

SELF-ASSESSMENT

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1 INTRODUCTION

2009/10 has been another year of sound progress across NHS Lanarkshire. Particular highlights include:

- Achieving our health improvement targets in dental registration, suicide prevention training, alcohol brief interventions, smoking cessation and inequalities health checks. Work is ongoing in relation to breastfeeding with some early signs of improvement;
- Achieving our targets for reduction of *Staphylococcus aureus* bacteraemia and *C difficile*;
- Ongoing implementation of the Scottish Patient Safety Programme and robust progress in all workstreams;
- Achieving all access targets for cancer, for outpatient appointments, for inpatient and day case treatment and for key diagnostic tests;
- Achieving our target for 48 hour access to GP/Primary care team appointments with latest survey results showing improvement in our performance for advance booking of appointments;
- Achieving financial balance and our target for efficiency savings.

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

2 PROGRESS ON 2009 REVIEW'S ACTION POINTS

2.1 The Board must continue to work to achieve in-year and recurring financial balance, and maintain regular contact with SGHD.

The Board achieved all 3 of its financial targets. The audited accounts for 2009/10 show a cumulative surplus of £12.069m against an LDP target of £12.059m. The underlying revenue surplus is £.04m which is included in the financial plan for 2010/11 as a source of funds. Regular contact with SGHD has been maintained throughout the year.

2.2 The Board should regularly update SGHD on efforts to maintain the downward momentum in Sickness Absence rates.

Our data is collected via SWISS and fed into SGHD. We will include our work in the Staff Governance Self Assessment Tool which will go to SGHD.

We continue to demonstrate improvements in our sickness absence figures and have moved from a position of consistently always having the highest sickness rate among NHS Scotland to now consistently being well below the average sickness rate for NHS Scotland. We achieved a rolling average for 2009/10 of 4.35%, one of the lowest within the mainland Boards and our sickness rates continue to fall. The position requires continuous effort by Operational Managers, Occupational Health Teams, Staff Organisations and Human Resources Teams. It is imperative we sustain this position to improve our efficient use of bank staff.

2.3 Continue to deliver robust arrangements for controlling Healthcare Associated Infection (HAI).

A very substantial and on-going programme of work is in place, of which key details are summarised below.

Surveillance

NHSL fully complies with all mandatory elements of CEL 11 (2009) 'A revised framework for national surveillance of healthcare associated infection and the introduction of a new HEAT target for *Clostridium difficile* associated disease (CDAD) for NHS Scotland'. The National Quarterly report published by Health Protection Scotland in April 2010, providing data for the 4th quarter of 2009 (October - December), indicates an annual rate of 0.60 per 1,000 OBDs over 65 years in the 12 months up to December 2009, compared with the national figure for the same reporting period of 0.71. Most recently published data from Health Protection Scotland (April 2010) indicates a quarterly rate for Lanarkshire of 0.56 per 1,000 OBDs over 65 years. This has been the fourth quarter in succession that the rate in Lanarkshire for over 65 years has been less than the HEAT target.

NHS Lanarkshire has actively engaged with NHS QIS and HPS to seek assistance in achieving the national *Staphylococcus aureus* bacteraemia (SAB) HEAT Target by March 2010. The NHS QIS Nurse Consultant – Infection Control is assisting NHS Lanarkshire in driving forward HAI quality improvements, particularly in relation to the reduction of SABs demonstrating improved clinical outcomes and progress towards the further 15% reduction set by the Scottish Government for 2011. The MRSA Screening Programme implementation progressed at the planned date of 31st January 2010 for all relevant elective admissions to acute specialties. Compliance is now being monitored via the MRSA surveillance nurses.

A newly formed HAI Surveillance Group has been convened to scope current surveillance activities, identify underpinning drivers, streamline data collection, establish local surveillance requiring to be undertaken, and produce a surveillance strategy for NHS Lanarkshire.

Funding

In December 2009, the SGHD allocated each NHS Board HAI funding to report on improved Tissue Viability outcomes for patients. NHS Lanarkshire received an allocation of £70,000 which is being used to support the outcomes while ensuring that there is strong integration of HAI within the established Leading Better Care/Releasing Time to Care programme outcomes. The associated facilitators will support the Tissue Viability Nurses in ensuring that the NHS QIS National Tissue Viability Programme is embedded in all areas. A further sum of £496,040 has been allocated to NHS Lanarkshire from the SGHD to support HEI activities in relation to improving the patient's environment and work is in progress in relation to this.

Clinical Effectiveness

NHS Lanarkshire's Clinical Effectiveness Department produces weekly *Clostridium difficile* and monthly *Clostridium difficile* and *Staphylococcus aureus* (SAB) reports for acute wards and community hospitals detailing the number of new episodes per ward by hospital setting. These are cascaded to senior staff across the organisation through to frontline staff via a structured mechanism to facilitate ownership of data. An HAI Clinical Effectiveness Facilitator is focusing on and streamlining HAI related projects. Highlight reports are produced on a quarterly basis to demonstrate progress in relation to weekly/monthly reporting, HAI databases, MRSA Screening, HAI Laboratory databases, compliance with antimicrobial prescribing policies/formularies, SSI surveillance, hand hygiene and compliance with environmental audits. The report also highlights risks and planned actions.

Integration of HAI with other quality initiatives

An NHSL Quality Networking Group aims to ensure a better understanding of all local and national initiatives and their application in NHS Lanarkshire minimising duplication of efforts within the programmes. This mechanism supports sustainability and ownership of HAI through integration of key elements into existing processes such as the Scottish Patient Safety Programme, LEAN, Leading Better Care and Releasing Time to Care. The SPSP Ward Workstream in NHS Lanarkshire currently monitors compliance with local auditing of hand hygiene, peripheral venous catheter bundle aligned with episodes of SAB and *Clostridium difficile* utilising SPSP Facilitators to assist the HAI Service to drive quality improvement.

Quality improvement

NHS Lanarkshire has actively engaged with NHS QIS and HPS to seek assistance in achieving the national SAB HEAT Target by March 2010. This external support has focused on the need to evidence improvements and/or implementation of measures aimed at improving outcomes alongside considering alternative ways of presenting data for local consumption. The NHS QIS Nurse Consultant – Infection Control, has secured an Honorary Contract with NHS Lanarkshire's HAI Service 2 days per month for 6 months to assist in driving forward HAI quality improvements, particularly in relation to the reduction of SABs demonstrating improved clinical outcomes.

Board Reports

A monthly HAI Board report is produced by the HAI Manager which provides an update of performance in relation to HAI using a national reporting template. Key issues include performance against HEAT targets, infection prevalence rates, cleanliness of clinical facilities, progress against the national *Clostridium difficile*

action plan, progress against key issues within the HAI Task Force 3 year delivery plan, surgical site infection, antimicrobial prescribing, MRSA National Screening Programme and the Healthcare Environment Inspection.

Communications

The HAI Communications Group continues to drive forward an associated communication strategy and action plan ensuring that HAI remains a high priority within the PULSE newspaper and the use of background wallpaper on key HAI themes throughout the year.

PFPI

There is public partnership representation on key HAI related committees including the Lanarkshire Infection Control and the HAI Communications Committees. A structure is in place to ensure that there is collaborative working between the PFPI lead and public engagement structures and those issues of concern to the public are included in the HAI programme of work.

2.4 Sustain progress in meeting the targets around Mental Health Services.

T3 Antidepressant prescribing

HEAT Target: *Reduce the annual rate of increase of defined daily dose per capita of antidepressants to zero by 2009/10, and put in place the required support framework to achieve a 10% reduction in future years.*

As at December 2009 our rate was 38.9, ahead of our trajectory of 39.9. Some of our actions are set out below:

- o An audit of antidepressant prescribing was carried out in October and November 2009 using searches that were set up and run in 7 Practices from one locality. The searches identified patients who were on repeat prescription, or had received an acute prescription in the previous 9 weeks, for an antidepressant drug. Amitriptyline was excluded from the searches as it was considered that most Amitriptyline prescriptions were for pain relief. The data suggested that over 50% of patients were on long term treatment. We therefore decided to audit the review history of people on antidepressants for more than one year to identify people who would benefit from further clinical review by their GP. The GP would also be offered access to a Mental Health professional, outwith the normal referral process to the CMHT, to review those people with moderate to severe symptoms on behalf of the GP practice. This audit is currently being undertaken in one GP practice within North CHP and is due to commence in a South GP practice in April 2010;
- o The MHC has contributed to the publication of the Healthy Reading material to support/provide people with self help skills in coping/dealing with depression.

H5 Suicide

HEAT target: *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.*

As at 31 March 2010 we had trained 45% of the frontline staff, ahead of our trajectory of 35%.

This has continued to improve in June 2010 when we have exceeded the trajectory of 45% and have now met the December 2010 target of 50% six months ahead of schedule.

We continue to engage with the hard to reach groups such as GPs and staff in A & E with some success. We will explore the use of a new rural training package that has been developed and will evaluate its effectiveness.

The suicide and treatment pathway has been developed by NHS and partner agencies and is currently being piloted in 2 localities with the intention to roll this out across all areas.

T4 Re-admissions

HEAT target: *We will reduce the number of readmissions (within one year) for those that have had a hospital admission of over 7 days by 10% by the end of December 2009.*

Our target was to be at 436 or less at March 2010. Most recent data is for calendar year 2008 and shows Lanarkshire at 397.

