2018 ANNUAL REVIEW

SELF-ASSESSMENT
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1. Introduction

The purpose of this Self Assessment Report is to allow NHS Lothian to reflect upon achievement of outcomes and aspirations which were outlined in our 2017-18 Local Delivery Plan and to support the Scottish Government ‘triple aims’ relating to:

- Better Care – improving the quality of care and care experience
- Better Health – improve everyone’s health and wellbeing by promoting and supporting healthier lives and reducing health inequalities
- Better Value – make the most of effective use of available resources

NHS Lothian has continued to implement our Lothian Hospitals Plan which has seen business cases and service developments progress over the past year. Developments include approval of the Initial Agreement for the re-provision of the Princess Alexandra Eye Pavilion and plans to develop a Short Stay Elective Centre at St. John’s Hospital.

In 2017, the Scottish Government requested NHS Boards work collaboratively to develop regional plans therefore NHS Lothian, Fife and Borders and the six Integration Joint Boards within these areas began and will continue to develop and implement a Health and Social Care Plan for the East Region which includes developments to support provision of additional regional elective capacity.

The four Lothian Health and Social Care Partnerships have responsibility for delivery of primary care and community health services and a number of performance indicators including delayed discharge and the accident and emergency four hour access standard. Whilst services are stretched to allow timely access to services, new models of care have been implemented and additional staff trained to support delivery of care in the community. However, there are difficulties associated with recruitment and retention of staff in community nursing and social care sectors.

NHS Lothian has continued to be challenged in the delivery of elective access standards due to continued rise in demand associated with demographic change and population growth. Operational teams continue to monitor, review and develop actions plans to address improvements in performance. The Scottish Government Waiting Times Improvement Plan, published in October 2018, will provide an opportunity for additional investment to support recovery of our waiting times position.

We continue to review and develop our workforce plans with specific focus on the need to overcome medical and nursing workforce vacancies which impact on our ability to achieve treatment time guarantees and delivery of care in the community.

NHS Lothian achieved a balanced year-end financial position in 2017-18.
2. Progress on 2017 Annual Review Action Points
Summary updates associated with the specific feedback received from the Minister for Mental Health following the 2017 Annual Review are outlined below.

2.1 Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection, with particular emphasis on Staphylococcus Aureus Bacteraemia (SABs)
NHS Lothian is meeting the standard associated with the incidence of Clostridium difficile and continues to review control. The current performance relating to infection associated with staphylococcus aureus bacteraemia (SAB) is 0.27 (n= 192 incidences) against a standard of 0.24 (n = 184 incidences) per 1,000 acute occupied bed days. All SAB infections are subject to enhanced surveillance, where these are identified as healthcare associated infection, feedback on preventable SAB is given to clinical teams. A monthly telephone conference call takes place to review all hospital acquired infection incidences. A summary report and key themes to support learning is submitted to the Acute Clinical Management Teams.

2.2 Keep Health and Social Care Directorates informed on progress Towards achieving all access targets and standards, in particular CAMHS and Psychological Therapies
NHS Lothian has kept in regular contact with the Scottish Government Access Support Team to ensure continued dialogue relating to delivery of all access targets and standards.

Child and Adolescent Mental Health Service performance at June 2018 was 60.1% of referrals commencing treatment within 18 weeks against a standard of 90%. To deliver improvement in the access target, the service will continue to review and monitor the following measures to support service transformation:

- Updated Referral Documentation has been distributed to all referrers including details of alternative community services and options to try before referral to the specialist CAMHS Service.
- Opt in letter sent to all parents/carers as patients near the top of the waiting list to determine if treatment is still required as symptoms may have resolved
- Introduction of Patient Focussed Booking for Choice Assessment
- Group Triage following a successful Quality Improvement Project which allowed the reduction in Choice Assessment Appointments
- A number of Quality Improvement Projects, still in testing, to improve the patient pathway and reduce Did Not Attend/Could Not Attend to first treatment
- Review of waiting lists to ensure as accurate as possible and adherence to waiting times guidance

