NHS SCOTLAND

Annual Delivery Plan Template

Template: ADP 2

February 2023

NHS Board: Lanarkshire

Recovery Driver	SG ADP Action Reference	NHS Board Deliverable Reference	Deliverable Summary	Q1 Milestones	Q2 Milestones	Q3 Milestones	Q4 Milestones	Risks and Issues - Category	Risks and Issues - Description	Controls
Please select from the drop down list :	*Please select from the drop down list:*	*Please create your own reference code for this deliverable*	*Please include a brief summary of the deliverable, briefly outlining the intended action and what this will achieve in 23/24.*	*Please outline what you intend to have achieved by Q1*	*Please outline what you intend to have achieved by Q2*	*Please outline what you intend to have achieved by Q3*	*Please outline what you intend to have achieved by Q4*	*Please indicate the types of risk(s) and/or issue(s) impacting on delivery of milestones. Please choose all that are relevant from the list .*	*Please provide a short summary of risk(s) and/or issue(s) with a focus on cause and impact i.e. what is the specific area at risk and how will it impact on objectives/milestones.*	*Please summarise the key controls in place to manage the risk(s) and/or issue(s), to reduce the impact, or to reduce the likelihood of a risk from occurring.*
1. Primary and Community Care	1.1	2023-Lan1	To develop and implement a model for locality based Multi-Disciplinary Teams (MDTs) delivery of treatment room nGMS work stream. "Community treatment and care services include many non-GP services that patients may need, including (but not limited to): management of minor injuries and dressings; phlebotomy; ear syringing; suture removal; chronic disease monitoring and related data collection."	Continuation of treatment room service provision offer - Phlebotomy; ear syringing; minor injuries and dressings; suture removal.	Continuation of treatment room service provision offer - Phlebotomy; ear syringing; minor injuries and dressings; suture removal.	Continuation of treatment room service provision offer - Phlebotomy; ear syringing; minor injuries and dressings; suture removal.	Every GP practice across NHS Lanarkshire will continue to have consistent and reliable CTAC offer.	(1) Workforce - retention and recruitment (2) Finance - available funding to deliver (3) Other - Pace of scale and spread of offer to GP practices. (4) Other - EMIS practice transfer to Vision to enable appointing systems to be in place between GP practice staff and NHS Lanarkshire treatment room services.	(1) Provision currently provided by Band 5 Nursing staff. Challenges experienced in ability to recruit and retain workforce against funded establishment. (2) National funding allocation is not sufficient (3) GP practice uptake of offer during scale and spread phase has been slower than anticipated to transfer CTAC offer into locality treatment room services. (4) Delays experienced in timescales for GP IT system transfer.	(1) Exploration of different workforce skill mix model options to deliver. (2) Assess funding to ensure that future workforce model is achievable within the allocation. (3) Working closely with GP practice staff and locality teams to support transfer of service provision. (4) Exploration of alternative approaches for EMIS practices on interim basis until Vision is made available.
1. Primary and Community Care	1.1	2023-Lan2	To develop and implement a robust, efficient and sustainable vaccination service within NHS Lanarkshire. (1) Pre-School (2) School Immunisation (3) Mass Vaccination Programme (MVP): influenza; covid-19; pneumococcal; Shingles (4) Out of schedule (5) Pregnancy (6) Travel Health	Vaccination programmes will continue to be delivered across NHS Lanarkshire as stated in Column M. Travel Health - continue to explore additional community pharmacy contractors to deliver service to ensure accessible geographical spread across NHSL. MVP - explore future models of delivery	Vaccination programmes will continue to be delivered across NHS Lanarkshire as stated in Column M. Travel Health - continue to explore additional community pharmacy contractors to deliver service to ensure accessible geographical spread across NHSL. MVP - complete options appraisal	Vaccination programmes will continue to be delivered across NHS Lanarkshire as stated in Column M. Travel Health - continue to explore additional community pharmacy contractors to deliver service to ensure accessible geographical spread across NHSL. Explore the continuation of service level agreement beyond 31 March 2024. MVP - Consideration of options and future model.	Vaccination programmes will continue to be delivered across NHS Lanarkshire as stated in Column M. Travel Health - agreement on delivery model from 1 April 2024 onwards and progress necessary action. MVP - agreement on delivery model from 1 April 2024 and progress necessary action.	(1) Workforce - retention and recruitment (2) Finance - available funding to deliver	(1) Workforce challenges is ongoing with natural attrition (2) MVP was established to deliver COVID-19 vaccinations initially as an organisational response to safe guarding Lanarkshire's population in cohorts during COVID-19 waves, then broadening the scope of vaccination delivery of all other VTP vaccinations. It is important to acknowledge that there are multiple funding streams associated with the delivery of the MVP that have required to be aligned to enable the MVP to be rapidly established as directed by the Scottish Government (with national funding allocated).	(1) Continuation of recruitment programmes; use of staff bank; additional hours to backfill planned/unplanned leave. (2) Consideration of future delivery model particularly for MVP through development of options appraisal.
1. Primary and Community Care	1.1	2023-Lan3	To develop and implement a robust, resilient and sustainable model of pharmacotherapy for Lanarkshire which prioritises the needs of the patients whilst meeting the terms of the GMS 2018 contract and Scottish Government priorities.	(1) Continuation of recruitment programmes (2) Implement Pharmacotherapy hubs to provide provision across NHSL. (3) Review hub model to ensure optimisation and sustainability of pharmacotherapy provision to GP practices.	(1) Continuation of recruitment programmes (2) Implement Pharmacotherapy hubs to provide provision across NHSL. (3) Review hub model to ensure optimisation and sustainability of pharmacotherapy provision to GP practices.	(1) Continuation of recruitment programmes (2) Implement Pharmacotherapy hubs to provide provision across NHSL. (3) Review hub model to ensure optimisation and sustainability of pharmacotherapy provision to GP practices.	(1) Continuation of recruitment programmes (2) Pharmacotherapy hubs identified to provide provision across NHSL. (3) Revisions for Pharmacotherapy hub model commenced for testing and implementation to ensure optimisation and sustainability of pharmacotherapy provision to GP practices.	(1) Workforce - Recruitment and retention (2) Estates	(1) National workforce constraints to fulfil delivery model requirements given challenges with current resourcing situation and recruitment market. (2) Identification of Pharmacotherapy hubs to provide provision across NHSL.	(1) Workforce challenges nationally recognised. Director of Pharmacy across Scotland undertaking action to accelerate and deliver the Digital Prescribing Dispensing Programme; to establishing a recurring, national pipeline for Pharmacy Technicians; and increasing the number of Foundation Trainee Pharmacists in Scotland beyond the 2024/25 intake. (2) Linking with necessary property groups established in NHSL to identify suitable accommodation for new recruits and delivery of service.
1. Primary and Community Care	1.1	2023-Lan4	To develop and implement a robust, efficient and sustainable GP CLW Programme across NHS Lanarkshire which meets the needs of NHS Lanarkshire patients and the terms of the GMS 2018 contract.	(1) Continuation of recruitment programmes (2) Identify service model improvements will ensure consistent and sustainable CLW provision	(1) Continuation of recruitment programmes (2) Develop project plan for service model improvement implementation	(1) Continuation of recruitment programmes (2) Implement service improvements	(1) Continuation of recruitment programmes to increase CLWs (2) Implement service improvements	(1) Workforce - Recruitment and retention	(1) Completion of recruitment drives. Challenges experienced from each recruitment drive, is the reduction of applications being received with the necessary skills, experiences and qualifications.	(1) Attendance at career events; linking with local colleges for student placement opportunities
1. Primary and Community Care	1.1	2023-Lan5	To expand GP Occupational Therapy Service provision in NHS Lanarkshire	(1) Scale and spread GP OTs (2) Recruitment programmes (3) Identification of GP OT hubs to provide provision across NHSL.	(1) Scale and spread GP OTs (2) Recruitment programmes (3) Identification of GP OT hubs to provide provision across NHSL.	(1) Scale and spread GP OTs (2) Recruitment programmes (3) Identification of GP OT hubs to provide provision across NHSL.	Every GP practice across NHS Lanarkshire will have consistent and reliable GP OT service provision / offer.	(1) Workforce - Recruitment (2) Estates	(1) Recruitment of necessary workforce to expand GP OTs ((2) Identification of GP OT hubs to provide provision across NHSL	(1) Enhanced recruitment drives to showcase the role offer in GP OTs (2) Linking with necessary property groups established in NHSL to identify suitable accommodation for new recruits and delivery of service.
1. Primary and Community Care	1.2	2023-Lan6	Lanarkshire PC OOH service operated a traditional medical workforce model; a 70:30 workforce split GP to non-medical clinical staff. The rota primarily consisted of 4 GP's to 1 ANP/NP per session but due to national shortages of GPs and qualified ANPs this has often been difficult to achieve resulting in significant rota gaps and reduced service delivery. Therefore, currently transitioning and working towards a clinical and non-clinical workforce, 50:50 ratio of General Practitioners(GP) to non-medical clinical workforce. Strengthening the multi-disciplinary workforce is dependent not only on GP's and nursing practice workforce but the development of an advanced practice strategy incorporating AHPs, Paramedics and Pharmacists, amongst others. Sessional GP's and experienced ST3s have also been recruited to work within OOHs, whilst a Deputy Clinical Director (0.4WTE) has been approved and will progress to recruitment by May/June 2023. Introduction and recruitment of Paediatric Nurse Practitioner (NP). The OOH service works in collaboration with the Primary Care Improvement Plan (PCIP) initiative and currently funds 4WTE ANPs from available cohort. Currently seeking to employ senior ANP within OOH. The service has been unable to recruit substantively to Senior ANP post due to the requirement of skill. However, PCIP employed senior ANPs provide cover	Recruit 1x Senior ANP to the service as, in addition to their key clinical skills, the role delivers lead clinician status for the OOHs service where there is no GP available. Recruit 2 x Paediatric Nurse Practitioners – 2 trainees (annexe 21) paediatric nurse practitioners successfully recruited commencing May and June 23. Ongoing recruitment drive is in progress for trainee ANP/NP who will be employed directly by NHSL PC OOH.	Recruit to Deputy Clinical Director (0.4wte)	Recruit 2WTE advanced paramedic practitioner (SAS) Undertaken scoping exercise to determine what benefits an Advanced Practitioner Pharmacist may bring to the OOH service.	Dependent on the outcome of the scoping exercise of the benefits of Advanced Practitioner Pharmacist- may progress recruitment for an Advanced pharmacist.	Workforce - training. Workforce- training, development and skills	Workforce – recruitment to enhanced Multi-Disciplinary Team: GP availability: combined with the challenges of recruiting either into salaried or sessional posts. Recruitment and retention of qualified ANP's is challenging, albeit the ANP nursing bank was recently opened up for recruitment.	Advertising campaigns and recruitment plans in place. Work ongoing with SAS and other staff groups to encourage opportunities for service provision within the OOH setting.
1. Primary and Community Care	1.3	2023-Lan7	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.	Review of current mental health services and supports within primary care/community settings	Carry out mapping of current mental health and wellbeing resources, identifying any gaps/crossovers and or duplication of service provision.	Publication of map of community based mental health and wellbeing resources outlining access points and response in relation to level of need.	Optimisation of current capacity and resources to provide early access to community based mental health and wellbeing resources.	Workforce - Recruitment, retention, absence. Finance - review and redesign required to be completed within existing financial envelope. Lack of Capacity of MH Programme Management Team to support process of review/redesign.	1. Moderate risk regarding capacity of staff to participate in the review process. This will impact on achievement of milestones. 2. High risk that lack of project management support will impact on progress of review process and achievement of milestones.	1. Agree time commitment of short life working group. 2.SLWG action plan based on SMART objectives. 3. Request for programme management support for SLWG.
1. Primary and Community Care	1.4	2023-Lan8	Seek to maximise chronic disease management through CTAC and increasing use of telehealth/self monitoring technologies.	Scale and spread of chronic disease monitoring offer to GP practices across NHS Lanarkshire and consideration of future revisions and enhancements. Identify opportunities linked to the increased use of self management technology linked to the respective disease.	Scale and spread of chronic disease monitoring offer to GP practices across NHS Lanarkshire and consideration of future revisions and enhancements. Increase use of respective technologies.	Scale and spread of chronic disease monitoring offer to GP practices across NHS Lanarkshire and consideration of future revisions and enhancements. Increase use of respective technologies.	Optimised opportunities to further develop CTAC and identified future service delivery mechanisms that maximise use of self monitoring. Develop further range of technological approaches to increase self management and early detection/ deterioration approaches.	Workforce availability and associated accommodation. Preparedness of staff and patients to embrace new technologies.	There are staff shortages across all community nursing grades and inability to attract same will make it difficult to deliver target.	Ongoing recruitment campaigns. Maximising skill-mix.

