

**NHS LANARKSHIRE
ANNUAL REVIEW 2018**

SELF-ASSESSMENT for 2017/18

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1 INTRODUCTION

2017/18 has been another year of sound progress across NHS Lanarkshire. Particular highlights include:

- Achieving Local Delivery Plan Standards at the year-end including Cancer (31 days and 62 days), Smoking Cessation, clostridium difficile rates, Primary Care (48 hour access), Ante Natal Bookings, Alcohol and Drugs treatment, and IVF.
- Achieving financial balance and delivering on our efficiency savings target;
- The significant progress made in implementing our Healthcare Strategy *Achieving Excellence*, to achieve our vision of services that are focused on prevention, anticipation and self-management, enabling people to be cared for at home or in community settings, and approval of the Monklands Replacement / Refurbishment Project Initial Agreement;
- Our ongoing focus on health improvement and tackling health inequalities, with particular action in the areas of early years, employability, screening programmes, homelessness, and welfare reform;
- Continued implementation of Transforming Patient Safety & Quality 2014-17, now being taken forward as part of our refreshed Lanarkshire Quality Approach that sets quality values and ambitions at the heart of everything we do for the next five years;
- Further development of our Person Centred Care programme, focusing on people – patients, their families and carers, to individualise care and learn from what you tell us. We continued to increase our usage of, and responses to, Care Opinion as an important source of feedback;
- Continued development of our Health & Social Care Partnerships, including development of Strategic Commissioning Plans that are aligned with Achieving Excellence, and the development of innovative locality structures;
- Supporting all of the above, NHS Lanarkshire is committed to delivering the ambitions of the NHS Scotland 2020 Vision: Everyone Matters Workforce Vision and has a range of work underway to improve staff engagement and development, governance, workforce planning and staff attendance.
- Pro-actively contributing to the ongoing West of Scotland Regional Planning Group regarding current service delivery arrangements, while at the same time engaging in the development of greater regional focus through the new structures established to produce *Connecting Beyond Boundaries – Developing a new Regional Plan for the West of Scotland*.

The following Self-Assessment provides a summary of progress in these areas and other key national and local priorities.

2 PROGRESS ON 2017 ANNUAL REVIEW ACTION POINTS

The 2017 Annual Review letter dated 26th October 2017 from the Minister for Mental Health, set out six action points for NHS Lanarkshire.

No	Action Point
1	<p>Keep the Health & Social Care Directorates informed of progress with its significant local health improvement activity.</p> <p><i>NHS Lanarkshire has kept the Health & Social Care Directorates informed of progress with its significant local health improvement activity utilising formal communications such as the submission of the Health Promoting Health Service Report, through national groups covering issues such as tobacco, sexual health and welfare reform and individual contact with civil servants within the Directorate.</i></p>
2	<p>Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety.</p> <p><i>We saw continued progress against our Transforming Patient Safety and Quality of Care programme, and implementation of our Strategic Framework – the Lanarkshire Quality Approach - to underpin all of the work that the organisation does. A summary of key areas of progress and development in these areas is provided at section 4.3 of this document. Clinical risk management continues to develop through learning from adverse events. Significant developments have been made in the quality of postgraduate medical training and developing a safety culture, resulting in most of our acute services no longer being subject to enhanced GMC / NES monitoring.</i></p>
3	<p>Keep the Health & Social Care Directorates informed of progress towards sustainable achievement of access performance standards.</p> <p><i>The NHS Board and Corporate Management Team receives regular reports on performance against access standards and associated improvement plans.</i></p>
4	<p>Continue to work with planning partners on the critical health and social care integration agenda.</p> <p><i>Significant improvement has been made across the integration agenda, with progress noted across the 6 main indicators as well as a range of specific examples of where integration has assisted in delivering against the respective plans of the IJBs and associated Government policy, e.g. shifting the balance of care.</i></p>
5	<p>Continue to achieve financial in-year and recurring financial balance.</p> <p><i>Financial balance achieved consistently, and was achieved in 2017/18. On trajectory to achieve breakeven in 2018/19.</i></p>

6	<p>Keep the Health Directorates informed of progress with redesigning local services in line with the Board's <i>Achieving Excellence</i> strategy, and in the context of the National Delivery Plan, including regional planning for the West of Scotland.</p> <p><i>Through 2017/18 NHS Lanarkshire and the Health & Social Care Partnerships successfully implemented a range of service improvements which contributed to the strategic ambitions of Achieving Excellence and which had been heralded in the submission to the Cabinet Secretary in early 2017 (these are listed in section 4.1).</i></p> <p><i>The Health Directorates (along with other patient, public and staff stakeholders) were engaged in planning and delivery of these service improvements through direct briefing of the Director-General, provision of Board papers to the SGH&SC Performance Directorate and specific discussion with key officers (CMO, CNO and others).</i></p>
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3 2017/18 LDP STANDARDS

3.1 BETTER HEALTH

Smoking cessation - Lanarkshire's target for 2017/18 was to achieve 1,220 12 week quits in the 40% most deprived areas. Lanarkshire's final position was 1,273 quits against the Lanarkshire target. Lanarkshire's performance of 90% against the Scottish Government target (1,411) was the third highest of all Health Boards. We have also exceeded the overall Scottish performance (81%) by 9%. Along with this, the 12 week quit rate for 2017/18 in the most deprived areas across Lanarkshire is 2% higher than the Scotland rate. Overall, we achieved 2,361 quits at March 2018.

