Local Delivery Plan 2017-18

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<tr>
<th>Unique ID:</th>
<th>Authors:</th>
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<td>NHS Lothian Local Delivery Plan 2017-18</td>
<td>A McMahon, A Cumming, C Simpson</td>
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<td>NHS Lothian Local Delivery Plan 2017-18</td>
<td>A McMahon</td>
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<td>15 March 2017 Corporate Management Team</td>
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<tr>
<td>Approved by Scottish Government 17 May 2017</td>
<td>5 April 2017 NHS Lothian Board</td>
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1. EXECUTIVE SUMMARY

NHS Lothian’s 2017-18 Local Delivery Plan (LDP) reinforces NHS Lothian’s mission to improve the health of the population, improve the quality of healthcare and achieve value and financial sustainability.

The Scottish Government published their Health and Social Care Delivery Plan in December 2016 which sets a range of actions to enhance delivery of health and social care services. This national plan prioritises the actions which have the greatest impact on delivery and focuses on three areas: better care, better health and better value. NHS Lothian’s LDP is aligned to the national delivery plan and outlines our priority actions for 2017-18 relating to:

- Increasing healthy life expectancy
- Lothian Health and Social Care Partnership Strategic Plans
- Primary and Community Care
- Secondary and Acute Care
- Realistic Medicine
- Public Health Improvement
- Research and Development

Our plan also outlines details associated with delivery of the Scottish Government LDP Standards (previously HEAT standards), our actions to improve patient experience and safety, delivery of our financial plan over the next three years and actions associated with the Scottish Government 2020 Workforce vision.

NHS Lothian continues to face challenges with demographic pressures associated with an increase in our population and caring for an older population in Lothian. This impacts on our ability to deliver treatment time guarantees within the resource available to us. Our plan includes a range of actions to mitigate these challenges and our quality improvement programme and approach to realistic healthcare will assist to redesign the way we deliver care to the population we serve.

The four Lothian Health and Social Care Partnerships have all published their strategic plans which outline their approach to health improvement and delivery of health and social care within their localities. The partnership’s Integration Joint Boards are currently discussing and agreeing their 2017-18 directions to be issued to NHS Lothian.

Our LDP also outlines details of our Lothian Hospitals Plan which will define the strategic direction for NHS Lothian’s acute hospital services over the next 5 – 10 years. This plan will be further developed and consulted on over the next year.

We are currently facing a 2017-18 financial pressure of £22.4m and whilst we will continue to address financial recovery plans within our business units, this financial gap will impact on delivery of our services.

NHS Lothian is working with partner NHS Boards across the East of Scotland to develop a Regional Health and Social Care Delivery Plan. The aim of this plan includes the need to consider any efficiency and productivity gains which can be provided through a regional approach in the delivery of care. This regional plan will be submitted to the Scottish Government in September 2017.
2. INCREASING HEALTHY LIFE EXPECTANCY

Preventing poor health is essential if health inequalities are to be reduced. Many of the determinants of health lie outside health and care service provision so there needs to be a focus on actions that target inequalities both outside and within the NHS.

For almost every health indicator, there is a gradient showing poorer health with increasing deprivation. Barriers or disadvantages such as lower social status, poor educational attainment, poor housing, and lack of employment or low pay are key determinants of health inequalities. People from ethnic minorities, people with disabilities and particular sexual orientations are also likely to experience health inequalities. Actions to reduce health inequalities should not target only the most deprived areas; many disadvantaged families and individuals live in areas that are not identified as socially disadvantaged by commonly used indicators.

The roles of the Community Planning Partnerships (CPPs) and Health and Social Care Partnerships (HSCP) in tackling health inequalities cut across design and delivery of services. Maintaining universal services while also targeting resources where there is greatest need should be central to inequalities focused health and social care services.

Healthy life expectancy in Lothian has not increased in recent years as outlined in the table below. An update is expected during 2017-18.

<table>
<thead>
<tr>
<th>Lothian Healthy Life Expectancy (years)</th>
</tr>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>2009-2013 Male</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Lothian</td>
</tr>
<tr>
<td>Scotland</td>
</tr>
</tbody>
</table>

Source: Scottish Public Health Observatory (ScotPHO)

NHS Lothian’s actions to improve healthy life expectancy and to support people to live longer in good health, increasing capacity for productive activity and reducing the burden of ill health and long term conditions are detailed below.

2.1 Health Inequalities

NHS Lothian will continue to implement its Health Inequalities Strategy and monitor progress. The strategy outlines a series of actions relating to: Procurement; NHS Lothian as an employer; Planning and delivery of clinical services; work in Partnership; Monitoring and evaluation.

Key actions in 2017-18 will include:

**Procurement** – we have recruited a Community Benefits Officer within Procurement. In 2017-18 he will develop and implement actions to increase the number and quality of community benefits achieved through NHS Lothian contracts.

**Employability** – we will continue to implement the Socially Responsible Recruitment programme, which provides employability programmes for a range of groups including
school leavers, graduates with a disability, people with autism and women returning to work education or training.

**Welfare advice** – we completed a needs assessment of welfare advice provision in NHS settings in 2016-17 and will use this in partnership with local authority and voluntary sector partners to increase the reach of these services.

**Health inequalities indicators** – we have been working with our Community Planning Partnerships to identify a set of health inequalities indicators. In 2017/18 we will use the indicators to raise awareness of the determinants of health inequalities and monitor progress to address these.

**Communication and training** – we will continue to disseminate our strategic approach and provide training in health inequalities for a range of staff and other audiences.

**Health Inequalities faced by people with learning disability**

Across Learning Disability Nurses, both community and in-patient, we are in the process of implementing the Health Equality Framework tool, as a means of assessing exposure to health inequalities in this population.

This tool will enable NHS Lothian and integrated services to establish a baseline, and evaluate impact of interventions on an individual patient level, evidencing outcomes and the impact/success of the interventions in reducing the individual’s exposure the health inequalities, including the social determinants of health and wellbeing.

NHS Lothian and HSCPs will also apply the aggregated data on a team and locality basis to inform strategic needs assessments, establish the health profile of people with learning disability and inform the strategic deployment of resources.

### 2.2 Children & Young People

**Children & Young People Improvement Collaborative (CYPIC)**

The Scottish Government launched CYPIC in November 2016 at a national eLearning set. There has been no formal approach to Community Planning Partnerships (CPPs) or Chief Executives of NHS Boards or Councils to ask them to buy into this approach and work to the new revised stretch aims.

NHS Lothian works within four CPPs areas and children and young people partnerships and therefore is a partner in four CYPICs locally.

We have created a Pan Lothian CYPIC group to share learning across Lothian, and to look at focused areas of improvement that may benefit all parts of Lothian. This group has membership from the four CPPs areas and qualified Improvement Advisors within NHS Lothian that studied under the Early Years Collaborative programme.

**Healthy Start – Using Quality Improvement Methods to Address the Consequences of Poverty**

Poverty has a detrimental impact on health and wellbeing. Quality improvement work makes small changes to achieve a larger goal, charting progress rapidly. The Early Years Collaborative was a Scotland-wide multiagency approach to improving outcomes in
pregnancy and childhood. In Lothian we used quality improvement methods to boost family incomes during pregnancy. We started off with Healthy Start, a UK-wide food and vitamin voucher programme for low income families promoting healthy choices, but ended up also addressing unclaimed entitlements more generally for these families.

In NHS Lothian, we started with one midwife, focusing on sign-up for Healthy Start vouchers. We identified ways to simplify and improve the application process. Many women still struggled to complete the application form, so we linked women into welfare rights advice services.

Between January 2014 and August 2015 there was a 13.3% rise in voucher receipt in Lothian, compared with an 8.4% decline for the rest of Scotland. Figures varied by team, influenced by staff, family, and area factors. The number of women in receipt of vouchers fell subsequently, for Scotland and Lothian. Using quality improvement methodology we were able to identify that this was due to a change in the processing of applications at UK level by a private company on behalf of Department of Health; we worked with Scottish Government to press for a return to the original approach. We have also advocated for changes to eligibility for Healthy Start, particularly for women in work to receive vouchers during their first pregnancy, something that may be within the remit of the Scotland Act (2016) under the Welfare Food section. This work, starting with one midwife in Leith, has had an impact on policy, practice and potentially legislation at a national level.

We have continued testing, achieving recent increases in the number of women referred for welfare rights advice on benefits, tax credits, employment rights, childcare, and debt. Work in north Edinburgh and West Lothian (Granton Information Centre and West Lothian Citizens Advice Bureau respectively) has secured families £1.333m in previously unclaimed entitlements during 2015-16.

Following the testing described above, we have set up an automatic referral process for welfare rights advice in Leith and are working to extend this across Lothian. Our findings have relevance across the UK, and we have disseminated findings at conferences, including the International Forum on Quality and Safety in Healthcare (Gothenburg, April 2016) and in a peer-reviewed publication in BMJ Quality Improvement Reports.
In 2014-15, 82.3% of children in Lothian who were eligible for a 27-30 month assessment were assessed (86.7% Scottish average). Of those assessed, 96% of the review forms were complete (most usually related to height and weight not being recorded). Our performance on complete reviews is better than the Scottish average of 87.8%. If the
children screened in Lothian, 79% (71.6% in Scotland) have no concerns found across the developmental domains, with 18% (19.2% in Scotland) with one concern or more.

Therefore, overall NHS Lothian is performing well on providing the 27-30 month assessment. We have notes that we have some geographical variance in West Lothian which will focus on in 2017/18 using improvement methodology to alter processes and timing to ensure these figures improve in line with the rest of Lothian.

The 13-15 month new Scottish developmental assessment will commence across Scotland from May 2017, and NHS Lothian will begin this at the same time. This will be monitored in Lothian using the same detailed data analysis.

**Early Ante Natal Booking**
The Local Delivery Plan standard relating the need to ensure 80% of pregnant women are booked for antenatal care by antenatal booking by the 12th week of gestation has been exceeded and is supporting a reduction in antenatal inequalities and improving outcomes for the new born.

- We are above 80% for all Scottish Index of Multiple Deprivation (SIMD) quintiles in Lothian
- We are aiming to maintain and improve on our good results by continuing to implement our good practice and use improvement methodology
- Community Midwifery Services receive statistics monthly from centralised booking and this keeps us on target.
- A quarterly centralised booking meeting is a way of continuously improving our processes and to ensure that the information that we are distributing is current. This is done in conjunction with Health Promotion Services and contains relevant public health reminders and so this becomes a way to spread relevant public health messages (e.g. Flu vaccinations)
- As part of early intervention and prevention strategies, midwives undertake the following risk assessments at booking visit (7-10 weeks) These include:
  - Routine Enquiry for Gender based violence
  - CO monitoring/smoking
  - Alcohol brief intervention

Early booking compliments the pending new strategy for maternity and neonatal care; maternal and infant nutrition work; the new universal pathway pre-birth to preschool, Family Nurse Practitioner (FNP) support for teenage mothers, Getting It Right For Every Child (GIRFEC) and the Children and Young People (Scotland) Act aims.

Further details relating to booking of antenatal care are outlined in Section 4 LDP Standards within this plan.

**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.
<table>
<thead>
<tr>
<th>Delivery Year</th>
<th>Lothian Total</th>
<th>Lothian births less than 2.5kgs</th>
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<tbody>
<tr>
<td>2009</td>
<td>7827</td>
<td>511</td>
</tr>
<tr>
<td>2010</td>
<td>9575</td>
<td>565</td>
</tr>
<tr>
<td>2011</td>
<td>9569</td>
<td>622</td>
</tr>
<tr>
<td>2012</td>
<td>9563</td>
<td>520</td>
</tr>
<tr>
<td>2013</td>
<td>9304</td>
<td>534</td>
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<tr>
<td>2014</td>
<td>9205</td>
<td>523</td>
</tr>
<tr>
<td>2015</td>
<td>8777</td>
<td>514</td>
</tr>
<tr>
<td>2016</td>
<td>8927</td>
<td>568</td>
</tr>
</tbody>
</table>

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 BMI’s of 35 or over in 2016, compared to 1.9% in 2009. Therefore, this will be an area of priority maternity services.

<table>
<thead>
<tr>
<th>Delivery Year</th>
<th>Lothian Total</th>
<th>Lothian Pregnant Women with BMI &gt;=35</th>
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<tbody>
<tr>
<td>2009</td>
<td>7827</td>
<td>150</td>
</tr>
<tr>
<td>2010</td>
<td>9575</td>
<td>569</td>
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<td>2011</td>
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<td>8777</td>
<td>605</td>
</tr>
<tr>
<td>2016</td>
<td>8927</td>
<td>526</td>
</tr>
</tbody>
</table>

Midlothian Health and Social Care Partnership approach to increasing healthy life expectancy is by supporting improvements in health inequalities through 'Reducing the Gap'. Examples include NHS Lothian and Midlothian Council (Communities team) working together to provide a range of Food Programmes; and working with specialist acute hospital staff to develop more locally based, preventative-focussed services in the field of diabetes
### Increasing Healthy Life Expectancy - Summary of Key Measures

- Develop and implement actions to increase the number and quality of community benefits achieved through NHS Lothian contracts.
- Continue to implement the Socially Responsible Recruitment Programme.
- In partnership with Local Authorities and the Voluntary Sector increase the reach of Welfare Advice.
- Use health inequality indicators to raise awareness of determinants of health inequalities and monitor progress to address these.
- Continue to disseminate our strategic approach and provide training in health inequalities.
- Implement the Health Equality Framework too across Learning Disability nurses and evaluate the impact at an individual patient level.
- Continue to reduce the number of babies born with a birth weight of less than 2.5kgs.
- Continue to reduce the percentage of women who are obese (BMI >=35) at antenatal booking.

### 3. NHS SCOTLAND HEALTH AND SOCIAL CARE DELIVERY PLAN

The NHS Scotland Health and Social Care Delivery Plan\(^1\) published in December 2016 details actions to ensure whole-system, integrated plans are developed to deliver timely coordination of care which are appropriate to people’s needs, ensuring people receive the right care, at the right time, in the right place and are supported to live well as independently as possible.

The delivery plan outlines a number of actions associated with:
- Health and Social Care Integration
- Primary and Community Care
- Secondary and Acute Care
- Realistic Healthcare
- Public Health Improvement

The plan also outlines the need to drive NHS Board reform therefore NHS Lothian is working in collaboration with South East Scotland NHS Boards to outline a regional transformation plan by September 2017.

### 3.1 HEALTH AND SOCIAL CARE INTEGRATION ACTIONS

Health and Social Care Partnerships governance structures are now well established with regular meetings of the Integration Joint Boards (IJBs); Strategic Planning Groups; and Audit and Risk Committees. A Risk Management Policy and IJB Risk Registers are now in place.

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Within Midlothian, the Quality Improvement Team Structure has been reshaped to address quality in social care as well as health. At Head of Service level, responsibilities are across health and social care and a management review is underway to develop a more integrated approach at third tier level. More integrated arrangements are being pursued in operational services such as learning disability and substance misuse.

### 3.3.1 Delayed Discharge

**East Lothian**

East Lothian’s performance had been steadily improving from a peak of 43 in 2014, reducing to 15 to 25 at each monthly census until spring 2016. From then until August 2016 the number rose, in part due to new reporting rules, but mainly due to suspension of admissions to a large local care home and capacity problems with care at home providers. This figure peaked at 61 in August 2016. Since then numbers have reduced and figures at the November 2016 census show 26 patients, with a delayed discharge. The care home in East Lothian, which had been closed to new admittances since early 2016, is being gradually returned to full capacity.

Actions to support improvement within the delayed discharge position include:

- East Lothian funding additional capacity in Hospital to Home using delayed discharge fund.
- East Lothian planning for implementation of living wage in home care
- East Lothian planning to invest c £1m of social care fund in purchasing additional capacity in care at home following introduction of living wage. Innovative procurement methods will be used to secure blocks of activity for people delayed in hospital.
- Investment in ELSIE through Integrated Care Fund to provide 24/7 cover to prevent hospital admission.
- Retendering of current care at home framework
- Introduction of second additional team in hospital to home service
- Introduction of third additional team in hospital to home service
- Support care home to reopen
- Consider bringing unused NHS or Council capacity into use.

It is anticipated that there will always be a level of delay in transfer associated with standard delays i.e. waiting for care home / specialist housing, care packages or home adaptations. The East Lothian Partnership has set out a trajectory for reduction in the level of delay during 2017-18 as outlined below.

**East Lothian Trajectory – Reduction in Delayed Discharge**

(at monthly census, excluding code 9s and code 100s as reported to ISD)

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<tbody>
<tr>
<td>Delayed Discharge</td>
<td>15</td>
<td>14</td>
<td>13</td>
<td>12</td>
<td>11</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>12</td>
<td>12</td>
<td>12</td>
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</table>
Edinburgh
The position on delayed discharge in Edinburgh remains a challenge. Low levels of unemployment in the city are a significant issue as providers of community based care and support services across all sectors struggle to recruit in order to meet the level of demand for services to support people on discharge from hospital.

In 2016 the Health and Social Care Partnership established a Flow Programme to adopt a whole system approach to addressing delays across the health and social care system. The programme consists of a number of work streams focused on admission avoidance, discharge, reablement, care at home and addressing the long delays in hospital experience by people waiting for Guardianship. Work streams are jointly led by senior members of staff from the Health and Social Care Partnership and NHS Lothian Acute Services.

Daily meetings are currently taking place in each of the four localities in the city focused on reducing the number of people delayed in hospital and the length of those delays. Tracking reports are produced daily to support this work and the Flow Programme has also commissioned the development of a whole system reporting tool that uses statistical process control to monitor performance at a number of key stages from A and E admissions to discharge from hospital in order to raise alerts where specific parts of the system are under pressure.

The implementation of the new locality based integrated structure during 2017-18 will provide a greater focus on admission avoidance and timely discharge from hospital through the Multi-agency Triage function within the locality Hubs.

The work of the Flow Programme is due to be reviewed by the Programme Board at the end of March 2017 to identify the benefits realise and barriers encountered and agree work streams to be taken forward.

Midlothian
The performance within Midlothian remains off-target, but there has been an improvement in performance in early 2017 and ongoing weekly monitoring demonstrates that this improvement is being maintained.

The increased number for December 2016 reflects the challenges around supporting discharge during the festive period, both in terms of availability to commence packages of care and opportunities to admit patients to care homes.

The decision to support early discharge from acute settings to the Midlothian Community Hospital has continued to result in a significant reduction in the number of patients delayed in the Royal Infirmary of Edinburgh, Western General and Liberton Hospitals.

Actions for improvement include:
- Action Plan developed and being implemented to address under-performance by Care at Home provider
- Increased capacity within Hospital Inreach Team to support improved discharge across acute and community sites
- Appointment of 10 additional Care Support Workers within the Complex Care Team to increase capacity
• Development of dementia and complex care beds within Partnership run Care Home to support increased choice for LA funded service users
• Increased medical input to MERRIT (Hospital at Home) with further 0.6 WTE doctor
• Agreement being reached with alternative provider to consider options for delivering care at home service
• Expansion of MERRIT (Hospital at Home) Service to enable growth in beds on virtual ward by 50% (10 to 15 beds)
• Agreement to recruit additional nursing staff within MERRIT to support the expansion noted above.
• Appointment of staff to review care packages to identify additional capacity within the system
• Implementation of a 4 week pilot to divert all possible nursing home admissions to the Flow Centre and then to MERRIT to prevent admission to hospital
• Increased use of Midlothian Community Hospital to support patient moves to downstream beds and relieving some of the pressures on acute sites
• Review of in-house service provision to increase capacity within Reablement through more effective use of the Complex Care service
• Additional management support being provided to external Care at Home provider to address concerns over service delivery
• Ensure the capacity of both Community Hospital and Highbank is fully utilised to minimise delays in Acute Hospitals and achieve the 72 hour target by 2018

West Lothian
To target a reduction in delayed discharge levels in West Lothian is based on scheduled investments and anticipated benefits. A comprehensive programme of actions to address delayed discharge is incorporated within the West Lothian Frailty Programme which is focussed on improvements across the whole system of health and social care. The Frailty Programme Board continues to monitor the programme and identify priorities for further work.

Some improvement is noted in Care at Home Contract provision which is being augmented with hospital to home and community nursing teams to facilitate discharge and provide interim care.

The partnership is continuing to review all delayed discharge cases to track the key issues and are addressing these within our unscheduled care plans. Additional Mental Health Officer (MHO) resource to Discharge Hub has been put in place to focus on Code 9 delays. A multi-disciplinary team approach is supporting a focus on consistent application of NHS Lothian’s Moving On Policy and weekly meetings are held to progress work plans and monitor performance.

Additional actions for improvement include:
• Frailty programme work streams reviewed and priorities identified
• Delayed discharge clearly identified within the work stream
• Additional work stream on Intermediate Care commenced
• Proportion of reablement capacity blocked with clients with unmet needs reduced as independent providers are providing more packages of care leading to increased capacity in Reablement and Crisis Care teams
• REACT providing acute care at home, good evidence of success in reducing admission and high level of patient and carer satisfaction.
• Development plan in progress within overall Frailty Programme and within unscheduled Care plan to extend provision over 7 days
• Needs Assessment will inform priorities for IJB and Commissioning Plan
• Priorities identified within Strategic Plan
• Awareness sessions commenced with multi-disciplinary teams
• Discussion progressed with West Lothian Council and Scottish Care to establish capacity
• Intermediate care work stream established in Frailty programme
• Ensure patients correctly coded and actions progressed to facilitate discharge process

3.1.2 Reduce Unscheduled Hospital Care
To support the delivery plan action outlines the need for health and social care partnerships to support a reduction in unscheduled care beds days by 10%. The implications to support this reduction in the four Lothian partnerships are outlined in the table below.

<table>
<thead>
<tr>
<th>IJB Area</th>
<th>Current Total</th>
<th>Current UC (all)</th>
<th>Current UC (IJB)</th>
<th>UC (IJB)@85%</th>
<th>UC (IJB)@85% w 10% reduction</th>
<th>Reduction in USIJBB as beds</th>
<th>2015-16 DD as Beds</th>
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<tr>
<td>Mid</td>
<td>65,103</td>
<td>48,911</td>
<td>32,765</td>
<td>30,031</td>
<td>27,329</td>
<td>18</td>
<td>12</td>
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<tr>
<td>East</td>
<td>70,854</td>
<td>53,901</td>
<td>33,100</td>
<td>30,338</td>
<td>27,609</td>
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<td>13</td>
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<td>59,458</td>
<td>38</td>
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<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>179</td>
<td>187</td>
</tr>
</tbody>
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A reduction in bed days will be achieved by through:
• Reducing delayed discharge
• Preventing Admission
• Reducing Length of Stay

The West Lothian partnership will seek to support a reduction in unscheduled care through:
• Inpatient redesign through the frailty programme
• Roll out the discharge to assess model
• Support case management approaches

The Midlothian Partnership will seek to reduce Accident and Emergency (A&E) Attendances and Reduce Admissions through:
• Working with the Royal Infirmary of Edinburgh Alcohol Liaison Service to reduce A&E attendances of people with problematic substance misuse
• Developing a media campaign to reduce inappropriate use of A&E
• Strengthening links between A&E and local GPs to redirect inappropriate attendances
• Increasing the capacity of the Hospital at Home Service to support admission avoidance, both within the home environment and A&E
• Strengthening support through an Advanced Physiotherapist for COPD and the implementation of a Falls Prevention Strategy
• Reducing admissions of residents from Care Homes through the provision of specialist nursing advice; implementation of a falls strategy; improved skills of care staff through video conferencing training programme
• Reviewing the 1580 ‘Potentially Preventable Admissions’ (2014-15)
• Providing proactive support to young people admitted through the Assertive Outreach Programme which is developing a stronger pathway to local services such as homelessness and substance misuse
• Preventing crises by the identification of frail older people through the eFraility project, a methodology applied by GPs, which in turn would enable proactive support and anticipatory care planning
• Planning Ahead - Anticipatory Care Planning and Emergency Planning. Examples include further promotion of Power of Attorney uptake and an engagement exercises with the public about how to plan ahead whether as a carer or as someone with long term health conditions
• Recovery-Reablement, rehabilitation and self-management. Examples include the establishment of a Recovery Hub in Substance Misuse and Mental Health; and an Advanced Physiotherapist working with COPD patients

3.1.3 Adult Social Care

Edinburgh Health and Social Care Partnership

Negotiations on the rate of increase in care home fees to be applied to the National Care Home Contract (NCHC) are currently taking place between COSLA and representatives of care home providers. The basis for these negotiations has been the development of a ‘cost of care’ calculator which breaks down the components of care and seeks to identify benchmarks for assessing the costs of these. While progress has been made in respect of the ‘care’ cost elements no agreement has been reached on the benchmarks around capital, return on capital and provider profit. The calculator is therefore incomplete at this stage and there is a significant difference in expectations between the two parties.

Failure to reach agreement on the NCHC and a resulting requirement to carry out local negotiations would be particularly problematic for Edinburgh given its high property and staff cost base relative to other parts of Scotland. The Health and Social Care Partnership recognises that this is a significant risk to the sustainability of residential care provision in the city and has the potential to create additional budget pressures. We are therefore watching progress in the national negotiations closely and developing contingency plans should the need arise to move to local negotiations.

During 2016-17 the Health and Social Care Partnership in Edinburgh has been developing an integrated structure to deliver joint working at a locality level, bringing together social workers, nurses and allied health professionals. We believe that this structure will support the delivery of more efficient and effective services and better outcomes for citizens.

During 2017-18 we will implement the new structure and develop an integrated workforce strategy setting out the future staffing model required to deliver sustainable and affordable health and social care services that keep people safe.
A key element of our strategy will be to work with third and independent sector, NHS Lothian and City of Edinburgh Council partners to drive a mutually beneficial career in care campaign.

**Midlothian**
The Midlothian Partnership will support a shift in the balance of care by strengthening Hospital at Home services and developing more Extra Care Housing.

### Health and Social Care Integration – Summary of Key Measures

<table>
<thead>
<tr>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Lothian Health and Social Care Partnerships to deliver their range of actions to support a reduction in the delayed discharge position across Lothian</td>
</tr>
<tr>
<td>➢ Lothian Health and Social Care Partnerships to deliver a reduction of unscheduled bed days by 10% (179 bed days)</td>
</tr>
<tr>
<td>➢ Edinburgh Health and Social Care Partnership to continue to implement their integration structure and develop an integrated workforce strategy to deliver sustainable and affordable services</td>
</tr>
</tbody>
</table>

### 3.2 PRIMARY AND COMMUNITY CARE ACTIONS

#### 3.2.1 Antenatal, Early Years, Children and Young People

**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 steering group reports to the Maternity, Children and Young People Programme Board to the Strategic Planning Committee of the board. 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 across 2016-17 due to the Supreme Court ruling that the threshold for information sharing on wellbeing was not legal as written in the Act. The previous draft guidance on parts 4 and 5 of the Act were retracted from Scottish Government and 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 ongoing work are:

**Statutory Guidance on Part 3 – Children’s Services Planning:** All CPP areas must have a new children’s services plan to Scottish Government by end of April 2017, which is a 3 year plan. This is the equal legal responsibility of NHS and Local Authority. Part 3 seeks to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing.
These plans will have an annual reporting mechanism to Scottish Government. At present, Mid Lothian and East Lothian have plans ready. Edinburgh City has an agreed extension from Scottish Government until June 2017. West Lothian has a draft plan that will be submitted by end of April (as request to extend to June was declined despite current care inspection for integrated children’s services). West Lothian’s plan will therefore be submitted but may be significantly revised post inspection feedback.

Part 1 places a duty on local authorities and NHS boards to report, “as soon as practicable” after the end of each 3 year period, on the steps they have taken to secure better or further effect of the requirements of the United Nations Convention on the Rights of the Child (UNCRC). The Act steering group have met with Co-Directors from the Scottish Children’s Parliament in December 2016 to seek advice about embed a rights based approach across NHS Lothian work, and have embedded their recommendation into our Act Implementation Plan. This is complimented by our involvement of Children and Young People in the creation of our current ‘Improving the Health and Wellbeing of Lothian’s Children and Young People’ strategy for 2014-2020.

Guidance on Part 4 - Named Person
As described above, the draft guidance on this part of the Act was retracted post Supreme Court ruling for further consideration about how a named person function can work in the boundaries of family privacy law and information sharing requirements. In the Act the Named Person function was to be delivered for children from birth to school entry by the NHS and named professions of Health Visiting and Family Nursing. NHS Lothian already uses the GIRFEC practice development model of exploring wellbeing needs and ensuring families and children are supported and cared for. NHS Lothian already offers families a named Health Visitor or Named Family Nurses, but not in the legal function of the Act, as this has not in place at present across Scotland. The Act steering group in planning for the previous implementation date of August 2016, had already delivered a training programme and awareness raising campaign across NHS Lothian teams. We await further announcements from Scottish Government to allow us to progress to planning a new implementation date if this is the chosen route. Health Visitors and Family Nurses in Lothian have attended further training on meeting the named person function.

Guidance on Part 5 Child’s Plan
As described above, the draft guidance on this part of the Act was retracted post Supreme Court ruling for further consideration about how statutory child’s plan processes can work in the boundaries of family privacy law and information sharing requirements. The intended purpose and definitions of a plan were:
(1) For the purposes of this Part, a child requires a child’s plan if the responsible authority in relation to a child considers that—
   (a) the child has a wellbeing need, and
   (b) sub- section (3) applies in relation to that need.
(2) A child has a wellbeing need if the child’s wellbeing is being, or is at risk of being, adversely affected by any matter.
(3) This subsection applies in relation to a wellbeing need if—
   (a) the need is not capable of being met, or met fully, by the taking of action other than a targeted intervention in relation to the child, and
(b) the need, or the remainder of the need, is capable of being met, or met to some extent, by one or more targeted interventions in relation to the child.

(4) A “targeted intervention” is a service which—

(a) is provided by a relevant authority in pursuance of any of its functions, and
(b) is directed at meeting the needs of children whose needs are not capable of being met, or met fully, by the services which are provided generally to children by the authority.

Parts 9-14 of the Act focus on a range of duties and powers that affect those in care and care-leavers. NHS Lothian has duties and responsibilities as a corporate parent. The Act:

- provides for a clear definition of Corporate Parenting, and define the bodies to which it will apply;
- provide additional support to be given to kinship carers in relation to their parenting role through the kinship care order and provide families in distress with access to appropriate family support;
- introduces continuing care - an entitlement to stay in a care placement up to age 21, from 2015 onwards;
- extends entitlement to aftercare support from 21 to a young person’s 26th birthday;
- sets the eligibility for continuing care and aftercare to ‘being in care at age 16 or above; and
- puts Scotland’s Adoption Register on a statutory footing.

Corporate parenting represents the principles and duties on which improvements can be made for these young people. The term refers to an organisation’s performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which physical, emotional, spiritual, social and educational development is promoted, from infancy through to adulthood.

Corporate parenting is not a task which can be delegated to an individual or team. Inclusion in schedule 4 means that the whole organisation (or the staff who support the individual listed) is responsible for fulfilling the corporate parenting duties set out in Part 9.

