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NHS Board Meeting
31st January 2018

NHS LANARKSHIRE HEALTHCARE STRATEGY “ACHIEVING EXCELLENCE” – IMPLEMENTATION REPORT

1. PURPOSE

This paper is coming to **the NHS Board**

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| For approval | <input type="checkbox"/> | For endorsement | <input type="checkbox"/> | To note | <input checked="" type="checkbox"/> |
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The Healthcare Strategy “Achieving Excellence” has now been endorsed by the Cabinet Secretary. This paper follows on from the progress report noted by the NHS Board on 25th October 2017. A fully revised implementation plan will be considered by the Planning, Performance and Resources Committee in February 2018.

Board members are asked to note this paper and to agree to receive periodic updates.

2. ROUTE TO THE BOARD

This paper has been:

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| Prepared | <input type="checkbox"/> | Reviewed | <input checked="" type="checkbox"/> | Endorsed | <input checked="" type="checkbox"/> |
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By the Corporate Management Team on 22nd January 2018.

3. SUMMARY OF KEY ACHIEVEMENTS

Achieving Excellence supports NHS Lanarkshire's aim of developing an integrated health and social care system which has a focus on prevention, anticipation and supported self-management. Key to delivering a high-quality person-centred service is the appropriate use of health and care services to ensure that patients are able to stay healthy at home, or in a community setting, as long as possible, with hospital admission only occurring where appropriate.

Achievements so far during 2017/18 include:

- Sign off of Achieving Excellence (post consultation);
- Initial Agreement - approval for Monklands Replacement/Refurbishment Project (MRRP);
- Business Case Approvals for LIMS and HEPMA IT systems;
- Progressing Key Capital projects including 1) Theatres ITU at MDGH 2) Same Day Surgery 3) Rapid Assessment at MDGH Emergency Department 4) Neonatal unit completion at Wishaw 5) Ophthalmology development at Hairmyres 4) Aseptic pharmacy centralisation.
- Consolidation of acute adult psychiatry at Wishaw.

4 ACHIEVING EXCELLENCE - SHORT LIFE WORKING GROUPS'

WORK PROGRAMMES

Each Short Life Working Group (SLWG) provided updates to the Strategy Delivery Team (SDT) on the continued development of their work programmes. Progress is summarised below: more detail is available on request from the respective Lead officers.

4.1 Planned Care SLWG (Lead is H Knox)

Work is progressing on the five key work stream priorities of: Orthopaedics Next Phase; General Surgery; Gastroenterology; Systemic Anti-Cancer Therapy (SACT) and Modernising Outpatients. During this period the General Surgery and Gastroenterology work programmes merged in recognition of their close alignment/co-dependencies.

4.1.1 Orthopaedic Next Phase

Work is underway to deliver on next phase which will see Trauma provided at Wishaw and Elective activity delivered on either Hairmyres or Monklands. A Project Board has been established to oversee this work, chaired by the Deputy Chief Executive.

An Options Appraisal is now being planned to take place during March 2018. The output of this will be a recommendation to the NHS Board on the location of elective orthopaedic surgery.

Key priorities for the Orthopaedics Next Phase work stream includes: review of theatres available and models; consideration by work stream groups of the location of elective services such as beds, theatres, clinics and associated infrastructure. The co-dependencies so far identified by the SLWG are:

- infrastructure – capital programme, expansion of Emergency Department at Wishaw;
- bed modelling – High dependency/ambulatory care;
- reviewing workforce, rotation job plans, specialist/Allied Health professional roles and rotas; defining and describing the clinical and service model;
- GORU (Geriatric Orthopaedic Rehab Unit)/pathways/discharge/elderly care;
- consideration of the re-provision of services;
- ambulance transport;
- national elective centres capacity models;
- West of Scotland Major Trauma Model.

The Programme for the implementation of changes to orthopaedic services is under consideration by the Project Board, and will be finalised following the Options Appraisal in March 2018.

4.1.2 General Surgery

General Surgery services across NHSL continue to be reviewed, with analysis of procedure data on-going to refine options in relation to

upper Gastrointestinal (GI) and lower GI surgery. Clinical engagement with surgeons is on-going and ENT paediatric surgery has now been incorporated within the SLWG's remit. Work is underway to compile a list of options which will take cognizance of regional planning and, in early 2018, the Options Appraisal will be progressed in June 2018 to consider different models of emergency surgical care, defining and describing the final service model.

