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**LANARKSHIRE NHS BOARD**  
**CORPORATE OBJECTIVES 2007/08**

	<b>Objective</b>	<b>Timescale</b>	<b>Lead Responsibility</b> (Support role)	<b>Position at 31 March 2008</b>
<b>1</b>	<b>To Improve Life Expectancy and Healthy Life Expectancy for the People of Lanarkshire, through:</b>			
1.1	<b>Health Improvement / Health Protection</b>  Deliver progress consistent with the LDP trajectories for performance against the national HEAT targets:			
1.1.1	<p><b>H.01T – Reduce health inequalities by increasing the rate of improvement by 15% in CHD*, Cancer, Adult Smoking, Smoking During Pregnancy, Teenage Pregnancy and Suicide in Young People.</b></p> <p><i>*only CHD being monitored by SEHD</i></p>	March 2008	D C Moir ( <i>Strategy &amp; Performance Monitoring</i> )	Green – Evidence Base for Lifestyle Interventions for Health Improvement in place and kept under review. Health Improvement & Protection Programme Board monitoring progress. Further analysis published as part of DPH Annual Report. (DCM)
			C Sloey / A Lawrie ( <i>Implementation through CHPs</i> )	Green – Trajectory on target. (CS, AL)
1.1.2	<p><b>H.02T – Reduce rate of smoking amongst adults (16+) in all social classes to 23.9%.</b></p>	March 2010	D C Moir ( <i>Strategy &amp; Performance Monitoring</i> )	Green – Evidence Base for Lifestyle Interventions for Health Improvement in place and kept under review. Health Improvement & Protection Programme Board monitoring progress. Further analysis published as part of DPH Annual Report. (DCM)

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			C Sloey / A Lawrie <i>(Implementation through CHPs)</i>	<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>
1.1.3	<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>	March 2010	<p>D C Moir <i>(Strategy &amp; Performance Monitoring)</i></p> <p>C Sloey / A Lawrie <i>(Implementation through CHPs)</i></p>	<p>Green – Evidence Base for Lifestyle Interventions for Health Improvement in place and kept under review. Health Improvement &amp; Protection Programme Board monitoring progress. Annual Report noted high alcohol related deaths (male and female) in Lanarkshire compared to UK. (DCM)</p> <p>Green – Proxy measures agreed at PMC 21/6/07, with further development progressed. Now overtaken by</p>

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				announcement of new measure for 2008/09. ADAT Corporate Action Plan in place for 2007/08. National Standards for Alcohol & Drugs Services fully implemented, and good progress made against these. ADAT members currently preparing three year delivery plan to support achievement of agreed Corporate Strategy. This will include increased service capacity using additional funding received from Scottish Government. (CS, AL)
1.1.4	<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>	2022	D C Moir ( <i>Strategy &amp; Performance Monitoring</i> )  C Sloey / A Lawrie ( <i>Implementation through CHPs</i> )	Green – Evidence Base for Lifestyle Interventions for Health Improvement in place and kept under review. Health Improvement & Protection Programme Board monitoring progress. (DCM)  Green – Proxy measures agreed at PMC 21/6/07, and further development progressed. 100% schools now participating in Health Promoting Schools programme. (CS, AL)
1.1.5	<b>H.06T – Reduce suicide rate by 20%.</b>	March 2013	D C Moir ( <i>Strategy &amp; Performance Monitoring</i> )  C Sloey / A Lawrie ( <i>Implementation through CHPs</i> )	Green – Evidence Base for Lifestyle Interventions for Health Improvement in place and kept under review. Health Improvement & Protection Programme Board monitoring progress. (DCM)  Green – Proxy measures agreed at PMC 21/6/07, and further development progressed. Training programmes around early interventions (STORM and ASIST) in

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				place. New measure for 2008/09 is based on implementation / coverage of these training programmes. (CS, AL)
1.1.6	<b>H.07T – Reduce by 20% the teenage pregnancy rate (per 1000 population) in 13-15 year olds.</b>	March 2010	D C Moir ( <i>Strategy &amp; Performance Monitoring</i> )  C Sloey / A Lawrie ( <i>Implementation through CHPs</i> )	Green – Evidence Base for Lifestyle Interventions for Health Improvement in place and kept under review. Health Improvement & Protection Programme Board monitoring progress. Further analysis published as part of DPH Annual Report. Although numbers are small, increased rate gives cause for concern. (DCM)  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)
1.1.7	<b>H.08T – 60% of 5 year old children (primary 1) with no signs of dental disease.</b>	March 2010	D C Moir ( <i>Strategy &amp; Performance Monitoring</i> )	Green – Evidence Base for Lifestyle Interventions for Health Improvement in place and kept under review. Health Improvement & Protection Programme Board monitoring progress. Further