(1) It is the duty of every corporate parent, in so far as consistent with the proper exercise of its other functions to —

(a) Be alert to matters which, or which might, adversely affect the wellbeing of children and young people to whom this Part applies,
(b) Assess the needs of those children and young people for services and support it provides,
(c) Promote the interests of those children and young people,
(d) Seek to provide those children and young people with opportunities to participate in activities designed to promote their wellbeing,
(e) Take such action as it considers appropriate to help those children and young people—
   (i) Access opportunities it provides in pursuance of paragraph (d),
   (ii) Make use of services, and access support, which it provides, and
   (f) Take such other action as it considers appropriate for the purposes of improving the way in which it exercises its functions in relation to those children and young people.
Implementing the Universal Pre-Birth to Preschool Pathway in Lothian – including health visiting and family nurse partnership work streams

Scottish Government issued CEL 13 (2013): Public Health Nursing, Future Focus, which stated that the role of the HV should focus on prevention and early intervention to improve outcomes for the 0-5 year's population. A national Children and Young People’s Nursing Advisory Board was established and a new universal pathway for pre- birth to age 5 years created. This has an increased assessment and home visiting approach. This was to commence across Scotland from October 2015, but NHS Lothian will commence incrementally from October 2016.

The Scottish Advisory Board also developed and recommended use of a national HV Caseload Weighting Tool that calculated the numbers of whole time equivalent (WTE) health visitors required to meet the pre-birth to preschool populations needs taking into consideration national SIMD data and the demands of the new pathway and named person.

In response to the pending Named Person role, Scottish Government have committed to an additional 500 HV posts across Scotland and allocated £20 million recurring funding over an incremental four year time line (2014 – 18) to NHS Boards. The allocation of funding for 61wte for Lothian was agreed (however this does not include the usual 22.55% uplift to allow for full year service or any savings applied centrally to the bundle allocation.

A pathway implements group has been working for a year and has an agreed timescale for implementation of the pathway. The group has a detailed plan on systems, processes, training, workforce and communication that it is working to. Women in Lothian having their 16-18 week scan from October 2016 commenced the new cohort of pathway model. Therefore babies born from April/May 2017 will be the children to commence the new suite of visits and development and wellbeing assessments. This will significantly increase the prevention opportunities for early years and for family health and wellbeing.

Health visiting teams have under gone training in the new developmental assessments and role and are ready to proceed with this pathway. Nationally the model is for this to be a band 6 Health Visitor delivered pathway (or by a family Nurse if a teenage mother on the FNP programme up until the child is 2). However, NHS Lothian have advised Scottish Government that until 2020-21 that we will require to use our full skill mix within Health Visiting teams to deliver this model, i.e. nursery nurses, staff nurses and health visitors. This will gradually transition out over 2017-20 as numbers of additional health visitors are embedded into operational teams, and staff nurses are phased out within this role.

Health Visiting workforce continues to be a key focus for the strategic women and children’s team for 2017-18, with 37 student health visitors in training at present over 2 cohorts, and a further 40 places to commence in 2017-18. This will mean that the vacancies experienced in NHS Lothian, (over 20% pan Lothian in December 2015 and now down to 7-8% in February 2017) will move into a new additionalityadd phase, where the historic establishment will start to increase from September 2017. This will then rise each year till we reach full additionality at a predicted point in 2020-21.
OCT 2016: 1st Trimester Pregnant Women start Pathway

Women who booked as pregnant prior to October 2016 (and their future child) will not be on new model of first year home visits and incremental delivery of Child health programme (as described below)

APRIL/MAY 2017 onwards: Babies born will be on new pathway model of visits*

APRIL/MAY onwards 2017: The new model of 12 home visits in the 0-5 years will be delivered by the full HV team: HV’s, Staff Nurses and Nursery Nurses (with the HV responsible for allocation of visits)

MAY 2017 onwards: New 13-15 month developmental and wellbeing assessment commences for babies of this age (ASQ, ASQ-SE, new CHSP form)

MAY 2017 onwards: New 13-15 month assessment introduced This is a home visit assessment, and will be delivered by the full HV team

2018-2020 ONWARDS

FROM 2018 - 2021 AND ONWARDS: The Pathway will gradually move to specialist Health Visitor delivery, with additional support to families and early years work from the wider Health Visiting team

2020/2021 4-5 year old preschool assessment start for the babies born from May 2017 that will be school intake Aug 2021

Pathway fully implemented
Family Nurse Partnership (FNP) has been fully rolled out across Lothian (having commenced fully in the last CPP area of East Lothian in April 2016). Across NHS Lothian there are approximately 280-300 clients per year offered the FNP service.

The concurrent model of working enables the service to reach all eligible teenage first time mothers. The Scottish Government are delighted that the concurrent model of working in Lothian is now fully sustained and continue to support the programme delivery. Boards have now been asked to consider offering the programme to additional first time mums up to the age of 24 years if there is capacity to do so within current established teams. During 2017, NHS Lothian will look to test a model of expansion which will involve increasing the age range of eligibility for the programme to age 20 years and under (this has now commenced from February 2017).

Improving the Health and Wellbeing of Lothian’s Children and Young People Strategy for 2014-2020
This NHS Lothian Strategy was launched in November 2014. The strategy:
- is underpinned by the Getting it Right for Every Child (GIRFEC) approach
- is aligned with the United Nations Convention on the Rights of the Child
- was widely consulted on and took account of the views of 351 children and young people aged between 3-25
- is outcome focussed and supported by an implementation plan that includes actions to take forward the requirements of the Children and Young People (Scotland) Act 2014 (The Act).

The strategy is based on a tiered approach to improving health and wellbeing for children and young people, from primary prevention (such as supporting pregnant mothers to book as early as possible for maternity care); to early intervention (such as 27-30 months development and wellbeing assessments); to care and treatment when health issues have been identified and providing this in the right place at the right time by the right person.

Aspects of our outcomes focus and improvement methodology work are leading to improvements in main areas (as listed and described below). Our priorities for 2017-18 are to:
- continue to measure the areas we have already started improvement in
- To ensure that this strategy and outcomes measures and complimented by the new 4 CPP statutory children’s services plans and outcomes within
- To use our data system to explore gaps and areas of weakness where improvements should be focused on in 2017/18 e.g. uptake and outcomes of 27-30 months in West Lothian

The Best Start – Maternity and Neonatal Care – Scottish Government Five Year Forward Plan for Scotland 2017-2022 and Development of NHS Lothian’s new Five Year Strategy

NHS Lothian had an existing Maternity and Neonatal Strategy was produced in 2009-10 and set out a 5 year plan for services (based on the last Refreshed Maternity framework for
Scotland). This plan delivered on many service improvements in both clinical care and in capital planning investments, with modernisation in labour ward at St John’s Hospital (SJH), Neonatal Units at SJH and at Simpsons Centre for Reproductive Health (SCRH) and the building and opening of the Birth Centre at SCRH.

The creation of the new NHS Lothian Maternity and Neonatal Care Strategy 2017 -2022 has commenced and will be a key focused area of work for 2017/18. The national strategy proposed a radical change in maternity care, to a model of community focus and a primary midwife with small caseloads. There is also a plan to move to 5 neonatal intensive care units for Scotland, then further reducing to 3, and this will have a large impact on the bed modelling for obstetrics in Edinburgh and cot numbers of neonatal intensive care in Edinburgh.

The strategy steering group have been charged with drafting the Lothian strategy and action plan and this will be processed through to sign off over 2017 to allow an incremental start in changing from a the existing model to the new model.

Some of the challenges in moving to the new model of care are:

Maternity trends: The national birth rate has been relatively static, with around 54,000 births in 2015 (9,463 in Lothian); however the changing health and social needs of the overall population mean that our services are no longer fit for the future. e.g. high levels of long term conditions, mental health problems, older and younger mothers, deprivation, obesity etc.

Care Setting Trends: Nationally, there is a range of midwife-led and obstetric-led care in both hospital and community settings, with 97% of births taking place in hospitals (in 2015 the Lothian home birth rate was 0.93%, 88 births).

Interventions in Labour: There has been a steady rise in interventions in labour and birth, largely from a rise in caesarean sections to 31.1% of all births in 2015 (30.47% in Lothian in 2015), and significant variation in rates across health board areas.

Increased demand for neonatal care: In Lothian we have: RIE 39 cots: 9 intensive care, 8 high dependency care and 22 special care; and at SJH 10 cots, 2 HDU and 8 special care

Workforce Trends: a review of midwifery and nursing (neonatal) staff in NHS Lothian has shown the age of our workforce is going to be a challenge for us within the life span of the coming strategy:

Within midwifery services there are 530.73 whole time equivalent (wte) (652 head count) registered midwives/nurses and of these staff 32% are 50 year of age and over (of which 12% are 55 years and over). In addition, there are 119 wte (152 head count) non registered staff (midwifery care assistants, healthcare support workers etc.) and of these staff 46% are 50 years and over (of which 28% are 55 years and over). The majority of these midwives and nurses are on pension scheme options for retirement at 55 years and therefore the loss in workforce is anticipated to be high within the life span of this strategy. Impacting on this has been reduction in student midwives in recent years. This is now being addressed nationally and there is to be an increase in those training. At present there is 518 student
midwives in training across Scotland and there is to be an increase to 191 students, up 4.9% from last year.

In neonatal nursing, there is a national shortage of specialised nurses. In Lothian, 24% of the nursing staff in neonatal are 50 years and over (11% of these being 55 and over).

**Children & Young People Improvement Collaborative (CYPIC)**
The Scottish Government launched CYPIC in November 2016 at a national eLearning set. There has been no formal approach to Community Planning Partnerships (CCPs) or chief Executives of NHS Boards or Councils to ask them to buy into this approach and work to the new revised stretch aims.

NHS Lothian works within 4 CPP areas and children and young people partnerships and therefore is a partner in 4 CYPICs locally.

We have created a Pan Lothian CYPIC group to share learning across Lothian, and to look at focused areas of improvement that may benefit all parts of Lothian. This group has membership from the 4 CPP areas and qualified Improvement Advisors within NHS Lothian that studied under the EYC programme.

**Children and Young People Allied Health Professional Programme for 2017-18**
Allied health professionals working with children and young people, are similarly trying to alter their model of approach in working more upstream in prevention work.

Ready to Act, the first Children & Young People (CYP) AHP services plan in Scotland and was launched in January 2016. Ready to Act is a transformational plan for CYP, their parents, carers and families requiring support from allied health professionals (AHPs). It is the first plan to focus on AHPs working with CYP in Scotland and connects to the current policy and legislative context for CYP in Scotland, supporting AHPs in their duties in relation to the Children and Young People (Scotland) Act 2014. The plan was based on a consultation with the public, the workforce, partners and stakeholders across health, social care, education and 3rd sector.

The plan delivers on key actions from the AHP National Delivery Plan and will contribute to the developing active and independent living improvement programme (AILIP), highlighting the critical place that addressing CYPs health and wellbeing has on later life chances and experience on their future case of health and social care resources.

The plan sets out five key ambitions for AHP services for CYP based on the outcomes they, their parents, carers, families and stakeholders told us mattered in their lives.

These are:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Ambition</th>
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<tbody>
<tr>
<td>Participation and engagement</td>
<td>Children and young people’s views will be asked for, listened to and acted upon to improve individual and environmental well-being outcomes and AHP services.</td>
</tr>
<tr>
<td>Early intervention and prevention</td>
<td>Every child will have the best possible start in life, with AHP services using an asset-based approach to aid prevention through universal services and supportive nurturing environments at home, nursery and school.</td>
</tr>
</tbody>
</table>
**Partnership and integration**  
Children and young people, their parents, carers and families will have their well-being outcomes met at the most appropriate level through the creation of mutually beneficial, collaborative and supportive partnerships among and within organisations and communities.

**Access**  
All children and young people in Scotland will access AHP services as and when they need them at the appropriate level to meet their well-being needs, with services supporting self-resilience through consistent decision-making.

**Leadership for quality improvement**  
Children and young people, their parents, carers and families will experience services that are led by AHPs who are committed to a leadership and quality improvement approach that drives innovation and the delivery of high-quality, responsive, child-centred care.

The plan creates a map for all AHP services for children and young people and provides an opportunity to reach families we are not currently reaching. The achievement of the ambitions will deliver transformational service change building on best practice in partnership with parents and others and with effective strategic support.

A clear national reporting and evaluation framework including metrics, targets and timescales is being developed to support local implementation in conjunction with the AILIP framework.

Lothian has a local Children & Young Peoples AHP improvement forum/hub to support transformational service delivery and is involved in national and local work streams & tests of change. Request for assistance pathways are in revision across a number of AHP services and there is ongoing development of universal and targeted approaches to support early intervention and prevention.

**Reprovision of the Royal Hospital for Sick Children (RHSC) and Department of Clinical Neurosciences (DCN)**

The new RHSC and DCN will provide a modern ‘state of the art’ hospital, specifically designed around the needs of patients in a modern and efficient environment. The building will be co-located at the RIE and will enable Children’s services to provide enhanced age appropriate services. The reprovision also provides the opportunity for enhanced redesign of current service and review of clinical capacity for regional and national services such as paediatric intensive care. Detailed work has been undertaken to identify the changes required in workforce numbers and these are in the process of being reviewed with the other boards across the region. There will be increases within both the clinical workforce as a result of additional capacity within both the RHSC and DCN and also within the support services workforce that will service the building.

- RHSC will move clinically into the new site to go live in February 2018.
- Significant service redesign work continues in advance of move, to work within the Sophie house of care model to have some services in community child health hubs in localities rather than at the new RHSC site. In 2017-18, work is commencing on this hub model in South West of Edinburgh at Wester Hailes.
Children and Young People – Summary of Key Measures

- Lothian Community Planning Partnerships to submit a new services plan to the Scottish Government by the end of April 2017
- Continue to implement the Universal Pre-Birth and Pre-school Pathway across Lothian
- Commence a new suite of visits and development and wellbeing assessment for babies born from April / May 2017
- Commence a further 40 health visitor training places
- Achieve the trajectory of 177 health visitors by January 2018
- Delivery the 2017-18 priorities associated with the Lothian Children and Young People Strategy 2014-2020
- Commence work to create a new Lothian Maternity and Neonatal Care Strategy 2017-2022
- Support implementation of the Children and Young People Allied Health Professional Programme for 2017-18
- Clinical services to the new Children’s Hospital to go live in February 2018

3.2.2 Primary Care

NHS Lothian is committed to rapidly modernising its primary care services in order to increase their resilience and sustainability, and this section of our LDP summarises the actions we are taking to do so. The vast majority of the work is being taken forward by individual HSCPs but we intend to coordinate this through our Primary Care Programme Board, jointly chaired by the NHSL Executive Medical Director and Chief Officer of East Lothian IJB.

Pan-Lothian actions

GP Recruitment and Retention

NHS Lothian is seeking ways to enhance the profile and visibility of Lothian as a place to live and work to support recruitment and retention of GPs. A first step has been to commission and review a ‘testing the market’ package which has been supported with £35,000 funding. A survey has been commissioned to seek views on the following areas:

- Promote relevant aspects of Wisedoc scheme, i.e. workload for sessional locums, payment and Continuous Professional Development (CPD) support;
- Consider offering locum sessions to retired GPs that consist only of face-to-face consultations;
- Discuss the burden of appraisal of retired GPs with the Lothian GP Appraisal Adviser and Deputy Adviser;
- Consideration should be given to a local support scheme for retired GPs to who may provide sessional locums This could include CPD events, study groups and organisational support e.g. Weekly email, mailing lists, distribution of Prescribing Bulletins, BNFs, etc;
- Review the requirement for GPs to do an average of one session per week in clinical practice order to remain on the Performers List and what safe alternatives or modifications there may be;
- Consider promoting OOH work to peri-retiral GPs
A Lothian GP recruitment and retention group has been convened who will review the survey outcomes and the national salaried GP contract to maximise the benefits of the contract arrangements to support recruitment.

The Scottish Government have started a project on a national GP Recruitment website to promote GP vacancies, as an alternative to Scotland’s Health on the Web (SHOW) which will include photographs and videos to showcase living and working in Scotland’s cities and rural areas.

**Primary Care Premises**

**Improving General Practice Sustainability and Practice Premises**

A number of GP premises replacement and improvement projects to modernise and improve general practice sustainability have commenced during 2016-17 supported through capital investment totalling £34.7m.

The following table confirms the completion dates of the projects underway:

<table>
<thead>
<tr>
<th>HSCP</th>
<th>Capital Cost</th>
<th>Completion Date</th>
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<tbody>
<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>
</tr>
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</table>

In addition to the above the Lothian Capital Investment Group has approved investment of circa £5m on a number of small primary care schemes during 2016-17. Additional investment has also been required to resolve lease and ownership issues with a number of GP practices.

In addition to the 2016-17 premises projects outlined above, further work is in the pipeline to deliver:

- New Leith Walk Surgery (£1.2m)
- New Newtongrange GP Practice (£0.3m)
- New Ratho Surgery (£1.3m)
- South Queensferry additional accommodation (£0.3m)
- Minor Premises Improvements (£0.3m)

Planning is underway for work relating to the following practices:

- Cockenzie Health Centre
- Newton Port Medical Centre in Haddington
- Edinburgh Access Practice
- Gamechanger (in partnership with Hibernian Football Club)
- The Leith Community Partnership Hub
- Whitburn Health Centre.

**GP Cluster Quality Work**

The aim is for the clusters to promote peer led quality improvement and more responsive working based on professional values. The expectation is that in time clusters will have
Cluster quality leads are being appointed across Lothian – six of seven posts have been appointed to in Edinburgh, all three in East Lothian, one in Midlothian and two in West Lothian.

Cluster quality working is being supported by NHS Lothian Quality Directorate. Lothian wide meetings are taking place to support communication, share experiences and project clinical input is arranged to take place in April 2017.

**District Nursing**

There is a nationally-recognised challenge inherent in the District Nursing (DN) workforce, particularly in recruiting to band 6 caseholder level. Within NHSL there is a funded establishment of 89.18 WTE B6 district nurses across Lothian with a vacancy rate of 17.7% as at January 2017. This vacancy rate is significantly higher in Midlothian and Edinburgh with additional pressures from maternity leave and sickness absence. The situation is exacerbated by experienced Band 5 staff leaving District Nursing teams for promoted posts within other services where a post-registration qualification is not required, such as general practice, within acute hospitals, or elsewhere.

We are also aware that there are significant challenges associated with the demography of the current workforce, with approximately 47% of Band 6 and 7 district nurses being eligible to retire by 2021. Most district nurses have retained NHS ‘special status’ and therefore could potentially retire at age 55 years. Staff retirement plans are personal to them and therefore there are limitations to the exact predictability that can be applied to estimate the loss of workforce per year moving forward. Regardless, there is clearly a significant challenge to the sustainability of the workforce, which in turn increases the pressure on general practice. Our human resource and workforce teams, in partnership with staff-side organisations, exploring what could be done to help staff members who wish to retire from full time roles as district nurses or practice teachers to return in part time or more flexible roles.

Weekly telephone huddles with the Executive Nurse Director NHS Lothian, IJB Chief Nurses and Clinical Nurse Managers have been set up to monitor progress against specific actions and ensure risks are regularly monitored. Summaries of the huddles are shared with the Health and Social Care Partnership Joint Directors. A paper will be taken to the NHS Lothian Healthcare Governance Committee in March 2017 to provide an update and give assurance re patient and staff safety.

NHS Lothian launched a UK wide recruitment campaign combining professional journal adverts, web based targeting, plus SHOW advertising. This has, unfortunately, resulted in no B6 vacancies being filled. In addition, a higher proportion of new recruits to community staff nurse posts are newly qualified staff with limited nursing experience, who require higher levels of direct and indirect supervision for longer periods as they develop their skills and competencies to work independently in a community setting.

In 2016-17, eleven trainee district nurses were funded and recruited to undertake their PG Dip in Person Centred Practice at Queen Margaret University (QMU), Edinburgh. Six of these of the trainees were funded with recurring funding within HSCPs. The additional five were funded with non recurring funding from NHS Lothian corporate nursing as a measure to address these pressures. However, this number is inadequate to fill the current and pending gap across Lothian. We would need to train at least 15 students per year for the
next 3 years. This is based on the current and predicted vacancy factor within the services based on the past 12 months data.

In addition, all of the district nursing students require supervision from a Band 7 Practice Teacher (PT). There are currently 8 PTs across Lothian (of which 6 will be eligible to retire in the next 5 years). Five additional PTs are currently being supported to undertake the course at QMU. It will be essential therefore that we can double run the current District Nursing programme to achieve this number and sustain this for the future against normal attrition levels. The Executive Nurse Director and HSCP Chief Nurses are working to progress this. An incremental modular programme is currently being developed as an alternative to the 9 month QMU programme which will enable B5 nurses to gain the knowledge and skills required which will provide an alternative route for staff to gain the qualification.

In recognition of the changing demands on District Nursing and Practice Nursing the Chief Nursing Officer for Scotland commissioned a review of Community Nursing for Health Visiting, District Nursing and Practice Nursing (2016). The final recommendations from this review are still awaited.

Meetings have been held with all district nursing staff across each part of Lothian to enlist their support to manage the current situation corporately and to learn from them their thoughts and ideas on how to support the workforce and other potential solutions to support the service. 

**Advanced Nurse Practitioners**
The nature of clinical practice in the community has changed significantly over the last decade. In order to complement the contribution made by district nurses we also need to increase the number of Advanced Nurse Practitioners (ANPs) working within the community setting.

There are currently 14 ANPs in training for Primary Care within Lothian to support primary care sustainability. However there is no defined plan for additional ANPs across the District Nursing services or how such roles will interface to provide a seamless service delivery for patients and so this is a priority for resolution during 2017/18.

**Primary care actions being undertaken by individual Health and Social Care Partnerships**

**Edinburgh HSCP**

In terms of District Nursing, EHSCP is progressing the integration of the Day and Evening nursing services. This model will help to ensure more efficient use of resources and maximise the potential of the workforce and deliver improved outcomes for patients. EHSCP is also looking to maximise the existing workforce profile and work closely with pan-Lothian initiatives to ensure that technology, education, and workforce planning are all aligned to support the development of new, sustainable, models of care. Edinburgh is also closely considering how ANPs could further support admission avoidance and rapid discharge.
Consideration will also be given to the use of Liberton Day Hospital and Leith Community Treatment Centre to identify services and diagnostics can be used to manage more people in community settings.

Ensuring a sustainable model of primary care is a key area of focus within the Health and Social Care Strategic Plan for Edinburgh in recognition of the significant challenges in maintaining GP capacity. A number of actions have been taken during 2016-17 including:

- The deployment of 94 sessions of direct pharmacy support to Edinburgh Practices agreed through the 8 GP clusters
- The use of Scottish Government Transformation funding to support practices in difficulty to innovate with new roles which directly support workload capacity at practice level

The experience of supporting practices with new ways of working has been developed into a proposal which combines Transformation funds, NHS Lothian funding and practice contributions to develop a sustainable and proportionate flexible workforce pool to replace circa 10% of medical capacity to compensate for current ‘overheating’ or steady population growth and demand of 1% per annum.

In respect of practice premises:

- 4 new premises (5 practices) will be occupied in 2017/early 2018.
- 1 practice had an ‘intermediate’ scheme (Liberton).
- 20 practices have had minor schemes over last three years.
- Circa 20 practices have had grants to facilitate list expansion of 500 or more over last 3 years.
- 1 practice relocated to new premises.
- 1 practice will be dispersed in 2017, partly using new premises capacity and further small schemes.
- Practices have been facilitated to adjust historic boundaries to reflect concentration of their practice premises.
- A full review of the Primary Care Infrastructure plan took place in consultation with GPs after the city LDP was published in September. This produced a proposal for £70M investment over 10 years.

EHSCP is in the process of implementing an integrated structure with multi-disciplinary teams based around two GP clusters in each locality. The cluster teams will provide develop close working relationships with the GP practices in their cluster in order to provide joined up support to those with on-going health and social care needs.

**East Lothian HSCP**
Currently practices in East Lothian remain relatively stable. While some limitations in GP recruitment have been experienced, support has been given to practices to manage short-term GP absences. Work continues with practices to help medium to long-term business planning. By supporting growth and stability of practices we hope to ensure practices with stronger business models, which see list increase as a positive, and are more attractive for future recruitment. This engagement has also helped identified the potential for joint working and sharing of resources between practices, and we continue to work on projects to facilitate these principles.
The role of other members of the primary care team continues to be evaluated. Projects to quantify both the volume of demand and the type of presentation in primary care are being carried out. Data gathered from this should help ELHSCP and GP practices in workforce planning.

GP clustering has allowed an opportunity for innovation from individual practices to be shared, thereby improving both quality of care and sustainability of GP Practices. Improvement and change has often been generated from acute challenges in primary care, but sharing of this has not previously been facilitated. Engagement with GP clusters has already seen work carried out on demand, access, administrative burden, and prescribing processes. Sustainability is likely to be improved further by engagement with other clinical team members and East Lothian Health and Social Care Partnership is supporting activity to ensure this happens.

Currently a project is underway to change how the primary care service is delivered in Musselburgh. This is intended to involve joint working across three GP Practices and focuses on managing “same day demand”. Work is being carried out in partnership with NHS 24 which looking to support in-hours triage. The project is intended not just to support GP surgeries to focus care on more chronic and complex illnesses, but to ensure structured needs assessment of presentations, and reduce health inequalities, while increasing satisfaction with access to primary care services. Presentations involving mental health symptoms are part of this project and consideration is being given to significantly changing patient pathways for these patients.

Referral pathways into outpatients are also being reviewed. Patients being referred for assessment of possible dementia are currently seen in a hospital outpatient setting. In keeping with an ethos of people being managed in the community as far as reasonably possible, alternative pathways are now being evaluated. Outpatient management of patients with Diabetes is also being reviewed with consideration being given to greater emphasis on locally managed services.

**West Lothian HSCP**
To support the building of primary care capacity in West Lothian, the partnership will undertake the following actions during 2017-18:

- Develop a workforce plan to delivery primary and community care
- Develop an agreement with the Scottish Ambulance Service to support primary care
- Work with pharmacy to appoint advance skilled pharmacists
- Support GP cluster development

**Midlothian HSCP**
The Midlothian Partnership's delivery of primary care services is focusing on the following actions:

*Reduce the workload on existing practice teams*
- A new GP Practice will be opened in existing refurbished premises in Newtongrange
- The Health Centre premises in Newbyres will be upgraded
- Complete the development of a new Health Centre in Loanhead within the Community School campus
- Review practice-catchments to manage the increased demand on practices from the new house-building in Midlothian
Redirecting patients to other services with the ‘Making the Right Choices’ communication initiative

Redefining the relationships required for collaborative working between practice teams and other health, care and voluntary services

- Develop closer relationships between GPs and key specialist staff in the acute sector, particularly in relation to Diabetes
- Work with GPs, social care staff and local voluntary organisations in Penicuik to pilot new ways of working with people who are housebound
- Review our local Out of Hours arrangements on a multi-disciplinary basis. We will also contribute to the development of a new model of emergency health care such as out of hours care hubs across Lothians
- Support the established GP-Acute interface programme

Culture Change and People Development

- Provide support to Practices to strengthen the team and improve how services are organised, including input from external agencies
- Continue to fund GP management sessions to create clinical leadership capacity of General Practitioners in Midlothian within the areas of Older People, Prescribing and Mental Health

Create multidisciplinary capacity within practice teams

- Continue to work on a Pan-Lothian basis to train and deploy nurses and trained to an advanced level to strengthen the skill mix in Health Centres
- Develop the role of Advanced Physiotherapy within practice teams
- Evaluate the new services introduced to Health Centres including the MH Access Point in Penicuik and Midlothian Community Hospital; the Wellbeing Service in 8 Health Centres; and a Carers’ Advice Service in Dalkeith Health Centre

Better care for individuals, better health for populations, lower per capita cost

- Establish use of the e-frailty index across all practices in Midlothian to support coordination and anticipatory care for people with frailty.
- Work with practices and the public to understand the experience of people accessing general practice services and work with both to improve the experience.
- Implement the local Prescribing Action Plan to manage the expenditure on medicines (approximately £17m per annum) within the allocated budget.
- Work with the newly established GP Quality Cluster to contribute to improving the quality of all health and care services
- Develop a local plan in collaboration with NHS Lothian Oral Health to improve the uptake of dental services by those groups less likely to do so such as people involved in offending.
- Develop a more comprehensive approach to Anticipatory Care Planning
- Continue to develop and implement a public communication strategy

3.2.3 Out of Hours Primary Medical Services

Out of Hours (OOH) primary medical services in Lothian are delivered by Lothian Unscheduled Care Service (LUCS) who cover over 75% of total hours per week- evenings, overnight, weekends and public holidays. Demand on the service has increased by 18% since its establishment in 2005-06.
The service is delivered by a multidisciplinary team including salaried GPs and ad hoc (independent contractor) GPs. The current ratio of ad hoc to salaried GPs is around 50:50. There are significant difficulties in recruitment and retention of both ad hoc and salaried GPs by LUCS. Although previous shortages were limited to specific periods such as Christmas and summer holidays, there are increasingly regular occasions when bases have to run on less than a full complement of staff, offer a reduced service or even close for short periods.

Anecdotally there appears to be an overspill of work from day time GP practice presenting to the OOH service. This may be a reflection of the difficulty that patients may have in accessing daytime general practice.

NHS Lothian and the four Integration Joint Boards (IJBs) in Lothian have developed draft proposals to transform local urgent care services during the out of hours (OOH) period.

Lothian Unscheduled Care Service (LUCS), on behalf of and with the four IJBs, has reviewed a self-assessment plan of urgent care in the OOH period and areas for improvement have been identified in line with the recommendations in the Ritchie Review². This review has informed the strategic work streams and the Lothian IJBs and NHS Lothian will focus on how to transform local urgent care services and these are described in the Transforming urgent Care submission.

Within Lothian the four health and social care systems, though interconnected, will develop differently under the leadership of their IJBs. This submission responds to the Ritchie report by developing OOH provision that fits well within each partnership’s health and care services.

One of the main difficulties in developing an action plan for OOH is that we don’t know what we don’t know, we are not necessarily aware of how other areas in Scotland practice and what areas of best practice we could “borrow” and implement in Lothian.

The Review funding offers space and time to seek out best practice and to test whether alternative approaches would work within the LUCS service and what the cost and service delivery benefits would be.

A number of the proposals outlined below aim to provide the time to source best practice and knowledge from other sectors. It is also essential to involve and listen to others working in or requiring care in the OOH period so that we ensure that what we develop is embraced by all and works well for our service, patients and other stakeholders.

This document outlines the range of initiatives that will be tested by LUCS and partners. The proposed initiatives are listed below.

² [http://www.gov.scot/Topics/Health/Services/Primary-Care/nrpc ooh](http://www.gov.scot/Topics/Health/Services/Primary-Care/nrpc ooh)
Outline of Proposed Work streams

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Title</th>
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<tbody>
<tr>
<td>1.</td>
<td>Urgent Care Resource Hub (UCRH)</td>
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<td>2.</td>
<td>URCH – Mental Health service model</td>
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<td>3.</td>
<td>URCH – Pharmacy service model</td>
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<td>4.</td>
<td>URCH – AHP Therapy service model</td>
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<td>5.</td>
<td>OOH Nurse Practice – enhanced service model</td>
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<td>6.</td>
<td>OOH General Practice – Induction training</td>
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<td>7.</td>
<td>URCH – Non-Clinical Staff – Training package</td>
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<tr>
<td>8.</td>
<td>OOH Infrastructure &amp; Logistics</td>
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A dedicated programme manager will be required to progress initiatives 1 and 2; a job description has been developed and is currently with recruitment.

LUCS management have had 2 meetings with Pharmacy colleagues and 3 areas have been highlighted for testing, these include upskilling local community pharmacies working OOHs, improving understanding and communication between community pharmacies and OOHs services and placing a prescribing pharmacist within the LUCS hub to manage both medication request and a number of minor illnesses.