The Mental Health Collaborative has supported the implementation of the Releasing Time to Care programme to 6 adult acute admission wards and 6 older people's acute admission wards. The aim of the programme is to introduce staff to improvement methodologies and skill them in using these approaches to review their current clinical practice and processes to increase the direct care time they spend with the patients. The programme modules promote the review of ward activities such as the admission discharge process and the multidisciplinary team meeting which can facilitate improved discharge planning and promote recovery orientated practice.

SPARRA data has been collated and disseminated for use by each locality and specialty. A policy to support the dissemination and use of SPARRA data has been developed and communicated to each locality link person; we are currently evaluating the first collated response to the use of SPARRA data.

The MHC Programme Manager is engaged with NHSL LEAN Programme for Mental Health. The first Kaizen event for the MH LEAN programme focused on reviewing practice that will have a positive benefit in reducing the readmission rates to the adult acute admission wards at Wishaw General Hospital. Implementing new practices such as community staff actively engaging with inpatients and providing therapeutic intervention when the patient is on home leave should positively impact on the likelihood of readmission. Key performance indicators from the MH Kaizen event will be monitored and reported over the next few months.

T9 Dementia

HEAT target: *Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with a dementia by March 2011.*

As at March 2010 we were slightly below plan (by 171) with 3,369 patients on a GP dementia register.

A process to identify people that are known by Mental Health services to have a diagnosis of dementia to compare with those recorded on GPs Dementia Registers is currently being piloted within two localities. The MHC Information Analyst collated a list of all people diagnosed with dementia recorded on PiMS, this list was then compared with the CMHT records from two localities to identify any gaps in diagnosis of dementia being recorded on PiMS. The numbers of people with a diagnosis of dementia from the ratified list was then compared with the numbers

reported on the Dementia Register held by the GP, with any discrepancies explored with the MHC and the GPs.

Links have been established with the Practice Development Centre to formulate a Dementia awareness and training programme for all staff in Lanarkshire.

2.5 Continue to work towards a 'whole journey' maximum wait time of 18 weeks from GP referral to receiving treatment.

During 09/10 the programme board focussed on key priority areas including:

- Improved referral process and further development of the referral management service;
- Analyses of GP demand using the Locally Enhanced Service framework;
- Capacity planning and demand management;
- E-vetting programme implemented at specialty level;
- Revised pathways for pre-admission assessment and same day admissions;
- LEAN programme in theatres to improve productivity and efficiency;
- Clinic Outcome recording introduced for all specialties;
- Development of patient pathways using the Glenday Sieve tool;
- Work scoped to ensure the capture of the 13 key diagnostic tests;
- Service redesign at specific specialty level;
- Focus on ensuring the technical capability to ensure electronic capture of Admitted and Non-admitted patient pathways.

2.6 Keep SGHD informed of the progress of Capital Investment Projects.

Templates outlining project status and progress have been completed and submitted to SGHD as requested. Regular communication is undertaken on current and future capital programmes.

2.7 The Board should provide regular updates in the work of the Anti-microbial Management Team.

The final appointments to 3 NHS Lanarkshire Anti-microbial Team lead roles were made at end of November 2009. Terms of reference and reporting structure (via Area Drug & Therapeutics Committee & Medical Director) have been agreed, and the Lanarkshire Anti-microbial Infection Group became the Anti-microbial Management Committee so retaining expertise and input from a variety of infection specialists/ stakeholders using a structure which was already in place. Work priorities have been set and an AMT Workplan for 2010 formulated.

Many aspects of Scottish Management Antimicrobial Resistance Action Plan 2008 have already been delivered, e.g., revised empirical antibiotic policies in place for both acute & primary care settings, IV to oral switch policy, gentamicin and vancomycin policies, launch of a restrictive ALERT second line antibiotic policy (as of January 2010), commencement of HEAT antibiotic prescribing indicator surveillance (as per SAPG guidance), and monthly staff safety bulletins to reduce potential risk with gentamicin use.

Work is continuing to advance other key antimicrobial priorities such as development of Surgical Antibiotic Prophylaxis Policy, Antimicrobial Stewardship Education Strategy (as a component within the overall HAI Education Strategy), Antimicrobial Action Plan for Primary Care, AMT multidisciplinary clinical ward

rounds (reviewing quality of antimicrobial prescribing whilst acting as role models for good antimicrobial stewardship). Roll out of HEAT target antimicrobial surveillance to all sites, improved dissemination of local antimicrobial usage data in both acute and primary care settings and revision of existing policies described above to incorporate any changes to clinical practice are just some other areas of ongoing AMT activity.

3 IMPROVING THE QUALITY OF CARE AND TREATMENT FOR PATIENTS

3.1 T2 – QIS Clinical Governance & Risk Management Standards

We achieved our target score of 9 following the NHS Quality Improvement Scotland review in September 2009. A follow-up work plan is underway to sustain and improve upon this. This work plan will identify continuing actions in relation to development, implementation, monitoring and review across all of the standards. Further improvements achieved include policy control systems and review of function of Board Committees in keeping with best value and to support the CGRM processes of formulation, implementation, monitoring and review.

3.2 T3 – Anti-depressant Prescribing

Most recent data (December 2009) shows us to be at 38.9, better than our trajectory of 39.9, however, the trend based on our position quarter-on-quarter through 2009/10 shows a consistent increase and a higher level than the national average, suggesting that ongoing achievement will be a challenge. (See 2.4 above).

3.3 T4 – Psychiatric Re-admissions

Our target was to be at 436 or less at March 2010. Most recent data is for calendar year 2008 and shows Lanarkshire at 397.

Data from the Mental Health Collaborative shows that at December 2008 NHS Lanarkshire had shown a 15% improvement for this target. Throughout the reported year in question we had shown a good performance over time with a 19% reduction in June which worsened over the final two months of the reporting period to an end point of 15%. (See also 2.4 above).

3.4 T6 – Long term conditions admissions

At time of writing March 2010 outturn data is awaited. The December 2009 position suggested that Lanarkshire would struggle to meet this target, however, following national review, the measure for this target has been changed for 2010/11 from hospital admissions to bed days. Measuring on bed days, NHS Lanarkshire shows a year on year reduction since 2006/07.

An evaluation of Care Management pilot has now been completed which demonstrates a range of benefits to patient care delivery. The concept is now integral to management of frail long term condition patients with numbers of cases being managed regularly between 550 and 650 across Lanarkshire.

The evaluation of the Care Homes LES has identified that GPs are spending significantly longer periods in care homes providing more pro-active care. In turn this is having a beneficial impact of reducing inappropriate A&E attendances, increased numbers of patients with Anticipatory Care Plans and generally improved working with the independent care home sector.

3.5 T7 – Improve the quality of healthcare experience

The national survey of patient experience of their GP and in-patient stay has been completed and analysis is awaited at time of writing. In addition to the national surveys NHS Lanarkshire has been developing patient experience tools to be used at ward level by Senior Charge Nurses. These are at the pilot stage and it is hoped that our expansion of volunteers will enable them to assist patients to participate in sharing their experiences of their in-patient care. A breakfast briefing on the findings (national and local) for the Board, Public Partnership Forums, professional leaders and other stakeholders is scheduled to take place in August.

3.6 T8 – Older people receiving complex care at home

While not meeting the target we set for ourselves (actual 38.9% at March 2010 against 40% target), this is the fourth highest target set amongst NHS Boards and so relative performance is good. A series of initiatives, *inter alia*, Anticipatory Care Plans, Care Management, Reablement, increased utilisation of telecare, have all assisted in delivering this performance.

3.7 T9 – Dementia

At March 2010 we were below our NHS Lanarkshire trajectory of having 3,540 patients on a GP dementia register by 171 patients. This has however improved in our first quarter this year and we are back on our trajectory in terms of performance. (See also 2.4 above).

3.8 T10 – A&E Attendances

A number of initiatives were implemented to achieve the T10 target (2,879 against plan of 2,933 or less) in 2009/10 including:

- Implementation of a Nurse Advisor Service at Wishaw General where patients with symptoms lasting more than 24 hour period are seen by a senior nurse and given advice to treat their symptoms. This resulted in 7% of attenders being re-directed through the system;
- Improved triage between A&E and GP Out Of Hours (OOH) service resulting in 700 patients per month being re-directed to more appropriate services in GP OOH.

3.9 T11 – Healthcare Associated Infection

We achieved our *Staphylococcus aureus* bacteraemia (SAB) target for 2009/10, with 164 identifications against target of no more than 165 at March 2010. *C. Difficile* reduction remains on target within Lanarkshire, and is again below the HEAT target for the fourth reporting quarter (annual rate of 0.60 to December 2009 and quarterly rate of 0.56 to April 2010). (See also 2.3 above).

