Annual Review 2011
Self-assessment
# NHS Lothian Annual Review 2011 self-assessment

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NHS Lothian Annual Review 2011 self-assessment

1. Introduction

This report summarises the achievements and challenges faced by NHS Lothian in 2010/11. We have continued to make good progress on most fronts and delivered high and ever-improving standards of healthcare.

- NHS Lothian has a track record of strong performance in tackling waiting times. Progress during 2010/11 towards the 18 week Referral to Treatment standard, which comes into force at the end of 2011, demonstrates that this trend continues.

- Together with partners, we have continued to reduce the number of patients inappropriately delayed in our hospital beds; we met the national census of no six week delays at April 2011.

- We have achieved significant reductions in cases of C.difficile infection and MRSA in our hospitals.

- We have continued to make good progress towards improving health and reducing inequalities, particularly with respect to some of our most disadvantaged communities.

- Across our services, we continue to provide more care out of acute hospitals and in community-based settings closer to people’s homes; particular success has been seen in the implementation of our mental health strategy.

- We have made significant progress in delivering a number of important capital projects such as Midlothian Community Hospital, the Short Stay Surgical Centre at St John’s and the Fauldhouse Partnership Centre.

- We continue to use innovative thinking and smarter ways of working to improve efficiency and patient care, through initiatives such as our Lean in Lothian programme, e.g. improvements to the delivery of care for older people.

- 2010/11 was the second year of our pioneering 5x5x5 initiative; outputs are already starting to show benefit in maximising theatre capacity, reducing inappropriate referrals and management of long term conditions.

- Over the month of December 2010, Edinburgh experienced the worst snowfall since 1963 - our essential services continued to run throughout this challenging time, thanks to the work of our staff.

It is also a great tribute to the hard work of our staff that they achieved challenging targets at the same time as they are introducing improvements and innovations across the health service, all within a challenging financial climate.

Their endeavours are helping us make progress towards our goal of becoming one of the world’s top 25 healthcare systems.
2. Progress on 2010 annual review action points

Quality Strategy
In response to the Quality Strategy, NHS Lothian developed its Quality Improvement Strategy (2011-14) which was approved by the Board in May 2011. (For more details, see page 5)

Healthcare Associated Infections (HAI)
We exceeded our target for Clostridium difficile infection and made very good progress with our Staphylococcus aureus Bacteraemia target at March 2011. (For more details, see page 9)

Child Healthy Weight HEAT Target
NHS Lothian continued to follow a combined approach that encompassed health improvement and treatment, which enabled us to exceed the target for 2010/11. (For more details, see page 18)

Alcohol Brief Interventions (ABIs) HEAT Target
NHS Lothian met this target five months early; ABIs were undertaken in all key areas and settings. (For more details, see page 18)

Access to Drug Misuse Treatment Services HEAT Target
Drug treatment services in Lothian have sustained delivery of the December 2010 HEAT target during the first six months of 2011. (For more details, see page 19)

Smoking Cessation HEAT Target
NHS Lothian exceeded our HEAT target for 2010/11 by 4%. (For more details, see page 18)

A&E 4 hour Standard
Despite difficulties in 2010/11 due to the severe weather, performance on this measure continued to improve through the year. (For more details, see page 14)

Waiting Times
Progress continued on 18 week referral to treatment, cancer and IVF waiting times. Difficulties were experienced in outpatient and inpatient areas due to severe weather but performance recovered by year end. Long waits for diagnostic testing were also improving as 2010/11 drew to a close. (For more details, see page 14)

Finance and Efficiency
NHS Lothian achieved its three financial targets for 2010/11 and we continue to maintain close contact with our Scottish Government Health Directorate (SGHD) finance colleagues. (For more details, see page 34)

Sickness Absence and eKSF
In 2010/11 our average sickness absence rate was 4.47%, with 4% being achieved in February 2011. 69% of staff were on eKSF by end of March 2011. Further work has been done and we are now sustaining 80%. (For more details, see page 36)
3. Improving the quality of care and treatment for patients

Quality Outcomes: Healthcare is safe for every person, every time and Everyone has a positive experience of healthcare

3.1 Quality Strategy

NHS Lothian is committed to delivering safe, effective and person-centred care. Implementation of the NHS Scotland Quality Strategy continued throughout 2010/11, underpinning all that we do. Commitment was demonstrated at the highest level when Lothian NHS Board held a development day in April 2011 to focus on the role of the Board and Non-Executives in Quality and Safety. This reaffirmed NHS Lothian’s quality and safety aims and considered how its non-executives in their leadership role could further embed these aims across all NHS Lothian activities.

Quality Improvement Strategy (2011-14)

In response to the Quality Strategy, NHS Lothian developed its Quality Improvement Strategy which was approved by the Board in May 2011.

The aim of NHS Lothian’s Quality Improvement Strategy is to improve patients’ experience and outcome of care whilst systematically identifying and eliminating waste. Through a range of quality improvement programmes, we will support staff to provide equitable person-centred, safe, effective, and efficient care to every patient, every time. This will be demonstrated by:

- Reduced mortality
- Reduced avoidable harm
- Improved patient experience
- Delivery of evidence-based care
- Reduction in healthcare related inequalities
- Safely reducing cost and improving productivity.

For our patients, this means 200 lives saved, less infection, fewer falls, more dedicated time for nurses to provide direct compassionate care and for clinical teams to deliver consistent, high quality care.

The Scottish Patient Safety Programme forms part of this strategy, with the emphasis on the prevention of harm. NHS Lothian has made considerable progress implementing this national programme during 2010/11. NHS Lothian’s Hospital Standardised Mortality Ratio (HSMR) continues to be under 1 and we have demonstrated a 42% reduction in adverse events against a 30% target due by December 2011.

This Quality Improvement Strategy builds on our strengths and complements our governance and safety infrastructure. It focuses on a balanced portfolio of programmes which will achieve measurable improvements in patients’ experience and outcome of care within the Institute of Medicine’s six dimensions of quality. The strategy and the programmes within it will address the weaknesses identified from a review of our previous strategy and build on its successes. The review identified the need for an enhanced measurement framework which included patient experience and the importance of the role of the Quality Improvement Teams in supporting continuous quality improvement at a service and directorate level. It will provide
further momentum to embed a culture of continuous quality improvement within NHS Lothian by building the capacity of staff at all levels of the organisation.

**Quality Reporting - Quality Measurement Framework**

The Quality Report is a standing item on the Board Agenda which provides a suite of measures at system level to allow monitoring of quality of care in NHS Lothian.

The ‘core’ measures: Healthcare Associated Infection (HAI), Adverse Events and Hospital Standardised Mortality Ratio (HSMR) are presented in the NHS Lothian Quality Report which is aligned with the Quality Strategy level 1 measures.

In addition to the core measures, we have agreed with clinical and management colleagues a small number of systems level clinical effectiveness measures to be reported to the board as a rolling programme. To date, the following clinical effectiveness measures have been reported: critical care, outcomes, mental health, the UK audit on Vascular Surgical Services and Carotid Endarterectomy.

Work has started on aligning the Finance and Performance reporting process and the Quality Measurement Framework to provide an integrated approach to monitoring and reporting quality in NHS Lothian.
3.2 Governance systems

NHS Lothian aims to provide services that are safe, effective, equitable and person-centred, and where patients are treated with compassion, dignity and respect. These values are embedded in our strategic plans and operational improvement plans in the context of strong healthcare governance, risk management and quality assurance processes.

We revise our quality improvement programme processes and systems annually to ensure continuous quality improvement across NHS Lothian. In the peer review against NHS Quality Improvement Scotland Clinical Governance and Risk Management Standards in 2009, we achieved the highest level score (4 = reviewing stage) for the clinical effectiveness and quality improvement criteria. In 2009/10 our overall combined score for the QIS standard increased from 5 to 9 (out of a maximum 12). The review stated we have appropriate controls in place, that risks are adequately managed and that progress is continuing to be made to evolve and improve our systems. In addition, improvements in information governance have seen an increase in the number of requests for the advice and support of the Caldicott Guardian to use patient information safely from 17 in 2007 to 176 in 2010/11.

Since then we have further improved our performance against a range of QIS condition-specific and service standards, including:
- a 20% improvement in compliance against the Blood Transfusion standards
- an improvement from 44% in 2005 to 95% in 2011 in Adult Learning Disabilities.

Review of Incident Management

NHS Lothian's Incident Management Policy and Procedure was reviewed during 2010/11, resulting in a number of changes to the policy and procedure including those set out below:
- The role of the Lead Director for Incident Management is more clearly articulated. This is defined as the Chief Operating Officer for incidents in secondary care and CH(C)P General Managers for those in Primary Care:
  - Family liaison will be the responsibility of the Lead Director, with the recognition that in the longer term we need to build on this to further include families in the investigation process
  - For significant adverse events there is a definite sign off/ closure of investigation by Lead Director with final review and agreement by Medical and Nurse Director
- In response to feedback from a range of stakeholders on the need for a more rigorous approach, a revised incident investigation Protocol has been implemented, based on the London Protocol (Taylor-Adams, Vincent (2004)). This sets out the stages of the investigation, integrates the elements of Root Cause Analysis and clearly sets out reporting requirements, including the development of an improvement plan. This is supported by an Escalation & Communication Algorithm for incident investigation. Further developments to the system have also been identified for 2011/12.

Other changes include:
• corporate homicide legislation is highlighted in the policy
• significant investment in training for staff in incident investigation
• a strengthening of the importance of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) requirements
• a process to comply with Healthcare Improvement Scotland recommendations for Suicide Critical Review Analysis
• an Open and Fair Culture section which seeks to promote a climate of openness and to move away from the routine assignment of blame
• a peer reviewing process to assure quality of incident reporting has been added
• collection of data on a wider range of equality & diversity-related incidents such as hate crime.

Review of Risk Registers
An internal audit in December 2010 confirmed that NHS Lothian has a good risk management framework in place, with risk registers covering the main business policies and risk management co-ordinating quarterly reports to appropriate senior committees. To further improve the process, a review has been undertaken to ensure horizontal and vertical management of risk registers across NHS Lothian. This has led to the following work programme:
• Alignment of the Risk Register to the corporate objectives by redesigning the Datix Risk Register Form, including a section on adequacy of controls
• A series of workshops at divisional, corporate and Board level (non-Executives), providing clarity on the purpose of the risk registers, how to apply the severity scoring matrix and the role of the risk handler
• Revise risk management guidance in line with the above, which will include a clearly defined escalation process for all levels of the system
• Agree at divisional and corporate level requirements for reviewing risk registers before discussion at Board level
• Develop a risk management policy to reflect the above

Implementing the above will result in NHS Lothian being able to:
• Identify its risk exposure for each corporate objective including HEAT targets and how far away the Board is from accepting the level of risk exposure
• Meet Internal Audit recommendations
• Enhance the process for the Statement on Internal Control.

