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

CORPORATE OBJECTIVES 2009/10

	Objective	Timescale	Lead Responsibility (Support role)	Position at 31 March 2010
1	To Improve Life Expectancy and Healthy Life Expectancy for the People of Lanarkshire			
1.1	Health Improvement / Health Protection			
	Deliver progress consistent with the Local Delivery Plan (LDP) trajectories for performance against the national HEAT targets:			
1.1.1	H2 - 79% of all 3 to 5 year old children to be registered with a dentist by March 2010 (HEAT target of 80% by 2010/11).	March 2010	C Sloey (H Kohli / A Lawrie)	Blue – latest data December 2009 shows 85% against trajectory of 78%. (CS)
1.1.2	H3 – Deliver Child Healthy Weight Intervention Programmes in accordance with SGHD guidance and contribute to the delivery of the overall interventions target of 2,263 Intervention Programmes by March 2011.	March 2010	H Kohli <i>(Strategy and Programme Monitoring)</i> C Sloey, A Lawrie <i>(Implementation through CHPs)</i>	Red – The Child Healthy Weight team worked with partners to deliver a variety of intervention groups in various venues. During 2009/10, it was recognised nationally that the targets set had been unrealistic and over-ambitious, with revised targets developed for 2010/11. Nevertheless, Lanarkshire was among the best performing Boards in 2009/10, providing re-assurance that overall approaches are appropriate. (HK) Red – in recognition that 2009/10 targets and trajectories were subsequently found by SGHD to be unrealistic, revised trajectories have been agreed for 2010/11 that will lead to a cumulative

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				total of 1,012 completions by NHSL by March 2011. NHSL completed 237 interventions in 2009/10 and has been one of the highest performing Boards nationally since inception of the programme. We are therefore well placed to meet the new revised target in 2010/11. (CS)
1.1.3	H4 – Achieve 4,657 screenings for alcohol consumption using the setting-appropriate screening tool and appropriate alcohol brief intervention in line with SIGN 74 Guidelines by March 2010. (Cumulative HEAT target of 16,057 screenings in period April 2008 – March 2011)	March 2010	C Sloey (A Lawrie / R Lyness) <i>(Strategy & Performance Monitoring, and Implementation via GPs, A&E staff and maternity unit staff)</i>	Blue – 7,278 completed at January 2010 against cumulative trajectory of 5,857. (CS)
1.1.4	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 2010)	December 2009	C Sloey (A Lawrie, R Lyness)	Blue – expect to exceed targets for suicide prevention training by December 2010. NHSL is required to train 1,160 staff across the range of priority groups to meet 50% target by December 2010. At March 2010, 46% of the target group had been trained. (CS)
1.1.5	H6 – Through Smoking Cessation Services, support 8% of the NHS Lanarkshire smoking population in successfully		H Kohli <i>(Performance Monitoring)</i>	Blue – achieved for 2009/10. (HK)

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	<p>quitting (at one month post quit) over the period 2008/09 – 2010/11.</p> <p>3,579 quitters as target for calendar year 2009.</p> <p>3,579 quitters as target for calendar year 2010.</p>	<p>December 2009</p> <p>December 2010</p>	<p>C Sloey, R Lyness, A Lawrie <i>(Implementation through Acute Division and CHPs)</i></p>	<p>Blue – 3,987 achieved at December 2009 against full year trajectory of 3,579 for calendar year 2009. (CS)</p> <p><i>Note: During 2009/10, ISD changed the method of counting from calendar year to financial year. This has rendered original trajectories and targets meaningless for the remainder of 2009/10. For the purposes of this report we have retained the original calendar year plan and actual data and will switch to the new method from 1 April 2010.</i></p>
1.1.6	<p>H7 – Increase the proportion of newborn children exclusively breast-fed at 6-8 weeks to 22.4% by March 2010. (HEAT Target of 23.5% by March 2011)</p>	<p>Ongoing to March 2010</p>	<p>P Wilson <i>(Strategy and Performance Improvement)</i></p> <p>R Lyness, C Sloey, A Lawrie <i>(implementation through Acute Division and CHPs)</i></p>	<p>Red – 17.5% (ISD) against trajectory of 21.8% (Q2, July – September 2009). Breastfeeding support teams are in place in the maternity unit and community from March and September 2009 respectively. An interim evaluation of the hospital support team shows that 80% women supported by the team continue to breastfeed to discharge (January 2010). Local data shows that initiation rates have risen from 35.2% (July 2009) to 45.5% (January 2010). An increase in breastfeeding rates at 6-8 weeks is expected once the community support team have had an opportunity to embed. An interim evaluation of the community breastfeeding support team is scheduled for September 2010. (PW)</p>

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				Figures for South CHP do however show an improvement in areas of deprivation such as Camglen and Blantyre. Work will be undertaken to identify any root causes for this improvement that can be replicated elsewhere in NHSL. (AL)
1.1.7	H8 – Delivery 4,800 health inequalities targeted cardiovascular health checks by March 2010 (<i>Keep Well</i> project)	March 2010	C Sloey	Blue – 9,085 achieved by March 2010 against trajectory of 4,800. (CS)
1.2	In partnership with North and South Lanarkshire Councils and through the shared responsibilities of the Community Planning Partnerships produce and deliver Single Outcome Agreements to drive and resource progress against the Health Improvement HEAT Targets and priorities in Lanarkshire.	Ongoing to March 2010	C Sloey, A Lawrie (CMT)	Blue – both North and South SOAs are signed and in place.
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. <ul style="list-style-type: none"> • Project Implementation through CHP (N): • Health Improvement Monitoring: 	Ongoing to March 2010	C Sloey H Kohli	Blue – in place and HEAT target exceeded in 2009/10. Programme has been rolled to other areas and specific programmes developed for travelling people and ex-offenders. (CS) Blue – monitoring completed, with a detailed report to follow in summer 2010. (HK)

