

## **NHS LANARKSHIRE LOCAL DELIVERY PLAN 2010/11 – 2012/13**

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## Introduction

This is NHS Lanarkshire's fifth Local Delivery Plan, developed in line with Scottish Government Health Directorate (SGHD) guidance of November and December 2009. It covers the three year period from 2010/11 to 2012/13 and focuses on the four key objectives of Health Improvement (H), Efficiency (E), Access (A) and Treatment (T). The Plan is organised by the 24 targets and sets out for each:

- The target description;
- Lead Executive Directors and managers;
- Associated performance measure(s);
- NHS Lanarkshire's planned performance trajectory;
- A risk narrative outlining key risks and how these will be managed under the five headings of Delivery, Workforce, Finance, Improvement and Equalities.

This document equates to Annexes 2 and 3 of the SGHD guidance. Further separate annexes provide more detail on the following elements:

|         |  |
|---------|--|
| Annex 1 | Supporting the Scottish Government's Outcomes-based Approach |
| Annex 4 | Financial Plans  |
| Annex 5 | Summary of Main Workforce Issues                             |
| Annex 6 | NHS contributions to support Single Outcome Agreements       |

Each section of the Plan has been prepared and signed off by its named lead Executive, involving other key partners and stakeholders as appropriate. The overall delivery of individual targets will be underpinned by achievement of wider strategic corporate objectives including:

- Service improvement and development plans;
- Capital plans;
- Workforce development;
- Financial plan;
- Regional service planning and development.

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| <b>H3</b> | <b>Achieve agreed completion rates for child healthy weight intervention programme by 2010/11</b> |
|-----------|---|

**Lead:** **C Sloey, Director, CHP North**  
 S Kerr, Head of Planning & Performance, CHP North  
 M Reid, Assistant Health Promotion Manager

**Measure:**

|         |   |
|---------|---|
| H3.KPM1 | <p>Number of children aged 5-15 years completing Scottish Government approved healthy weight intervention programmes.</p> <p>NHS Scotland will be expected to deliver interventions to children aged 5-15 years defined as overweight (includes obese) cumulatively over the period 2008/09 - 2010/11. The number of interventions to be carried out over the 3 years will be agreed by March 2010, this will be the final target value. All interventions completed from April 2008 will contribute to the cumulative total.</p> |
|---------|---|

**Trajectory:**

|                  |       |
|------------------|-------|
| March 2009       | 83    |
| June 2010        | 524   |
| Sept 2010        | 524   |
| Dec 2010         | 768   |
| March 2011       | 1,012 |
| Cumulative total | 1,012 |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| Identification of children that are over the 91 <sup>st</sup> centile as routine recording of height and weight of children is only undertaken at P1 in the NHSL area. | <p>NHS Lanarkshire (NHSL) is identifying children to participate in the interventions via child health surveillance. It is anticipated that identifying children from this age group will in the first instance give sufficient children to participate in the initial intervention groups. NHSL is currently considering methods for identifying overweight children in other age groups. Discussion with key partners in Education, Leisure, Primary Care and with Paediatricians is underway to agree referral and identification routes.</p> <p>Additional intervention methodologies within schools will further support identification of children above the 91<sup>st</sup> centile through BMI screening of children out with the SHSP screening stages.</p> |
| Lack of engagement of children and their parents and carers in   | Following the initial 4 intervention cohorts and evaluation of engagement methodologies  |

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| <p>the interventions.</p>   | <p>much has been learned about methods for inviting and supporting attendance of the parents and children at the interventions. NHSL will build on this learning by further refining the method of invite to the intervention and the language and approach that is used. The supporting literature for parents will also be reviewed in light of comments received.</p> <p>Where appropriate pre-engagement strategies will be used with families to raise awareness of the programme and increase potential engagements. These include delivery of programmes to generic groups and using local partners whose existing relationships with families support engagement.</p> <p>Resources are being developed by NHS HS for parents, children and professionals, which aim to raise awareness of issues around child healthy weight.</p>                                      |
| <p>The NHS Lanarkshire target is acknowledged to be extremely challenging and potentially unachievable if the existing H3 guidance is adhered to.</p> | <p>Careful consideration has been given to ensuring that maximising the availability of interventions and supporting participation in the programmes will not compromise the quality of the interventions. Given the limited existing evidence base on 'what works' NHS Lanarkshire has set out to ensure the H3 guidance (NHS HS) is adhered to.</p> <p>Infrastructure developments have increased and will continue to increase delivery capacity. The new programmes planned are all heavily reliant on the partnership with Active Schools, Education and other colleagues and their continued capacity and resources to support delivery. It should be noted that given the present financial climate there are no certainties in what resource and capacity will be guaranteed from partners and this could in turn impact on the number of completed interventions.</p> |

**Workforce**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| <p>Availability and capacity of suitably trained, multi-skilled staff to deliver the interventions as per the guidance.</p> | <p>NHSL at these initial stages did not feel that any one discipline either in the NHS or in the partner agencies had all the competencies required to undertake the interventions.</p> <p>A combination of dieticians, nutritionists and physical activity staff have been given further training and are co-delivering the groups.</p> <p>Capacity of dietetic/nutrition staff will be an</p> |

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|   | issue in the longer term. Consideration is now being given to intensively training staff (physical activity or healthcare support staff) on the delivery of the intervention. To support this, National Occupational Standards for 'overweight and obesity management' staff are being developed   |
| Availability and capacity of staff (nursing or health care support) to identify children over 91st centile who are not in P1 and P7.            | Discussion with the Public Health Nursing management, GPs, Paediatricians (Hospital and Community) Education and other partners is underway to consider alternative and additional methods for a) identifying children over 91st centile and b) identifying alternative referral routes.<br><br>Marketing of the programme to parents to recruit target children will be considered as and when there is clarity around the National Social Marketing programme to ensure synergy. |
| Lack of support and buy in by the wider workforce involved with care of children due to attitudes and perceptions about a healthy child weight. | An initial programme of training and awareness raising on child healthy weight was offered to some key staff.<br><br>NHSL now intends to work more directly and actively to 'raise the issue' of child weight with many staff groups, i.e., GPs, nurses, teachers. The Consultant Paediatrician will also support these efforts.   |

### Finance

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| Associated costs to deliver the volume of interventions as per the guidance. | NHSL has already achieved support from key partners either 'in kind' or with actual costs associated with programme and resource development, training, delivery of the interventions and exit routes. Year (1) 2008-09 costs were in effect half year, due to the lead in time to commencing delivery. Full year programme costs were sufficient in 2009-10, and it is anticipated will be sufficient in 2010-2011. Further partner contributions are being discussed and more cost effective intervention methodologies have been developed. Throughout the intervention period NHSL will review the intervention model, the level of staffing, staff remunerations and all other costs to ensure we are maximising the number of interventions. |

### Improvement

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| Contributing to the evidence base of 'what works' in Child Healthy Weight interventions, and in | NHSL has commenced delivery of the intervention programme across the localities in each of the two CHPs. With partner |

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| <p>parallel delivery of completed interventions per the H3 guidance.</p> | <p>support, and a huge effort by NHSL staff, there has been training of staff, engagement and contacting of families and interventions delivered.</p> <p>As NHSL already has a Child Healthy Weight Strategy we have endeavoured to ensure that the intervention delivery will meet with the strategy ambitions as far as possible. The other key elements of the strategy focus on the actions/interventions in the Early Years and with primary age children. It will be difficult to identify which inputs with children achieve the best and sustainable outcomes.</p> <p>An evaluation and monitoring framework has been developed in line with the National H3 framework, in order to provide quality observations about inputs.</p> <p>The establishment of an H3 interagency steering group, which is a sub group of the overall Child Healthy Weight Strategy Group, will ensure where possible synergy of aspirations and the greatest possible contribution to achieving the target.</p> <p>NHSL would appreciate further consideration and guidance on the balance to be achieved between meeting the target and following the H3 guidance to the letter.</p> <p>NHSL would be pleased to contribute to any process to review this target.</p> |
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**Equalities**

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| <p>Ensuring an improvement in BMI of overweight children aged 5-15 across the NHS Lanarkshire area.</p> | <p>New delivery methodologies will allow both a targeted approach and a population based approach.</p> <p>This will allow a focused specialist intervention for individuals who engage with community treatment programmes but also a generic health improvement approach which delivers interventions to groups such as school classes allowing the H3 target group to receive the intervention within a larger group. This also offers a preventative approach to future unhealthy weight gain to those out with this target group.</p> <p>Furthermore, many families will believe there is stigma associated with attending specialist weight management sessions. However, the variety of delivery methods for the programme will allow a 'disguised' approach</p> |

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|  | through engagement with schools based or sport/dance specific interventions.  |
| Difficulties with engagement mean that in remote & rural areas with a lower population density the numbers signing up to the programme make it unfeasible to run sessions. | <p>Sessions are run in venues in each major town. These include leisure centres and High Schools which are often close to transport hubs to make attendance easier.</p> <p>Future delivery streams will focus on Primary &amp; High Schools and avoid the need for participants to travel to attend.</p>  |
| Poor literacy levels in some targeted individuals.   | <p>The majority of invitations to the programme are by letter, this may exclude those with literacy issues. To overcome this, a number of other referral routes exist which allow a face to face invitation, these include referrals through public health nurses, paediatrics, head teachers and direct from parents.</p> <p>School based delivery programmes will allow awareness raising and secondary referrals without a written invite.</p> |
| Lack of suitable facilities in more deprived areas   | <p>The programme is designed to be suitable for delivery within a wide variety of leisure, local authority, education &amp; community facilities, therefore increasing the number of potential delivery venues.</p> <p>School based delivery programmes will make use of existing facilities allowing delivery across all areas.</p>  |

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| <b>H4</b> | <b>Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11</b> |
|-----------|--|

**Lead:** C Sloey, ADAT Chair / North CHP Director  
H Kohli, Director of Public Health  
S Kerr, Head of Planning & Performance, CHP North  
V Tallon, ADAT Co-ordinator

**Measure:**

|         |   |
|---------|---|
| H4.KPM1 | NHS Boards have developed local information systems to capture the number of alcohol brief interventions delivered. ISD supported work towards a minimum dataset, guidance, definitions, standards and coding to examine current methods of data capture and reporting. |
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**Trajectory:**

| March 2009 | June 2010 | Sept 2010 | Dec 2010 | March 2011 | Cumulative total |
|------------|-----------|-----------|----------|------------|------------------|
| 767        | 8,407     | 10,957    | 13,507   | 16,057     | 16,057           |

**Risk Narrative:**

**Delivery**

| Risk   | Management of Risk   |
|--|--|
| <ol style="list-style-type: none"> <li>1. Failure to meet target through slow start to GP and Community Nursing Programmes.</li> <li>2. Pressures on Acute emergency services make it difficult to prioritise screening and ABIs.</li> <li>3. Conversion of screening to ABIs delivered – the conversion rate is low across all settings (less than 10%).</li> </ol> | <p>Project steering group meets regularly to review progress and advise on clinical issues. GPs Enhanced service is now in place and numbers recorded since October. Review all screening from Keep Well project and ensure numbers are recorded by GPs. Programme of meetings with Locality Managers has been completed (Dec 2009). Support visits to Locality Teams being arranged by ABI Trainers. Changes effected to recording forms to minimise patients concerns re confidentiality. Ensure training is complete for Acute services.</p> <p>In order to meet the HEAT target, clear trajectories for the number of BIs delivered were set for primary (including each locality of Lanarkshire), acute, and maternity sites. We have undertaken a number of information sharing events (in addition to staff training) within each of these settings to ensure all staff are aware of the number of screenings that they have to conduct before the HEAT brief intervention target is likely to be realised.</p> |

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| <p>4. Screening within the Antenatal Setting – there is no agreed national tool to capture screening in pregnant women</p>   | <p>NHSL invested £81,660 in employing two specialist midwives who are working to ensure midwifery staff are trained to screen all pregnant women pre-pregnancy and during pregnancy. The screening for pregnant women is done by counting the number of units consumed on a daily and weekly basis as opposed to using the TWEAK. Both midwives are represented on the Health Scotland National group and are inputting to national guidance in this area.</p>   |
| <p>5. Information Recording System/Data Capturing in General Practice – as the minimum dataset was delayed, this impacted on the negotiation process of the LES with the Local Medical Committee and the subsequent development of an electronic system to capture the data.</p> | <p>NHSL invested £350,000 in the GP LES. This included the introduction of blue-bay screens to capture the core data set. All GP practices have been trained and our brief intervention trainers will provide additional support to each practice to ensure that any issues arising are dealt with as timeously as possible. Performance data is only now coming through.</p>  |
| <p>6. Accident &amp; Emergency Recording Systems only record screening, brief interventions are delivered by substance misuse staff.</p>   | <p>Accident &amp; Emergency have developed a way of recording screening using EDIS. As this system matures it is anticipated that this will yield further referrals to the substance misuse liaison nurses to deliver the brief interventions.</p>   |
| <p>7. Time constraints – the time to conduct screening and brief interventions within all settings has been impacted on by the H1N1 pandemic and the priorities associated with winter planning on the acute sites.</p>  | <p>We have undertaken a number of briefings to ensure that this HEAT target remains a major priority for all managers. These meetings have helped to identify obstacles to delivery which has resulted in changes to data recording systems and clarification on opportunities which can be used for screening and delivering brief interventions.</p> <p>Staff who have been trained to deliver brief interventions will be given a target to work towards which will be monitored within their supervision sessions with their line mangers.</p> |

**Workforce**

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| <p>Training - Time constraints related to the swine flu pandemic have been identified in releasing staff for training within primary care and acute services.</p> | <p>Brief interventions trainers within acute and primary care will continue to deliver training and follow up support.</p> |

**Finance**

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| CRES – NHS Lanarkshire in keeping with other public sector organisations is required to deliver on a CRES programme in accordance with the constrained financial position. | The NHSL CRES programme incorporates plans to minimise the impact on frontline services, however it is likely that all services will see some impact from the programme. |

**Improvement**

| <b>Risk</b>   | <b>Management of Risk</b>  |
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| Waiting times to access services - Improvement in screening and the identification of harmful/hazardous and dependent drinkers may lead to an increase in referrals to local Councils on Alcohol, structured day and abstinence based programmes, which may impact on the waiting times for these services. | A capacity planning exercise within all of our alcohol services is currently being conducted which takes into consideration the potential impact of a 20% increase in referrals as a direct consequence of supporting harmful, hazardous and dependent drinkers identified via the screening and BI programme. |

**Equalities**

| <b>Risk</b>   | <b>Management of Risk</b>  |
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| As this is a population based approach to reducing alcohol related harm, additional assistance may be required to those living in our most deprived communities to change their drinking behaviours | This issue is highlighted during training, and an algorithm is in place within primary care and community services to signpost our most vulnerable client group into our local alcohol services. |

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| <b>H5</b> | <b>Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools / suicide prevention training programmes by 2010.</b> |
|-----------|--|

**Lead:** **C Sloey, Director, CHP North**  
**H Kohli, Director of Public Health**  
 S Kerr, Head of Planning & Performance, CHP North  
 J Logan, Consultant in Public Health Medicine  
 K O'Neill, Mental Health & Well-being Needs Assessment & Service Development Manager

**Measure:**

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|---------|--|
| H5.KPM1 | 50% of key staff trained in suicide prevention relative to the established baseline and learning levels. Data sources as per Commitment 7 in <i>Delivering for Mental Health</i> . |
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**Trajectory:**

|                          |          |           |           |          |
|--------------------------|----------|-----------|-----------|----------|
| <b><i>Year</i></b>       | Dec 2008 | June 2009 | June 2010 | Dec 2010 |
| <b><i>Trajectory</i></b> | 30%      | 40%       | 45%       | 50%      |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| Competing demands on key front line staff to attend training. | <p>NHSL is committed to working with the Scottish Government to reduce suicide in Scotland. This pro-forma does not provide an opportunity to share local progress as it has a focus on risk, however, we will be pleased to share this on request.</p> <p>NHSL has to compete for access with other agencies for some of the training that is provided on a multi-agency basis. In this respect NHSL has been actively participating in the training for trainers programme provided by <i>Choose Life</i> over the last year, with 22 staff trained in delivering a mixture of the three key training programmes (12 x STORM, 5 x ASIST, 5 x safeTALK). This has established capacity for delivery of training.</p> <p>Supportive performance management systems have been established. Each locality is provided with up to date quarterly reports relating to their workforce participating in training and is asked to report on progress at performance review.</p> |

**Workforce**

| Risk   | Management of Risk   |
|--|--|
| <p>Engaging frontline GPs and A&amp;E practitioners in training.</p> | <p>NHSL is required to train 1,160 staff across the range of priority groups to meet the 50% target by December 2010. <b>As of September 2009, 45% (1031) of the target group have already been trained; we have already exceeded our trajectory for December 2009 which was 35%.</b> Of our twelve priority groups we are exceeding in 8, with the target already met in 6 of these groups. We have focussed our training on our easier to reach groups while national guidance was awaited in relation to training GPs and A&amp;E colleagues. While the awaited guidance 'HEAT 5 Learning Framework' (July 09) is helpful it offers no immediate solution to the concerns raised over the previous two years that 14hrs training for this front-line group is not possible in the current circumstances. The guidance also fails to offer alternative training courses other than those previously stated and therefore the current training requirements remain the same. For NHSL this adds up to:</p> <ul style="list-style-type: none"> <li>• Cost of backfill (A&amp;E £50,500/ GP £187,000);</li> <li>• Real challenges in releasing staff and finding adequate cover;</li> <li>• Clinical impact – 25 A&amp;E Drs = 350hrs, 142 A&amp;E nurses = 1988hrs &amp; 189 GPs = 2646hrs. Total = 4984hrs;</li> <li>• Competing demands.</li> </ul> <p>Despite these challenges NHSL remains committed to the suicide prevention agenda and appreciates the human impact of suicide on our communities and those left behind. The following actions were agreed with Mr Huggins at NHSL's DFMH review, November 2009:</p> <ul style="list-style-type: none"> <li>• NHSL will continue with our training of non A&amp;E and GP colleagues and therefore we will meet our 50% target;</li> <li>• We are engaging with Erica Stewart Jones, Health Scotland Training Adviser to Choose Life, to explore how we can design our Suicide Assessment and Treatment Pathway briefing in a way that maximises opportunities to be recognised by HEAT. This will be a 2 to 4 hour briefing which will be offered to wide range of staff groups including A&amp;E and GPs.</li> </ul> |

