



Annual Delivery Plan Template

Template: ADP1

NHS Board: Lanarkshire

2023/24 Annual Delivery Plan

Section A: Recovery Drivers

1	Primary & Community Care Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community
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No.	Board Action
1.1	Through the work of the H&SCPs, the Board is continuing to enact the PCIP in support of the 2018 GMS contract and expand the multi-disciplinary workforce in Primary Care to extend the range of staff who can provide services previously provided by GPs. It has to be noted that this is against a background of significantly fewer numbers of wte GPs.
1.2	Continue to invest in multi-disciplinary teams within the OOH service such that there is less reliance on GPs. This is achieved by extending the range of staff, especially Advanced Level Practitioners from various specialties, to be able to manage demand in the OOH period. Again, this is against a background of fewer GPs who are willing/able to work in the OOH service.
1.3	NHS Lanarkshire will review current access and provision of mental health and wellbeing resources within primary care with the aim of further development of a stepped/matched care mode for mental health and wellbeing resources within primary care and communities. Ensure alignment of all primary care and community based mental health and wellbeing resources to optimise accessibility to community based mental health and wellbeing services and supports.
1.4	There is going to be an expansion and enhancement of chronic disease management with a view to early improved self-management and early identification of any complications. This will be supported by an increased use of patient managed technology such that self-management becomes the default position wherever possible.
1.5	NHS Lanarkshire has a Care Homes LES in place for the majority of care homes. This provides a dedicated practice looking after all the residents in a given care home with the attendant benefits. Work is also ongoing in reviewing a series of developments linked to the 'frailty pathway' including a consistent 24/7 community nursing support and work will continue on this throughout the year.
1.6	The service to provide dental care for unregistered and/or de-registered patients will be reviewed to ensure sufficient capacity exists. Work will also be undertaken to work with GDPs with a view to maintaining access for NHS patients.
1.7	The process of transitioning eye care previously undertaken in hospital settings to primary care is well underway. It is expected that around 700 patient will transfer in the first two quarters with around 15 patients per month transferring thereafter.
1.8	The Infection Prevention Control service will continue to provide support to our primary care services.

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Urgent & Unscheduled Care

Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need.

No	Board Action
2.1	<p>Expand and develop the FNC model in NHS L to facilitate increased admission avoidance and redirection to other parts of our system by:</p> <ul style="list-style-type: none"> • Continued collaborative working with SAS to increase call before you convey activity to reduce unnecessary ED attendances • Developing community based pathways by working with our Hospital at Home teams to increase referrals to avoid ED presentations and increase admission avoidance • Scope the requirements of a workforce model which ensures connections with ED, GP OOHs, Community Services, Ambulatory Care and Assessment areas to reduce ED presentations and admission avoidance. • Develop further our pathways with Care Homes and Community Treatment rooms to reduce ED attendances and admissions • Develop a whole system communication approach which ensures that our messages do not have unintended consequences for other parts of our system and is inclusive for all communities • Ward and System Flows • Frailty and Off-site bed redesign • Local, Site and System Escalation
2.2	<p>Undertake a detailed “as is” process mapping of all front door areas which will inform our Target Operating Model for Urgent and Unscheduled care. This is likely to also include developing opportunities for increase scheduling of unscheduled care and rapid assessment processes. Work is also underway with our appointed Health Care Planners to inform the required footprint for our Acute sites with a particular focus on Urgent and Unscheduled Care.</p>
2.3	<p>Our revised governance structure for Operation Flow ensures connections are established across all areas of improvement work for Urgent and Unscheduled care including GP OOHs, Urgent Co-ordinated Community Service</p>
2.4	<p>Undertake a strategic rapid review of our Hospital @ Home Service which describes our operating and workforce model which focuses on admission avoidance by ensure pathways are in place via our FNC.</p>
2.5	<p>Implement our Community Respiratory Service test of change for 12 months with the key priorities to: prevent admissions, support discharge and develop patient self-management strategies for COPD symptoms. The test of change will cover 2 practices and be provided by x 1 Physio and x 1 Nurse supported by x 2 GPs and x 1 hospital based Respiratory Physician.</p>
2.6	<p>Continue to develop our hospital based OPAT service and support planning for community based OPAT provision roll out across the system.</p>
2.7	<p>Continue to embed our flow foundation bundle across all inpatient areas to increase flow and improve safety. The Flow Foundation Bundle is a combined set of simple rules for all receiving and inpatient wards to improve patient flow and prevent unnecessary waiting for patients. The bundle consists of:</p> <ul style="list-style-type: none"> • Embedding a daily Discharge Beat for each ward • Undertaking MDT Board Rounds (x 3 times / day) to ensure clear plans are in place and actions agreed. • Setting a Planned date of discharge (PDD) • Embedding Criteria-led Discharge to ensure that patients are discharged even when Senior Clinical Decision makers are not available • Increasing Pre-noon Discharge by use of Discharge Lounge • Real updating of patient movements on Trakcare to ensure that we have an accurate of all inpatients across our system

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	<ul style="list-style-type: none">• Underpinned by oversight by x 3 daily site huddles with clear communication and escalation processes in place
2.8	Full delivery of the Best Start policy is scheduled for March 2026. As an early adopter Board, NHS Lanarkshire will monitor progress via operational and strategic assurance boards which will scrutinise progress against key deliverables of the programme. In addition, the Board will submit a 6 monthly progress RAG report to Scottish Government articulating progress against each recommendation. Each measure will have data to demonstrate progress and narrative to describe the methodology of implementation. NHS Lanarkshire is a member of the Best Start programme board where national progress of implementation is governed. This will be a conduit for mitigating any risks and challenges locally. Each measure will be co designed with the MDT and service users, governed via board structures to provide assurance of implementation.

Mental Health

Improve the delivery of mental health support and services.

No.	Board Action
<p>3.1</p>	<p>CAMHS:</p> <ul style="list-style-type: none"> • Embed Choices and Partnership Approach (CAPA model) into CAMHS. This will provide organisational assurance that we are able to provide care in the right place, in the right way at the right time. • Delivery of an electronic documentation system that will ensure children and young people who use CAMHS are visible across the system. This will also support the quality assurance required that will inform supervision and CAPA job planning discussions. • Establish collaborative working arrangements with our regional colleagues that will support a whole system response to delivery of CAMHS specification (inpatient and forensic care). • Increase opportunities for collaborative working with other colleagues across the wider system to deliver a whole system response to children who interface with all of our services (Education, Child and Family Social Work Services and Primary Care). • Raise the profile of NDS waiting time challenge and utilise the CAMHS Recovery and Renewal Programme Board to progress and oversee the development of this service. • Centralised duty system <p>Psychological Therapies:</p> <ul style="list-style-type: none"> • Implement National Specification for Psychological Therapies and Interventions • QI focus across all Psychological Services through an established QI lead. • Research focus – to add to evidence base, create and maintain an enthusiastic workforce collaboration with Glasgow, Strathclyde & Glasgow Caledonian Universities. • Expert by Experience involvement in co-design and delivery of service. • Continue to develop pathways with the Primary Care MH and Wellbeing Service, to provide for more evidenced based psychological interventions at lower intensity/ complexity within primary care, with a stepped approach towards access to psychological therapies at higher intensity/ complexity. • Use Quality Improvement methodology to ensure that interventions are being delivered within appropriate timeframe, offering early screening appointments to patients referred to Adult PTT to ensure that they are directed to services that will best meet their needs at the earliest point in time. • Patients are being stepped through evidence-based online evidenced based psychological therapy programmes, digital therapies, and group-based interventions (face to face and digital), and will only be offered face-to-face psychological therapies where this is deemed the most appropriate form of intervention. • Ensure best use of clinician resource and sharing out longest waits across localities, further streamlining the process through use of waiting list management systems. • Utilise the rich learning, evaluation and strong foundations to transition the Distress Brief Intervention (DBI) Programme from a pilot programme to a sustainable programme across Lanarkshire by March 24 in-line with Scottish Government expectations. • As national host organisation for the Scottish Government’s DBI programme, NHS Lanarkshire/North and South Lanarkshire HSCPs will oversee and lead the continued growth and continuous improvement of DBI across Scotland on behalf of the Scottish Government. • Continued focus on utilising PHS methodology DCAQ to ensure appropriate monitoring of capacity and demand; working closely with PHS analyst. • Focus on Recruitment and retention of staff and staff wellbeing.
<p>3.2</p>	<ul style="list-style-type: none"> • Implement local elements of the national CAMHS service specification, including improvement in provision for those with eating disorders, by March 2026.

	<ul style="list-style-type: none"> ○ Build job plans inclusive of core and specific work. This ensures that we are efficient in our use of resource and provides assurance that CYP are being seen by right people that can support them according to their own goals and outcomes. ○ Recruit and retain staff who can capably provide the level of expertise required to enable us to deliver CAMHS specification fully by March 2026. ● Implement the national neurodevelopmental service specification for children and young people by March 2026: <ul style="list-style-type: none"> ○ Commission a private partner to work in collaboration with local colleagues to address waiting time challenge. This process has been concluded and operational arrangements are now being progressed and over seen by NDS operational group. ○ Additional resource to provide additional practitioner capacity until further capacity and demand work completed. ○ Resource provided to deliver a waiting list cleansing exercise. ○ Review workforce capacity and demand to inform future decisions re workforce and required infrastructure. ○ Collaborative working with Education and Primary Care colleagues to deliver Tests of Change focussed on Getting It Right For Me (GIRFMe) plans. ○ Delivery of community based resources that will support families whilst waiting to deal with common problems that are identified in referrals as a source of stress (sleep, continence etc.).
<p>3.3</p>	<ul style="list-style-type: none"> ● Implementation of MORSE to improve data quality ● We are currently able to report some of the CAPTND dataset, but gaps remain where existing systems do not record necessary data items ● Actively participating in ongoing national discussions to determine the best methods to enable recording of the missing data items ● Continued exploration of the use of Trak using questionnaires to record details, though eHealth colleagues have concerns around the ability to link questionnaire responses to specific appointments ● Concerns remain around the ability to effectively calculate waiting times and other aggregate data equivalent to the RTT returns through CAPTND alone
<p>3.4</p>	<p>Mental Health Spend - we are seeking further detail in the calculation of the different areas of spend in order to ensure national consistency in returns.</p>

4 Planned Care

Recovering and improving the delivery of planned care

We are not asking you to duplicate your planned care response again within this return. For reporting purposes, we will be incorporating the planned care response into the wider ADP to enable single quarterly returns.