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			C Sloey / A Lawrie (Implementation through CHPs)	analysis published as part of DPH Annual Report. (DCM)  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 <i>Childsmile</i> , and toothbrushing programmes in nurseries and primary schools. (CS, AL)
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.	On-going to March 2008	C Sloey / A Lawrie / D C Moir	Green – South on target for completion by April 2008. North Lanarkshire partners have completed the Single Outcome Agreement for 2008, which includes specific health improvement targets for the partnership. The Health Improvement plan is delivered via the Community Plan, which has 5 themed areas, one of which is Health and Wellbeing. The focus of the action plan is on the priority areas set out in the DPH Evidence Base for Lifestyle Interventions. (CS, AL)
1.3	Deliver the NHSiS Project <i>Keep Well</i> within North Lanarkshire CHP to target health improvement and reduce inequalities in areas of social deprivation:  o Project implementation through CHP (N);	July 2008	C Sloey	Green – SGHD visit spring 2007 commended overall management,

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	<ul style="list-style-type: none"> <li>Health improvement monitoring.</li> </ul>		D C Moir	<p>partnership working, and future sustainability. NHSL lessons / good practice will be shared in roll-out waves of project elsewhere. First stage evaluation completed, monthly data being collected, throughput and outcomes very positive. Next stage is to reach DEPCAT 1 clients and other specific hard to reach groups. (CS)</p> <p>Green – First stage of National Evaluation completed where NHS Lanarkshire is shown to have 33% of overall screening throughput for Scotland. Excellent results are being achieved in matching patients to appropriate clinical services where this is indicated from screening results. First 12 months data has been collected and gives good indication of results being achieved. Over 1,000 people have received appropriate interventions following screening results. (CS)</p>
1.4	<p>To implement the Action Plan for improving oral health and modernising NHS Dental Services in Scotland:</p> <ul style="list-style-type: none"> <li>Health improvement interventions relating to children, teenagers, older people, prisoners, homeless people, and people in the workplace;</li> </ul>	On-going to March 2008	C Sloey / A Lawrie / D C Moir	<p>Green - Senior Health Promotion Officer has been appointed, with role to target vulnerable groups. Work on-going in relation to primary schools and nurseries toothbrushing programmes;</p>

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	o Dental Services modernisation.			Green - Good progress made towards registration of all dental care professionals with GDC by July 2008. This will enhance CPD, skills development and quality assurance of workforce. Programme of upgrading of CDS premises on target, with a range of projects at various stages of planning and completion. Links made with GPs to maximise partnership / sharing opportunities locally.  (DCM, MD for CS, AL)
1.5	Deliver against the specific Health Protection National HEAT Targets and other challenges:			
1.5.1	<b>H.05T – 95% uptake for all childhood vaccinations.</b>	Ongoing	D C Moir ( <i>Strategy &amp; Performance Monitoring</i> )  C Sloey / A Lawrie ( <i>Implementation through CHPs</i> )	Green – Evidence Base for Lifestyle Interventions for Health Improvement in place and kept under review. Health Improvement & Protection Programme Board monitoring progress. Further analysis published as part of DPH Annual Report. (DCM)  Green – MMR performance improving in line with agreed trajectory. Locality and practice information being used to target action. (CS, AL)
1.5.2	<b>T.03T – Cervical screening target of 80%.</b>	Ongoing	D C Moir ( <i>Strategy &amp; Performance Monitoring</i> )	Green – Health Improvement & Protection Programme Board monitoring progress. Health Educator Project targeting vulnerable groups – evaluation result under consideration. (DCM)

