

SPECIAL BOARD MEETING



DATE: WEDNESDAY 11 MAY 2016

TIME: 9:30 A.M.

VENUE: BOARDROOM, WAVERLEY GATE, 2-4 WATERLOO PLACE, EDINBURGH EH1 3EG

Members are reminded that they should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. It is also a member's duty under the Code of Conduct to ensure that any changes in circumstances are reported to the Corporate Services Manager within one month of them changing.

AGENDA

**Agenda
Item**

**Lead
Member**

Apologies for Absence

1. NHS Lothian Local Delivery Plan for 2016/17 **AMcM ***
2. Next Board Meeting: Wednesday 22 June 2016 at 9:30 a.m. in the Boardroom, Waverley Gate.

Board Meetings in 2016

22 June 2016*
3 August 2016
5 October 2016
7 December 2016

Development Sessions in 2016

20 July 2016
7 September 2016
2 November 2016

* Annual Accounts

* = paper attached # = to follow v = verbal report p = presentation ® = restricted

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Board Meeting
11 May 2016

Interim Nurse Director
Director of Strategic Planning, REAS and Prison Healthcare

SUMMARY PAPER – LOCAL DELIVERY PLAN 2016-17

This paper aims to summarise the key points in the full paper.

The relevant paragraph in the full paper is referenced against each point.

<ul style="list-style-type: none">• The Board is recommended to approve the final draft Local Delivery Plan (LDP) 2016-17 for submission to the Scottish Government by 31 May 2016	2.1
<ul style="list-style-type: none">• The Board agrees there will be no distinct 2016-17 Corporate Objectives as the key objectives for 2016-17 are outlined in the LDP. Performance associated with the 2016-17 LDP will be monitored through Board committees	2.2
<ul style="list-style-type: none">• The 2016-17 LDP financial plan assumes delivery of £27.4m efficiency savings and is presented with a recurring financial gap of £20.9m.	2.4 & 8.1
<ul style="list-style-type: none">• An earlier draft of the LDP has been submitted to the Scottish Government for comment in March 2016. Feedback has been incorporated in the final draft of the LDP.	3.3
<ul style="list-style-type: none">• Key risks associated with delivery of the 2016-17 LDP have been identified.	4.1

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NHS Lothian

Board Meeting
11 May 2015

Interim Nurse Director
Director of Strategic Planning, REAS and Prison Healthcare

LOCAL DELIVERY PLAN 2016-17

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Board approve the Local Delivery Plan (LDP) 2016-17 outlined in Appendix 1. The 2016-17 LDP is required to be submitted to the Scottish Government by 31 May 2016.

Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 The Board is asked to approve the 2016-17 LPD for submission to the Scottish Government on or around 31 May 2016.

- 2.2 The Board agrees that there will be no distinct 2016-17 Corporate Objectives. The key objectives to be delivered during 2016-17 are outlined within the LDP. Performance associated with the 2016-17 LDP will be monitored by the Board committees, in line with an earlier decision to give committees an increased role in performance management.

- 2.3 Note the LDP will continue to be the contract between the Scottish Government and NHS Lothian. Scottish Government policy and financial leads have been involved in the final version of the LDP as attached through requests for changes or additions to be made. See section 3.3. below.

- 2.4 Agree to the submission of the 2016-17 LDP without a balanced budget. The financial gap to achieving a balanced budget is £20.9m. See section 8.1 below.

- 2.5 Any further amendments to the LDP should be agreed through the Chairman and Chief Executive.

3 Discussion of Key Issues

- 3.1 The Scottish Government has reaffirmed its commitment to the 2020 Vision with a key target to increase healthy life expectancy. The Scottish Government 2016-17 LDP guidance sets out 9 improvement priorities (detailed below) and asks that NHS Board LDPs outline how plans and services will support delivery of these priorities.
- Health inequalities and prevention
 - Antenatal and early years
 - Safe care
 - Person- Centred
 - Primary Care

- Integration
- Scheduled Care
- Unscheduled Care
- Mental Health

3.2 In addition to the 9 improvement priorities, the LDP also outlines how NHS Lothian will support:

- LDP Standards (previously HEAT standards and targets)
- Financial Planning
- Workforce
- Community Planning

3.3 An early draft of the 2016-17 LDP was submitted to the Scottish Government in mid March 2016 for review and comment. The feedback outlined below was received and the 2016-17 LDP amended to address these comments.

- Health inequalities and prevention – inclusion of details as to how NHS Lothian is supporting drug and alcohol prevention work.
- Antenatal and early years - very comprehensive and recognition of the issues faced with Health Visitor recruitment but noted a plan was in place to support recruitment
- Safe care - the section is detailed and sets out a number of interesting and well-thought out priorities for improvement for 2016-17. With regard to HAI, welcome the efforts the Board have made to reduce rates of C.difficile and SABs for 2015/16, however note from the rolling year ending figures supplied by Health Protection Scotland (July-September 2015) that the Board is currently not on track to meet the SAB and C.difficile Standards. It is helpful that the Board have included measures and interventions to further reduce SAB and C.difficile to meet the Standard for 2016-17.
- Person- Centred - interested to read of the work underway to improve the Board's processes around feedback and complaints, to align 'Tell us Ten Things' with the five 'must do with me' principles of care, and to implement House of Care in Lothian. Particularly pleased with the information provided on Palliative and End of Life Care as it clearly sets out the range of activities relating to this important area of work.
- Primary Care - observe the Board is experiencing funding difficulties in progressing primary care development plans to stages 2 and 3 and would like to find out what the NHS Lothian and IJBs are planning to do about the financial problems other than looking at the primary care transformation fund to address them. Also we understand that the Scottish Government provided £500k to NHS Lothian in the last financial year and that this was for some of the deliverables they have bullet pointed including Phlebotomy, therefore it would be good to know what this enabled the board to take forward.

- Access – request for an update of the 2015-16 8 general practice access pilots.
 - Optometry – request for timescales for the roll out of LEHN scheme across Lothian.
 - Scottish Ambulance Service (SAS) – request for plans relating to work with SAS on scheduled and unscheduled care
 - Out of Hours Service (OHH) – pleased to not a wide number of on-going initiatives to address OHH cover and recommendations associated with Sir Lewis Ritchie’s review of OHH services. Wished to see clarify relating to NHS Lothian funding to support the elderly living in the community
 - NHS 24 - sought details relating to work with NHS 24 in relation to scheduled and unscheduled care and clarity relating to a joint review with NHS 24, SAS of clinical triage processes, pathways and dispositions
 - Primary Care Telehealth – request for further details and timescales for the development of video conferencing in care homes
- Workforce – request for further details on immediate actions being taking to mitigate issues relating to a safe and sustainable medical rota for paediatric and neonatal services and to clarify the timescales for delivery of a sustainable service.
 - Mental Health – request for details relating to the utilisation of the Scottish Government funding allocation relating to support capacity building within CAMHS and Psychological Therapy Services. At the current time, investment proposals have not been sign off by the A12 Programme Board nor IJB Chief Officers
 - Integration - evidence NHS Lothian is reflecting on major service changes and workforce challenges associated with Health and Social Care Integration and evidence governance and relationships between NHS Lothian and the Health and Social Care Partnerships to ensure processes are in place relating to delivery of performance measures and LDP standards where appropriate
 - No feedback has been received on the sections relating to scheduled and unscheduled care, LDP Standards and community planning
 - In addition to the feedback above, the Chief Executive and Directors continue to have regular meetings with Scottish Government officials to discuss the 2016-17 financial plan and performance delivery.

4 Key Risks

- 4.1 The 2016-17 LDP highlights a challenging year for NHS Lothian. A risk schedule highlighting the key assumptions and risks associated with the LDP 2016-17 have been outlined as:

- Very High Risk – Bed Reductions, Income Assumptions, Social Care Investment, SMC restrictions
- High Risk – Efficiency Programme, Scheduled Care, Unscheduled Care, Delayed Discharge, IPTR Process, New High Cost Drugs, SGHD Allocation Reductions, Capital Programme, Equal Pay
- Medium Risk – GP Prescribing and growth in Acute Medicines, Property Sales

5 Risk Register

- 5.1 Responsible Directors are asked to ensure risks associated with targets and plans are clearly identified on the Risk Register and risks are escalated to the Corporate Risk Register as appropriate.

6 Impact on Inequality, Including Health Inequalities

- 6.1 Responsible directors and management teams supporting strategy development and service redesign outlined within the 2016-17 LDP should ensure an Equality and Diversity Impact Assessment is undertaken.

7 Involving People

- 7.1 NHS Lothian Directors, IJB Chief Officers and their teams have supported the development of the 2016-17 LDP.

8 Resource Implications

- 8.1 The current assessment of the 2016-17 LDP financial plan shows a recurring gap of £20.9m. The financial plan assumes an in year delivery from efficiency savings via the Local Reinvestment Programme (LRP) of £27.4m.

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List of Appendices

Appendix 1: Local Delivery Plan and LDP Appendices



NHS Lothian

LOCAL DELIVERY PLAN 2016 - 2017

Unique ID: NHS Lothian Local Delivery Plan 2016 /17	Author (s) Alex McMahon, Alyson Cumming
Category/Level/Type: Local Delivery Plan 2016 -17	Authorised By: Corporate Management Team NHS Lothian Board
Status: FINAL DRAFT	Version 4
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1. INTRODUCTION

The NHS Lothian Local Delivery Plan 2016-17 outlines work which has progressed over the past year and outlines our commitment to improve the health of the population, support delivery of the Scottish Government 2020 Vision for health and social care and support for the integration of health and social care through the establishment of four Integration Joint Boards.

We continue to implement our strategy Our Health, Our Care or future, and a further iteration of this will be the development of an Acute Hospitals Plan.

We continue to monitor our Health Inequalities Strategies focusing on procurement, employability, supporting vulnerable people and communities, health and justice and training for staff. Work is continuing to support delivery of a Health Promoting Hospital Service, smoking cessation, weight management and healthy working lives.

Our Strategy for Children and Young People 2014-2020 supports local actions to deliver requirements associated with the Children and Young People (Scotland) Act 2014. We continue to be significantly challenged with health visitor vacancies required to support the Named Person role.

Good progress has been made in delivery of Scottish Patient Safety Programme across a range of services and further safety priorities have been identified for implementation over 2016/17. In addition, NHS Lothian is embarking on a new clinical quality approach and to support this approach has appointed a Chief Quality Officer.

A new Patient Experience Team has been established bringing together complaints and feedback as well as supporting the patient experience agenda. We have been continuing to progress with the Lothian House of Care Collaborative to enhance delivery of patient centred care and our well established Palliative Care Managed Clinical Network is well positioned to deliver the requirements outlined in the recently published national strategic framework for action on palliative and end of life care.

We continue to be challenged in the delivery of primary care services with some general practices having to restrict their lists due to increasing demand associated with population growth and changing demographics, issues associated with recruitment and retention and the growth in GP prescribing. The Health and Social Care Partnerships Strategic Plans outline developments to support the delivery of primary care services within their localities.

Health and Social Care Partnerships and Integration Joint Boards (IJBs) have now been formally constituted including the appointment of Chairs, Chief Officer and Finance Officers. The partnerships have consulted and are in the process of publishing their strategic plans to meet the needs of their local population. Discussions are ongoing to support the development of the key directions that each IJB needs to give to NHS Lothian and the development of an NHS Lothian Acute Hospitals plan.

2016-17 will be a challenging year for NHS Lothian and delivery of our Local Delivery Plan will be predicated on our ability to deliver our local reinvestment plan (LRP) assumptions. A significant proportion are in the high risk category i.e. delivering the redesign of bed based models of care; social care investment and income assumptions. Other factors are changes to the Individual Treatment Patient Requests Process, new high cost drugs, scheduled and unscheduled care, delayed discharge, reduction in Scottish Government allocations, capital programmes and equal pay.

2. IMPROVEMENT PRIORITIES

2.1 HEALTH INEQUALITIES AND PREVENTION

NHS Lothian will continue to implement and monitor its Health Inequalities Strategy. This outlines a series of actions relating to: Procurement; NHS Lothian as an employer; Planning and delivery of clinical services; work in Partnership; Monitoring and evaluation. Over the coming year the Strategy group will continue to publicise the nature and extent of health inequalities and monitor the actions identified within the strategy. Specific areas for action are outlined below.

2.1.1 Procurement

The NHS Lothian Community Benefits Tracking Group aims to increase the use, and quality, of community benefit clauses in NHS Lothian contracts, and to increase the use of supported businesses. It reports to the NHS Lothian Health Inequalities Strategy Group and also to the Lothian Capital Investment Group.

Key actions over 2016/17 include:

- Continue to implement procurement policies relating to community benefits, living wage, equalities and ethical procurement.
- Continue to seek community benefit clauses for all service and planning contracts over £50,000
- Review the types of community benefits achieved in order to develop a library of good practice examples for contractors
- Continue to seek opportunities for use of supported businesses

The measures we are using to monitor our success in increasing and enhancing community benefits are:

- the number and percentage of contracts with community benefit clauses
- the number and percentage of contracts where workforce matters is applied,
- the number and percentage of these for which the Community Benefit Clause is successful and is realised.

2.1.2 Employability

NHS Lothian will continue to implement the Socially Responsible Recruitment programme, which provides employability programmes for the following groups of people:

- School leavers
- Vulnerable young people, including those with a disability
- Graduates with a disability
- People with learning disabilities
- People with autism
- People who have been long term unemployed
- Women returning to work, education or training

Measures of performance for these programmes include:

- Numbers of people from identified groups offered placements/ training
- Numbers of people recruited from identified groups
- Number who sustain employment >6mths

2.1.3 Supporting vulnerable people and communities

The Wellbeing Team is an innovative partnership between NHS Lothian and the Thistle Foundation. Our shared aspiration is to address inequalities in a health care setting. We will do this by tailoring support so that it is proportionate to need; more support will be required to address inequalities for practices in deprived areas. The team is comprised of NHS Lothian and Thistle staff who will support people with (or at risk of) long term conditions, to live well. The service will model a holistic, flexible approach that focuses on what matters most to a person and seeking opportunities to notice and build on small changes that can lead to transformative outcomes in time. Practitioners will also develop and support peer volunteers who, in time, will co-deliver activities to support people to sustain learned self-management skills. Coproduction is at the heart of the service delivery model. This is demonstrated by the strengths based approach practitioners use to engage with people and co-create their support and the integral involvement of people with lived experience of self-management. This partnership also supports workforce development as both partners will build on collaborative, personal outcomes focused practice and contribute to integrated support by effectively bridging health, social care and local, community resources.

NHS Lothian is also exploring and developing targeted opportunities to engage with other vulnerable groups. These include: people in contact with the **criminal justice system** (see below); people with **substance use** issues; those with severe and enduring **mental health issues**; people who are **homeless**; **Gypsy/Travellers**; and those from **minority ethnic groups** at high risk of heart disease. Activities include providing health and social care needs assessment for those accessing specialist services.

A key vehicle for this agenda and for addressing inequalities will be with and through the four community planning partnerships as well as the new integration Joint Boards.

2.1.4 Health and Justice

Health Inequalities/prevention work around those in contact with the criminal justice system is summarised as below:

In prisons and police custody

The overall aim is to improve health and wellbeing in this vulnerable group and hence contribute to mitigating inequalities and reducing offending, re-offending and their consequences. The NHS contributes towards health and social care services provided in a justice setting with partnership support from prisons and the third sector. Presently public health priorities are around: improving our understanding of the health and wellbeing needs of this group and establishing meaningful surveillance of both needs and service delivery; and supporting healthcare service improvement. However the demographic profile of prisoners is changing and we are now experiencing the need to deliver aspects of social care and palliative care to an extent not seen before.

A short term success measure is the establishment of routine health and wellbeing surveillance measures for outcomes and performance in Lothian's two prisons by the end of 2016/17.

In community justice settings

Identifying opportunities to address inequalities within the developments heralded by the Community Justice Bill. Supporting local agencies e.g. Community Justice Authority, local authorities towards a better understanding of the broader determinants of health and wellbeing in these vulnerable groups.

2.1.4 Health Inequalities training for staff

The aim in 2016/17 is to build on feedback from the pilot sessions carried out with Allied Health Professionals in order to develop further training on health inequalities across NHS Lothian, which supports staff to identify and meet the needs of vulnerable people.

Actions to take this forward include a review and update of existing modules where appropriate (e.g. e-learning), and exploration/testing of different formats and options for reaching established and newly recruited staff, through integrating with current staff training programmes.

Progress will be assessed by the number of staff receiving training and self-reported measures of increased knowledge and changes to practice.

2.1.5 Health Promoting Health Service (HPHS)

The CMO Letter 19 (2015) is transformative in its mission to bring preventative action to the fore and actively change the culture of hospitals to help support this. It tasks NHS Boards to continue to drive forward the HPHS agenda, with particular emphasis on 3 key areas:

- (1) staff health & wellbeing,
- (2) a health promoting environment where healthier choices are the norm, and
- (3) person centred care with a focus on addressing inequalities.

The new Health and Social Care Partnerships (H&SCPs) are included in HPHS for the first time in 2016-17. To address this additional complexity, membership of the Lothian HPHS Steering Committee has been refreshed to include representatives from H&SCPs as well as each of the acute hospitals in Lothian.

Key actions for 2016/17 will include:

- Efforts to both improve adherence with our successful NHS Lothian tobacco policy and developments in tobacco and e cigarette policy both in NHS and H&SCPs
- Increased emphasis on the promotion of Physical Activity amongst staff and the population more generally through improved links with council services
- Increasing the amount of active travel amongst staff and active improving the advertising of public travel options to NHS Lothian premises
- Work towards the Healthcare Retail Standard Lothian wide and liaising with PFI partners about the retail offer at the Royal Infirmary of Edinburgh.

2.1.6 Tobacco

The NHS Lothian Tobacco Strategy Board with representatives from NHS, Local Authorities and 3rd sector is co-ordinating efforts to meet the aims of HPHS, cessation HEAT target and other tobacco related work linked to the WHO Framework for Tobacco Control that will lead us towards a smoke free generation.

Prevention

Our 5 year prevention action plan to improve the effectiveness of tobacco prevention is in place and progressing on track with activity across all 4 Lothian council areas.

Protection

All NHS Lothian grounds have been smoke-free and use of Electronic Nicotine Delivery Systems controlled since 1 April 2015. This has been highly (if not 100%) successful and efforts will continue to improve policy compliance and adapt to any changes in Scottish Government policy during 2016-17.

Particular effort is being made to address the issues faced by neighbours of NHS grounds caused by people smoking just outside the boundary of NHS grounds. This includes the University of Edinburgh which continues to have smoking shelters on the Little France shared campus.

Cessation

Smokefree Lothian's mission remains to provide an effective cessation service to hospital patients (both in acute and mental health hospitals), young people, pregnant women and their families, and prisoners

These key groups are reflected in the new LDP target and we have set indicative targets for each of our Smokefree teams and the pharmacy service.

For 2016-17 we have rebalanced the LDP quit targets and asked the community pharmacy based arm of the service to increase the number of quits they provide. To assist this we are mounting a new campaign in pharmacies to advertise pharmacy based cessation services to coincide with No Smoking Day 2016 in March.

During 2016-17 there is an emphasis being placed on facilitating all hospital staff to address tobacco use in integrated care pathways

Work is ongoing to develop plans so that Lothian's prisons become smokefree.

Smokefree services are currently in the middle of a redesign process with a paper due to go to the NHS Lothian Redesign Committee in May 2016.

2.1.7 NHS Lothian Drug and Alcohol Partnership

We will work together with Lothian's Alcohol and Drug Partnership (ADP) colleagues to support the implementation of an alcohol and drugs strategy to reduce the burden of morbidity and mortality through reduced availability and reduced consumption.

Working with our partners in the three Alcohol and Drug Partnerships (ADPs) in Lothian, there will be further developments to enhance local treatment and care systems to make them responsive, person centred and recovery focused. We will continue to ensure that people access treatment promptly within 3 weeks of referral and are supported in their recovery by services provided locally and in an integrated way. Following integration work started last year and the launch of the new integrated joint boards, a number of community based nurses and occupational therapists from NHSL substance misuse directorate have been transferred to localities to be managed locally. Further opportunities are being considered that will bring together substance misuse and mental health services.

During 2016-17 we will continue to provide the inpatient rehabilitation service at Penumbra Milestone for patients with alcohol related brain damage acquired as a result of alcohol misuse. The Alcohol Related Brain Damage Unit is providing intensive rehabilitative support to enable people to return to their own home with reduced use of re-admission to the acute sector. The service is to be further reviewed and potentially developed alongside other residential inpatient substance misuse services.

We will work with partners to try to reduce the availability and consumption of alcohol and maintain and expand the use of take home naloxone kits to reduce the numbers of Drug Related Deaths.

We will continue to provide support to the Substance Misuse Directorate reviews on drug related deaths at a local level with a view that this prevention/early intervention activity will contribute to work to reduce health inequalities and promote the health and well being of communities by focusing on the needs of the local population in the harder to reach groups where deprivation is greatest.

NHS Lothian and other partners within each of Lothian's Alcohol and Drug Partnerships will sustain the delivery of Alcohol Brief Interventions in the three priority (Primary Care, Antenatal and A&E) and wider settings during 2016/17. This prevention/early intervention activity will contribute to work to reduce health inequalities and promote the health and well being of communities by focusing on the needs of the local population in the harder to reach groups where deprivation is greatest.

We will continue to deliver a comprehensive education and training programme within wider settings for groups of staff in both statutory and voluntary agencies, for example in prisons, police custody suites, criminal justice programmes, youth and sexual health programmes/services and welfare rights teams. This helps to ensure that disadvantaged groups receive a quality service.

We will work with our local ADP and 3rd sector agency in West Lothian to develop a care pathway for persons entering police custody suites/criminal justice settings and evaluate and report outcomes.

Working with local neighbourhood partnerships across the city we will facilitate ABI training and further develop our ABI toolkit for local authority staff. We will ensure that staff working in specialist projects which have been established to address the needs of people from disadvantaged communities, receive ABI training e.g. the Access Point (working with homeless people), specialist midwifery staff (working with gypsy travellers and temporary residents)

We will continue to monitor and evaluate the ABI e-learning module and further develop our local Training for Trainers module in order to sustain ABI training in the wider community. Working with Queen Margaret University we will further develop and evaluate the training module for Allied Health Professional students and embed the module in the core curriculum for undergraduates.

Historically, NHS Lothian' performance continues to exceed the HEAT standard annually.

- In 2008-2011 - NHS Lothian delivered 29,884 ABIs which represents 127% of the original target (23,594)

NHS Lothian will meet the new ABI delivery target in the priority settings and will report accurate data quarterly to Information Services Division (ISD) by submitting further demographic data e.g. age gender, postcode. Further data will be obtained around hard to reach groups where deprivation is greatest.

ABI National Guidance from Scottish Government 2016-2017 sets Lothian ABI delivery target 9757. It is expected that at least 80% of delivery will continue to be in the priority settings. The remainder can be delivered in wider settings in accordance with the national guidance. It is expected that NHS Lothian will exceed the target as illustrated in previous years.

2.1.8 Weight Management

NHS Lothian has a tiered model of weight management with Tier 2 funded from within the 'Prevention Bundle' from the Scottish Government. This funding underpins the whole integrated service.

During 2016-17, which is year 3 of the programme in Lothian, the funding will be incorporated in what is being termed the 'Super bundle' and the detail of this Scottish Government allocation will determine actions. However we anticipate continuing to run successful programmes within each of the 4 Lothian Council areas with ever increasing collaborative working with health and social care staff.

There have been 1,900 referrals to the service with an increase of 12% between year 1 and year 2. The 12 week programme is popular with women under 50 and during 2016-17 we will continue to market this particularly in areas of multiple deprivation.

2.1.9 Healthy Working Lives

In 2016/17 we will link re-design of Healthy Working Lives, in response to the reduction in funding, to align more closely with action required to implement the Scottish Government Health Works Strategy across Lothian. This focuses on reducing health inequalities among people of working age by addressing workplace health and health in the workplace with a particular emphasis on people on low wages, in insecure employment and inexperienced employers. There is agreement across Scotland to look at HUB working. The Lothian and Borders HUB will focus on small and medium enterprises and on working with them to minimise health inequalities. Training and support is given to those interested in the Award to support policy development and on specific health topics. Examples include training on substance use and on Mentally Healthy Workplace for managers in statutory, private and community sectors.

2.1.10 Health Improvement Partnerships

Each Community Planning area has a health partnership that brings together key stakeholders (health, council and voluntary sector) to focus on tackling health inequalities. NHS Lothian will continue to take a lead role in these partnerships throughout 2016/17. Key activities include supporting the use of Integrated Impact Assessment and developing appropriate measures of health inequalities for Community Planning Partnerships to use to assess improvement over time.

2.1.11 Health and Social Care Partnership Strategic Plans

In addition to the Lothian wide strategies and initiatives outlined above, the four Lothian Health and Social Care Partnership Strategic Plans outline how partnerships will improve health and wellbeing, address health inequalities and review approaches to prevention within their local population. The four Lothian Health and Social Care Partnership Strategic Plans are available in Appendix 1.

DRAFT

2.2 ANTENATAL AND EARLY YEARS

2.2.1 NHS Lothian Strategy for Children and Young People 2014 – 2020

'Improving the Health and Wellbeing of Lothian's Children and Young People' is NHS Lothian's Strategy for Children and Young People 2014-2020 and was launched by Aileen Campbell, Minister for Children and Young People in November 2014.

The strategy or the executive summary can be viewed in full at:

<http://www.nhslothian.scot.nhs.uk/OurOrganisation/Strategies/Documents/CHILDRENS%20STRATEGY%202014%20FINAL.pdf>

<http://www.nhslothian.scot.nhs.uk/OurOrganisation/Strategies/Documents/CHILDRENS%20STRATEGY%20ES%202014.pdf>

The Strategy:-

- is underpinned by the Getting it Right for Every Child (GIRFEC) approach
- is aligned with the United Nations Convention on the Rights of the Child
- was widely consulted on and took account of the views of 351 children and young people aged between 3-25
- is outcome focussed and supported by an implementation plan that includes actions to take forward the requirements of the Children and Young People (Scotland) Act 2014.