No.	Board Action
<p>4.1</p>	<p>A planned care response has been submitted to the Scottish Government Planned Care Team in line with Planned Care Priorities 2023 / 2024, (Feb 23). These remain subject to ongoing discussions and agreement and continue to evolve. (As per guidance this has not be replicated in this plan).</p> <p>The focus for planned care through 2023/2024 will be to prioritise and protect planned care resources to achieve 31 / 62-day cancer guarantees (detailed in section 5) and the reduction of Long waits in line with Planned Care guarantees (Outpatients, Inpatients/ Day case and Diagnostics).</p> <p>2023/2024 will be a transitional year for planned care adopting a mix approach including;</p> <ul style="list-style-type: none"> (i) Commissioning of targeted short term additional capacity. This will include insourcing and outsourcing, continuation of Vanguard Unit in Endoscopy and optimising theatre staffing. (ii) Establish revised organisation structures to drive efficiency, productivity and local innovation within planned care specialties. NHS Lanarkshire will continue to work closely with the Centre for Sustainability Delivery (CFSD) to develop, adopt and embed high impact national programmes. (iii) Working collaboratively with partner health boards across Scotland including the Golden Jubilee, national treatment centres (NTC) and NECU to maximise capacity opportunities. <p>Protecting Planned Care</p> <p>Over recent years, NHS Lanarkshire has been impacted significantly by a number of factors that has restricted the recovery and delivery of planned care. This has included pressures from unscheduled care and ongoing workforce challenges across all professional groups and services.</p> <p>Plans are underway to review how planned care services can be protected, specifically, during times of high unscheduled care pressure. However, this is not something that planned care can achieve in isolation and will be linked to wider organisational approach including the impact from programmes such as Operation Flow, a multi-disciplinary and multi-agency programme that aims to improve flow within each of the Acute sites reducing delayed discharges and bed pressures.</p> <p>NHS Lanarkshire continues to explore different models that have been adopted by Boards across Scotland. In addition, sites will work in collaboration with the CFSD to develop options utilising the CFSD toolkit.</p> <p>In line with a transitional approach through Q1 and Q2 there will be a requirement to supplement core capacity through commissioning both external and internal additional capacity where possible.</p>
<p>4.2</p>	<p>Peri-operative Care and Day Surgery</p> <p>Peri-operative teams in NHS Lanarkshire are currently working in collaboration with surgical specialties to improve theatre efficiencies and productivity. This includes adoption of minimum standards in theatre access to ensure;</p> <ul style="list-style-type: none"> • Reduction of non – productive time in theatre (eliminate late start /overruns) • Minimum standards in scheduling (6-4-2) and list optimisation (ANIA Pathway)

- Priority theatres for major / cancer surgery
- Support development in Surgery, such as, Robotic Assisted Surgery
- Explore development and protection of single procedure lists for high volume procedures (for example, cataracts, paediatric tonsillectomy and hernia)

NHS Lanarkshire has historically measured well against the British Association of Day Surgery (BADS) measures for improvement. However, further improvement work is planned around a day surgery first approach from decision to treat and overcoming historical barriers to treating patients as day surgery.

There have been recent successes in extending the scope of day surgery most notably by trauma and orthopaedics with Arthroplasty joint replacements (Hip and Knee) and soft tissues procedures. This will be developed and monitored through the Heatmap

Establishing a 23-hour care unit has been historically challenging due to availability of physical space with appropriate facilities and workforce pressures. However, following a successful pilot a 23-hour care unit has been implemented within UH Monklands. This will be evaluated through the coming months and work undertaken to determine if this model could be expanded to other acute sites.

4.3 Reducing Unwarranted Variation

NHS Lanarkshire has been a key contributor to aid development of a number of high impact programmes through the CfSD. These are based on share approach of value based health care and reducing unwarranted variation. This has included a commitment through representation on the CfSD Specialty Delivery Groups, aiding in the development of specialty pathway and minimum standards. Moving forward these will continue to be implemented and expanded and will include;

- (i) Active Clinical Referral Triage (ACRT) – has been successfully implemented in a range of specialties including Orthopaedics, Dermatology, ENT, Urology and Gynaecology. This has seen in excess of 5000 patients treated through alternative pathways. As part of NHS Lanarkshire commitment to the Heat Map over the next 12 months this will be embedded and expanded to further specialties including Respiratory and Rheumatology.
- (ii) Patient Initiated Review (PIR) – has been implemented by Orthopaedics, Gynaecology and Vascular with over 2,500 return appointments avoided. Plans are underway to expand PIR to appropriate specialties.
- (iii) Specialty Delivery Groups – NHS Lanarkshire has been well represented on these groups providing both clinical and operational managerial expertise to the development of national pathways and adoption of minimal standards. These pathways have been adopted into ACRT in areas such as ENT, Urology, Breast and Respiratory.
- (iv) The Board is also committed to supporting the national Endoscopy group taking forward initiatives such as establishing a Urology Hub (one stop clinic) and developing endoscopy services including double QFIT and workforce strategy for non-medical endoscopists / Cystoscopists. In addition, NHS Lanarkshire continues to support and embed developments from the ANIA pathways including Cynosponge and Colon Capture Endoscopy.
- (v) Realistic Medicine – The application of Value Based Health Care will be core to future developments and service improvements. These principles continue to be applied within clinical services and will be supported by local Quality Improvement and realistic medicine teams. In addition, prioritising areas of improvement and identifying areas of variation will be essential and will be data driven and utilise tools such as the axis of variation, local reporting and national systems such as Discovery. (Further information on NHS Lanarkshire’s approach to Realistic Medicine is detailed in Section D Value Based Health and Care).

4.4 Waiting List Validation

All waiting lists within NHS Lanarkshire are subject to 3 stage validation. This does create significant pressure on administrative and clinical staff and can be time consuming. Moving forward, NHS Lanarkshire has committed to work with the National Elective Co-ordination Unit (NECU). Initially, this will focus on providing an administrative validation for patients waiting over 26 weeks for an outpatient or inpatient treatment within four agreed specialties (Urology, ENT, General Surgery and Gynaecology). This will be an electronic validation contacting around 12,000 patients. This is expected to result in between 8 – 10% removals of patients who no longer require their appointment.

Following successful completion of this work admin validation will be extended to other specialties and waiting lists.

Cancer Care

Delivering the National Cancer Action Plan (Spring 2023-2026)

No	Board Action
5.1	<p>A key focus for 2023/24 will be to expand diagnostic capacity and workforce. This will include:</p> <ul style="list-style-type: none"> • protecting core capacity for cancer pathways- CT, MRI, BX along with ensuring recovery bed/area aligned to BX requirement. • increasing capacity through radiology workforce developments (skill set)- Assistant Practitioners, ANPs- Breast. • Endoscopy- retain Vanguard Unit and staffing. • further development of QFit along with introduction of double Qfit and ACRT and PIR within pathways to release capacity and reduce variation. • exploring new Urology pathways and the introduction of the Urology Hub. Introduce a unified single lower GI pathway
5.2	<p>To provide direct access, in a timely fashion, for GPs within NHS Lanarkshire to refer the patients they suspect may have symptoms that could be linked to a potential cancer diagnosis, but with no site specific red flags that seamlessly fit with the clinical pathways aligned to the Scottish Referral Guidelines. We would aim to measure the pathway with a 21-day waiting time standard from date of receipt of GP referral to MDT discussion and next steps which would be diagnosis/unclear diagnosis or refer back to GP (all clear).</p> <p>The RCDS pathway relating to vague symptoms will be testing a solution to a specific problem – the lack of a clear diagnostic pathway for individuals where there is a suspicion of cancer but no specific symptoms to suggest a cancer type/tumour site.</p>
5.3	<p>Cancer services are aligned within Access Directorate which organisationally builds on the links and offers direct collaborative working and support with Diagnostic, Pathology, labs etc. We have an established Cancer Management Group that meets every 6 weeks with key representatives aligned to the wider patient pathway along with an established ROM for Radiology. Diagnostic and Cancer Service manager meet monthly with the AMD to discuss challenges, concerns and reflect on performance identifying areas for improvement. There is a clear and supportive structure with SOP's in place to support escalations and effective breach analysis. Cancer performance reported through planned care delivery board, including all specialty/site service representatives.</p>
5.4	<p>There is a desire to produce a dashboard showing overall cancer numbers, breakdown by tumour group, tumour site, gender, age, staging, etc. The data is collected at Board level and is all currently held within the national cancer audit database however can be downloaded from the Business Objects Reporting system.</p>
5.5	<p>Further work underway in NHS Lanarkshire includes:</p> <ul style="list-style-type: none"> • collaborative working with each individual service manager across all specialities, along with cancer clinical leads. This is an opportunity to reflect and learn on the challenges highlighted within each of the tumour specific pathways aligned to the diagnostic key element along with treatment provisions. For example, elective theatre capacity, SACT delivery, any interventional treatment and Palliative care teams (Best Supportive care). • work across boundaries and engagement with National and Regional work to build on the pathway milestones including supporting diagnostic and surgery element to ensure local access to regional capacity timely. This will be achieved through robust and reliable cancer tracking escalation to safeguard patients access within the agreed timescales from referral to treatment. • learning from other Boards and in turn sharing NHS Lanarkshire’s success of what is working well and not so well. This will be benchmarked against outcomes and data requests from National specialist interest groups and National Improvement pathway initiatives with the focus to improving performance e.g. developing a Urology Hub & National Oncology Transformation Programme. • renewed focus on inequality in cancer incidence and outcomes leading to the re-establishment of DCE group and a population needs assessment on cancer incidence and mortality (Detailed in Section 6.7)

6 Health Inequalities

Enhance planning and delivery of the approach to tackling health inequalities, with a specific focus in 2023/24 on those in prison, those in custody and those who use drugs.