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			C Sloey / A Lawrie <i>(Implementation through CHPs)</i>	Green – Latest NHSL performance for 5.5 year recalls (HEAT target definition) is 82.5%, i.e., within target, however for 3.5 year recalls it is 76.6% (March 2007). Action plan in place via Cervical Screening Working Group, and locality and practice level information being used to investigate variations and target further action at individual practice level. Lead GPs tackling this with Locality Clinical Forum. (CS, AL)
1.6	Compliance with the Glennie Report instrument decontamination requirements.	Ongoing	C Sloey (A Lawrie, R Lyness, D C Moir)	Green – All Community dental and directly managed services completed. 97.7% of GDPs completed. The allocation of national funding to support this resulted in £536,000 to NHSL. An agreed allocations process is in place supported by CDPH, Dental Practice Advisor, GP sub-committee of Area Dental Committee. Funds will be fully allocated for Local Decontamination Units. (CS, AL)
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)  <i>(Responsibility transferred to A Graham from January 2008)</i>	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 development is occurring in the following areas to fully meet the HAI Standards and Code of Practice:  o Clinical Governance: The Clinical

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				<p>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 &amp; Clinical Governance Committee to the Board;</p> <ul style="list-style-type: none"> <li>o Surveillance – NHS Lanarkshire is working towards full implementation of HDL (2006) 38;</li> <li>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.;</li> <li>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.</li> </ul> <p>(AG, AA)</p>
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				<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>
1.8	<p>Develop and deliver a clear programme of actions and milestones to meet the requirements of <i>An Action Framework for Children and Young People's Health in Scotland (HDL (2007) 6)</i>.</p>	Ongoing to March 2008	C Sloey (P Wilson, D C Moir)	<p>Green – Local action plan in place, lead responsibilities identified. Implementation underway. Performance management framework established and managed via Child &amp; Maternal Health Programme Board. (CS)</p>
1.9	<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>o Strategic vision for Child Protection;</li> <li>o Reduction of risk;</li> <li>o Clear accountabilities within NHSL;</li> <li>o Audit and response to rectify gaps in existing service;</li> </ul>	March 2008	P Wilson (R Lyness, C Sloey, A Lawrie)	<p>Blue – all action completed for 2007/08. further development will be progressed during 2008/09 in light of HMI feedback.</p> <p>(PW)</p>

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	<ul style="list-style-type: none"> <li>o Develop and implement policy where gaps exist;</li> <li>o Briefing for Board, CMT and senior management teams on strategic vision, results of audit, and plans for improvement.</li> </ul>			
1.10	<p>Develop effective Emergency Planning and Response arrangements, through:</p> <ul style="list-style-type: none"> <li>o Develop Flu Pandemic plan in light of further guidance issued in March 2007;</li> <li>o Maintain up-to-date NHSL Major Emergency Plan with annual review;</li> <li>o Produce a Business Continuity Plan for NHSL;</li> <li>o Adopt and disseminate Business Continuity Plan;</li> <li>o Review Acute Hospital Emergency Plans annually and test at appropriate interval;</li> <li>o Make full use of opportunities across the organisation to</li> </ul>	<p>Dec 2007</p> <p>Dec 2007</p> <p>March 2007</p> <p>June 2007</p> <p>March 2008</p> <p>March 2008</p>	<p>D C Moir (CMT)</p> <p>D C Moir (CMT)</p> <p>D C Moir (CMT)</p> <p>D C Moir (CMT)</p> <p>R Lyness</p> <p>D C Moir (CMT)</p>	<p>Green – on target, being updated in light of further guidance issued November 2007. (DCM)</p> <p>Green – work on-going (DCM)</p> <p>Green – first Plan produced March 2007, now subject to further detailed development. (DCM)</p> <p>Green – draft approved by CMT April 2007 and now subject to further update. (DCM)</p> <p>Green – review completed and pan-Lanarkshire Acute Major Incident Group being put in place. (RL)</p> <p>Green – Executive Director awareness and on call training completed June 2007.</p>