**Finance**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| <p>Financing backfill for GP and A&amp;E staff to attend training.</p> <p>General financial pressures around CRES programme will impact on availability of all staff.</p> | <p>NHSL appreciates access to the nationally funded training for trainers programme. NHSL has absorbed the costs of delivery through building the capacity for delivery of training into staff groups and using NHSL or partner venues for delivery. There are ongoing issues around backfilling staff in unplanned care settings. While the costs will be reduced significantly if a 2 to 4 hr briefing is acceptable, some backfill is likely to be required. While NHSL endeavours to meet the cost from within its budget allocation, national consideration to these financial issues would be appreciated.</p> <p>Both North and South Lanarkshire Councils continued to allocate financial resources, which are no longer ring fenced since SOA (April 2008), to the North and South Lanarkshire Choose Life Steering Groups through 2009/10 to support the delivery of the respective North and South Lanarkshire Choose Life Action Plans.</p> |

**Improvement**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| <p>Defining the contribution of training on reducing suicide in Scotland.</p> | <p>Multi-agency protocols and procedures have been developed to embed the assessment of suicide risk and its management, supported by training, into everyday practice.</p> <p>NHSL is linking with Health Scotland to explore how to measure the impact of training on practice and on reducing suicide. While we know how many completed suicides occur, it is harder to estimate how many lives are saved.</p> |

**Equalities**

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| <p>Impacting on the wider socio-economic determinants of health.</p> | <p>Performance of NHSL is only one contributing factor to the population suicide rate. Although we are committed to reaching the 50% target, this will not in itself necessarily result in a fall in the suicide rate. Other key factors are the performance of local authorities, multi-agency partnerships, the Lanarkshire and Scottish economy, and wider social and cultural influences. We remain committed to partnership working via the North and South Lanarkshire Choose Life Partnership Groups, which Local Authorities lead, supported by the National Implementation Support Team, which is</p> |

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|  | <p>increasingly focused on inequalities and high risk groups.</p> <p><i>Choose Life</i> is also closely linked with the wider mental health improvement agenda which is being progressed through <i>Towards a Mentally Flourishing Scotland</i> and the inequalities agenda which is being progressed through the NHSL Equally Well Action Plan which has Mental Health and Well-being as a key priority.</p> |
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| <b>H6</b> | <b>Through smoking cessation services, support 8% of your Board's smoking population in successfully quitting (at one month post quit) over the period 2008/09 – 2010/11.</b> |
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**Lead:** **C Sloey, Director, CHP North**  
**H Kohli, Director of Public Health**  
 L Armitage, Consultant in Public Health Medicine  
 S Kerr, Head of Planning & Performance, CHP North  
 G Docherty, Head of Health Promotion, North CHP / Smoking Cessation Manager

**Measure:**

|         |  |
|---------|--|
| H6.KPM1 | Smoking cessation data from ISD – National Smoking Cessation Database. Smoking population calculated using the Scottish Household Survey estimates of smoking prevalence and GROS estimates. |
|---------|--|

**Trajectory:**

*Period beginning April 2008 and ending:*

|                  |        |
|------------------|--------|
| March 2009       | 4,278  |
| June 2010        | 8,053  |
| Sept 2010        | 8,948  |
| Dec 2010         | 9,843  |
| March 2011       | 10,737 |
| Cumulative total | 10,737 |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| <p>In 2008/09 there was a marked rise in successful four week quits as a result of the contribution from the community pharmacy smoking cessation scheme introduced in August 2008. This resulted in NHSL exceeding the target trajectory for 2008/09.</p> <p>However, data from April 2009 to December 2009 demonstrates that there has been a reduction in successful four week quits compared to the same period in 2008.</p> <p>This decline can be attributed to the reduction in the number of clients now attending Lanarkshire Stop Smoking</p> | <p>Referrals to smoking cessation services are reflected in NHSL locality performance management reporting and staff are being actively encouraged to make referrals to the service.</p> <p>The HEAT target is reflected in the SOAs for both local authorities and community planning structures are being utilised to encourage referrals from partner agencies.</p> <p>A key priority for 2010 will be to better engage with General Practitioners to explore methods of increasing referrals from primary care to smoking cessation support, particularly for clients who are prescribed Varenicline.</p> <p>A Smoking Cessation Pharmacy Group has been established to identify methods of</p> |

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| <p>Service and the lower success rates achieved through the pharmacy scheme compared to the specialist service.</p> <p>If this trend continues into 2010/11, achievement of the 3 year target is going to be challenging.</p>  | <p>supporting pharmacies to deliver smoking cessation. A resource pack containing smoking cessation guidance and reference documents has been developed and delivered to each local pharmacy and LSSS staff have engaged with the pharmacies in their area to offer training and support.</p> <p>Accredited training for pharmacists will also be delivered by Lanarkshire Stop Smoking Service (LSSS) in partnership with NES in March 2010.</p> <p>There has been no marketing of the pharmacy service locally thus consideration will be given to a joint marketing campaign to promote both the Lanarkshire Stop Smoking Service and the Lanarkshire Pharmacy Smoking Cessation Service.</p> |
| <p>The returns from pharmacy are of poor quality which increases the administrative time required to support the scheme and subsequently reduces the administrative capacity available to support the Lanarkshire Stop Smoking Service client follow ups.</p> <p>There is also a significant issue with pharmacy Minimum Data Set forms not being returned within the required timeframe and not being returned at all which results in delayed and inaccurate reporting against the performance trajectory.</p> | <p>A review is being undertaken of the administration of Lanarkshire Stop Smoking Service in order to identify how the administrative process can be streamlined through better use of information technology.</p> <p>Regular communications are distributed to pharmacies highlighting issues of concern re Minimum Dataset Returns and this issue will also be covered in the NES training event in 2010.</p>  |
| <p>Supporting heavily addicted clients to stop smoking is becoming increasingly difficult.</p>   | <p>Lanarkshire Stop Smoking Service has recently reviewed and updated the PGD for Nicotine Replacement Therapy to include dual therapy and pharmacotherapy beyond 12 weeks where required.</p>   |
| <p>Encouraging smokers to attend stop smoking services is increasingly challenging particularly in hard to reach groups and areas of high smoking prevalence.</p>  | <p>A referral pathway has been implemented with maternity services and has resulted in an increase in referrals to the Lanarkshire Stop Smoking Service. This work will be further developed in 2010 following consultation with pregnant smokers.</p> <p>Lanarkshire Stop Smoking Service is working with NHSL Communications team piloting different methods of encouraging clients into the service such as the use of courtesy calls, contacting DNAs and encouraging successful quitters to 'refer a friend'.</p>   |

|  |   |
|--|---|
|  | A Senior Health Promotion Officer has been appointed to lead the implementation of the Smoking Prevention Action Plan for Lanarkshire and will be identifying appropriate methods for providing smoking cessation support for young people. |
| The availability of suitable venues to run clinics has been reduced as a result of the need for NHS premises to be used to deliver the H1N1 vaccination programme. | Other suitable premises are being sought where required through liaising with Community Planning partners such as local authorities and voluntary sector organisations.   |

### Workforce

| Risk   | Management of Risk   |
|--|--|
| <p>Due to the need to identify all possible efficiency savings the service staff complement may be restructured and reduced in 2010 with a focus on maintaining frontline service delivery. This will reduce flexibility to manage unforeseen staffing shortages (e.g., long term sickness absence) without reducing service provision.</p> <p>In addition, wider workforce planning changes within the organisation may impact on the availability of experienced sessional staff to work with the service.</p> | <p>The Stop Smoking Service has increased the number of sessional staff available to work with the service over the last year. Even so, this may not allow sufficient capacity for cover as and when required.</p> <p>Training standards have been developed for new sessional staff in order to ensure all staff are appropriately trained and mentored and receive regular updates on new developments in the evidence base for smoking cessation.</p> |

### Finance

| Risk   | Management of Risk  |
|--|---|
| The sessional staff costs for the service have increased as a result of transfer of staff onto Agenda for Change terms and conditions.   | The skill mix of sessional staff used at clinics will be reviewed to ensure it is appropriate to need.        |
| Reductions to the service budget as a result of efficiency savings will reduce opportunities for service marketing. CRES savings generally are likely to impact on the availability of staff to deliver the service. | Work will continue with the Communications team to explore low cost methods of marketing the service locally. |

### Improvement

| Risk  | Management of Risk  |
|---|---|
| In order to ensure the HEAT target is met by 2011 there is a need for more efficient service delivery and further development of the service in line with evidence based practice and | <p>A dedicated Service Manager has been in post since October 2009 to lead and develop the service in line with key priorities and local needs.</p> <p>Key priority workstreams have been</p> |

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| <p>guidelines and through partnership working.</p> | <p>identified and will be developed through the Stop Smoking Service workplan for 2010.</p> <p>As noted earlier, the service administration processes will be reviewed in order to identify opportunities for more efficient working.</p> <p>A Tobacco Control Strategy and Action Plan is being developed for Lanarkshire which will encourage multi agency ownership of this agenda. Providing cessation support to smokers will be a key strand of this strategy.</p> |
|--|--|

**Equalities**

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| <p>The service may fail to meet the needs of particular equality groups.</p>           | <p>The Stop Smoking Service model is very flexible and accessible offering support in a group setting or one to one setting, including home visits where appropriate. In addition, the pharmacy smoking cessation service is available across all localities.</p> <p>As noted earlier work is already underway to tailor the Stop Smoking Service to meet the needs of young people.</p> <p>A programme of work has previously been developed to address smoking amongst the BME population in Lanarkshire and this work will be reviewed and further developed in 2010.</p> <p>An Equality and Diversity Impact Assessment will also be conducted on the service by March 2010 in order to consider any specific issues that need to be addressed in relation to equality groups.</p> |
| <p>The service may fail to meet the needs of smokers in areas of high deprivation.</p> | <p>The Stop Smoking Service prioritises areas of high deprivation and high smoking prevalence for both marketing and clinic delivery.</p> <p>Clinics are offered in a range of easily accessible venues including community centres, health centres and workplaces and at different times of day to accommodate shift workers or those with carer responsibilities.</p> <p>The Stop Smoking Service also works closely with Regeneration partners to identify opportunities to promote and deliver the service to smokers living in deprived areas.</p> <p>The throughput and quit data from both the</p>  |

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|  | specialist service and the pharmacy service will be reviewed quarterly to determine uptake from smokers living in areas of deprivation and remedial action will be taken where required. |
|--|--|

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| <b>H7</b> | <b>Increase the proportion of new-born children exclusively breast-fed at 6-8 weeks from 26.6% in 2006/07 to 33.3% in 2010/11.</b> |
|-----------|--|

**Lead:** **P Wilson, Director of Nursing and AHPs**  
 A Goodfellow, Programme Manager, Maternal & Infant Nutrition

**Measure:**

|         |  |
|---------|--|
| H7.KPM1 | Number of babies recorded as being exclusively breastfed at their 6-8 week review as a percentage of all babies receiving a 6-8 week review. (CHSP-PS) |
|---------|--|

**Trajectory:**

|        |        |        |        |         |        |        |
|--------|--------|--------|--------|---------|--------|--------|
| Mar 07 | Mar 08 | Mar 09 | Jun 10 | Sept 10 | Dec 10 | Mar 11 |
| 18.9%  | 18.9%  | 18.4%  | 22.7%  | 23%     | 23.3%  | 23.5%  |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| Women will choose not to breast feed their babies or stop breastfeeding prematurely. | <p>NHS Lanarkshire is committed to the continued promotion of the benefits of breastfeeding, and the provision of support for breastfeeding.</p> <p>The NHSL Breastfeeding Strategy has recently been reviewed and was found to be robust, and clearly in line with recent NICE guidelines.</p> <p>The introduction of the CEL36 programme to improve maternal and infant nutrition has resulted in the formation of a Programme Board for Maternal and Infant Nutrition (chaired by the Executive Director of Nurses, Midwives and Allied Health Professionals). The CEL36 programme is currently being actioned through a variety of workstreams, led by key staff. The CEL36 programme and the objectives therein reflect a range of multifaceted/multi-agency actions that are evidence based. The CEL36 programme money will be fully utilised and is welcomed to support an increased focus upon maternal and infant nutrition.</p> <p>NHSL is committed to achieving UNICEF Baby Friendly Initiative (BFI) full accreditation for the maternity services at Wishaw and nine CHP localities. The Coatbridge locality achieved accreditation in September 2008. CHP localities have recently passed Stage 1</p> |

|   |   |
|---|---|
|   | <p>accreditation. Maternity Services are due to undergo Stage 2 assessment in April 2010.</p> <p>Breastfeeding support teams are now in place in both the maternity unit and community public health teams, working with midwives and public health nurses to provide additional support to breastfeeding women.</p> <p>A model of best practice for breastfeeding support groups will be implemented across Lanarkshire in early 2010.</p>   |
| <p>The cultural and socio-economic profile of the NHS Lanarkshire area.</p> | <p>The local social, cultural, economic and demographic profile in NHS Lanarkshire is reflected in the poor breastfeeding rate.</p> <p>The present rate at 6-8 weeks is low compared to all but one other NHS Board area in Scotland. If however the rate was to be standardised for socio-economic profile and age at the birth of the mother then it is evident that in NHS Lanarkshire the present rate merely reflects the same challenge all areas have. That is, improving the rate in most deprived areas.</p> <p>NHSL has committed to ensuring where possible programmes of engagement and support are available and targeted to the most deprived areas. NHSL also acknowledges the need to continue with all population based approaches to promote breastfeeding as there needs to be a cultural normalisation and a greater social acceptance of breastfeeding as it is a population issue in NHSL.</p> <p>As part of CEL36 programme funding it is intended to invest in the social marketing aspects of promoting breastfeeding.</p> |

**Workforce**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| <p>Availability, capacity and knowledge of staff to provide and support breastfeeding.</p> | <p>NHS Lanarkshire trained a large percentage of public health nurses and midwives on its UNICEF endorsed breastfeeding management training programme.</p> <p>As part of the UNICEF BFI Stage 2 assessment in April 2010, 80% of midwifery staff will have undergone 2-day breastfeeding management training and a practical skills review. A 1-day refresher training sessions will then be implemented for staff to undergo every two years.</p> <p>NHSL identified the need for additional</p> |

|   |  |
|---|--|
|   | <p>capacity to support breastfeeding in the immediate postnatal period. A specialist Infant Feeding Midwife has been appointed and breastfeeding support teams are now in place, dedicated to supporting breastfeeding in the maternity unit and community teams.</p> <p>Reception, administration and nursery staff are some of the staff groups that have had basic awareness training on breastfeeding delivered to them.</p> <p>In addition, a midwife and dietitian have been employed to develop a resource for, and provide training to, midwifery staff in relation to screening nutritionally vulnerable pregnant women and providing all pregnant women with appropriate lifestyle advice.</p> |
| <p>The personal experience of staff of breastfeeding.</p> | <p>Given that NHSL staff will largely represent the social / cultural norm of the Lanarkshire area many of them will have a view on breastfeeding formed by personal experience (or lack of it) regarding breastfeeding.</p> <p>Qualitative research was undertaken with staff to map attitudes and experiences in relation to breastfeeding and the support provided by NHSL. Staff identified the support breastfeeding women require and where gaps in service provision exist. The breastfeeding management training programme aims to support a positive change in staff attitudes towards breastfeeding.</p>   |

### Finance

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| <p>Sustaining the delivery of existing promotion and support for breastfeeding, following the end of CEL36 funding.</p> | <p>The CEL36 programme money will allow NHSL to increase the promotion and support of breastfeeding until 2011/2012.</p> <p>NHSL will continue to seek interagency partnership support for the promotion and support of breastfeeding.</p> |

### Improvement

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| <p>Identifying the contribution that NHSL staff and the CEL36 programme will make to improving the breastfeeding rates in NHSL.</p> | <p>NHSL is committed to achieving full UNICEF (BFI) accreditation and implementing the objectives of the CEL36 programme.</p> <p>The Maternal and Infant Nutrition Programme Board will oversee the implementation of the CEL36 programme and report to the Child &amp; Maternity Service Improvement Board and NHSL Board.</p> <p>NHSL acknowledges the impact that the</p> |

|  |   |
|--|---|
|  | <p>social, cultural, economic factors, plus the education and age of the mother have on the breastfeeding initiation and continuation rates.</p> <p>NHSL will seek to continue to identify the evidence base for 'what works' to increase breastfeeding rates, and move to implement as necessary.</p> <p>NHSL will seek to influence the wider population based issues and factors that influence local breastfeeding rates.</p> |
|--|---|

**Equalities**

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| <p>Ensuring an improvement in breastfeeding rates across the whole NHSL population.</p> | <p>NHSL acknowledges the need to deliver population based activity aimed at promoting and supporting breastfeeding as there needs to be a cultural normalisation and a greater social acceptance of breastfeeding across Lanarkshire.</p> <p>However, NHSL has committed to ensuring that engagement and additional support for breastfeeding is targeted to the most deprived areas, where rates are lowest e.g. breastfeeding support workers providing additional support to women in deprived areas who are most likely to stop breastfeeding prematurely.</p> |

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|-----------|---|
| <b>H8</b> | <b>Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2009/10</b> |
|-----------|---|

**Lead:** **C Sloey, Director, CHP North**  
 S Kerr, Head of Planning & Performance, CHP North  
 G Docherty, Head of Health Promotion, North CHP

**Measure:**

|         |  |
|---------|--|
| H8.KPM1 | <p>Cumulative number of inequalities targeted cardiovascular health checks to be delivered by NHS Scotland during 2009/10 (based on quarterly data).</p> <p>The number and content of health checks and the inequalities targeting required will be agreed with each NHS Board as part of LDP sign-off process. This will reflect local circumstances, eligible population and the stage of engagement with appropriate programmes in each Board area.</p> <p>The default content of a 'cardiovascular health check' should include as a minimum all components associated with the <i>Keep Well</i> mandatory data items. Further guidance about the required content of health checks will be issued to NHS Boards in December 2009.</p> <p>The means by which health checks will be 'inequalities targeted' will vary depending on local circumstances, but health checks must be aimed at the most deprived communities in each Board area. Locally specific definitions of this will be agreed with each NHS Board in advance of April 2010.</p> <p>Guidance on monitoring and reporting requirements around this target will be issued to Boards in December 2008.</p> |
|---------|--|