There has been considerable work within LUCS nursing teams and we now have a senior team of 5 Advanced Nurse Practitioners (ANPs), a programme of team meetings and enhanced practice plans are in place for testing nurse telephone triage.

NHS Lothian and partner organisations are hosting a national primary care out-of-hours services peer review visit on 29 March 2017. The visit programme includes an overview of the out-of-hours primary care services in Lothian and future plans, discussion with patient and service user/carer representatives and LUCS operational staff and will include a visit to a Primary Care Emergency Centre (PCEC).

3.2.4 Pharmacy Services in Primary Care

“Pharmaceutical care for people involves the responsible provision of drug therapy to achieve agreed outcomes that improve a person’s quality of life. From pharmacy this requires a person centred approach that supports shared decision making with people, often with their carers, and the wider clinical and care team.” - Rose Marie Parr, Chief Pharmaceutical Officer for Scotland

Prescription for Excellence (PfE) supports the Scottish Government’s 2020 Vision Route Map, the Quality Strategy ambitions and Realising Realistic Medicine.

Lothian Integration Joint Boards have referenced Prescription for Excellence and the role of pharmacists within their strategic plans. Pharmaceutical Care is a key component of safe and effective healthcare. It involves a model of pharmacy practice which requires pharmacists, and their technical support staff, to work in partnership with the people we care for and other health and social care professionals to obtain optimal outcomes with medicines and eliminate adverse events whenever possible. People regardless of their setting should receive high quality pharmaceutical care. This is particularly important for people with complex health issues including multi-morbidities and those living in care homes.
The emerging New Models of Pharmaceutical Care aim to support delivery of changes in primary care across Pharmacy and general practice medicines services as follows:

- Access to safe, flexible and responsive pharmaceutical care services where and when required
- Pharmaceutical care designed around the needs of patients, offering the right decisions at the right time
- Informed and engaged patients
- Pharmaceutical care designed around the needs of patients, offering the right decisions at the right time
- Informed and engaged patients
- A consistent approach to delivery across NHS Lothian which is sustainable, flexible and resilient

Our Primary care pharmacy teams working in and with general practice continue to drive forward strong formulary compliance, continue to make more challenging Prescribing Indicators attainment and make the available prescribing data easier to visualise and interpret (through dashboard). The integrated care clinical pharmacy team are supporting new and on-going initiatives around supporting early discharge and preventing admission of the Frail Elderly population.

Moving forward the plan is to ensure pharmacists are working with clinical colleagues to enable patients to maximise benefit from their medicines.

- Increased access and availability of pharmaceutical care in and out of hours
- Increased clinical capacity of the pharmacy workforce
- Pharmacist integral to the multi-professional team
- Enhanced person centred pharmaceutical care
- Enhanced confidence in the pharmacy profession
- Using our expertise to inform safer use of medicines
- Improved access to patient information for pharmacy teams
- Optimised use of technologies for improved service delivery
- Services designed to meet population needs

**Primary Care Transformation – Building Clinical Capacity**

In 2016-17, we have continued to develop, implement and enhance the existing Integrated Care Clinical Pharmacy teams across the Health and Social Care. The aim is for the clusters to promote peer led quality improvement and more responsive working based on professional values. The expectation is that in time clusters will have external as well as internal influence i.e. influence health and social care partnerships, NHS Lothian and the voluntary sector.

Prescription for Excellence monies have been utilised to put in place the infrastructure to maximise the benefits from the primary care fund team. The money being used for pharmacists, pharmacy technicians and additional infrastructure that supports the development of these roles across NHS Lothian.
The primary care transformation funds have been utilised to recruit additional pharmacists in line with national developments having advanced clinical skills training or those undertaking the training.

The intent is for them to work directly with GP practices to support the care of patients with long term conditions and so free up GP time to spend with other patients.

Recruitment to 22.5 WTE new pharmacist posts plus a further 3.4 WTE pharmacy technician posts has been completed and all are now in post. In light of these appointments and in conjunction with the 5 WTE from the February 2014 funding obligation on NHS Boards, we anticipate having 161 clinical sessions per week to offer GP practices. The division of this was agreed at our Health and Social Care Partnership Joint Management meeting in June 2016. On estimation of 4 clinical sessions per practice per week this would amount to work across up to 40 GP Practices.

Pharmacists are linking with the practice clusters. Systems are now in place which allows GP’s and their multi-disciplinary team to refer patients in Lothian who require access to a GP Clinical Pharmacist.

The team continues to support the delivery of polypharmacy reviews of patients in care homes and living in the community.

The Polypharmacy Teach and Treat Clinic established at the Craigmillar Medical Group Practice in Edinburgh is well established and the model is now being rolled out to each of the Health and Social Care Partnerships / localities to continue to deliver and further implement Teach and Treat Clinics, across the partnerships in 2017-18.

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

Clear processes are being developed and implemented to document and agree initiatives with practice staff. This may be fairly narrow initially and broaden out as good working relationships develop and confidence builds up.

In addition, 19 Independent Prescribing Clinics are delivered from community pharmacies in Lothian. Currently different specialist clinics are delivered e.g. one model is pharmaceutical care delivered to include International Normalized Ratio (INR) monitoring and warfarin prescribing. Each of these will be reviewed for consideration of rolling out wider. Each Independent Prescribing Pharmacist involved in these clinics has responded positively to calls for their clinics to evolve and use additional capacity to undertake polypharmacy medication review. We will continue to review these clinics through 2017-18

The Pharmacy Technician Carer support worker project which is funded through Edinburgh and Lothian’s Health Foundation provide guidance and advice on both pharmaceutical issues and carer support needs following hospital discharge is now well established. The post based on the Medicine of Elderly wards at Western General Hospital provides the carer and the person they care for, with medication related help in a process of transition from the hospital to the community.
- Prepare medication charts on discharge
- Follow up phone calls to the carer within 48 hours after patient discharge
- Home visits
- Help to organise and review medication stored at home against the discharge letter
- Organise repeat prescriptions, deliveries in the community

The integrated clinical pharmacy team are attending the relevant training courses on offer from NHS Education for Scotland (NES) to support their development towards advanced pharmacist practice. These include Core clinical skills programme, advanced practice workshops and where required the IP course. We have 9 IP/advanced clinical pharmacists in the team with the remaining team members at the relevant stages of their development programme.

**2017-18**
The Pharmacy Service in Lothian is an integrated service and building capacity in GP practices will require support from all sectors, across primary care, acute care and community pharmacy.

Across 2017-18 the primary care pharmacy team and newer general practice pharmacy posts will work closely together to deliver clinical support initiatives, efficiency initiatives and building capacity initiatives.

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

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

The team based approach that is now in place will be consolidated whereby a clinical team of lead pharmacist and clinical general practice pharmacists deliver pharmaceutical care to a cluster of GP practices. The Lead Advanced Clinical Pharmacist will have a clinical session commitment including involvement with Teach and Treat clinic. This may amount to 6-7 clinical sessions per pharmacist. These colleagues also have leading/co-ordinating and service development responsibilities. Each of the clinical team members is now involved in becoming part of practice teams, building relationships and supporting continued individual patient care. This approach will facilitate the growing of teams to deliver a greater number of clinical sessions within growing sizes of clusters without losing existing relationships with practices or any significant moving of staff.
All of these pharmacists should be independent prescribers with advanced clinical skills or working towards by year 3.

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

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

These clinical and building capacity initiatives will encompass;

- Pharmacists and their technical teams supporting optimised practice based Repeat Prescribing systems.
- Promotion of Community Pharmacy as a First port of call.
- Supporting safe and effective transfer of care incl. Medicines Reconciliation.
- Pharmacists role in Chronic Disease Management.
- Pharmacists as key part of Multi–Agency Teams (MATs).
- Pharmacists undertaking Polypharmacy medication review.
- Pharmacists case holding appropriate patients as Independent Prescribers.
- Optimising use of Community Pharmacy Contracted Services i.e. Patient Group Directions for uncomplicated UTI, sexual health services and smoking cessation services
- Supporting mental health and wellbeing. Providing care to people with substance misuse and making use of social prescribing.

We will work to local health and social care partnership and Lothian priorities, contributing to and cognisant of the national approach to enable meaningful and clear outcomes.

It is our intention that as we move into year 2 and beyond that there is an increased emphasis on the delivery of professional clinical practice.

The pharmacy team will continue to progress through the NES training programme on offer – this planned into their personal development plans. The clinical practice guidance document and the Framework for Foundation Training programme for primary care will key.

**Prescribing Action Plan 2016-18**
The NHS Lothian Prescribing Action Plan formalised actions for 2016-18, to determine clear strategies to support high quality, cost-effective, evidence-based prescribing. The HSCP Prescribing Action Plans have been developed using a joint framework and the individual HSCPs continued to produce local delivery plans that reflected and addressed local variations and pressures. Within this, a discussion about investing in an acute hospital electronic prescribing system was pursued, aligned to the national E-health Strategy.

In developing the plan, the HSCP Prescribing Forum focused on prescribing actions to support NHS Lothian’s strategic intent. The plan was developed by the Primary Care Pharmacy Team, NHS Lothian and progressed through the HSCPs Prescribing Forum as the management group with collective responsibility for primary care prescribing.
Key areas in Implementation of Lothian Prescribing Plan 2016-18 are;

- With clinical engagement understanding expenditure and volume of dispensing variation through Data Visualisation – Tableau® dashboard development.
- Improving Lothian Joint Formulary (LJF) Adherence.
- Maximising performance against Lothian and National Prescribing Indicators.
- Support of the Scottish Patient Safety Programme (SPSP) in Primary Care.
- Delivery of the efficiency initiatives

3.2.5 Oral Health
National Dental Action Plan
NHS Lothian responded to the Scottish Government consultation on Scotland’s Oral Health Plan. The National Dental Action Plan is due to be published later in 2017, following which NHS Lothian will develop a local action plan to implement recommendations.

Oral Health Care Survey in the Care Homes and Long-stay Hospitals in Lothian
Oral health is integral to general health; oral hygiene should be part of routine daily care and therefore care staff need to have appropriate knowledge and skills to be able to carry out routine oral hygiene and know how and when to refer to the dental team. Caring for Smiles, Scotland’s national oral health programme, promotes a multi-faceted approach, encouraging enhanced training for staff, promotion of oral disease prevention and equity of access to dental services through increasing dental registration. Poor oral health can lead to pain, discomfort and disease and impact on dehydration and the inability to eat, speak, smile, chew, swallow and convey a range of emotions.

The Scottish Government published their Oral Health Outcome Framework ‘to improve the oral health of adults with priority care needs’ through a) access to oral health improvement programmes, b) dental assessment and c) referral for prevention and dental treatment for all dependent older people and people with special care needs.

The oral health survey undertaken in 2016 resulted in a number of recommendations which will be taken forward during 2017-18 in collaboration with four Lothian health and social care partnerships.

- Participation in Caring for Smiles programme
- Marking dentures
- Oral health part of admission process to care homes or NHS long stay
- Improved access to routine dental care
- Training on recording dental care
- Documented evidence of dental care
- Information available for staff
- Information available for residents and family about dental services available and accessible to staff in care

Childsmile Outcome Framework
NHS Lothian provided feedback to the Scottish Government in relation to the Outcomes Framework and Performance Measures for Childsmile and going forward development of the National Dental Improvement Plan for the follow up of children with severe dental infection (abscess) or gross caries.
### Primary Care – Summary of Key Measures

- Undertake a survey to support improvement in GP recruitment and retention
- Deliver the 2017-18 premises projects and plan for future premises developments
- Complete the appointment of cluster quality leads across Lothian
- Continue to manage challenges associated with the district nursing workforce
- Develop a plan to support training of additional Advance Nurse Practitioners to support primary care sustainability
- Integration of day and evening district nursing services in Edinburgh
- In Edinburgh, complete the process of implementing an integrated multi-disciplinary team structure based around two GP clusters in each locality
- In East Lothian, change delivery of primary care services in Musselburgh to support joint working to manage same day demand
- In West Lothian, deliver the identified primary care capacity actions
- In Midlothian, support improvement in primary care services through identified actions
- Continue to develop proposed Out of Hours work stream initiatives and recruit a programme manager to support implementation
- Review the delivery of Independent Prescribing Clinics delivered through community pharmacists
- Primary care pharmacy team will continue to build on support provided to general practices
- Implement 2017-18 key actions outlined in the Lothian Prescribing Plan 2016-18
- Develop a local action plan to implement recommendations associated with National Dental Action Plan due to be published in 2017
- In collaboration with the Lothian Health and Social Care Partnerships, take forward recommendations associated with oral health care in care homes and long stay hospitals

### 3.2.6 Mental Health Quality Improvement Programme

The aim is to have a comprehensive and effective quality improvement programme in mental health in NHS Lothian by April 2018 in order to ensure safe, effective and person centred care for all. The collective goal is to deliver the right care, at the right time and in the right place for all patients with mental health difficulties, to drive and support the integration of services and improve the standardisation of clinical tools and outcomes across departments. To support this programme, a clinical lead and project manager were appointed in October 2016 and a Mental Health Quality Improvement Steering Group has been established. A stakeholder event was held in September 2016 and in November 2016 a learning event took place in collaboration with colleagues from the East London Foundation Trust in order to share their experiences of quality improvement which involved around 60 staff.

The key priority areas for the programme are:
- Improve the quality of the inpatient care pathway in the context of the reprovisioning of the hospital based Mental Health Services
- Timely access to evidence based assessment therapies and treatment
- To improve the safety and quality of mental and physical healthcare for patients

**Improve access to mental health support through roll out of computerised cognitive behavioural therapy services nationally**
NHS Lothian is a partner in the national Mastermind programme which aims to increase the availability of computerised cognitive behavioural therapy (CCBT) to people experiencing anxiety and depression. Our programme commences on 1 April.

**Effective and sustainable models of supporting mental health in primary care to support national roll out by 2020**

A range of initiatives across the four partnerships have been introduced and will continue to be developed over the coming year. These include:

- A weekly open access, self referral “Mental Health Information Station” in the centre of Edinburgh with a range of partners.
- Midlothian – “Access Points” which offer a single point of access and standardised assessment and triage process.
- East Lothian Improved support for people in crisis across a number of different settings across the county and support through dedicated telephone helpline and
- West Lothian - Development of exercise referral scheme and open access groups for people experiencing depression with third sector partners.
- A small scale pilot of a clinical psychologist within GP Practices providing an effective first line response to people presenting with mental health problems, and an alternative from patients accessing the GP had demonstrated positive results for GPs and patients. Work is underway to secure funding to fully test this approach.
- Training in evidence based brief interventions for common mental health problems (Interpersonal Psychotherapy) and for people in crisis, a wide range of staff across statutory and third sector with ongoing supervision from mental health specialist.
- Introduction of Psychological Therapists throughout the workforce who deliver psychotherapy groups in the five identified core therapies with groups delivered in community locations across Lothian.

NHS Lothian has five strategic Public Social Partnerships (PSP) which are transforming how we deliver a range of health improvement, promotion, care and treatment interventions.

- The Wayfinder Partnership is an academic practice partnership between NHS Lothian and Queen Margaret University. The aim of the partnership is to redesign rehabilitation services for people with complex mental health needs with a focus on shifting the balance of care into the community. Stakeholders identified three priorities for the Wayfinder Partnership which has been used to guide the development of the PSP.
  - To develop a well-defined Rehabilitation Pathway which responds to individuals’ needs, has clear criteria and expectations and supports referrers and service users to make informed choices, is underpinned by evidence and is regularly evaluated.
  - To establish effective mechanisms for the joint commissioning of services which includes local authority, third sector, service users and carers in joint decision making. Ensure the provision of community placements meets the needs of rehabilitation service users, providing support which best meets their needs and allows them to progress when appropriate.
  - To ensure early identification of rehabilitation needs. Develop standards for access to rehabilitation pathways which are informed by best practice and monitored through key performance indicators with the goal of reducing waiting times for rehabilitation and reducing delays in discharges for patients.
Green space: art space PSP focuses on enhancing the therapeutic milieu of the Royal Edinburgh campus for patients, carers, staff and the general public. This is a creative opportunity to challenge stigma around those with mental health issues and to create robust links to communities, building and sustaining social capital.

The Rivers PSP is an opportunity to bring together a wide range of partners who deliver trauma-informed services. An open access all age’s service delivered from a community setting (shared building with long established public library opened in January 2017. The Partnership aims to:

- see all types of trauma working with a number of different providers creating a simple pathway
- provide self referral and drop in capacity
- has no discharge
- provide a holistic model to both multi and individual need.
- provide community connections including GP practices.
- provide an Impartial service
- enable engagement to main stream services

GameChanger is an exciting and innovative Public Social Partnership led by NHS Lothian, Hibernian Football Club and the Hibernian Community Foundation. The aim is to unlock the power and passion associated with football and to make greater use of all Hibernian’s physical, cultural and professional assets, to deliver a better, healthier future for the most vulnerable, disenfranchised or disadvantaged in our communities.

Edinburgh Wellbeing - The catalyst for this PSP was service review and redesign to meet the strategic priorities of the Integrated Health and Social Strategic Plan for Edinburgh. There are three themed areas for development and delivery:

<table>
<thead>
<tr>
<th>Social Prescribing</th>
<th>Meaningful activities</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving access and supporting people to get help and support as early as possible</td>
<td>Supporting people to access activities, interests, education, which are meaningful to them</td>
<td>Specific supports and treatment for people experiencing mental ill health</td>
</tr>
<tr>
<td>Information and Advice</td>
<td>Volunteering</td>
<td>Psychological support including counselling</td>
</tr>
<tr>
<td>Peer workers</td>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Link workers</td>
<td>Arts</td>
<td>Support in Crisis</td>
</tr>
<tr>
<td>Community facilitators</td>
<td>Ecotherapy</td>
<td>Supporting early discharge and providing an alternative to admission</td>
</tr>
</tbody>
</table>

Delivered in places where people feel safe and secure
This new PSP has the ability to transform not only the service provision resulting in a greater number of partners collaborating to improve outcomes for Edinburgh’s citizens but also to radically transform the way Health and Social Care Partnerships can commission services in the future.

**Clinical Psychology Posts - Older People’s Services/Other priority areas**

With the development of health and social care, we need to organise the clinical services to reflect locality management. This means that services need to be sensitive to local demands and to respond quickly to the needs of older adults who have mental health and physical health conditions who either are looking to avoid hospital admission or are to be discharged from hospital. This flexible service provision fits with ‘Scotts pathway’, the strategic perspective taken within NHS Lothian to support the frail, elderly population with complex needs and psychological morbidity. We recognise that we need to develop ageless service provision across Lothian to better meet the needs of the population, so that care can be more sensitively supported. This approach emphasises the importance of service integration and linking in across health and social care as well as the voluntary sector to better meet patients needs, from mild to more complex presentations.

The new Clinical Psychology posts will:

- Provide specialist/High Intensity supervision to band 8as in Edinburgh in our core therapies Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT), Acceptance and Commitment Therapy (ACT).
- With professional lead, in 2017/18 support the implementation of NHS Lothian OA Psychological Training plan for CBT, IPT and ACT and Low Intensity (LI) Behavioural Activation (part of NHS Lothian trainer pod).
- Support and coach Locality Sector Leads and qualified therapists in their delivery of CBT supervision, IPT provision and LI supervision of groups/BA in teams.
- Responsibility for evaluation of training outcomes
- To provide highly specialist psychological treatment to those with complex presentations
- Supervision of CBT therapists and Clinical Associates in Applied Psychology (CAAP)
- Support the delivery of psychological treatments using a Demand Capacity Activity Queue (DCAQ) model with agreed expectations of numbers of treatment sessions to be delivered across the sector to meet demand
- Evaluate the impact of psychological treatment across the service.
- Specialist training and supervision of core therapies ACT, CBT and IPT.

These posts will develop the capacity within a matched care model to provide psychological interventions for older adults supporting a range of services with ageless provision. This will be achieved through supporting training of evidence based psychological treatments and supervision with a focus on those older adults with mild to moderate presentations across health, social care and the voluntary sector.

**MSc Applied Psychology in Primary Care (Clinical Associates in Applied Psychology/other relevant roles)**

Across Lothian, there is a requirement to provide more primary care based services to deliver psychological treatments for those with mild to moderate presentations across the age range. These additional posts will provide this needed capacity across each sector in Lothian, working closely with providers in the voluntary sector, so that people can be
matched to the care they need. This flexibility will also strengthen the local delivery plans, supporting high quality provision of psychological interventions through appropriate systems of governance. The overall objectives of this tier of service delivery will be as follows:

- Advice/rapid weekly assessment clinics for OAs in mild to moderate category
- Signposting to local services/3rd sector at above
- Run 6 steps for senior stress group, LLLTF group, guided self help project (see HiM project), MIND men’s group, CBT for insomnia (classes, short term structured interventions) – in OA settings (local libraries, residential homes, local GP surgeries)
- Work with GP surgery and locality huddles (within health and social care) in collaboration with Sector Lead.
- One to one CBT treatment

Early Psychological Intervention Practice Support Children’s Services
There is dedicated clinical psychology time to work with the children’s well-being social work team in East Lothian. These sessions will be co-located with the social work team with an emphasis on consultation, supervision and supporting formulations and report writing to inform decision making. (promoting secure attachment and nurturing relationships).

Edinburgh and West Lothian are continuing to deliver Incredible Years (IY) as part of PoPP. Child and Adolescent Mental Health Service (CAMHS) are very fortunate to have an IY accredited Peer Coach. This funding will allow that practitioner protected time to deliver peer coaching to support and sustain the ongoing roll out of the model promoting secure attachments and nurture of relationships. Alongside this, the rollout of the Connecting with Parents Motivations training to Early Years staff will be supported,

Dedicated time has been provided to support the roll out of the anxiety and depression pathway and to support in partnership with Educational Psychology. Training in Midlothian and East Lothian has taken place with school nurses to enable them to deliver low intensity CBT interventions using the Guided Self Help resources. East Lothian (North Berwick) has appointed a Youth Work post who will also deliver low intensity CBT intervention using the Guided Self-help resources. To support and sustain flexibility to the CBT model protected time will be required to allow ongoing CBT supervision and further training. This will also support a test of change regarding the mental health pathway in the new School Nursing Pathway that has been developed nationally.

Edinburgh Connect – dedicated Clinical Psychology sessions to work with residential staff and foster carers etc (understanding trauma and adverse events plus promoting nurturing relationships)
Meadows – support education for school and health staff around trauma informed work and support the roll out of psycho-education resources such as the newly developed Survive and Thrive resource for teenagers.
We will employ Band 8B and 8A - the phasing of this and WTE is being worked upon.

Roll out of national targeted parenting programme for parents of 3-4 year olds with conduct disorder
• Roll out of PoPP will continue across the four partnerships.
• There will be Clinical Psychology time to support the work delivered by other staff to parents of children who have a learning disability and restricted eating. (Promoting secure attachment)
• Dedicated time to work jointly with education staff to deliver parenting interventions for parents of children with severe Learning Disability (Confident Parenting)

Plans to deliver new programmes to promoting better mental health among children and young people.
• An extensive review has been undertaken in Edinburgh including participation of over 150 young people who have set out how they would like things to change in order that their mental health and wellbeing is better supported. This will form the implementation of locality working for CAMHS, the development of multi-agency pathways for a range of common mental health conditions and disorders and the development of young adult services. (16 – 25)
• There will be a focus in June 2017 on improving out service response and corporate patterning responsibilities for looked after and accommodated children.
• A detailed action plan to improve the mental health and wellbeing of students across the regions’ eight universities and college settings is in place.

Investment (£150m) to improve services supporting mental health set out in the national 10 year strategy
• The strategy is not yet published.
• NHS Lothian has identified a number of groups including veterans, women with multiple and complex needs, young people experiencing first episode psychosis whose needs require to be priorities and sustainable funding is in pace to support current and developing models.

New Royal Edinburgh Hospital
Phase 1 of the new Royal Edinburgh Hospital opened in February 2017. The other wards that will provide support to adults with acute mental illness, old age mental health and intensive psychiatric care needs will be operational during May and June of 2017. The second phase of the re-provision is now underway with an Outline Business Case progressing during the summer of this year.

Midlothian Health and Social Care Partnership’s approach to prevention focuses on good physical and mental wellbeing. Examples include the expansion of health and wellbeing services; promotion of safe exercise for cancer and stroke patients; and the weight management programme. Establishment of Mental Wellbeing Access Point to enable open access to mental health support to reduce demand for psychological therapy.

<table>
<thead>
<tr>
<th>Mental Health – Summary of Key Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Develop a comprehensive and effective mental health quality improvement programme by April 2018 to ensure safe, effective and person centred care</td>
</tr>
<tr>
<td>➢ Increase availability of computerised cognitive behavioural therapy (CCBT) for those with anxiety and depression from 1 April 2017</td>
</tr>
<tr>
<td>➢ Continue to develop effective and sustainable models of supporting mental health in primary care</td>
</tr>
</tbody>
</table>
Recruit to new clinical psychology posts to
- support needs of older people who have mental health and physical health conditions to avoid hospital admission and support hospital discharge
- provide more primary care based delivery of psychological treatments

During May / June 2017, open operational services to support adults with acute mental illness, old age mental health and intensive psychiatric care needs at the new Royal Edinburgh Hospital

Progress with the development of the Outline Business Care for Phase 2 of the Royal Edinburgh Hospital re-provision

3.2.7 Palliative and End of Life Care
The national vision for palliative care indicated by 2021, everyone in Scotland who needs palliative care will have access to it.

The Scottish Government has identified 10 National Commitments and is committed to working with local stakeholders to:

1. Support Healthcare Improvement Scotland in providing Health and Social Care Partnerships with expertise on testing and implementing improvements in the identification and care co-ordination of those who can benefit from palliative and end of life care.
2. Provide strategic commissioning guidance on palliative and end of life care to Health and Social Care Partnerships.
4. Support and promote the further development of holistic palliative care for the 0-25 year age group.
5. Support the establishment of the Scottish Research Forum for Palliative and End of Life Care.
6. Support greater public and personal discussion of bereavement, death, dying and care at the end of life, partly through commissioning work to facilitate this.
7. Seek to ensure that future requirements of e-Health systems support the effective sharing of individual end of life/Anticipatory Care Planning conversations.
8. Support clinical and health economic evaluations of palliative and end of life care models.
9. Support improvements in the collection, analysis, interpretation and dissemination of data and evidence relating to needs, provision, activity, indicators and outcomes in respect of palliative and end of life care.
10. Establish a new National Implementation Support Group to support the implementation of improvement actions.

Pan-Lothian Palliative Care Strategy
The Strategic Framework for Action on Palliative and End of Life Care: 2016-2021, was launched by the Scottish Government in December 2015. It heralds a new approach in terms of a vision, aims and objectives, underpinned by a set of national commitments.

It will be important to explore the governance arrangements required to support the development of any pan-Lothian strategy and to also consider how local populations/needs may best be served through the development of aligned local strategies for palliative care.
The Strategic Framework now requires support and action from a wide range of statutory, independent and third sector organisations nationally and locally. We are committed to ensuring that the membership of these groups, as well as the public at large, will be able to contribute to future implementation actions.

**Palliative Care Managed Clinical Network (MCN)**
The Palliative Care MCN supports the delivery of a person centred approach to all aspects of palliative and end of life care and strives to support delivery of an equitable and sustainable service across the whole of Lothian. The MCN supports the notion of care being provided on the basis of need and not diagnosis and supports individuals to maximise their time spent in their chosen place of care.

The MCN Membership has been refreshed to ensure the engagement of key agencies and stakeholders in the strategic outlook for palliative and end of life care across Lothian and has the benefit of a strong and capable MCN that can best influence and support a step change in palliative and end of life care service delivery in Lothian. The MCN now ensures inclusion and engagement of all Lothian Health and Social Care Partnerships, Acute Hospital services, Hospice representatives as well as a host of other key stakeholders including research and education colleagues, Hospital Based Complex Clinical Care (HBCCC), Healthcare Improvement Scotland, Realistic Medicine colleagues. It also ensures a connection with national developments/agenda, such as Scottish Government and National Improvement Advisory Group (NIAG).

The MCN will be instrumental in supporting a pan-Lothian/whole-systems response to the national Strategic Framework for Action on Palliative and End of Life care.

**Palliative Care Redesign Programme**
The funding for the Lothian palliative care redesign programme is due to come to an end in March 2017. The majority of projects have now either completed or are moving towards the completion phase. A series of Projects have been identified and supported, these are:

- Training and Education for Care Home and Home Care Workers
- Early Identification of Patients Using IT Systems
- Evaluation of the Anticipatory Care Questionnaire
- Workplace Policies for Carers
- Health Promoting Palliative Care
- Hospice service / MCNS redesign
- Lothian Approach to palliative and end of life care
- Capturing Feedback on palliative and end of life care

The evaluation of the programme is split into two distinct aspects: that of qualitative and quantitative evaluation, with two organisations commissioned to undertake the work.

- National Services Scotland, through their electronic Data Research and Innovation Service (eDRIS) team have been commissioned to undertake an analysis of the impact on the wider healthcare system of patients who had been seen by Marie Curie and St Columba’s before and after the development of services. Whilst it is evidenced that there has been an increase in patients and service provision within the hospices, this research will establish the overall health impact of service changes.
• BrightPurpose have undertaken a number of service evaluations for Marie Curie. They have been commissioned to undertake a qualitative evaluation, focusing on stakeholder interviews, and the production of a report of the redesign programme.
• The qualitative and quantitative research is scheduled to be completed throughout February and March. Following review of all gathered information, a final report is due to be submitted in May 2017.

2017-18 and Next Steps
Whilst the redesign programme in its official capacity is coming to an end in March 2017, the work does not stop then. The evaluation report is due to be completed by May 2017 with a requirement for sign off of the report from the Programme Board.
• It is proposed to have the final Programme Board in its current state in May 2017 in order to review the evaluation report and to bring the Programme to a close.
• In addition, two projects (Lothian approach to palliative and end of life care and capturing feedback on palliative and end of life care) are continuing into 2017-18. Whilst the programme will have finished, it is both appropriate and essential that a form of governance surrounds this work going forward.
• The Programme is co-sponsored by both NHS Lothian and Marie Curie. Governance arrangements are required to oversee this work and agreement is required relating to who should be providing overall authority for this work and who should provide representation throughout this time period until March 2018.

Palliative Care Service Level Agreements (SLAs)
A number of SLAs are in existence for palliative care in Lothian. The following provides a brief outline of each:

Marie Curie
• Funding is made available for specialist palliative care; specialist palliative medical services; specialist palliative community services including specialist day hospice and outpatient care. Funding is provided for Core Services (plus drugs) – this is paid in two 6 month payments
• West Lothian Specialist Palliative Care – the majority of monies is payable from the West Lothian Community Health and Care Partnership for nursing and admin services. Further monies are payable from the Cancer & Palliative Care Clinical Management Team of Lothian Acute Services (6 Consultant sessions PW in Palliative Medicine and for 50% of out-of-hours cover associated with the West Lothian consultant.)
• NHS Lothian also provides funding to the Marie Curie Nursing Service (including Fast-track), to cover the NHS contribution for the Fast-track element of the service. Further monies are also transferred from the core Edinburgh Hospice SLA as part of the redesign, to enable greater support for non-cancer patients.