Monklands Hospital was inspected by the newly formed NHS Quality Improvement Scotland's (NHS QIS) Healthcare Environment Inspectorate team (HEI) on 18th November 2009. The inspection process comprises the submission of a local self-assessment and supporting evidence in relation to governance/compliance, communication/public involvement and education and development in accordance

with the NHS QIS HAI Standards (March 2008) followed by an on-site HEI inspection. The inspectors visited the Outpatients department, Accident and Emergency department and 4 wards following which a post inspection report was published. Areas of strength identified included audit and surveillance activities, Scottish Patient Safety information at ward level, hospital cleanliness, provision of patient information, infection control policies, with NHS Lanarkshire commended on its zero tolerance to non-compliance with hand hygiene policy. Key areas requiring improvement included strengthening communications, implementation and compliance monitoring of dress code and hand hygiene, reviewing the positioning of alcohol hand gel in public areas, ensuring effective procedures for the reporting and fixing of maintenance jobs, reviewing the co-ordination and alignment of ongoing/refresher antimicrobial training and the provision of adequate storage facilities at ward level. A post inspection action plan has been developed which is overseen by NHS Lanarkshire's HEI Steering Group and progress was reported to the inspection team in March 2010. A debriefing exercise has been held to discuss the report and action plan ensuring optimum preparedness for future inspections.

3.10 T12 – Emergency bed days 65+ years

While March 2010 data is awaited at time of writing, local data would suggest that the number of emergency re-admissions 65+ has gone up very slightly in the last calendar year (4,874 compared to 4,747). When taken together with a high level of older people receiving complex care at home (T8) and the work being undertaken in relation to long term conditions (T6), it is envisaged that further progress will be made against this target in 2010/11.

3.11 The Healthcare Quality Strategy for Scotland

NHS Lanarkshire supported Stage 1 of implementation of the Healthcare Quality Strategy for Scotland through:

- Undertaking a local engagement programme on the Strategy;
- Contributing to the development of quality measures;
- Identifying NHS Lanarkshire's quality commitments / priorities for 2010/11;
- Contributing to the development of the Quality Alliance / Hub.

The NHS Lanarkshire Strengthening Quality work programme 2010/11 was developed in line with the national strategy, quality ambitions and improvement interventions. A pan-Lanarkshire Quality Co-ordinating Group was established to enable integration and co-ordination of quality initiatives in Lanarkshire.

3.12 Scottish Patient Safety Programme

NHS Lanarkshire made very good progress with the Scottish Patient Safety Programme (SPSP) in 2009/10 and in June 2010 achieved the criteria for a score of 3.0 on the SPSP Assessment Scale. As at April 2010 the following progress had been made on the SPSP measures.

HIGH LEVEL SPSP AIMS

The SPSP had two high level aims:

- % Unadjusted inpatient mortality - mortality rates continue to demonstrate variability with peaks during the winter months. HSMR data has now been circulated by ISD;

- Adverse event rate - adverse event rates are also somewhat variable.

PROGRESS WITHIN WORK STREAMS

Critical Care

All relevant SPSP measures have been implemented in the three acute hospital adult critical care units. Measures such as Central Line Insertion Bundle are being spread into appropriate areas such as theatres, High Dependency Units and renal. Within Critical Care, shifts in positive outcomes have resulted in infections being exceptions and consequently these are treated as adverse events and are individually reviewed, should these arise.

Central Line Insertion Bundle

Implemented in all three critical care units, and being spread to theatres and renal. Central line insertion bundle at, or above, target in all three units. No central line infections at Hairmyres since November 2008 and over same time period, only three isolated central line infections at Monklands and two isolated infections at Wishaw.

Ventilator Associated Pneumonia (VAP)

Compliance with bundle is at goal in all units. Variation remains with average length of stay on mechanical ventilation at all sites. Reintubation rates fairly stable. No VAPs Wishaw for 8 months, with individual isolated cases at other sites.

Glucose Control

All units are at goal.

Hand Hygiene

Excellent compliance and innovation noted with corresponding low infection rates.

Peripheral Venous Cannula (PVC)

Performance is at or near goal in all three critical care units. No *staphylococcus aureus* bacteraemias (SABs) at Monklands since May 2008 and none since June 2009 Hairmyres, with last isolated case at Wishaw in January 2010.

Daily Goals

Daily goals sheet in place in all three areas and compliance good.

Multidisciplinary Rounds (MDTs)

Compliance with MDT rounds challenging because it is considered to be essential to have nurse in charge of the unit there as opposed to nurse at the bedside.

Central Venous Catheter Maintenance Bundle

Excellent compliance on all three units and being spread to renal and High Dependency Units as relevant. Infection rates excellent.

General Ward

SPSP is being undertaken in all three acute hospitals and maternity services (the latter as relevant), with some associated (Older Peoples Services) hospitals taking part in relevant aspects of the programme.

NHS Lanarkshire has well developed data management systems, with staff entering data at the clinical frontline and receiving instant reports back. This is continuing to be developed further with establishment of a web portal which will support SPSP as well as adding over time other quality programmes (e.g. Clinical Quality Indicators, Better Together) to create a "Healthcare Quality Improvement Web Portal".

Early Warning Scoring System

Compliance remains excellent.

Hand Hygiene Bundle

Excellent progress and compliance at Monklands and Wishaw and continuing spread within Hairmyres. Maternity wards are also now included and are reaching the goal. Staff hand hygiene compliance percentages are prominently displayed beside hand gel outside all clinical departments to drive improvement. *Clostridium difficile* infection (CDI) results remain excellent.

Rapid Response

Hospital Emergency Care Teams (HECTs) are in place at three hospitals and reduction in calls to HECT on all sites, especially Monklands.

Peripheral Vascular Bundle (PVC)

Good progress is being made with the spread of PVC bundle. Excellent SAB results at Monklands and only very small numbers now at Wishaw and Hairmyres.

Safety Briefings

All sites are at target. These are now being used as a main vehicle for the review of run charts and actions as well as other core questions and topics.

SBAR

SBAR is used as a communication tool with HECT regarding ill or deteriorating patients and this is the measure we will begin to report on the Extranet. SBAR is now incorporated into the "way we do things" within NHS Lanarkshire and now features on much of our documentation.

Peri operative

Good progress being made in this work stream and much of the patient safety work is now how they do their daily business. Especially successful has been the surgical pause. Surgical Pause is conducted in every theatre. This is also occurring in some cases during day surgery or before patients are anaesthetised, which gives patients confidence in their immediate and ongoing healthcare. The Surgical Pause will begin to be structured using the SBAR format. Excellent progress is now being made regarding surgical brief.

Surgical Brief

Making progress given slow start, now beginning to get real buy in.

Antibiotic Prophylaxis

Excellent progress, all sites at target.

Skin Preparation/Hair Clipping

Achieved 100% compliance and this is fully spread and no razors available.

Normothermia

Compliance is near / at target at three sites.

DVT Prophylaxis

All sites are at target.

Beta Blockers

Compliance variable and dip at Wishaw. Monklands demonstrating sustained improvement.

Blood Glucose (Diabetic Patients)

Undertaken for majority of patients, however, problems continue with emergency admissions. Monklands is at target.

Surgical Pause

Excellent progress and fully spread.

Medicines Management

This is our biggest challenge and consideration is taking place about integrating this with the general ward work stream to reinforce this as "everyone's business" and identifying Medical Consultant champions. A communication plan is being formed to have a medicines reconciliation high profile and sustained campaign.

Medication Reconciliation

Medicines reconciliation is still challenging. Improvement noted at Monklands and Hairmyres A&E departments and receiving units and in Monklands in Medical receiving and Intensive Therapy Unit.

Failure Mode and Effects Analysis (FMEA)

Repeat / recalculated FMEA at Wishaw demonstrating improvement with a decrease of 46% and 30% at Monklands.

Anticoagulation

Good progress on anticoagulant management and International Normalized Ratio (INR) results are excellent and are being sustained.

Leadership

Thirty three Executive leadership walk rounds have been undertaken to date. These are being seen as very successful with excellent representation from Executive and Non Executive Directors. Walk rounds are scheduled at two per month for this calendar year.

3.13 A8 – 48 hour access and Advance Booking

For 48 hour access, the 2010 survey results put us at 93.1% against a national target of 90%, an improvement on the previous year. For advance booking of appointments, the 2010 survey results put us at 79.3%, also an improvement on the previous year, but there is further work to be done to improve on this to ensure compliance with the 90% target by March 2011.

At a national level work streams are being developed in conjunction with the Royal College of General Practitioners to provide support to Boards and practices to facilitate a better understanding of the patient survey results in relation to access and how this can be improved.

Locally, the current QOF review visits are being re-designed to move towards a wider quality improvement agenda and a shift in focus to include areas not previously covered by QOF visits and linking performance with patient access to these more quality focused visits. Other initiatives include engaging with practice managers at regular forum meetings.

3.14 A9 – Cancer waits

We achieved 95.6% against a target of 95% as at March 2010 for treatment within 62 days, and 99% against a target of 80% for treatment within 31 days. Introduction of revised GP electronic referral criteria for patients with an 'urgent suspicion of cancer' for each of the 9 tumour types has supported this achievement.

3.15 A10 – 18 week Referral to Treatment

As at March 2010, there were no patients waiting more than 12 weeks for an outpatient appointment, no patients waiting more than 9 weeks for an inpatient / day case appointment or treatment, and no patients waiting more than 4 weeks for a key diagnostic test. (See also 2.5 above).

