

**NHSSCOTLAND CHIEF EXECUTIVE'S  
ANNUAL REPORT 2011/12**



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## FOREWORD

I am pleased to be able to highlight the many achievements of the NHS in Scotland over the last year by publishing my NHSScotland Chief Executive's Annual Report for 2011/12.



In a number of important areas of patient care, NHSScotland has delivered its best ever performance during the past 12 months. Waiting times are at their lowest ever levels, care is safer than it has ever been, levels of premature mortality have been further reduced and patients continue to rate their care very positively. Those achievements, I believe, are the result of the relentless commitment of NHSScotland staff (managers, clinicians and support staff) to improve the quality of care.

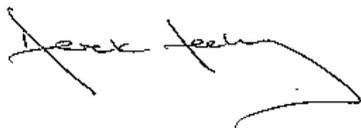
NHSScotland has achieved this level of performance in the midst of a challenging economic and financial climate. It has been vitally important that we have continued to manage our budget effectively and to meet our efficiency targets. At the same time as we have improved the quality of care and secured value for money, we have also been striving to improve the health and wellbeing of the people of Scotland. Progress in this area has been through both groundbreaking legislation, such as that on alcohol minimum pricing, all the way through to delivering hundreds of thousands of individual interventions with people to tackle potentially harmful alcohol consumption or to perform targeted health checks.

In the chapters that follow, I have set out the evidence and data that supports my reporting of strong levels of performance in a range of areas. I am encouraged by the level of international interest in what we do. In reporting these successes, I am also keen to stress that there is no complacency in NHSScotland. Everyone realises that there is more to do. There have been particular instances over the last 12 months where the NHS has not been at its best. We are determined to learn from those events and to use the experience to accelerate our improvement. However, my firm belief is that the NHS is heading in the right direction – delivering better health, better care and better value than it has ever done.

I think there are a number of factors behind the success of the last 12 months:

- The continued and sustained focus on the *Healthcare Quality Strategy for Scotland*\* as the means to achieve care that is safer, more effective and more person-centred, rather than on structural changes;
- The outstanding commitment and dedication of NHS staff and the strength of NHSScotland's partnership arrangements;
- A stronger focus on prevention and anticipation through initiatives such as the Change Fund, Detect Cancer Early, Self Management programme etc; and
- Our continued commitment to achieving improvement through integration – an approach that will be even more important as we join together health and social care.

It is a great privilege to be part of NHSScotland and to be able to publish this report on behalf of its staff. I hope that you enjoy reading about what the people in our NHS have achieved.



**Derek Feeley**

**Director-General Health and Social Care and Chief Executive of NHSScotland**

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\* All publications referred to within this document can be found in the publications section of the appendices.



# **CHAPTER 1 DELIVERING HIGH QUALITY HEALTHCARE FOR SCOTLAND**

# DELIVERING HIGH QUALITY HEALTHCARE FOR SCOTLAND

Significant progress has been made in recent years through impressive improvements in waiting times for access to high quality healthcare services and treatments. We have a world-leading patient safety programme which is making a real difference to standards of care and to hospital mortality. We have made substantial progress on issues as varied as access to GPs and dentistry, support for people with long term conditions, and outcomes for cancer, stroke and heart disease. We are producing improved outcomes for people in terms of reduced need for hospitalisation, shorter stays, faster recovery and longer life expectancy.

Through our *Healthcare Quality Strategy for Scotland\** (Quality Strategy) we have set ourselves three clearly articulated and widely accepted ambitions based on what people have told us they want from their NHS: care which is safe, effective and person-centred.

## THE QUALITY AMBITIONS

***Safe*** – There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate clean and safe environment will be provided for the delivery of healthcare services at all times.

***Effective*** – The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit and wasteful or harmful variation will be eradicated.

***Person-centred*** – Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

\* All publications referred to within this document can be found in the publications section of the appendices.

We are already seeing real progress in terms of positive impacts for patients, including:

- improvements in safety in our hospitals have resulted in an 11 per cent reduction in Hospital Standardised Mortality Ratios (HSMR) since 2007<sup>1</sup>;
- improvements in care for people aged over 65 has reduced the number of emergency bed days between 2008/09 and 2011/12 by over 170,000 bed days, based on current estimates<sup>2</sup>; and
- a reduction in the rates of *Clostridium difficile* infections of over 78 per cent since 2007/08<sup>3</sup>.

## LOOKING AHEAD – THE CHALLENGES

We all know that the demands for healthcare and the circumstances in which it will be delivered will be radically different in future years. Over the next few years we must ensure that – in the face of these demands and changing circumstances – we can continue to provide the high quality health service the people of Scotland expect and deserve into the future. In order to achieve this, we must collectively recognise and respond to the most immediate and significant challenges we face – which include Scotland's public health record, our changing demography and the economic environment.

Over the next 10 years the number of over 75s in Scotland's population – who tend to be the highest users of NHS services – will increase by over 25 per cent. By 2033 the number of people over 75 is likely to have increased by almost 60 per cent<sup>4</sup>. There will be a continuing shift in the pattern of disease towards long term conditions, particularly with growing numbers of older people with multiple conditions and complex needs such as dementia.

Scottish public expenditure will fall in real terms in the period to 2014/15. The revenue position for the NHS has been relatively protected. However, that vital protection needs to be seen in the context of the global pressures on health spending. To meet these pressures, NHS Boards have delivered £313 million of efficient government programme savings in 2011/12 to be retained locally.

1 NHS Information Services Division: Quarterly HSMR

2 NHS Information Services Division: Acute Hospital Activity (SMR01)

3 Health Protection Scotland: CDI Quarterly Report

4 National Records of Scotland: Population Projections

We must be bold enough to visualise the NHS that will best meet the needs of the future in a way that is sustainable, and then make the changes necessary to turn that vision into reality.

## OUR VALUES

The Scottish Government has been clear that it remains committed to the values of NHSScotland: the values of collaboration, co-operation and partnership working across NHSScotland, with patients and with the voluntary sector; of continued investment in the public sector rather than the private sector; of increased flexibility, provision of local services and of openness and accountability to the public. The Scottish Government will not follow the route being considered by the NHS in England as their response to the global challenges.

## OUR '2020 VISION'

**Our vision is that by 2020** everyone is able to live longer healthier lives at home, or in a homely setting.

We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

## ACTION REQUIRED

- We need a shared understanding with everyone involved in delivering healthcare services which sets out what they should expect in terms of support, involvement and reward alongside their commitment to strong visible and effective engagement and leadership which ensures a real shared ownership of the challenges and solutions.

- We need to develop a shared understanding with the people of Scotland which sets out what they should expect in terms of high quality healthcare services alongside their shared responsibility for prevention, anticipation, self-management and appropriate use of both planned and unscheduled/emergency healthcare services, ensuring that they are able to stay healthy, at home, or in a community setting as long as possible and appropriate.
- We need to secure integrated working between health and social care, and more effective working with other agencies and with the third and independent sectors.
- We need to prioritise anticipatory care and preventative spend, e.g. support for parenting and early years.
- We need to prioritise support for people to stay at home/in a homely setting as long as this is appropriate, and avoid the need for unplanned or emergency admission to hospital wherever possible.
- We need to make sure people are admitted to hospital only when it is not possible or appropriate to treat them in the community – and where someone does have to go to hospital, it should be as a day case where possible.
- Caring for more people in the community and doing more procedures as day cases where appropriate will result in a shift from acute to community-based care. This shift will be recognised as a positive improvement in the quality of our healthcare services, progress towards our vision and therefore the kind of service change we expect to see.

The pursuit of our Quality Ambitions defined by the priorities areas for improvement as set out in the six healthcare Quality Outcomes will be the way in which we take the above action and achieve our 2020 Vision.

# THE HEALTHCARE QUALITY OUTCOMES

## **Everyone gets the best start in life, and is able to live a longer, healthier life**

NHSScotland works effectively in partnership with the public and other organisations to encourage healthier lifestyles and to enable self care, therefore preventing illness and improving quality of life.

## **People are able to live well at home or in the community**

NHSScotland plans proactively with patients and with other partners, working across primary, community and secondary care, so that the need for hospital admission is minimised.

## **Healthcare is safe for every person, every time**

Healthcare services are safe for all users, across the whole system.

## **Everyone has a positive experience of healthcare**

Patients and their carers have a positive experience of the health and care system every time, which leads them to have the best possible outcomes. This should be demonstrable across all equalities groups.

## **Staff feel supported and engaged**

Staff throughout NHSScotland, and by extension, their public and third sector partners, feel supported and engaged, enabling them to provide high quality care to all patients, and to improve and innovate.

## **The best use is made of available resources**

NHSScotland works efficiently and effectively, making the best possible use of available resources.

The approach used to deliver these outcomes continues to be grounded in the principles of mutuality and co-production, working with people to create and sustain a culture where quality thrives and where the contribution of every individual is recognised and valued. This is about making the right thing easier to do for every person and at every opportunity.

The Quality Strategy has already led to real enthusiasm and opportunities for innovation, partnership working and more effective and efficient delivery of services. It has become the backdrop and context for local and national setting of priority areas for action and improvement in the delivery of healthcare services across Scotland. This annual report shares the initiatives and achievements already underway which have made a positive difference to people, and provides an opportunity to recognise this work and to value the work of staff and colleagues.



## **CHAPTER 2 SUMMARY OF KEY ACHIEVEMENTS**

# SUMMARY OF KEY ACHIEVEMENTS

## KEY ACHIEVEMENTS 2011/12

NHSScotland delivered a number of significant and important achievements during 2011/12, and made further progress towards our vision for world-leading healthcare services and a healthier Scotland. These achievements include specific progress towards the national targets agreed for NHSScotland in 2011/12, and a range of broader quality improvements.