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1.4	<p>Implement an Action Plan 2009/10 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 2010	C Sloey (H Kohli)	<p>Blue - Homeless service in place, emergency service in place, links with Scottish Prison Service. Ongoing into 2010/11. (CS)</p> <p>Blue - proceeding to plan, including out of hours service. Ongoing into 2010/11. (CS)</p>
1.5	Design and deliver a range of initiatives to achieve and maintain Health Promoting Hospital status for Wishaw General, Monklands and Hairmyres Hospitals.	Ongoing to March 2010	R Lyness	Blue - completed as planned for 2009/10 and ongoing into 2010/11. (RL)
1.6	<p>Deliver against specific health protection challenges :</p> <ul style="list-style-type: none"> • Maintain smooth implementation of the 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; 	Ongoing to March 2010	H Kohli (A Lawrie, C Sloey)	Blue - completed for 2009/10 and ongoing into 2010/11. (HK)
		Ongoing to March 2010	H Kohli (A Lawrie, C Sloey)	Red - latest data (December 2009) indicates NHSL is at 78% against national target of 80% of eligible women screened at 5.5 year recall. Work ongoing to raise awareness and local data used to target

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	<ul style="list-style-type: none"> • Introduce colorectal (bowel) screening in Lanarkshire consistent with the national arrangements to invite men and women between 50 and 75 years old to participate in screening every 2 years; • Continue to support implementation of routine ultrasound scanning at 20 weeks (otherwise known as routine anomaly scanning) 	<p>From August 2009 and ongoing</p> <p>Ongoing to December 2009</p>	<p>H Kohli (CMT)</p> <p>H Kohli (R Lyness)</p>	<p>practices / areas with lowest levels. (HK)</p> <p>Within South CHP, the Clydesdale locality has for the first time broken through the 80% figure which is of key importance and the lessons learned there can be replicated elsewhere in NHSL. (AL)</p> <p>Blue - implemented 1 August 2009. (HK)</p> <p>Blue - implemented at December 2009. (HK)</p>
1.7	<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>T11 (KPM1) - Reduce all Staphylococcus aureus bacteraemias (including MRSA) to a maximum 165</p>	<p>March 2010</p> <p>March 2010</p>	<p>A Graham (I Ross, P Wilson, R Lyness, C Sloey, A Lawrie)</p> <p>A Graham (P Wilson)</p>	<p>Blue - there have been 164 SABs in the 12 month period to March 2010 in NHSL, against a target for this period of 165. Measures intended to reduce these</p>

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	<p>identifications by March 2010. (HEAT Target of 165 identifications (30% reduction) by March 2011).</p> <p>Deliver roll out of the national MRSA screening programme for relevant elective admissions to acute specialties.</p> <p>To introduce and comply with local antimicrobial policies by March 2010 (Minimum 90% compliance against the national antimicrobial prescribing policy).</p>	<p>January 2010</p> <p>March 2010</p> <p>March 2010</p>	<p>A Graham (CMT)</p> <p>A Graham (CMT)</p> <p>A Graham</p>	<p>further to meet 2010/11 trajectory continue to be implemented and include improved data for clinical areas from enhanced surveillance and on-going collaborative working with HPS/QIS. (HG for AG)</p> <p>Blue - screening implemented and progressing well. Evidence of improved compliance for all relevant elective admissions to acute specialties. (HG for AG)</p> <p>Blue - empirical antibiotic policies reviewed and implemented across acute and primary care. The ALERT second line antibiotic policy successfully implemented across 3 acute sites in January 2010. Analysis shows encouraging compliance with policy. Two-thirds of ALERT agents comply with permitted indications; of remaining third 80% prescribers discussed with microbiology before prescribing. Surgical representatives from a number of specialties are continuing to work with the AMT in finalising the NHSL surgical prophylaxis policy. HEAT target data collection for NHSL empirical prescribing is ongoing in ERU at Monklands and the preferred methods of data collection at other sites are being established. (HG for AG)</p> <p>Blue - HPS indicates an annual rate of</p>
	<p>T11 (KPM2) – To reduce the rate</p>	<p>March 2010</p>	<p>A Graham</p>	<p>Blue - HPS indicates an annual rate of</p>