Psychological therapy performance at June 2018 was 70.9% of people starting treatment within 18 weeks of referral against a target of 90%. Performance recovery plans have been put in place which focuses on:

- Treatment for patients who have waited the longest
- Increase in access to group interventions
- Monitoring and management of agreed activity with actual activity
- Reduction in non-attendance of appointments through a programme of action to address the underlying causes and improvement of flow of patients through acute clinical services once stabilised and supported.
Increasing uptake of computerised Cognitive Behaviour Therapy for those with mild to moderate presentations of anxiety and depression

2.3 Elective Access Targets: as a minimum, the Board should make significant progress in achieving the same elective waiting times performance at 31 March 2018 as delivered in March 2017

Delivery of scheduled care access targets continues to be challenging due to demographic change and population growth. Our population is living longer leading to increasing demands for scheduled care. Delivery of access targets relating to new outpatient appointments, inpatient and day case treatment and referral to treatment pathways at the end of March 2018 is outlined in the table below.

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Delivery at March 2018</th>
<th>Expected Performance</th>
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<tr>
<td>New Outpatient Appointment</td>
<td>21,015 over 12 weeks</td>
<td>95% wait no longer than 12 weeks</td>
</tr>
<tr>
<td>Inpatient / Day Case</td>
<td>1,112 over 12 weeks</td>
<td>100% wait no longer than 12 weeks</td>
</tr>
<tr>
<td>Referral To Treatment</td>
<td>74.6% within 18 weeks</td>
<td>95% wait no longer than 18 weeks</td>
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In April 2017, NHS Lothian anticipated there would be 40,056 patients waiting more than 12 weeks for a new out-patient appointment at the end March 2018. The actual performance delivery was 21,015 patients waiting over 12 weeks. Reduction in the anticipated year end position was achieved through a mixture of improvement actions, efficiency and productivity, waiting list initiatives and the purchase of an additional 7,100 new out-patient appointment capacity from the independent sector.

In terms of demand reduction, we have been working with our clinical teams and GP advisor in updating referral management guidance to ensure patients are seen by the right person in the right place.

A collaborative pilot with NHS 24 for gastro-intestinal new referrals has now been evaluated demonstrating effectiveness in terms of clinical effectiveness and demand reduction.

In recognition of the challenges facing NHS Boards in the delivery of access targets, in October 2018, the Scottish Government published a Waiting Times Improvement Plan outlining investment of £850 million across Scotland to support delivery of access targets by Spring 2021.

2.4 Continue to work with planning partners on critical health and social care integration agenda with a key objective being to significantly reduce patients experiencing delayed discharge

We continue to work with health and social care partnerships in delivery of their performance indicators, two of these indicators being delayed discharge and accident and emergency performance.

Delayed Discharge

Overall performance relating to waiting for placement in a more appropriate care setting to reduce patients experiencing a delay in discharge across the four Lothian health and social care partnerships at March 2018 was:
During 2017-18, all health and social care partnerships have faced limitations in the availability of packages of care including:
- delay in waiting for social care assessment
- contract issues with care providers
- availability of Care Home places
- difficulties with recruitment and retention of care staff

Action plans to address the limitations outlined above have included:
- additional staffing and investment for additional capacity within in-house reablement / hospital at home teams
- application of the Moving On Policy
- rapid access clinics as realistic alternative to admission
- intermediate care facilities for step down care
- enhanced community teams to operate weekends to prevent admission
- daily hub and cluster team meetings to maximise hospital discharges

These actions have seen a steady improvement in reduction of delayed discharge during 2018-19.

**Accident and Emergency (A&E)**
Nationally the number of attendances at A&E departments has continued to rise, this has also been the experience in Lothian, particularly during winter months which has impacted on the percentage of patients who waited longer than 4 hours from arrival to admission, discharge or transfer from A&E departments (standard 95%).