Each year, after extensive consultation, the Scottish Government sets performance targets for NHS Boards to ensure that the resources made available to them are directed to priority areas for improvement, consistent with the Government's Purpose<sup>5</sup> and National Outcomes<sup>6</sup>, and with the strategic direction set out in the Quality Strategy. These targets are focused on Health Improvement, Efficiency, Access and Treatment, and are known collectively as HEAT targets.

Our HEAT targets for NHSScotland set out the priorities for accelerated improvement to support the delivery of improved health and wellbeing outcomes for the people of Scotland. NHSScotland has delivered notably strong performance against the safe, effective and person-centred Quality Ambitions in a number of areas:

- delivery of the 18-week Referral to Treatment waiting time target, after a four-year improvement programme;
- delivery of cancer waiting times targets, including the additional target set in 2008 to reduce the time between the decision to treat and treatment to 31 days;
- achieving significant reductions in levels of Healthcare Associated Infections (HAI), with a 24 per cent reduction in *Clostridium difficile* and a 10 per cent reduction in MRSA/MSSA in 2011/12. Between 2007/08 and 2011/12 there has been a cumulative fall of 78 per cent in *Clostridium difficile* and 35 per cent in MRSA/MSSA;

5 Further information on the Scottish Government's Purpose can be found at: [www.scotland.gov.uk/About/scotPerforms/purposes](http://www.scotland.gov.uk/About/scotPerforms/purposes).

6 Further information on the Scottish Government's National Outcomes can be found at: [www.scotland.gov.uk/About/scotPerforms/outcomes](http://www.scotland.gov.uk/About/scotPerforms/outcomes).

- completing over 272,000 Alcohol Brief Interventions to help tackle harmful and hazardous drinking over the last four years; growing from 30,310 in 2008/09 to 55,757 in 2009/10, 88,138 in 2010/11 and a high of 97,830 in 2011/12;
- delivering almost 48,000 inequalities targeted cardiovascular health checks in 2011/12, building on the almost 71,000 delivered during 2009/10 and 2010/11;
- reducing the rate of emergency bed days for people aged 75 and over by 7.6 per cent between 2009/10 and 2011/12, and by 10.9 per cent since 2006/07;
- a reduction in Scotland's suicide rate of 17 per cent between 2000/02 and 2009/11, including a 4 per cent reduction since 2005/07;
- year-on-year reductions in NHS staff sickness absence, from 5.55 per cent in 2006/07 to 4.63 per cent in 2011/12;
- a reduction in Hospital Standardised Mortality Ratios (HSMR) of 2.7 per cent in 2011/12 and a total of 10.6 per cent between October-December 2007 and January-March 2012;
- further reductions in levels of premature mortality (deaths for those aged under 75) across Scotland of 2 per cent in 2011 and 12 per cent since 2007;
- reduction in deaths from cancer, stroke and Coronary Heart Disease (CHD) since 2007 by 5 per cent, 24 per cent and 20 per cent respectively, including a 1 per cent, 5 per cent and 8 per cent reduction in 2011 alone;
- achieving financial balance for every NHS Board; and
- Over £1 billion of efficiency savings has been reinvested in the NHS across Scotland to boost front-line care for patients between 2008/09 and 2011/12.

Information on progress towards all of the HEAT targets for NHSScotland is available for public scrutiny through the Scottish Government website Scotland Performs<sup>7</sup>, including those targets referred to above. This is updated on a continuous basis and includes both national and NHS Board level information.

<sup>7</sup> The Scotland Performs website can be found at: [www.scotland.gov.uk/About/scotPerforms](http://www.scotland.gov.uk/About/scotPerforms).

## HEAT TARGETS 2011/12

### HEALTH IMPROVEMENT FOR THE PEOPLE OF SCOTLAND

<b>HEAT Targets Due for Delivery in 2011/12</b>	
<b>Target</b>	<b>Outcome</b>
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate Alcohol Brief Intervention, in line with SIGN 74 Guideline during 2011/12.	97,830 Alcohol Brief Interventions delivered, against a target of 61,081.
Achieve agreed number of inequalities targeted cardiovascular health checks during 2011/12.	47,776 targeted health checks delivered, against a target of 26,682.
<b>HEAT Targets Due in Future Years</b>	
<b>Target</b>	<b>Latest Results</b>
Reduce suicide rate between 2002 and 2013 by 20 per cent.	Between 2000/02 and 2009/11 the rate of suicide has decreased by 16.7 per cent, from 17.4 per 100,000 population to 14.5 per 100,000 population.
To achieve 14,910 Child Healthy Weight Interventions over the three years ending March 2014.	5,052 Child Healthy Weight Interventions delivered during 2011/12.
NHSScotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40 per cent most-deprived within-Board SIMD areas over the three years ending March 2014.	24,529 successful one month quit attempts in the 40 per cent most-deprived areas during 2011/12.
At least 60 per cent of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.	First results to be published in November 2012.

## EFFICIENCY AND GOVERNANCE IMPROVEMENTS

<b>HEAT Targets Due for Delivery in 2011/12</b>	
<b>Target</b>	<b>Outcome</b>
NHS Boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.	All NHS Boards met their 2011/12 financial targets.
NHS Boards to deliver a 3 per cent efficiency saving to reinvest in frontline services.	NHS Boards delivered local Efficient Government savings of £313 million, representing 3.6 per cent of baseline funding.
<b>HEAT Targets Due in Future Years</b>	
<b>Target</b>	<b>Latest Results</b>
NHSScotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009.	Between 2009/10 and 2011/12, NHSScotland secured a 2.6 per cent reduction in CO <sub>2</sub> emissions and a 2.1 per cent reduction in energy consumption.

**ACCESS TO SERVICES**

<b>HEAT Targets Due for Delivery in 2011/12</b>	
<b>Target</b>	<b>Outcome</b>
From the quarter ending December 2011, 95 per cent of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95 per cent of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.	In January to March 2012, 94.8 per cent of patients urgently referred with a suspicion of cancer began treatment within 62 days of urgent referral, increasing to 95.3 per cent in April to June 2012. In January to March 2012, 97.9 per cent of patients diagnosed with cancer started treatment within 31 days of their decision to treat, increasing to 98.0 per cent in April to June 2012.
Deliver 18-weeks referral to treatment from 31 December 2011.	In December 2011, 92.0 per cent of patients were seen within 18 weeks. NHSScotland has consistently maintained this performance, with 92.4 per cent seen within 18 weeks during June 2012.
<b>HEAT Targets Due in Future Years</b>	
<b>Target</b>	<b>Latest Results</b>
By March 2013, 90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	In the quarter ending June 2012, 90.0 per cent of clients who had started their first treatment for drug or alcohol use had waited 3 weeks or less.
Deliver faster access to mental health services by delivering 26-weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) from March 2013; and 18-weeks referral to treatment for psychological therapies from December 2014.	Waiting times information for CAMHS is at an early stage of development. Initial estimates indicate that around 92 per cent of people were seen within 26 weeks during the quarter ending June 2012. National data systems for 18-weeks referral to treatment for psychological therapies are currently being established.

## TREATMENT APPROPRIATE TO INDIVIDUALS

### HEAT Targets Due for Delivery in 2011/12

Target	Outcome
Reducing the need for emergency hospital care, NHS Boards will achieve agreed reductions in emergency inpatient bed days rates for people aged 75 and over between 2009/10 and 2011/12 through improved partnership working between the acute, primary and community care sectors.	Between 2009/10 and 2011/12 there was a 7.6 per cent decrease in the rate of occupied bed days for patients aged 75+ from 5,390 bed days per 1,000 population to 4,980.

### HEAT Targets Due in Future Years

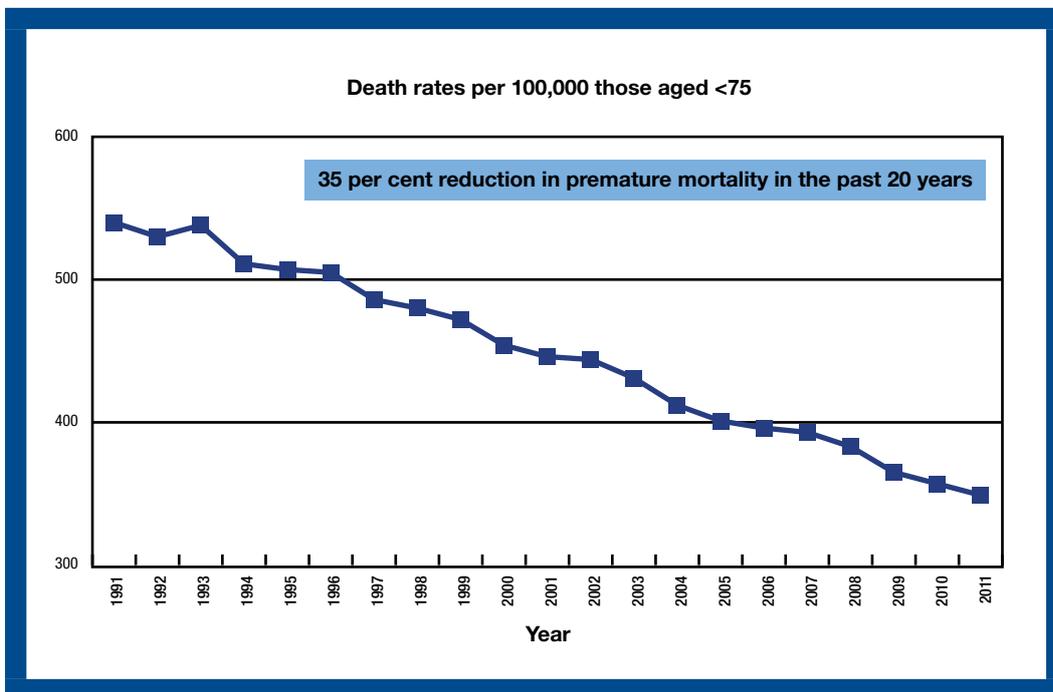
Target	Latest Results
To improve stroke care, 90 per cent of all patients admitted with a diagnosis of stroke will be admitted to a stroke unit on the day of admission, or the day following presentation by March 2013.	78 per cent of patients admitted with a diagnosis of stroke in 2011 were admitted to a stroke unit within one day of admission.
Further reduce Healthcare Associated Infections so that by March 2013 NHS Boards' <i>Staphylococcus aureus bacteraemia</i> (including MRSA) cases are 0.26 or less per 1000 acute occupied bed days; and the rate of <i>Clostridium difficile</i> infections in patients aged 65 and over is 0.39 cases or less per 1000 total occupied bed days.	For the year ending June 2012, the rate of <i>Staphylococcus aureus bacteraemia</i> (including MRSA) cases across NHSScotland was 0.30 per 1,000 acute occupied bed days. The rate of CDI was 0.30 per 1,000 occupied bed days among patients aged 65 and over.
To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E between 2009/10 and 2013/14.	In the year ending June 2012, the number of unplanned A&E attendances per 100,000 population was 2,183 (the target for 2013/14 is 2,095).