St Columba’s Hospice –
• Funding is made available for the four types of services provided (specialist palliative care; specialist medical services 24/7; specialist day care; specialist community palliative care nursing service,) in addition to education services.
Other Funding

- Further funding for Medical Education is invoiced directly from ACT funding. This is negotiated separately with NHS Lothian Finance Department and the University of Edinburgh.
- Edinburgh City Health and Social Care Partnership already host the SLA budget for community patients

Going Forward

- Funding and payment methods vary across each SLA. The duration of each of the SLAs is due to end in March 2018.
- Negotiations on new SLAs from April 2018 will be led via Edinburgh Health and Social Care Partnership in its capacity as ‘host’ for palliative care services in Lothian.

Transition Planning and ‘Hosting Arrangements’

It will be necessary to ensure that the transition of a number of operational requirements is understood. It will be important to share what any ‘hosting arrangements’ will mean for each stakeholder and to acknowledge the new group dynamics that will emerge. Included within this tranche of work will include:

- Current and future commissioning arrangements
- Performance review via SLA s
- Consideration of new SLAs from April 2018
- On-going development of the Palliative Care MCN (Role, remit, membership)
- Palliative Care Redesign Programme (mainstreaming/exit strategies etc.)
- Current and future funding arrangements
- The impact that any new palliative care framework for Lothian on all of the above

These and any other key issues will be taken forward on an integrated basis noting that City of Edinburgh Health and Social Care Partnership takes receipt of the new ‘hosting arrangements’ from 1st April 2017.

During the run up to this hand over, it will be essential to engage with all key stakeholders over the nature of these new arrangements and the implications for future palliative care service delivery in the respective organisations.

<table>
<thead>
<tr>
<th>Palliative Care – Summary of Key Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete the evaluation of the palliative care redesign programme by May 2017</td>
</tr>
<tr>
<td>Edinburgh Health and Social Care Partnership will host the arrangements on behalf of the four Lothian partnerships for the St. Columba’s Hospital and Marie Curie Service Level Agreements and the Lothian Palliative Care Managed Clinical Network from 1 April 2017 and engage with all stakeholders to outline the nature of these new arrangements</td>
</tr>
</tbody>
</table>

3.3 SECONDARY AND ACUTE CARE ACTIONS

The actions described in this section are specifically referring to the actions that NHS Lothian intends to take during 2017-18. We expect these to be mirrored, where appropriate, in the refreshed Strategic Plans for our 4 IJBs, and indeed we expect that the Regional Health and Social Care Delivery Plan will demonstrate how the Health Boards constituting the East region intend to align their work plans and approaches for the short, medium, and long-term.
3.3.1 Unscheduled Care

Complete Roll Out of Unscheduled Care Six Essential Actions
The 6 essential actions were evident in all aspects of winter planning 2016-17 and for 2017-18 feature strongly in both the NHS Lothian LDP and in IJB Strategic Plans. We also anticipate that these will be key planks of the Regional delivery plan scheduled for release in autumn 2017.

This year’s winter plan was the first fully integrated plan and a high percentage of the funding went into Hospital at Home, Hospital to Home, Community Respiratory Teams, Discharge to Assess, and Virtual Ward and Admission Avoidance Models of Care. This will be continued through 2017-18 as we further integrate our systems, and in particular we see tremendous potential in Essential Action 6 - the right to be cared for at home.

The integrated Unscheduled Care Committee has been established to replace the Winter Programme Board. The meetings are chaired by the Chief Officer for the West Lothian IJB. This committee and collaborative working will establish the 6 Essential Action Improvement Programme across the whole system, while also underlining the crucial interdependency between our Unscheduled and Scheduled Care systems.

A local Service Improvement Team on each acute site inclusive of Analytical support is in place funded by Scottish Government as well as a Pan Lothian Programme Manager for UCC. These local teams are facilitating the roll out of the Daily Dynamic Discharge Methodology to enhance optimum discharge planning seven days a week and early discharges before 12 mid day.

The next stage is to introduce the methodology to the downstream hospital wards in our HSCPs, focussing on:

- Rehabilitation for patients under 65 years, at the Astley Ainslie Hospital for Brain Injury, Orthopaedic, and Amputee care
- Older people’s rehabilitation in Roodlands Hospital in East Lothian and Mid Lothian Community Hospital. This enhanced discharge planning approach enacts a Check, Chase, Challenge approach and is evidenced to be particularly useful with complex discharges encouraging a step by step goal setting and proactive approach to end of hospital stay requirements,. (e.g. housing adaptations, transport, care at home needs)

This programme roll out to community hospitals will commence in April 2017.

The impact of these work streams is demonstrated by the improvement in performance against the 4-hour Emergency Access Standard, with a 4.4% improvement between January 2016 (88.4%) and January 2017 (92.8%).

The roll out of the Scottish Government In Out Balance Methodology has commenced where each Medical Ward on each acute hospital site, based on the front door footprint for their site, will drill down the number of emergency beds required. Adequate capacity and demand planning based on local site data. This is work in progress facilitated by the local
improvement teams and complimented by the daily dynamic discharge work and the collaborative working in relation to admission avoidance.

1st stage data has been included in our quarterly reporting to the Scottish Government and will be presented to site leadership teams in mid April 2017.

SEFAL (Safe Effective Flow across Lothian) known as the flow centre has been operational since July 2016. This innovative new service is supporting the proactive reduction of batch delivery of patients who require an assessment at our hospital sites, as well as signposting GPs and Locality Hubs to outpatient slots. As well as sign posting all Care Home requests for hospital assessment to local Hospital At Home teams to enable patients to be looked after at home.

**Enhanced recovery orthopaedics and fracture redesign**

*increase national and local capacity to improve care*

Work streams associated with orthopaedic enhanced recovery and fracture care redesign are now well established within NHS Lothian.

There is an Enhanced Recovery After Surgery (ERAS) Group which meets quarterly and reviews performance in line with the benchmarking from other units.

The Scottish Government have commended NHS Lothian for their good performance at the Getting it Right First Time Review for Fracture Redesign. The fracture pathway is well established in the Emergency Department and virtual trauma triage clinics are undertaken every weekday by Consultants and Trauma Practitioners. This has reduced demanded for fracture clinics significantly.

**Separation of elective and emergency care**

As noted elsewhere in this LDP, the Unscheduled Care infrastructure for NHS Lothian is focussed on improving performance in that stream, thereby improving protection for the scheduled care workstream. This is linked very clearly to the Delivery Plan for Health and Social Care’s focus on a 10% reduction in unscheduled care bed-days through reduction in delayed discharges, reduced length of stay, and prevention of admission by working more closely with primary care services.

### 3.3.2 Scheduled Care

The finance section of our LDP characterises our sustainability pressures. NHS Lothian will be unable to provide additional revenue funding in 2017/18 for Independent Sector Capacity. This additional external capacity has been central to supporting previous years performance.

The impact of this capacity loss in 2017-18 should be well understood. The loss of this was demonstrated in 2016/17; where our predicted deterioration in Out Patient and In Patient/Day case patients waiting was realised.

Our modelling of Demand & Capacity for 2017-18 is being finalised and whilst we are already deploying significant programmes of work both clinical and administrative, building on our experience and expertise in this area, to mitigate elements of performance deterioration, NHS Lothian must explicitly emphasise that our access performance achieved in March 2017 will significantly deteriorate in 2017-18.
NHS Lothian will submit our definitive performance trajectories formally to Scottish Government.

NHS Lothian has a long-standing challenge in multiple clinical specialties across its acute sector, whereby demand exceeds capacity. In some specialties this mismatch is significant. In previous years this gap has been filled by investing in additional capacity, either “in-house” through waiting list initiatives and locum provision, use of Golden Jubilee National Hospital or by purchasing capacity from the independent sector. In March 2016, the NHS Lothian Board took the decision to cease the latter in order to mitigate financial pressure, understanding that this would lead to deterioration in performance against the 12-week standard for outpatient appointments, and against the 12-week treatment time guarantee. The table below shows the March 2016 estimate of this deterioration.

**Estimated position for NHS Lothian performance, number of patients exceeding 12-week outpatient standard and treatment time guarantee**

<table>
<thead>
<tr>
<th>Category</th>
<th>Position as at 31st March 2016</th>
<th>Estimated position as at March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient 12-week standard</td>
<td>7,036</td>
<td>20,009</td>
</tr>
<tr>
<td>12-week treatment time guarantee</td>
<td>289</td>
<td>1,057</td>
</tr>
</tbody>
</table>

Following discussions with the Scottish Government in September 2016, NHS Lothian invested £4m in purchasing of independent sector capacity, with the Scottish Government providing a further £2m. As at 31st December 2016, 32% of NHS Lothian’s outpatient list was beyond 12-weeks, with 14% of the inpatient and daycase list beyond the 12-week point. A comparison of the position as at 31st March 2016 and the most recent estimate of performance for 31st March 2017 is outlined below.

**Comparison NHS Lothian performance, number of patients exceeding 12-week outpatient standard and treatment time guarantee, 31st March 2016 and early March 2017 estimate of 31st March 2017 position**

<table>
<thead>
<tr>
<th>Category</th>
<th>Position as at 31st March 2016</th>
<th>Estimated position as at March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient 12-week standard</td>
<td>7,036</td>
<td>Approx 17,000</td>
</tr>
<tr>
<td>12-week treatment time guarantee</td>
<td>289</td>
<td>Approx 1,400</td>
</tr>
</tbody>
</table>

It is clear we have a number of specialties with long wait pressures.
Outpatient services with most significant long wait pressures:

<table>
<thead>
<tr>
<th>Service</th>
<th>&gt; 24 weeks</th>
<th>&gt; 52 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopaedics</td>
<td>1128</td>
<td>0</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>1885</td>
<td>601</td>
</tr>
<tr>
<td>Dermatology</td>
<td>207</td>
<td>0</td>
</tr>
<tr>
<td>Ear Nose and Throat</td>
<td>678</td>
<td>26</td>
</tr>
</tbody>
</table>

In Patients and Day Cases with most significant long wait pressures:

<table>
<thead>
<tr>
<th>Service</th>
<th>&gt; 24 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urology</td>
<td>247</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>94</td>
</tr>
<tr>
<td>General Surgery</td>
<td>44</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>80</td>
</tr>
</tbody>
</table>

**Mitigating Actions for 2017-18**

NHS Lothian is undertaking significant redesign and improvement activities to improve the access position over and above additional capacity sourced through internal waiting list initiatives and use of Golden Jubilee National Hospital.

**Patient and GP Communication**

We are developing our communication with patients where individuals are informed that they have been added to the waiting list, receive contact details for the appropriate booking office so the patient can access more information if required and advised of specialty level waiting times. GPs receive monthly updates on specialty level waiting times.

**Clinical Risk Management**

Detailed work is underway to identify a clinician based risk assessment framework. We have agreed to work with NHS Grampian to develop a risk management framework; the outcomes from this work will be deployed in the coming months.

**Reduce Elective Cancellations**

As noted above, all parts of the Lothian Health and Social Care system are now fully aware of the interdependency of unscheduled and scheduled care systems. All of the plans and work in the Unscheduled Care assist in bed occupancy, length of stay, management of capacity and demand, and reducing the risk of cancellation of scheduled procedures for patients due to unscheduled care patients boarding into scheduled beds. Our plan is to continue this work and to reduce the impact on individual patients.

As a prime example of work to date and which we intend to roll out in an accelerated fashion, NHS Lothian would point to work in Orthopaedics. In order to maintain Orthopaedic Surgical flows elective beds have been protected by a new protocol which ensures all patients who are boarded have an MRSA / CPE screen completed and an Estimated Date of Discharge of less than 3 days. The protocol was introduced in January 2017 and there
has been a 47% reduction in Orthopaedic cancellations compared with the same time period last year (69 cancellations from 1st January - 28th of February 2016 compared to 36 cancellations from the 1st January - 28th February 2017).

In addition to the boarding protocol, a new service has been developed to expedite discharges by supporting medically fit patients at home after recovery from surgery. Since being introduced at the end of January 2017 the service has saved an average of 4 bed days per day. NHS Lothian has also recognised the requirement to increase Orthopaedic Trauma capacity and from May 2017 there will be 5 additional sessions of Trauma Surgery available. This will help to prevent elective cancellations due to trauma activity.

NHS Lothian will also continue to build upon successful regional planning to support improvement in diagnostic waits through the regional endoscopy unit and radiology services.

**Theatres Improvement Programme**

NHS Lothian is also acutely aware of the need to ensure that theatre performance is at a “best in class” level. To this end it has a pan-Lothian Theatres Improvement Programme (TIP), which is methodically working through the following workstreams to maximise the use of these assets;

- **Workforce** – recruitment, training, retention;
- **Scotland Patient Flow Analysis (SCOTPFA)** – more accurate allocation of emergency theatre capacity, to ensure best flow;
- **Hospital Sterilisation and Disinfection Unit (HSDU)** – ensuring effective provision of sterilisation services;
- Booking and scheduling – including provision of effective pre-assessment work;
- Culture and performance;
- 7-day working

This programme is well underway and will be maintained through 2017.

In associated work, the long-term objective within the Lothian Hospitals Plan to move short-stay surgery to St John’s Hospital needs to be seen as part of a continuum of redesign, with current day-case procedures being converted to outpatients, and inpatients to daycases. The maximisation of outpatient treatment capacity is a key priority for all of NHS Lothian’s surgical management teams, in particular

**Anticipated benefits of the TIP includes;**

- **HSDU** - reducing cancellations, late starts and finishes due to lack of equipment
- **Booking and Scheduling** – increase in session utilisation, reduce cancellations, reduce early finishes
- **Pre Assessment** – reduce cancellations due to patients not being medically fit
- **Participations in the National ScotPFA programme sponsored by Scottish Government at the Western General hospital**
- **Establishment of Quality Improvement projects at the Western General hospital looking at pre assessment and scheduling by the most recent cohort of the Quality Academy**
- Review of the process for reviewing and allocating theatre lists

In addition NHS Lothian have:
- Established the Delivering for Patient Group (DCAQ) to monitor performance and work with individual specialties to delivery efficiency improvements against key performance indicators such as sessional uptake, in session utilisation, cancellation rates etc.
- Established a Benchmarking group to review individual specialty performance against preselected peers an national and UK level and suggest corrective action as required.
- Established monthly ‘Deep Dive’ reviews of theatres performance by Director and the Chief Officer for Acute, scrutinising consultant level data on utilisation and cancellation rates focussing on underperforming specialties.

3.3.3 Outpatient Services

NHS Lothian has established an Outpatients Programme Board, which for 2017-18 will be chaired by the Executive Medical Director. This Programme Board has previously delivered improved knowledge transfer for GPs through the RefHelp portal, implemented planned return waiting lists, and improving access to specialist advice without requiring referral.

This programme board has been given renewed momentum by the publication of the national strategy The Modern Outpatient. As a result NHS Lothian has refreshed the Ref Help portal and continues to work with primary care services in Lothian to mitigate the current clinical position and maximise knowledge transfer. In addition NHS Lothian is in the process of transforming its use of everyday technology with a focus on minimising capacity lost through “did not attend”, with texting, “call-back”, Patient Focussed Booking (PFB) and focus on “doing simple things well”.

In addition, the Outpatients Programme Board is taking forward a number of work streams relating to:
- Rolling out Advice Only as an alternative to clinic appointment. In a three month period there were 247 referrals for advice only and 590 referrals converted to advice only.
- Implementing Planned Return Waiting Lists. This has started in ophthalmology with a plan to roll out to other services.
- Implementation of Ref Help. 12 key specialities have been identified with Ref Help guidelines updated with GP and Consultant engagement during this process.
- Implementing an outpatient accommodation matrix, similar to the theatre matrix with the aim of optimising clinic room utilisation
- Template Harmonisation roll out. This process includes review of triage categories to ensure reflects demand, and clinic templates and the removal of site specific queues.

NHS Lothian is absolutely committed to transforming the use of all outpatient capacity, with radical redesign of return capacity, in order to support additional new capacity. This will increasingly move to patients having the ability to re-enter the system as required/designed, rather than “follow-up in six months” being the default approach.

Further actions include;
Patient Initiated Follow Up

Patient-initiated follow up (PIFU) is an initiative that allows patients to initiate hospital follow-up appointments on an ‘as required’ basis compared with the traditional ‘physician-initiated’ model. The main principle is to reduce inappropriate regular follow-up appointments. This will progressed throughout 2017, and there has been initial interest shown recently to explore this idea for the Epilepsy Service.

Patient Experience

In partnership with the Outpatient Managers and Service Teams, the Modernisation Team carry out patient experience questionnaires within many of the waiting rooms across NHS Lothian Outpatient Departments. This allows opportunity to engage and consult with patients on emerging work streams, finding out what matters most to them and how their experiences of outpatient services could be improved.

Key Performance Indicators and Monitoring

The Outpatient KPI dashboard has been developed this year and provides information for Clinical and Outpatient Managers that is accessed via Tableau. It provides information on attendances, new : review ratios, % of urgent referrals, DNA rates, outcome rates and cancellations. On-going performance monitoring is discussed and taken forward via the Operational Group.

The redesign team have also pulled referral data from SCI-Gateway for the full year 2015-16 which has been circulated to colleagues on the Programme Board and Operational Group for review and feedback in relation to how this information might be used to provide some direction on referral management. The use of this data will be the subject of discussion led through the new Benchmarking Group which has been established by the Interim Chief Officer.

Out of Area Referrals

NHS Boards in Scotland have a responsibility to plan and provide health services for the population living within their geographic area. The Scottish Government has recently reinforced that whenever possible, treatment should be provided within patients own health board area.

During 2015-16 almost 10,000 referrals were made to NHS Lothian from other Health Boards and Authorities. Many of those referrals were for services that could be provided closer to the patient’s home.

The Outpatient Modernisation Team is progressing a work stream to develop a standardised report to identify all out of area referrals along with guidance on how those patients should be managed.

3.3.4 Cancer Services

NHS Lothian has commissioned a review of the current governance arrangements for Cancer, considering how the vast landscape can be managed in a more streamlined way. The recommendations from this review will be considered and implemented during 2017-18.
The Lothian Hospitals Plan proposes the establishment of a new planning mechanism to support more effective planning of cancer services, chaired by the Medical Director and with broad representation from across the system.

As part of this renewed commitment, and as a result of the work of the Lothian Hospitals Plan, NHSL has worked with Scottish Government colleagues to identify support for NHS Lothian to move forward with the business case for a new Edinburgh Cancer Centre (ECC).

The current ECC is no longer fit for purpose, physically. NHS Lothian has delivered a Strategic Assessment for the replacement of ECC. The move of DCN to the RIE provides the opportunity to clear space on the WGH campus and use this for the new ECC.

However, given the scale of the project to replace ECC, it will be some time before this is operational. There will therefore need to be significant changes made to the fabric of ECC in the meantime;

- Additional LinAc bunkers;
- Redesign and expansion of inpatient ward space;
- Changes to the Ward 1 outpatient service

Part of this will be delivered through patient flow redesign, but there is also a clear requirement for capital investment.

These “transitional arrangements” – and the delivery of the business case for a new ECC – will be the work of a new dedicated project team, working closely with the Site Management, Capital Planning, and Strategic Planning teams.

As part of this commitment, clearly signalled in the Lothian Hospitals Plan, to see the WGH as South-East Scotland’s “Cancer Hospital”, this will also see a range of other services included in the further development of these services, including;

- Clinical genetics;
- Cancer research;
- Maggie’s Centre;
- Symptomatic and screening services for breast cancer;
- Bowel screening;
- Specialist palliative care services (to be agreed with IJBs);
- Specialist cancer diagnostics

Work is underway to finalise what capacity should be made available on the site to accommodate joint working between gynaecologists, urologists, and colorectal surgeons in a pelvic surgery service

3.3.5 The Lothians Hospitals Plan

The Lothian Hospitals Plan (LHP) is the strategic plan for NHS Lothian’s acute hospital sites – The Royal Edinburgh Hospital, St John’s Hospital, the Western General Hospital, and the Royal Infirmary of Edinburgh. The LHP is intended to act as the focal point for the NHS Lothian Board, its staff, the public, the Scottish Government, and planning partners
including Integration Joint Boards and other Health Boards, in defining the strategic direction of the Board over a 5-10 year planning timescale.

The LHP is constructed around strategic headlines for each of the four sites, as shown in the table below. These headlines are the focus for the sites going forward. They have primacy over other interpretations but are not exclusive of other needs for the sites (such as medical services);

### Strategic Headlines for NHS Lothian Acute Sites

<table>
<thead>
<tr>
<th>Site</th>
<th>Strategic Headline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Edinburgh Hospital</td>
<td>Edinburgh’s inpatient centre for highly specialist mental health, physical rehabilitation, and learning disability services, incorporating regional and national services</td>
</tr>
<tr>
<td>St John’s Hospital</td>
<td>An elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services.</td>
</tr>
<tr>
<td>Western General Hospital</td>
<td>The Cancer Hospital for South-East Scotland, incorporating breast, urology, and colorectal surgery</td>
</tr>
<tr>
<td>Royal Infirmary of Edinburgh</td>
<td>South-East Scotland’s emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, and children’s tertiary care</td>
</tr>
</tbody>
</table>

In addition, the LHP has 3 cross-cutting work streams applying to St John's, the Western General, and the Royal Infirmary – medical, elective, and cancer.

**Medical** covers services which are now delegated to IJBs to plan and commission. NHSL is developing options for the sustainable configuration of medical services, starting with the acute receiving function. It is anticipated that those IJBs which utilise services in the City of Edinburgh will all ask for a case to be developed for a single receiving unit in the City, incorporating more use of ambulatory care approaches, better liaison with primary care, and more efficient use of staffing. Options are being worked up with staff. This work also focuses on the National Delivery Plan target to reduce unscheduled care bed-days by 10% by 2018, which for Lothian equates to between 175-200 beds.

**Elective** aligns closely with the national Diagnostic and Treatment Centres Programme, and again focuses on efficient use of staffing resource and clarity for the public and other Boards. NHSL aspires to build on the SG commitment to develop a DTC at Livingston to create an elective centre at St John’s Hospital, which would become the default site for all surgery with a length of stay of less than 2 days, with the precise cut-off to be concluded. This site could also incorporate activity from Fife, Borders, Lanarkshire, Tayside, and Forth Valley, and all of these Boards are represented on the NHSL Diagnostic and Treatment Centre Programme Board and the Clinical Reference Group which supports it and brings clinicians together from across the region. In addition, NHSL has a business case in train to replace the Princess Alexandra Eye Pavilion and is examining how to expand Orthopaedic
Inpatient Capacity, and both are planned to involve expansion onto the Edinburgh Bioquarter.

**Cancer** is built around the replacement of the Edinburgh Cancer, the Transitional Arrangements to bridge the timescale between the present day and the new Cancer Centre, as well as considering whether arrangements for cancer treatment on the other acute sites are configured appropriately.

The LHP has been built around the opinions of clinical staff, including their detailed understanding of how staff availability is likely to change over the 5-10 year timescale. More than 500 staff have attended LHP sessions during 2016 and this momentum is being maintained through dedicated quarterly engagement sessions for physicians and surgeons, and working groups mapping the future of each specialty.

IJBs have been involved throughout this engagement process and their evolving Directions reflect this engagement and recognition of their role in planning and commissioning.

Partner Health Boards are closely involved in the detail of the plan and detailed discussions indicate that other Boards can see how their own plans can dock with the LHP, leaving open the possibility of a clear “South-East Hospitals Plan”, built around the principles and structure of the LHP – with IJBs taking the lead on medical services, and elective and cancer plans aligning ever more closely.

The LHP is under discussion with stakeholders currently, and the intention is that a final version will be brought to the NHSL Board in June 2017, incorporating detailed financial modelling of the proposals. This would be structured along the lines of an English Sustainability and Transformation Plan.

### 3.3.6 Regional Health and Social Care Delivery Plan

Scottish Government Health Department guidance regarding the 2017-18 LDP includes explicit reference to the development of a Regional Delivery Plan for the National Health and Social Care Delivery Plan, and work is on-going at some pace to develop such a regional approach.

The South-East and Tayside (SEAT) regional planning group has begun to reframe itself as the East of Scotland Health and Social Care Delivery Plan. Arrangements are on-going to identify Chief Executive leadership for this Board and to ensure delivery of an east of Scotland plan for end September 2017. Clearly, the Lothian Hospitals Plan provides a solid basis for this work, and the following work streams have been identified:

- Needs assessment and context;
- Primary, Community, and Social Care;
- Prevention;
- Acute services;
- Finance;
- Communications;
- Workforce
Key to this is ensuring, on the one hand, that the model for primary, community and social care is focussed on the sustainable, reliable, consistent delivery of an acute system that operates at 85% bed occupancy, and on the other that the acute system maximises the use of regional assets, both workforce and estates, in both strategic and tactical approach.

The acute stream will be based around identifying 5-7 work streams which are agreed, on the basis of robust risk analysis, Demand Capacity Activity Queue (DCAQ), and a strategic vision, to be fruitful for regional collaboration and development, as shown in the schematic below;

<table>
<thead>
<tr>
<th>Strategic Headlines</th>
<th>DCAQ</th>
<th>Speciality Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>“What [name] is for”</td>
<td>“Just the facts”</td>
<td>“What worries us is…”</td>
</tr>
<tr>
<td>VHK</td>
<td>Fife</td>
<td>Workforce</td>
</tr>
<tr>
<td>WGH</td>
<td>Lothian</td>
<td>Fit with Strategic Headline</td>
</tr>
<tr>
<td>SJH</td>
<td>Borders</td>
<td>Duplication and variability</td>
</tr>
<tr>
<td>RIE</td>
<td>Others?</td>
<td>At specialty level within and across Boards</td>
</tr>
<tr>
<td>BGH</td>
<td>Aligned across region</td>
<td>Regional picture</td>
</tr>
<tr>
<td>Strategic coherence – the whole picture for the region</td>
<td>Regional picture</td>
<td>Regional picture</td>
</tr>
</tbody>
</table>

These 5-7 work streams have to be finalised but are expected to include regional pressure points such as ophthalmology, orthopaedics, gastroenterology, opportunities such as laboratories, and strategic priorities such as major trauma, diagnostic and treatment centres.

### 3.3.7 Diagnostic and Treatment Centres

The Scottish Government, in the Delivery Plan for Health and Social Care, has made a commitment to invest £200m in 6 new Diagnostic and Treatment Centres, opening by 2021. Two of these centres have been committed to NHS Lothian, with one at St John’s Hospital, Livingston, and one on the Edinburgh BioQuarter campus. These are intended to be regional assets to manage growth in demand associated with demographic change across the East of Scotland.

As it stands, NHS Lothian has completed a Business Case for the replacement of the Princess Alexandra Eye Pavilion, and is working with partners in the Scottish Government to move this forward. NHSL is also working collaboratively with regional partners (Fife, Borders, Forth Valley, Lanarkshire, and Tayside) to explore how these centres can, both in the longer-term and in the short-term future, lead to an alignment of management approach and of capacity across larger population level.
Secondary and Acute Care – Summary of Key Measures

- Roll out Daily Dynamic Discharge Methodology to enhance and optimise discharge planning seven days per week
- Progress roll out of Out of Balance Methodology to support emergency capacity and demand planning utilising local site data.
- Progress actions to support improvements in the delivery of scheduled care relating to:
  - Patient and GP Communication
  - Clinical Risk Management
  - Reduction of Elective Cancellations
  - Theatre Improvement Programme
- Progress the work streams associated with the Outpatients Programme Board:
  - Roll out of advice only
  - Implement Planned Return Waiting Lists
  - Ref-Help updates
  - Implement outpatient accommodation matrix
  - Review of triage categories
- Transform use of outpatient capacity through:
  - Patient Initiated Follow Up
  - Patient Experience
  - Key Performance Indicator Dashboard
- Finalise the Lothian Hospitals Plan by June 2017
- Progress plans for the re-provision of the Princess Alexandra Eye Pavilion
- Work with regional partners in developing the case for Diagnostic Treatment Centres at St. John’s Hospital and Edinburgh BioQuarter Campus

3.4 REALISTIC HEALTHCARE

Realistic healthcare supports the concept of person-centredness as defined by NHS Scotland’s Healthcare Quality Strategy:

‘Mutually beneficial partnerships between patients, their family and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making’.

In realistic healthcare, the focus is on how to develop the concept of shared decision making within clinical consultations.

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. As in the definition above, the model is about promoting real partnerships between patients and professionals, supporting both patients and professionals to enable them to have a “good conversation” about “what matters”, rather than “what is the matter”. Patients need as much support as professionals, if not more.
The house of care model is endorsed by Realistic Healthcare. It is an important metaphor because it reinforces the fact that all elements of the house need to be in place for the good conversations to take place. Shared decision making is an important element of these good conversations. All components of the house need to be there to allow this to happen. These elements are:

- **Left hand wall:** Support for the patient to have that good conversation with relevant professionals and to manage their health and life generally. This is about more than giving people information. It often requires supporting people to develop confidence and coping skills, and enabling them to recognize and use their own assets.

- **Right hand wall:** Health and care workforce are committed to working with in a partnership approach with people, and have the skills and experience to engage in “good conversations”.

- **Roof:** Organisational and supporting processes are established that facilitate rather than hinder good conversations – this often involves establishing longer consultation times, and sharing information with people ahead of consultations.

- **Foundation:** Resources are allocated in a way which is responsive to people’s needs identified in the care and support planning process, and resources across statutory and third sectors are used as appropriate – this refers to the “More than Medicine” approach.

- **Centre of house:** Using shared decision making as part of the process, the good conversations are translated into an ongoing care and support planning process, taking account of patient’s mental health as well as physical health needs maximising their assets and the resources available in health, social care and third sectors.
In recognition of the coherence between Realistic Healthcare and the House of Care approach, a national summit was convened in August 2016 to explore the role of Collaborative Care and Support Planning (the centre of the house) in achieving the aims of Realistic healthcare. Two representatives from Lothian’s House of Care Collaboration attended and contributed to the summit.

3.4.1 Lothian House of Care
NHS Lothian continues to lead the House of Care Collaboration in partnership with the Thistle Foundation to support implementation of the approach to deliver more person centred integrated care. The Chief Medical Officer endorsed the approach in her annual report, Realistic Medicine. Strategically, links were established with the Edinburgh and Midlothian Health and Social Care Partnerships Strategic Plans.

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.
- The model being used as the framework to redesign the performance management “rubrics” approach for people living with long term conditions.

The need to change the relationship between statutory, voluntary and independent sector organisations, their workforce and people who use health and social care services through ‘good conversations’ is at the heart of the Health and Social Care Strategic Plan for Edinburgh. Work is underway in a number of areas to support people to take more control over their health and wellbeing. Examples include:
- the development of models of social prescribing with link workers attached to GP practices
- an initiative aimed at making information available to people with learning disabilities in accessible formats focusing on eating healthily, being active, health checks and screening, good mental health and accessing health care
- the establishment of Local Opportunities for Older People in each locality to provide information and advice to older people about what is going on in their locality and support them to make their voices heard

The move to an integrated model of working within four localities with multi-professional and multi-agency teams based around GP clusters during 2017-18 should provide a sound basis from which to support people to take control over their own health and wellbeing.

In Midlothian, this led to:
- 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 being secured from the Primary Care Development Fund to roll out the Wellbeing Service, and create cross sectoral teams of wellbeing 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 6-7 practices in Edinburgh within the next few months.

A cross-sectoral multi-disciplinary Learning Advisory and Resource Group supports early adopter partners through regular reflective learning cycles which identify learning needs and other forms of support and coordinates a menu of training options. This includes the training delivered by the Year of Care Partnership as part of the British Heart Foundation support. Using Primary Care Prescribing Development Funding, a cohort of primary care pharmacists are to receive training on the House of Care approach. The training is also to be offered to others within the primary care team and to a number of practices who will be taking part in the Diabetes project.