The drivers for change/anticipated outcomes of the programme include: reflecting within unscheduled care the improvements seen in elective practice and outcomes as a result of subspecialisation; ensuring that joint college standards are met in relation to emergency surgery and addressing case complexity and capacity challenges due to the increasing proportion of over 75s in Lanarkshire. Significant links and co-dependencies have been identified with both Orthopaedics and Gastroenterology. The co-dependencies are inclusive of:

- theatres linked to Orthopaedics;
- sustainable workforce – impact on rotas, new specialist roles, job plans, new ways of working;
- HDU;
- redesign of services;
- Day surgery – infrastructure/capacity across 3 sites;
- interventional radiology & radiology;
- Bleeding rota;
- major projects in General Surgery and Orthopaedics competing for same resource.

As reported to the last NHS Board meeting, it is anticipated that the changes to General Surgery will be implemented by July 2019 (latest).

4.1.3 Gastroenterology Programme

The Demand/Capacity/Queue (DCQ) analysis group concluded that a more fundamental service redesign of Gastroenterology services would be beneficial. Building on this work, the SLWG has completed the planned care review, with new statistical models in place and clinical engagement commenced with Gastroenterologists.

The anticipated outcomes/ambitions from the programme include: addressing capacity shortfalls; workforce issues and gaps in service provision. Significant links and co-dependencies have been identified

and are as listed as at the General Surgery programme section above, as well as incorporating:

- Endoscopy Service;
- General Medicine;
- Interventional radiology;
- SAS;
- ITU;
- Cancer Service;
- Community based services including GP and Social Care.

A number of risks to the programme have also been identified and are listed below:

- major projects in General Surgery and Orthopaedics competing for finite resource;
- current medical workforce issues;
- cost and resources;
- impact on General Medicine rotas;
- Single site capacity.

It is anticipated that the timeframe for completion of the programme will be by December 2019 (latest).

4.1.4 Systemic Anti-Cancer Therapy (SACT) Programme

The Systemic Anti-Cancer Therapy (SACT) work stream aims to provide a SACT service on a single site. Progress to date has included the development of four-tier service model, including outreach services for more straight forward treatments. A description of the overall model and phased moves has been completed, with further work underway to provide more detail on the clinical and service models.

The key drivers for change/anticipated outcomes include: reduced delays in treatment; consistency of treatment; increased skills & development; more effective communication; improved patient experience and effective & efficient scheduling. Significant links/ co-dependencies and risks have also been identified. The co-dependencies identified are:

- Pharmacy;
- Aseptic facilities;
- Cancer services;

- Laboratories.

The key risks highlighted by the SLWG are:

- availability of appropriate accommodation with regard to capacity and support services;
- capacity of Pharmacy to support single site option;
- competition around other major projects including General Surgery, Orthopaedics and Gastroenterology;
- cost.

The new aseptic pharmacy unit will be commissioned at Monklands in April 2018.

Design work has now commenced to establish a level 2 SACT facility at Monklands (former ward 15). A cost and programme for this will be considered by the SDT and CIG in June 2018.

4.1.5 Modernising Outpatient Programme (MOP)

The Modernising Outpatient Programme (MOP) includes the following specialities: Monklands – Dermatology & ENT; Wishaw – Gynaecology & Respiratory; Hairmyres – Ophthalmology & Neurology and Access Team – Gastroenterology. These specialities were chosen to help address challenges in outpatient capacity. The Programme was launched on 29 September 2017 and the half day event included representation from all key stakeholders, including nominations from each of the three sites to match their hosted specialities.

Key ambitions within the work stream remain as: aligning the NHSL programme with the NHS Scotland programme; confirming specialties with sites and establish sub groups; scoping out areas of improvement and implement tests of change. Significant links and co-dependencies have been identified. The co-dependencies so far identified are:

- the three acute sites – consensus needed on agreed approach;
- eHealth impact - telemedicine;
- NHS Scotland Modernising Outpatient Programme – engagement to ensure alignment between the national and with local programmes;
- Regional impact on ophthalmology;
- care pathways – primary care referral “buy-in”;
- LTC;

- Workforce – specialist roles and training & recruitment.