## LONGER-TERM PROGRESS

The achievements of the NHS in Scotland during 2011/12 should not be seen in isolation. For a number of years, NHSScotland has made continual and steady improvements in the service it delivers, and as a result has secured better outcomes for the people of Scotland. This gives NHSScotland a strong foundation on which to deliver further progress in future, as it works towards the aims of the 2020 Vision.

One of the most significant achievements is the fall in premature mortality in the past 20 years, which has decreased by over a third (Chart 1). This includes a 2 per cent decrease in the latest year alone. Premature mortality, a key indicator of the health of Scotland's population, measures the death rates of those aged under 75. In 1991, there were 540 deaths for every 100,000 people aged under 75. By 2011, the figure had fallen to 349.

Chart 1

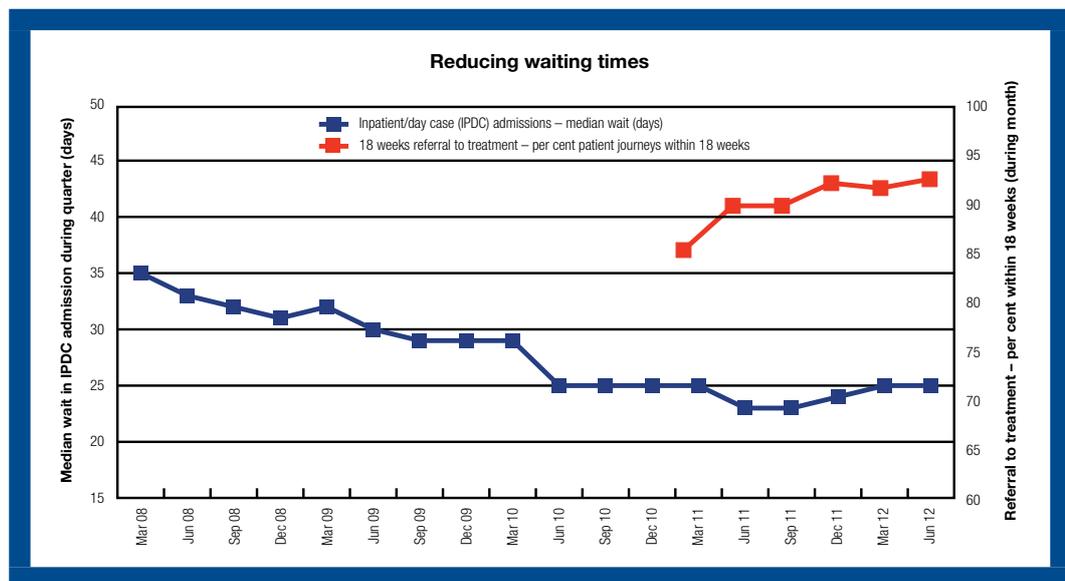


Source: National Records of Scotland: Under 75 Age Standardised Deaths Rates

We have made significant progress in reducing waiting times with the introduction of the 18-weeks Referral to Treatment times Standard (Chart 2). Reduced waiting times help to sustain a better quality of life for patients and help achieve the objective of a Healthier Scotland. The 18-weeks standard is different from previous targets because it applies to the whole 'pathway' from referral up to the point that the patient is actually treated. From January 2011 to June 2012, the percentage of patients treated within 18 weeks has increased from 82.1 per cent to 92.4 per cent. A standard of 90 per cent has applied since December 2011.

Analysing one of the main constituent parts of the referral to treatment journey we see median waits for inpatient and day case admissions has reduced from 35 days in the quarter ending March 2008 to 25 days in the quarter ending June 2012.

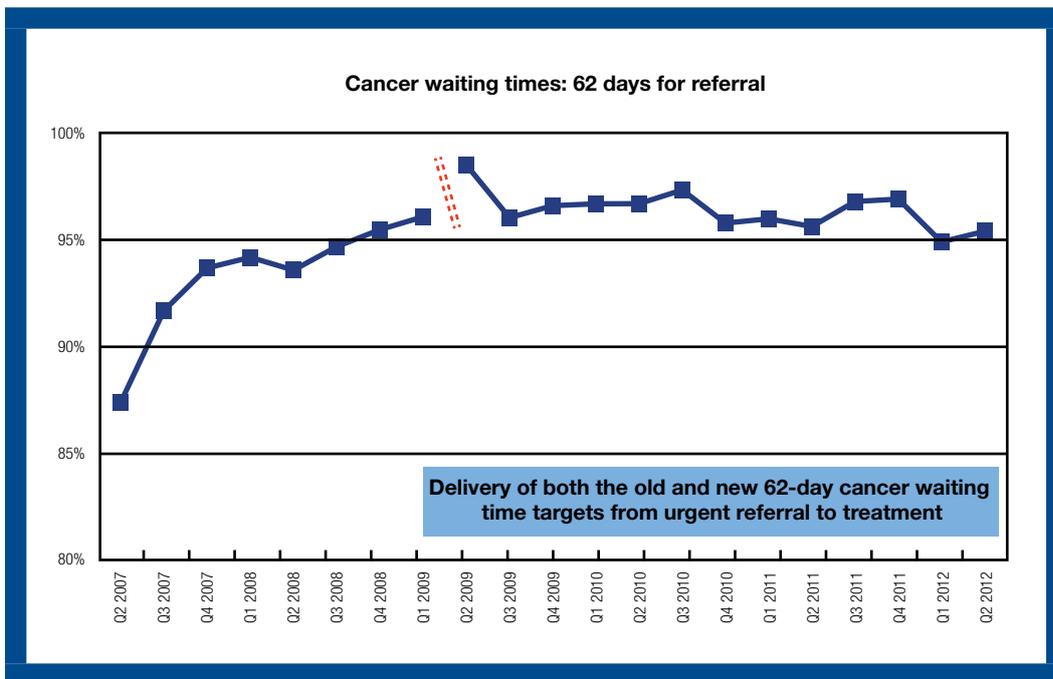
**Chart 2**



Source: NHS Information Services Division: *Waiting Times 18-week Referral to Treatment, Waiting Times Data Warehouse*

For many years there have also been specific waiting times targets for the treatment of cancer, which is the most common cause of premature mortality in Scotland. Since 2007 the NHS has made great progress in delivering faster access to cancer treatment services, under both the old and new 62-day targets (where 95 per cent of patients should begin treatment within 62 days of a first referral). In the quarter ending June 2012, 95.3 per cent of patients began treatment within 62 days of a first referral (Chart 3).

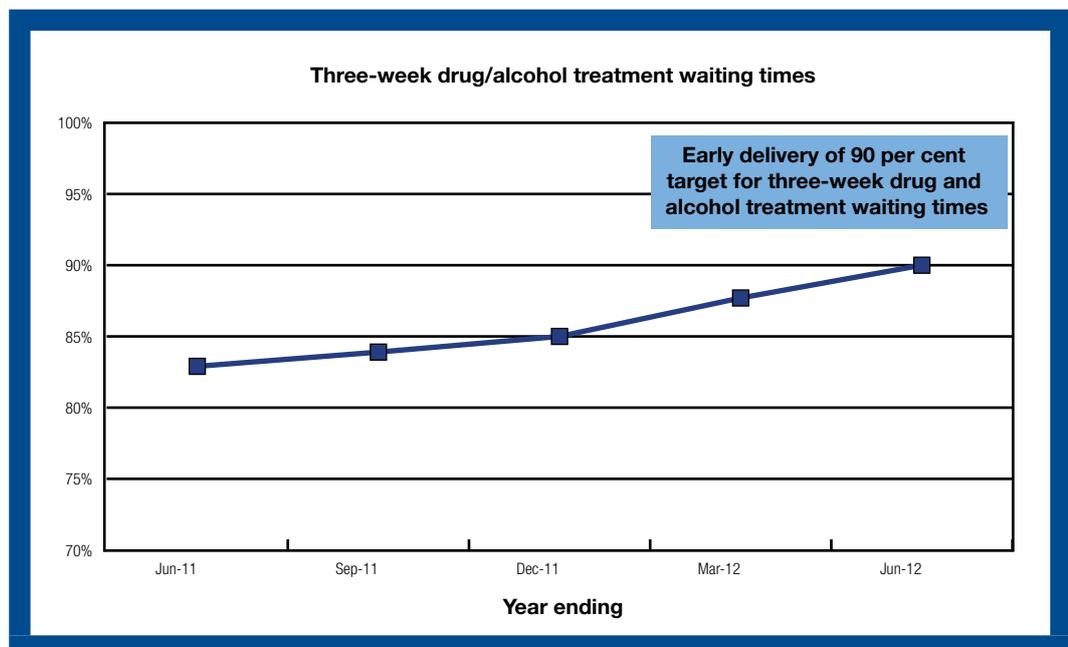
Chart 3



Source: NHS Information Services Division Waiting Times: Cancer Waiting Times

Whilst overall premature mortality has fallen since 1991, the number of alcohol-related deaths has increased sharply during this time, more than doubling from 624 to 1,247 in 2011<sup>8</sup> (despite a 5 per cent decrease between the latest two years). It is vital that reduced waiting times be secured for the treatment of people with drug and alcohol addiction problems and NHSScotland was set a 90 per cent target to deliver a three-week referral to drug/alcohol treatment by March 2013. Such has been the level of progress secured by the NHS, that the target has been delivered nine months early, with 90 per cent of people starting their first treatment within three weeks during April to June 2012 (Chart 4).