No.	Board Action
6.1	<p>We will continue to deliver programmes of work across the six public health priorities with an overarching focus on inequalities.</p> <p>This includes delivering on the ambitions of the Tobacco Control strategy, further development of the Lanarkshire Weight Management service; renewing the health inequalities in cancer screening action plan; and development and delivery of an action plan to mitigate the impact of the cost of living crisis on patients and staff.</p> <p>The Lanarkshire Resettlement Healthcare & Wellbeing Improvement Plan 2023-2024 will champion the aspirations of the New Scots Strategy for the improvement and protection of the health and wellbeing of refugees and asylum seekers settling in Lanarkshire.</p>
6.2	<p>For 2023/24 the main focus of delivery for Prisoner Healthcare in Lanarkshire is against 3 specific Delivery Domains:</p> <ul style="list-style-type: none"> • Recommendations from 2022 HIS Inspection • The Outstanding actions from the 2022 NHSL Internal Service review • MATS standards implementation <p>This process will be overseen by a Programme Board that will be initiated in July 2023 and led by a newly appointed Senior Service Improvement Manager. Each quarter we will report on measurable progress made against these domains, highlighting and mitigating against any inherent risks to delivery. The Executive Lead for this work is Ross McGuffie, Chief Officer for North Lanarkshire H&SCP (where the management structure for Prisoner Healthcare is hosted)</p> <p>A project group will be established to review the model of healthcare in police custody and develop and implement an action plan in response to the HIS/HMICS report on their review of healthcare in Police Custody in Lanarkshire. Executive lead is Dr Lucy Munro, Medical Director, North Lanarkshire Health and Social Care Partnership.</p> <p>Routes into treatment and support from police custody will be improved for those entering police custody under the influence of alcohol and/or drugs through a new arrest referral Test of Change and routes from prison to community substance use treatment support will be enhanced via prison link workers.</p>
6.3	<p>Lanarkshire HSCP drug and alcohol treatment services and commissioned services will achieve full implementation of MAT Standards 1-5, 6, 8, 9 & 10 by 31st March 2024. This will be achieved through implementation of: an Urgent Response model commencing individuals on MAT and establishing increased access to responsive and person centred treatment and care pathways established between treatment services, commissioned services and multi-agency partners. This approach will form part of the review and redesign of substance use services core service provision in Lanarkshire over the next two years. A local MATSIN justice programme board will be established to consider MAT standards and improve pathways for the prison population. Substance use services across North and South HSCPs will work to support service users to access residential rehabilitation as required in line with their needs.</p>
6.4	<p>A corporate lead for women's health will be identified in the first quarter of 2023/24 and thereafter a baseline of NHS Lanarkshire activity against the actions outlined in the national women's health plan will be undertaken. An action plan will then be developed to build on current activity and address gaps identified.</p>

<p>6.5</p>	<p>To address the transport needs of patients, during 2023/24 NHS Lanarkshire will:</p> <ul style="list-style-type: none"> • develop a Community HUB to create a single point of contact for both staff and patients looking for transport for goods, services and patient transfers • work with SAS partners to look at current service provision within NHSL and review needs of service • ensure that there is appropriate parking and drop off facilities at our sites to enable SAS to continue their critical work • continue to work with key public transport stakeholders such as Strathclyde Partnership for Transport (SPT) to ensure that each of our sites is supported by appropriate public transports links, and that details of all available public transport are widely publicised via appropriate media. • Implement an Integrated Transport Hub. There has always been a concern that the wider provision of transport from all service providers is not well integrated and that access to information on service provision can be challenging to access quickly and easily. • develop in conjunction with all relevant stakeholders a parking policy during 2023/24, as a means to resolve a number of issues which have been raised by people as barriers to them accessing clinical services. In particular, the policy will consider and set out mechanisms to ensure safe parking for all users of NHSL sites: It is proposed that the final agreed policy will be implemented after completing an appropriate approvals process with effect from 1st April 2024.
<p>6.6</p>	<p>NHS Lanarkshire has already undertaken initial mapping of anchor activity across the five anchor pillars and will refresh and review this mapping in line with the national anchor framework. Thereafter a steering group will be established to develop and deliver a strategic plan to build on progress to date and further advance the role of NHS Lanarkshire as an anchor organisation. This will include embedding the anchor ambitions into NHS Lanarkshire’s strategy Our Health Together.</p>
<p>6.7</p>	<p>Tackling Cancer Inequalities</p> <p>The North Lanarkshire HSCP is undertaking a collaborative development with National Services Scotland on cancer screening that identified a 20% difference in uptake of cancer screening between Lanarkshire’s most deprived and affluent populations. With 28% of the Lanarkshire population being in SIMD1, the Population Health Committee has commenced further work on identifying the causes of cancer inequalities, informed by the recent Cancer Research UK report <i>Deprivation and Cancer Inequalities in Scotland</i>. Through the Board’s Detecting Cancer Early group, work is now underway to understand the baseline activity against the key preventable causes of cancer inequalities:</p> <ul style="list-style-type: none"> • Smoking • Obesity • Cancer screening • Awareness of the signs and symptoms of cancer • Barriers to seeking help • Treatment <p>Once baseline activity is finalised, a full action plan will be developed with the aim of creating a collaborative programme of work that will span NHS Lanarkshire, HSCPs and Community Planning Partnerships.</p>

7 Innovation Adoption
 Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

No.	Board action
7.1	<p>NHS Lanarkshire, in common with most Health Boards, continues to face significant challenges from increased service demand, workforce pressures and financial constraints. The adoption and upscaling of technology and innovation will be central to addressing these challenges.</p> <p>The Board will work collaboratively and creatively with both local and national partner agencies to Innovate new ways of working. In line with the aims of the Accelerated National Innovation (ANIA) pathway these will focus on developing solutions that improve the efficiency and productivity of services, are evidence based and, most importantly, improve patient outcomes and the patient experience.</p> <p>NHS Lanarkshire has a proven track record of delivering high impact improvement programmes and electronic solutions across the organisation. The Board continues to work closely with the Centre for Sustainable Delivery (CfSD) and the Accelerated National Innovation (ANIA) pathway on programmes across both acute and primary care.</p> <p>To maximise opportunities, we will adopt the triple helix model for collaboration between academia and industry. Using this model, we will build our network and foster strong partnerships to collaborate and innovate. This will ensure we can learn from other partners and sectors and understand what works well elsewhere, including how new digital solutions are adopted. Our strategic approach to innovation will be one of partnership backed by reliable data, so we work with our partners to understand how successful any activities or investments have been.</p> <p>Taking forward our strategic priorities will require us to work closely with other bodies such as Universities, technology and consulting partners, the West of Scotland Innovation Hub and National bodies. We do not expect to meet the aims and ambitions of this plan in isolation. We will seek to create strategic partnerships with key suppliers. Working together to utilise their knowledge and resources in delivering our strategic objectives. Where problems exist that are not currently served by industry, we will work with our partners in academia, utilising their specialist skills to conduct research into creating new solutions for the challenges we face.</p> <p>As part of the Digital Plan 2023-28, work is underway to formulate our innovation approach as part of our Operational Delivery Plan and key deliverables will be identified in-year.</p> <p>As a member of the West of Scotland Innovation Hub NHS Lanarkshire will continue to provide support in the co-development and upscaling of ANIA pathways, providing access to specialty clinical staff, as well as healthcare environments to test and pilot emerging pathways.</p> <p>Lanarkshire NHS Board shares the aims and aspiration of the ANIA pathways and this is represented at Board level through a nominated Innovation Champion and supported by the Lanarkshire Research and Development Department. This ensures Board level commitment to Innovation.</p> <p>NHS Lanarkshire has progressed and implemented a number ANIA pathways solutions, including;</p> <ul style="list-style-type: none"> • Colon Capture Endoscopy (CCE): This is now established within NHS Lanarkshire providing patients who would previously have had an endoscopy with an alternative pathway to diagnosis. CCE has now been incorporated into clinical pathways. • Cytosponge: Provides the ability to identify Barrett’s Oesophagus reducing the time to diagnosis. In addition, this can be utilised out with the hospital environment.

	<ul style="list-style-type: none"> Remote Consultations Near Me (Attend Anywhere). This was implemented across a range of clinical services, including medical, nursing and AHP clinics. This provided patients with access to appointments over video calls. NHS Lanarkshire remains committed to further development of this system across services. In particular, the potential development of parallel technology that facilitates asynchronous appointments and enables patients to self-monitor in specialties, such as, ENT and Dermatology. <p>NHS Lanarkshire clinical and operational management staff continue to support ANIA pipeline projects. Recent examples include;</p> <ul style="list-style-type: none"> Electronic Theatre Scheduling: developing cross Board pathways and electronic solutions to ensure Operating theatres are booked appropriately and patients can access their treatment with minimal delay. Theatre Optimisation: NHS Lanarkshire previously aided in the development and testing of an electronic solution to ensure operating theatres work efficiently and productively, maximising the number procedures completed per session. Pre-Operative assessment / Pre-habilitation: NHS Lanarkshire staff currently providing clinical and operation experience to develop a national Pre-Assessment system. This facilitate assessment of patients prior to surgery without attending hospital and provides patients with information and advice on how they can optimise their own health prior to surgery.
<p>7.2</p>	<p>NHS Lanarkshire continues to work collaboratively with a range of partners to support innovation, improve skills and reduce barriers to innovation.</p> <p>Staff from across a range of services continue to support the work of (CFSD) This includes through the provision of expertise on ANIA pathway development groups, contributing to the development of values cases as well as piloting and testing solutions and pathways. In addition, clinical representatives and operational managers participate fully through the CFSD Specialty Delivery Groups which provide a forum to recommend technology solutions, agree national pathways and minimum standards in line with guidelines from Royal Colleges.</p> <p>NHS Lanarkshire also participates in the West of Scotland Innovation Hub, facilitating collaboration with partner Health board, Academia and Industry to develop new solutions to clinical challenges. The innovation hub is also aligned to the objectives of ANIA and has seen the development of projects such as vCreate (Video diaries), Early Diagnostic Heart failure pathway (Opera) and Dynamic SCOT COPD.</p> <p>Developing a skilled workforce is also essential to enable staff to effectively utilise and develop new technology and alternative ways of working. NHS Lanarkshire continues to work with Education for Scotland, most recently through the NHS Scottish Academy programmes for endoscopy training and operative first assistants.</p>

Workforce Implementation of the Workforce Strategy.