The SLWG has identified a number of risks which include:

- time and resource on the acute sites to take forward improvements in identified specialties;
- funding to support tests of change/improvements;
- eHealth infrastructure to support the programme;
- lack of available data/analysis.

The MOP will be complete by December 2019.

4.2 Community Capacity Building (CCB) SLWG (V De Souza & J Hewitt)

The aim of the SLWG is, “*Through emphasis on prevention and community-based interventions, supported by increased capacity and capability, support a 25% shift in activity from hospital to community by 2025*”. Key “Achieving Excellence” priorities for the SLWG remain: Primary Care Transformation; Integrated Locality Teams; Review of Community Hospitals; Unscheduled Care/Delayed Discharges and Palliative Care.

In order to achieve this aim four Primary Drivers have been identified, each of which has a number of secondary drivers:

- Prevention & Community Capacity which includes: CCB & individual North and South Lanarkshire work streams; Community Transport; Technology Enabled Care; Campaigns & Messaging; Redirection; Third Sector Supports and Shifting the 5% (Community Intravenous Administration/Respiratory);
- Older Peoples’ Services which incorporates: implementation of Carers (Scot) Act; New Model of Home Support; Integrated Locality Teams; New Model of Community Rehabilitation and Phase 1 Bed Modelling;
- Primary Care Transformation which covers: 2017/18 Tests-of-change (GP Sustainability); New General Medical Services Contract GMS 2018 (see 4.2.1 below); Multi Professional Workforce Plans and Programme Spend to Spread Changes across 10 Localities;

- Palliative Care which is inclusive of: Rapid Response for Support at Home; Commissioning Strategy for Inpatient Services; Support for Hospital Staff to Aid Patient Decision Making; Structured Conversions Package and Use of Telehealth.

The co-dependencies so far identified by the SLWG include:

- paediatrics/early years;
- Frailty – ensuring there is sufficient capacity within the system;
- configuration of acute care services;
- delayed discharges/ unscheduled care - separate work programme;
- opportunities to support the LTC framework to extend beyond Health and Social Care, e.g., links to the Third Sector, Leisure Services;
- Mental Health – prevention and early intervention would benefit from enhanced capacity in the community;
- Workforce models and governance structures

Key risks and challenges continue to be identified and progressed. The risks so far identified are:

- sustainability of GMS;
- home support redesign;
- JIB decision making and stakeholder engagement around complex decisions on beds;
- buildings and staff;
- demand for community support out-stripping supply/budget;
- skill mix;
- communication.

Key deliverables/milestones and timelines which will be fully complete by March 2021.

4.2.1 Primary Care Transformation & GMS2018 Implementation

Then Scottish Government and British Medical Association jointly published GMS2018 in November 2017. A meeting chaired by NHS Lanarkshire Chief Executive, was held on Monday 11th December, 2017 and attended by a range of senior staff representative of GPs, Health & Social Care Partnerships (HSCPs) and the NHS Board. It was agreed that working together as a collaborative partnership would enable

Lanarkshire to develop a programme approach to the comprehensive body of work in primary care that will influence and impact on the delivery and overall success of Achieving Excellence.

A Governance paper 'The Paper' is being developed and further assembled as a result of a short engagement with key informants to shape the content and ensure it reflects the views of all, including the LMC and GP Subcommittee. The paper will enable the key partners to reach agreement on the structured Programme approach to Primary Care Transformation and implementation of the GMS2018. The paper will describe the programme scope and scale, sets out an outline of roles and responsibilities for each level of reporting, timescales and the levels of authority and approval required to deliver the Governance structure.

The programme approach is designed to develop and deliver a number of projects to redesign General Practice, create new pathways and ways of working to manage Urgent Care 24/7, build community capacity such that multi-disciplinary teams manage health and care within the community and that team based working at the interface with acute care becomes the norm.

The set up stage has commenced with the programme launch in April 2018 with a three year development, delivery and implementation plan set out for completion by March 2021. The NHS Board and the IJBs will work as a collaborative partnership and adopt the principle of optimal utilisation of all available resources to deliver this critical programme of work.