2017-18 Percentage of Patients Waiting Over 4 Hours

<table>
<thead>
<tr>
<th>Length of Delay</th>
<th>March 2018</th>
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<tbody>
<tr>
<td>Over 2 weeks</td>
<td>240 people</td>
</tr>
<tr>
<td>Over 4 weeks</td>
<td>169 people</td>
</tr>
<tr>
<td>Over 6 weeks</td>
<td>125 people</td>
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<table>
<thead>
<tr>
<th>Month</th>
<th>Lothian</th>
<th>Scotland</th>
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<tr>
<td>April 2017</td>
<td>95.3%</td>
<td>93.4%</td>
</tr>
<tr>
<td>May 2017</td>
<td>95.1%</td>
<td>94.0%</td>
</tr>
<tr>
<td>June 2017</td>
<td>95.7%</td>
<td>95.5%</td>
</tr>
<tr>
<td>July 2017</td>
<td>96.1%</td>
<td>95.7%</td>
</tr>
<tr>
<td>August 2017</td>
<td>95.2%</td>
<td>95.0%</td>
</tr>
<tr>
<td>September 2017</td>
<td>94.3%</td>
<td>93.5%</td>
</tr>
<tr>
<td>October 2017</td>
<td>93.8%</td>
<td>94.4%</td>
</tr>
<tr>
<td>November 2017</td>
<td>89.4%</td>
<td>93.3%</td>
</tr>
<tr>
<td>December 2017</td>
<td>76.1%</td>
<td>85.1%</td>
</tr>
<tr>
<td>January 2018</td>
<td>79.3%</td>
<td>87.2%</td>
</tr>
<tr>
<td>February 2018</td>
<td>82.3%</td>
<td>90.3%</td>
</tr>
<tr>
<td>March 2018</td>
<td>75.4%</td>
<td>87.9%</td>
</tr>
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A number of actions were undertaken in 2017-18 to reduce demand for A&E services:

- A test of Change has been introduced in two GP practices in Midlothian to evaluate the impact of early triage and access to appropriate practitioner through use of a clinical algorithm. A reduction in attendances has been evidenced.

- The Flow Centre is a centralised service to support the flow of patients across all adult acute sites in Lothian. Services previously known as the Lothian Transport Hub and Bed Bureau have been integrated to create the Flow Centre, joined by a dedicated Paramedic from the Scottish Ambulance Service (SAS). The Flow Centre works with GP's, Integration Joint Boards, and acute hospital staff to create clear pathways for admission, and access to alternatives to admission, to ensure that the patient is seen in the right place, at the right time, by the right person.

- Anticipatory Care Planning: ensure specialist anticipatory care plans in place for frequent attending patients, allowing early community based interventions to be implemented to reduce the requirement to attend the A&E department.

2.5 **Continue to make progress against the staff sickness absence standard**

Performance against the sickness absence standard during 2017-18 was 5.15% against a target of 4%. Delivery of the standard has been challenging due to the need to support an aging workforce and the impact of a very difficult winter period. We continue to maximise attendance at work, focussing on absence management plans and recognising a key to this is supporting staff to look after their own health and wellbeing, building resilience and improving staff experience.

2.6 **Continue to achieve financial in-year and recurring financial balance, and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme**

In 2017-18, NHS Lothian achieved a balanced year-end financial position delivering a small surplus of £279,000.

3. **Better Care - Everyone has a Positive Experience of Healthcare**

3.1 **Lothian Hospitals Plan**

The Lothian Hospitals Plan continues to be part of the day-to-day fabric of decision-making for NHS Lothian in terms of investments, workforce development, and capital planning, with significant work undertaken throughout 2017-18 to implement the plan. There are some elements of variance from the original concept and outline which reflect the changing financial landscape and changes in policy, and specifically the development of the east region planning agenda. There have been significant developments undertaken on each acute site throughout 2017-18.
For St. John’s Hospital these include:- the opening of Ward 20 Ambulatory Care Unit for hand and ophthalmic surgery in July 2018 and the resubmission of an Initial Agreement for the Princess Alexandra Eye Pavilion which outlines the regional requirements of the facility, as agreed with partners in NHS Borders and Fife. In addition, the emerging Elective Strategy for NHS Lothian is focusing on a short stay elective centre located on the St. John’s Hospital campus delivering short stay surgical procedures across 5 specialties including Colorectal, General Surgery, Gynaecology, Orthopaedics and Urology.