**Trajectory:**

|        |        |        |        |                          |
|--------|--------|--------|--------|--------------------------|
| Jun 10 | Sep 10 | Dec 10 | Mar 11 | Cumulative total 2010-11 |
| 1,241  | 1,242  | 1,241  | 0      | 3,724                    |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| Scottish Government funding for Keep Well in Lanarkshire is due to finish on 31 March 2011, therefore health checks are scheduled to end in December 2010 to allow the programme to move into final diagnostics and evaluation during the final quarter of 2010/11. | <p>Diagnostics and local evaluation will take place from Jan – Mar 2011 to inform the mainstreaming of the Lanarkshire programme.</p> <p>Discussions to mainstream the funding for inequalities targeted cardiovascular health checks in Lanarkshire are underway to prepare for a Board-wide programme commencing in April 2011.</p> |
| Keep Well has been conducting   | Community engagement methods have been  |

|   |   |
|---|---|
| health checks in Wave 1 pilot areas since Oct 2006 and has made intensive efforts to engage patients in these areas. It may prove difficult to engage any more patients from this cohort. | piloted and continue to be refined based on evaluation. |
|---|---|

### Workforce

| Risk   | Management of Risk   |
|--|--|
| Keep Well staff are on short term contracts or secondments (due to end between December 2010 and March 2011).    | Staffing arrangements will form part of discussions regarding the mainstreaming of Keep Well in Lanarkshire. |
| Should vacancies arise, there may be difficulties in recruiting staff on very short terms contracts (see above). | Advertise internally and externally on SHOW.   |

### Finance

| Risk  | Management of Risk   |
|---|--|
| Funding for health checks beyond March 2011 is not secured.<br><br>The CRES Programme may impact on our ability to mainstream this activity | NHSL is committed to continuing to deliver health checks in 2011 and beyond. Discussions to secure funding are underway. |

### Improvement

| Risk  | Management of Risk  |
|---|---|
| Keep Well model in Lanarkshire targets those in areas of deprivation and who do not currently attend their GP. Many of these people can be difficult to engage. | Innovative methods to engage patients continue to be piloted and monitored by a community engagement sub group. |

### Equalities

| Risk   | Management of Risk  |
|--|---|
| Keep Well targets people in areas of deprivation by recruiting GP practices in these locales. However it is recognised that a minority of patients in all practices are more affluent. Inequalities could be widened if the more affluent patients attend the health checks. | SIMD data generated from each patient's address is utilised to target those from areas of deprivation by health care support workers when conducting engagement activities. |

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| <b>H9</b> | <b>At least 60% of three and four year old children in each SIMD quintile to receive at least 2 applications of fluoride varnish (FV) per year by March 2014.</b> |
|-----------|---|

**Lead:**           **H Kohli, Director of Public Health**  
                       **C Sloey, Director, CHP North**  
                       A Yeung, Consultant in Dental Public Health  
                       S Kerr, Head of Planning & Performance, CHP North  
                       M Devine, Director of Salaried Primary Care Dental Services

**Measure:**

|         |  |
|---------|--|
| H9.KPM1 | <p><u>The performance measure for 2010/11:</u></p> <p>In the first year of this target, as the data source is established, the performance measure is the number of children who are 3 or 4 years old at the end of the reporting period living in the most-deprived (SIMD 2009) 20% of datazones in each Board who have had at least one application of fluoride varnish in the previous three months as a proportion of the latest available estimated number of 3- and 4-year-old children in these datazones. It is estimated that in practice this would mean that performance would be around 30% of children having had a single fluoride varnish in the three months if Boards were performing at a level to deliver the 60% performance of two fluoride varnishes over the year. This measure will have a much-shorter lag between activity taking place and being reported and so improvements can be identified more quickly. Children will be assigned to datazones based on their postcode and datazones will be assigned to Boards based on which Board has the largest area of the datazone. Because some datazones straddle Board boundaries it may be possible that a small number of children will be treated by one Board but will count toward the performance of a different Board.</p> <p>ISD will calculate the performance measure and baseline data will be available in February 2010.</p> <p><u>The planned performance measure for 2011/12:</u></p> <p>The HEAT performance measure separately asks whether 5-year olds had two varnishings when they were 4 years old and whether 4-year olds had two varnishings when they were 3 years old and will report performance of the worst performing age and SIMD 2009 quintile combination. Thus if the performance of the worst-performing age/quintile is above 60 per cent then the performance in every other age–SIMD 2009 quintile combination must be above 60 per cent and the target will have been delivered. This is to ensure that each and every age–quintile combination achieves the target level, rather than allowing a focus one particular age–quintile combination mask neglect of the others.</p> <p>The intervention will be delivered via primary dental care services twice yearly, with a further two applications of fluoride varnish available to those children attending designated nurseries (which have a majority of enrolled children residing in the lowest SIMD</p> |
|---------|--|

|  |   |
|--|---|
|  | <p>quintile in each NHS Board).</p> <p>The measure will be defined as follows:</p> <p>The datazones in each Board are to be divided into five groups according to SIMD 2009 rank. If the number of datazones divides neatly by five then there should be the same number of datazones in each group. If the number of datazones will not divide neatly into five then some groups should have one more datazone than other groups. The choice of which group should have an extra datazone should be made so that the total population in each group is as equal as possible. It is likely that the more-deprived quintiles will have more children than the least-deprived quintiles. The list of datazones in each group will be provided to NHS Boards by ISD.</p> <p>For each group the following should be calculated:</p> <p>3-year-olds:<br/>         Numerator - number of children who are 4 years old (i.e. who have reached their 4<sup>th</sup> birthday) by the last day of the reporting period who received two or more FV applications in the year prior to (but not including) their latest birthday (i.e., when they were 3 years old).<br/>         Denominator – GRO mid year estimates for the number of 3-year-old children. The latest available estimates at the end of the reporting period will be used.</p> <p>4-year-olds:<br/>         Numerator - number of children who are 5 years old (i.e. who have reached their 5<sup>th</sup> birthday) by the last day of the reporting period who received two or more FV applications in the year prior to (but not including) their latest birthday (i.e., when they were 4 years old).<br/>         Denominator – GRO mid year estimates for the number of 4-year-old children. The latest available estimates at the end of the reporting period will be used.</p> <p>Performance should be calculated for each of the ten age–quintile combinations and the lowest performance will be reported.</p> <p>A summary of performance at Scotland level will be shown based on the grouping of datazones by national SIMD 2009 quintiles and may therefore show inconsistent results with the Board level results, which group datazones by local quintiles. The target can be considered to be met if Scotland-level performance is at or above 60%. Local targets for each NHS Board will be agreed through the LDP.</p> |
|--|---|

***Note: At time of writing this draft (19 01 10), baseline figures referred to above are awaited and are due from SGHD by February 2010. Our trajectory will be calculated once these are available.***

**Trajectory:**

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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**Risk Narrative:**

**Delivery**

| <b>Risk</b>                              | <b>Management of Risk</b>   |
|--|---|
| Consent and availability of key supplies | Formal consent process backed by national campaign. Effective use of all Oral Health practitioners to maximise consent rate. Secure source and build a reserve of key supplies. |
| Communication with Nurseries             | Working with partners in early years to develop the most effective way to communicate effectively with Nurseries and ensure timely roll out of the programme.                   |

**Workforce**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| Recruitment and retention challenges. Reduced access to training. | Good support and development opportunities for staff involved. Train additional staff. Ability to expand built in with use of part-time staff. Develop staff from within existing staff pool. Effective communication with NES, who deliver training, to minimise time delays due to scheduling of training courses |

**Finance**

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| Inadequate funding for number of posts and resources required<br><br>CRES programme may impact additionally on our ability to resource or take remedial action to meet this target. | Ensure best value for money. Effective, efficient, economic and egalitarian working processes. |

**Improvement**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| Failure to reduce decay experience in target population | On going monitoring of activity via NDIP and constant improvement and modification of the process in light of experience. |

**Equalities**

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| Oral health of most disadvantaged group improves but not by as much as the oral health of more affluent groups leading to a widening of the health gap in the population. | Ensure key elements of the programme are targeted to those with the greatest need. |

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|-----------|--|
| <b>E4</b> | <b>NHS Boards to deliver agreed improved efficiencies for: first outpatient attendance DNA, non-routine inpatient average length of stay, and same day surgery by March 2011, and for pre-operative stay by March 2013</b> |
|-----------|--|

**Lead:** R Lyness, Director of Acute Services  
R Garscadden, Head of Planning, Acute Services

**Measure:**

|         |   |
|---------|---|
| E4.KPM1 | Number of BADS surgical procedures performed without an overnight stay (i.e., as a day case, outpatient or inpatient with zero length of stay) expressed as a percentage of the total number of BADS procedures including inpatients. |
|---------|---|

**Trajectory:**

|         |       |
|---------|-------|
| 2005/06 | 74.2% |
| 2006/07 | 73.5% |
| 2007/08 | 74.8% |
| 2008/09 | 77.3% |
| Apr 10  | 77.3% |
| May 10  | 77.3% |
| Jun 10  | 79%   |
| Jul 10  | 79%   |
| Aug 10  | 79%   |
| Sept 10 | 80%   |
| Oct 10  | 80%   |
| Nov 10  | 80%   |
| Dec 10  | 82%   |
| Jan 11  | 82%   |
| Feb 11  | 82%   |
| Mar 11  | 84.4% |

**Measure:**

|         |   |
|---------|---|
| E4.KPM2 | Reduce the average length of stay in hospital for acute inpatients discharged following an urgent, emergency or other non-routine, unplanned admission, including emergency transfers. Based on average length of stay per hospital episode, not continuous stay. (SMR01) |
|---------|---|

**Trajectory:**

|             |     |
|-------------|-----|
| Year ending |     |
| Mar 07      | 3.1 |
| Mar 08      | 2.9 |
| Jun 08      | 2.9 |
| Sept 08     | 2.9 |
| Dec 08      | 2.9 |
| Mar 09      | 2.9 |
| Jun 10      | 3.0 |
| Sep 10      | 3.0 |

|        |     |
|--------|-----|
| Dec 10 | 3.0 |
| Mar 11 | 3.0 |

**Measure:**

|         |  |
|---------|--|
| E4.KPM4 | 10% reduction in all Boards in the first outpatient appointment DNA rate between year ending March 2007 and March 2010. Based on the percentage of first outpatient appointments where a patient did not attend (DNA), all specialities. (ISD S 1) |
|---------|--|

**Trajectory:**

Year ending:

|         |       |
|---------|-------|
| Mar 07  | 10.6% |
| Mar 08  | 12.5% |
| Jun 08  | 12.9% |
| Sept 08 | 13.2% |
| Dec 08  | 13.1% |
| Mar 09  | 13.0% |
| Jun 10  | 12.0% |
| Sept 10 | 11.0% |
| Dec 10  | 10.0% |
| Mar 11  | 9.5%  |

**Measure:**

|         |   |
|---------|---|
| E4.KPM5 | <p>A reduction at Scotland indicative level of 15% from a 2007/08 baseline in pre-operative stay days for planned admissions for surgical specialties over 3 years 2010/11 – 2012/13.</p> <p>Differential reductions will be agreed with each board through LDPs – reductions are expected to range between 10% and 40%. The exact reduction will be agreed with individual Boards over the coming months. Detailed data and definitions will be shared with each Board to inform this discussion by the end of 2009.</p> |
|---------|---|

**Trajectory:**

Year ending:

|         |      |
|---------|------|
| Mar 08  | 0.37 |
| Jun 10  |      |
| Sept 10 |      |
| Dec 10  |      |
| Mar 11  |      |
| Jun 11  |      |
| Sept 11 |      |
| Dec 11  |      |
| Mar 12  |      |
| Jun 12  |      |
| Sept 12 |      |
| Dec 12  |      |
| Mar 13  |      |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| <p>Patients continue to DNA without prior notification to Referral Management Service (RMS).</p>                             | <p>Robust implementation of NHSL Access Policy with patient returned to GP where no prior notification of inability to attend provided to RMS. Improved sharing of information with GP Practices to ensure awareness of NHSL Access Policy with details of non attendance by their patients.</p> <p>Remind patients by telephone in selected specialties of details of outpatient appointment and confirmation of attendance (currently piloted in ENT and Orthopaedics). pilot in selected specialties whereby patient contacted by recorded telephone interview which prompts answers to questions to confirm attendance and/or to rearrange appointment. If successful, this will be extended to all key specialties during 2010.</p> |
| <p>Ability to reduce further the length of stay of non routine patients</p>  | <p>Continue current actions to sustain present performance that is currently better than the national average.</p>   |
| <p>Ability to alter consultant practice of bringing patients back for return appointment and to be seen by a consultant.</p> | <p>Information on new/return ratio by consultant is now shared with consultants of each specialty both individually and collectively. This information will from 2010/11 form part of individual job plan review. This will be subject to further refinement as information is routinely assessed, analysed and acted upon. Monitoring and reporting is being improved as part of performance management arrangements. Milestones will be agreed with each specialty during 2010/11 that will be subject to monitoring and review.</p>   |
| <p>Ability to sustain and improve same day surgery and pre operative stay.</p>   | <p>BADS Reports now provided routinely through business objects to enable easier access to up to date local information. Dialogue ongoing with individual specialties to identify issues that impact on performance with agreement on action to resolve. Action also taken forward through the Surgical Theatre Efficiency Productivity and Safety Group (STEPS).</p> <p>Increased emphasis on capture of procedures undertaken in an outpatient setting. Extended introduction of clinic outcome sheets will facilitate improved capture of that information.</p>   |

**Workforce**

| <b>Risk</b>                                      | <b>Management of Risk</b>  |
|--|--|
| Change to current clinical process and practice. | Assessment of current process and practice and proposed changes are worked through each of the work streams of 18 Weeks RTT Project Board. Challenge will be to manage change. This will be achieved through information sharing and engagement with individual clinicians through the Specialty Lead Clinician and Clinical Director. |
| Compliance with Patient Access Policies          | Compliance with Patient Access Policies will be performance managed at Divisional level.   |

**Finance**

| <b>Risk</b>                                  | <b>Management of Risk</b>   |
|--|---|
| Has the potential to deliver cost avoidance. | Improved use of capacity through effective management of Patient Access Policies, reduced DNA and new to return ratio and increased use of day surgery. |

**Improvement**

| <b>Risk</b>                                  | <b>Management of Risk</b>   |
|--|---|
| Volume of information shared with clinicians | Through the 18 Week RTT work streams careful attention given to the volume and quality of information released to clinical staff. Reference to same information used as basis for discussion as part of service improvement and specialty meetings. |

**Equalities**

| <b>Risk</b>                              | <b>Management of Risk</b>                       |
|--|---|
| Consistent compliance across Lanarkshire | Services are managed on Lanarkshire wide basis. |

|           |  |
|-----------|--|
| <b>E5</b> | <b>NHS Boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.</b> |
|-----------|--|

**Lead:** L Ace, Director of Finance

**Measure:**

|         |  |
|---------|--|
| E5.KPM1 | Deficit or surplus for 'end financial year' against local revenue resource limit |
|---------|--|

**Trajectory:**

|        |        |         |        |        |        |         |
|--------|--------|---------|--------|--------|--------|---------|
| Jun 10 | Jul 10 | Aug 10  | Sep 10 | Oct 10 | Nov 10 | Dec 10  |
| Jan 11 | Feb 11 | Mar 11  | Jun 11 | Jul 11 | Aug 11 | Sept 11 |
|        |        | 0       |        |        |        |         |
| Oct 11 | Nov 11 | Dec 11  | Jan 12 | Feb 12 | Mar 12 | Jun 12  |
|        |        |         |        |        | 0      |         |
| Jul 12 | Aug 12 | Sept 12 | Oct 12 | Nov 12 | Dec 12 | Jan 13  |
| Feb 13 | Mar 13 |         |        |        |        |         |
|        | 0      |         |        |        |        |         |

**Risk Narrative:**

**Delivery**

|             |                           |
|-------------|---------------------------|
| <b>Risk</b> | <b>Management of Risk</b> |
|             |                           |

**Workforce**

|             |                           |
|-------------|---------------------------|
| <b>Risk</b> | <b>Management of Risk</b> |
|             |                           |

**Finance**

|             |                           |
|-------------|---------------------------|
| <b>Risk</b> | <b>Management of Risk</b> |
|             |                           |

**Improvement**

|             |                           |
|-------------|---------------------------|
| <b>Risk</b> | <b>Management of Risk</b> |
|             |                           |

**Equalities**

|             |                           |
|-------------|---------------------------|
| <b>Risk</b> | <b>Management of Risk</b> |
|             |                           |

|           |   |
|-----------|---|
| <b>E6</b> | <b>NHS Boards to meet their cash efficiency target.</b> |
|-----------|---|

**Lead:** L Ace, Director of Finance

**Measure:**

|         |              |
|---------|--------------|
| E6.KPM1 | 2% per annum |
|---------|--------------|

**Trajectory:**

|        |        |        |        |         |        |        |
|--------|--------|--------|--------|---------|--------|--------|
| Mar 09 | Jun 10 | Jul 10 | Aug 10 | Sept 10 | Oct 10 | Nov 10 |
| 19,307 |        |        |        |         |        |        |
| Dec 10 | Jan 11 | Feb 11 | Mar 11 |         |        |        |
|        |        |        |        |         |        |        |

**Risk Narrative:**

**Delivery**

|             |                           |
|-------------|---------------------------|
| <b>Risk</b> | <b>Management of Risk</b> |
|             |                           |

**Workforce**

|             |                           |
|-------------|---------------------------|
| <b>Risk</b> | <b>Management of Risk</b> |
|             |                           |

**Finance**

|             |                           |
|-------------|---------------------------|
| <b>Risk</b> | <b>Management of Risk</b> |
|             |                           |

**Improvement**

|             |                           |
|-------------|---------------------------|
| <b>Risk</b> | <b>Management of Risk</b> |
|             |                           |

**Equalities**

|             |                           |
|-------------|---------------------------|
| <b>Risk</b> | <b>Management of Risk</b> |
|             |                           |

|           |   |
|-----------|---|
| <b>E7</b> | <b>To increase the percentage of new GP outpatient referrals into consultant led secondary care services that are managed electronically to 90% from December 2010.</b> |
|-----------|---|

**Lead:** **A Lawrie, Director, CHP South**  
**R Lyness, Director of Acute Services**  
 R Wright, General Manager, eHealth  
 R Garscadden, Head of Planning, Acute Services

**Measure:**

|         |   |
|---------|---|
| E7.KPM1 | Status change in SCI gateway (or alternative E-triage mechanism) as a % of number of new GP outpatient referrals from monthly MMI statistics. |
|---------|---|

**Trajectory:**

|         |     |
|---------|-----|
| Aug 09  | 14% |
| Apr 10  | 40% |
| May 10  | 50% |
| Jun 10  | 60% |
| Jul 10  | 70% |
| Aug 10  | 80% |
| Sept 10 | 90% |
| Oct 10  | 90% |
| Nov 10  | 90% |
| Dec 10  | 90% |
| Jan 11  | 90% |
| Feb 11  | 90% |
| Mar 11  | 90% |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| Continued use by General Practitioners of electronic referral | Current performance is 89% with action plan to increase to 95% by September 2010. |