4.3 Long Term Conditions (LTC) SLWG (Dr I Wallace)

The SLWG has progressed a number of key work streams since the August report to the NHS Board. These include: completion of a mapping exercise of all groups with a LTC remit; commencement of a LTC Data analysis for NHS Lanarkshire population; completion of a Literature search of multi-morbidity models of care; refinement and agreement of a LTC Framework; agreement on the remit of LTC Hub; transition of MCNs under discussion and establishment of LTC Service Improvement Groups (SIG) agreed in principal.

A key focus of this work has been on the "Person" in Person Centred Care and consideration given as to how to prepare the population in relation

to healthy lifestyle choices/opportunities, rather than disease specific communication.

Key risks, challenges and inter-dependencies continue to be identified and progressed. The co-dependencies so far identified include:

- Specialty and Community Groups which include a LTC remit;
- Frailty SLWG;
- Community Capacity Building SLWG.

Key risks identified to date are:

- balance between disease specific priorities and the need to establish a generic framework;
- Stakeholder Engagement: especially Primary Care / Community involvement in Service Improvement Groups;
- resources: finance and staff capacity;
- patient/public and Healthcare Professional Cultural Change;
- workforce planning: staff knowledge and skills;
- Clinical Leadership and capacity;
- Infrastructure: eHealth and accommodation;
- availability of qualitative and quantitative data.

The SLWG will create a LTC Hub service to facilitate change across the dimensions described above. It is anticipated the new Hub will be launched in May 2018.

4.4 Mental Health & Learning Disabilities SLWG

A significant proportion of the ambitions detailed within Achieving Excellence have been completed by the SLWG. Progress to date has included: operational changes to community services from April 2017; the introduction of Distress Brief Interventions from June 2017; changes to adult psychiatry in August 2017; developing & implementing a Crisis & Distress intervention service model; completion of inpatient modernisation for Older People Psychiatry; reviewing Forensic Services; reviewing rehabilitation & recovery model and establishing a Quality Improvement Group within all wards. The inpatient service model has

been mapped out, with links to local and national work, and the community model will be developed during 2017.

Key ambitions for the SLWG include: enhancing Mental Health Liaison in DGHs by 2019; reconfiguration of Beckford Lodge to a low secure & forensic rehabilitation facility by December 2018; Rehabilitation & Recovery – scope out the need for intermediate care by December 2018; hospital based continued care – review of contracted beds by December 2018; community services - scope out model & develop business case re. “Centres of Excellence” in the community by December 2018 and develop plans for inpatient units at Monklands and Hairmyres by December 2026.

Significant links and co-dependencies have been identified and include:

- inpatient configuration interdependent on the MRRP;
- locality and Distress Brief Interventions implementation linked to LTC, CCB and Frailty SLWGs;
- the CAMHs remit falls within the Maternity, Early Years, Children and Young People SLWG;
- consideration of the balance between a Centre of Excellence approach and locality services, and the delivery of a person centred approach;
- social justice;
- workforce planning - consideration given to the size of Local Teams/resources verses local population size.

The SLWG recognises that to successfully implement an ambitious change process, engagement with key stakeholders is essential.

The Mental Health & Learning Disabilities SLWG’s work programme will be complete by December 2026.

4.5 Maternity, Early Years, Children & Young People SLWG (I Barkby)

The SLWG has a landing platform to 2022 which provides details of key deliverables. Significant progress has been achieved in relation to Review and Refine Models of Care and Services. This includes: work

ITEM 11

towards realignment of care and services in response to Strategic needs assessment & commissioning plans; identify and address risks & gaps in compliance with legislation & evidence attainment of national standards including those relating to public engagement; identify and establish reporting on key minimal data sets to aid tracking key health and care outcomes; undertake detailed multi professional workload and workforce planning; undertake detailed facilities/accommodation review to identify capacity and any additional needs; undertake detailed scoping of IT/e-enablement requirements and current utilisation to support future service delivery.

Detailed plans are in place in relation to: monitoring the impact of care and services; integrating further care and services; transforming patient care and services and continuous improvement in outcomes from care and services.