Theme		No.	Code	Description							
1. Primary and Community Care		1.5	2023-Lan9	NHS Lanarkshire will continue to build upon the successful LES with GP practices in providing dedicated input to named care homes and residents therein. This includes the regular review of patients with MDTs. Also looking to increase use of telehealth with a view to improved diagnostics and also greater working between 1o and 2o care such that shared care plans might be agreed. Seek to maximise use of 'Integrated Care Support Team' model of community nursing/AHPs to maximise support to the most frail in our communities. Such teams have good working relationships with GPs thereby ensuring joined up approach to keeping people at home for as long as possible.	Undertake review of existing service provision and remote access to digital diagnostics. Seek to ensure all appropriate supports in place to maintain existing LES arrangements with GP practices which meet current best practice guidelines. Further develop ICST model.	Identify increased opportunities for use of remote monitoring/shared care between 1o and 2o care. Confirm arrangements to allow direct access to OOH/FNC prof to prof line for care home staff. Further develop ICST model.	Further develop relationships between care home liaison nursing staff and all other key stakeholders. Further develop ICST model.	Look to maintain low number of inappropriate attendances from care homes to A&E departments. Where such attendance is required, seek to herald via FNC with appropriate transfer information. Further develop ICST model.	Demand on existing GPs such that they may not be able to maintain LES. Community nurse and AHP staffing difficulties in being able to maximise ICST working.	Seek to provide maximum support to GPs and Care Homes such that LES can be maintained. Continue to develop and invest in ICST model of care.	
1. Primary and Community Care		1.6	2023-Lan10	Ensuring that unregistered dental patients have access to urgent and emergency care in hours and out-of-hours. In addition, that registered patients also have out of hours access. This is delivered via a framework of 'next day care' delivered by GDS, unregistered clinics delivered by PDS and NHS 24/ OOH weekend clinics. Working with practices to try and minimise the de-registrations being processed and to encourage ongoing commitment to NHS via communication with CD for GDS. In addition, encouraging practices to register new patients.	Maximised capacity in clinics by reducing appointment length but maintaining a high level of patient care.	Review of previous quarter capacity and potential mobilisation of further NDC allocations.	Continued review of demand/ capacity	Continued review of demand/ capacity	GDS- practices reducing NHS commitment. Practices removing NHS commitment. Reduction in NHS commitment is largely due to the uncertainty of the proposed new funding model. Combined risk for PDS and GDS is workforce and unfilled vacancies.	PDS- increased demand on unreg which pulls workforce and resources from core PDS delivery. No additional funding to provide increased volumes of care.	Communication from HB/ CDO office with practices regarding new funding model is key. PDS workforce- look at skill mix for unfilled vacancies and continue to advertise vacant hours. GDS workforce- streamline the onboarding process for entry to HB dental list.
1. Primary and Community Care		1.7	2023-Lan11	Approx 700 patients have been identified to be bulk discharged from 2o care to the community optometry service in first two quarters of 2023/24. Thereafter approximately 15 patients a month would come into the community.	Commence migration of glaucoma patients tradionally managed in 2o care to 1o care	Identify any issues and address same at same time as continuing to support transfer of care	Seek to transfer 45 patients from 2o to 1o care	Seek to transfer 45 patients from 2o to 1o care	Ongoing availability of staffing and associated capacity in community settings.	Availability of sufficient staff and funding to support increased flow from 2o to 1o care	Ongoing reporting to respective governance committees
1. Primary and Community Care		1.8	2023-Lan12	NHS Lanarkshire currently makes available IPC support across primary care settings	Continue to provide IPC support	Continue to provide IPC support	Continue to provide IPC support	Continue to provide IPC support	Workforce	Ongoing availability of resources and staffing	Ongoing reporting to respective governance committees
2. Urgent and Unscheduled Care		2.1	2023-Lan13	Operation Flow 2 launched on the 1 May 2023 with the following key objectives to develop a Pre-admission and admission avoidance model for which scope includes: FNC development; Pre- Hospital assessment processes; Consultant Connect roll out to support non-conveyancing where appropriate; Front Door Frailty assessment; H@H model; Community Access Pathways. This is being progressed via a Task and finish Group structure.	Achieve 62% 4 hour standard performance & 95% hospital occupancy levels	Achieve 70% 4 hour standard performance & 90% hospital occupancy levels	Maintain 70% 4 hour standard performance and 90% occupancy levels	Maintain 70% 4 hour standard performance & 90% occupancy levels	Funding - not secured; Workforce - recruitment and retention, training and development of staff	Improvement trajectories are dependant on resource additionally release and availability of key staff	Review of current ED & H@H workforce profile to determine if there is capacity to support new models.
2. Urgent and Unscheduled Care		2.2	2023-Lan14	Operation Flow 2 launched on 1 May 2023 with the objective to develop a Front Door Pan-Lan Redesign Model for which the scope includes: pan-land ED review; pan-land model for assessment and ambulatory care. This is being progressed via a Task and Finish Group structure.	Achieve 62% 4 hour standard performance & 95% hospital occupancy levels	Achieve 70% 4 hour standard performance & 90% hospital occupancy levels	Maintain 70% 4 hour standard performance and 90% occupancy levels	Maintain 70% 4 hour standard performance & 90% occupancy levels	Funding - not secured; Workforce - recruitment and retention, training and development of staff	Improvement trajectories are dependant on resource additionally release and availability of key staff	Review of current ED workforce profile to determine if there is capacity to support new models. Secured additional improvement support from Quality Directorate.
2. Urgent and Unscheduled Care		2.3	2023-Lan15	Operation Flow 2 launched on the 1 May 2023 with the following key objective to ensure ward and system flow with the key objectives to: implement a NHS L Template and Approach; embed the Flow Foundation Bundle across all inpatient areas; develop an agreed escalation approach across our sites and system; develop a pan- Lan Flow Team Model to support flow in hours and OOHs. This is being progressed via a Trask a Finish Group structure.	Achieve 62% 4 hour standard performance & 95% hospital occupancy levels	Achieve 70% 4 hour standard performance & 90% hospital occupancy levels	Maintain 70% 4 hour standard performance and 90% occupancy levels	Maintain 70% 4 hour standard performance & 90% occupancy levels	Funding - not secured; Workforce - recruitment and retention	Improvement trajectories are dependant on resource additionally release and availability of key staff	Exploring additional support from wider system to support improvement
2. Urgent and Unscheduled Care		2.4	2023-Lan16	Operation Flow 2 launched on the 1 May 2023 with the following key objective to develop a pan-land Frailty model and an off site bed model across the NHS L estate. This is being progressed via a Task and Finish Group structure.	Achieve 62% 4 hour standard weekly performance & 95% hospital occupancy levels; reduce ED lengthy waits by 40%;	Achieve 70% 4 hour standard performance & 90% hospital occupancy levels	Maintain 70% 4 hour standard performance and 90% occupancy levels	Maintain 70% 4 hour standard performance & 90% occupancy levels	Funding - not secured; Workforce - recruitment and retention, training and development of staff	Improvement trajectories are dependant on resource additionally release and availability of key staff	Exploring additional support from wider system to support improvement
2. Urgent and Unscheduled Care		2.5	2023-Lan17	To support delivery of the Operation Flow 2 objectives we have revised our USC governance structure to support. Therefore an Executive Flow Oversight Board has been established to oversee delivery and implementation of Operation Flow 2 objectives.	Achieve 62% weekly 4 hour standard; Reduce 12 and 8 hour delays (40% reduction); reduce site occupancy 95%;	Achieve 70% weekly 4 hour standard; Reduce 12 and 8 hour delays (40% reduction); reduce site occupancy 90%; Reduce delayed discharge by 25%	Maintain 70% weekly 4 hour standard; Maintain reduction in 12 and 8 hour delays (40% reduction); maintain reduction in site occupancy 90%; maintain reduction in delayed discharge by 25%	Maintain 70% weekly 4 hour standard; Maintain reduction in 12 and 8 hour delays (40% reduction); maintain reduction in site occupancy 90%; maintain reduction in delayed discharge by 25%	Funding - not secured; Workforce - recruitment and retention, training and development of staff	Improvement trajectories are dependant on resource additionally release and availability of key staff	All options being explored to provide support from existing teams and to future proof the USC improvement.
2. Urgent and Unscheduled Care		2.6	2023-Lan18	Develop a co-ordinated urgent care community response which supports whole system connections to reduce duplication and repetition for patients, staff and carers	Initial planning sessions completed. Engage with frontline staff and communities.	Test proposed model and evaluate	Seek to implement model across the system	Reduce avoidable admissions and keep more people at home	Workforce - recruitment and retention, training and development of staff	Improvement is dependant on availability of staff to co-ordinate the urgent care response	To be developed as plans emerge.
2. Urgent and Unscheduled Care		2.7	2023-Lan19	Implement a test of change Community Respiratory Service in one locality area	Service due to commence in June 2023	Develop model through engagement	Commence evaluation of model	Reduce emergency COPD admissions	Finance - non- recurring funding for posts.	Robust evaluation process in place to demonstrate impact	
2. Urgent and Unscheduled Care		2.8	2023-Lan20	Full delivery of the Best Start Programme, delivering on the Key deliverables outlined by Scottish Government in October 2022.	Around 25% of recommendations will be RAG rated green, with all measures demonstrating progress.	Around 25% of measures will be RAG rated green, with all measures demonstrating progress with improvement	Around 25% of measures will be RAG rated green, with all measures demonstrating progress with improvement. At least 10% will be RAG rated blue, that is, the milestone is complete and embedded into practice	Around 50% of measures will be RAG rated green, with all measures demonstrating progress with improvement. At least 10% will be RAG rated blue, that is, the milestone is complete and embedded into practice	Workforce - maternity and neonatal services will not have appropriate head count and WTE to deliver the recommendations of the Best Start Policy.	Workforce & Estates - delivering community hubs and medical obstetric clinics will pose a risk due to lack of available space and staff to deliver. This may delay the timelines of the programme and impact objectives	Oversight via local programme board to scrutinise local data, progress and mitigate gap analysis.
									New Level 3 Model - risk that NHS Lanarkshire will no longer be a Level 3 Board delivering care for babies born before 28 weeks gestation. The new neonatal model instructs a reduction of Level 3 units from 9 to 3.	The risks on families is separation from families at a vulnerable time. Families will likely be transported to Glasgow, Lothian or Aberdeen if birth is before 28 weeks placing financial, social and psychological pressure on families. There is a risk of dissatisfaction of patient experience. In addition, there is a risk of higher attrition an turnover of nursing and medical staffing who wish to deploy there critical care skills in intensive care units. Workforce wte will require review.	Data monitoring of KPIs to establish impact on service. Representation at Best Start programme board to understand progress, risks and challenges. Deploy comms strategies to create an employer of choice model and service user choice.