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	of C difficile infection in hospitals among patients aged 65+ to 1.32 per 1,000 occupied bed days by March 2010. (HEAT target of 1.00 per 1,000 occupied bed days by March 2011)		(CMT)	0.60 per 1000 OBDs over 65 years in the 12 months to December 2009, against a trajectory of 1.40 for the same period, and a national figure of 0.71. Most recently published data (HPS, April 2010) indicates a quarterly rate for Lanarkshire of 0.56 per 1,000 OBDs over 65 years. (HG for AG)
1.8	<p>Implement the NHS Lanarkshire Flu Pandemic Plan to ensure:</p> <ul style="list-style-type: none"> • Full compliance with international and national policy and guidance; • A managed, considered and proportionate response to the incidence and implications of flu cases in Lanarkshire and beyond; • Implementation of Business Continuity Plans in Acute and Primary Care / Community Services; • Full preparedness to implement national and / or local decisions on scaling down of routine business to respond to demands on clinical and support services as a consequence of the flu pandemic; • Comprehensive preparation, planning and implementation, as necessary, of a comprehensive full population flu vaccination programme. 	Ongoing to March 2010	H Kohli (CMT)	<p>Blue – PAG overview of pandemic flu compliance in 2009/10. (HK)</p> <p>Blue – PAG overview of pandemic flu management in 2009/10. (HK)</p> <p>Blue – implemented in the Acute Division and in Primary Care. (HK)</p> <p>Blue – Plan in place in the Acute Division and Primary Care. (HK)</p> <p>Blue – vaccination plans in place. (HK)</p>

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1.9	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 2010	C Sloey (P Wilson, H Kohli, R Lyness)	Blue – Action plan and key milestones in place. Ongoing into 2010/11. (CS)
1.10	Deliver continuous improvement in Child Protection arrangements across NHS Lanarkshire:		P Wilson (R Lyness, C Sloey, A Lawrie)	
1.10.1	Undertake system wide audit of identified Child Protection cases; Evaluate Child Protection case supervision support; Review key issues arising from Child Protection significant cases reviews and reflective practice incidents over past 5 years in Lanarkshire conducting impact analysis of actions taken.	December 2009	P Wilson	Blue – Annual audit of record keeping by Public Health Nurses, which includes child protection cases, undertaken during period January – March. NHS Lanarkshire audit of every case where an investigation was warranted. (PW) Blue – Report on qualitative assessment of case supervision support completed May 2009. Findings disseminated to public health nurses. Internal audit report scheduled for May prior to preparation for second round of inspection by HMIe. (PW) Blue – Multi-agency report from themes as applied in 10 localities and three general hospitals; impact evaluation of seminars complete. (PW)
1.10.2	Implement further cycle of the agreed multi-agency continuous improvement system for	March 2010	P Wilson	Red – incomplete. The North Lanarkshire Multi-agency Case File audit took place on 29 th March – 1 st April 2010. A report is in

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	Lanarkshire to ensure that identified corrective action is taken.			the process of being compiled. The South Lanarkshire approach is an audit of the multi-agency 'network of support' for the child and took place on 22 nd April 2010. A report has yet to be compiled.. (PW)
1.10.3	Implement improvements to the health care delivered to looked after and accommodated children through multi-agency review and partnership working.	March 2010	C Sloey, A Lawrie	Blue – further development has taken place in CAYP team dedicated service and named public health staff links are in place. Currently evaluating the implementation of CEL (2009) 16. (CS)
1.10.4	Full participation in multi-agency preparation for future HMIE inspections of Child Protection services due in 2010.	To March 2010	P Wilson	Blue – in place (PW)
1.10.5	Implement <i>'Getting it Right for every Child'</i> in partnership with relevant agencies.	March 2010	C Sloey, A Lawrie (P Wilson)	Blue – progressing as planned with agreed action points as part of Pathfinder status and road-testing new documentation. (CS)
1.11	Develop and implement an Action Plan to meet the requirements of the Adult Support and Protection (Scotland) Act 2007	Ongoing to March 2010	P Wilson (CMT)	Red – delayed. Procedures in place but subject to revision in light of agreed West of Scotland procedures. Delay in finalising protocol for medical examination and training and development infrastructure not implemented because of lack of revenue funding. (PW)
1.12	Maintain effective Emergency Planning and Response arrangements, through :			
1.12.1	Maintenance of a Flu Pandemic plan responsive to any further national guidance issued.	Ongoing to March 2010	H Kohli (CMT)	Blue – PAG oversight of Pandemic Influenza Plan implementation and responses to national guidance during 2009/10. (HK)
1.12.2	Maintenance of an up-to-date NHSL Major Emergency Plan with annual review.	Ongoing to March 2010	H Kohli (CMT)	Blue – completed by March 2010, for sign off in April. (HK)

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1.12.3	Maintenance of a comprehensive Business Continuity Plan for NHSL, including specific Acute and CHP plans.	March 2010	I Ross (CMT)	Blue - Plan completed and will be subject to continuous ongoing review in light of changing needs. (IR)
1.12.4	Review Acute Hospital Emergency Plans annually and test at appropriate interval.	March 2010	R Lyness	Blue - undertaken for 2009/10 as appropriate and ongoing into 2010/11. (RL)
1.12.5	Full use of opportunities across the organisation to participate in national, regional and local inter-agency emergency planning exercises.	March 2010	H Kohli (CMT)	Blue - undertaken as appropriate in 2009/10. (HK)
1.12.6	Production and implementation of the 2009/10 Winter Plan.	October 2009	A Lawrie (CMT)	Blue - completed and in place. In addition a Winter Plan debrief session has now been undertaken. A full report of the 2009/10 Winter Plan along with initial plans for 2010/11 will be taken to the June 2010 Board meeting. (AL)
1.13	Develop Rehabilitation Strategy as required by Scottish Government Health Directorates.	March 2010	P Wilson	Blue - analysis of current rehab service provision complete, prioritisation of key areas complete, and actions formulated as per a task and finish approach are defined. Priority areas - Older People's Services, MSK and Vocational Rehabilitation are progressing as per agreed action plans. (PW)
2	Continually Improve the Governance and Efficiency of the NHS in Lanarkshire			
	Health and Clinical Governance:			
2.1	Deliver a Health and Clinical Governance Action Plan for 2009/10 designed to implement the Strategy and to promote and monitor implementation of <i>Better Health Better Care</i> , to improve clinical	March 2010	A Graham (CMT)	Blue - complete. The Clinical Governance Work Programme 2009/10 was completed. The Work Programme set out actions against the Quality Goals and was supported by sub-strategies and work programmes for risk management, clinical

