Summary Progress Report

on Key Propositions

30 January 2015
Content

1. Background 3
2. Financial Context 4
3. Policy Choices 6
4. Introduction to Progress Report 6
5. Progress with Key Propositions 8
6. Primary Integrated Care Services 8
7. Workforce 28
8. Planning Processes 29
9. Integration 30
10. Summary of Recommendations 32

Appendices: Schedule of Key Milestones

            Capital and Asset Management Programme
1. **Background**

In April 2014, NHS Lothian Board approved a draft Strategic Plan, which was subsequently issued for public consultation and reported back to the NHS Lothian Board in October 2014. This Report summarises progress in the development and implementation of some of the key propositions in the Plan, along with emerging propositions in areas such as the management of acute medicines and key elements in the savings plan.

The Plan reflects considerable activity across a wide range of work streams, leading towards a clearer articulation of the 2020 Vision. What has become clear, in the interim, is the scale of the challenge in seeking to deliver our strategic ambitions in the absence of a balanced financial position.

Our work has concentrated on:-

- Finding innovative ways of delivering our strategic ambitions within a constrained financial position;
- Refining service models and identifying how current provision will need to be fundamentally reshaped to deliver the future;
- Prioritising the role of primary care and the immediate steps to address capacity challenges to support the shift in the balance of care;
- Agreeing the right ‘footprint’ for acute services, recognising the conflict of short-term expectations and longer term need in terms of meeting treatment time guarantees, the 4 hour waiting targets in A&E departments, delayed discharges and other performance targets;
- Reviewing and reorganising the workforce profile so that it is fit and sustainable to deliver the future.

A number of enabling strategies include:-

- The centrality of the Partnerships’ Strategic Commissioning Plans, which will both inform and be informed by this plan but which also will progressively develop comprehensive local plans for each partnership that will replace some elements of this plan in the future;
- A robust and publically-defensible approach to improving efficiency and productivity, including the benchmarking of performance;
- A re-focused and energised system of clinical leadership to help identify solutions as well as to deliver change;
- A more rapid and systematic adoption of proven technologies together with encouragement of innovation;
- Development of processes designed to achieve financial sustainability.

In providing the first of a regular series of updates to the Board on progress with implementation of the Plan, this paper also presents specific recommendations for the Board’s approval.
2. Financial Context

The financial outlook presented to the Board in December 2014, following discussion at the Finance and Resources Committee set out an extremely challenging financial position for 15/16 and 16/17. This is within the context of growing population and particularly a growing elderly population, and at the same time we are seeing more people with more complex needs requiring community and hospital support. Alongside this increases in prescribing within acute care and new and more expensive drugs are also driving up costs. Aligned with this is the growing expectation from the general public that health and social care services should be able to deliver the increased capacity required to meet the growth in their needs.

The initial assessment of the financial plan for 15/16 identified a potential recurring gap of circa £74m. With a savings and efficiency improvement local reinvestment programme (LRP) which had delivered around £25m in each of the previous two years, it was agreed that a balanced financial plan could not be presented at that stage and that further and more intensive review of the options were required to close the gap.

In particular, consideration of the draft financial plan also indicated that once again additional resource requirements were largely acute sector driven through scheduled and unscheduled care capacity requirements, medicines in secondary care, (although not entirely) and pay costs, which are also skewed to the hospital sector.

This compounds the financial pressure already generated across our Acute Hospitals from;

- A much higher level of supplementary staffing, particularly nursing, due to an increasing intolerance to compromising patient safety/quality as a consequence of staff absence/vacancies.
- A high level of delayed discharges across the system which has resulted in both additional beds being opened, and the reopening of RVH.
- The requirement for significant investment at the front door to ensure senior decision making about admissions.
- Access to medicines utilising the PPRS benefit which might otherwise have been available to offset the impact of volume increases in primary care prescribing and the price increases from short supply.
- An increasing difficulty in identifying efficiency schemes that deliver cash savings.

Despite the development of a draft strategic plan which outlines the Boards response to the challenges it faces it has not been able to develop a financial framework which is capable of supporting the investment in acute infrastructure, capacity in primary care and community services in particular (to start addressing the 2020 vision), and freeing up capacity to deliver changes in patient pathways.

Recognising the need to develop a balanced financial plan which not only generates options to reduce costs but frees up resource to start addressing the 2020 vision, a small "Delivering Financial Balance" Core Steering Group has been
established. This is being led by the Chief Executive, and includes the Director of Finance, Director of Strategic Planning and the Director of HR. This Core Group has been working with each Executive Director to consider existing and emerging plans and options to achieve financial balance over the next 3 years.

This has incorporated discussion on Strategic Plan propositions to ensure that where these support financial sustainability (in addition to patient safety and quality) they are prioritised.

The total LRP target for 2015/16 has been set at £47m, including carry forward. It is recognised that this level of recurring delivery is unlikely in-year, particularly in the context of current service demands. The present iteration of the financial plan assumes delivery of £30m. This situation presents a daunting and unprecedented challenge.

Work to date has identified a wide range of areas where there are opportunities for savings, although some will be a longer timescale in terms of delivery. Included in this are:

- Several corporate workstreams focussed on procurement, office accommodation, catering, working with third parties
- Service reviews including frail older pathways in West Lothian, Cancer pathways, LUCS, Out-patient Services
- Delivering a sustainable workforce looking at skill mix, management costs, workforce numbers and an administrative and clerical review.

To secure this magnitude of change will be a challenge within the context of no compulsory redundancy and no detriment protection of earning. Facilitating the change will require access to funds for voluntary severance. Another significant enabler would be the merger of corporate services across the region.

The Board is continuing to make progress to deliver a balanced financial plan for 15/16, however further work is still required. Three key areas of focus will support delivery of this objective:

1. Minimise unavoidable commitments. All forecast ‘step-ups’ need to be rigorously reviewed and challenged.

2. Continue to work with Scottish Government to identify potential additional funding sources and to achieve greater flexibility in current allocations.

3. Maximise recurring LRP delivery. The impact of the core group needs to materialise into a stepped increase in LRP performance.

In summary, current financial plans, taking into account expected income, rates of expenditure and savings plans require further work in order to deliver a balanced budget in the short term, let alone deliver the longer term strategic ambitions set out in this Plan.
3. **Policy Choices**

Successful delivery of the strategic ambitions in this plan is promulgated on the Board’s adoption of a number of fundamental policy choices, including:-

- A renewed emphasis on providing services in the community, to support people to remain at home, regardless of the time of day or night, with hospital admission being the exception and only when it is clinically required;
- Discharging patients as soon as possible to assess their ongoing needs at home, instead of retaining them in hospital beyond their acute clinical need;
- Rehabilitating patients in their home, rather than retaining them in hospital beyond their acute clinical need;
- Phasing out the provision of delayed discharge beds in hospitals, in favour of appropriate levels of social care;
- The closure and disposal of outmoded institutions and their replacement with integrated care facilities and other such models of care;
- Reprofiling of the workforce to support more appropriate and contemporary models of care.
- Ring fence elective beds

4. **Introduction to Progress Report**

Through an explicit process of prioritisation, effort has been concentrated on an initial programme of change which is designed to improve the quality and efficiency of healthcare that is safe, patient-centred and that consistently meets the needs of a growing and ageing population. This also means delivering waiting times and other mandatory targets, at the same time as shifting the balance of care from hospital to community and home care, in the face of rising patient demand for complex care and a legacy of financial deficits.