A measurement and evaluation team meets regularly and is combining quantitative and qualitative approaches.

A third sector led group, Collective Voice has been formed to support and enable people living with long term conditions to act as Supported Self-Management Champions at operational and strategic levels.

3.4.2 Realistic Healthcare
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. Factors contributing to this situation are complex.

Individual patients present with varying co-morbidities, psychological and physical frailties, social challenges, coping strategies and support networks. Guidelines, standards and large clinical trials have to reflect the general case of ‘best care’, rather than what’s best for individuals.

The fear of being found in ‘breach’ of guidelines or standards can be a powerful disincentive against individualised person-centred care. Much of this fear comes from potential criticism by peers, regulators or public figures, and doubts about an employer’s strength of support if ‘things get tough’. Interestingly, it has been established that clinicians frequently wish for less treatment themselves than they would usually prescribe to their patients.

Developing a more permissive, pragmatic culture that balances the best biomedical outcomes with the wishes of informed individual patients is an increasingly hot topic.
Various terms for these concepts have been used including *Minimally Disruptive Medicine, Prudent Medicine* or – when focussed particularly on decision making - ‘Choosing Wisely’. Recognising the challenge these issues posed, Dr Catherine Calderwood - Scotland’s Chief Medical Officer- offered the concept of *Realistic Medicine* in her latest Annual Report. In *Realistic Medicine*, Dr Calderwood described an approach to care that combined clinical effectiveness and individualised care and giving far greater weight to the patient’s voice in treatment decision making. The impact of this CMO’s report has been unprecedented; commentary from professional bodies, patient groups, high-profile commentators and the wider public through the media have been overwhelmingly positive.

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 can be improved.

A key component of Realistic Healthcare is candid and empathic discussions of treatment options including the option of no, or less, intervention. Patient preference around treatment options needs to be explicitly sought and relies on good communication and mutual trust between practitioner and patient, mutual understanding about acceptable risks and outcomes, accessible information and acceptable health literacy levels.

The degree to which realistic medicine is currently practiced varies across services and professional groupings. For example, the experience of many doctors is that the stimulus to initiate difficult discussions around the direction of clinical care with a patient comes from a nurse or AHP colleague. The vital – perhaps pivotal – roles for nurses, AHPs and other clinicians as champions of realistic medicine should not be underestimated.

There will be significant variation amongst doctors in the degree to which realistic medicine is practiced. Whilst evidence to support generalisations is patchy, there is a strong sense that it is more established component of General Practice than most other specialities. Realistic medicine in Primary Care medical encounters often focuses upon:-

1. Managing risk factors to prevent development or worsening of long term conditions
2. Deciding how far to investigate and treat, including specialist referral
3. Having meaningful conversations about wishes for the future care in the event of deterioration (also known as anticipatory care planning: ACP)

Successful nurturing of Realistic Healthcare will in part depending upon understanding and responding to current variation in practice and resisting a ‘one size fits all’ approach.

Ultimately, for Realistic Healthcare to become a standard component of high quality care, a range of developments will be required. Some will occur as part of a movement amongst staff and patients, some through planned changes to the way we work. Fundamentally the Board can influence all of these events by leading the creation of a more person-centred culture of care within which Realistic Medicine can flourish.

**The way forward for NHS Lothian**

It is proposed that the core values and approach of Realistic Healthcare are nurtured and ultimately embedded into practice in NHS Lothian being:-
• Creating meaningful opportunities for patients to understand their condition, all
treatment options and how each will impact upon them
• Honesty and compassionate candour in what ‘realistically’ will be achieved from
each treatment option in terms that mean something to patients
• ‘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
• Patients to be empowered and enabled to articulate ‘what matters to me’; clinicians
to be empowered and enabled to listen and understand with compassion

We propose a framework that we believe if developed into a wider programme for
transformational change will create the conditions enabling this nurturing process.

There will be a need to engage the wider community of our public, patients, staff and
partners to ensure that the primary motivation behind Realistic Healthcare is the provision
of high quality, individualised care for patients. This engagement should include ongoing
proactive monitoring of the experience of all key stakeholders.

We believe that Realistic Medicine aligns with Scotland’s National Clinical Strategy and will
complement the NHS Lothian Clinical Quality Strategy and NHS Lothian Our Health Our Care,
Our Future Strategic Plan 2014-2024, all of which will contribute to sustainable best
population health, quality and patient experience.

Key Actions for NHS Lothian
A framework outlining an approach to nurturing Realistic Healthcare in NHS Lothian
includes the key actions outlined below:

Clinicians will be supported and encouraged to:
• understand the overall burden (combined impact of illness, prior comorbidities and
treatment effects) challenging many patients.
• ascertain patient preference i.e. “What matters to me”?
• question the applicability of evidence-based guidelines and standards for the
individual patient and have the clinical confidence through peer and organisational
support to deviate from guidelines when they judge that to be appropriate.
• question the added value of proposed investigations, interventions or treatments in
the individual patient in the light of knowledge of the ‘whole patient’.
• understand the impact of multi-morbidities, make some assessment of prognostic
impact of these and judge whether that knowledge shifts the risk/benefit ratio for
“usual” treatment strategies.
• understand the burden of treatment and expected impact on the patient.
• undertake shared decision making through explicit and open discussion of treatment
options, expected benefits and risks of harm.

Clinicians will need support to deliver the above. This may be provided by:
• Education and training in communication strategies.
• Provision of decision-aids e.g. accessible information from data to help clinicians and
patients understand impact of multi-morbidities on overall prognosis and understand
the potential impact of treatment strategies.
• Support and mentorship of clinicians who may be concerned about ‘not doing
something’ in some cases. Development of local Ethics Committees and
‘champions’ could support existing Multi Disciplinary Teams to foster a culture where a realistic healthcare approach is embedded.

- Allowing sufficient time in clinical settings to ‘stop and think’, enable meaningful discussion, ensure medicines optimisation and ultimately enable delivery of the ‘right care to the right patient the first time’.
- Support from the Board and Executive management when there is a challenge to a considered recommendation not to offer a treatment/intervention: where there is insufficient clinical indication; or where there is no evidence of benefit for a treatment option; or where there is significant risk of increased harm such that the risk benefit ratio is adverse.

Patients should be encouraged and supported to:

- Understand the complexity of clinical decision making, the absence of evidence for much practice and the uncertainty of outcome in some clinical situations.
- Ask whether specific treatments or investigations will help them.
- Ask whether specific investigations are actually necessary, particularly if they have been recently performed.
- Express their preferences regarding proposed investigations or treatments.

NHS Lothian Board members will be required to:

- Provide strategic leadership for the development and implementation of action plans to implement the framework.
- Engage with and influence wider activities within Scotland in support of Realistic Healthcare
- Hear, reflect and learn from regular patient stories illustrating the reality of Realistic Healthcare in clinical practice and the challenges faced by patients and clinicians in decision making.
- Understand the impact that Realistic Healthcare has on the quality of care, including active review of cases leading to compliments, comments or complaints.

Collaborative training programme to reduce unwarranted variation.

The ‘NHS in Scotland 2016’, Auditor General’s Report highlighted the untapped potential of frontline teams as agents for continuous quality improvement and recommended a number of actions regarding investing in (in-house) leadership development and training to lead quality improvement programmes.

This distributive approach to quality management aligns to NHS Lothian’s “Our Health, Our Care, Our Future”, recognising that delivering the outcomes required to meet healthcare challenges will not be achieved without radical change, accelerating innovation and redesigning how we work. Furthermore, the commitment to prioritising quality, safety and transparency is at the heart of how we plan and deliver services for patients

We have established a transformational change programme to build and embed the NHS Lothian Quality Management System (QMS) as our vehicle to deliver best patient experience, outcomes and sustainable cost. Creating the QMS focuses on two key drivers

- Increasing the capacity of frontline teams to manage continuous quality improvement
- Creating an organisational culture within which distributed leadership for quality will flourish
A summary of the progress to establish the QMS in 2016 and plans for further development in the coming year and beyond are summarised below.

Building capability within our workforce:-
Quality Academy Training Courses began in February 2016. A pilot ‘Leadership’ and ‘Skills’ course was run, aimed at those who would undertake Quality Planning and Quality Improvement respectively, 26 participants attended the Leadership Course, and 33 the Skills programme. Cohort 2 of the programme was revised and began in September 2016, with an expanded class size of 36.

Other training activities developed by/with the Quality Directorate in 2016 included:-
- NHS Board Development Session on measurement for quality and engaging patients and carers (with HIS).
- Training for QI coaches to support those undertaking continuous quality improvement within frontline services and the Quality Academy.
- Supporting candidates for lead-level national programmes in Quality Management, including the Scottish Quality and Safety Fellowship and Scottish Improvement Leaders Programme.

In 2017 NHS Lothian plans to:
- Develop the Quality Academy programme for 2017 to provide increased capacity in both courses.
- Develop a coaching framework and additional QI coaching capacity to support the QI Academy programme. 20 coaches received training in 2016 and we intend to train at least 60 in 2017.
- Develop the Academy Faculty utilising some external partners and mostly skilled staff in-house.
- Increase access to organisational development expertise.
- Develop the capability of the Executive Team and Board members on QI management.
- Increasingly integrate Quality Management training into existing CPD process across the workforce.

Building capacity to manage continuous quality improvement:-
The ‘vehicle’ for continuous quality improvement within individual clinical services is what we have termed a ‘Clinical Quality Programme’ (CQP). This is an organised and coordinated local system to: a) develop a shared vision of best experience outcomes and affordability of care from the perspective of patients, the public and workforce; b) agree a rolling programme of CQI work; c) plan, initiate, monitor, develop and complete individual projects with that programme; d) repeat continuously. We committed to establish 3 core CQPs and commence a second wave of CQPs in 2016. As there’s no generic template for how to establish them we created one, tested and adapted it through deployment in our pilot Clinical Quality Programme areas.

Developing and deployed the QI Coaching Role and Capacity:-
Eventually services will develop experienced leaders and practitioners in quality management. We have co-developed a coaching model with existing in-service experts and established a short development programme to develop a bank of 40 coaches and we aim to have more than 60 in place by November 2017.
Programme Management:-
Programme Managers have been appointed to support our pilot Clinical Quality Programmes in Stroke, Cancer and Mental Health services.

Health Analytics:-
Quality Improvement methodology is entirely dependent on data. Access to data and analytical expertise to guide continuous quality improvement in services has been provided. In October 2016 a review of the support provided and lessons learned was completed. NHS Lothian has begun work to develop an Information Strategy and it is anticipated that a major focus for this work is to support the development of the Lothian Quality Management System.

Understanding the Cost Benefit of Quality
Providing high-quality healthcare at the lowest possible cost is an explicit aim of the QMS. The Finance Directorate has been developing an approach to Patient Level Information Costing (PLICS) for a number of years.
PLICs can be used to
1. Identifying high-spend areas, based on costly procedures and high-volume procedures
2. Identifying variation in treatment costs, analysed in a number of different ways, based on diagnosis, consultant, specialty
3. Monitor the reduction in variation in treatment costs following the implementation of a quality improvement project
An implementation programme linked to the spread of PLICS is underway to support the Finance Directorate team to engage with and contribute to all three phases of the Clinical Quality Programme approach.

In 2017 NHS Lothian will:-

- Continue to support and learn from the wave 1 Clinical Quality Programmes.
- Proceed with the establishment of wave 2 Clinical Quality Programmes.
- Develop bespoke support for Primary Care Quality Management and the General Practice Redesign Programme in line with the recommendations of our review “Mapping Quality Improvement in Primary Care”
- Identify and develop up to a further three Clinical Quality Programmes in 2017-18, taking account of the quality improvement priorities identified through the NHS Lothian Hospitals’ Plan under development.
- Evaluate and refine the scope and scale of support needed to establish CQP.
- Continue to develop a larger cadre of coaches and our coaching model, to include evaluation of coaches and our approach to coach recruitment and development.
- Continue to develop healthcare analysts’ confidence, knowledge and impact upon supporting continuous quality improvement.
- Support the design, creation and implementation of a high-quality Information Strategy and collaborate on its implementation.
- Work with NES and NHS Lothian to co-create Knowledge Management roles to support CQI.
- Continue to support the development, testing and promotion of the Performance patient-level accounting system by Finance Directorate.
Building a supportive Organisational Culture:-
Creating a culture that will sustainably support continuous quality improvement driven by frontline teams is of vital importance. The single most important cultural change is to develop an engaged, trusting and supportive relationship between frontline teams and ‘Management’ to overcome quality challenges together. Of particular importance is to understand how risks (clinical, financial and other) are experienced by different professional groups. We have established ‘Clinical Change Forum’ meetings on all major acute sites across Lothian.

In 2017 NHS Lothian will:-
- further extend the geographical spread and frequency of Clinical Change Forum meetings, hosting some in our H&SC Partnerships with a focus on Primary Care.
- formally track progress of work presented, with report back on development at the subsequent meeting.
- We will create a facilitated communication network to enable GPs and other Primary Care professionals to share their experiences, ideas and lessons driving CQI.

Support innovation as a driver of quality improvements in Lothian:-
NHS Lothian has been developing its innovation programme creating an innovation network of internal and external stakeholders to sit alongside the existing organisation’s structure. Key to this approach is the identification of “Big Opportunities” for innovation. Outcomes have included:-
- Supporting a number of staff in the subsequent development and deployment of their innovative ideas
- Maintaining NHS Lothian’s role as a leading test bed site for the development and adoption of new technology
- Developing a network of academic, third sector and industry partners, in line with the Scottish Government’s 2020 Vision for Health and Wealth that aims to make Scotland a world-leading centre for innovation in healthcare

NHS Lothian has been chosen to be the lead NHS Board for the hosting of the Scottish Enterprise two-year funded Open Innovation Collaboration Programme. This Programme will deliver twenty national open innovation challenges across a range of service delivery areas, with NHS Lothian a test bed for transformational change in a number of these, including Type 1 Diabetes, Stroke, and Chemotherapy Outpatient services.

In 2017 NHS Lothian will develop a range of transformation changes through open collaboration for testing and evaluation at a local level potentially covering:
- The evaluation of a non-invasive 3D diagnostic technology for people suffering chest pain – which will be formally approved by NICE in January 2017.
- The development of new pathways for outpatients, piloting these initially in Adult Audiology services.
- Setting a national health and social care innovation challenge for housing, with support from the Design School of the Glasgow School of Art.
- Being a test bed site for the development of innovations in the identification, treatment and self-management of hypertension, resulting in a reduction in the number of people who will have a primary /secondary stroke, and other associated morbidities.
- Being a test bed area for three national open innovation challenges in Primary Care.
In addition to providing the opportunity to further develop and refine a methodology in Creative Problem Solving for open innovation collaboration, the next year will also be used to:

- Create an organisational “Culture for Innovation”, with a particular focus on bringing people out of their silos to collaboratively solve challenges, whilst removing the barriers that constrain innovations being tested and evaluated at a local level – without the need for broad high-level approval.
- Plan how the learning from the open innovation collaboration work being progressed both at a local NHS Lothian and a national level can be sustained and further enhanced beyond March 2018, when the Scottish Enterprise funding ends.
- Set up for wider deployment the recently programmed Innovation Web resource that will support both the local and national innovation programmes through functionality that includes:
  - The promotion of innovation challenges to existing networks and potentially the world wide web, seeking out ideas to create the required solutions
    - Enabling stakeholders to vote on the ideas that have been proposed
    - Promoting successful innovations that have been co-created and then successfully implemented
    - Providing secure digital zones where staff and others can have robust and open discussions around innovation challenge

**Engage in influencing and shaping broader organisational strategy**

As an Executive Director the Chief Quality Officer attends Board meetings and has influenced and supported the development of many organisational strategies and plans ensuring that quality is at the heart of how we manage our business. The quality directorate has supported the Board in developing the principles and framework regarding Realistic Medicine and has worked closely with Lothian Analytical Services to improve their processes for continuous quality improvement.

**In 2017 NHS Lothian will**:-
Work closely with Health & Social Care Partnerships & Health Board to ensure that the Quality Management System supports the implementation of key strategies, including ‘Our Health, Our Future’, National Clinical Strategy, Realistic Medicine, Lothian Hospitals plan and Scotland’s 2020 Vision.

**Effective patient, public and workforce engagement in Quality Management**

Seeking, learning and applying the experience of those using our services are key to successful quality management. The ‘Voice of the Consumer’ and the’ Voice of the Workforce’ is of increasing importance as work progresses.

**In 2017 NHS Lothian will:**

With the support of the Feedback and Assurance Quality Improvement Committee, the Quality Directorate is leading a 90 Day Innovation Process. This process aims to capture a) best and innovative practice from all ‘industries’ b) engage with stakeholders to see how that might work locally and c) assimilate all this learning into an action plan. This action plan will become the basis for our organisation-wide engagement work for the coming years.
With the support of Partnership and HR, we will help services undertaking Clinical Quality Programmes to incorporate staff experience and well-being information into ‘data packs’ for Quality Management.

We will launch a Quality Directorate website as part of a wider communication plan (co-developed with Communications Department) to keep patients, public and workforce aware of developments in Quality Management.

**Promote and value internal and external partnerships**
Over the last year, NHS Lothian has been developing work with a range of partners to facilitate the establishment of our Quality Management System

**In 2017 we will:-**
- Continue to nurture and develop existing relationships. Develop stronger links with community and social care colleagues to extend work of Clinical Quality Programmes beyond ‘Acute’ care.
- Work with universities to give opportunities for students and researchers to contribute to our Quality Management System.
- Work in partnership with Exec. Nursing and Medical Directors to bring Quality Management training and experience into the pre- and post-registration clinical training programmes.

**Measuring change across a whole system**
We have created ‘data packs’ to allow changes in process and outcome to be measured locally. These will form a rational basis for testing changes and their impacts as part of continuous quality improvement. We will need to deploy a measurement tool appropriate to that task.

**In 2017**
- we will ‘benchmark’ NHS Lothian using a global quality measurement tool
- This process will be repeated in the following 12-18 months to assess organisational change and help direct our future developments.

**Resource Impact**
Investment in the development of a Quality Management system has been supported by NHS Lothian (£560k), and the Edinburgh and Lothian’s Health Foundation (£640k). Support from the Scottish Government has also been indicated but not yet confirmed (£200k).

This investment has supported the establishment of a core infrastructure including the Chief Quality Officer, and the Quality Academy and the Quality Programmes. The current profile of expenditure shows that funding agreed to date will support the development of Quality Management until March 2018. We will work with the Finance Department to develop an evaluation framework to measure the impact of the investments in Quality Management to support achievement of the Triple Aim. This will inform on-going investment decisions.
### Realistic Healthcare – Summary of Key Measures

- Continue to support implementation of the House of Care approach in collaboration with the Thistle Foundation and Lothian Health and Social Care Partnerships
- Deliver actions associated with nurturing realistic healthcare in NHS Lothian supported through clinical engagement, education and training.
- Embed NHS Lothian’s Quality Management System to delivery best patient experience, outcomes and sustainable cost through:
  - Increase capacity in our Quality Academy Programme
  - Develop a quality improvement coaching framework
  - Build capacity to manage continuous quality improvement
  - Building a supportive organisational culture to support continuous quality improvement
  - Supporting innovation to drive quality improvements in Lothian
  - Measuring change across the whole system

### 3.5 PUBLIC HEALTH IMPROVEMENT

To support an increase in healthy life expectancy, the Scottish Government Health and Social Care Delivery Plan outlines the requirement to deliver a number of public health improvement actions. NHS Lothian’s approach to delivering these actions is outlined in the sections below.

#### 3.5.1 Tobacco Free Generation

**Smokefree Lothian**

The National Tobacco Strategy sets out a 5 year plan for action across the key themes of health inequalities, prevention, protection and cessation. Key actions include: setting 2034 target date for reducing smoking prevalence to 5%, pilot of the schools-based A Stop Smoking in Schools (ASSIST) programme, a requirement for smokefree hospital grounds, national marketing campaign on the dangers of second hand smoke in cars and other enclosed spaces.

The NHS Lothian Tobacco Strategy Board with representatives from NHS, Local Authorities and third sector is co-ordinating efforts to meet the aims of the Strategy and Health Promoting Health Service. This includes the Cessation LDP target and other related tobacco work linked to the WHO Framework for Tobacco Control that will lead us towards a Smokefree generation.

**Health Inequalities**

To support the inequalities dimension to smoking prevalence rates, NHS Lothian provides specialist services in the 40% most deprived within the Board SIMD areas. Partnerships established with GP Practices, AHP’s and key community organisations to help develop a more asset based approach. Services are located not only in Health Centres but Community venues are also targeted.

We have continued our partnership with West Lothian Drugs & Alcohol Service using a community based organisation to help achieve the strategic actions. During 2017/18 they will support the delivery of Cessation services, ASSIST Schools Programme and protection of Second Hand Smoke exposure.
Prevention
It has been agreed that NHSL will deliver a 4th year of the ASSIST Schools Programme, targeting Schools in the areas of highest deprivation. We are awaiting the full evaluation of the 3 year national pilot which will support our strategic planning from March 2018.

On-going work continues with the youth sector to support smoking prevention programmes, having a dedicated tobacco youth team in NHSL. Priority areas have included the 16-24 age group with good working relationships established in higher and further education establishments including vocational training. During 2017 we are planning to target vulnerable young people such as looked after children and young offenders.

NHS Lothian’s Director of Public Health and Health Policy has recently submitted evidence, to influence the preventative agenda, to the Scottish Parliament Health and Sport Committee.

Protection
Work continues to maintain all NHSL Smokefree grounds including Smokefree Implementation Groups being set up in all acute sites to support the imminent legislation. Specialist staff continue to be based in all acute sites not only providing cessation services but offering staff training and development and policy advice.

As part of the NHS Lothian ‘Stop for Life’ service second hand smoke advice is provided in ante natal settings, working in partnership with Midwives, post natal information is also shared with local services. All NHS Lothian Midwives have completed the ‘Raising the Issue of Smoking Training’. Opportunities for NHS Lothian to support further research are currently being investigated.

Cessation
NHS Lothian met the 2016-17 LDP target but there is clear evidence for improvement in the Pharmacy Service, quits rates of pregnant woman and Prisons. A working group between Smokefree Management and key personnel from Pharmacy services has been convened to support target performance and investigate future joint working with local services. NHS Lothian continues to work in partnership with Lothian’s prisons to help become Smokefree.

Smokefree Lothian Service Manager was appointed and started in early December 2016. Smokefree Services continues to develop with plans to complete an administration review early 2017, assess the impact of the current service model in line with the strategic targets and actions and develop a proposal to pilot a ‘shared care model’ between local services and Smokefree Pharmacies. More joint working between Smokefree Lothian and Health Promotion has been implemented with both service managers agreeing to develop a joint tobacco action plan.

3.5.2 Reducing Harm Associated with Drug and Alcohol Consumption
NHS Lothian will work together with Lothian’s Alcohol and Drug Partnerships (ADPs) to support the implementation of an alcohol and drugs strategy to reduce the burden of morbidity and mortality through reduced availability and reduced consumption.

2017-18 presents a major challenge in maintaining a balanced budget to deliver awareness and preventative services, provide a full range of local and specialist treatment services and
to encourage patients to engage in and maintain recovery. Following on from work undertaken in the past year and a reduced national drug and alcohol allocation, NHS Lothian and the three Lothian ADPs have reviewed service provision associated with Prisons, Ritson Inpatient Clinic, Lothian and Edinburgh Abstinence Programme (LEAP), Harm Reduction Team, Primary Care Facilitation Team, Alcohol Brief Interventions, Regional Infectious Disease Unit, GUM Clinic and Hep C Treatment and Prevention Services, Toxicology and Psychological Support and have outlined a proposed spending plan for 2017-18. This spending plan and proposed service changes will discussed by NHS Lothian Board and IJBs during March and April 2017. The proposed service redesign will see a greater focus of service provision based and managed locally, development of local treatment and recovery hubs, as well as a redesign of some pan Lothian services such as inpatient and day patient programmes for detox and abstinence.

Provision of health care within prisons remains a responsibility of NHS Lothian but an additional pressure in 2017-18 will be the redirection of dedicated prison funding, previously used for alcohol counselling services. This funding is within the overall ADP allocation and the suggestion from ADPs is that this will be used for residents and prisoners who reside within Lothian.

We will continue to work towards ensuring that people access treatment promptly within 3 weeks of referral and are supported in their recovery by services provided locally and in an integrated way. Local teams will be based and managed in each locality. All staff groups with the exception of Psychology (who are still managed via single system) will be managed within the localities and appropriate professional links will be maintained with the Substance Misuse Directorate. This supports the retention and development of current clinical governance infrastructures, sub specialty provision and cross-cover arrangements. Further opportunities are being considered that will bring together substance misuse and mental health services which will look to build on but provide a new model of care that improves the relationships and pathways within patient services, as well as prison services.

During 2017-18, the City of Edinburgh Council and NHS Lothian will continue to provide the inpatient rehabilitation service at Penumbra Milestone for patients with alcohol related brain damage acquired as a result of alcohol misuse. The Alcohol Related Brain Damage Unit is providing intensive rehabilitative support to enable people to return to their own home resulting in reduced inpatient bed days, fewer delayed discharges and reduced readmission to the acute sector. The service is to be further reviewed and potentially developed alongside other residential inpatient substance misuse services.

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

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

During 2017-18 the Edinburgh Alcohol and Drug Partnership will:

- Review the overprovision of licensed premises in the city
• Roll out Alcohol Brief Interventions
• Review the approach taken to alcohol/drug prevention in schools
• Evaluate the alcohol problem solving court

3.5.3 Alcohol Brief Interventions (ABIs)
NHS Lothian and other partners within each of Lothian’s Alcohol and Drug Partnerships will sustain the delivery of ABIs in the three priority settings (Primary Care, Antenatal and A&E) during 2017-18. This prevention/early intervention activity will contribute to work to reduce health inequalities and promote the health and well-being of communities by focusing on the needs of the local population in the harder to reach groups where deprivation is greatest.

We will continue to deliver a comprehensive education and training programme for groups of staff in both statutory and voluntary agencies, for example in prisons, police custody suites, criminal justice programmes, 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.

We will further explore opportunities for joint topic brief intervention training e.g. smoking cessation/alcohol interventions for dental services.

Work with our local ADP’s, Criminal justice services to further develop an ABI training module for staff working with persons entering police custody suites/criminal justice settings and evaluate and report outcomes.

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

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

3.5.4 Diet and Obesity

Childhood Weight – Overweight or Obese at Primary 1
Percentage of Primary 1 children in Scotland at risk of overweight and obesity combined, by NHS Board of Examination, School year 2015/16 (epidemiological categories)
BMI Distribution in Primary 1 School Children by NHS Board – Clinical Categories

<table>
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<tr>
<th>School Year</th>
<th>06/07</th>
<th>07/08</th>
<th>08/09</th>
<th>09/10</th>
<th>10/11</th>
<th>11/12</th>
<th>12/13</th>
<th>13/14</th>
<th>14/15</th>
<th>15/16</th>
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<tbody>
<tr>
<td>NHS Lothian</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children measured</td>
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<td>28.2</td>
<td>34.4</td>
<td>45.9</td>
<td>41.2</td>
<td>52.5</td>
<td>54.4</td>
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<td>8.8</td>
<td>9.2</td>
<td>9.2</td>
<td>8.7</td>
<td>8.6</td>
</tr>
<tr>
<td>Obese (clinical)</td>
<td>3.7</td>
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<td>3.6</td>
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<td>Severely obese (clinical)</td>
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<td>2.6</td>
<td>2.5</td>
<td>2.3</td>
<td>2.6</td>
<td>2.5</td>
<td>2.6</td>
</tr>
<tr>
<td>Overweight, Obese and severely obese combined (clinical)</td>
<td>15.2</td>
<td>14.4</td>
<td>14.2</td>
<td>14.7</td>
<td>14.7</td>
<td>14.9</td>
<td>14.6</td>
<td>15.</td>
<td>14.9</td>
<td>14.9</td>
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<tr>
<td>Obese and severely obese combined (clinical)</td>
<td>6.1</td>
<td>5.8</td>
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<td>6.0</td>
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<td>5.7</td>
<td>6.4</td>
<td>6.2</td>
<td>6.3</td>
</tr>
</tbody>
</table>

Percentage of children in primary 1 receiving a review whose BMI falls within the following clinical categories:

Whilst the percentages of those children within normal health weight remains stable at 84.7% across Lothian at P1 entry, this does not represent any changes in later primary school or high school age groups, being a snap shot in time. 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. We await also the Scottish Government announcement on a
new obesity strategy for Scotland, which we anticipate will focus on early years as one if its key result areas.

**Weight Management Tiered Model of Care**
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, and they are mentored by Dieticians.

The weight management tiered model of care is shown below, with specific reference to Diabetes Prevention for adults.

For children’s weight management we have:-
- Tier 1 - Health Promotion
- Tier 2 - is the GET GOING programme for children and
- Tier 3 - is the Dietetic Service for children.

NHS Lothian’s tiered model of paediatric weight management is illustrated below:
The paediatric weight management team work very closely with Health Visiting, School Nursing, GP’s, Community Paediatricians and Local Authority Education partners. The Tier 2, Get Going programme is a 9 week community based programme for children (5-17 year olds) and families aimed at supporting lifestyle changes to enable families to make healthier choices regarding food and activity. The Tier 3, Dietetic service is accessible for children and families with complex needs requiring more intensive support on a one to one basis. This service is also the only service accessible for children under 5 years of age. As part of both the Tier 2 & 3 services there is additional support accessible from a Specialist Child Psychologist as required.

There is a clear correlation between paediatric obesity and areas of deprivation with there being an 8% difference at Primary 1, between levels of children at risk of overweight and obesity, between the most deprived (SIMD 1) and least deprived (SMID 5) areas. Due to this correlation the paediatric weight management services are focused in areas of deprivation and the majority of children and families seen within the service tend to have a high level of need with a variety of complex issues ongoing.

The Paediatric Weight Management service has seen a marked increase in referrals for the under 5’s over the past 12 months and we are working closely with the Health Visiting teams to address this.

The service has also seen a marked increase in complex cases where they are raising child welfare concerns as a consequence of complex obesity and as a result the service is now working more closely with Child Protection Services so that greater guidance and support is available to the service.

3.5.5 Maternal and Infant Nutrition Framework
In November 2016, NHS Lothian was awarded UNICEF Baby Friendly Accreditation for West Lothian midwifery and in St John’s Hospital and has achieved stage 2 across all the Health Visiting and Family Nurse teams in Lothian. Work has begun with the Neonatology Service to consider how these standards might benefit their service. In the coming year we will build on this work further and intend to achieve full accreditation for the Health Visiting
and Family Nurse teams, reaccredit the Simpsons Maternity Unit and obtain a certificate of commitment for NNU and SCUBU. The roll out of our breastfeeding assessment tool this year should also help these teams to join up their care to provide a seamless service to breastfeeding women.

With this in place to ensure our core staff have the skills to universally support breastfeeding and relationship building, this year we are reviewing our wider support services with a view to developing a tiered service, providing the appropriate care at the appropriate time. We have already developed a plan for our peer support services looking to expand this service in 2017 and we have reviewed our provision of breastfeeding support groups with a view to providing additional support in the areas of highest need also during the coming year. Expanding this tier of additional need should enable us to review the provision of expert care tier in our breastfeeding clinics to ensure this is provided by the most skilled staff – linking in with the expected outcomes from the Scotland wide work on Infant Feeding Adviser practice.