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	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.			effectiveness and the Scottish Patient Safety Programme. Progress on the Work Programme was reported to the Board on a monthly basis since June 2009. (PM for AG)
2.2	Continue to implement the Patient Safety Alliance Project within Acute Services in NHS Lanarkshire.	Ongoing to March 2010	A Graham (CMT)	Blue - complete. The Scottish Patient Safety Programme made good progress in implementation and spread. All five work streams met on a regular basis to plan and deliver the patient safety agenda. A score of 2.5 was achieved on the SPSP self-assessment scale for the July 2009 report, demonstrating improvement using the run chart rules in process and outcome measures for pilot populations in 3 or more work streams. This put NHSL on a par with other best performing Boards. (PM for AG)
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 9 for set standards in 2009/10. (HEAT Target of a score of 9 by 2010/11) 	March 2010	P Wilson (CMT)	Blue – review visit completed and draft assessment report indicates score of 9. (PW)

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2.4	Prepare for NHS QIS review of Food, Fluid and Nutrition Standards and demonstrate improved practice.	October 2009	P Wilson	Blue – visit completed, report received and follow through action plan being formulated. (PW)
2.5	Maintain an up-to-date NHS Lanarkshire Clinical and Non-Clinical Risk Register.	Ongoing to March 2010	A Graham (CMT)	Blue – bi-annual reviews were completed as demonstrated through Risk Management Steering Group. (CMcG for AG)
2.6	<p>Deliver clinically effective and cost effective prescribing in both primary and secondary care to:</p> <ul style="list-style-type: none"> • Achieve 2009/10 Prescribing Savings Targets as described in Prescribing Action Plan 6; • Continued Pharmaceutical Product Horizon Scanning to inform future financial and service plans; • Review SGHD compliance systems for introduction and use of new drugs. 	Ongoing to March 2009	A Lawrie, C Sloey (CMT)	<p>Red – PAP 6 targets achieved in all localities, however, current performance identifying year end overspend of c.£4.8m (This figure is covered overall by NHSL financial plan for 2009/10)). A range of measures were developed for implementation February / March 2010 to recover £2.2m of recurring savings in 2010/11. This was entitled PAP6a. In addition PAP7 is being finalised for issue to Units in May 2010 looking for a further £1.553m. AL)</p> <p>Blue – work ongoing. (AL)</p> <p>Blue – NHSL has responded to draft CEL due to be formally issued early 2010. Launch due May 2010. (AL)</p>
2.7	Fully align the provision of IM&T support to delivery of the Corporate Objectives through implementation			

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	<p>of the 2009/10 Work Plan, to deliver:</p> <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; Procurement and phase 1 implementation of the new PMS system; E9 – Universal Utilisation of CHI (Deliver 97% sustained utilisation for radiology requests by March 2010 – HEAT target); E7 – Increase the percentage of new GP outpatient referrals into Consultant led secondary care services that are managed electronically – 35% of referrals to be achieved by March 2010. (HEAT target of 90% of referrals to be achieved by March 2011) Data Sharing Partnership: ensure that e-Single Shared Assessment is fully implemented 	<p>Ongoing to March 2010</p> <p>March 2010</p> <p>March 2010</p> <p>March 2010</p>	<p>A Lawrie (C Sloey, R Lyness)</p> <p>A Lawrie (C Sloey, R Lyness)</p> <p>A Lawrie (C Sloey, R Lyness)</p> <p>A Lawrie (C Sloey)</p>	<p>Blue – Work plan submitted to Board in August and national funding received. (AL)</p> <p>Blue – contract signed and local implementation plan produced. (AL)</p> <p>Blue - achieving 99.5% against plan of 97% at March 2010. (AL)</p> <p>Red – 30.13% at March 2010 against trajectory of 35%. Substantial improvement on previous quarter and work ongoing within Acute Division regarding evetting roll out. (AL)</p> <p>Blue – report produced on NMIS compliance and agreed action plan in place approved by SGHD. (AL)</p>
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	in line with SGHD requirements, with a particular focus on the National Minimum Information Standards and Community Care Outcomes.			
2.8	Deliver improvements in the management of outpatient and inpatient attendances, to include: 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:			
2.8.1	E4 KPM 4 – First outpatient attendance DNA rate 10% reduction between March 2007 and March 2010. March 2010 target rate of 11.8%.	March 2010	R Lyness, C Sloey (CMT)	Blue – performance at March 2010 of 10.4% against trajectory of 11.8%. Commitment to continuous improvement. (RL)
2.8.2	E4 KPM 2 – Reduce the average length of stay of acute patients discharged following urgent, emergency or other non-routine, unplanned admission (including emergency transfers) (Target 3.0 bed days by March 2010).	March 2010	R Lyness (CMT)	Red – performance at March 2010 4.2 against trajectory of 3.0. The increase in day surgery as a result of target E4 KPM 1 has the effect of removing zero length of stays and so increasing the average LOS for remaining cases. The competing priorities of these targets would benefit from review nationally. Comparison with most recently published national HEAT data (Sept 2009) shows Lanarkshire to be the second best performing Board in Scotland. (RL)
2.8.3	E4 KPM 3 – Reduce ratio of return to new outpatient	March 2010	R Lyness, C Sloey	Blue – performance at March 2010 1.89 against trajectory of 2.9. (RL)