Category	Ref	ID	Description	Q1	Q2	Q3	Q4	Dependencies/Risks	Risk Detail	Mitigations
3. Mental Health	3.1	2023-Lan21	Meet the waiting times standards for PT by end March 2024	Projected performance against standard: 56%	Projected performance against standard: 67%	Projected performance against standard: 80%	Projected performance against standard: 100%	(1) Workforce - retention (2) Finance - funding not yet agreed (3) Estates (4) Other - data sharing (5) Other - data definition	(1) retention of qualified psychologists (2) lack of confirmation over funding will result in loss of staff. (3) existing shortage of suitable clinical space is exacerbated, impacting on the ability of Psychological Services to see a significant proportion of patients resulting in a failure to meet RTT targets, inadequate patient care and poorer outcomes for patients. (4) Data sharing- systems – TRAK care system which does not allow access to clinical outcome data. (5) Digital services (silver cloud, beating the blues, self-refer cCBT) have been excluded from baseline data because digital services do not require clinical input and many are self-referrals. Including them would invalidate the trajectories as a high proportion of referrals would be using 0 clinical sessions. This means the projected performance is much lower than it should be as it does not account for these digital patients that are always seen with the 18 week target but never appear on the current waiting list.	(1) Focus on maintaining motivation to remain in NHS Lanarkshire. Renewed research agenda for Applied Psychologists to contribute to the evidence base for PTs. (2) Address funding of posts if not continued through vacancy management which will address the financial risk but not achievement of RTT (i.e. risk of achieving RTT with less staff decreases.) (3) Plans being established to enable usage of buildings/accommodation not being used out of hours. (4) Explore potential to develop a national data management system across Scotland – for consistent comparison across all Boards in Scotland.
3. Mental Health	3.1	2023-Lan22	Clear long waits for PT by end March 2025	Projected waiting list (Jun-23) <= 18 weeks: 1586 > 18 weeks: 245 > 52 weeks: 0	Projected waiting list (Sep-23) <= 18 weeks: 1586 > 18 weeks: 174 > 52 weeks: 0	Projected waiting list (Dec-23): <= 18 weeks: 1586 > 18 weeks: 80 > 52 weeks: 0	Projected waiting list: <= 18 weeks: 1369 > 18 weeks: 0 > 52 weeks: 0	As above	As above	
3. Mental Health	3.1	2023-Lan23	Clear long waits for CAMHS by end March 2023.	Projected waiting list (Jun-23) <= 18 weeks: 467 > 18 weeks: 666 > 52 weeks: 124	Projected waiting list (Sep-23) <= 18 weeks: 570 > 18 weeks: 480 > 52 weeks: 55	Projected waiting list (Dec-23): <= 18 weeks: 300 > 18 weeks: 370 > 52 weeks: 10	Projected waiting list: <= 18 weeks: 20 > 18 weeks: 300 > 52 weeks: 0		(1) Recruitment and retention of staff is an ongoing risk to the sustainability of our service delivery model. We have a particular challenge around our Consultant Psychiatry workforce. (2) Lack of suitable clinical space	(1) We continue to work with HR colleagues to promote Lanarkshire as a good place to live and work and have a dedicated recruitment resource. Launch of CAMHS specific recruitment landing page. Other opportunities (including overseas recruitment) are being considered and progressed with HR colleague support. (2) Our South Lanarkshire base environment has successfully been upgraded. Similar work is planned for North and will be progressed this year. Continuance of funding arrangements will ensure same standard are fully realised.
3. Mental Health	3.1	2023-Lan24	Meet the waiting times standards for CAMHS by end March 2024.	Meet the waiting times standards for CAMHS by end March 2024.	1.Implementation of full CAPA Booking.2.Continued focus on longest waits.3.Utilisation of TRAKCARE reporting capability to inform capacity and demand	1.Evidence of improvement in capacity for choice appointments offered. 2. Evidence in improvement in numbers of core and specific Partnership appointments offered.	1.Move away from a WLI approach to complement to deliver Partnership as well as choice appointments.	1. Delivery of CAMHS 4 week to assessment. 2.Positive progress on the target of 90% RTT- Trajectory of same included in narrative.	As above	As above
3. Mental Health	3.2	2023-Lan25	Implement national CAMHS service specification, including improvement in provision for those with eating disorders, by March 2026.	Implement national CAMHS service specification, including improvement in provision for those with eating disorders, by March 2026.	1.Establishment of links with Regional Centre colleagues to create robust and consistent processes for inpatient and forensic care.	1.Review current capacity and demand of eating disorder specific referrals and assure appropriate direction of generic and specialist resource. 2. Carry out a consultation with CYP and families affected by eating disorders to ascertain the aligned resource is meeting their ask. 3.Continue to work with Regional Partners to progress collaborative working relationships.	1. Utilise learning from consultation to inform plan of how we meet the needs of CYP and families affected by an eating disorder. 2. Formalised process commenced between regional partner colleagues. This is dependent on agreement from regional providers and direction of travel guidance from SG.	1. Delivery of an agreed Eating Disorder Pathway within CAMHS Lanarkshire that is considerate of generic and specialist resource.	As above	As above
3. Mental Health	3.2	2023-Lan26	To implement and deliver the national neurodevelopmental service specification for children and young people by March 2026	To implement and deliver the national neurodevelopmental service specification for children and young people by March 2026	1. Commence planning discussions with newly commissioned external provider. 2.Undertake data sharing impact assessment. 3. Establish a patient pathway between external provider and NDS. 4. Delivery of trajectories that model waiting list challenge. 5. ToC discussions commenced with collaborative partners to address support needs whilst on waiting list.	1.External provider starts to see new referrals. 2. Trajectory modelling reviewed against resource and planning commenced to address same. 3. ToC planning continues.	1. ToC commences and learning reported via NDS Steering Group and CAMHS Programme Board. 2. First quarterly inclusive of patient activity expected from external provider.	1. 2nd Patient activity report expected from external provider. 2 Outcomes of ToC expected along with recommendations of next steps. 3. Capacity and demand challenge understood and associated workforce and environmental challenges addressed(will require government resource confirmation)	There is a risk that the short term and long term outcomes for children with neurodevelopment disorders will be adversely affected by restricted access to services and support due to waits of several years for assessment and diagnosis.	Confirmation of funding will enable us to plan for the needed growth in staff capacity within this specialist workforce to meet the scale of need. Mitigations in interim will include use of experienced staff to work flexibly across CAMHS and NDS to facilitate additional capacity.
3. Mental Health	3.3	2023-Lan27	Full compliance with CAPTND data set	CAMHS: Morse Operational Group (MOG) created Morse Team build configuration complete and ready	CAMHS: Service identified clinical assessment forms built on Morse platform	CAMHS: Morse Go-Live	CAMHS: Morse BAU support, monitoring, assessment	Finance Performance	There is a risk that the roll out of CAPTND will not support us to effectively calculate waiting times and other aggregate data equivalent to the RTT returns. Full implementation will require update to a number of existing data systems	Implementation of MORSE to improve data quality, participation on national discussions to determine best ways of recording missing data items, exploration of potential to use Trak questionnaires to record details
3. Mental Health	3.4	2023-Lan28	Increase mental health services spend to 10% of NHSL frontline spend by 2026 and plans tbc	information to follow	information to follow	information to follow	information to follow	information to follow	information to follow	information to follow
3. Mental Health	3.4	2023-Lan29	Increase the spend on the mental health of children and young people to 1% of NHSL frontline spend by 2026	information to follow	information to follow	information to follow	information to follow	information to follow	information to follow	information to follow
4. Planned Care	4.1	2023-Lan30	Implement redesigned planned care structures within NHS Lanarkshire to; • Ensure robust performance management to achieve waiting Times priorities • Prioritise, Progress, monitor and evaluate productive opportunities within planned care specialties	Proposed Waiting Times Forecast (Q1) TBC Outpatients (NOP) Over 104 Weeks 498 Over 78 Weeks 1574 Over 52 Weeks 4915 Total List Size 62905 Inpatients / Daycases (TTG) Over 104 Weeks 1047 Over 78 Weeks 1970 Over 52 Weeks 3196 Total List Size 13094 8 Key Diagnostic Tests Over 52 Weeks 344 Over 26 Weeks 4644 Over 6 Weeks 12864 Total List Size 27238 Endoscopy 4 Key Diagnostic Tests Over 52 Weeks 289 Over 26 Weeks 1498 Over 6 Weeks 3500 Total List Size 6984 Radiology 4 Key Diagnostic Tests	Proposed Waiting Times Forecast (Q2) TBC Outpatients (NOP) Over 104 Weeks 624 Over 78 Weeks 1873 Over 52 Weeks 5398 Total List Size 67147 Inpatients / Daycases (TTG) Over 104 Weeks 1012 Over 78 Weeks 1893 Over 52 Weeks 3057 Total List Size 12968 8 Key Diagnostic Tests Over 52 Weeks 273 Over 26 Weeks 4906 Over 6 Weeks 14448 Total List Size 30886 Endoscopy 4 Key Diagnostic Tests Over 52 Weeks 208 Over 26 Weeks 1321 Over 6 Weeks 3349 Total List Size 6864 Radiology 4 Key Diagnostic Tests	Proposed Waiting Times Forecast (Q3) TBC Outpatients (NOP) Over 104 Weeks 102 Over 78 Weeks 1027 Over 52 Weeks 3779 Total List Size 61002 Inpatients / Daycases (TTG) Over 104 Weeks 759 Over 78 Weeks 1245 Over 52 Weeks 2278 Total List Size 11934 8 Key Diagnostic Tests Over 52 Weeks 245 Over 26 Weeks 5130 Over 6 Weeks 15313 Total List Size 33255 Endoscopy 4 Key Diagnostic Tests Over 52 Weeks 175 Over 26 Weeks 1256 Over 6 Weeks 3219 Total List Size 6701 Radiology 4 Key Diagnostic Tests	Proposed Waiting Times Forecast (Q4) TBC Outpatients (NOP) Over 104 Weeks 0 Over 78 Weeks 545 Over 52 Weeks 2013 Total List Size 55462 Inpatients / Daycases (TTG) Over 104 Weeks 124 Over 78 Weeks 686 Over 52 Weeks 1145 Total List Size 11006 8 Key Diagnostic Tests Over 52 Weeks 170 Over 26 Weeks 4882 Over 6 Weeks 16265 Total List Size 35754 Endoscopy 4 Key Diagnostic Tests Over 52 Weeks 94 Over 26 Weeks 1113 Over 6 Weeks 3111 Total List Size 6570 Radiology 4 Key Diagnostic Tests	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.1	2023-Lan31	In collaboration with CFSD identify, evaluate and implement models to protect planned care during times of service pressure. This should focus on • Maintaining and prioritising major / cancer Surgery • Focus on longest waits (Urology, ENT, General Surgery, Orthopaedics and Gynaecology)	Review Models and redesign options with CFSD to protect planned care. Determine optimal bed footprint and feasibility.	Options and work plan TBC	Options and work plan TBC	Options and work plan TBC	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,

4. Planned Care	Ref	ID	Description	Deliverable 1	Deliverable 2	Deliverable 3	Deliverable 4	Category	Risk	Mitigation
4. Planned Care	4.1	2023-Lan32	Commission External Insourcing capacity (Outpatients) through Q1-Q2. Tender for 8,300 Outpatient appointments.	Insourcing outpatient capacity (from May 2023) TBC subject to tender; 1. Gastroenterology (480) 2. Dermatology (1125) 3. Rheumatology (300) 4. Respiratory (300) 5. Neurology (1300) 6. Ophthalmology (645)	Insourcing outpatient capacity (from May 2023) TBC subject to tender; 1. Gastroenterology (480) 2. Dermatology (1125) 3. Rheumatology (300) 4. Respiratory (300) 5. Neurology (1300) 6. Ophthalmology (645)	Q3-Q4 To be reviewed subject to progress and funding	Q3-Q4 To be reviewed subject to progress and funding	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.1	2023-Lan33	Commission internal Outpatients WLI. Total 14,000 appointments Q1-Q4	Provide 3,500 additional outpatient appointments through internal WL (specialties TBC)	Provide 3,500 additional outpatient appointments through internal WL (specialties TBC)	Provide 3,500 additional outpatient appointments through internal WL (specialties TBC)	Provide 3,500 additional outpatient appointments through internal WL (specialties TBC)	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.1	2023-Lan34	Commission External Outsourcing capacity (inpatient / Day Case) through Q1-Q2. Tender for 1,400 Outpatient appointments.	Outsourcing to external capacity Inpatient / Day Case from May 2023 (TBC subject to tender) 1. Gynaecology (100) 2. Orthopaedics (60) 3. General Surgery (305) 4. Ophthalmology (260)	Outsourcing to external capacity Inpatient / Day Case from May 2023 (TBC subject to tender) 1. Gynaecology (100) 2. Orthopaedics (60) 3. General Surgery (305) 4. Ophthalmology (260)	Q3-Q4 To be reviewed subject to progress and funding	Q3-Q4 To be reviewed subject to progress and funding	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.1	2023-Lan35	Commission internal Inpatient / day case WLI. Total 1,068 procedures Q1-Q4	Provide 267 additional inpatient procedures through internal WL (specialties TBC)	Provide 267 additional inpatient procedures through internal WL (specialties TBC)	Provide 267 additional inpatient procedures through internal WL (specialties TBC)	Provide 267 additional inpatient procedures through internal WL (specialties TBC)	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.1	2023-Lan36	Commission internal endoscopy capacity through WLI. Total 2,520 scopes Q1-Q4	Provide 630 additional scope procedures through internal WL	Provide 630 additional scope procedures through internal WL	Provide 630 additional scope procedures through internal WL	Provide 630 additional scope procedures through internal WL	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.2	2023-Lan37	Implement theatre efficiency programme to Maximise and optimise theatres; including; • Adoption of AVIA Theatre Scheduling pathway - Check, Confirm and Challenge (6-4-2) • Implement Minimum Standards to theatre session (Brief , Start Time, Finish Time) • Explore increasing Single procedure lists including Cataract, Tonsils, Hernia	• Detail Theatre efficiency work reducing non productive time • Adopt minimum standards in theatre Scheduling • Implement Reporting structure	Work plan TBC	Work plan TBC	Work plan TBC	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.2	2023-Lan38	Supplement Core Theatre staffing from External provider in each of the 3 acute sites.	Commission 3 theatre teams to provide 780 additional procedures	To be reviewed subject to progress and funding	To be reviewed subject to progress and funding	To be reviewed subject to progress and funding	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.2	2023-Lan39	Explore extended uses of Day Surgery building on previous successes including; • Arthroplasty Hip • Arthroplasty Knee • Laparoscopic Hysterectomy	• Agree projections for additional day surgery procedure initially in Orthopaedics / Gynaecology. Develop local board assumptions with CFSD to be reflected in the Heatmap	• Agree projections for additional day surgery procedure initially in Orthopaedics / Gynaecology. Develop local board assumptions with CFSD to be reflected in the Heatmap	• Agree projections for additional day surgery procedure initially in Orthopaedics / Gynaecology. Develop local board assumptions with CFSD to be reflected in the Heatmap	• Agree projections for additional day surgery procedure initially in Orthopaedics / Gynaecology. Develop local board assumptions with CFSD to be reflected in the Heatmap	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.2	2023-Lan40	Embed and evaluate 23 Hour Care model in UH Monklands. Explore how this model can be expanded across NHS Lanarkshire Acute sites	• Embed 23 hour care pilot at UH Monklands • Review and develop criteria for 23 hour Care	Future Developments TBC	Future Developments TBC	Future Developments TBC	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.3	2023-Lan41	Gynaecology - Myosure Provide in-patient operative and one-stop out-patient clinics in NHS Lanarkshire to encompass assessment, pelvic ultrasound, hysteroscopy, IUS insertion and "see-and-treat" myosure for women with abnormal heavy menstrual and postmenopausal bleeding. Treat 700 patient Q1-Q4	Provide 175 one stop appointments.	Provide 175 one stop appointments.	Provide 175 one stop appointments.	Provide 175 one stop appointments.	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.3	2023-Lan42	Neurology Service Redesign - Phased redesign of Neurology services, increasing core outpatient capacity and nurse led activity within NHSL. 1,150 additional appointments through Q1-Q4	Provide 195 additional Neurology appointments.	Provide 195 additional Neurology appointments.	Provide 380 additional Neurology appointments.	Provide 380 additional Neurology appointments.	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.3	2023-Lan43	Endocrine Service - Nurse led Clinics	Provide 56 additional New Endocrine appointments.	Provide 56 additional New Endocrine appointments.	Provide 56 additional New Endocrine appointments.	Provide 56 additional New Endocrine appointments.	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.3	2023-Lan44	Dermatology - Pharmacy led clinics expected to see 2,500 patients per year	Provide 630 additional Dermatology appointments per quarter.	Provide 630 additional Dermatology appointments per quarter.	Provide 630 additional Dermatology appointments per quarter.	Provide 630 additional Dermatology appointments per quarter.	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.3	2023-Lan45	Adopt national pathways from specialty delivery groups to support ACRT (e.g. ENT, Urology, Respiratory). Monitor progress and delivery of ACRT output via the Heatmap against board agreed aspirational goals across specialties including; • ENT (432) • Urology (816) • Gynaecology (205) • Orthopaedics (1631) • General Surgery (282) • Dermatology (1987) • Respiratory (537) • Neurology (424) • Gastroenterology (406) • Rheumatology (316)	• Embed and develop ACRT within Specialties that have implemented ACRT Pathways. Monitor and adjust output via Heatmap based on agreed projections • Roll out use to ACRT to additional specialties including Respiratory, Neurology, Rheumatology	• Embed and develop ACRT within Specialties that have implemented ACRT Pathways. Monitor and adjust output via Heatmap based on agreed projections • Roll out use to ACRT to additional specialties including Respiratory, Neurology, Rheumatology	• Embed and develop ACRT within Specialties that have implemented ACRT Pathways. Monitor and adjust output via Heatmap based on agreed projections • Roll out use to ACRT to additional specialties including Respiratory, Neurology, Rheumatology	• Embed and develop ACRT within Specialties that have implemented ACRT Pathways. Monitor and adjust output via Heatmap based on agreed projections • Roll out use to ACRT to additional specialties including Respiratory, Neurology, Rheumatology	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.3	2023-Lan46	Embed the uses of Patient Initiated Review (PIR). Explore expanding the use of PIR in appropriate specialties. Monitor progress and delivery of PIR output via the Heatmap against Board agreed aspirational goals by specialty including; • Orthopaedics (2468) • Rheumatology (508)	• Develop and embed PIR where implemented. • Roll out PIR to identified specialties (TBC)	• Develop and embed PIR where implemented. • Roll out PIR to identified specialties (TBC)	• Develop and embed PIR where implemented. • Roll out PIR to identified specialties (TBC)	• Develop and embed PIR where implemented. • Roll out PIR to identified specialties (TBC)	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,