Although the following propositions are described in resource terms, changes and improvements are being clinically led and informed by analyses of patient pathways to ensure that the changes will improve the patients’ experience and health outcomes.

In prioritising the role of primary care, considerable effort is being spent, in close liaison with the Lothian GP Sub-Committee in identifying how best to reinforce primary care to deliver wider access to patients and the capacity to more effectively manage patient demand which would otherwise lead to hospital admission and longer lengths of hospital stay.
While investment in improving the capacity and access in primary and community care is expected to more effectively manage demand on acute hospital services, by shifting the balance of care, this will not happen overnight and parallel actions are required in acute hospital services to meet immediate waiting time and other care standards for patients.

So far as acute hospital care is concerned a site-masterplanning approach is being taken to ensure long term viability of each site and to present a revised specialty configuration which makes strategic sense in serving the needs of the Lothian population.

Underpinning all of these changes is a rapid process of organisational integration of health and social care which, taken together with a stronger primary care sector, is expected to provide new opportunities to address health and care inequalities and to provide new impetus and leverage for shifting the balance of care.

“Our Health, Our Care, Our Future” presented a large number of propositions for change and improvement, each described individually. However, the reality is that there are significant relationships and interdependencies amongst the propositions and these are reflected in the following progress report and timelines. In other words, little can be done in one part of such a complex system without it impacting upon others.

**Pathway Redesign – Lothian House of Care**

Within the original strategic plan we development four patient pathways, Sophie, Callum, Hannah and Scott. Aligned to the development of these pathways the House of Care was identified as a useful model of care during the Hannah patient pathway work being undertaken to inform the further development of the NHS Lothian’s Strategic Plan. In addition, the Scottish Government offered Lothian funding to support early adoption of the house of care.

The £70,000 funding offered by the Scottish Government to support early adoption in Lothian has been confirmed and will transfer to the Thistle Foundation imminently. NHS Lothian and the Thistle Foundation have entered into a partnership to take this forward.

In October 2014, a paper was submitted to NHS Lothian Board recommending that the House of Care approach should be supported to establish a more person-centred and integrated model of care for people living with multiple long term conditions and others with complex care and support needs. The paper was endorsed by the Board. The specific recommendations of the NHS Lothian Board paper included:

- Establishing early adopter sites for the house of care approach, and;
- Working towards strategic coherence for the house of care approach.
The paper outlined actions which included establishing:

- A programme board and 3 work streams to oversee the strategic coherence;
- An operational group and a learning group to support early adopter sites

The house of care approach is also being considered by the four Integrated Joint Boards. Potential early adopter sites have been identified in each of the four areas and there are varying degrees of strategic endorsement. Nationally the approach has been endorsed by the Action Plan “Many conditions, One life” to improve care and support for people living with multiple conditions in Scotland.

Pathway redesign utilising the House of Care approach is now considered to be a major driver of service change and improvement. Planning for service change in a number of services is now actively incorporating consideration of the needs of our four “typical” patients represented by Hannah, Callum Scott and Sophie.

5. Progress with Key Propositions

This section is in two parts, a narrative describing the projects coming forward in this part of the strategic programme and, in an appendix, a schedule of key milestones and projected timelines.

6.1 Primary and Integrated Care Services

6.1.1 Primary and Community Care Access and Capability

Project Objectives and scope

This major project will aim to improve and strengthen the capacity of practices and their teams to support patients and their carers in the community and primary care. A number of complex and resource-intensive actions will be required in order to support the fundamental policy choices and to manage demand in new ways, some of which will be invest to save, including:-

- Rapid expansion of General Practice in priority areas in view of the current severe lack of capacity; eventual expansion over time to deliver 10% more GPs; 10 more practices; reversal of recent decreases in the GP and primary care share of NHS funding;
- Establish infrastructure to support primary care’s role in delivering the 2020 Vision, including a review of community nurses and other support staff; agreement on a single point of contact available 8am to 8pm daily for admissions avoidance (including transport arrangements); expansion of enhanced service funding, including those to support increased community based medical care of vulnerable and multi-morbid patients
(General Practice ‘Intensive Care Units’); resource weighting to cover the additional workload associated with deprivation;

- Improve IT to strengthen and make more robust administrative and communication systems aimed at enhancing the capacity and efficiency of primary care services;

- Review Lothian Unscheduled Care Service (LUCS) to match resources to workload and develop innovative schemes to support out-of-hours working;

- Improve integration with H&SC Partnerships and their relationship with GP’s;

- Improve joint working with secondary care, including at locality level;

- Develop a new workforce to undertake secondary care work in the community and new ways of outpatient working;

- Maximise quality and efficiency by fully supporting GP clinical leadership roles in prescribing, referrals and admissions management and clinical investigation. Whilst some investment may be required, these developments should also create savings.

**Project Deliverables**

The Scottish Government draft budget for 2015-16 outlines an Integration Fund of £100m over three years to support delivery of the 2020 vision. The Cabinet Secretary for Health and Wellbeing announced on 4 November 2014, £40m funding for a primary care development fund to be targeted at general practices in rural and deprived areas. In addition £100m has also been made available over 3 years to buy additional capacity to support those people delayed in hospital. The additional funding is intended to support a position that no one stays in hospital for more than 72 hours once fit for discharge.

NHS Lothian’s Director of Finance is seeking clarification on these announcements and the funding likely to be available from these sources to NHS Lothian to support primary and community care developments. Until there is clarity, it is not possible to determine whether there will be a gap in funding which would need further consideration by NHS Lothian and the Scottish Government, which could only be addressed by diverting funds currently planned for acute hospital services.

In the meantime, further scrutiny requires to be undertaken of population-based allocations of General Medical Services (GMS) funding, to determine further scope for savings and any potential for incentivisation to deliver required service changes. An area for the attention of H&SC Partnerships’ strategic commissioning plans and locality planning will be to bring forward proposals in
consultation with GPs to reduce demand on hospital care and release resources to invest in primary and community care.

**Benefits**
The benefits expected as a result of this project relate to:

- Increased capacity in primary care to see patients; reduction in GP time lost to dealing with faulty IT systems which increase clinical capacity and productivity.