3.16 Future Access Targets:

3.16.1 GP Access

(See 3.12 above)

3.16.2 Dental Access

A number of initiatives and developments are underway to continue to improve access to dental services:

- During 2009/10, ten requests were made by General Dental Practices for SDAI grants. Eight grants were approved and the total amount allocated exceeded £800,000;
- The new Buchanan Centre in Coatbridge opened in May 2010. Two General Dental Practices and the Community Dental Service have relocated into the new building;
- The Dental Student Outreach Facility in the Buchanan Centre is due to open on 23rd August 2010;
- The new Carlisle Health Centre is due to open in August 2010. A General Dental Practice and the Community Dental Service will be relocating into the new building;
- A new Dental Clinic is due to open for the Community Dental Service in Biggar. This will help to improve the range of services that can be offered.

3.16.3 Drug treatment

Significant progress has been made in 2009/10 with regard to access for drug treatment. Comparing quarters April – June 2009 and January – March 2010 shows the following:

	Apr-Jun 09	Jan- Mar 10
% clients assessed within 14 days of referral	69%	88%
% clients commenced treatment within 14 days of care plan being agreed	90%	94%

Further capacity planning work is underway to scenario plan against a potential 20% rise in referrals as a result of increased Alcohol Brief Interventions. Such a rise will impact on any future access targets for alcohol services and will have a knock on effect on drug services as the same staff group manages both client groups.

3.16.4 Child & Adolescent Mental Health Services (CAMHS)

NHS Lanarkshire CAMHS has reviewed its operating procedures and operational policy and is compliant with the national guidance on referral criteria. The IT systems and infrastructure continue to present challenges for the ongoing collection of New Ways compliant information. Outcome measures have been

agreed with the service but cannot yet be taken forward until the IT issues are addressed.

Demand and capacity monitoring is ongoing. The increased capacity within the Tier 3 teams has brought the current levels of demand into line with extended capacity, however, it is recognised that the service currently receives less referrals than the epidemiology would suggest. Previous experience would indicate that should a reduction in waiting times be achieved then following a delay period an increase in referrals will occur. Review of clinical models and referral pathways is currently ongoing within the service as well as part of the wider mental health review. Examination of workforce skill and grade mix is ongoing.

Currently two out of the six geographical Tier 3 teams have waiting times around 40 and 50 weeks. There have been long standing staffing issues in these teams and remedial actions arising from capacity planning work are underway. The four other teams are currently sitting between 8 to 18 weeks to first assessment. This is expected to increase given that remedial action involves taking capacity on a short term basis from these teams to support the others and to reduce variation. All functional teams are currently sitting well within the waiting time guarantee, although significant pressure may arise as the services continue to roll out across the county. It remains unclear at present, given the lack of any data to predict demand for these newly developed services, what the future demand will be.

3.16.5 Cancer

Having achieved both targets in 2009/10 (see 3.13 above), work continues to sustain and improve upon this including:

- Patient trackers are in place for each tumour type to monitor patient journey and prompt interventions as appropriate. In addition, implementation of the new Patient Management System (PMS) will allow the functionality to track patients electronically;
- NHS Lanarkshire has a specific action plan for the implementation of *Better Cancer Care – An Action Plan*.

3.16.6 18 weeks RTT

The programme Board is re-focussing to ensure that the redesign and operational delivery of the HEAT targets come together to deliver a sustainable solution for 18 weeks RTT.

During 2010/11 there will be a major focus on driving performance to deliver the measurement of this target. It is planned to adopt version 14.4 upgrade for ISOFT PMS in advance of the implementation the new PMS System in Spring 2011.

Compliance with New Ways will continue to be a high priority and Access policies will be updated to ensure constancy of application. Particular focus will be given to the management of DNAs.

Demand management will be also be a key focus. Work in Orthopaedics and Dermatology in particular will be taken forward to look at opportunities to shift the balance of care and reduce demand into acute services. (See also 2.5 above).

3.17 Standard – A&E 4 hours

We sustained performance throughout 2009/10, with an outturn of 99% seen within 4 hours as at March 2010. In addition:

- Consistent performance 98-99% performance sustained from January 2010 despite prolonged period of cold weather;
- Deployment of LEAN in Emergency Care at Monklands has seen a reduction in time to first assessment, a smoother journey for patients being admitted and a significantly reduced length of stay within the Emergency Receiving Unit;
- Throughout this year there has been a very focussed approach to delivery of a minor injury services which saw increases in the numbers of patients being seen, treated and discharged by MINTS nurses;
- Focussed work on all flows within A&E departments utilising LEAN methodology will continue during 2010/11;
- Escalation policies are also under review.

3.18 Patient Focus and Public Involvement

Patient Focus and Public Involvement (PFPI) work continued to develop during the year and a resume of activities is provided at Annex 1, PFPI Self Assessment Report for 2009/10.

4 IMPROVING HEALTH AND REDUCING INEQUALITIES

4.1 H2 – Dental

The December 2009 figures reveal that 85.6% of 3-5 year old children in Lanarkshire are registered with a dentist. The target of 80% has been exceeded. The 'registration for life' from 1 April 2010 will aid progress in all NHS Boards towards meeting and maintaining these registration targets.

The National Dental Inspection Programme results show for both Primary 1 and Primary 7 that we are making good and steady contribution towards the 60% target for Scotland. Currently 52.2 % of Primary 1 children (based on 2008 data) and 57.2% of Primary 7 children (based on 2009 data) have no obvious signs of dental decay. We may not achieve 60% in Lanarkshire by 2010 but we will be close and over the years the improvement recorded in the oral health of Primary 1 and Primary 7 children has been significant. The data collected this year, 2010, is for Primary 1 children and this has just been submitted to ISD for analysis.

4.2 H3 – Child Healthy Weight

237 interventions were achieved in 2009/10, with national recognition that original trajectories for the year were unrealistic and a revised approach adopted for 2010/11. Development of school based CHW interventions will allow NHS Lanarkshire to deliver a far greater number of completed interventions. This whole class approach removes a number of the barriers to engagement highlighted by parents. Pilot studies have shown all 3 primary school based CHW intervention programmes can reduce BMI of children within the H3 target group within a school setting. On average 70% of H3 target group children reduce their BMI during the programme. Additional primary and high school based CHW programmes will be implemented to further increase delivery capacity and support achievement of the H3 target. Challenges remain in increasing the conversion rate from identification of children to engagement of families in community programmes. This is largely due to parental awareness of CHW and their fears of and barriers to engagement.

4.3 H4 – Alcohol

We exceeded our target considerably for 2009/10 (4,657) by achieving 12,288 brief interventions. This was achieved mainly via General Practice and at *Keep Well* clinics. Delays at the Scottish Government on the actual minimum dataset gave rise to knock-on delays on the development of systems to extract the data. Subsequently, we have had Information Services in Lanarkshire conduct sweeps for the data both in *Keep Well* and in General Practice through Blue Bay.

NHS Lanarkshire has excelled in achieving the target set by investing in an effective Local Enhanced Service with GPs, and investing in A&E and maternity services. A successful number of alcohol brief interventions were conducted with midwifery staff, however these have not been included in our figures as NHS Health Scotland subsequently decided that pre-pregnant drinking was not appropriate for inclusion.

NHS Lanarkshire has established a Steering Group which has a responsibility for monitoring performance on this target and ensuring systems are in place to achieve it.

4.4 H5 – Suicide prevention

HEAT 5 has been met with 1,165 (50.2%) front line staff trained, which exceeds our target of 1,160 expected by December 2010 (see further information detailed in 2.4).

4.5 H6 – Smoking cessation

The target has been exceeded for 2009/10 with 3,638 quits achieved. The actual outturn for 2009/10 is still being finalised due to the high volume of late returns from the pharmacy smoking cessation service. A number of actions have been agreed locally to encourage local pharmacies to improve data returns and training has been provided for local pharmacists in partnership with NES. Key developments for the specialist service over the past 12 months include a redesign of the community service and revising the Patient Group Directive for NRT to offer both extended and dual therapy for heavily addicted smokers. Work is also underway to develop a Lanarkshire Tobacco Strategy. This strategy will focus on actions to support smoking cessation and the recommendations outlined in the national Smoking Prevention Action Plan.

4.6 H7 – Breastfeeding

Latest data (December 2009) shows us slightly below target, with 18.6% babies exclusively breastfed at 6-8 weeks against a trajectory of 22.1%, however, there have been increases in breastfeeding at birth (9.4%), at discharge (11.2%) and at 10 days (4.9%).

Localities and Maternity Services continue to work towards UNICEF UK Baby Friendly Initiative (BFI) Accreditation through a rolling development programme of Breastfeeding Management Training and Practical Skills Reviews. Localities achieved UNICEF Stage 1 BFI in September 2009; Maternity Services achieved Stage 2 in May 2010.

Breastfeeding Support Teams are in place in the Hospital Maternity Unit and Community. Initial evaluation of the hospital support team shows that 80% of women who initiate breastfeeding and are supported by the team are still breastfeeding on discharge from hospital. Challenges exist in ensuring that breastfeeding is supported and maintained by the community support team following hospital discharge, and up to 6-8 weeks thereafter.

Additional measures are in place to support breastfeeding including expansion of the Community Mothers peer support programme, implementation of breastfeeding support group model of best practice, and Breastfeeding Awareness Week promotional activities.

4.7 H8 – Inequalities Targeted Health Checks

We exceeded the target set for 2009/10 (4,800) by achieving 9,085 checks. This was achieved by offering *Keep Well* health checks in another two areas (Motherwell and Blantyre), focusing on those in areas of highest deprivation. Outreach workers continue to engage those who do not attend the first appointment they are offered and provide support to attend a health check, where required.