Developments at the Western General Hospital have largely been related to the transitional arrangements required in advance of building a new Cancer Centre. The business case for refurbishment and expansion of the Renal Unit was approved in the middle of 2017. There has been much work undertaken around the acute receiving model on this site with changes being progressed in line with primary and community care locality based service delivery. In respect of the Regional Infectious Diseases Unit (RIDU) a strategic assessment has been undertaken this year which supports the relocation of this service to the Royal Infirmary campus.

The Royal Infirmary of Edinburgh (RIE) has continued to focus throughout 2017-18 on the completion of building and commissioning of the new Department of Clinical Neurosciences / Children and Young People’s Hospital on site. Alongside this, the development of the site as a Major Trauma Centre for NHS Borders, Fife and Lothian has progressed significantly. A phased programme of work has been agreed with partners in preparation for the centre being fully operational from 2020-21. Other significant developments have seen the redesign and transfer of orthogeriatric rehabilitation services from Liberton Hospital to RIE. The expansion of elective orthopaedic surgery at RIE has been a key consideration within the Elective Strategy. Final plans for this will be confirmed once the east regional requirement is completed.

The Scottish Capital Investment Group (SCIG) approved the Initial Agreement for the re-provision of the Princess Alexandra Eye Pavilion (PAEP) in December 2017. An Outline Business Care associated with the PAEP re-provision is being prepared and will be submitted to SCIG in February 2019.

3.2 Developing a Health and Social Care Plan for the East Region
To support implementation of the NHS Scotland Health and Social Care Delivery Plan, the Scottish Government requested NHS Boards to work collaboratively to develop an East Regional Plan involving NHS Lothian, Fife and Borders and supported through engagement with the six Integration Joint Boards across the East region.

The five objectives associated with the East Region Plan are:
- Shift the balance of care and investment from hospital care to primary and community care settings;
- Shift the emphasis of our system upstream from treatment of illness to prevention of ill health;
- Improve access to care and treatment in unscheduled and elective care;
- Improve quality of care and patient experience;
- Deliver recurring cash savings each year of 6% to deliver financial balance and to respond to demographic change
The work streams that are being actively pursued within the region encompass:

- Primary, community and social care, within this a significant focus on the management and prevention of diabetes
- Acute services (incorporating laboratory medicine, elective strategy, major trauma, gastroenterology, ophthalmology, and orthopaedics)
- Regional Business Support Services
- Prevention and addressing the social determinants of health
- Finance
- HR and workforce
- Communications and engagement
- eHealth/digital

The September 2017 progress report on the development of the plan highlighted a degree of frustration that work on the propositions included in the plan made marginal improvements to existing models of care rather than generating the genuinely transformative propositions required to deliver the innovation required to address the demographic, financial and workforce challenges faced.

A further update progress report to March 2018, highlights important progress in the work streams initiated examples include:

- Development of an Initial Agreement for the provision of an Elective Orthopaedics Service in Fife
- Progressing the business case for a new ophthalmology centre to replace the Princess Alexandra Eye Pavilion and for the creation of an elective centre in the region
- Progressing a regional wide approach to provision of laboratory services
- Exciting emerging work in Artificial Intelligence to triage gastrointestinal endoscopy referrals, one of our greatest waiting time pressures and patient safety concerns
- An ambitious commitment to reduce the incidence of Type 2 diabetes
- Adoption of a ‘Once For the Region’ approach to workforce which will lead to the establishment of a regional staff bank for medical and nursing roles

There are however, a number of significant challenges in reconciling simultaneously the three objectives of delivering financial balance, shifting the balance of investment from hospital to primary and community services and improving access to hospital treatment and diagnostics.