**Workforce**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| Retention of staff with skills and competencies to support equipment and system implementation | Investment in staffing to ensure appropriate number of trained staff to support system. |

**Finance**

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| Capital monies to support equipment replacement programme | Prioritised equipment replacement programme in place to deliver increased volume of activity |

**Improvement**

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| Ability to extend and link electronic referral to evetting in | eHealth Group and 18 Weeks RTT Project Board in place working to an agreed |

|   |   |
|---|---|
| <p>the context of 18 weeks Referral to Treatment.</p> | <p>prioritised agenda.<br/>                     eVetting introduced in ENT Programme in place to extend evetting to all specialties during 2010.<br/>                     Robust relationship with GP Leads and Clinical Leads to ensure a coordinated approach to identifying priorities and delivering improvement.</p> |
|---|---|

**Equalities**

| <b>Risk</b>                                      | <b>Management of Risk</b>  |
|--|--|
| <p>Equitable access to electronic solutions.</p> | <p>A Lanarkshire wide approach has been adopted for implementation with a support network in place for all GP Practices.</p> |

|           |  |
|-----------|--|
| <b>E8</b> | <b>NHS Scotland to reduce carbon emissions over the period to 2011</b> |
|-----------|--|

**Lead:** **I Ross, Director, Strategic Implementation, Planning & Performance**  
 D Browning, General Manager, Property & Support Services

**Measure:**

|         |   |
|---------|---|
| E8.KPM1 | <p>Percentage change on baseline eMART data, represented by tonnes of CO<sub>2</sub> and climatically adjusted.</p> <p>Further detailed guidance and support will be issued by Health Facilities Scotland in December 2009. This will include target data for each Board with the list of hospitals that are included in the baseline.</p> <p>All Boards should complete risk narratives for this target, stating what actions are being taken in this area.</p> <p><i>December 2009 guidance:</i><br/>                 This is an NHS Scotland target and an assessment of whether the target has been delivered will be made after 2015/16; progress will also be considered on an annual basis. At NHS Board level indicative trajectories are set out in Annex 3 and these, alongside defined energy / carbon-reduction projects, would be used to assess progress. Where the annual target is not achieved in the interim years, NHS Boards will require to demonstrate that they have plans in place that will ultimately achieve the target. Health Facilities Scotland will issue further guidance to NHS Scotland in January 2010.</p> |
|---------|---|

**Trajectory:**

KPM1 – Reduce carbon emissions

| Year    |        |
|---------|--------|
| 2009/10 | 27,048 |
| 2010/11 | 26,236 |
| 2011/12 | 25,449 |
| 2012/13 | 24,686 |
| 2013/14 | 23,945 |
| 2014/15 | 23,227 |

**Risk Narrative:**

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| Failure to achieve or adequately monitor targeted reductions. | Projects identified through energy audits on poorest performing sites have identified key areas for improvement and will result in a reduction in emissions for 2010/11. |
| Energy saving initiatives fail to deliver.                    | Launch of the staff awareness campaign in January 2010. Energy saving projects   |

|   |  |
|---|--|
| Impact of Staff Awareness Campaign does not deliver savings.  | identified from audits completed by March 2010. Targets will also be set for each site and energy consumption monitored with exceptions identified and poorest performing areas targeted for improvement.          |
| Monitoring and targeting database on stand alone desktop pc.  | Latest version of software has been obtained from supplier and maintenance and support paid to date. Software will be used to produce targets for each site and progress reports will be issued to sites.          |
| Impact of working with the local sustainability partnerships towards joint agreements on CO <sub>2</sub> reduction and the impact on operational practices within NHSL. | Fully participate in the development of any joint arrangements with the partnership and ensure that they are compatible with the objectives of NHSL with regards to energy and CO <sub>2</sub> reduction measures. |
| Baseline for reduction in emissions is 2009/2010 may place additional requirements on targets not previously identified.  | Validated data used to create baseline for all premises is confirmed and monitored against historical records.   |

#### Workforce

| Risk   | Management of Risk   |
|--|--|
| All staff require induction and training on NHSL staff awareness initiative. | Healthy Working Lives Reps have been identified as contacts for local energy savings initiatives.  |
| Failure of staff to be engaged with awareness campaign.                      | Possibility of incentive scheme to be investigated to encourage staff to participate in energy saving initiatives. League tables will be issued to all sites for performance comparison. |

#### Finance

| Risk  | Management of Risk   |
|---|--|
| CEEF funding for projects not available.  | Ensure that NHSL is aware of CEEF allocation and other external funding streams. |
| Invest to save funding not allocated to fund future energy efficiency measures. | Alternative sources of funding to be identified.                                 |

#### Improvement

| Risk  | Management of Risk  |
|---|---|
| Ensure that measurable achievements in CO <sub>2</sub> reductions are developed.            | NHSL demonstrate achievements through commitment to carbon reduction initiatives and the use of the energy monitoring and targeting database.   |
| Defining the contribution that NHSL has to the environment and general population's health. | The performance of NHSL is only one contributory factor to the health of the population and by producing details of their energy and CO <sub>2</sub> reduction demonstrates their commitment to health improvement. |

**Equalities**

| Risk   | Management of Risk |
|--|--------------------|
| No risk identified as all staff across NHSL will be required to participate and save energy in areas directly under their control. |                    |

**Measure:**

|         |  |
|---------|--|
| E8.KPM2 | <p>Percentage change on 2009-10 baseline climatically adjusted, represented by absolute energy values in GJ.</p> <p>Further detailed guidance and support will be issued by Health Facilities Scotland in January 2010. This will include target data for each Board with the list of hospitals that are included in the baseline.</p> <p>All Boards should complete risk narratives for this target, stating what actions are being taken in this area.</p> <p><i>December 2009 guidance:</i><br/>This is an NHS Scotland target and an assessment of whether the target has been delivered will be made after 2015/16; progress will also be considered on an annual basis. At NHS Board level indicative trajectories are set out in Annex 3 and these, alongside defined energy / carbon-reduction projects, would be used to assess progress. Where the annual target is not achieved in the interim years, NHS Boards will require to demonstrate that they have plans in place that will ultimately achieve the target. Health Facilities Scotland will issue further guidance to NHS Scotland in January 2010.</p> |
|---------|--|

**Trajectory:**

KPM2 – Reduce energy consumption

| Year    |         |
|---------|---------|
| 2009/10 | 381,924 |
| 2010/11 | 378,105 |
| 2011/12 | 374,324 |
| 2012/13 | 370,581 |
| 2013/14 | 366,875 |
| 2014/15 | 363,206 |

**Risk Narrative:**

**Delivery**

| Risk  | Management of Risk   |
|---|--|
| Failure to achieve or adequately monitor targeted reductions. | Projects identified through energy audits on poorest performing sites have identified key areas for improvement and will result in a reduction in emissions for 2010/11. |
| Energy saving initiatives fail to                             | Launch of the staff awareness campaign in  |

|   |  |
|---|--|
| deliver.<br>Impact of Staff Awareness Campaign does not deliver savings.  | January 2010. Energy saving projects identified from audits completed by March 2010. Targets will also be set for each site and energy consumption monitored with exceptions identified and poorest performing areas targeted for improvement. |
| Monitoring and targeting database on stand alone desktop pc.  | Latest version of software has been obtained from supplier and maintenance and support paid to date. Software will be used to produce targets for each site and progress reports will be issued to sites.                                      |
| Impact of working with the local sustainability partnerships towards joint agreements on CO <sub>2</sub> reduction and the impact on operational practices within NHSL. | Fully participate in the development of any joint arrangements with the partnership and ensure that they are compatible with the objectives of NHSL with regards to energy and CO <sub>2</sub> reduction measures.                             |
| Baseline for reduction in emissions is 2009/2010 may place additional requirements on targets not previously identified.  | Validated data used to create baseline for all premises is confirmed and monitored against historical records.   |

#### Workforce

| Risk   | Management of Risk   |
|--|--|
| All staff require induction and training on NHSL staff awareness initiative. | Healthy Working Lives Reps have been identified as contacts for local energy savings initiatives.  |
| Failure of staff to be engaged with awareness campaign.                      | Possibility of incentive scheme to be investigated to encourage staff to participate in energy saving initiatives. League tables will be issued to all sites for performance comparison. |

#### Finance

| Risk  | Management of Risk   |
|---|--|
| CEEF funding for projects not available.  | Ensure that NHSL is aware of CEEF allocation and other external funding streams. |
| Invest to save funding not allocated to fund future energy efficiency measures. | Alternative sources of funding to be identified.                                 |

#### Improvement

| Risk  | Management of Risk  |
|---|---|
| Ensure that measurable achievements in CO <sub>2</sub> reductions are developed.            | NHSL demonstrate achievements through commitment to carbon reduction initiatives and the use of the energy monitoring and targeting database.   |
| Defining the contribution that NHSL has to the environment and general population's health. | The performance of NHSL is only one contributory factor to the health of the population and by producing details of their energy and CO <sub>2</sub> reduction demonstrates their commitment to health improvement. |

#### Equalities

| Risk                            | Management of Risk |
|---------------------------------|--------------------|
| No risk identified as all staff |                    |

|  |  |
|--|--|
| across NHSL will be required to participate and save energy in areas directly under their control. |  |
|--|--|

|            |   |
|------------|---|
| <b>E10</b> | <b>NHS Boards should ensure that all staff covered on Agenda for Change permanent contracts take part in an annual review against a KSF post outline. Information on levels of competence and identified training needs must be made available through Boards recording summary information from at least 80% of development reviews on eKSF by March 2011.</b> |
|------------|---|

**Lead:** **K Small, Director of Organisational Development**  
S Dunne, Deputy Director of Organisational Development

**Measure:**

|          |   |
|----------|---|
| E10.KPM1 | Percentage of staff covered by Agenda for Change terms and conditions who have an agreed KSF personal development plan and review recorded on eKSF. |
|----------|---|

**Trajectory:**

|         |     |
|---------|-----|
| Jun 09  | 1%  |
| Jun 10  | 45% |
| Sept 10 | 55% |
| Dec 10  | 65% |
| Mar 11  | 80% |

**Risk Narrative:**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| Local risks in relation to the delivery of this target include the need to ensure that KSF and e-KSF become part of a new way of working; for staff who have no need to use IT as part of their day to day job using an electronic system will be a challenge.  | Steps to manage these risks will include: the maintenance of a partnership based management approach, ongoing communication around KSF and continued dialogue with managers and staff about their roles and responsibilities in relation to staff development and KSF.<br>Separate arrangement to be put in place for areas where staff have difficulties accessing IT.                                     |
| Encouraging managers and staff to maintain focus and energy on e-KSF in a climate of significant organisational change is also challenging. The need to constantly prioritise resources locally can mean that undertaking PDPs and reviews sometimes takes second place to clinical need, e.g., in times of staff shortage. | Taking into consideration gateway dates managers will be encouraged to plan the undertaking of PDPs and reviews well ahead and across the course of each year.<br><br>Frequent communications to staff and Managers via local channels. Local areas asked to provide monthly updates of progress. Monthly progress report passed to the CMT highlighting areas of concern to enable support to be provided. |
| <b>IT system and resources</b>  | The roll out of internet access to staff as part  |

|  |   |
|--|---|
| <p>E-KSF system updates and changes will have an impact on staff and their level of confidence - system changes must be kept at a minimum.</p>   | <p>of the local e-Health strategy will help address this issue. The speed at which this happens will have an impact on the effective utilisation of e-KSF.<br/>Processes have been put in place agreed with partnership and internal audit to allow paper based Reviews/PDPs to be entered electronically by a third party.</p> |
| <p>There is a need to ensure that staff can access the internet at a time and place that is convenient for them to conduct the review and preparation materials. Availability and access to IT Training Rooms and to facilities that have 'local' internet access for staff will be important.</p> | <p>A paper based system (mirroring the e-KSF system) will be available for all staff unable to access e-KSF while internet access is extended incrementally.</p>  |

### Workforce

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| <p>There is a risk in terms of individuals failing to take personal responsibility for maintaining their knowledge of e-KSF. Many of the staff who were initially trained on e-KSF and have not used the system and have either forgotten or lost the knowledge of how to use e-KSF. Additional support will be required to re-energise the process for at least the next 18 months until the system is fully understood and utilised.</p> <p>At the moment the additional IT training that was provided - such as WEA/Unison programme for absolute beginners using IT &amp; basic IT courses run by our IT department - are no longer available</p> | <p>Ongoing e-KSF training will be provided. For managers and reviewers training time will be minimised and sessions offered as locally as possible.</p> <p>The IT department will continue to offer staff training sessions on e-KSF.<br/>Local experts have been identified in all areas and trained on the system to a high level to allow them to offer additional support to their locality and department.</p> <p>Step by step guides on how to use the e-KSF system for staff, Reviewers and Managers have been produced locally and are available on Firstport.</p> <p>Additional guidance booklet was produced and sent out to every Manager in Lanarkshire.</p> <p>A paper based system will be available for staff in non-IT enabled environments.</p> |
| <p>Managers need to balance of the releasing staff for training to support e-KSF implementation when competing with other priority areas such as statutory and mandatory training initiatives and essential CPD. Additionally staff availability and backfill funding for staff needing released for training will be an issue.</p>   | <p>Ongoing communication with managers will be used to alert them to the need to plan ahead for personal development plan reviews and staff training more rigorously than in the past.</p> <p>In agreement with managers and partnership passwords packs are being issued to staff without them having to attend a training session. Where this is happening Managers have agreed to do 1-1 coaching with their staff on using e-KSF.</p>  |

**Finance**

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| In terms of finance the main need is to fund support staff to manage the e-KSF system and support its implementation, including staff training.  | To date appropriate funding has been made available by the Board to provide the resources needed to train and coach staff and administer the system.   |
| Staffing levels have been reviewed and the temporary funding has been reduced. As the e-KSF system requires ongoing training, local helpline support and queries, there is a need to ensure an ongoing consistency of resources. | There is one substantive KSF post and one temporary post. Additional support at the moment is provided by the training and OD team. Monitoring of activity will continue to ensure the balance of support is adequate. |

**Improvement**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| In terms of sustaining improvement issues include the need to embed the e-KSF process whilst supporting the ongoing development and management of KSF post outlines to ensure they are pertinent to posts, supporting appropriate learning for individuals and continuous development for the organisation. | The KSF (partnership) sub group will continue to monitor progress, support managers and staff with outline development for changing and new posts and provide ongoing training to maintain the new system. Internal education providers, OD and training teams will provide guidance to managers in meeting needs. Overall learning activity will be monitored. |

**Equalities**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| IT access for all staff to be able to use the electronic system | Systems being put in place to allow reviews completed on paper and entered onto the eKSF system |

|           |  |
|-----------|--|
| <b>A8</b> | <b>Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team by 2010/11</b> |
|-----------|--|

**Lead:** **A Lawrie, Director, CHP South**  
 G Smith, Associate Medical Director  
 C Mackintosh, Associate Medical Director  
 P McMenemy, Associate Medical Director

**Measure:**

|         |   |
|---------|---|
| A8.KPM1 | 48 hour access – effectively delivered at Scotland level and therefore now a 'standard'. No trajectory or narrative required. |
|---------|---|

|         |   |
|---------|---|
| A8.KPM2 | <p>Advance booking<br/>                 By 2010 at least 90% of patients respond that they were able to book a consultation with a GP or appropriate healthcare professional more than 2 working days in advance.</p> <p>GP Access survey. A large national postal survey of GP Patients administered by the Scottish Government. This survey has been designed to provide robust estimates at GP practice level. The first NHS Board level survey results were published in June 2009.</p> |
|---------|---|

**Trajectory:**

Year ending

|        | Advance booking |
|--------|-----------------|
| Mar 09 | 69.3%           |
| Mar 11 | 90%             |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| GP Access survey does not provide useful data.       | Methodology of survey designed to produce at least 40% response rate. Numbers of patients per practice are weighted positively for small practices in order to counter bias caused by small sample numbers. |
| GP Access survey does not provide reproducible data. | This will not be quantified until the survey has been run at least twice. Method and testing suggests data will be reproducible and valid.  |

**Workforce**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| NHSL does not directly employ the workforce, and has a contract with the practices, so is not directly exposed to workforce risk. | Ongoing discussions with Local Medical Committee and introduction of national workforce audit in GP via Enhanced Service route. |
| Further training of workforce employed by GPs is required to  | Progress through practice managers forum. Facilitate training to reduce cost to practices.                                      |

|  |                                      |
|--|--------------------------------------|
| achieve targets.   |                                      |
| Further development of practices is required to achieve targets. | Facilitate training to reduce costs. |

**Finance**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| As above, there is no current direct financial risk to NHSL.   | QOF is fully funded in NHSL financial planning, but confirmation of ES funding is required to allow further service development.              |
| Executives may fail to achieve targets which may impact on personal objectives. This is an area where the NHS Board /management has little direct control. | Ongoing discussions with LMC, localities and individual GP practices to feed back on performance and to facilitate changes to improve access. |

**Improvement**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| Response to Influenza A H1N1 and delivery of the immunisation programme may impact on access to practice staff.  | Ongoing discussion with Local Medical Committee around maintaining core medical services. |
| National agreement on relaxation of patient survey achievement threshold contained in H1N1 immunisation DES applies only to practices and not to NHS boards. | Ongoing discussion with Primary Care Directorate on impact of contractual arrangements.   |

**Equalities**

| <b>Risk</b>      | <b>Management of Risk</b> |
|------------------|---------------------------|
| None identified. |                           |

|           |  |
|-----------|--|
| <b>A9</b> | <b>From the quarter ending December 2011, 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</b> |
|-----------|--|

**Lead:** **R Lyness, Director of Acute Services**  
R Garscadden, Head of Planning, Acute Services

**Measure:**

|         |   |
|---------|---|
| A9.KPM1 | <p>Suspicion of cancer referrals – 62 days</p> <p>Number of patients who started treatment during the reporting quarter within 62 days of urgent referral with a suspicion of cancer or referral through A&amp;E, as a percentage of all cancer patients who started treatment during the reporting quarter who were urgently referred with a suspicion of cancer or through A&amp;E.</p> <p>The reported data will include patients with an urgent referral with a suspicion of cancer from screening services from July-September 2010.</p> <p>Tolerance for this target is 5%, (i.e., a 95% operating standard).</p> |
|---------|---|

|         |  |
|---------|--|
| A9.KPM2 | <p>All cancer treatment – 31 days</p> <p>Percentage of cancer patients treated during the reporting period within 31 days of their decision to treat.</p> <p>The reported data will include patients from screening services from July-September 2010.</p> <p>Tolerance for this target is 5% (i.e., a 95% operating standard)</p> |
|---------|--|