- Reduction in the number of restricted practice lists (June 2014 – 19 practices ‘open but full’ and 10 practices operating a ‘restricted list). Benefits measured through regular reports. At October 2014, list sizes had increased in capacity by 1,633.

- Improved access to general practice appointments as a result of the additional 10 access pilots demonstrated through access pilot monitoring and evaluation reports. Detailed evaluation reports are expected in mid March / April 2015.

- Provision of a Type 2 Diabetes Enhanced Service to support shift in the balance of care from hospital based care to the community to support an estimated 33,000 people with diabetes across Lothian; monitoring via practice uptake of enhanced service and new referrals to hospital.

- Development of locality workforce plans to support new models of care particularly relating to frail elderly, measured through improved performance in the reduction in time people are delayed for discharge, reduction in emergency admission / repeat hospital admission.

<table>
<thead>
<tr>
<th>Deliverable / Milestone</th>
<th>Expected Delivery Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership investment plans for additional and replacement/ expansion of primary care premises developed.</td>
<td><em>Capital investment of £3m in 15/16 and £5m in each of the next 4 years</em></td>
</tr>
<tr>
<td>Deliverable / Milestone</td>
<td>Expected Delivery Date</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td></td>
</tr>
</tbody>
</table>
| - Develop proposal to support a further 10 general practice access pilots across Lothian (£100,000 investment)  
- Identify alternative models to support primary care access  
- Submission of Patient Access Reports from GP practices and discussion at practice quality visits  
- CHP review of 2013/14 Scottish Health and Care Experience Survey and development of improvement plans where appropriate | Evaluation of 4 Lothian access pilots anticipated by March 2015 to inform future access models;  
3 year rolling programme of practice quality visits from 2015; there is an intention to train 8 GPs and 8 practice managers to support the 3 year cycle of visits. Funding is required to support the QI visit programme estimated to be £23,000 per annum (recurring to 2017). There are also capacity issues for the PCCO team to facilitate and administer the visit programme. |
| List Expansion Grant Uplift (LEGUp) and Initial Practice Allowance -Develop further proposals to alleviate current practice list restriction position and discuss with GP Chairs Sub Group supported via initial £200,000 investment | Further investment of an additional £200k bringing a recurring total investment of £400k proposed to extend to a further 10 practices in 15/16 |
| **Support for Frail Elderly** in Community Settings – Care Home, In Patient Complex Care, Step Up and Step Down, Delayed Discharge, Out of Hours, enhancement of rapid response teams (frailty). Further investment required to support investment as the model of care to support the elderly in the community develops. | Linked to development of community nursing workforce capacity and capability, and review of medical support to community intermediate services for older people. IJB strategic plans will prioritise investments. Funding allocation of £14.2m over 3 years to 4 partnerships to reduce delayed discharges from Scottish government. In addition to the circa £14m over three years for the Integration Fund. |
| Review of 2014/15 investment in care home enhanced service | Development of proposals relating to care homes, anticipatory care and frail elderly is ongoing, a final report on each of these developments is to be taken to the Primary Care Joint Management Group in 2015. |
| **Shifting the Balance of Care** Business Case to Support Investment of diabetes type 2 enhanced service as invest to save through mitigating rising hospital demand | Cost £350K; to be considered in context of 15/16 financial plan |
| Roll out of near patient testing (warfarin)- | Proposal for further roll out and |

11
Plan Stage 2 V1.9 300115
<table>
<thead>
<tr>
<th>Deliverable / Milestone</th>
<th>Expected Delivery Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>in place in East and Midlothian</td>
<td>expansion to level 4 testing being developed - implement 15/16.</td>
</tr>
<tr>
<td>Audit and review of domiciliary phlebotomy service</td>
<td>A phlebotomy activity audit was undertaken in Sept / Oct 2014 which indicated the domiciliary phlebotomy local enhanced service is an appropriate delivery model and supports general practice to provide a highly cost effective service. A proposal to develop wider community phlebotomy service is being developed - implement 15/16.</td>
</tr>
<tr>
<td>Further VLARC (very long acting contraception) investment</td>
<td>Capacity uncapped during 14/15. Review impact and consider further opportunities with sexual health team and partnerships in 15/16.</td>
</tr>
<tr>
<td>Workforce</td>
<td>District Nursing Review to commence February 15 in Edinburgh. Redesign, skill mix, IM&amp;T opportunities to be considered. Development of Advance Nurse Practitioner roles for practices and elderly care to be progressed. Additional Health Visitor trainees required to support ‘named person’ legislation</td>
</tr>
<tr>
<td>Progress consultation on LUCS review and proposed changes to hours/number of bases to maximise efficiency and meet demand</td>
<td>Business case by end of February 15. Complete and implement during 15/16.</td>
</tr>
<tr>
<td>IM and T</td>
<td>Draft proposal – capital cost £2.5m Revenue consequences £300,000 Being discussed with GP Sub-committee</td>
</tr>
</tbody>
</table>

6.1.2 Integrated Care Services

“Our Health, Our Care, Our Future” described a Lothian model of healthcare services, where more patients are able to live at home with a greater range of support from health and care services, where specialist hospital inpatient...
provision is delivered through four key sites (Royal Infirmary of Edinburgh, Western General Hospital, Royal Edinburgh Hospital and St John’s Hospital) and where existing continuing care and other hospitals are replaced by modern, integrated care facilities (ICFs).

**Integrated Care Facilities (ICF’s)**

These require the design and development, together with local councils and other community partners, of a different range of integrated health and social care services to replace current delayed discharge hospital and continuing care bed provision. ICFs would be a purpose-designed, social care-based model taking the place of the current NHS hospitals including, in Edinburgh, the Royal Victoria, Liberton and Astley Ainslie, as well as re-designation of community hospitals in East, West and Midlothian. Flexible design of accommodation and staffing would suit a range of client needs and peripatetic, specialist NHS staff would provide expertise on an in reach basis as required. ICFs will include current services aimed at avoiding unnecessary hospital admission as well as delivering intermediate care, rapid re-ablement and rehabilitation and avoidance of delays in hospital discharge.

It is proposed to design and develop two ICFs in Edinburgh, at the site of the current Royal Victoria Hospital to serve North Edinburgh and at the edge of the Royal Edinburgh Hospital site to serve South Edinburgh, each of which would provide up to 90-120 care home type places, together with a range of supported housing and the co-location of new GP teaching practices. In addition, consideration is being given to Midlothian Community Hospital being redesigned and reconfigured to become an ICF and Roodlands Hospital incorporating a purposed designed ICF to serve the people of East Lothian.