3.3 Primary Care

Provision of primary care services is a delegated responsibility for Health and Social Care Partnerships. Despite results from the annual primary care patient experience survey which indicates individuals are able to access support from a member of the primary care team within 48 hours of request, capacity and sustainability in general practice continues to be at a critical level in the main due to the volume and complexity of workload and recruitment and retention issues.

NHS Lothian’s Primary Care Investment and Redesign Board meets bi-monthly where the four Lothian health and social care partnerships present updates on their plans to address issues within their local areas.

Examples improvement actions to support improved delivery of primary care services are outlined below.
Edinburgh Health and Social Care Partnership
In June 2017, the Edinburgh IJB agreed to support:
- A programme of ‘transformation and stability’ injections to individual GP practices during 2017-18
- Non-recurring funding investment into technology and cluster development work
- Investment in additional management capacity to ensure effective implementation and evaluation
- Management of partnership investment in the Primary Care
- Support Programme

Progress relating to the Edinburgh partnership primary care objectives include:
- Non-recurring technology investment of £150,000 to support Dopplex, wound sense, texting systems, voice recognition, mobile technology for care home visits to modernise ways of working and free up time to support direct patient care
- Recruitment of 14 Community Link Workers and delivery of training to support social prescribing and signposting, a 6% target has been set for appointment request conversion
- Investments include direct GP support to HUB activity over the winter months, independent prescribing training, extension to Advance Nurse Practitioner training, stability to support practices taken into NHS Lothian management arrangements to reach a balanced position and support to the East Craig Practice contract transfer

West Lothian Health and Social Care Partnership
- Investment in mobile IT devices to improve patient safety, support clinical decision making and reduce GP administrative time to update records
- Text reminder bundles implemented in 22 practices to support reduction in wasted appointments
- Advanced Physiotherapy Practitioners providing 2-3 sessions per week in 6 practices to improve access to musculoskeletal services, improve referral pathway and save GP appointment time
- Advanced Nurse Practitioners in training from 7 GP practices
- Domiciliary phlebotomy support for all practices
- Service level agreement with Scottish Ambulance Service Primary Care Paramedic to provide a home visiting service provided in 3 practices on 5 days per week. Three additional practices are providing training placements for specialist paramedics to build capacity
- Signposting training support offered to all practices to promote self-management and direct access to alternative services
- Development of mental health support hubs to reduce the medicalization of conditions, promote self-management and build on collaborative working with the third sector
- Appointment of a GP lead, offer of a service level agreement and training for care home staff to reduce requirements for unscheduled care visits and acute hospital admission. Anticipatory Care Champions will be identified

East Lothian Health and Social Care Partnership
- During 2017-18 work focussed on development of a new way to respond to same day demand in primary care through establishment of a multidisciplinary practice team. The team approach is designed to reduce health inequalities by improving access for all patient groups.
- Role development of Advanced Nurse Practitioners, Nurse Practitioners and Advanced Physiotherapy Practitioners and Mental Health Nurses to shift the emphasis from GP dependent models of care. These staff provide access to social care and third sector services where indicated.
- Collaborative Working for Intermediate Care (CWIC) is central to East Lothian’s primary care modernisation and redesign programme which has:
  - supporting transfer for GP workload to the wider primary care team and ensuring the most appropriate professional sees the patient
  - single point of contact for those seeking same day clinical care in a patient population of circa 19,000 in the Riverside Practice in Musselburgh, there are plans to extend this model of care across East Lothian
  - addresses an area of high and growing demand in an area of high deprivation, high multi-morbidity and highest projected population growth
- Working alongside NHS 24 to re-route calls for self-management advice or onward referral to a member of the expanded primary care team
- Establishment of a care home team to see all patients in care homes in the Musselburgh area with discussion to expand the service to homes in Haddington. This approach has demonstrated reducing inappropriate admission of care home residents to acute settings
- The partnership is recruiting a new post of Primary Care Manager who will have an operational and strategic role to support the development of primary care services in East Lothian.