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	attendances (Target ratio of 2.9 by March 2010 and ratio of 2.5 by March 2011)		(CMT)	
2.8.4	E4 KPM 1 – Improve number of BADS surgical procedures performed as a day case or in an outpatient setting to 75% (including referrals to Golden Jubilee Hospital). (HEAT Target of 90% by March 2011)	March 2010 and ongoing to March 2011	R Lyness (CMT)	Blue – performance at March 2010 – 79.8% against trajectory of 75%. Commitment to continuous improvement. (RL)
2.9	Deliver a clear Strategy and Action Plan for 2009/10 for NHS Lanarkshire consistent with national guidance on <i>Better Cancer Care</i> .	March 2010	R Lyness (CMT)	Blue – Strategy and Action Plan informed by national guidance on Better Cancer Care agreed and in place. (RL)
Corporate and Financial Governance:				
2.10	Establish clear joint performance objectives and performance management arrangements between CHPs and Acute Services for 2009/10 with clear leadership and support roles, responsibilities, and accountabilities.	Ongoing to May 2009	R Lyness, C Sloey, A Lawrie (K Small)	Blue – Joint Services Implementation Board and SIBs in place. (CS, RL)
2.11	Deliver financial performance against the national HEAT Targets:			Note: Year end financial out-turn will not be signed off by auditors until mid June, therefore all targets remain 'on-going' at time of writing (April).
	E5 – To operate within the agreed Revenue Resource Limit, Capital Resource Limit and meet the Board's cash requirements;	Ongoing to March 2010	L Ace (CMT)	Green – on target (LA)
	E6 – To meet the Board's 2 year cumulative cash efficiency	March 2010	L Ace (CMT)	Green – full list of efficiency schemes identified. (LA)

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	target of £30,907,000 for 2009/10.			
2.12	Maintain a 5 year financial strategy which recognises and prioritises the need to deliver a robust CRES programme to help deliver financial balance and in support of the Board's prioritised investment programme.	Ongoing to March 2010	L Ace (CMT)	Blue – in place. (LA)
2.13	Maintain robust arrangements for Performance Management and reporting in support of enhanced governance, performance monitoring and assurance.	Ongoing to March 2010	I Ross (CMT)	Blue – planned development of quarterly report completed and implemented in 2009/10. Review commenced in March 2010 to inform next stage of development in 2010/11. (IR)
2.14	Deliver progress against the agreed Capital Plan for 2009/10 (and beyond), including progress against capital projects, service changes, production of business cases and commissioning of buildings.	March 2010 and ongoing	I Ross, L Ace (CMT)	Blue – all projects on target to complete by due dates in 2011. Airdrie Business Case completed March 2010 (IR)
	Implement a clear and inclusive Property Strategy for NHS Lanarkshire.	Ongoing to March 2010	I Ross, L Ace (CMT)	Blue – work progressing to timescale with implementation ongoing into 2010/11. (IR)
	Complete a review of the property / capital investment programme to establish priorities for the 5 years commencing 2013/14.	June 2009	I Ross, L Ace (CMT)	(Financial position renders this exercise of little value and purpose at current time therefore shelved for now) (IR)
2.15	Deliver the Environmental Management Policy for NHS Lanarkshire consistent with HDL (2006) 21 to include delivery against:			

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	<p>E8 – To reduce carbon emissions over the period to March 2011. NHS Lanarkshire targets for 2009/10:</p> <ul style="list-style-type: none"> • Energy GJ: 381,924 • CO2 tonnes: 26,466 <p>Implement the NHS Lanarkshire Carbon Management Programme Strategy Implementation Plan (SIP) to identify areas of opportunities for CO2 emissions reduction and support the delivery of the HEAT targets for future years within the HEAT requirements.</p>	Ongoing to March 2010	I Ross (CMT)	Blue – on target at December 2009. (IR)
		Ongoing to March 2010	I Ross (CMT)	Blue – proceeding according to plan. (IR)
2.16	<p>Develop the leadership, structures and governance arrangements for provision of comprehensive and effective Occupational Health & Safety Services through NHS Lanarkshire, to deliver:</p> <ul style="list-style-type: none"> • Clear governance and reporting arrangements for Occupational Health & Safety embedded in the standing / existing arrangements within NHS Lanarkshire; • Clear accountability and a Scheme of Delegation for Occupational Health & Safety implementing amendments to structure and roles as necessary; 	Ongoing to March 2010	L Khindria (CMT)	Blue – completed. Agreed by Board on 26 August. (LK)
			L Khindria (CMT)	Blue - completed. (LK)