Significant links and co-dependencies have been identified as:

- eHealth/IT enablement;
- enhancements in Maternity Unit;
- requirement for paediatric service footprint;
- review of need – future need community accommodation;
- Planned Care SLWG;
- CCB SLWG;
- LTC SLWG;
- Mental Health & Learning Disabilities SLWG;
- data deficit rectified – paediatrics, Mental Health, Communications;
- Qi Input – the programme would benefit from focussed input.

A number of risks have been identified in relation to the programme and include:

- Overlap with other SLWGs - various elements of the SLWG's programme are integral to the work of other SLWGs and as such will require focused attention to ensure they receive appropriate priority;
- the various subsections are being delivered by existing groups and committees, oversight, liaison and engagement will be essential to ensure the timescales are achieved;

- new national policy may detract from delivery of some aspects while review and mapping is undertaken against planned direction of travel.

The Maternity, Early Years, Children and Young People SLWG's work programme is available on request. This provides details in relation to key deliverables/milestones and timelines.

4.6 Frailty SLWG

A key challenge for the SLWG is to define a "condition" that is not consistently described and quantify it where no formal coding or count exists. Key actions/priorities to be completed by March 2018 include: defining vision – reaching a clear consensus and shared ambition for services for adults with frailty; defining demand – reaching an understanding of the population and the implications of demographic change and defining models of care - mapping the existing evidence base to services to define ideal service provision across the life-course of an adult with frailty.

During 2018 the SLWG will progress: implementing and testing – working with localities and teams to test new models of care, team working or systems and training and sharing – identifying areas of skills training and educational need to be addressed to up-skill understanding of frailty to become everyone's responsibility and something that is widely understood.

Upon completion of these steps, the SLWG will focus on working with operational teams on: spreading and embedding – ensuring best care is adopted and embedded in clinical care in acute and community and by changing approaches from reactive care to proactive care and evaluating and adjusting – evaluating progress against the integrated outcomes, reviewing models of care and evaluating impact and learning from development and planning the next goals for improvement.

The SLWG has identified the following risks: acute hospital care – reducing variation across the three acute sites and the two IJBs; recruitment and retention of staff; ensuring even development and deployment and differing models developing.

4.7 Infrastructure SLWG

The SLWG's remit encompasses: Digital Health & Technology; Pharmacy; Property and Transport. Significant progress has been made by the Infrastructure SLWG with achievements including: approval of the 2017-18 eHealth Delivery Plan by the NHS Board and approval of the Aseptic Pharmacy model. The Aseptic Pharmacy plans for NHSL, which are in keeping with the national aseptic pharmacy redesign programme, have been approved through CIG. This will see a move from 4 suites to one at Monklands. This work will be concluded in summer 2018, a year ahead of the schedule reported to the last NHS Board meeting.

Other work streams completed by the SLWG include: HEPMA (Hospital Electronic & Prescribing Management & Administration) Business Case finalised; NHS Board approval and CIG commitment to resource plan for HEPMA; 2017 – 2022 Property & Asset Management Strategy completed and approved by NHS Board & SG; 5 year Capital Plan prepared and approved by the NHS Board; Monklands Business Continuity Plan in place with funding agreed through CIG for 2017/18 schemes; Lanarkshire-wide Business Continuity Plan in place with funding agreed for 2017/18 schemes; MRRP IA approved by NHS Board and Regional Implementation Group and the MRRP IA approved by SG CIG (see below).

There are significant co-dependencies with all of the SLWGs, with progress dependent on service planning being concluded and shared.

The SLWG has identified a number of risks which include: service plans being approved and relevant information shared timeously to enable sufficient time for development of the infrastructure. This includes the inherent co-dependencies which have already been identified within the other SLWGs.

The Infrastructure SLWG's work programmes will be complete by April 2019.

4.8 Communications & Engagement SLWG

This SLWG comprises of Patient Public Fora (PPFs), Voluntary Carer and Third Sector representatives. This is also the principle point of liaison with the Scottish Health Council across all aspects of "Achieving Excellence".

Specific communication and engagement support is being provided to the undernoted service improvements:

- MRRP;
- Primary Care & Mental Health Transformation;
- Community Bed Review;
- General Surgery/Gastroenterology;
- Modernising Outpatients;
- Trauma & Orthopaedics.