Midlothian Health and Social Care Partnership
- Expansion of general practice list capacity from 7,300 to 8,300 to meet demand
- Options papers will be produced during 2018 to respond to the population expansion associated with housing development in Shawfare, Danderhall, Bonnyrigg and Rosewell
- ‘Do I Need to See a GP?’ communication to raise awareness of alternative options to seek advance and support to reduce demand on general practice. Twenty thousand copies of this communication will be distributed.
- Developing roles of advanced nurse practitioner and advanced physiotherapist to support new clinical roles and services and embed the Wellbeing Service in eight health centres which will be evaluated
- eFrailty programme to identify and grade the frailty of patients in all practices to support co-ordination and anticipation of care needs

The introduction of the new General Medical Services (GMS) contract on 1 April 2018 provides an opportunity to significantly improve sustainability of primary care, however, it is acknowledged that the implementation of the new contract will bring significant challenges and NHS Lothian and the Integration Joint Boards (IJBs) have agreed an implementation approach that recognises the need for additional resources.

3.4 Patient Experience
Work has continued with colleagues from Care Opinion and encouraging patients and their families to give us feedback via this route. Since April 2017, NHS Lothian has received and responded to 96 posts. Care Opinion is being advertised in a number of clinical areas and it is hoped to see a rise in patient experience feedback via this route. This information is reported routinely to the Healthcare Governance Committee.
A new complaint handling procedure was implemented in April 2017. NHS Lothian has established a Project Board that is overseeing this work and this work is progressing well.

NHS Lothian public involvement has had two key vacancies which has had an impact on involving people meaningfully in service design and improvement. The new Director of Communication, Engagement and Public Affairs took up post in February 2018, one of their key priorities will be to refresh our approach to public involvement and engagement. A new Public Involvement Manager has also been appointed.

NHS Lothian recognises patient experience associated with delays in access and treatment to our services is unacceptable therefore a number of measures relating to improvement in patient and general practitioner (GP) communication have been undertaken including:

- Development of RefHelp to engage primary and secondary clinicians to improve the quality of referrals, reduce inappropriate referrals and to ensure pre-referral investigations are undertaken
- GPs are able to asked secondary care specialists for Advice Only instead of email / telephone to ensure this is recorded in patient’s records
- Working with NHS 24 to keeping in touch with long waiting Gastroenterology patients and where appropriate sign post to self – help or escalate as clinically appropriate
- Letters are sent to patients when added to an outpatient waiting list to confirm receipt of referral and to indicate the wait for an appointment may be up to or more than 12 weeks and provides the contact details for the outpatient booking office
- A clinical risk matrix (probability length of wait the patient condition deteriorates / probability that due to length of wait significant diagnosis is delayed) has been developed and has formed the basis for prioritisation of resources to improve scheduled care access performance and will continue to be used to prioritise resource allocation in future years.

3.5 Clinical Quality Programme
To support delivery of safe, patient centred care and transformation change across the organisation, NHS Lothian appointed a Chief Quality Officer in April 2016.

NHS Lothian’s aspirational health care delivery model aims to support delivery of the six recognised dimensions of quality:

- All the right care (no underuse)
- But only the right care (no overuse)
- Delivered free from injury (no misuse)
- At the lowest necessary cost (efficient)
- Co-ordinated along the continuum of care (timely, ‘move upstream’)
- Under each patient’s full knowledge and control (patient-centred, ‘nothing about me without me’)

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

- Open and multi-professional Clinical Change Forum to discuss with staff NHS Lothian’s approach to developing sustainable care, changing practice and improving outcomes
- A Clinical Quality Academy delivering training to front line teams to build capacity and capability for quality improvement within services
• A Clinical Quality Programme to support clinical teams to identify key priorities for improvement, providing data driven clinical process mapping support, testing and implementing improvements
• Identification of Clinical Quality Management Leads who lead pathway improvement activities