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	participate in national, regional, and local inter-agency emergency planning exercises.			Participated in <i>Winter Willow</i> exercise 2007. Executive Director rota live April 2007. Further flu pandemic exercise called <i>Cauld Crow</i> being run nationally and NHSL participating as appropriate. (DCM)
<b>2</b>	<b>To Continually Improve the Efficiency and Effectiveness of the NHS in Lanarkshire</b>			
<b>2.1</b>	<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	A Graham (D C Moir, P Wilson)	Amber – Delayed; work on-going. (AG)
2.1.2	Deliver progress consistent with the LDP trajectory for performance against the National HEAT Target:  <b>T.04T – Improvement against QIS Clinical Governance and Risk Management Standards.</b>  Full compliance:	March 2009	A Graham (D C Moir, P Wilson)	Amber – progress currently delayed, but work is ongoing towards compliance (AG)
2.1.3	Maintain an up-to-date NHS Lanarkshire Clinical and Non-Clinical Risk Register.	Ongoing to March 2008	A Graham / S Goldsmith (CMT)	Blue – Register in place and financial element updated. Subject to ongoing review and update. (SG)
2.1.4	Deliver improved effectiveness and			

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	<p>efficiency in prescribing practice through:</p> <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>	<p>Ongoing to March 2008</p> <p>Ongoing to March 2008</p> <p>Ongoing to March 2008</p>	<p>A Graham</p> <p>A Lawrie</p> <p>P Wilson / A Graham</p>	<p>Green – Formulary is in place, and monitoring of non-compliance undertaken. Reviewed regularly by Area Drug &amp; Therapeutics Committee. (AG, AL)</p> <p>Green - Board is in place and budgets set and monitored for 2007/08. £1.7m CRES provided. Horizon scanning for future years now in progress. Clear governance arrangements operating. Revised protocols in place for the managed entry of high cost drugs. Prescribing Action Plan 4 is generating cost savings of c. £5.2m in 2007/08. (AL)</p> <p>Green - Working Group established and Project Lead in place. Programme will be completed according to plan but with revised target dates. (PW)</p>
2.1.5	<p>Fully align the provision of IM&amp;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"> <li>▪ Continued progress in delivery of the eHealth priorities implementation programme set by the Board;</li> </ul>	<p>Ongoing to March 2008</p>	<p>A Lawrie / C Sloey / R Lyness</p>	<p>Green – Workplan being implemented and monitored by eHealth Executive Group. Delays in some national systems – local work-arounds being deployed. (AL)</p>

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	<ul style="list-style-type: none"> <li>o <b>E.04T Deliver 97% utilisation of the CHI number and sustain this use.</b></li> </ul>	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&amp;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>
<b>2.2</b>	<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	C Sloey / A Lawrie (R Lyness)	Green – Self-assessment completed. Implementation plan in place. Being managed by OMCs. (CS, AL)
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	R Lyness	Blue – further review undertaken and new arrangements implemented, including cancer services management and performance management. (RL)
2.2.3	Establish and refine corporate performance management arrangements to improve levels of assurance to LDP and PoH.	May 2007	I A Ross (CMT)	Green – arrangements under review for 2008/09 LDP targets and other corporate reporting requirements. Will be implemented in 2008/09. (IAR)
2.2.4	Establish clear joint performance			

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	objectives and performance management arrangements between CHPs and Acute services with clear leadership and support roles, responsibilities and accountabilities.	May 2007	R Lyness / C Sloey / A Lawrie	Green – progress made re: Referrral Management Centre; protocols for Urology; Colorectal referrals; Straight to Test arrangements developed; Winter Plan produced, operational management links under review. Joint performance arrangements re 18 week RTT and leadership / reporting arrangements around MCNs being developed. (CS, RL, AL)
2.2.5	Deliver financial performance against the National HEAT Target:  <b>E.01T - To operate within the Revenue Resource Limit, Capital Resource Limit and meet the Board's cash requirements.</b>	Ongoing to March 2008	S Goldsmith (CMT)	Green – on target at year end. (SG)
2.2.6	Develop a financial strategy which recognises the need to deliver an ongoing programme of CRES to support <i>Picture of Health</i> implementation.		S Goldsmith (CMT)	Green – Financial Plan signed off, but work ongoing re CRES. (SG)
<b>2.3</b>	<b>Staff Governance and Workforce Development:</b>			
2.3.1	Produce and deliver against a comprehensive Staff Governance Action Plan for 2007/08, to include:  o <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>			