Other service change proposals will be supported by the SLWG at the appropriate point in their development.

4.9 Cross-cutting SLWGs

Two other SLWGs, Workforce and Finance, will contribute cross-cutting support and direction to the overall Healthcare Strategy implementation plan. Both will shortly submit their third quarterly reports to the SDT. There are several areas of work now ongoing (with the MRR Project highlighted below). As expected from the outset, their contribution and linkage to the emergent proposals for service improvement will grow as these proposals are more clearly articulated through late 2017 and beyond.

An example is the aseptic pharmacy development for cancer services: a new workforce model and finance model was agreed as part of the progression of this key ambition and will be implemented in spring 2018.

4.10 Monklands Replacement/Refurbishment Project (MRRP)

Following approval to proceed to OBC by both the NHS Lanarkshire Board and the Scottish Government Health and Social Care Directorate's Capital Investment Group (Health CIG) at the end of September, the Project Team will now take forward a series of work strands to April 2018 which will contribute to the determination of the preferred option within the OBC.

The next key stage in the Project Plan is the identification of a preferred option: work cannot proceed beyond July 2018 until that key stage is completed.

4.10.1 OBC Programme Elements Through in 2018

- *Procurement of Lead (Technical) Advisors*

This will be an EU procurement of a suite of specialist advisors (project management support, cost advisors, architects, civil, mechanical and electrical engineering). Later in the Project we will also appoint legal advisors.

The OJEU procurement of the Lead Advisors is underway: 5 bids are being evaluated and a recommendation on appointment will be made through the MRR Project Board in April 2018.

- *Appointment of Project Director*

The Project Director will be an NHSL employee with overall professional responsibility to deliver the Project as directed by the Project Board. The post was advertised across the UK (within the NHS and also public and private sectors). Interviews will take place on 25th January 2018. A verbal update on the outcome will be given by the Deputy Chief Executive.

- *Appointment of Healthcare Planner (HCP)*

This appointment is critical to the completion of the Clinical Modelling (below), and subsequent stage 2 design within the OBC. The HCP's contract will run until completion of OBC with options to extend to FBC, and commissioning of the new facility as necessary. Iain Buchan Associates were appointed to this role on 28th September 2017.

- *Options Appraisal*

The NHS Board were be briefed on the method for carrying out the options appraisal at the Board Seminar in November 2017. The timescales indicated are wholly dependent on the conclusion of the capital elements of the West Regional Delivery Plan before May 2018 as this Plan may redefine the options presented in the Initial Agreement.

- *Clinical Modelling*

The Clinical Specialty Groups are now well established and working to prepare the clinical output specifications and the "bottom-up" bed models. The programme for completion of this work is strongly influenced by the HCP team who will bring significant experience to the task.

The most significant risk to programme will be the any delay in the identification of the activity and footprint for the clinical services being

remodelled at present, either locally or regionally. This includes T&O, general surgery, and ophthalmology. The Project Director will ensure the impact of these pieces of work is well understood and that the risk to programme is mitigated as far as possible.

Subject to the necessary local, regional and national approvals, the OBC is scheduled to be considered at Health CIG on 6th June 2019.

4.10.2. Risks

This summary has described the work required to achieve the options appraisal, and the identification of a preferred option is essential to the progression of the OBC beyond July 2018.

There remain two high risks which may affect this portion of the OBC programme, which cannot be mitigated in whole by the Project Team:

- Failure to complete the capital investment portion of the West Region Delivery Plan by May 2018;
- Failure to agree the size and footprint for NHS Lanarkshire's acute services, particularly T&O, by May 2018.

With respect to the first of these risks, the inclusion of the MRR Project as a component of the West of Scotland Delivery Plan is an explicit requirement of SGH&SCD to be achieved prior to Options appraisal. The Chief Executive continues to engage with the new West of Scotland Delivery Board to ensure that a robust process is in place over the next six months to complete this requirement.

On the latter risk, the T&O Options Appraisal is now scheduled for March 2018 which will mitigate the risk to the MRRP programme.