2.2.2 Children and Young People (Scotland) Act 2014.

As part of this local delivery plan, Scottish Government have requested that we set out the local actions we will take to ensure relevant parts of the workforce will have the capacity, training and relevant protocols to carry out the duties under The Act.

NHS Lothian are active partners in the Lothian and Borders Getting It Right For Every Child (GIRFEC) Development Group, which has membership from all the GIRFEC leads from local authorities, Police Scotland and NHS Boards. NHS Lothian will continue to work closely with the 4 Children's Partnerships on implementation.

NHS Lothian also has a Children and Young People's Act Implementation Group, with key leads from across NHS Lothian who have a lead role in ensuring the Act is implemented effectively across the services that NHS Lothian provide to the children and young people of the Lothian region. This includes membership from: Child and Adolescent Mental Health, Royal Hospital for Sick Children, Children's Community Health Services, Health Visiting Services, School Nursing Services, Maternity Services, Children's Learning Disability Services. The implementation group have a working action plan that is followed to ensure timelines are met for the Act go live date of 31st of August 2016.

Within this action plan key action themes are:

1. Staff Awareness and Training – to ensure that all staff have the information and understanding they need to carry out their duties and responsibilities under the Act. NHS Lothian developed a learnpro module on GIRFEC and the Children's and Young People Act. This has been promoted across all NHS Lothian staff via the staff intranet and a training programme is actively continuing. NHS Education Scotland has been commissioned by Scottish Government to create a national e-learning

module, and has been linking with NHS Lothian on the module locally developed. Staff training will be enhanced by the Scottish Government train the trainer programme being initiated at master classes in March 2016, with 10 NHS Lothian staff who will be trained to ensure further roll out of education continues. This is enhanced by a NHS Lothian's dedicated GIRFEC development manager post that will continue to be funded during 2016/17.

2. Systems and Processes – to ensure that all logistical systems are in place to ensure that the Act can be enacted as prescribed in law. This includes standard operating procedures (SOP), information sharing protocols and agreements, named person service communication systems. For Lothian, partners have agreed that 4 named person service secure email accounts will be used, and that partners with wellbeing communications will use. These accounts will be checked by dedicated GIRFEC administrators, and will ensure that the communication is passed to the appropriate named person service according to age and location. These administrator posts are being recruited to in February/March 2016 and will be in post by April 2016. These named inboxes have been shared with Scottish Government as requested via the National GIRFEC group. There will be an agreed SOP for the management of the 4 inboxes, and also for all Health Visiting teams in their management of information that comes via their cluster inboxes e.g. read receipts and appropriate onward management within a set timeframe (next working day).
3. Capacity – to ensure that NHS Lothian is compliant with the Act and able to provide all preschool children the named person service. This will be covered in more detail under the following section on Health Visiting capacity.

Our other key priorities for 2016/17 to further improve our approach to early intervention and primary prevention will include:-

- Increasing the reach and uptake of the 27-30 month health visiting assessment across the SIMD quintiles. At present, provisional numbers for 2015 performance was 2015 the figure is 81% for all children (9627 children eligible, 7781 reviewed). We have detailed information across the 4 partnership areas, and there is a lower uptake in quintiles 4 and 5 (range approximately 60-70%). Through improvement methodology we continue to run tests of change to increase our reach and engagement. The introduction of the new Pre-birth to Pre-school universal pathway should increase uptake through time as this will be home visiting based and the relationships between health visiting and families will be strengthened.
- We will introduce the 13-15 month health visiting assessment for all babies within this age range from May 2017 in accordance with the Refreshed Universal Health Visiting Pathway for Pre Birth to Pre School. This will be in line with the child health surveillance programme for Scotland.
- We will continue to work in partnership in our 4 CPPs to support and develop work using the Early Years Collaborative improvement methodology. There are improvement officers (some who have graduate as Improvement Advisors from the Scottish Government programme with the Institute of Healthcare Improvement) based in each of the Integrated Joint Board localities, and also improvement officers

in specific setting e.g. for schools. Within NHS Lothian, we have two qualified Improvement Advisors that work across Public Health, Early Years and Maternity Services.

- Our original aim was to have uptake of healthy Start vouchers by eligible women and children up to 80% (from around 75%) for Lothian overall by March 2016. However, whilst this remains our stretch aim this has been challenging. We are seeing positive step changes, Comparing medians for Jan-Jun 2014 and Mar-Aug 2015 there was a 13.3% rise in voucher receipt in Lothian (increase from 313 to 355 women), versus an 8.4% decline for the rest of Scotland (fall from 1688 to 1546 women). Figures varied by team, influenced by staff, family and area factors. Accordingly, the Lothian overall % uptake remains at 75%. The figure for the initiating team has increased from 73.0% (Jan 2014) to 79.0% (Nov 2015). For 2016/17 we will continue to test, building on from recent increases in the number of women referred for welfare rights advice on benefits, tax credits, employment rights, childcare and debt.
- There are currently 1400 Looked After Children within the Edinburgh City Partnership area; 203 in East Lothian Partnership; 250 in Mid Lothian partnership; and 434 in West Lothian Partnership. In addition to these numbers, are young people who continue to be supported via through care and after care.
- NHS Lothian set up a Looked after Children's Nursing Team. Part of the teams role is to offer and deliver health assessments for Looked After Children, in accordance with CEL 16. For 2016/17 we aim to achieve 100% of these initial health assessments within the 4 week target time frame. Using December 2015 Data, we see the following picture across our partner areas (100% has been achieved in some partner areas in previous months, but is not consistent across each month):

Nov-15	Ceased LAC/LAAC LAC/LAAC	Total No of New Referrals	No. Assessed within the CEL 16 Target (4 weeks)	No Assessed over the CEL 16 Target (4 weeks)	No Contact Date Recorded	% assessed within Target
Edinburgh	9	30	24	4	2	80.00%
East Lothian	1	3	3	0	0	100%
Midlothian	3	0	0	0	0	N/A
West Lothian	3	37	36	0	1	97%

The data is provided monthly through a LAC business objectives report defines clinical activity by child and is refined with detail of notification of legal status, assessment, follow up and change of circumstances with the context of the child, Local Authority and health care provider. This enables us to determine whether we are meeting the required CEL 16 target date, from notification to offer of assessment, and put in place solutions to improve service provision. It also captures the activity for the LAC nursing team generated through follow up contacts required by the LAC nursing team, following initial assessment.

- The roll out of antenatal communication between Midwife and Health Visitor at 18 weeks of pregnancy, using Wellbeing Wheel model from GIRFEC to enable wellbeing concerns and early intervention to commence in partnership. This was tested in 2 local areas using improvement methods in 2015/16 and will be rolled out over 2016/17 and will support the future implementation of the full refreshed pathway for health visiting.
- The Refreshed Universal Health Visiting Pathway for Pre Birth to Pre School will commence for all women and their children from antenatal booking scan from October 2016. The original suggested date from the Scottish Government was from October 2015, however, this was not possible for Lothian due to a shortage in health visitor workforce, vacancy rates, training needs, and a total redesign of service model that is required. The Children and Young People Advisory Group at Scottish Government are aware of this plan and accept that this is the only feasible option for Lothian.
- Psychology of Parenting Programme (PoPP) – East Lothian, West Lothian and Edinburgh partnerships will endeavour to find a sustainable service solution to embedding PoPP into mainstream delivery. Funding from the SG and NHS Education for Scotland programme has now ended and the two programmes under PoPP – Incredible Years and Triple P are both supported by resources provided from the partners. The model to this date has been people dependant and not fully robust for wide scale delivery, and the plan for 2016/17 is to explore a new service delivery plan to ensure that the model is core and sustainable, as the evidence of such early intervention is significantly positive. NHS Lothian continues to work with the National PoPP team at NHS Education Scotland for annual reviews, criteria and data management.
- NHS Lothian will await the outcome of the National Review of Maternity and Neonatal services in summer 2016 and align this with work to update NHS Lothian's own strategy.

2.2.3 Health Visitor Population

We currently have 152.4 WTE funded Health Visitor posts within NHS Lothian, with an 19% vacancy rate as a Pan Lothian average, with variation in this vacancy percentage across geographical areas. This has been highlighted to Scottish Government via multiple routes and remains a significant challenge. There are currently 47,355 under 5 year olds on Lothian Health Visiting caseloads (at Feb 2016). Using the Scottish Government caseload weighting tool for health visiting (Using Scotland Wide SIMD rather than health board SIMD) 219.61 WTE Health Visitors are required (using Feb 2016 data). This means the current funded establishment is 67.21 WTE under, and with vacancies (28.96 WTE), NHS Lothian need to recruit/train a minimum of 96.17 WTE Health Visitors. An incremental scaling up the number of Health Visitors is underway with provisional plans for the next 2 years as follows:

Due to Qualify 2016	Intake Size for 2016/17	Intake Size for 2017/18	+ National Recruitment
22	45*	50*	

*subject to HEI places

NHS Lothian have launched a UK wide recruitment campaign which combines multiple professional journal advertisements, web based targeting, plus NHS Show advertisement.

54% of Health Visitors in NHS Lothian are over 50 years of age, and many of these nurses will have special status under pension systems and therefore may wish to retire at 55 years. Staff retirement plans are personal to them and therefore there are limitations to the exact predictability that can be applied to estimate the loss of workforce per year moving forward. NHS Lothian are working with human resource teams and trade unions to explore increasing the flexibility of people who wish to retire from full time as health visitors or practice teachers, but who wish to return in part time or more flexible roles.

There are a number of options being explored by NHS Lothian to support Health Visiting teams so they are able to meet national requirements around the role of the Named Person and refreshed pathway. Previously, the model of care was based on 'A New Look at Hall' (2011) which reduced the number of core contacts and screening and led to a skill mix increase in health visiting teams. This model saw an increase in band 5 staff nurse posts within teams. Within the refreshed pathway this role does not exist. NHS Lothian is aware that it has a larger transition to make than boards that introduced less skill mix in the past models. The transition will take a medium to longer term time frame, as these staff nurses are also embedded in the delivery of immunisations. Until decisions are final regarding GP contracts and national immunisation plans are agreed, the NHS Lothian model of band 5 nurses in health visiting will need to be flexible.

The new pathway model is based on the health visitor working alongside early years workers, such as nursery nurses, family support workers. NHS Lothian has already started to test out new models of delivery to strengthen the support to families. An example of this is in Mid Lothian, where three social work family support workers have been seconded into universal health visiting teams to support families who have increased needs. The learning from this model will be explored over 2016/17 and will help shape the skill mix model moving forward.

2.2.4 Family Nurse Partnership

NHS Lothian's Family Nurse Partnership service started in January 2010 with one team. The service has since expanded and currently has four full teams of staff. From late December 2014 a fully sustained model of delivery was achieved for Edinburgh City clients. During 2013 the service expanded to offer eligible clients from West Lothian (March 2013) and Midlothian (April 2014). It remains the aim of NHS Lothian to continue with a sustainable model of programme delivery with start up to East Lothian eligible clients planned to commence in 2016 when capacity becomes available across the teams. In addition NHS Lothian is testing the delivery of a hybrid service in partnership with NHS Borders to eligible clients from August 2015.

2.3 SAFE CARE

Scottish Patient Safety Programme

NHS Lothian has continued to build improvement capacity and drive improvement through the SPSP work streams of primary care, mental health, maternity, paediatric, neonatal and acute services as is reflected in the annual report submitted to the Healthcare Governance Committee in November 2015. This work has extended into the community, including district nursing teams and community hospitals. There are generic work streams such as the identification and management of deteriorating patients, medicines safety, the reduction of falls, pressure ulcers, urinary tract infections, improved communication and teamwork which are relevant to all the safety programmes and provide the opportunity for working across the interface and learning from each other.

2.3.1 Local data collection, management, learning and reliability

The Lothian Quality Improvement Data System (QIDS) enables improvement and compliance data for all measures including additional measures such as infection control measures to be collected by front line staff from all services across the board, including GP practices and reported at all levels throughout the organisation to drive improvement. This system can demonstrate the spread of the programmes. A Patient Centered Audit Tool which reviews all appropriate safety measures for a single patient has been developed for use during a Charge Nurse walkround to provide assurance that reliability has been sustained and if not then appropriate action is required.

2.3.2 Spread and sustainability

There is a two pronged approach with regard to spread of innovation and change. The first is that supported improvement activity is focused on areas identified on pareto charts as having the highest contribution to make in terms of impact. The second is more organic, quality improvement capacity is built in teams and individuals who are empowered to drive improvement and they are supported through the use of collaboratives and networks and cross site and service learning and sharing of best practice is encouraged. The Quality Academy with its widening access and leadership programmes will continue to support QI capacity building at all levels in the board

2.3.3 Acute Adult Safety Programme

The Scottish aim of 95% of patients would be free from the 3 harms which make up the SPSI, i.e. falls with harm, grade 2 and above pressure ulcers and cardiac arrests, has been reliably achieved for 98% of patients in NHS Lothian over the last 2 years.

There has been a 26% reduction in cardiac arrest rates across NHS Lothian since 2013. 68% of NHS Lothian Wards have gone 300 days or more without a pressure ulcer grade 2 or higher.

There has been a 20% reduction in falls with harm across NHS Lothian since June 2014. In the pilot ward there has been 44% reduction in catheter days, a 60% reduction in Catheter Associated Urinary Tract Infections (CAUTI), 44 days without a CAUTI and a 75% reduction in Catheter Specimen Urine (CSUs) sent off. This work has spread to 22 wards. In Community Nursing: 80.5% of District Nursing (DN) teams are reporting on CAUTI. 34% of Edinburgh teams a sustained reduction of in CAUTIs of greater than 25% over a 12

month period. The SAB rate for community has decreased from 3.7% in 2013 to 1.7% in Dec 2014 and there has been a further reduction to 1.01%.

The pilot team have achieved Anticipatory Care Planning reliability of >90% across 8 wards with sustained improvement (>85%) in documented discussions relating to DNACPR decisions.

The daily site huddles have spread to all acute sites and there are ward at a glance boards to support safety and communication on all wards.

The safety priorities for 2016-17 are to:

- Implement the National Early Warning System (NEWS) and the Structured Response Tool (SRT) in response to escalation of concern as part of the deteriorating patient and sepsis work streams.
- Spread the effective interventions to reduce falls, pressure ulcers and CAUTI.
- Continue to focus on the reduction of infections as a result of invasive devices.
- Improve medicines safety management
- Improve the safety culture through weekly executive walk rounds
- Develop improvement interventions informed on learning from adverse events.

2.3.4 Falls

Through the SPSP Falls work stream, 4 bundles which replace Clinical Quality Indicators (falls bundle, falls safety bundle for more vulnerable patients, multidisciplinary assessment and intervention bundle and post fall bundle) have been tested in a number of areas. Improvement work will continue over the coming year aiming for reliable delivery of the bundles and a reduction in all falls and falls with harm. A new measurement plan has been developed to drive this improvement and will be implemented this year. Education and training will continue including collaborative working with NHS Highland to develop a LearnPro module. Falls coordinators and the Quality Improvement Support Team will build on pre-existing networks to work collaboratively across Lothian to improve communication such as between hospital ward, community and care homes. The SPSP Falls work stream will be aligned with the Vulnerable Person and the Older People in Acute Care Improvement agendas focusing on frailty and delirium.

2.3.5 Pressure Ulcers

Focused improvement support over the last 3 years has resulted in an increased awareness of the pressure ulcer harm with an increase in reporting of Pressure Ulcers in acute hospital wards and community over the last 12 months. This has provided an opportunity to test and develop a suite of supporting interventions around communication and learning which will be implemented more widely in the coming year. These include a review tool to support clinicians to identify contributory factors and learning when a Pressure Ulcer develops and providing relevant information and support when a patient with a pressure Ulcer is transferred between healthcare facilities such as hospital to care home. Improvement work around reliable implementation of the SSKIN bundle will continue and process and outcome measurement used to drive improvement. The SPSP Pressure Ulcer work stream will be aligned with the frailty, Vulnerable Person and the Older People in Acute Care Improvement Programmes.

2.3.6 Venous Thromboembolism (VTE)

Improvement work on VTE continues in all specialties. The administration of treatment is done well but the evidence of the risk assessment and giving the patient information leaflet to patients is less reliable. To improve this, the risk assessment will become part of the medical clerking in the electronic patient record and there will be a link to the patient information leaflet which is in the process of being reviewed and updated. A template for the audit and reporting of compliance with VTE has been set up in QIDS and junior medical staff are encouraged to undertake these audits and make the appropriate improvements as part of their learning and development.

2.3.7 Heart failure (HF)

The HF service is supported by HF Nurse Specialists who follow up and provide support for all newly diagnosed and referred patients. And there is a newly appointed cardiology service lead for HF who will lead on this workstream. The measurement of compliance with the HF bundle is challenging and an electronic solution will be explored.

2.3.8 Surgical Site Infections (SSI)

The surgical site infection theatre bundle continues to be measured and monitored. The mandatory surveillance of SSI for caesarean section, hip fracture and knee replacement continues and if there is a concern about or increase in SSI's it is investigated and improvement action taken as required. Improvement work has been undertaken to reduce the caesarean section SSI and NHS Lothian are no longer an outlier. Concern about possible SSI in vascular surgery is being investigated but although there is learning from this there is no increase in the rate or trend.

2.3.9 Paediatric Safety Programme

Greater than 95% compliance with the Peripheral Vascular Cannula (PVC) bundles has been achieved and there has not been a PVC related infection for past 4 years.

Med Rec on admission performed by the pharmacy team across paediatric services in December 2015 and January 2016 shows that allergy status on admission is documented in 84% of cases. An average of 86% of patients have an accurate in-patient prescription chart within 24 hours of admission. 100% compliance with increased quality of daily safety briefs and 98% compliance with perioperative normothermia has been achieved.

The priorities for paediatrics patient safety in 2016/17 are:

- To build capacity and capability in the understanding of the data, measurement and reporting of the key priorities. Nominated leads will be identified in each ward to lead on improvement
- Infection prevention and control with a focus on invasive devices is a priority with the aim of improving outcomes.
- Medicines safety including *One Stop* dispensing, combining inpatient and discharge dispensing into a single supply labeled for discharge. Staff have reported huge benefits and success of the scheme
- Implementing the Paediatric Early Warning System chart when it is launched
- Obtaining Parent and Carer feedback.

2.3.10 Neonatal Safety Programme

As part of the 'Improving Gut Health', the rate of Necrotising Enterocolitis (NEC) in very low birth weight (VLBW) Infants fell steadily from 14.1% in 2011 to 4.6% in 2014.

Infants less than 1501g or 30 weeks receiving mother's own milk (MOM) within 24 hours increased from 58% to 90% and within 72 hour increased from 85% to 100%.

The number of infants <1000g receiving formula milk in the first 14 days of life fell from 22% (2011) to 3.6%, 0% and 0% in 2012, 2013 and 2014 respectively.

The number of infants receiving greater than 48 hour of antibiotics in the context of negative cultures decreased from 81% to 28%.

The aims of the Neonatal safety work are to:

- Improve communication within and between teams.
- Increase parental involvement and senior attendance at the cot side and with parents within 24 hours of admission

There has been a successful drive to reduce infection rates and this will continues to reduce this further where possible.

2.3.11 Maternity Safety Programme

The maternity programme can demonstrate improved communication and satisfaction:

- 100% of women are satisfied with the care they receive at the Royal Infirmary of Edinburgh
- As part of smoking cessation efforts 92% of pregnant women offered CO2 monitoring at booking (community team)
- 100 % of birth plans signed and dated by woman and midwife (community team).
- 100% of women have a documented discussion regarding foetal movement (community team)
- Labour ward 100% compliant with daily safety brief, safety brief bundle and team huddles
- There is a 95% compliance with surgical safety brief

The priorities for 2016-17 are to reduce the rate of stillbirths, neonatal deaths severe post-partum haemorrhages and non-medically indicated deliveries prior to 39 weeks gestation.

The work streams in place to support this are person centred care, leadership and culture, Teamwork, communication and collaboration and Safe Effective Reliable Care which includes the management of deterioration using the MEWS bundle, Sepsis 6, prevention of post partum haemorrhage, implementing the VTE bundle, Monitoring fetal movement and promoting normotheria in babies.

NHS Lothian has just appointed a new Head of Midwifery in recent weeks.

2.3.12 Mental Health Safety Programme

Improvements associated with the mental health safety programme during 2015-16 include the following:

- Police Scotland are working closely with the Royal Edinburgh Hospital to address the issue of Missing Persons. Data is proving valuable in identifying repeated unauthorised absences and the risks associated with each. There has been a 16% reduction in reported missing persons between 2014 to 2015.
- The Adult Acute wards continue to benefit from daily Rapid Rundowns which are structured, well-attended multidisciplinary morning meetings with a focus on each patient's plan for that day. New SASCO boards have allowed more information to be recorded for use at-a glance. In IPCU the Safety Brief format is used successfully which adds further detail of relevant issues relating to the ward and individual patients. The new Integrated Care Pathway documentation has been introduced

Priorities for Mental Health Safety Programme during 2016-17 relate to:

- Development of QI capability and capacity and there will be a process for agreeing priorities on which to work for 2016/17.
- As part of Restraint and Seclusion SPSP strand the seclusion practice with environment and policy has been reviewed and updated to support improvement in safety and the dignity and privacy of patients.
- NHS Lothian Mental Health services have been identified as an early implementer site for the imminent national guidance on Observation and Engagement. While there is a recognised need for improving the therapeutic nature of observation, this is far from straightforward and involves a complex balance between keeping people safe while affording them privacy and dignity.
- Following a national agreement on a policy between Police Scotland and NHS Scotland on missing persons from NHS inpatient facilities Edinburgh has been identified as a pilot area to implement the new policy and to develop joint Local Standard Operating Procedures to support this.
- There is ongoing work to improve communication and teamwork such as daily Rapid Rundowns, patient status at-a glance boards, Safety Briefs, discharge and communication at the interfaces. There is a plan to extend the MH SPSP programme to other health services over and above adult mental health services, and to include prison health services, and to introduce management/staff safety conversations' as part of the SPSP leadership strand.
- Integrated Care Pathways (ICPs) are being introduced to provide a person-centred, evidence-based framework for delivery of high quality mental health care.
- Medicines safety with a focus on omitted medications and as required medication.
- The acute service priorities such as recognition and management of the deteriorating patient and falls apply to mental health and are being implemented as appropriate.
- A programme of addressing 'ligature' risks is ongoing within the Royal Edinburgh Hospital

2.3.12 Primary Care Safety Programme

Achievements in 2015-16 associated with the Primary Care Patient Safety Programme are outlined below:

- NHS Lothian was the lead organisation for work around the improvement of the use of warfarin in primary care. This Health Foundation funded project led the way nationally in testing and piloting many of the possible improvement tools, to develop a Scottish Patient Safety Programme in Primary Care. These tools are now well established and there is evidence that practices have identified areas of harm and have learned and shared this learning with other practices. A total of 259 members of staff from practices across Lothian were trained in 2012 in improvement methodology and involving patients to critically review the services offered by the practice, with 90 (72%) practices involved.
- In the Scottish Enhanced Services Programme (SESP) for 2014/15, *Outpatient Communication*, GP practices continued their efforts to improve patient safety, with the focus on the interface between primary and secondary care. GP practices looked at their processes for communicating changes in treatment or medication to patients following attendance at an outpatient clinic. This enhanced service generated record participation with 102 practices (84%) signing up. We also saw a high number of practices continuing with the work on warfarin and medicines reconciliation (62% and 77% respectively). 213 members of staff attended a half-day training event.
- The SESP for 2015/16 uses the existing materials for medicines reconciliation and warfarin, to assist practices to consolidate their knowledge of Quality Improvement methodology. In particular, we are supporting practices to focus on analysis of their own data for improvement. 181 members of staff attended a half-day training event where we refreshed the tools and resources available with the SPSP-PC, and encouraged the spread of learning throughout the wider practice team.
- We continue to provide support to practices to build on the learning from the Trigger Tool and Safety Climate Survey (which were embedded into the Quality and Outcome Framework (QoF) in 2013).
- A pilot of Leadership WalkRounds™ was completed in Lothian, in five GP practices who volunteered to participate. The WalkRounds are a way of ensuring that Executives are informed first hand regarding the safety concerns of frontline staff. They are also a way of demonstrating visible leadership and commitment to patient safety by providing a forum where staff feel supported when issues of safety are raised. The evaluation of the pilot indicated that the WalkRounds were viewed very positively and funding has been secured to allow the pilot to be extended to a further five GP practices in the coming year.

The 2016/17 priorities and work plan associated with the primary care safety programme include:

- A new SESP for 2016/17, *Making Results Handling Safer*, using the nationally-developed change package of resources, following the successful pilot in NHS Lothian
- A half-day learning event in May 2016, where we will present the tools and resources available in a condensed main session. In addition there will be two optional one-hour workshops covering Quality Improvement and Trigger Tools

- A half-day workshop in October 2016, with smaller group sessions, providing an opportunity to share learning, which will inform the development of GP practice team improvement plans
- An addendum to the main SESP will be offered, for GP practice teams to continue making improvements to the safety of warfarin patients, linked to the anticipated publication of revised NHS Lothian guidelines.
- Provision of continued support to practices to build on the learning from the Trigger Tool and Safety Climate Survey (which were embedded into the Quality and Outcome Framework (QoF) in 2013)
- Five Leadership WalkRounds in Primary Care (dates & locations to be confirmed)
- Within the SESP, for those who have already achieved reliability in previous years, and are comfortable with the methodology, we plan to identify and recruit a group of five GP practices who would be willing to work closely with our team to carry out small scale pilot to inform the work plan for 2017-18 (pending negotiation regarding the new Scottish GP contract)

2.3.13 Hospital Acquired Infection (HAI) Improvement Plan

An overarching HAI improvement plan has been developed and agreed by NHS Lothian Board in December 2015 to guide priorities and actions to reduce infection.

This sets out 3 key delivery areas for improvement in relation to infection prevention and control.

1. Leadership
2. Infrastructure
3. Reliable implementation of processes and interventions

Detailed delivery plans specific to reduction of *Clostridium difficile* infection (CDI) and *Staphylococcus aureus* bacteraemias (SAB) have also been updated to reflect this strategy. Other committees (for example the Antimicrobial Management Team) have detailed delivery plans which also compliment and support these objectives.