During 2016 we brought our training for core staff up to meet the UNICEF requirements and are currently reviewing the update training for these groups as well as the initial training we intend to provide for neonatology. In addition we continue to provide training for GPs and nurseries and information for public and private organisations in the form of a Breastfeeding Friendly Award and are also developing a breast milk information pack for colleagues working with mothers with substance misuse issues. We have also reviewed the information supplied to parents as they introduce solid food to their babies and the staff that support them and will be assessing the impact of this in the coming year.

Breast Feeding Rates
Breast feeding is a key measure that is recorded by maternity, health visiting and family nursing. The real time health and wellbeing outcomes and the preventative protection factors for future health are well evidenced; therefore the aim of NHS Lothian is to support women to consider this and to be supported to do this in a holistic way, whilst also supporting women fully regardless of their choice of feeding for their child. The uptake of breast feeding is seen in the national first visit recorded statistics. In Lothian, this overall percentage has been relatively static over the last 10 years.
Overall, at first visit; 45.9% (35.5% Scotland) of Lothian women in 2015-16 were exclusively breast feeding; with 64.3% (49.3% Scotland) mixed feeding. Therefore, Lothian has the second highest exclusively breast fed rate in Scotland (and the highest mainland area) for 2015-16 data:

In all areas of Scotland, the rates drop by 6-8 weeks of age, and this is linked to many factors that are a mix of maternal, family, neonatal and social pressures. NHS Lothian wants to support all women well in the post natal period and beyond and continuity of carer, advice and support is fundamental to this. The new maternity and neonatal care strategy for Scotland with the aim of a primary midwife and the new universal pathway pre-birth to preschool should have a positive impact on this support and continuity, and therefore we will be keen to observe if this lifts the NHS Lothian figures over the next 5-10 years.
NHS Lothian Rates at 6-8 weeks of age in 2015/16

Roll Out of Universal Vitamins to All Pregnant Women
NHS Lothian will provide universal vitamins for pregnant women as announced for the whole of Scotland from 1 April 2017. We are working with community midwife teams and pharmacies to prepare for this change which will include communication and distribution storage.
3.5.6 Physical Activity
NHS Lothian will continue to support the delivery of the Scottish Government strategy Lets make Scotland Active 2003-2022 through;

Interventions
- 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 NHSL 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.

Supporting delivery of Scottish Government Active Scotland Outcomes Framework (to be published in 2017)
- 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.

Embed the national physical activity pathway in all appropriate clinical settings by 2019
- Identify 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 of the role of physical activity in supporting positive health outcomes. Look to upscale relevant aspects of this to appropriate staff.

3.5.7 Health Promoting Health Service (HPHS)
The Chief Medical Officer 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 prevention, early intervention and addressing inequalities

Key actions outlined in the 2017-18 health promoting health service plan include:
- Increased emphasis on and commitment to staff health and wellbeing
- Increased work with multi-disciplinary staff groups to enhance and scale up current efforts across Lothian to support Health and Social Care Partnership services to promote the HPHS agenda.
- Work towards embedding HPHS ethos into all policies, strategies and services.
• Further work to ensure that all services are designed and staff trained and supported to deliver HPHS activities and measure impact.
• Increased emphasis on the promotion of Physical Activity amongst staff and the population more generally through improved links with council services.
• Increasing the amount of active travel amongst staff and active improving the advertising of public travel options to NHS Lothian premises.
• Work towards the Healthcare Retail Standard Lothian wide and liaising with PFI partners about the retail offer at the Royal Infirmary of Edinburgh.
• Work towards the attainment of the Healthy Working Lives programme across NHS Lothian.

Healthy Working Lives
In 2017-18, we will link re-design of Healthy Working Lives, in response to the reduction in funding, to align more closely with action required to implement the Scottish Government Health Works Strategy across Lothian. This focuses on reducing health inequalities among people of working age by addressing workplace health and health in the workplace with a particular emphasis on people on low wages, in insecure employment and inexperienced employers. The Lothian and Borders HUB will continue to focus on small and medium enterprises and on working with them to minimise health inequalities. Training and support is given to those interested in the Award to support policy development and on specific health topics. Examples include training on substance use and on Mentally Healthy Workplace for managers in statutory, private and community sectors.

<table>
<thead>
<tr>
<th>Public Health Improvement – Summary of Key Measures</th>
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<tbody>
<tr>
<td>➢ Progress actions to associated with the National Tobacco Strategy relating to Smokefree Lothian, health inequalities, prevention, protection and cessation.</td>
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<tr>
<td>➢ Work with the Lothian Drug and Alcohol Partnerships to review and agree a spending plan to reduce harm associated with drug and alcohol consumption.</td>
</tr>
<tr>
<td>➢ Continue to support delivery of Alcohol Brief Interventions (ABI) in the three priority settings (Primary Care, Antenatal and A&amp;E) and sustain ABI training in the wider community.</td>
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<tr>
<td>➢ Utilising weight management tiered models of care continue to support reduction of obesity within both children and adults and focus on type 2 diabetes prevention in adults</td>
</tr>
<tr>
<td>➢ Support delivery of maternal and infant nutrition framework through accreditation within health visiting and family nurse teams, reaccreditation of Simpsons Maternity Unit and continue to roll out the Lothian breastfeeding assessment tool to continue to support breast feeding in Lothian.</td>
</tr>
<tr>
<td>➢ Work with community midwives and pharmacies to prepare for the roll out of universal vitamins to all pregnant women</td>
</tr>
<tr>
<td>➢ Support delivery of Scottish Government Strategy Let’s Make Scotland Active through collaboration with local authority partners to promote physical activity and embed the national physical activity pathway in all appropriate clinical settings</td>
</tr>
<tr>
<td>➢ Continue to drive forward the Health Promoting Health Service agenda through emphasis on:</td>
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<tr>
<td>- staff health and wellbeing</td>
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<tr>
<td>- re-design of Healthy Working Lives</td>
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<tr>
<td>- health promoting environment where health choices are the norm</td>
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3.6  RESEARCH AND DEVELOPMENT (R&D)

The Lothian R&D office will continue to implement the current R&D strategy, with the mission of improving health through excellence and innovation in clinical research. The objectives will remain in line with national Chief Scientist Office (CSO) priorities, but reflect strengths of Lothian and our aspiration to further support and grow local talent and initiatives.

3.6.1 Academic and Clinical Centre Office for Research and Development

1. The Academic and Clinical Central Office for Research and Development (ACCORD) office will continue to provide efficient high quality Research Governance for studies at all stages of the research pathway. This will include supporting the Lothian Research Ethics Committee. Contracting of all forms of research will ensure best value for Lothian in engaging with commercial partners, while ensuring Lothian remains attractive to a broad portfolio of commercial entities.

2. ACCORD will ensure that investment made by CSO is used effectively to promote and deliver efficient high quality research outputs. Specifically:
   a. NHS Research Scotland (NRS) networks and specialty groups will be supported to deliver eligibly funded portfolio research, to maximise the number of studies and numbers of patients enrolled in eligibly funded research.
   b. The portfolio of eligibly funded research will be underpinned by NRS Service Support Funding through pharmacy, other support services, and research staff to enable patient recruitment and retention.
   c. ACCORD will provide support to networks and specialty groups hosted by NHS Lothian through the leads and ensuring allocated funds are used to maximise activity across Scotland.
   d. NRS Researcher Support Funding will be used to support NHS employed research active clinicians through protected research time, and support negotiations with clinical managers to maximise the value of this protected time.
   e. Strategic investments in areas that are delivering a significant portfolio of research will continue, for example through support for research coordinators and managers. These include areas of high clinical pressure, for example emergency medicine, anaesthesia, acute medicine, and critical care, where R&D activity is substantial and contributes to staff morale and retention in addition to important outputs that benefit clinical service.

3. ACCORD will continue to support research active clinicians through the NRS fellowship scheme, and monitor the progress of these fellowships.

4. ACCORD will continue to support and champion the development of Nursing, Midwifery and Allied Health Professional careers by working closely with local Higher Education Institutes (HEIs) to develop novel models to support research careers that combine clinical roles with academic activity to maximise the impact of individuals. In addition, ACCORD will strongly support NMAHPs to compete for NRS fellowships,
and facilitate their embedding in established groups, including the CSO networks and local areas of research strength.

5. ACCORD will continue to promote and provide resource to partner with Scottish patients and the public by:
   a. Promoting and supporting the SHARE registry, and its use for research.
   b. Developing generic and disease- or clinical area-specific patient/public engagement groups to support the development, conduct, and evaluation of research projects. Where relevant efforts will be made to support researchers to engage with patients/public during grant preparation to maximise the chance of successful application.

6. ACCORD will invest time and effort to ensure strategic areas of local and national importance are significantly advanced, namely:
   a. The development of the NHS Research Scotland Biorepository, and associated initiatives, in collaboration with University partners and other Boards.
   b. The development of eHealth infrastructure and transparent processes, to ensure that healthcare data is accessible to Lothian researchers, and wider projects through the NRS Lothian and national safe havens. Specifically, ACCORD will establish transparent pathways, governance, processes and procedures to enable clinicians and researchers to propose projects using NHSL data and be supported through the approvals process. ACCORD will implement these processes to support any major local or national initiatives involving data linkage, for example in relation to tissue banking.

7. ACCORD will develop a strategy to grow the commercial activity undertaken within NHS Lothian. For example:
   a. Major groupings will be encouraged and supported to increase their commercial portfolio, supported by the infrastructure investment made by ACCORD (in research managers and coordinators).
   b. Pro-actively connect industry with potential local PIs, working closely with the NRS Industry Liaison Manager to identify new commercial opportunities and pipelines.
   c. Utilise the NRS fellows to champion commercial activity in key areas
   d. Provide strong support in contracting, engaging with PIs to ensure that contracts represent best value to NHSL
   e. Seek overarching or programmatic investment from industry and Life Sciences for collaborative research programme, in collaboration with the University of Edinburgh and other HEIs

8. ACCORD will act as a coordinating and central point in facilitating connection between clinicians with challenges and engineers, physical scientists, computer scientists, and other areas of science to maximise the opportunity for novel discovery and development to provide solutions to healthcare challenges. This will be achieved by closer interaction between NHS Lothian and HEIs, to accelerate new ideas and their translation into clinically useful products.
3.6.2 Nursing, Midwifery and Allied Health Professional (NMAHP) Research

NHS Lothian will:
- Seek to build on existing progress to establish Lothian as a centre of excellence for NMAHP research, as it is for medical research.
- Promote research as a core activity for the NMAHP professions thereby supporting the wider improvement agenda to achieve safer, more effective, efficient, productive, and person-centred care.

14,000 of the 26,000 employees of NHS Lothian are NMAHPs and therefore have a central and hugely significant role in the delivery of care across the whole spectrum of health and social care services. Currently 44 (0.3%) of these are research-trained to postgraduate level or are in training, of whom 14 (0.09%) occupy substantive posts with a significant research component. The Department of Health in England and Association of UK University Hospitals has recently established the ambition that by 2030 1% of all NMAHP roles will be clinical academic (note that in the medical workforce nationally this currently stands at 5%).

The Board will build on foundations which have been established in recent years:
- Collaborative NMAHP Research Strategy with local Higher Education Institute (HEI) partners – University of Edinburgh (UoE), Edinburgh Napier University (ENU) and Queen Margaret University Edinburgh (QMU)
- Clinical Academic Research Careers (CARC ) scheme - £1.3m joint investment by NHS Lothian, UoE, ENU, QMU, NES and Alzheimer’s Scotland across 5 sites since 2011
- Clinical Academic Homes – honorary contractual arrangements supporting clinical research focussed activity and capacity development across the service and academic boundary
- Research Futures – approximately £100k invested by NHS Lothian and Edinburgh & Lothian Health Foundation to support postgraduate research degree study expenses.

In 2017/18 we will:
- Establish a new 5 year NMAHP Research Strategy 2017-2022 jointly with local HEI partners
- Build a business case for a programme of NMAHP-led multidisciplinary, health services research focussing on NHS Lothian priority areas (e.g. integration of health and social care, dementia, health inequalities, service redesign) which incorporates a platform to support sustainable NMAHP clinical academic research career pathways and ensures even greater synergy with the Board’s approach to QI.
- Commission collaborative research studies at postgraduate degree level with our HEI partners which address a number of key service questions
- Work closely with Research & Development Director and Head of Medical School (UoE) to optimise learning from Edinburgh Clinical Academic Training model in the further development of NMAHP clinical academic career pathways.
- Work with other health boards regionally to establish NHS Lothian as a national test area for NMAHP research career models
- With HEI partners vigorously pursue the establishment of a number of joint NMAHP clinical-academic posts at senior level e.g. Associate Professor/Nurse Consultant.
- Continue to encourage suitably qualified NMAHPs to apply for an NRS Career Researcher Fellowship which support up to 0.2WTE backfill for protected research time in job plans.
<table>
<thead>
<tr>
<th>Research and Development – Summary of Key Measures</th>
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<td>- ensure investment is used effectively to promote and deliver high</td>
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<td>quality research outputs</td>
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<td>- support research active clinicians through NHS Research Scotland</td>
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<td>fellowship scheme</td>
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<tr>
<td>- support and champion the Development of Nursing, Midwifery and</td>
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<tr>
<td>Allied Health Professional careers through close working with local</td>
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<td>Higher Education Institutes</td>
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<td>- continue to promote and provide resource to partner with Scottish</td>
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<td>patients and the public</td>
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<td>- invest time and effort to ensure strategic areas of local and national</td>
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<td>importance are advanced</td>
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<td>- develop a strategy to grow the commercial activity undertaken in NHS</td>
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<td>Lothian</td>
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<td>- co-ordinate and facilitate connection between clinicians with</td>
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<td>challenges and engineers, physical scientists, computer scientists and</td>
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<tr>
<td>other areas of science to develop and provide solutions to NHS</td>
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<tr>
<td>challenges</td>
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<tr>
<td>➢ Establish a new 5 year Nursing, Midwifery and Allied Health Professional</td>
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<tr>
<td>(NMAHP) research strategy 2017-2022</td>
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<tr>
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<td>research focusing on NHS Lothian priority areas (integration of health</td>
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<td>and social care, dementia, health inequalities, service redesign)</td>
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<tr>
<td>➢ Commission collaborative research studies at postgraduate degree level with</td>
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<tr>
<td>our Higher Education Institute partners</td>
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<tr>
<td>➢ Work with Research and Development Director and University of Edinburgh</td>
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<tr>
<td>Head of Medical School to optimise learning from the Edinburgh Clinical</td>
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<tr>
<td>Academic Training module to further develop NMAHP clinical academic</td>
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<tr>
<td>career pathways</td>
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<tr>
<td>➢ Work with regional NHS Boards to establish NHS Lothian as a national test</td>
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<tr>
<td>area for NMAHP research career models</td>
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<tr>
<td>➢ Vigorously pursue the establishment of joint NMAHP clinical-academic posts</td>
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<tr>
<td>at a senior level with Higher Education Institute partners</td>
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<tr>
<td>➢ Encourage suitable qualified NMAHPs to apply for a NRS Career Research</td>
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<tr>
<td>Fellowship</td>
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4. LOCAL DELIVERY PLAN (LDP) STANDARDS

NHS Lothian will continue to monitor and report performance against delivery of the 2017/18 LDP standards through the appropriate local and national systems. Submission of monthly performance reports for review and action will be via the Corporate Management Team. NHS Lothian Committees and Board will oversee the scrutiny and assurance of performance. Performance against the delivery of the LDP standards will be maintained through executive lead directors, committees and local management groups.

Commentary is provided below on current performance and actions to support improvements in delivery of the 2017/18 LDP standards and to mitigate the impact of risks.

People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (25% increase) 31 days from decision to treat (95%) 62 days from urgent referral with suspicion of cancer (95%). Early diagnosis and treatment improves outcomes.

NHS Lothian’s performance over time against this target has been consistently above the all Scotland position and has followed a continued upwards trajectory in detection of stage 1 combined cases. NHS Lothian has increased the percentage of breast, colorectal and lung cancers (combined) detected at stage 1 by 19.9% from the baseline years of 2010 & 2011 to the final reporting period of 2014 & 2015. Scotland as a whole saw an increase of 8.0% in the same period. In NHS Lothian over the 2014 & 2015 period 27.1% of breast, colorectal and lung cancers (combined) were detected at stage 1 compared with 25.1% for Scotland as a whole. NHS Lothian delivered the second highest percentage improvement of all the mainland Boards.

NHS Lothian will update data after June 2017, when ISD will release national annual figures. Following the outcome from Scottish Government on the outcome from the Board’s cancer implementation submission we will give an update on funding.

Impact on colorectal performance across all Boards will be subject to the conclusion of the bowel screening QoF (March 2015).

In January 2017 performance showed 81.3% against a target of 95%, 62 day target from receipt of referral to treatment for all cancers. This applies to each of the following groups:-
- any patients urgently referred with a suspicion of cancer by their primary care clinician (for example GP) or dentist;
- any screened-positive patients who are referred through a national cancer screening programme (breast, colorectal or cervical);
- any direct referral to hospital (for example self-referral to A&E).

Planned actions to support improvement are summarised below:-
- Introduction of daily review meeting with Urology and Colorectal trackers with management support
- Increase in access to urology first Outpatient appointment
- Change to administration process – allow cancer trackers within urology access rights to book patients direct into OP appointment
- Identification of ‘bottle necks’ in pathway to target potential improvement and redesign work
- Additional private sector capacity being introduced for urology/colorectal/GI
- Introduction of 0.5wte Cancer waiting times service role to provide increase in scrutiny, support and training for trackers
- Implementation of Robotic Prostatectomy

Additional senior management scrutiny of cancer performance and structure is also being undertaken. Specialty review meetings have taken place in January with the WGH site Director and individual tumour sites for Head and Neck, Colorectal, Urology and Upper GI to clarify governance arrangements and identify pathway issues associated with the current performance. This review forms part of ongoing additional management scrutiny for cancer services.

**People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support (PDS).** Enable people to understand and adjust to a diagnosis, connect better and plan for future care

ISD have published data against the above standard for the first time on 24th January 2017. Data is reported at NHS Health Board level only against 2 elements of the standard. Performance against the Standard as a whole is also reported. The data reflects diagnosis on the year 2014/15.

1. To deliver expected rates of dementia diagnosis;
2. All people newly diagnosed with dementia will have a minimum of a year’s worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan

As of 2014-15, 25% of New Diagnosed Incidences of Dementia were referred to PDS and 64% of all people newly diagnosed with dementia will have a minimum of a year’s worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan.

Lothian Integrated Joint Boards (IJB) Actions Planned for improvement:-
- Improve capture of PDS being delivered by secondary care mental health services through the development of a questionnaire on TRAK to capture required data for ISD submission.
- Improve recording of diagnosis in TRAK.
- Procedures agreed and implemented with local teams
- Routine reports to feedback performance to teams in place

Further guidance from ISD to develop reporting of diagnosis and referral rate by Partnership area was published on 24th Jan 2017. ISD guidance to inform boards of proposed changes regarding the methodology of anticipated rates for diagnosis of dementia was published on 24th Jan 2017.

**12 weeks Treatment Time Guarantee (TTG 100%).** Inpatient & Day Case (IPDC)

In January 2017, 1,434 individuals were waiting over 12 weeks for inpatient and day case treatment. The use of independent sector ceased from the 1st April 2016; internal capacity is unable to fully cover this previous activity which will impact on performance. Details of Demand, Capacity, Activity and Queue (DCAQ) work including efficiency improvements that we are undertaking are described below:
• Detailed review of Acute Services’ available capacity and demand undertaken to inform our future capacity plans and financial planning process. This Demand, Capacity, Activity and Queue exercise has examined service performance against key performance indicators and identify scope for improvement with recommendations to specialties. Work has now moved from data collection and analysis to performance improvement monitoring. Actual activity against core capacity now implemented.
• Implementation of a Theatres Improvement Programme – a significant programme with multiple work streams to improve theatre efficiency.
• Theatre matrix meetings established on all sites. Facilitates optimum use of sessions through ‘pick up’ of cancelled lists due to leave and optimise use of hours within sessions. Service review of all booked theatre lists one week in advance to ensure optimum booking and theatre efficiency.
• Establish extent to which specialties plan routine elective patients requiring to be preoperatively assessed are appointed no later than week 4 of their journey – ensure consistent approach is taken.
• Development of trajectories and detailed actions maximising internal capacity;
• New trajectories build up from, DCAQ work. Process endorsed by SG early May. Trajectories now developed until End March 2017.

18 weeks Referral to Treatment (RTT 90%).
In January 2017, 79.2% against a standard target of 90% of NHS Lothian planned/elective patients commence treatment within 18 weeks of referral.

The use of the independent sector ceased from 1st of April 2016. However funding has been agreed till March 2017, to target and support those specialities with the longest waiting times; internal capacity remains unable to fully cover this previous activity which will impact on overall RTT performance. Details of DCAQ work including efficiency improvements that we are undertaking are described below:-

• Pursue significant programmes of work to improve efficiency and reduce patient waits for IP and OP access: Theatre Improvement Programme; Demand and Capacity Programme, and Outpatient Redesign Programme.
• Ensuring clinic outcome data is completed
• Develop a monthly report that details by speciality and clinician clinic outcome completeness, supporting targeting improvement actions

12 weeks for first outpatient appointment (95% with stretch 100%)
Shorter waits can lead to earlier diagnosis and better outcomes for many patients as well as reducing unnecessary worry and uncertainty for patients and their relatives.

As of January 2017, 67.2% (19,016) against a standard target of 95% patients were waiting over 12 weeks for their first outpatient appointment at a consultant-led clinic. This includes referrals from all sources.

To ensure patients are informed about their pathway they are now sent a letter when they are added to an outpatient waiting list. These letters acknowledge receipt of the referral, explain that some services have waits longer than 12 weeks and provide contact details for the appropriate booking office so the patient can access more information if required.
The outpatient letters are sent to most specialties where there is a 12 week target in place. They are not currently sent if the patient has been referred to Allied Health Professional led specialties such as physiotherapy, to diagnostics such as Radiology or to Mental Health services. This is to avoid confusion for patients as there are different waiting times targets in place in these areas. These letters started to be sent in March 2017.

The software issue impacting on reporting at the Dental Institute has been effectively addressed. Patients there are now included, with updated figures presented from March 2016.

Use of independent sector ceased from April 1 2016; internal capacity is unable to fully cover this previous activity which will impact on performance. Use of independent Sector recommenced in November 2016 and is in place until March 2017. Details of DCAQ work including efficiency improvements that we are undertaking are described below:

- Review of Acute Services' available capacity and demand undertaken to inform our future capacity plans and financial planning process. This Demand, Capacity, Activity and Queue (DCAQ) exercise examined service performance against key performance indicators and identify scope for improvement with recommendations to specialties.
- Move from data collection and analysis to performance monitoring and improvement trajectories.
- Cessation of independent sector capacity from April 2016, factored into DCAQ work.
- Independent sector engagement for additional ‘See and treat@ capacity recommenced in November 2016.

In line with the National Towards Our Vision for 2020 Delivering Outpatient Integration Together Programme. Aim of the programme is manage flow through consistently and sustainably delivering a suite of changes.

Progress following work streams:
- Advice Only – Allows clinician to provide advice as an alternative to an outpatient appointment where appropriate and safe to do so.
- Accommodation Matrix – ‘At a glance’ view of physical clinic space which is used by Outpatient Service Manager and Clinical Service Managers to identify available staffed clinic space and facilitate clinic reconfiguration without additional resource, thus increasing capacity for both new and review patients.
- Return Patient List – Demand for return patients will be captured. Allowing return patients to be seen at clinically appropriate times. Capacity can be planned in advance; rescheduled return appointment through cancellation will decrease, protecting new patient slots.
- Template Harmonisation – process of reviewing clinic templates to ensure they reflect current practice and demand
- Review of the Refhelp service for GPs focusing on key specialties under significant pressure. GP and Specialist engagement in the review.
- Detail on waits per specialty to be made available to GPs so they are aware of length of wait prior to referring.
- Engagement with ‘Leonardo’ to progress 100 day project on primary and secondary care collaboration on future role of outpatients.
• ‘The Modern Outpatient, a collaborative Approach’ has been launched by SG and its implementation is being progressed through Outpatient Strategic Board.
• Clinical Board established to progress development of plan for ‘Consultant to Consultant’ referrals, establishing clear expectations for referral of patient to outpatients and review and progression of Refhelp.
• Develop business case for implementation of patient focussed booking.
• Independent sector capacity for see and treat patients has been switched on at Spire Healthcare.
• Re-engagement with Medinet for Adult and Paediatric ENT and Dermatology

At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation. Antenatal access supports improvements in breast feeding rates and other important health behaviours.

In December 2016, NHS Lothian met the performance target, 88.8% of pregnant women in each SIMD quintile had booked for antenatal care by the 12th week of gestation against an 80% performance target.

*80% is zero in the above chart (HEAT target = 80%)

• NHS Lothian is above 80% for all SIMD quintiles in Lothian
• We are aiming to maintain and improve on our good results by continuing to implement our good practice and use improvement methodology
• Community Midwifery Services receive statistics monthly from centralised booking and this keeps us on target
• A quarterly centralised booking meeting is a way of continuously improving our processes and to ensure that the information that we are distributing is current. This is done in conjunction with Health Promotion Services and contains relevant public
health reminders and so this becomes a way to spread relevant public health messages (e.g. Flu vaccinations)

- As part of early intervention and prevention strategies, midwives undertake the following risk assessments at booking visit (7-10 weeks) These include:
  - Routine Enquiry for Gender based violence
  - CO monitoring/smoking
  - Alcohol brief intervention

Early booking compliments the pending new strategy for maternity and neonatal care; maternal and infant nutrition work; the new universal pathway pre-birth to preschool, FNP support for teenage mothers, GIRFEC and the Children and Young People (Scotland) Act aims.

**Eligible patients commence IVF treatment within 12 months (90%).** Shorter waiting times across Scotland will lead to improved outcomes for patients.

In December 2016, 100% of eligible patients commenced IVF treatment within 12 months thus exceeding the standard. NHS Lothian anticipates exceeding this standard in 2017-18.

**18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%).** Early action is more likely to result in full recovery and improve wider social development outcomes.

In January 2017 the performance showed a 42.4% against a target of 90% of patients meeting the target.

While there are a number of different specialist teams, the bulk of activity is managed via the outpatient teams with the majority of long waits on the generic waiting list.

The CAMHS Recovery Plan was developed and implemented from September 2018. It covers the period of one academic year only and has 3 main strands designed to increase the number of patients treated and reduce long waits.

- Change in Link Worker Capacity Building Time
- Reduction in CHOICE assessment clinics
- Recruitment of additional staff
All Generic Teams - Number of children and young people waiting over 18 weeks

All Generic Teams - Number of children and young people seen for 1st treatment
18 weeks referral to treatment for Psychological Therapies (90%).
Timely access to healthcare is a key measure of quality and that applies equally to mental
health services.

The Scottish Government has set a target for the NHS in Scotland to deliver a maximum
wait of 18 weeks from a patient’s referral to treatment for Psychological Therapies from
December 2014. Following work on a tolerance level for Psychological Therapies waiting
times and engagement with NHS Boards and other stakeholders, the Scottish Government
has determined that the Psychological Therapies target should be delivered for at least
90% of patients.

In January 2017 65.2% of NHS Lothian patients were achieving the above target.

An additional 12 WTE psychologists are required to clear the queue of patients waiting.
“Building Capacity” allocation has been agreed at 10.5 WTE Clinical staff for Adult mental
Health General Services to be recruited on a permanent basis.

- 9.5 WTE Clinical Staff have been recruited to as of October 2016.
- WTE Band 8a remains to be recruited to.
- 0.8 WTE band 7 has been recruited to CFS service from these funds.

Actions planned to improve compliance with the LDP standard includes:
- Updated Service Improvement plans for each service / team delivering psychological
  therapies.
- A single prioritised amendments / additions work-plan for TRAK with named
  analytical, data and system support staff from clinical services, e-health and
  planning.
• Development of a single implementation plan for the introduction of Patient Focused Booking across all service delivering psychological therapies.
• Development of a single implementation plan for the introduction of Text Reminder system across all service delivering psychological therapies.
• Agreement of norms per WTE for direct clinical contact (appointments) based on banding and role across teams delivering psychological Therapies. Improved reporting of expected versus actual activity.
• Amendment of the Meridian work allocation tool within Psychological Therapies in Edinburgh only for job planning with nurses and AHP delivering formal Psychological Therapies within REAS.
• Completion of updated DCAQ for all general adult services.
• Completion of remaining DCAQ for all services / teams whose data is recorded and reported from TRAK.
• Introduction of Lothian-wide Group Programme funded by Mental Innovation funding.

**Clostridium difficile infections per 1000 occupied bed days (0.32) SAB infections per 1000 acute occupied bed days (0.24).** NHS Boards area expected to improve SAB infection rates during 2017/18. Research is underway to develop a new SAB standard.

In January 2017, performance was 0.31 SAB infections per 1000 acute occupied bed day against a target of 0.24. The actions to support improvement in SAB infection are outlined below:

• Development of more detailed action plan in conjunction with Quality Improvement.
• Infection Prevention and Control to improve quality of information reported to clinical and senior teams in relation to SAB.
• Additional resources to support education and clinical practice to work with clinical teams in the reduction of invasive device related SABs.
• Quality Improvement and education of all staff involved in the care of invasive devices is essential to ensure safe practice.
• The two staff appointed must deliver local education to improve practice in areas with highest incidence of device related infection.
• Through education and patient safety ensure all levels of staff involved in insertion, maintenance and use of invasive lines deliver safe and effective practice and demonstrate competency and compliance in use of asepsis.
• Essential all medical staff as well as nursing staff are appropriately trained and competent in the handling of lines.
• Shared learning and practices from areas where invasive lines infection rates are low should be developed through quality improvement teams.
• A review of skin preparation products to ensure the correct product CA2CSKIN is being utilised supported by updated communication and education.
• Standardise transparent dressings utilised for invasive vascular devices to ensure compliance with best guidelines.
• Establish a quality improvement project to consider the efficacy and benefit of using antimicrobial lock solutions e.g. Taurolock.
• Catheter care should be reviewed and catheter use needs to be discouraged when not absolutely necessary and access to alternatives explored.
• Roll out of SPSP CAUTI Bundle to areas reporting catheter associated infections using the Pareto charts to prioritise implementation.
• Improve compliance with National MRSA Screening Clinical Risk Assessment ensuring decolonisation/suppression therapy is implemented where clinically indicated.
• Evaluate the impact of routine decolonisation to reduce the incidence of Hickman and PortaCath related SAB should be considered with a view to implementation in other units with high central line use.
• Review of blood culture sampling practice and education for front door areas
• Test of Change within Emergency Department at the RIE on the effectiveness of grab bag approach to blood culture sampling. Grab bags would contain all equipment required for safe sampling and a reminder message outlining what is best practice within the pack.
• Ensure education of all staff undertaking blood culture to ensure competency and safe practice.
• Review blood culture contamination rates as a standing item discussed weekly at ward safety briefs and at departmental M&M meetings. Ensure feedback and education of staff with poor technique, reducing the risk of contaminated samples.
• Introduction of the Visual Phlebitis scoring as part of the patient safety bundle.
• Raise awareness of risks associated with unsafe injection practices with People Who Inject Drugs (PWIDs).
• Frontline clinical teams to ensure opportunities for education to PWIDs when presenting within acute setting.

Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%). Services for people are recovery focused good quality and can be accessed when and where they are needed.

In July -September 2016 85.4% of clients will achieve the above standard against a target standard of 90%.