**Trajectories:**

A9.KPM1 Suspicion of cancer referrals (62 days):

|         |     |
|---------|-----|
| Jun 10  | 95% |
| Sept 10 | 95% |
| Dec 10  | 95% |
| Mar 11  | 95% |
| Jun 11  | 95% |
| Sept 11 | 95% |
| Dec 11  | 95% |

A9. KPM2 All cancer treatment (31 days):

|         |     |
|---------|-----|
| Jun 10  | 80% |
| Sept 10 | 80% |
| Dec 10  | 85% |

|         |     |
|---------|-----|
| Mar 11  | 90% |
| Jun 11  | 90% |
| Sept 11 | 95% |
| Dec 11  | 95% |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| Electronic capability to track patient journey                   | Patient trackers in place for each tumour type to monitor patient journey and prompt interventions as appropriate. Dialogue commenced with preferred supplier of new Patient Management System (PMS) to achieve benefits realisation of new system (operational during 2011). This will provide functionality to track patients electronically.   |
| Constraints to further improvement of time lined patient journey | Internal constraints identified to improve patient journey. Actions to increase capacity identified for each tumour type and work in progress to implement. This includes staff recruitment, purchase of equipment and improvements in process and practice.<br><br>Introduction of revised GP electronic referral criteria for patients with an "urgent suspicion of cancer" for each tumour type. This will increase potential for patients being placed on the , appropriate pathway. Time lined patient pathways to inform monitoring and intervention as appropriate.<br><br>Investment in additional CT and MRI in 2009/10 to increase capacity and improve access to patients in Monklands/Cumbernauld area. |
| Access to services/capacity provided by other NHS Boards         | Work in progress with NHS Glasgow and Clyde and Golden Jubilee to agree patient pathway for patients that will require referral to a neighbouring NHS Board for diagnostic and/or treatment. This will be reflected in a Service Level Agreement (SLA).   |

**Workforce**

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| Ability to attract, recruit and retain clinical staff. | A funded investment programme has been agreed to recruit additional clinical staff. Recruitment will commence during 2010. This will increase capacity to deliver improved cancer waiting time guarantees. |

**Finance**

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| Available funding to implement investment programme | Budgets increased/redistributed in each Division to enable cancer investment programme to proceed. |

**Improvement**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| Resources to support continued service improvement | The Lean and Service Improvement Programmes are embedded into the work of the Acute and Primary Care Divisions. |

**Equalities**

| <b>Risk</b>                                       | <b>Management of Risk</b>  |
|---|--|
| Ability to maintain equity of access to services. | The cancer service is delivered on a Lanarkshire wide basis. At present some patients have to attend locations other than their local hospital to ensure appropriate clinical consultation. This will continue. In addition, some patients have to travel out with Lanarkshire for diagnostics and /or treatment. This also will continue. In all instances, there is equity of access for patients. |

|            |   |
|------------|---|
| <b>A10</b> | <b>Deliver 18 weeks referral to treatment from 31 December 2011. No patient will wait longer than 12 weeks from referral to a first outpatient appointment from 31 March 2010. No patient will wait longer than 9 weeks from being placed on a waiting list to admission for an inpatient or day case procedure from 31 March 2010.</b> |
|------------|---|

**Lead:** **R Lyness, Director of Acute Services**  
R Garscadden, Head of Planning, Acute Services

**Measures:**

|                  |  |
|------------------|--|
| <b>A10.KPM1a</b> | <p>The following aggregate data is being collected for 18 weeks RTT admitted patients:</p> <ol style="list-style-type: none"> <li>a. Number of clock stops within 18 weeks (126 days) of receipt of referral (known clock start);</li> <li>b. Number of clock stops out with 18 weeks (126 days) of receipt of referral (known clock start)</li> </ol> <p>Admitted performance = <math>(a / (a + b)) * 100</math></p> <p>Trajectories will be agreed as part of the 2010/11 LDP process to ensure improvements in performance that are commensurate with ensuring achievement of the 18 weeks RTT standard by December 2011.</p> <p>Trajectories must be supported by evidence of service re-design and transformation that ensures unnecessary pathways and the highest possible level of performance is achieved.</p> <p>We plan to set the tolerance in 2010.</p> |
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| <b>A10.KPM1b</b> | <p>The following aggregate data is being collected for 18 weeks RTT admitted patients:</p> <ol style="list-style-type: none"> <li>a. Number of clock stops within 18 weeks (126 days) of receipt of referral (known clock start)</li> <li>b. Number of clock stops out with 18 weeks (126 days) of receipt of referral (known clock start)</li> <li>c. Number of clock stops with unknown wait (unknown clock start and patient resident in Board applying clock stop)</li> <li>d. Number of clock stops with unknown wait (unknown clock start and patient not resident in Board applying clock stop).</li> </ol> <p>Admitted completeness = <math>((a + b) / (a + b + c + d)) * 100</math></p> <p>Completeness milestones are as follows:</p> <ul style="list-style-type: none"> <li>• 70% admitted completeness by 31 March 2010</li> <li>• 95% admitted completeness by 31 March 2011</li> </ul> |
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|  | Boards will be asked to provide detailed plans for the implementation and use of Unique Pathway Identified (UCPN) and Clinic Outcome Codes Recording (COCR). COCR plans should include a trajectory. Performance against this will not be part of the HEAT target but will contribute to critical path and trajectory development. |
|--|--|

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| A10.KPM1c | <p>The following aggregate data is being collected for 18 weeks non-admitted patients:</p> <ol style="list-style-type: none"> <li>a. Number of clock stops within 18 weeks of receipt of referral (known clock start)</li> <li>b. Number of clock stops out with 18 weeks of receipt of referral (known clock start)</li> </ol> <p>Non-admitted performance = <math>(a / (a + b)) * 100</math></p> <p>Trajectories will be agreed as part of the 2010/11 LDP process to ensure improvements in performance that are commensurate with ensuring achievement of the 18 weeks RTT standard by December 2011.</p> <p>Given our 12 week target for new outpatients and 4 weeks for key diagnostic tests, high levels of performance will be expected as part of 2010/11 LDP agreement.</p> <p>We plan to set the tolerance in 2010.</p> |
|-----------|--|

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| A10.KPM1d | <p>The following aggregate data is being collected for 18 weeks non-admitted patients:</p> <ol style="list-style-type: none"> <li>a. Number of clock stops within 18 weeks of receipt of referral (known clock start)</li> <li>b. Number of clock stops out with 18 weeks of receipt of referral (known clock start)</li> <li>c. Number of clock stops with unknown wait (unknown clock start and patient resident in Board applying clock stop)</li> <li>d. Number of clock stops with unknown wait (unknown clock start and patient not resident in Board applying clock stop)</li> <li>e. Estimated number of unknown clock stops</li> </ol> <p>Non-admitted completeness = <math>((a + b) / (a + b + c + d + e)) * 100</math></p> <p>Completeness milestones are as follows:</p> <ul style="list-style-type: none"> <li>• 70% non-admitted completeness by March 2010 – aspirational milestone – where this is not possible a revised starting point for 1st April will be agreed as part of the 2010/11 LDP process</li> <li>• 95% non-admitted completeness by March 2011</li> </ul> <p>Boards will be asked to provide detailed plans for the</p> |
|-----------|--|

|  |   |
|--|---|
|  | implementation and use of Unique Pathway Identifier Codes Recording (UCPN) and Clinic Outcome Codes Recording (COCR). COCR plans should include a trajectory. Performance against this will not be part of the HEAT target but will contribute to critical path and trajectory development. |
|--|---|

|          |  |
|----------|--|
| A10.KPM2 | New outpatients – maximum 12 weeks from referral. As this measure is due for delivery by March 2010 it will be a 'standard' in HEAT 2010/11. No trajectory or narrative required.i |
|----------|--|

|          |   |
|----------|---|
| A10.KPM3 | Number of patients waiting more than 9 weeks from placement on waiting list to admission for inpatient / day case treatment |
|----------|---|

**Trajectories:**

A10.KPM1a: Admitted Performance

| Month of treatment |     |
|--------------------|-----|
| Apr 10             | 70% |
| May 10             | 70% |
| Jun 10             | 70% |
| Jul 10             | 70% |
| Aug 10             | 70% |
| Sept 10            | 75% |
| Oct 10             | 75% |
| Nov 10             | 75% |
| Dec 10             | 80% |
| Jan 11             | 80% |
| Feb 11             | 80% |
| Mar 11             | 80% |
| Apr 11             | 80% |
| May 11             | 80% |
| Jun 11             | 85% |
| Jul 11             | 85% |
| Aug 11             | 85% |
| Sept 11            | 90% |
| Oct 11             | 90% |
| Nov 11             | 90% |
| Dec 11             | 95% |

A10.KPM1b: Admitted Completeness

| Month of treatment |     |
|--------------------|-----|
| Mar 10             | 70% |
| Apr 10             | 70% |
| May 10             | 70% |
| Jun 10             | 70% |

|         |     |
|---------|-----|
| Jul 10  | 70% |
| Aug 10  | 70% |
| Sept 10 | 75% |
| Oct 10  | 75% |
| Nov 10  | 75% |
| Dec 10  | 80% |
| Jan 11  | 80% |
| Feb 11  | 80% |
| Mar 11  | 95% |

A10.KPM1c: Non-admitted Performance

|                    |     |
|--------------------|-----|
| Month of treatment |     |
| Apr 10             | 50% |
| May 10             | 50% |
| Jun 10             | 60% |
| Jul 10             | 60% |
| Aug 10             | 60% |
| Sept 10            | 70% |
| Oct 10             | 70% |
| Nov 10             | 70% |
| Dec 10             | 70% |
| Jan 11             | 70% |
| Feb 11             | 70% |
| Mar 11             | 80% |
| Apr 11             | 80% |
| May 11             | 80% |
| Jun 11             | 80% |
| Jul 11             | 80% |
| Aug 11             | 80% |
| Sept 11            | 90% |
| Oct 11             | 90% |
| Nov 11             | 90% |
| Dec 11             | 95% |

A10.KPM1d: Non-admitted completeness

|                    |     |
|--------------------|-----|
| Month of treatment |     |
| Mar 10             | 70% |
| Apr 10             |     |
| May 10             |     |
| Jun 10             |     |
| Jul 10             |     |
| Aug 10             |     |
| Sept 10            | 80% |
| Oct 10             |     |
| Nov 10             |     |
| Dec 10             |     |
| Jan 11             |     |
| Feb 11             |     |
| Mar 11             | 95% |

A10.KPM3: Inpatients & daycases – maximum 9 weeks

|                 |     |
|-----------------|-----|
| As at month end |     |
| Sept 09         | 192 |
| Apr 10          | 0   |
| May 10          | 0   |
| Jun 10          | 0   |
| Jul 10          | 0   |
| Aug 10          | 0   |
| Sept 10         | 0   |
| Oct 10          | 0   |
| Nov 10          | 0   |
| Dec 10          | 0   |
| Jan 11          | 0   |
| Feb 11          | 0   |
| Mar 11          | 0   |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| Compliance by GPs with agreed electronic referral criteria to ensure patient is placed on appropriate pathway. | <p>There is dialogue through 18 weeks RTT Project Board that includes representatives from both Primary and Secondary Care. There is also a GP Lead Forum chaired by Medical Director (Primary Care) through which discussion is initiated and information channelled. There is also dialogue with Local Medical Committee and GP Sub Committee.</p> <p>Referral and other information on individual GP and GP practice and trends are routinely channelled through the above channels. As appropriate they are discussed and as appropriate actions agreed. There is therefore in place a learning mechanism for service improvement, refinement and change.</p> |
| Delivery of new patient booking undertaken at single point with use of evetting.                               | A single Referral Management Service (RMS) is in place in NHSL. Around 70% of new outpatient appointments are booking through this service. This percentage will increase during 2010. An evetting implementation plan has been agreed with all specialties to introduce evetting by end of calendar year 2010.   |
| Variation in GP Referral Pattern to specific specialties   | Closer Working Local Enhanced Service (LES) agreed with Medical Director (Primary Care) and Local Medical Committee. Agreed actions will be implemented from January 2010. The LES agreement will target the five priority specialties namely Orthopaedics, Rheumatology, Dermatology, Gastroenterology and Ophthalmology.  |

|   |   |
|---|---|
|   | Interface arrangements in place to enable dialogue with hospital clinicians.  |
| Ability to track, measure and confirm outcome at each stage of the patient journey.                         | <p>Clinic outcome sheets are in place for all new outpatient appointments. Priority is to achieve 100% compliance by April 2010. In parallel, outcome sheets to include return patients are being introduced with the same timescale for completion and compliance. In addition, this will provide information that will inform changes in process and practice as part of service improvement and shifting the balance of care.</p> <p>Preferred supplier identified for new Patient Management Service (PMS). Dialogue commenced on functionality with particular emphasis on 18 weeks RTT with view to having module available for testing by May 2010 leading to full implementation during 2011. In the interim, Isoft will provide a temporary solution to facilitate patient tracking. The software will be available in early 2010. Full realisation of benefits of the new PMS is a high priority for NHSL with significant work planned during 2010/11.</p> |
| Full implementation of New Ways to include emphasis on patient responsibilities.                            | <p>Compliance with New Ways is a high priority for NHSL in 2010/11. Access Policies have been updated and will be issued during 2010. Those are New Ways compliant and have taken regard of recent New Ways Audits undertaken both locally and nationally. Staff training in New Ways was undertaken in 2009/10. This will be updated and repeated during 2010/11.</p> <p>It is intended during 2010/11 to remind patients of their responsibilities to keep appointments or to notify if unable to attend. The opportunity will also be taken to advise patients that NHSL delivers a Lanarkshire wide service with Golden Jubilee as an extension of that service for selected specialties.</p>   |
| Agreement of the clinical and service model for each specialty in the context of the whole patient journey. | There is work in progress through Lean and Service Improvement Groups for key specialties to agree clinical and service models in context of 18 weeks RTT. Those will be concluded during 2010 and implemented. A key objective is to reduce/eliminate variation in practice and process and introduce consistency with a mechanism for monitoring and review.  |
| Sufficient capacity to ensure delivery within agreed time line of each patient pathway.                     | For key specialties it is acknowledged that further adjustment to the time lined patient pathways will be required. The nature and detail of that represents work in progress. It is anticipated that the solution will be a  |

|               |   |
|---------------|---|
|               | combination of elements including improved process and practice, increased efficiency, service improvement and in some areas increased capacity.  |
| Data quality. | The importance of data quality has been incorporated in the updated Patient Access Policies. Performance measures for data quality will also be introduced from 2010/11 to monitor compliance and evidence performance. |

### Workforce

| Risk   | Management of Risk   |
|--|--|
| Change in roles and responsibilities of administrative and clerical staff.   | In 2009/10 NHSL held a seminar for administrative and clerical staff to advise them of the NHS Boards proposed approach towards implementation of 18 weeks RTT and the impact that would have on staff. Effective communication will continue during 2010/11. Staff representatives are active members of the 18 weeks RTT Project Board and the associated work streams.  |
| Engagement of clinical staff to reduce variation, comply with agreed clinical and service models and utilise IT appropriately and effectively. | Clinical staffs have been involved in the work of Service Improvement Groups to agree clinical and service models and areas identified for improved process and practice and increased efficiency. It is acknowledged that implementing change will be a significant challenge. Job plans and performance management will be used to manage change. Key clinical leaders in NHSL will also be asked to articulate the change agenda and be directly involved in effecting change. NHSL will also look to leaders nationally to deliver a consistent message on the importance of reducing service variation, increasing efficiency and productivity, promoting service improvement and supporting NHS Boards in delivering service change. |
| Introduction of extended roles of clinical staff other than consultant staff.  | To date there have been actions taken to extend the roles of AHP and nursing staff and this will continue. This will form part of the work on developing service models for each specialty. This work has already demonstrated value through introduction of Physician Assistant role which to date has been introduced into Anaesthetics and Orthopaedics with potential for introduction into General Surgery and Ophthalmology.   |

### Finance

| Risk  | Management of Risk  |
|---|---|
| Financial resource to achieve the necessary changes in process and practice as well as capacity to provide patient access at agreed | Clinical involvement in change agenda will require them to be released to enable active participation. This time will be backfilled at a cost to NHSL. Development of the service |

|                                       |  |
|---------------------------------------|--|
| earlier stage in the patient journey. | models is informing change in the patient journey with time lines being revised. The consequence is an increase in capacity to provide earlier access to services/tests. NHSL has adopted Lean methodology that requires engagement with both clinical and non clinical staff. This has benefits but also a cost consequence on an on going basis. |
|---------------------------------------|--|

### Improvement

| Risk   | Management of Risk  |
|--|---|
| Cooperation of clinical and other staff to the change agenda   | Clinical and non clinical staffs are being asked to participate in and as appropriate embrace and implement change. The agenda is significant and support from colleagues is not universal. That can place considerable pressure and demands on key clinicians. NHSL is supporting those key clinicians to take on the additional workload. |
| Operational and service improvement capacity to address the significant change agenda.                   | There is work in progress to unify operational, planning, information and capacity agendas into a single prioritised agenda to take forward 18 Weeks RTT. This will be in place by April 2010 and will be subject to performance monitoring and review.   |
| The range and complexity of guarantees that have to be sustained and delivered within similar timelines. | Single system working is the approach adopted by NHSL with clarity on business priorities across Primary and Secondary Care. This is being managed through n Acute/Primary Care service Improvement Board chaired jointly by the Directors of Acute and CHP.  |

### Equalities

| Risk   | Management of Risk  |
|--|---|
| Ability to deliver equity of access during a period of significant change. | This is being managed through the Acute and CHP Divisions.<br><br>An equality and diversity impact assessment has been completed for the 18 Weeks RTT Programme to ensure equity of access throughout the change programme. |

|            |   |
|------------|---|
| <b>A11</b> | <b>By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery. Waiting times appropriate to alcohol treatment will be defined and incorporated into a target covering both drugs and alcohol by April 2011.</b> |
|------------|---|