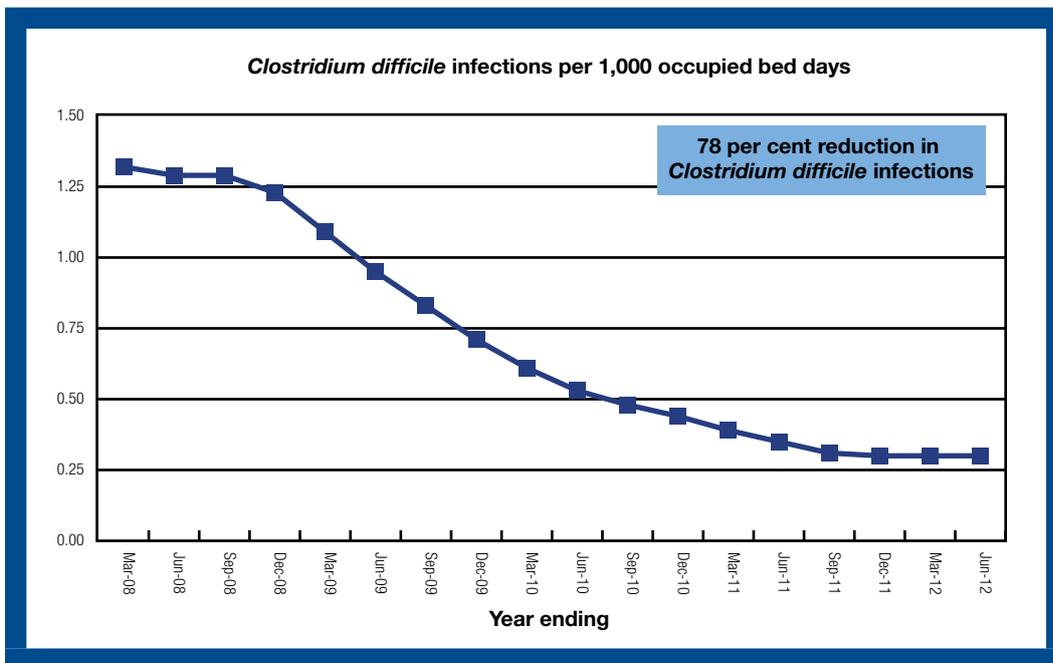
**Chart 4**



*Source: NHS Information Services Division: National Drug and Alcohol Treatment Waiting Times*

Once people begin their treatment, they should expect the highest standard of quality and safety. One of the ways in which NHSScotland has sought to achieve this over a number of years is through reducing the level of Healthcare Associated Infections (HAI). These events can increase patient stays in hospital, leading to poorer outcomes. In 2007/08 there were 6,516 cases of *Clostridium difficile* amongst patients aged 65 and over, a rate of 1.32 cases per 1,000 occupied bed days (Chart 5). Thanks to a huge effort by NHS Boards and staff, this has dropped by 78 per cent to 1,443 cases in 2011/12, or a rate of 0.30 cases per 1,000 bed days.

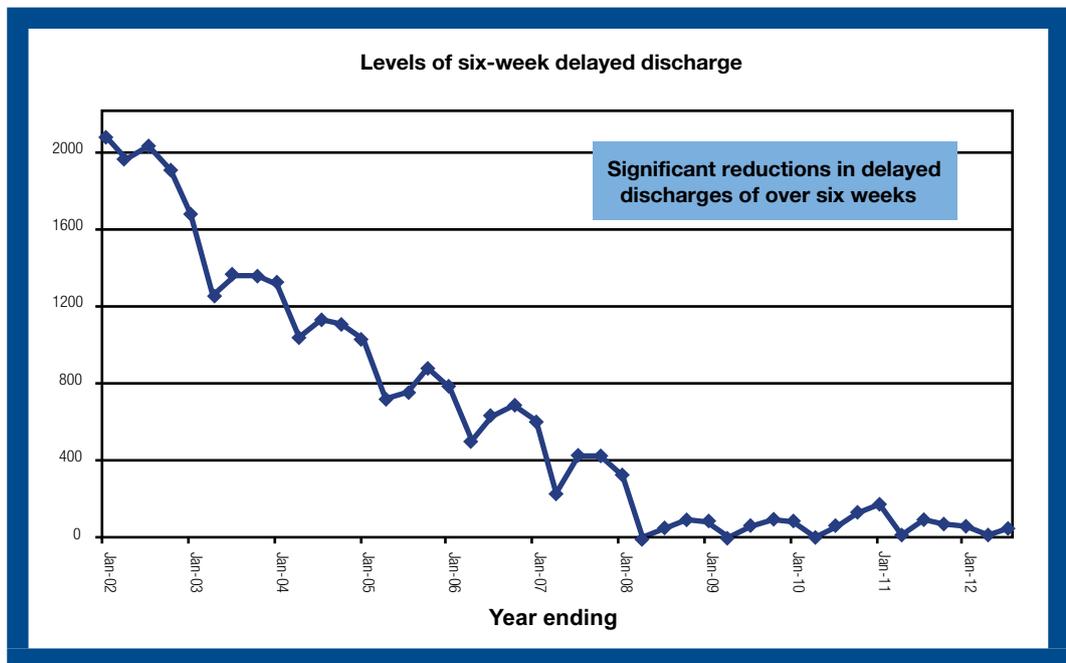
Chart 5



Source: Health Protection Scotland: Quarterly Report on CDI

Once patients are ready to be discharged from hospital, they should expect this to happen as soon as possible. Unnecessary delays contribute to a poorer experience for patients and are a waste of hospital resources. Over the past 10 years, NHSScotland has made huge progress in speeding up discharge. Back in April 2002, there were almost 2,000 patients delayed in hospital by over six weeks (Chart 6). By July 2012 that figure had dropped by over 97 per cent to just 50. Building on this success, NHSScotland has a new target for a 28-day maximum wait for discharge, to be achieved by April 2013, and a 14-day maximum wait by April 2015.

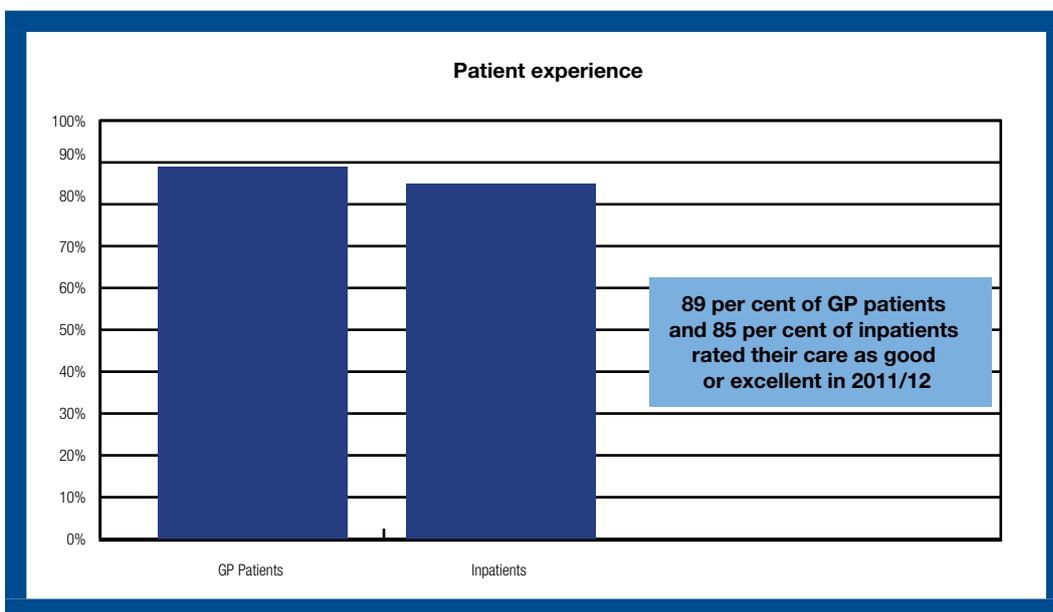
**Chart 6**



Source: NHS Information Services Division: Delayed Discharge

The direct experience of people who use the NHS in Scotland will always be crucial in determining how effectively services are being delivered. *Better Together* is a national initiative that feeds the experiences of the public into the improvements of the NHS. The latest results from these surveys demonstrate that NHSScotland currently enjoys a favourable reputation amongst its users. In 2011/12, 85 per cent of inpatients and 89 per cent of GP patients rated their care as either good or excellent (Chart 7).

**Chart 7**



*Source: Scottish Government: Better Together Scottish Patient Experience Survey of GP and Local NHS Services/Scottish Inpatient Patient Experience Survey*

Sustained investment in the NHS will ensure Boards continue to have the necessary resources to bring about real benefits to both patients and staff, and that a first class service can be delivered to patients across the country. Over the past four years, NHSScotland has been asked to make efficiency savings, so money can be reinvested where it is needed most. Between 2008/09 and 2010/11, NHSScotland made £694 million of Efficient Government savings, with a further £369 million of savings secured in 2011/12. Altogether, this means over £1 billion has been reinvested in front-line care in NHSScotland during the past four years.