Programme	Ref	ID	Action/Description	Q1	Q2	Q3	Q4	Risk Category	Risk	Mitigation
4. Planned Care	4.4	2023-Lan47	Work with NECU to provide a Admin Validation (outpatients and Inpatients) for patients waiting >26 weeks in; • ENT • Urology • General Surgery • Gynaecology	Complete NECU Admin Validation within selected specialties. Forecast removals of 8-10%.	Future work Validation work with NECU TBC	Future work Validation work with NECU TBC	Future work Validation work with NECU TBC	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
4. Planned Care	4.4	2023-Lan48	Collaborate with Partner Health Board and NECU to maximise capacity opportunities. This will include maximising Access to Golden Jubilee allocation expected to be; • Orthopaedics (68) • Ophthalmology (1291) • General Surgery (243) • Endoscopy (1300)	Maximise Golden Jubilee allocation; • Orthopaedics (34) • Ophthalmology (282) • General Surgery (54) • Endoscopy (325)	Maximise Golden Jubilee allocation; • Orthopaedics (34) • Ophthalmology (282) • General Surgery (54) • Endoscopy (325)	Maximise Golden Jubilee allocation; • Ophthalmology (348) • General Surgery (67) • Endoscopy (325)	Maximise Golden Jubilee allocation; • Ophthalmology (349) • General Surgery (68) • Endoscopy (325)	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
5. Cancer Care	5.1	2023-Lan49	Protect core capacity for cancer pathways- CT, MRI, BX along with ensuring recovery bed/area aligned to bx requirement. Increase capacity through radiology workforce developments (skill set)- Assistant Practitioners, ANPs- Breast. Endoscopy- retain Vanguard Unit and staffing. Further develop QFit along with introduction of double Qfit. Further develop ACRT and PIR within pathways to release capacity and reduce variation. Explore new Urology pathways and the introduction of the Urology Hub. Introduce a unified single lower GI pathway	Maximise access of allocation to Golden Jubilee (Ultrasound/MRI). Support access to staffed mobile scanning units and maximise Vanguard Units. Maximise use of Cytosponge/Colon capture in endoscopy.	Ongoing service planning to embed within Lanarkshire with key stakeholders. Outcome measures agreed and embedded into routine practice to evidence and understand service impact along with patient experience.	Ongoing service planning to embed within Lanarkshire with key stakeholders. Outcome measures agreed and embedded into routine practice to evidence and understand service impact along with patient experience.	Ongoing service planning to embed within Lanarkshire with key stakeholders. Outcome measures agreed and embedded into routine practice to evidence and understand service impact along with patient experience.	Finance- Non recurring Workforce- recruitment Workforce- absence	As per Corporate / Acute Risk Register: Workforce - Recruitment challenges and staffing gaps across major staffing groups, Pressure from ongoing unscheduled care admissions (beds / staffing), Financial pressure.	Continue ongoing engagement with national specialists interest groups and national diagnostic forums. Support in the development and local implementation of national improvement pathways. Explore workforce strategy Non-medical workforce.
5. Cancer Care	5.2	2023-Lan50	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). 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.	Benchmark against the anticipated demand aligned to population of 300-320 patients coming through the pathway per quarter. We will measure the pathway performance 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).	Improved patient experience and timely outcomes. The mean time to RCDS cancer diagnosis is aimed at 5.9 days compared to 84.2 days in the comparator arm.	Achieve good utilisation of the pathway across all Primary Care referrers with a consistent demand of 25 patients per week.	Fully embedded pathway in place that has been tried and testing through learning and development to ensure patients are managed within the agreed timescales from referral to treatment. We would also have suitable capacity to effectively manage the demand with provisions that are flexible to accommodate referral variation.	Finance- Non recurring Workforce- recruitment Workforce- absence	Ongoing funding to support year 2 of the current staff along with recruitment of the 2nd ANP post for year 1 funding and support for secondment opportunities over a short time scale.	Early discussion with the RCDS National Oversight group to share NHS Lanarkshire learning and activity data aligned to phase III of the overall project. Secure ongoing non recurring funding early to enable funding to be aligned with the service development.
5. Cancer Care	5.3	2023-Lan51	Cancer services is 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.	The Framework will be central in Q1 to focus efforts between primary and secondary care teams to ensure a collective collaboration that is person centred. Effective communication channels are in place to ensure all relevant team members, patients are informed and central to processes, timelines and next steps. This has been achieved through the development of Primary and Secondary Care Interface Group. Revise the Cancer Tracking model that will transition 1st June 2023 along with improved PTL meetings that are multidisciplinary. With the aim of a clear trajectory to meet the cancer waiting times.	In Q2 it is anticipated to clear any backlog along with ensuring a comprehensive awareness and understanding of the 62 and 31 day cancer standards for all staff involved in the pathways.	Continue to work with Clinical Leads to implement the CSFD key core requirements of sharing good practise e.g. ACRT, PIR. Continue to work with Teams to better understand their service model - what is working well, what can we do differently and where are the challenges.	Clinical teams to continue to work with service managers to ensure there is appropriate clinic and diagnostic capacity to meet USOC demand. Planned care meetings and agreed escalation pathways with RMS. Established relationships with all service managers to foster discussions to ensure the CWT standard is always at the forefront within service planning when looking at Demand & Capacity. Sharing of the data to reflect increasing referrals to support the trajectory moving forward to ensure clinical pathways are robust with adequate capacity to flex up and down aligned to the demand.	Finance- Non recurring Workforce- recruitment Workforce- absence Workforce -retention	As per Corporate / Acute Risk Register: Workforce - Recruitment challenges and staffing gaps across major staffing groups, Pressure from ongoing unscheduled care admissions (beds / staffing), Financial pressure.	Ongoing Recruitment and retention, Staff Welfare, Application of new ways of working, Application of evolving Infection control guidance, Maximising external / Internal Capacity, Review of all planned additional activity to determine highest impact and value for money, revised trajectories to address the reduction in Scottish Government funding.
5. Cancer Care	5.4	2023-Lan52	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.	Recruitment of Band 5 - Information Analyst (Statistics/Information Management/Public Health Intelligence) or IM&T Analyst / Technician, Higher Level . This role will take forward the key deliverables of: Developing the Dashboard, transitioning the Local Cancer QPI Reports over to Business Objects platform and support the introduction of a case tracker-i.e. REDCAP	Ongoing assessment, planning aligned to the transition and sustaining of the Local reporting of cancer QPI data	Ongoing assessment, planning aligned to the transition and sustaining of the Local reporting of cancer QPI data	Ongoing assessment, planning aligned to the transition and sustaining of the Local reporting of cancer QPI data	Workforce- recruitment Workforce- absence Workforce- Wellbeing Workforce- Training, Education & Skills	As per Corporate / Acute Risk Register: Workforce - Recruitment challenges and staffing gaps across major staffing groups, Limitations on physical capacity, Financial pressure. Finance - Funding opportunities to sustain the posts	ongoing discussion with Clinical Quality Team to define the role and impact
5. Cancer Care	5.5	2023-Lan53	Introduction of Cancer Care Navigators to Breast, Upper GI & Lung. Job plans of specialist nurses in cancer care have developed over many years, within these developments the administrative aspects of these changes have seldom been considered and often have become part of the specialist nurses responsibility. This means the expert clinical skills the nurses have are not fully focused on service delivery and often on service support. Cancer care navigators will increase productivity and maximize the deployment of the specialist nurse in direct patient care, by offering a robust service support function to the specialist nurses. It is anticipated this role will have a positive impact on increasing USCO capacity, reduce cancer waiting times for patients and overall improve cancer performance.	This work has demonstrated that by introducing band 4 Navigator into clinical pathways there is the ability to save a minimum of 3 - 4 sessions of CNS clinical time to another role. This releases clinical capacity within job plans to develop Advance Practice, introducing additional nurse led activity that can shift care from consultant led to Nurse led. For example, follow up care of patients living with cancer thus release consultant capacity. Plan in Q1 to introduce to Colorectal and Haematology through the initial test of change.	Ongoing learning and sharing within the clinical teams to measure the impact that can be transferred into wider service planning for capacity along with utilisation of the role to support PIR as the single point of contact back into the service. With Q2 will also incorporate qualitative analysis to reflect both patient and staff feedback.	Ongoing learning and sharing within the clinical teams to measure the impact that can be transferred into wider service planning for capacity along with utilisation of the role to support PIR as the single point of contact back into the service.	Ongoing learning and sharing within the clinical teams to measure the impact that can be transferred into wider service planning for capacity along with utilisation of the role to support PIR as the single point of contact back into the service.	Finance- Non recurring Workforce- recruitment Workforce- absence Workforce- Wellbeing Workforce- Training, Education & Skills	As per Corporate / Acute Risk Register: Workforce - Recruitment challenges and staffing gaps across major staffing groups, Limitations on physical capacity, Financial pressure. Finance - Funding opportunities to sustain the posts	Utilise patient outcomes and impact along with improved experience of both patients and staff to further refine the role.