Clinical Safety Alerts Process
The Clinical Safety Alerts process was revised and extended to provide a framework to handle all types of clinical safety alerts entering NHS Lothian. This excluded alerts already covered by existing procedures for drugs, blood products and Estates and Facilities, for which appropriate processes were already in place.

The revised procedure also provides a mechanism to raise and share Internal Clinical Safety Alerts and ensures that Clinical Safety Alerts received are distributed promptly and effectively, in a targeted way, to those that need to take action. One of the key principles of the revised procedure is that Alerts must now go out through line-management structures to ensure actions are allocated appropriately, to ensure compliance, and to provide a reporting process for assurance.
3.3 Healthcare Associated Infection

Healthcare Associated Infection continues to be a key priority for NHS Lothian and is a standing item on the agenda at the public Lothian NHS Board meetings. These reports include updates on *Staphylococcus aureus* Bacteraemia (SAB), *Clostridium difficile*, Hand Hygiene, Meticillin Resistant *Staphylococcus aureus* screening Programme, Antimicrobial Management, Domestic Services and Healthcare Environment Inspectorate.

NHS Lothian were actively involved in the 90 day rapid improvement cycle programme, with Infection Control and Scottish Patient Safety Programme (SPSP) working closely to build on the SAB improvement work. This work was complemented by the input from a Nurse Consultant from Health Protection Scotland working with Infection Control, Clinical Effectiveness and Clinical Teams.

The key priorities during the previous year for the Scottish Patient Safety Programme were *Clostridium difficile*, Peripheral Vascular Cannulae and Hand Hygiene. Following the work from the 90 day rapid improvement cycle programme, contaminated blood cultures was added. As a result of the SAB-related work, urinary catheters were identified as an issue and the implementation of the Catheter Associated Urinary Tract Infections (CAUTIs) bundle is currently being promoted.

The Scottish Patient Safety Programme team continue to support wards by providing feedback to Clinical Management Teams and provide written guidance and examples of best practice. Locally identified needs are incorporated into the annual programme of activities to monitor and reduce HAI. Progress is monitored by:

- Operational infection control committees
- Quality improvement teams
- The Lothian Infection Control Advisory Committee.

*Staphylococcus aureus Bacteraemia*

Meticillin Sensitive *Staphylococcus aureus* and Meticillin Resistant *Staphylococcus aureus* are counted together as *Staphylococcus aureus* Bacteraemia.

NHS Lothian had an extended HEAT target to decrease *Staphylococcus aureus* Bacteraemia by 49% from 498 episodes (2005/06) to 254 episodes by March 2011. The actual reduction achieved in NHS Lothian by March 2011 was 37% (316 episodes). Although this fell short of the target by 12%, it represents a significant reduction over the five years. It is noteworthy that the proportion of *Staphylococcus aureus* Bacteraemia caused by MRSA reduced by 73% during the same five years.

The Scottish Government has set new HEAT targets to be achieved by March 2013 which are based on Acute Occupied Bed Days. Therefore from April 2011 the new *Staphylococcus aureus* Bacteraemia HEAT target for NHS Lothian is to achieve a rate of 0.26 per 1,000 Acute Occupied Bed Days, which is circa 213 episodes.

During the first quarter of the HEAT target year in 2011 (April to June), NHS Lothian’s *Staphylococcus aureus* Bacteraemia rate is 0.26 per 1,000 Acute Occupied Bed Days. Thanks to continual efforts and good work undertaken across the
organisation, NHS Lothian is on course to achieve the *Staphylococcus aureus* Bacteraemia reduction by March 2013.

**Figure 1 – Summary of *Staphylococcus aureus* Bacteraemia Reduction in NHS Lothian**

![Summary of SAB Reduction in NHS Lothian](image)

*Figures for 2011/12 represent data for April – August 2011 only.*

**Clostridium difficile Infection**

The original HEAT target to reduce *Clostridium difficile* Infection in patients aged 65 and over was based on 2007/08 figures. All Health Boards were initially tasked to reduce *Clostridium difficile* Infection in this age group by 30% by March 2011. However by the end of the second year *Clostridium difficile* Infection had reduced substantially across Scotland, so the target was raised to at least a 50% reduction. By March 2011 NHS Lothian had achieved a 68% reduction of *Clostridium difficile* Infection in patients aged 65 and over - a significant 18% above target.

New HEAT targets were set in April 2011 to further reduce *Clostridium difficile* Infection by March 2013 based on total Occupied Bed Days. Therefore from April 2011 the new *Clostridium difficile* Infection HEAT target for NHS Lothian is to achieve a rate of 0.39 per 1,000 Occupied Bed Days. In terms of real numbers this equates to circa 326 episodes by March 2013.

During the first quarter of the HEAT target year in 2011 (April to June), NHS Lothian’s *Clostridium difficile* Infection rate is 0.37 per 1,000 Occupied Bed Days.
Figure 2 – Summary of Clostridium difficile Infection Reduction in NHS Lothian

Summary of CDI Reduction in NHS Lothian

* Figures for 2011/12 represent data for April – August 2011 only.
3.4 Involving people, improving people’s experience of care

The Participation Standard and self assessment process was introduced for the first time in 2010/11. The standard covers three aspects of participation – patient focus, public involvement and corporate governance. The self assessment framework has four levels of achievement for NHS Boards – (1) developing, (2) implementing, (3) evaluating and (4) reviewing and continuously improving. The Scottish Health Council has a role to verify the self assessment. The verified self assessment for NHS Lothian demonstrates the following achievement levels:

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<th>Standard</th>
<th>Description</th>
<th>Achievement</th>
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| 1. Patient focus | Better Together – involvement in the actions to address the findings of: inpatient surveys, GP surveys | • Level 1 - developing  
• Level 2 - implementing |
| 2. Public Involvement | Involving people in service improvement and change | • Level 3 - evaluating |
| 3. Corporate Governance of Participation | • Meeting statutory requirements for participation  
• Public feed into governance and decision making  
• Participation culture throughout organisation | • Level 4 - reviewing and continuously improving  
• Level 2 - implementing |

The Scottish Health Council informed NHS Boards that for 2010/11, they will be provided with an indicative level for Standard 1 (Patient Focus) and Standard 2 (Involving People), with a reported level for Standard 3 (Corporate Governance). In addition, it was accepted that as Standard 1 builds on the survey results from Better Together, the level of evidence submitted with this year’s self-assessments can only be proportionate. In respect of standard three, Corporate Governance in participation, the following has been achieved:

Section 3.1 asks for evidence that the NHS Board is assured that systems and processes are in place to enable it to meet its statutory requirements in relation to participation. NHS Lothian has reached level 4, Improvement. The Healthcare Governance and Risk Management Committee and the Mutuality and Equality Governance Committee are responsible for implementing public engagement and volunteering strategies. Membership of the committees includes both acute and primary care sector patient groups and staff. All divisions report regularly to the relevant committee that participation duties are being implemented. Following evaluation of the system for reporting to the Board it was agreed that an amended and improved process needed to be implemented. These improvements have taken place and have resulted in increased patient/public representation.

Section 3.2 asks for evidence that public views feed into governance and decision-making arrangements. In this section, NHS Lothian has also achieved level 4, Improvement, with arrangements in place to strategically manage consultation activity across its area and to ensure engagement with a diverse range of groups. All new policies are Equality Impact Assessed and a toolkit to assist staff has been developed. NHS Lothian provides training and support to people who are part of its public involvement networks. A variety of methods are used to communicate with the public, ranging widely via the Health Link newspaper and website and more...
specifically by targeting patient groups about opportunities to participate in consultations and training events. Reviews of Public Partnership Forums (PPFs) and patient groups have taken place and resulted in improvements.

In Section 3.3, where the NHS Board is asked to describe how it has developed processes to ensure that participation is a core part of staff activity, NHS Lothian is working towards level 3, Evaluation. NHS Lothian has developed an induction training programme for staff which includes Patient Focus Public Involvement (PFPI) and is a pilot site for NES Framework to Support Staff Development in PFPI. Project Initiation Documents include a section on seeking patient and public views and a strategy for ensuring implementation of PFPI activity throughout the organisation is in place. Contacts with Community Planning and linking with local authorities on specific issues are demonstrated. Changes made as a result of patient/carer feedback are highlighted in the Quality Improvement Programmes.

2011/12 will see an improvement plan developed where gaps have been identified in respect of the above assessment.

With regard to improving the patient experience, NHS Lothian participated in the Better Together Patient Experience Programme Adult Inpatient Survey in early 2011. This is the second national survey in the Better Together Patient experience programme. 4,252 people who stayed overnight in one of eight NHS Lothian hospitals were sent a survey with the episode of care, which could have been up to 18 months ago. The findings show NHS Lothian to be the most improved of any mainland Board, using the Healthcare Experience Indicator, up from 78.3 last year to 79.1 this year. Combining this with the GP patient survey 2009/10, the Quality Outcome Indicators show an overall score of 80.2, which is the Scottish average.

NHS Lothian came out top for the majority of summary indicators (10 out of 14) compared with the other four large Boards, which is a significant improvement on last year’s performance. Improvements have been seen across questions relating to overall care and treatment, hospital environment, patients being treated with respect and care, trusting staff, patients understanding what was happening to them and being physically comfortable. Lothian scored most positively on the summary indicator regarding patients being treated with care (94%). Lothian also scored in the 90% range for summary statements regarding being treated with respect, trusting the people looking after them, understanding what was happening and being as physically comfortable as could be expected.

Action plans were developed by the services based on the 2009/10 findings and the areas for improvement identified from this latest survey, e.g. experience of the food, noise at night, etc. will be taken forward by the respective services.
3.5 Access to Services

Cancer Waiting Times
The HEAT target is 95% of patients urgently referred with suspicion of cancer, or referred via screening programme, should be treated within 62 days of referral. Throughout all quarters in 2010, Lothian’s performance was better than the HEAT target and better than the all-Scotland average figure.

![Graph showing cancer waiting times](image1)

The 31 day target also due for delivery in December 2011 has also been met early, having reached 98.7% by end of March 2011.

A&E waiting times 4-hour standard
The graph shows the percentage of A&E patients who were seen and treated within four hours since June 2009. During 2010/11 challenges were experienced around maintaining the 98% target, particularly given the additional pressures posed by severe weather. However the ongoing improvement was made over the year. This trend continued into 2011/12 and in August 2011 the 98% target was achieved.