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	<ul style="list-style-type: none"> <li>▪ <b>Consultant Productivity (measured by day case rates)</b></li>   <li>▪ <b>Sickness absence</b></li> </ul>	<p>March 2010</p> <p>March 2008</p>	<p>A Graham (R Lyness, C Sloey, A Lawrie)</p> <p>G Walker / K Small / R Lyness / C Sloey / A Lawrie</p>	<p>Green – day case rates are in line with trajectory. (RL, AG)</p> <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 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>
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				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)
2.3.2	Develop an NHS Lanarkshire Workforce Strategy and Plan attuned to the workforce priorities in <i>A Picture of Health</i> and fully integrated with Regional and National Workforce Planning and Development activity.	Ongoing to March 2008	G Walker / K Small (CMT)	Blue – an overall NHS Lanarkshire Workforce Strategy has been developed and the majority of this strategy will be the Workforce Strategy referred to at 4.1.1.8 below.  The 2007 Workforce Plan was approved by the Board in April 2007.  The Scottish Government Health Department has issued new Workforce Planning Guidance for 2008 which will be followed in producing the 2008 Plan. (GW)
2.3.3	Plan and deliver the implementation of Modernisation of Medical Careers within NHS Lanarkshire.	Ongoing to March 2008	A Graham (G Walker / R Lyness / C Sloey)	Green – implementation completed for August 2007, and evaluation will be completed end March 2008. Preparations for 2008/09 well underway. (AG)
2.3.4	Mainstream implementation of Agenda for Change.	Ongoing to March 2008	G Walker (CMT)	Green – an Agenda for Change Mainstreaming Group was set up in Partnership to manage the residual issues related to the implementation of Agenda

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				for Change. The two main residual issues being addressed were Assimilation & Arrears and Reviews. This Group has now completed its work and the Agenda for Change Project Manager now reports to the Human Resources Forum. All assimilations have been completed except for those staff who remain on protected Whitley grades as a consequence of Agenda for Change. Payment of arrears will be complete by the end of May 2008. A timetable for completing reviews has been developed with an end date of March 2009. (GW)
2.3.5	Project manage implementation of the Knowledge and Skills Framework and e-KSF according to national timescales.	Ongoing to March 2008	K Small (CMT)	Green – good progress being made, giving confidence that target will be met in 2008/09. (KS)
<b>3</b>	<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:			
3.1.1.1	<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>	April 2007 and ongoing	C Sloey / A Lawrie	Blue – 100% DES claims verified to date. (CS, AL)
3.1.1.2	<b>A.03T – No patient with a guarantee should wait longer than 18 weeks for inpatient or day case treatment.</b>	Ongoing to March 2008	R Lyness ( <i>Acute implications</i> )	Blue – 18 weeks achieved December 2007. (RL)

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	<b>Achieve no patients with an ASC code.</b>	Dec 2007	C Sloey / A Lawrie <i>(Referrals management implications)</i>	Green – achieved ASC target at December 2007 but ongoing pressures in relation to New Ways re impact for admin staff and software teething problems. (RL)
3.1.1.4	<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>	December 2007	R Lyness <i>(Acute implications)</i>  C Sloey / A Lawrie <i>(Referrals management implications)</i>	Blue – achieved 18 weeks at December 2007. (RL)
3.1.1.5	<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>	December 2007	R Lyness	Green – Target achieved at December 2007; January – March 2008 performance 97%. Significant pressures at Wishaw and Hairmyres due to lack of staffed bed capacity. Detailed plans being developed to address this, also Emergency Access Board being set up to look at the whole system redesign in this area. (RL)
3.1.1.6	<b>A.06T – Maximum wait for cataract surgery – 18 weeks from referral to treatment.</b>	December 2007	R Lyness <i>(Acute implications)</i>  C Sloey / A Lawrie <i>(Referrals management implications)</i>	Blue – achieved at December 2007. (RL)

