

		Timescale	Lead Responsibility (support role)
	<ul style="list-style-type: none"> ▪ H4 – Achieve 1200 screenings for alcohol consumption using the setting-appropriate screening tool and appropriate alcohol brief intervention in line with SIGN 74 Guidelines. (HEAT Target of 16057 screenings in period April 2008 – March 2011). <p>Strategy, Performance Monitoring and Implementation through ADAT :</p> <ul style="list-style-type: none"> ▪ H5 – Reduce suicide rate between 2002 and 2013 by 20% supported by 35% 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. (HEAT Target of 50% key staff educated and trained by December 2010) ▪ 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>3579 quitters as target for calendar year 2009.</p> <p>Performance Monitoring:</p> <p>Implementation through CHPs:</p> <ul style="list-style-type: none"> ▪ H7 – Increase the proportion of newborn children exclusively breast-fed at 6-8 weeks to 21.2%. (HEAT Target trajectory of 23.5% by 2011) <p>Strategy and Performance Improvement:</p> <p>Implementation through Acute Division and CHPs:</p>	<p>April 2008 and ongoing to March 2009</p> <p>December 2009</p> <p>Ongoing to December 2009</p> <p>Ongoing to March 2009</p>	<p>CS (AL)</p> <p>CS (AL)</p> <p>DCM</p> <p>CS (AL)</p> <p>PW</p> <p>RL/CS/AL</p>
1.2	In partnership with North and South Lanarkshire Councils produce and deliver Health and Wellbeing Community Plans or Joint Health Improvement Plans to drive progress against the Health Improvement HEAT Targets and priorities in Lanarkshire.	Ongoing to March 2009	CS/AL

		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) :</p> <p>Health Improvement Monitoring :</p>	Ongoing to March 2009	CS DCM
1.4	<p>Design and implement an Action Plan 2008/09 for improving oral health and modernising NHS Dental Services in Lanarkshire.</p> <ul style="list-style-type: none"> ▪ Health improvement interventions relating to children, teenagers, older people, prisoners, homeless people and people in the workplace. ▪ Dental Services modernisation. 	Ongoing to March 2009	CS (DCM)
1.5	Design and deliver a range of initiatives to achieve Health Promoting Hospital status for Wishaw General, Monklands and Hairmyres Hospitals.	Ongoing to March 2009	RL
1.6	<p>Deliver against specific health protection challenges :</p> <ul style="list-style-type: none"> ▪ Ensure smooth implementation of the new 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. 	<p>Ongoing to March 2009</p> <p>Ongoing to March 2009</p>	<p>DCM (AL)</p> <p>DCM (CMT)</p>
1.7	Progress compliance with the Glennie Report instrument decontamination requirements.	Ongoing to March 2009	AG (AL/IAR/ DCM/CS)
1.8	<p>Meet the requirements of QIS Infection Control & Cleaning Services Standards and the NHS Scotland Healthcare Associated Infection Task Force 3 year Delivery Plan (2008-2011) requirements, including :</p> <p>T5 – Reduce identifications of Staphylococcus aureas bacteraemia (including MRSA) to a maximum 183 cases. (HEAT Target of 165 (30% reduction) by 2011).</p>	<p>March 2009</p> <p>March 2009</p>	<p>AG (IAR/PW/RL/ CS/AL)</p> <p>AG (PW)</p>

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		Timescale	Lead Responsibility (support role)
1.9	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 2009	CS (PW/DCM/RL)
1.10	Deliver continuous improvement in Child Protection arrangements across NHS Lanarkshire. Respond to the report from the Child Protection multi-agency inspection team (HMIE) through an amended Development Plan (where necessary, revising the objectives below) :	October 2008	PW (RL/CS/AL)
1.10.1	<p>Developed NHS case management to ensure that :</p> <ul style="list-style-type: none"> ▪ Each case that the views of children and young people about their circumstance are actively sought and recorded. ▪ Objectives, actions and outcomes are clearly recorded. ▪ Children's access to a safe adult is made clear within the case record and their awareness of their personal safety is assessed, recorded and improved. ▪ Children's short and longer term child protection and welfare needs are identified. ▪ Referral times between agencies and within component parts of the NHS (e.g. public health nursing and ADAT) for children with child protection issues are explicit and appropriate. ▪ Advocacy support for children and adults is explicitly considered and, where appropriate, is provided. ▪ Case supervision is implemented and the system is reviewed annually. ▪ The complaints process specifically addresses children and child protection and there is an explicit process for reviewing cases and trends. ▪ Critical incidents and the lessons to be learn from them are systematically collated (using a register) and enshrined into the governance arrangements including risk registers and corporate objectives. 	January 2009	PW (CS/AL)
1.10.2	NHS Lanarkshire's responsibilities in raising public awareness about child protection to be met through the development of the Board's internet.	October 2008	PW (AL)