In terms of wider tobacco control we have also recently developed *Smoke-free Lanarkshire – For you, For children, Forever: Lanarkshire Tobacco Control Strategy 2018 – 2023*.

This new strategy provides Lanarkshire with a clear action plan which is in line with the direction of the Scottish Government's recently published *Scotland's Tobacco-free Generation Our Tobacco-Control Action Plan 2018*. The vision of our strategy is to create a society for children which is smoke free and where adults are positive anti -tobacco role models, whether they smoke or not. The key aim of the strategy is to protect children's health, tackle inequalities and reduce the prevalence of smoking in Lanarkshire from 21.8% to an overall 11% by 2022 (19% in SIMD 1 and 15% in SIMD 2).

Alcohol & drug treatment - the national standard is that 90% of clients referred for drug or alcohol treatment should be seen within 3 weeks of date of referral. We achieved 99.4% at March 2018.

Primary Care (48 hour access) - The standard is to achieve 90% positive responses to a question in the National Health & Care Experience Survey, conducted every two years. The survey published in May 2018 showed Lanarkshire at 90.9%.

Primary Care (advance booking) - The standard is to achieve 90% positive responses to a question in the National Health & Care Experience Survey, conducted every two years. The survey published in May 2018 showed Lanarkshire at 59%.

As GP practices grapple with sustainability and change current ways of working - as well as introducing the new contract - many Practices are offering same day access for all appointments. As a result, fewer practices are able to offer advance booking. Conversely, there has been a significant improvement on the 48 hour access target as many patients are seen on the same day.

Antenatal booking - The national standard is that at least 80% of pregnant women will have booked for antenatal care by the 12th week of gestation. Published data is shows Lanarkshire achieving between 87.4% and 91% across five quintiles at March 2017 (latest available published data).

Alcohol Brief Interventions - Lanarkshire's annual target for 2017/18 was 7,381 interventions. We achieved 10,328 at March 2018.

IVF - the national standard is that 90% of eligible patients should be screened for IVF within 12 months. As at March 2018, Lanarkshire residents were achieving 100%.

Early Detection of Cancer - Lanarkshire's target was that 29.9% of patients were to be diagnosed at stage 1 by December 2015. Latest data is for December 2017 and shows Lanarkshire achieving 24.9%.

3.2 BETTER VALUE

Financial Balance - this was achieved at March 2018.

Efficiency Savings - these were achieved according to plan at March 2018.

Sickness absence (annualised) - the national target is to achieve 4% or less. At March 2018, Lanarkshire's rate was 5.4%. (Scottish position =5.39%).

3.3 BETTER CARE

Child & Adolescent Mental Health Services - the national standard is that 90% of referrals should start treatment within 18 weeks. As at March 2018, Lanarkshire was achieving 73%.

CAMHS performance against the 90% standard has proved challenging, largely due to recruitment challenges and rising demand. An action plan is in place to bring the service back in line with the performance standard in 2018/19, while maintaining the service's strong performance around urgent referrals and average waits. Actions include the employment of additional peripatetic posts, the conversion of all temporary contracts to permanent contracts to improve workforce stability, and a review of the neurodevelopmental pathway.

Psychological Therapies - the national standard is that 90% of referrals should start treatment within 18 weeks. As at March 2018, Lanarkshire was achieving 75.5%.

Performance against the 90% standard has proved challenging, largely due to staff maternity leave (peaking at 14% of funded establishment), recruitment challenges and increasing demand.

An action plan is in place to bring the service back in line with the performance standard in 2018/19, including (as above) the employment of additional peripatetic posts, conversion of all temporary contracts to permanent contracts to improve workforce stability, and continued development of local group-based interventions and rapid assessment/triage to support prioritisation and onward signposting.

A&E - the national standard is that 95% of patients should be seen in less than 4 hours. At March 2018, Lanarkshire was achieving 90%.

All 3 Acute Hospital sites have achieved improvement over recent years against this target but further work is required to sustain performance especially on the University Hospital Hairmyres and University Hospital Wishaw sites. Detailed improvement plans are in place in line with Scottish Government 6 Essential Action guidance and these are

monitored through the Acute Division Management Team and also through the Unscheduled Care Programme Board: which is a Whole System Group. Priorities for 2018/19 include Frailty, Front Door and Frequent Attenders (3'F's).

Cancer 31 days - the national standard is that 95% of patients should begin treatment within 31 days of decision to treat. At March 2018, Lanarkshire was achieving 99.2%.

Cancer 62 days - the national standard is that 95% of patients should begin treatment within 62 days of urgent referral of suspicion of cancer. At March 2018, Lanarkshire was achieving 96.5%.

18 RTT - the national standard is that 90% of patients should be seen and treated within 18 weeks of referral. At March 2018, Lanarkshire was achieving 82.1%.

NHS Lanarkshire has a trajectory in place to achieve an improved position on last year's outturn and is currently on track to deliver this.

Treatment Time Guarantee - the Guarantee is that 100% of patients will be seen within 12 weeks. At March 2018, Lanarkshire was achieving 62.64%.