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3.1.1.7	<b>A.07T – Maximum wait for admission to a specialist unit for hip surgery following fracture will be 24 hours.</b>	December 2007	R Lyness	Amber – due to delay in diagnosis. This is a clinically induced delay and not due to poor process management. (RL)
3.1.1.8	<b>A.08T – Women with breast cancer and who need urgent treatment will be treated within 1 month where appropriate.</b>  <b>The maximum wait from urgent referral to treatment for all cancers in 2 months.</b>	April 2007 and ongoing	R Lyness <i>(Acute implications)</i>  C Sloey / A Lawrie <i>(Referrals management implications)</i>	Green - breast cancer. (RL)  Green – other cancer sites. CPST engagement stood down in light of progress. NHSL has demonstrated significant progress in this period and on a weekly / quarterly basis demonstrates excellent performance. (RL)
3.1.1.9	<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>	Dec 2007	R Lyness <i>(Acute implications)</i>  C Sloey / A Lawrie <i>(Referrals management implications)</i>	Blue – achieved December 2007. (RL)
3.1.1.10	<b>A.12T – Maximum wait of 9 weeks for an MRI or CT scan or other key diagnostic test.</b>	December 2007	R Lyness <i>(Acute implications)</i>	Blue – achieved 9 weeks early 2007. (RL)


Key: **Blue** Completed  
**Green** On target  
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			C Sloey / A Lawrie <i>(Referrals management implications)</i>	
3.1.2	Refine the 2006/07 Capacity Plan to create and implement the 2007/08 Capacity Plan to sustain and improve performance against targets for waiting times and access to services.	April 2007 and ongoing	R Lyness / C Sloey / A Lawrie (CMT)	Green – continuous process of review and update of Capacity Plan to meet requirements. Now focusing on 18 week RTT target. (CS, RL, AL)
<b>3.2</b>	<b>Service Modernisation and Planning:</b>			
3.2.1	Ensure full participation in and the application of learning from the National and Regional collaborative programmes in: <ul style="list-style-type: none"> <li>o Primary Care;</li> <li>o Unscheduled Care;</li> <li>o Diagnostic Services;</li> </ul>	April 2007 and ongoing	C Sloey / A Lawrie	Green – participation on-going. (CS, AL)
		April 2007 and ongoing	R Lyness / C Sloey / A Lawrie	Blue – will continue to end March 08. Emergency Access Group being developed to take forward further redesign of Emergency Services across the health system. (RL)
		April 2007 and ongoing	R Lyness / C Sloey / A Lawrie	Blue – Completed for 2007/08. (RL)

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	<ul style="list-style-type: none"> <li>o 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>	April 2007 and ongoing	R Lyness / C Sloey / A Lawrie	Blue – Completed for 2007/08. Plans developed to put in place 18 week RTT Programme Board. Learning from these collaboratives will be taken forward via this programme. NHS Lanarkshire has showcased work as part of national learning sets. (RL)
3.2.2	Wider participation in Regional Planning, including resource prioritisation.	April 2007 and ongoing	I A Ross (S Goldsmith)	Green – On-going participation in regional planning activities. Lanarkshire group established to underpin regional work. Ongoing into 2008/09. (IAR)
3.2.3	Develop catchment management strategy for reconfigured services, including: <ul style="list-style-type: none"> <li>o Transport and access;</li> <li>o Communications community engagement;</li> </ul>	Sept 2007  Dec 2007	I A Ross  I A Ross (P Wilson)	Green – Strategic Group established, including SPT, public representatives and other stakeholders. Transport Plan completed by March 2008. Pilot patient transport project underway at Monklands. Ongoing into 2008/09. (IAR)  Blue – Arrangements reviewed and refreshed in 2007/08. Will be subject to further review in 2008/09. (IAR)

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	<ul style="list-style-type: none"> <li>o Cambuslang / Rutherglen community impact.</li> </ul>	Dec 2007	A Lawrie	Green – PPF views now obtained and fed into overall planning arrangements. Significant work completed with NHS GG&C on patient flow. Agreed with local GPs. Proposals for transfer of community and GP services to NHSL approved at GG&C Board on 22 January 2008. (AL)
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 <i>Picture of Health</i> through established modernisation programmes and other structures:</p> <ul style="list-style-type: none"> <li>o Health Improvement and Protection;</li> <li>o Primary and Community Care;</li> <li>o Acute Services;</li> </ul>	Ongoing to March 2008	<p>D C Moir</p> <p>A Lawrie</p> <p>R Lyness</p> 	<p>(Review of interface across all Programme Boards underway)</p> <p>Green – on target; workplan in place to develop and monitor overall programme of HI and HP activity. (DCM)</p> <p>Green – agreement reached at Modernisation Board February 2008 to merge Primary &amp; Community and Acute Boards (Boards 2 and 3). New SIB structure has agreed terms of reference and structure. Sub-structure is being put in place with 18 weeks RTT, LTCAG and new Emergency Access Group. Clinical groups feeding in are being reviewed. Work commenced on annual work plan (to be completed end of May). (RL)</p>