## **CHAPTER 3**

# **KEY ACHIEVEMENTS IN HEALTHCARE QUALITY**

## KEY ACHIEVEMENTS IN HEALTHCARE QUALITY

In the Quality Strategy, we have established three Quality Ambitions that provide the focus for prioritising and integrating activity across NHSScotland, in partnership with the rest of the public sector, the third sector, and with the people of Scotland. In this chapter, we consider healthcare quality achievements and progress during 2011/12 in terms of their relevance to each of the three Quality Ambitions.

Of course, work undertaken will often simultaneously improve safe, effective and person-centred care, however, for the purposes of this report, we have separated out the work under the most relevant Quality Ambition.

### QUALITY AMBITION

#### SAFE

**There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.**

NHSScotland has received international acclaim for its approach to implementing improvements in patient safety. We have established a shared Quality Ambition for no avoidable injury or harm across all aspects of healthcare services.

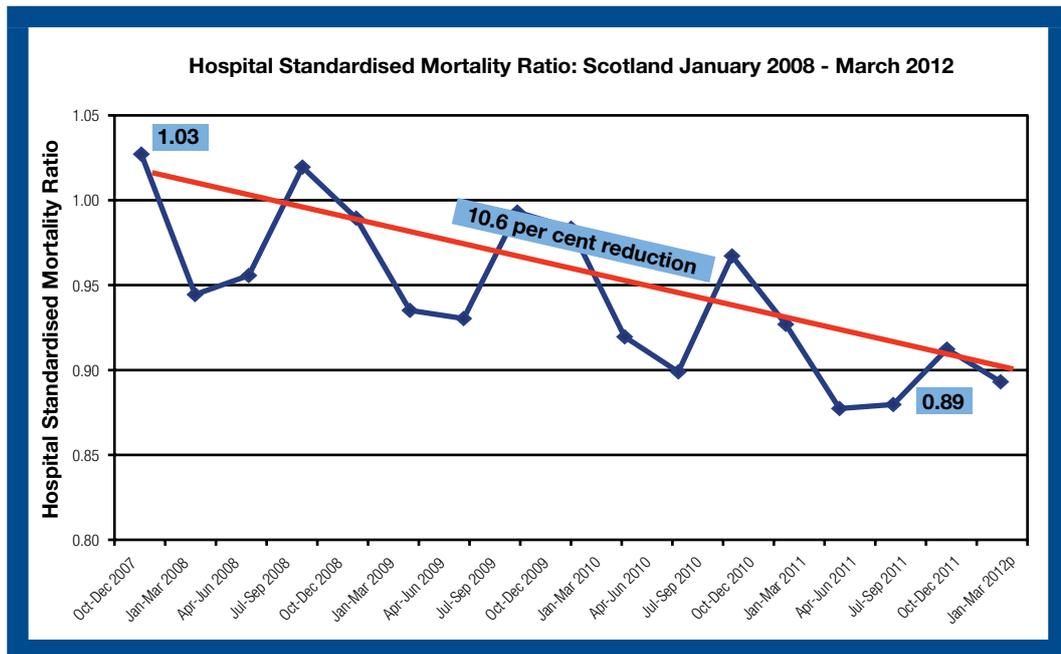
During 2011/12, there was further evidence of the success of the Scottish Patient Safety Programme with a reduction in Hospital Standardised Mortality Ratios (HSMR), and work began to bring additional areas into the acute programme, including interventions to reduce sepsis and venous thromboembolism. The Programme was extended to Paediatrics and Primary Care and work has been taken forward to extend its focus into mental health and maternity services. There were further improvements in tackling Healthcare Associated Infection (HAI) with reductions in the prevalence of infections including *Clostridium difficile* and cases of Methicillin-resistant *Staphylococcus aureus* (MRSA) are at the lowest level since recording began.

## PATIENTS AND THE PUBLIC

### THE SCOTTISH PATIENT SAFETY PROGRAMME

The Scottish Patient Safety Programme (SPSP) is playing a significant role in delivering the Quality Ambition of no avoidable injury or harm to people from the healthcare they receive. Its key objectives are to reduce Healthcare Associated Infection (HAI), reduce adverse surgical incidents, reduce adverse drug events, improve critical care outcomes and improve organisational and leadership culture on safety. Its primary aim is to reduce Hospital Standardised Mortality Ratios by 15 per cent and adverse events in Scotland's acute hospitals by the end of 2012. The most recent Hospital Standardised Mortality Ratio (HSMR) statistics, which include data to March 2012, shows a reduction of 10.6 per cent since December 2007 as set out in Chart 8 below.

Chart 8

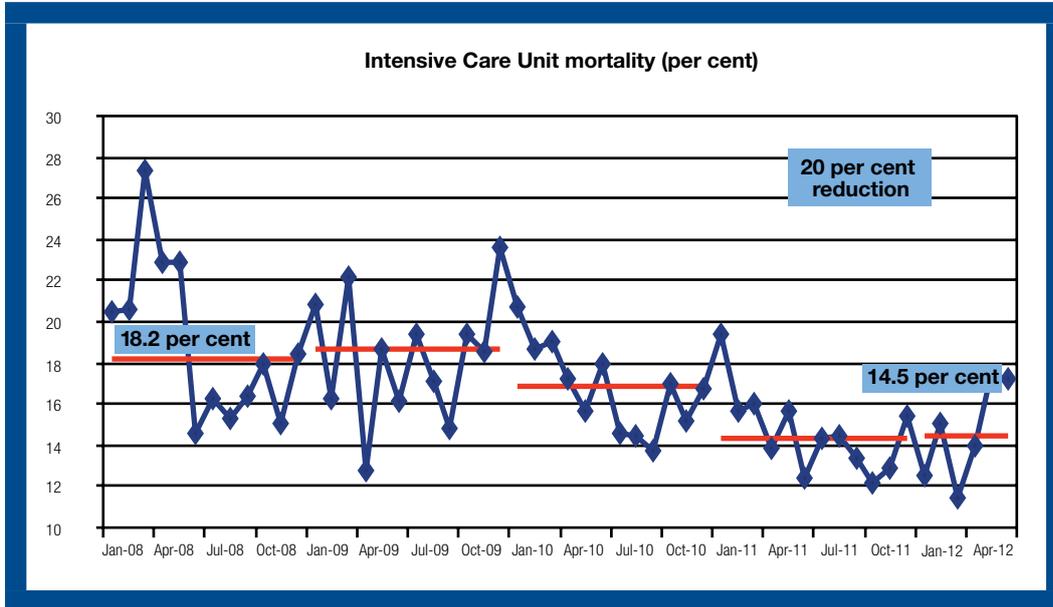


Source: NHS Information Services Division (ISD): Quarterly HMSR<sup>9</sup>

Broadly, over the same period, mortality in Intensive Care Units fell by 20 per cent as demonstrated in Chart 9.

<sup>9</sup> Hospital Standardised Mortality Ratio (HSMR) is a ratio of actual deaths divided by predicted deaths for any given hospital. A number of variables affect HSMR ratios. These ratios are measured by every NHS Board in Scotland and are amalgamated by ISD to give a Scotland-wide measure. Healthcare Improvement Scotland has published draft guidance on the interpretation of HSMR.

Chart 9

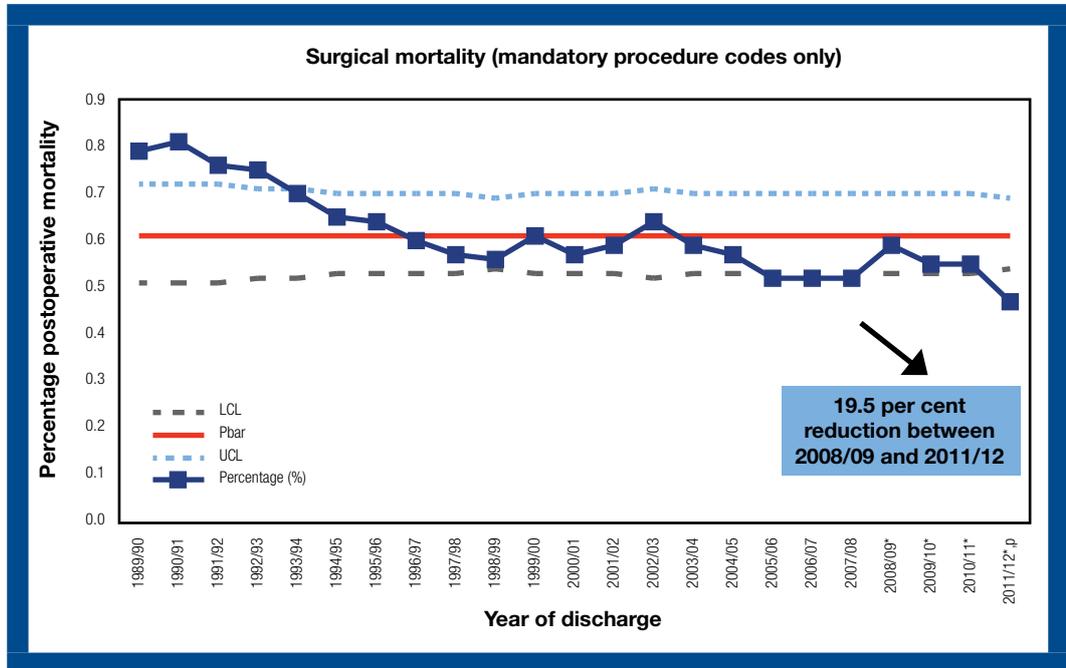


Source: NHS Information Services Division and Scottish Patient Safety Programme Extranet<sup>10</sup>

One of the interventions of the Scottish Patient Safety Programme has been the reliable introduction of the surgical checklist. This is an evidence-based intervention known to improve outcomes and mortality after surgery. Along with a range of other programmes and interventions, this has contributed to a significant reduction in surgical mortality. Following a period of relative stability in the percentage of postoperative mortality, there has been a drop of 19.5 per cent since 2008/09 as illustrated in Chart 10.