The Substance Misuse Directorate (SMD) is continuing to use the productivity work to maximise capacity in local services. Actions to improve performance are summarised below:-

Discussions are ongoing with the three ADPs and four IJBs about what the likely available funds for the remainder of this financial year and next will look like significant reductions are still expected which will impact on ability to deliver 3 week target.
The review of residential services is ongoing and the impact on services will be addressed as part of this review.

The Lothian Substance Misuse Collaborative, the three ADPs and the four IJBs are working to take proposals forward to each organisation’s Board to highlight what is required to meet the access target in each area and ensure sustainable services. ADPs are drawing together risk assessments on the impact on service delivery of the 23% reduction in ADP funding and these will be agreed through local IJB governance structures.

In addition NHS Lothian, the ADPs and the Health and Social Care Partnerships have agreed to progress the recommendations from a piece of commissioned work completed by McMillan Rome. The report and proposed next steps have been circulated to service leads. The Lothian Wide Substance Misuse Collaborative Group has set up several task groups to
progress the detail of each recommendation. This was further discussed and refined at November Collaborative Meeting and leads identified. Initial outcomes were discussed in December and further work is ongoing to identify risks and mitigations to each task. Savings have been identified but not to the level of 23% required. Proposals and the impacts of these proposals are now going through governance processed CMT and the four partnerships. During February and March.

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

In December 2016, NHS Lothian met the target. 16,831 alcohol brief interventions were delivered against an annual target of 9,757. ABI National Guidance from the Scottish Government 2017-18 sets NHS Lothian ABI delivery target 9,757.

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

It is expected that at least 80% of delivery will continue to be in the priority settings. The remainder will be delivered in wider settings in accordance with the national guidance.

It is expected that NHS Lothian will exceed the target as illustrated in previous years outlined below.

Phase 1 – HEAT Target 2008-2011
- **Outcome**: NHS Lothian delivered 29,884 ABIs which represents 127% of the target (23,594)

Phase 2 –HEAT Target 2011-2012
- **Outcome**: NHS Lothian delivered 17,093 ABI’s which represents 172% of the target (9,938)

Phase 3- HEAT Standard 2012-2013
- **Outcome**: NHS Lothian delivered 18,275 ABI’s which represents 184% of the target (9,938)

Phase 4 –HEAT Standard 2013-2014
- **Outcome**: NHS Lothian delivered 23,735 ABI’s which represents 239% of the target (9,938).

- **Outcome**: NHS Lothian delivered 24,388 ABIs which represents 244% of the target (9,938).

Phase 6 – HEAT Standard 2015-16
- **Outcome**: NHS Lothian delivered 28,972 ABI’s which represents 294% of the target (9,9757)
Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas. Enabling people at risk of health inequalities to make better choices and positive steps toward better health.

NHS Lothian will sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas by providing an accessible cessation service in our most deprived communities, targeting key community facilities and assets.

At September 2016, 454 successful quit attempts were achieved in Quarter 1 and 2 2016 (April to September) which accounts for 31% of the overall 2016-17 target.

Smokefree Lothian’s mission remains to provide an effective cessation service to hospital patients, both acute and mental health, pregnant women and their families and supporting Smokefree Prisons providing a cessation service in both Lothian Prisons.

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For 2017-18 we have reviewed the quit targets and have started planning the delivery of a ‘Shared Care Model’ across NHS Lothian. The aim will not only be to promote a more effective patient care model but to also increase the performance of NHS Lothian’s Smokefree Pharmacies. It is expected this Shared Care Model will lead to an additional increase in successful smoking quits of circa 10% to be delivered through pharmacies.

Actions planned to improve performance include:
The core NHS service is entirely funded from a Scottish Government allocation. The service remains in the process of significant redesign to meet reductions in budget including a reduction in the Scottish Government allocation. As a consequence there has been disruption to staffing levels.

A new service manager took up post In December soon to take forward further improvements and will help optimise the outcomes the service can achieve against reduced funding.

The New Service Manager and Consultant in Pharmaceutical Public Health established a Smokefree Lothian Working Group, they agreed to target low performing Pharmacies and review training and resources, including administrative support from Smokefree staff. Discussions are taking place about a future shared care model 17/18.

48 hour access or advance booking to an appropriate member of the GP team (90%). Often a patient’s first contact with the NHS is through their GP practice. It is vital, therefore, that every member of the public has fast and convenient access to their local primary medical services to ensure better outcomes and experiences for patients.

Following the removal of the 48 hour access indicators in the Quality Outcomes Framework (QOF) for 2015-2016 there is no longer local monitoring of 48 hour access to GP services. Access is instead assessed through the two-yearly and centrally delivered National Health and Care Experience Survey.
Results from National Health and Care Experience Survey

<table>
<thead>
<tr>
<th></th>
<th>2009/10</th>
<th>2011/12</th>
<th>2013/14</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>48-hour GP/HCP access</td>
<td>90.0%</td>
<td>84.0%</td>
<td>85.0%</td>
<td>85.0%</td>
</tr>
<tr>
<td>Advance booking</td>
<td>77.0%</td>
<td>80.0%</td>
<td>77.0%</td>
<td>75.0%</td>
</tr>
</tbody>
</table>

The most recent report shows declining satisfaction with access. This correlates with the increase in GP practices in Lothian experiencing difficulty in recruiting and retaining staff (a phenomenon being experienced across Scotland) and the introduction by some practices of restrictions on new patient registrations. There is unlikely to be any significant improvement in this position until the new GP contract is introduced in autumn 2017.

**Sickness absence (4%)** A refreshed Promoting Attendance Partnership Information Network Policy will be published during 2017/18 and this will then influence our local policy.

In February 2017 4.78% of NHS Lothian staff hours have been lost to staff sickness time against a standard target of 4%.

Actions planned to improve staff hours lost are outlined below:-
- Attendance Management Training Sessions continue to be held.
- Master Classes are being held to assist managers in dealing with difficult conversations at work in the context of staff absence.
- Targeted support has been put in place for absence hotspots i.e. Nursing Bands 1-5 and A&C Bands 1-4.
- Absence Review Panels have taken place to review how absence cases are being handled and provide further advice and guidance, these will continue.
- An Absence Dashboard available to all managers has been set up to facilitate effective performance monitoring at a local level.
- As part of the Efficiency and Productivity Group a sickness absence project has been set up to focus on what could be put in place to assist with an improvement in absence levels. This will initially be focussed on the RIE but any successful improvements will be rolled out across NHS Lothian.
- An Internal Audit of Absence Management has recently taken place. The overall summary was that there are appropriate controls in place to manage sickness absence within the organisation with only a few control issues to be addressed which have now been addressed.
- A paper was taken to the Staff Governance Committee and the Lothian Partnership Forum in January 2017, and agreement reached that a Health and Wellbeing Strategy should be developed over the next 6 months to focus on trying to prevent absence by addressing the health and wellbeing of staff. A draft will be available by June 2017.

The sickness absence assurance levels were also discussed and reviewed at the Staff Governance Committee in March 2017. The committee took moderate assurance based on the information available that systems and processes are in place to help support the management of staff absence to achieve the 4% rate.
4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%). High correlation between emergency departments with 4 hour wait performance between 95 and 98% and elimination of long waits in A&E which result in poorer outcomes for patients.

In January 2017 performance against the 4 hour target was 92.8% set against the standard target 95%. 93.5% Year to date, 93.2% Month to date Inclusive of WGH (10.02.17) (Increase of 0.4 % and 2.6% respectively since Jan reporting)

Winter planning is well embedded and rolled out across the system. Additional bids included to support patient flow across the system, for example extra pharmacy support to the discharge lounges.

Investment in virtual ward models of care such as HAH, H2H and D2 Assess, across the partnerships and acute system are in place and the number of teams has increased in number to support care provision at home.

Local Service Improvement teams are taking forward a number of diverse improvement activities including daily dynamic discharge and a check chase challenge approach to planning discharge from hospital.

Edinburgh locality model continues to evolve; focusing on admission avoidance and ensuring timely discharge from hospital. Weekly teleconference with the IJB Chief Officers and COO and acute teams to discuss pressures and performance with a view to enacting actions to support mitigation of risk continues.

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

- Deliver on Lothian’s winter plan that included reducing elective bed pressures in January to support unscheduled capacity, enhancing weekend services and strengthening services that manage increased winter demand and support flow. The plan builds on the need for whole system working across acute, primary and social care services. Working with Integrated Health Boards is assisting with the promotion of care at home services and shifting away from hospital admission being considered as the ‘default’ position.
- Focus on care in the community models is evidenced such as HAH virtual wards and H2H support for patients requiring POC.
- Implement national 6 essential actions unscheduled care toolkit on all three acute sites. These are integral to planning and delivery unscheduled care services, including winter.
- Implement recommendations from the Deloitte report around Frailty pathways and Length of Stay.
- Implement SEFAL (Safe Effective Flow across Lothian) work stream shifting discharge curve to earlier in the day and avoiding more unnecessary admissions.
- Referred to the Flow Centre for short.

Performance is better to date than last year at this time but monitoring of sustainability is ongoing. All acute sites experiencing high acuity of patient workload impacting on the resource at the front door areas as the patients are stabilised. There is a vigilant focus on prevention of crowding in the assessment areas and a strong senior team presence 7 days
on the RIE (largest site) has been effective in supporting the site in anticipating and proactively managing the complex situations which can present.

**Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement.** Sound financial planning and management are fundamental to effective delivery of services.

NHS Lothian continues to assess the financial plan for 2017-18 with the aim of achieving a balanced position. Work is on going to support business units in the delivery of financial recovery plans to meet the challenge of closing the financial gap.

The LDP Standards are intended to provide assurance on sustaining delivery which will only be achieved by evolving services in line with the 2020 vision. The Scottish Government will continue to review the LDP Standards to ensure that their definitions are consistent with changes in service delivery through the 2020 vision.

<table>
<thead>
<tr>
<th>Local Delivery Plan Standards – Summary of Key Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ LDP standards will be maintained and delivered within available resources and in line with peer performance</td>
</tr>
<tr>
<td>➢ NHS Lothian Board will review and discuss delivery of LDP standard performance on a regular basis</td>
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5.0 PATIENT EXPERIENCE AND SAFETY

5.1 Patient Experience

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

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

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 and through our regular reporting function 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 so that we can ask a few more details and look into their concerns. More recently, a number of frontline clinical staff have requested access to the PO system so that they can respond directly to the person.

New Model Complaints Handling Procedure - We have been working hard to prepare for the implementation of the new model CHP ahead of its implementation on April 2017. We have been hosting a number of staff awareness sessions across all the clinical management teams and have updated our complaints policy which is currently being consulted upon. Whilst we see the April date for implementation as important we believe that this will be a longer term programme of work with the staff and this will be a key priority for us for the year ahead. In addition to this we have working with our partners in the 4 local authorities to see how we can improve our process for those 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 and to this end has made it a requirement of NHS Lothian Board and its committees, that papers proposing service change, improvement or policy set how service users and public have been involved and the outcome of the involvement. NHS Lothian looks forward to working with Our Voice local peer network to explore how they can contribute to the development of services and how national learning from the Our Voice can inform local service improvement.
5.2 Patient Safety Programme
NHS Lothian in collaboration with the Lothian Health and Social Care Partnerships will be focussing on the following priorities during 2017-18 which are aligned to the Scottish Patient Safety Programme Core Themes.

- 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
- Contribute to the reduction in \textit{Staphylococcus aureus} Bacteraemia (SABs) through reliable PVC/CVC insertion and maintenance

Management of Healthcare Associated Infections
\textit{Clostridium difficile} infections (CDI) incidence per 1000 occupied bed days (0.32) \textit{Staphylococcus aureus} Bacteraemia (SAB) infections incidence per 1000 acute occupied bed days (0.24).

The current LDP notes that HAI LDP standards are not changed and are carried forward from 2016/17 the requirements note there is research underway to develop a new SAB standard. Discussions are taking place at a national level in relating to hospital associated infections.

1. There is a proposal for changes in denominator data which could impact on the actual final LDP requirements for SAB and CDI in 2017-18.
2. Additional LDP standards’ being discussed at various national meetings with representatives from SGHD and this includes a reduction in \textit{E.coli} Bacteraemia (ECB) for which surveillance became mandatory in April 2016.
3. Health Protection Scotland also intend to implement a change to the categorisation of cases of \textit{C. difficile} which will no longer be divided into two categories by age (e.g. 15-64 years and over 65 years) but will all be reported as age over 15 years. Also the categories of Hospital Acquired and Healthcare associated are being merged into one category of Healthcare Associated \textit{C. difficile} infection. This will result in some change in the categorisation and reporting of NHS Lothian’s data nationally.

Caveat: At the time of preparing this action plan the information on revised and any additional LDP requirements was not available. The meeting between the Health Minister and the HAI Policy Unit to discuss proposals is not scheduled until late February 2017. Therefore this action plan is subject to change depending on the outcomes of these discussions.
## Delivery and Improvement

<table>
<thead>
<tr>
<th>Risk</th>
<th>Management of Risk</th>
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| There is a risk of harm to patients through routine and essential clinical interventions | - The application of care bundles related to Healthcare Associated Infection, for example for insertion and maintenance of central venous lines, peripheral venous cannulae and urinary tract catheters assist in reducing the risk of bacteraemia.  
- Targeted work to reduce blood culture contamination rates and thereby possibly avoid unnecessary further investigation of bloodstream infection and possible unnecessary antimicrobial exposure.  
- Compliance with antimicrobial prescribing guidelines to reduce the risk of healthcare associated Clostridium difficile infection (CDI) and avoid selecting antimicrobial resistance. |
| There is a potential risk to patients through poor knowledge of staff regarding best practice relating to prevention and control of infection | - All staff should have an HAI objective within their annual work plan and linked practice development activity in their personal development plan.  
- The HAI Education Strategy is currently under review pending launch of new national training packages, and is available on the intranet  
- The National Infection Control Manual is available on the intranet and supplemented by 7 day access to a duty IPCN service for advice and guidance.  
- 7 day access to advice about infection control also requires out of hours input from microbiologists and virologists  
- The National manual only covers 3 chapters of generic advice but doesn’t cover specific common infection and our local manual requires review to ensure up to date guidance regarding common issues like MRSA management or MDR Gram negative management which creates a risk as staff do not have access to information regarding how to apply best practice in such situations. |
| Poor compliance with standard and transmission based precautions can increase the risk of acquisition and transmission of infection. | - Clinical teams undertake a scheduled programme of audit of SICPs compliance.  
- Senior Charge Nurses and Clinical Nurse Managers are responsible for taking remedial action in relation to suboptimal audit results; including formulating structured improvement action plans as appropriate. Progress with these should be monitored by site Infection Control Committees.  
- The Infection Prevention & Control Team undertake regular informal and formal quality assurance audits of SICPs and TBPs. There is regular ward based review of patients with known infections due to alert organisms. |
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<tr>
<th>Risk</th>
<th>Management of Risk</th>
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| Failure of local ownership/leadership and corrective action regarding suboptimal performance relating to SICPs compliance can lead to acquisition of healthcare associated infections and can impede identification of lessons to learn and areas to improve when HAIs occur. | • Local ownership by site and clinical teams of improvement action plans and support of the implementation of wider HAI related strategies is critical, and must continue to be strengthened further, particularly through site based infection control committees providing such a site HAI governance structure and forum for discussion.  
• Aggregated data (e.g. *C. difficile* incidence) to facilitate wider performance monitoring and management across a range of measures is provided to key governance and management committees on a monthly and quarterly basis. This includes progress with local trajectories for LDP targets.  
• Key data are collated and reported monthly to site & ward level to allow local clinical and management teams with support from the Infection Prevention and Control Team (IPCT) and others to target improvement actions to further reduce HAI. Reports are freely available on the IPCT intranet page.  
• Data is presented using a variety of methods including Pareto charts and Statistical Process charts to facilitate meaningful local analysis, and target interventions towards the areas of highest risk.  
• Local Site Infection Control Committees are responsible for guiding local ownership and action to support interventions for local reductions in HAI. Oversight and governance is provided by the NHS Lothian Infection Committee.  
• Root Cause analysis (RCA) of SABs that are considered healthcare associated is undertaken by clinical teams with support from IPCT within two working days. RCA can identify intrinsic and extrinsic risk factors may have contributed to acquisition of infection.  
• The IPCT in conjunction with medical staff from microbiology conduct a detailed monthly review of all SABs to identify emerging themes or issues which can guide SAB prevention quality improvement strategies, education and practice development within the local department/service.  
• Clinical Teams will continue to engage with Scottish Patient Safety Programme in the use of care bundles and improvement methodology. |
<table>
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<tr>
<th>Risk</th>
<th>Management of Risk</th>
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| There is a risk a focus on acute and in-patient services could miss opportunities for prevention and control within other healthcare contact settings including clinics, GP practices as well as care homes | • A risk based and proportionate approach is taken to providing IPCT support in NHS Lothian based on case distribution, acuity and risk. The microbiologists in NHS Lothian aim to review all patients with CDI and SAB within 24 hours of diagnosis and in collaboration with the IPCT retrospectively review the management and outcomes and surveillance categorisation of all CDI toxin positive lab tests and patients with SAB on a monthly basis. This allows identification of key issues and themes for improvement action, and includes all NHS Lothian healthcare premises and GP practices.  
• The IPCT analysis includes a review of all healthcare contact and treatment in the preceding 12 weeks. Where a potential or actual risk factor for acquisition is identified, action should be taken by the relevant healthcare department to investigate and address if there are issues of suboptimal healthcare delivery which may have contributed to HAI acquisition.  
• Where issues arise relating to health and social care provision (e.g. Care Homes) the IPCT liaise with the Health Protection Team work to ensure that appropriate advice, education or action is taken in response to the case.  
• The IPCT support other working groups and programmes including the Scottish Patient Safety Programme, Vulnerable Groups Steering Group, Care Assurance Standards project board to implement wider preventative measures to reduce the risk of HAI acquisition e.g. prevention of pressure sores, optimum management of diabetic ulcers, implementation of PVC care bundles.  
• In collaboration with the Health Protection Team, the IPCT work with primary care, health and social care partners, to optimise early intervention in the community when an HAI is identified in order to reduce the risk of further HAI acquisition. |
**Staphylococcus aureus Bacteraemia**

NHS Lothian will work to continue to reduce the incidence of *Staphylococcus aureus* Bacteraemia (Meticillin Resistant *Staphylococcus aureus*/Meticillin Sensitive *Staphylococcus aureus*). This involves a multi-disciplinary team approach to the prevention on *Staphylococcus aureus* Bacteraemia with a delivery and improvement action plan outlining the following actions:

<table>
<thead>
<tr>
<th>No</th>
<th>Improvement Plans for 2017-18</th>
<th>Expected Date of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Infection Prevention and Control to improve the quality of information reported to clinical and senior management teams in relation to SAB through the development of Tableaux dashboards. <strong>Responsible Person(s):</strong> Head of Service Infection Prevention and Control, Tableaux Leads</td>
<td>June 2017</td>
</tr>
<tr>
<td>2</td>
<td>Using enhanced surveillance data, the IPCT will work collaboratively with key clinical teams e.g. diabetic services and renal services; to develop and deliver appropriate interventions to reduce the risk of SAB in high risk patient groups. <strong>Responsible Person(s):</strong> Lead IPCN, Clinical Scientist, Lead ICD and clinical representative</td>
<td>Sept 2017</td>
</tr>
<tr>
<td>3</td>
<td>Raise awareness of national HIS/SAPG guidance regarding best practice regarding clinical management of SAB. <strong>Responsible Person(s):</strong> Local IPCN teams, Clinical Scientist, medical infection specialists</td>
<td>March 2018</td>
</tr>
<tr>
<td>4</td>
<td>To work to ensure that all clinical staff (medical, nursing and allied health professionals) receives appropriate education and training and can demonstrate competency relating to the insertion, maintenance and use of vascular access devices and other invasive devices. <strong>Responsible Person(s):</strong> Head of Education and Employment / Patient Safety Programme Manager / Associate Medical Directors / Associate Nurse Directors / Senior Charge Nurse / Consultants</td>
<td>Dec 2017</td>
</tr>
<tr>
<td>5</td>
<td>Establish membership and terms of reference for a revised Community and Integrated Joint Board Infection Control Committee to ensure appropriate oversight and action relating to HAI matters across all service providers. <strong>Responsible Person(s):</strong> Head of Services, HAI Executive Lead, IJB programme Leads</td>
<td>March 2018</td>
</tr>
<tr>
<td>6</td>
<td>Through introduction of CRA on TRAK improve compliance with National MRSA Screening Clinical Risk Assessment facilitating appropriate placement and that decolonisation/suppression therapy is implemented where clinically indicated prior to procedures and admission. Nursing staff undertaking MRSA screening should be encouraged to complete the NES screening and MRSA education packages. <strong>Responsible Person(s):</strong> Associate Nurse Directors / Senior Charge Nurse, Infection Doctors, Senior Charge Nurses</td>
<td>Nov 2017</td>
</tr>
<tr>
<td>7</td>
<td>Development of the Infection Services web pages to provide easier access to clinical teams to information, policies and guidance documents. <strong>Responsible Person(s):</strong> NIS SLWG led by Chair of AMT</td>
<td>Dec 2017</td>
</tr>
<tr>
<td>8</td>
<td>SPSP to promote and embed the use of Visual Infusion Phlebitis (VIP) scoring as part of the PVC care bundle. <strong>Responsible Person(s):</strong> Patient Safety Programme</td>
<td>March 2018</td>
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</table>
**Clostridium Difficile Infection**

NHS Lothian will continue to work to reduce the incidence of *Clostridium difficile infection*. This involves a multi-disciplinary team approach to the prevention of *Clostridium difficile infection* with a delivery and improvement action plan outlining the following actions:

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<thead>
<tr>
<th>No</th>
<th>Improvement Plans for 2017-18</th>
<th>Expected Date of Completion</th>
</tr>
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<tbody>
<tr>
<td>9</td>
<td>Integrate mortality review of all HAI related SAB deaths into the Severe Adverse Events reporting structure to optimise wider improvement and organisational learning. <strong>Responsible Person(s):</strong> Patient Safety Programme Manager / Senior Charge Nurses</td>
<td>August 2017</td>
</tr>
<tr>
<td>10</td>
<td>Strengthen membership of local IPC Committees to increase local ownership of data and corresponding actions for improvement <strong>Responsible Person(s):</strong> Site Associate Medical Directors</td>
<td>October 2017</td>
</tr>
<tr>
<td>11</td>
<td>Development of supplementary chapters to the Infection Control Manual for organism specific guidance. <strong>Responsible Person(s):</strong> Lead Nurse Infection Prevention and Control, Infection Prevention and Control Team. Infection Control Doctor</td>
<td>October 2017</td>
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No Improvement Plans for 2017-18

1. **Strengthen membership of local IPC Committees to increase local ownership of data and corresponding actions for improvement**
   **Responsible Person(s):** Site Associate Medical Directors
   **Expected Date of Completion:** October 2017

2. **AMT to establish a mechanism for identifying specialties or prescribers that consistently deviate from policy prescribing and have a forum for discussing the reasons why, resulting either in a revision of the policy acknowledging a legitimate reason for deviation or alteration in prescribing behaviour to comply with the existing policy.**
   **Responsible Person(s):** Chair Antimicrobial Management Team
   **Expected Date of Completion:** July 2017

3. **Improved Antimicrobial Stewardship**
   CDI preventative strategies depend on effective antimicrobial stewardship, and management of other risk factors for CDI such as prescription of proton pump inhibitors (PPI).

   Antimicrobial Management Team to ensure that site, specialty and ward level data is shared with areas of high antimicrobial use, and/or use of antimicrobials associated with high risk of subsequent CDI. These reports will also be freely available on NIS web pages.

   **Expected Date of Completion:** Sept. 2017
Antimicrobial Pharmacists, and site/service Associate Medical Directors supported by the Antimicrobial team will lead review of prescribing practices, with access to the expertise of NHS Lothian infection specialists and promote education regarding best practice e.g. Scottish Antimicrobial Programme Guidance and NICE guidance as appropriate or other novel strategies to reduce the use of high risk antimicrobials.

Regular performance monitoring reports with regard to antimicrobial consumption, resistance and adverse events associated with key antimicrobial groups to be made available to acute services CMG and NHS Lothian Infection Control Committee.

Site and ward level reports to be developed and shared with local practitioners and directly and on the AMT Intranet page.

Consideration be given to the wider roll out of the frail elderly restricted antimicrobial prescribing guidelines that has been piloted in St John’s Hospital

Review of surgical prophylaxis policies

**Responsible Person(s):** Clinical Teams / Antimicrobial Management Team / Associate Medical Directors

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Continued implementation of the strategy for primary care 4C prescribing authorised and supported by the medical director for primary care.</td>
<td>December 2017</td>
</tr>
<tr>
<td></td>
<td><strong>Responsible Person(s):</strong> Antimicrobial Management Team / Associate Medical Directors / Medical Director for Primary Care /GP Sub Committee</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Staff undertaking administration of antimicrobials should be encouraged to complete the NES Antimicrobial stewardship education package.</td>
<td>March 2017</td>
</tr>
<tr>
<td></td>
<td><strong>Responsible Person(s):</strong> Associate Nurse Directors / Associate Medical Directors Senior Charge nurses</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Implementation of the Lothian loose stool policy and monitoring of compliance with this.</td>
<td>May 2017</td>
</tr>
<tr>
<td></td>
<td><strong>Responsible Person(s):</strong> Geographical Lead Infection Prevention and Control Nurses / Associate Nurse Directors</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Promote prompt clinical assessment of patients with loose stool in line with HPS CDI clinical management guidance</td>
<td>May 2017</td>
</tr>
<tr>
<td></td>
<td><strong>Responsible Person(s):</strong> Site Microbiologists or Consultant leading site Infection Rounds</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Infection Prevention and Control to improve quality of information reported to clinical and senior management teams in relation to CDI through the development of Tableaux dashboards</td>
<td>October 2017</td>
</tr>
</tbody>
</table>
Patient Experience and Safety – Summary of Key Measures

- Continue to present patient experience results to the Healthcare Governance Committee and NHS Lothian Board including:
  - patient opinion
  - new complaints handling procedure
  - involving people meaningfully in service design and improvement

- The patient safety programme will work in collaboration with the Lothian Health and Social Care partnerships to focus on the priorities aligned to the Scottish Patient Safety Programme Core Themes:
  - improvement in falls
  - programme of safety walk rounds in primary and secondary care
  - improvement management of deteriorating patients in acute and mental health wards
  - improve medicine reconciliation at front door acute hospitals
  - improvement prevention and management of pressure ulcers
  - contribute to the reduction of SABs through reliable PVC/CVC insertion and maintenance

- Continue to manage and improve healthcare associated infections through risk management actions and improvement plans


<table>
<thead>
<tr>
<th>Responsible Person(s):</th>
<th>IPCT Clinical Scientist / Head of Infection Prevention and Control Services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Integrate mortality review of all HAI related CDI deaths into the Severe Adverse Events reporting structure to optimise wider improvement and organisational learning.</td>
</tr>
<tr>
<td>10</td>
<td>Establish membership and terms of reference for a revised Community and Integrated Joint Board Infection Control Committee to ensure appropriate oversight and action relating to HAI matters across all service providers</td>
</tr>
<tr>
<td>11</td>
<td>Improve dialogue with GPs regarding patients’ testing CDI toxin positive in the community to assess whether they meet the HPS surveillance case definition before reporting to HPS as cases of CDI.</td>
</tr>
</tbody>
</table>

Responsible Person(s): Lead Nurse IPCT, Clinical Governance and Clinical Management Group

Responsible Person(s): HAI Executive Lead, Head of Infection Prevention and Control Services, Chair CHP ICC and IJB Chief Nurses
6. **FINANCIAL PLAN 2017-18 to 2019-20**

6.1 **Financial Context**

The financial outlook sets out a challenging position for 2017-18. The assessment of the 2017-18 financial position is based on the current forecast outturn, anticipated growth and assumptions around additional resources available. This is within the context of Lothian’s population increasing, growing older and presenting with more complex needs requiring community and hospital support.

NHS Lothian’s 2017-18 Financial Plan continues to strengthen the link between business unit plans and the delivery of financial balance, through the development of individual forecasts and specific action plans at Business Unit level. The financial planning process has also sought to recognise the Board’s changing role in relation to the preparation of budgets for Integrated Joint Boards. As part of this process the Board will be considering the impact on performance associated clinical risk. It is also considering the requirement to develop a longer term financial strategy to support and deliver significant transformation and redesign of services.

NHS Lothian’s 2017-18 financial position shows a financial gap for next year. An update of the additional 2017-18 costs and a review of available in year flexibility to support the position in conjunction with quarterly reviews between Finance and Service leads has resulted in refinement of figures to the Board to show a reduced gap of £22.4m.

Table 1 sets out the position reached to date on the financial plan. This is an improved position from that reported previously, and reflects the removal of any provision for the use of the Independent sector for activity next year. In addition, further resources of £13m have been added into the Plan, largely sourced from residual reserves, and these two elements represent the core drivers of the reduction in the gap as shown below. This means that all reserves have now been released to support the position.

**Table 1 Financial Plan Summary**

<table>
<thead>
<tr>
<th>April Board £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Carry Forward Pressures (30,888)</td>
</tr>
<tr>
<td>Additional Costs, Growth, Uplifts &amp; Commitments (54,538)</td>
</tr>
<tr>
<td>Total Projected 17/18 Costs (85,426)</td>
</tr>
<tr>
<td>Total 17/18 Additional Resources 37,510</td>
</tr>
<tr>
<td>Financial Gap Before Recovery Actions (47,916)</td>
</tr>
<tr>
<td>Financial Recovery Actions Identified 25,540</td>
</tr>
<tr>
<td>Financial Plan Gap (22,376)</td>
</tr>
</tbody>
</table>

The total projected additional costs for 2017-18 now equates to £85.4m. This represents £30.8m of baseline carry forward pressures and £54.5m of additional growth, uplifts and commitments. These additional costs are summarised in table 2 and 3 below.
Table 2  Summary of Baseline Carry Forward Pressures

<table>
<thead>
<tr>
<th>Baseline and Carry Forward Pressures</th>
<th>£000’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/17 GP Prescribing</td>
<td>8,553</td>
</tr>
<tr>
<td>Recurring C/F Unmet Efficiency Targets</td>
<td>6,837</td>
</tr>
<tr>
<td>Junior Medical Costs</td>
<td>4,500</td>
</tr>
<tr>
<td>Nursing Pressures</td>
<td>6,000</td>
</tr>
<tr>
<td>Waiting List Initiatives</td>
<td>2,000</td>
</tr>
<tr>
<td>Net Non-Pay Pressures</td>
<td>2,998</td>
</tr>
<tr>
<td><strong>Total Baseline &amp; C/F Pressures</strong></td>
<td><strong>30,888</strong></td>
</tr>
</tbody>
</table>

Table 3  Additional Costs and Uplifts Identified

<table>
<thead>
<tr>
<th>Projected Costs, Uplifts &amp; Commitments</th>
<th>£000’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>1% Pay Uplift</td>
<td>10,532</td>
</tr>
<tr>
<td>Apprenticeship Levy</td>
<td>3,624</td>
</tr>
<tr>
<td>Discretionary Points</td>
<td>1,084</td>
</tr>
<tr>
<td>2% General Non-Pay Uplift</td>
<td>4,850</td>
</tr>
<tr>
<td>Investment in Primary Care Services</td>
<td>2,000</td>
</tr>
<tr>
<td>8% Acute Medicine Growth</td>
<td>8,005</td>
</tr>
<tr>
<td>GP Prescribing Growth</td>
<td>10,507</td>
</tr>
<tr>
<td>Agreed Business Cases</td>
<td>1,744</td>
</tr>
<tr>
<td>Other Policy Changes</td>
<td>1,770</td>
</tr>
<tr>
<td>Service Pressures / Demographic Growth</td>
<td>10,422</td>
</tr>
<tr>
<td><strong>Total Projected Costs</strong></td>
<td><strong>54,538</strong></td>
</tr>
</tbody>
</table>

Key drivers of both the baseline carry forward and additional projected costs are explained in more detail below.