![Graph showing A&E waiting times](image2)
Diagnostic Waiting Times
The waiting time for diagnostic testing reduced from nine weeks in March 2008 to six weeks in March 2009 and by March 2010 the four week target was met.

The target figure was maintained until June 2010 when the number waiting increased due to difficulties in endoscopy. A recovery plan was agreed with the Scottish Government which agreed a return to 12 weeks by the end of March and six weeks by May 2011. These were both achieved as agreed.

Management of diagnostic waits continues to be challenging. Implementation of the recovery plan to bring us back on target will continue to be an area of particular focus for us during 2011/12.

Outpatient Waiting Times
In common with other parts of Scotland, NHS Lothian experienced longer outpatient waits as a result of the severe weather at the end of 2010. In line with agreement with the Scottish Government, these were brought back into line by the end of March when only scoliosis patients were waiting longer than the waiting time standard.

As commissioners, National Services Scotland have agreed with Scottish Government that it is preferable for patients awaiting scoliosis surgery to be treated in Scotland, given the high quality of the service available, rather than seek alternatives elsewhere despite this being possible within the standard.

Inpatient Waiting Times
In common with outpatient waiting times, inpatient performance was affected by the poor weather during the winter 2010/11. Again, waiting times recovered from this deterioration by March 2011, as had been agreed with the Scottish Government, when only those awaiting scoliosis treatment waited beyond nine weeks.

18 Weeks Referral to Treatment - progress towards delivery
18 week performance was above trajectory for the majority of 2010/11 reaching 84% in March. Emphasis on measurement. Data quality and pathway management was pursued throughout the year and has continued into 2011/12.

Performance has remained above trajectory since April, with the published June position close to the 90% threshold at 89.7%
GP access

The latest available data, from Better Together Patient Experience Programme GP Survey 2010/11, shows that 95% of patients gained access to a GP practice team within 48 hour access target (90%) and 86% of patients were able to book an appointment in advance within 48 hours against a target of 90%.

Analysis of this data was completed in June 2010 and sent to CH(C)P Clinical Directors. The analysis allowed comparisons to be made at practice, board and national level. Reporting was also done via Primary Care Joint Management Group (PCJMG) and Primary Care Healthcare Governance Committee.

In October 2010 in-house training was given on access and patient experience issues to experienced practice managers with emphasis on using the QDA tool to inform comparisons. Analysis of individual practice patient comments was also included. These practice managers then delivered a facilitated visit programme to 11 practices. Each practice received two visits - engagement and follow up. The visit required the practice to produce an action plan for improvement. Reports and action plans were sent to CH(C)P Clinical Directors for action as appropriate.

Patient Participation Forum (PPF) members met with one of Edinburgh’s Clinical Leads to provide advice to practices on developing improvements based on their survey results. This advice was circulated to practices, which were asked to complete a template to highlight the improvements they had made. 25% (19 of 77) responded to the survey.

In November 2010, all GP practices were sent the SGHD/RCGP GP access toolkit which was a detailed national support pack. Access workshops were also provided by the RCGP up until September 2011 for practices wishing to improve their access.
Comparative access data (10/11 v 09/10) indicates GP access levels being maintained. The HEAT target for 48 hour access is still achieved, although there is some slippage re advanced booking; this is consistent with the national position.

NHS Lothian continues to show an improved level of participation by GP practices in the GP/Nursing extended hours directed enhanced service. The latest available data (31 May 2011) shows 70% (88/126) of practices are participating in the GP extended hours scheme, with 49 (41%) of practices offering additional consultation hours in the early morning, 60 (48%) in early evening and 11 (9%) on Saturday mornings. (Practices may offer a combination of morning/evening/Saturday extended hours sessions).

**Dental access**
We continue to improve access to dental services across Lothian. NHS adult dental registration figures have increased to 68.2% for Lothian’s population (at the quarter ending June 2011). The Scottish figure is 72%.

**IVF Waiting Times**
In 2008/09 waits for infertility treatment had lengthened to three years. This was unacceptable and work was undertaken by the Edinburgh Fertility and Reproductive Endocrinology Centre (EFREC) with public health and strategic planning to redesign patient pathways.

The new approach, implemented in summer 2010, not only shortened waits it also focused capacity on those patients with the most likely positive outcome and shifted provision towards the use of single embryos (as opposed to two), reducing the chances of multiple births and risks to maternal and child health.

The changes were positively received and, since implementation, waits have fallen further and now are approximately 18 months.
4. Improving health and reducing health inequalities
Quality Outcome: Everyone gets the best start in life, and is able to live a longer, healthier life

4.1 HEAT targets

Child Healthy Weight HEAT Target
NHS Lothian continues to follow a combined approach that encompasses health improvement (school-based programme) and treatment (Get Going programme for overweight and obese children and their families). We exceeded the HEAT target for 2010/11, mainly through the health improvement work which focused on multiply deprived communities.

For 2011/12 we are adapting our school-based programme to meet the revised Scottish Government guidance for this HEAT target. A programme of activities and materials, linked to Curriculum for Excellence, has been developed by Health Promotion, in collaboration with education staff. This will be delivered to 3,200 children in primary schools across Lothian between October 2011 and March 2012.

The Get Going programme continues as before, but we have rewritten and extended the programme so that it now covers adolescence. The number of referrals to the programme has increased during the first part of 2011/12, but the type of referrals has changed, with more very obese children and more children with co-morbidities.

Inequalities targeted health checks HEAT Target
NHS Lothian exceeded the Keep Well HEAT Target which was to deliver 2,902 inequalities-focused cardiovascular health checks in 2010/11. The Keep Well team carried out 5,819 checks over the course of the year in both general practices and to key vulnerable groups. Engagement with Gypsy Travellers exceeded that achieved in research settings with early evidence of improved engagement with services and treatment. Additional work included the development of dedicated IT screens to simplify data entry for participating practices. A training manual was created to standardise delivery of the health check and this was also shared with other Boards. Work began to streamline delivery of the health check to ensure that the programme will be ready for mainstreaming by April 2012.

Alcohol Brief Interventions HEAT Target
Alcohol Brief Interventions (ABIs) are evidence-based interventions to target individuals who are drinking alcohol at harmful or hazardous levels. NHS Lothian is one of the highest performing boards in Scotland and exceeded the original HEAT target by 26% at end of March 2011. We are ahead of trajectory for the 2011/12 target and in the first five months have delivered 4,445 ABIs.

ABI training has been delivered in a wide range of settings including sexual health services and with the police. In September, staff in HMP Addiewell will be trained by the NHS Health Promotion Service.

Smoking Cessation HEAT Target
NHS Lothian exceeded its target of 11,218 by 4%, achieving 11,653 successful outcomes.
Self-reported 1 month quits needed/achieved

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<th>Lothian</th>
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<td>1 month quits needed in full three years of the target</td>
<td>11,218</td>
</tr>
<tr>
<td>1 month quits achieved in full three years of the target</td>
<td>11,653</td>
</tr>
<tr>
<td>1 month quits achieved as % of those needed</td>
<td>104%</td>
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We are encouraged by initial successes in the new 2011/14 HEAT period with 61% of all quits coming from our most deprived areas. In April-June 2011 we achieved 1,167 successful outcomes, compared to 1,043 in the same quarter last year.

**Access to Drug Treatment Services HEAT Target**

Good progress was made towards achieving the Drug treatment services December 2010 HEAT target. We met the referral element completely and just fell short of the specialist treatment element. The new target, five weeks referral to specialist treatment for 90% of patients, is challenging for Lothian but work led through the Alcohol and Drug Partnerships to build capacity and improve treatment pathways will enable services to achieve the target.

**Exclusively breastfed at 6-8 weeks HEAT Target**

Our target was to increase the proportion of children exclusively breastfed at 6-8 weeks to 33.3% by 2010/11. NHS Lothian met this national target (36.4%) but did not meet the stretched target of 43.7%. We have contributed to national work regarding the development of future targets in this area.

**Dental registrations for three to five-year-olds HEAT Target**

The HEAT target was to have 80% of three to five-year-olds registered with an NHS dentist by March 2011, though NHS Lothian stretched the target to 83%. The latest available data (at the quarter ending June 2011) shows that 86.9% of three to five year olds in Lothian are registered with a dentist.

**Suicide prevention HEAT Target**

The national HEAT target was to train 50% key front line staff in suicide prevention skills-based training by December 2010. NHS Lothian delivered this target and by the end of March 2011 had achieved 51.3%.

NHS Lothian continues to deliver suicide prevention training to NHS staff and our key partners. Our programme supports NHS Lothian’s commitment to maintain key frontline staff trained in suicide prevention skills training. The programme offers: STORM – skills-based training on risk assessment, prevention and problem solving, ASIST – skill-based suicide intervention training, SAFETalk - 3 hour suicide awareness session, MHFA - suicide awareness and information on the signs and symptoms of a range of mental health problems. New developments include blended learning sessions following the current pilot delivered to A&E staff in West Lothian.

Supporting these developments is a wide range of work to improve the diversity and additional needs data collected by services about their patients. NHS Lothian is now one of the top-performing Boards in relation to the collection of ethnicity data with approaching 80% of patient records having a valid ethnicity code. In addition, during the year NHS Lothian hosted the national pilot project to develop ways of gathering and monitoring information about patients’ additional needs, such as need for an interpreter or for special accessibility requirements.
4.2 Shared local outcomes – working in partnership

NHS Lothian continues to be actively involved in the Single Outcome Agreement (SOA) process across Community Planning Partnerships and is engaged in leading the development and delivery of the health-related outcomes within the SOAs, with clear performance processes in place. There continues to be local governance and accountability for SOAs through CH(C)P sub-committees and the development of the SOAs for 2011/12 has been agreed through these structures. This has ensured that local priorities have been at the forefront of SOAs in driving forward improvements in health outcomes.

In terms of progress against delivery of the targets within the four Single Outcome Agreements for 2010/11, the following represents the key achievements for each Community Planning Partnership:

- 52% of indicators are on target for delivery
- 6% of indicators have made some progress towards delivery
- 21% of indicators are currently off target
- 21% of indicators are awaiting data to be confirmed.

Whilst the above provides a numerical overview of the SOAs, the following demonstrates the range of impacts that have been achieved by community planning partners during 2010/11:

**Edinburgh**
- A greater proportion of children start school with no dental caries
- The percentage of newborn children exclusively breastfed at 6-8 weeks consistently exceeds the national average
- The proportion of people cared for at home continues to increase.

