

**LANARKSHIRE NHS BOARD
CORPORATE OBJECTIVES 2007/08 – QUARTER 4 (Full Year 2007/08)**

1 Background

At its April 2007 meeting, the Board approved the 2007/08 Corporate Objectives and requested progress reports on delivery during the course of the year. The attached progress template was issued to named leads at the end of March 2008, with individual meetings following to agree update reports.

2 Objectives, Actions, and Coding System

While there are 67 Corporate Objectives, many have multiple actions and so there are 101 separate actions against which progress requires to be reported. The coding system used is as follows:

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

3 Analysis of Results

The reported position as at 31 March 2008 is as follows:

Status Code	Blue	Green	Amber	Red
Actions (No)	21	66	14	0
Actions (%)	20.8%	65.3%	13.9%	0

Extracts of the 'Amber' actions are provided below:

1.1.2	H.02T – Reduce rate of smoking amongst adults (16+) in all social classes to 23.9%.	March 2010	C Sloey / A Lawrie (Implementation through CHPs)	<p>Amber – latest figures from Scottish Household Survey (2006) show local authority areas of North Lanarkshire at 33% and South Lanarkshire at 25%. Data are still to be translated into NHS Board areas, but it is clear from this that we are not likely to hit our target of 27.9% for 2006.</p> <p>Proxies agreed at PMC 21/6/07, and one has now become national measure for 2008/09. Smoking cessation data capture in line with ISD requirements. Increasing attendances at smoking cessation clinics. Keep Well project will contribute to this target. Smoking Cessation Service Strategy updated and evidence based model fully implemented in all settings. Initiated training programme for all staff re brief intervention. (CS, AL)</p>
1.1.6	H.07T – Reduce by 20% the teenage pregnancy rate (per 1000 population) in 13-15 year olds.	March 2010	C Sloey / A Lawrie (Implementation through CHPs)	<p>Amber – latest data shows rate above trajectory and target. Further work underway to investigate this. Family Planning and GUM services are now integrated, with a consultant lead for GUM appointed. Number of available clinics, including young people's services, increased. Health Promoting Schools engaging young people and promoting positive sexual health, as integral part of overall Sexual Health Strategy and Action Plan. Major effort in South to target schools and looked after young people. (CS, AL)</p>
1.1.7	H.08T – 60% of 5 year old children (primary 1) with no signs of dental disease.	March 2010	C Sloey / A Lawrie (Implementation through CHPs)	<p>Amber – latest figures (NDIP, 2006) show NHSL as 50.2%, with performance since 2000/01 steadily improving. (LDP trajectory for 2007/08 is 55%). Dental Action Plan is main vehicle for action and its implementation is proceeding as planned, including Childsmile, and toothbrushing programmes in nurseries and primary schools. (CS, AL)</p>
1.7	Meet the requirements of the QIS Infection Control & Cleaning Services Standards, and the NHS Scotland Code of Practice on Healthcare Acquired Infection.	Ongoing	D C Moir (P Wilson, R Lyness, C Sloey, A Lawrie)	<p>Amber – NHS Lanarkshire is progressing towards meeting the QIS Infection Control & Cleaning Services Standards, and the NHS Code of Practice on Healthcare Acquired Infection. Further</p>

			(Responsibility transferred to A Graham from January 2008)	<p>development is occurring in the following areas to fully meet the HAI Standards and Code of Practice:</p> <ul style="list-style-type: none"> o Clinical Governance: The Clinical Governance structure in NHS Lanarkshire includes the Lanarkshire Infection Control Committee, which reports to the single system area-wide Area Control of Communicable Disease Committee, and the Health and Clinical Governance Steering Group. Key issues are raised via the Health & Clinical Governance Committee to the Board; o Surveillance – NHS Lanarkshire is working towards full implementation of HDL (2006) 38; o Training in infection control: NHS Lanarkshire has moved to the Doctors Online Training System (DOTS), which includes training around infection control issues. In addition, the organisation has commissioned the University of the West of Scotland to undertake a critical review of infection control training ensuring the organisation remains focused on key deliverables. The report is due in the autumn.; o A short life working group was established in December 2007 to develop an educational strategy in response to the new QIS Infection Control standards. The work being undertaken by the University of the West of Scotland will inform this. <p>(AG, AA)</p> <p>NHS QIS conducted a pilot visit in November 2007 and a report is awaited. (DCM)</p> <p>In relation to the National Cleaning Services Specification, the quarterly monitoring report published by NHS NSS/Health Facilities Scotland shows NHS Lanarkshire compliant at 'green' level (above 90%) for the quarter to December 2007.</p> <p>(DB / IAR)</p>
2.1.1	Produce and publish a Health and Clinical Governance Strategy designed to improve clinical effectiveness, reduce clinical risk, and integrate the principles	Ongoing to March 2008	A Graham (D C Moir, P Wilson)	Amber – Delayed; work on-going. (AG)