Examples of key achievements associated with quality improvement activities in the past year include:
• Child and Adolescent Mental Health Service (CAMHS) successfully used a new triage process to reduce the number of first appointments offered by 20% which has supported our reduction in waiting times
• Pain Management Service used patient experience data to inform decisions and improvements in clinic attendance and increasing accessibility to the service.
• Oncology Service have delivered improvements in capacity and scheduling in our chemotherapy delivery and over the summer we have worked with students from Glasgow School of Art to develop patient information product to help us improve patient experience
• Data Reviews in stroke, endoscopy and orthopaedic services to review data and care processes with a view to reducing any variances in treatment across the service

Improvement work streams have been identified for focus during 2018-19, these include general practice resilience and new models of care, prescribing plans relating to chronic pain management, realistic use of medicines, care home prescribing, medication reviews and improve transition arrangements from child to adult mental health services.

4. Better Health - Improving the Health of the Population

4.1 Health Inequalities
Health Inequalities continue to be one of NHS Lothian’s pressing challenges. Life expectancy varies across the area by up to 15 years. People living in our most deprived communities have poorer physical and mental health throughout their lives with almost every health indicator showing progressively poorer health with decreasing affluence. People who are disadvantaged by race, disability, gender and other factors can also have poorer health. Research highlights the importance of addressing fundamental determinants of health inequalities such as poverty, income, employment, wealth and housing in order to effect change.

We are developing a new NHS Lothian Health Inequalities Strategy which will outline the Board’s plans for its inequalities focused work. This will build on the approach of our 2014-17 strategy, which focused on developing health services that meet the needs of the people with the poorest health and also work to address wider underlying inequalities that are within the remit of the Board. Since 2014, we have ensured that no staff are paid less than the living wage, reviewed our approach to procurement, and modified our apprentice support so that young people from the most disadvantaged communities receive the tailored support they require to take up and maintain employment with NHS Lothian.

We have also invested more in services that aim to mitigate the extremes of poverty and inequalities such as welfare rights advisors in primary care and Link Workers and we will continue to support work with colleagues in the City of Edinburgh Council and voluntary sector to develop services such as ‘Maximise!’ in Edinburgh, which aims to provide an all-round service to pupils’ families to help improve
relationships, increase confidence, support well-being and increase community links as well as providing advice to maximise your income, reduce debt, resolve housing issues and gain employment.

4.2 Smokefree Lothian
Provision of Specialist Smoking Cessation Services continues across NHS Lothian, targeting those in the most deprived areas. NHS Lothian recognises plans need to be further developed to improve sustained smoking cessation rates. This is being supported through review of outcome data and current working arrangements and structures between smoking cessation and operational services such as maternity services.

Performance monitoring processes are in place to support performance improvement across all services with particular focus on pharmacy services who support smoking cessation within communities.

To support the implementation of the new national tobacco strategy in March 2018 a review of tobacco education in schools and youth settings took place during 2017-18 with the aim to standardise learning outcomes supporting curriculum of excellence and creating a ‘multi risk behaviour’ model which is being implemented from early years to further education.

4.3 Reducing Harm Associated with Drug and Alcohol Consumption
NHS Lothian continues to maintain focus on reducing drug related deaths. To address a backlog in reviews of drug deaths, capacity to support reviews has been increased. Following reduction of Scottish Government funding for drugs and alcohol services, service review and redesign has been undertaken.

Community base substance misuse services are now all located and managed through local Health and Social Care Partnerships. Meeting waiting times targets has remained challenging, action plans to address staffing, information technology issues and data entry have been progressed. Referrals to Lothian and Edinburgh Abstinence Programme (LEAP), harm reduction teams and the third sector are mostly within target.

NHS Lothian continues to review performance and seek opportunities to co-locate substance misuse and some mental health services in addition to providing screening and counselling services within prisons.