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	<ul style="list-style-type: none"> <li>○ Child and Maternal Health;</li>   <li>○ Older Peoples Services;</li>   <li>○ Mental Health / Learning Disability Services;</li>   <li>○ Regional Planning.</li> </ul>		<p>C Sloey</p> <p>I A Ross</p> <p>C Sloey</p> <p>I Ross / S</p>	<p>Green – local service re-modelling plans underway, linked to <i>Delivering a Healthy Future</i>, and taking into account the impact of Glasgow re-configuration plans. Maternity Service Strategy completed and under consultation. Will be presented to Modernisation Board in March 2008 and Board in April 2008. (CS)</p> <p>Green – Refreshed as part of wider review of all Programme Boards. Agenda and workplan updated. Improving links with local authorities. Ongoing into 2008/09. (IAR)</p> <p>Green – LD Assessment &amp; Treatment Centre and Acute Psychiatry (Monklands) have been approved as part of the 'priority list' and are being taken forward by the Programme Board.</p> <p>Implementation Plan in place re targets and commitments in <i>Delivering for Mental Health</i>, and positive feedback from SGHD Mental Health team spring 2007.</p> <p>Significant progress made in developing community-based models, backed by approximately £2m additional investment realised via service re-design. (CS)</p> <p>Green – Full involvement in Regional</p>
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			Goldsmith	Planning structure and workstreams. Lanarkshire group established to support and underpin this work. (IR)
<b>3.3</b>	<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	R Lyness / C Sloey / A Lawrie / K Small (I A Ross)	Blue – PPFs now firmly in place. Working Agreements signed. Action Plans in place for 2008/09. PFPI work underway across service areas. Board PFPI Strategy and Action Plan update underway for 2008/09. (KS)
3.3.2	Develop and implement an Equality, Diversity and Spirituality Action Plan for 2007/08: <ul style="list-style-type: none"> <li>o Action Plan;</li> <li>o Implementation</li> </ul> (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).	May 2007  From May 2007	K Small (CMT)  CMT (K Small)	Blue – Governance Plan approved by EDS Committee June 2007; Action Plan approved by EDS Committee September 2007. Implementation underway. (KS)  (Gender Scheme produced and published. Workforce Monitoring / Reporting Action Plan agreed with CRE and implemented from June 2007)
<b>4</b>	<b>To Provide Treatment appropriate to Individuals ensuring that Patients receive High Quality Services that meet their needs.</b>			
<b>4.1</b>	<b><i>A Picture of Health:</i></b>			

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4.1.1	To prepare risk management strategies and complete risk register for the top ten key high level risks relating to implementation of <i>a Picture of Health</i> :			
4.1.1.1	The capacity to establish robust project arrangements to deliver the various strands of the project within the projected timeline.	June 2007	I A Ross (S Goldsmith)	Blue – Risk Register and high level leads identified; project arrangements reviewed and in place, training programme completed. Will continue into 2008/09. (IAR)
4.1.1.2	The organisational capacity to manage change, given the need to maintain business continuity whilst bringing about major change.	June 2007	R Lyness / C Sloey / A Lawrie (I A Ross)	Green – Risk Register completed and Executive Director leads assigned. Next level of delegated responsibilities for specific elements being firmed up. (CS, RL, AL)
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)
4.1.1.4	The ability to harmonise and synchronise a single system approach to the integration of services across sectors.	June 2007	I A Ross / R Lyness	Blue – Review completed and revised project arrangements in place, overseen by refreshed Modernisation Board. (IAR)
4.1.1.5	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 2007	R Lyness / C Sloey / A Lawrie (I A Ross)	(No longer relevant) (RL)
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)