**Lead:** **C Sloey, Director – CHP North**  
S Kerr, Head of Planning & Performance – CHP North

**Measures:**

|                 |  |
|-----------------|--|
| <b>A11.KPM1</b> | <p>Referral to Assessment</p> <p>Percentage of clients referred to drug treatment who received a date for assessment that falls within 4 weeks of the date their referral was received.</p> <p>Monitoring will be undertaken to ensure clients wait no longer than 8 weeks from the date of referral received to assessment date offered. LDP trajectories are not required for this maximum wait.</p> <p>Waiting times appropriate to alcohol treatment will be defined and incorporated into a target covering both drugs and alcohol by April 2011 (see A11.KPM3)</p> |
|-----------------|--|

|                 |   |
|-----------------|---|
| <b>A11.KPM2</b> | <p>Assessment to Treatment</p> <p>Percentage of clients referred to drug treatment who received a date for treatment that falls within 4 weeks of the date their care plan was agreed.</p> <p>Monitoring will be undertaken to ensure clients wait no longer than 8 weeks from the date of assessment to treatment date offered. LDP trajectories are not required for this maximum wait.</p> <p>Waiting times appropriate to alcohol treatment will be defined and incorporated into a target covering both drugs and alcohol by April 2011 (see A11.KPM3)</p> |
|-----------------|---|

|                 |  |
|-----------------|--|
| <b>A11.KPM3</b> | <p>There is no performance measure for alcohol treatment services during 2010/11.</p> <p>Waiting times appropriate to alcohol treatment will be defined and incorporated into a target covering both drugs and alcohol by April 2011.</p> <p>Stages of treatment baseline data (referral to assessment and assessment to treatment) will be used to develop an alcohol target for 2011 - 2013. A new database, currently being developed, will monitor progress against referral to treatment from April 2011.</p> <p>Target risk narrative is required.</p> |
|-----------------|--|

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|  | <p>During 2010/11 NHS Boards will:</p> <ol style="list-style-type: none"> <li>1. Develop a data collection system for alcohol treatment services and establish quality assurance procedures by April 2010. The system will measure referral to treatment and include measurement of stages of treatment);</li> <li>2. Develop data definitions/expand and enhance definitions already in NWTF, in line with other NHS Waiting Times definitions by April 2010;</li> <li>3. Provide baseline data of adequate quality by July 2010, which will provide a basis for establishing firmer trajectories for Boards from year two. Baseline data will incorporate stages of treatment only, as it will not be possible to collect referral to treatment data until the new database is established in April 2011;</li> <li>4. Tackle the longest waits appropriately.</li> </ol> <p>National Advisory Group established and taking forward Actions 1, 2 and 3, and make recommendations/offer guidance to Health Boards.</p> <p>NHS Boards will work with Scottish Government and local authorities to set a specific HEAT target on maximum waiting times for access to alcohol treatment for inclusion in HEAT 2011/12. This will be needed by August 2010 at which point we will have arrived at specific waiting time targets for delivery by a specified date.</p> <p>There is anecdotal evidence that the alcohol brief intervention target is resulting in increased demand on alcohol misuse services.</p> |
|--|--|

**Trajectories:**

A11.KPM1 – Referral to Assessment Date Offered

|                              |     |
|------------------------------|-----|
| Assessment in quarter ending |     |
| Jun 09                       | 91% |
| Jun 10                       | 90% |
| Sept 10                      | 90% |
| Dec 10                       | 90% |

A11.KPM2 – Assessment to Treatment Date Offered

|                             |     |
|-----------------------------|-----|
| Treatment in quarter ending |     |
| Jun 09                      | 97% |
| Jun 10                      | 90% |
| Sept 10                     | 90% |
| Dec 10                      | 90% |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| <p>Data which is collected outwith NHS services is not available in 'real time'.</p> <p>NHSL has developed a data capturing method which is providing real time and reliable data for its alcohol and drug services. The introduction of a new national data base may jeopardise a system which is working well locally and can demonstrate that NHSL is exceeding its access targets.</p> | <p>Managers of other services have begun to quality assure the data at a local level and consider how their system can facilitate 'real time' information (this was introduced at an NHSL level in early 2009). Accessing and monitoring of waiting times data in 'real time' will be facilitated by ADP Research &amp; Information Officers in 10/11.</p> <p>The Chair of ADP is on the National Advisory Group for HEAT11 and both ADP Information &amp; Research Information Officers are also represented on the technical subgroup. Opportunities will be explored over the next twelve months at a local and national level to link the national and local systems to ensure that the integrity of the data and access to 'real time' information is not lost.</p> |

**Workforce**

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| <p>The HEAT 11 target reflects the national shift in thinking towards delivering a recovery focused system of care. Staff will require training in this new approach.</p> | <p>A training needs analysis was conducted by STRADA in 2008/09. Recommendations are being considered by our Joint Services Management Boards as to how the ADP Workforce Development strategy should be adapted to reflect the focus on recovery.</p> |

**Finance**

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| <p>CRES – NHS Lanarkshire in keeping with other public sector organisations is required to deliver on a CRES programme in accordance with the constrained financial position.</p> | <p>The NHSL CRES programme incorporates plans to minimise the impact on frontline services. It is likely though that services will still see some adverse changes as a result.</p> |

**Improvement**

| <b>Risk</b>   | <b>Management of Risk</b>  |
|---|--|
| <p>The majority of our services within Lanarkshire treat people with both alcohol and drug problems. Many clients within the drug treatment system are on long term substitute prescribing. Increasing access to the system may increase referrals and impact on the staff's ability to deliver interventions to clients currently managed within it.</p> | <p>A capacity planning exercise within all of our drug and alcohol services is currently being conducted which will take into consideration impact of a 20% increase of referrals as a direct consequence of the ABI programme.</p> <p>We are also conducting a methadone/suboxone audit to identify all patients who have been in the system for over 3 years. We will also explore ways to encourage a "flow through" the system by designing a recovery focused system of care.</p> |

**Equalities**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| Members from our BME communities appear under-represented within our services, concern about the services ability to attract this client group therefore requires consideration. | A BME scoping study was conducted in 09/10. Recommendations from this study are being considered by our Joint Services Management Boards. |

|            |   |
|------------|---|
| <b>A12</b> | <b>My March 2013 no-one will wait longer than 26 weeks from referral to treatment for specialist CAMHS services. During 2010/11 the Scottish Government will work with NHS Boards to develop an access target for psychological therapies for inclusion in HEAT in 2011/12.</b> |
|------------|---|

**Lead:** C Sloey, Director – CHP North  
S Kerr, Head of Planning & Performance – CHP North

**Measure:**

|          |  |
|----------|--|
| A12.KPM1 | <p>Figures for current CAMHS waits published and delivery trajectories agreed April 2010 (this follows the testing period which runs from January to March 2010). Performance measures details to be provided as part of the process to agree trajectories.</p> <p>NHS Boards are required to deliver milestones on defined pathways for psychological therapies and new data sources during 2010/11 to allow specific target on psychological therapies to be included in HEATY 2011/12. Target to set access standard for those requiring access to named psychological therapies.</p> |
|----------|--|

**Trajectory:**

*(to follow after testing period completed end March 2010 – see above)*

|                 |  |
|-----------------|--|
| As at month end |  |
| Jun 10          |  |
| Sept 10         |  |
| Dec 10          |  |
| Mar 11          |  |
| Jun 11          |  |
| Sept 11         |  |
| Dec 11          |  |
| Mar 12          |  |
| Jun 12          |  |
| Sept 12         |  |
| Dec 12          |  |
| Mar 13          |  |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| <p>Clear trajectories need to be established which deliver services within the waiting time referral to treatment guarantee.</p> <p>Clarity is required regarding definitions for referral to treatment particularly in regard to when a referral is active and</p> | <p>Appropriate information management systems need to be established and implemented which allow monthly monitoring, action planning and remedial issues to be addressed in a timely fashion.</p> <p>A local working group has been established to interpret the central guidance, define and agree the definitions and ensure that these definitions are applied consistently.</p> |

|   |  |
|---|--|
| when treatment starts.<br>The variation in Operational Policies across geographic and functional CAMHS teams. | The Clinical Leadership Team in the CAMH service will review the operational policies ensuring that the definitions agreed are applied consistently across all aspects of CAMHS provision. |
|---|--|

**Workforce**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| The ability to recruit appropriately qualified and experienced staff to populate all vacant posts and maximise the potential workforce to deliver the waiting time guarantee. | An active recruitment campaign is underway in relation to the population of the sixth geographic team and the enhanced Psychology inputs to other aspects of the service. Recruitment and training will be monitored by the Clinical Leadership team and imaginative approaches will be taken to ensure all posts are filled. |
| Capacity plans which set out clear capacity and productivity expectations will be further developed.  | Capacity plans will be kept under regular review to ensure that the productivity of all aspects of service provision are maximised. An information management system which is sufficiently sophisticated to identify and record the full range of activity within CAMHS will be developed.                                    |

**Finance**

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| NDP and NES funding allocation basis is changed resulting in the available resource reducing on a recurring basis. | If the current funding streams from NDP /NES are maintained on a recurring basis this is not a significant risk. If the ring fenced funding changes this risk will be significantly escalated. |
| The NHSL CRES Programme and that of partners, is likely to impact in some way on all services.                     |  |

**Improvement**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| Failure to improve access to CAMHS.  | This situation may arise due to the additional investment increasing the referral rate for the latent demand which exists within the Lanarkshire community. The Information Management System will monitor referral rates and ability to meet service demands.  |
| Failure to make a significant contribution to 'Mentally Flourishing Lanarkshire' | Whilst CAMHS is a specialist service the enhancement to the Primary Mental Health Team within the service and the early intervention approach facilitated by this team should result in improved mental health for children and young people across Lanarkshire. Again this will be monitored through the CLG and their interpretation of |

|  |  |
|--|--|
|  | data from the Information Management System. |
|--|--|

**Equalities**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| <p>Failure to implement similar Operational Policies across all aspects of the CAMH services ensuring consistency on a pan Lanarkshire basis.</p> <p>Difficulties in ensuring equality of access to services across the whole population with particular emphasis on hard to reach groups.</p> | <p>This will be addressed through performance monitoring systems and the interrogation of data from the Information Management System. This will be reviewed on a monthly basis by the CLG.</p> |

|           |   |
|-----------|---|
| <b>T6</b> | <b>To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, asthma, diabetes or CHD, from 2006/7 to 2010/11.</b> |
|-----------|---|

**Lead:** **A Lawrie, Director – South CHP**  
 C Cunningham, Head of Planning & Performance, South CHP  
 M McGinty, LTC Project Manager

**Measure:**

|         |   |
|---------|---|
| T6.KPM1 | <p>Numbers of hospital episodes and bed days for specified long term conditions, per 100,000 population. Figures used are annual rates for year ending 31 March. The population denominator is the relevant mid year estimate from GROS (e.g., 2008/09 uses 2008 population).</p> <p>The final target for public reporting will be re-confirmed with each Board in March 2010. NHS Boards will have local plans in place that will describe the various actions in providing anticipatory care, rehabilitation, support for self-management, care at home and other improvements in systems and processes that are expected to reduce admissions and bed days for people with long term conditions.</p> <p>The target will be a percentage reduction from the 2006/07 baseline. This reduction will be agreed with SG and should take account of local ambitions and circumstances.</p> |
|---------|---|

**Trajectory:**

*Year ending:*

|          |       |
|----------|-------|
| March 07 | 2,466 |
| March 08 | 2,463 |
| March 11 | 2,187 |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| Agreement of an NHSL Strategy for Long Term Conditions (LTC).  | Within NHSL there has been a wealth of work undertaken in regard to the management of patients with long term conditions and there has been <b>a very specific focus</b> upon the conditions which are being focused upon within this target. (CHD, Diabetes, Asthma and COPD).<br><br>This process commenced with the production of the NHS Lanarkshire Long Term Conditions Strategy in April 2006 and has been progressed vigorously by the Long Term Conditions Collaborative (LTCC) Programme Board (LTCCPB)] |
| The development of clear and workable plans arising from an assessment of current benchmark performance against expected national standards. |  |
| Engagement with the acute sector with the LTC agenda   |  |
| Engagement of Local Authorities with the LTC agenda.   |  |
| Development of a set of achievable measures as part of LTC Collaborative   |  |

|  |   |
|--|---|
|  | <p>The main features of the work undertaken to date to achieve this target have included:</p> <ul style="list-style-type: none"> <li>a. introduction and roll out of Care Management across all 10 localities in NHS Lanarkshire.</li> <li>b. the development of self management programmes for COPD and Diabetes; and a self management toolkit for chronic pain.</li> <li>c. the ongoing development and use of vibrant Managed Care Networks for Stroke; Diabetes; CHD; Vascular; Respiratory; and Palliative Care;</li> <li>d. the creation of a community based diabetic service including acute &amp; community diabetic nurse specialists, dieticians and podiatrists providing a service in each of the nine localities;</li> <li>e. development of a pilot Telehealth service for COPD patients aimed specifically at reducing demands on secondary care in patient services;</li> <li>f. the Clinical Service Improvement Groups within NHSL have developed clinical models using a whole system approach by means of patient pathways. These models define the overall approach to individual conditions from prevention, assessment, diagnosis, treatment, rehabilitation, management of long-term conditions through to palliative care. The clinical model is based on the health needs of the Lanarkshire population and the desire to improve clinical outcomes using best evidence-based practice regardless of where the service is provided. Key principles of the management of long term conditions such as anticipatory care, supported self management and management of complex care needs have been addressed in the clinical models by the development of a multidisciplinary long term conditions sub group whose purpose is to review each clinical model to ensure that it includes latest evidence on models of care for people with long term conditions.</li> <li>g. the Primary and Community Care Modernisation Plan, approved by the Board in July 2008 setting a clear direction of travel for primary care services and in particular services for patients with long term conditions</li> </ul> |
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|  | <p>H. The Long Term Conditions Collaborative Programme was fully established within NHS Lanarkshire in Oct 09 and has recruited a Programme Manager and Information Manager. The LTCCPB acts as the vehicle for moving this agenda forward and the programme plan supports the delivery of the three workstreams: self management, condition management and complex care.</p> <p>The following developments will assist in supporting people with long term conditions to be supported and managed where appropriate within community rather than acute settings:</p> <p><b>Self Management</b></p> <ul style="list-style-type: none"> <li>• Evaluation and further development of COPD and Diabetes Self Management Programmes and the self management toolkit for chronic pain;</li> <li>• Practitioner training in skills to facilitate self management training;</li> <li>• Development of Personal Health Plans and Anticipatory Care Plans in particular in Nursing and Residential Homes.</li> </ul> <p><b>Condition Management</b></p> <ul style="list-style-type: none"> <li>• Development of disease specific action plans by MCNs, linked to implementation of the Carers information Strategy, with clear recognition of carers as partners in care;</li> <li>• Further development of clinical communities to ensure whole system approach; implementing a partnership approach through engagement at Locality level through Health and Care Partnerships, Joint Services, Public Partnership Fora etc;</li> <li>• Developing frameworks, policies and role descriptions that ensure effective multi-disciplinary and multi-agency working to deliver seamless care;</li> <li>• Clinical Knowledge Update Training Programme for LTC Community Nurses.</li> </ul> <p><b>Complex Care</b></p> <ul style="list-style-type: none"> <li>• Evaluation and further development of Care Management;</li> <li>• The ongoing provision of enhanced GP and associated Primary and Community Care Services to Care Homes;</li> </ul> |
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|  | <p>Implementing the LTC Collaborative Programme requires effective partnership working on a major scale, significant service redesign and staff commitment. In managing this process, the Programme is led by the Director of South Lanarkshire CHP with managerial support.</p> <p>The vital role of carers is recognised in achieving this target. To date 97% of carers have been offered an assessment of their needs and 80% of carers have received an assessment. The approach that has been adopted in delivering support to carers is to actively involve them in a meaningful way in the decision making process that will have an effect on their caring responsibilities. This has resulted in:</p> <ul style="list-style-type: none"> <li>• Carers representatives involved on strategic planning and partnership groups including the Joint Service Management Group, client specific joint service management groups and the Local Partnership Groups. The Chairperson of the South Lanarkshire Carers Network is now a member of the South CHP Operating Management Committee;</li> <li>• Regular consultation taking place with carers through the Princess Royal Trust Lanarkshire Carers Centre and South Lanarkshire Carers Network;</li> <li>• Annual carers conferences on health and social care services;</li> <li>• Involvement in major redesign projects within NHS Lanarkshire.</li> </ul> <p>The NHS Lanarkshire Carers Information Strategy was endorsed by the NHSL Board in March 2007 and subsequently signed off by the Chief Executives of South and North Lanarkshire Councils and the Chairs of South Lanarkshire Carers Network and North Lanarkshire Carers Together.</p> <p>A key action from the Strategy was to set up a carers support team to raise awareness of carers for NHS staff, thereby ensuring that NHS staff inform and support carers. The team has five members of staff with strong roots into carers' organisations and clinical practice within NHS Lanarkshire. Three part time carer co-ordinators will be based at each of the acute hospitals but with strong links into primary care, a clinical secondment into</p> |
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|  | <p>North Lanarkshire Carers Together and a South Lanarkshire Carers Network employee funded by NHS Lanarkshire. The team will be performance managed through linked work plans facilitated by the Carers Advisory Group.</p> <p>Linked with this is the current work to update the Home from Hospital Carers Packs, made available to carers on the discharge of the cared for person. These packs will inform carers about what should happen when the cared for is discharged and the range of services available in the community. They also inform carers re sources of advice on financial benefits, the Princess Royal Trust Carers Centre, and the right to a carer's assessment.</p> |
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### Workforce

| Risk                           | Management of Risk  |
|--------------------------------|---|
| Competing demands on key staff | <p>The deployment of existing Community Nursing Staff has been refocused and aligned into areas of greatest need as a result of demographic profiling of localities. The requirements for additional staffing and skills to underpin strategy implementation will be informed by the outcome of <i>Keep Well</i>, Care Management and supported self management pilots.</p> <p>A significant programme of training and development will be needed to bring about the desired changes, including values based training to support patient and carer empowerment.</p> <p>The training needs analysis is being developed under the auspices of the LTCCPB.</p> |

### Finance

| Risk                                   | Management of Risk   |
|--|--|
| Ongoing costs associated with delivery | <p>Significant investment has already been made by NHSL within the LTC agenda through the Community Nursing Review, self management programmes, telehealth, and so forth. This is documented within the Primary Care Modernisation Plan.</p> <p>Continued implementation of the LTC Strategy through the LTC Collaborative Programme Plan will require further investment over time in addition to the national programme funding.</p> <p>Each element of the programme now has evaluation set alongside the delivery stream</p> |

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|  | <p>to ensure that if and when schemes / pilots are successful that bids which are evidence based can be made to the Board for resources.</p> <p>There remains a firm commitment by the Partnerships to investigating the resources that will be required to ensure that long term changes are made to the service user / carer journey.</p> |
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**Improvement**