The detailed improvement plans will be submitted for approval at the Healthcare Governance Committee in March 2016.

SAB reduction will focus on:

- continuing to improve the root cause analysis and reporting processes to identify areas for improvement and lessons learned
- delivery of a focused improvement project in relation to invasive device and line management (supported by dedicated HAI improvement and education facilitators)
- reduction of blood culture contamination rates
- improve awareness and education amongst injecting drug users of risks of unsafe injecting practices

CDI reduction will focus on:

- review of case management and improved root cause analysis to identify areas for improvement and lessons learned
- review of education for all clinical staff in relation to CDI and antimicrobial prescribing
- Continued implementation of policy and monitoring of antimicrobial stewardship

These objectives will be agreed and delivered by a multidisciplinary team across hospital and community settings. Improvement will be measured against the SAB and CDI HEAT targets. As January 2016, NHS Lothian had a rate of 0.28 against the HEAT target of 0.24 incidences per 1000 occupied bed days, and a CDI rate of 0.40 against a target of 0.32.

NHS Lothian continues to comply with mandatory requirements for surgical site infection (SSI) surveillance for Hip Arthroplasty, Repair to fractured neck of Femur and Caesarean Sections. NHS Lothian continues to report SSI rates the national rate.

The Scottish Patient Safety Programme surgical bundles have successfully been implemented and compliance is monitored by the SPSP team. Compliance with the MRSA clinical risk assessment (CRA) is one of the critical elements of this bundle, and the focus for improvement in the coming year will be to improve compliance with the MRSA CRA. To support this, the risk assessment has been added as mandatory field on TRAK electronic patient administration system as part of the nursing admission risk assessment bundle. Improvement will be monitored through the formal measurement of CRA compliance reported to Health Protection Scotland. Currently, NHS Lothian has a compliance rate of 60% against a national compliance rate of 83%.

In addition, NHS Lothian will participate in a research study that has been commissioned by the Chief Scientist Office and Health Protection Scotland to identify enabling factors and barriers to screening for MRSA and CPE in Scottish Hospitals. It is anticipated that this will help inform local actions for continued improvement.

2.3.14 NHS Lothian Clinical Quality Approach

During 2015-16, NHS Lothian has been developing its clinical quality approach to support improvements in safe and patient-centred care. Planning assumptions to which this approach is based relate to:

- a challenges of integrating care across boundaries and designing services around patient voice and choice
- a global and local variation in healthcare practice leading to high rates of inappropriate or unwarranted care
- unacceptable rates of care-associated patient injury and death including HAI
- an inability to always "do what we know works" in relation to achieving nationally approved standards of care e.g. Stroke care bundle compliance
- large amounts of waste leading to excess process costs that limit access to care especially in the face of increasing demand and rapidly changing demography
- evidence from highly reliable healthcare organisations worldwide that a focus on improving the quality of healthcare controls cost of delivery

Our aspirational health care delivery model aims to deliver across all six recognised dimension of quality:

- All the right care (no underuse)
- But only the right care (no overuse);
- Delivered free from injury (no misuse);
- At the lowest necessary cost (efficient);
- Coordinated along the full continuum of care (timely; "move upstream");
- Under each patient's full knowledge and control (patient-centered; "nothing about me without me").

A number of key elements have been identified to support transformational change which includes:

- Using an open multi-professional and board wide **Clinical Change Forum (CCF)** to discuss with frontline staff how NHS Lothian develops a sustainable approach to care, by changing practice and improving outcomes. Discussions to date have centred on the increasing challenge of trying to provide quality healthcare at an affordable cost.
- The development of a **Clinical Quality Academy** that will deliver training to front line clinical teams, clinical and non-clinical managers and executive sponsors of the improvement activities, to build capacity and capability for quality improvement within the service.
- The development of a **Clinical Quality Programme** which will support service based clinical teams to identify key priorities for improvement, and support clinical teams with data driven clinical process mapping, testing and implementing improvements within their services supported by appropriate expertise from the Quality Improvement Support Team.
- Pathway improvement activity will be led by designated **Clinical Quality Management Leads**. The infrastructure to support this will evolve over the coming months as the Clinical Quality Steering Group, chaired by the Chief Executive, identifies the first clinical pathways to be redesigned through the Clinical Quality Programme. Implementation and sustainability of improvement will be monitored and supported by the current clinical management infrastructure leading eventually to a total **Clinical Quality Management system** for NHS Lothian.

Key milestones associated with the initial programme of work to be progressed will include:

- Phase 1: Planning and Promotion (September to December 2015)
- Phase 2: Initial Preparation and Faculty Development (October to December 2015)
- Phase 3: Focused Training (January to June 2016)

NHS Lothian appointed a Chief Quality Officer who will take up post at the beginning of April 2016 to provide enhanced senior leadership allowing us to maintain the current momentum of quality improvement and to accelerate our progress over the coming years.

2.4 PERSON-CENTRED CARE

2.4.1 Development of Patient Experience Team

Following the publication of the Scottish Health Council 'Listening and Learning' report in April 2014, NHS Lothian undertook an external review of its complaints and feedback arrangements and a report was provided to the NHS Lothian Board. The report and its recommendations were approved in full at the NHS Lothian Board meeting in early 2015.

This has resulted in the dissolution of the previous team and the establishment of the Patient Experience Team. This new team brings together complaints and feedback as well as the patient experience agenda. The work of this team has been to develop new processes to make it easier for people to give us feedback. We recognise that there is work to do but we are working hard to implement the recommendations of the external review and to strengthen the relationship with the clinical teams to help them undertake timely and robust investigations with the hope that when people complain we can get it right – first time.

To provide assurance the Healthcare Governance Committee and NHS Lothian Board now receive regular Person Centred Culture reports. This brings together the complaints and feedback activity and performance as well patient experience surveys that are undertaken across the organisation.

Tell us Ten Things - "Tell us Ten Things" (TTT) was a local patient experience survey programme previously based within the Universities Hospital Services. At the end of 2015 the questions were reviewed against best practice and aligned with the "5 must do elements" of the national Person Centred Health and Care Programme:

- What matters to you?
- Who matters to you?
- What information do you need?
- Nothing about me without me
- Personalised contact

As part of the survey there is a question at the end that asks "is there anything else we could have done to improve your experience of our care?" The ward staff, in particular, like this question and the comments given by patients and these are included in the ward monthly reports for the staff to take action. Below are the survey results from November 2015.

The weighted average responses to the questions are as follows:	Overall Weighted Average	Previous Results
1. Do you feel that the staff took account of the things that matter to you?	8.83	↓
2. If you started any new medicines or tablets on this ward, were you given enough explanation about what these were for?	9.2	↑
3. How much information about your care & treatment was given to you?	8.49	↑
4. Were you involved, as much as you wanted to be, in decisions about your care & treatment?	8.36	↑
5. Were you treated with kindness & compassion by the staff looking after you?	9.33	↓
6. In your opinion, how clean was the hospital room or ward you were in?	9.03	↓
7. I was bothered by noise at night from the hospital staff:	6.77	↓
8. Do you think the staff did everything they could to help control your pain?	9.09	↓
9. I was happy with the food/meals I received:	6.94	↓
10. Overall: I had a very poor/good experience:	8.70	↑

2.4.2 Lothian House of Care

NHS Lothian continues to lead the House of Care Collaboration in partnership with the Thistle Foundation to support implementation of the approach to deliver more person centered integrated care. Strategically, links have been established with the Choosing Wisely Clinical Change Forum initiative, and with the Edinburgh and Midlothian Health and Social Care Partnerships Strategic Plans. The RCGP has endorsed the approach in its blueprint for General Practice.

The first phase (2015-16) of the House of Care collaboration is focusing on working with 11 GP practices in areas of relative deprivation, and the cardiac rehabilitation service. The second phase of the work (2016-17) will seek to identify and support more partners other than GP practices and NHS services and explore the House of Care approach for people who have a higher proportion of social rather than healthcare needs. Initial funding of £70,000 was received in 2014-15 from the Scottish Government to support House of Care earlier adopter sites. This has since been supplemented by a further £70,000 from the British Heart Foundation.

A cross-sectoral multi-disciplinary Learning Advisory and Resource Group has been established to identify a menu of training options for the health and care workforce to support collaborative care and support planning. This will supplement the training delivered by the Year of Care Partnership as part of the British Heart Foundation support. A measurement and evaluation framework has been developed. Two third sector led groups, Collective Voice and Supported Self Management Network, have been formed to support and enable people living with long term conditions.

2.4.3 Strategic Framework for Action on Palliative and End of Life Care

The delivery of person centred Palliative Care in NHS Lothian is supported by a well established Palliative Care Managed Clinical Network (MCN). The MCN develops and supports the delivery of equitable, sustainable palliative care across Lothian, ensuring care is provided based on need, not diagnosis, and maximises the time people spend in their chosen place of care. The MCN is multidisciplinary, operates pan-Lothian, spans organisational boundaries and supports the delivery of generalist and specialist palliative care in all settings. The network will continue to adapt in 2016/17 to support in particular Health and Social Care Integrated Joint Boards (IJB's) to fulfil their lead role in planning both community and acute hospital based palliative and end of life care services.

The network's work programme is essentially focussed on person centred care, and supports a number of commitments made in the national Strategic Framework for Action on Palliative and End of Life Care. Aspects of the Lothian programme are outlined below. Specifically the following SFA objectives are supported:

- Improving systems of identification and care co-ordination in palliative care
- Developing e-Health systems to support the effective sharing of individual end of life/Anticipatory Care Planning conversations
- Supporting Health and Social Care Partnerships to lead planning and commissioning for palliative and end of life care
- Ensuring an educational framework is in place to support professional and practice development, and supporting palliative care research
- Supporting greater public and personal discussion of bereavement, death, dying and care at the end of life
- Taking action to support staff and the public to be open and confident in giving and receiving feedback, comments, concerns and complaints and using this feedback to support quality improvement

Care in the Last Days and Hours of Life: the Lothian Approach

The Lothian approach to care in the last days and hours of life has been developed and is now being implemented. The Lothian approach outlines clear standards of care, provides detailed clinical guidance, and a commitment to work with clinical areas to develop and test local core documentation that fits local care processes and allows the key principles of care to be demonstrated. Through the Lothian Palliative Care Redesign Programme implementation support is being provided to embed and develop the application of the Lothian approach across all care settings.

Being 'Conversation Ready', and improving management of the Deteriorating Patient

Following our participation in the Institute for Healthcare Improvement 'Conversation Ready' Healthcare Community international collaborative programme we have continued to progress our quality improvement work streams and integration of anticipatory care (AnCP) within the Scottish Patient Safety Deteriorating Patient Programme. This has realised a number of benefits including:

- Improvements to the reliability of engagement with patients and families regarding 'what matters' to them, treatment options and decisions, including discussions about CPR decision-making.
- Development and testing of an *Information Reconciliation* model, to support reliable and effective communication with patients and families and stewarding of this across primary and secondary care, including via electronic routes and the Key Information Summary.

- Establishing a Lothian AnCP Improvement Forum for clinicians, managers, safety fellows, specialist palliative care and leads from primary and secondary care, supporting collaboration and sharing good practice.

Supportive and Palliative Care Indicators Tool (SPICT) – assisting patient identification

The Supportive and Palliative Care Indicators Tool (SPICT™) is a guide to identifying people with one or more advanced conditions, deteriorating health and a risk of dying for assessment and care planning. The guide has been developed by a senior NHS Lothian clinician and The Primary Palliative Care Research Group at The University of Edinburgh, and is now used across Scotland, in many other areas of the UK and internationally. A dedicated SPICT website provides free access to the SPICT, guidance, resources and support to a growing worldwide SPICT community: www.spict.org.uk

Earlier identification in General Practice

We are investing in developing methods of early identification of patients using General Practice IT systems – through an innovative project lead by the University of Edinburgh software is being developed to allow the early identification of palliative patients in Primary Care. The computer algorithm searches are based on the Supportive and Palliative Care Indicators Tool criteria.

Evaluation and expansion of an Anticipatory Care Questionnaire for patients and families within a care home setting

NHS Lothian is evaluating and expanding the use of an existing anticipatory care questionnaire for patients and carers in care home settings. This questionnaire is currently used to gather patients and carers' wishes around the care and support they want in the future, which are then fed into the more detailed patient Key Information Summary (KIS). The KIS is used to improve communication between primary, secondary and out-of-hours care providers, enabling people's wishes to be shared more widely. This project involves a number of care homes across Lothian and was implemented in April 2015.

Key Information Summary

The Scottish Key Information Summary (KIS) is being used increasingly by primary care teams across Lothian to summarise and share important clinical information via a secure electronic system linking GP surgeries and any professionals with access to the Emergency Care Summary (ECS). The KIS system is also specifically used as an Anticipatory Care Planning tool for those with palliative and end of life care needs. An after death analysis in 10 Lothian practices conducted by Edinburgh University revealed that about 60% of patients died with a KIS in place in 2014. In Lothian we have undertaken improvement work to examine the use of KIS in hospital admission, and are developing the TRAK patient administration system to allow an easier and more comprehensive linkage to the KIS dataset.

e-Referral to Lothian Independent Hospices

Following work to agree the Protocol Based Referral form and electronic referral process, both the Lothian Independent Hospices have been able to receive e-referrals from May 2015. This significant step modernises the referral pathway for hospices in Lothian, and brings them in line with access arrangements for most other clinical services.

The 'EC4H' programme and education provision in the Network

Effective Communication for Healthcare (EC4H) is a highly successful and well-established, postgraduate education programme based in NHS Lothian. Workshops facilitated by senior NHS clinicians are designed to meet the needs of doctors, nurses, senior clinical managers and other health professionals working in the NHS. www.ec4h.org.uk. A wide range of workshops are available under the ongoing programme. Recent topic workshops have supported the Health Improvement Scotland '*Being Open*' project, Medical Certification of Death reviewers training, and best practice in 'Talking about deteriorating health and CPR'. In 2015 Lothian undertook a mapping exercise of palliative care education activity, learning aims and outcomes. This work was undertaken to support work led by NES to scope and examine the current position on available educational opportunities.

Training for care home staff and local authority home care staff

This Lothian redesign project is being delivered by Marie Curie in collaboration with all four Lothian Local Authorities and various education providers in Lothian. By providing training and education in palliative care, the project will improve the knowledge and skills of care home and local authority home care staff so that patients receive the best care and support no matter where they are looked after. This project was implemented in June 2015.

Choosing Wisely

'Choosing Wisely or 'realistic medicine' as it is also known is about developing our clinical policy, decision making, and capabilities to work with people on the choices they have in living with life limiting illness, deteriorating health, and care at the end of life. The development of a Choosing Wisely policy specifically for NHS Lothian is aligned with our Palliative Care programme aims and objectives and the palliative care MCN will continue to support this key development and participate in the activity which will develop as part of the new approach to clinical quality management.

Capturing Bereaved Carer Feedback on the Quality of End of Life Care

In April 2016, NHS Lothian will embark on a one year project to test the feasibility and acceptability of three prospective methods of capturing feedback from the bereaved regarding the quality of end of life care. Feedback will be used to inform service level quality improvement and assurance. The three different methods that will be developed and tested are the following:

- Real-time feedback: questions delivered within the context of a therapeutic intervention and review of end of life care by a senior nurse prior to the death of the patient, with development of a rapid action plan to resolve any issues identified.
- Short survey administered via the Bereavement Packs provided by clinical staff to family following the death of the patient.
- More detailed survey questionnaire: 3 months post-bereavement.

NHS Lothian is also working with the Scottish Government to examine the feasibility of extending the NHS Lothian project to include a retrospective VOICES type survey. The testing of a VOICES type survey method would provide the additional comparison of a retrospective population based approach. The outputs may inform local and national approaches to capturing and using feedback on end of life care, at both service and organisational levels.

Health Promoting Palliative Care and the Compassionate City

Using the Compassionate City Charter as a framework, NHS Lothian is supporting the delivery of a Lothian-wide health promoting palliative care programme. This involves taking an innovative approach using variety of communication mediums to support positive public awareness and engagement on issues relating to death, dying and bereavement across Lothian. The health promoting palliative care programme will also build on work to align and embed consistent messages within other initiatives and training events / programmes.

Lothian Palliative Care Redesign Programme

The Lothian Palliative Care Redesign Programme is a partnership between NHS Lothian and Marie Curie. The programme is looking at ways to improve the model of palliative and end of life care across Lothian, to allow people with one or more advanced conditions, deteriorating health and a risk of dying to spend more time in their preferred place of care, reduce emergency admissions where avoidable, and support choice in where people are looked after and die. mariecurie.org.uk/lothianprogramme. The redesign programme is investing circa £700k in specific improvement schemes in Lothian across 2015 - 2017, and in meeting programme central team cost, and many of the initiatives described above are supported via the redesign programme

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2.5 PRIMARY CARE

2.5.1 General Practice

NHS Lothian's Strategic Plan 'Our Health, Our Care, Our Future 2014-2024' set out an ambitious primary care development plan in 3 stages:

- Stage 1 - access and shifting the balance of care
- Stage 2 - recruitment and retention and an emergency fund
- Stage 3 - frail elderly in the community (working across the 4 Health and Social Care Partnership areas)

Stage 1 of the work secured non-recurrent investment of circa £1m from the 2015-16 NHS Lothian financial plan to deliver:

- Diabetes Type 2 Local Enhanced Service (LES)
- Uncapping of Very Long Acting Reversible Contraception (vLARC)
- Phlebotomy
- Training of Advanced Nurse Practitioners
- LEGUP and Initial Practice Allowance
- Access pilots

While Stage 1 was intended to be a rolling programme, it is currently unfunded for 2016/17 onwards. Given the financial position of NHS Lothian and financial allocations to IJBs in 2016-17 it is very unlikely these services will continue to be funded in 2016-17 and will have to cease. In addition, while an application process has recently been set out for the Scottish Government's Primary Care Transformation monies, it is unlikely that this will support our proposals.

With on-going difficulties in recruiting to general practice the continuing development of Advanced Nurse Practitioners in primary care is being prioritised by the Health and Social Care Partnerships. These new posts within the primary care team extend the options available within general practice to respond to patient demand.

If funding is not found to continue the Stage 1 developments there is a risk that in the case of Type 2 diabetic and vLARC patients some practices may refer them to secondary care services. This may negatively affect patient access and increase secondary care activity. In the event that some of the Stage 1 work ends up being delivered differently between HSCPs inequities may develop in the range of services available in primary care across Lothian.

Without additional resource, Stages 2 and 3 of the Primary Care Strategic Plan cannot progress.

2.5.2 Finance

As noted above, there are a number of unfunded investment priorities which are needed to support the stabilisation of primary care services across the HSCPs.

Additional funding will be required to develop new local models of care for the frail elderly in the community; to deliver the outcomes of the review of the district nursing service and to provide the necessary investment in primary care IM&T infrastructure.

Stage 1 of the work secured non-recurrent investment from the 2015-16 NHS Lothian financial plan (table 1). As some of the stage 1 work commenced in year the total investment will be circa £1m.

The four Health and Social Care Partnerships (HSCPs) in Lothian intend to apply to the Primary Care Transformation Fund for funding to continue some elements of the stage 1 work.

Table 1 – Stage 1 Investments

Priority	Detail	Investment
Diabetes Type 2 Local Enhanced Service (LES)	92% of practices are participating	£350k
Uncapping of Very Long Acting Reversible Contraception (vLARC)	The current rate of activity is being met by existing funding. The extra investment may not be utilised.	£100k
Phlebotomy	74% of practices are participating	£360k
Training of Advanced Nurse Practitioners	13 training places are currently filled. Funding is also included for GP mentorship	£130k
LEGUP and Initial Practice Allowance	15 practices involved – 10 in Edinburgh, 1 in East Lothian, 1 in Midlothian and 3 in West Lothian	£200k
Access pilots	Underway in 7 practices	£30k
Total		£1.17m*

*Restricted to £1m due to in-year start

Table 2 – Stage 2 Investments

Priority	Detail	Investment
GP Returner Schemes (to mirror national arrangements)	3 places x £35,000	£105,000 (est)
	3 trainer grants x £674	£23,022
Local Induction Schemes	3 places x 1/12 x £35,000	£8,750
	3 Trainer Grants x 1/12	£3,837
Increasing rates for maternity and paternity reimbursements to SFE rates		£310,000
Golden Hellos		£102,000
GP Appraisal		£40,000 (est)
Locum pool of recently retired GPs		£60,000 (est costs for Lothian)

Lothian Unscheduled Care Service (LUCS) annual leave		£105,000
LUCS study leave		£100,000
Primary Care Clinical Development Fellows	£25,000 x 3 participants	£75,000
Emergency Fund		£664,000
Total (est)		£1,596.609

The stage 3 investments focussing on frail elderly in the community across the 4 HSCPS have not yet been costed.

2.5.3 Access to GP Services

Following the removal of the 48 hour access indicators in the Quality Outcomes Framework (QOF) for 2015-2016 there is no longer local monitoring of 48 hour access to GP services. Access is instead assessed through the two-yearly and centrally delivered National Health and Care Experience survey, the results of which will be available in May 2016.

2.5.4 Progress Against the 2015-16 LDP Deliverables

Progress has been made against the planned primary care deliverable from the 2015-16 LDP as follows:

2015-16 LDP Deliverables	Outcomes in 2015-16
Partnership investment plans for additional and replacement/ expansion of primary care premises developed.	<p>Capital investment of £3m in 15/16 and £5m in each of the next 4 years.</p> <p>Over 2016-17 there are a number of planned developments:</p> <ul style="list-style-type: none"> • Prestonpans Health Centre – refurbishment and extension (£1.9m). • North Berwick Health Centre – additional consulting space (£50k). • Build and expand GP premises in Edinburgh comprising: 2 new partnership centres incorporating GP practices and community services at Firrhill and establishing a new practice in North West Edinburgh. • Building new premises for Leith Walk and Ratho GP practices in 2016/17.” • Relocating the Edinburgh Access (homeless) practice in 2016. • Expanding practice accommodation at 2 GP practices during 2016 exploring opportunities to extend/refurbish up to 4 other practices to increase capacity and supporting a number of practices to create additional consulting space.

2015-16 LDP Deliverables	Outcomes in 2015-16																											
<p>Access</p> <ul style="list-style-type: none"> - Develop proposal to support a further 10 general practice access pilots across Lothian (£100,000 investment). - Identify alternative models to support primary care access. - Submission of Patient Access Reports from GP practices and submitted to PCCO for evaluation. - HSCP review of 2013/14 Scottish Health and Care Experience Survey and development of improvement plans where appropriate. 	<p>8 smaller scale access pilots were funded from September 2015 following funding approval by the Primary Care Joint Management Group. It is planned to give practices 9 months development time prior to reporting of activity and outcome data. Information relating to the pilots will be available in June 2016 at the earliest.</p> <p>It was not possible to develop alternative models to support primary care access.</p> <p>The Patient Access Reports evaluation was submitted to Scottish Government and circulated to all GP practices to share good practice.</p> <p>There was limited progress across the HSCPs in reviewing the survey.</p>																											
<p>List Expansion Grant Uplift (LEGUp) and Initial Practice Allowance.</p> <p>Develop further proposals to alleviate current practice list restriction position and discuss with GP Chairs Sub Group. Supported via initial £200,000 investment.</p>	<p><i>Further investment of an additional £200k bringing a recurring total investment of £400k proposed to extend to a further 10 practices in 15/16.</i></p> <p>LEGUp and practice support grants funded in 15/16 and the split across HSCPs were:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CHP</th> <th style="text-align: left;">Type</th> <th style="text-align: right;">£</th> </tr> </thead> <tbody> <tr> <td>Edinburgh</td> <td>LEGUp</td> <td style="text-align: right;">125,000</td> </tr> <tr> <td></td> <td>2C Practice support</td> <td style="text-align: right;">126,000</td> </tr> <tr> <td></td> <td>New Practice support</td> <td style="text-align: right;">50,000</td> </tr> <tr> <td colspan="2">Total for Edinburgh</td> <td style="text-align: right;">301,000</td> </tr> <tr> <td>Midlothian</td> <td>LEGUp</td> <td style="text-align: right;">25,000</td> </tr> <tr> <td>East Lothian</td> <td>LEGUp</td> <td style="text-align: right;">25,000</td> </tr> <tr> <td>West Lothian</td> <td>LEGUp</td> <td style="text-align: right;"><u>25,000</u></td> </tr> <tr> <td colspan="2">Total for all HSCPs</td> <td style="text-align: right;">376,000</td> </tr> </tbody> </table> <p>Although there is increasing growth in all practices, overall growth attainment cannot be confirmed as figures are only available for 6 months.</p>	CHP	Type	£	Edinburgh	LEGUp	125,000		2C Practice support	126,000		New Practice support	50,000	Total for Edinburgh		301,000	Midlothian	LEGUp	25,000	East Lothian	LEGUp	25,000	West Lothian	LEGUp	<u>25,000</u>	Total for all HSCPs		376,000
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2015-16 LDP Deliverables	Outcomes in 2015-16
<p>Support for Frail Elderly</p> <p>Covering: community settings; care homes; in-patient complex care; Step Up and Step Down; delayed discharge; out-of-hours; and enhancement of rapid response teams.</p> <p>Further investment will be required as the model/s of care develop to support the elderly in the community.</p> <p>Review of 2014/15 investment in care home enhanced service.</p>	<p>A joint HSCP/Primary Care/Secondary Care workshop and discussions between the HSCPs have informed the development of proposals to provide primary care support to care homes and anticipatory care to the frail elderly. Final proposals and costings are awaited.</p> <p>Out of Hours to be provided during the day at weekends. Further funding will be required to extend the service to cover 24/7 and integrate with LUCS which currently covers all the Hospital@Home services at all other times.</p> <p>In the meantime a Nurse-led Nursing Home Team in East Lothian is testing a promising model of approach. The ELSIE (East Lothian Integrated Care for the Elderly) team in East Lothian and MERIT (Midlothian Enhanced Rapid Response Intervention Team) in Midlothian are expanding their provision to support the frail elderly.</p>
<p>Shifting the Balance of Care</p> <p>Business Case to Support Investment of diabetes type 2 enhanced service as invest to save through mitigating rising hospital demand.</p>	<p>This Local Enhanced Service was implemented in July 2015. Review of the impact of the LES is awaited when the number of patients seen is submitted at year end.</p> <p>There is no current or planned new investment in pharmacist management of Type 2 diabetes. Lothian has a couple of long established CVD-diabetes risk out patient clinics delivered by inpatient pharmacists</p> <p>Discussions are underway on options for funding of the LES into 2016-17.</p>

2015-16 LDP Deliverables	Outcomes in 2015-16
Roll out of near patient testing (warfarin) in East and Midlothian.	Financial modelling was undertaken as part of a service development proposal taken to the Primary Care Joint Management Group; however the proposed delivery model was not considered to be cost-effective and therefore not implemented in 2015/16.
Audit and review of domiciliary phlebotomy service.	<p>A phlebotomy activity audit was undertaken in Sept/Oct 2014 which indicated the domiciliary phlebotomy local enhanced service is an appropriate delivery model and supports general practice to provide a highly cost effective service.</p> <p>A GP Practice-based Phlebotomy Local Enhanced Service (Phase 2) was introduced in 2015/16 to complement the recurring Phase 1 (domiciliary-based) funding.</p> <p>Practices are required to submit evidence of how the phase 2 funding was used at the end of financial year 2015/16 so data will be available in summer 2016.</p>
Further vLARC (very long acting reversible contraception) investment.	Capacity continued to be uncapped during 2015-16. Review is underway on whether uncapping will continue in 2016-17.