No.	Board Action
8.1	<p>NHSL eRostering implementation is a 2-year project between May 2023 and May 2025. Within this 2-year timeframe, NHSL will work to implement the eight core products of eRostering solution: eJob Plan, eRota, Allocate Loop, Health Roster, Medic On Duty, Activity Manager, BankStaff (currently in use within NHSL), and SafeCare.</p> <p>eRostering Project funding was agreed at March 2023 NHSL Board meeting for phased delivery across all workforce groups. In keeping with the rate of increasing workload as the project rolls out, it is anticipated there will be four separate intakes of staff to the team across the two-year programme. First intake of Project Team currently in the process of being recruited, with project commencing 9th May 2023, with subsequent intakes planned for three-monthly intervals. This ensures the complete project team is in place for April 2024 subject to a review at Month 9.</p>
8.2	<p>Throughout 2023/24, NHSL will continue to manage sickness absence in accordance with Once for Scotland policy to aim for 4% sickness absence target. Metric: 4% target or under = Green, 4-6% = Amber, Over 6% = Red</p>
8.3	<p>The next cohort of international recruits will arrive late April 2023 with further cohorts arriving in June and July 2023. Discussions are in progress around further recruitment for later in the year.</p>
8.4	<p>An Anchor Employability Steering Group is being established to oversee delivery of the strategy, with inaugural meeting scheduled for April 2023.</p>
8.5	<p>Throughout 2023/24, NHSL will continue to work towards reaching and maintaining vacancy level of less than 5% for registered Nursing/Midwifery staff. Metric: 2.5% target or under = Green, Between 2.5-5% = Amber, Over 5% = Red</p>
8.6	<p>Throughout 2023/24, updates to Self-Assessment template will be required to be completed quarterly by all staff groups who require to demonstrate compliance with Health and Care (Staffing) (Scotland) Act 2019, to provide SG with regular updates on readiness and ongoing work leading up to enactment in April 2024.</p>
8.7	<p>In February 2023, it was agreed that a revised approach would be developed ahead of Full Business (FBC) work commencing, focusing on governance, assurance, oversight, engagement and strategic objectives. A revised process was developed and went to both MRP Project Team and Project Board meetings in March 2023, where this approach was approved. Following agreement of the revised process, a face to face engagement event has been scheduled for May with strategic leads across all staff groups and partnership colleagues to talk through revised approach for FBC and governance route, the underpinning principles and setting good ambitions with a focus on more strategic thinking.</p> <p>Work towards Full Business Case (FBC) submission by December 2024. This is a large and complex project and the workforce planning associated with this will go through multiple iterations and various scenarios before arriving at the recommended final model for submission as part of Full Business Case.</p>
8.8	<p>Three-year Workforce Plan – monitor and review Workforce Plan actions, including indicative timescales and risks affecting delivery of actions. Progress updates to be considered by the Staff Governance Committee (SGC) meetings in June 2023 and December 2023.</p>

9 Digital
 Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access

No.	Board Action
<p>9.1</p>	<p>Optimising M365</p> <p>NHS Lanarkshire has appointed a dedicated M365 Support team and Project Manager to manage the roll-out and adoption of M365 products and Apps. A Programme Board has been established to provide governance and direction to the rollout of the M365 programme.</p> <p>NHS Lanarkshire was one of the first Boards to introduce federated sharing of Teams and Mailbox calendar features with North & South Lanarkshire Councils as part of the Scottish Government Federation Project, aimed at enhancing collaboration amongst HSCP staff.</p> <p>An evaluation will be conducted to assess the changes M365 will introduce, so the organisational impact can be properly understood and controlled, particularly in terms of the risks and opportunities likely to be encountered.</p> <p>A number of M365 products are used across NHS Lanarkshire (some extensively), these are; Teams, Exchange Online, eDiscovery and M365 Forms. Planning is in progress to enable the use of the other core M365 tools/Apps, with the intention of first testing and deploying key security & compliance features (MDCA & Sensitivity Labelling (MIP)) and then progressing to the rollout of OneDrive and SharePoint.</p> <p>Great effort has been made to ensure M365 Licence consumption stays within tolerance levels and this has been achieved by performing weekly housekeeping to remove inactive licences. As of 02/05 NHS Lanarkshire is under-consuming both F3 & E5 licences and is maintaining parity with the number of licences purchased.</p> <p>An evaluation will be conducted to determine which M365 tools and Apps require a DPIA and Acceptable Use Policy (AUP) to ensure these products are fully compliant with NHS Lanarkshire’s IG and Security policies. A DPIA and AUP has been produced for M365 Forms and the intention is that if other Boards have created similar policies these can be used as a template by NHS Lanarkshire for other M365 Products. Not only will this help standardise polices across the Boards, it also adheres to the core principle of a One for Scotland approach regarding the adoption of M365.</p> <p>An evaluation will be conducted to determine which M365 tools and Apps require a DPIA and Acceptable Use Policy (AUP) to ensure these products are fully compliant with NHS Lanarkshire’s IG and Security policies. A DPIA and AUP has been produced for M365 Forms and the intention is that if other Boards have created similar policies these can be used as a template by NHS Lanarkshire for other M365 Products. Not only will this help standardise polices across the Boards, it also adheres to the core principle of a One for Scotland approach regarding the adoption of M365. The deployment of the M365 Security & Compliance features will ensure data is properly protected and controlled.</p> <p>A communication and training plan will be prepared defining the steps to be followed during the rollout of OneDrive, SharePoint and Power Platform so that users are given sufficient guidance about using these products. Staff will also be encouraged to use the Microsoft Services Hub and Enterprise Skills Initiative (ESI) which offers online training & guidance for a range of M365 products.</p>
<p>9.2</p>	<p>National digital programmes</p> <p>9.2.1 National Endoscopy System</p> <p>A draft local Business has been created for the implementation of the ERS solution and shared with other</p>

	<p>Boards via the national group. Once approved, NHS Lanarkshire will begin the implementation project where we are the first Board to implement are the pilot sites. This is scheduled for Q4 in the delivery plan</p> <p>9.2.2 GP IT NHS Lanarkshire has had its local GP IT Business Case approved and awarded contract. Local implementation project resources have been appointed and project has commenced. Plan is to have all practices migrated to cloud by end of Q3. As of 02/05/2023 NHS Lanarkshire has migrated 20 practices.</p> <p>9.2.3 eRostering NHS Lanarkshire commences implementation of eRostering project from May 2023, a key component of the preparation work will involve reviewing existing workforce data and updating accordingly to ensure accuracy of the workforce information currently held across NHSL systems.</p> <p>9.2.4 HEPMA NHS Lanarkshire has successfully implemented HEPMA in all adult Acute and Community inpatient wards. The HEPMA team are now scoping outpatient and paediatric areas to determine which area we will introduce electronic prescribing into next.</p> <p>9.2.5 Scottish Vaccination Immunisation Project In Q1 we will undertake the Spring/Summer vaccination programme. In Q2 we will implement TrakCare clinics for adhoc and complex immunisation clinics. Also in Q2 will extend the use of the national VMT tool to record school flu immunisations. In Q3 we will undertake the Autumn/Winter immunisation programme.</p> <p>9.2.6 CHI The local project team has been established. We have conducted downstream application testing with the new CHI system as part of the national programme. As per the latest dates on the programme we are preparing for an October 2023 go-live.</p> <p>9.2.7 PACS NHS Lanarkshire has been supporting the national PACS re-provisioning programme with membership from the digital team on the national programme board. We remain fully engaged and will continue supporting as required now that the preferred bidder has been announced. Local implementation and funding planning will progress in line with national timescales.</p> <p>9.2.8 Connect Me Connect Me is the national remote health monitoring programme enabling patients to interact and communicate with their healthcare practitioners. Remote health monitoring helps people to safely manage their health and well-being, offers choice and promotes self-management. in 2023/24, NHSL will transition most remote health monitoring pathways from Florence simple telehealth SMS text system to inhealthcare, the next generation, nationally procured solution. Inhealthcare adopts a once for Scotland approach for national priority pathways. NHSL will continue to use Florence to develop local pathways as required.</p> <p>9.2.9 Near Me Near Me is the NHS Scotland, secure video consultation solution. Near Me enables people to attend appointments from wherever convenient to them. In 2023-24 the number of Near Me video consultations will be increased across Lanarkshire services and a network of community Near Me Near You facilities will be set up. This will support people who have difficulty accessing services using Near Me in a safe, warm and private space near where they live.</p>
<p>9.3</p>	<p>Organisational Digital Maturity Exercise NHS Lanarkshire has appointed a maturity assessment lead and coordinator (x2 staff) to liaise and gather responses for the digital maturity assessment due on 2nd June 2023. As of early May 2023 we have been granted access to the assessment portal and review of the guidance has begun. Nominated leads have been sought across North/South Lanarkshire to help support completion of the assessment. As raised by other Boards throughout the process; timings set to complete the digital maturity assessment are very tight (one</p>

	<p>month following achieving access to maturity portal) given requirement to co-ordinate across so many services/stakeholders at short notice.</p>
<p>9.4</p>	<p>Leadership in digital Developing digital skills and leadership across health and social care will be required to underpin the successful delivery of our recently published 2023-28 Digital plan. In order to embed digital transformation, leaders across our organisation must be equipped with necessary digital skills, frameworks and knowledge. During Q1 we will develop our 2023-28 Operational Delivery Plan to outline all digital deliverables and expand on the topic of developing and maintaining digital skills across the whole workforce. A dedicated project manager has been appointed to oversee coordination and creation of the 2023/24 Operational Delivery Plan and associated actions in 2023.</p> <p>The Operational Delivery Plan will include a key role case study, to support creation of our new Digitally Enabled Care (DEC) network and onward support for emerging digital leaders. Phase 1 of our digital equality orientation was conducted with the Digital Leadership Team in March 2023. This will ensure that digital leaders understand matters of digital equality as outlined in the EQIA associated with the 2023-28 Digital plan. Phase 2 will ensure understanding of digital equality across the wider digital team, for sharing with the wider workforce when applicable. A new toolkit will house digital equality information and a growing library of digital success stories that will facilitate share of learning across the organisation, in addition to introduction of new collaboration methods for digital leaders. To support development and maintenance of digital skills across the whole workforce, we will map all systems and digital services into a directory. This will be a first step in simplifying digital, by providing our workforce with self-help resources to understand digital technologies and systems. The directory will provide short descriptions to explain the purpose of each digital system, and the types of services and roles that make use of it, with priority placed on Accessibility aids and support services, including surfacing of Microsoft accessibility help content.</p>
<p>9.5</p>	<p>Scottish Health Competent Authority /Network & Information Systems Regulations (NIS) Regulation Audits NHSL commit to undertake the 2023 Audit programme for refreshed Public Sector Cyber Resilience Framework and outline our process for engaging with Cyber Centre of Excellence (CCoE) in compliance with NIS regulations. Our digital governance function has begun using the compliance self-assessment tool and gathering evidence using the template document. The NIS PSCRF Kick-off Meeting, with the eHealth management team (HoFs and Director of Information and Digital Technology) will be conducted in May 2023, along with the on-site Audit at the main data centre based at University Hospital Hairmyres. We will continue gathering evidence into July to perform the gap analysis and conduct a series of checkpoint meetings in Q2. During Q3 we will conclude evidence gathering, complete the compliance self-assessment tool and conduct our final checkpoint meeting in preparation for delivery of the final report, which is due w/c 18 Dec 23.</p>

