## 2017 ANNUAL REVIEW
### SELF-ASSESSMENT

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<th>A McMahon, A Cumming</th>
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1. Introduction

The purpose of this Self Assessment Report is to allow NHS Lothian to reflect upon our achievement of outcomes and aspirations which were outlined in our 2016-17 Local Delivery Plan and outline progress to support the Scottish Government three quality ambitions relating to Person Centred, Safe and Effective Care.

During the past year, NHS Lothian has developed an Acute Hospitals Plan to set out how specialist hospital services will respond to changes in clinical treatment, demography, patient safety, quality improvement, financial, workforce and estate challenges. Work continues to re-provide the children’s hospital which is due to open in early 2018, take forward plans to replace the Princess Alexandra Eye Pavilion and begin to develop plans to support upgrading of the Edinburgh Cancer Centre.

NHS Lothian continues to be challenged in the delivery of access standards due to rising demand associated with population growth, demographic change and the need to deliver a balanced year end budget. Our operational teams continue to actively monitor, review and develop plans to improve our performance. We expect to see improvements in access performance which will be published 2017-18.

The four Lothian Health and Social Care Partnerships become operational on 1 April 2016; the partnerships have responsibility for a delegated health budget of circa £698 million. The partnerships have consulted on and published strategic plans which outline their plans for delivery of health and social care services for the next three years.

The Health and Social Care Partnerships have delegated responsibility for delivery of primary care and community health services. Primary care services continue to be stretched. Additional advanced nurse practitioners have been trained and a further cohort will be trained in 2017-18 to support the GP workload. A review of the primary care and community health workforce model is underway to meet the needs of locality populations. In addition, substantial capital investment has been made in 2016-17 to build new and expand existing primary care premises to support population growth.

NHS Lothian’s Chief Quality Officer continues to grow and develop our quality management system through training and support staff through the Quality Academy and Network to support quality improvement and innovation across the organisation.

In December 2016, the Scottish Government published their Health and Social Care Delivery Plan which sets out priority actions to 2021. The plan also outlines ambitions relating to NHS Board reform and transformation change. NHS Lothian in collaboration with NHS Fife, NHS Borders and the six Health and Social Care Partnerships in South East Scotland are developing an East of Scotland Regional Plan which will be submitted to the Scottish Government at the end of March 2018.

NHS Lothian achieved a balanced year-end financial position in 2016-17, delivering a saving of £332,000.

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2. Progress on 2016 Annual Review Action Points

The points outlined below provide an update relating to the feedback received from the Cabinet Secretary for Health and Sport following the 2016 Annual Review.

**Sustained progress in achieving smoking cessation targets**
Performance relating to achievement of the 2016-17 smoking cessation targets will not be published until late August 2017 due to a time lag in provision of data as smoking cessation is measured as a 12 week quit programme. A new Smokefree Lothian Service Manager came into post in December 2016, having an impact on achievement of smoking cessation targets toward the end of Quarter 4 (January to March 2017).

To support delivery of our cessation programme, a series of tobacco organisational development actions were implemented across Lothian. The aim was to explore changes in practice that would better meet the needs of local communities. A wider review of Smokefree programmes across NHS Lothian is being undertaken and the performance of Smokefree Pharmacy was identified as a priority area.

The Tobacco review has refocused service delivery with a stronger health inequalities focus which include, changes in the delivery of the service to 12 week rolling groups, increased numbers at drop-in sessions, implementation of more asset based approaches and increase in community contacts and strengthening partnerships with key local organisations.

Further actions involved influencing the NHS Lothian Nicotine Replacement Therapy (NRT) prescribing methods, undergoing the development of a shared care model to minimise the time taken to dispense NRT products. Staff working within Pharmacy settings have been given more access to specialist training with the support of the Pharmacy Facilitator. A recommendation to update the NHS Lothian Smoking Cessation Formulary to a more evidence based practice has been approved by the Joint Formulary Committee.

**Prevention and Control of Healthcare Associated Infection (HAI)**
The treatment target for Clostridium difficile infection is to achieve 0.32 or less per 1,000 total occupied beds in patients aged 15 and over. This equates to 262 incidences or less over the reporting period. At the end of March 2017, NHS Lothian achieved 0.27 per 1,000 occupied bed days (222 incidences) thus surpassing the target set.