<table>
<thead>
<tr>
<th>Current</th>
<th>Future</th>
</tr>
</thead>
</table>
| **Royal Edinburgh Hospital – 364 beds** | **Royal Edinburgh Hospital**
The future role for the REH will be a multipurpose site providing acute mental health, learning disability, substance misuse and neuro and brain injury services as well as facilities for frail elderly, continuing care and an integrated care facility for the south side of the city |

| **South Edinburgh Integrated Care Facility** – as part of an enhanced phase 2, there is capacity for 90-120 care home places which could support the replacement of a range of services currently provided in outmoded facilities at Astley Ainslie and Liberton Hospitals |
## Current

<table>
<thead>
<tr>
<th>Current</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Royal Victoria Hospital</strong> – 81 continuing care and 56 winter/delayed discharge beds</td>
<td><strong>Royal Victoria Integrated Care Facility</strong> – the proposed plan would involve closing delayed discharge and continuing care beds on or as close to the 1st April as possible and moving patients to Gylemuir House (capacity 120 beds) to allow moves and closure of wards to take place. Then develop 120 care home places, with the possibility of also including supported housing units, social housing units, GP training practice and community hub services including rehabilitation.</td>
</tr>
<tr>
<td><strong>Astley Ainslie Hospital</strong> – 90 beds, neuro/stroke rehab, orthopaedic rehab, amputees (SMART centre)</td>
<td><strong>South Edinburgh Integrated Care Facility</strong> – as part of the accelerated phase 2 of the REH Redevelopment, replace all services from Astley Ainslie in modern facilities on the REH site, enabling closure and disposal of the Astley Ainslie Hospital site</td>
</tr>
<tr>
<td><strong>Roodlands Hospital</strong> – 62 beds, Elderly rehabilitation and complex care</td>
<td><strong>East Lothian Hospital and Integrated Care Facility</strong> – New facility will open in 2017/18 – original community hospital brief used for Initial Agreement under review for Outline Business Case to include integrated health and care services which will support repatriation of East Lothian patients from Midlothian and Edinburgh. This is a key element in the remodelling of care for frail elderly people.</td>
</tr>
<tr>
<td><strong>Herdmanflat Hospital</strong> – 12 beds elderly psychiatry</td>
<td>The development of the new East Lothian Hospital and ICF in 2018 and the remodelling of care for the frail elderly, would enable the transfer of the old age psychiatry service from Herdmanflat and the closure and disposal of the Herdmanflat site. Early transfer as part of the decant strategy for Roodlands is being considered.</td>
</tr>
<tr>
<td><strong>Belhaven Hospital</strong> – 12 GP beds, 16 care home beds and 5 IPCC beds.</td>
<td>East Lothian Partnership is currently developing joint proposals as part of the remodelling of care for the frail elderly.</td>
</tr>
<tr>
<td><strong>Edington Hospital</strong> – 9 beds</td>
<td>East Lothian Partnership is currently developing joint proposals as part of the</td>
</tr>
<tr>
<td>Current</td>
<td>Future</td>
</tr>
<tr>
<td>---------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>Midlothian Community Hospital</strong> – 88 beds – elderly psychiatry assessment and elderly complex care</td>
<td><strong>Midlothian Integrated Care Facility</strong> - proposed redesign to better integrate service delivery between acute and community services. Proposals include repatriation of rehabilitation services from Liberton Hospital, review of day hospital, more integrated working between care homes and inpatient services and expanded use of outpatient’s facilities.</td>
</tr>
<tr>
<td><strong>Tippethill Hospital</strong> – 60 beds</td>
<td><strong>West Lothian Integrated Care Facility</strong> - proposed redesign/modernisation of patient pathways as part of redesign of the older people’s services across West Lothian, reducing reliance on St John’s Hospital and the outmoded facilities at St Michael’s Hospital.</td>
</tr>
<tr>
<td><strong>St Michaels Hospital</strong> – 30 beds</td>
<td><strong>Maple Villa</strong> – 30 beds</td>
</tr>
<tr>
<td><strong>Corstorphine Hospital</strong> – service reprovided</td>
<td>Beds re-provided on the Royal Victoria hospital; main hospital now closed and subject to disposal.</td>
</tr>
</tbody>
</table>

### 6.1.3 Older Peoples Services capacity development (Delayed discharges and integration fund monies)

#### Pan Lothian

The Board, through the work of the Corporate Management Team and the Integration Joint Boards needs to consider the recent allocation of £100m over three years to support the reduction in the number of people delayed in hospital. As part of this there is a requirement to ensure that patients who are fit for discharge don’t wait any longer than 72 hours.

This money is in addition to the £100m available nationally for integration. The four partnerships have submitted plans for expenditure against this allocation. This will continue much of the capacity that was set up under the Change Fund plus more i.e. rapid response and crisis response and support; day hospital development and challenging behaviour support as well as funding for a variety of services to support older people at home. The new Integration Fund monies must also support a younger group i.e. 45-65 with multiple co-morbidities in the community.
Avoiding admissions work via Hospital at Home Teams was shared at a planning session with Partnerships in December 2014. This is a core component of the comprehensive range of services to support older people within partnerships at different stages of development.

**East Lothian**

20 intermediate care beds opened September 2014. Business case for enhanced ELSIE model covering patients with dementia and 7/7 operation to be developed by end of January 2015.

**West Lothian**

Demand and capacity planning underway across primary care, community nursing, crisis care, re-ablement, care at home, to be completed by March 15.

**Mid Lothian**

A range of additional supports now in place including step down beds. Further plans being developed include: single contact point for discharge hub to access social care; expanding re-ablement to deliver more rapid response; creating additional step down beds; expanding MERRIT to 7/7 and extended days; extending hospital in-reach team; creating interim care home beds.

**Edinburgh**

Current work underway on: discharge process review; Royal Victoria Care home project- Oct 16 target; interim integrated care home commencing admissions from January 15; work underway to evaluate step down facilities - December 14; Plans to expand care home, care at home, re-ablement, intermediate care capacity – by March 15.

### 6.2 Acute Services

<table>
<thead>
<tr>
<th>Current</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>St John’s Hospital – 259 beds,</td>
<td>St John’s Hospital –</td>
</tr>
</tbody>
</table>
## Current

<table>
<thead>
<tr>
<th>Current</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>plus 20 paediatric beds and 63 maternity (inc SCBU) beds</td>
<td>• New MRI scanner installed</td>
</tr>
<tr>
<td></td>
<td>Site master planning potential includes:</td>
</tr>
<tr>
<td></td>
<td>• creation of capacity for business continuity</td>
</tr>
<tr>
<td></td>
<td>• remodelling front door to improve patient flow</td>
</tr>
<tr>
<td></td>
<td>• additional surgical capacity for plastic surgery, ENT, hand surgery and Oral Maxillo-facial surgery, including additional operating theatres</td>
</tr>
<tr>
<td></td>
<td>• Consider as one of the options for elective orthopaedics</td>
</tr>
<tr>
<td></td>
<td>• Review Maternity provision, including potential for more midwife-led and home births, in line with recent NICE review</td>
</tr>
<tr>
<td></td>
<td>• Day hospital and ambulatory care for frail elderly people to West Lothian community</td>
</tr>
</tbody>
</table>

**Western General Hospital** – including RVB there are 675 beds (including critical care beds) plus 40 winter beds currently open

### Western General Hospital, Edinburgh’s Surgical and Cancer Care Centre

This is a complex estate of mixed structures, the redevelopment of which will require significant capital investment which is unlikely to be available in the foreseeable future. However, site master planning is underway.