NHS Lanarkshire has a trajectory in place to achieve an improved position on last year's outturn and is currently on track to deliver this.

12 weeks Outpatients - the national standard is that 95% of patients will be seen for first outpatient appointment within 12 weeks. At March 2018, Lanarkshire was achieving 84.77%.

NHS Lanarkshire has a trajectory in place to achieve an improved position on last year's outturn and is currently on track to deliver this.

SABs - The target rate of SAB infections per 1,000 occupied bed days is 0.24. At March 2018, Lanarkshire's rate was 0.37. The standard was not achieved, however, there was an 11% decrease in the number of SAB cases compared to 2016/2017.

C diff - the target rate for C diff infection per 1,000 occupied bed days is 0.32. At March 2018. The standard was achieved with Lanarkshire's rate at 0.24.

4 ACHIEVING BETTER HEALTH, BETTER VALUE & BETTER CARE ACROSS LANARKSHIRE

4.1 LANARKSHIRE'S HEALTHCARE STRATEGY - ACHIEVING EXCELLENCE

The final version of Achieving Excellence was approved by the Lanarkshire NHS Board on 1st March 2017, and endorsed by the Cabinet Secretary on 28th April 2017. The Strategic Delivery Team (SDT, co-chaired by the IJB Chief Officers and NHS Board Chief Executive) established a series of Short Life Working Groups in June 2017 to progress the implementation of Achieving Excellence.

During the period of Achieving Excellence implementation we will continue to see a “pipeline” of specific change projects evolving from initial ideas, through partially defined proposals to structured implementation programmes (with clear governance, programme, finance, workforce and other co-dependencies well understood and managed).

It is recognised that some of the plans which were set out in spring 2017 will be modified or adapted to meet changing circumstances, or challenges faced in their gestation and implementation. Much has been achieved in the first year to progress our strategic ambitions, particularly in the work to reduce the admissions and lengths of stay in hospital. Looking to the short and medium term future, NHS Lanarkshire and its partners have set out an exciting and innovative agenda for service change.

During 2017/18 we:

- Gained approval of the Monklands Replacement Refurbishment Project (MRRP) Initial Agreement (IA);
- Completed the first phase of the Primary Care Improvement Programme;
- Upgraded the neonatal unit at University Hospital Wishaw (UHW);
- Expanded the ophthalmology service at University Hospital Hairmyres (UHH);
- Created the rapid assessment unit (REACT) at University Hospital Monklands (UHM);
- Expanded day surgery facilities at UHM;
- Created a same day assessment unit at UHM;
- Created an outpatient investigations unit at UHM;
- Created a daybed and Systemic Anti-Cancer Therapy (SACT) unit at UHW;
- Implemented a new service for stroke spasticity;
- Created North and South Lanarkshire Alcohol and Drugs Partnerships
- Delivered Building and Celebrating Communities programme across South Lanarkshire;
- Introduced community provided IV antibiotic service;
- Re-provided 30 hospital beds in new community services (Douglas Ward in Udston);
- Expanded Tele Health self-management of blood pressure service;
- Introduced mental health DBI service in Hamilton/East Kilbride alongside Police Scotland; and
- Agreed a new palliative care strategy to agree opening of beds in Kilbryde Hospice (now fully operational).

The Achieving Excellence ambitions for 2018/19 were approved by the Planning, Performance and Resources Committee in February 2018.

4.2 HEALTH IMPROVEMENT AND REDUCING INEQUALITIES

NHS Lanarkshire has developed a Health Inequalities Action Plan. The plan prioritises work around the following themes:

Early Years

Family Nurse Partnership (FNP) - continues to thrive with the second cohort now being supported. Outcomes are not available as a new IT system is being developed by the Scottish Government for reporting of FNP activity and outcomes.

First Steps - continues to thrive by providing support to 700 women and their children who require additional support through their life circumstances. Outcomes to date include:

- 90% of clients attending antenatal appointments;
- 45% initiate breastfeeding;
- 50% of clients supported with income maximisation and 65% receiving all entitled benefits; and
- 75% of clients have ensured their child is not exposed to second hand smoke.

Adverse Childhood Experiences (ACEs) - there has been a concerted effort to promote understanding of the impact of ACEs upon the future health and wellbeing of children. Presentations have been made to both Community Planning Partnerships, Population Health & Primary Care and Community Services Governance Committee and both Health & Social Care Partnerships. Commitment has been given by all Community Planning Partners to promote actions to prevent and mitigate ACEs. The NHS Lanarkshire Children and Young People's Health Plan for 2018-20 has made a commitment to develop an Action Plan to set out steps to prevent and mitigate the impact of childhood adversity and the delivery of trauma-informed care.

Employability

Project Search – NHS Lanarkshire was the first Scottish Board to offer Project Search and is now in the 9th year of the programme. This year 24 students participated in the programme across 3 acute hospital sites. Since inception, over two thirds of graduates have succeeded in gaining employment.

Modern Apprenticeships – NHS Lanarkshire provided 51 modern apprenticeships which exceeded the Scottish Government target of 38.

Living Wage – NHS Lanarkshire has confirmed the commitment to achieving accreditation as a Living Wage Employer.