Links were made with other agencies that support gypsy travellers, homeless people and ex-offenders. Particular progress has been made with some of the

gypsy traveller communities and health checks have been completed with this population. Links are still being progressed to access ex-offenders.

4.8 Board contributions to Local Outcomes (Single Outcome Agreements)

Both North and South Lanarkshire SOAs demonstrate the close involvement of the NHS both in terms of developing the SOA and associated indicators, and also in terms of coverage of specific NHS health improvement targets.

Within South Lanarkshire, NHS Lanarkshire is well represented on the Delivery Officers Group which produces and supports the Single Outcome Agreement (SOA). In addition, it has been agreed in the South Partnership that the Partnership Improvement Plans (PIPS) for the three key policy areas of Early Years, Health Inequalities and Tackling Poverty will be produced as a mutually complementary suite of plans recognising the cross cutting nature of each.

All partners within North Lanarkshire are involved in creating the Single Outcome Agreement (SOA) through the work of themed partnership groups for Health & Wellbeing; Lifelong Learning; Environment; Regeneration; Community Safety plus our cross cutting themes of Sustainable Transport; Children and Young People and Community Engagement. This work is coordinated through an officers group involving all key partners.

A specific scheme from each Community Planning Partnership, to demonstrate the cross cutting / complementary nature of work undertaken, is provided below. For South Lanarkshire, this example is the First Steps Programme, whilst for North Lanarkshire, it is Employability.

First Steps Programme (South Lanarkshire)

There is overwhelming evidence that early intervention programmes that invest in the health of mothers, babies and young children are most likely to have long term benefits for health and well being, as well as for tackling inequalities and poverty. This approach lay behind the First Steps programme which is currently running in some of the most deprived communities in South Lanarkshire.

The programme is directed by a multi-agency steering group chaired by the Assistant Health Promotion Manager, NHS Lanarkshire, with lead responsibility for health improvement in the South Lanarkshire CHP. The programme was developed based on an extensive review of the literature and evidence base on early intervention programmes, and a wide reaching consultation exercise in local areas with NHS, Education and Social Work staff as well as local women themselves. The programme has secured funding from the Fairer Scotland Fund.

The aim of the programme is to ensure the best possible start in life for first time mothers and babies who are living in the most deprived datazones in South Lanarkshire. These women may be referred on to the programme by community midwives, while pregnant, or by public health nurses following the birth of their babies. Once referred, women are supported by a First Steps worker who spends time building relationships with them, and provides a range of support around staying healthy during pregnancy, parenting skills and attachment, healthy eating, physical activity, and supporting potentially isolated women to get involved in groups and activities in their communities. The service provides additional, intensive support to these women and to other health staff who work with them during a critical time in their and their babies lives.

There are currently 7 First Steps workers in three localities – Cambuslang / Rutherglen; Hamilton / Blantyre; and Larkhall. A full evaluation of the programme has been developed and is running concurrently with the work. The evaluation will:

- Identify the impact of the programme on children and mothers, public health teams, midwifery teams and other partners;
- Assess the extent to which the programme is achieving its intended outcomes;
- Identify factors that contribute to and hinder achieving its intended outcomes; and
- Make further recommendations based on the evidence gathered for future developments for the programme.

At the end of April 2010 there had been 167 referrals to the programme, 55% post-natal and 45% ante-natal. 64% of mums who have been referred have continued to engage with the programme. Over 60% of referrals have been for women aged 21 and under. 12 mums have completed the entire programme. The duration of the programme will vary according to the needs of the mother and will support them as long as is necessary from pregnancy until the baby reaches 3 years.

Employability (North Lanarkshire)

It has long been recognised, most recently through the work of Carol Black, that there is a strong correlation between being in work and leading a physically and emotionally healthier life. The links with tackling inequalities, economic recovery, and early years are well known. Employability has understandably therefore been a significant focus for Lanarkshire, given its high levels of deprivation, previous reliance on heavy industry as its main employer and its high levels of long term conditions and disability.

For some time now, health care staff have been set, and have been meeting, locally agreed targets for referrals into employability support services. In calendar year 08/09 1,200 referrals were made as a result of this initiative.

In support of *Equally Well*, Lanarkshire has become a test site with Employability as its theme. The test site aim is to 'promote people's chances of sustained employment in Lanarkshire'. Key to achieving this aim is to increase the number of referrals into employability services from front-line Council and NHS staff, which results in more people entering employment, training and taking up literacy and numeracy services. The purpose of training is to allow staff to develop a better understanding of the pathways into employment and the wide variety of services that are available to support their clients or patients.

At the end of the training, the member of staff will:

- be aware of the health benefits of employability;
- have increased confidence in speaking to clients about employability;
- Know about the barriers to employment and how they can be overcome;
- Be aware of the different steps into employment.

Broadly speaking, the training can be split into three areas:

- 'The North Lanarkshire Problem' - looking at the levels of deprivation and unemployment in the area, as well as the high number of people on 'workless' benefits, and the wide-range of employability services that have been devised to tackle these problems;

- 'The Health Benefits of Employment' - examining the evidence in the Waddell and Burton study 'Is Work Good for Your Health?' and Dame Carol Black's 'Working for a Healthier Tomorrow', and looking at the aims and objectives of the Lanarkshire *Equally Well* test site.
- 'Employability Services in North Lanarkshire' - looking at the wide-range of services available for those with confidence and self-esteem problems to those who are job ready but need help with aftercare to sustain employment.

More than 1,000 Lanarkshire staff in health, social and housing services have so far participated.

A key feature of the Lanarkshire *Equally Well* test site is to work with partner services not traditionally engaged with employability needs of clients such as social work services, housing services, NHS services and the third sector.

The service is voluntary and easily accessible via a free phone number. A qualified Occupational Health Advisor from the Healthy Working Lives team will provide advice about the clients condition and also, should the client wish, connect their call to a relevant local Employment Agency for further advice and support on their journey back to work.

5 PRIMARY CARE

5.1 Developing Community Health Partnerships (CHPs)

The 2 CHPs in Lanarkshire (North & South) continue to feature as integral to the planning and delivery of services in NHS Lanarkshire. Throughout 2009/10, both CHPs enhanced joint working with acute, social work, voluntary services and Public Partnership Forums in the delivery of improved services for the people of Lanarkshire.

Within North Lanarkshire, the CHP and North Lanarkshire Council, together with Acute colleagues, have undertaken specific service reviews of older people's services, and utilising a LEAN approach have agreed to a number of shared goals which should significantly improve services in this area. This process of joint working builds on previous experience providing more integrated services for addictions, mental health and learning disability services.

Within South Lanarkshire, the completion of the move of staff and services from the Rutherglen/Cambuslang area of NHS Greater Glasgow & Clyde has meant service provision now being coterminous with Council services and thereby facilitating more integrated service delivery.

Both CHPs participated in a significant review of management structures and subsequently moved to a refined position which has released circa £850k in savings.

5.2 Shifting the Balance of Care

2009/10 has seen a continuation of some of the projects commenced in the previous year with pilots having been evaluated and schemes either being rolled out system-wide or preparations to do so completed, together with a range of new initiatives introduced in-year. In developing schemes/initiatives, due cognisance has been given to the eight key improvement areas identified to support 'shifting the balance of care':

1. Extend the range of services outside acute hospitals provided by non medical practitioners;
2. Improve access to care for remote and rural populations;
3. Improve palliative and End of Life care;
4. Better joint use of resources (revenue and capital);
5. Maximise flexible and responsive care at home with support for carers;
6. Reduce avoidable unscheduled attendances and admissions to hospital;
7. Integrate health and social care for people in need and at risk;
8. Improve capacity and flow management for scheduled care.

The following are examples of the projects and programmes currently underway:

Anticipatory Care Plans which enable staff to work together with the patient and their families to identify and look out for symptoms that may indicate a change in their condition and provide guidance on what action to take should this occur. The use of ACPs has allowed patients to remain at home where they expressed such a wish and reduce avoidable attendances at A&E or hospital admissions. The evaluation from users, staff and carers was captured and informed the final ACP, Guidance Notes and Patient Information Leaflet which are being rolled out across Lanarkshire during 2010/11. Initial feedback from users and carers has been extremely positive. Taken together with the ongoing use of the Palliative Care Gold standards tool, better communication with Out Of Hours

services and training for care home staff in palliative care, significant progress has been made in improving palliative and end of life care in NHS Lanarkshire.

Integrated Care Management has been implemented across NHS Lanarkshire. This approach enables the provision of the best care and support for people with complex health and social care needs in their own homes. There has consistently been between 550 - 650 people receiving integrated care management for complex health care needs by community nurses throughout the year. The approach involves close working between District Nurses and Social Work colleagues to ensure a responsive and integrated service to patients' changing needs, thereby maximising resource utilisation across the partnership whilst improving patient care. A comparative quantitative evaluation has been undertaken to identify the impact of Integrated Care Management on NHS Lanarkshire services such as pharmacy, GP visits, A&E attendances and emergency hospital admissions using data collected prior to using the Integrated Care Management approach and during the period of Integrated Care Management. The findings of this evaluation will feature as part of the series of measures being used to inform the 'Reshaping Care for Older People' initiatives throughout 2010/11.