- Redesign of the “Front Door” has been completed to increase access to medical day care, direct GP admissions and surgical assessment. This is phase one of a longer term review of unscheduled care services across NHS Lothian, including designation of RIE as centre for unscheduled care and WGH as Edinburgh’s Surgical and Cancer Care Centre
- Rheumatology and dermatology redesign being progressed, delivering more care on day patient basis
- Site release from transfer of DCN beds to RIE in 2017
- Consider redeveloping Regional IDU at RIE/Bioquarter
- Consider as one of the options for elective orthopaedics
### Current

<table>
<thead>
<tr>
<th>Royal Infirmary of Edinburgh – 729 beds plus 165 maternity (inc SCBU) beds</th>
<th>Royal Infirmary of Edinburgh, Edinburgh’s Emergency, Medical and Major Trauma Centre</th>
</tr>
</thead>
</table>
| - Additional Day surgery capacity  
- Development of Cancer Centre, including additional radiotherapy capacity and the potential of collocating gynaecology (from RIE)  
- Significant review of current estate and reorganisation of current services to maximise capacity and accommodation. | Site master planning potential includes:  
- Consider potential to develop acute medical receiving for Edinburgh and beyond using expanded footprint at the Bioquarter.  
- Plan to expand medical assessment capacity to improve flow  
- Regional Major trauma service by end 2016  
- Children’s Hospital and DCN transfer in 2017  
- Further development of care of older people through the enhancement of the Compass outreach model and increased comprehensive geriatric assessment  
- Consider as option for Elective Orthopaedic Surgery service with WGH and SJH  
- Creation of an integrated stroke unit supported by the transfer of beds from Liberton  
- Consider central pathology services  
- Review current outpatient capacity as potential bed capacity |

### Future

<table>
<thead>
<tr>
<th>Royal Hospital for Sick Children – beds</th>
<th>Royal Hospital for Sick Children – replaced in new RHSC on RIE site, which also incorporates the CAMHS unit from REH site.</th>
</tr>
</thead>
</table>

<p>| Royal Edinburgh Hospital – 364 beds | Royal Edinburgh Hospital, fully redeveloped |</p>
<table>
<thead>
<tr>
<th>Current</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Future will be a multipurpose site providing acute mental health, learning disability, substance misuse, neuro and brain injury services as well as continuing care and potential integrated care facility for the south side of the city. Review of in-patient complex care beds for old age psychiatry underway as part of city wide review.</td>
</tr>
<tr>
<td>Liberton Hospital – 130 beds</td>
<td>Services will be re-provided in modern, purpose-designed facilities i.e. stroke beds to RIE, re-patriation of patients to Midlothian and East Lothian. Potential for 90-120 care home beds at Royal Edinburgh Campus in proposed South Edinburgh Integrated Care Facility. All of this will enable the closure and disposal of the Liberton Hospital site.</td>
</tr>
</tbody>
</table>

### 6.3 Specialty-Specific Propositions

#### 6.3.1 Eye Care Redesign & Modernisation

**Project Definition and Strategic Context**

The project objectives are to identify the optimal site for the Princess Alexandra Eye Pavilion re-provision and redesign of patient pathways and processes to improve efficiency and ensure that the patient is treated in the right place by the right person and at the right time. This programme of work will map current service model and patient pathways and, using peer review from other organisations, research based options and whole system intelligence, define a new model of care that will cross from primary care into acute and back.

The Princess Alexandra Eye Pavilion (PAEP) building was opened in 1969 and consists of five floors (3500m2) of clinical and supporting office accommodation. The current building fabric and infrastructure is no longer fit for purpose, and does not support efficient patient flows or provide the necessary space for service development and expansion. Ophthalmology is a multi-professional service with staffing resources of 148.02 WTE and an annual budget of £11.1million.

**Progress to date**

The Programme Board have commissioned some Test of Change Redesign Projects along with some infrastructure investment to optimise patient pathways.
and flows. As a consequence of this work the following options are being put forward for consideration:

<table>
<thead>
<tr>
<th>Scope</th>
<th>Option</th>
<th>Description</th>
<th>Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Ambitious</td>
<td>Re provision of PAEP to Lauriston building</td>
<td>Relocation of PAEP services to the Lauriston building.</td>
<td>Enables re provision of service in city centre location but does not address clinical adjacencies or access requirements. Would require some existing services to be relocated to allow full service fit.</td>
</tr>
<tr>
<td>Preferred way forward</td>
<td>Re provision of PAEP to RIE / Bio quarter campus</td>
<td>Relocation of PAEP services to RIE/Bio quarter site</td>
<td>Provides collocation of service with acute clinical capability and adjacencies with front door services and in patient services</td>
</tr>
<tr>
<td>More Ambitious</td>
<td>Alternative new build (Edinburgh city centre)</td>
<td>Provision of a new build that would be of a bespoke design</td>
<td>Would address all location and access, accommodation requirements. Potentially housing other day surgery / outpatient activity.</td>
</tr>
</tbody>
</table>

Taking account of the proposed profile of service (activity, physical footprint, finance and workforce), it is proposed that all current PAEP out-patient, day case and in-patient services are located within a single site, with a layout that reflects key clinical adjacencies to optimise efficiency and flow.

The initial conceptual design of the space required is significantly larger than the current space occupied. There are three main drivers for this:-

- Service expansion both in terms of volumes and range of services provided.
- Future proofing provision of sustainable expansion space. (New treatments for previously untreatable eye conditions have driven a requirement to provide clean room facilities for intravitreal injections, a requirement to provide frequent and long term follow up)
- Compliance with current legislation and guidance for clinical service provision and patient flow.

**Strategic Impact – Patient Care**
• Patient care required in secondary care will be delivered from compliant premises with modern, fit for purpose accommodation which will improve access to services, flow and efficiency, improving the patients overall experience.
• Care will be delivered as close to home as clinically appropriate through optimising use of modern technologies and skills and capacity within community optometry.
• Care will be delivered by the most appropriate health professional releasing consultant capacity to support high complexity work and virtual clinics.
• Through investment in service as agreed through Delivering for Patients and service redesign, activity will be repatriated from external providers and delivered within agreed access targets.