<p>Workforce Development of primary and community care workforce plans within each Health and Social Care Partnership.</p>	<p>Primary Care Advanced Nurse Practitioner training is underway with 13 participants. Work is ongoing to secure funding to continue the programme to ensure a stable advanced practice nursing workforce to support general practice, hospital to home and care home teams.</p> <p>Recruitment is underway of additional pharmacists with advanced clinical skills. Other pharmacist colleagues are being supported to undertake the relevant training. They will work directly with GP practices to support the care of patients with long term conditions and so free up GP time to spend with other patients.</p>
<p>LUCS Review Progress consultation on LUCS review and proposed changes to hours/number of bases to maximise efficiency and meet demand.</p>	<p>The focus in 2016-17 will be on the LUCS contribution to the delivery of the national review: 'Pulling together: transforming urgent care for the people of Scotland'.</p>
<p>IM and T Progress proposal to improve reliability of GP practice systems through investment in central server solution which provides rapid central updates and maintenance.</p>	<p>A Primary Care IT Operational Board was established in 2014 to oversee primary care IM&T. Work to date and planned work is described in more detail in the separate IM&T section.</p>

2.5.5 Premises

The Lothian Capital Investment Group approved investment of £1,261,814 in a number of small primary care schemes during 2015/16. In addition investment has been approved in the Primary Care Bundle for Blackburn, Firrhill and Muirhouse and an extension to Prestonpans Health Centre.

In Edinburgh Health and Social Care Partnership plans will be progressed to replace the GP premises for the Leith Walk and Ratho GP practices.

In Midlothian, consideration will be given to practice improvements for the Penicuik, Danderhall and Newbattle practices.

Population growth will require proportionate expansion in primary care provision and where feasible, co-location within other community facilities.

2.5.6 Population Growth and Stabilisation of Primary Care Services

In 2015-16 the HSCPs were faced with many practices at capacity with some restricting their lists in the face of increasing demand arising from population growth, an aging demographic and higher activity. In addition, many practices seeking to recruit GPs found a reduced number of applicants. With the prospect of increased GP retirements in the next 5 to 10 years, the recruitment and retention of GPs will continue to be problematic. The continuing growth in the elderly population is also placing increasing demands on the social care service element of the HSCPs.

A GP practice risk assessment tool devised in West Lothian was rolled out across all the HSCPs to highlight which practices were under pressure/vulnerable and to assist in directing support. Throughout 2016-17 HSCPs will continue to monitor practice vulnerability and to take action where indicated.

Despite efforts to support practices to remain under GMS, Edinburgh HSCP and East Lothian HSCP have had to bring some practices into direct management under Section 2C contracts in 2015-16. Direct HSCP management has provided the opportunity to re-structure practice teams and to explore new service delivery approaches. In East Lothian recruitment of nurse practitioners and a pharmacist will provide alternative options to meet patient needs.

Each of the HSCPs have committed significant financial and staff resources to prevent service disruption in the short/medium term. These costs, which are part of the current financial pressures on HSCPs, will continue through 2016-17.

2.5.7 Frail Elderly

Work will continue into 2016-17 within the HSCPs to further develop services to support the frail elderly. Expansion is planned for the ELSIE (East Lothian Integrated Care for the Elderly) service in East Lothian and for MERIT (Midlothian Enhanced Rapid Response Intervention Team) in Midlothian.

In addition, work is underway to consider options to support general practice to maintain medical services for Care Home residents, which might include General Medical Services based services or a Care Home Anticipatory Care Enhanced Service.

In East Lothian a Nurse-led care home team is providing support to 5 care homes. Early indications are that this approach has greatly reduced the need for GP input to the homes and has provided the homes with anticipatory support and early and effective interventions for more acute problems and in containing a respiratory disease outbreak, without the need for secondary care admission.

2.5.8 Community Vaccination Team

NHS Lothian recruited a community vaccination team initially to deliver the new vaccination programme for 'Fluenz' to all primary school children (61,500) in Lothian. In what is now year 3 of the programme, joint work with schools continues to ensure uptake is maximised. This year the introduction of the 'Men ACWY' (Meningococcal) vaccine for 13-18 year olds has been delivered. Delivery of the immunisation programmes in Lothian will require review as we await the Health Visitor universal pathway and the new general practice contract.

2.5.9 Health and Social Care Partnership Strategic Plans

With the establishment of the Integration Joint Boards, each of the 4 Health and Social Care Partnerships in Lothian have drafted strategic plans.

High level themes that emerge through all of the plans are in relation to:

- Shifting the balance of care
- Managing better the needs of older people; people with mental illness and learning disabilities better in the community
- Tackling accident and emergency presentations and building capacity for supporting earlier discharge from hospital
- Addressing inequalities
- For three of the four partnerships supporting the redesign and re-provision of Liberton Hospital
-

Each plan sets out intended actions for primary and elements of unscheduled care work as follows:

2.5.10 Edinburgh Strategic Plan 2016-19

Edinburgh Health and Social Care Partnership is developing eight integrated health and social care clusters based on geographical groupings of GP practices within four localities.

In the city, 17 GP practices (covering 25% of the HSCP's population and 50% of people living in areas of economic disadvantage) are involved in the Scottish Government funded 'Headroom' initiative which, working in partnership with Edinburgh Council, the third sector and other community organisations, aims to significantly improve patient/client outcomes.

Headroom has secured c£400k of Scottish Government investment in 2016-17 to continue to develop its work.

The Edinburgh Strategic Plan includes primary care workstreams aiming to:

- Work with GPs to improve resilience of practices
- Build the wider primary care team capacity and capability
- Develop premises to meet population growth
- Develop new models to better meet the needs of frail older people at home and in care homes
- Improve the interface between primary and secondary care

Edinburgh have agreed on 2 clusters in each locality and agreement with GPs that the Practice Quality leads will be in an integral part of the cluster meetings pertaining to Quality (as per the contract), Integration and Partnership working. There will be a nominated Cluster lead that will sit on the Locality Management team in addition to HSCP Clinical leads.

Edinburgh are trying to focus not on GP access in isolation but on access across the whole Primary Care system.

There is some concern that despite a number of proactive measures that a number of GP Practices have restricted lists. Edinburgh for example have a third of Practices restricted.

Some of this is due to a mismatch between capital investment programme and population pressures experienced. In addition there are issues with recruitment and retention of GPs throughout Lothian's and beyond.

2.5.11 West Lothian Strategic Plan 2016-26

The West Lothian HSCP Strategic Plan draft intends to:

- Ensure services are safe and people using health and social care services are safe from harm.
- Ensure services are effective and people who use health and social care services have positive experiences of those services, and have their dignity respected.
- Ensure services are patient centred

2.5.12 East Lothian Strategic Plan 2016-19

The East Lothian Strategic Plan draft priorities commit to:

- "...develop an East Lothian Primary Care Development strategy which recognises demand and capacity issues, including premises, and which addresses variation."
- "...establish an East Lothian Independent Contractors Forum which will promote and facilitate engagement with the sectors, driving innovation and care closer to home."
- "...work with our Third Sector Interface to provide the key link into, and to be an equal partner in, health and social care strategic planning."
- "...develop and embed an access to care transport solution with...Third Sector partners."
- "...work with Dementia Friendly East Lothian to establish joint, integrated planning and support for dementia across our communities."
- "...develop a local assessment and review of out of hours activity including the need for minor injury provision."
- "...develop a local "Right Care, Right Time, Right Place" public information programme to address demand and capacity issue safely and appropriately."

2.5.13 Midlothian Strategic Plan 2016-19

The Midlothian Strategic Plan draft priorities commit to:

- "...find ways of ensuring that the best use of GPs' limited time is being made and that our health services are being used wisely. This includes reducing missed appointments, more self-help through easier access to information, promoting the use of recovery networks and by encouraging people to seek the advice of other primary care professionals."
- "...develop alternatives including more direct access to social care services and more joint working between primary care and social work services."
- "...continually review with each of the local GP Practices what support and alternative ways of working would help reduce pressure on GPs."

2.5.14 Primary Care and Secondary Care Interface

A workshop in November 2015 brought clinical and operational managers from primary and secondary care together to discuss primary/secondary care pathways and interface issues. Further work is underway to establish a senior group in 2016 representing primary care and secondary care to resolve any pathway issues that cannot otherwise be addressed. The first meeting of this group will take place in April.

2.5.15 Pharmacy

The NHS Lothian Pharmacy Strategy 2013-16, is currently used as a baseline to take forward the service. The ambitions of Prescription for Excellence (PfE) are aligned to the strategy with a plan to ensure pharmacists are working with clinical colleagues to enable patients to maximise benefit from their medicines.

Lothian IJBs have referenced Prescription for Excellence and the role of pharmacists within their draft strategic plans. These teams will continue to drive forward strong formulary compliance, continue to make more challenging the Prescribing Indicators attainment and make the available prescribing data easier to visualise and interpret (through dashboard). The integrated care clinical pharmacy team will support new and on-going initiatives around supporting early discharge and preventing admission of the Frail Elderly population.

2.5.16 Building Clinical Capacity in Pharmacy Teams

We will continue to develop, implement and enhance the existing Integrated Care Clinical Pharmacy teams, supporting the delivery of polypharmacy reviews of patients in care homes and living in the community. The Scottish Government Polypharmacy Guidance of 2015 has been used to determine high risk groups of patients including utilisation of SPARRA risk prediction tools.

We will continue to deliver and further implement Teach and Treat Clinics, across the HSCPs, building on the Polypharmacy Teach and Treat Clinic established at the Craigmillar Medical Group Practice in Edinburgh.

The purpose of the teach and treat post(s) is to provide a clinical governance platform for the roll-out of the Lothian wide polypharmacy service. The current post has established a self assessment training tool and set up links with medicine of the elderly hospital pharmacists/consultants and outpatient clinics who have agreed to provide an opportunity for training if required.

We have further engaged with an additional 11 pharmacists, delivering clinical sessions, who are qualified Independent Prescribers to continue to deliver this integrated care service. This has afforded us the opportunity to utilise Independent Prescribers who are not currently using this skill.

In addition, 18 Independent Prescribing Clinics are delivered from community pharmacies in Lothian. Currently different specialist clinics are delivered e.g. one model is pharmaceutical care delivered to include INR monitoring and warfarin prescribing. Each of these will be reviewed for consideration of rolling out wider. Each Independent Prescribing Pharmacist involved in these clinics has responded positively to calls for their clinics to evolve and use additional capacity to undertake polypharmacy medication review. We will review these clinics through 2016-17.

A new project which is funded through Edinburgh and Lothian's Health Foundation is getting underway through the establishment of a pharmacy carer support post. There is well established research around the experience of carers around discharge with much of it suggesting that many carers feel unsupported in this process with carer problems contributing to patients' unplanned re-admissions. Research has highlighted that poor medicine compliance leads to readmission to hospital and that many of these are preventable. Potential harm to patients could be addressed by combining the role of a

pharmacy technician within the Carer Support Service to provide guidance and advice on both pharmaceutical issues and carer support needs following hospital discharge. Medicine of Elderly wards at Western General Hospital will be the initial focus.

2.5.17 Primary Care Fund allocation

At the end of August 2015 SGHSCD allocated £1.3m of £16.5m from the Primary Care Fund (PCF) and £1.2m from Prescription for Excellence.

The PCF funds are to recruit additional pharmacists nationally with advanced clinical skills training or those undertaking the training. They will work directly with GP practices to support the care of patients with long term conditions and so free up GP time to spend with other patients. By year 3 all of these pharmacists should be independent prescribers with advanced clinical skills.

Prescription for Excellence monies are being distributed to put in place the infrastructure to maximise the benefits from the primary care fund team. The money can be used for pharmacists, pharmacy technicians and any additional infrastructure that is required to support the development of these roles within other settings within their Boards.

The Pharmacy Service in Lothian is an integrated service and building capacity in GP practices will require support from all sectors, across primary care, acute care and community pharmacy.

We will continue to build on our experience of supporting General Practices struggling with GP workforce issues. We will work with practices in a phased approach, in order to establish relationships, develop trust and understand the patient population served. It is our intention to tailor our response to individual practice needs, agreeing objectives aligned to the relevant Health and Social Care Partnership strategic plan and performance managing this within a pan Lothian framework. The Year 1 Lothian framework will develop in line with nationally agreed frameworks. In developing this work, we recognise the need to build a career structure which facilitates clinical support, professional development and line management.

A team based approach is proposed whereby a clinical team of Band 8A and Band 7 Pharmacists deliver pharmaceutical care to a cluster of GP practices. The Band 8A Advanced Clinical Pharmacist will have a clinical session commitment including involvement with Teach and Treat clinics. This may amount to 6-7 clinical sessions per pharmacist. These colleagues will also have leading/co-ordinating and service development responsibilities. Each of the clinical team members will be involved in becoming part of the practice team, building relationships and supporting continued individual patient care. This approach will facilitate the growing of teams to deliver a greater number of clinical sessions within growing sizes of clusters without losing existing relationships with practices or any significant moving of staff.

We will continue discussions with Clinical Directors and Management Teams across the 4 HSCPs to identify those practices which are a priority for pharmacist support and to define the number of clinical sessions each practice requires. This work requires to be aligned with the HSCP Strategic Plans.

A clear process will need to be developed, documented and agreed with practice staff. This may be fairly narrow initially and broaden out as good working relationships develop and confidence builds up.

It will be important to have a signed agreement with the practice that defines the work to be undertaken, and which identifies a named lead GP and other key staff for the various elements of the agreed work.

Key areas are likely to include;

- Pharmacist-led Polypharmacy reviews
- Pharmacy technician-led repeat prescribing process review
- Enable increased use of CMS
- Medicines reconciliation
- Pharmacist-led clinics

In summary, NHS Lothian will put in place plans to deliver over 70 x 4 hour clinical sessions in identified priority General Practices across the 4 Health and Social Care Partnerships using a team based approach. Each of 4 teams will be led by a Band 8A pharmacist and will incorporate pharmacists from across the various pharmacy sectors. Recognising that funding allocations may be increased in Years 2 and 3, the above figures are subject to scaling up, proportionately within the proposed structured plan for development.

Our proposals for year 1 centre on building relationships, developing confidence and building trust. It is our intention that as we move into year 2 and beyond that there is an increased emphasis on the delivery of professional clinical practice.

We would wish to work to local HSCP and Lothian priorities, contributing to and cognisant of the national approach to enable meaningful and clear outcomes.

Monies from Scottish Government of innovation in primary care and mental health have just recently been announced and we will work on the development of what ideas that will add additionality can be submitted through the four partnerships, working in collaboration with the Royal Edinburgh Hospital.

2.5.18 Prescribing Action Plan 2014-16

The NHS Lothian Prescribing Action Plan formalised actions for 2014/16, to determine clear strategies to support high quality, cost-effective, evidence-based prescribing. During this period, to further promote whole system working across NHS Lothian, a corporate CH(C)P Prescribing Action Plan was developed using a joint framework. Individual CH(C)Ps continued to produce local delivery plans that reflected and addressed local variations and pressures. Within this, a discussion about investing in an acute hospital electronic prescribing system was pursued, aligned to the national E-health Strategy.

In developing the plan, the CH(C)P Prescribing Forum focused on prescribing actions to support NHS Lothian's strategic intent. The plan was developed by the NHS Lothian Primary Care Pharmacy Team and progressed through the CH(C)P Prescribing Forum as the management group with collective responsibility for primary care prescribing.

The prescribing action plan for 2016-17 is currently being updated.

2.5.19 Dentistry

Oral health is part of general health and Lothian is piloting brief intervention training with the dental teams for both smoking cessation and alcohol advice at the point of dental consultation.

Lothian supports Childsmile, the national oral health improvement programme, which aims to improve oral health, reduce inequalities and enable people to access dental services. As oral health is a mandatory field in the child health surveillance records at key stages of development this allows work to focus on linking the importance of oral health and general health and to adopt a common risk factor approach while increasing registration rates for young children.

Working with health visitors and using dental health support workers supports engagement with families and healthcare professionals and within education settings (nurseries and primary schools in the most deprived quintiles).

The Public Dental Service works with general dental practice to ensure those requiring domiciliary care/access to dental services including those in priority groups are not excluded. Work also extends to care homes where carers are trained in oral health.

The SEAT Dental Public Health Network will complete work on the NHS Lothian Oral Health Strategy during 2016 – 2017. This will inform each of the IJB Strategic Planning Groups as they develop local plans. The strategy will reflect the Lothian House of Care model.

During 2016 – 2017 work will continue to integrate the services provided by the Public Dental Service and the Edinburgh Dental Institute with the intention to form a single NHS Lothian Oral Health Service. This will allow better access to specialised dental care through the development of integrated patient pathways and make best use of the dental health professionals across the Public Dental Service and Edinburgh Dental Institute.

Access to NHS general dental services continues to improve; as at 5th February 2016, 92 practices across Lothian were accepting new NHS patients, with 7 practices in East Lothian, 8 in Midlothian, 18 in West Lothian and 59 in Edinburgh.

2.5.20 Optometry

The Lothian Eye Health Network (LEHN) where GPs can refer eye problems to community optometrists was piloted in NW Edinburgh. In the pilot 89% of patients were treated by an optometrist with no need for ophthalmology referral. In discussion with GP colleagues, a decision has been taken to delay the roll out of LEHN until the nationally led e-Referral to optometry arrangements is established.

SCI-Gateway is now available for every optometry practice to use, although there have been some difficulties in getting access for optometrists on Part 2 of the Ophthalmic List.

Following successful testing of an IT solution to automatically request past medical history from the patient's GP it is planned that shortly all of the optometry SCI-Gateway referral pathways will be turned on. This will significantly increase the percentage of referrals being sent electronically and with appropriate medical history.

After the successful pilot of the LEHN it is planned to implement the scheme across Lothian. Part of the work aims for optometry to receive GP referrals but the posters which have been distributed also encourage patients to contact their optometrist initially rather than their GP, so simplifying patient journeys.

With the introduction of the SIGN Glaucoma guideline optometrists can monitor more patients in the community rather than referring them to ophthalmology as happened previously. This requires a pachymeter to measure the central corneal thickness. Funding for these is being provided to all optometrists by the Scottish Government. Pachymeters will be provided to each practice in Lothian in February 2016. This will reduce the number of patients being referred to hospital when they do not have signs of eye disease other than slightly elevated intra-ocular pressure.

Currently the optometry e-referral pathway is not suitable for acute referrals. We are meeting with secondary care colleagues to discuss new ways of working for the referral of patients with urgent need of hospital assessment. The result of this work should be appropriate appointments for patients who need to be seen urgently and better triage of these referrals.

2.5.21 Lothian Unscheduled Care Service

NHS Lothian continues to see sustained high levels of attendance at our accident and emergency departments and minor injury unit.

The National Review of out of hours 'Pulling together: Transforming urgent care for the people of Scotland' was published in November 2015. NHS Lothian has formed a local implementation group comprising of all 4 HSCPs plus other stakeholders to implement the 28 review recommendations. NHS Lothian has also put in bids to be a site for testing new models of care for mental health and paediatrics. LUCS continues to provide an OOHs primary care service which sees children at St John's Hospital 118 hours a week.

Outwith the Review, work is underway to increase the skill mix within Lothian Unscheduled Care Service (LUCS). This has started with the employment of health care support workers to assist clinicians and ensure they can focus on direct patient care. Lothian continues to run 5 bases out of hours throughout Lothian and is liaising with each HSCP to ensure that their developing strategic plans recognise and reflect care 24/7.

There are also bids underway for primary care monies to improve the terms and conditions of GPs working within the service to maintain out of hours work as attractive and to ensure that appropriate staffing is available to secure a robust and sustainable service as described by the National Review.

Quality Improvement work continues within LUCS. Lothian have the first out of hours GP on the Patient Safety Fellowship Course and her work and education will be disseminated within the service enabling quality improvement to become embedded within the normal running of the service.

LUCS continues to have its regular 2 monthly partner meetings with NHS24 and Scottish Ambulance Service (SAS). LUCS is working with NHS24 on the National Quality Indicators, specifically the home visiting indicator where LUCS feeds back 12 cases to NHS24

monthly. LUCS also continues to regularly feedback to NHS24 any triage discrepancies to capture joint learning.

LUCS provide a professional to professional telephone line for SAS, this involves a doctor call back, ideally within 15 minutes, and a discussion about the best option for the patient. The number of calls to this line is increasing year on year and is now over 1,000 per year. This successful 'prof to prof' line started as a pilot but has not secured funded and has no dedicated staff. This means it can be difficult to maintain the agreed call back times of 15 minutes due to having no dedicated resources for this initiative.

2.5.22 Primary Care Telehealth

A joint application from Lothian Partnership (NHS Lothian, City of Edinburgh Council, West Lothian Council, East Lothian Council and Midlothian Council) View Point Housing Association, a Third Sector organisation and the Independent Care Home Sector is aiming to develop the use of video conferencing in care homes. The initiative has 4 workstreams:

1. Introduce video conferencing (VC) technologies into care homes to provide ready access to specialist services, without the need for residents to travel:

The initiative (the details of which need to be finalised) will work with interested GP surgeries that currently support care home/nursing home residents to explore the benefits of video conferencing, including reducing travel time and expanding on current telephone consultation arrangements.

2. Work with View Point Housing Association to develop a VC Health Hub within a 97 flatted sheltered housing complex. The aim of the hub will be to:

- provide a link to transmit vital signs monitoring through peripherals, to the resident's GP surgery
- support long term conditions (LTC) management by facilitating VC follow up consultations with a GP, pharmacist, or specialist practice nurses
- encourage self management and improve patient knowledge of their LTC
- free up nursing/GP appointments
- reduce potential unscheduled admissions to hospital
- provide residents with VC-delivered physiotherapy/gentle movement/exercise classes
- provide housing association staff with VC-delivered training.

This model can be replicated across other Viewpoint Sheltered Housing premises and potentially other sheltered housing providers.

3. To formally evaluate the use of VC by primary care in meeting the health and care needs of care homes residents and the elderly living in sheltered accommodation.
4. To develop in partnership with Blackwood Homes and Care a city-wide night response service that uses video conferencing and where indicated a home visit, as an alternative to sleep over and waking night staff in the person's home.

Throughout Lothian, suitable patients are offered Home Health Monitoring using the Florence Telehealth system.

2.5.23 Information Management and Technology

The deliverables for 2015-16 sought to:

- Support Lothian General Practices to deliver services to patients
- Progress a proposal to improve reliability of GP practice systems through investment in central server solutions which provide rapid central updates and maintenance.

The outcomes in 2015-16 were:

Training – to support practices in delivering services to patients - through Vision training for GPs, nurses, admin staff, pharmacists, locums, hospices both on and off site. Training included: searches; recalls; daybook; Read coding; summarising; SCI Gateway practice visits; GP order communications (i.e. electronic ordering of lab tests). It supported: change of software for some enhanced services; SCI Gateway installs and training for dental practices; delivering QOF Workshops; social care referral testing and training; SCCRS (cervical cytology software) training; Docman training; GP2GP (electronic exchange of clinical records) meetings/pilot site preparation and training; SPIRE (Scottish Primary Care Information Resource) meetings; Vision User Group meetings/SNUG (Scottish National User Group) meetings; National Prison Meetings and National Facilitator Meetings.

Communication - Establishment of a Primary Care IT Operational Board (PCITOB) reporting to LMC and General Practices, as well as the Primary Care Forward Group.

Hardware - Terminal Server migration project - to improve speed and reliability - Sixteen practices in the pilot were upgraded to the new configuration called Terminal Server. This has provided significant speed improvements when using Vision and Docman. However, the pilot highlighted some significant issues with interoperability with other third party softwares which need to be addressed.

Central Server - to improve speed, reliability, availability and to reduce practice admin - The specification of the hardware is being finalised. This will be installed in Royal Infirmary of Edinburgh to carry out a pilot.

Clinical Systems - Vision 360/EMIS Web - required for business continuity, and for access to practice systems by practice-attached staff who are not based in the practice. All 106 practices using Vision software are now streaming to the web-based Vision 360. All 18 EMIS practices are now streaming to EMIS Web.

SCI Gateway – electronic referrals to hospices - The ability to make electronic referrals to the hospices was enabled in 2015.

Locums and access to SCI Gateway and SCI Store - To enable locums to make electronic referrals, to access results and to do electronic medical certification of cause of death - The threshold for locums to be allocated a SCI Gateway and SCI Store username and password has been reduced from 10 sessions at a practice to 4 sessions at a practice from January 2016.

Police requests for Medical Information - added to workplan at request of LMC representatives - In cases of sudden death, Police Scotland were emailing practices to request medical information. It was identified that the email link between the Police Service and NHS cannot be regarded as secure i.e. the link is not safe for sending patient identifiable information. The Police Service has been provided with an '@nhs.net' e-mail address, so that patient identifiable data can be sent securely between the two services.