**East Lothian**
- Emergency Care Service launched to provide a response when someone has fallen at home
- 86.1% of school leavers entered ‘positive destinations’ – a 2.7% increase on the previous year
- Highest proportion of pupils travelling to school on foot or by bike or scooter in Scotland

**Midlothian**
- 180 adults recovering from drug or alcohol misuse moving back to education, training and employment as part of their recovery programme
- 509 disadvantaged families with young children benefitted from a range of parenting and family support services against a target of 287
- 81% of community care service users saying they have the support that keeps them participating in their community and living at home.

**West Lothian**
- At 6.5%, the local level of child obesity is significantly lower than that of Scotland (8.2%) and demonstrates a reduction in obesity levels from 9.0% in 2004/5
Exercise referrals from health professionals continue to grow with the total number of referrals since the programme started now exceeding 3,700.

Accidental fires continue to decrease in West Lothian, with an 18% decrease in the number in 2010 compared to the previous three-year average.

**Prison Healthcare**

In 2010 the Scottish Parliament passed legislation within the Criminal Justice and Licensing Act to transfer responsibility for the management and delivery of prison healthcare from Scottish Prison Service to NHS Boards. Therefore, NHS Lothian will be responsible for prison healthcare in HMP Edinburgh and HMP Addiewell from 1 November 2011 and an extensive planning process has been underway in advance of the transfer.

The key objectives of the transfer are to:

- Ensure prisoners receive healthcare services equivalent to those delivered in community settings, with equitable access to the range of enhanced primary care and secondary care services provided to all other citizens.
- Support the work in reducing health inequalities as well as contributing to the wider work on reducing re-offending.
- Ensure operational stability is maintained before, during and after transfer.
- Implement the transition process as seamlessly as possible for both staff and prisoner/patient groups.

Whilst recognising the good quality healthcare that is currently provided in the prison, the transfer to NHS Lothian offers the opportunity to put in place a model of care which supports prisons as they move from community-custody-community, ensuring continuity of care, leading to improved health outcomes and a reduction in health inequality.
5. Shifting the balance of care

5.1 Integrated health and social care

NHS Lothian, with its Council partners, is one of four pilot sites for the Integrated Resource Framework (IRF). The purpose of the framework is to enable partners to make investment choices informed by a comprehensive understanding of current resource and activity patterns, across the whole health and social care system at locality/CH(C)P level.

The key objective is to determine ways in which services are best designed to meet the needs of Lothian’s population, looking at specific target populations. Since the outset of the Lothian IRF test site programme, work has focused on developing a comprehensive, detailed IRF data map. At the end of March 2010/11, the following data and spend had been mapped across health and social care:

- Patient level (66.2%) £1,115,810,627
- GP Level (16.7%) £ 281,207,981
- Allocated to GP (10.2%) £ 173,061,164
- Excluded (6.9%) £ 115,966,413
- Total £1,686,046,186

This level of detailed mapping, which has been identified as good practice by Scottish Government, will be used to support the development and implementation of the ‘reshaping care for older people’ work, as well as the existing pilot projects being delivered locally to support shifting the balance of care from institutional to community-based settings.

Integrate health and social care for people in need and at risk

In NHS Lothian, the CH(C)Ps have developed more fully integrated services for anticipatory and intermediate care that manage frailty and transitions at the interface. This includes enhanced community response, rehabilitation and reablement services with greater outreach of specialist services, falls prevention and support to care homes. These services deliver continuous, supportive care through a single point of assessment and co-ordination with a multidisciplinary, multiagency team centred on named GP practices.

New models of care in orthopaedic and stroke pathways have reduced length of hospital stay, through enhancement of Physiotherapy and Occupational Therapy staffing, the implementation of a ‘pull’ model and increased capacity to provide more patients with home-based rehabilitation by the Intermediate Care Service.

Edinburgh CHP, in conjunction with City of Edinburgh Council partners, now provides telecare and a service for the fallen, uninjured patient.

Midlothian CHP won a Scottish Social Services Council award in partnership with Midlothian Council for joint work on older people’s services in Midlothian.

Midlothian CHP was selected as a Dementia Demonstrator site to work with social care and voluntary teams to improve care for patients with Dementia. This is
supported by a Scottish Government two-year funded Allied Health Professional (AHP) Consultant in Dementia.

Intensive home treatment teams for individuals most at risk with mental health problems are available through Edinburgh, East Lothian and Midlothian CHPs.

West Lothian CHCP is developing an acute care and support team for older people with mental health problems. This will enhance delivery of services in the community and reduce hospital admissions and length of stay in acute psychiatry of old age beds.

**Reshaping care for older people**

Lothian elderly population (those over 65 years) is projected to increase by 53% by 2018.

£9.747m is being invested across Lothian through the Reshaping Care of Older People policy. This is broken down as Edinburgh £6.013m; West Lothian £1.5m; East Lothian £1.25m and Midlothian £976K.

This funding is supporting investment in the community that will support an improved infrastructure to support older people to stay at home longer or have reduced length of stay in hospital due to improved community capacity to support earlier discharge. This has enabled a review of service delivery across acute and primary care beds, as one assumption which is the basis of the Reshaping policy is that fewer beds will be required.

Metrics have been agreed to monitor the progress against this investment; these include rates of emergency re-admissions of over 75 year olds, numbers of delayed discharges, bed days occupied and performance against the four hour standard for accident and emergency. Other metrics are also being developed, particularly for the work that is being done in both Edinburgh and Midlothian in relation to community capacity building through innovative approaches to using communities to support older people.

Work is now underway across all four partnerships to ensure that the right level of focus is given in each area to service developments such as additional packages of care being commissioned, improvements in the level of reablement, night services and crisis response and support.

**Delayed Discharge**

NHS Lothian and its four Local Authority partners continue to ensure effective discharge of patients as soon as they are clinically ready to leave hospital.

NHS Lothian once again achieved the National Standard of having zero delays over six weeks at the April census and with only 50 delays, also achieved the local target of having no more than 66 delays in any one month. With 84 delays overall (including complex patients), this represented our best performance ever and with an average length of stay of 67 days, this represented an improvement of 25% over April 2010.
Improve joint use of resources (revenue and capital)
As mentioned earlier, NHS Lothian is one of four pilot sites for the Integrated Resource Framework.

NHS Lothian is also hosting Scottish Government Self Directed Support (SDS) which aims to support individuals in the community, increase flexibility, choice and control over the care they receive and promote living independently in their own home.

The test sites have been underway for some six months now, with take-up from patients with Acquired Brain Injury, people with Multiple Sclerosis, and people who have experienced first stroke. These are being delivered in partnership with West Lothian and City of Edinburgh Councils and third sector partners including the MS Society.

We are currently exploring an expansion of sites and are in negotiation with East and Midlothian Councils to identify opportunities to enable people with mental health support needs to test out this means of service delivery.

To date there are some 20 individuals receiving a package using SDS, agreed with their health professional, e.g. Occupational Therapy.

The test site is also working with colleagues in Paediatrics who are supporting children with exceptional needs, to explore how the application of SDS as a model of service delivery would support the streamlining of multi agency support.

There was a recent visit to the test site from the Minister, Michael Matheson, which gave both the Minister and participants in the test site the opportunity to explore the benefits of personalising one's intervention and having more flexibility.

The Scottish Government has confirmed that the SDS Bill will feature in this coming year's legislative programme of the Parliament.
5.2 Primary Care

Primary care activity and outcomes data are not routinely available, but are essential to inform Shifting the Balance of Care. An NHS Lothian project estimated the number of contacts between patients and primary care staff each year, and the extent to which patients remained solely in primary care. The project found an estimated 5.4 million primary care contacts per year in Lothian, with the equivalent of over 10% of the practice population contacting their practice in a week. Of these contacts, 87% were managed within primary care for the subsequent four weeks. The most frequently recorded services received by the remaining 13% of patients were outpatient referrals (48%), admissions (10%), and A&E attendances (6%). Patients referred by GPs for admission had an average length of stay of 10 days, compared to three days for those that self-referred.

Maximise flexible and responsive care at home with support for carers

Lothian continues to provide rapid response services to prevent unnecessary admission and to provide care in patients’ homes. These include the IMPACT service in Edinburgh CHP which provides case management for at-risk clients with long term conditions and multiple co-morbidity. IMPACT has established a single point of contact for the service they provide and receives electronic referrals direct from GPs. The team continues to develop and is considering the role of advanced practitioner along with skill mix changes to increase service availability.

Midlothian Anticipatory Care Service (MACS) works closely with GP practices in supporting a caseload of high-risk Chronic Obstructive Pulmonary Disease (COPD) and heart failure patients, to reduce avoidable and unscheduled attendances.

The introduction of intermediate care beds in Midlothian has successfully supported early hospital discharge, through targeted rehabilitation and social care packages. Ongoing work to provide a single point of contact to health and Social Care intermediate care teams is underway.

A case management approach is being piloted with three GP practices in West Lothian CHCP along with development of the primary care SPARRA tool to facilitate early identification of those most at risk of admission.

Within Edinburgh a rapid response service for carers provides priority access to services. A wide range of initiatives within Edinburgh and other parts of Lothian support adult and young carers who care for those living in the community. Support includes carer training, self management support groups, health and wellbeing initiatives, emotional support and learning opportunities.

Reduce avoidable unscheduled attendances and admission to hospital

Healthcare professionals continue to use a shared generic anticipatory care plan (ACP) with those patients for whom it is appropriate. The use of such ACPs has improved communication across care settings and care providers.

A care homes Enhanced Service for GPs has improved support for patients in adult care homes. This has also drawn on anticipatory care planning approaches.
East Lothian CHP has developed rapid access to multidisciplinary team care and diagnostics in one of its day hospitals as an alternative to admission. This has aligned with inreach and outreach services and Social Care in the case management of high risk patients, so reducing admissions.

Midlothian Anticipatory Care team has expanded to cover East Lothian. The team uses telemonitoring as a case management tool to help prevent unnecessary admission of patients with long term conditions, primarily COPD.

West Lothian Care Home education continues to be delivered with 72 care home staff completing this accredited programme. Training has enhanced the capability and confidence of staff in supporting those with long term conditions, with positive outcomes for patients, including a decrease in emergency presentations from care homes. West Lothian out of hours community nursing support also has improved its management of patients with long term conditions and palliative care needs.

Lothian is a pilot Board for an NHS24 MSK project where patients will call NHS24 to receive advice and self management guidance for MSK problems. If required they can then be referred on to MSK Physiotherapy departments for further assessment and treatment. It is anticipated that patients will be able to begin self management at a much earlier stage than previously, possibly preventing them from entering mainstream physiotherapy services or reducing their chance of developing a chronic problem.

The Lothian Respiratory MCN and Lothian Lean team have started work to improve the experience and outcomes for patients during their care journey, as outpatients, as inpatients, as recipients of pulmonary rehabilitation, when receiving self-management support and when experiencing exacerbations of their COPD.