No.	Board Action																		
10.1	<p>Through 23/24 the Board will continue to increase proportion of EV vehicles within the Light Commercial Fleet. Our actions in this respect are:</p> <ul style="list-style-type: none"> Preparation of an annual bid to Transport Scotland to secure funding to install charging infrastructure to support the vehicles transitioning. Prepare vehicle specifications and invoke a competitive tender process using NHSS Framework Suppliers for electric vehicles and charging infrastructure. Prepare business cases as required to NHSL’s Capital Investment Group where Transport Scotland Funding either falls short of the required need, or if no funding support is offered. <p>Transport Scotland have revised the criteria for Boards to bid against, which removes the option to bid for vehicles of any type, and requires a revision for infrastructure. NHSL has submitted bids to support the transition work planned to the infrastructure undertaken this year. From the impact of the noted points, NHSL will continue to require to either significantly contribute to, or wholly fund the remaining transition of the commercial fleet in future years.</p> <p>In terms of Heavy Goods vehicles, at this time there aren’t suitable vehicles available that deliver the operational capability required resulting in a continued use of diesel vehicles, anticipated to continue for the next 3-5 years based on current and anticipated lease expiry dates.</p> <p>Progress has been made in the transition programme but this has been slowed by global supply chain issues in the automotive industry which remain problematic. Repair Chain Networks that support the fleets have also been significantly impacted by the Pandemic which has the potential to affect the upkeep and maintenance of the fleet, to ensure business continuity.</p>																		
10.2	<p>NHSL has already achieved 2025 targets set by Scottish Government for waste reduction.</p> <ul style="list-style-type: none"> Reduce Domestic Waste minimum of 15% based on 2012/2013 baseline figures Ensure no more than 5% and less where possible, waste goes to landfill Reduce food waste by 33% against 15/16 baseline Ensure 70% of all domestic waste is recycled or composted <table border="1" data-bbox="199 1458 1453 1697"> <thead> <tr> <th>Waste Stream</th> <th>Baseline (t)</th> <th>Target (t)</th> <th>Reduction Target (t)</th> <th>Current 22/23 (t)</th> <th>Percentage Achieved</th> </tr> </thead> <tbody> <tr> <td>Domestic Waste (General Waste/Dry Mixed Recycling)</td> <td>2171.55</td> <td>1845.82</td> <td>325.73</td> <td>1047.94</td> <td>48%</td> </tr> <tr> <td>Food Waste</td> <td>212.84</td> <td>142.61</td> <td>70.24</td> <td>132.80</td> <td>62%</td> </tr> </tbody> </table> <p>We have a waste workstream established as part of our Strategy Delivery Group and are currently in the process of identifying objectives for the current year, and developing the project plan to underpin this work.</p> <p>There are currently 2 areas of focus identified which includes some focused work to reduce clinical waste (targeting 5% reduction), and to increase plastic segregation across our clinical areas.</p>	Waste Stream	Baseline (t)	Target (t)	Reduction Target (t)	Current 22/23 (t)	Percentage Achieved	Domestic Waste (General Waste/Dry Mixed Recycling)	2171.55	1845.82	325.73	1047.94	48%	Food Waste	212.84	142.61	70.24	132.80	62%
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10.3	<p>The use of Nitrous Oxide across our operating theatres had reduced significantly over the last 3 years. In the last quarter of 22/23 we began a programme of work to engaging with estates and clinical teams to plan for to decommission the manifolds across the 3 acute hospitals. This work has been concluded in 2 of our hospital</p>																		

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	sites in the first quarter of the current year with the 3 rd site manifolds scheduled for decommissioning before the end of Q2.
10.4	<p>NHSL has an active Green Theatre group which was historically led and populated by the clinical teams with no active governance route. In the first quarter of 23/24 we have been working to revise the governance arrangements to support delivery of our new strategy, and ensure that the supporting infrastructure is in place to develop plans for delivery of the Green Theatre Bundle across the 3 sites. This includes the following areas of focus (as per the national direction)</p> <ul style="list-style-type: none"> Elimination of Desflurane: - complete in NHS Lanarkshire Nitrous Oxide manifold decommissioning – Will be concluded Q2 Heating Ventilation & Air Conditioning/Anaesthetic Gas Scavenging System setback Surgical Suction Devices (Neptune) – Will be scoped by the estates team IV to oral paracetamol: On-going change programme Waste segregation – part of the waste workstream plan for 23/24 (see 10.2) <p>While clinically led, much of the work being planned requires an interface and support with our sustainability and environmental lead, estates colleagues and procurement and our new governance arrangements will address these deficits.</p> <p>In terms of oversight and reporting, the Board is establishing a clinical workstream which will provide the Green Theatre Group a direct link into the Boards Sustainability and Environmental Group which reports to our Boards PPRC.</p> <p>The initial actions involve agreeing objectives and workplan for forthcoming year, building on the significant work already in track. There will be a need to identify capacity within the facilities team to develop and implement a programme of work where delivery of the bundle requires changes to the capital asset (for example Nitrous Oxide decommissioning). Thereafter any required business cases will be developed and submitted through our existing capital investment group.</p>
10.5	<p>There has been a significant piece of work progressing during 22/23 that will continue into 23/24. We have been working with Jacobs to develop our routemap to net zero and are waiting for the final output from this work.</p> <p>We also secured the support of Mott MacDonald through GPSEDs to carry out a review of a number of our facilities with a view to improving energy efficiency. This work was successfully concluded and we are now in the process of securing PSU support secured through NDE Framework which will allow us to progress with the work required to deliver the capital upgrades and improvements identified through this work. Specific actions to be concluded in Q1 include:</p> <ul style="list-style-type: none"> • Business case development to bid for GPSEDs grant funding to begin programme of transition • Contractors secured via framework call off • Implement energy improvements across identified sites <p>Increase renewable sources of energy</p>
10.6	Agreement of approach and plan is to be developed to implement the Scottish Quality Respiratory Prescribing guide.
10.7	<p>There is currently only very limited resource within our sustainability team which has restricted progress in the development and utilisation of the EMS system. NHS Lanarkshire has the RIO system installed.</p> <p>In the current year it is our ambition to carve out time and resource to carry out a scoping exercise of the RIO EMS system to identify functionality and potential of system if more widely populated with relevant data. This will then allow us to Identify resource requirements to populate, maintain and make best use of the system and prepare a cost benefit analysis of what a fully evolved system could deliver.</p> <p>There is an on-going risk that further development will be limited given the competing priorities and project oversight requirements across the other workstreams.</p>

Section B: Finance and Sustainability

Identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme.

The Financial plan for 2023/24 has been submitted separately on the templates required by SGHSCD. In summary it shows a projected recurring gap of £78.940m across the NHS Board and HSCPs with a forecast that non-recurring income and forecast savings will reduce this to £34.132m in year. A programme to look for sustainability and value across all our expenditure is running to secure the forecast savings and explore where the remaining savings could come from. It is not expected this will be fully achieved in 2023/24 requiring dialogue with SGHSCD and planning over the full 3-year period.

Savings summary	2023-24		
	Recurring £000	Non-Rec £000s	Total
Financial Gap before Savings	-78,940	11,980	-66,960
Savings Target	19,643	7,185	26,828
Non-Recurrent Measures	0	6,000	6,000
Total Savings & Non-Recurrent Measures	19,643	13,185	32,828
Forecast Variance against Core RRL	-59,297	25,165	-34,132

Section C: Workforce

Please include an update on the implementation of Board workforce plans.

Introduction - Update November 2022 – March 2023

Detailed below is an update on the implementation of the National Workforce Strategy for Health and Social Care in Scotland¹ through three-year workforce plan. This update reflects progress on the actions from the workforce plan and other areas of continuing work in alignment to the Five Pillars of Workforce Journey outlined in strategy. These are: Plan, Attract, Train, Employ and Nurture. This update reflects progress from November 2022 when the workforce plan was published until March 2023. Going forward, quarterly updates will be aligned with Annual Delivery Plan (ADP) timescales. Updates on implementation of Board workforce plans will continue to reflect local and national strategic drivers including the development of Lanarkshire's Health Strategy, 'Our Health Together' and anchor institution work streams.

It has been agreed that the monitoring and review process for the action plan published as an appendix to workforce plan will be via 6 monthly updates to Staff Governance Committee (SGC). Ahead of first update to SGC beginning of June 2023, Directors have been asked to provide an update on progress to date, indicative timescales for completion and risks affecting delivery of actions for each of the actions specific to their service area.

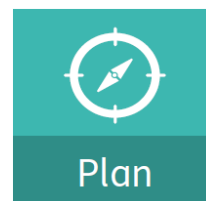
Following inclusion of workforce related risks on NHSL Corporate Risk Register at the time of developing three-year workforce plan, work is underway locally with Corporate Risk Manager to develop a clear risk register of workforce risks that feed into the overarching corporate objectives for 2023/24, in line with NHSL's Risk Management Policy.

The Five Pillars of the Workforce Journey: Plan

Evidence Based Planning

Lanarkshire Public Health Report

In the workforce plan, population projections between 2018 and 2028 highlighted the forecast of an ageing population, this has been further emphasised by the latest projection figures between 2021-2041 within Lanarkshire Public Health Report², recently published in March 2023. Figures indicate that the number of individuals aged 75+ will increase significantly, and the number of working age individuals is anticipated to decline. Both of these changes in demographics present significant challenges for the future delivery of health services and the need to recruit, develop, support and retain a workforce to meet the future needs of Lanarkshire's population, with utmost focus on the Health and Wellbeing of staff, as the workforce demographic will mirror that of NHSL population. Furthermore, Lanarkshire Public Health Report articulates the impact of inequities and deprivation within Lanarkshire and between other areas in Scotland, and this evidence is being used to inform forward planning work to become an Anchor Organisation through improving the prospects of local people by reducing barriers and widening access to NHS employment, the need for whole-system working, and the role that NHSL can play in reducing health inequalities across Lanarkshire communities.



Workforce Analytics

As outlined in the workforce plan, NHS Lanarkshire continues to develop its existing suite of workforce dashboards to support planning, decision making and deployment of staff resources across NHSL. A recent addition to this is the PRAG (Purple/Red/Amber/Green) Dashboard which pulls information from locally developed real time staffing resource that involves all NMAHP teams across Lanarkshire recording their current staffing position and risks twice daily, including any mitigating actions being taken to minimise staffing risks e.g. supplementary staffing. This resource was developed as a

¹ <https://www.gov.scot/publications/national-workforce-strategy-health-social-care/documents/>

² <https://www.nhslanarkshire.scot.nhs.uk/download/public-health>

mechanism of demonstrating compliance with the principles of Health and Care (Staffing) (Scotland) Act 2019 leading up to enactment.

As NHS Lanarkshire commences implementation of eRostering project from May 2023, a key component of the preparation work will involve reviewing existing workforce data and updating accordingly to ensure accuracy of the workforce information currently held across NHSL systems.

Information from NHS Scotland Jobtrain system, combined with local data (e.g. funded establishment and vacancy levels) has proved beneficial in identifying hard to fill and re-advertised posts. Analysing this information provides evidence based insights for future workforce planning and recruitment initiatives. NHSL Recruitment and communications departments are in the process of developing a communication plan, which will focus on targeted recruitment approaches for areas with recurring high vacancy levels and/or hard to fill posts.