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4.1.1.7	Financial risk around double running and transitional costs, which have currently not been explored.	June 2007	S Goldsmith (I A Ross)	Green – work ongoing following completion of A&E review work. (SG)
4.1.1.8	Develop a workforce strategy and plan to specifically support the implementation of a <i>Picture of Health</i> . The plan to include a workforce plan, financial plan, training and development plan and an HR implementation plan.	June 2007	G Walker / S Goldsmith / K Small	<p>Green – Following the Cabinet Secretary's decision in relation to <i>A Picture of Health</i>, discussion has been ongoing with the new Director of Strategic Planning in realigning the Modernisation Board and ensuring the integration of strategic planning, workforce planning and financial planning as set out in the guidance referred to at 2.3.2. (GW)</p> <p>Maintaining linkages between Workforce and Financial plans. (SG)</p> <p>The assessment of training and development needs is ongoing as an integral part of the design of innovative and contemporary models of clinical care. The Staff and Organisational Development Group has accepted responsibility for production of the overarching Plan to co-ordinate activity and optimise multi-agency, multi-professional training and development solutions. (KS)</p> <p>A staff Consultation Paper has been approved by the Area Partnership Forum. The HR Implementation Plan is being developed with a matching process already agreed through the Joint Policy Forum. (GW)</p>
4.1.1.9	The management of patient flows in line with Regional Planning	June 2007	I A Ross (R Lyness)	Blue – Flows agreed. Work ongoing into 2008/09 as part of Regional Planning

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	agreements, given major developments in Greater Glasgow and Forth Valley.			agenda. (IAR)
4.1.10	The impact of 'political' responses to the decision on and approval of the preferred option for the <i>Picture of Health</i> strategy.	June 2007	T Davison (I A Ross)	Green – Continuing engagement and communication with MSPs. (IAR)
4.1.2	Deliver the 33 priority projects and workstreams through a consistent process of programme and project management, supported by <i>Picture of Health</i> Action group.	2007-2014	I Ross/ R Lyness / C Sloey / A Lawrie / S Goldsmith (CMT)	Green – Refresh of all Programme Boards and merging of Programme Boards 2 and 3 will assist in review and update of project work streams and priorities. Investment priorities agreed at March 2008 Board. (SG, IR)
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	R Lyness / C Sloey / A Lawrie (CMT)	Green – MCNs and CNs in place and continuing to develop. (CS, RL, AL)
<b>4.2</b>	<b>Treatment:</b>			
4.2.1	Deliver progress consistent with LDP trajectories for performance against the National HEAT Targets:			
4.2.1.1	<b>T.01T – Reduce the number of people waiting more than 6 weeks to be discharged from hospital into a more appropriate care setting by 50% from April 2006 to April 2007, and to zero by April 2008.</b>	April 2007 and April 2008	R Lyness / C Sloey / A Lawrie (CMT)	Blue – Target achieved at April 2008. Significant work still underway to sustain this position. This is being taken forward as part of a review of Delayed Discharges, the Older People's Programme Board and setting up of a Managed Care Network for Older People. (RL)

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4.2.1.2	<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>	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	<b>T.05T – Reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero.</b>	March 2010	C Sloey	<p>Green – in terms of implementation of overall action plan. Resources top-sliced from prescribing budget to support psychological therapies as an alternative mode of treatment.</p> <p>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)</p>

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4.2.1.4	<b>T.06T – reduce the number of re-admissions (within 1 year) by 10% for those who have had a psychiatric admission of over 7 days in a Scottish psychiatric hospital.</b>	December 2009	C Sloey	Green – target set, and quarterly data being produced by ISD will be used to track performance in-year. Will draw upon findings of national benchmarking report (February 2008). (CS)
4.2.1.5	<b>T.07T – Reduce the incidence of staphylococcus aureus bacteraemia (including MRSA) by 30%.</b>	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)
4.2.2	<p>Deliver improved quality of patient care across all inpatient services through:</p> <ul style="list-style-type: none"> <li>o Development, application and audit of care standards;</li> <li>o Staff training and development against competencies in care;</li> <li>o Effective supervision and clinical leadership.</li> </ul>	Ongoing to March 2008	P Wilson (A Graham / K Small)	<p>Blue – all actions completed for 2007/08:</p> <ul style="list-style-type: none"> <li>o Senior ward sister objectives initiated;</li> <li>o National CQIs piloted;</li> <li>o Senior ward sister job development programme in train;</li> <li>o Review of effective ward organisation underway;</li> <li>o Review of admin burden being followed up;</li> <li>o Participation in national pilot for Employer Registration of Support Workers;</li> <li>o Ward organisation being reviewed.</li> </ul> <p>(PW)</p>