**Improve capacity and flow management for scheduled care**
Edinburgh CHP developed a GP in A&E Project and Primary Care Practitioner Service. The 12 month pilot of a GP located close to the A&E department, seeing patients triaged from A&E, showed that approximately 5% of patients attending A&E could be safely redirected to the GP service (day time hours and non clinical triage). The key aspects of their work are:

- Redirection to primary care service following triage
- Reducing attendances of frequently attending patients through development of care plans. Initial analysis of care plans in place indicates a 42% reduction in attendances
- Work in Combined Assessment Unit to improve discharge/reduce length of stay for patients aged 65 and over and with complex needs.

**Extend the range of services outside acute hospitals provided by non-medical practitioners**
- Non medical prescribing (NMP) within the community has enhanced the services available to individuals who may otherwise have to attended hospital for management of exacerbations (attacks). At present there are 106 independent/supplementary prescribers, 400 community practitioner prescribers
and five physiotherapist supplementary prescribers contributing to this work in Lothian.

- Self-referral clinics for patients requiring access to physiotherapy in Lothian is now rolled out. East & Midlothian have implemented a self-referral pathway for individuals in this area.
- First Steps to Health & Wellbeing, a targeted exercise referral scheme has had good outcomes for mental health improvement as well as a variety of physical measures. The scheme has successfully engaged with deprived communities and hard to reach individuals within these communities.
- NHS Lothian is a demonstrator site for pilot of telephone triage in partnership with NHS 24.
- Pulmonary Rehabilitation services are established and available across all four CH(C)Ps. This service, delivered close to home by a team of Allied Health Professionals (AHPs), promotes wellbeing and self-management of long term conditions. Strong links across acute and primary care promote appropriate referral and pathway management. East Lothian and Midlothian Pulmonary Rehabilitation teams have successfully demonstrated the safe and effective use of TelePulmonary Rehabilitation. This uses desk-based video conferencing, increasing capacity and throughput of patients, improving access, reducing carbon footprint and reducing cost. The team has been shortlisted as finalist for National e-Health award, to be announced in October 2011.
- Fast track post exacerbation rehabilitation is in place to prevent further inappropriate admissions and to maximise treatment effectiveness.
- Tele PR will be rolled out across NHS Lothian, and, in line with 5x5x5 Self Care recommendations, will form part of a Board-wide programme of care for COPD patients as the 5x5x5 recommendations are implemented. This work is supported by a COPD specific self-management plan (SMP) available in all community and secondary care groups. This will be backed up by reminders on GP and Practice Nurse computers to use SMPs.

**Improve access to care for remote and rural populations**

East Lothian, Midlothian and Edinburgh CHPs are testing the feasibility of providing speech and language therapy by video conference for patients discharged after Stroke. The team is using the same technology as the telepulmonary rehabilitation approach and will launch in October.

The Weight Management Dietetic Team has invested in telehealthcare in order to improve access to support for patients. The service has installed systems across NHS Lothian which, with patient permission, will remotely transmit progress to specialist staff.

East Lothian and Midlothian are testing the value of installation of telecare into Care Homes and inpatient ward environments to prevent falls in the elderly population. Early results demonstrate a 35% reduction in falls where bed sensors and/or falls detector belts have been in place. The project has been selected to present its findings at the Royal Society of Medicine telehealthcare conference.

Midlothian Active Choices, a physical activity and coaching service, continues to grow and now works with COPD, Diabetes and other Long Term Conditions. This
service has demonstrated high completion rates and continued adherence to physical activity, weight loss and reduction in use of antidepressants.

East Lothian CHP successfully bid for Health Improvement funding to set up and deliver a similar service in East Lothian.

A newly developed ‘lite touch’ telehealth initiative is in progress whereby patients are encouraged, through a less intensive use of technology, to improve self management of their condition and to monitor signs and symptoms on a daily basis, acting on these as appropriate in conjunction with their healthcare professional.

**Improving Palliative and End of Life Care**


Key actions undertaken in 2010/11 that support shifting the balance of palliative and end of life care include:

- Establishing a Liverpool Care Pathway initiative and support team in the acute hospital system, working across Lothian’s acute hospitals to introduce and support use of this pathway to improve care
- Establishing a Liverpool Care Pathway initiative and support team in community health services
- Implementing the new national ‘Do Not Attempt Cardio-Pulmonary Resuscitation’ (DNACpR) policy across NHS Lothian. The national policy incorporated and built on the previous NHS Lothian DNAR policy.
- Roll-out of the Electronic Palliative Care Summary (ePCS) tool across Lothian – over 75% of Lothian General Medical Practices have used the system and in 2011/12 tailored support will be provided to ensure continued and effective use
- Improved uptake of the Directed Enhanced Service for Palliative Care – with 72% of practices participating in the DES in 2010/11
- Increased the number of non-cancer related referrals to specialist palliative care services
- Established a new rapid discharge service to support patients who wish to die at home – this service was commissioned by NHS Lothian and is jointly funded by NHS Lothian and Marie Curie Cancer Care, with St Columba’s Hospice providing educational input for the service staffing.
- Invested in a major replacement programme of our syringe drivers (moving to use of the McKinley T34 driver for palliative care) across all care settings in Lothian, and implemented new guidelines, policies, procedures and associated training.
- Completed outstanding areas of our Living & Dying Well Delivery plan for Lothian, and continued to participate in the national palliative and end of life care programme
- Continued to support palliative care delivery groups established in each Community Health Partnership area in Lothian and in the acute hospital sector – to support implementation of strategic objectives
• Mapped all of our palliative and end of Life care education provision to ensure all of the aims and objectives of the national and local strategic programme were incorporated

• Developed further palliative care systems in care homes to support more terminally ill patients to remain in care homes rather than being transferred to acute hospitals, following successful pilot work in previous years

• Ensuring that palliative care programmes include sensitivity to cultural differences so that care provided is equitable and meets the needs of Lothian’s increasingly diverse population.

Midlothian and East Lothian CHPs have adopted the Liverpool Care Pathway across hospital and primary care with all nursing and medical becoming involved, with training undertaken and champions appointed. Post implementation audits are planned.

Modernising Community Nursing

NHS Lothian is continuing to explore ways that services can be delivered more effectively to manage the modernisation and development of community nursing services. The aim is to ensure that nursing services meet the challenges of providing community care which is fit for the 21st century and delivers clear benefits for individuals and their families. The programme board is chaired by the Nurse Director and acts as a strategic group to oversee developments and ensure pan-Lothian solutions are developed.

Each CH(C)P is leading its own local modernisation work which reflects their own priorities but is in keeping with NHS Lothian’s strategic objectives, engaging with Partnership and key stakeholders such as the respective local authorities, GPs, users and carers. All CH(C)Ps are working on the principles of cluster working (with GP practice alignment, more corporate caseloads and a more geographic way of working) and skill mix within teams. In some areas teams are being co-located and the practicalities of supporting this, in particular in relation to IT, are being addressed.

Other work completed over the last year includes:

• Community nursing teams are participating in Releasing Time to Care in the Community with facilitated support to work through the three foundation modules of the programme. All teams across NHS Lothian will have completed the foundation modules by March 2012. Community teams in Lothian are further ahead than many other areas in Scotland, so are helping inform the debates nationally regarding some of the measurements of success. Despite initial scepticism from staff, many teams are progressing well and find that the modules they work through help them become more efficient in their day-to-day duties.

• Core specifications for district nursing and public health nursing, along with a vision of community nursing, have been drafted on a pan-Lothian basis. These are key to the delivery of a consistent and equitable community nursing service across Lothian. They will be reviewed and revised as services develop.

• NHS Lothian participated in the piloting of the national community workload tool; a proposed caseload weighting tool for health visitors, which has been designed by local health visitor managers, is currently being tested across the CH(C)Ps.
• A piece of work exploring patient and service user satisfaction to find out more about the experiences of those using community nursing services will start in Autumn 2011.

• Some preliminary work is underway to explore the development of clinical quality indicators for district nursing in the first instance.

Many of these work streams are being discussed nationally and NHS Lothian will help inform this work.

Staff are being asked to be at the forefront of redesigning their services to better reflect and meet the health needs of the community they serve – teams by design rather than default – as part of the community nursing contribution to achieving the policy underpinning Better Health, Better Care.

**Community Pharmacy**

The NHS Lothian Pharmacy Strategy 2009-12 is committed to provide outstanding patient-centred pharmaceutical care, including pharmaceutical care needs assessment, minor ailment scheme, chronic disease, attendance support and health improvement.

The 183 community pharmacies in NHS Lothian continue to provide local access to all pharmacy services. Pharmacy-delivered smoking cessation services provided 1,225 successful quits during 2010/11 and the emergency hormonal contraception service continues to be routinely accessed by patients in Lothian.

Ongoing training and support to deliver the Stop Smoking Service has been provided to all pharmacies and has been successful in increasing their contribution to the NHS Lothian’s HEAT target from 19% in 2009/10 to 27% in 2010/11.

In September 2010 across NHS Lothian there were 116,007 patients registered for the minor ailments service, increased from 97,484 in September 2009. Nationally, on average, about 14.3% of patients registered with a GP in Scotland are registered with a pharmacy for minor ailment services (within NHS Lothian approximately 13.6% of that population are registered). The number of items dispensed in NHS Lothian per 1,000 registrations was 1,893 (Scottish average 2,139 items per 1,000 registrations).

The formal Scottish Government Health Directorate (SGHD) directions and implementation plan for the chronic medication service (CMS), a scheme which allows patients who need regular repeat prescriptions to have more care provided by their community pharmacist, were published in May 2010. The first phase of the implementation plan lasting until 31st December 2010 has been agreed between Community Pharmacy Scotland and SGHD. At the end of March 2011 there were 9,544 patients registered for CMS with their local community pharmacy.

There are three early adopter sites for CMS in NHS Lothian. They are part of the national pilot to test IT functionality and work flow to facilitate a smooth roll out of the service when it goes national.
5.3 Mental Health

Mental Health and Wellbeing remains a priority for NHS Lothian. Throughout 2010/11 consultation, preparation and writing for the new five year Mental Health and Wellbeing Joint Strategy - A Sense of Belonging - took place. Over 1,000 people were consulted, and the strategy was developed through this process. It covers four priority change areas: tackling inequalities, embedding recovery, increasing social capital and wellbeing and improving services for people. A fifth area of the strategy will focus on how these areas of work will be developed.

NHS Lothian achieved and exceeded HEAT targets for this year.