Theme	Ref	ID	Description	Q1	Q2	Q3	Q4	Outcome	Resource	Risk Register	Risk/Mitigation
5. Cancer Care	5.5	2023-Lan54	Embedding Prehabilitation sessions to focus on physical, psychological and nutritional health behaviour change, with further ongoing free psychology, exercise and nutrition sessions offered at Maggie's and more widely to support ongoing change to facilitate the embedding within clinical pathways. Link with the National and Regional work to embed within clinical pathways and refer to support services.	Sessions established and focus on colorectal and gynaecology patients, prior to their cancer treatment. Prehab sessions run weekly so that patients can be booked in quickly for maximum benefit prior to surgery/treatment starting. Positive feedback from service users and staff to date.	Establishing the role of Prehabilitation Advocates within each health board is to facilitate learning and understanding of the variation in cancer care pathways and support services available to patients and clinical teams, and how these differ across the West of Scotland regional area. The advocates will work alongside clinical teams, health improvement teams, third sector organisations and local authority services to understand the potential methods and services available for the delivery of prehab within each board. They will aim to develop a cohesive system for patients to access prehab throughout their cancer journey, either via self-referral or by making links for clinical teams to refer patients to services. The processes developed will be embedded in the care for cancer patients across the Board area and region to ensure sustainability.	Clinical Pathways developments- Working across local health systems to use existing screening tools for prehab referrals, and making links with services already in place delivering prehab. Education & Engagement - To support clinical teams to understand the benefits of prehab and raise awareness of existing prehab services, supported by the WoSCAN regional prehab education programme	Sharing Good Practise- Utilise the learning of the prehab scoping work and that in place within other constituent health boards, with an ambition fully embed and increase available reliable prehab offers for all suitable patients.	Finance- Non recurring Workforce- recruitment Workforce- absence	As per Corporate / Acute Risk Register: Workforce - Recruitment challenges and staffing gaps across major staffing groups, Limitations on physical capacity, Financial pressure. Finance - Funding opportunities will reduce the ability of NHS Lanarkshire to access additional internal and external service capacity within existing mainstream services within Health & Social Care facilities to meet the potential of the increased demand.	Ongoing Recruitment and retention, Staff Welfare, Application of new ways of working, Application of evolving Infection control guidance, Maximising external / Internal Capacity, Review of all planned additional activity to determine highest impact and value for money, revised trajectories for Q3 -Q4 to address the reduction in MacMillan funding.
5. Cancer Care	5.5	2023-Lan55	Introduce the change from physician to ANP-led virtual clinic to created a new element that is supported within clinically agreed pathways of care for low risks cancer patients underpinned within the revised NHS Lanarkshire cancer clinical pathways. Embrace the National Cancer Optimal Pathway opportunities through CSFD.	Transition the learning and progress from the initial NHSL Improvement work of the 2 site diagnostic pathway to a more sustainable co-ordinated service to ensure utilisation of NHSL resources.	Introduction of a 2nd ANP role along with 1.5wte co-ordinator role to support. Ongoing evaluation of the service and the learning leading to improvement that will ensure a sustained pathway with improved cancer performance within the Lung Pathway.	Ongoing evaluation of the service and the learning leading to improvement that will ensure a sustained pathway with improved cancer performance within the Lung Pathway.	Ongoing evaluation of the service and the learning leading to improvement that will ensure a sustained pathway with improved cancer performance within the Lung Pathway.	Finance- Non recurring Workforce- recruitment Workforce- absence Workforce- Training, Education & Skills	Ongoing funding to support the workforce of the current staff along with the recognition of the time to increase skill set required to ensure a reflective overall impact of the role within the pathway.	Early discussion with the National Lung Oversight group to share NHS Lanarkshire learning and activity data aligned to the next phase of the overall project. Secure ongoing non recurring funding early to enable funding to be aligned with the service development.
5. Cancer Care	5.5	2023-Lan56	The introduction of e-Health Needs Assessments is being progressed through the Macmillan ICJ programme of work within Health & Social Care as a solution to sharing information across health and social care services. This will encompass the reliable signposting to 3rd Sector services through a defined and agreed cancer pathway.	Ongoing service planning to embed within Lanarkshire with key stakeholders. Outcome measures agreed and embedded into routine practice to evidence and understand service impact along with patient experience.	Ongoing service planning to embed within Lanarkshire with key stakeholders. Outcome measures agreed and embedded into routine practice to evidence and understand service impact along with patient experience.	Ongoing service planning to embed within Lanarkshire with key stakeholders. Outcome measures agreed and embedded into routine practice to evidence and understand service impact along with patient experience.	Ongoing service planning to embed within Lanarkshire with key stakeholders. Outcome measures agreed and embedded into routine practice to evidence and understand service impact along with patient experience.	Finance- Non recurring Workforce- recruitment Workforce- absence Workforce- Training, Education & Skills	Risk sits with ICJ Project team Health & Social Care	Working collaboratively with the Health & Social Team including Macmillan ICJ Team.
6. Health Inequalities	6.1	2023-Lan57	Develop and deliver a cost of living plan to mitigate the impact of the cost of living crisis on patients, staff and communities.	Review draft actions and performance measures across 6 outcome areas to agree priority areas of focus in the short, medium and longer term.	Development of a targeted communications plan using a range of media.	Complete scoping of routine enquiry for financial inclusion and development of a plan to embed routine enquiry across targeted services.	Increased number of services enquiring about patients financial wellbeing.	Workforce training, development and skills	There may be issues with staff being able to release time to participate in raising the issue of financial wellbeing training and also time to embed financial wellbeing into routine patient assessment processes.	Learning from service areas where routine enquiry for financial wellbeing is already embedded will be drawn upon and tests of change will be used to ensure any changes taken forward are sustainable.
6. Health Inequalities	6.1	2023-Lan58	The Lanarkshire Resettlement Healthcare & Wellbeing Improvement Plan 2023-2024 will champion the aspirations of the national New Scots Strategy for the improvement and protection of the health and wellbeing of refugees and asylum seekers settling in Lanarkshire. It will contribute to a concerted, consistent approach to the delivery of healthcare, health improvement and integration plans for these populations and will develop to encompass a variety of community based projects, staff training & healthcare programmes that are adapted to the needs of refugees and asylum seekers.	A Lanarkshire Resettlement Healthcare and Wellbeing Oversight group will be fully established and ratify the Improvement Plan. The Population health needs assessment will be progressing and have completed stakeholder interviews and a literature review. The Resettlement Healthcare team will be fully established and have agreed operating procedures and pathways of care ratified and approved. A community and third sector conference will have taken place to engage the wider voluntary sector in the development of community based support for people settling in Lanarkshire. A proposed plan for staff and resources for the services will be supported and implemented. A dedicated webpage on all aspects of resettlement health and wellbeing will be live for staff and public to access.	The Population health needs assessment will be complete along with a staff training analysis. A more detailed action plan for health improvement and health care will be complete based on the key findings of the population health needs assessment and the staff training analysis.	Plans will be in place for staff training needs as identified from the analysis. Key actions as identified from the population needs assessment will be in progress and the healthcare team will be responding to the demands for care and support as new arrivals come to Lanarkshire.	A consolidated plan and service provision is in place to meet the needs of those settled in Lanarkshire historically, and to respond to the emerging and developing needs and new arrivals to Lanarkshire. An audit and or review will be undertaken to understand the success of the delivery of key actions and the outcomes for people resettled in Lanarkshire.	Finance - non recurrent funding. Workforce retention.	The greatest risk to the delivery is the unknown numbers of people that may arrive and require care and support. The envelope of funding is from historical resources and reserves as much of the current response that is in place is unfunded. Lack of continued funding would mean there is no team to deliver on the action in the plan. Workforce retention may become an issue as staff are on fixed term secondments to the team. Access to GPs has been a challenge due to other well documented pressures and the numbers arriving can add to that pressure.	Continued efforts to work with key service providers and look at best value and most sustainable approaches is part of the ongoing work to reduce risk. Using bank staff to flex to increased or decreased need is in place too. By establishing a Lanarkshire wide Oversight group for health we can ensure joint planning across the systems and an agreement is in place to have one responsive and flexible team in place for the whole of Lanarkshire.
6. Health Inequalities	6.1	2023-Lan59	Renew Health Inequalities in Screening Action Plan for 2023-2025 focusing on actions to target under-served groups and remove barriers to accessing and improve uptake and engagement with national screening programmes.	Action plan drafted, EQIA completed, consultation commenced	Consultation completed. Action plan agreed. Monitor progress of action plan implementation for quarterly steering group meeting	Monitor progress of action plan implementation for quarterly steering group meeting	Review of progress and production of annual report for governance committee	Finance - Funding not yet agreed	Screening Inequalities Fund from Scottish Government for 2023-24 has not yet been received and funding amount has not been confirmed	Work will continue of certain aspects of the action plan
6. Health Inequalities	6.1	2023-Lan60	The Lanarkshire Weight Management Service (LWMS) will deliver weight management interventions in line with the ambitions of the national Diet & Healthy Weight Delivery Plan and the Framework for the Prevention, Early Identification and Early Treatment of Type 2 Diabetes as well as the National Minimum Standards for Tier 2 and Tier 3 Weight Management for CYP and Adults. The service offers an integrated approach to weight management with programmes at Tier 1 - Universal Healthy Lifestyles, Tier 2 Weight Management to Tier 3 Targeted Weight Management and also linking into Tier 4 Complex/surgical Obesity Management. The integrated approach supports long-term patient pathways within the various elements of the service and across settings and sectors. The service includes programmes within Diabetes, Clinical Adult, Clinical CYP, Community Adult and Community CYP Healthy Lifestyle & Weight Management as well as School/Nursery Healthy Lifestyle Education.	Roll out of digital Weigh to Go (community weight management) programme to support access to the programme. Launch of the LWMS self-referral portal to support access to community-based weight management options.	Implement new Patient Trackers (patient management systems) for the Diabetes, Clinical Weight Management and Community Weight Management elements of the service. Launch new digital data collection and reporting system via Turas. Launch new patient pathway for patients with within the Diabetes Service who are newly diagnosed with Pre-Diabetes to directly access clinical and/or community weight management.	Launch of Tier 3 digital Diabetes weight management option to support access to this intervention. Launch of live reviews of Turas and tracker data to review key info e.g. referral source, patient demographics etc. to analyse equity of access to the service and make changes as required.	Expansion of 3rd Sector community weight management provision for targeted geographical communities and under represented group. Roll out of enhanced referral pathways from Health visitor and School Nurse team BMI surveillance programmes to provide early access to suitable support for CYP and families.	Finance - Annual funding allocations not confirmed across the 5 weight management budgets that support the overall weight management service. Workforce - Staff absences (recruitment & retention) will impact of service levels.	Funding allocations are outwith the control of the service and are often not known until Q2 or Q3 within the financial year and impact on service delivery levels and forward planning, including staff recruitment & retention. Operational budgets (facilities, staff, digital programme access) within partner organisations have sufficient carry forward to allow a continuity of service until in year funds are available. Contingency plans are in place for internal NHSL staff to provide cover for absence at various stages in the patient journey but this may reduce patient flow and increase waiting times. The service has the ability to change the range of interventions available & relative capacity in different programmes, areas and settings to adapt to the skill mix of the staff cohort and commissioned intervention delivery capacity with partner organisations.	The likelihood of funding allocation issues cannot be reduced but the impact can be reduced. The weight management service offers a suite of different interventions in clinical, community and private sector settings with the ability to adjust the delivery capacity of different programmes and patient allocation to these programmes to maintain service delivery with uncertain funding allocation level and timescales. Staff support measures are in place to reduce the likelihood of staff absence. Contingency plans are in place to cover for staff absence & post vacancies, in order to maintain service levels where possible, including restructuring programme delivery staffing or diverting referrals to other areas of the service to ameliorate the impact of this. Where necessary, some groups, programmes or clinics may be run at reduced levels or stood down as a temporary measure but this may increase waiting times.

6. Health Inequalities	6.1	2023-Lan61	The Tobacco control programme in Lanarkshire will deliver actions in line with Tobacco Control strategy. It will focus on creating and supporting environments where children and young people choose not to smoke and don't see adults smoke; protecting children, adults and pets from second-hand smoke; helping people to stop smoking; demonstrating the importance of smoke-free actions at an individual, team, organisational and societal level. The programme aims to protect children's health, tackle inequalities and reduce the prevalence of smoking in Lanarkshire to 5% by 2034 across the population.	Ensure smoke-free policies, guidance and legislation are in place across NHS Lanarkshire including an updated Smoke-Free Policy; Monitoring, Improvement and Evaluation of tobacco control interventions including review of Stop Smoking Service performance compared with other territorial NHS boards in Scotland; Introduced the use of digital interventions e.g. Near Me; Engage and consult with communities regarding Tobacco Control issues.	Communications action plan which aims to use engaging methods in order to highlight tobacco control issues across Lanarkshire. Review Stop Smoking Service development and delivery in particular respond to recommendations from national review of Stop Smoking Services conducted by national expert group.	Work in partnership, collaboration and share resources with relevant organisations and departments for the development of Harm Reduction approaches and in partnership with Trading Standards to deliver a programme of work regarding availability and enforcement of Tobacco sales.	Development and implementation of education programmes to protect children from exposure to second-hand smoke; develop a workforce that is capable, competent and confident to raise the issues of tobacco control with individuals, groups and communities.	Finance – funding not yet agreed; Workforce – absence	Finance - funding not yet agreed risk/issue: Tobacco Control is funded via the yearly Effective Prevention Bundle which tends not to be confirmed until quarter two in any given planning year. This impacts on the ability to plan, resource programmes of work and leads to uncertainty for staff on short-term contracts due to the nature of the funding. Workforce - absence risk/issue: The tobacco control programme has a high absence rate this can lead to waiting lists and programmes of work being delayed.	Finance - funding not yet agreed control: Tobacco Control Programme has developed good partnership relationships with organisations which it commissions to support delivery of programmes, an understanding exists as to funding situation. Staff are given information with regards their rights to employment. Workforce - absence control: monitoring of process and performance, multi-disciplinary team, training and development opportunities.
6. Health Inequalities	6.2	2023-Lan62	Routes into substance misuse 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, funded by North Lanarkshire ADP. This includes two posts linked to the 2 custody centres based in North Lanarkshire.	Increase in engagement with people entering police custody where substance use is a factor.	Increased referrals and uptake of local treatment supports including recovery activities.	Improved pathways into treatment and recovery supports from police custody.	Reduction in the number of people returning to police custody where substances use is a factor.	Other - capacity within services to meet additional demand.	Capacity in service to support referrals in line with MAT standard 1 - same day access to prescribing, risk to destabilise existing drug and alcohol services.	More work required to understand the medic/prescribing resource available and part of the planned service review in 2023/24.
6. Health Inequalities	6.2	2023-Lan63	Improved routes from prison to community substance misuse treatment support via prison link workers.	Review the number of prison link workers required to meet demand across North Lanarkshire.	Maintain referrals and uptake of support for those leaving prison.	Increase the number of prison link workers in post in North Lanarkshire.	More people are supported and included in the planning of their treatment pre/post liberation from justice settings.	Workforce recruitment and procurement	Potential delays in recruitment and procurement process	Draw on other commissioned services to support including new assertive outreach service.
6. Health Inequalities	6.2	2023-Lan64	For 2023/24 the main focus of delivery for Prisoner Healthcare in Lanarkshire is against 3 specific Delivery Domains; a) Recommendations from 2022 HIS Inspection, b) The Outstanding actions from the 2022 NHSL Internal Service review c) MATS standards implementation. 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)	1. Senior Service Improvement manager recruited, in post and inducted. 2. Measurable advancement evident in the delivery of the 6 priority Recommendations from the 2022 HIS inspection. 3. Formal Improvement Plan in place to deliver all HIS recommendations and actions from NHSL service review, with mechanisms for reporting and direct feed into established Performance Review Process. 4. MATS standards to be included in Improvement Plan.	1. Measurable advancement and delivery of 6 priority HIS recommendations. 3. Measurable advancement in the delivery of the action plan from the NHSL service review from 2022. 3. Demonstrable evidence that MATS standards are being introduced. 4. Programme Board commenced.	1. Host return visit/inspection by HIS and report on delivery against 6 priority Recommendations. 2. Measurable advancement and delivery of 6 priority HIS recommendations. 3. Measurable advancement in the delivery of the action plan from the NHSL service review from 2022. 4. demonstrable evidence that MATS standards are being introduced. 5 Programme Board for justice related services with prison healthcare a central component now established	1. Measurable advancement and delivery of 6 priority HIS recommendations. 2. Measurable advancement in the delivery of the action plan from the NHSL service review from 2022. 3. Measurable evidence that MATS standards are being implemented. 4 Programme Board for justice related services with prison healthcare a central component now functional.	1. Workforce - Recruitment. 2. Workforce - Retention.	1. The main issue is recruitment and retention of nursing staff. This will be crucial to the delivery of most milestone aims throughout the year from shift coverage, to the management of Long Term Conditions to the need for a new workforce model. Prisoner healthcare is currently an unpopular career for nurses and work is ongoing (and will continue) to address this. 2. The second most concerning risk is the provision of GP services in a way that satisfies the staff support and patient safety concerns raised by HIS in the 2022 Inspection. The HSCP is currently working on the provision of a LES. One practice has expressed interest and we are presently enabling fact-finding and relationship building via a shadowing arrangement. Discussions have already started to consider alternative plans if the LES approach does not result in success.	1. Recruitment is ongoing with permanent advertising. We have created a programme of open-day recruitment events which will continue to occur in conjunction with SPS. We have made an application to STAC for Secure Environment Allowance to act as a financial incentive for staff to join/stay and a decision is expected on this in June 2023. The plan to review the workforce model is being used as an incentive to recruit, to ensure that job design and staff safety are central to the future service. 2. Following the creation of a specification for LES, we received only one note of interest from a Lanarkshire GP practice. Exercise now underway to enable the practice to undertake a fact finding process, establish understanding of the service and build relationships, via a shadowing/collaboration exercise. The outcome of this will be reviewed in June 2023. Associate Medical Director, Clinical lead and General Manager have begun work on alternatives if this proves unsuccessful. There is a safe model of care in place at present but the aim is for a more developed service to replace this.
6. Health Inequalities	6.2	2023-Lan65	Establish a project group 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.	Agree a project lead, ToR and project plan to review the model of healthcare delivery in Lanarkshire. Disseminate an action plan within Healthcare in Police Custody Operational group, with clear outcomes and timeframes in relation to the HIS/HMCIS report.	A project group will have been established and met to review models of delivery in police custody settings Custody in Healthcare. Custody in healthcare SOP's will be reviewed, updated and shared in response to the action plan.	An option appraisal process will be undertaken to consider the models of care that includes financial implications. Actions will have been achieved and implemented in collaboration with the Healthcare in Custody Operational Group.	A preferred model of care will have been identified and procurement process established to ensure transition of the contract by March 31st 2024. Actions will have been achieved and implemented in collaboration with healthcare in Custody Operational Group. Action plan will also have been shared via GM Mental health & LD service, North Lanarkshire Medical Director and onwards to key personnel in North Lanarkshire H&SCP.	There is a risk that the process of identifying a contractor to provide healthcare in custody is delayed due to the process being undertaken.	The current contract expires in March 2024. There is no provision to extend the current contract and if this process is delayed there will be a significant risk in terms of the provision of healthcare and Forensic testing.	Project lead and operational manager will have careful oversight of the process to ensure milestones are maintained.
6. Health Inequalities	6.3	2023-Lan66	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 through implementation of an Urgent Response model commencing individuals on MAT, 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.	MAT Standards 1, 2, 3 &-5 implemented within South Lanarkshire HSCP substance use and commissioned service provision evidenced by MIST rag rating of green. MAT Standards 1-5 are now in place for North Lanarkshire with Amber/Green status, this will move to fully embedded (green status) over the next 12 months as part of ongoing work with the Pan-Lanarkshire oversight group and the North fortnightly steering group in place.	Continue progressing the implementation of MAT Standards 4, 6, 8 & 10 evidenced by MIST Rag rating of green.	Progress work between mental health and substance user services to implementation of MAT Standard 9.	Full implementation and embedding of MAT Standards 1,2,3,4,5,6, 8, 9, 10	Other - workforce capacity Moderate risk regarding staff capacity to continue provision of MAT Standard 1.