The treatment target for Staphylococcus aureus Bacteraemia (SAB) including MRSA cases is 0.24 or less per 1,000 acute occupied bed days. This equates to 184 incidences or less over the reporting period. At March 2017, NHS Lothian achieved 0.30 per 1,000 acute occupied beds days (240 incidences).
Actions to improve performance against HAI standards include the development of dashboards for clinical teams, enhanced reviews and education associated with device related infection, development of systems and processes to identify patients at risk of developing SAB and initiating actions to reduce risk and improving compliance with national MRSA screening compliance.

Achievement of Access Targets and Standards

Four Hour Unscheduled Care
In March 2017, NHS Lothian achieved 95.7% (NHS Scotland 93.8%) compliance with the standard that 95% of patients should wait no longer than 4 hours from arrive to admission, discharge or transfer for A&E treatment.

Outpatients
No individual referred for a new outpatient appointment should wait longer than 12 weeks for an appointment at a consultant led clinic. The target for delivery of this standard is 95% of referrals seen within 12 weeks. At 31 March 2017, NHS Lothian achieved 78.2% (NHS Scotland 80.7%) of new referrals seen within 12 weeks.

Actions to improve outpatient performance include reduction in the number of individuals who do not attend (DNA) appointments, triage of letters to advice only clinics to provide GPs and patients with advice thus avoiding unnecessary attendance at hospital and management of demand associated with return appointments to create additional new appointment capacity,

Inpatient and Day case Treatment
All eligible patients should receive planned inpatient or day case treatment within a 12 week maximum waiting time. At 31 March 2017, 81.4% (NHS Scotland 82.1%) of patients waiting within Lothian received treatment within 12 weeks.

To achieve financial balance in 2016-17, NHS Lothian took a decision to cease financial spend in the use of the independent sector to provide additional capacity, however given the increase in numbers waiting for treatment, this position was reviewed in November 2016 and the use of the independent sector was re-instated for those services under particular pressure.

Work is on-going to ensure maximum efficiency is achieved through quarterly meetings with service management teams to review performance and share good practice, the standardisation of theatre and clinic templates to ensure maximum output, implementation of a theatre improvement programme associated with theatre efficiency including weekly theatre meetings to ensure optimum booking of theatre sessions, consistent approach in pre-operative assessment of patients to ensure all patients are fit for surgery and the provision of additional support and training to manage capacity and demand which will begin in autumn 2017.
Cancer

62 Day Target
95% of individuals urgently referred with suspicion of cancer should be treated within 62 days of referral if diagnosed with cancer. At March 2017, NHS Lothian compliance against this target was 90.6% (NHS Scotland 88.1%).

To support improvements, NHS Lothian is undertaking a review of cancer referral tracking resilience, focusing on capacity bottlenecks within the urology service and recruitment of a consultant experienced in undertaking robotic prostatectomy procedures and a review of the policy relating to escalation of cases requiring treatment.

31 Day Target
95% of individuals diagnosed with cancer should be treated within 31 days of decision to treat. At March 2017, NHS Lothian compliance against this target was 93.6% (NHS Scotland 94.9%).

Improvement actions include additional capacity within gynaecology services, scrutiny of performance within urology and colorectal services and identification of private sector capacity to support additional urology, colorectal and gastroenterology cancer treatments.

Child and Adolescent Mental Health Service (CAHMS)
90% of children or young people referred for treatment in a specialist CAMHS should be treated within 18 weeks of referral. At 31 March 2017, NHS Lothian achieved 47.8% (NHS Scotland 83.6%).

A CAMHS recovery plan was put in place in September 2016 which focuses on a number of actions including treating the longest waits which has reduced the number waiting over 18 weeks from 825 to 372 individuals, introduction of Patient Focussed Booking to support loss of capacity through non-attended appointments, introduction of an appointment text reminder system and recruitment of additional staff through Mental Health Innovation Funding (£278,000) and Building Capacity funding (£210,000).