Dementia Register
NHS Lothian exceeded the national target to have 5,795 patients with a diagnosis of dementia registered on the GP QOF register. At the end of March 2011 we had 6,198 patients registered, just short of our stretch target to have 6,380. Dementia in Acute General Hospital Settings was a one-year audit project to improve the outcomes and experience of people with dementia, and their carers, while in the acute hospital. A full year audit cycle has now been completed.

Some of the results already evidenced through this work include:
- Reduced average length of stay - 30 days in 2009 to 17 days in 2010
- Reduced average ward moves - 2.7 (2009) / 1.9 (2010)
- Reduced prescription of Psychoactive (sedative) medications - 24% in 2009 / 7% in 2010
- Reduced use of catheters - 30% in 2009 / 3% in 2010
- Improvements in carer views such as carer involvement in care / treatment rated as "good" or "very good" = 36% to 64%
- Improvements in staff views on their ability to meet the needs of patients with dementia rated as "good" or "very good" = 38% to 86%

Other work has included:
- Appointment of allied health professional (AHP) consultant post in dementia
- Midlothian is one of three national dementia demonstrator sites; we will be using a variety of methods including carer narratives to improve services for people with dementia; also linked to IRF
- Edinburgh - establishment of behaviour support service; care home training and premium framework
- East Lothian - new care homes use of sheltered housing facilities to support people with dementia

Reduction in Psychiatric Admissions
NHS Lothian has experienced a 39% reduction on the baseline data on readmissions, exceeding the 10% target and the 25% Scotland position.

Continuing progress on readmissions is due to our ongoing work on developing Integrated Care Pathways (ICP) in Mental Health. The Generic ICP has been implemented in acute adult inpatients and in general adult community mental health services. Further development and implementation of the Generic ICP will be completed for Older People’s services by January 2012.
We will also be developing and implementing specific care pathways based on the Health Improvement Scotland standards for dementia, schizophrenia, bipolar disorder by March 2012. The pathway approach of collecting, analysing and reporting pathway data to clinical staff that we have been developing has shown clear improvements in our care processes and delivery of quality care.

**Completion of Senior Medical Review within 24 hours of admission**

(Acute general adult wards, Royal Edinburgh Hospital, May 2010 - July 2011)

Reduction in Anti-Depressant Prescribing

As of July 2010 the Scottish Government no longer required Boards to report on this target. NHS Lothian was however one of the better performing boards in Scotland in this area. Moving forward, support on this work has continued through development of services to support the ICP for depression in primary care; we also continue to monitor referral rates to services to non pharmacological treatments such as the work we are doing on psychological therapies.

**Improving the access to Psychological Therapies**

We are in the process of developing a Psychological Therapies delivery plan which will support delivery of the HEAT target on access to psychological therapies. The purpose of the Plan is to support the delivery of an increase in access to effective psychological therapies by a suitably trained workforce who are supervised and supported to deliver the range of evidence-based therapies and those therapies, which are effective but have a limited published evidence base.

The National Mental Health Collaborative sought to work with three NHS Boards across Scotland as early implementer sites to support the application of Demand, Activity, Capacity and Queue (DCAQ) techniques to improve access times for psychological therapies. NHS Lothian is one of these Boards. The aim of this project is to improve access times for psychological therapies for two teams providing Psychological Therapies in NHS Lothian, within their existing resourcing frameworks and without impacting negatively on clinical outcomes.

The first phase is now completed and a report detailing the outcomes is being developed.
Other Achievements 2010/11

• Improving Information, two well established online information resource websites (*edspace* and *midspace*) dedicated to local mental e-health resources.

• The12s project – working with colleges and universities (representing approximately 11% of the population in Lothian) first phase of the pilot has been completed and the work will continue throughout the next five years as part of the strategy

• Community Gardens at the Royal Edinburgh Hospital

• Physical activity referral schemes are delivering good results for people with low mood, anxiety and depression in West Lothian, City of Edinburgh and Midlothian and there are walking schemes in East Lothian

• Book prescribing across Lothian in partnership with libraries; this has been developed for children and young people in East and Midlothian

• Intensive Home Treatment Team (IHTT)

• Acute Care Pathway review – smaller wards; greater integration with Intensive Home Treatment Teams; realignment of consultant job plans

• Work with women offenders – the Willow Project in partnership with Criminal Justice and SACRO (Safeguarding Communities, Reducing Offending)

• Continuing work with Veterans 1st Point, which supports people leaving the armed forces

• NHS Lothian was selected to host the national hub for people with sensory impairment

• Recovery Across Lothian Network continues to grow with a membership of around 450 people. Led by a steering group we continue to run a range of educational activities for workers and people using services who are committed to recovery-focused mental health practice

• Educational development work has taken place between mental health recovery trainers and substance misuse workers with a view to further collaboration and work with people using services
6. Finance and efficiency, including workforce planning and service change

6.1 Financial Performance 2010/11 and Efficiency

As in previous years, NHS Lothian achieved its three financial targets for the year as demonstrated in the table below:

<table>
<thead>
<tr>
<th>Target</th>
<th>Achievement</th>
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<tbody>
<tr>
<td>Revenue outturn</td>
<td>£299k surplus over the break even target on core resource</td>
</tr>
<tr>
<td>Capital outturn</td>
<td>Met the agreed limit of £90.5m</td>
</tr>
<tr>
<td>Cash drawdown</td>
<td>£2.7m below the limit of £1.330bn</td>
</tr>
</tbody>
</table>

In addition, efficiency savings of £37.2m were delivered and reinvested in patient care.

NHS Lothian is fully committed to continuing to achieve financial balance in respect of services provided to the Lothian population and beyond, while also achieving key quality and activity targets. However, the current distance from NRAC (National Resource Allocation Committee) parity (£58.2m) continues to impact on the Board’s ability to maintain financial balance and invest in priority areas.

**Capital**

Work on a number of major capital projects was undertaken during the year, as well as ongoing investment in statutory standards and medical equipment.

- £15m of new medical equipment was purchased
- Ongoing progress, in line with programme for the reprovision of the Royal Victoria Hospital and Musselburgh Primary Care Centre
- Completion of the Chalmers Sexual Health Centre
- Development of the Royal Hospital for Sick Children / Department of Clinical Neurosciences Project continued, with considerable work involved in the Scottish Government move to procure the project under the Non Profit Distributing Model
- Clinical space was released as part of our wider moves to improve efficiency by reducing the number of corporate offices through moves to Waverley Gate and Pentland House
- Midlothian Community Hospital (£18.2m) opened September 2010 (PFI

**Agency nursing (local target)**

Spending on agency nurse use was cut from £10 million in 2004/2005 to £1.2 million in 2010/11 – a clear example of driving down cost while driving up quality.

The target set in 2009/10 to eliminate non-registered agency has been maintained in 2010/11 with 100% compliance. The use of off-contract agency (outwith acknowledged specialities) has reduced to isolated cases in response to specific clinical situations.

The Staff Bank has been co-ordinating the supply of medical locums to NHS Lothian since November 2010. A local target has been set for 2011/12 to reduce spend on
medical locums from agency sources by 15%. In the first five months of 2011/12 the total spend on medical locums (internal and agency) has been reduced by 19%.

Spend on non nursing & medical agency has reduced by 95% at month 5 in comparison with the same period in 2010/11.

**Bank Nursing**
The continued reduction in use of agency workers has resulted in a greater proportion of the supplementary staffing supply arising from bank sources - increasing from 78% to 97.4% between 2005/06 and 2010/11. A local target of 20% reduction in bank usage was exceeded with a reduction of 23% in the first quarter of 2011/12. At month 5 the reduction in bank use is 13% over the same period in 2010/11.

**Use of CHI identification numbers**
The target was for 97% of radiology requests to include patients’ CHI (unique identifier) numbers. Lothian reached 99% by March 2010 and this continues to be maintained.

**Same day surgery**
The British Association of Day Surgery (BADS) set levels for particular procedures to be carried out in the day case setting – this is a key measure of efficiency. We aimed to ensure that 80% of these procedures were carried out as a day case by March 2010 – NHS Lothian has achieved this. This is one of the prime measures of efficiency promoted by the Government.
6.2 Our workforce

Sickness and absence
In 2010/11, our average sickness absence level was 4.47% compared to 4.46% in the previous year with 4% being achieved in February 2011. The NHS Scotland average for 2010/11 was 4.74%. We were the best performing large teaching hospital board, with levels of absence consistently lower than all other teaching boards. During the months of April to July 2011, our average sickness absence level was 3.66%. Maintaining the level at 4% or below would have a cash equivalent saving of £3.6m.

Workforce targets
We achieved an in-post workforce reduction in 2010/11 of 762wte against a target of 734wte (1,000 headcount). A rigorous review of vacancies was undertaken with only essential front-line posts being filled. During 2010/11 the costs of overtime were down by £1m and supplementary staffing costs were down by over £4m. As at 31 March 2011 we also reduced Senior Managers by 8.5wte; however a further 11.5wte Senior Managers were serving their notice at 31 March and these reductions will be evident in the 2011/12 figures.

Agenda for Change (AfC)
Within NHS Lothian, 2,257 posts were submitted for review covering 10,758 staff. The reviews were all completed by December 2010.

Knowledge and Skills Framework (KSF)
Following on completion of post outlines and personal development plans for all staff, during 2010/11 significant work was undertaken to achieve the HEAT target of 80% of staff on eKSF by the end of March 2011. Over 2,200 managers/reviewers were trained and at the end of March 2011 69% had been achieved. Further work has been done and we are now sustaining 80%.

Human resources and organisational development (HR&OD)
NHS Lothian approved a three year HR and OD Strategy in November 2008. The strategy highlights were to:

- Improve performance in health and safety
- Tackle bullying and harassment and improve performance in equality, diversity and human rights
- Develop coaching as part of an engaging leadership approach
- Workforce and recruitment strategies based on social inclusion
- Create competency based development programmes for frontline supervisors and middle managers
- Introduce a technology-based service model for employee relations
- Review and streamline recruitment processes.

During 2010/11 some of the key achievements under the HR strategy were as follows:

- An effective Health and Safety Committee structure was put in place ensuring coverage of all service areas and partnership representation at all levels
• There was a reduction in RIDDOR incidents with a downward trend from 8.96 per 1,000wte to 8.13 per 1,000wte.
• In terms of equality and diversity, impact assessments are carried out routinely on NHS Lothian policies and plans and since 2008, 173 have been carried out.
• The Edinburgh Napier Business Programme was launched and 50 managers and partnership representatives started on the programme, which has been accredited by Edinburgh Napier University to enable managers to receive an MSc on successful completion.
• ER Assist was launched, which is an Intranet product providing information and guidance on core employment policies, frequently asked questions, case studies and standard documents and templates to help managers apply the policies in a consistent manner.