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	<ul style="list-style-type: none"> • A full stock-take, assessment and action planning in relation to legislation compliance in relation to Health & Safety across NHS Lanarkshire. This to include the establishment of robust and effective legislative compliance monitoring arrangements; • Revised and enhanced Health & Safety performance audit arrangements; • To review the current management arrangements for Fire to ensure that they support the nominated Fire Officer in the discharge of his responsibilities. 		<p>L Khindria (CMT)</p> <p>L Khindria (CMT)</p> <p>L Khindria / I Ross (CMT)</p>	<p>Blue - completed. (LK)</p> <p>Blue - completed. (LK)</p> <p>Blue - transfer completed to I Ross. Revised policy to Board April 2010. Fire Risk Assessments continuing. (IR)</p>
Staff Governance and Workforce Development:				
2.17	<p>Produce and deliver against a comprehensive Staff Governance Action Plan for 2009/10 to include:</p> <ul style="list-style-type: none"> • E10 – to ensure that at least 30% of staff covered by Agenda for Change have an agreed KSF based PDP and PDP Review recorded on eKSF. <p>(HEAT Target – 80% of staff covered by AfC with KSF PDP Reviews completed and recorded on eKSF by March 2011)</p>	March 2010	<p>K Small, R Lyness, C Sloey, A Lawrie (CMT)</p>	<p>Blue – achieved beyond trajectory for March 2010 (52% actual against 30% plan); continuing into 2010/11 with new trajectory. (KAS)</p>
2.18	Develop and publish an NHS	Ongoing to	L Khindria, K	Red – Workshop held in December and

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	Lanarkshire Workforce Strategy and Development Plan for 2009/10 to help deliver clinical and service sustainability, reflecting the work of the Modernisation Group, Service Improvement Boards and fully integrated with Regional and National Workforce Planning and Development activity.	March 2010	Small (CMT)	draft strategy to go out to consultation. The delay was as a consequence of awaiting the outcome of the CRES programmes to ensure they were captured within the strategy. (LK)
2.19	National Nursing and Midwifery Workforce and Workload Tools : <ul style="list-style-type: none"> • Implement Tools; • Provide written advice to Operational, HR and Finance Directors on implications for resources in 2009/10 	Ongoing to March 2010	P Wilson	Blue - Completed according to plan. Awaiting completion of National Workforce tools for acute admission wards, maternity, small wards - less than 16 beds - critical care, A&E, theatres and specialist nurses. (PW)
2.20	Develop and roll out <i>Releasing Time to Care</i> programme.	March 2010	P Wilson	Blue - Roll out plan developed, interface with LEAN identified and where possible working in concert with that programme. Currently trying to ensure general manager engagement for staff release to work with the RTC programme. (PW)
2.21	Plan and deliver revised national NMAHP Strategy ('CURAM') including Modernising Nursing and Modernising Midwifery Careers (MNC, MMiC).	Ongoing to March 2010	P Wilson	Red - review of progress yet to be undertaken, likely completion May 2010. (PW)
2.22	To develop an NHS Lanarkshire Human Resources Strategy and Implementation Plan which meets the strategic objectives within 'A Force for Improvement'	Ongoing to March 2010	L Khindria, K Small	Blue - plans in place (see 2.18). (LK)
2.23	Maintain progress towards the achievement of a 4% sickness	Ongoing to March 2010	L Khindria (CMT)	Blue - 3.98% at March 2010 against target of 4%. Ongoing continuous

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	absence target and thereafter to sustain that rate.			improvement. (LK)
2.24	Maintain progress towards achievement of the Gold Standard for Healthy Working Lives throughout NHS Lanarkshire.	Ongoing to March 2010	H Sweeney	Blue - All 15 constituent parts of NHSL now have HWL registration, breaking down into 1 Gold (pending), 7 Silver and 7 Bronze. Work on-going into 2010/11 to advance Bronze and Silver awards towards next level. (HS)
3	Deliver Continuous Improvement in Response to Patients Needs for Quicker and Easier Access in use of NHS Services.			
3.1	Waiting Times and Access to Services Deliver progress consistent with the LDP trajectories for performance against the National HEAT Targets for access:			
3.1.1	A8 – Provide 48 hour access or advance booking to an appropriate member of the GP practice team. 90% of patients to confirm such access by national survey by March 2010.	Ongoing to March 2010	C Sloey, A Lawrie	48hr Access: Blue – 88% against trajectory of 80% by March 2010, based on 2008/09 survey. (AL) Advance booking: Red – 74% against trajectory of 80% by March 2010, based on 2008/09 survey. Work ongoing with practices. (AL)
3.1.2	A9 (KPM1) – The maximum wait for urgent referral with a suspicion of cancer to treatment is 62 days,. (By March 2010 – 95% performance target); A9 (KPM2) – Maximum wait from decision to treat to first treatment for all patients diagnosed with cancer is 31 days by March 2010 (80% target).	Ongoing to March 2009	R Lyness (<i>Acute implications</i>) C Sloey, A Lawrie (<i>Referrals management implications</i>)	Blue – continue to maintain performance upwards of 95% this quarter. (RL) Blue – Data definitions now finalised. (RL)