As outlined in workforce strategy, national workforce data on Turas Data Intelligence (TDI) platform continues to be used locally for insights, benchmarking and forward planning. Information illustrating movement of workforce through inflows and outflows of registered staff groups across NHS Scotland is particularly helpful in projecting anticipated future supply.

Acknowledging the turnover figures reported both locally and nationally do not account for internal movers, and that this can often present the same operational challenge as a genuine leaver. NHSL recently completed a review to gauge the volume of internal movers over a 12-month period for 2022 calendar year. This involved monitoring changes to eESS record each month, and identified a ratio of 1:1 for internal movers to leavers.

Whole System Planning

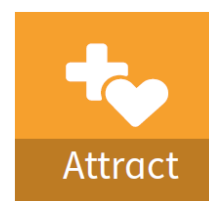
The need for a cohesive whole system approach to delivering health and social care going forward is emphasised in the National Workforce Strategy and throughout Lanarkshire's first integrated workforce plan, recognising that there is scope to further improve the level of integration in future updates to the workforce plan. NHSL recently launched Operation FLOW3; a whole system improvement initiative covering the whole patient journey into and out of health and social services in response to ongoing urgent and unscheduled care challenges across Lanarkshire. The initiative took place in 3 key stages: Preparation & Reset, Firebreak and Maintaining Good Flow and began in February 2023. Driving the improvement bundles as part of preparation prior to implementing these during the 7-day Firebreak period required all component parts of Lanarkshire Health and Social Care workforce to work together to successfully embed the Flow Foundation Bundle and Pathway to support earlier identification of patient needs and proactive discharge planning across our inpatient areas. The firebreak dramatically reduced pressure across the three acute hospitals reducing occupancy, increasing four-hour emergency standard performance, and leading to improved relationships and increased understanding among different teams. Evaluation of Operation FLOW will be used for developing a sustainable, whole-system plan for maintaining good flow across Lanarkshire. Workforce remains a key driver to the success of and sustaining Operation FLOW measures, and workforce analysis work is being undertaken across acute sites to inform and evidence this work going forward.

The Five Pillars of the Workforce Journey: Attract

Domestic Recruitment

New Recruitment Webpage

In December 2022, NHS Lanarkshire launched a new Recruitment Website⁴ to attract more people to join NHS Lanarkshire. The focal point upon opening the website is a very welcoming overarching video which includes photographs videos and a number of staff sharing their experience of both living and working in Lanarkshire. In addition to insights from real staff working across various acute and community settings in a range of different roles, it also shares local areas of historical and geographical interest, conveying Lanarkshire as an attractive and inclusive place to work.



³ <https://www.nhslanarkshire.scot.nhs.uk/operationflow/>

⁴ <https://www.nhslanarkshire.scot.nhs.uk/recruitment/>

Innovative Recruitment

NHSL Recruitment team, in partnership with service, continue to enhance existing recruitment approaches through developing proactive recruitment campaigns to actively attract potential candidates to NHSL. This has involved ongoing work with communications team to advertise posts on various social media platforms and, through working with a procured videography company, to develop a bank of videos and photographs for hard to recruit to areas that will be used to enhance job adverts and recruitment campaigns. Work to update standardised photographs for posts advertised on job train will be updated to reflect profession specific photographs. Career events including Next Gen, continue to be engaging opportunities to attract individuals into NHSL employment, the latest event was an evening event which took place in March 2023 at Kirklands Medical Education Centre. Similarly, to previous Next Gen event, this was well attended by secondary school pupils and by service leads across NHSL, demonstrating the wide variety of career options available within NHS Lanarkshire, and an opportunity for pupils to get information about career options that they may be interested in pursuing.

NHSL's Widening Access and Employability Strategy

NHSL has developed a Widening Access and Employability Strategy which was approved by Corporate Management Team in March 2023. The strategy focuses on NHS Lanarkshire's responsibilities as an Anchor Organisation – Employer Pillar and future workforce planning. Some of the Scottish Government Polices/Action Plans it supports are:

- Child Poverty Action Plan
- No one left Behind
- Fair work
- Corporate Parenting

NHSL has been successful in securing funding for an Employability Hub Team which supports the delivery of the Strategy.

Care Academy with North and South Lanarkshire Councils

Due to the success of the North Lanarkshire Care Academy this has now been extended to South Lanarkshire with a new memorandum of understanding (MoU) being signed. Key strands of work include:

- Exploring and encouraging opportunities for apprenticeships across councils and the health board.
- Jointly supporting recruitment fairs and attraction activities across Health and Social care.
- Reviewing policies and procedures by all parties to ensure support for a consistent approach to MoU activities.
- Working with Education across both local authorities to build awareness of careers in Health and Social care.

Staff Bank Recruitment

In addition to proactive approaches to reduce potential barriers to joining NHSL, this is being replicated within Staff Bank Recruitment processes to encourage more individuals to join NHSL staff bank. In 2022 we undertook a pilot to introduce an offer of switching to weekly pay for monthly bank workers, as the feedback from service was that a lack of weekly pay option was a barrier to colleagues working more shifts in Lanarkshire. Overall this has proven to be a net gain for the organisation, particularly in attracting new workers to Staff Bank. This was extended further to all monthly paid bank workers and all new starts to bank. In addition to the weekly pay option, NHSL have introduced year round recruitment for Healthcare Support Workers (including student nurses) and Registered Nurses and Midwives. The recruitment process for joining staff bank has also recently been streamlined, allowing staff to apply and be authorised by relevant manager electronically, negating the need for paper staff engagement form to join NHSL staff bank. Recruitment open days at each acute site, North and South HSCPs has seen a significant uptake in the number of staff interested in joining NHSL staff bank, and given the success we are planning these again in future ahead of winter planning.

Ethical International Recruitment

International Recruitment

In alignment with ambition of national workforce strategy to grow Health and Social care workforce sustainably to meet the existing and anticipated workforce capacity shortfall, NHS Lanarkshire continues to explore opportunities to increase the number of new joiners to the Lanarkshire via international recruitment, in conjunction with Centre for Workforce Supply. Risks associated with ongoing international recruitment efforts include accommodation limitations and fixed

term funding for practice development support. This is available until March 2024 and has been invaluable in supporting individuals to pass their OSCE exam, allowing them to register with the NMC in the UK and practice at AfC Band 5 level. 29 International Nurses have commenced in post and 2 AHPs to date. 20 have passed OSCE and are working at Band 5 level. The next cohort of 12 nurses and 1 AHP are due to arrive between end of April into early May, with further cohorts arriving in June and July 2023. Discussions are in progress around further recruitment for later in the year. There has been a sharp increase in the number of applicants applying to work in NHSL from overseas due to changes in the right to work legislation in 2021.

The Five Pillars of the Workforce Journey: Train

Education Pipeline and Pathways

A key component of NHSL's Widening Access and Employability Strategy is developing pathways into NHS employment through providing a number of employability initiatives including modern, graduate and foundation apprenticeships, in addition to offering pre-employment programmes including Kickstart and NHS Demonstrator Project, which provide individuals with the skills and experience required to go on and work within NHS. Figures below demonstrate the uptake of these initiatives:



- Project Search - 52% job outcomes for 2021/22. 2022/2023 figures to date include 22 students (2 withdrawals) - 25% job outcomes, 3 with NHS.
- Modern Apprenticeships – 23 individuals started in 2022 across Business Administration and Technical Apprenticeship, 16 completed Business Admin MA in Jan 2023. 2023 figures to date include 32 starting Business Admin apprenticeship, 13 new starts for MA Social Services and Healthcare.
- Graduate Apprenticeships -10 existing staff started the GA programme in 2022, 1 withdrew wants to change course and restart in 2023. A further 10 will be supported by the organisation to apply to Glasgow Caledonian University to do a GA starting September 2023.
- Foundation Apprenticeships- 16 Foundation Apprentices in Business skills and Social Services & Healthcare were supported in NHS Lanarkshire in the academic year 2022/23.
- Employability Programmes (Kickstart and Demonstrator Project). Kickstart - 15 students started in February 2022, 8 individuals have secured employment.
- NHS Demonstrator Project – 26 individuals started the programme, 15 have secured employment, 1 went to College, 6 left the programme due to personal challenges, 4 unsuccessfully redeployment or long term sickness absence.
- Graduate Internships (Under Young Persons Guarantee funding), in total 5 interns started in 2022 between IT and finance, 3 of which have secured permanent employment with NHS.

Following recent publication of Allied Health Professions Education and Workforce Policy Review Recommendations in February 2023, NHSL will begin work locally to support and implement the recommendations from this paper, including step on, step off and earn as you learn approaches for AHP professions.

NHSL Organisational Development team continue to offer an array of training opportunities that focus on ensuring staff have access to courses to develop skills that support their role including Enabling Crucial Conversations, Business Administration SVQs, Leadership & Team Skills, and Dealing with Difficult Situations. A wide range of training focussing on health and wellbeing is also available to all staff including Understanding Stress and Mental Health Awareness.

Developing new skills and capabilities

In alignment with National Workforce Strategy, NHSL continues to fully engage in development of new roles, and focussing on training and development opportunities to support workforce diversification and workforce supply.

Locally, both the development of Band 4 practitioner role and advanced practice continue to be key areas of role development, with steering groups established for each to continually progress these roles in parallel with ongoing work nationally. Regional work (WoS) focussing on Medical Associate Profession roles (MAPs) is progressing in line with NES MAPs and ACCP commission, with initial focus on developing consistent job descriptions and role profiles through Job Evaluation process to reduce disparities across boards within WoS region. In the workforce plan, NHSL committed to

conducting a review of medical rotas to focus on areas with sustainability issues, to inform future requirements for MAPs roles, and ensure increasing provision of MAPs roles will be driven by demand. The recently established role of Enhanced Psychology Practitioner (EPP), mentioned in Workforce Strategy is also being explored within NHSL Psychology service at present.

NHSL's Digital Plan 2023-20285 published in April 2023, outlines six characteristics that form the basis for the digital vision for NHS Lanarkshire, one of which is an enabled workforce. The strategy articulates the importance of developing digital literacy within the workforce to support delivery of the digital plan. This will require engagement to empower and develop staff to become confident where delivery and quality of care can be enhanced by digital solution, to improve patient outcomes.

The Five Pillars of the Workforce Journey: Employ

Retire and Return Policy

To date, the use of Retire and Return Policy has proved beneficial in supporting both staff and services, and ensuring succession planning across a number of service areas. This is an important enabler in retaining valuable skills and expertise of experienced staff members for an extended period of time, whilst providing a supportive measure to staff who do not wish to retire completely but wish for more flexible working options to support their wellbeing. In addition, this provides greater opportunities for staff development and up-skilling in advanced of experienced staff leaving NHSL. Retire and Return continues to be well received across NHSL and has seen significant levels of uptake since introduced.