Discussions have started regarding the development of the new HR and OD Strategy for 2011-14 and this will be presented to the Board in November 2011.
6.3 Service change/innovations

Our aim – to be among the best in the world
We continue to work towards our aim of being in the world’s top 25 healthcare systems, an aim that stems from our shared aspiration to give people and communities the best service we are able to deliver.

The following examples show our commitment to this ambitious aim and the steps we are taking towards achieving it:

Lean in Lothian – empowering staff to improve services
Our innovative management programme, Lean in Lothian, has now been operating for five years and continues to benefit patients and staff by improving the efficiency and quality of our healthcare processes. The programme involves training and enabling staff to spot opportunities for beneficial change and empowering them to make these changes.

During 2010/11, the main focus of the lean programme was on redesign of older people’s pathways to improve flow, reducing length of stay and improving patient experience. The pathways were: medicine of the elderly (MoE), orthopaedic rehabilitation, stroke services and management of patients with dementia and delirium.

Benefits delivered over the eight projects involving over 250 staff in the last year included:

- 24 of 29 medicine of the elderly wards reduced mean length of stay by up to 3.5 days, through the development of specialist elderly assessment teams, electronic referrals to rehab hospitals, more transfers and discharges before 11am and at the weekend, and daily huddles to check patient progress along pathway.
- 94 extra Allied Health Professional (AHP) sessions per week gained at Royal Victoria Hospital after simple changes to ward routine
- Staff have implemented new ideas which will support the achievement of national Stroke QIS standards. These standards include timely access to a stroke unit, swallow screening and brain scan.
- 950 acute staff attended dementia awareness sessions, 130 fully trained by a national consultant. Before the training, only 38% rated their ability to meet the
needs of older people with dementia as ‘good’ or ‘very good’; after the training this figure was 86%

- Significant potential financial savings have been identified by the reduced lengths of stay achieved in the past financial year, totalling £1,291,190 for stroke services and Medicine of the Elderly alone.

Training and supporting staff in Lean improvement methodology continues to be a key priority for us. The revised change agent training programme introduced in 2009 was evaluated and maintained through 2010/11. A further 76 people completed the training, each committing to a Lean improvement project to take forward in their local service.

**5x5x5 initiative**
In 2009/10 we launched the 5x5x5 initiative, which involves five multi-disciplinary teams of five staff members each, and each team addressing one of five key challenges to improve services for patients. This initiative continued in 2010/11 and indeed the next round for 2011/12 has also started.

Each project will work towards one of the following five themes:
- Clinical quality
- Patient experience
- Cost versus quality in a new economic context
- Tackling health inequalities
- Demand management

The recommendations from the previous two year’s projects are now being implemented and through these we are already seeing service improvements in delivery of services to older people, in stroke management, in health improvement around diabetes, managing demand better through unscheduled care and knowing more about (and being consistent in relation to how we collect and use) information on patient experience.

**Leading systems network**
In support of NHS Lothian’s aspiration “To be at the level of Scotland’s best, and the World’s top 25 healthcare systems” we continue to participate in the development of international comparative metrics through our membership of the Leading Systems Network of the McKinsey Health Systems Institute (http://www.mckinseyhsi.com)

Now entering its third year of operation this global network of health and healthcare regions bridges the gap between national comparative systems (e.g. WHO, OECD, etc) and in-country benchmarking systems.
Lothian has been able to showcase the depth and quality of its local health intelligence via a keynote presentation at the HSI annual conference in Valencia in 2010 where the Chief Executive discussed the power of patient-level information to drive efficiency and value for money. Several examples of our data mining capabilities were presented and how this has informed patient management on the front line.

During 2011 NHS Lothian has formed partnerships with the states of Queensland and Victoria in Australia, the Hong Kong Hospital Authority and the city state of Singapore in a Cardiac Improvement Network. This project has defined and quantified cardiac care pathways from primary prevention through acute care to rehabilitation and tertiary prevention. NHS Lothian has emerged from this study as “best in group” on all major dimensions – with the single exception of lacking an integrated primary/secondary care common information system.
In 2012 there will be a further project around the development of public transparency in relation to the performance, quality and safety of local health services whilst the development and refinement of key performance metrics continues.

Another valuable study that has taken place in 2011 relates to assessing the IT and Business Intelligence maturity of the NHS Lothian system. The outcome confirmed that Lothian has a solid IT infrastructure and an advanced deployment of Business Intelligence. Again, the most obvious gap was the lack of availability of Primary Care information to the organisation to inform long term patient management and strategic planning. With the support of the Chief Scientist, however, the public health directorate in partnership with primary care and academic colleagues, has developed a virtually unique de-identified linked dataset for patients with chronic obstructive pulmonary disease. This will provide valuable information about this patient population but also test the feasibility of this approach.

eHealth
We continue to exploit the benefits of eHealth in the delivery of patient care. In 2010/11 we:

- Continued to extend the use of TRAK outwith an acute setting and implementation to have all district nurses and health visitors using it by September 2011 is on schedule
- Introduce Unified Communications to staff across the organisation to provide desktop-based video conference and collaboration capabilities to reduce travel costs and increase efficiencies
- Initiated the development of specialty-specific data capture capability within TRAK to start to build the foundation for paper-lite working
- Successfully piloted a cross-Board Clinical Portal bringing together patient information to support decision-making from across these four boards into a single screen
- Implemented systems to monitor and assess data access to patient information to radically improve information governance controls and protect the public’s information
- Adapted the TRAK system to significantly improve the collection of ethnicity information about patients, which now approaches 80% of patient records.

Development of Short Stay Elective Surgical Centre at St John’s
A new Short Stay Elective Surgical Centre at St John’s costing £8.2m was opened in 2010/11. The new centre, built within the hospital in the areas previously used for wards 5, 6 and 7, has been designed from the outset to make the experience seamless for patients and more efficient for staff.

The centre will deliver up to an additional 3,000 cases per annum at St John’s, activity previously undertaken at the Royal Infirmary of Edinburgh or the Western General Hospital. The additional activity includes Orthopaedics, General Surgery, Urology and Gynaecology day case and 23 hour stay procedures.

The development brings together day surgery patients from different specialties such as ENT, Plastic Surgery and Ophthalmology, who would previously have been in separate wards throughout the hospital.
The centre also offers a nurse-led pre-operative assessment service, to ensure that patients are medically ready and therefore reduce late cancellations and avoid lost time in theatres.

The Clinical Research Imaging Centre (CRIC) opened in 2009 and is a partnership between the University of Edinburgh and Lothian NHS Board, jointly managed through the CRF. It comprises a 3T magnetic resonance scanner, a 320-multidetector computed tomography scanner, and a combined positron emission tomography and 128-multidetector computed tomography scanner. This is complemented by an on-site cyclotron and radiopharmacy suite of seven hot cells. The CRIC is at the cutting edge of clinical research imaging with state-of-the art equipment that has improved access, capacity and capability.

Advanced Nurse Practitioners
In June 2008 the Critical Care Clinical Management Team, on behalf of the Critical Care BACIL Sub group, presented proposals to redesign their workforce to the BACIL Project Board. Lothian Service Redesign Committee supported this proposal. These proposals incorporate highly trained, skilled nurse practitioners into the medical workforce to complement the existing structure of junior, middle grade and Consultant staff. On gaining the qualification the practitioners will be based in the Critical Care areas and will work across various units to maintain skill base and competency.

Cohort 1 Trainee Advanced Nurse Practitioners commenced training in September 2009 and have:

- Successfully completed the Advanced History Taking and Clinical Examination and Specialist Work based Module
- Submitted a Non-Medical Prescribing portfolio which upon examination, was completed and passed by all candidates.

Staff are now awaiting board results and registration of qualification with NMC. Following this there will be full integration of the new role.

Royal Victoria Hospital
At the Royal Victoria Hospital, as part of preparation for moving to the new purpose built single roomed accommodation in June 2012, the clinical team successfully reconfigured the number of wards from 6 to 5 and also relocated the Day Hospital adjacent to the wards to better integrate it with the rest of the service. The reconfiguration has allowed a concentration of services in fewer wards, generating greater therapeutic input for patients and overall an increased volume of therapy sessions.

Dementia and Delirium
The Dementia and Delirium Implementation Group was established to implement improvements to the quality of care for patients with these conditions. This has included introducing a new assessment tool, designed by Professor Alasdair MacLullich, to help more easily diagnosis Dementia and Delirium as well as the development of a suite of good practice and educational measures for ward areas developed by Dementia Nurse Consultant, Colin MacDonald.
Nationally Dementia has received increasing focus with a HEAT target for GPs to increase the numbers of patients on Dementia registers. The work in Lothian has also been closely linked to the National Mental Health Collaborative Programme as well as Stirling University and the Dementia Centre.

**Introduction of Green Light Laser service within Urology**
The Green Light Laser (GLL) has been underway since September 2010. This service is provided at St John’s Hospital and offers a modern alternative to trans-urethral resection of prostate (TURP). The new procedure has improved the patient experience by reducing length of stay in hospital and reducing post-surgical complication. To date all patients who have undergone the GLL treatment have been 23-hour stay.

Following a period of implementation and staff training, the service is now fully operational and indeed has expanded since April 2011. Two lists per week are now provided and further training is ongoing to ensure continuity in service provision.

Reorganisation of the surgical job plans has been completed and facilitated a morning GLL list. This allows patients to be reviewed late afternoon before being discharged on the same day as their procedure. It is anticipated that there will be a small number of patients discharged with a catheter in situ; this would be removed at a return appointment at the minor procedures unit within the Short Stay Centre.

**Development of Equipment and Patient Tracking in Theatres**
Day Surgery Theatres and Ward at Royal Infirmary of Edinburgh have been working with GE Healthcare to pilot the development of a Real Time Location System (RTLS). The system uses a combination of Radiofrequency Identification and Wifi technology to track both equipment and patients throughout Theatres.

This work has resulted in improvements in the availability of equipment, changes to day surgery admission processes, a reduction in number of theatre sessions starting late. The combination of the patient tracking system and improved processes is expected to result in reduced patient delays and improved throughput through theatre, helping to reduce waiting times as well as ensuring correct equipment is available for each patient.

**Lothian Optometry Teach and Treat (LOTT)**
The Lothian Optometry Teach and Treat Clinic (LOTT) is a partnership between National Education Scotland and NHS Lothian to provide a national training centre for optometry. The £500,000 facility, at the Lauriston Building, is purpose-built and designed to provide hands-on experience in acute eye condition assessment and treatment.