6.3.2 Outpatient Services Redesign

This project will radically change the delivery of outpatient services to ensure all patients are seen by the person with the appropriate skills, in a timescale that meets their needs and at a location which is most convenient to the patient.

Historically, outpatient services have been delivered on several acute sites across NHS Lothian, using a traditional speciality-based management model. The management responsibility lies with the individual site or speciality, resulting in a variety of operational structures within the model. This has led to a silo approach to the management of outpatient services and does not cultivate innovative working, promote change in practice, nor deliver efficient and effective services. Healthcare is now so reliant on quality data to advise management of activity trends, resource utilisation and overall clinic productivity, that the current delivery model is unable to provide the detail needed.

The new model will see outpatient services managed as a central function across all sites which is a similar model to that in place for theatres. Outpatient services will become the responsibility of an individual General Manager, supported by a full management team, just like any other clinical service. This will enable cross-specialty vision and will support the need for standardised processes and functions throughout the service, irrespective of the specialty. These teams will have full responsibility for delivering quality outpatient services, including the management of resources, activity and budget, implementation of standard processes, monitoring progress through standard datasets and building robust relationships with primary care, the Integration Joint Boards and social services.

Key objectives
• To establish standardised processes within all outpatient services, for booking, time allocation for appointments, consultant workplans etc.
• To establish service and department-specific data to inform specialties of activity against capacity plans.
• Identify areas of good practice which can be rolled-out internally.
• To develop and establish monitoring processes for utilisation of facilities similar to that provided by ORSOS for theatres.
• To explore, plan and implement alternative forms of delivering care to patients which avoids them having to travel to hospital.
• For patients who must travel to hospital, plan reasonable clinic times and identify appropriate transport solutions to enable patients to attend these appointments.
• To redesign the outpatient function to provide the most appropriate care/advice for the patient or primary care professional and where possible, avoiding the need for face-to-face consultation and the disruption to the patients routine that this causes.
• To investigate the benefits of cutting-edge technology and seek to explore and implement systems such as digital self check-in, real-time advice screens in clinics and electronic patient-focussed booking for follow-up appointments.
• To work closely with the operational teams to standardise models of care across all sites and implement appropriate staffing levels and skill mix. Creative but robust job planning will ensure that clinical time is optimised and that appropriate clinic accommodation is always available.
• To implement plans that will ensure that outpatient clinics are no longer the first choice for cancellation during periods of holidays or absence and that core capacity will be utilised to the full, reducing the reliance on waiting time initiatives and the use of the independent sector.
• To deliver patient-centred care, enhanced by involving patients, carers and other service users throughout the project.

A more efficient, standardised and streamlined service in outpatients will contribute significantly to NHS Lothian’s achievement of national and local targets. In addition to national goals, such as reducing DNA rates for new outpatients to an average 7% by April 2016, NHS Lothian intends to introduce local targets, such as a 20% reduction in follow-up appointments for the top 10 specialities generating return activity. Other local Key Performance Indicators will be developed over time.

Progress
• The transfer of the management of outpatient services in agreed areas is underway in a phased plan with realignment of staff and budgets to be complete 31st March 2015.
• An Invest to Save proposal for Service Directory/Refhelp development has been submitted, which would support referral protocol development between primary care and hospital services.
• Initial focus on ENT outpatient system redesign commenced January 15, delivery of new model expected in April 15.
• Rheumatology system redesign to follow from February 15.

6.3.4 Orthopaedic Services Redesign

Acute Orthopaedics

The Orthopaedic unit at RIE is the largest in Scotland and one of the three busiest in the UK. All trauma and elective in-patient orthopaedic surgery is centralised at this site along with a large proportion of orthopaedic day case surgery. Some day case surgery (mainly foot and ankle) is performed at St John’s hospital (SJH).

Outpatient clinics are run at RIE/SJH/Lauriston buildings (LB) and Roodlands (RH). Royal Hospital of Sick children (RHSC) is also supported by a cohort of (adult) orthopaedic surgeons who cover on call and clinics at RHSC site.

Currently, orthopaedics is endeavouring to deliver a number of access targets; the 48 hour hip fracture target by March 2015, the Treatment Time Guarantee for elective in-patients, and the 12 week standard for out-patients. Available theatre sessions and current in-patient facilities are inadequate in capacity for current service delivery and for future needs. This in turn constrains patient flow and efficiency, practice development and expansion of services.

The principal issues to address are:

• Inadequate access to trauma theatres
• Inadequate MOE support for trauma orthopaedic patients
• Lack of flow of patients to Orthopaedic Rehabilitation Beds – this is highlighted in the Orthopaedic Rehabilitation DCAQ Strategic Paper
• Re-streaming of non operative fracture patients
• The need for additional in-patient, DOSA and theatre capacity within Lothian to meet National Waiting times target and be able to dis-invest from use of the Private Sector.
• The requirement for this work to be addressed in order to accommodate the National Major Trauma Redesign in 2016.

In addition, there is also an increasing recognition that the capacity at the RIE site is limited and orthopaedics along with other services may be required to review the services they deliver from the RIE site and look for opportunities to deliver services from other NHS Lothian sites.
Objectives

The project objectives are to:

- Develop a Business Case for a redesign of Orthopaedic Trauma Services that will address improving performance against the National Hip Fracture target, improving Medicine of the Elderly support for Trauma Orthopaedic patients, increased access to trauma theatres and preparedness for the impact of the National Major Trauma Redesign in 2016.
- Develop a service model for the elective orthopaedic service that provides the sustained delivery of the Treatment Time Guarantee for Orthopaedic inpatients with the service being delivered principally within NHS facilities and minimal use of non NHS facilities.

Progress to date

The Programme Board have made significant progress in two key workstreams:

(a) The development of a business case for the trauma inpatients service, that seeks to increase the overall capacity to treat orthopaedic trauma patients at the RIE site in order to meet the Scottish Government 48 hour hip fracture target and reduce the impact on elective patient cancellations.

The work on further developing this Business Case in ongoing, but needs to be linked closely to the proposals for the future provision of the elective orthopaedic service.

(b) An options appraisal on the Elective Orthopaedic Service has taken place, involving the clinical staff from within the service and other services linked to it, as well as partnership and patient representation. This option appraisal covered a number of options for the future provision of the elective service.

The options were:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1a</td>
<td>Elective and trauma orthopaedic service is continued to be delivered from the RIE site.</td>
</tr>
<tr>
<td>Status quo</td>
<td></td>
</tr>
<tr>
<td>Option 1b</td>
<td>As above but with further improvements to existing service including extended day working.</td>
</tr>
<tr>
<td>Status Quo plus</td>
<td></td>
</tr>
<tr>
<td>Option 2</td>
<td>Elective and trauma orthopaedic service is continued to be delivered from the RIE site. Additional capacity is created by removing all RIE day surgery to an alternative NHS Lothian site.</td>
</tr>
<tr>
<td>Move day surgery off site for all specialties</td>
<td></td>
</tr>
</tbody>
</table>
Option | Description
--- | ---
**Option 3**<br>Move elective orthopaedic surgery to an alternative NHS Lothian site | Only the trauma orthopaedic service is continued to be delivered from the RIE site with elective procedures carried out from an alternative NHS Lothian site.