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| <p>Demonstrating robust evidence of sustainability of improvements</p> | <p>The LTC Collaborative Programme Board and Core Group with strong membership under Executive Director Leadership and appropriate management support is the key to the change management process, managing risk and delivering this overall improvement programme.</p> <p>To date the work of the LTCC Programme Board has demonstrated very clear deliverables as highlighted above.</p> <p>Clearly defined measures have been developed against each of the key components above in line with national standards that have recently been issued. This work will continue in early 2010 with targets and local trajectories set.</p> <p>There are clear links with the deliverables and work plans of the 18 Week RTT Programme and Emergency Access Programme within NHS Lanarkshire and a matrix of accountability has recently been developed in order to ensure that each programme is clear about what it is required to deliver and by when.</p> |

**Equalities**

| <b>Risk</b>   | <b>Management of Risk</b> |
|---|---------------------------|
| <p>It is not anticipated that the delivery of the target could create unequal health outcomes for the six equalities groups, and/or for people living in socio-economic disadvantage.</p> |                           |

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| <b>T8</b> | <b>Increase level of older people with complex care needs receiving care at home.</b> |
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**Lead:** **A Lawrie, Director – CHP South**  
 C Cunningham, Head of Planning & Performance, CHP South  
 M McGinty, LTC Project Manager

**Measure:**

|         |  |
|---------|--|
| T8.KPM1 | <p>Increase the percentage of older people with complex care needs who are cared for at home. Older people with complex care needs are defined as people aged 65 and over who are:</p> <ul style="list-style-type: none"> <li>o receiving 10+ hours of homecare (purchased or provided by LA);</li> <li>o Resident in Care Home;</li> <li>o Resident long term in hospital.</li> </ul> <p>The 2004 Spending Review set a target of 30%. National performance at April 2008 stood at 32%.</p> <p>Locally set target but expectation that the percentage of people with intensive care needs cared for at home will rise (taking into account latest local performance, 30% national target for April 2008, and 32% national performance). Public reporting against 2010/11 will be against the levels agreed in the LDP trajectory.</p> <p>This is a measure that will involve partnership working across health and local authorities – both in practice and in data collection.</p> <p>This measure is in Scotland Performs.</p> <p>This is an interim measure. A review of the format of this measure is underway with the aim of developing a better (outcome focused) measure, possibly using the Indicator of Relative Need (IoRN) to identify people with complex care needs living at home. Any revised measure devised will be introduced for 2011/12 onwards.</p> |
|---------|--|

**Trajectory:**

|          |     |
|----------|-----|
| March 03 | 36% |
| March 04 | 36% |
| March 05 | 38% |
| March 06 | 39% |
| March 07 | 39% |
| March 08 | 40% |
| March 10 | 40% |
| March 11 | 40% |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>   | <b>Management of Risk</b>   |
|---|---|
| <p>Achievement of target is dependent on strong partnership working and cannot be met by NHSL alone</p> | <p>In North and South Lanarkshire, there are Joint Governance and Accountability Arrangements that set out clear structures and working arrangements and supports for front line health and local authority staff in jointly achieving better outcomes for those with the most complex needs. The staff use SPARRA data and local intelligence to identify clients who require a joint response to best meet their needs. These clients are then discussed at Locality Planning Groups and care packages are put in place to support them. Staff have delegated authority to allocate resources such as home care hours and equipment so there is no unnecessary lag time in putting packages in place.</p> <p>North Lanarkshire is an Early Implementer Site for the National Community Care Outcomes Framework. Work is also currently ongoing looking at embedding an outcomes focus in assessment and care planning across North and South Lanarkshire partners.</p> <p>Joint training for LTC Community Nurses and Social Care staff in an outcome focused approach to care planning have taken place and are highly valued by staff.</p> <p>These measures will assist us in supporting greater numbers of older people with complex needs at home.</p> <p>The Clinical Service Improvement Groups within NHSL have developed clinical models using a whole system approach by means of patient pathways. These models define the overall approach to individual conditions from prevention, assessment, diagnosis, treatment, rehabilitation, management of long-term conditions through to palliative care. The clinical model is based on the health needs of the Lanarkshire population and the desire to improve clinical outcomes using best evidence-based practice regardless of where the service is provided.</p> <p>Key principles of the management of long term conditions such as anticipatory care, supported self management and management of complex care needs have been addressed in the clinical models by the development of a multidisciplinary long term conditions sub</p> |

|  |   |
|--|---|
|  | <p>group whose purpose is to review each clinical model to ensure that it includes latest evidence on models of care for people with long term conditions.</p> <p>As part of the LTC Collaborative Programme within NHS Lanarkshire, Complex Care is an identified work stream and will support people with complex care needs to be supported at home.</p> <p>Developments include:</p> <ul style="list-style-type: none"> <li>• The progressive extension of Care Management and use of proactive case finding using SPARRA data and clinical judgment across all 10 localities;</li> <li>• Undertaking new 'reablement' projects in both North and South Lanarkshire, thereby increasing the potential independence/rehabilitation of people, and subsequently reducing the reliance on home care and other supports ;</li> <li>• Further development and evaluation of the Care Homes Project and Medicine Reconciliation Project;</li> <li>• Development and implementation of Anticipatory Care Plans for patients in Care Homes;</li> <li>• Development and implementation of Palliative Care Services in line with the Living and Dying Well Action Plan.</li> </ul> <p>The vital role of carers is recognised in achieving this target. To date 97% of carers have been offered an assessment of their needs and 80% of carers have received an assessment. The approach that has been adopted in delivering support to carers is to actively involve them in a meaningful way in the decision making process that will have an affect on their caring responsibilities. This has resulted in:</p> <ul style="list-style-type: none"> <li>• Carers representatives involved on strategic planning and partnership groups including the Joint Service Management Group, client specific joint service management groups and the Local Partnership Groups. The Chairperson of the South Lanarkshire Carers Network is now a member of the South CHP Operating Management Committee;</li> <li>• Regular consultation taking place with carers with two significant consultation exercises having been carried out in 2007 through the Princess Royal Trust</li> </ul> |
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|  | <p>Lanarkshire Carers Centre and South Lanarkshire Carers Network;</p> <ul style="list-style-type: none"> <li>• Annual carers conferences on health and social care services;</li> <li>• South Lanarkshire Carers Network is celebrating its 10th anniversary in 2008;</li> <li>• Involvement in major redesign projects within NHS Lanarkshire;</li> <li>• Carers were instrumental in the development of the new Carers Strategy for South Lanarkshire 2006-2009 and its action plan.</li> </ul> <p>The NHS Lanarkshire Carers Information Strategy was endorsed by the NHSL Board in March 2007 and subsequently signed off by the Chief Executives of South and North Lanarkshire Councils and the Chairs of South Lanarkshire Carers Network and North Lanarkshire Carers Together.</p> <p>A key action from the Strategy was to set up a carers support team to raise awareness of carers for NHS staff, thereby ensuring that NHS staff inform and support carers. The team has five members of staff with strong roots into carers' organisations, and clinical practice within NHS Lanarkshire. Three part time carer co-ordinators will be based at each of the acute hospitals but with strong links into primary care, a clinical secondment into North Lanarkshire Carers Together and a South Lanarkshire Carers Network employee funded by NHS Lanarkshire. The team will be performance managed through linked work plans facilitated by the Carers Advisory Group.</p> <p>Linked with this is the current work to update the Home from Hospital Carers Packs, made available to carers on the discharge of the cared for person. These packs will inform carers about what should happen when the cared for is discharged and the range of services available in the community. They also inform carers re sources of advice on financial benefits, the Princess Royal Trust Carers Centre and the right to a carer's assessment.</p> |
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**Workforce**

| Risk                           | Management of Risk  |
|--------------------------------|---|
| Competing demands on key staff | Workforce requirements will be set in the context of the community nursing manpower plan and further work on clinical and service |

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|  | <p>models around the interface between health and social care.</p> <p>A joint approach will be adopted where appropriate to training of both health and social care staff in the implementation of Care Management.</p> |
|--|---|

**Finance**

| <b>Risk</b>                             | <b>Management of Risk</b>  |
|---|--|
| Ongoing costs associated with delivery. | Financial arrangements to support achievement of this target will be determined in partnership with local authorities. This is in the context of the medium term financial strategies agreed by the Partnerships, the increased investment in community nursing through the community nursing manpower plan and the alignment of nursing and home care services. |

**Improvement**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| Demonstrating robust evidence of sustainability of improvements. | Performance of NHS Lanarkshire is only one contributing factor to the delivery of this target. Other key factors are the performance of local authorities and inter-agency partnerships. The LTC Collaborative Programme Board and Core Group, with strong membership under Executive Director leadership and appropriate management support, is key to the change management process, managing risk and delivering this overall improvement programme. This also links closely with deliverables and workplans of the 18 week RTT Programme and Emergency Access programme within NHS Lanarkshire. |

**Equalities**

| <b>Risk</b>   | <b>Management of Risk</b> |
|---|---------------------------|
| It is not anticipated that the delivery of the target could create unequal health outcomes for the six equalities groups, and/or for people living in socio-economic disadvantage |                           |

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|-----------|--|
| <b>T9</b> | <b>Each NHS Board will achieve agreed improvement in the early diagnosis and management of patients with dementia by March 2011.</b> |
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**Lead:** **C Sloey, Director – CHP North**  
 S Kerr, head of Planning & Performance, CHP North  
 M McLaughlin, Clinical Lead, Old Age Psychiatry  
 E Wilson, Locality General Manager

**Measure:**

|         |  |
|---------|--|
| T9.KPM1 | <p>Number of people with a diagnosis of dementia on the QOF dementia register.</p> <p>Following the review of target trajectories, NHS Boards' targets have now been revised to take account of the age-sex structure of NHS Boards' population.</p> |
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**Trajectory:**

*Year ending:*

|          |          |          |          |
|----------|----------|----------|----------|
| March 07 | March 08 | March 09 | March 11 |
| 2,838    | 2,946    | 2,998    | 3,774    |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| Increased referrals to specialist services.  | <p>Development day has taken place to confirm and clarify referral routes and diagnosis pathways.</p> <p>Clinical Leadership Group will continue to monitor local activity and take corrective action where necessary.</p>  |
| Difficulties in implementation of identified service developments due to current financial situation | <p>Ensure all pilot schemes/initiatives will be subject to LEAN methodologies prior to implementation to reduce waste and duplication of services.</p> <p>Robust cost benefit analysis of need will be undertaken for all proposed initiatives to support and identify priority.</p> <p>Old Age Clinical Leadership Group will monitor and evaluate any proposed development.</p> |

**Workforce**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| Engagement with front line staff and General Practitioners | <p>Communication events to be organised for both front line staff and General Practitioners to raise awareness of the Dementia HEAT target and update groups on work to date.</p> |

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| Inequity of current service provision across Lanarkshire | Utilising the IST Mental Health DCAQ tool to identify service demand, delivery and capacity to ensure effective service response within existing resources. |
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### Finance

| Risk  | Management of Risk  |
|---|---|
| NHS Lanarkshire, in keeping with other public sector organisations, is required to meet agreed targets within the constrained financial position. | <p>Review and rationalise nursing and AHP workforce to provide effective and efficient service delivery.</p> <p>The CRES Programme may impact on our ability to meet this target.</p> |

### Improvement

| Risk  | Management of Risk   |
|---|--|
| Possible unwillingness to confirm diagnosis of dementia within Care Homes due to implications of conflict in Care Commission standards. | <p>Initiate contact with Care Commission to identify agree a support plan to ensure appropriate safe evidence based care.</p> <p>Undertake review of Care Homes within one identified locality to determine possible unconfirmed diagnosis of dementia and impact on service delivery.</p> |
| Patients currently receiving dementia care interventions without confirmed diagnosis.   | <p>Implement pilot schemes across two identified localities in order to develop pathway of support that ensures diagnosis is recorded and the appropriate clinical standards of care are applied.</p> <p>The agreed pilots will map ICD 10 codes to dementia READ code.</p>                |

### Equalities

| Risk  | Management of Risk   |
|---|--|
| Lack of dementia awareness across services that do not routinely provide direct care. | Development of a Dementia Resource pack for staff and service users to be disseminated in conjunction with awareness raising sessions. |
| Potential for people within hard to reach groups not having equal access to services. | Further develop education programme in collaboration with Acute services.  |

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| <b>T10</b> | <b>To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&amp;E, between 2007/08 and 2010/11.</b> |
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**Lead:** **R Lyness, Director, Acute Division**  
 C Sloey, Director, CHP North  
 A Lawrie, Director, CHP South  
 R Garscadden, Head of Planning & Performance, Acute Division  
 S Kerr, Head of Planning & Performance, CHP North  
 C Cunningham, Head of Planning & Performance, CHP South

**Measure:**

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| <b>T10.KPM1</b> | <p>We will continue to monitor the numbers of A&amp;E attendances, per 100,000 population. We will agree reductions and the timescales for delivering these with NHS Boards to enable a specific target to be set in November 2010. There are key milestones that NHS Boards will be expected to demonstrate progress against, in lieu of a quantifiable target for this year.</p> <p><u>Milestones</u></p> <p>EADT has identified a number of milestones which NHS Boards will be asked to work towards as part of the revised T10 Heat target.</p> <p>(i) Full map of patient flows (pathway and activity analysis by condition and patient group into unscheduled care linked to an analysis of frequent attendees at A&amp;E. <i>Outcome:</i> system wide understanding of how patients access unscheduled care services<br/> <b>By December 2009</b></p> <p>(ii) From local analysis of attendances at A&amp;E agreement with partners (SAS, NHS 24, CHP and OOHs etc) on the priority patient groups/ themes to be addressed in the local action plan. <i>Outcome:</i> T10 action plan that is focused on the needs of these groups of patients.<br/> <b>By January 2010</b></p> <p>(iii) Analysis of why patients access A&amp;E locally (building on the Lothian qualitative study or similar). <i>Outcome:</i> clear understanding of why individuals attend A&amp;E<br/> <b>February 2010</b></p> <p>(iv) Provide GP Practices with relevant monthly reports on A&amp;E attendees and OOH, and link that information to the outcomes of the GP access survey. Reports may include demographic/deprivation (SIMD) information, rates of attendances, emergency and elective admissions and comparisons across localities.<br/> <b>February 2010</b></p> <p><i>Outcome:</i> Board action plans that include a focus on practices that are outliers in terms of A&amp;E attendances, ensuring, for example, that there are sufficient planned and urgent appointments available, especially in areas of high deprivation. Making effective use of minor injuries units/community hospitals for urgent care would also be an important aspect of the action plan. <b>May 2010</b></p> <p>(v) NHS 24 and individual Boards to ensure that information given to patients by NHS 24 about routes to alternative services</p> |
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|  | <p>locally is accurate and for this to be jointly monitored. <i>Outcome:</i> patients are accurately sign posted to local services (accuracy should not depend on whether or not the call is answered locally or centrally).<br/><b>From January 2010</b></p> <p>(vi) SAS and individual Boards (together with community safety partners) to agree local protocols for alternative places of safety and to analyse the potential to extend 'see and treat'. <i>Outcome:</i> reduction in the number of people taken to A&amp;E as a place of safety by the police. Increase in the number of people who did not attend A&amp;E as they were treated by the SAS in the community and monitor outcomes.<br/><b>From January 2010</b></p> <p>(vii) Develop local social marketing approaches based on the learning from the NHS Grampian 'know who to turn to' campaign and from local work under (iii). <i>Outcome:</i> increased public awareness of how to best access health care leading to reductions in patients attending A&amp;E for conditions that could be better treated elsewhere; and increased awareness by professionals and staff about appropriate routes of entry into unscheduled care.<br/><b>From March 2010</b></p> <p>(viii) Improve mental health liaison and addiction services by:</p> <ul style="list-style-type: none"> <li>• involving mental health clinicians and managers in A&amp;E breach analysis for core sites, concentrating initially on sites with difficulty sustaining 98% compliance</li> <li>• agreeing and working towards implementation of mental health quality standards for the time taken to assess A&amp;E attendees</li> <li>• reviewing local arrangements for alcohol services including alcohol liaison service to core sites, and speed of access to community alcohol services after A&amp;E attendance</li> <li>• reviewing mental health service provision for core sites by age bands</li> <li>• reviewing alternative (i.e out of hospital) urgent mental health service provision with a specific focus on Sunday-Monday 0900 - 2100</li> </ul> <p style="text-align: right;"><b>From May 2010</b></p> |
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**Trajectory:**

|         |       |
|---------|-------|
| Mar 09  | 3,222 |
| Apr 09  | 3,114 |
| May 09  | 3,197 |
| Jun 09  | 3,176 |
| Jul 09  | 2,967 |
| Aug 09  | 2,988 |
| Apr 10  | 2,825 |
| May 10  | 3,118 |
| Jun 10  | 2,949 |
| Jul 10  | 2,798 |
| Aug 10  | 2,825 |
| Sept 10 | 2,843 |
| Oct 10  | 2,688 |
| Nov 10  | 2,747 |
| Dec 10  | 2,787 |

|        |       |
|--------|-------|
| Jan 11 | 2,594 |
| Feb 11 | 2,505 |
| Mar 11 | 2,886 |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| <p>Ability to reduce number of patients attending Accident and Emergency</p> | <p>A mechanism has been introduced for the capture and reporting of referral and activity information on a daily basis. Fortnightly meetings of multi professional group to assess and analyse activity and other relevant information.</p> <p>Establishment of Emergency Referral Centre (ERC) to provide single access point for General Practitioners with opportunity to offer alternative options to attendance at hospital (an electronic directory of services is in place that can be accessed by GPs).</p> <p>Triage options under consideration to ensure appropriate streaming and counting of patients. A pilot of initial clinical assessment of patients presenting at Accident &amp; Emergency to stream patients into alternative clinical pathways has commenced in 2009/10, and this will be rolled out to all sites in 2010/11, subject to successful evaluation.</p> <p>Implementation of Integrated Care Management across all localities. Impact under review together with potential for development of infrastructure, capability and improved competence. PIMS used for data capture to quantify care management activity introduced across all localities to support analysis of admission and discharge to care management activity, percentage of case load being care managed and the explanation for case management e.g complex needs.</p> <p>Referral information and trends routinely shared with colleagues in General Practice to increase awareness of referral patterns and to use information as basis of discussion on options to avoid presentation at hospital.</p> <p>Awareness training and support to staff employed in private nursing homes to enable clients to receive support and care as appropriate in the nursing home environment. In addition, nine anticipatory care pilots in place in nursing homes across Lanarkshire aimed at improving understanding of patients</p> |

|   |   |
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|   | needs and capturing that in patient plans. Potential to role out if subject to successful evaluation. This has benefited also from linking of General Practitioners to individual nursing home premises.  |
| Extent to which patients receive support in community settings thereby avoiding admission | Improvement programmes in place to support development of self management accompanied by investment in clinical staff.  |
| Effective single system working within and between Partner agencies.                      | Improved integrated working through agreed single communication channels with colleagues in Primary and Secondary Care, Local Authorities, Independent Sector and Voluntary Organisations.  |
| Pace of change to reshape Care for Older People   | A consensus in place on the clinical model for Older People. A mechanism in place for dialogue with Partner Agencies to agree service model and priority plan for implementation. Recognition of importance of prioritised pathway work streams including proactive anticipatory care, effective care at times of transition and interventions that maximise potential for patients to return home. |