EDT (Electronic Document Transfer) - Almost 2.9 million documents are now being sent electronically each year to Primary Care (instead of being printed on paper and transferred by post). These are delivered to the practices immediately, rather than taking several days to be delivered by the van service or post. In addition, if the CHI number matches, they are electronically inserted into the correct patient record. Lothian is also now sending documents electronically to Borders, Fife and Dumfries and Galloway.

GP Order Communications – electronic requesting to laboratories - Over 1.3 million blood samples are being requested annually by Primary Care with the request arriving in electronic format at the laboratories. This means that the information from the request doesn't need to be manually entered in to the laboratory systems.

Planned 2016-17 Information Management and Technology Deliverables:

To support Lothian General Practices to deliver services to patients and progress proposal to improve reliability of GP practice systems through investment in central server solution which provides rapid central updates and maintenance, via:

Training - to support practices in delivering services to patients

Central Server – to improve speed, reliability, availability, and reduce practice admin
- Setup of the centralised server – with two separate server clusters ensuring no single point of failure. Backups and upgrades will be done overnight. There will be no need for a server in the practices. There will be three practices piloting the Central server in early 2016. Following successful piloting, the proposal is that approx another 20 practices will be migrated in a planned order and at each stage there will be regular monitoring of the network bandwidth, performance and speed to ensure it is better than the current infrastructure.

Upgrade from Windows XP to Windows 7 - The reason for moving to Windows 7 and not Windows 10 is that many of the software in use e.g. Vision, EMIS, SCI Store and Gateway have not been signed-off as being compatible with the later versions of Windows and Internet Explorer.

Email - GP email migration - required as part of move to single system working. Migration is from the current '@lothian.scot.nhs.uk' addresses to '@nhslothian.scot.nhs.uk' addresses.

Data Extraction and Analysis – to provide data about workload - The Primary Care Data Group will be working with practices to agree datasets which can be extracted for analysis.

Business Continuity documentation for practices - provide guidance in case of IT failure - The Business Continuity 2006 document is being rewritten for use by GP practices. A protocol is being written to address SCI Gateway failure.

Locums and access to SCI Gateway and SCI Store - To enable locums to make electronic referrals, access results, and do electronic medical certification of cause of death - From 11 January 2016, the threshold for a locum to apply for a Gateway (and Store) username and password was reduced to two days i.e. 4 sessions at the same practice. This will be reduced further during 2016. Locums covering several practices can be 'enabled' for more than one practice.

Ayrshire & Arran (A&A) Primary Care system for reporting data - This is moving forward in discussions with A&A to explore processes required.

SLA (Service Level Agreement) for Primary Care - Explore options for an enhanced service, with a view to agreeing a new SLA. PCITOB will assess the most pertinent issues impacting patient services, in order to inform the SLA e.g. implications of loss of PC/printer on service delivery to patients.

Optometry – Eye Care Project and GP summary - Patients with acute eye symptoms are now being seen by optometrists (instead of their GP). If referral to secondary care is indicated this is now being made by the optometrist.

Patients being seen by Ophthalmology with no Primary Care medical history - For patient safety, it is important that patients referred from optometry to secondary care have a SCI Gateway referral from primary care which includes the key primary care medical history. It has been agreed by all parties that the new process will be that the Optometrist will create a SCI Gateway referral which goes to Ophthalmology. eHealth have developed functionality so that this will create a request via EDT (Electronic Document Transfer) to the GP practice for a patient summary which is created using SCI Gateway. This is to be implemented in early 2016.

CDSS (Clinical Decision Support Software) - To be evaluated as part of a national pilot to assess whether it provides patients and clinicians with benefits.

GP2GP – electronic transfer of GP records - This is due to be piloted in second quarter 2016 for three months with approximately 3 Vision and 3 EMIS practices.

Others Contractors - Dentists (General Dental Practitioners (GDP)) - The Scottish Government have issued a deadline of April 2017 for GDPs to refer electronically using SCI Gateway.

2.6 INTEGRATION

2.6.1 Health and Social Care Partnerships and Integration Joint Boards (IJB)

During 2015/16, the four Lothian IJB's (Edinburgh, East Lothian, Midlothian and West Lothian) were formally constituted and Chief Officers and Section 95 Officers have been appointed for the IJBs. The IJBs have appointed to a number of senior posts and management structures for each partnership are being finalised.

A series of meetings has taken place to discuss budget setting principles for acute services and IJBs and these have now been agreed by all four IJBs and NHS Lothian. Discussions have included the Chairs of the IJB's, IJB Chief Officers and the Chair, Chief Executive and Finance Director for NHS Lothian. Final directions, financial planning assumptions and allocation of the £250m nationally for 'health and social' care continue to be discussed.

The four Health and Social Care Partnerships have also developed and consulted on their strategic plans (Appendix 1) to outline how they will meet the health and social care needs of their local population. Work is on going to support the development of the key directions that each IJB needs to give to NHS Lothian. To support the implementation of the partnership strategic plans, NHS Lothian Strategic Planning resource is being distributed across the four partnerships.

NHS Lothian is developing an acute hospitals plan in response to, and to complete the development of the four IJB strategic plans. An outline plan will be developed for the end of March 2016 and work will progress in tandem with the four IJBs through 2016/17.

2.6.2 Midlothian IJB

Community Services

A number of standards will be managed locally directly by the Joint Management Team including access to post-diagnostic support, alcohol brief interventions and access to drug or alcohol treatment. Services which, currently, continue to be managed on a Lothian-wide such as psychological therapies will be planned in a way which ensures service stability but also allows service delivery to be reshaped to be more responsive to local need and enables synergy with local configuration of services. The wider Integration agenda provides a strong foundation for greater and increased delivery of local services through involvement of health, council and 3rd sector partners to ensure improved and timely access for patients.

Hospital Services

Those standards which relate more directly to the provision of hospital based services will be planned both at a high strategic level through the Lothian Acute Interface Group which includes Chief Officers and in service planning through the Midlothian Strategic Planning Group which has senior Acute Service representation.

Access to General Practice

General Practice Access standards are also planned at both a Lothian wide level and as a key component of Midlothian Strategic Planning with the emphasis shifting to a more localised approach. A GP is an active member of the Strategic Planning Group; local GP management time has been increased; and regular Professional Forums all enable the

contribution of the GP workforce to designing and improving the take up of services which are viable and effective alternatives to GP appointments.

2.6.3 West Lothian IJB

Community Services

A number of standards will be managed locally directly by the HSCP Management Team including access to post-diagnostic support, treatment times for relevant services, alcohol brief interventions and access to drug or alcohol treatment. Services which are managed on a Lothian-wide such as psychological therapies and oral health services will be planned in a way which ensures service stability but also allows service delivery to be reshaped to be more responsive to local need and enables synergy with local configuration of services. The wider Integration agenda provides a strong foundation for greater and increased delivery of local services through involvement of health, council and 3rd sector partners to ensure improved and timely access for patients.

Those standards which relate more directly to the provision of hospital based services will be planned both at a Lothian wide level and in service planning through the West Lothian Strategic Planning Group and West Lothian Interface Group which have Acute Service representation.

GP Access standards are planned and supported at both a Lothian wide level and within West Lothian Strategic Plan with the emphasis shifting to a more localised approach. GPs are active members of the West Lothian Locality Groups, Strategic Planning Group and the Integration Joint Board. The regular meetings of the Primary Care and Community Forum and Practice Managers Group enable contributions from all GP practices to highlight challenges and examples of good practice to support service development and redesign to enable practices to manage workflow and balance capacity and demand.

Early Intervention and prevention are key priorities for the partnership to improve outcomes for patients.

Promoting attendance at work is a key priority for NHS Lothian and HSCP with both working within the PIN guidelines and NHS Lothian policies.

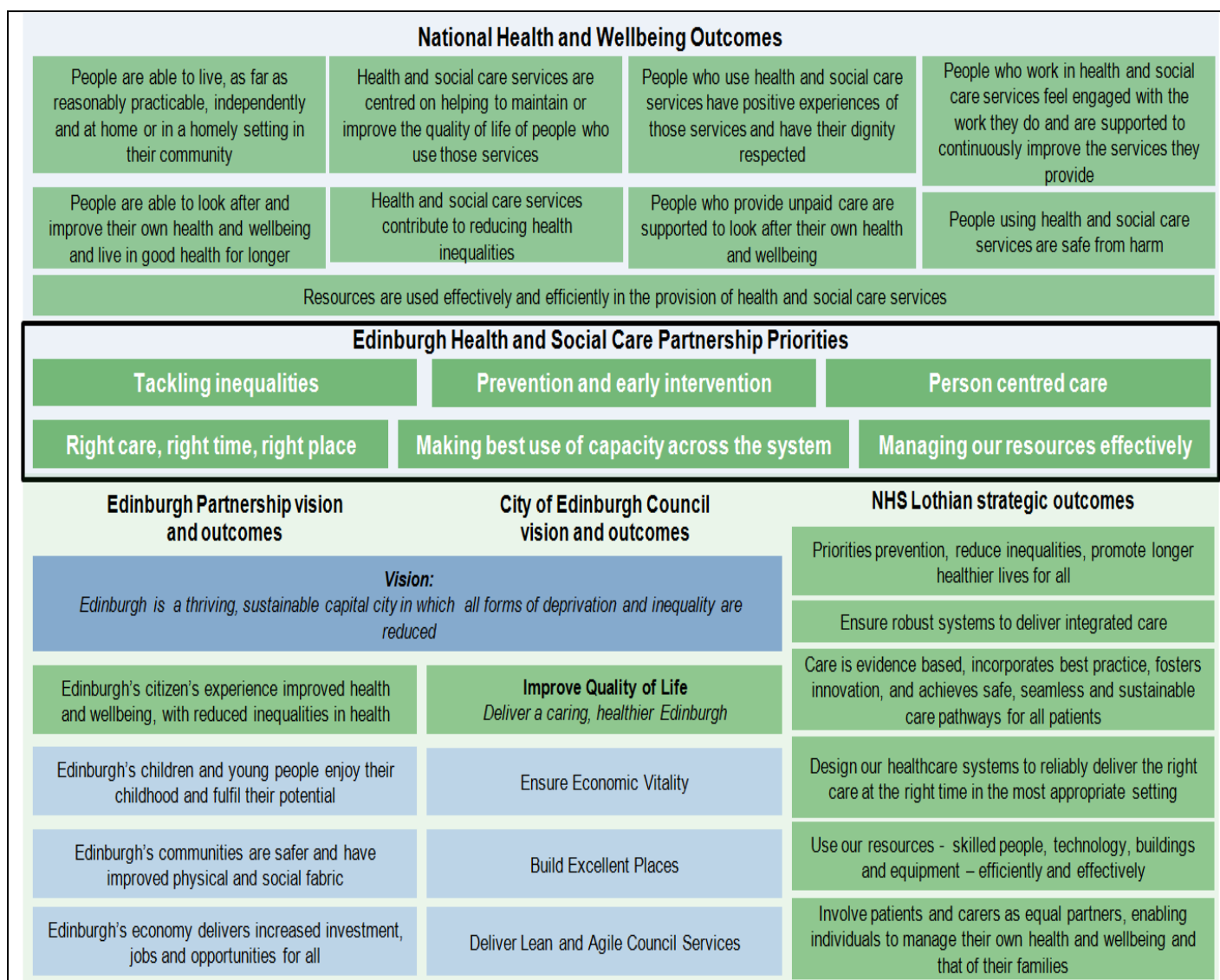
Sound financial planning and management are fundamental to effective delivery of services and is explicit within the Strategic Plan.

2.6.4 Edinburgh IJB

The key priorities for the Edinburgh Health and Social Care Partnership relate to

- Tackling Inequalities
- Prevention and Early Intervention
- Person Centred Care
- Right Care, Right Time, Right Place
- Making Best Use of Capacity Across the System
- Managing Our Resources Effectively

The diagram below sets out the links between the National Health and Wellbeing Outcomes, key priorities for the Edinburgh Health and Social Care Partnership, City of Edinburgh Council and NHS Lothian.



Progress against priorities and actions associated with the Edinburgh Strategic Plan will be monitored through the Edinburgh Partnership's integrated performance framework. The scope of the framework includes:

- Performance against targets e.g. NHS Local Delivery Plan and NHS HEAT targets
- Quality
- Finance
- Stakeholder Experience

A summary of the performance framework associated with the Edinburgh Strategic Plan is outlined below and will be supported through the establishment of a Performance and Quality Sub-Group of the IJB that will develop performance measures in respect of the strategic plan.

Integrated Performance Reporting



2.6.5 East Lothian IJB

The joint vision for the health and social care services in East Lothian is to enable all adults **to live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use.**

The values that will underpin delivery of the IJB's vision and outcomes are:

- To give people control over what happens to them is in itself promoting good health and wellbeing. We will seek to maximise people's control over their lives as an integral part of the safe, caring and respectful services we provide
- It is better to prevent health and social problems than to deal with them once they have occurred. We will focus our attention and resources on prevention and early intervention.
- Some people's social and economic circumstances lead to them having poorer health, wellbeing and life chances than others. We will work to tackle these inequalities by focusing our efforts on those at greatest risk and being mindful of individuals' choices.

- It is right to offer people services as close to home as safe and practicable.
- We will promote working in partnership.
- In a single health and social care economy for East Lothian we will invest our resources wherever they will have the greatest impact on meeting our shared objectives.
- We will recognise the interdependencies of services and will take a holistic approach to service provision, respectfully considering each individual in the context of their circumstances.
- We will value the views of people who use our services.
- We will value the diversity of East Lothian. We will work closely with our communities to ensure they can contribute to the health and wellbeing of the population

The East Lothian Strategic Plan 2016-2019 outlines key strategic objectives for the East Lothian Health and Social Care Partnership as:

- To make universal services more accessible and develop our communities
- To improve prevention and early intervention
- To reduce unscheduled care
- To provide care closer to home
- To deliver services within an integrated care model
- To enable people to have more choice and control
- To further optimise efficiency and effectiveness
- To reduce health inequalities
- To build and support partnership working

East Lothian IJB have undertaken strategic needs assessment and performance measures have identified a number of immediate priorities for action and focus which are:

- Delivering care more closer to home
- Addressing the variation in the use and delivery of health and social care services across the county and tackling inequality
- Developing a strong focus on prevention and 'low level' support to those most at risk
- Ensuring best value

To support performance monitoring, an integration dataset is being created for the IJB. Indicators will be aligned to the priority areas identified within the East Lothian joint strategic needs assessment and the strategic plan. The IJB will publish an annual, in-depth review of its performance in delivery of the integration dataset including the national health and wellbeing outcomes and local strategic ambitions.

2.7 SCHEDULED CARE

2.7.1 NHS Lothian Acute Hospitals Plan

We are embarking on the development of a Lothian Acute Hospitals Plan to set out how NHS Lothian's specialist hospital services will respond to:

- Changes in clinical treatment
- Changes in demography
- Financial, workforce and estate challenges
- Patient safety and quality improvement
- Respond to IJB Strategic Plans and Directions

At the Royal Infirmary of Edinburgh and Western General Hospital plan will focus on Medical specialties distribution at the front door, transitional care and rehabilitation, improvement in the management of delayed discharge and options appraisals for elective general surgery, urology, gynaecology, Regional Infectious Diseases Unit and Edinburgh Cancer Centre.

Key milestones associated with the Acute Hospitals Plan are:

- Outline document to Board Development Day in March 2016
- Reorganisation of Strategic Planning Resource to support the development of plans
- Work plan prepared for each site end of May 2016
- Options developed for work streams end of November 2016
- Site options developed for December 2016
- Consultation on plans January to March 2017

2.7.2 Royal Infirmary of Edinburgh and Liberton Hospitals

Key priorities across the Royal Infirmary and Liberton Hospital to support the timely delivery of scheduled care include:

- Effectively manage site capacity to meet Treatment Time Guarantees and out-patient guarantees which includes close working with Theatres and Anaesthetics to ensure capacity is optimised
- Close working with IJBs and local services to manage demand to enable reduction in dependence on external capacity
- Manage the 2016-19 agreement with the Golden Jubilee National Hospital to ensure NHS Lothian effectively uses the agreed capacity for orthopaedics
- Continue to redesign orthopaedic and vascular services
- Working with East Lothian IJB, in identifying the best provision for surgical services within the future planning of the new East Lothian Hospital
- Continue to develop local protocols relating to arrangements for authorising referrals from other health board areas
- Maintaining local, regional and national services
- Working with IJBs on demand management initiatives specifically targeting both dermatology and orthopaedics to support reduction of referrals which could be treated elsewhere

2.7.3 Outpatients and Associated Services Directorate

Key priorities to support delivery of scheduled care include:

- Support local scheduled care services to identify options for additional capacity where demand on the service exceeds the capacity available.
- Work with IJBs and local services to manage demand to enable reduction in dependence on external capacity.
- Manage the 2016-19 agreement with GJNH to ensure that NHS Lothian effectively uses the agreed capacity.
- Effective utilisation of outpatient facilities including the possibility of extending the working day.
- Working with services to develop local protocols relating to arrangements for authorising referrals out of health board areas.
- Development of outpatient hysteroscopy service which negates the requirement for an inpatient procedure. Reducing both the risk for patient in terms of hospital acquired infections and cost of procedure delivery.

2.7.4 Ophthalmology Services

Plans are progressing to support the re-provision of NHS Lothian ophthalmology services, during 2015-16 the following activities have been completed:

- Review of operational policies, schedules of accommodation and adjacencies workshops
- NHS Lothian Board approval of the Initial Agreement (IA)
- Submission of IA to the Scottish Capital Investment Group
- Initial Impact Assessment involving patients, public and staff

Plans are underway to support the further development of the business case during 2016-17:

- Due to changes in Scottish Capital Investment Manual the IA will be resubmitted in April 2016
- IA will take into account re-provision, elective centre and collaboration space in revised format
- Liaise with Scottish Health Council to consider if re-provision to be deemed 'major service change' and potential for public consultation

Redesign opportunities within ophthalmic services have also been implemented which include:

- Nurse led Intravitreal (IVT) injections releasing medical staff
- Development of a minor operation room, releasing theatre capacity
- Increase capacity at cataract assessment clinics
- Virtual macular and glaucoma clinics
- Glaucoma stratification Audit supported by optometrist led clinics

2.7.5 Theatres Improvement Plan

A Theatres Improvement Programme has been approved to ensure delivery of the Theatres and Anaesthesia strategic priorities which aims to:

- Ensure optimum utilisation of existing resources
- Deliver a safe, high quality service for patients
- Improve staff experience and satisfaction
- Deliver recurring and non-recurring cost improvements

- Develop a sustainable and competent workforce
- Encourage Innovation

The key timescales to support the improvement programme are:

- Identify the programme team and key stakeholders – January to February 2016
- Launch the improvement programme with stakeholders – March 2016
- Milestones to determine baseline performance, plan to improve and deliver – April to September 2016
- Benefits realisation : Short Term April to June 2015, Medium Term September to December 2016, Long Term February to August 2017

2.7.6 Delivery of Treatment Time Guarantees and First Outpatient Appointment

Key actions to support delivery of Treatment Time Guarantees and First Outpatient Appointment LDP standards are set out in Section 2.10 of this plan.

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2.8 UNSCHEDULED CARE

2.8.1 NHS Lothian's Winter Plan

NHS Lothian's Winter Plan 2015-16 published in October 2015 was developed utilising a whole-system multi-agency approach to the planning and delivery of services over winter to support unscheduled care demands.

The approach to developing the plan references the Scottish Government's 6 Essential Actions for improving unscheduled care and was also aided by the national guidance issued by the Scottish Government in 2015.

The key challenges outlined in the plan were considered to be:

- Safeguarding elective capacity as front door pressures increase during the winter months
- Poor patient experience for those being cared for in both the unscheduled and scheduled streams of acute services;
- Maintaining performance against key measures such as the emergency access standard, cancer waiting times standards, and others;
- Ensuring financial governance.

The plan focuses on the following areas to support delivery of unscheduled care and to support peaks in demands through:

- Safe and Effective Admission / Discharge
- Workforce Capacity Plans
- Health and Social Care Capacity
- Whole System Activity plans for Winter including post festive surge and respiratory
- Strategies for additional winter beds and surge capacity
- Minimising the risk of patients being delayed on their pathway
- Discharges at weekends
- Escalation Plans
- Trauma Flow
- Critical Care / PICU Provision
- Facilities, Transport, Radiology, Lothian Unscheduled Care Service, Pharmacy, Allied Health Professional Capacity
- Finance
- Communication Plans
- Pre-winter planning (and through to April 2016)

The Winter Plan 2015-16 is available in Appendix 2.

2.8.2 Royal Infirmary of Edinburgh and Liberton Hospitals

Key priorities to be taken forward during 2016-17 include:

- Continue to work towards and sustaining achievement of the 4 hour emergency access standard
- Continue to work with the other acute sites, downstream areas and IJBs in managing of patient flow across the system
- Continue in sustaining the Scottish Government's 6 essential actions. Examples of the 6 essentials which are already being delivered is the development of seven day

geriatrician cover in the Royal Infirmary Acute Medical Unit and the push to shift the discharge curve to earlier in the day

- There are a number of new programmes being taken forward and planned for in 2016/17 based around the 6 essential actions including Acute services Frailty Improvement Programme which leads on from the Deloitte analysis and plans to strengthen both pathways into, and out of, hospital. Additionally the Scottish Patient Flow Analysis is to be undertaken, which will focus on improving patient flow on one of the acute sites.
- Develop the plan for the reprovision of the Liberton hospital site

2.8.3 Outpatients and Associated Services Directorate

Key priorities to be taken forward during 2016-17 include:

- Development of an NHS Lothian flow centre to support timely admission and discharge of patients across all sites in Lothian.
- Work with women's services to review the current gynaecology emergency access service. Plan to develop a gynaecology emergency TRAK floor plan and emergency area compliant with 4 hour standard.

2.8.4 Midlothian IJB

Improving performance in make best use of acute hospitals has remained a key area of activity in Midlothian which has consistently met the two week delayed discharge target and is actively working towards the 3 day target. Service developments such as the full implementation of the "hospital at home team" and increased availability of intermediate care beds are beginning to have an impact on the high rates of emergency admissions. Over the coming year, we would expect to see greater alignment between roles at the 'front door' of A&E and community based services, which might include AHP staff being more locally based and reaching in to the acute hospital to support early discharge. Investment in community based services will continue both through the Integrated care Fund and the reallocation of resources currently supporting service provision in Liberton Hospital. Other areas of development will include a strengthening of reablement, falls follow- up, nursing support in care homes and work with the Scottish Ambulance Service to divert people from A&E where appropriate

2.8.5 West Lothian IJB

A key priority for West Lothian remains to improve performance and make the best use of acute hospitals. Good progress has been made in achieving the two week delayed discharge target and the partnership is actively working towards the 72 hour target.

Service developments such as REACT, extension of ACAST and ROTAS in A&E, partnership working with Scottish Ambulance Service and our successful Crisis Care Service are having a positive impact on emergency admissions.

Investment in community based services will continue both through the Integrated care Fund and local service redesign. We will continue to invest in the Frailty programme which is taking a whole system approach to the management of frail elderly and supporting integration across acute, primary and community care. Our approach to managing the patient journey to promote living well and dying well at home includes a focus on patient led self-care and improved communication between the whole system health care team. We will continue to enhance self-management and longer term focus on preventative care and

improvements in access to self-directed care and reablement services for complex conditions and co morbidity.

Winter Planning is well established within the Partnership and there is a clear focus on alignment with the HSCP and St John's Hospital site plans to ensure resources are maximised and additional activity supported. The HSCP have an active role in both the NHS Lothian and West Lothian Council Winter Planning Groups.

2.8.6 Edinburgh IJB

The Edinburgh Strategic Plan supports a theme throughout the plan of supporting people as close to home as possible and avoiding the need for unscheduled admissions to hospital.

The Edinburgh Strategic Plan has six key priorities one of which relates to providing the right care in the right place at the right time so that people:

- are assessed, treated and supported at home and within the community wherever possible and are admitted to hospital only when clinically necessary
- are discharged from hospital as soon as possible with support to recover and regain their independence at home and in the community
- experience smooth transitions between services, including from children's to adult services
- have their care and support reviewed regularly to ensure these remain appropriate
- are safe and protected

A number of actions are outlined in the Edinburgh Plan to support delivery of unscheduled care as follows:

- Development of hubs within each locality co-ordinating community resources more effectively in order to:
 - maximise support for independent living
 - provide a community response to urgent need and care crises
 - reduce the need for admission to hospital
 - support timely discharge from hospital
- Work with colleagues across all sectors to identify people with significant needs who are high users of services and improve anticipatory care planning with the aim of reducing emergency admissions
- To help achieve integration of care pathways at a locality level we will work with other Lothian Integration Joint Boards and the acute hospital division of NHS Lothian to develop a single model for acute unscheduled care services across the city, including early assessment at hospital front doors and approaches which provide alternatives to admission and which work effectively with local community services in Edinburgh
- evaluate a model of working collaboratively across the NHS, social care, third sector and families of people with learning disabilities to prevent admission to hospital, from either supported accommodation or the family home
- We will continue to develop the multidisciplinary/multi-agency COPD integrated care model to target patients most at risk of hospital admission/readmission, to extend the

reduction in hospital bed days and to use transferable learning in the development of services for complex patients with multi morbidity in locality based hubs.

2.8.7 East Lothian

The East Lothian Strategic Plan 2016-2019 outlines a focus on understanding and analysing unscheduled care pathways, including high resource users. The plan acknowledges the health system in East Lothian appears to be overly dependent on hospital services; individuals can end up in hospital when they do not need to be and also have difficulty getting home in a timely fashion. Improvements in unscheduled care will be monitored through focus on the following outcomes and outputs:

- Percentage of adults supported at home who agree that they are supported to live as independently as possible.
- Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
- Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
- Percentage of adults receiving any care or support who rate it as excellent or good
- Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
- Percentage of carers who feel supported to continue in their caring role.
- Rate of emergency admissions for adults.
- Rate of emergency bed days for adults.
- Readmissions to hospital within 28 days of discharge
- Proportion of last 6 months of life spent at home or in community setting
- Percentage of adults with intensive needs receiving care at home.
- Number of days people spend in hospital when they are ready to be discharged
- Percentage of people admitted from home to hospital during the year, who are discharged to a care home
- Percentage of people who are discharged from hospital within 72 hours of being ready

2.8.8 Delivery of Unscheduled Care LDP Standards

Actions to support delivery of LDP Standards associated with unscheduled care are outlined in Section 2.10 of this plan.