**Option 4 -**<br> Increase use of external capacity | Additional elective procedures are sent to the Golden Jubilee Hospital, other NHS Board or private sector suppliers to free up capacity on the RIE site.

**Option 5 -**<br> Provide additional elective orthopaedics procedures on another NHS Lothian site | This option would involve an additional NHS Lothian site undertaking elective procedures (in a similar manner to that currently being undertaken at the Murrayfield hospital).

**Major Trauma Unit**

The Royal Infirmary if Edinburgh will be one of four new major trauma units to be established across Scotland. The expected date for opening is the end of 2016.

This development will bring additional numbers of trauma patients to the RIE site. In order to accommodate this development there will require to be capital investment at the ‘front-door’ to support the immediate management of such patients. This will also require revenue investment for staffing in medical, nursing and allied healthcare professional capacity.

Key issues related with the development include the ability to discharge or repatriate patients to other Boards for their rehabilitation. The inability to do this may impact on NHS Lothian’s ability to meet 4 hour; delayed discharge and treatment time guarantee commitments, which are already compromised.

Initial costed plan required by March 2015.
Orthopaedic Rehabilitation

- Orthopaedic rehabilitation for over 65s from South Edinburgh, Midlothian and East Lothian moved from AAH to Liberton Hospital in October 2014. A pan-Lothian ortho-rehab clinical collaborative has been established, with subgroups on each site which provides orthopaedic services - RIE, Liberton, St John's and Royal Victoria Building at WGH.
- Improvement methodology is being used with a strong therapy led focus.
- Early data shows significant reduction in length of stay particularly for the Liberton based service.
- There is also a focus on community therapy in-reach and discharge to assess in collaborative approach.
- This service provides more local rehabilitation at RVB (for North Edinburgh) and St John's. 3 wards occupied at Liberton (44 beds) and would need alternative bed based provision in step-down rehabilitation facilities if Liberton was to close.

General Rehabilitation will be progressed subsequent to orthopaedic workstream above, and discharge to assess "tests of change" planned at RIE and St John's Hospital.

6.3.5 Stroke Services Redesign

- Consultation events have confirmed that the preferred model is to provide an integrated stroke unit on RIE site, mirroring the services already in place at WGH and St John's Hospitals. This requires capacity for stroke rehabilitation beds to transfer from Liberton to RIE, with potential to reduce length of stay through avoiding handoffs.
- Proposition is for specialist stroke ward of 15 beds at RIE by August 2015.
- Thrombolysis treatment which must be delivered with 1 hour will be delivered via A&E Departments at St John's and RIE.
- Delivering this change requires release of bed capacity at RIE and plans are under development to achieve this.
- This will close one ward at Liberton Hospital.

6.3.6 Implementing Laboratory Strategy

The ‘Labs Renew’ change management programme will continue the work started in 2011 to implement efficient and fit for purpose service models through workforce reshaping, process automation and delivery of increased productivity while maintaining quality and safety.

Key deliverables:
- Introduction of automation within Microbiology, which will concentrate all processing capacity at RIE, allowing the service to cope with the expected growth in demand in a modernised cost-efficient way
• Redesign of the blood sciences workforce into a single staff resource, retaining rapid laboratory processing capacity at three acute sites with phased workforce efficiencies over 2/3 years.
• Development of potential options for collaboration with partner agencies in the medium term.
• Delivery of circa £4m recurrently in efficiency and productivity benefits across the lifespan of the programme.
• Developing further efficiency programmes in line with the NHS Scotland National Healthcare Science Delivery plan – namely in Demand Optimisation, Point of Care Testing, Extended scientific roles.

The physical location of laboratory medicine functions is detailed below taking into consideration the best use of space, technology, adjacencies, centralisation and alignment with NHS Lothian’s Clinical Strategy:

• RIE: Blood Sciences (Biochemistry, Haematology, some blood-based Virology and Specialist paediatric services), Cell sciences (Infection, Microbiology, Category 3 containment labs and Pathology) and Gene sciences (Molecular Diagnostics comprising infection, molecular pathology and haemato-pathology, NEQAS)
• WGH: Blood sciences (Biochemistry, Haematology, Blood Transfusion and some specialist services including nationally funded programmes) and Gene sciences (Clinical, Molecular and Cyto-Genetics)
• SJH: Blood sciences (Biochemistry and Haematology) and the Training school
• Other: the service will explore opportunities for co location of certain laboratory medicine functions, including Pathology and Mortuary services, with local partner agencies at appropriate locations, such as the BioQuarter.

6.3.7 Ambulatory Care (day surgery)

Data gathering and analysis underway on day surgery rates and opportunities to improve these in specialties.

The delivery of this workstream is linked to and dependent on the preferred options and DCAQ requirements of all surgical specialities including orthopaedics, plastic surgery, and ophthalmology.

The options for additional day surgery capacity include:

• Introducing extended days and weekend working on a routine basis to increase productivity of current facilities
• Developing additional day surgery theatres and day bed areas at WGH or St John’s Hospital.
6.3.8 Maternity Services

The Maternity Services Programme Board has agreed a comprehensive action plan to improve patient flow and management in Maternity services across Lothian, maximising the efficient use of existing facilities at the Simpsons Centre for Reproductive Health, Royal Infirmary and at St John’s. A Project Manager is in place to support this and a progress report is going (went to) to the Programme Board on 11 February 2015.

The next phase of the supporting Midwifery and Nursing workforce plan and the Medical Workforce plan, including proposals for 24/7 Labour Ward staffing at the Royal Infirmary were also reported to the February Programme Board.

An invited joint visit by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives is due to take place on 18 and 19 February and the report from that will be used to inform the further work of the Programme Board.

The recently published NICE guidelines, December 2014, which highlight the safety of Midwife Led units and home births for women who are low risk and recommends that women should be made fully aware of this and their choices, will also need to be taken into consideration in planning for the future development of Maternity services in Lothian and the South East region.

6.3.9 Cancer Services Redesign and Edinburgh Cancer Centre

The increasing incidence of cancer means that Lothian as a regional cancer centre requires to plan to meet the growing treatment and care needs. The Revised Cancer Strategy was approved by the Health Board in December 2015. A regional group chaired by the Director of Strategic Planning has been established to progress cancer pathway redesign and cancer centre redevelopment.

Specific workstreams are in place focusing on: Accommodation, Workforce, radiotherapy, pathway mapping by tumour group.

