

Lanarkshire NHS Board
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Meeting of Lanarkshire NHS Board
 29th May 2019

SUBJECT: ANNUAL OPERATIONAL PLAN 2019/20

1. PURPOSE

The Annual Operational Plan is coming to the Board:

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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2. ROUTE TO THE COMMITTEE

The Annual Operational Plan has been:

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By the Corporate Management Team on 15th April 2019.

3. SUMMARY OF KEY ISSUES

The Annual Operational Plan (AOP) is the performance contract between the Lanarkshire NHS Board and the Scottish Government Health & Social Care Directorate (SGH&SCD). The AOP for the year 2019/20 has been prepared by the Corporate Management Team.

The AOP guidance expressed an ambition to describe a three-year Operational Plan, and so some trajectories cover the period to the end of 2021/22. However, these are wholly dependent on sufficient funding being made available by SGH&SCD. An initial draft of the AOP was submitted to the Scottish Government on 29th March 2019, with any comments received reflected in the final draft AOP.

Discussions have taken place with Scottish Government representatives throughout May, and the final draft AOP (attached) reflects the Scottish Government assurance of £10.3m to support delivery of the waiting times targets, with the potential of an additional £2.2m following review of performance in September 2019.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input 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

The draft AOP includes a range of service improvement trajectories across services delivered by Health & Social Care partnerships, Acute and Corporate divisions.

7. FINANCIAL IMPLICATIONS

The annual Financial Plan is submitted separately to Scottish Government and confirms the Board's commitment to deliver financial balance for the year, including the delivery of a challenging Efficiency Savings Programme. Cross reference will be made to this in the Finance Template and any associated financial narratives in the AOP.

The SG has given assurance that some £10.3m would be made available in 2019/20 to support the achievement of waiting time targets, with the potential of an additional £2.2m following review of performance in September 2019.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The risk in relation to the delivery of the Access Performance and Finance targets in a resource-constrained environment will be managed and mitigated through the maintenance of robust systems of performance management and reporting at operational, corporate, Governance Committee and NHS Board level.

The risk around delivering financial balance is included in the Corporate Risk Register, and will be maintained under regular review as the business year progresses. Individual efficiency savings schemes are subject to Service Impact Risk Assessment, with a particular focus on those assessed as High risk.

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 checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An Equality and Diversity Impact Assessment has not been undertaken for the Draft AOP because it applies to the whole population within the Board's area and reflects the Board's policy of equality of access.

11. CONSULTATION AND ENGAGEMENT

An initial draft AOP was: discussed by the Corporate Management Team during March 2019; submitted to the Scottish Government on 29th March 2019; and updated during May 2019 to reflect SG comments and the guaranteed waiting times target funding.

The finance elements of the draft AOP, in particular the savings plans for 2019/20, will be discussed with the Area Partnership Forum and the Area Clinical Forum prior to final submission for approval.

12. ACTIONS FOR THE BOARD

The Board is asked to:

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

The Board is asked to:

- note that an initial draft Annual Operational Plan (AOP) was submitted to Scottish Government on 29th March 2019, and that the feedback received is reflected in the attached final draft AOP; and
- approve the final draft AOP for onward submission to the Scottish Government in May 2019.

13. FURTHER INFORMATION

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

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