2.9 MENTAL HEALTH

2.9.1 Child and Adolescent Mental Health Service

In NHS Lothian 65% of children and young people who were seen for a 1st treatment appointment were seen within 18 weeks. The overall number of patients waiting for assessment or treatment at the end of December was 1,900 of which 709 patients had already waited over 18 weeks. The number of people waiting had remained relatively stable in 2015 but there has been a sharp rise in the number of people waiting in November and December 2015 (from 1677 in October to 1900 in December).

Over the same period the number of children and young people waiting over 18 weeks has continued to rise from 428 in January to 709 at the end of December.

Demand for services

We have continued to experience increasing demand for our CAMH Services. We had previously reported an increase in referrals which had not been assumed in our previous planning and proposed trajectory for waiting list reduction. This increase in referrals has continued over the last year with an overall increase in referrals of around 17% to our CAMH services (excluding Tier 4). This equates to around 66 additional referrals per month than in the previous year. We are also aware that we have one of the highest rates of accepted referrals across all boards. We therefore recognise the need to better manage demand for our services whilst ensuring that children and young people get the appropriate help and support that they require.

Capacity issues

Our previous work to improve waiting times has focused on developing job plans and implementing the CAPA system to improve capacity and patient flow. This work has resulted in a significant increase in the number of children and young people seen for a first treatment appointment each month. On average, 239 children and young people attended first treatment appointments each month in 2015, compared to 147 each month in 2014. However despite this increase we are continuing to experience a gap between the demand for our services and current capacity. In particular we are aware of our current situation where around two thirds of our new treatment capacity is often directed towards urgent cases waiting less than 18 weeks reducing our ability to reduce the number of people waiting over 18 weeks.

Although we have one of the lowest rates for DNA appointments for Scottish Boards (11.7% for first appointment against a Scottish average of 14.5%) we do continue to have a high cancellation rate for appointments, many of which are cancelled at very short notice. We are aware that this combined rate of non-attendance results in significant wasted capacity across the service. To address this we will include information about DNA and CNA and the impact on waiting and treatment times with all appointment letters. We are planning to implement text reminder systems with the aim of reducing non-attendance rates for both new and follow-up appointments therefore reducing wasted capacity and increasing the number of children and young people starting treatment each month.

In the last three years CAMHS has received additional recurring funding of £766,000 through NHS Lothian's financial planning process. Nonrecurring funding has helped to increase our capacity over the last 12 months but this will not continue in 2016-17.

The recent allocation of mental health innovation funding to CAMHS was welcomed and will be used to focus on those children and young people who have waited the longest whilst maintaining the Service's ability to respond to urgent referrals

2.9.2 Psychological Therapies

Performance against the target

In NHS Lothian 73% of all patients seen for a 1st treatment appointment were seen within 18 weeks in December. Since October 2015 the cohort of patients included in the performance data has include patients seen by Clinical Health Psychology, Neuropsychology and Guided Self Help services delivered by a 3rd sector organisation via a Service Level Agreement with NHS Lothian. All of these services are meeting the target and their inclusion has improved the overall performance against the target.

The majority of patients are seen within general adult and specialist mental health services and meeting the 18 weeks RTT target within these services continues to be a challenge. The performance against the target for these services has been between 34% and 56% from January to December and is likely to remain low until the backlog of patients waiting over 18 weeks is reduced and the focus remains on treating patients waiting the longest. There has however been good progress in reducing the number of patients waiting over 18 weeks in the latter half of 2015 with a month on month reduction from 1,257 patients waiting in May to 975 in November. There was an increase in January due to seasonal reduction in service activity but the number waiting over 18 weeks has reduced again to 895 in January 2016.

Demand for services

The demand for Psychological Therapy services delivered by general adult and specialist mental health services has remained relatively stable with an average of 1,140 patients per month being referred for assessment and treatment. There is however an expectation as has been experienced before, that demand will rise as waiting times decrease and this will present further challenges to meeting the 18 weeks target.

Capacity issues

Services have experienced on going capacity issues. There has been on going fixed term funding for around 8.1 whole time equivalent (wte) to increase capacity of services and reduce the demand and capacity gap. Recent review associated with demand and capacity has demonstrated a significant gap between the capacity of substantive posts in psychological therapy services and the demand for these services.

In order to further increase capacity from current resource a number of work streams continue to be developed. This includes the planned introduction of a text reminder service to reduce non-attendance, improved waiting list management and the development of individual service improvement plans by services.

A significant piece of work has been the development of new job plans for staff delivering psychological therapies with explicit expectations regarding direct face to face clinical time per whole time equivalent. This has resulted in significant productivity gains in terms of the increased capacity gained from current resource and the subsequent increase in new patient appointments. The total number of patients seen for a first treatment appointment in the period July to December 2015 increased by 290 appointments (33%) from the first six months of 2015.

Key actions to support improvement in the achievement of LDP standards associated with CAMHS and Psychological Therapies is outlined in Section 2.10 of this plan.

The re-provision of the Royal Edinburgh Hospital continues and remains on track with the first phase taking patients from acute, the national brain injury unit and psychiatry of old age into the new facility in January 2017.

In addition further work is being done in relation to the next two phases whilst also reviewing and optimising the physical capacity that the site has to offer in relation to the re-provision of the Liberton hospital.

Whilst the re-provision is ongoing every effort is being made to ensure that patient safety is supported and that patient experience is also enhanced within what is a mainly poor physical environment.

2.9.3 Mental Health Access Improvement – Building Capacity

The First Minister announced £54.1 million of funding over 4 years from 2016-17 to improve access to mental health services on 12 January 2016. The focus of the increased investment is to support the delivery of psychological therapies to both CAMHS and Adult Services. The package includes:

- Building Capacity in Services (£24.7m over 4 years)
- Developing the Mental Health Workforce (£24.6m over 4 years)
- The Mental Health Improvement Programme (£4.8m over 4 years)

NHS Lothian’s Building Capacity allocation over the next four years is outlined below.

Board Allocation: Building Capacity					
	2016-17	2017-18	2018-19	2019-20	Total
NHS Lothian	£630,325	£996,793	£996,793	£996,793	£3,620,703

A paper outlining proposals for investment associated with the Building Capacity allocation has been developed and will initially be discussed by the A12 Project Board in May 2016, and will then require to be agreed by the Chief Officers of the Lothian Integration Joint Boards.

2.10. LDP STANDARDS

2.10.1 Monitoring and Reporting Performance

NHS Lothian will continue to monitor and report performance against delivery of the 2016/17 LDP standards through the appropriate local and national systems and submission of monthly performance reports for review and action via the Corporate Management Team, NHS Lothian Committees and Board. During 2016/17 a new format of reporting and alignment with key committees of the Board will oversee the scrutiny and assurance of performance.

Performance against the delivery of the LDP standards will be maintained through executive lead directors, committees and local management groups.

Commentary is provided on current performance and actions to support improvements in delivery of the 2016/17 LDP standards and to mitigate the impact of risks.

In light of the financial challenges facing NHS Lothian in 2016/17 and agreement by the Board funding to support delivery Treatment Time Guarantees (TTG) through the use of the independent sector will no longer be available, NHS Lothian will maintain access to TTG in line with peer organisations.

People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (25% increase)

31 days from decision to treat (95%)

62 days from urgent referral with suspicion of cancer (95%)

Early diagnosis and treatment improves outcomes.

Detect Cancer Early (DCE)

NHS Lothian's performance over time against this target has consistently been over the All Scotland position, and has met or exceeded our agreed performance trajectory for previous years. NHS Lothian delivered the greatest percentage improvement of all Boards in the last reported performance period (2014-2015 combined). However we are not yet at the final targeted performance level of 29% to be reached by the end of 2015. The NHS Lothian DCE programme has continued to invest in the symptomatic cancer pathways and the cancer screening programmes throughout 2015 to support further improvement from our current performance of 26.2%.

The cancer pathways in 2015 are now complete and therefore the DCE investment and targeted schemes taken forward throughout the service have delivered their outputs. The final performance metric for 2014 – 2015 combined will not be known until the data is provided by ISD in the autumn of 2016. Because of ongoing data upload to ISD from NHS Lothian it is not possible to reliably estimate 2015 performance from our local management data.

The actions undertaken, and increased capacity to address barriers to access and bottlenecks in the system, have been embedded in routine practice. An on going programme of surveillance, identifying areas for improvement/addressing inequalities and implementing improvements continues across the patient pathway with significant engagement of general.

61 and 32 Day Standards

NHS Lothian continues to meet 31 day cancer standards, however performance relating to the 62 day standard has not been achieved in the latter part of 2015.

Colorectal and Upper GI performance has been affected by capacity pressures within these services – most specifically relating to endoscopy and colonoscopy capacity. Pressures in these areas are linked to rising numbers of referrals on the overall service which have put pressure on the overall available capacity within the pathway for these tumour groups.

Urology continues to face pressures associated with the provision of laparoscopic radical prostatectomy. This has been an area of pressure for some time in common with the rest of NHS Scotland. Within NHS Lothian there have been 2 operators who undertake this procedure who also support SCAN Boards demand. One of the operators has, for health reasons, recently ceased to contribute to the prostatectomy service further limiting the available capacity for this procedure within Lothian. In addition the renal cancer performance has deteriorated as a result of the loss of one consultant (relocated).

Actions being taken forward to support improvements in compliance with the standard relate to:

- Introduction of additional review of cancer breach performance information into weekly access / waiting times meetings to provide additional focus on cancer performance
- NHS Lothian continues to work with the S.E. Scotland Cancer Network (SCAN) to develop a business case for robotic prostatectomy which is aimed to support building the operator capacity to increase the overall capacity and sustainability of this service. NHS Lothian has recently appointed two new consultant urologists which will provide additional capacity, particularly for the renal cancer group.
- Tracking of patients with cancer within individual specialties is undertaken by cancer trackers. Additional training is being provided for these roles to improve clarity of roles. Service responsibility for rapid escalation of potential breaches on the 62 day pathway is also being reinforced. Cover arrangements of trackers in some specialties are also being reviewed to provide greater resilience.

People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support

Enable people to understand and adjust to a diagnosis, connect better and plan for future care

NHS Lothian's rate for referral for Post diagnostic support is currently in line with the overall national rate. The rate is only currently published at board level not by IJB/ locality level.

The data published by ISD on the dementia standard reports the rate of referral for post diagnostic support based on 100,000 per population. We are currently awaiting confirmation from ISD regarding what the expected rate would be in order to evaluate performance against the standard.

A number of actions have been identified to improve support for those newly diagnosed with dementia which include:

- Improve capture of post –diagnostic support being delivered in secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission
- Improve recording of diagnosis in TRAK
- Development of reporting of diagnosis and referral rate by partnership area (awaiting further guidance from ISD)
- Awaiting information to inform NHS Boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia

12 weeks Treatment Time Guarantee (TTG 100%)

18 weeks Referral to Treatment (RTT 90%)

12 weeks for first outpatient appointment (95% with stretch 100%)

Shorter waits can lead to earlier diagnosis and better outcomes for many patients as well as reducing unnecessary worry and uncertainty for patients and their relatives.

At December 2015, 127 individuals waiting over 12 weeks for inpatient and day case treatment. Demand for services continues to be greater than core capacity. There is however an improving performance position and a number of actions are being taken forward to delivery improvements such as:

- services have been clearing backlog of patients,
- consistent approach is being taken across NHS Lothian to manage and book waiting lists
- maximise theatre utilisation
- reduce late cancellations enabling the slot to be backfilled to reduce wasted theatre time
- Confidence all patients on the waiting list are fit for surgery
- Ensuring a larger pool of patients are available to fill vacant theatre slots at short notice
- Redesign of pre-operative assessment

At December 2015, 82.8% of planned / elective patient's commenced treatment within 18 weeks of referral, again delivery has been affected by demand being greater than core capacity. Significant programmes of work are being undertaken to improve efficiency and reduce patient waits for inpatient and outpatient access, theatre efficiency programme, demand and capacity programme and the outpatient redesign programme.

At December 2015, 85% of patients were seen within 12 weeks for a consultant led clinic appointment. Reasons for current below standard performance relate to:

- demand greater than capacity.
- overall increase in demand of 2% but significant rises seen in General Surgery, Dermatology, Ophthalmology and Gastroenterology.
- return demand in some key specialties impacting on additional capacity- i.e. additional in house clinics required to manage return demand rather than new.

Work will continue to support improvements through:

- DCAQ exercise to identify any mismatch in outpatient demand and capacity and take actions to address this

- Ensuring specialties are achieving the agreed efficiency targets e.g. through reduction in DNA rates
- Implementing actions in line with National Programme of Outpatient Redesign.

At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation

Antenatal access supports improvements in breast feeding rates and other important health behaviours.

In October 2015, 90.4% of pregnant women were booked the 12th week of gestation exceeding the standard.

NHS Lothian plans to stretch the standard set with an aim to increase the number of women booking before the 10th week of gestation across all areas of deprivation. Actions identified to support delivery of the stretch target include:

- Development of a process that Callers to '1st Maternity Appointment' could either request to have a pre-planned call back - if they are unable to wait to be answered or the development of the provision of an e-mail system to progress their request for an appointment. This already happens in some GP Practices in Lothian.
- Further contingency planning for '1st Appointment Maternity' call handlers during times of expected high activity.
- Development of local solutions for local issues to address why women continue to engage late in pregnancy in some areas of Lothian.
- Initial review of the demographic of women who engage late during pregnancy from areas of high deprivation indicate they are young women under 19 years of age, during their first pregnancy and of white Scottish ethnicity or women of high parity who are also of Scottish white ethnicity. Targeted responses need to be developed for these groups of women to facilitate earlier engagement during Pregnancy.
- Regular Provision of local data to frontline staff with support and empowerment to use the Improvement Method to develop Improvement

Eligible patients commence IVF treatment within 12 months (90%)

Shorter waiting times across Scotland will lead to improved outcomes for patients.

At December 2015, 100% of eligible patients commenced IVF treatment within 12 months exceeding the standard.

18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)

Early action is more likely to result in full recovery and improve wider social development outcomes.

In January 2016, 61% of referrals were treated within 18 weeks.

Increased demand from referrers (20% increase year on year for last three years) and reduced capacity due cessation of non-recurring funding and the precarious position of partner agency funding streams is impacting on performance.

A number of key actions have been identified to improve performance, these are:

- A single prioritised amendments / additions work-plan for TRAK with named analytical, data and system support staff from clinical services, e-health and planning.
- Development of a single implementation plan for the introduction of Patient Focused Booking across CAMHS.
- Development of a single implementation plan for the introduction of Text Reminder system CAMHS.
- Completion of updated Demand Capacity Activity Queue (DCAQ), for CAMHS whose data is recorded and reported from TRAK.
- Review of current referral thresholds and ratio of accepted referrals.
- Plan to liaise with NHS Greater Glasgow & Clyde to compare practice and adopt relevant learning.
- A proposal is being developed to reduce the community development role of CMHW in CAMHS teams for 12 months and thus increase the direct clinical capacity of these staff

18 weeks referral to treatment for Psychological Therapies (90%)

Timely access to healthcare is a key measure of quality and that applies equally to mental health services.

In January 2016, 66% of referrals were treated within 18 weeks.

Performance is affected by reduction in capacity due to contracts ending which were funded on a non-recurring basis and revised DCAQ continues to highlight capacity issues for adult mental health services from non-recurring posts. There has also been an increase in due to the increasing efficacy and awareness of the positive contribution of psychological therapies on improving patients' outcomes.

Key actions to support performance improvements relate to:

- Updated Service Improvement plans for each service / team delivering psychological therapies.
- A single prioritised amendments / additions work-plan for TRAK with named analytical, data and system support staff from clinical services, e-health and planning.
- Development of a single implementation plan for the introduction of Patient Focused Booking across all service delivering psychological therapies.
- Development of a single implementation plan for the introduction of Text Reminder system across all service delivering psychological therapies.
- Agreement of norms per WTE for direct clinical contact (appointments) based on banding and role across teams delivering psychological Therapies. Improved reporting of expected versus actual activity.
- Use of the Meridian work allocation tool to increase direct clinical contact within Edinburgh teams.
- Further development of the Meridian work allocation tool to streamline completion whilst retaining benefits of the tool
- Completion of updated DCAQ for all general adult services
- Completion of remaining DCAQ for all services / teams whose data is recorded and reported from TRAK.

- Introduction of Lothian-wide Group Programme funded by Mental Innovation funding.
- Reviewing the range of psychological therapies available and ensuring delivery of those with the most robust evidence bases are prioritised and matched to those who will most benefit.

Clostridium difficile infections per 1000 occupied bed days (0.32)

SAB infections per 1000 acute occupied bed days (0.24)

NHS Boards area expected to improve SAB infection rates during 2016/17. Research is underway to develop a new SAB standard.

The estimated Clostridium difficile (CDI) rate for March 2016 is 0.40 (322 episodes) a reduction of 61 incidences from the previous year.

Clostridium difficile can often be an unintended consequence of antimicrobial use. Investigations indicate many of these patients have had complex health care needs resulting in multiple courses of antimicrobial therapy. All investigations and case reviews have found the cases to be individual unrelated infections and not as a result of cross transmission.

Actions to support improvements include:

- Development of more detailed action plan in conjunction with Quality Improvement
- Establish local IPC Committees to increase local ownership of data and corresponding actions for improvement
- Establishment of a Multi-disciplinary review team to improve robustness of CDI case identification and reporting to ensure all CDI patients being reported meet the definitions as advised by HPS.
- Improved Antimicrobial Stewardship
- Key preventative strategies primarily hinge on good antimicrobial stewardship, and management of other risk factors for CDI such as prescription of Proton pump inhibitors (PPI).
- Establish an explicit governance framework of how to address persistent non compliance with NHS Lothian antibiotic prescribing policies when this occurs
- Development of a strategy for primary care 4C prescribing authorised and supported by the medical director for primary care.
- Reducing 4C antibiotic use will involve improving access to alternatives such as pivmecillinam, fosfomycin, aztreonam, and promote their use where they have a recognised role. Also there is scope for shared learning from other boards that have implemented such changes successfully to allay hypothetical fears of prescribers to move from their traditionally preferred antibiotic of choice to ones with less potential collateral damage.
- A review of surgical prophylaxis should be undertaken with a view to discouraging 4C use where possible
- The Lothian loose stool policy to be reviewed to ensure no ambiguity and that all advice is clear.
- Development of an enhanced surveillance report for CDI similar to that provided for SABs
- All patients should be risk assessed when presenting with diarrhoea symptoms to support appropriate isolation and correct sampling promptly requested.

- IPCT Risk Assessment uploaded to TRAK to support clinical team completing risk assessment.

The estimate Staphylococcus aureus Bacteraemia (SAB) rate for March 2016 is 0.28 (248 episodes), a reduction of 48 incidences.

There is a high incidence of infections that are not directly healthcare acquired e.g. people who inject drugs, since April 2015 there have been 16 episodes where drug use is identified as either main source or contributing factor. Main area from preventable infections is peripheral vascular cannula and skin and soft tissue infections.

Enhanced surveillance has been undertaken to identify root cause. And additional education provided to support clinical teams in safe management of intravenous infusions, & review of all soft tissue related SABs

Additional actions to support reduction in SAB include:

- Development of more detailed action plan in conjunction with Quality Improvement.
- Infection Prevention and Control to improve quality of information reported to clinical and senior teams in relation to SAB.
- Additional resources to support education and clinical practice to work with clinical teams in the reduction of invasive device related SABs.
- Quality Improvement and education of all staff involved in the care of invasive devices is essential to ensure safe practice.
- The two staff appointed must deliver local education to improve practice in areas with highest incidence of device related infection.
- Through education and patient safety ensure all levels of staff involved in insertion, maintenance and use of invasive lines deliver safe and effective practice and demonstrate competency and compliance in use of asepsis.
- Essential all medical staff as well as nursing staff are appropriately trained and competent in the handling of lines.
- Shared learning and practices from areas where invasive lines infection rates are low should be developed through quality improvement teams.
- A review of skin preparation products to ensure the correct product CA2CSKIN is being utilised
- Standardise transparent dressings utilised for invasive vascular devices to ensure compliance with best guidelines
- Establish a quality improvement project to consider the efficacy and benefit of using antimicrobial lock solutions e.g. taurolock
- Catheter care should be reviewed and catheter use needs to be discouraged when not absolutely necessary and access to alternatives explored.
- Roll out of SPSP CAUTI Bundle to areas reporting catheter associated infections using the Pareto charts to prioritise implementation.
- Improve compliance with National MRSA Screening Clinical Risk Assessment ensuring decolonisation/suppression therapy is implemented where clinically indicated.
- Consideration of the use of decolonisation to reduce the incidence of Hickman and PortaCath related SAB should be considered.
- Review of blood culture sampling practice and education for front door areas

- Test of Change within Emergency Department at the RIE on the effectiveness of grab bag approach to blood culture sampling. Grab bags would contain all equipment required for safe sampling and a reminder message outlining what is best practice within the pack.
- Ensure education of all staff undertaking blood culture to ensure competency and safe practice.
- Review blood culture contamination rates as a standing item discussed weekly at ward safety briefs and at departmental M&M meetings, Ensure feedback and education of staff with poor technique, reducing the risk of contaminated samples.
- Introduction of the Visual Phlebitis scoring as part of the patient safety bundle.
- Frontline clinical teams to ensure opportunities for education to PWIDs when presenting within acute setting.

Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%)

Services for people are recovery focused, good quality and can be accessed when and where they are needed.

Overall across Lothian performance remains below target but individually Edinburgh and West Lothian are less than 90% whilst Mid and East Lothian are above 90%.

Performance in the City of Edinburgh has been below 90% for some months and pulls the average for all services in NHS Lothian down (across health, social care and the voluntary sector). There have been pressures in other areas, but these have been short term and resolved.

Reasons for the pressures in the city are:-

1. Short term contracts for Edinburgh Alcohol and Drug Partnership funded posts, which constitute the majority of staff – this results in high levels of staff turnover, whose caseloads need to be absorbed by remaining staff, who are then unable to take on new cases from the waiting list. We have asked that the organisation (REAS) take the redeployment risk of giving permanent contracts to staff, to reduce turnover.
2. Contracting budgets – the steady erosion of budgets by LRP has mitigated against developing services to meet the demand. Further reductions yet to be quantified in the Budgets from April 16 onwards will make delivery unlikely
3. Bottlenecks in the patient pathway, reducing capacity for discharge to primary care, which reduces the Substance Misuse Directorate (SMD) capacity to take on new cases. Several GP practices in the city have been moved into special measures due to issues around recruitment and retention of GPs.

In an effort to maximise existing capacity, the SMD has recently done some work with Meridian to identify inefficiencies. It should be noted however that, compared to data from the Mental Health services already studied, the SMD performance was already higher e.g. 3.5 patients per day versus 1.9 in mental health services. The SMD Senior Management Team will use the productivity work in the actions above to maximise capacity.

Action plans have been identified to improve performance, key actions relate to:

- Improve accuracy and consistency of performance and activity data
- Improve response to referrals approaching the 21 day waiting time threshold
- Ensure staffing capacity is maximised
- Seek to revise model of assessment and care
- Improve capacity, activity levels and productivity of SMD services in Edinburgh potentially with support from Meridian
- Improve capacity, activity levels and productivity of contracted services in primary care and the third sector
- Improve capacity within the system of care

Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings

Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas

Enabling people at risk of health inequalities to make better choices and positive steps toward better health.

Alcohol Brief Interventions

NHS Lothian and other partners within each of Lothian's Alcohol and Drug Partnerships will sustain the delivery of ABIs in the three priority settings (Primary Care, Antenatal and A&E) during 2016/17. This prevention/early intervention activity will contribute to work to reduce health inequalities and promote the health and well being of communities by focusing on the needs of the local population in the harder to reach groups where deprivation is greatest.

We will continue to deliver a comprehensive education and training programme for groups of staff in both statutory and voluntary agencies, for example in prisons, police custody suites, criminal justice programmes, youth and sexual health programmes/services and welfare rights teams. This helps to ensure that disadvantaged groups receive a quality service.

We will work with our local ADP and 3rd sector agency in West Lothian to develop a care pathway for persons entering police custody suites/criminal justice settings and evaluate and report outcomes.

Working with local neighbourhood partnerships across the city we will facilitate ABI training and further develop our ABI toolkit for local authority staff. We will ensure that staff working in specialist projects which have been established to address the needs of people from disadvantaged communities, receive ABI training e.g. the Access Point (working with homeless people), specialist midwifery staff (working with gypsy travellers and temporary residents)

We will continue to monitor and evaluate the ABI e-learning module and further develop our local Training for Trainers module in order to sustain ABI training in the wider community. Working with Queen Margaret University we will further develop and evaluate the training module for Allied Health Professional students and embed the module in the core curriculum for undergraduates.

Phase 1 – HEAT Target 2008-2011

- Outcome: NHS Lothian delivered 29,884 ABIs which represents 127% of the original target (23,594)

Phase 2 –HEAT Target 2011-2012

- Outcome: NHS Lothian delivered 17,093 ABI's in 2011/12 which represents 172% of the original target (9,938)

Phase 3- HEAT Standard 2012-2013

- Outcome: NHS Lothian delivered 18,275 ABI's in 2012/2013 which represents 184% of the original target (9,938)

Phase 4 –HEAT Standard 2013-2014

- Outcome: NHS Lothian delivered 23,735 ABI's in 2013/2014 which represents 239% of the original target (9,938).

Phase 5 – HEAT Standard 2014-2015

- Outcome: NHS Lothian delivered 24,388 ABIs in 2014/2015 which represents 244% of the original target (9,938).

NHS Lothian will meet the new ABI delivery target in the priority settings and will report accurate data quarterly to Information Services Division (ISD) by submitting further demographic data e.g. age gender, postcode. Further data will be obtained around hard to reach groups where deprivation is greatest.