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3.1.3	<p>A10 - Deliver 18 weeks referral to treatment from 31 December 2011. No patient will wait longer than 12 weeks from referral to first appointment from 31 March 2010. No patient will wait longer than 12 weeks from being placed on a waiting list to admission for an inpatient or day case treatment from 31 March 2010:</p> <p>A10 (KPM1a/b/c/d) – (Trajectory for completed and non completed waits to be agreed with Access Support Team)</p> <p>Clinical Outcome Sheets for each specialty.</p> <p>Analysis of GP and internal referrals to Referral Management Service (RMS).</p> <p>Introduction of No Delays toolkit across all specialties.</p> <p>A10 (KPM2) – Number of new patients waiting 12 weeks from referral to outpatient appointment will be sustained from April 2009.</p> <p>A10 (KPM3) – Number of</p>	Ongoing to March 2010	<p>R Lyness (<i>Acute implications</i>)</p> <p>C Sloey, A Lawrie (<i>Referrals management implications</i>)</p>	<p>(Trajectory still to be agreed)</p> <p>Blue – stage of treatment guarantee achieved, no patients waiting more than 12 weeks as at 31 March 2010. (RL)</p> <p>Blue – sustained and improved, maximum</p>
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	patients waiting 12 weeks from placement on waiting list to admission for inpatient / day case treatment will be sustained from April 2009.			9 weeks for inpatient / day cases as at 31 March 2010. (RL)
3.1.4	<p>A11 – Offer drug misusers faster access to appropriate treatment to support their recovery.</p> <p>(No performance measure has been established for 2009/10 although developmental work is ongoing).</p>	Ongoing to March 2010	C Sloey (A Lawrie)	(No measure or trajectory for 2009/10. Work ongoing nationally). (CS)
3.1.5	<p>A12 – Deliver faster access to Child & Adolescent Mental Health Services.</p> <p>(A local target of 12 week referral to assessment by March 2010 has been established locally by NHS Lanarkshire. Development work is ongoing to create a national target).</p>	Ongoing to March 2010	C Sloey	(No measure / trajectory for 2009/10. work ongoing nationally) (CS)
3.1.6	<p>T10 – In support of Shifting the Balance of Care, achieve agreed reductions in the rates of attendance at A&E per 100,000 population by March 2010.</p> <p>An interim target of 3,407 attendances per 100,000 population has been agreed with the Access Support Team pending completion of national trajectories for performance</p>	Ongoing to March 2010	R Lyness (C Sloey, A Lawrie)	Blue – achieved 2,787 against trajectory of 2,933 at March 2010. (RL)

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	beyond 2010.			
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.	Ongoing to March 2010	R Lyness <i>(Acute implications)</i> C Sloey, A Lawrie <i>(Referrals management implications)</i>	Blue - 98% sustained at March 2010. (RL)
3.3	Refine the 2008/09 Capacity Plan to create and implement the 2009/10 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	R Lyness, C Sloey, A Lawrie (CMT)	Blue - Capacity plans in place and subject to continuous review. (CS, RL, AL) All AHPs working within local 9 week target apart from audiology which is part of 18 week RTT work. (CS)
Service Modernisation and Planning:				
3.4	Ensure full participation in and the application of learning from the National and Regional collaborative programmes in : <ul style="list-style-type: none"> • 18 Week Referral to Treatment • Emergency Access • Mental Health 	April 2009 and ongoing April 2009 and ongoing April 2008 and ongoing	R Lyness R Lyness C Sloey	Blue - completed for 2009/10 and ongoing into 2010/11. (RL) Blue - completed for 2009/10 and ongoing into 2010/11. (RL) Blue - completed for 2009/10 and NHSL will continue to participate through to end of national programme in March 2011.

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	<ul style="list-style-type: none"> Long Term Conditions 	April 2009 and ongoing	A Lawrie	(SK for CS) Blue - Workplan in place, action plan being delivered, significant reference nationally to local NHSL initiatives. (AL)
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 2010	I Ross (CMT)	Blue completed in 2009/10 and ongoing. (IR)
3.6	Complete a review of clinical and service agreements external to NHS Lanarkshire.	Ongoing to March 2010	I Ross	Blue - Initial review completed, on-going process as each agreement comes up to renewal date. Monitoring group established to support this. (IR)
3.7	Implement Regional Planning Clinical service priorities within NHS Lanarkshire.	Ongoing to March 2010	I Ross (CMT)	Blue - completed as appropriate in 2009/10 and ongoing. (IR)
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 	On going to March 2010	I Ross (CMT) H Kohli	(SIB reports developed via new Quarterly Corporate Performance report to CMT and Board (ref 2.13). Further development of role of Modernisation Board planned for 2010) Blue - work programme and arrangements reviewed in 2009/10, with progress as planned. On-going into 2010/11. (HK)

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	<ul style="list-style-type: none"> Acute / Primary and Community Care Services Child and Maternal Health Services Older Peoples Services Mental Health Services Learning Disability Services Regional Planning 		I Ross (A Lawrie, C Sloey) R Lyness I Ross C Sloey C Sloey I Ross	Blue – work completed as planned in 2009/10 and ongoing. (IR) Blue – completed work programme for 2009/10 and ongoing into 2010/11 (RL) Blue – work completed as planned in 2009/10 and ongoing. (IR) Blue – work completed as planned in 2009/10 and ongoing. (CS) Blue – work completed as planned in 2009/10 and ongoing. (CS) Blue – work completed as planned in 2009/10 and ongoing. (IR)
3.9	Implement the NHS Lanarkshire Strategic LEAN improvement programme to deliver accelerated and sustainable quality improvement.	Ongoing to March 2010	R Lyness (CMT)	Blue – implementation completed as planned. Detailed programme developed with suitable governance arrangements. (RL)
3.10	Maintain the 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 2010	R Lyness, A Lawrie	Blue – maintained for 2009/10 and continuing into 2010/11. (RL)
Patient Focus, Public Involvement, Equality, Diversity and Spirituality :				
3.11	Implement the Board's PFPI Action Plan 2009/10 to ensure full and effective public and community engagement in the planning and	Ongoing to March 2010	I Ross, C Sloey, A Lawrie, K Small, R Lyness, P Wilson, A	Blue – work and activities completed as planned in 2009/10 and ongoing. (CS, IR, AL, PW, RL)