Understanding voluntary reasons for leaving

The volume of leavers who leave NHSL for “voluntary reasons for leaving” is significantly higher than that of retirement in NHSL. A revised process was introduced to provide local context into reasons for leaving by prompting individuals that have a scheduled leaving date to complete an exit interview prior to leaving the organisation. This change in process reflects a more proactive approach to identifying reasons for non-retirement turnover, and provides an opportunity to gather more detailed insights around why staff are leaving the organisation. This will help inform local decisions around retention initiatives.

Career Development Programme

NHS Lanarkshire's multi-faceted Career Development Programme began in August 2022 and is available to all staff, clinical and non-clinical. The Programme is made up of three elements aiming to meet the needs of our dynamic and diverse workforce; Workshops, Empower Hours and Career Coaching. The workshop explores the role of job satisfaction, work-life balance, ability, making a difference, talent, passion, and achievement in career development. The workshops run on a monthly basis and are planned until June 2023. Staff who attend a workshop can apply for up to two Career Coaching sessions. Bi-monthly Empower Hours began last September; lasting one hour and covering four areas; Creating Your Best Application Form, Interview Skills, The Power of LinkedIn (creating and updating your profile) and Your Personal Brand. Benefits of the programme include promoting the many opportunities for staff to grow professionally and develop their career to fulfil their potential working in Lanarkshire. Staff can access all or parts of the programme enabling staff to select the components that feel appropriate to them.

Partnership Working and Staff Governance Standards

NHSL continues to demonstrate commitment to partnership working both through development of workforce plans, and through partnership colleagues being key members across strategic workforce steering and operational governance groups across NHSL. This ensures that a structured network of accountability exists for the fair and effective management of NHSL workforce.

⁵ <https://www.nhslanarkshire.scot.nhs.uk/download/digital-plan-2023-28/>

The Five Pillars of the Workforce Journey: Nurture Culture and Leadership

Staff Health and Wellbeing Strategy

Published in November 2022, NHS Lanarkshire Staff Health and Wellbeing Strategy (2022–2025)⁶ sets out the ambition for NHSL to be recognised as a great place to work and thrive, through the overarching aim of the strategy to ensure staff feel supported and valued both professional and personally, in alignment with ‘Nurture’ pillar of national workforce strategy. The strategy sets out to ensure that Staff Health and Wellbeing is enshrined in the organisational culture of NHS Lanarkshire, promoting positive health and wellbeing, behaviours, attitudes and values across all levels of the organisation. NHSL is currently developing an implementation plan to promote and raise awareness of this strategy.



In addition to promoting a positive and inclusive culture focusing on recognising and responding to staff health and wellbeing needs, the strategy also highlights the importance of developing compassionate leadership within its objectives. In February and March 2023, pan Lanarkshire Compassionate Leadership Conferences took place which were well attended.

Resilience and Wellbeing in the workplace sessions

Recognising the impact that continued service pressure can have on staff wellbeing, NHSL Organisational development department recently offered a series of online sessions to staff across NHSL. These sessions were delivered by an external provider and focused on ‘Resilience and Wellbeing in the Workplace’, providing insight and understanding into building self and team resilience and wellbeing.

imatter

Staff experience data from imatter surveys continues to be used as a basis for measuring NHS Lanarkshire’s performance in relation to delivering staff governance standards. Results from the NHSL surveys from 2018 to 2022 were included in the three-year workforce plan.

Equality, Diversity and Inclusion

NHS Lanarkshire continue to demonstrate commitment to promoting and embedding Equality, Diversity and Inclusion across the organisation, and have successfully established the following Staff Equality Networks in 2022. A number of scheduled meetings have taken place for each network, with wide communication providing updates following each meeting in the form of newsletters and updates included in NHSL staff briefing emails.

- Ethnic Minority Employee Network (EMEN)
- Lesbian Gay Bisexual and Transgender + (LGBT+) Employee Network
- Disability Network

Since the launch of NHS Scotland Pride badge in 2021, NHSL continue to promote and distribute the badge to colleagues across Lanarkshire. Equality, Diversity and Inclusion activity during 2022-23 also included delivery of NHS Lanarkshire Board: Equality and Diversity Awareness Session, where Board members were provided with an overview of the importance of promoting equality and valuing diversity in NHS Lanarkshire. This provided clarity on the key concepts in the equality and diversity discourse. NHSL’s current Equality Impact Assessment (EQIA) was also strengthened to include seven considerations of the Fairer Scotland Duty and links to NHSL Anchor commitments.



Safety

Safe Staffing

As NHSL commences work towards the implementation of eRostering, Safe Care, one of eRostering core modules will become particularly pertinent to safe staffing and compliance with Health and Care (Staffing) (Scotland) Act 2019 legislation. A Programme Oversight Board was established in July 2022 Chaired by Executive Lead for NHSL who is the

⁶ <https://www.nhslanarkshire.scot.nhs.uk/download/staff-health-wellbeing-strategy/>
NHS Scotland ADP Return 23/24

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HRD and Co-Chaired by Exec. Nurse Director. The group has initially met monthly to oversee completion and sign off of Self-Assessment Template, which was completed and returned in April 2023. Programme Oversight Board will meet bi-monthly leading up to enactment in April 2024.

Safe Working

Ensuring safety of staff whilst at work is equally as important as the wellbeing of staff. A key measurement of safe working is the level of engagement and completion in mandatory learning topics including Health and Safety Awareness, Manual Handling, Fire Safety and Violence and Aggression Awareness to name a few. A new process has been developed involving all NHSL staff receiving email notifications on a monthly basis detailing which compulsory training is outstanding and due for completion. This will continue until all training is completed. This approach was trialled within HR Directorate before recently being rolled out NHSL wide. It is hoped that through increased visibility and prompts for non-compliance this will improve completion rates for compulsory learning.

Section D: Value Based Health and Care

Please outline work underway with your local Realistic Medicine Clinical Lead to deliver local RM Plans.

The realistic medicine 2022/23 action plan successfully supported programmes of work aligned with recovery and remobilisation, health and wellbeing and to engage realistic conversations across whole system areas. Key components of this supported realistic vetting approaches to waiting lists, supported holistic needs assessment for patient and staff and expanded and evaluated the use of shared decision making in clinical interactions, thus empowering patient choice.

The format for delivery this year encompasses the transition of realistic medicine(RM) into Value Based Health and Care(VBH&C). To support the delivery of this, many aspects of the aforementioned work will continue and in particular will progress to demonstrate the transferability from Rm to VBH&C with a focus on deliverable outcomes. In addition to this, additional deliverables have been assigned from our RM national policy team and to ensure all are captured effectively the following plan demonstrates their alignment and prospective delivery.

Future progress of this work and the required actions on RM and VBH&C will be provided via our RM action plan and the progress updates provided to the RM Policy Team.

The Realistic Medicine action plan is provided below.

NHS LANARKSHIRE'S REALISTIC HEALTHCARE ACTION PLAN 2023- 2024

Our Health Together: living our best lives in Lanarkshire

The plan objective is to create a programme of work that drives realistic healthcare approaches for recovery and improvement and identifies opportunities to embed value based health and care in practice. In doing so, the plan will improve patient experience and build resilience to benefit staff and patients. This will be delivered and align with our national and local objectives and the annual delivery plan to address inequalities, to maximise wellbeing and to adopt opportunities for sustainability and climate change.

VERSION 2		Apr-23		Corporate Owner: Dr Chris Deighan				
Item Ref.	Corporate Objective	Action Deliverables	KEY to RM & VBH&C	ACTION LEAD	DELIVERY TIMESCALE	MEASURABLE OUTCOMES	RAG STATUS	DEVIATION FROM DELIVERY TIMESCALE
1	Better health - improve health & wellbeing and address inequalities To support realistic medicine and value based health and care enables health promotion and improvement and care that helps tackle health inequalities	1.1 Realistic medicine and HPHS aligns personalised approaches to care with holistic needs assessment(HNA) developing into admission processes	RM = 1, 2, VBH&C = P, E LAN/NAT = B, C	Karen Morrow Jacqueline Martin	March 2024	* Monitored through HNA referrals * Monitored through Admission Care Records	Not yet started	
		1.2 Enhance SDM resources to combine practitioner's experience, and skills with patient's values and preferences, enabling an informed choice about their care and where care can be closer to the home, such as SQ and BRAN	RM = 1, 2, VBH&C = P, E LAN/NAT = B, C	Babu Mukhopadhyay Adeb Hassan Susie Farrell	March 2024	* Monitored through the SDM survey	Not yet started	
		1.3 To provide realistic medicine and value based health and care public webpage resources will be promoted to support all in individualised care that helps tackle health inequalities.	RM = 1, 2, VBH&C = P, E LAN/NAT = B, C	Karen Morrow Jackie McCall	March 2024	* Monitored through the public webpage hits	Not yet started	
2	Better care - transforming to improve our services To support the redesign and transformation that aligns realistic medicine with value based health and care across the whole system, empowering patients to be informed and involved in decisions about their care enabling them in choosing what matters most.	2.1 Vetting is supported and analysed to ensure patient treatment is prioritised for realistic medicine and value based health and care approaches, such as ACRT, PIR, SDM, PROMS processes	RM = 1, 2, 4, 6 VBH&C = P, E, S LAN/NAT = B, C, D	Babu Mukhopadhyay Adeb Hassan Susie Farrell	March 2024	* Number of specialties practising ACRT Number of specialty using PIR pathways Analysis of the ACRT outcomes	Not yet started	
		2.2 To spread across specialties, such as gynaecology and urology the SDM clinic principles that informs and empowers patients in alternate choices from operative procedures	RM = 1, 2, VBH&C = P, E LAN/NAT = B, C	Babu Mukhopadhyay Adeb Hassan Susie Farrell	March 2024	* % who opt out of operative procedures Number of specialties practising SDM for operative decisions	Not yet started	
		2.3 SDM survey is visible in all health and care discussions	RM = 1, 2, VBH&C = P, E LAN/NAT = B, C	Babu Mukhopadhyay Karen Morrow	March 2024	* SDM patient survey outputs	Not yet started	
3	Better value - to deliver value & sustainability To align with all national Sustainability and Value programmes that enables us in the delivery of health and social care outcomes for improvement in quality, cost, clinical effectiveness, efficiency and equity.	3.1 To develop a structured review and action process into the Access programme using the Atlas of variation.	RM = 1, 2, 3, 4 VBH&C = P, E, S LAN/NAT = B, C, E	Babu Mukhopadhyay Martin Downey	March 2024	* Atlas maps reviewed and action outcomes	Not yet started	
		3.2 To work with the CSFD to identify clinical areas where VBH&C principles are evident and use this resource to enhance locally	RM = 1, 2, 3, 4 VBH&C = P, E, S LAN/NAT = B, C, D, E	Babu Mukhopadhyay	March 2024	* Number of speciality areas engaged with VBH&C	Not yet started	
		3.3 To work with CSFD to engage with primary care national leads that support Demand optimisation atlas in primary care	RM = 1, 2, 3, 4 VBH&C = P, E, S LAN/NAT = B, C, D, E	Babu Mukhopadhyay Michael Coates	March 2024	* Number of primary care teams engaged	Not yet started	
4	Better workplace - improve staff experience & w To deliver programmes/resources that support our health and care colleagues to practise Realistic Medicine. In doing so, we foster a culture of stewardship and wellbeing across our health and care system where delivery of VBH&C is the norm.	4.1 To create an intranet portal that supports staff and signposts to appropriate resources, such as TURAS	RM = 1, 2, VBH&C = P, E, S LAN/NAT = A, B, C	Karen Morrow Michael Coates	March 2024	*TURAS Inclusion Into foundation/ learning Number of completed TURAS	Not yet started	
		4.2 To create connections that enables access to local and national realistic medicine champions	RM = 1, 2, 6 VBH&C = P, E, S LAN/NAT = B, C	Babu Mukhopadhyay Karen Morrow	March 2024	*Attendance and contribution to national programme manager & network meetings *Timely submission on twice-yearly reports *Local RM activity & at least two-yearly conference	Not yet started	
		4.3 Specialist resources and support are available, such as TEP, ReSPECT and HNA and other	RM = 1, 2, 3, A, 5 VBH&C = P, E, S LAN/NAT = B, C	Karen Morrow Jacqueline Martin	March 2024	* TEP compliance yearly review Number of completed ReSPECT Number of completed staff HNA	Not yet started	