Psychological Therapies
90% of individuals referred for Psychological Therapy treatment should wait no longer than 18 weeks for treatment. At 31 March 2017, NHS Lothian achieved 66.6% (NHS Scotland 73.7%) against this standard.

Actions to support reductions in waits include review and update to service improvement plans which include escalation and resolution of issues via the Senior Management Team, introduction of patient focussed booking across all services to reduce lost capacity as a result of individuals not attending appointments, increase in new patient treatment appointments available each month, maximisation of clinical capacity through forward planning of workload and utilisation of appointment slots and recruitment of an additional permanent 10.5 whole time equivalent staff to support increasing demands for this service.
Staff Sickness Absence
At 31 March 2017, NHS Lothian achieved 4.97% (NHS Scotland 5.20%) against a standard of 4% of hours lost to staff sickness absence.

NHS Lothian strives to improve performance through continuation of attendance management training sessions for managers, master classes to assist managers in dealing with difficult conversations associated with staff absence, absence review panels have taken place to review how absence causes are being handled, targeted support has been put in place for absence ‘hot spots’ and the development of a Health and Wellbeing Strategy by June 2017 to focus on trying to prevent absence by addressing the health and well-being of staff.

Financial Balance
NHS Lothian achieved financial balance in 2016-17, delivering a saving of £332,000.

3. Self-Assessment Material

3.1 Everyone has the Best Start in Live and Able to Live Longer Healthier Lives

3.1.1 Health Inequalities
NHS Lothian continues to implement our Health Inequalities Strategy 2014-17. Key actions relate to:

Procurement – a Community Benefits Officer within procurement has been recruited to support actions to increase the number and quality of community benefits achieved through NHS Lothian contracts.

Employability – NHS Lothian continues to implement a Socially Responsible Recruitment Programme which provides employability programmes for a range of groups including school leavers, graduate with disability and people with autism.

Welfare Advice – a needs assessment of welfare advice was completed 2016-17 and will use this in partnership with local authority and voluntary sector partners to increase the reach of welfare advice services.

Health Inequality Indicators – during 2016-17 work has been progressed with Community Planning Partnerships to identify a set of health inequality indicators and will be used to raised awareness in the determinants of health inequalities over the next year.

3.1.2 Health Promoting Health Service (HPHS)
The CMO Letter 19 (2015) is transformative in its mission to bring preventative action to the fore and actively change the culture of hospitals to help support this. It tasks NHS Boards to continue to drive forward the HPHS agenda, with particular emphasis on 3 key areas:
(1) staff health & wellbeing,
(2) a health promoting environment where healthier choices are the norm, and
(3) person centred care with a focus on addressing inequalities

NHS Lothian’s Health Promoting Health Service 2016-17 Annual Report is currently being prepared and will be submitted to the Scottish Government to meet the submission deadline of 29 September 2017. The report will include details of work to support embedding health improvement into clinical practice, inequalities sensitive practice, mental health and innovative and emerging practice as well as an update on previous improvement actions relating to health promotion and health behaviour change staff training, evaluation of effectiveness of alcohol brief interventions, Healthy Working Lives Award and a test of change associated with the St. John’s Hospital Partnership Forum to ensure health and well-being questions are embedded within site walk-rounds.

3.1.3 Antenatal Care and Early Years

Early Antenatal Booking
NHS Lothian continues to surpassed the target to ensure that 80% of pregnant women have antenatal care booked by the 12th week of gestation. Community Midwifery Services continue to receive monthly statistics relating to antenatal care booking to ensure continuation of achievement of this target.

Percentage of Women who are obese at Booking
Another factor that impacts on the health and wellbeing of the mother and the unborn child and future child is unhealthy weight. Changes with continuity of carer in midwifery and increased health visiting support should support a reduction in this trend and promote a healthier weight and lifestyle. 5.8% of pregnant women in Lothian have a Body Mass Index (BMI) of 35 or over in 2016, compared to 1.9% in 2009. Therefore, this will be an area of priority maternity services.

Low Weight Birth Numbers/Rates of Birth with Weights
One aim of early booking, preconception planning, and good maternity care is to reduce the numbers of low birth weight babies. In Lothian, 6.36% of babies born were less than 2.5kgs birth weight in 2016, a reduction from 6.53% in 2009.