ABI National Guidance from Scottish Government 2016-2017 sets Lothian ABI delivery target 9757

It is expected that at least 80% of delivery will continue to be in the priority settings. The remainder can be delivered in wider settings in accordance with the national guidance. It is expected that NHS Lothian will exceed the target as illustrated in previous years.

Smoking Quits

NHS Lothian will sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas by providing an accessible cessation service.

At September 2015, 310 successful smoking quits were achieved, exceeding the target of 293.

Smokefree Lothian's mission remains to provide an effective cessation service to hospital patients (both in acute and mental health hospitals), young people, pregnant women and their families, and prisoners

A 2016-17 smoking quit target of 1,469 at 12 weeks post quit has been set for NHS Lothian this is a 22% increase on the 2015-16 target of 1,170.

These key groups are reflected in the new 2016-17 LDP target of 1,469 smoking quits at 12 weeks (22% increase on the 2015-16 target). We have set indicative targets for each of our Smokefree teams and the pharmacy service.

For 2016-17 we have rebalanced the LDP quit targets and asked the community pharmacy based arm of the service to increase the number of quits they provide. To assist this we are mounting a new campaign in pharmacies to advertise pharmacy based cessation services to coincide with No Smoking Day 2016 in March.

During 2016-17 there is an emphasis being placed on facilitating all hospital staff to address tobacco use in integrated care pathways

48 hour access or advance booking to an appropriate member of the GP team (90%)

Often a patient's first contact with the NHS is through their GP practice. It is vital, therefore, that every member of the public has fast and convenient access to their local primary medical services to ensure better outcomes and experiences for patients.

Following the removal of the 48 hour access indicators in the Quality Outcomes Framework (QOF) for 2015-2016 there is no longer local monitoring of 48 hour access to GP services. Access is instead assessed through the two-yearly and centrally delivered National Health and Care Experience survey, the results of which will be available in May 2016.

Sickness Absence (4%)

A refreshed Promoting Attendance partnership Information Network Policy will be published in 2015

At January 2016 NHS Lothian's sickness absence was 5.07%

Whilst NHS Lothian continues to perform better than the NHS Scotland average it has to be noted that the overall NHS Scotland performance in relation to sickness absence has deteriorated. We continue to be challenged in achieving the 4% standard with the added dimension of an aging workforce.

HR continues to provide a range of technical support and governance frameworks to support managers to achieve the standards, for example Attendance Management Training Sessions, short master classes on managing essential but difficult conversations at work in the context of staff absence, targeted support for absence "hotspots" (i.e. nursing bands 1-5; A&C bands 1-4); absence review panels and the creation of the Absence Dashboard to facilitate effective performance monitoring.

HR resource is allocated to support managers to review and monitor staff absences and to support the management of more complex cases. A financial risk relates to continued use of 'bank shifts' to cover sickness absence, particularly in the nursing and medical workforce.

In order to manage delivery of the standard, NHS Lothian's Promoting Attendance Policy will be reviewed and refreshed when the revised Partnership Information Network Policy is issued, this had been expected in 2015 but is now not likely to be published until Spring 2016.

NHS Lothian recognises and respects that many staff combine both their paid work with additional caring responsibilities at home. In recognition of this, NHS Lothian has been awarded the Carer Positive award – engaged level. This is an award that is presented to employers in Scotland who have a working environment where carers are valued and

supported and is being supported by the Scottish Government. Carer Positive employers recognise the importance of retaining experienced members of staff, reducing absence, and cutting down on avoidable recruitment costs.

Over the summer and autumn a series of roadshows are planned, building on previous successful work which was aimed at staff who are carers and managers of someone who is a carer. The importance of targeting facility staff, who often have high rates of sickness absence, is acknowledged. The work is being led by the Employee Director and Carer Lead along with HR and Partnership.

4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)

High correlation between emergency departments with 4 hour wait performance between 95 and 98% and elimination of long waits in A&E which result in poorer outcomes for patients

At January 2016, performance against the 4 hour target was 88.45% which demonstrates a negative trend when compared to performance over the preceding 3 month. Winter pressures have contributed to this position. Increased acuity and activity entering each of the three acute sites, coupled with an increased number of delayed discharges has led to deterioration in 4-hour performance.

Key actions to support improvements associated with the 4 hour target include:

- Deliver on Lothian's winter plan that includes protecting first two weeks of January for unscheduled capacity, enhancing weekend services and strengthening services that manage increased winter demand and support flow. The plan builds on the need for whole system working across acute, primary and social care services. Working with Integrated Health Boards will help promote primary care services and move away from hospital admission being considered as the 'default' position
- Implement national 6 essential actions unscheduled care toolkit on all three acute sites. These are integral to planning and delivery unscheduled care services, including winter.
- Implement recommendations from the Deloitte report around Frailty pathways and Length of Stay.
- Implement SEFAL work stream shifting discharge curve to earlier in the day and avoiding more unnecessary admissions.

Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement

Sound financial planning and management are fundamental to effective delivery of services

NHS Lothian continues to assess the financial plan for 2016/17 with the aim of achieving a balanced position. Work is on going to support business units in the delivery of financial recovery plans to meet the challenge of closing the financial gap.

3. FINANCIAL PLANNING

3.1 Financial Context

The financial outlook presented to the Board in December 2015 and Finance and Resources Committee in January 2016, set out a challenging financial position for 16/17. This is within the context of Lothian having the largest population increase across Scotland over the last year and a growing older population, who are presenting with more complex needs requiring community and hospital support.

The Board's Financial Plan for 2016/17 has been developed using a revised approach which aims to strengthen the link between business unit plans and delivery of financial balance through the development of individual forecasts and specific action plans at Business Unit level. The financial planning process has also sought to recognise the Board's changing role in relation to the preparation of budgets for Integrated Joint Boards.

The focus of this work has been across areas of expenditure growth for which the Board effectively has no discretion. This has been estimated at £73.6m for 2016/17 and examples include;

- Pay & price inflation and National Insurance changes (£29.7m, which exceeds our inflationary uplift in funding by £8.7m);
- The impact of changes to the size and nature of the population the Board serves (Such as rising demand for outpatient referrals, inpatient and day case treatments, chemotherapy, diagnostic tests, emergency department attendances);
- Implementing national policies including access to medicines - Growth is anticipated in many areas including £3.4M in Cancer medicines, £1M for Aflibercept in Ophthalmology and £1M for Vedolizumab recently approved for Crohns / Ulcerative Colitis;
- Obligations from contractual commitments, including PFI contract uplift of £543k, medical staffing additional discretionary points of £1,111k, and rates increases of £427k;
- Commitments arising from strategic investments the Board had previously agreed, which includes a recognition of the future additional revenue costs for the new RHSC of £2m and additional running costs for Phase 1 of the Royal Edinburgh Hospital of £1.6m.

The work has also included an assessment of the carry forward shortfall brought into 2016/17 relating to previous years. This has been partially offset by an increase in NRAC funding of £14m, which the Scottish Government has confirmed for 2016/17, but which relates to 2015/16. This leaves a remaining carry forward shortfall of £21.6m and should be seen in the context of the outstanding NRAC shortfall from parity of £19m.

NHS Lothian has received an uplift to its baseline funding of £20.9m, however this is offset by a reduction in funding to health budgets as a consequence of the introduction of the new Outcomes Framework, and in PPRS receipts. It is assumed that this will lead to a £7.8m

reduction in budgets leaving approximately an additional 1% (£13.1m) increase in baseline funding for the Financial Plan.

There are further changes to the funding of health and social care services that do not have a direct impact on the NHS Lothian 2016/17 Financial Plan. NHS Lothian will receive £35.3m from the Social Care Fund to be transferred to the four Integration Joint Boards to support adult social care (although potentially less than half of that sum will be available to fund additional activity). However the new Outcomes Framework is expected to reduce the level of funding to Councils for the relevant services by £1.4m.

In considering how to address this financial challenge, which requires a recurring cost reduction of circa 6.11%, the Board endorsed savings proposals relating to low and medium (service) risk schemes. These equate to approximately 2% and include a range of measures across pay and non-pay costs; Delivery of these schemes requires a significant step up in the level of recurring savings compared to 2015/16. A number of higher risk schemes were also presented to the Board at its development session in March but there was not sufficient confidence that these could be delivered without an adverse impact on service quality and/or policy imperatives and for this reason these have not been included.

The Board also agreed a number of non-recurring measures which have now been further enhanced to recognise the potential from the national balance sheet review.

In summary the following sets out the position the Board has reached on its Financial Plan for 2016/17 with a residual savings target of £20.9m.

	Total
	£k
Full Year Recurring Expenditure Budget	1,450,718
Recurring Expenditure Budget net of GMS	1,338,034
Full Year Effect of Pressures	22,810
Efficiency Savings Slippage	12,784
NRAC relating to 15/16	(14,000)
Baseline Pressures 16/17	21,594
Recurrency of Gap on 15/16 Financial Plan	4,145
Pay Uplift/ Contractual Obligations	26,967
Additional Uplifts/Growth and Other Commitments	33,005
Service Developments	849
Policy Decisions	616
Proposed Strategic Investments (F&R approved)	3,193
Projected Expenditure Uplifts & Commitments	68,775
Recurrency of Primary Care Investments	173
Essential Service Developments	4,737
Projected 16/17 Costs	95,279
Additional Resources	
Base Uplift	(20,963)
Reduction in PPRS Funding	4,167
Reduction in 'Bundle' funding - 7.5%	2,520
Reduction in Alcohol & Drug Partnership	769
Reduction in GDS Funding	381
Total Additional Resources	(13,126)
Gap before Recovery Plans	82,153
Financial Recovery Plans (Medium & Low Risk)	(27,409)
Gap After Recovery Actions	54,744
Non Recurring Flexibility	(4,800)
Provisions	(8,000)
Year End Management	(8,000)
General Reserves/Balance Sheet	(13,000)
Resource Distribution	0
Gap after Recovery Actions and Financial Flexibility	20,944

It is important to recognise that the total at Table 1 reflects the growth where the Board has no or limited discretion on expenditure. Any further expenditure will simply add to the scale of the challenge. With this in mind it is planned to continue with our approach in previous years by continuing to hold as reserve as a contingency to help the Board manage unforeseen events. This is now at 0.75%.

In reaching this position, the Board has already considered and agreed that previous years funding to support delivery of Treatment Time Guarantees through use of the independent sector will no longer be available. This amounted to circa £12m in 15/16 and procured 10,500 outpatient appointments, 7,300IP/DC treatments and 3,500 endoscopy procedures)

Plans are currently being developed to assess how this activity might be absorbed back into NHS functions. We have already secured NHS capacity to deliver the 2000 ophthalmology cases, reduced the capacity gap in ENT and will deliver plastics and OMFS capacity within core NHS Lothian.

Inevitably this brings with it a significant operational risk in advance of the delivery of the Elective Centres, particularly for orthopaedics. There are a number of key specialties where TTG impact cannot be easily provided for within Lothian, Orthopaedics, Urology and GSURG are at the highest risk and these specialties will see monthly deterioration in 12 performance.

Outpatient performance is at risk across the majority of specialties and whilst redesign and productivity improvements will provide some relief there will be significant impact on both patients waiting longer than 12 weeks

We are in detailed discussions with the Scottish Governments Access team to describe the actual impact.

Balancing the Plan – Longer Term

Achieving the savings identified thus far will be very challenging and relate to a context where NHS Lothian is operating with a proportionately lower bed and workforce base than other Boards that are in parity with NRAC. Nonetheless the Board is continuing to consider how it might address the remaining balance, and importantly consider how it moves back into a financially sustainable position. The Board's consideration of this issue and its aspiration to deliver its vision and mission has led it to endorse the development of a clinical quality management system as fundamental to its organisational strategy going forward.

Quality Management System

We believe that continuous clinical quality improvement will be most effectively driven by the 'front line' clinicians and clinical teams. Our longer term goal is to enable clinicians to routinely manage more of the business of healthcare with clinical, experiential, financial and operational goals becoming indistinguishable. The first phase is to increase the capacity and capability of clinical teams to manage quality through individual and team capacity building coupled with enhanced provision of on individual clinician and team performance.

We are developing the infrastructure to deliver this through partnerships with key organisations across the NHS and other sectors in Scotland and Intermountain Healthcare in the USA. This approach allows us to a) share the risks and costs of development b) allow others to learn from us c) give a valuable external perspective to our work.

Our medium-term goal is to create a system of managing our business based on maximising quality whilst controlling and reducing the costs of healthcare. Put another way, our vision is to achieve the IHI Triple Aim and in doing so support Scotland's Healthcare

Strategy. We also want to take practical steps to create a culture of true innovation where new ideas and ways of working can flourish within the organisation. A key component of this is to be able to have open supportive conversations between patients, clinicians and managers about both trying new things and not doing 'old' things that add little if any value to patient care or organisational quality. Quality Improvement cannot just be about improving the performance of existing processes; it must embrace bold redesign of healthcare for the needs of patients in the 21st century.

Whilst we are absolutely explicit in our goal of controlling and reducing costs through a quality-focussed organisational management plan, this is new territory for a Scottish Health Board so there isn't a clear 'map' describing what can be saved, by when and where? Whilst there are some international precedents – in the 1980s Intermountain Healthcare in Utah saved \$30 Million over nine years as a direct result of their quality improvement programmes. The Chief Quality Officer and Finance Director are jointly establishing Healthcare Economist capability to more precisely define the opportunities for cost reduction through quality improvement. This intelligence will have a strong influence on the direction, pace and scale of the development of Lothian's Quality Management System.

Balancing the Plan – Short Term

The capacity to release further savings in areas such as prescribing and medicines is constrained and other key drivers of cost – bed base and staffing complement are closely linked to the way in which service is delivered. However there are a number of areas which will be the focus of further work over the coming months.

Bed reconfiguration/Workforce Reduction

Through the delivery of the savings plans the Board will continue to ensure the workforce and financial resources are aligned. However bed numbers have a material impact on workforce size and hence cost. Current savings proposals include a limited number of propositions which will see our total bed complement reduce by up to 36 beds. These are largely driven by health and safety considerations on sites that are no longer fit for purpose and where we have signalled our intention to reprovide services as part of our Strategic Plan.

However following the work on the Data Diagnostic commissioned during 2015/16, and with the Social Care Fund and the Delayed Discharge and Integration funds, work is underway which aims to take NHS Lothian towards best in class length of stay by eliminating social care delays and moving to discharge to assess policies. The success of this work would reduce the Board's reliance on the current bed base and facilitate bed closures. Census data from December showed 150 social care delays within the system and therefore opportunities for bed reductions up to this number are being assessed. There will be a sustained focus not only with IJB colleagues but significantly within our Acute Hospitals to establish and deliver real cultural change on home assessment and rehabilitation pathways. A focused piece of work will be initiated over the summer which will test models of provision that will see patients requiring assessment being discharged home with the required support to allow more realistic and effective provision.

In the first instance plans to come off the Liberton and Astley Ainslie sites would be accelerated, in partnership with the IJBs. Although some of the savings would be required for reinvestment this would provide savings from fixed costs and the sale of those assets.

The NHS Lothian Sustainable Workforce Programme Board, to be Chaired by the Nurse Director will be tasked with oversight and leadership around safe and effective workforce planning through methodologically based skill mix, service redesign but also the redistribution of staffing across areas where vacancies have occurred where and when there are reductions in beds in other areas.

In addition the Programme Board will ensure that the process around the eradication of nursing agency is pursued, whilst also ensuring that we recruit to funded establishment in order to reduce the need for bank and agency is also accelerated. It will also pursue the thinking around alternative workforce models as we redesign the way in which care is delivered in the future. It will do this by working strategically with our four Health and Social Care Partnerships. An estimate of savings from this are already included in the Financial Plan already.

National Workstreams

Through the joint work of the Chief Executives, Directors of Finance and Scottish Government colleagues a number of workstreams have been developed both to support Board in their local delivery of savings plans, and to examine whether a national approach to certain propositions can be agreed and delivered. It is not yet clear whether these national initiatives will have a further positive impact locally. The vast majority of these workstreams are already incorporated in our local schemes but a small number could deliver savings to Lothian. This includes a review of effective prescribing medicines and Shared Services for both corporate and clinical support functions.

In addition there are a range of initiatives to contain demand for, and expenditure on, agency staffing.

Reserves

NHS Lothian has already identified reserves from a number of sources:

- Provisions relating to annual leave carry forward (£8m);
- Year end management (£8m)
- Budget set aside for the new RHSC/DCN facility (£4.8m).

Beyond this, discussions progress nationally in relation to potential balance sheet flexibility. Current estimates included in the financial plan show a contribution of £10m in this year, which represents a timing benefit repayable in future years.

Further, £3m has been released from NHS Lothian's recurring reserves bringing the residual balance remaining in Reserves down to circa £10m for unforeseen events and slippage on recovery programmes as noted above.

Looking Beyond 2016/17

NHS Lothian is a Board which has consistently delivered break even over a long number of years despite the significant challenge it faces from demographic pressure (disproportionate to other Health systems in Scotland), and the shortfall of circa £57m it has experienced in NRAC funding since 2009/10.

However we are hampered in our endeavours on a number of fronts. The pressure from demographic growth is already with us. Examples include increased outpatient referrals in a number of specialities linked to diseases of old age, many of which translate into additional inpatient/day case procedures, cancer services with day chemotherapy up 7/8% pa, diagnostic tests creating pressure on staffing and medical equipment.

We already know from the work we have done on the Board's strategy, and that Scottish Government has completed on elective capacity, that we do not currently have sufficient physical capacity (or staffing in key specialties) across Lothian to support Treatment Time Guarantee, Cancer Services, and Primary Care as 3 very immediate pressure areas. This is further constrained by our main acute site not only being an expensive PFI but equally slow to deliver changes in capacity.

And inevitably all of this is further compounded by our NRAC position which impacts the Board in a number of ways. Firstly NHS Lothian, alongside NHS Grampian receives the lowest allocation per head of population by some margin. The current mechanism for recovering income from other Boards means that not only do we recover income on a suppressed cost base but that it takes 3/4 years to recover the cost of any activity increases from other Boards, and of course we have been significantly away from the current NRAC parity for a number of years. All of this means that the Board has little headroom to invest in the change required and in many areas we are spending money in a way that is not best value because we now have a system out of balance on a number of fronts.

Recognising the pressure it faces, Lothian has clearly articulated in its Strategic Plan Our Health, Our Care, Our Future, its vision and a direction of travel which will enable it to meet those challenges and deliver its, and Scottish Government's, 2020 vision. In addition to the required investments and improvements set out in the Plan, and described earlier, Lothian has also approved a new organisational strategy which sees the development of a Clinical quality management system which will support the organisation to deliver the triple aim of improving health, improving quality and affordability. It is the first Board in Scotland to appoint a Chief Quality Officer who will take the lead in developing our more detailed strategy for this and, despite our financial position, the Board has supported funding for this. (As has the Endowment fund). We are absolutely committed to finding a way to deliver scale and pace on this.

3.2 LDP Financial Plan

The draft LDP Financial Plan and Risk Schedule was submitted to the Scottish Government on 21 March 2016 (Appendix 3); a further update plan will be submitted on 31 May 2016. The key assumptions / risks associated with the LDP are outlined in the table below.

Very High Risk	Bed Reductions, Income Assumptions, Social Care Investment, SMC restrictions
High Risk	Efficiency Programme, Scheduled Care, Unscheduled Care, Delayed Discharge, the IPTR Process, New high cost drugs, SGHD Allocation reductions, Capital Programme, Equal Pay
Medium Risk	GP Prescribing and growth in Acute medicines, Property Sales

3.3 Property and Asset Investment Programme

A Five Year Property and Asset Investment Programme is presented to each Finance and Resources Committee, and the total planned investment is included in this LDP submission. NHS Lothian recognises the challenge of creating a Property and Asset Management Programme that addresses the diverse requirements of the Strategic Plans of both the acute hospitals and the IJBs, outputs from the campus master planning to address the backlog and development requirements and efficiency plans with a capital component.

A number of the Board's priorities will be delivered through revenue funded schemes. The re-provision of the Royal Hospital for Sick Children and Department of Clinical Neurosciences (RHSC / DCN) is under construction through a Non Profit Distribution (NPD) contract, and Phase 1 of the Royal Edinburgh Hospital (REH) re-provision is also under construction through Hub South East. Following the resolution of ESA 2010 balance sheet classification issues, the Hub Partnership Centre Bundle reached Financial Close in April 2016, and work is well advanced on both the planned East Lothian Community Hospital and future phases of the Royal Edinburgh Hospital Masterplan. As a result of changes in interpretation of European accountancy guidance, SGHSCD have advised that a scheme to replace energy infrastructure at St John's Hospital through the Carbon Energy Fund as a revenue funded scheme can now no longer be progressed. Alternative options will be sought as a matter of urgency to ensure provision of energy to the site, as well as release of significant efficiency savings.

Several strategic priorities are planned for traditional capital funding: elective treatment centres; re-provision of the Edinburgh Cancer Centre; proposed expansion of the St John's Hospital site; re-provision of the Princess Alexandra Eye Pavilion on the Edinburgh Bioquarter campus; and continued investment in the modernisation of Primary Care premises.

The Board is also managing key risks using its formula funding through rolling programmes, which commit a significant portion of available funding each year. These include medical equipment replacement, backlog maintenance and eHealth, all of which project spending requirements in excess of available funding and will require close management and understanding of associated risks.

Throughout the timeline of this plan and beyond there is pressure on resources and capacity to deliver significant developments over a number of sites in parallel to meet the strategic plan.

4. COMMUNITY PLANNING PARTNERSHIPS (CPP)

To support the work of the Lothian CPPs, an NHS Lothian Board Director and Non-Executive Director have been appointed to each of the four CPPs. Key relationships between the CPPs and the development and implementation of the four IJB's strategic plans will be important during this initial year.

4.1 West Lothian CPP

The IJB Chief Officer is a member of the Community Planning Partnership Board ensuring partnership working on a broader level than health and social care integration. The work of the CPP is also supported by other members of the HSCP Senior Management team on various work streams and steering groups.

Tackling Inequality is the main objective of the CPP and the IJB outcomes are aligned with this and the Single Outcome Agreement (SOA).

- Our Children have the best start in life and are ready to succeed
- Older people are able to live independently in the community with an improved quality of life
- We live longer, healthier lives and have reduced health inequalities

Locality groups are being established and will work with the CPP to support the regeneration priorities and address core causes such as income, education and employment and increase the capacity of the IJB to deliver real improvements. This is supported in our work on community engagement and within our Organisational Development and Workforce plans.

In addition to the existing work programme we are considering how the opportunities for joint working can be maximised. This will include improving the alignment of performance data with population need and a review of the existing multiagency agreement to consider ways of working with a wider range of partners to support information sharing and joint planning to reduce inequalities and improve outcomes.

4.2 Midlothian CPP

The IJB Chair and Chief Officer are sitting members of the Community Planning Partnership Board ensuring partnership working on a broader level than health and social care integration. The CPP has recently agreed that addressing inequality will be its main objective over the 2016-19 period with the key outcomes being:

- Reducing the gap in learning outcomes
- Reducing the gap in health outcomes
- Reducing the gap in economic circumstances

This both reflects a key objective of the IJB and, in addressing core causes such as income, education and employment, increases the capacity of the IJB to deliver real improvements.

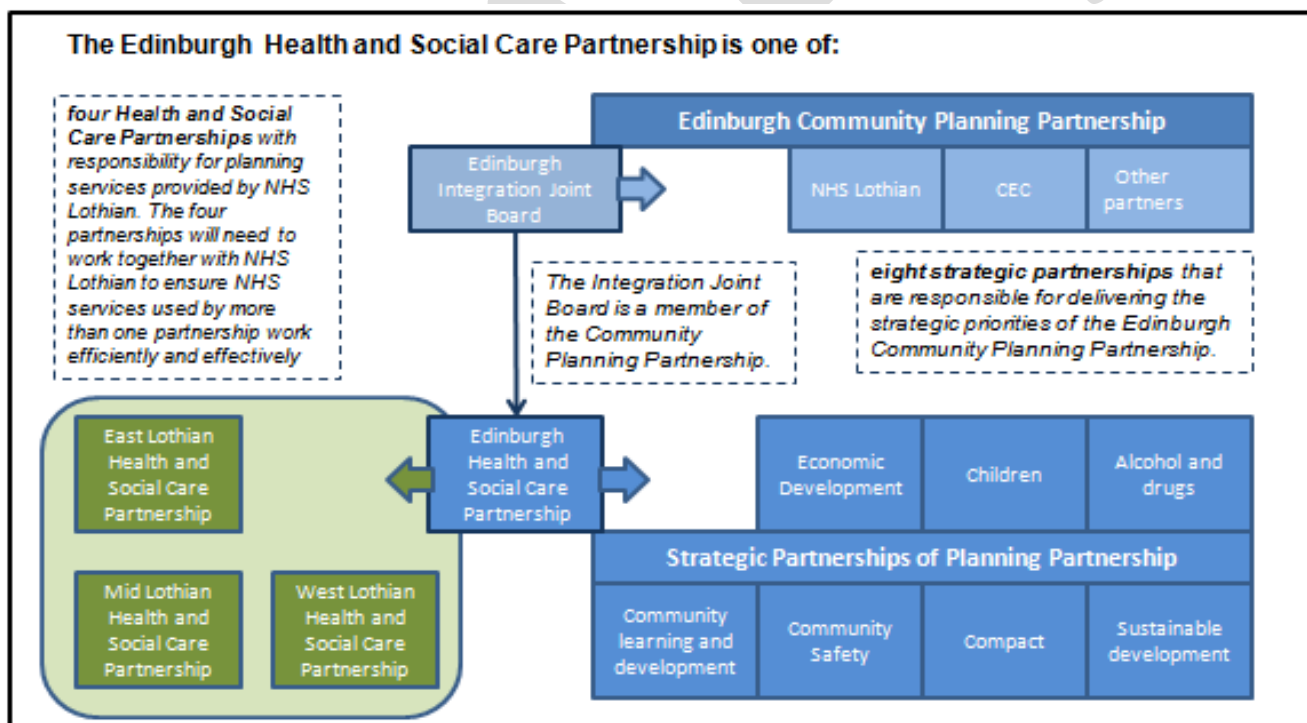
Similarly the three key approaches previously agreed by the CPP-local access, capacity building and prevention-all support the direction of travel of the IJB towards a more sustainable health and care service in Midlothian.