Key:

RM Principles
1 Shared Decision Making
2 Personalised Approach to Care
3 Reduce Harm and Waste
4 Reduce Unwarranted Variation
5 Managing Risk Better
6 Become Improvers and Innovators

VBH&C Strategic Aims
P PEOPLE - Improved Outcomes and Experience
E EQUITY - Improved Equity of Access and Transparency
S SUSTAINABILITY & STEWARDSHIP - More Sustainable and Appropriate Resource Utilisation

Lanarkshire 23/24 RM National Policy Deliverables	
A Ensure all health and care professionals in Scotland complete online shared decision-making training available on TURAS;	
B Ensure that patients and families are encouraged to ask the BRAN (Benefits? Risks? Alternatives? do Nothing?) questions;	
C Ensure health and care teams begin to evaluate the impact of shared decision-making conversations from their patients' perspectives;	
D Support teams to work with CSFD, roll out ACRT, PIR, and best practice including EQUIP pathways whereby we analyse our performance to indicated further steps and development requirements that enables us to enhance and report in the six monthly progress reports;	
E Ensure local clinical teams engage with CSFD, consider Atlas of Variation data, identify unwarranted variation in all maps and demonstrate how the board can improve.	

RAG status
Not yet started
Planning
In Progress
Complete
In Delay

Section E: Integration

Please demonstrate how the ADP has been developed with partner Integration Authorities.

NHS Lanarkshire and the two Lanarkshire IJBs/H&SCPs have a strong record of joint working in the preparation and enactment of strategic plans. Indeed, the two Lanarkshire Councils are also key partners in some aspects which impact upon the ADP, e.g., in relation to community planning, respective Anchor Organisation roles and in wider resilience partnership – the latter being especially true during the management of the pandemic and more recently the enactment of the winter plan.

Specifically, in relation to the Integration Authorities, North Lanarkshire takes a lead for the strategic planning for our mental health services whilst South Lanarkshire leads on all the primary care services. Similarly, both partnerships manage all community health services and a range of non-acute hospitals.

Accordingly, the two IJB Chief Officers are leading on a number of the areas outlined in the ADP and have major supporting roles in others, e.g. urgent care and health inequalities.

Both IJBs are also signatories to the Health Board strategy.

Section F: Improvement Programmes

Please summarise improvement programmes that are underway, along with the expected impact and benefits of this activity.

NHSL has recently developed its Corporate Objectives for the year. Within these there is a clear commitment to continue to drive forward recovery and improvement, identifying opportunities for redesign, ensuring we work to become a high performing organisation. In doing so we will improve patient experience and build resilience across our services which benefits both our staff and patients.

Key areas of focus over the current year include

- **System Recalibration** to Healthcare Shape & Need in 2023
- **Data Driven** Organisation
 - Better **understand** our Challenges
 - **Monitor** performance & **respond** to key issues
 - **Productive Opportunities** to recalibrate – understand conditions for success
 - **Benchmarking** to Upper Quartile performance – Learning from others
 - Set & Monitor Delivery Plans – **Task & Finish** Approach
- **Balance financial – safety & performance** issues
- Harnessing **innovation & partnership** opportunities
- **People focused** – patients and staff – inequalities
- **Anchor Organisation** – Health – Education – Employment - Community

There are improvement programmes on going across the whole system with key areas of focus noted as follows:

Our Health Together - The development and delivery of our new healthcare strategy remains a priority through Q1 – Q3, and we are anticipating our strategy will be signed off in November this year.

We are in the process of undertaking a comprehensive Stakeholder Engagement Programme with a clear objective to identify what matters to our communities and staff. This information will help to inform and shape the development of the strategy which will be anchored in the need to improve the health of our populations and to support those who have underlying health conditions to best manage these with only healthcare interventions where these are required.

The desired outcomes are therefore noted as follows:

- Empower self-management
- Better education to help people manage their conditions
- Deliver as much care as possible as close to people's homes
- Work with other organisations to help and encourage people to be more healthy
- For community and primary care, signposting to the appropriate professional
- Attendance at hospital only if really needed
- Prevention of unnecessary admissions
- Shorter hospital stays
- Earlier discharges supported by community teams
- Increase in day surgery and treatments

There are 22 workstreams underpinning the strategic development process which will inform the required redesign and recalibration of services to ensure delivery of sustainable healthcare models. These are noted as follows:

- Children & Young People
- Dementia

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- Digital Health & Technology (eHealth programme board)
- Environmental Sustainability & Limiting Climate Change
- Falls Strategy
- Long Term Conditions
- Mental Health (incl. CAMHS and Dementia)
- Monklands Replacement Project
- Palliative Care
- Planned Acute Care
- *General Surgery, Robotic Assisted Surgery, T&O, National Treatment & Diagnostic Centre*
- Preventing and managing frailty in all care settings
- Primary Care Redesign (incl. PCI Board)
- Public Health System Development
- Realistic Medicine
- Rehabilitation
- Staff Health & Wellbeing
- Unscheduled Care (incl. RUC, USC/DD Programme Board)

We will be engaging with staff and members of the public between April and June 2023 and aim to have a finalised strategy by late 2023. This will also inform future iterations of our ADP.

Operation Flow - In response to the urgent and unscheduled care challenges across our services in Lanarkshire, Operation FLOW was launched in Quarter 4 of 22/23. This rapid improvement plan is focused on stabilising and optimising services to improve system flow across acute sites which are associated with significant risk. We are currently in the process of consolidating the learning from the initial phases of the programme and are now working towards implementation of FLOW 2.

The key ambitions of operation flow are to improve unscheduled care performance, reducing waits at our ED and to decompress our hospitals by reducing hospital occupancy levels to around 95% and take our Acute site out of capacity plus protocols. By creating capacity, it is our objective to create sustainable unscheduled care improvement across the whole system. This work involves a collaborative approach across the whole system including SAS.

The significant and unrelenting service pressures experienced during Q3 and into Q4 of 22/23 have continued in the first quarter of the current planning cycle. We did have a successful Firebreak which delivered improvements across the acute hospitals largely due to the capacity and willingness of our workforce to work differently. For example, community nursing teams working in Acute sites, and for longer periods to deliver the proposals to decompress the system. Consequently, as our staff have returned to business as usual we have been unable to sustain this improvement and we are reviewing resource and capacity as an integral part of FLOW 2.

Intensive improvement work continues in relation to Urgent and Unscheduled Care through Operation FLOW. Our Maintaining Good Flow Project Plan is 13-point plan which highlights our areas of focus across the whole system. The aim of this plan is to support stabilisation and improvement up to summer 2023. Phase 2 of Operation FLOW will commence Autumn 2023 and include actions required to support the system through the winter period. We continue to work with our externally appointed Health Care Planners to support a review of our physical accommodation requirements based on demand and capacity profiles.

Reconfiguration of General Surgery – A review of general surgery was initiated in 2022/23 as the model in place is not sustainable, and a business continuity arrangement is currently in operation within NHSL.

A programme board has been established to oversee the delivery of the General Surgery redesign which will engage with relevant stakeholders to develop a model that is sustainable and can safely deliver GS services for the population of Lanarkshire. This work should provide for accommodation of the volume and acuity of general surgery patients across Lanarkshire and help to address current recruitment and retention issues.

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Primary Care – The continued expansion and evolution of Primary Care Services remains a key priority. This work is being co-ordinated by Primary Care Strategy Board which will oversee the development of a strategy that will respond to the current challenges by building a future sustainable clinical model informed by stakeholder engagement. Work underway centres around three core workstreams – Business As Usual, Sustainability and Improvement & Innovation (including PCIP).

The work of the PCIP is ongoing and is moving into a second phase which will focus on maximising the value of the resources provided, for both patients and practices. Significant pieces of work which will be progressed during 2023/24 include: completion of Community Urgent Care Model future intentions; Population Health Management in Primary Care; completion of proposed Interface Pathways Development Framework; completion of outline model for new joint primary/secondary care ways of working on long term therapeutics management; and completion of model for MSK care delivery transformational change.

Covid-19 Vaccination programme – During 2022/23 the vaccination programme for Covid and flu was completed successfully with >90% of all patients in the most vulnerable categories being vaccinated thereby reducing the potential impact of even more flu and Covid admissions. Building on this success, we will deliver a comprehensive Covid Vaccination programme for all eligible members of the population in Lanarkshire as part of Spring and Autumn national programmes.

Development of a robust, resilient and sustainable model of pharmacotherapy for Lanarkshire – As part of the continued expansion and evolution of Primary Care Services, pharmacy hubs will be developed to maximise value from pharmacotherapy investment.

Child Poverty Action Plans - NHS Lanarkshire has a long history of taking action to address health inequalities and to support those in poverty. During 2023/24 work will be undertaken to develop and implement The Children and Young People's Health Plan for Lanarkshire (2023-2026) and the Child Poverty Action Plan for North & South HSCPs