Workforce recruitment - High risk regarding capacity within treatment services. | CAReS Urgent Response Model is staff by 3wte trainee Advanced Nurse Practitioners (ANP) who are also non-medical prescribers which is necessary to commence patient on MAT. Two further ANPs being recruited in the north to ensure additional cover for the Pan-Lanarkshire approach.

Moderate risk that an inability to recruit Recovery Support Workers within the Urgent Response Team will reduce capacity of the team to respond within specific timescales for commencement of MAT

Recruitment to vacancies within drug and alcohol services is challenging particularly to Band 5 level nursing posts and retention of Integrated Team Leaders. | Daily monitoring of number, source of referrals and activity of trainee ANPs by Project Lead to give oversight of demand and capacity within the team and to escalate any challenges and or potential for variance between capacity and demand on clinicians to enable early resolution.

2nd cohort of interviews planned and reasonable degree of optimism regarding ability to recruit to these posts

Establish and short life workforce group with operational, professional and clinical colleagues to scope out workforce required to implement a core substance use service model and specification in Lanarkshire that is future proofed and will enable sustainment of MAT Standards |
| Health inequalities | 6.3 | 2023-Lan67 | ART will support people to access Residential Rehab. This is supported through ADP development workers and staff at all grades and levels. Social workers within ART teams will conduct all rehab assessment. | Staff are trained to assess and support any requests for residential rehab. Social workers were provided 2 days training and separate process training. This was reviewed after 3 months and helped shape additional training for all staff. | There is a financial pathway in place to support access to residential rehab places including the ability to support any additional time based on clinical need. A multidisciplinary approach and SOP supports the process. | Improved interface between Adult & Children's services to support pathway via justice and Children & Family Teams accessing residential rehab | Access to Residential Rehab is fully implemented and staff are competent in supporting this. | Finance.

Workforce training, development and skills.

Procurement | Uncertainty over recurring funding from Scottish Government.

Staff do not feel competent to assess and recommend residential rehab.

Potential that if beds are purchased then patient choice is negated. | |
| Health inequalities | 6.3 | 2023-Lan68 | SL CAReS will support people to access Residential Rehab. | Following implementation of Cornfo. staff developed protocols using a collaborative approach to identify suitable candidates at risk through previous near fatal overdoses. Staff are trained to assess and support any requests for residential rehab. | There is a financial pathway in place to support access to residential rehab places including the ability to support any additional time based on clinical need. | Improved interface between Adult & Children's services to support pathway via justice and Children & Family Teams accessing residential rehab. | Access to Residential Rehab is fully implemented and staff are competent in supporting this. | Finance.

Workforce training, development and skills.

Procurement | Uncertainty over recurring funding from Scottish Government.

Staff do not feel competent to assess and recommend residential rehab.

Potential that if beds are purchased then patient choice is negated. | |
6. Health Inequalities	6.3	2023-Lan69	Improving pathways through a local MATSIN justice programme board to be established to consider MAT standards for the prison population.	Establish programme board, membership and terms of reference.	Review SOPs and procedures in place to support all routes/support available for those in justice settings.	Agree recommendations and actions to improve opportunities that exist to improve care and treatment pathways - including prison to rehab protocols/processes.	Better coordination and collaboration between service to support individuals.	Other - competing demands and ability for those who need to be involved to be able to attend group meetings.	Not able to achieve MATSIN priorities.	Agree high level priority across all partners including health and justice.
6. Health Inequalities	6.4	2023-Lan70	Establish baseline of NHS Lanarkshire against the actions outlined in the national women's health plan and develop a plan to build on current activity and address gaps identified.	Identify corporate lead for Women's health and identify key stakeholders to contribute to baseline mapping and action plan development.	Establish a Women's Health steering group, identify key stakeholders and governance arrangements. Undertake baseline mapping against actions in the national plan. Learn from best practice in other areas.	Draw on the finding of the baseline mapping to identify short, medium and long term actions to be taken forward. Learn from best practice in other areas.	Draw on the finding of the baseline mapping to identify short, medium and long term actions to be taken forward. Identify actions which require additional investment or capacity to deliver and escalate these to relevant Committees as appropriate.	Finance - Funding not yet agreed. Workforce - training, development and skills.	The national plan does not come with any additional resource thus any areas that require investment will need to be met within existing resources.	As far as possible actions will be embedded across existing plans and strategies in order to ensure a system wide approach.
6. Health Inequalities	6.5	2023-Lan71	Development and delivery of a strategic plan to	Delivery of an anchor stakeholder workshop to	Establish an NHSL anchor steering group,	Draft revised anchor action plan for each of the five	Development of a communications plan to	Finance - funding not yet agreed. Procurement.	There is limited capacity to lead and coordinate anchor activities and to embed anchor	Resource constraints will be identified as part of the review of the action plan and

Theme	Ref	Code	Description	Q1	Q2	Q3	Q4	Risk Category	Risk	Mitigation
			advance the role of NHS Lanarkshire as an anchor organisation.	review current baseline and action plan.	governance, and partnership arrangements with community planning partners.	anchor pillars and seek approval from NHSL Board.	support embedding the anchor concept across the organisation.		thinking in strategic planning. There is also limited resource within some areas to be able to commit to development work to support anchor ambitions. There are also legislative requirements for Procurement which may restrict scope for local investment.	opportunities to work with national partners on Once for Scotland approaches will be sought where possible. NHSL will look to learn from other areas with regards models of good practice that could be adopted.
6. Health Inequalities	6.6	2023-Lan72	Development of Community HUB to create a single point of contact for both staff and patients looking for transport for goods, services and patient transfers.	Review current transport usage and internal transport protocol to ensure needs of services and patients is being met	Review current transport usage and internal transport protocol to ensure needs of services and patients is being met	Work with Community Transport Glasgow and Scottish Government to review current setup and increase in population needs with possible expansion to cover 24/7 operational setup	Work with Community Transport Glasgow and Scottish Government to review current setup and increase in population needs with possible expansion to cover 24/7 operational setup	There is a risk that the implementation of a single point of contact cannot be created due to inability of CTG to work 24/7. Risk that SG do not work with NJHSL and other Health Boards to fund CTG to move to 24/7 working.	Risk that transport requests are not processed timeously therefore impacting on clinical services and patient outcomes.	NHSL Transport policy in place to ensure all transport requests are completed by competent authorised staff. Monthly review of transport activity and reporting structure to ensure NHSL Transport policy is adhered to.
6. Health Inequalities	6.6	2023-Lan73	Work with SAS partners to look at current service provision within NHSL and review needs of service. Scottish Ambulance Service Patient transport provided by Scottish Ambulance Service is a key element in the delivery of clinical services to the wider patient population. Scottish Ambulance Service have a commitment to provide appropriate transport for patients who meet their eligibility criteria, and we will ensure that there is appropriate parking and drop off facilities at our sites to enable Scottish Ambulance Service to continue this critical work.	Ongoing discussion with SAS on service developments and service needs. Agree SAS input to ensure appropriate transport is available to those who meet the SAS eligibility criteria.	Ongoing discussion with SAS on service developments and service needs. Agree SAS input to ensure appropriate transport is available to those who meet the SAS eligibility criteria.	Ongoing discussion with SAS on service developments and service needs. Agree SAS input to ensure appropriate transport is available to those who meet the SAS eligibility criteria.	Ongoing discussion with SAS on service developments and service needs. Agree SAS input to ensure appropriate transport is available to those who meet the SAS eligibility criteria.	Clinical - patient experience, service interruption Reputational	There is a risk that the review doesn't accurately capture demand and supply for SAS services in NHSL. This could result in demand outstripping supply and therefore patients who require the service not receiving it in a timely manner.	1. Ensure accurate demand data, including accounting for future demographic changes is used throughout the review. 2. Ensure data has been reviewed and quality assured by stakeholders.
6. Health Inequalities	6.6	2023-Lan74	We will 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.	Transport information will be available on a number of platforms. This will include: • NHS Lanarkshire public website, • Traveline Scotland website • Traveline Scotland smart phone apps, • Access to live information on public transport services at key hospital locations.	Transport information will be available on a number of platforms. This will include: • NHS Lanarkshire public website, • Traveline Scotland website • Traveline Scotland smart phone apps, • Access to live information on public transport services at key hospital locations.	Transport information will be available on a number of platforms. This will include: • NHS Lanarkshire public website, • Traveline Scotland website • Traveline Scotland smart phone apps, • Access to live information on public transport services at key hospital locations.	Transport information will be available on a number of platforms. This will include: • NHS Lanarkshire public website, • Traveline Scotland website • Traveline Scotland smart phone apps, • Access to live information on public transport services at key hospital locations.	Clinical - patient experience Staff - staff levels Environmental	There is a risk that communications on public transport do not reach all of the public and/or staff groups due to accessibility issues. This could result in less people using public transport.	1. Work with equalities and communications team to identify any gaps in communications plan and target any groups as necessary.
6. Health Inequalities	6.6	2023-Lan75	Implementation of 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.	Provide up to date accurate information on public transport availability to the caller via NHSL helpdesk/website	Improve the coordination and efficiency of transport for health and social care within Lanarkshire (NHS, third sector, commercial and local authority)	Identify and arrange alternative transport provision e.g. community transport, volunteer driver, local authority capacity		Staff- staff levels Business - financial	There is a risk that we don't fully understand the resource impact of the implementation of the integrated transport hub and the anticipated demand levels. This could result on extra demand on the helpdesk, or could result in increased demand in another service e.g. red cross	1. Conduct demand and capacity modelling for the integrated transport hub. 2. Develop FAQs for the website to reduce pressure on helpdesk. 3. Ensure transport providers are kept involved in the implementation and are aware of go live date to ensure their staff and ready.
6. Health Inequalities	6.6	2023-Lan76	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.	Undertake test of change in 1 x Acute and 1 x Primary Care site to restrict usage to staff and site users only.	Undertake test of change in 1 x Acute and 1 x Primary Care site to restrict usage to staff and site users only.	Evaluate Test of Change and look at outcomes and future roll our needs		Clinical - patient experience Staff - staff levels Environmental Reputational	There is a risk that staff and/or general public are not in agreement with the new parking policy. This could lead to an increase in complaints.	1. Conduct a stakeholder mapping process to ensure all views are captured. 2. Develop a communications and engagement plan to promote the positive impact and benefits of the new parking policy.
6. Health Inequalities	6.7	2023-Lan77	Undertake a baseline assessment of the Board's current activity against the key identified causes of Cancer Inequalities based on the Cancer Research UK Deprivation and Cancer Inequalities in Scotland report.	First draft of baseline assessment to be undertaken for review by the Detecting Cancer Early group. In-depth review of Health Improvement programmes around smoking and obesity.	Finalise baseline assessment			Workforce - staff time to complete exercise Info gov	There is a risk that workforce pressures impact on the ability to progress this development in a timely manner	Utilised existing Detecting Cancer Early group, prioritisation of project resource
6. Health Inequalities	6.7	2023-Lan78	Develop action plan on Cancer Inequalities for Lanarkshire. This will be a collaborative plan that will span the Health Board, HSCPs and tie into the two Community Planning Partnerships.			Complete action plan and seek approval through Population Health Committee	Collaborative activity on action plan across community planning partners	Workforce - staff time to complete exercise Info gov	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing recruitment and retention, staff welfare, prioritising new ways of working, prioritisation of new actions to determine highest impact and value for money
7. Innovation Adoption	7.1	2023-Lan79	Embed weekly clinic for Cytosponge expanding patient criteria to include Patients with Dysphagia	Deliver 62 appointments per Quarter	Deliver 62 appointments per Quarter	Deliver 62 appointments per Quarter	Deliver 62 appointments per Quarter	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
7. Innovation Adoption	7.1	2023-Lan80	Embed Colon Capture service.	Deliver 45 slots per Quarter	Deliver 45 slots per Quarter	Deliver 45 slots per Quarter	Deliver 45 slots per Quarter	Financial Workforce - Recruitment / Retention	There is a risk that workforce pressure in terms of both Recruitment and retention will continue within a range of professional groups including medical staffing and Peri-operative care. This would result in an inability to progress service improvement or short term increase in capacity.	Ongoing Recruitment and retention, Staff Welfare, Prioritise adoption of new ways of working / service redesign, Maximising external / Internal Capacity where possible, Review of all programmes to determine highest impact and value for money,
8. Workforce	8.1	2023-Lan81	Support all patient-facing Boards to implement the delivery of eRostering across all workforce groups. (ADP Guidance Pg 31): eRostering Project Funding agreed at March 2023 Board meeting. NHSL eRostering implementation is a 2 year project May 2023 - May 2025.	First intake of Project Team currently in the process of being recruited, with project commencing 9th May 2023: • 1 WTE Service Delivery Manager • 1 WTE eRostering Medical Lead • 2 WTE Analysts • 1 WTE Administrator	Second intake of Project Team scheduled for September 2023: • 1 WTE Senior Analyst - eRostering • 1 WTE Analyst • 4 WTE Administrators	Third intake of Project Team scheduled for December 2023: • 1 WTE Senior Analyst -Reporting • 3 WTE Administrators	In Month 9 of Year 1 – around January 2024 – a review of the progress of the project implementation will be undertaken. Final intake of project team in March 2024 if required following month 9 review which will: • Assess the benefits being realised by the implementation of the project within the early adopter areas (e.g. Acute). • Assess if the fourth and final intake of the project team is necessary to ensure completion of project implementation within the two-year time frame. • Assess a potential Business as Usual model for implementing from May 2025 onwards.	• Workforce - Recruitment • Workforce - Training, Development and Skills	• Workforce - Recruitment: Inability to fill Project Team roles is a potential risk that may impact success of eRostering implementation. • Workforce - Training, Development and Skills: Training needs for Project Team to develop into roles. Securing adequate backfill may post a potential risk if existing staff members are recruited to Project Team roles.	• Phased Recruitment Approach to establishing Project Team. • This approach lends itself to ensure staff joining Project Team will have sufficient time for training and development in new role.
8. Workforce	8.2	2023-Lan82	Reduce sickness absence rate.	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.				• Workforce - Absence • Workforce - Wellbeing	Short notice sickness absence results in staffing gaps which may require to be backfilled with supplementary staffing which therefore creates a cost pressure in addition to broader efficiency of using non substantive staff.	• Promoting/increasing awareness of/implementing Staff Health and Wellbeing Strategy. • Resilience and Wellbeing in the workplace sessions. • Monitoring sickness absence rate, applying the attendance management policy, focusing on those on long term sickness and those on frequent short term sickness episodes and supporting staff to return to work.
8. Workforce	8.3	2023-Lan83	Increase international recruitment rate.	The next cohort of international recruits will arrive late April 2023 with a further cohort arriving in June 2023.	Further cohort of international recruits due to arrive in July 2023.	We have yet to inform the number of international arrivals within Q3 and Q4 however the intention is to maintain or increase the level of international recruitment.	We have yet to inform the number of international arrivals within Q3 and Q4 however the intention is to maintain or increase the level of international recruitment.	• Finance - Non-recurrent funding • Estates • Workforce - Training, Development and Skills	Accommodation limitations and practice development support as roles are fixed term until March 2024 only.	Exploring ways of identifying a permanent funding source for international recruitment and working with estates colleagues to identify accommodation which could be used on an ongoing basis.