4.4 Weight Management Service and Type 2 Diabetes Prevention
A fully established tiered weight management service is available in Lothian to support adults with a Body Mass Index (BMI) over 30 and children aged 2 to 5 years with a BMI above over the 99.6th centile and those aged over 5 years a BMI over the 91st centile. Child and adult services have a single point of referral, triaged by specialist dieticians to match the most appropriate level of care. Interventions are delivered within local communities throughout Lothian and tier 2 programmes to support weight loss are delivered in partnership with local Councils and leisure providers.

An East of Scotland Diabetes Prevention Collaborative involving NHS Lothian, Fife and Borders, 6 councils and 6 health and social care partnerships within these areas has been established and confirmed as early adopters of the national Type 2 Diabetes Prevention, Early Detection and Early Intervention Framework and work will progress during 2019-20 and beyond to develop diabetes prevention work
streams with a focus on equity in provision of weight management services in Lothian, Fife and Borders, targeted interventions for children and young people, collective leadership with the business sector, employer scope, activities and infrastructure and maximise opportunities for active travel and physical activity within leisure sectors.

4.5 Early Detection of Cancer
The Detect Cancer Early Programme is an ambitious programme to improve survival for people with cancer through diagnosis and treatment of cancer at an early stage. NHS Lothian achieved 27% of people diagnosed and treated in the first stage of breast, colorectal and lung cancer exceeding the national target of 25%.

5. Better Value - Best Use Made of Available Resources

5.1 Finance and Efficiency
NHS Lothian achieved financial balance in 2017-18, delivering an underspend of £279,000 against the revenue resource limit.

A number of approaches have contributed to the delivery of financial balance during 2017-18, these include:

- the establishment of a Sustainability and Value Programme Board was established to oversee delivery of identified improvement opportunities to minimise waste, reduce variation and drive efficiencies
- investment of £2m in the development of a quality approach through GP clusters to support the reduction in waste and unwarranted variation in GP prescribing with the specific aim of significantly reducing expenditure
- through an Acute Prescribing Forum work with clinical teams and pharmacists to deliver reduction in acute prescribing costs
- continued review of business unit financial recovery plans to manage expenditure and high risk financial pressures and ensure delivery of local efficiency savings

These approaches will continue to support delivery of the 2018-19 financial plan.

5.2 Workforce Planning and Development
NHS Lothian has in the main a relatively strong position in recruiting and retaining staff, reflecting a positive employment experience for staff. NHS Lothian also provides a wide range of training opportunities for medical, nursing, allied health professions and healthcare sciences across a wide range of specialties. There are however areas where vacancies and gaps in the workforce impact on the delivery of services.

Medical Workforce Challenges
There are likely to be workforce challenges in the medium term with 20% of our medical workforce at or beyond retirement age in the next 5 years during which time development of five elective treatment centres across Scotland will require an increase in anaesthetists which has not been build national training numbers.
In addition, over the past year, NHS Lothian has also experienced vacancies within Emergency Medicine at the Royal Infirmary of Edinburgh, consultant gaps in radiology which impacts on the diagnostic element of cancer pathways and have had partial success in filling vacancies within urology and orthopaedic services, however there are currently insufficient numbers in urology training to balance requirements in the medium term. The gaps in capacity have impacted on services
to meet treatment time guarantees resulting in the need to increase reliance on supplementary staffing, waiting list initiatives and use of independent sector capacity.

**Nursing Workforce Challenges**

A five year forward plan of the workforce has shown a potential gap of 86 whole time equivalent (wte); 16% of the workforce not including any future growth in demand for the workforce. The initial priority has been identified as increasing anaesthetic trained practitioners through training an additional 10wte per year for the next 3 years. The development of a local/regional approach to training Operating Department Practitioners (ODP) is also under development following the closure of the only ODP training programme in Scotland at Glasgow Caledonian University.

There is also a range of nursing workforce pressures associated with the ageing of the workforce, in particular within community nursing but plans in place are now showing additionality being achieved for health visiting numbers and district nursing is also showing a better balanced position due to training more nurses in 2017-18.

NHS Lothian Workforce Plan 2017-19 includes a workforce planning activity and gap analysis has been developed which identifies all the planned major service developments and key professional workforce sustainability challenges.