The clinic has been designed to serve a dual purpose, to treat patients and also allow optometrists to broaden their understanding under supervision of NHS Lothian’s Ophthalmology department. The LOTT Clinic will also serve as a national Optometry educational resource centre that can be used for lectures and seminars outwith clinical hours.
The facility has state-of-the-art Telehealth technology that allows clinicians to share images and discuss cases via telephone and video conferencing, enabling remote patient diagnosis and monitoring.

**Medical Oncology**

The introduction of a new electronic chemotherapy scheduling and prescribing system (CEPAS) was actively pursued in 2010/11, with delivery of the scheduling system and the preparation for prescribing go live planned for later in 2011. The new system ensures a team-based approach to chemotherapy, enabling more tumour site-specific staff development and offering improved continuity of care to patients throughout their treatment. Once fully operational, the system will ensure a safer and more integrated approach to chemotherapy pathways at a regional level, meaning that chemotherapy can be prescribed by clinicians located anywhere across the region. Other benefits include robust document control of chemotherapy prescriptions, smoother transition with shared care patients across the region and reduced risks throughout the patient pathway that are inherent in a manual paper-based system. Additionally the electronic system will be able to provide more robust data in relation to chemotherapy services across SCAN.

**Implementation of Enhanced Maternal and Neonatal Screening Services**

January 2010 saw the implementation of anomaly scanning for all pregnant women within NHS Lothian and in January 2011 1st trimester screening for Downs Syndrome was successfully implemented in NHS Lothian. First trimester screening is more sensitive than second trimester screening, thus allowing more women to make a choice about whether to continue with an affected pregnancy. It is also more specific so that fewer women require invasive testing, and those who do require an invasive test can have this performed at an earlier stage in pregnancy.

**Child and Adult Mental Health Service (CAHMS)**

Lothian CAMHS has undertaken significant service redesign to improve Tier 4 services. The SEAT CAMHS Consortium was established in June 2010. Its role is to drive the delivery of consistent, equitable, high quality services and plan the future of CAMHS in an integrated way to meet the needs of children, young people and their families in South East Scotland. The service has focused on making the best use of inpatient beds and optimising the length of admission. This has led to a number of improvements, including a marked increase in shorter stays in 2009 and 2010, compared with previous years. The proportion of longer stay patients was also at its lowest in 2010.

**Oncology Assessment Area (OAA)**

The Oncology Assessment Area was established as a pilot project in March 2010; the annual review reported that the facility demonstrated performance of >95% in all agreed KPIs and 20% of all patients presenting to the OAA were discharged home following assessment. Expansion is planned for 2011/12. Development of the unit has led to effective and timely patient assessment, improved access to senior decision making, reduced days spent in hospital due to early assessment and improved care planning. In addition the pathway for ascitic drainage has been revised and is now nurse led and generally now a long day procedure rather than a 2-3 day admission.
New Clinical Developments - DCN
2010/11 saw a number of new developments for the acute and long-term management of patients with neurological and neurosurgical disease. In neurology, we saw the first of the new oral medications for multiple sclerosis arrive. The department participated in the evaluation of these novel agents as part of a European-wide clinical trial, and is now awaiting the formal opinions of NICE and the Scottish Medicines Consortium to see if these will be offered more widely to local MS patients. In the same clinical sphere, the monoclonal antibody therapies for MS, specifically Natalizumab (“Tysabri”) has been used with great success in DCN with a streamlined protocol being successfully established for the regular administration of this agent, coordinated by the local MS clinical lead, and two specialist MS nurses.

Introduction of HALO service within Colorectal (Haemorrhoid Artery Legation Operation)
The HALO procedure commenced in February 2011 and is a more modern alternative to haemorrhoidectomy surgery, which allows patients who are currently admitted as an inpatient to be seen as day case, thus allowing quicker return to work or normal daily activities.

The operation which takes about 20 minutes can be performed under a short general anaesthetic making it possible to perform it in day case theatre setting. A miniature Doppler ultrasound proctoscopic probe is used to accurately locate all the arteries supplying the haemorrhoids. The device also has a small window or aperture which allows a stitch to be placed around the feeding artery thus cutting off the blood supply to the haemorrhoid. Anatomically the stitches are placed in the lower rectum where there are virtually no pain nerves, as a result the procedure and post operative pain experienced by the patients is significantly reduced.

Outcome of patient review; 85% of patients have a complete resolution of their symptoms and over 90% are thoroughly pleased with the result even if there are some very minor residual symptoms. There is a significant amount of literature available on HALO procedures which outline the main benefits to be a reduced need for painkillers post operatively, very high patient satisfaction (greater than 90%) and reports of an almost pain free procedure.
7. Challenges for the future

7.1 Key drivers for the next five years

- Changing demography of the public and our workforce – projections of 53% increase in elderly population between 2009 and 2028
- Rising demands for healthcare – increase in cancer, diabetes, renal, orthopaedics and impact of migration
- Tackling the causes and consequences of obesity, drugs and alcohol
- Reducing the widening gap in health inequalities
- Economic downturn and Scottish economy and its effect on health and services
- Continued emphasis on the shift in the balance of care
- Focus on embedding the quality strategy as core to the business of NHS Lothian and supporting improved patient experience through a safe and high quality health service.
- Address issues of medical workforce rotas and other key challenges as listed about through the development of a clinical strategy that will provide a comprehensive health care system, that is whole systems focused and will also address areas of health improvement and driving down inequalities
- Ensure the safe transfer of the delivery of healthcare in two prisons across to NHS Lothian on 1 November
- Patient experience and maintaining a mutual NHS

Local Delivery Plan 2011/2012
Our Local Delivery Plan sets out how NHS Lothian will contribute to improving Scotland’s health. It is available at www.nhslothian.scot.nhs.uk.

Longer-term strategic aims
Over the next five years we aim to:
- Invest in national priority services (such as primary care) and in areas requiring further development (e.g. Learning Disabilities, out of area placements)
- Continue to review effectiveness of services ensuring equity, quality and efficiency
- Continue with service redesign work in areas such as access, mental health, drugs and alcohol, sexual health and HIV, children and young peoples services, theatre efficiency and delayed discharge processes
- Deliver on the capital projects, set out in the capital plan.

Major Capital Projects:

Royal Hospital for Sick Children: Following the announcement in November 2010 that this project, along with the reprovision of the Department of Clinical Neurosciences, was to be procured through the NPD model of revenue funding, work has been underway to prepare a reference design and planning in principle has been applied for in July 2011. The Outline Business Case has been drafted to reflect this. The Joint Build will be located at Little France and will be linked to the Royal Infirmary of Edinburgh.
Midlothian Community Hospital: This PFI facility was completed and has been fully operational since September 2010. The new community hospital provides 88 beds - 40 frail elderly continuing care beds and 48 frail elderly mental health beds. The new community hospital also includes a day hospital for older people with mental health problems, a dedicated physiotherapy and occupational therapy service, an outpatient department, including x-ray service, child health clinics, and a range of other health services.

Musselburgh Primary Care Centre: Construction work for this capital funded facility began in August 2010 and work is proceeding well with full occupation planned for spring 2012. The facility will bring together the NHS services that are currently dispersed across the Edenhall Hospital site, the three Musselburgh GP Practices and other areas of Musselburgh into a purpose built Musselburgh Primary Care Centre and will allow every opportunity for maximum integration to take place.

Royal Victoria Hospital Re-provision: Construction of this facility at the Western General Hospital is progressing on programme for completion in spring 2012, with the service expected to transfer to the new Royal Victoria Building in the summer 2012. This capital funded project develops assessment and rehabilitation accommodation for older people with 100% single rooms.

Royal Edinburgh Hospital: Last year’s master plan review of the REH’s Morningside site both confirmed that a phased development was practicable and that, in addition to mental health, the site had capacity to include other hospital services. The Initial Agreement was revised to include phased developments for Learning Difficulties patients as well as services from the Astley Ainslie Hospital.

Chalmers Sexual Health Centre: This facility, which combined new build and refurbishment of the former Chalmers Hospital, opened to patients in June 2011. All clinics that were previously provided at either the Family Planning clinic at Dean Terrace or GUM at Lauriston, transferred to the new Centre. There is a mix of drop-in clinics and booked appointments.

Wester Hailes Healthy Living Centre: This project is being delivered through Hub South East Scotland Ltd. It is a joint development between the Board and City of Edinburgh Council. All town planning approvals have been obtained and it is anticipated that work on site will begin in November 2011 with completion and occupation in summer 2013.

Dalkeith Medical Centre: The capital funded construction works for this facility have been completed and the centre will become operational on 26 September 2011. The facility is a replacement for the previous health centre and will bring together the Dalkeith Medical Practice and CHP community services including Physiotherapy, Podiatry, Midwifery and a range of other services. The centre also includes a Welfare Hall for the older people of Dalkeith. The centre has an Energy Performance Certificate Rating of B+ and has systems such as a Ground Source Heat Pump, Solar Panels and Rain Water Harvesting.
7.2 Financial challenge

**National Resource Allocation Committee (NRAC)**
As has been already highlighted, the new method of agreeing how much funding should be given to health boards in Scotland (NRAC - National Resource Allocation Committee) means that NHS Lothian is a substantial “gainer”. One of the main factors in determining the level of NRAC funding is population size, and NHS Lothian is one of the few areas of Scotland to have an increasing population and an increasing birth rate. At present we are £58.2 million from NRAC parity - the most significant gap, in both percentage and absolute terms, of all health boards in Scotland. This means that NHS Lothian will have to deliver potentially significant cash-releasing efficiency savings from a lower cost base than other health systems in Scotland.

We appreciate that full NRAC implementation is unlikely over the next two to three years, given the current economic climate and constraints across the wider public sector. There is a strong case, therefore, for differential levels of uplift between NHS boards. This would recognise the current low funding base of NHS Lothian in relation to other health systems.

**Other challenges**
Whilst it is imperative NHS Lothian meets the HEAT targets for efficiency: *to operate within the agreed revenue resource limit; operate within the capital resource limit; and to meet the cash requirement*; it is recognised that there are other factors influencing the financial strategy of the organisation:

- the patient safety and quality agendas which support greater efficiency through less ‘waste’ of resources
- the ongoing capital investment programme to support the reprovision of premises which are not fit for purpose to deliver 21st century healthcare
- the national and local objective to shift the balance of care between the acute and primary care sectors
- the requirement to increase the proportion of the population free from disability at age 65 years.
- the aspiration to be one the world’s Top 25 healthcare organisations and the investment priorities this requires

Critical to the delivery of the Financial Plan and success of the efficiency programme is the management of workforce levels and the extent to which we can reduce staffing where appropriate, with cognisance of any associated risk impact.