Self Management Programmes are now commonplace in the approach adopted in enabling people living with a long term condition to manage their condition on a daily basis in a way which supports their daily life/work. Some programmes are condition specific while others are generic. Programmes include COPD, Diabetes, Stroke and Children and Young People with a Long Term Condition. The programmes are primarily delivered in the community by community based nursing and AHP staff, supported by Council Leisure Department staff and voluntary sector as required, e.g., Diabetes UK; Chest, Heart and Stroke Scotland.

The new pharmaceutical care services contract for community pharmacists continues to assist in shifting the balance of care with regard to altering care location, the professional responsible for providing care, and making preventative care more accessible. This forms a major element in our strategy to increase the level of service in the community by non-medical practitioners as well as increasing access to community based service to assist in reducing the reliance on hospital services and A&E in particular. (See also 5.4).

Mental health services in Lanarkshire have also continued to develop in a way which seeks to re-balance care away from institutional settings to community based provision. Revised approaches to addictions management, crisis management, and talking therapies have all assisted in ensuring services are delivered as locally as possible and utilise staff with the requisite levels and range of skills and competencies needed to deliver contemporary care and treatment. Each of these developments involves a partnership approach with local council colleagues and others and are aimed at ensuring robust services – integrated where appropriate – to ensure a resource efficient community based service with reduced reliance on the hospital sector.

The Local Enhanced Service for Care Homes which allows all the patients in a given care home to be managed by the same practice has been rolled out fully. This has allowed a much more proactive approach to care for older people in care homes and the resultant reduction in inappropriate referral to A&E and subsequent hospital admission.

The range of initiatives associated with **Reshaping Care for Older People** has similarly assisted in shifting the balance of care and these are described below. It will also be recognised that many of the initiatives described in this section are similarly associated with 'Reshaping Care for Older People'.

5.3 Reshaping Care for Older People

NHS Lanarkshire has been working with both North and South Lanarkshire Councils to agree a Joint Priorities Action Plan for Older People. A wide range of initiatives, including those outlined below, aim to provide greater community based support to older people enabling them to remain in their own homes and thus experience improved quality of life. They will also contribute to the national and local targets around:

- Reducing the number of hospital admissions of older people;
- Ensuring speedy safe discharges where admissions are unavoidable;
- Reducing the amount of emergency bed days in acute specialties for patients aged 65 and over. This priority will be supported by the Out of Hours community nursing service, early supported discharge and rapid response teams rather than by presenting at Accident & Emergency departments.

Community Health Partnerships have been working in partnership with respective Councils to introduce the '**reablement**' approach in seeking to increase the independence of people in their own homes. While work is still at a relatively early stage, evidence obtained thus far would suggest that there is a significant reduction in the assessed level of homecare required to maintain the person in their own home. These services not only facilitate faster access to homecare, but also an integrated approach which allows due flexibility in being able to increase both district nursing and homecare services to respond at times of crisis / increased need, thereby allowing the patient to be maintained safely in their own home environment thus reducing inappropriate hospital admissions. The work has also involved closer working between acute, CHP and social work colleagues in agreeing multi-agency approaches to caring for older people.

Each Council also supports this further by the use of **assistive technology** services including **community alarms** being installed in patients' homes.

NHS Lanarkshire continues to deliver appropriate health improvement and health care interventions to older people and this has been progressed through the full implementation of the **Integrated Day Care Service** throughout Lanarkshire.

Integrated Care Management has been implemented throughout Lanarkshire and supported through the positive findings of its evaluation. It is intended that this will feature prominently in older peoples' services by providing a service to vulnerable older people.

The GP Care Homes Contract and Care Homes Liaison Team is now in place to provide more **specialist support to frail older people in care homes**. Early indications are that this improves early intervention and preventive care, leading to a lessening of the need for hospital admission. Work is ongoing in relation to continuing to develop intermediate care models in North Lanarkshire with the aim of further **avoiding delayed discharges**.

Within NHS Lanarkshire, the Older Peoples' Service Improvement Board is an integral part of the planning structure and exists to drive forward service improvements in partnership with Councils. A clear and definitive plan has been developed to ensure continuity and quality of service, that care is provided in the most appropriate setting by the most appropriate resource, and that there is robust monitoring to ensure that objectives and outcomes are being met.

The range of programmes and initiatives described at 5.2 above (Shifting the Balance of Care) are also supporting the drive to re-shape care for older people.

5.4 Extending the role of Community Nursing and Pharmacy

Community Nursing

Mini Lean:

In order to assist Long Term Conditions Teams (LTCs) improve their efficiency and effectiveness, service improvement methodology and Lean thinking principles have been introduced to 90% of teams who have undergone training sessions and implemented a team action plan to eliminate waste within their working processes. The remaining 3 teams will undergo training in July/August 2010. The service improvement work has included use of Lean tools and techniques, demand, capacity, activity and queue management, caseload management including use of complexity scoring tool and identification of core work for LTCs Teams.

This has resulted in a significant cultural change within the community nursing teams. Staff are now operating at their clinical grade and questioning some of the activity they are being asked to undertake. They are demonstrating a more proactive approach to Caseload Management thus allowing them the time required to deliver care to people with complex or end of life care requirements across the vast age range of people to whom they provide care.

Integrated Care Management:

LTC Nursing Teams provide care to housebound patients with complex care needs using an Integrated Care Management approach. On average 570 patients are being actively Care Managed by District Nurses. These cases equate to approximately 12% of each District Nurse's caseload but account for 60% of the clinical activity of the team to meet each patient's needs.

The approach that NHS Lanarkshire has adopted to providing care to people with complex care needs living in the community shows some improvements have been made towards the HEAT targets of T6, T8, T10 and T12. The success of reducing A&E attendance rates, emergency inpatients admissions and to some extent emergency inpatients stays of less than 8 days has been borne by community nursing teams who have had an increase in their visits by 29% to care managed patients who form only 12% of their total caseloads.

Our experience shows that adopting this approach has improved the patient's experience of healthcare services allowing them to experience an approach to care that is co-ordinated and seamless, reducing the patient's or their family's need to negotiate the way through the complex maze of health and social care services.

Anticipatory Care Planning:

As part of the Long Term Conditions Complex Care work stream a challenge was issued to produce an Anticipatory Care Plan (ACP) to support and direct the care of people with complex needs who were currently being cared for within a care home environment. The aims of this project were to introduce Anticipatory Care Planning within Lanarkshire Care Homes prompting discussion about future preferences and wishes for care; to improve communication between residents, care home staff, and healthcare professionals and ultimately improve the overall experience of residents, with the concept of Anticipatory Care Planning being accepted as best practice.

From the pilot it is clear that the introduction of ACP can have a positive impact upon the overall experience of care home residents and their families. It may also eliminate unnecessary acute hospital attendance and reduce length of hospital stay.

Although the scope of this project was limited to the introduction of Anticipatory Care Planning within care homes, anecdotal reports, our experience and actual findings suggest the concept may have relevance in other clinical and non clinical settings. Considering this, discussion is required with the wider primary care team such as GPs, Care Managers, the community nursing teams, and the Older People's Directorate within NHS Lanarkshire Acute Division to ensure that Anticipatory Care Planning is accepted as best practice and seen as a natural progression of person centred outcomes focused care. The aim is to commence rolling out Anticipatory Care plans for use by Care Managers from September 2010.

Pharmacy

The whole ethos of the new pharmaceutical care services contract for community pharmacists fits in with the aspirations of shifting the balance of care with regard to altering:

- Care location;
- Professional responsible for providing care;
- Making preventative care more accessible.

The Minor Ailment Service is an example. Established in 2006 it has matured to the extent that all 120 community pharmacies in NHS Lanarkshire participate and currently there are over 87,000 eligible patients registered. The service continues to grow in popularity and use such that throughout 2009/10 an average of almost 16,500 medicines were prescribed and dispensed each month by community pharmacists within their community pharmacies, when previously many of the patients would have accessed GP surgeries for a prescription. A local formulary guides prescribing practice and this facilitates quality prescribing.

An enhanced suite of community pharmacy based public health services was also launched in 2008/9.

As an example of a preventative service nicotine replacement therapy is being prescribed and followed up in almost all pharmacies. From August 2008 – March 2010 2,142 successful 4 week quit attempts have been supported and this is a useful contribution to the overall NHS Lanarkshire target of 3,579 per annum from all components of the NHS Lanarkshire Stop Smoking services. The community pharmacy based service is well supported by NHS Lanarkshire Stop Smoking service and the two arms of service provision coordinate efforts in a complementary manner providing useful patient choice. Recent developments have focussed on improving data recording to ensure that there is accurate outcome data for the service.

There is also good liaison with the Sexual Health Services to support the introduction, since December 2008, of a Chlamydia testing and treatment service and NHS provision of Emergency Contraception Service. To end March 2010 8,753 supplies of Emergency Contraception have been made and 24 supplies of Azithromycin for Chlamydia treatment. The small number for Chlamydia treatment is not unexpected. Substantially greater numbers of test kits have been supplied and patients who were tested positive may have chosen alternative sites for treatment. Further work to fully understand all the patient flows with regard to Chlamydia testing is ongoing. A recent SGHD circular - PCA(P)(2010)15 - indicated that the Public Health Service elements of the pharmacy contract will be reviewed in the light of 18 months experience, and NHS Lanarkshire is very happy to contribute to that review process.