Service Redesign to Address Inequalities

Routine Enquiry on financial inclusion is being strengthened and scaled up across midwifery and health visiting services.

The Health Needs Assessment on homelessness has resulted in investment, with a test of change being developed to support frequent users of A&E services.

Screening programmes have prioritised uptake from areas of deprivation.

Good Mental Health for All - Following large scale engagement and planning events held in North and South Lanarkshire, Good Mental Health for All Outcome Focused Action Plans have been developed to support population mental health and wellbeing with an overarching focus on reducing inequalities.

The action plans build on the foundations set out in 'Towards a Mentally Flourishing Lanarkshire' and include actions under the following themes:

- Mentally Healthy Infants, Children and Young People;
- Mentally Healthy Later Life;
- Mentally Healthy Environments and Communities;
- Mentally Healthy Employment and Working Life;
- Reducing the Prevalence of Suicide, Self-harm, Distress and Common Mental Health Problems; and
- Improving the Quality of Life of those Experiencing Mental Health Problems

Health Improvement Health Inequalities Framework - this high level plan outlines the inequalities focused priorities delivered across localities and topics by the health improvement function.

Health Promoting Health Service (HPHS) – the focus over the last year has been to continue to embed health improvement in practice through person centred care and the wider environment as well as developing initiatives targeting staff health and wellbeing in line with needs identified through the staff wellbeing survey. To do this we have worked at both a strategic level to embed the HPHS principles and programmes in new strategic frameworks and developments whilst at the same time working bottom up to build the evidence base through undertaking tests of change at a very local level which can then be scaled up over time. A detailed report summarising progress against the requirements of CMO (2015) 19 has recently been submitted to Health Scotland.

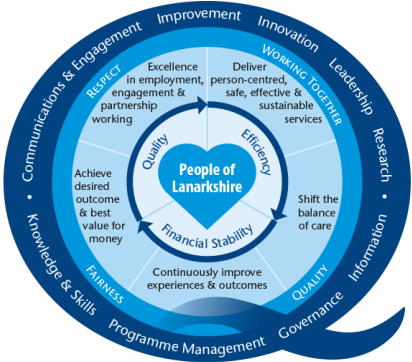
4.3 LANARKSHIRE'S QUALITY APPROACH

NHS Lanarkshire's Quality Strategy for 2018-2023.

NHS Lanarkshire's aim is to deliver the highest quality health and care services for the people of Lanarkshire. We have developed a Quality Strategy to describe what success would look like in 5 years' time and from this have developed 4 strategic objectives. During 2017/18 we implemented the Strategic Framework of the Lanarkshire Quality Approach. This is supported by four Enabling Plans that are required to deliver against

our quality ambitions of providing Safe, Effective and Person Centred Care and building the Quality Improvement capacity and capability of our workforce.

The Quality Strategy also supports delivery of our Healthcare Strategy ‘Achieving Excellence’. It underpins all of the work that the organisation does. It ensures that the decisions that the organisation takes, the services we provide and the way in which we do so, aligns with the values at its core. This means that when we plan and redesign our services, the organisation’s key principles will inform any changes we make. It provides a structure and values to drive future strategies such as those described in Achieving Excellence.



We have set ambitious quality goals and each year a prioritised, achievable and sustainable work programme of initiatives is set out supporting the delivery of these goals. During 2017/18 progress on the Transforming Patient Safety and Quality of Care work programme was monitored by the Healthcare Quality Assurance & Improvement Committee (HQAIC) with a mid-year review and an end of year review undertaken. Further details of this programme are provided below.

HQAIC has a role to critically review reports and action plans arising from the work of external audit, review agencies and inspectorates, as they relate to assurance on the effectiveness of clinical risk management and quality improvement. Reports following Healthcare Improvement Scotland and Older People in Acute Care inspections are considered by the committee at the next appropriate meeting.

Transforming Patient Safety and Quality of Care

Progress during 2017/18 on the Transforming Patient Safety and Quality of Care work programme was monitored by HQAIC with the following areas of note:

- A reduction in Hospital Standardised Mortality Ratio (HSMR) in all three acute hospital sites, from the 2014 base line (reported at August 2018), of:

University Hospital Hairmyres	14.0%
University Hospital Monklands	15.8%
University Hospital Wishaw	27.8%
- Responding to key clinical priorities for quality improvement identified through internal and external audits and reviews. This year has seen a continued focus on Falls, Deterioration, Medicines and Acute Kidney Injury;
- A Quality Improvement Data and Measurement Framework was developed and is being implemented during 2018/19;
- Quality Week took place on 13-17 November 2017. Highlights from the week included 7 Q Labs across Lanarkshire, a QI Development Session for North HSCP, a visit from the National Confidential Enquiry into Patient Outcome and

Deaths (NCEPOD) and our Celebration Event on 16th November. The celebration event was attended by over 130 staff from across health and social care. Over 50 posters were displayed, highlighting quality improvement projects. Each acute hospital planned a week of activities. University Hospital Hairmyres focused on raising allergy awareness, University Hospital Monklands concentrated on high risk medicines and University Hospital Wishaw promoted quality as a way of life, not just for a week. All 10 Localities were visited by teams from the Quality Directorate and Primary Care Improvement Support Team. Information stalls, Q labs and staff engagement activities were carried out at Health Centres across Lanarkshire;

