 and ongoing	MFH (SG/IAR)
3.2.3	<p>Develop catchment management strategy for reconfigured services, including:-</p> <ul style="list-style-type: none"> <li>▪ Transport and access</li> <li>▪ Communications / community engagement</li> <li>▪ Cambuslang / Rutherglen community impact</li> </ul>	<p>September 07</p> <p>December 07</p> <p>December 07</p>	<p>MFH</p> <p>MFH (PW)</p> <p>AL</p>

		Timescale	Lead Responsibility (support role)
3.2.4	<p>Manage and deliver the strategic implementation, planning and performance of significant change programmes to improve health and health services in accordance with 'A Picture of Health', through established modernisation programmes and other structures</p> <ul style="list-style-type: none"> <li>• Health Improvement and Protection</li> <li>• Primary and Community Care</li> <li>• Acute Services</li> <li>• Child and Maternal Health</li> <li>• Older Peoples Services</li> <li>• Mental Health / Learning Disability</li> <li>• Regional Planning</li> </ul>	Ongoing to March 2008	<p>DCM AL IAR CS MFH CS MFH/SG</p>
3.3	<b>Patient Focus, Public Involvement, Equality, Diversity and Spirituality :</b>		
3.3.1	Implement the Board's PFPI Strategy to ensure full and effective public and community engagement in the planning and decision-making of NHS Lanarkshire.	From April 2007	IAR/CS/ AL/KS (MFH)
3.3.2	<p>Develop and implement an Equality, Diversity and Spirituality Action Plan for 2007/8.</p> <ul style="list-style-type: none"> <li>▪ Action Plan</li> <li>▪ Implementation</li> </ul> <p>Due attention to be given to the Statutory Duty on Workforce Monitoring / Reporting and the requirement to produce the Board's Gender Scheme by June 2007.</p>	<p>May 2007</p> <p>From May 2007</p>	<p>KS (CMT) CMT (KS)</p>
4.0	<b>To Provide Treatment appropriate to Individuals ensuring that Patients receive High Quality Services that meet their needs.</b>		
4.1	<b>'A Picture of Health'</b>		
4.1.1	To prepare risk management strategies and complete risk register for the top ten key, high level risks relating to the implementation of 'A Picture of Health' :		

		<b>Timescale</b>	<b>Lead Responsibility (support role)</b>
	1. The capacity to establish robust project arrangements to deliver the various strands of the project within the projected timeline	June 07	MFH (SG)
	2. The organisational capacity to manage change, given the need to maintain business continuity whilst bringing about major change.	June 07	IAR/CS /AL (MFH)
	3. The clinical sustainability of services if change is not achieved within the timeline envisaged.	June 07	AG (PW/MFH)
	4. The ability to harmonise and synchronise a single system approach to the integration of services across sectors.	June 07	MFH
	5. The lack of detailed service and capacity plans at this stage which will require significant resources to prepare, within a relatively short timescale, to ensure that the overall timeframes for development can be achieved.	June 07	IAR/CS/AL (MFH)
	6. Financial risk around affordability and value for money arising from the work of Programme Boards, the development of detailed service plans, capacity plans and revised capital plans.	June 07	SG (MFH)
	7. Financial risk around double running and transitional costs, which have currently not been explored.	June 07	SG (MFH)
	8. Develop a workforce strategy and plan to specifically support the implementation of a Picture of Health. The plan to include a workforce plan, financial plan, training and development plan and an HR implementation plan.	June 07	GW/SG/KS
	9. The management of patient flows in line with Regional Planning agreements, given major developments in Greater Glasgow and Forth Valley.	June 07	MFH (IAR)
	10. The impact of “political” responses to the decision on and approval of the preferred option for the <i>Picture of Health</i> strategy.	June 07	TD (MFH)

		<b>Timescale</b>	<b>Lead Responsibility (support role)</b>
4.1.2	Deliver the 33 priority projects and workstreams through a consistent process of programme and project management, supported by PoH Action Group	2007-2014	MFH/IAR/CS/AL/SG (CMT)
4.1.3	Develop Managed Clinical and Care Networks as appropriate across NHS Lanarkshire and strategic partners to support system wide modernisation and the provision of more effective and efficient treatment and care.	Ongoing to March 2008	IAR/CS/AL (CMT)
4.2	<b>Treatment :</b>		
4.2.1	<p>Deliver progress consistent with LDP trajectories for performance against the National HEAT Targets :</p> <ul style="list-style-type: none"> <li>▪ <b>T.01T – Reduce the number of people waiting more than 6 weeks to be discharged from hospital into a more appropriate setting by 50% from April 2006 to April 2007 and to zero by April 2008.</b></li> <li>▪ <b>T.02T – Reduce by 20% from the 2004/05 baseline the proportion of older people (aged 65+) who are admitted as an emergency inpatient 2 or more times in a single year. Reduce by 10% emergency inpatient bed days for people aged 65 years and over by 2008.</b></li> <li>▪ <b>T.05T - Reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero.</b></li> <li>▪ <b>T.06T - Reduce the number of re-admissions (within 1 year) by 10% for those that have had a psychiatric admission of over 7 days in a Scottish psychiatric hospital.</b></li> <li>▪ <b>T.07T - Reduce the incidence of staphylococcus aureas bacteraemia (including MRSA) by 30%.</b></li> </ul>	<p>April 2007 and April 2008</p> <p>March 2008 and March 2009</p> <p>March 2010</p> <p>December 2009</p> <p>March 2010</p>	<p>IAR/CS/AL (CMT)</p> <p>MFH/IAR/CS/AL (CMT)</p> <p>CS</p> <p>CS</p> <p>DCM (CMT)</p>

		<b>Timescale</b>	<b>Lead Responsibility (support role)</b>
4.2.2	Deliver improved quality of patient care across all inpatient services through : <ul style="list-style-type: none"> <li>▪ Development, application and audit of care standards</li> <li>▪ Staff training and development against competencies in care.</li> <li>▪ Effective supervision and clinical leadership.</li> </ul>	Ongoing to March 2008	PW (AG/KS)