<sup>10</sup> Percentage crude unadjusted Intensive Care Unit (ICU) mortality is a measure of the number of deaths (numerator) divided by the total patient admissions (denominator). These data have been drawn from participating units and prepared by the Clinical Director of the Scottish Government Quality Unit.

Chart 10



Source: NHS Information Services Division: SMRO1<sup>11</sup>

New elements have also been brought to the programme this year, including the three-year sepsis and venous thromboembolism (VTE) collaborative which was launched in January 2012. The sepsis intervention aims are a 5 per cent reduction in mortality from sepsis in pilot areas by 2012 and a 10 per cent reduction by December 2014. In relation to VTE management, the aim is to achieve 80 per cent reliability with thromboprophylaxis by December 2012 and to 95 per cent by December 2014.

We have also announced a three-year extension of the acute programme which will begin in January 2013. It looks to learn from our experience over the last five years, build on the successes demonstrated by the first phase of the project and continue to drive forward improvements in patient safety. It sets ambitious new goals by increasing our aim of reducing Hospital Standardised Mortality Ratios in acute hospitals from 15 per cent to 20 per cent, and achieving 95 per cent of care free from avoidable harm as listed in a Scottish Safety Index.

<sup>11</sup> This chart measures the total postoperative deaths in hospital following surgery divided by the total number deaths and is prepared by ISD.

## KEY RESULTS FOR PATIENT SAFETY

Considerable progress has been made at NHS Board level as we continue to work towards achieving the key aims of the Scottish Patient Safety Programme. Board-reported achievements of the Programme across NHSScotland (covering 1 April 2011 to 31 March 2012 compared to the baseline) include:

- **NHS Ayrshire and Arran** – An Emergency Response Team has been established at both Ayr and Crosshouse Hospitals to identify patients at risk to enable earlier intervention. Up to January 2012, NHS Ayrshire and Arran reports that it has had no central line blood stream infections in critical care for 776 days.
- **NHS Dumfries and Galloway** – The Board reports that, in Intensive Care Units, it has had no cases of *Clostridium difficile* since January 2009, and no cases of *Staphylococcus aureus bacteremia* since March 2010. It also reports that surgical site infections have reduced by 72 per cent within Dumfries and Galloway Royal Infirmary Orthopaedics Department between 2007-2011.
- **NHS Fife** – The Board reports that surgical briefing/pause is now being carried out in all specialties across NHS Fife. The endoscopy Units at Victoria Hospital and Queen Margaret Hospital have sustained 95-100 per cent compliance. Surgical pause is a standardised way for surgical teams to make a set of final checks before starting surgery to ensure safety.
- **NHS Forth Valley** – As of January 2012, NHS Forth Valley report that its pilot critical care ward has achieved 606 days since its last Ventilator Associated Pneumonia incident.
- **NHS Grampian** – The Board reports that all theatre teams at the Royal Aberdeen Children's Hospital are demonstrating 100 per cent compliance with the surgical briefing/pause for six months, with general surgery compliance at 100 per cent for 14 months.
- **NHS Highland** – In Intensive Care Units, the Board has achieved 697 days between Ventilator Associated Pneumonia incidents and 573 days since its last central line infection. This has led to improved patient care, better staff morale and a reduction in the average length of stay.
- **National Waiting Times Centre Board** – The Golden Jubilee National Hospital has achieved 95 per cent or above compliance in medicines reconciliation for all orthopaedic patients over the last seven months.

- **NHS Lanarkshire** – Crash calls (sudden and often unexpected deterioration in a patient’s condition requiring a very fast response to save their life) have been reduced in Monklands District General Hospital in general surgery from 27 in November 2009 to 16 in November 2011. The Board also reports that there has been a significant improvement in reducing surgical site infections across all three acute hospitals. Safety briefings are being conducted in 59 general ward areas in the three acute hospitals.
- **NHS Lothian** – The Board has maintained a 42 per cent reduction in adverse events and continues to sustain a reduction in crash calls at Edinburgh Royal Infirmary.
- **NHS Orkney** – Will start to implement its Harm and Mortality Reduction Plan, which is a single document pulling together work from the Scottish Patient Safety Programme, case note reviews and samples identified from quarterly Hospital Standardised Mortality Ratio (HSMR) data. This will allow the Board to align all its safety and improvement work to the aims of the Scottish Patient Safety Programme.
- **NHS Tayside** – The Board reported that there have been no new central line infections since the opening of its Medical High Dependency Unit in Ninewells Hospital in 2007. Perth Royal Infirmary has reduced its crash call rates against the baseline median by 25 per cent.

## HEALTHCARE ASSOCIATED INFECTION

The results of Health Protection Scotland’s (HPS) second national *Scottish Point Prevalence Survey of Healthcare Associated Infection (HAI) and Antimicrobial Prescribing\** were published on 4 April 2012. The survey recorded a snapshot of all types of infections on the day of the survey. It found that prevalence of HAIs was 4.9 per cent in acute hospitals and 2.5 per cent in non-acute hospitals – lower by a third compared to that found in the first Scottish survey (carried out in 2005/06). A markedly lower prevalence of gastrointestinal prevalence and in particular *Clostridium difficile* infection was found. The report notes that the lower prevalence and changing epidemiology of HAI since the last survey are associated with implementation of the national programme of targeted interventions in the intervening period. The 4.9 per cent prevalence figure compares well with the corresponding figure of 6.4 per cent in England.

\* All publications referred to within this document can be found in the publications section of the appendices.

**CLOSTRIDIUM DIFFICILE AMONG THE OVER 65s**

One of the HEAT targets on Healthcare Associated Infection (HAI) is that by March 2013 NHSScotland's rate of *Clostridium difficile* infections in patients aged 65 and over is 0.39 cases or less per 1,000 total occupied bed days. Figures from Health Protection Scotland confirm that for the year ending June 2012, the rate across NHSScotland was 0.30. The rate of *Clostridium difficile* infections in over 65s has decreased by 78 per cent from 1.32 cases per 1,000 occupied bed days in 2007/08 to 0.30 cases in the year ending June 2012.

**STAPHYLOCOCCUS AUREUS BACTERAEMIA (INCLUDING MRSA)**

Cases of Methicillin-resistant *Staphylococcus aureus* (MRSA) are at the lowest level since recording began. One of the Healthcare Associated Infection HEAT targets is that by March 2013 NHSScotland's cases of *Staphylococcus aureus bacteraemia* (including MRSA) cases are 0.26 or less per 1,000 acute occupied bed days. Figures from Health Protection Scotland (HPS) confirm that for the year ending June 2012, the rate across NHSScotland was 0.30 cases per 1,000 acute occupied bed days. This represents a decrease of 35 per cent from 2007/08, when there were 0.47 cases per 1,000 acute occupied bed days.

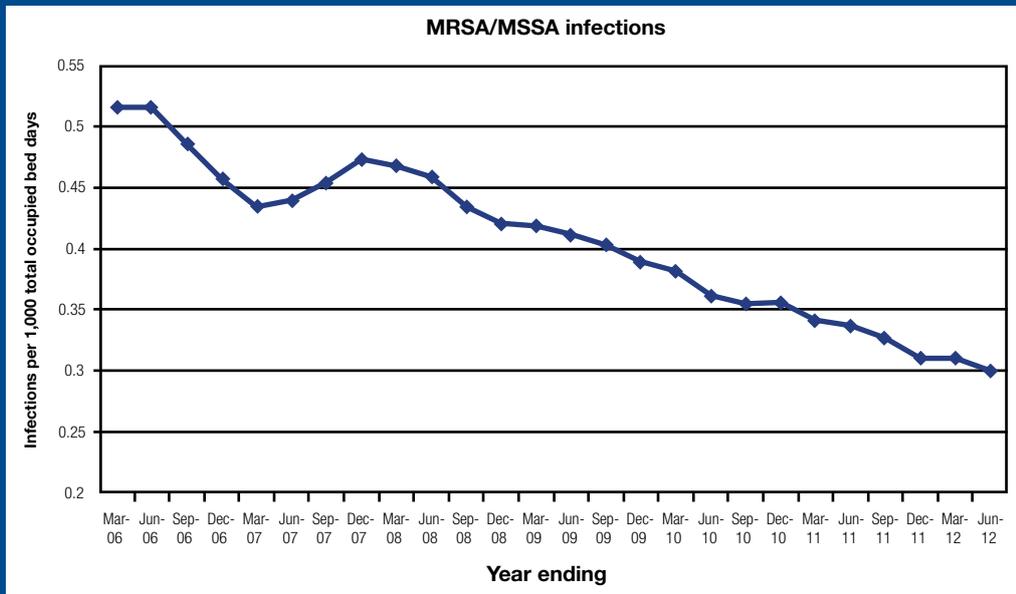
## HEAT TARGET

**Further reduce Healthcare Associated Infections so that by March 2013 NHS Boards' *Staphylococcus aureus* bacteraemia (including MRSA) cases are 0.26 or less per 1,000 acute occupied bed days; and the rate of *Clostridium difficile* infections in patients aged 65 and over is 0.39 cases or less per 1,000 total occupied bed days.**

During 2011/12, NHSScotland made further progress towards the 2012/13 HEAT target to reduce the level of Healthcare Associated Infection.