Implementation of Children and Young Peoples (Scotland) Act 2014
In addition to the integrated planning in the four children’s partnerships in the four Lothian Community Planning Partnership (CPP) areas, NHS Lothian has an Act Implementation Steering Group. The aim of the steering group is to take the relevant guidance from Scottish Government on the different parts of the Act legislation and to ensure that the corporate and operational parts of NHS Lothian are briefed, advised and have processes and systems in place to ensure delivery of the Act requirements.

This has been complex during 2016-17 due to the Supreme Court ruling that the threshold for information sharing on wellbeing was not legal as written in the Act
resulting in previous draft guidance on parts 4 and 5 of the Act retracted from Scottish Government. We await further statements and guidance on the Scottish Government’s plans to move forward relating to Named Person function and Child Plans.

NHS Lothian has an implementation plan for Act implementation and has been focusing on Act readiness and processes required for us to be legally compliant. The key areas of on-going work are:

- Children’s Services Planning
- Named Person
- Duties and Powers That Affect Those in Care and Care-leavers

Health Visiting and Family Nurse Partnership

The training and recruitment of health visitors continues to be a key focus. Health visiting vacancies have reduced from 20% in December 2015 to 7-8% on February 2017. There are 37 student health visitors training at present with a further 40 training places to commence in 2017-18 resulting in a further increase.

3.1.4 Alcohol Brief Interventions (ABI)

NHS Lothian continues to exceed delivery of ABIs in the three priority settings (primary care, antenatal and A&E). In 2016-17 NHS Lothian achieved delivery of 21,828 ABIs against a target of 9,757, exceeding the target by 223%.

NHS Lothian in collaboration with colleagues in the Lothian’s Alcohol and Drug Partnerships (ADPs) will continue to sustain delivery of ABIs. Prevention and early intervention will contribute to work to reduce health inequalities and promote the health and well-being of communities by focusing on the needs of the harder to reach groups where deprivation is greatest.

During 2017-18, a comprehensive education and training programme will continue to be supported for staff within both statutory and voluntary agencies, for example prisons, police custody suites, criminal justice programmes, fire and rescue services youth and sexual health programmes/services and welfare rights teams. This helps to ensure that disadvantaged groups receive a quality service.

3.1.5 Diet and Obesity

Children within normal health weight remains stable at 84.7% across Lothian at Primary 1 entry, this does not represent any changes in later primary school or high school age groups. NHS Lothian’s Child Healthy Weight Service continues to support children and young people affected by overweight and obesity. Prevention and early intervention in the early years will continue to be a key focus within the Children’s’ Strategy. NHS Lothian awaits the Scottish Government announcement on a new obesity strategy for Scotland due for publication in 2017.

All local authorities have signed a Service Level Agreement with NHS Lothian Weight Management Service and this includes data sharing to support adult and
children’s weight management in the tiered model of care. This includes physical activity and a weight management programme provided by local authority staff who have been trained in the evidence based model of Counterweight, staff are mentored by Dieticians.

3.1.6 Active Scotland
NHS Lothian will continue to support the delivery of the Scottish Government strategy Lets make Scotland Active 2003-2022 through;

- Identifying training needs and provide training opportunities to NHS Lothian staff and partners working within local communities in relation to Physical Activity and support the Learning Disabilities MCN in activities that promote increased access to physical activity for people with learning disabilities in Lothian.

- Encouraging increased physical activity levels amongst NHS Lothian staff through activities designed to support staff to increase their level of physical activity, organisation wide campaigns and active travel initiatives

- Supporting interventions in the community that aim to address inequalities in diet and physical activity through increased knowledge, confidence and skills.

- Working with our local authority partners to support the development of Physical Activity & Sport strategies that aim to address Health Inequalities and promote increasing physical activity amongst the population in support of the Active Scotland Outcomes Framework.

- Working with primary and secondary care and leisure service providers in each of the four Local Authority areas towards increasing the effectiveness of exercise based referral initiatives that support people with specific health conditions within the population to become more physically active.