Theme		Ref	ID	Description	Update	Column A	Column B	Column C	Risk Type	Risk	Mitigation
8. Workforce		8.4	2023-Lan84	Implementation of NHSL's Widening Access and Employability Strategy	An Anchor Employability Steering Group is being established to oversee delivery of the strategy, with inaugural meeting scheduled for April 2023.	The group have now met and reviewed Draft TOR, which sets out the following aims of the employability steering group to deliver NHSL's Widening Access & Employability Strategy: • Provide leadership for the implementation and ongoing development of the employability ambitions of the Anchor Organisation Employer Pillar. • Act as a steering group for the development and implementation of North Lanarkshire Health & Social Care Partnership, South Lanarkshire Health & Social Care Partnership and NHS Lanarkshire Employer joint ambitions. • Contribute to reducing inequalities across Lanarkshire's population • Ensure preventative workforce planning and future skills agenda is being fulfilled including linking with the Volunteering Strategy.	Will be developed in Q2 as the group matures.	Will be developed in Q2 as the group matures.	• Finance - Non-recurrent funding	Funding for HR Employability hub is a risk to continued delivery of employability programmes as only secured for 2 years.	If the strategy and dedicated resource are a success for NHSL in widening access, we will aim to identify a recurring source of funding to maintain the programme going forward.
8. Workforce		8.5	2023-Lan85	Reduce vacancy rate for registered Nursing/Midwifery staff.	Target to reach and maintain 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				• Workforce - Retention • Workforce - Wellbeing	NHSL continues to see higher rates of turnover, compared to previous years which further impacts on vacancy levels, and increased supplementary staffing usage.	• Retire and Return Policy • Ongoing recruitment campaigns • Acute sites hosting recruitment open days • Making use of supplementary staffing to fill gaps in the short term.
8. Workforce		8.6	2023-Lan86	Following completion of first Self-Assessment template return for health care staffing act readiness in April 2023, work will commence to develop plan to reach full green status for readiness by April 2024.	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.				• Finance - Non-recurrent funding • Other - Engagement from workforce due to service and/or staffing pressures.	Engagement from workforce due to service and/or staffing pressures, and Funding for Health and Care Staffing team which is available until 2024 at present.	Progress Oversight Board established to ensure NHSL's preparedness for enactment of legislation and compliance, ensuring completion of self assessment template and completions are fully supported by clinical and management representation across the board.
8. Workforce		8.7	2023-Lan87	Deliverable in 2022/23 was to deliver an outline business case for MRP which provides value for money and a hospital for the future. In 2023/24 work will commence towards Full Business Case, anticipated timescales for which are end of 2024.	Following agreement of the revised process for FBC workforce planning, a face to face engagement event has been scheduled for 19th 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.	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.			• Finance - Funding not yet agreed • Workforce - Recruitment • Workforce - Training, Development and Skills	Workforce Availability (Very High) and Workforce Affordability (High) risk are included on MRP Risk Register.	Both Workforce related risks on MRP risk register continue to be routinely reviewed and monitored through MRP Risk Workshops in line with NHSL Risk Management Policy, with accompanying action plan for workforce availability risk.
8. Workforce		8.8	2023-Lan88	Monitor and review actions published in the three-year workforce plan, via 6 monthly updates to Staff Governance Committee.	Progress update on action plan including indicative timescales and risks affecting delivery of actions to go to Staff Governance Committee (SGC) meeting in June 2023.	In the preceding quarter to Staff Governance Committee (SGC) update, the action plan will be reviewed by NHSL Workforce Planning Group.	Progress update on action plan including indicative timescales and risks affecting delivery of actions to go to Staff Governance Committee (SGC) meeting in December 2023.	In the preceding quarter to Staff Governance Committee (SGC) update, the action plan will be reviewed by NHSL Workforce Planning Group.	• Finance - Non-recurrent funding • Finance - Funding not yet agreed • Workforce - Recruitment • Workforce - Training, Development and Skills	Risks affecting delivery of actions within action plan include inability to progress action due to lack of resource/funding, or the inability to recruit to particular roles. Non-recurring funding may also be a risk affecting delivery of actions for areas that are implementing tests of change in response to workforce challenges, and this therefore limits their ability to implement changes to service sustainably.	Ongoing monitoring and review of action plan via NHSL Workforce Planning Group and 6 monthly updates to Staff Governance Committee (SGC).
9. Digital		9.1	2023-Lan89	Maximise use and increase benefits of the Microsoft 365 product. NHS Lanarkshire is aiming to safely introduce new products and functionality available with M365. There is a significant organisational change management element to this programme	Programme Board established for phase 2 activities	High level implementation plan agreed. This will look at the priority of delivery for products such as OneDrive, Sharepoint Online, Power Apps and enhanced security features.	enhanced security products introduced	Implementation of agreed priority products underway with agreed timeframes for the introduction of each.	1.Workforce - training development and skills. 2 Finance - Funding not yet agreed. 3. Support. 4. Information Governance	1. There is risk NHSL does not sufficient technical skills to support a wide scale deployment of advanced M365 products. 2. There are issues with use of a number of M365 products and the licenses types available to staff. 3. There are significant risks trying to support the introduction of Power Apps to the enterprise in an uncontrolled manner, this could impact clinical care. 4. There is a risk that information governance breaches will occur with introduction of M365 functionality	1. Local support team has been recruited, training and support being provided. 2. Discussions are ongoing with national team about product and license correlation. 3. NHSL are agreeing a local support model which will be approved by the programme board. 4. NHSL Information Governance and M365 team will work together to create policy and guidance for the use of M365 products
9. Digital		9.2	2023-Lan90	High level plans for the adoption/implementation of the national digital programmes. NHSL is creating a Operational Delivery Plan to support its new Strategic Digital Plan. This delivery plan includes all the local projects that support the adoption of the national digital programmes	1. Formal sign off of the NHSL Digital Delivery plan by the board. 2. HEPMA deployed to inpatient areas in Acute and Community Hospitals. 3. Membership of PACS Re-provisioning Programme Board to confirm preferred Bidder. 4. Conducted interface testing of new CHI. 5. Maintain engagement with Child Health programme. 6. Spring/Summer Vaccination programme underway. 7. Commence GP IT migration.	1. eRostering project commenced. 2. Review of Outpatients and Paediatrics for possible HEPMA implementation. 3. Trakcare implementation for adhoc and complex immunisation clinics. 4. Extension of VMT use to support School Flu immunisations	1. Implementation of National CHI. 2. All GP Practices migrated to cloud. 3. Autumn/Winter Vaccination Programme underway.	1. Adoption of Endoscopy reporting System as first Board after pilot sites. 2. New GP IT Appointments functionality introduced	1. Finance - Funding not yet agreed. 2. Supplier - Delays	1. there is a risk that NHSL will have challenges securing sufficient resources in local business cases to support national programmes. 2.There is a risk that suppliers delivery causes delays in adoption of national programmes.	1. Business Cases will created and submitted for local approval with appropriate staffing resources included. 2. NHS Lanarkshire will work with suppliers and NSS to mitigate where possible this risk. However, some programmes such as GP IT this is already an issue.
9. Digital		9.2	2023-Lan91	Connect Me: 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.	1. All Lanarkshire GP practices will be transferred from Florence BP pathway to inhealthcare BP pathway. 2. Inhealthcare BP pathway training and support provided for all GP practices. 3. Testing of asthma primary care, COPD primary care long term conditions and virtual inhealthcare pathways fully tested in TEC team sandpit. 4. Implementation of rheumatology OT waiting list Florence pathway. 5. On-going training and support for all NHSL services and teams using Connect Me.	1. Florence and inhealthcare BP pathways will run parallel until the end of September 2023. Ongoing support provided to all GP practices. 2. Begin implementation of asthma, COPD and long term conditions pathway in primary care. 3. Support new community respiratory team to implement COPD pathway. 4. Test prostate cancer, chronic pain, mental health monitoring and IBD pathways in sandpit environment. 5. On-going training and support for all NHSL services and teams using Connect Me. 6. TEC team to be involved in the development and testing of all new pathways.	1. On-going support provided to all GP practices for range of Connect Me primary care pathways used. 2. On-going COPD pathway support for community respiratory team. 3. Implement prostate cancer, mental health monitoring, chronic pain and IBD pathways. 4. Evaluate Florence rheumatology OT pathway with view to developing national inhealthcare pathway proposal. 5. On-going training and support for all NHSL services and teams using Connect Me. 6. TEC team to be involved in the development and testing of all new pathways.	1. On-going support provided to all GP practices for range of Connect Me primary care pathways used. 2. On-going COPD pathway support for community respiratory team. 3. Test and implement new pathways. 4. On-going training and support for all NHSL services and teams using Connect Me. 5. TEC team to be involved in the development and testing of all new pathways. 6. Remove all inactive patients from Florence.	Issues Workforce - training, development and skills	Issues 1. The adoption of remote health monitoring is predominantly down to clinician choice rather than a standard option for patients. 2. Wide variations in workforce digital skills, confidence and ability. 3. Lack of confidence in workforce having confident conversations about technology with patients/families/carers	1. On-going training, support and education 2. TEC team will deliver monthly 3 part technology enabled training on MS Teams from June 2023: telecare, telehealth, consumer technology 3. TEC updates in staff briefings 4. Demo visits at Blantyre LIFE TEC zone 5. Adhoc training as required 6. Attend wide range of community events