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	decision-making of NHS Lanarkshire.		Graham	
3.12	Implement the Board's Equality, Diversity and Spirituality Action Plan for 2008/9.	Ongoing to March 2010	K Small (CMT)	Blue – all planned work and activities scheduled for 2009/10 completed. Ongoing into 2010/11. (KS)
3.13	Continue implementation of the <i>Better Together</i> programme of patient experience in concert with Patient Safety Programme.	Ongoing to March 2010	P Wilson (A Graham, R Lyness, C Sloey, A Lawrie, K Small)	Blue – inpatient survey complete, results due June. Other local initiatives proceeding according to programme. (PW)
3.14	Implement Customer Care Standards across NHS Lanarkshire to enhance the quality of public and patient experience.	Ongoing to March 2010	I Ross (CMT)	Blue – Standards rolled out and training completed. (IR)
	Formulate Volunteering Strategy and achieve Volunteering accreditation.	December 2009	P Wilson	Blue – accreditation attained and strategy approved by Board. (PW)
4	Provide Treatment appropriate to Individuals ensuring that Patients receive High Quality Services that meet their needs.			
	Deliver progress consistent with LDP trajectories for performance against the National HEAT Targets :			
4.1	T12 – Reduce the emergency inpatient bed days for people aged 65 years and over by 10% compared to 2004/05. (Trajectory of performance of 2,903 bed days per 1,000 population aged 65+ by March 2010; target of 3,164 bed days per 1,000 population aged 65+ by March 2011)	Ongoing to March 2010	R Lyness, A Lawrie, C Sloey (CMT)	Blue – June 2009 data shows rate of 2,820 against trajectory of 3,164. (AL)
4.2	T3 – Reduce the annual rate of increase of defined daily dose of	March 2010	C Sloey (CMT)	Blue – September 2009 data shows rate of 38.2% against trajectory of 39.8%.

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	<p>anti-depressants to 39.9 (trajectory to March 2010) (HEAT Target of 35.9 by March 2011)</p> <p>Establish the required support framework to achieve a 10% reduction in future years.</p>	Ongoing to March 2010	C Sloey	<p>(CS)</p> <p>Blue – PAP in place, plus psychological therapies review depending on ability to afford roll-out of pilot. (CS)</p>
4.3	<p>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. Target trajectory of performance of 436 re-admissions by March 2010.</p>	Ongoing to March 2010	C Sloey	<p>Blue – most recent data is 2007/08 and shows 375 against trajectory of 436. (CS)</p>
4.4	<p>T6 – Achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD from 2006/07 to 2010/11. (Target trajectories for hospital episodes for selected long term conditions per 100,000 population 2,269 by March 2010 and 2,187 by March 2011)</p>	Ongoing to March 2010	A Lawrie (R Lyness, C Sloey)	<p>Red – rate of 2463 against trajectory of 2269 hospital episodes at December 2009. Via LTC Collaborative, significant increase in both numbers of patients on ICM and COPD telehealth programme, and undertaking self-management of diabetes and COPD with COPD outreach services. Anecdotally these activities are reducing frequency of admissions and lengths of stay although this has still to be evidenced in the actual rate.</p> <p>National work completed in relation to reviewing appropriateness of current measure (episodes) with the result that this has been changed to bed days for 2010/11. Had NHSL been measured on bed days in 2009/10, this would have shown a year on year reduction since</p>

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				2006/07. (AL)
4.5	<p>T7 – Improve the quality of patient care experience.</p> <p>Approach to include :</p> <ul style="list-style-type: none"> ▪ Maintain structure of NMAHP Team Leader and Charge Nurse; ▪ Development of patient relationships; ▪ Staff Training and development specific to competencies in care; ▪ Effective clinical supervision and clinical leadership. 	Ongoing to March 2010	P Wilson	Blue – the agreed programme for the implementation of Leading Better Care, Releasing Time to Care and Clinical Quality Indicators is complete. Year 2 will commence in April 2010 with a full roll out complete by March 2011. (PW)
4.6	<p>T8 – Increase the level of older people with complex care needs receiving care at home.</p> <p>(Target trajectory of performance of 40% of patients receiving complex care (as defined in T8 (KPM1) at home by March 2010).</p>	Ongoing to March 2010	A Lawrie (CMT)	Red – 38.2% against trajectory of 40% at December 2009. This is jointly shared by NHS and local authorities and is included in SOAs. Work via Older People’s partnership arrangements is looking to increase the % over 2009/10. NHSL compares favourably with Scotland in that we have set the fourth highest target to be achieved (40%), and according to the national HEAT system are the fifth best performing Board. (AL)
4.7	<p>T9 – Achieve improvement in the early diagnosis and management of patients with dementia.</p> <p>(Target trajectory of 3,540</p>	Ongoing to March 2010	C Sloey	Red – March 2010 data shows 3,369 against trajectory of 3,540. Ongoing work to influence GPs via Locality Clinical Forum and lead clinician has presented to GPs on the benefits of early diagnosis. (CS)

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