4.3 Edinburgh CPP

The role of the Edinburgh Community Planning Partnership is to ensure that there is a coordinated approach to planning public services through the development of a community plan for the city. The Integration Joint Board is a member of the Edinburgh Community Planning Partnership and the Health and Social Care Partnership is one of the eight strategic partnerships that support the delivery of the community plan.

It is important that the strategic plan for the Health and Social Care Partnership takes account of the Edinburgh Community Plan and the local community plans produced by the 12 neighbourhood partnerships; and contributes to the achievement of the aims and objectives set out within those plans.

The diagram below sets out the relationships between the Integration Joint Board and Health and Social Care Partnership, the Edinburgh Community Planning Partnership and the other Lothian Health and Social Care Partnerships.



The Edinburgh Health and Social Care Partnership, along with the City of Edinburgh Council, NHS Lothian and their partners in the Edinburgh Community Planning Partnership, believes that it is right to shift the focus of our service planning and delivery to localities. This will involve working in partnership with and empowering local people and communities, improving the co-location and integration of services and devolving budgets and decision making closer to the point of service delivery.

To achieve this, the organisations that belong to the Edinburgh Community Planning Partnership have agreed that all partners will adopt the same four geographic locality boundaries as the basis for service planning and delivery in the city.

To tackle inequalities there is commitment to work with Community Planning Partners to take forward the following actions during 2016-17:

- determine the most effective way of developing and implementing a coordinated approach to tackling inequalities, including health inequalities, across the City
- deliver the health inequalities grants programme in line with funding decisions made by the Council and NHS Lothian
- assess the impact of the current grants programme on tackling inequalities in order to inform future funding arrangements

4.4 East Lothian CCP

The IJB Chair and Chief Officer are sitting members of the East Lothian Community Planning Partnership. The East Lothian Plan – Single Outcome Agreement (SOA) 2013-23 sets out the partnership's ten year strategic plan, the East Lothian Plan was signed by partners in June 2015.

The statement of intent for the East Lothian CCP is:

'We will work in partnership to build an East Lothian where everyone has the opportunity to lead a fulfilling life, and which contributes to a fair and sustainable future.'

The focus of the East Lothian plan is to work within the framework outlined below.

- One overarching priority – to reduce inequalities both within and between our communities.
- Three strategic objectives: sustainable economy - resilient people - safe and vibrant communities
- Ten high-level outcomes, each with contributory outcomes, which provide a clear vision for East Lothian.

This framework aims to enable partners to design and deliver the services that will make a real difference in the lives of people and communities in East Lothian.

5. WORKFORCE

Everyone Matters: 2020 Workforce Vision Implementation Plan 2016-17

5.1.1 Healthy Organisational Culture

NHS Lothian's organisational values were developed with the direct involvement of 3,000 staff through over 80 workshops. Embedding the Values within the organisation begins with the inductions programmes for new employees it is also a key element of all learning and development programmes. Values based recruitment is in place for all senior management positions. The local communication strategy also reflects work on embedding organisational values in staff communication and newsletters and the Celebrating Success Staff Awards judging is based around these values.

The Human Resources Strategy approved by the Board in June 2015 directly mirrors the Scottish Government's 2020 Workforce Vision - "Everyone Matters".

The HR strategy will be delivered through five priorities for action:

1. Healthy Engaging Organisational Culture: By developing and sustaining a healthy organisational culture we will create the conditions for high quality health and social care through the development and implementation of a motivational strategy.

- We will take action to ensure that staff are clear about the values and behaviours expected of them.
- Incorporate behavioural competencies (which reflect our values) within recruitment, development and appraisal processes. Roll out the iMatter Staff Experience Continuous Improvement Model.
- Engage and involve staff in decisions that affect them..
- Build and enhance management capability and confidence to deliver an alternative approach to conflict and dispute resolution.
- Agree targeted action plans for those areas where staff sickness is over 4%.
- Develop a strategy for tackling the health and wellbeing issues associated with an ageing workforce.
- Implement the Internal Communications Strategy to ensure staff are well informed and engaged.
- Implement the NHS Lothian Equality Outcomes Framework 2013-17, the International Equity Standards programme and the Black and Minority Ethnic Nurses Progression Project.
- Continue to work with education providers to ensure that in addition to staff having the technical competence to undertake their role, the vision and values of NHS Lothian are also embedded in their education programme.
- Embed Rapid Impact Assessments at all levels in the organisation.
- Implement the Health and Safety Strategic Plan.
- Implement a revised Health and Safety Manual and Safe Management System.
- Design and implement a revised Health and Safety Management System Audit.
- Review and refresh the Occupational Health and Safety Service specification.
- Commit NHS Lothian to becoming an accredited Living Wage Employer.
- We will develop and support a Motivational Strategy in conjunction with the Psychology Department to ensure that we build and sustain a motivated workforce.

2. Sustainable Workforce: Our workforce will need to change to match new ways of delivering services and new ways of working. We need to ensure that people with the right skills, in the right numbers are in the right jobs. We also need to promote the health and wellbeing of the existing workforce and prepare them to meet future service needs.

- Review our workforce planning arrangements to ensure a joined-up, consistent approach so that all services are included and benefit from the process.
- Demonstrate that workforce planning includes a long term perspective and supports new and emerging service delivery models.
- Identify workforce issues and use this information to inform local workforce plans.
- Put in place measures to provide high quality workforce data and identify a lead officer with responsibility for workforce data.
- Ensure that workforce plans include an analysis of future education and training needs and that this is reflected in learning and development strategies.
- Implement the good practice principles recommended by Audit Scotland in their 'Early Departures' report to ensure early release schemes are driven by the needs of our workforce plans.
- Ensure Consultant job plans match service demand and support 24/7 delivery. Consider extending the use of job plans to other staff who manage case loads.
- Review the need for 24/7 staffing by clinical area and develop staffing models that match service demands
- Continue to develop medium to long term sustainable plans to address medical staffing pressures
- Continue to review supplementary staffing utilisation to enhance quality and reduce costs.
- Consider and explore further developments in regional rationalisation for clinical and non-clinical areas to optimise opportunities for workforce availability and development.
- Expand and develop the Band 1-4 workforce in clinical areas creating roles that are both patient-centred and provide a career structure.
- Maximise opportunities for youth employment and socially responsible recruitment through academies, modern apprentice schemes, placement schemes and recruitment campaigns, working with voluntary and other public sector partners.
- Ensure succession planning takes account of the age profile and workforce demographics.

3. Capable Workforce: All staff need to be appropriately trained and have access to learning and development to support the Quality Ambitions 2020 Vision for Health and Social Care and the Board's Strategic Plan.

- Ensure that appraisers and those being appraised understand the purpose of development reviews/appraisals, their individual and mutual responsibility for ensuring it is meaningful and that conversations review whether behaviours, decisions and actions reflect our shared values.
- Improve the confidence, capability and capacity of everyone involved in leading and practicing quality improvement.
- Provide fair and appropriate access to learning and development for support staff.
- Ensure that our learning and development strategy is developed in partnerships and addresses longer-term learning and development need up to 2020.
- All staff will receive feedback on performance, including behaviours and will have a personal development plan.
- Implement the learning development strategy
- Work collaboratively with other Health Boards to develop training programmes for small occupational groups, e.g. Oncology, Medical Physics and Perfusion.

4. Integrated Workforce: We need to make sure that the workforce is more joined up across primary and secondary care and with partners across health and social care.

- Use the Health and Social Care guidance provided to inform the appointment of Chief Officers and other joint appointments.
- Continue local actions and development work to support integration of primary and secondary care.
- Make better use of existing mechanisms, such as community planning partnerships to identify opportunities to share resources including workforces.
- Develop a joint workforce/organisational plan that aims to have a fully integrated workforce by 2020 for each Health and Social Care Partnership
- Develop the skills and competencies we require for an integrated workforce (new roles, working together)
- Develop joint organisational change processes for each Health and Social Care Partnership which meet staff governance standards
- Explore and maximise opportunities for shared services across NHS Scotland and with other public sector partners.

5. Effective Leadership and Managers: Our managers and leaders are part of the workforce and have a key role to play in driving service and culture change. They also need to be valued, supported and developed.

- Plan to build local leaderships and management capacity and capability as part of our workforce plan to deliver the 2020 vision.
- Ensure that line managers at all levels are clear about their people management responsibilities and are held to account for how they carry out these responsibilities.
- Identify the development, training and support needs of line managers at all levels, particularly in relation to people management and dealing with difficult performance management conversations, and ensure these needs are met.
- Ensure that Heads and Managers at all levels understand and demonstrate the values and behaviours expected of them as well as their responsibilities in relation to the Staff Governance Standard and Quality Ambitions.
- Ensure that the approach to ongoing leadership and management development supports Everyone Matters: 2020 Workforce Vision and Quality Ambitions and reflects the leadership and management policy statement.
- Ensure Leaders and Managers are aware of and abide by national governance arrangements/structures.
- Ensure that managers and leaders identify and focus on the strategic workforce actions needed to deliver Everyone Matters: 2020 Workforce Vision.
- Managers and Leaders will work in partnership with trades union partners and ensure staff are engaged and involved in matters that affect them at work.
- Develop and implement Staff Governance Improvement Plans in all local areas.
- Develop and implement a Leadership Framework.

Detailed progress against these actions is provided to the Staff Governance Committee on a six-monthly basis.

5.2.1 Workforce areas where there is a risk to delivering service

Nursing and Midwifery Workload and Workforce Planning tools

NHS Lothian ran the community workload tool in September 2015. The tool has been refined nationally with the development of a calculator which will give indicative staffing numbers for the workload recorded in the tool and a quality tool which will help triangulate the data along with the professional judgement tool.

NHS Lothian participated fully in the 2014 national runs of the mental health (including learning disabilities) tool and the midwifery tool. The Board runs the neonatal and SCAMPS tools on a twice daily basis and performed a Board wide run of the adult in patient tool and professional judgement tools in September / October, with every ward recording data for a 2 week period. A schedule to stagger the use of the tools over 2015-16 is being developed.

Vacancies

Across the Board the establishment gap is monitored monthly. The Board has continued to use a generic recruitment process founded on "1 application 1 interview 1 decision" to manage all band 2 and band 5 nursing vacancies, to good effect. The establishment gap target is around 5%, this will allow for use of flexible staff to cover predictable absences.

Theatre Nursing

As detailed in the 2015/16 LDP workforce section there are significant workforce capacity pressures with the theatre workforce, with increasing activity, working towards 3 session days and a workforce with approximately 25% of its staff eligible to retire within 5 years.

These challenges are not unique to NHS Lothian and consequently an East Coast Development Collaborative has been established. The aim of the collaborative is for Boards to work together to resolve recruitment and retention challenges amongst the Theatre (Perioperative) workforce, reduce reliance on supplementary staffing and develop sustainable career pathways which respond to predicted demand.

The Collaborative partners are;

- NHS Grampian
- NHS Lothian
- NHS Tayside
- NHS Fife
- Dundee & Angus College
- North East of Scotland Colleges
- West Lothian College
- Scotland's Colleges Development Network
- Scottish Qualifications Authority

Within Lothian a workforce planning and development project, designed to respond to recruitment and retention challenges within clinical services. This development is also aimed at modernising the current perioperative workforce of NHS Lothian.

A Professional Development Award in Perioperative Practice has been developed to provide the underpinning theory to enhance the skills and abilities of the Assistant Perioperative Practitioner (Band 4). NHS Lothian have recruited HCSW's from within the current perioperative workforce to undertake the PDA who currently possess an SVQ 2 or SVQ 3. This first cohort commenced at West Lothian College(WLC) in October 2015 This 1st cohort have also been further developing Skills and Knowledge by undertaking two SVQ units related to preparation for scrubbed clinical roles and surgical instrumentation preparation.

Candidate progression to the Intraoperative unit will be by successful completion of these units. NHS Lothian and WLC staffs are working collaboratively to deliver the Intraoperative unit which commenced in January 2016.

NHS Lothian is also working in partnership with the Prince's Trust in a 6 week Get into Healthcare programme for young people living in Edinburgh and Lothian areas that are interested in a career in healthcare support. 10 young people have successfully completed

the programme in December 2015 and will be offered posts within Theatre (Perioperative) and acute ward areas within Lothian as a HCSW.

The collaborative also aims to develop and deliver a transferable model of theatre education for support staff based on HNC/HND Qualifications designed to meet identified employer needs providing flexible, transferable and quality-assured education and skills training for SCQF Levels 4–8. The vision of this development is to enable a seamless career pathway from school or pre-employment to be clearly mapped out (Annex1), this includes supporting Foundation Apprenticeships. The pathway will take account of employer led induction, which would ideally be accredited to further strengthen the pathway and respond to the recommendations of key inquiries.

Health Visiting

As mentioned in the previous LDP the Health Visiting (HV) workforce requires to considerably increase across the Lothian's to ensure compliance with the Named Person and Child Statutory Planning Service legislation from August 2016.

The Scottish Government have agreed to fund an additional 500 HVs in Scotland by 2018 to support the required workforce expansion. The NHS Lothian share represents an additional 61 fully funded posts this being based on an anticipated 13% share of the national resource. Funding allocation will be recurring and allocated incrementally during 2015-18.

The issues regarding reduced supply and capacity within the Health Visiting workforce across Scotland are well recognised. In Lothian we have carefully risk managed this dilemma and trained additional HVs during 2013-14 and 2014-15, and had hoped to increase to 26 trainees in 2015/16. Loss of Specialist Practice Supervisors has however reduced this to 23 trainees. We have also introduced significant staff nurse skill mix in response to service development and redesign and in mitigation of the growing number of HV vacancies. This ensures the needs of our families are being met and the role of the HV staff nurse is now well embedded within HV teams. However changes in the HV pathway recently issued by the SGHD indicate that an all Health Visitor model will prevail.

There are however clearly significant risks associated with the ageing of the workforce, with: 54% of Band 6 HVs aged over 50 years of age (72.3 WTE). Most HVs have retained NHS 'special status' and therefore could potentially retire at 55. This, together with the growth in the populations through increasing housing and incoming families in parts of the Lothian's and recognition of the caseload complexity has increased the HV requirement. It was highlighted to the Board in May 2015 that the additionality required to meet this shortfall in the HV workforce is a further £1.3m to train a further 53 new HVs (over and above the 61 funded by SGHD).

The impact of this is currently being experienced across Lothian with a gap of approximately 19% across health visiting. Within Midlothian where there has been a higher than anticipated number of retirements and resignations vacancy rates are at 56% in February, this is however anticipated to reduce to 44% following successful appointments. A group involving representatives from all H&SCP and HV services in Lothian is taking forward an action plan to manage the pressures in the HV system through a corporate approach, to resolve existing issues and take a proactive approach to further potential retirements. The comprehensive action plan has been put in place which aims to maintain safe

and effective services to clients across Midlothian and to consider an equity across all areas in Lothian, whilst also supporting the workforce in areas of particular difficulty. The action plan includes supporting the existing HV workforce, utilising the skills and experience of other NHS clinical staff and Local Authority early years staff, deferring internal movement of staff from Midlothian to other parts of Lothian and initiating a national recruitment campaign. Meetings have been held with all HV staff across each part of Lothian to enlist their support to manage the current situation corporately and to learn from them their thoughts and ideas on how to support the workforce and other potential solutions to support the service.

District Nursing

As in Health Visiting, there are significant risks associated with the ageing of the workforce, with over 80% of Band 6 and 7 DNs aged over 50 years of age (100.91 WTE). Most DNs have retained NHS 'special status' and therefore could potentially retire at 55. Work is underway to model training requirements as well incorporate recommendations from the national review of district nursing which is due to report at the end of April 2016.

5.2.1 Medical Workforce Risks

The overall in-post consultant workforce has increased from 711wte to 846wte between 2011 and 2015, an increase of 135wte (19%). This investment has been made to help respond to increasing demand from a growing population and provide additional capacity to reduce treatment times. This has been funded through efficiency savings in areas such as corporate services and also through NRAC, scheduled and unscheduled care investment plans. The main areas of increase have been in Paediatrics, Surgery, Anaesthetics, Emergency Medicine and Obstetrics & Gynaecology. However there is an increasing trend in the number of retirals within the consultant workforce and changes such as pensions and pension tax regulations look likely to continue this trend.

Consultant recruitment remains challenging and a review of recruitment for the first half of 2015/16 showed that only 49% of advertised posts were fully filled, with 16% only partially filled by 7wte, with 28% of total receiving no applicants and the remainder applicants that were either not suitable or who withdrew prior to commencement.

The following areas have experienced particular difficulties in recruiting successfully.

Psychiatry

NHS Lothian has been experiencing difficulties in recruiting to Psychiatry vacancies reflecting the difficulties that are being faced nationally, there are on average 6% vacancies within general psychiatry and an average of 12% within old age psychiatry (Source ISD Scotland).

Old age psychiatry – Recent recruitment to 2 full time consultant posts was unsuccessful in attracting any applications. This follows on from a previous attempt to fill these posts in September 2015, which was also unsuccessful in attracting any applications.

Rehabilitation Psychiatry – As with old age psychiatry recent recruitment has been unsuccessful. This represents the third time recruitment has been unsuccessful in attracting any applications.

Within both the Perinatal Psychiatry Mother and Baby Unit and the Regional Eating Disorder Unit there has been a number of unsuccessful attempts to recruit to vacant consultant posts and appointments have only recently been made after extensive multifaceted recruitment campaigns.

Where appointments cannot be made there is a need to either utilise supplementary staffing or make contingency arrangements.

Obstetrics

The South East Scotland O&G training programme experiences a high level of gaps due to trainees going Out of Programme (OOP) for research/experience, maternity leave and less than full time working. Recruitment of competent Locums Appointed for Training (LATs) to cover these gaps is often unsuccessful. There is an ongoing requirement for internal locum usage including consultants covering resident middle grade OOH shifts several times a month with a consequent impact on day time availability.

In 2012/13 the Board made funding available for eight new consultant posts to contribute to the resident middle grade rota at RIE. The service continues to work on increasing resident on-call consultant cover and is seeking funding for a further four such posts.

Meantime recruitment to two fixed term clinical fellows posts to augment the middle grade trainee rota has been successful for 2015/16.

Paediatrics

Recruitment within paediatrics at St John's hospital remains difficult particularly in relation to out of hours cover, with only four of the nine out of hours slots filled on a substantive basis. There is continuing, heavily reliance on a small number of staff doing additional night and weekend shifts and prone to short notice collapse because of sickness or other unplanned absence. Whilst, considerable effort has been made to ensure that a safe and sustainable medical rota is developed for Paediatric and Neonatal Services, particularly at St John's Hospital, further time is still required. The middle grade medical rota at St John's remains unstable due to vacancies and on some occasions Advanced Nurse Practitioners and or Paediatric Nurse Practitioners are required to fill rota gaps. To support deliver of a safe and sustainable medical rota, recruitment has been undertaken for a fixed term consultant paediatrician from January 2016 to August 2016. In addition, consultant 'extra hours' are being utilised to cover our of hours middle grade rota gaps. Recruitment for two middle grade paediatricians is currently being advertised via the Scottish Government International Medical Training Fellowship Programme.

There have also been gaps within the training grade workforce that have impacted on the service, with a reliance on short term agency locums as it is very difficult to recruit to locum posts.

NHS Lothian has invited the Royal College of Paediatrics and Child Health to undertake an independent, strategic and objective review of paediatrics services across Lothian and consider how NHS Lothian can deploy a financial and workforce sustainable and safe model of care across our paediatric inpatient services. This independent review will make recommendations on the design of services service to ensure that NHS Lothian can continue to deliver safe, effective and sustainable patient care

Clinical Development Fellowships and International Fellowships

Within the training grade medical workforce gaps in rotas as a result of trainees going of programme for reasons such as maternity leave or research remain a key pressure. There is no funding for maternity leave cover and as such represents a financial pressure and also it is often not possible to fill a Locum post for less than a year and consequently there is reliance of bank or agency staffing to provide cover. The introduction of a clinical development fellowship programme has remains key in helping support sustainability within the a number of 'front door' specialties, whilst also providing high quality supervised training opportunities and the opportunity to complete an MSc. This initiative was been expanded in 2015-16 with 32 fellowships in the following areas:

- Trauma & Orthopaedics
- Medicine for the Elderly
- Acute medicine
- Emergency Medicine
- Obstetrics and Gynaecology
- Vascular
- Cancer
- Acute and General Medicine
- Colorectal
- Infectious Diseases

5.2.2 Primary Care

General Practice

Over the last 10 years the profile of the GP workforce has changed significantly. There are now more female GPs than males, with a lower sessional commitment. In Lothian there is a significantly higher proportion of part-time GPs (61.3%) than the Scottish average (49.5%), the majority of whom are part-time. National research (Primary care workforce survey 2013) has shown that only 25% of females work 8 or more sessions (whole time equivalent).

Demographic change within the GP workforce is also a key factor as the majority of GPs (55%) are aged over 45 years old, with the majority of females aged under 45 and the majority of males approximately 48 years old. Where gaps arise they are typically partners and these posts can be unattractive given the predominance of part-time working.

The associated challenges are clearly increasing within Lothian and Scotland as a whole and there are increasing numbers of practices that require some support and in some cases special measures which may include the practice being taken on by the health board. It has been recognised by the Scottish Government that there require to be increases to GP training numbers and that these numbers need a replacement factor of 1.8 trainees for each retirement to account for the increase in part time working. There is however a heavy reliance on being able to fill all training slots and the fill rate for current GP programmes is 77%, against a fill rate of 90% in 2014. A reduced fill rate such as this will compromise future recruitment of qualified GPs.

However even if training numbers are successfully increased this may not necessarily mean that it will be possible to fill vacancies on a like for like basis and workforce redesign

may be required to provide opportunities that correspond with the desire for part-time working within a large proportion of GPs.

Service redesign based around the needs of patients, the development of technology and fit for purpose premises will also be key to sustaining practices and the GP workforce in the medium to long term. An initial investment of £1.1m in revenue for primary care and community health services was included in NHS Lothian's 2015-16 financial plan in the following areas:

- Domiciliary Phlebotomy
- Type 2 Diabetes Enhanced Service
- Very Long Acting Contraception
- Initial Practice Allowance
- Advanced nurse practitioner Training
- Access pilots

There are also a number of locally funded schemes that are intended to ameliorate pressures currently being faced by practices:

- Local GP returner scheme
- Primary care clinical development fellows
- Locum pool of recently retired GPs
- Practice emergency care fund to support care of the frail elderly

As part of developing a systematic approach managing difficulties each Health and Social Care Partnership is developing risk registers for their practices and the Primary Care Joint Management Team is currently considering a more formalised framework of support for practices in difficulty. The measures will be temporary and aimed at helping the practice return to a sustainable position, which enables them to fulfil normal contractual obligations on an on-going basis.

Practice Nursing

Given the growing pressures with the General Practitioner workforce and Health Visiting workforce NHS Lothian has recently undertaken a confidential survey of practice nurses to provide a profile of the workforce and the extent to which there had been workforce planning and/or the introduction of skill mix within the workforce.

Approximately 72% (215 headcount) of the workforce responded, of which 54% were aged over 50 years old with 35% planning to retire/stop work within the next 5 years. Approximately 20% indicated that workforce planning had been discussed, with 12 % having introduced skill mix into the nursing team. However it was commented that in a number of the smaller practices it was not possible to introduce skill mix as there was only one practice nurse.

These findings indicate that as with other areas of the primary care nursing workforce it will be very challenging to maintain existing workforce numbers in the face of potential retirements and without significant changes to existing workforce supply channels it will be difficult to expand the primary care workforce to the extent required.

Health and Social Care Integration

The integration of Health & Social Care will provide opportunities to develop new roles based around the holistic needs of patients and their careers. Currently support worker staff within the Social Care workforce must be registered with the Scottish Social Services Council (SSSC) and in order to do so must hold the relevant SVQ qualification and there is no provision for recognition of other qualification/training route.

Within Health there are a range of training routes including SVQ, Professional Development Awards, HNC/HND depending on the needs of the service. There is an urgent need for recognition and transferability within social care as many elements have a significant degree of commonality and the removal of this barrier would open up potential for careers across health and social care.

This comes at a time where councils are heavily reliant upon external agencies for the provision of staff and have difficulties with recruitment and retention. Making changes to SSSC policy in this area is an urgent priority which needs to be addressed by the Scottish Government in order to enable Partnerships and IJBs to make progress on integration.

Healthcare Science (HCS) Workforce

The diverse nature of the HCS workforce means ensuring adequate workforce supply and succession planning can be complex, with long lead in times for training and recruitment very challenging where gaps do arise. However their work underpins 80% of all clinical diagnoses. The challenges associated with sustaining these workforces have been recognised nationally in the Driving Improvements, Delivering Results NHS Scotland Healthcare Science Delivery plan 2015 – 2020 looking at:

- Streamlining health technology management
- Point-of-care testing
- Demand optimisation
- Developing sustainable services
- A new integrated model for clinical Physiology services

APPENDICES

Appendix 1 Lothian Health and Social Care Partnership Strategic Plans

East Lothian Health and Social Care Strategic Plan

https://eastlothianconsultations.co.uk/policy-partnerships/strategic-plan-for-health-and-social-care-a-second/supporting_documents/Strategic%20plan%203rd%20consultation.pdf

Edinburgh Health and Social Care Partnership Strategic Plan

http://www.edinburgh.gov.uk/download/meetings/id/50066/item_56_-_final_draft_of_the_strategic_plan_for_health_and_social_care_integration_joint_board

Midlothian Health and Social Care Partnership Strategic Plan

http://www.midlothian.gov.uk/downloads/download/1634/health_and_social_care_strategic_plan

West Lothian Health and Social Care Partnership Strategic Plan

<http://www.westlothianhsc.org.uk/media/10225/West-Lothian-IJB-Draft-Strategic-Plan-2016-26/pdf/West-Lothian-IJB-Strategic-Plan-2016-26-Draft-Consultation.pdf>

Appendix 2 Winter Plan 2015-16

<http://www.nhslothian.scot.nhs.uk/OurOrganisation/KeyDocuments/Documents/NHSLothianWinterPlan2015-2016.pdf>