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		Timescale	Lead Responsibility (support role)
1.10.3	Child protection and procedures are subject governance standards; a register to be created and the process stages (of formulation, implementation, audit and review) to be clearly identified.	October 2008	PW (CMT)
1.10.4	A system of continuous improvement to be developed for NHS Lanarkshire, in partnership with other agencies.	January 2009	PW (CS/AL/TD)
1.10.5	Programme budgeting (resources and objectives) to be implemented within NHS Lanarkshire for Child Protection and further developed in the business plans for Child Protection Committees.	October 2008	PW (CS/AL/TD)
1.10.6	Review current health service delivered to “looked-after” and accommodated children as part of the multi-agency review.	April 2009	CS (PW/AL)
1.11	Maintain effective Emergency Planning and Response arrangements, through : <ul style="list-style-type: none"> ▪ Maintenance of a Flu Pandemic plan responsive to any further national guidance issued. ▪ Maintenance of an up-to-date NHSL Major Emergency Plan with annual review. ▪ Production of a comprehensive Business Continuity Plan for NHSL, including specific Acute and CHP plans. ▪ Adoption and dissemination of the comprehensive Business Continuity Plan ▪ 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 2008/09 Winter Plan. 	Ongoing to March 2009 Ongoing to March 2009 Sept 2008 March 2009 March 2009 March 2009 October 2008	DCM (CMT) DCM (CMT) IAR (CMT) IAR (CMT) RL DCM (CMT) AL (CMT)
2.0	To Continually Improve the Efficiency and Governance of the NHS in Lanarkshire		
	Health and Clinical Governance :		

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		Timescale	Lead Responsibility (support role)
2.1	Produce and publish a Health and Clinical Governance Strategy designed 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.	Sept 2008	AG (DCM/PW)
2.2	Implement the Patient Safety Alliance Project within Acute Services in NHS Lanarkshire.	Ongoing to March 2009	AG (CMT)
2.3	Deliver improvement in the NHS Lanarkshire rating against National Clinical Governance and Risk Management Standards consistent with the LDP trajectory for performance against the National HEAT Target : <ul style="list-style-type: none"> ▪ T2 – Demonstrate Improvement against QIS Clinical Governance and Risk Management Baseline Standards by achieving a score of 7 for set standards in 2008/09. (HEAT Target of a score of 9 by 2010/11). 	March 2009	PW (CMT)
2.4	Maintain an up-to-date NHS Lanarkshire Clinical and Non-Clinical Risk Register.	Ongoing to March 2009	AG/SG (CMT)
2.5	Deliver continued progress in Primary Care Prescribing to achieve : <ul style="list-style-type: none"> ▪ 2008/09 Prescribing Savings Targets ▪ Continued Pharmaceutical Product Horizon Scanning ▪ Planned introduction and use of new drugs 	Ongoing to March 2009	AL (CMT)
2.6	Fully align the provision of IM&T support to delivery of the Corporate Objectives through implementation of the 2008/9 Work Plan, to deliver : <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 and in particularly the new PMS. ▪ E1 – Universal Utilisation of CHI (Deliver 97% sustained utilisation). 	Ongoing to March 2009 April 2008 and ongoing	AL (CS/RL) AL (CS/RL)

		Timescale	Lead Responsibility (support role)
	<ul style="list-style-type: none"> ▪ Data Sharing Partnership; ensure that e-Single Shared Assessment, e-Care and Child Protection messaging are fully implemented in line with SGHD requirements. 		
2.7	<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 day case rate by March 2011. <ul style="list-style-type: none"> ○ First outpatient attendance DNA rate 10% reduction between March 2007 and March 2010. (Target 10.5% rate by March 2009 and 10% by March 2010). ○ Reduce non-routine inpatient average length of stay. (Target 3.0 bed days by March 2009 and 2.9 bed days by March 2011). ○ Reduce ratio of return to new outpatient attendance. (Target 2.0 attendances by March 2009 and 1.94 attendances by March 2011). ○ Improve number of BADS surgical procedures performed as a day case or in an outpatient setting. (Target 78% by March 2009 and 90% by March 2011). 	<p>March 2009</p> <p>March 2009</p> <p>March 2009</p> <p>March 2009 and ongoing to March 2011</p>	<p>RL/CS (CMT)</p> <p>RL (CMT)</p> <p>RL/CS (CMT)</p> <p>RL (CMT)</p>
2.8	Design and deliver a clear Strategy and Action Plan for NHS Lanarkshire in response to the National consultation on Better Cancer Care.	March 2009	RL (CMT)
	Corporate and Financial Governance :		
2.9	Deliver continued enhanced, measurable improvement in CHP performance – with use of the Audit Scotland CHP Toolkit checklist as appropriate.	Ongoing to March 2009	CS/AL