- Continue to embed the national physical activity pathway in all appropriate clinical settings by 2019 through identification of a cohort of staff with whom to develop a pilot training/support programme aimed at increasing knowledge and awareness of the national physical activity recommendations as well as the role of physical activity in supporting positive health outcomes.

3.2 Everyone has a Positive Experience of Healthcare

3.2.1 Lothian House of Care
The house of care model has been developed to help us think about what needs to be in place to deliver truly person-centred care and support. NHS Lothian continues to lead the House of Care Collaboration in partnership with the Thistle Foundation to support implementation of the approach to deliver more person centred integrated care.

In Edinburgh, this led to additional funding being secured from the Integrated Care Fund to support primary care practices through provision of a Wellbeing
practitioner embedded in the practice. Primary care staff refer people with long term conditions to the service who would benefit from the time and skills of the wellbeing practitioner, often in terms of building confidence and coping skills and supporting them to self-manage. In addition, a Locality Development Coordinator has been appointed to explore and develop the supported self-management capacity in the third sector.

In Midlothian, this led to a high level strategic buy-in to the model with the formation of a Midlothian House of Care Steering Group which coordinates the provision of generic cross-sectoral support to people, with “good conversations” as the common approach. Additional funding has been secured from the Primary Care Development Fund to roll out the Wellbeing Service, and create cross-sectoral teams of well-being practitioners. This approach is being formally evaluated with support from Healthcare Improvement Scotland.

Lothian’s House of Care collaboration currently includes 7 GP practices within the British Heart Foundation work stream. The initial £65,000 funding has been doubled and the project now extends until March 2018. The extension is designed to improve sustainability and evaluation opportunities. The seven practices offer the house of care approach to cohorts of patients with multi-morbidity.

- 18 GP practices that are supported by wellbeing practitioners
- Lothian’s Cardiac Rehabilitation service
- West Lothian’s secondary care diabetes service which are using the model as a framework for redesign
- A proposal to roll out a diabetes house of care project in 6 or 7 practices in Edinburgh during 2017-18

3.2.2 Realistic Healthcare
Realistic healthcare supports the concept of person-centredness as defined by NHS Scotland’s Healthcare Quality Strategy. There is a widely–held concern that ‘more treatment’ has become synonymous with ‘better quality treatment’. Whilst sometimes true, often ‘best clinical outcomes’ defined in guidelines might not reflect the actual wishes of individual patients. Moreover, these wishes are not always sought or heard properly when discussing treatment options.

Realistic Healthcare encourages clinicians to take account of multi-morbidity and the overall burden of care faced by the individual patient and consider treatment strategies in partnership that might minimise that burden. By providing ‘more thoughtful care’ in a holistic fashion, it is argued that effectiveness, experience and other elements of quality and the delivery of better care can be improved.

During 2016-17, NHS Lothian’s approach to Realistic Healthcare has been to nurture this concept and our aim is to ultimately embed this approach into everyday practice through:
• the creation of meaningful opportunities for patients to understand their condition, all treatment options and how each will impact upon them
• adopting an honest and compassionate approach in what ‘realistically’ will be achieved from each treatment option in terms that mean something to patients
• support and given ‘permission’ for clinicians and patients to agree to a treatment plan that meets the individual patient’s needs rather than exclusive application of the ‘ideal’ clinical care described in guidelines or standards
• empowering and enabling patients to articulate ‘what matters to me’ and clinicians to be empowered, enabled to listen and understand with compassion

3.2.3 Patient Safety Programme
NHS Lothian in collaboration with the Lothian Health and Social Care Partnerships continues to focus on priorities aligned to the Scottish Patient Safety Programme Core Themes. Key actions include:
• Sustain improvements in falls and the delivery of the safety essentials
• Deliver a programme of safety walk rounds across primary and secondary care
• Improve the management of deteriorating patients in acute hospitals and mental health wards
• Improve the management of Sepsis in acute hospitals and continue to be a Health Improvement Scotland pilot site for management of Sepsis in a primary care Improve the medicines reconciliation at front door acute hospitals
• Improve the prevention and management of pressure ulcers

3.2.4 Patient Experience
During this last year we have been working hard with the clinical teams across the organisation to improve our response rate, thus giving as many of the patients the opportunity to give us their feedback on the care they have received. We are also looking to see how volunteers can assist us with this. The results are shared at every Healthcare Governance Committee meeting and through regular reporting to NHS Lothian Board.