In terms of *Staphylococcus aureus* bacteraemia (including MRSA), the target is to achieve a reduction in the infection rate to 0.26 cases or less per 1,000 acute occupied bed days by March 2013. For the year ending June 2012, the rate of MRSA/MSSA cases across NHSScotland was 0.30 per 1,000 acute occupied bed days. This represents a fall of 11 per cent since 2010/11.

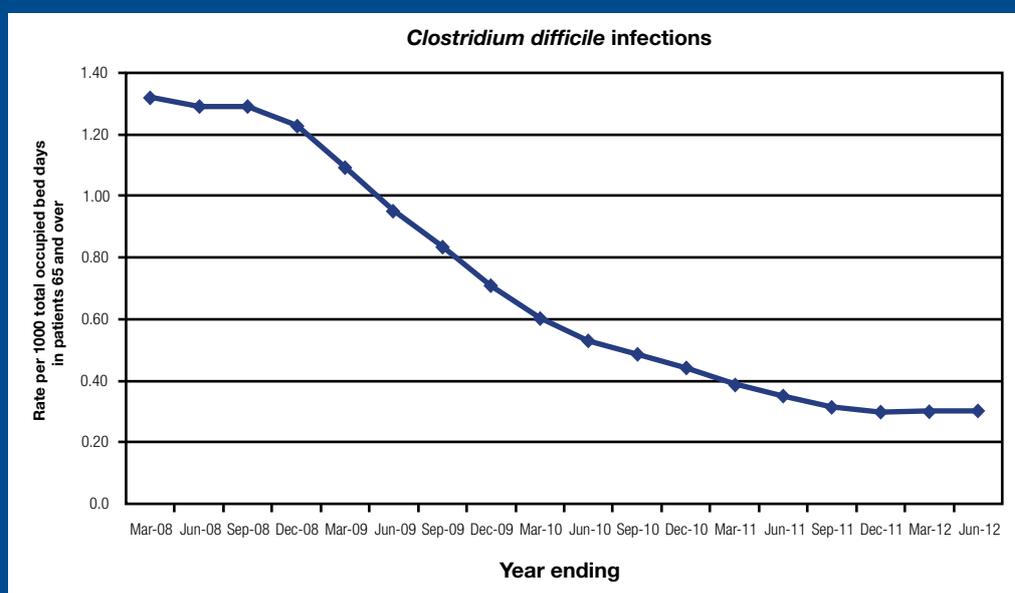
Chart 11



Source: Health Protection Scotland Quarterly Report on SAB (including MRSA)

In terms of *Clostridium difficile* infections (CDI) amongst the over 65s, the target is to achieve a reduction in the infection rate to 0.39 cases or less per 1,000 acute occupied bed days by March 2013. For the year ending June 2012, the rate of CDI cases across NHSScotland was 0.30 per 1,000 acute occupied bed days. This represents a fall of 24 per cent since 2010/11.

**Chart 12**



Source: Health Protection Scotland Quarterly Report on CDI

**HEALTHCARE ENVIRONMENT INSPECTORATE**

The Healthcare Environment Inspectorate (HEI) was established in 2009 to provide independent and rigorous scrutiny and assurance of hospitals in Scotland. The aim of this was to achieve improved performance in tackling Healthcare Associated Infections (HAI) and to ensure that patients and the public can have complete confidence in the cleanliness of hospitals and the quality and safety of services. Its initial three-year cycle of inspection meant that that all acute hospitals will have received at least one announced and one unannounced visit by September 2012. During 2011/12 the HEI conducted 32 inspections of 29 acute hospitals across 12 NHS Boards and for the first time inspected both the Scottish Ambulance Service and the State Hospitals Board for Scotland. In total, the HEI made 156 requirements and 88 recommendations<sup>12</sup>.

12 Healthcare Environment Inspectorate Reports can be found at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

## **ELECTRONIC TRANSFER OF PRESCRIPTIONS**

The ePharmacy Programme has played a significant role in transforming how NHS pharmaceutical care is delivered in Scotland. The programme has introduced the Electronic Transfer of Prescriptions (ETP) between GP practices, Community Pharmacies and Practitioner Services Division. This has improved patient safety by reducing transcribing errors, modernised service delivery and increased the efficiency of the processing of prescriptions by removing the reliance on paper. The first live national system to fully support ETP in the UK, ePharmacy has also supported the development of a web-based pharmaceutical care planning tool – the Pharmacy Care Record (PCR). This assists pharmacists to provide pharmaceutical care for patients with long term conditions, helping to ensure they get the best outcomes from their medicines. At the end of March 2012, some 119,000 PCRs had been opened for patients, with 107,300 assessments completed and 12,640 care issues recorded.

## **REDUCING FALLS**

A good practice self-assessment resource, *Managing Falls and Fractures in Care Homes for Older People\** was launched in June 2011. The resource supports care sector staff to comprehensively assess falls prevention and management, and the prevention of fractures within their care home settings. It provides: practical help and advice; gives guidance and access to resources which can be easily downloaded for use; and assists staff working in the care sector to improve falls prevention on an ongoing basis. Twenty-two per cent of homes report a reduction in falls due to the use of the resource pack. In addition, the Scottish Ambulance Service worked with its partners to develop a national care pathway framework for frail and elderly people in the community at risk of falling and suffering injury. This recognised that frail elderly fallers represent a significant proportion of unscheduled care activity. A national multi-disciplinary and multi-agency group developed a consistent framework and criteria-based screening tool to ensure direct patient access to the most appropriate care and services.

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\* All publications referred to within this document can be found in the publications section of the appendices.

# NHS Board Story: NHS Lothian

## REDUCING HARM BY RECONCILING MEDICINES ACCURATELY ON ADMISSION TO, AND DISCHARGE FROM, AN ACUTE MEDICAL WARD IN NHS Lothian†

Medication errors, within transitions of care, are potentially high risk for patients, with incorrect dosage and point of admission being associated with the most common errors.

In NHS Lothian, a team of early adopters and innovators were selected to join a multi-disciplinary group which undertook a review to reduce harm to patients by reconciling medicines accurately on admission to, and discharge from, one of their acute medical wards.

They used a model for improvement to gather data and information and to define measures and analysis. Failure Modes and Effects Analysis (FMEA) were conducted to identify the reasons for the errors and to prioritise factors with the highest risk. Process mapping was also conducted with Foundation Year Doctors to establish practices actually undertaken which resulted in a 'Gold Standard'.

As a result, the project has been successful in reconciling medications accurately with a significant reduction in errors on admission to the ward and on discharge.

A work plan has now been devised to spread changes to other areas throughout NHS Lothian.

**There's evidence to show that reconciling medications accurately at points of transition can reduce the risk of harm to patients.**

† This work was presented as a poster at the 2012 NHSScotland Event and won first prize in the 'Safe' poster category. To view the poster visit: [www.nhsscotlandevent.com/posters/Posters-2012/](http://www.nhsscotlandevent.com/posters/Posters-2012/)

## QUALITY AMBITION

### EFFECTIVE

The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

Many of the areas for improvement which have been prioritised over 2011/12 make a direct contribution to our Quality Ambition for more effective healthcare services. A clear focus of this activity has been to identify those improvements where there is clear and agreed evidence of clinical and cost effectiveness, and to support the spread of these practices where appropriate to ensure that unexplained and potentially wasteful or harmful variation is reduced.

Key areas of progress are set out in this section for both patients and public and for staff. They include further reductions in waiting times with NHS Boards successfully delivering the 18-weeks Referral to Treatment (RTT) target at December 2011, with more than 90 per cent of patients in Scotland now being treated in 18 weeks or less. In addition, NHSScotland achieved and sustained performance above 95 per cent against the new 62-day and 31-day cancer access targets throughout 2011 – well in advance of the delivery date of December 2011.

We are making good progress in reducing the need for emergency hospital care with reductions in emergency inpatient bed days rates for people aged 75 and over. Significant progress has been made in taking forward a world-leading programme to improve the response to, and care of, people with dementia and their families in acute general hospital settings. Following the launch of the *Refreshed Framework for Maternity Care*\* we are taking forward the quality improvements necessary to strengthen the role of maternity services in reducing health inequalities and improving maternal and infant health.

\* All publications referred to within this document can be found in the publications section of the appendices.

## PATIENTS AND THE PUBLIC

### WAITING TIMES

Patients tell us they want prompt access to treatment, delivered as locally as possible. Cutting waiting times improves outcomes for patients and ensures effective and efficient use of resources. There has been a complete transformation of waiting times with NHS Boards successfully delivering the 18-weeks Referral to Treatment (RTT) target at December 2011, with more than 90 per cent of patients in Scotland now being treated in 18 weeks or less. The 18 week RTT target has required NHSScotland to completely change internal systems so links are in place for each patient to be seen in the right care setting at the right time.

From October 2012, patients requiring inpatient or day case treatment will be covered by a 12-week Treatment Time Guarantee enshrined in law which will apply every day of the year. In Scotland, we have also retained the maximum waiting times for outpatient and diagnostic stage of treatment standards which completes the comprehensive package for patients. Within these maximum waiting times, patients are diagnosed and treated according to their clinical need.

During the period from April to December 2011, NHS Lothian applied periods of unavailability to some patients inappropriately, which artificially reduced the number of patients who would otherwise have been reported as breaching waiting time guarantees. That was done, in the main, by retrospectively adjusting the patient's waiting time record. The practices that were identified in NHS Lothian are completely unacceptable and we have been assured that they no longer take place.