		Timescale	Lead Responsibility (support role)
2.10	<p>Ensure clear organisational arrangements for delivery of Lanarkshire wide Acute Services. Support the ongoing development of the effectiveness and efficiency of Acute Services through the implementation of:</p> <ul style="list-style-type: none"> ▪ Revised organisational arrangements supported by structured organisational development plans ▪ Revised performance management structure 	Ongoing to March 2009	RL
2.11	Further develop and refine the Modernisation Board to deliver, drive and progress in service improvement, developing single system working, integration in clinical care, quality and clinical effectiveness.	Ongoing to March 2009	IAR (CMT)
2.12	Further develop and refine Performance Management and Planning arrangements in support of enhanced governance, performance monitoring and assurance.	Ongoing to March 2009	IAR
2.13	Establish clear joint performance objectives and performance management arrangements between CHPs and Acute Services for 2008/09 with clear leadership and support roles, responsibilities and accountabilities.	May 2009	RL/CS/AL (KS)
2.14	<p>Deliver financial performance against the National HEAT Targets :</p> <ul style="list-style-type: none"> ▪ E5 - To operate within the agreed Revenue Resource Limited, Capital Resource Limit and meet the Board's cash requirements. ▪ E6 – To meet the Boards cash efficiency target of 2% for 2008/09. 	<p>Ongoing to March 2009</p> <p>March 2009</p>	<p>SG (CMT)</p> <p>SG (CMT)</p>
2.15	Develop and maintain a 5-year financial strategy which recognises the need to deliver a CRES programme in support of the Board's prioritised investments.	April 2008 and ongoing to March 2009	SG (CMT)
2.16	<p>Deliver against the agreed Capital Plan 2008/09, including progress against Capital Projects, services changes, production of business cases and commissioning of building.</p> <p>Develop a clear capital investment plan for Monklands Hospital, GP Premises Development and Community / Primary Care estates, including beyond 2008/09.</p>	March 2009	IAR/SG (CMT)

		Timescale	Lead Responsibility (support role)
2.17	Design and deliver the Environmental Management Policy for NHS Lanarkshire consistent with HDL(2006)21. Policy : Implementation :	May 2008 From June 2008 and ongoing	IAR (CMT)
2.18	Proactively influence the development of Single Outcome Agreements, in partnership with North and South Lanarkshire Councils, to reflect and prioritise the Health Improvement and Reducing Health Inequalities agenda.	April 2008 and ongoing to March 2009	CS / AL
Staff Governance and Workforce Development :			
2.19	Produce and deliver against a comprehensive Staff Governance Action Plan for 2008/9 to include : ▪ E2 - To achieve a sickness absence rate of 4% from 31st March 2009	March 2009	GW/KS/ RL/CS/AL (CMT)
2.20	Develop and publish an NHS Lanarkshire Workforce Strategy and Development Plan for 2008/09 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 2009	GW/KS (CMT)
2.21	National Nursing and Midwifery Workforce and Workload Tools : ▪ Implement Tools ▪ Provide written advice to Operational, HR and Finance Directors on implications for 2009/10 resources.	Ongoing to March 2009	PW
2.22	Plan and deliver Modernising Nursing and Modernising Midwifery Careers (MNC, MMiC)	Ongoing to March 2009	PW
2.23	Maintain progress in delivering implementation of Modernisation of Medical Careers within NHS Lanarkshire.	Ongoing to March 2009	AG (CMT)
2.24	Complete all assimilations and reviews and mainstream implementation of Agenda for Change throughout NHS Lanarkshire.	Ongoing to March 2009	GW (CMT)

		Timescale	Lead Responsibility (support role)
2.25	<p>Project manage implementation of the Knowledge Skills Framework and e-KSF according to national timescales to include :</p> <ul style="list-style-type: none"> ▪ E3 – To ensure that all employees covered by Agenda for Change have an agreed KSF Personal Development Plan by March 2009. 	Ongoing to March 2009	KS (CMT)
3.0	To 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 :</p> <ul style="list-style-type: none"> ▪ A1 – Ensure that anyone contacting their GP surgery has guaranteed access to a GP, Nurse or other healthcare professional within 48 hours. 	April 2008 and ongoing to March 2009	CS/AL
	<ul style="list-style-type: none"> ▪ A2 – The maximum wait from urgent referral to treatment for all cancers is 2 months. (95% performance target) ▪ A4 – As a milestone in achieving 18 weeks referral to treatment, no patient will wait more than 15 weeks from GP referral to first outpatient appointment from 31st March 2009. <p>Work will continue on demand and supply at specialty level and management improved efficiency and productivity increase capacity. In tandem, the increased roles of Specialist General Practitioners, Nurses and Allied Health Professionals offer the potential to further design patient pathways.</p> <ul style="list-style-type: none"> ▪ A5 – As a milestone to achieving 18 weeks referral to treatment, no patient will wait more than 15 weeks for inpatient or day case treatment from 31st March 2009. <p>By March 2008 no patient will wait beyond 16 weeks for inpatient/day case treatment. The Planned Care Collaborative has prompted specific workstreams to increase day surgery rotas, more efficiently manage pre-assessment and admission to hospital and maximise theatre capacity.</p>	<p>April 2008 ongoing to March 2009</p> <p>March 2009 and ongoing</p> <p>March 2009 and ongoing</p>	<p>RL (Acute implications)</p> <p>CS/ AL (Referrals Management implications)</p>

