

Lanarkshire NHS Board
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NHS Board Meeting
 28th March 2018

NHS LANARKSHIRE HEALTHCARE STRATEGY “ACHIEVING EXCELLENCE” – ONE YEAR ON

1. PURPOSE

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

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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The final version of Achieving Excellence was approved by the Lanarkshire NHS Board on 1st March 2017, and endorsed by the Cabinet Secretary on 28th April 2017. This paper reports the current position on the Plans for Service Change set out in Section 7 of Achieving Excellence.

Board members are asked to note the service improvements made to date and note that future service change plans were the subject of more detailed consideration at the NHS Board Development Session which took place on 20th March 2018.

2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input checked="" type="checkbox"/>
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By the Corporate Management Team on 19th March 2018.

3. SUMMARY OF KEY ISSUES

3.1 One Year On

“Achieving Excellence”, section 7 Plans for Service Change summarised - at that point in time - the changes we could expect to see in order to make services fit for the future needs of the

people of Lanarkshire. Some of these changes were specific, some a work-in-progress and some aspirational.

The Strategy Delivery Team (SDT, co-chaired by the IJB Chief Officers and NHS Board Chief Executive) established a series of Short Life Working Groups in June 2017 to progress the implementation of Achieving Excellence. The SDT has had 5 review meetings.

During the period of Achieving Excellence implementation we will continue to see a “pipeline” of specific change projects evolving from initial ideas, through partially defined proposals to structured implementation programmes (with clear governance, programme, finance, workforce and other co-dependencies well understood and managed).

It is recognised that some of the plans which were set out in spring 2017 will be modified or adapted to meet changing circumstances, or challenges faced in their gestation and implementation.

One year on, section 7 is re-presented in Appendix 1 to this paper in a modified form. The Appendix shows the “pipeline” of projects from initial ideas through to completed work (as at March 2018).

Much has been achieved in the last 11 months to progress our strategic ambitions, particularly in the work to reduce the admissions and lengths of stay in hospital. Looking to the short and medium term future, NHS Lanarkshire and its partners has set out an exciting and innovative agenda for service change, shown in the second and third columns.

At the January meeting of the NHS Board, the Director of Strategic Planning & Performance was tasked with collating the detail behind some of the service change proposals. NHS Board members will recognise that many of those listed on the appendix are very complex pieces of work which can have local, regional or national co-dependencies. Some projects, such as Monklands Replacement/Refurbishment Project, have been reported in detail to the NHS Board/PP&RC regularly whilst other areas of work will be less familiar to NHS Board members. It was, therefore, agreed that priority be given to those areas which have higher prominence/risk, with these forming the substantive part of the agenda for the NHS Board development day on 20th March 2018.

3.2 NHS Board Development Day Agenda in March

Part of the Agenda for the day was a detailed briefing by the Executive lead from the respective Short Life Working Group and other subject-matter experts, followed by a question and answer session for each. The main focus was on those areas of service change which have most significance in delivering the strategic vision set out in Achieving Excellence.

The format for these topics was a focus on five key areas of assurance for the NHS Board:

1. Benefits to be delivered;
2. Timescales and programme;
3. Staff governance;
4. Clinical governance; and
5. Financial Governance.

4. STRATEGIC CONTEXT

This paper links to the following:

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"/>		

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

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

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"/>

6. 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.

7. FINANCIAL IMPLICATIONS

Costs associated with the implementation of “Achieving Excellence” will be reflected in the NHS Board’s Annual Operational Plan (AOP).

8. 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.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

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"/>				

10. 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. For further information please contact Roslyn Rafferty, Planning & Development Department.

11. 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.

12. ACTIONS FOR THE NHS BOARD

The NHS Board is asked to:

- note the revision to Achieving Excellence section 7

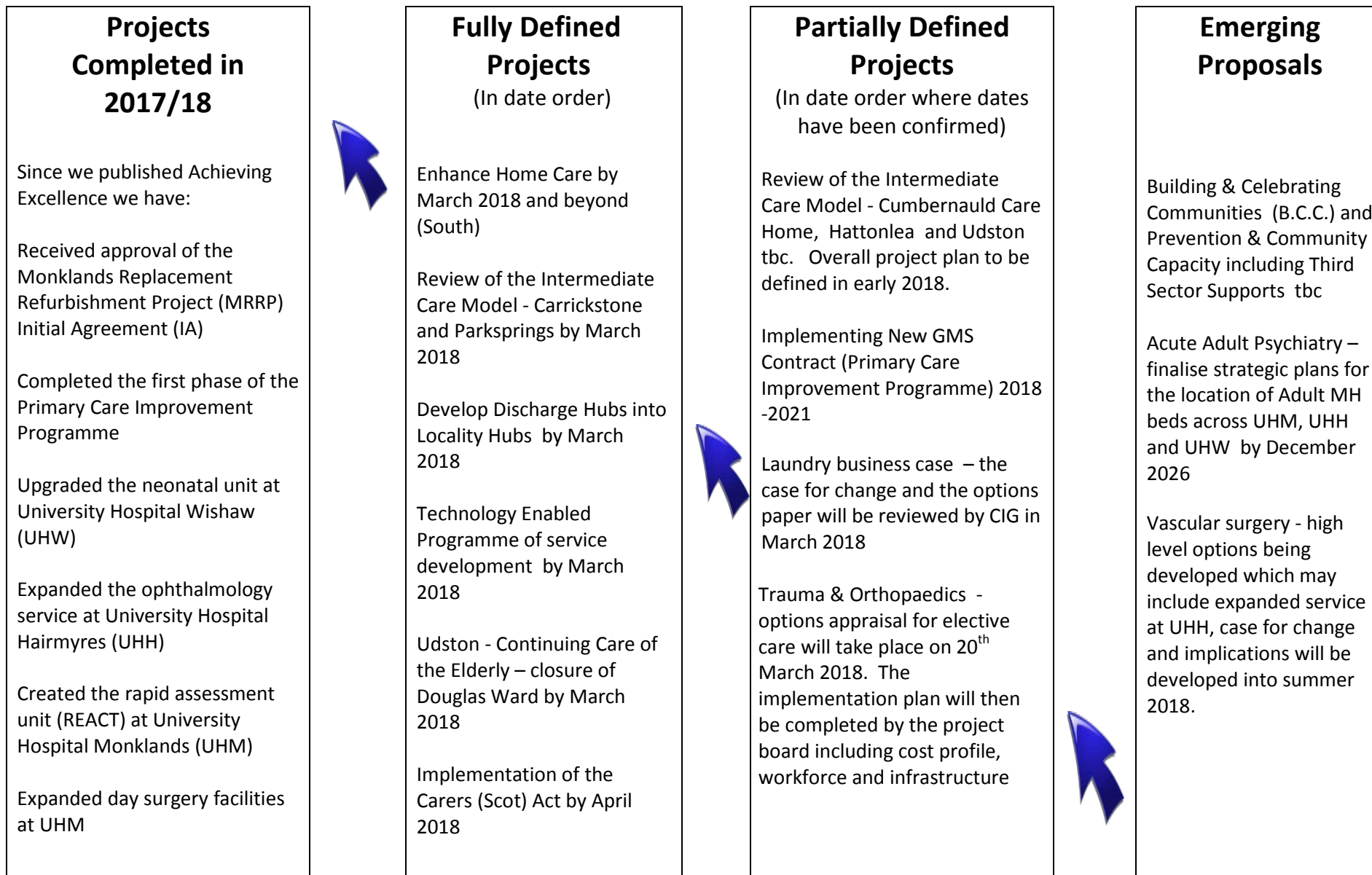
13. FURTHER INFORMATION

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

Colin Lauder, Deputy Director of Strategic Planning Telephone: 01698 858269.

Colin Sloey
Director of Strategic Planning & Performance

APPENDIX 1 SERVICE CHANGE “PIPELINE” AS AT FEBRUARY 2018



SERVICE CHANGE “PIPELINE” AS AT FEBRUARY 2018

Projects Completed in 2017/18

Created a same day assessment unit at UHM

Created an outpatient investigations unit at UHM

Created a daybed and Systemic Anti-Cancer Therapy (SACT) unit at UHW

Implemented a new service for stroke spasticity.

Created North and South Lanarkshire Alcohol and Drugs Partnerships.



Fully Defined Projects (In date order)

Working with the Scottish Ambulance Service (SAS) and Strathclyde Partnership for Transport (SPT) in a test of change to be completed by April 2018

Aseptic pharmacy – concentration of service from 4 locations to 1 will be completed in June 2018.

Cardiac catheterisation laboratory replacement – upgraded regional service will be completed in June 2018.

HEPMA (Hospital Electronic Prescribing Management System) Go-Live – Monklands General Inpatients by August 2018

Development of a Transport Hub by September 2018



Partially Defined Projects

(In date order where dates have been confirmed)

implications (laminar flow and ED). Implementation of trauma unit is co-dependent on the West of Scotland Major trauma implementation plan

Establish a Long term Conditions Hub by April 2018

SACT unit within ward 15 at UHM – stage 1b design/cost report expected in June 2018, CIG will then review business case.