Junior Doctors

The financial plan includes forecast overspend of c. £4.5m on junior doctors. The forecast overspend position for 2016-17 is driven by rotas requiring an additional 70 whole time equivalents above the number of training grades to provide a safe level of cover. For 2017-18 a Project Board to be chaired by the Medical Director will be established with a remit to develop plans in relation to rota requirements, recruitment, reporting, monitoring and systems of internal control in with the aim of reducing the level of junior doctor expenditure.

Primary Care and Hospital drugs

The Financial Plan provides further funding of £8.5m to support GP Prescribing in 2017/18. This level of additional investment will result in the budget matching the 2016/17 outturn expenditure level. Funding will be aligned to ensure each partnership budget is consistent with this year’s outturn position.

The anticipated GP prescribing growth in 2017/18 is currently estimated at £10.5m with and estimated £5.5m off-patent and community pharmacy contract tariff efficiencies to offset this growth. Table 4 shows the split of expected net growth in prescribing by Partnership, updated to reflect data at period 9 of this financial year.
### Table 4 2017/18 Prescribing Analysis

<table>
<thead>
<tr>
<th></th>
<th>Funding to Match 16/17</th>
<th>Revised Outturn</th>
<th>Estimated Growth</th>
<th>Estimated Efficiencies</th>
<th>Net Growth</th>
<th>Net Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000's</td>
<td>£000's</td>
<td>£000's</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Lothian</td>
<td>£1,880</td>
<td>£1,253</td>
<td>£(711)</td>
<td>£542</td>
<td>2.6%</td>
<td></td>
</tr>
<tr>
<td>Mid Lothian</td>
<td>£1,352</td>
<td>£1,038</td>
<td>£(642)</td>
<td>£396</td>
<td>2.2%</td>
<td></td>
</tr>
<tr>
<td>Edinburgh</td>
<td>£2,098</td>
<td>£5,435</td>
<td>£(2,805)</td>
<td>£2,630</td>
<td>3.3%</td>
<td></td>
</tr>
<tr>
<td>West Lothian</td>
<td>£3,223</td>
<td>£2,782</td>
<td>£(1,342)</td>
<td>£1,440</td>
<td>3.9%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>£8,553</td>
<td>£10,507</td>
<td>£(5,500)</td>
<td>£5,007</td>
<td>3.2%</td>
<td></td>
</tr>
</tbody>
</table>

In order to mitigate the £5m net pressure, separate funding of £2m has been set aside to support a quality approach to prescribing to support the reduction in waste and unwarranted variation, although the savings are not currently shown in the plan from this quality initiative.

Acute Hospital Medicines also continues to feature as a significant growth area with estimates of almost £8m growth for 2017-18. Further work on acute medicines will be taken forward by the Medical Director through the leadership of the Effective Prescribing programme and this will be monitored through the Sustainability and Value work stream.

**Service Pressures**

There are a wide range of service pressures across the system, relating to issues of sustainability, demography, clinical priorities or policy decisions for which there is no funding source. Financial recovery plans are largely focussed on efficiency savings but require to consider opportunities to manage expenditure pressures either through looking at different service models, quality improvement opportunities or by considering the prioritisation of resources.

### 6.2 Unmet Efficiency Savings

At the start of 2016-17, a total efficiency gap value of nearly £13m was identified. Moving into the new financial year, this gap has been worked down to £6.8m. Further work will be required over the next 12 months to manage this legacy gap down.

### 6.3 Waiting List Initiatives

The financial plan maintains provision for waiting list initiatives and the use of Golden Jubilee Hospital during 2017-18, as noted above, however the financial plan does not include any provision for the independent sector to address further capacity pressures including population and demographic growth on waiting times. Whilst plans will be developed to mitigate this demand and associated clinical risk, the impact on performance requires to be considered by the Board. A scheduled meeting with the Scottish Government to discuss the Boards approach to the management of performance will also be a key consideration for the Board.

### 6.4 Available Resources

Table 1 identified £37.5m of additional resource available to offset the £85.4m of additional costs discussed above. Table 5 shows the composition of the available resources along with the planned application of that resource. This is an increase of £13.1m from the value
previously presented to the Board, with a significant proportion of these funds available on a non-recurring basis only. Recognising the increasing risk arising from the extent of recurring deficit the Finance & Resources Committee will be considering an initial outline of a longer term financial strategy of transformational change and major service and pathway redesign in order to achieve both a sustainable financial and operational future.

Table 5  Funding Source and Application

<table>
<thead>
<tr>
<th>Funding Sources</th>
<th>Rec £m</th>
<th>Non-Rec £m</th>
<th>Total £m</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Uplift (0.4%)</td>
<td>5.4</td>
<td>5.4</td>
<td>10.4</td>
<td>£10.4m pay uplift</td>
</tr>
<tr>
<td>ODEL Benefit</td>
<td>5.0</td>
<td>5.0</td>
<td>10.0</td>
<td>£10.4m pay uplift</td>
</tr>
<tr>
<td>Year End Mgt</td>
<td>10.0</td>
<td>10.0</td>
<td>20.0</td>
<td>Acute &amp; GP Prescribing</td>
</tr>
<tr>
<td>Additional DEL</td>
<td>4.0</td>
<td>4.0</td>
<td>8.0</td>
<td>Acute &amp; GP Prescribing</td>
</tr>
<tr>
<td>Previously Identified Additional Resources</td>
<td>10.4</td>
<td>14.0</td>
<td>24.4</td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>10.0</td>
<td>10.0</td>
<td>20.0</td>
<td>Held pending Review</td>
</tr>
<tr>
<td>Year End Management</td>
<td>3.1</td>
<td>3.1</td>
<td>6.2</td>
<td>GP Prescribing</td>
</tr>
<tr>
<td>Total Additional Resources</td>
<td>20.4</td>
<td>17.1</td>
<td>37.5</td>
<td></td>
</tr>
</tbody>
</table>

The 2016/17 financial plan approved £33.3m of pressures funded from non-recurrent sources. The additional £19m 2017/18 NRAC funding received has been applied in conjunction with 2016/17 NRAC and recurring reserves to make good these funding arrangements recurrently in 2017/18 as shown in Table 6 below.

Table 6  Funding Source and Application

<table>
<thead>
<tr>
<th>Funding Sources</th>
<th>Rec £m</th>
<th>Non-Rec £m</th>
<th>Total £m</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRAC 16/17</td>
<td>6.0</td>
<td>6.0</td>
<td>12.0</td>
<td>Baseline Pressures, making good the 16/17 Financial Plan Allocations recurrently</td>
</tr>
<tr>
<td>NRAC 17/18</td>
<td>19.0</td>
<td>19.0</td>
<td>38.0</td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>8.3</td>
<td>8.3</td>
<td>16.6</td>
<td></td>
</tr>
<tr>
<td>NRAC &amp; Recurring Reserves</td>
<td>33.3</td>
<td>33.3</td>
<td>66.6</td>
<td></td>
</tr>
</tbody>
</table>

6.5  Financial Recovery Plans

In order to achieve a balanced financial plan, business units have continued to develop and review financial recovery actions, with £25.5m of actions identified to date. Of these, £4.7m are classified as being high financial risk as shown in table 7 below.
### Table 7  Financial Recovery Plans By Financial Risk Rating

<table>
<thead>
<tr>
<th>Financial Recovery Plan Summary</th>
<th>High Risk £000's</th>
<th>Medium Risk £000's</th>
<th>Low Risk £000's</th>
<th>Grand Total £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Productivity</td>
<td>308</td>
<td>1,283</td>
<td>114</td>
<td>1,705</td>
</tr>
<tr>
<td>Drugs &amp; Prescribing</td>
<td>1,014</td>
<td>6,812</td>
<td>25</td>
<td>7,851</td>
</tr>
<tr>
<td>Estates &amp; Facilities</td>
<td>672</td>
<td>652</td>
<td>5,910</td>
<td>7,235</td>
</tr>
<tr>
<td>Procurement</td>
<td>40</td>
<td>1,065</td>
<td>32</td>
<td>1,137</td>
</tr>
<tr>
<td>Support Services</td>
<td>708</td>
<td>1,535</td>
<td>277</td>
<td>2,520</td>
</tr>
<tr>
<td>Workforce</td>
<td>1,971</td>
<td>2,990</td>
<td>131</td>
<td>5,092</td>
</tr>
<tr>
<td><strong>FRP Total</strong></td>
<td><strong>4,713</strong></td>
<td><strong>14,337</strong></td>
<td><strong>6,489</strong></td>
<td><strong>25,540</strong></td>
</tr>
</tbody>
</table>

### 6.6  Sustainability and Value

The Scottish Government has challenged all Boards to produce detailed plans to minimise waste, reduce variation and to standardise and share in order to deliver and drive efficiencies underpinned by principles of Sustainability and Value. The main key areas of review are:

- Implementation of the Effective Prescribing programme;
- A quality and cost assessed improvement plan to respond to Productive Opportunities identified from benchmarked performance;
- Reducing medical and nursing agency and locum expenditure as part of a national drive to reduce this spend by at least 25% in-year;
- Implementation of opportunities identified by the national Shared Services Programme.

NHS Lothian, in response to this challenge, will take the existing Efficiency and Productivity programme of work and realign these to ensure the Sustainability and Value key areas outlined above are being addressed. This work will also incorporate a resource evaluation of programmes being taken forward through the Quality Improvement Programme. Monitoring and evaluating the impact of plans will be essential.

### 6.7  Closing the Gap

NHS Lothian has a statutory financial requirement to deliver financial balance and the Plan describes a gap of over £22m at this stage. In terms of closing the gap, consideration has been given to a number of opportunities:

- Efficiency Savings – As noted above, the efficiency savings plan is currently projecting savings of circa £25m, of which almost £5m is high risk. In recent years achievement of savings in Lothian has been limited to this level, and there is a very low expectation that further efficiency savings will be delivered locally. Therefore additional savings are not anticipated to close the gap.
Prescribing – Further opportunities for cost reductions may still exist within GP and Acute Prescribing, both of which anticipate significant growth next year. For GP Prescribing, an additional £2m of investment has been prioritised to support cost effective prescribing. The ambition is that this investment will prevent further growth in spend next year, reducing the cost gap of circa £5m. Additional funding of £8m has been set aside in the plan to meet the additional costs anticipated in acute drugs. There may be opportunities to curtail expenditure within this area, particularly through the Effective Prescribing programme highlighted earlier.

NRAC – Despite additional NRAC funding of £19m for 2017/18, NHS Lothian remains £12m behind its NRAC parity figure in the new financial year. The shortfall against parity has existed since the introduction of the NRAC formula almost a decade ago, and this has resulted in Lothian being required to source non-recurrent solutions on an annual basis to achieve balance. The Board will continue to have dialogue with the SG to establish opportunities for additional NRAC funding in-year, recognising the historical shortfall against allocations received.

The Health & Social Care delivery plan requires that IJBs plan for a reduction of 10% to unscheduled care bed days, representing circa 400,000 bed days across NHS Scotland. Applying an NRAC share to this figure, Lothian partners would be required to deliver a saving of around 60,000 bed days, equating to an indicative cost of £13.2m (based on direct and support services costs for Liberton hospital). As at end February the daily census identified 323 social care delays across the region, of which 41 were related to Mental Health services. The impact of this degree of delays includes boarding into elective and day beds within acute hospitals, resulting in poorer quality of care for patients and cancellation of surgical activity and increased costs. Budget allocations to Integrated Joint Boards will reflect the expectation that this performance indicator will deliver financial benefit in their share of the set aside budget.

6.8 Integrated Joint Board 2017-18 Allocations

The NHS Lothian Board requires to establish budgets for the delegated functions of the Integrated Joint Boards for 2017/18. This latest iteration of the financial plan, once agreed, will form the basis of a formal allocation of budgets to each of the Boards. The next course of action required will be to engage in discussion with each IJB to agree directions and actions that will aid the reduction of the financial gap for their Boards and NHS Lothian. The directions will also require to outline how each Integrated Joint Board will work with NHS Lothian to deliver the 10% unscheduled care bed day reduction discussed previously.

Additional funding is anticipated under the heading of transformational change, impacting favourably on Primary Care and Mental Health Services, in line with the national strategy of shifting the balance of care. This resource will have a positive impact on the resources available to IJBs.

6.9 Next Steps

Recognising the Board’s statutory obligation to achieve financial balance, there is further discussion required in relation to reducing the level of financial pressure presented within the 2017/18 Financial Plan.

Already taken into consideration is the achievement of £25m of financial recovery plans across Business Units. The ability to generate further savings beyond this level will be difficult
to achieve but Business Units must continue to seek every opportunity for cost reduction and will look for Board approval and support in doing so. The Sustainability and Value programme will require to deliver significant additional benefits in order to increase the level of efficiencies close to the 5% target suggest by the Scottish Government.

Following the presentation of this update, the Director of Finance will send budget allocation letters to each of the Integrated Joint Boards with the request to formulate plans in relation to achieving the 10% unscheduled bed day reduction and issue directions that will improve the forecast financial gap for 2017/18.

Discussions are taking place within the region to develop a regional financial plan and Local Development Plan for the Scottish Governments September deadline. The development of this plan may highlight the potential for benefits from regional working.

6.10 Key Risks

Whilst every effort has been made to ensure all likely additional costs and national, regional and local priorities for investment have been incorporated into the financial plan at this time, there remain a number of inherent uncertainties and associated risks. The financial planning process is an on-going and iterative cycle, and it is not possible to fully identify all financial risks facing individual service areas, nor the wider organisation at this stage.

A number of risks require to be considered by the Board:

- Consolidation of the individual Business Unit recovery plans do not give the required level of assurance that a balanced financial plan is achievable;
- Continued management of the financial exposure on elective and unscheduled care capacity pressures including delayed discharges;
- Availability of SGHSCD funding for both nationally funded programmes & initiatives and services funded annually on a non-recurring basis;
- Revenue impact of the capital investment programme including transitional or double running costs not yet identified, and development costs required to support all projects.

### 2017-18 Financial Plan – Summary of Key Measures

<table>
<thead>
<tr>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Establishment of a local Sustainability and Value Programme Board to oversee delivery of identified improvement opportunities to minimise waste, reduce variation and drive efficiencies in relation to;</td>
</tr>
<tr>
<td>- the national effective prescribing workstream;</td>
</tr>
<tr>
<td>- Programmes established following an NHS Lothian data diagnostic;</td>
</tr>
<tr>
<td>- Pan Lothian Efficiency programmes;</td>
</tr>
<tr>
<td>- Evaluation of resource improvement opportunities from projects being taken forward through the Quality Improvement Programme</td>
</tr>
<tr>
<td>➢ 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 forecast expenditure in 2017-18.</td>
</tr>
<tr>
<td>➢ Through an Acute Prescribing Forum work with clinical teams and pharmacists to identify opportunities to deliver a reduction in Acute Prescribing costs.</td>
</tr>
</tbody>
</table>
### 2017-18 Financial Plan – Summary of Key Measures

- On-going review of business unit recovery plans to manage expenditure pressures and high risk financial pressures, and delivery of local efficiency savings.
- Work with colleagues across the NHS in Scotland to identify any further non-recurring options to support the 2017-18 Financial Plan.
- Development of a longer term financial strategy.

### 7.0 WORKFORCE PLANNING

#### 7.1 Everyone Matters: 2020 Workforce Vision

NHS Lothian Everyone Matters: 2020 Workforce Vision 2017-18 Implementation Plan to support national priorities relating to Healthy Organisational Culture, Sustainable Workforce, Capable Workforce, Workforce to Deliver Integrated Services and Effective Leadership and Management is detailed below.

### NHS Lothian Everyone Matters Implementation Plan – 2017-18

**Everyone Matters Implementation Plan – 2017/18**

<table>
<thead>
<tr>
<th>Actions for 2017/18</th>
<th></th>
</tr>
</thead>
</table>
| Ensure delivery of their iMatter implementation plans, involve staff in decision making and take meaningful action on staff experience for all staff. (Healthy Organisational Culture). | • Achieve full implementation of iMatter by July 2017
• Establish Staff Engagement and Experience Programme Board to provide leadership and strategic direction for staff engagement within NHS Lothian and through a number of initiatives seek to improve staff engagement and experience within the organisation.
• Scope the development of a framework for staff engagement and experience, which transitions NHS Lothian to becoming a listening organisation, changing our communication approach from ‘telling’ to ‘sharing, listening, responding, empowering and enabling’ and supports our Cultural Development Strategy. |
| Take action to promote the health, wellbeing and resilience of the workforce, to ensure that all staff are able to play an active role throughout their careers and are aware of the support available to them. (Sustainable) | • Develop our Health and Well Being Strategy to enable services to take a holistic approach to the management of sickness absence, recognising the demographics of the workforce.
• Continue to develop information on HR Online including links to NHS Scotland Working Longer information and resources.
• Implement tests of change re absence management practice and process improvement to support efficiency.
• Develop collaborative processes with OHS to increase effective management of absence.
• Further develop absence data on tableau dashboard to improve accessibility of information. |
| Build confidence and competence among staff in using technology to make decisions and deliver care by encouraging active participation in learning. (Capable) | eHealth continue to offer a range of course to support staff in the use of clinical and non-clinical systems. 
Specifically within our Diagnostic Services we will:  
- Continue to develop knowledge and skills for new technology and update training via procurement arrangements with provider companies.  
- Continue to support all grades of staff to work within the competency frameworks associated with Laboratories UKAS accreditation.  
- Support staff to maintain CPD for the HCPC registration |
|---|---|
| Work across boundaries (between professions, between primary and secondary care, between sectors and so on) to share good practice in learning and development, evidence-informed practice and organisational development. (Capable) | Through the NHS Lothian Clinical Change Forum and Quality improvement Academy continue to foster the opportunities for shared learning development across primary, secondary and social care.  
Collaborate with local Board Workforce Planning specialists / committees across the South East of Scotland Region to support delivery of the Regional Transformation Plan and promote a ‘once for the region’ approach where appropriate.  
Establish regional relationships with HR & OD counterparts and look for areas for collaboration including supporting the Shared Service programmes and the ‘once for Scotland’ ethos ensuring that our own staff are fully engaged and supported through the changes. |
| Working with partners, develop workforce planning capacity and capability in the integrated setting. (Workforce to Deliver Integrated Services) | • Establish a Workforce Planning and Development Programme Board, which takes a ‘whole system’ multi-professional approach and overview of workforce planning and development.  
• Scope all workforce development activity and capacity  
• Build organisational capacity and capability to deliver effective workforce planning and development both locally and regionally.  
• Support the development of integrated workforce plans in IJB’s using an agreed workforce planning methodology for integrated services based on the “Six Steps” framework.  
• Jointly develop the data set required to inform workforce planning in the integrated setting.  
• Support Primary Care Services by developing a framework of the workforce options that provides alternatives to the current delivery models  
• Understand and support the implementation of the national Workforce Planning and Development Plan for workforce planning, succession planning and appraisal.  
• Continue to support our Health and Social Care Partnerships with the implementation of integrated organisational structures and support local senior leadership teams to develop together.  
• Continue to deliver Playing to your strengths leadership development across 4 partnerships  
• Design and deliver workforce planning training and support resources for managers of integrated services.  
• Roll-out team development toolkit for integrated teams.  
• Identify opportunities for collaboration in learning & development |
| Implement the new development programme for board-level leadership and talent management. (Effective Leadership and Management) | • Awaiting development programme for board-level leadership and talent management from Scottish Government. |

7.2 Health and Social Care Partnerships Workforce Plans

Midlothian
The Midlothian partnership will produce a Midlothian Health and Social Care Partnership Workforce Plan in line with Midlothian Integration Joint Board and Scottish Government requirements. This will enable an integrated approach to the recruitment, retention and skills development of a health and social care workforce. This will include confirming the range and scope of the redesign of roles for the future, incorporating the roles the voluntary and private sector play in delivering services and support.

To support Organisational Development within Midlothian, a range of programmes will be delivered to support integration including leadership and team development. There will be a
specific focus upon the development of a Locality approach supported by the national Collaborative Leadership Programme.

Edinburgh
During 2017-18, the Edinburgh partnership will take forward the development and implementation of their plan ‘Transforming the Primary Care Workforce in Edinburgh’ to support the re-establishment of a stable, effective and flexible multi-professional workforce.

7.3 Other Workforce Planning Actions
A number of areas of action relating to workforce planning and development in Lothian include:

**Medical Cover in Paediatrics**
The Paediatric Programme Board established in August 2016 has been overseeing the implementation of the Royal College of Paediatrics and Child Health Review of Medical Paediatric inpatient services in Lothian. Following agreement to a redesigned workforce model, 6 out of 8 new consultant posts have been appointed to, working between St John’s Hospital Children’s Ward and RHSC and further interviews are taking place in March 2017. The existing St John’s Paediatrician team agreed to staff the out of hours rota themselves while this recruitment got underway. Discussions about the longer term input of this team are on-going. 2 Trainee Advanced Paediatric Nurse Practitioners have also been appointed, again to work between St John's and RHSC.

**Implementation of School Nursing Pathway in Lothian – Commencing in 2017-18**
In response to this requirement Scottish Government issued CEL 13 (2013): Public Health Nursing, Future Focus. A School Nursing Group was established as a sub group of the National Children’s Young People and Families Nursing Advisory Group, commissioned by Scottish Executive Nurse Directors (SEND).

The School Nursing Group developed a suite of recommendations to SEND group in July 2015 and has further refined nine identified care pathways since that time. These 9 areas are the priority areas that school nurses shall work within, delivering a more individual and caseload based approach to care. The 9 areas are: emotional health and wellbeing; substance misuse; child protections; domestic abuse; looked after children; homelessness; youth justice; young carers; transitions.

The School Nursing Group and SEND have also approved the roles and tasks that school nursing services will not deliver in the new role. The largest role being removal of the delivery of immunisations.

‘Setting the Direction’: The CNO review of Education (2013) provides a key policy driver for the refocusing of education for School Nursing. Strategic aim 1 focused on a consistent collaborative approach to post registration and post graduate education and to this end NHS Education for Scotland and the Higher Education Institutes agreed that 3 of the 5 providers would provide the new masters level 11 courses for School Nursing (QMU for South East Scotland). The new course commences for the first time in its new format at end of January 2017 and covers the 9 pathways in the new model, and the refreshed role of home visiting and working with families.

Testing of the revised school nursing model began in November 2015 within 2 early adopter sites in NHS Tayside and NHS Dumfries and Galloway. The Scottish Government commissioned the Scottish Research Centre for Public Health (SRCPH) to undertake an initial exploratory study of the early adopter sites. In addition, Children in Scotland were
commissioned to work in partnerships with Boards to undertake consultation with children and young people in education, which will include collation of data on service access and vulnerability.

No Scottish Government funds have been identified for this work, and at present the expectation is that Boards will re-design current work force and skill mix teams to meet the new workforce requirements.

ISD data in December 2015 showed that there was 358.1 wte nurses (between band 3 to 8a) working within School Nursing in Scotland, with 140.6 wte listed as band 6, but with only 71.65wte of these holding the SCPHN qualification.

Scoping carried out by the national school nursing group in May 2016 showed that NHS Lothian had 4 SCPHN qualified nurses working within the Pan Lothian service (3 of these in clinical practice, 1 as band 7 service development manager). This showed Lothian to have the lowest ratio of qualified school nurses to school age population ratios by a significant amount. 2 full time (1 term time, 1 full year) and 1 part time (term time) for a population of 130,117 (age 5-18 years; 2016 population figures).

Using 2016 CHI data, there are 130,117 children and young people aged from 5-18 years. A full overview is shown within appendix 2. Key statistics are:

- Of the 130,117 children and young people aged between 5-18 years, 107,136 are accounted for being in school, leaving the balance of 23,081 for those who have left school between the ages of 16-18.
- 58.5% are aged 5-12 years, and 41.5% are 13-18 years
- 23.3% are in the most deprived quintile (SIMD1) – but with wide variation in this across the 4 CPP areas – 10.2% in East Lothian; 20.7% in Mid Lothian; 30.2% in West Lothian; 24.1% in Edinburgh City.
- 10,208 are educated in the independent school setting, which represents 9.5% of the Lothian children known to still be in school age education.
- 100 children are known to be home schooled in Lothian (as registered with LA’s)
- 403 children are within local authority special school settings (who have complex needs and have dedicated community children's nursing input at the schools)

### Number of Local Authority School Settings per Community Planning Partnership Area

<table>
<thead>
<tr>
<th></th>
<th>Edinburgh City</th>
<th>East</th>
<th>Mid</th>
<th>West</th>
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<td>LA Primaries</td>
<td>93</td>
<td>35</td>
<td>34</td>
<td>69</td>
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<tr>
<td>LA Secondary’s</td>
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<td>6</td>
<td>11</td>
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<td>Complex Needs</td>
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The clinical workforce within the generic School Nursing Service summarised below.

<table>
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<tr>
<th></th>
<th>Band 7 (TT)</th>
<th>Band 6 (AY)</th>
<th>Band 6 (TT)</th>
<th>Band 5 (TT)</th>
<th>Band 5 (AY)</th>
<th>Band 3 (TT)</th>
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<tr>
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<td>0</td>
<td>3.37</td>
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</table>
Lothian | 1(1) | 3.81 (2) | 5.62 (1) | 19.63 | 9.77 | 16.91 | 1.33 |
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<td></td>
<td></td>
<td>3.46 (AY equivalent)</td>
<td>17.84 (AY equivalent)</td>
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<td>15.37 (AY equivalent)</td>
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TT – Term Time
AY – All Year

The numbers outlined in brackets relate to wte staff who are Specialist Community Public Health Nurses (SCPHN) qualified and registered on the third part of the Nursing and Midwifery Council register.

RN qualified: 39.83wte
Clinical RN’s: 38.83 wte (36.69 wte all year equivalent)
HCSW: 18.24 wte (16.7 all year equivalent)

**Generic School Nursing Clinical Skill Mix Ratio**

Age Profile of existing generic school nursing workforce (2016):

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<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
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<td>2</td>
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<td>6</td>
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<td>6</td>
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<tr>
<td>Grand Total</td>
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<td>4</td>
<td>7</td>
<td>5</td>
<td>13</td>
<td>19</td>
<td>8</td>
<td>6</td>
<td>65</td>
<td>50.77</td>
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The change from the current model of school nursing team delivery to the new model will require large service redesign across a number of parts of NHS Lothian delivery. A school nursing pathway steering group has commenced and an implementation plan being focused to look at deliverables in 2017-18. The key focus for this year will be to shift immunisation delivery for secondary schools to the community vaccination team model; this will free time for the nurses to start to work on the 9 pathway areas, which should also help reduce CAMHS referrals for school age children for tier 1 and 2 support.
### Workforce Planning – Summary of Key Measures

- Deliver actions associated with NHS Lothian Everyone Matters Implementation Plan 2017-18 relating to:
  - healthy organisational culture
  - sustainable workforce
  - capable workforce
  - delivery of integrated services
  - effective leadership and management

- Edinburgh and Midlothian Health and Social Care Partnerships will develop workforce plans during 2017-18

- Delivery of children and young people workforce planning priority areas:
  - medical cover in paediatrics
  - implementation of school nursing pathway in Lothian
## Appendix 1  2017/18 Summary Financial Plan

<table>
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<td>1,536,033</td>
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## Appendix 2  2017/18 Financial Plan by Business Unit

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<th>NHS Lothian Total £000's</th>
<th>UHSS Total £000's</th>
<th>East Lothian Partnership £000's</th>
<th>Edinburgh Partnership £000's</th>
<th>Midlothian Partnership £000's</th>
<th>West Lothian Hsc Partnership £000's</th>
<th>Facilities &amp; Consort £000's</th>
<th>Corporate Departs Total £000's</th>
<th>Strategic Total £000's</th>
<th>Inc + Assoc Hlthcare Purchases £000's</th>
<th>Research &amp; Teaching £000's</th>
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<td>(3.2%)</td>
<td>(4.4%)</td>
<td>(5.4%)</td>
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<td>882</td>
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<td>(4.1%)</td>
<td>(2.0%)</td>
<td>(1.4%)</td>
<td>(2.4%)</td>
<td>(2.0%)</td>
<td>(2.8%)</td>
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<td>(4.2%)</td>
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### Appendix 3 2017/18 Financial Recovery Plan Detail

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<th>Edinburgh Partnership £000's</th>
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## Appendix 4 – 2017/18 Financial Plan Summary by Integrated Joint Boards

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<th>West Lothian IJB</th>
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<th>CHP Non Delegated</th>
<th>Corporate Non Delegated</th>
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<td>(3,886)</td>
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<td>(1,998)</td>
<td>(4,171)</td>
<td>(23,467)</td>
<td>(1,782)</td>
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## Appendix 5  2017/18 Financial Plan Risk Register

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<td>Recovery Actions</td>
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<td>Delivery of planned recovery actions to the value required to cover the known pressures and developments within the individual Business Units.</td>
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<td>New GP Contract</td>
<td>Medium</td>
<td>No additional costs of the new GP contract i.e. immunisation has been included in the financial plan.</td>
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<td>Waiting Times</td>
<td>High</td>
<td>There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that Current investment plans to deliver capacity will not deliver the required volume and meet the DFP Strategy.</td>
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<td>Delayed Discharge</td>
<td>High</td>
<td>Need to manage the volume of delayed discharges and the cost of new initiatives that will be required to deliver the required reductions.</td>
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<td>Prescribing</td>
<td>Medium</td>
<td>A sustained level of ongoing growth and price increases have been included in the financial plan, however there is the potential for increases to be greater than projected.</td>
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<tr>
<td>Pharmaceutical Price Regulation Scheme</td>
<td>High</td>
<td>The Pharmaceutical Price Regulation Scheme has provided a source of funding in previous year to offset the cost of approved IPTRs and New Medicines. There is a risk that this source of funding will not be available at the level assumed in the plan.</td>
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<tr>
<td>Changes to pay T&amp;Cs and backdated pay claims</td>
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<td>Any changes to pay, terms and conditions, have not been included in the Financial Plan. NHSL no longer has a provision for backdated pay claims, therefore any further claims will be an unplanned in year cost.</td>
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<td>SGHD Allocations</td>
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<td>Availability of SGHD funding for previously separately funded programmes and initiatives.</td>
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<td>Capital Programme</td>
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<td>NHSL has an ambitious capital programme which requires significant resources in addition to those available to deliver. The revenue consequences of the programme are a significant pressure to the organisation.</td>
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<td>Winter Costs</td>
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<td>The risk remains whether sufficient additional resources are available to meet the pressures from anticipated winter demand.</td>
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<td>Integration</td>
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<td>The plan has assumed that the additional resource passed to the IJBs from the Social Care Fund will create additional capacity and reduce the total level of Delayed Discharges in the Health System.</td>
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<td>Acute Prescribing</td>
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<td>There is a risk that the level of growth exceeds the estimate contained in the Financial Plan.</td>
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<td>Outcomes Framework</td>
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<td>The Financial Plan assumes that plans are in place to reduce expenditure in line with reductions in ADP and Bundles Funding, however this has proved difficult in 2016/17.</td>
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