		Timescale	Lead Responsibility (support role)
	<ul style="list-style-type: none"> ▪ A6 – As a milestone to achieving 18 weeks referral to treatment, no patient will wait longer than 6 weeks for one of the 8 key diagnostic tests from 31st March 2009. <p>The work of the Diagnostic Collaborative prompted significant redesign in process and practise. This will be further extended during 2008/09</p> <ul style="list-style-type: none"> ▪ A7 – Achieve annual reduction in the rates of attendance at A&E to 2,485 per 100,000 population by March 2009. (HEAT Target of 2,203 per 100,000 population by March 2011). 	<p>March 2009 and ongoing</p> <p>March 2009 and ongoing</p>	<p>RL <i>(Acute implications)</i> CS/ AL <i>(Referrals Management implications)</i></p> <p>RL (CS/AL)</p>
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.	April 2008 and ongoing	RL <i>(Acute implications)</i> CS/ AL <i>(Referrals Management implications)</i>
3.3	Refine the 2007/8 Capacity Plan to create and implement the 2008/9 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.	April 2008 and ongoing	RL/CS/AL (CMT)
	Service Modernisation and Planning :		
3.4	<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"> ▪ 18 Week Referral to Treatment ▪ Mental Health ▪ Long Term Conditions 	<p>April 2008 and ongoing</p> <p>April 2008 and ongoing</p> <p>April 2008 and ongoing</p>	<p>RL</p> <p>CS</p> <p>AL</p>

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		Timescale	Lead Responsibility (support role)
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 2009	IAR (CMT)
3.6	Complete a review of clinical and service agreements external to NHS Lanarkshire.	Ongoing to March 2009	IAR
3.7	Implement Regional Planning Clinical service priorities within NHS Lanarkshire.	Ongoing to March 2009	IAR (CMT)
3.8	<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 new NHS Lanarkshire Modernisation Board and supporting Service Improvement Boards structure, 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 2009	IAR (CMT) DCM IAR (AL/RL) CS IAR CS CS IAR
3.9	Develop a 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 2009	RL/AL
Patient Focus, Public Involvement, Equality, Diversity and Spirituality :			
3.10	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 2008	IAR/CS/AL /KS/RL/PW /AG
3.11	Develop and implement an Equality, Diversity and Spirituality Action Plan for 2008/9.		

		Timescale	Lead Responsibility (support role)

	<ul style="list-style-type: none"> ▪ Action Plan ▪ Implementation 	<p>May 2008</p> <p>From May 2008</p>	<p>KS (CMT) CMT (KS)</p>
3.12	Implement “Better Together” programme of patient experience in concert with Patient Safety Programme.	December 2008	PW (AG/RL/ CS/AL/KS)
4.0	To 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"> ▪ T1 – Reduce the proportion of older people (aged 65+) who are admitted as an emergency inpatient two or more times in a single year by 20% compared with 2004/05 and reduce by 10% emergency inpatient bed days for people aged 65 and over by 2008. (Target re-admission rate of 39.8 per 1000 population by March 2009 and 3163.5 per 1000 population occupied bed days by March 2009) ▪ T3 – Reduce the annual rate of increase of defined daily dose of anti-depressants to 39.5 (trajectory to March 2009) (HEAT Target of Zero by 2009/10). <p>Establish the required support framework to achieve a 10% reduction in future years.</p> <ul style="list-style-type: none"> ▪ T4 – Reduce the number of re-admissions (within one year for those that have had a psychiatric hospital admission of over 7 days by 10% by December 2009). ▪ 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. 	<p>March 2009</p> <p>Dec 2008</p> <p>March 2009</p> <p>Ongoing to March 2010</p> <p>Ongoing to December 2009</p> <p>Ongoing to March 2009</p>	<p>AL (RL/CS)</p> <p>RL/CS/AL (CMT)</p> <p>CS (CMT)</p> <p>CS</p> <p>CS</p> <p>AL (RL/CS)</p>

		Timescale	Lead Responsibility (support role)
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