Additionally, NHS Lanarkshire continues to support and develop pharmacy prescribing. This occurs across a wide range of clinical areas, but two in particular which are worthy of note are in the fields of methadone prescribing and benzodiazepine reduction. Both of

these services have matured over the past year with multidisciplinary peer review input leading to greater consistency in practice and mutual support for practitioners including valuable support for practitioners new to these clinical areas. The Pharmaceutical Journal recently carried an article highlighting the valuable service provided within NHS Lanarkshire with regard to benzodiazepine reduction clinics.

In recent months NHS Lanarkshire has run a high profile campaign to minimise medicine waste. This was developed in partnership with the local community pharmacists who actively participated in informing and patients about the purpose and aims of the campaign.

The application of Patient Group Directions also allows other non prescribing professions to maximise their input. Examples within the Out of Hours service empower community nurses to provide rapid symptomatic care for patients with palliative care needs are noteworthy.

Looking to the future we anticipate that the chronic medication service element of the pharmacy contract will become established in 2010. Formally launched on 13th May 2010, every community pharmacy contractor within NHS Lanarkshire has signed up to deliver this service and we anticipate that this will pave the way for a major contribution by the pharmacy profession in the care of patients with long term conditions and will facilitate significant redesign of GP prescribing services.

6 FINANCE & EFFICIENCY, INCLUDING WORKFORCE PLANNING & SERVICE CHANGE
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6.1 E4 – Improved Efficiencies

E4 KPM1 Day Case Rate:

We achieved a day case rate of 79% against target of 75%. In 2010/11, NHS Lanarkshire will monitor day case rates by specialty which will identify areas where further work is required. A review of all procedures carried out in an Out Patient setting will also be carried out as well as an audit into failed day cases.

E4 KPM2 Average Length of Stay:

Our length of stay - actual 4.2 against target of 3.0 - did not reduce during this period, however, NHS Lanarkshire is among the best performing Boards on this target.

E4 KPM3 Return to New Outpatient Ratio:

We achieved the return to new outpatient ratio target (1.84 against target of 2.9).

E4 KPM4 Did Not Attend (DNAs):

While we achieved our DNAs target in 2009/10 (10.7% against target of 11.8%), there will be further focus on reducing DNAs within NHS Lanarkshire. A pilot in place for Orthopaedics saw the DNA rate drop from 12% to around 7% over a three month period. A number of actions are to be rolled out during 2010 focussing on reducing DNA rates across all specialties, including:

- Social awareness campaign;
- Introduction of text/e-mail reminder system during July 2010 to remind patients of their appointment date/time;
- Further refine letters sent to patients informing them of their appointment, obligation to attend and consequences of non-attendance, i.e., removal from the waiting list.

Pre-operative stay:

For 2010/11, E4 KPM3 is replaced by E4 KPM5 Pre-operative stay. NHS Lanarkshire is currently a high performer in relation to pre-op length of stay. Trajectories have been set until March 2011 and these will be reviewed as further work is completed.

6.2 E5 & E6 – Finance

E5 – We achieved our target of £12.059m at year end with the audited accounts showing a cumulative surplus of £12.069m.

E6 – We achieved £30.921m against our target of £30.907m for cash efficiency.

6.2.1 Links between finance and workforce planning

Our Workforce Plan is developed in partnership with Operational Managers and Finance to ensure our solutions are demand led and affordable.

6.2.2 Links between finance, efficiency and service changes including capital programme

Within the Board there is a clear structure to ensure that service changes are managed effectively. Overall the Modernisation Board, with its infrastructure of Service Improvement Boards, ensures a single-system coordinated approach to changes and developments. It is intended that all clinical change is managed through this mechanism. The membership of the Modernisation Board includes a range of Executive Directors, Senior Managers and PPF representatives. The Board considers all aspects of change including investment and overall performance of services.

As the capital investment programme must reflect the clinical strategy, the Capital Investment Group must consider the views of the Modernisation Board when compiling the capital programme. There is an overlap of membership of both groups at Executive Director level.

6.3 E7 – Referrals triaged Online

A programme of work is in place to introduce e-vetting / e-referral across all specialties by the end of calendar year 2010. This will be achieved on a phased basis through clinical engagement. Delay in commencement of the programme has resulted in NHS Lanarkshire being slightly behind trajectory at March 2010 (30.3% against plan of 35%). This will be recovered during the remainder of the calendar year. Currently e-referral and e-vetting are in place for all ENT referrals.

6.4 E8 – Reducing Emissions

In 2009/10, our energy consumption reduction target was 4% on the base year of 2007/08. This target was exceeded with an actual reduction of 7.46%.

6.5 E9 – Use of CHI numbers

The use of CHI numbers within Lanarkshire remains within the target level set by the Scottish Government (radiology requests at 99.5% against target of 97%, and laboratory requests at 97.4% against target of 97% as at March 2010). In attempting to ensure that the high level is sustained, the CHI number will be the universally applied unique patient reference number across all currently planned systems developments including the Patient Management System, GP IT system replacement, Laboratory and Radiology Systems. The use of CHI in these cornerstone developments will ensure that CHI is used between primary and secondary care and in the relationship between service departments, specialties and clinical disciplines.

6.6 E10 – eKSF Reviews

We achieved 37% (ISD data) against the national target of 30% of KSF based Personal Development Plan reviews to be recorded on the eKSF system by 31 March 2010. This represents excellent progress in 2009/10 and is the highest level of performance by any territorial NHS Board. Local interpretation of performance indicates that when staff employed under temporary or bank contracts of employment are removed from the figures, as has been agreed nationally, our performance is 57% against the 30% trajectory. This progress and performance provides a strong foundation and momentum in meeting the challenge of delivery against HEAT target E10 in 2010/11 – that permanent staff

employed under Agenda for Change have an annual review against their KSF post outline and that at least 80% of such reviews are recorded on eKSF by 31 March 2010.

7 CONCLUSION

The brief details and examples in the foregoing pages represent a year of solid progress and achievement for NHS Lanarkshire, ensuring that we are well placed to address the challenges of new HEAT and other targets and priorities in 2010/11.



**NHS LANARKSHIRE
PATIENT FOCUS and PUBLIC INVOLVEMENT
SELF-ASSESSMENT
2009/10**

April 2010

Section 1

1. Summary

In December 2006, Lanarkshire NHS Board approved the Patient Focus and Public Involvement (PFPI) Strategy 2006-2010. Since then, the Action Plan related to the Strategy has been reviewed every six months to note developments and progress. This responsibility has more recently been that of the Stakeholder Engagement Group, which reports directly to the NHS Lanarkshire Modernisation Board.

The PFPI Strategy reflects the Board's commitment to work in partnership with the people of Lanarkshire to improve health, reduce health inequalities and build trust and confidence in our relationships with the public, staff and organisations with whom we work. In support of this commitment, NHS Lanarkshire has a set of organisational values developed through meaningful public and staff contribution. Further details on these values are available on our website.

<http://www.nhslanarkshire.co.uk/About/Values>

The Action Plan related to the Strategy provides a summary of a range of workstreams, each with individual action plans and governance arrangements to ensure their implementation, and reflects progress made. The Action Plan sets out an Executive Lead and lead officer for each of the workstreams and the governance arrangements to ensure implementation.

To date, NHS Lanarkshire has used three main indicators as measures of overall achievement in relation to Patient Focus and Public Involvement. These are: patient feedback through the Better Together programme, Patient and Public Partnership Forum feedback utilising a survey and the Scottish Health Council annual assessment. However, the assessment of PFPI has evolved and NHS Lanarkshire is responding to the challenge of delivering a self assessment from April 2010 in consideration of the new *Participation Standard* and the revised guidance on *Informing, Engaging and Consulting People in Developing Health and Community Care Services* (CEL 4 (2010)) and in line with the process adopted by the Scottish Health Council in its changing role.

Each Community Health Partnership now has a well established Public Partnership Forum (PPF) and underpinning locality structure. Each has a Working Agreement in place and programmes of work and activities. They will continue to develop and extend their areas of work and activities, for example, by representation and input to NHS activities and groups, and by increasing coverage in terms of extending community involvement both geographically and in terms of interest groups.

Following a training session for PPF members on the NHS Lanarkshire Equality and Diversity Policy, it was agreed to that equality and diversity would be incorporated into their existing action plans, to ensure that they mainstreamed the work. The Equality and Diversity Manager spent an additional morning session, following their one day training session, working through the existing work plan and identifying areas that need further development. The workshop held on 26 January 2010 was attended by four PPF members, a Volunteer and a Community Council representative.

The PPF members were able to amend and build equality and diversity into their existing action plan to work towards making PPFs as inclusive as possible. This was a highly successful exercise for members in terms of ensuring that all strands of their activities were in line with Equality and Diversity targets.

The PPFs also intend to review present membership, and actively encourage and support membership from hard to reach groups and the wider public to participate fully in the work of the PPFs.

A publicity campaign is planned to take place to widen the membership in order to gain a more representative view from our communities on health matters. The PPF members are linked into the NHS Lanarkshire planning structure through Service Improvement Boards (SIBs) and the Modernisation Board. All service changes are influenced by the view of the PPFs.

What has worked well for us re: PFPI in 2009/10? The further development of PPFs, their networks and links to Community Planning is helping to support increased involvement across a wide range of health agendas, and to improve engagement with disadvantaged or hard to reach groups. Continued focus on engaging with young people is beginning to bear fruit and is expected to improve significantly in 2010/11. Review of activities and business methods is leading to more structured approaches, for example, the implementation phase of the Operational Guidance for PPFs.