- As well as delivering an NHS Lanarkshire Quality Improvement Programme (aEQUIP), staff have been supported to complete national quality improvement programmes. To date 16 staff from NHS Lanarkshire have completed or are currently on the Scottish Quality & Safety Fellowship Programme, 31 staff have completed or are currently on Scottish Improvement Leader (ScIL) Programme; 3 staff have completed or are currently on the Scottish Coaching & Leading for Improvement Programme;
- Improving care experience, as measured by the five Must Do with Me questions and existing patient experience measures which align to these;
- A monthly Quality Dashboard is produced and considered by the appropriate governance committee, which allows progress on all the quality goals to be monitored throughout the year. An ongoing schedule of reporting will continue for 2018/ 19. The creation of site and service quality dashboards has been broken into 3 categories which include planning, development and implementation. To date, service level dashboards for Child Health, Older People, and Mental Health are in development stage. North and South HSCPs, are in planning stage. Emergency Medicine and Resuscitation site level dashboards have been implemented. Additional scoping work is taking place around Sexual Health and Paediatric dashboards.

Person Centred Health and Care

Person-centred care is a central component in improving health and care services. This means that services are designed and delivered so that:

- People have a positive experience of care and get the outcomes they expect;
- Staff are valued and supported to work collaboratively; and
- People are empowered to be active partners in their care.

Continued public and staff engagement has ensured that we receive feedback from multiple sources. We have continued to spread facilitated ward and department meetings. Teams are supported by improvement staff, to reflect and act on patient experience feedback in a psychologically safe space. We have recruited volunteers to gather solicited patient experience in an attempt to reduce positive bias and act as the “patient voice” in meetings.

We have been asked by Healthcare Improvement Scotland to share our learning around this model at national events during 2018-2019.

NHS Lanarkshire hosted a system wide conference on Realising Realistic Medicine in April 2018. The event was attended by almost 150 staff from across Scotland of which, around 100 were NHS Lanarkshire staff sharing their improvement work on reducing waste and variation and on improving shared decision making.

NHS Lanarkshire tested person-centred, or “open” visiting without time restriction throughout acute hospitals. We aim to develop and ratify an inpatient visiting policy following a “Visiting Summit” held in June 2018, which will include staff from different professional staff groups and members of the public.

Care Opinion is the independent national web-based feedback platform for people to share their experiences and to receive replies. We have increased the number of staff responding from 120 to 194 and have also seen an 8% increase in feedback received.

4.4 IMPROVING ACCESS

Cancer and diagnostic targets have consistently been achieved. NHS Lanarkshire has a trajectory in place to achieve an improved position on last year’s outturn and is currently on track to deliver this.

4.5 INTEGRATION OF HEALTH & SOCIAL CARE

2017/18 has been a strong year for both IJBs and the highlights from both North and South are captured below.

In the North IJB, 2017/18 saw a significant step forwards in setting out the future blueprint for the integration of services and a shift in the balance of care towards community settings.

The key overarching development was the Integrated Service Review Board, which reviewed 66 delegated services to create the future integrated model in North Lanarkshire. This will see a smaller number of teams in each Locality, each covering multiple functions:

- Children and Families;
- Addictions, Learning Disability and Mental Health; and
- Long Term Conditions and Frailty.

In addition, area-wide groupings against the same care groups noted above will integrate the planning and operation of all area-wide and hosted services. A delivery plan was approved at the IJB in November 2017 and implementation is underway. Other key developments during the year were as follows:

- The development of a new model of Home Support that doubles the Reablement capacity in each Locality and allows the formation of Rapid Response teams to support the model of Discharge to Assess (roll out continues into 18/19);

- A new model of Intermediate Care was developed for North Lanarkshire to support the introduction of Discharge to Assess and in-reach rehabilitation in all off-site beds (roll out continues into 18/19);
- A demonstration project on the creation of a fully integrated Locality rehabilitation team took place in Motherwell Locality, which has seen significant reductions in patient waiting times, improved ability to support hospital discharge and improved crisis response in the Locality. Following the success of the demonstrator, the model is being rolled out across North Lanarkshire in 2018/19 ahead of winter;
- The Distress Brief Intervention model was rolled out across Lanarkshire, recently reaching the milestone of 1,000 contacts (see also section 4.7);
- Formation of the North Lanarkshire Good Mental Health for All partnership group, which held an action planning day with 150 staff, service users and carers in attendance. This has supported the creation of an outcome-focused action plan to support all North Lanarkshire residents to enhance their mental health and well-being;
- Repatriation of Low Secure Forensic Mental Health patients from out of area placements to the reconfigured Beckford Lodge facility, supporting individuals to remain closer to their families and communities;
- Full roll out of the 12-15 month review across all Localities as part of the Universal Health Visitor Pathway;
- Expansion of the Family Nurse Partnership service to become a universal offering for all individuals who meet the service criteria; and
- Continued development of our third sector provision, widening the previous focus of the third sector interface from adults to include all age groups.