Patient Opinion – The Head of Patient Experience responds to all postings on Patient Opinion (PO), thanking people for sharing their feedback with us and sharing this with the staff concerned. Where the feedback is less positive / critical we invite the person to make contact with the Patient Experience Team.

New Model Complaints Handling Procedure - We have been working hard to prepare for the implementation of the new procedure ahead of its implementation on April 2017. A number of staff awareness sessions have taken place and our complaints policy has been consulted upon and updated. We have working with our partners in the four local authorities to improve our process for complaints that cross the health and social care boundaries.
Involving People Meaningfully in Service Design and Improvement (including using the Our Voice framework) - NHS Lothian recognises that involving patients, carers and the public is a very important part of improving the quality of its services. Papers proposing service change, improvement or policy set how service users and public have been involved and the outcome of the involvement.

3.2.5 Primary Care
The most recent published information obtained from NHS Scotland’s Health and Care Experience Survey (bi-annual survey) undertaken in 2015-16 indicates:
- 91.5% of people in Lothian had 48-hour access to the appropriate healthcare professional (target 90%, NHS Scotland 91.8%)
- 75% of people were able to book an appointment with a GP more than 48 hours in advance (target 90%, NHS Scotland 76.4%)

Due to an increase in the Lothian population and demographic changes, there continues to be challenges associated with access to primary care services.

During 2016-17 investment was made to support a number of planned primary care premises developments relating to:
- Prestonpans Health Centre – refurbishment and extension (£1.9m)
- North Berwick Health Centre – additional consulting space (£50,000)
- Build and expend GP premises in Edinburgh comprising: 2 new partnership centres incorporating GP practices and community services at Firrhill and establishing a new practice in North West Edinburgh
- Building new premises for Leith Walk and Ratho GP practices
- Relocation of the Edinburgh Access (homeless) practice
- South Queensferry additional accommodation
- Minor premises improvements

Further premises developments planned for 2017-18 include:

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<th>Capital Cost</th>
<th>Completion Date</th>
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<tr>
<td>Allermuir Health Centre</td>
<td>£7.3m</td>
<td>August 2017</td>
</tr>
<tr>
<td>Blackburn Partnership Centre</td>
<td>£8.2m</td>
<td>September 2017</td>
</tr>
<tr>
<td>Leith Walk Surgery</td>
<td>£1.1m</td>
<td>May 2017</td>
</tr>
<tr>
<td>Loanhead Surgery</td>
<td>£2.7m</td>
<td>August 2017</td>
</tr>
<tr>
<td>NW Edinburgh Partnership Centre</td>
<td>£12.1m</td>
<td>October 2017</td>
</tr>
<tr>
<td>Prestonpans Health Centre</td>
<td>£1.9m</td>
<td>April 2017</td>
</tr>
<tr>
<td>Ratho Surgery</td>
<td>£1.4m</td>
<td>November 2017</td>
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3.2.6 People are Able to Live Well at Home or in the Community
During the past year, the four Lothian Health and Social Care Partnerships published their strategic plans for 2016 – 2019. These plans outline a number of challenges faced within the partnership localities and outline details of local priorities to deliver quality improvements.
Challenges faced by all the partnerships relate to an increasing demand for services as a result of:

- a growing and aging population with improved life expectancy
- those who are frail or have dementia are living longer at home
- individuals are living longer with multiple long term conditions
- constraints in public sector funding and rising cost of providing services
- recruitment and retention of staff in health and social care services

Lothian Health and Social Care Partnership priorities to deliver quality improvements in locality services include:

- Care co-ordination and provision through a single point of access
- Work with local communities to develop local solutions including self-help, support people to self-manage, promote healthy living and active aging
- Review of the workforce including skill mix and staff structures
- Focus on prevention and anticipatory care and provide care closer to home

3.2.7 Delayed Discharge

The four Lothian Health and Social Care Partnerships have continued to be challenged in delivering reductions in delayed discharge due to difficulties with capacity of care at home providers to meet demand, this is a problem experienced across the whole of Lothian and indeed Scotland. The delayed discharge position at the end of March 2017 is outlined below.