General surgery/
Gastroenterology - case for change and options paper is being finalised by the project board, with a view to an options appraisal in June 2018.

Northern corridor clinics - feasibility study will report in July 2018, North IJB and CIG will then review the business case.



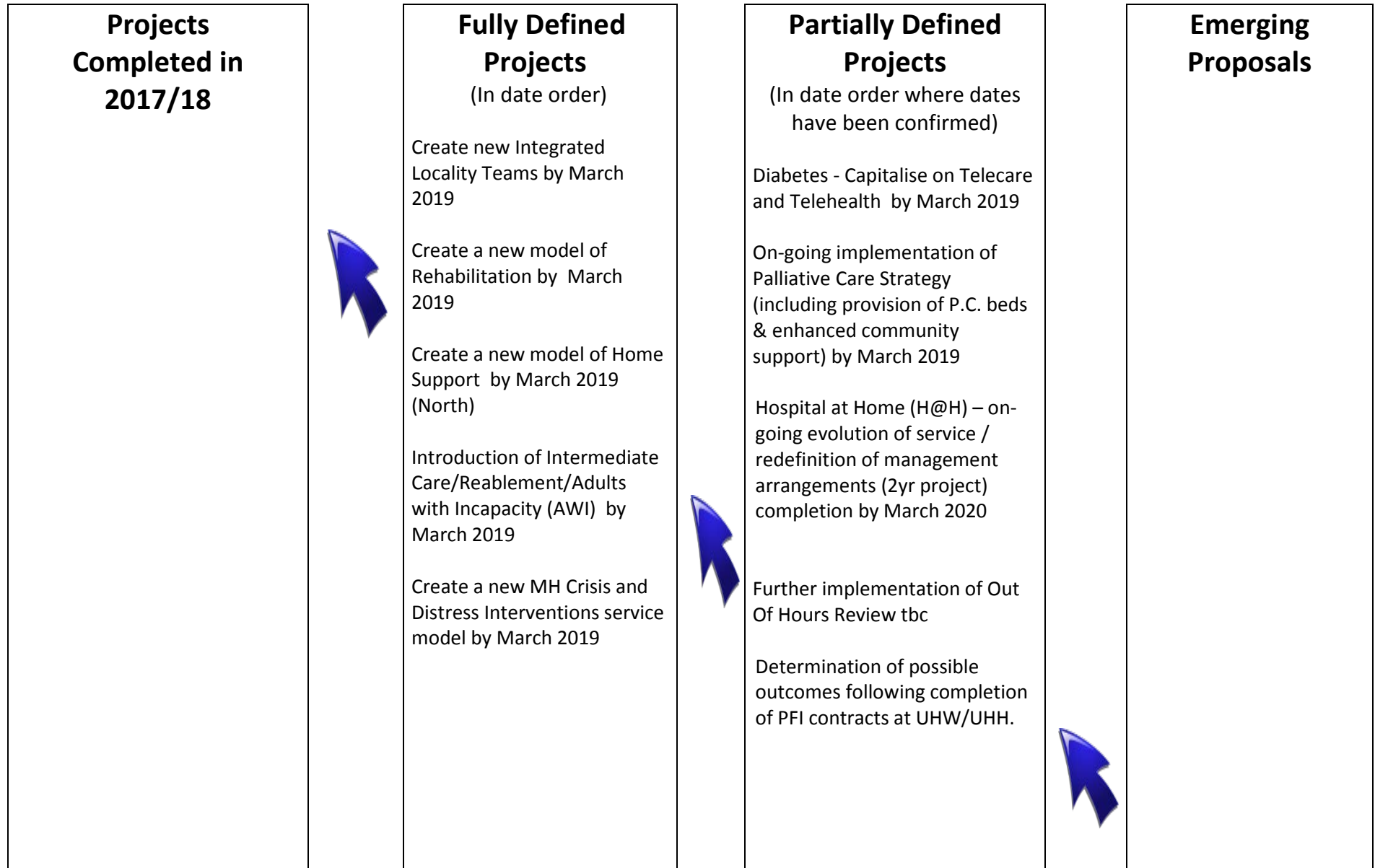
Emerging Proposals

SERVICE CHANGE "PIPELINE" AS AT FEBRUARY 2018



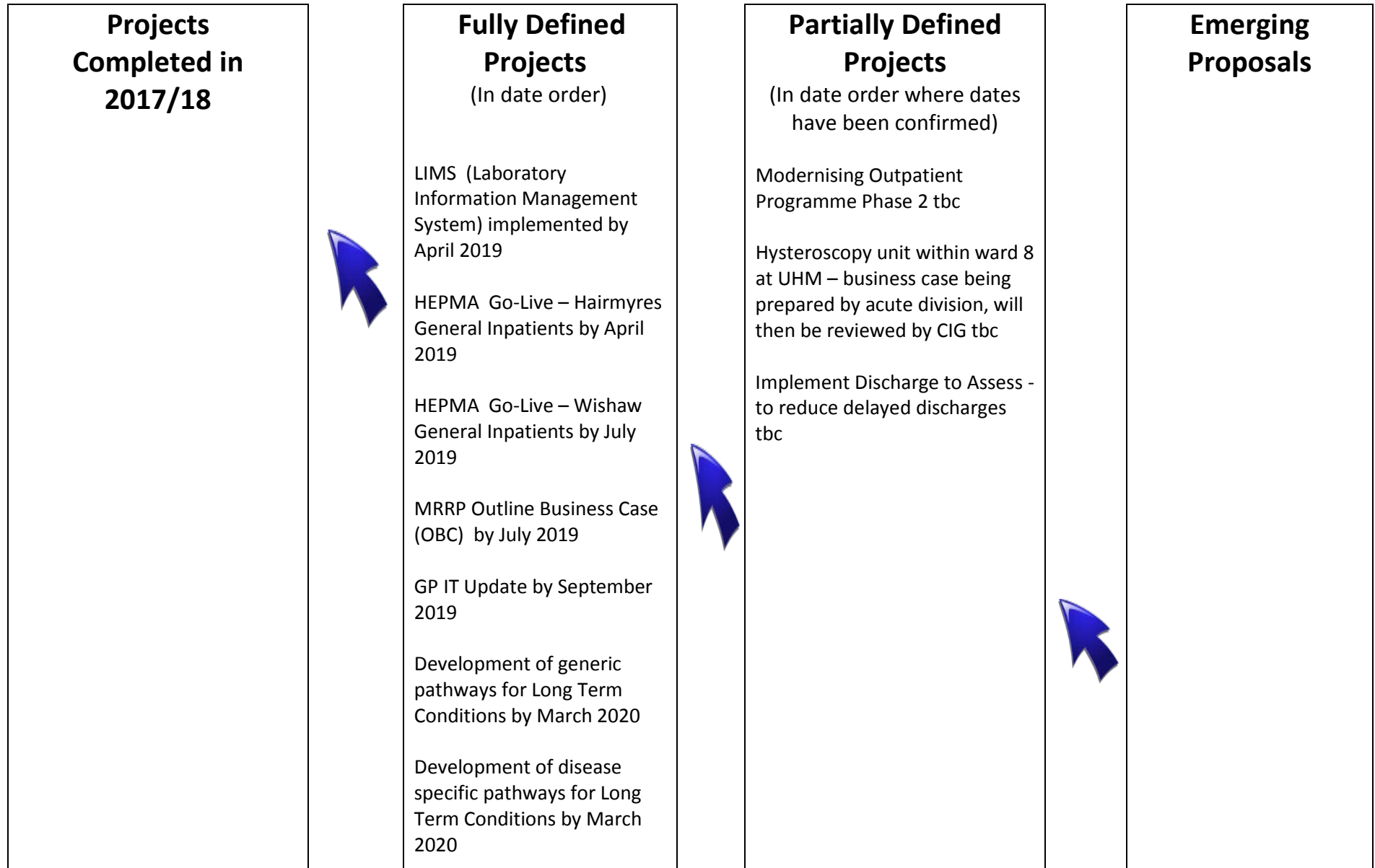
SERVICE CHANGE "PIPELINE" AS AT FEBRUARY 2018

APPENDIX



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SERVICE CHANGE “PIPELINE” AS AT FEBRUARY 2018

Projects Completed in 2017/18

Fully Defined Projects

(In date order)

HEPMA Go-Live – Complex Specialties and Outpatients by March 2020

LIMS Labs and Order Comms Implementation by April 2021

Maternity & Neonates Improvement Programme:
1. Monitoring Impact of Care & Services by June 2020
2. Integrating Further Care & Services by March 2022
3. Review & Refine Models of Care & Services by January 2021
4. Transforming Patient Care & Services by March 2022:
5. Continuous Improvement in Outcomes from Care & Services by March 2022

Partially Defined Projects

(In date order where dates have been confirmed)

Emerging Proposals