In the South IJB particular progress made on a number of fronts that have assisted in improving health and maximising self-care and support, as far as possible in a community setting. Examples include:

- Preparation and agreement to the new Primary Care Improvement Plan to deliver the new GMS contract;
- Enactment of the Primary Care Transformation Programme to introduce a range of services to support GPs and, in turn, assist with transition to the new contract and also ensuring sustainability;
- the re-provision of services previously hospital based in Udston and Lockhart Hospitals to community based care provision;
- a programme of Building and Celebrating Communities which has led to a series of local initiatives with communities introducing their own health improvement activities;
- a series of third sector led initiatives aimed at supporting people - and their carers - in their own homes/communities;
- a significant increase in the use of tele-health to maximise self-care and remote working;
- the introduction of new specialist palliative care services, with inpatient facilities now available in North and South Lanarkshire respectively (including the opening of the new Kilbryde Hospice);
- additional services in the community to allow e.g. intravenous antibiotics, 72 hour wrap round care to manage patients through period of crisis, e.g. UTI, de-

hydration, and COPD (all of which would previously have resulted in hospital admission);

- a new care home model to introduce greater opportunity for intermediate care and reduced reliance on residential care; and
- an ongoing reduction in numbers of unscheduled care bed days and also delayed discharge bed days (2016/17 - 45,906, 2017/18 - 41,187 = reduction of 10.28%).

4.6 WORKFORCE PLANNING, DEVELOPMENT AND STAFF ENGAGEMENT

NHS Lanarkshire is required to submit an Annual Workforce Plan to the Scottish Government in line with the “Revised Workforce Planning Guidance”, CEL 32¹.

A three year Workforce Plan (2017 - 2020) was developed and submitted in June 2017. This described the anticipated changes faced nationally/locally and identifying potential strategic actions needed to deliver the NHSL healthcare strategy ‘Achieving Excellence’. This update outlines the progress made on the plan as at March 2018.

In addition, Scottish Government has issued an online workforce projections template for 2018/19 which was populated locally with the NHS Lanarkshire and Information Services Division baseline data, as at 31st March 2018. The NHS Lanarkshire workforce projections are based on workforce changes that have been endorsed by the appropriate governance groups and in line with NHS Lanarkshire financial plan.

NHS Lanarkshire’s workforce will continue to be instrumental in the successful delivery of ‘Achieving Excellence’ through making best use of the skills and capabilities of its staff. The workforce, in all professions and at all levels, will have a part to play and staff will be supported and developed to ensure they can fully engage and commit to any revised service delivery model.

Key workforce work streams were identified to review service delivery and map out their vision for future workforce planning:

- Acute Services;
- Building Community Capacity - North;
- Building Community Capacity - South;
- Maternity Services & Early Years; and
- Mental Health & Learning Disabilities.

The NHS Lanarkshire workforce as at 31st March 2018 equated to 10791.95 whole time equivalent (wte) in-post staff² (SWISS³, March 2018). Since March 2017, the NHS Lanarkshire workforce has increased by 145.8 wte. As at March 2018 the staff turnover rate is 8.19%, a slight decrease (of 0.15%) since last year. Most staff groups did show an increase in workforce, however the main increases were in nursing and midwifery and other therapeutic job families.

¹ Scottish Government Revised Workforce Planning Guidance 2011, CEL 32 (2011). Available at <http://www.sehd.scot.nhs.uk/mels/CEL201132.pdf>

²Excluding intern nurses but including medical locums

³ SWISS represents the Scottish Workforce Information Shared System

NHS Lanarkshire will continue its commitment to the modernisation of services by supporting the practice and educational developments, career transitions and learning needs of the workforce through medical education, organisational development and practice development. This will be achieved by working in partnership across departments and agencies such as NHS Education for Scotland (NES), local Higher Education institutions, our Health and Social Care Partnerships and Local Authorities, to provide the local infrastructure which supports staff and practice development. NHS Lanarkshire is also committed to contributing to the education and development of under and post graduates students and other learners who will be the future workforce of NHS Lanarkshire.

4.7 IMPROVING MENTAL HEALTH SERVICES

In line with the National Mental Health Strategy (2017-27), transforming mental health in Lanarkshire has taken a high priority, with initial focus on creating a shared vision, developing a structured approach to intervention, embracing specialist improvement capability and working with our staff, service users and carers to deliver the best possible outcomes for people's mental health and wellbeing.

Mental Health Services in Lanarkshire are a hosted service managed by the North Lanarkshire Health and Social Care Partnership. The service consists of a central hub (for specialist services including inpatient services), and community teams. Community teams in North Lanarkshire are integrated and managed within localities, with this process underway in South Lanarkshire to be led by a manager specifically with a remit for Mental Health services.

Through the Primary Care & Mental Health Transformation Programme there have been a range of projects and tests of change in Lanarkshire that have informed the planning for the delivery of Action 15 of the National Strategy. Tests have included the use of Link Workers to improve the coordination and support for people with co-morbid conditions; Community Pharmacy Mental Health Champions to build the capacity and improve the effectiveness of pre-referral pathways to lower tier interventions; Pharmacy staff undertaking physical health monitoring (weight management); and the development and positive evaluation of Mental Health Liaison Nursing service within GP Practices that has reduced referrals into the Community Mental Health Teams.

NHS Lanarkshire's Mental Health Services aim to deliver safe and effective specialist care to patients who require inpatient care, while developing and improving local community services as outlined in the North Lanarkshire Strategic Commissioning Plan 'Achieving Integration' and NHS Lanarkshire's 'Achieving Excellence' strategy.