			Description					Category	Risks/Challenges	Mitigation
9. Digital	9.2	2023-Lan92	Near Me: 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.	1. Complete scoping of services in other boards which have high usage of Near Me. 2. Identify 2 large NHSL services to work with to understand benefits, barriers and implementation of best practice using Near Me. 3. Support community organisations to set up 5 Near Me Near You hubs in Lanarkshire. 4. Complete scoping of developing Near Me Near You in leisure facilities in South Lanarkshire. 5. Completed scoping with national team and NLC colleagues of national test of change in Near Me Near You in a North Lanarkshire library. 6. Complete evaluation of Lanarkshire Near Me end of patient consultation surveys. 7. Near Me psychology video will be completed. 8. On-going account and waiting area management; training and support for staff and services	1. Continue working with 2 large NHSL services to work with to understand benefits, barriers and implementation of best practice using Near Me. 2. Support community organisations to set up 5 Near Me Near You hubs in Lanarkshire. 3. Support test of change of Near Me Near You in leisure facilities in South Lanarkshire. 4. Support test of change in Near Me Near You in a North Lanarkshire library. 5. Publicise and circulate Near Me psychology video. 6. On-going account and waiting area management; training and support for staff and services.	1. Continue working with 2 large NHSL services to work with to understand benefits, barriers and implementation of best practice using Near Me and begin service evaluation. 2. Support community organisations to set up 5 Near Me Near You hubs in Lanarkshire. 3. Evaluate test of change of Near Me Near You in leisure facilities in South Lanarkshire. 4. Support evaluation of test of change in Near Me Near You in a North Lanarkshire library. 5. Complete evaluation of Lanarkshire Near Me end of patient consultation surveys. 6. On-going account and waiting area management; training and support for staff and services.	1. Complete evaluation of 2 large NHSL services using Near Me, share lessons learned and identify services to roll out approach to. 2. Support community organisations to set up 5 Near Me Near You hubs in Lanarkshire. 3. Scale up Near Me Near You in leisure facilities in South Lanarkshire. 4. Scale up Near Me Near You in libraries across Lanarkshire. 5. On-going account and waiting area management; training and support for staff and services.	Workforce - training, development and skills	1. Use of Near Me is predominantly clinician choice 2. Wi-Fi connectivity is poor in some buildings 3. Lack of suitable space and devices 4. Variable workforce digital skills, abilities and confidence	1. On-going training, support and education 2. TEC team will deliver monthly 3 part technology enabled training on MS Teams from June 2023: telecare, telehealth, consumer technology 3. TEC updates in staff briefings 4. Demo visits at Blantyre LIFE TEC zone 5. Adhoc training as required 6. Attend wide range of community events
9. Digital	9.3	2023-Lan93	NHSL will complete an Organisational Digital Maturity Assessment Exercise issued in April 2023.	Completion of the maturity assessment as required by 2nd June 2023.				Other	As raised by other Boards throughout the process; timings set to complete the digital maturity assessment are very tight (one month following achieving access to maturity portal) given requirement to co-ordinate across so many services and stakeholders at short notice.	Appointed maturity assessment lead and coordinator (x2).
9. Digital	9.4	2023-Lan94	NHSL will ensure that digital leaders receive support and learning to optimise use of digital & data technologies in the delivery of healthcare services. We commit to develop and maintain digital skills across the whole workforce, including for candidates accepted on to the Digital Health and Care Transformational Leaders master's Programme, Digital Champions Development Programme and Introduction to Service Design provided by the Scottish Digital Academy.	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. This will consist of a key role case study, to support creation of our new Digitally Enabled Care (DEC) network and support for emerging digital leaders. Creation of a growing library of digital success stories will facilitate share of learning across the organisation in addition to introduction of new collaboration methods for 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.	Approval and publication of 2023-28 Operational Delivery Plan to outline support and learning options for staff.	Repositioned digital team and a refreshed communications drive to improve collaboration and co-creation with services and promote publication of the 2023-28 Operational Delivery Plan with key stakeholders.	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 toolkit 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. Phase 2 of our work to ensure digital equality across all programmes will involve provision of orientation information for the wider digital team, to understand matters of digital equality as outlined in the EQIA associated with the 2023-28 Digital plan. This information will be contained within a new digital toolkit.	None	N/A	Dedicated project manager appointed to oversee coordination and creation of the 2023/24 Operational Delivery Plan and associated actions in 2023.
9. Digital	9.5	2023-Lan95	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.	• Begin evidence gathering using evidence template document • Begin using compliance self-assessment tool • 22 May 23 - NIS PSCRF Kick-off Meeting with eHealth management team (HoFs and Director of Information and Digital Technology) • 31 May 23 - On-site Audit at main data centre, University Hospital Hairmyres	• Continue evidence gathering using evidence template document • Continue using compliance self-assessment tool • Perform gap analysis based on above • Address gaps based on priority • 13 June 23 - Checkpoint meeting with Digital Services Managers • 4 July 23 - Checkpoint meeting with Digital Services Managers • 8 Aug 23 - Checkpoint meeting with Digital Services Managers • 12 Sept 23 - Checkpoint meeting with Digital Services Managers	• Oct 23 - Complete evidence gathering using evidence template document • Oct 23 - Complete compliance self-assessment tool • 10 Oct 23 - Final checkpoint meeting with Digital Services Managers • 23 Oct 23 - Submission Deadline • 30 Nov 23 - Staff Meeting (remote) • w/c 4 Dec 23 - Interim Report due • 13 Dec 23 - NIS Management Meeting (remote) • w/c 18 Dec 23 - Final Report due	• Jan 24 - Review report and begin planning for follow-up review audit	Other	1. As this is the first year of the 3 year term for NIS audits, this is a full audit with evidence required to be collated for 427 controls. 2. A wealth of evidence exists within the board from previous audits, however the order of the PSCRF has changed significantly so this is slowing down the process as each control needs reviewed on its own merit. 3. As much of the evidence gathering process needs completed before a gap exercise begins, this process may mean that there will be limited time to complete the gap analysis and proceed with prioritising specific pieces of work to complete evidence for these controls.	1. A series of check point meetings are arranged over the months of June 23 - Oct 23 with the submission deadline of 23rd Oct 23 and the audit meeting with the auditors planned for 30th Nov 23.
10. Climate	10.1	2023-Lan96,	Increase proportion of EV vehicles within the Light Commercial Fleet through: - 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.	74% (52) of our Light Commercial Fleet with be EV	84% (59) of our Light Commercial Fleet with be EV	84% (59) of our Light Commercial Fleet with be EV	84% (59) of our Light Commercial Fleet with be EV	Finance Other	- Global supply chain for the automotive industry remains very problematic and sees no sign of changing in the near future - The price of commercial electric vehicles is more expensive and will be a financial challenge for more specialised vehicles which will require to transition next year - For HGVs, there are no suitable vehicles available that deliver the operational capability required. Depts. will go back out to tender this year for diesel vehicles for a lease terms of 3-5 years, and until other alternatives are available which allow us to meet the 2032 target. - Transport Scotland have revised criteria which saw no bids being accepted for vehicles and revised bids for infrastructure requested - Cost of EV replacements currently higher meaning a significant additional contribution is required from the Board to wholly fund the remaining transition of the commercial fleet. - Repair Chain Networks that support the fleet have been significantly impacted by the Pandemic, seeing many parting ways with manufacturers due to financial pressure, bringing a negative impact on upkeep and maintenance of the fleet, to ensure business continuity.	- Effective planning is key to managing these risks, to ensure a clear picture of the potential financial impact is visible to the Board if seeking to build on the work already undertaken, and attain the Scottish Government Targets. - Engagement with Scottish Government around the direction of funding for forthcoming years is essential, to enable this planning to be undertaken. - The decarbonisation of the commercial fleet is a standing agenda item on the NHSS Transport and Travel Planning Group where representatives from Scottish Government regularly attend to discuss this topic, and provide relevant updates.
10. Climate	10.2	2023-Lan97	Continue work to ensure delivery of the 2025 targets for waste reduction as follows: 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	2025 Targets already achieved for Domestic, landfill and food waste	Continue to monitor to ensure improvement sustained	Continue to monitor to ensure improvement sustained	Continue to monitor to ensure improvement sustained	Other	Non Compliance Space to facilitate appropriate segregation at source Failure of staff and clinical teams to engage with programme	- Effective planning - Engagement with Site Management Teams - Staff Communications - Audit programme
10. Climate	10.2	2023-Lan98	Establish workstream as part of the Strategy Delivery Programme including: Identification of lead Identify objectives/deliverables for the current year Project plan in place	Objectives for reduced clinical waste identified for 23/24	Progress towards reduction trajectory (tbc)	Progress towards reduction trajectory (tbc)	Progress towards reduction trajectory (tbc)	Other	Non Compliance Space to facilitate appropriate segregation at source Failure of staff and clinical teams to engage with programme	- Effective planning - Engagement with Site Management Teams - Staff Communications - Audit programme

Category	#	Ref	Description	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Lead	Risks	Mitigation
10. Climate	10.3	2023-Lan99	Desflorane no longer in use within NHSL. Focus for 23/24 is Nitrous Oxide manifold decommissioning across the 3 acute hospitals	Manifolds decommissioned on 2 sites	Manifolds decommissioned on 3 sites - process complete			Estates\nOther	Capacity of Estates team to undertake work\nContinued use of piped Nitros oxide by some anaesthetists	- Programme work as part of ongoing asset management\n- Engagement with Site Management and Theatre Clinical leads\n- Communications
10. Climate	10.4	2023-Lan100	Formalisation of a clinical workstream as part of the Strategy delivery programme which includes a focus on implementation of the Green Theatre Bundle across the 3 sites. This will involve:\nAgreeing objectives and workplan for forthcoming year\nEngaging with facilities teams to develop programme of work\nDevelopment of any required business cases to secure funding for work	Objectives and programme for the year identified for 23/24\nNitros oxide decommissioning (see 10.3)\nWaste Segregation (see 10.2)	tbc on sign off of in year objectives			Finance\nEstates\nOther	Annual Capital plan oversubscribed\nCapacity of Estates team to undertake all identified work\nFailure of staff and clinical teams to engage with programme	- Early identification and preparation of BC to support bids for capital\n-Identify where spend to save delivers an organisational benefit\n- Programme work as part of ongoing asset management\n- Engagement with Site Management and Theatre Clinical leads\n- Communications
10. Climate	10.5	2023-Lan101	Routemap to net zero finalised\nPSU support secured via the NDE framework\nBusiness case development to bid for GPSEDs grant funding to begin programme of transition\nEnergy improvements across identified sites\nIncrease renewable sources of energy	Review of routemap to net zero concluded and opportunities for capital developments identified\nBusiness case bids prepared and submitted for GPSEDs funding	Funding secured and procurement of contractors underway	Capital works on going	Capital works on-going	Finance\nEstates\nOther	Lack of revenue funding to support bids and provide ongoing PM oversight for bigger projects\nEstates and maintenances teams currently working beyond capacity\nLimitations and restrictions to applications for grant funding (e.g. no bids for PFIs)	Focus bids on non PFI estate\nEarly engagement of estates teams as part of planning and work programming\nLimit bids to what is manageable within existing team capacity
10. Climate	10.6	2023-Lan102	Agreement of approach and plan developed to implement the Scottish Quality Respiratory Prescribing guide .	Objectives and programme for the year identified for 23/24	TBC on sign off of in year objectives					
10. Climate	10.7	2023-Lan103	Identify resource to carry out a scoping exercise of the RIO EMS system currently in use in NHSL to identify functionality and potential of system if more widely populated with relevant data.\nIdentify resource needed to populate and maintain system going forward	Initial training arranged	Scoping with recommendations	Scoping with recommendations	Scoping with recommendations	Finance\nOther	No additional funding to support development and maintenance of an EMS system within the Board\nExisting BMS systems are out of date and do not provide optimal information\nInternal S&E resource is extremely limited	BMS upgrade considered as part of energy efficiency workstream\nPrioritisation of workload of S&E officer to free up capacity to carry out review\nConsider any invest to save opportunities having a fully functional system will deliver (vs the BMS)
1. Primary and Community Care	1.7	2023-Lan104	Approx 700 patients have been identified to be bulk discharged from 2o care to the community optometry service in first two quarters of 2023/24. Thereafter approximately 15 patients a month would come into the community.	Commence migration of glaucoma patients tradioanlly managed in 2o care to 1o care	Identify any issues and address same at same time as continuing to support transfer of care	Seek to transfer 45 patients from 2o to 1o care	Seek to transfer 45 patients from 2o to 1o care	Ongoing availability of staffing and associated capacity in community settings.	Availability of sufficient staff and funding to support increased flow from 2o to 1o care	Ongoing reporting to respective governance committees
1. Primary and Community Care	1.8	2023-Lan105	NHS Lanarkshire currently makes available IPC support across primary care settings	Continue to provide IPC support	Continue to provide IPC support	Continue to provide IPC support	Continue to provide IPC support	Workforce	Ongoing availability of resources and staffing	Ongoing reporting to respective governance committees