An intensive review (deep dive) is proposed and has been supported by Boards across the region and planning for this is now underway with recently appointed Clinical Director taking a lead role.

Planning sufficient radiotherapy capacity is an immediate challenge and an action plan is being finalised which will require a number of short and medium term changes to sustain service delivery. Proposals are expected by March 2105.
This project is a core part of the WGH site masterplanning work and the Initial Agreement for this is being developed to include the Cancer Centre redevelopment options as one of the key components.

The initial focus of the work needs to be the fabric of the inpatient wards; the radiotherapy capacity and the review and development of cancer pathways, which will be followed by the deep dive to then inform the redevelopment of the cancer centre which may be opened in around 2020/21.

7.0 Workforce

As set out in this progress report the model of delivery health and social care is changing. With rising demand projected from the demography and epidemiology it may well be that overall the number of people employed in the health and social care field will increase. However the balance of who provides what, where, between the NHS, local authorities, and the third sector, will change significantly and will therefore impact on the profile of our workforce. Our workforce plans over the longer term will need to model this change to ensure we are best placed to meet our aspirations in relation to the delivery of our strategic plans.

NHS Lothian employs approximately 20,538 whole time equivalent, with a pay bill of circa £850m per annum, which represents the single largest element of expenditure.

In the short to medium term there are a number of factors that will influence our workforce profile. As we move to implement the 2020 Quality Strategy with more care provided at home or in a homely setting we will be less reliant on acute hospital beds and this factor will impact on the number of staff we employ and the skill mix of the workforce. Implementing the balance of care shift from acute hospital services to primary care and community services, will see future investment in primary care with additional resources being topped up by a disinvestment in acute care. There will be workforce implications and reductions as a consequence of this. This will be ongoing as the future investment in primary and community care impacts on referral patterns to the acute sector.

In the immediate future we need to bring forward a balanced budget for 2015/16. The LRP target in our financial plan of £47m means that workforce terms and applying a percentage equivalent to the proportion of overall total cost, this would equate to a reduction in staffing of 840wte which translates into approximately 1050 in headcount terms.

In recent years the size of NHS Lothian workforce has fluctuated. Generally the trend has been upwards. At the time of writing NHS Lothian has never in its history employed as many people as it does today. From April 2012 to today, our wte figure has gone from 18,553 to 20,538 an increase of 1985. In year
2015/16 a staffing reduction of 840 wte would take us to the staffing levels we enjoyed in November 2013.

Site closures, skill mix, tight control of corporate services, management and administrative costs, will all have an impact on the workforce profile. Supplementary staffing, bank and agency expenditure is of the order of £78m per annum. Measures have been put in place to reduce spend in these areas, and of course some supplementary staffing costs in, for example, bank and extra programmed activities for senior medical staff are useful, appropriate and value for money. Yet there is more that can be done to reduce costs in this area. We cannot reduce the size of the workforce in order to live within our means simply to see our supplementary staffing costs or overtime costs rise.

The delivery model for care is changing. The redesign of clinical services needs to follow the model care. We require sustainable workforce plans which contribute to delivery of financial balance in a manner which delivers quality care. Shifting the balance of care inevitably means the deployment of resources between the acute sector, and community care and the use of the third sector, will require planned change. In the short term we need to put in place an affordable, sustainable, trained workforce.

8.0 Planning Processes

Clinical Leadership Model for Service Transformation- Clinical Change Cabinet

The aim of this innovative approach to leadership is to establish a forum and process within NHS Lothian to engage senior clinical leaders in identifying and driving forward the changes needed to deliver financially sustainable services and care models. The ‘Cabinet’ will also support the Board and the Corporate Management Team to deliver its strategic objectives in line with the national 2020 vision and the triple aims around improved quality, improved health and value and financial sustainability.

The idea of this proposal is that we engage clinicians and seek their support in leading change and developing new models of care or developing new policy choices. Examples from elsewhere support such an approach. The ‘Cabinet’ might meet several times a year (i.e. three or four) and would be primarily led by the Chief Executive and senior clinical colleagues and Board Directors and other senior managers would also attend and participate, as appropriate.

Early themes to address may include, for example:

- Eradicating Boarding - introducing a policy of discharging from the right beds rather than boarding in to the wrong beds, ring fencing elective capacity, avoiding inappropriate admissions etc;
• Improving discharge arrangements – implementing Estimated Date of Discharge, Discharge to Assess, Criteria-Led Discharge, Reducing LOS, Discharge earlier in the day, use of discharge lounges, management of patient and family expectations around support for discharge, ward round protocols etc;
• Managing end of life care – including policy around end of life interventions, diagnostics, medicines and technologies, appropriate admission avoidance at end of life etc.

The first session of the Cabinet will be held on Friday 27 February 2015.

9.0 Integration

Finalise draft integration plans

Much of the agenda set out above will become the responsibility in strategic planning terms of the four new integration joint boards during 15/16 and certainly fully from 16/17. The NHS Lothian Board and the four councils have approved the draft integration schemes and these are out for consultation and have to be agreed and submitted to the Cabinet Secretary by 31st March 2015. Work is underway to review what corporate support will be required by the new IJB’s as well as setting an agreed opening financial budget. Work in establishing the membership of the IJB’s as well as work to develop their strategic commissioning plans is also underway.

A significant piece of work is the operational and governance capacity required to ensure that planning for unscheduled and scheduled care is done in tandem between the four IJB’s and the acute service. An interface group of senior managers i.e. Joint Directors, Directors of Scheduled and Unscheduled Care Director of Finance and the Director of Strategic Planning have been established to support the planning process and the use of agreed data sets and data sources.

Work in relation to developing the children’s integration agenda is also progressing.
10.0 **Summary of Recommendations**

- Support the process and the development of the propositions set out in this progress report

- Agree that the plan and the propositions set out are considered within the Boards financial sustainability and financial planning process

- Support the adoption and further development of the policy choices as set out on page 6

- Support further work being undertaken to re-profile our workforce in line with proposed policy choices and models of care as set out on page 29-30

- Support the continued development of the ‘House of Care’ concept in developing new models of care and in developing the strategic commissioning plans

- Support the development of the primary care actions and project benefits set out in order to support ‘shifting the balance of care’ through building primary care capacity – pages 11-12

- Support the developments as set out under ‘integrated care facilities’ and the proposed future as relating to the estate – pages 13-15

- Support the direction of travel and the developments in relation to ‘future’ acute hospital sites as set out in pages 16-19

- Support the development and testing out of the speciality specific propositions in relation to the re-provision of the Eye Pavilion; elective and orthopaedic rehab; redesign of outpatients; stroke as well as work on the laboratory strategy; maternity services; the re-provision of the cancer centre and the work on increasing day care and the development of the major trauma centre as set out on pages 19-28