The longstanding plan for a two site model for mental health acute adult admission beds was achieved during 2017/18, with adult acute inpatient care now being delivered on the University Hospital Wishaw and University Hospital Hairmyres sites. As part of this change a specialist organic assessment unit was relocated to the Monklands site into a ward adapted for purpose.

In addition, the Gigha Ward at Beckford Lodge was re-designated as a Forensic Rehabilitation Ward, supporting the repatriation of low secure forensic patients from out

of area facilities, supporting individuals to remain closer to their families and communities.

Our work around Good Mental Health for All has been referenced already in section 4.2.

NHS Lanarkshire hosts the national team around Distress Brief Intervention and is also a pilot site for evaluating the implementation of the approach for people in distress but not necessarily suffering from an identified mental health problem. The project has now been successfully rolled out across the three acute sites and has recently reached the milestone of 1,000 contacts.

4.8 COMMUNITY ENGAGEMENT

NHS Lanarkshire undertakes community engagement with public stakeholder representatives through a wide range of meetings and forums relating to health and social care across Lanarkshire. In addition to these groups and forums, there are additional opportunities for patients and the public to be involved and participate in engagement activity in relation to specific health and social care services.

NHS Lanarkshire Public Reference Forum is a collaborative partnership involving members of the public and staff to discuss subjects of public interest in relation to health and social care within NHS Lanarkshire. Membership of the Forum includes representatives from

- North Lanarkshire Public Partnership Forum (NLPPF);
- South Lanarkshire Health and Social Care Forum (SLHSCF);
- Lanarkshire Ethnic Minority Group;
- Lanarkshire Carers Centre;
- People First / Learning Disabilities;
- Deaf Services Lanarkshire;
- Scottish Association for Mental Health;
- North Lanarkshire Carers;
- Scottish Health Council;
- Lanarkshire Deaf Club;
- Lanarkshire Links (mental health);
- Lanarkshire Blood Borne Virus Network;
- Deaf Blind Scotland;
- Partnership for Change;
- North Lanarkshire Disability Forum;
- South Lanarkshire Access Forum;
- South Lanarkshire Self-directed Support network; and
- Representatives from the travelling community.

During 2017/18, the Forum has been engaged and consulted on:

- Feedback and experience programmes;
- Realistic Medicine;
- NHS Lanarkshire Quality Approach;
- Written Information Leaflets Policy;

- Infection Prevention and Control Annual Communication Plan; and
- Commissioned a “Wayfinding Survey”; over 6,000 questionnaires distributed.

In addition, members of NLPPF and SLHSCF have participated in over 60 Boards, committees, groups and service reviews in Lanarkshire. Work that members of the Forum have been involved in includes:

- Monklands Replacement/Refurbishment Project;
- Elective Orthopaedic Service redesign;
- Feedback on comments, concerns, complaints;
- Integration of Health & Social Care - Members sit on the Joint Integration Boards;
- Strategic Commissioning Groups; Locality Integration Events and Locality Planning;
- Building Capacity Events and the Building and Celebrating Communities Programme Board; and
- Transport Hub.

NHS Lanarkshire held an Elective Orthopaedic Stakeholder Option Appraisal event on 20 March 2018 to consider the best location for planned (elective) orthopaedic surgery. The event was attended 14 service users and public representative participants who carried out the scoring of options alongside NHS Lanarkshire staff. A briefing meeting was held with public participants in advance of the event.

The Scottish Health Council reported that: “Feedback from patient and public representatives on the option appraisal process was generally positive with most people feeling they had received sufficient information about the purpose and process of engagement. Similarly the majority of respondents felt they had the opportunity to give their views on the benefits criteria/influencing factors and appraise and score options.”

The re provision of Douglas Ward at Udston Hospital was undertaken by the South Lanarkshire Integration Joint Board (IJB) in 2017/18. Although not subject to CEL 4, the national guidance on engagement and consultation, a communications and engagement plan was implemented to ensure staff, patients and relatives were informed of the decision and updated regularly on the key stages prior to the closure. The public engagement included two meetings with all relatives – one prior to the IJB decision and one after – one-to-one meetings with each patient/family and a monthly newsletter and FAQs handed out to patients/families on the ward.

Throughout the course of the year the Communications Department spoke to mums, staff and other stakeholders to identify how best to tailor a message to improve breastfeeding rates in Lanarkshire. This followed a Facebook post on the breast feeding summit in February 2018. The post generated 136 comments, many from women talking about their own breastfeeding experiences, good and bad. The communications department contacted all of the women individually to speak to them in more detail. Nine mums responded and their feedback, along with the original Facebook comments, was collated and used to inform the basis of a social media campaign to promote breastfeeding.

4.9 REGIONAL PLANNING

During the course of 2017/18 the West Region territorial NHS Boards, special NHS Boards and Integrated Joint Boards collaborated in the preparation of the West of Scotland Regional Design and Discussion Document. This sets out the regional ambitions to achieve the triple aim of effective, efficient and sustainable health services for the 2.7m people who make up the West of Scotland's population. This emergent plan complements the ambitions of Lanarkshire's Achieving Excellence healthcare strategy and plans through describing the areas where inter-board collaboration can add value to our work to improve the health of our population.