#### Workforce

| Risk   | Management of Risk  |
|--|---|
| Retention and recruitment of staff with appropriate skills and competencies. | Development opportunities for staff to develop skills and competencies. Person Centred Outcomes Training provided for health and social work staff. |

#### Finance

| Risk   | Management of Risk   |
|--|--|
| Ability to fund pilot and service improvement programmes | Priority funding identified to enable programmes to continue. Continued funding linked to successful evaluation. |

#### Improvement

| Risk   | Management of Risk  |
|--|---|
| Linking service improvement to operational priorities. | Lean methodology being used to review role and responsibilities of community teams to improve process and practice and more clearly define roles and responsibilities.<br><br>Linking together service improvement initiatives to interface more effectively with operational management. |

#### Equalities

| Risk             | Management of Risk   |
|------------------|--|
| Equity of Access | Lanarkshire wide approach with lessons learned and good practice adopted which is reflected across the area. |

|            |  |
|------------|--|
| <b>T11</b> | <b>To reduce all <i>staphylococcus aureus</i> bacteraemia (including MRSA) by 30% by 31 March 2010 and to achieve a further reduction in cases of 15% by 31 March 2011; and to reduce rate of <i>C diff</i> infection in patients aged 65 and over by at least 30% by 31 March 2011.</b> |
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**Lead:** **A Graham, Medical Director**  
 A Armstrong, Associate Nurse Director  
 H Gourlay

**Measure:**

|          |   |
|----------|---|
| T11.KPM1 | All NHS Boards will be set a target to reduce by 15% all <i>staphylococcus aureus</i> bacteraemias (including MRSA) by 31 March 2011. |
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**Trajectory:**

MRSA / MSSA bacterium: 15% reduction:

|        |         |        |        |        |
|--------|---------|--------|--------|--------|
| Mar 06 | Jun 07  | Sep 07 | Dec 07 | Mar 08 |
| 254    | 215     | 245    | 260    | 254    |
| Jun 08 | Sept 08 | Dec 08 | Mar 09 | Jun 09 |
| 256    | 220     | 214    | 204    | 190    |
| Mar 10 | Jun 10  | Sep 10 | Dec 10 | Mar 11 |
| 167    |         |        |        | 142    |

**Measure:**

|          |   |
|----------|---|
| T11.KPM2 | NHS Boards will work to individual targets which will result in a national reduction in the rate of <i>C diff</i> infections in patients aged 65 and over by at least 30% by 31 March 2011. |
|----------|---|

**Trajectory:**

*C diff* infections: 30% reduction:

|         |         |        |        |        |
|---------|---------|--------|--------|--------|
| Mar 08  | Sept 08 | Dec 08 | Mar 09 | Jun 10 |
| 1.84    | 1.62    | 1.45   | 1.09   | 1.24   |
| Sept 10 | Dec 10  | Mar 11 |        |        |
| 1.16    | 1.08    | 1.00   |        |        |

**Risk Narrative:**

**Delivery**

| Risk  | Management of Risk   |
|---|--|
| NHSL may not meet the SABs trajectory for March 2010 which may impact on trajectory for 2011. | NHSL SAB compliance group will continue to drive improvement towards trajectory utilising the continuous improvement action plan developed in conjunction with NHS QIS and HPS and the local enhanced surveillance database. |
| Inconsistent monitoring of PVC documentation and roll out of                                  | SPS Manager working in conjunction with ICT to prioritise implementation of PVC care   |

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| <p>PVC bundles currently restricted to known hot spots.</p> <p>Surveillance not being adequately used to improve clinical practice and reduce SABs prevalence.</p> <p>Lack of awareness of new antimicrobial policies.</p> <p>Lack of staff to provide secondary check/prompts.</p> <p>Lack of confidence to challenge/review.</p> <p>National MRSA screening programme being implemented in 2010 and potential for lack of single rooms to isolate those identified as positive.</p> <p>HEI Inspections have the potential to report shortfalls in the environment and clinical practice which could cause adverse media interest.</p> | <p>bundles. 3 part time secondment posts now filled to assist the charge nurses to drive the implementation and monitoring process forward.</p> <p>Enhanced C diff surveillance nurse now applying same model to enhanced review of SAB cases and providing feedback to the clinical areas.</p> <p>Better organisational cascade of key information to reach frontline prescribers via education, launches of policies etc.</p> <p>Additional resources/Clinical Pharmacists required for daily ward visits to challenge inappropriate antimicrobial prescribing.</p> <p>Better empowerment of prescribing/nursing staff to take responsibility for appropriate antimicrobial prescribing directly affecting patient care.</p> <p>NHSL are going to review the use of single rooms and placement of those testing positive for MRSA.</p> <p>HEI Inspection steering group continues to support improvement and education continues for all staff groups.</p> |
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### Workforce

| Risk  | Management of Risk  |
|---|---|
| <p>Loss of Infection Control staff continues to contribute to recruitment and retention challenges of a skilled workforce</p> | <p>Service review has identified 2 new band 5 posts which will contribute to skill mix and relieve the pressure of vacant posts in the future</p> <p>Senior charge nurse objectives for Infection Control will improve integration of Infection Control measures in clinical areas.</p> |

### Finance

| Risk  | Management of Risk  |
|---|---|
| <p>No financial risks identified at present for the service though future savings required by stakeholders may reduce flexibility and resources to assist and support the HAI agenda.</p> | <p>Continue to monitor service development against allocated funds and stakeholder support.</p> |

**Improvement**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| <p>Infection Control Education for staff not as Effective as it could be.</p>              | <p>Training needs analysis undertaken in conjunction with University West of Scotland and an HAI Learning strategy group convened to review education methodology and produce an education and learning strategy.</p>                     |
| <p>Changes in Epidemiology of Clostridium difficile- strains with increased virulence.</p> | <p>Enhanced surveillance nurse conducts a 'look back ' of all Cdiff cases and provides a report to ward staff for further action, working in conjunction with the antimicrobial pharmacist regards antibiotic prescribing compliance.</p> |

**Equalities**

| <b>Risk</b>  | <b>Management of Risk</b>   |
|--|---|
| <p>The language the of Infection Control Information leaflets may not meet the needs of the wide range of non English speaking groups utilising the service.</p> | <p>The ICT continue to Liaise with the Head of Patient Affairs and the Patient Information Manager to ensure all information is available in identified core languages and formats.</p> |
| <p>Location of Hand Hygiene products which comply with the Disability Scotland Act requirements.</p>   | <p>PSSD are consulted with regards the placement of all products to meet these requirements.</p>  |

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| <b>T12</b> | <b>By 2010/11, NHS Boards will reduce the emergency inpatient bed days for people aged 65 and over by 10% compared to 2004/05</b> |
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**Lead:** **A Lawrie, Director, CHP North**  
 C Cunningham, Head of Planning & Performance, CHP South  
 M McGinty, LTC Project Manager

**Measure:**

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| T12.KPM1 | <p>Occupied emergency bed days, in acute specialties, for patients aged 65+ per 1000 population aged 65+.</p> <p>Multiple emergency admissions will continue to be monitored through HEAT as a supplementary measure and will be published in Scotland Performs as a National Indicator.</p> <p>Work is underway to develop a target and performance measure for appropriate anticipatory action for those at risk of emergency multiple admissions for HEAT 2010/11.</p> |
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**Trajectory:**

Year ending:

|        |        |        |        |        |
|--------|--------|--------|--------|--------|
| Mar 05 | Mar 06 | Mar 07 | Mar 10 | Mar 11 |
| 3,515  | 3,245  | 2,945  | 2,823  | 3,164  |

**Risk Narrative:**

**Delivery**

| <b>Risk</b>  | <b>Management of Risk</b>  |
|--|--|
| <p>Lack of a strategy to consider the management of patients with long term conditions that make up the majority of emergency patient admissions.</p> <p>Lack of a coherent plan to address the need to reduce bed days based upon current performance.</p> <p>Lack of a coherent plan to address the current differences in performance between CHPs and respective localities.</p> | <p>Within NHSL there has been a wealth of work undertaken in regard to the management of patients with long term conditions who in the main make up the majority of inpatient emergency admissions.</p> <p>This process commenced with the production of the NHS Lanarkshire Long Term Conditions Strategy in April 2006 and has been progressed vigorously by the Long Term Conditions Collaborative (LTCC) Programme Board (LTCCPB)</p> <p>The main features of the work undertaken to date to achieve this target have included:</p> <p>a. introduction and roll out of Care Management across all 10 localities in NHS Lanarkshire.</p> <p>b. the development of self management programmes for COPD and Diabetes; and a</p> |

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|  | <p>self management toolkit for chronic pain.</p> <p>c. the ongoing development and use of vibrant Managed Care Networks for Stroke; Diabetes; CHD; Vascular; Respiratory; and Palliative Care.</p> <p>d. the creation of a community based diabetic service including acute &amp; community diabetic nurse specialists, dieticians and podiatrists providing a service in each of the nine localities.</p> <p>e. development of a pilot Telehealth service for COPD patients aimed specifically at reducing demands on secondary care in patient services.</p> <p>f. the Clinical Service Improvement Groups within NHSL have developed clinical models using a whole system approach by means of patient pathways. These models define the overall approach to individual conditions from prevention, assessment, diagnosis, treatment, rehabilitation, management of long-term conditions through to palliative care. The clinical model is based on the health needs of the Lanarkshire population and the desire to improve clinical outcomes using best evidence-based practice regardless of where the service is provided. Key principles of the management of long term conditions such as anticipatory care, supported self management and management of complex care needs have been addressed in the clinical models by the development of a multidisciplinary long term conditions sub group whose purpose is to review each clinical model to ensure that it includes latest evidence on models of care for people with long term conditions.</p> <p>g. the Primary and Community Care Modernisation Plan, approved by the Board in July 2008 setting a clear direction of travel for primary care services and in particular services for patients with long term conditions.</p> <p>H. The Long Term Conditions Collaborative Programme was fully established within NHS Lanarkshire in Oct 09 and has recruited a Programme Manager and Information Manager. The LTCCPB acts as the vehicle for moving this agenda forward and the programme plan supports the delivery of the three workstreams: self management, condition management and complex care.</p> |
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|  | <p>The following developments will assist in supporting people with long term conditions to be supported and managed where appropriate within community rather than acute settings:</p> <p><b>Self Management</b></p> <ul style="list-style-type: none"> <li>• Evaluation and further development of COPD and Diabetes Self Management Programmes and the self management toolkit for chronic pain;</li> <li>• Practitioner training in skills to facilitate self management training;</li> <li>• Development of Personal Health Plans and Anticipatory Care Plans in particular in Nursing and Residential Homes.</li> </ul> <p><b>Condition Management</b></p> <ul style="list-style-type: none"> <li>• Development of disease specific action plans by MCNs, linked to implementation of the Carers information Strategy, with clear recognition of carers as partners in care;</li> <li>• Further development of clinical communities to ensure whole system approach; implementing a partnership approach through engagement at Locality level through Health and Care Partnerships, Joint Services, Public Partnership Fora etc;</li> <li>• Developing frameworks, policies and role descriptions that ensure effective multi-disciplinary and multi-agency working to deliver seamless care;</li> <li>• Clinical Knowledge Update Training Programme for LTC Community Nurses.</li> </ul> <p><b>Complex Care</b></p> <ul style="list-style-type: none"> <li>• Evaluation and further development of Care Management;</li> <li>• The ongoing provision of enhanced GP and associated Primary and Community Care Services to Care Homes.</li> </ul> <p>Implementing the LTC Collaborative Programme requires effective partnership working on a major scale, significant service redesign and staff commitment. In managing this process, the Programme is led by the Director of South Lanarkshire CHP with managerial support.</p> |
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|  | <p>In order to continue with the downward trend in bed days account is required to be taken of:</p> <p>a. The significant difference in readmission rates between North and South Lanarkshire, reflective of the high levels of deprivation in many areas within North Lanarkshire;</p> <p>b. The significantly lower readmission rates in the rural (Clydesdale) area of South Lanarkshire;</p> <p>The specific actions in place here are to:</p> <ul style="list-style-type: none"> <li>• Review and consider the outputs from the evaluation of the care management pilots and how the use of care management can aid the reduction in inpatient bed days;</li> <li>• Systematically use and incorporate into daily working practice the use of SPARRA data, which enables the identification and targeting of patients with the most complex needs in the community and interventions to prevent inappropriate care;</li> <li>• Analyse data on emergency admissions for 'preventable conditions' by locality for each CHP area. Nineteen ambulatory care sensitive conditions are covered. The top 2 are COPD and Influenza/Pneumonia, both for admission and bed days. Influenza/Pneumonia is the predominant condition for both in North Lanarkshire; COPD predominates in South. Linkage between this data and SPARRA is of vital importance;</li> <li>• Linkage between this data and SPARRA will be used to inform interventions that avoid inappropriate hospital admission/readmission;</li> <li>• Give further impetus to the alignment of out of hours nursing and home care services;</li> <li>• Build upon the significant improvement in the support given to care homes by Primary and Community Care services. Undertake specific analysis on</li> </ul> |
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|  | <p>admissions from care homes to identify opportunities to reduce emergency admission/readmission. This builds on the LES whereby one practice has responsibility for providing these services to a specific care home or group of care homes, supported by aligned District Nurses and care home liaison nurses;</p> <ul style="list-style-type: none"> <li>• Pilot and implement the use of Anticipatory Care Plans within Care Homes across Lanarkshire to promote and enable an anticipatory approach to care which will facilitate improved patient choice in preferred place of care and preferred place of death.</li> </ul> <p>These initiatives should cumulatively produce a reduction in emergency inpatient bed days even if, as maybe the case initially in care management, they produce an increase in admissions/readmissions.</p> <p>The vital role of carers is recognised in achieving this target. To date 97% of carers have been offered an assessment of their needs and 80% of carers have received an assessment. The approach that has been adopted in delivering support to carers is to actively involve them in a meaningful way in the decision making process that will have an affect on their caring responsibilities. This has resulted in:</p> <ul style="list-style-type: none"> <li>• Carers representatives involved on strategic planning and partnership groups including the Joint Service Management Group, client specific joint service management groups and the Local Partnership Groups. The Chairperson of the South Lanarkshire Carers Network is now a member of the South CHP Operating Management Committee;</li> <li>• Regular consultation taking place with carers with two significant consultation exercises having been carried out in 2007 through the Princess Royal Trust Lanarkshire Carers Centre and South Lanarkshire Carers Network;</li> <li>• Annual carers conferences on health and social care services;</li> <li>• South Lanarkshire Carers Network is celebrating its 10th anniversary in 2008;</li> </ul> |
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|  | <ul style="list-style-type: none"> <li>• Involvement in major redesign projects within NHS Lanarkshire;</li> <li>• Carers were instrumental in the development of the new Carers Strategy for South Lanarkshire 2006-2009 and its action plan.</li> </ul> <p>The NHS Lanarkshire Carers Information Strategy was endorsed by the NHSL Board in March 2007 and subsequently signed off by the Chief Executives of South and North Lanarkshire Councils and the Chairs of South Lanarkshire Carers Network and North Lanarkshire Carers Together.</p> <p>A key action from the Strategy was to set up a carers support team to raise awareness of carers for NHS staff, thereby ensuring that NHS staff inform and support carers. The team has five members of staff with strong roots into carers' organisations, and clinical practice within NHS Lanarkshire. Three part time carer co-ordinators will be based at each of the acute hospitals but with strong links into primary care, a clinical secondment into North Lanarkshire Carers Together and a South Lanarkshire Carers Network employee funded by NHS Lanarkshire. The team will be performance managed through linked work plans facilitated by the Carers Advisory Group.</p> <p>Linked with this is the current work to update the Home from Hospital Carers Packs, made available to carers on the discharge of the cared for person. These packs will inform carers about what should happen when the cared for is discharged and the range of services available in the community. They also inform carers re sources of advice on financial benefits, the Princess Royal Trust Carers Centre and the right to a carer's assessment.</p> |
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**Workforce**

| <b>Risk</b>                              | <b>Management of Risk</b>  |
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| Competing demands on frontline services. | <p>The redesign of community nursing services has been completed so that they are now:</p> <ul style="list-style-type: none"> <li>• organised into long term conditions and public health teams;</li> <li>• refocused and aligned into areas of greatest need as a result of the demographic profiling of Localities.</li> </ul> <p>The impact that this has on reducing</p> |

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|  | <p>inappropriate admission/readmission is to be monitored and reported.</p> <p>An interface group between health and social care is examining the relative roles of health and homecare staff with a view to redesign that makes between use of skills to improve services.</p> |
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### Finance

| Risk                                    | Management of Risk   |
|---|--|
| Ongoing costs associated with delivery. | <p>Recognising that shifting the balance of care in line with this target is a partnership activity, work continues to refine and develop joint financial strategies for older people. Specific areas of investment for NHS Lanarkshire are:</p> <ul style="list-style-type: none"> <li>• Care Management, an integral part of the community nursing review and recurring investment of £0.7m;</li> <li>• Care Home Teams and recurring investment from 2008/09 of £0.7m, which includes additional payments to General Medical Practitioners as well as an additional Care Home Liaison Nurse, Physiotherapist and Pharmacy support;</li> <li>• Community Emergency Old Age Psychiatry teams with recurring investment of £0.2m;</li> <li>• Community Hospital review with revised specifications and recurring investment of £0.2m.</li> </ul> |

### Improvement

| Risk   | Management of Risk  |
|--|---|
| Demonstrating robust evidence of sustainability of improvements. | The LTC Collaborative Programme Board and Core Group, with strong membership under Executive Director Leadership and appropriate management support, is the key to the change management process, managing risk and delivering this overall improvement programme. This also links closely with deliverables and work plans of the 18 Week RTT Programme and Emergency Access Programme within NHS Lanarkshire. |

### Equalities

| Risk   | Management of Risk |
|--|--------------------|
| It is not anticipated that the delivery of the target could create unequal health outcomes for the six equalities groups, and/or for people living in socio-economic disadvantage. |                    |