What further work is required? All of our actions have progressed well in 2009/10, but as suggested last year, much of this is likely to be ongoing. Many are at the stage of implementing Action Plans (e.g., Diversity & Equality, PPFs Development Plans and Operational Guidance, Customer Care Standards, and Carers) and these will be monitored throughout 2010/11, with further review and action determined thereafter.

Support has been provided to public and patient engagement activities at a number of levels. Structurally, dedicated support and significant funding has continued to enable PPFs to develop as organisations over the past three years by involving the public. The difference made by improved patient and public input can be seen in the qualitative information that now feeds into service redesign work, ensuring that the experience of individual users is captured and used to improve services. The involvement of members of the public in specific activities (for example, HAI; Sampling of Hospital Food) also brings personal knowledge and experience to bear in a very direct and practical way.

Section 2

Case Study 2 - Development of Public Partnership Forums

Having put in place our new operational guidance in July 2009, we agreed with the PPFs that this year should focus on monitoring and evaluation to ensure that it is fully embedded within NHS Lanarkshire. The guidance makes it easier for us to jointly manage access to PPF involvement, underpinned by the National Standards for Community Engagement. To make the engagement meaningful, the PPF members need to know why they are being asked for their input and in what areas they can expect to influence the particular pieces of work. They need to have complex information summarised in plain English and they need to be supported to understand the content. All of these issues are covered in the guidance both for documents being submitted to the PPFs and for requests to join meetings/committees. The guidance also sets out responsibilities and expectations of the PPF members.

Evaluation occurs at regular meetings with the Reference Group chair, the PFPI Facilitator, and the Head of Planning & Performance; at Reference Group Meetings and at development days.

The guidance is already having a positive impact and NHSL is confident that it will support us to improve engagement and to achieve best value from the time that PPF members devote to working with us. As we move forward with new arrangements for involving young people in North and South Lanarkshire, these guidelines will help ensure their contribution is valued and used to best effect.

Case Study 3 - Continue to involve patients and the public in service improvements and redesign programmes and activities and apply learning

NHS Lanarkshire held a stakeholder event and a focus group involving members of the public in April 2009 to help us decide the best way to promote our bowel screening initiative which was to launch in August 2009. Because of the nature of the subject matter, participants said they would be more empathetic with a member of the public discussing bowel screening rather than a clinician, as they would more directly relate to someone of their own age or who had similar life experiences, or an individual who had had health concerns in the past – particularly those who have had bowel cancer.

One of the aims of the screening programme was to break through the barriers that prevent many people discussing bowel issues, so it was agreed through these events that we should establish a network of volunteer local champions who would visit local community/tenants groups etc., to explain why taking the test is so important and explain how to take the test. It was agreed that specialist cancer nurses would accompany the champions to answer any clinical related questions. Nine champions were recruited and trained to undertake a five minute presentation to groups and to answer basic questions in relation to the screening. To date the champions have addressed almost 30 groups attended by over 400 people.

Case Study 4 – Continue to improve our communications with patients

Following the positive feedback from NHS Quality Improvement Scotland on the leaflet “Going to Hospital”, produced in 2008/09, NHS Lanarkshire is continuing to develop leaflets in Easy Read format.

Work has been ongoing throughout 2009 to develop a suite of information leaflets in Easy Read format to support people with learning difficulties, their families and carers, as well as NHS staff. The leaflets focus on routine, high repetition medical examinations and tests that occur in acute and primary care situations. Members of Lanarkshire ACE (a local advocacy group) and their carers have met with NHS Lanarkshire staff regularly to review the draft leaflets and offer feedback.

It is intended that an information catalogue will be made available electronically via the NHS Lanarkshire Public website and staff intranet as well as being available in hard copy in acute hospitals and at Kirklands Hospital. The catalogue will be promoted through the Pulse, the staff weekly brief and the local press when produced.

Case Study 5 – Continue to implement the Carers Information Strategy and Action Plan

The following is one of a number of carer case studies that reflect the benefits of having an acute and community based NHS Lanarkshire Carer Support Team.

Mr L contacted North Lanarkshire Carers Together on 5 November 2009 having obtained the details from the notice board in his GP practice. His call was taken by the administration officer. Mr L explained his concern and confusion in relation to having his wife, children (young adults) and himself immunised against ‘swine flu’. The administration officer passed the referral to the Co-ordinator for Carers who telephoned Mr L at his home on 6 November 2009. Mr L relayed his concern in relation to ‘swine flu’ vaccination, which related to the fact that his young adult family had severe learning difficulties and polypharmacy¹ issues. He wanted more information than was available in the public domain i.e. information specific to his situation. He also expressed his desire for he and his wife be immunised at the same time as the children. He wanted advice and reassurance that this was an appropriate decision. The Co-ordinator supplied Mr L with information and suggested that he discuss his concerns directly with the NHS Lanarkshire Department of Public Health’s Infection Control Nurse. Mr L was happy to agree to this and had no objection to sharing relevant information. The Co-ordinator contacted the NHS Lanarkshire Department of Public Health on the same day and discussed the matter with the Infection Control Nurse who offered to contact Mr L next morning. The Co-ordinator advised Mr L to expect this call. The Infection Control Nurse contacted Mr L and supplied information and reassurance. Mr L, his wife and family were immunised the following week. Mr L contacted North Lanarkshire Carers Together to express his gratitude.

¹ generally refers to the use of multiple medications by a patient

Case Study 7 - Ensure the provision of high quality volunteering opportunities within NHS Lanarkshire

CEL 10 (2008) - *Refreshed strategy in volunteering in the NHS in Scotland*, instructed NHS Boards to develop strategic action plans for volunteering. We looked at where we saw volunteers within NHS Lanarkshire, how we valued volunteers and what they wanted from us. We aspired to a 'Vision for Volunteering' that set out what we and our volunteers wanted volunteering in NHS Lanarkshire to look like in five years' time. The emphasis was to be on the quality of volunteering opportunities as well as an expansion of the existing volunteer programme.

A stakeholder event in January 2009 considered what we did well in involving volunteers, what limitations there were and how we could develop. Participants included NHS Lanarkshire staff, existing volunteers, voluntary organisations and the Public Partnership Forums. NHS Lanarkshire Volunteering Action Group (which includes representatives of voluntary organisations and the PPFs) grouped the feedback from the stakeholder event into five different proposed priority areas. This formed the outline Vision for Volunteering, which was reported on in the newly re-launched volunteering newsletter. In order to test the outline Vision for Volunteering, a number of engagement events were organised in October 2009 with volunteers. A separate event was held for voluntary organisations with approximately 25% of the existing volunteers participating in the events.

Changes made to the draft Vision for Volunteering were relatively minor; however, the real strength of the engagement events was that the volunteers were given the opportunity to talk about their own volunteering, benefits to them of being involved and anecdotal evidence about how patients benefited from volunteers support. The Vision for Volunteering is a document that NHS Lanarkshire volunteers have completely embraced.

Case Study 9 – To complete the first inpatient survey to inform further developments

The Scottish Government Health Directorate issued NHS Boards with detailed guidance on how to conduct the inpatient survey. In line with these requirements and the associated timeline, NHS Lanarkshire appointed a contractor in December 2009 to manage the administration of the inpatient survey. The survey was issued by Quality Health in January 2010 to approximately 2,800 people who had been admitted to hospital in Lanarkshire between October 2008 and September 2009 and who met the qualifying criteria. NHS Lanarkshire distributed posters and leaflets giving information about the survey and issued a press release to local newspapers. The survey will close in March 2010 and it is currently anticipated that the results will be available in July 2010. Essentially, for subject areas where practice or performance is found to be in need of improvement there will be an action plan developed or the results will be fed into existing improvement projects.

Section 3

PFPI Actions for 2009/10

<p>Action 1 - Continue to deliver NHS Lanarkshire Diversity and Equality Strategy and Action Plan</p>	<ul style="list-style-type: none"> • New chaplains recruited to cover the three acute hospitals • Spiritual Care ‘Sanctuary’ in Hairmyres; 24/7 on call service • NHS Lanarkshire single equality scheme published March 2010 • Undertake Diversity Impact Assessment on all PFPI projects • Clear interpreting policy supports all language needs
<p>Action 6 – Continue to support improved transport access for the public to healthcare facilities and services</p>	<ul style="list-style-type: none"> • Evening Visitor Service pilot scheme in Monklands area • Ran from January 2008 – March 2009; under used • Aimed at public with difficulty in accessing public transport • Promotional material developed and distributed in pilot area • Service model not suitable for Lanarkshire
<p>Action 8 – Continue to support the development and availability of advocacy services</p>	<ul style="list-style-type: none"> • NHS Lanarkshire developing more coordinated approach in services • Proposal for advocacy for older people in North Lanarkshire • Funding agreement South Lanarkshire Council for advocacy services, older people. • Work ongoing with North Lanarkshire Council Social Work Department on two advocacy projects.

Section 3

The Scottish Health Council agrees that this self assessment represents a fair and accurate account of the progress made last year by the Lanarkshire NHS Board in relation to Patient Focus and Public Involvement.

Jeff Holt

Lanarkshire NHS Board
Annual Review 2010
Area Manager
17 May 2010