One specific example of this collaboration in the year was the implementation of faster provision of cardiac reperfusion service through changes in the pathways to the two regional centres at the Golden Jubilee National Hospital and at University Hospital Hairmyres.

The Cabinet Secretary will be visiting the Cardiac Catheterisation Laboratory as part of the programme for the Annual Review, between 1.00pm and 2.00pm.

AREA CLINICAL FORUM ANNUAL REPORT 2017/18

Introduction

The role of the Area Clinical Forum is to support the NHS Lanarkshire Board in the conduct of its business through the provision of multi-professional advice maximising the contribution of clinicians in all aspects of the NHS Boards work. In doing so represent the integrated multi-professional view of the advisory structures for: Allied Health Professions, Dental, Healthcare Sciences, Medical; Nursing and Midwifery; Optometric, Pharmaceutical and Psychology.

Issues Considered by the Forum over the year (including confirmation of delivery of the Annual Workplan)

During the year the Area Clinical Forum considered a number of standing items including:

- Finance;
- Waiting Times and Access Targets;
- Achieving Excellence; and
- Refurbishment / Replacement of Monklands Hospital .

and specific topics raised by Forum members as follows

- Regional Planning;
- Health & Social Care Delivery Plan;
- GMS Contract - progress updates;
- University Branding;
- i-Matter;
- Flu vaccination;
- Cyber Security; and
- Annual Review.

The Forum also received exception reports from each of the Advisory Committee representatives present.

Improvements overseen by the Forum;

The Chair of the Forum took over from Dr Andrew Docherty in June 2017, and the main focus for the Forum in the remainder of the year has been a drive to review the terms of reference, refresh the membership, and encourage a wider sense of ownership amongst clinical staff in the business of the Forum.

The Chair has visited a number of committees to discuss the role of the Forum, and has attended a significant number of other committees and groups to raise awareness of the Forum, and promote its role. This work will continue into 2018/19.

Matters of concern to the Forum:

The financial reports provided to each Forum inevitably raised questions over the impact of cash releasing efficiency savings across a wide range of specialities and professional groups; albeit the Forum did acknowledge that the Board had a statutory duty to live within the allocation set by Scottish Government.

iMatters

The Forum discussed the efficacy of the iMatters system in gathering meaningful staff opinion and the confusion within the question set as to which level of the organisation was to be commented on.

Flu Vaccination

The Forum considered the levels of uptake of the flu vaccination and how the ACF could best influence increased uptake in the clinical staff groups represented.

Wannacry Cyber Attack

The Forum examined the impact on clinical services of the cyber-attack and were assured by the resilience response of the organisation, in particular from IT colleagues.

GMS 2018

The Forum reviewed the clinical issues relating to the GM S2018. It concluded that there would be a positive effect on GP sustainability however there would be challenges posed to other services e.g. physiotherapy and pharmacy. As a result the ACF will receive regular updates on GMS 2018 and has a seat on the Primary Care Strategy Board.

AREA PARTNERSHIP FORUM ANNUAL REPORT 2017/18Introduction

Area Partnership Forums (APFs) are now a well-established part of staff engagement in NHS Boards in Scotland. This reflects the development of integrated organisational arrangements as well as further strengthening partnership arrangements first set out in Circular MEL (1999) 59.

Issues Considered by the Forum over the year (including confirmation of delivery of the Annual Workplan)

The APF considered a number of the service developments impacting on the Governance framework within NHS Lanarkshire in 2017/18. This included a number of standing items within the APF agenda:

- Finance;
- Workforce Planning; and
- iMatter and TURAS Updates.

The APF also continues to consider a wide range of important strategic and operational matters and this report highlights some examples of the work of the APF.

- Healthcare Strategy Achieving Excellence Implementation;
- GMS Contract;
- Trade Union Act;
- Adverse Weather;
- Health and Social Care Integrated Joint Boards – Restructure; and
- Electronic Employee Support System (eESS) – Updates.

Additionally, the Forum organised two seminars looking in detail at the single item topics on Cash Release Efficiency Savings (CRES) Programme and Monklands Replacement, Refurbishment, Project (MRRP).

Matters of Concern to the Forum;

It is recognised that the on-going development and implementation of the new Electronic Employee Support System (eESS) HR Information system remains a risk. As we reported last year the APF recognises the significant reliance of the NHS in Scotland on eESS in the provision of interactive electronic employee data capture and reporting. APF members are actively involved in the eESS Project Board and are monitoring closely the rollout within Lanarkshire. However this remains an area of concern for the APF.

The Forum also discussed the application of the NHS Lanarkshire Adverse Weather Policy, concerns were raised around the inconsistency in the application of the policy and the messaging from outside agencies.

It was felt that a 'Once for Scotland' approach in policy development together with training in the application of the policy for managers and staff would offer improvements for the future.

Looking ahead:

The Area Partnership Forum is committed to continuing engagement in the planning processes to support the Board in the delivery of its primary objectives during the year.

We believe we have demonstrated a maturity within our employee relations framework which has produced results that have benefited all stakeholders within our system.

This approach will be invaluable as we meet the challenges transforming health and social care for the benefit of the people of Lanarkshire.