<table>
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<tr>
<th>Location</th>
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<tr>
<td>City of Edinburgh</td>
<td>192</td>
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<tr>
<td>East Lothian</td>
<td>16</td>
</tr>
<tr>
<td>Midlothian</td>
<td>30</td>
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<tr>
<td>West Lothian</td>
<td>42</td>
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<tr>
<td>Total Delayed Discharges (incl. Code 9s, excl. Code 100s)</td>
<td>281</td>
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- Code 9s are used for 'complex' cases - they are codes used when a partnership is unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital.
- Code 100 is used for commissioning/re-provisioning.

The Lothian health and social care partnerships have outlined detailed local action plans to support a reduction in the number of delays. Performance reports outlining the status of delivery of the partnership action plans are regularly reviewed by both the Integration Joint Boards and NHS Lothian Board.

3.2.8 Workforce Planning and Development

NHS Lothian has continued to implement the 2020 Workforce Vision through our 2016-17 implementation plan which outlined five priorities for action.

1. Healthy Organisational Culture

The development and sustaining of a health organisation culture has been supported through our induction programme, roll out of the iMatter staff experience
continuous improvement model and engagement and involvement of staff in decisions that affect them.

2. Sustainable Workforce
We recognise the need to match new ways of delivering services and new ways of working to ensure that people with the right skills, in the right numbers are in the right jobs. This was supported through a review of workforce planning arrangements, identification of workforce issues and exploration of opportunities for new ways of working.

3. Capable Workforce
It is recognised all our staff need to be appropriately training and have access to learning and development to support the NHS Scotland’s Quality Ambitions, 2020 Vision and NHS Lothian’s strategic objectives.

4 Integrated Workforce
With the establishment of the four Lothian health and social care partnerships on 1 April 2016, there is a need to ensure the workforce is more joined up across primary and secondary care and with partners across health and social care. During 2016-17, the partnerships appointed to senior posts and the partnership management structures have been subject to consultation and recruitment processes to support appointment to posts with both Local Authority and NHS Lothian staff.

4. Effective Leadership and Managers
Our managers and leaders have played a key role in driving service and culture change and plans are in place to build on local leadership and management capacity and capability through development, training and support needs of heads of service and line managers.

The overall recruitment level within NHS Lothian is robust with a small gap of 3.75% between workforce establishment and individuals in post. There is however a number of challenges associated with:

- medical workforce particularly in the areas associated with medicine for the elderly and recruitment to posts solely based at St. John’s Hospital
- registered nurses in particular an aging workforce within community, mental health, learning disability, midwifery, general practice services and St. John’s Hospital
- healthcare scientists in perfusion, endoscopy, maxillofacial and brachiotherapy services

To overcome some of these challenges, NHS Lothian is ‘growing our own’ workforce through development of existing staff or offering training routes through the organisation such as advanced nurse practitioners and modern apprentices. A career pathway has also been developed within nursing and will be developed within Allied Health Professions and Healthcare Science.
3.3 Best Use Made of Available Resources

3.3.1 Finance and Efficiency
NHS Lothian achieved financial balance in 2016-17, delivering a saving of £332,000.

3.3.2 Capital Programmes
Major areas of on-going capital investment include:

- The Royal Edinburgh Hospital Phase 1 supported through investment of £48m became operational in early 2017. Services associated with Phase 1 include Edinburgh Royal Building: a new facility providing services for adult acute mental health inpatient services, older people’s mental health assessment unit, Intensive Psychiatric Care Service (IPCU) and the new Robert Fergusson national brain injury unit.

- Construction for the new £150m Royal Hospital for Children and Young People, Department of Clinical Neurosciences and Child and Adolescent Mental Health Services has continued over the year. These modern healthcare facilities will become operational in early 2018.

- Modernisation and replacement of GP premises (as outlined in section 3.3.4).

- Work on the £70m East Lothian Community Hospital started in October 2016 and will replace facilities at Roodlands and Herdmanflat Hospitals.