	of clinical governance into both the development of the organisation and the delivery of the services provided.			
2.1.2	<p>Deliver progress consistent with the LDP trajectory for performance against the National HEAT Target:</p> <p>T.04T – Improvement against QIS Clinical Governance and Risk Management Standards.</p> <p>Full compliance:</p>	March 2009	A Graham (D C Moir, P Wilson)	Amber – progress currently delayed, but work is ongoing towards compliance (AG)
2.1.5	<p>Fully align the provision of IM&T support to delivery of the Corporate Objectives through implementation of the 2007/08 Work Plan, to deliver:</p> <ul style="list-style-type: none"> o E.04T Deliver 97% utilisation of the CHI number and sustain this use. 	January 2008 and ongoing	A Lawrie (C Sloey / R Lyness)	<p>Amber – laboratory performance improved October – November – December 2007, however has dipped in January 2008. Further detailed actions being progressed, in particular around A&E.</p> <p>Green - Community figures are improving each quarter. The figures for records and referrals across NHSL stood at over 92% and this has been signed off by the Regional Co-ordinator as a good performance. (AL)</p>
2.3.1	<p>Produce and deliver against a comprehensive Staff Governance Action Plan for 2007/08, to include:</p> <ul style="list-style-type: none"> ▪ Sickness absence 	March 2008	G Walker / K Small / R Lyness / C Sloey / A Lawrie	<p>Amber – The national target date for achieving a 4% sickness level has now been revised to March 2009. Considerable management effort is being directed within the Operational Divisions and PSSD to achieving this target. In terms of actual performance, levels remain substantially above target but the latest trajectory shows some improvement. (GW)</p> <p>All CHP Localities have specific action plans in place</p>

				<p>to ensure HR policies on the Management of Sickness Absence are fully implemented. In-year performance across North CHP has gone from 6.5% to 5.08%. Bellshill Locality is now involved in stage 1 of the EASY project. This will be rolled out throughout 2008. (CS)</p> <p>Within the Acute Division all managers are actively implementing the promoting attendance policy and undertaking return to work interviews. The Divisional Teams have participated in a soft audit exercise with Occupational Health to gain better understanding of the underlying reasons for higher levels of absence. This work will now be used to refocus the action plan for the year ahead 2008/09. (RL)</p> <p>Green – in terms of the Sickness Project Board, this continues to meet, has met all targets set out in its Action Plan for 2007/08, and had developed an Action Plan for 2008/09 to support the achievement of this target. (GW)</p>
3.1.1.7	A.07T – Maximum wait for admission to a specialist unit for hip surgery following fracture will be 24 hours.	December 2007	R Lyness	Amber – due to delay in diagnosis. This is a clinically induced delay and not due to poor process management. (RL)
4.1.1.3	The clinical sustainability of services if change is not achieved with in the timeline envisaged.	June 2007	A Graham (P Wilson / I A Ross)	Amber – work ongoing following revised A&E proposals agreement. (AG)
4.1.1.6	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 2007	S Goldsmith (I A Ross)	Amber – in relation to service and capacity plans, Programme Boards have been refreshed and work is continuing. Capital investment priorities now agreed; business cases ongoing. (SG)
4.2.1.2	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.	March 2008 and March 2009	C Sloey / A Lawrie / R Lyness (CMT)	Amber – While the latest published data shows a Lanarkshire rate of 4851 against a trajectory of 4910 at 31 March 2007, more locally developed CHI linked data suggests otherwise. Work is ongoing in a number of areas, e.g., care management, early supported discharge, rapid response, use of SPARRA data. (CS, RL, AL)

4.2.1.3	T.05T – Reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero.	March 2010	C Sloey	Amber – current performance is above trajectory (1.69% increase in prescribing at Sept 07, against a trajectory plan of 0.50%). The development of alternative of psychological therapies (pilots now commenced) will take time to impact directly on prescribing and this will continue to be monitored closely during 2007/08. Performance across Lanarkshire has improved from a Lanarkshire average growth of 2.03% in April 2007 to 1.64% in the latest report for December 2007. Within this, the pilot site for Psychological Therapies at Bellshill has improved from 2.16% to 1.26% for the same time periods. (CS)
4.2.1.5	T.07T – Reduce the incidence of staphylococcus aureus bacteraemia (including MRSA) by 30%.	March 2010	D C Moir (CMT)	Amber – HPS data for the year to December 2007 shows numbers at 265 against a trajectory of 221 for the same period. However, HPS Quarterly Report to December 2007 shows NHS Lanarkshire remains within control limits. (Health Protection Scotland / DCM)

4 Conclusion

Thus, 87 actions (86.1%%) are satisfactory, being either 'completed' or 'on target', with only 14 (13.9%%) being delayed at the end of the year.

The first quarterly review against Corporate Objectives 2008/09 will commence in July 2008.

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 May 2008