4.11 Reporting and Assurance

To continue to provide assurance to the NHS Board and the IJBs, a reporting process is in place to deliver the ambitions set out in "Achieving Excellence". In summary:

- The SDT met again on December 14th 2017 to review the continued progress of the SLWGs. A programme of SDT meetings has been established for 2018/19.

- The October NHS Board report was submitted to the North Lanarkshire Performance, Scrutiny & Assurance Committee on 23rd November 2017 and to the South Lanarkshire Performance & Audit Committee on 28th November 2017.

The NHS Board members’ seminar in November 2017 agreed that an overarching report will be prepared which describes the key deliverables from the Achieving Excellence ambitions in a form which can be more readily communicated with patients, public, staff and other stakeholders. The Director of Planning & Performance is leading this work: the draft of this overarching plan will be considered by the PP&RC at its meeting in February 2018.

5. STRATEGIC CONTEXT

This paper links to the following:

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| Corporate objectives | <input checked="" type="checkbox"/> | LDP | <input checked="" type="checkbox"/> | Government policy | <input checked="" type="checkbox"/> |
| Government directive | <input type="checkbox"/> | Statutory requirement | <input type="checkbox"/> | AE/local policy | <input checked="" type="checkbox"/> |
| Urgent operational issue | <input type="checkbox"/> | Other | <input type="checkbox"/> | | |

6. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

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| Safe | <input checked="" type="checkbox"/> | Effective | <input checked="" type="checkbox"/> | Person Centred | <input checked="" type="checkbox"/> |
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Six Quality Outcomes:

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| Everyone has the best start in life and is able to live longer healthier lives; (Effective) | <input checked="" type="checkbox"/> |
| People are able to live well at home or in the community; (Person Centred) | <input checked="" type="checkbox"/> |
| Everyone has a positive experience of healthcare; (Person Centred) | <input checked="" type="checkbox"/> |
| Staff feel supported and engaged; (Effective) | <input checked="" type="checkbox"/> |

| | |
|---|-------------------------------------|
| Healthcare is safe for every person, every time; (Safe) | <input checked="" type="checkbox"/> |
| Best use is made of available resources. (Effective) | <input checked="" type="checkbox"/> |

7. MEASURES FOR IMPROVEMENT

“Achieving Excellence” sets out a plan for person-centred, innovative healthcare to meet the current and future needs of the people of Lanarkshire.

8. FINANCIAL IMPLICATIONS

Costs associated with the implementation of “Achieving Excellence” will be reflected in the NHS Board’s Local Delivery Plan (LDP).

9. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The Strategy Delivery Team will be responsible for the ongoing evaluation and mitigation of risks to the strategic programme as a whole.

10. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

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| Vision and leadership | <input checked="" type="checkbox"/> | Effective partnerships | <input checked="" type="checkbox"/> | Governance and accountability | <input type="checkbox"/> |
| Use of resources | <input checked="" type="checkbox"/> | Performance management | <input type="checkbox"/> | Equality | <input type="checkbox"/> |
| Sustainability | <input checked="" type="checkbox"/> | | | | |

11. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

EDIAs have been completed for the work so far, and will be regularly reviewed and updated by the short-life working groups.

12. CONSULTATION AND ENGAGEMENT

“Achieving Excellence” was subject to full public consultation. Further engagement and communications plans will be prepared and implemented through the Strategy Delivery Team in partnership with the Scottish Health Council and other stakeholders.

13. ACTIONS FOR THE NHS BOARD

The NHS Board is asked to:

| | | | | | |
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| Approval | <input type="checkbox"/> | Endorsement | <input type="checkbox"/> | Identify further actions | <input type="checkbox"/> |
| Note | <input checked="" type="checkbox"/> | Accept the risk identified | <input type="checkbox"/> | Ask for a further report | <input checked="" type="checkbox"/> |

The members of the NHS Board are asked to:

- note the progress of the Strategy Delivery Team and respective Short-Life WorkingGroups towards delivering on the ambitions detailed within the NHS Lanarkshire Health Strategy - “Achieving Excellence”;
- agree that further implementation reports from the Strategy Delivery Team will be made to the PP&RC.

14. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Colin Lauder

Deputy Director Strategic Planning

Colin Sloey

Director of Strategic Planning & Performance

16th January 2018