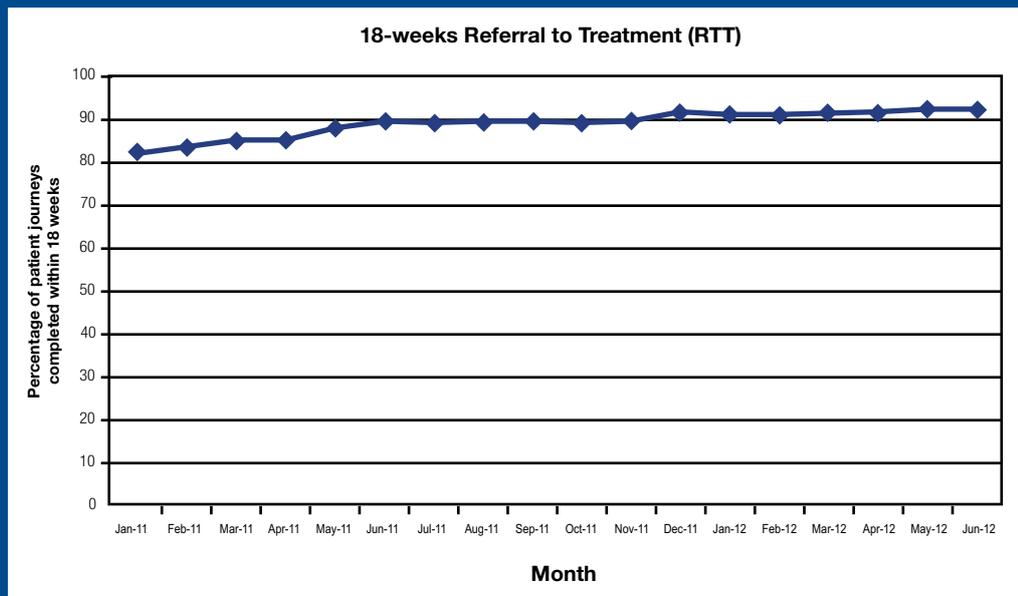
There is no evidence that these practices are widespread. However, it is important to show that recording of waiting times data is accurate and transparent. NHS Boards have been asked to undertake a specific and detailed audit of local waiting times management and processes as part of each internal audit programme in 2012/13. Audit Scotland has agreed the remit of this audit and has also agreed to undertake a separate audit itself.

## HEAT TARGET

### Deliver 18-weeks RTT from 31 December 2011

The target for delivery in December 2011 was for 90 per cent of patients to wait no longer than 18 weeks from referral to treatment. In December 2011, 92.0 per cent of patients were reported as being seen within 18 weeks. Since then, NHSScotland has consistently maintained this level of performance, with 92.4 per cent of patients reported as being seen within 18 weeks during June 2012.

Chart 13



Source: NHS Information Services Division: Waiting Times Referral to Treatment

### SCOTTISH AMBULANCE SERVICE

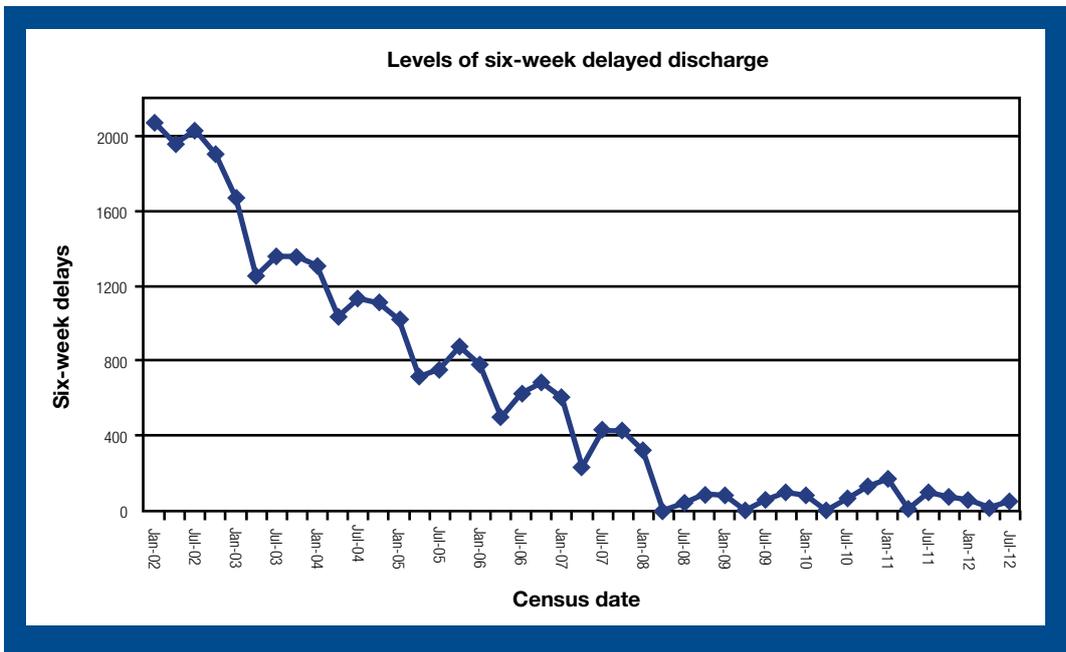
Events in 2010/11 highlighted that the rest break arrangements which were in place at that time within the Scottish Ambulance Service needed to be modernised. The Scottish Government, Scottish Ambulance Service management and staff side worked together to agree a new approach to see frontline ambulance staff work a 37.5 hour week, inclusive of rest breaks. The new approach involves additional investment in the Scottish Ambulance Service, allowing them to employ approximately 150 additional front-line staff. This will increase the resilience of the Service and help to ensure that there is no avoidable delay in ambulance response times.

**REDUCTION IN DELAYED DISCHARGES**

Over the past few years, NHSScotland has made significant progress in reducing the number of people inappropriately delayed in hospital for more than six weeks, with only 50 people delayed over six weeks on census night in July 2012, compared to over 2,000 people in July 2002. Following the report of the Delayed Discharge Expert Group, new ambitious delayed discharge targets were announced by the Cabinet Secretary for Health, Wellbeing and Cities Strategy in October 2011 setting out that no-one should be inappropriately delayed in hospital for more than 28 days by April 2013, and no-one should be inappropriately delayed in hospital for more than 14 days by April 2015.

The April 2012 census saw NHS Boards, along with their local authority partners, making good progress towards the new targets. At that time there were 108 patients delayed for more than four weeks, the lowest number since recording began in September 2000.

**Chart 14**



Source: NHS Information Services Division: Delayed Discharge

## **DEVELOPMENTS OF CANCER STRATEGIES AND INITIATIVES FOR 2011/12**

The Cabinet Secretary for Health, Wellbeing and Cities Strategy launched the Detect Cancer Early Programme in February 2012, with an implementation plan that sets out the key areas for action to improve Scotland's five-year cancer survival rates. This is backed by £30 million of investment with the aim of encouraging earlier stage presentation, in the first instance for colorectal, breast and lung cancer. The National Cancer Quality Steering Group has continued to undertake an ambitious programme of work developing Quality Performance Indicators (QPIs) for all cancer types. The overarching aim of the cancer quality work programme is to ensure that activity at NHS Board level is focused on those areas that are most important in terms of improving survival and patient experience whilst reducing variance and ensuring safe, effective and person-centred cancer care. This was supported through the publication of a *Chief Executive Letter (CEL): National Cancer Quality Programme (CEL 06 2012)\** which set out the associated local, regional and national governance and reporting arrangements.

## **CANCER WAITING TIMES**

NHSScotland achieved and sustained performance above 95 per cent against the new 62-day and 31-day cancer access targets throughout 2011 – and well in advance of the delivery date of December 2011. During the last quarter, October to December 2011, 96.9 per cent of patients started treatment within 62 days of urgent referral with suspicion of cancer. Within the same period, 98.2 per cent of patients started treatment within 31 days of decision to treat, irrespective of the route of referral. When compared to the previous cancer waiting times targets in place before 2008, the changes made to waiting times standard definitions and the introduction of new cancer waiting standards has meant that the cancer treatment pathways for over 1000 additional patients are now subject to the standards to which NHS Boards must adhere.

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\* All publications referred to within this document can be found in the publications section of the appendices.

## HEAT TARGET

**From the quarter ending December 2011, 95 per cent of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95 per cent of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.**

The target was to achieve 95 per cent of patients diagnosed with cancer starting treatment within 62 days of urgent referral with suspicion of cancer from the quarter ending December 2011 and for 95 per cent of patients diagnosed with cancer starting treatment within 31 days of their decision to treat, also from December 2011.

In January to March 2012, 94.8 per cent of patients urgently referred with a suspicion of cancer began treatment within 62 days of their referral. This figure increased to 95.3 per cent in April to June 2012. In January to March 2012, 97.9 per cent of patients diagnosed with cancer started treatment within 31 days of the decision to treat. This figure increased to 98.0 per cent in April to June 2012.

### EXPERIMENTAL CANCER MEDICINE CENTRES

The Scottish Government, with Cancer Research UK, has co-funded the two Scottish Experimental Cancer Medicine Centres (ECMCs) since 2006. In 2011, both Scottish ECMCs were successful in bidding to be part of the Cancer Research UK programme in Stratified Medicine. Of the 21 ECMCs across the UK, only six were selected to participate in this programme. The aim of the Stratified Medicine programme is to develop novel, targeted treatments that take account of the genetic profile of an individual's cancer. This will lead to more efficient treatments and avoid cancer patients being given drugs that are ineffective against their particular tumour sub-type.

## CORONARY HEART DISEASE

Heart disease and stroke continue to be a clinical priority. There has been substantial investment and redesign in cardiology services across Scotland, which has helped achieve a 60.7 per cent reduction, against a 60 per cent target, in early mortality from Coronary Heart Disease (CHD) between 1995 and 2010<sup>13</sup>. This reduction in early mortality from CHD increased to 64 per cent in 2011. Importantly, early deaths from CHD have been cut nearly twice as fast in the most deprived areas as in the least deprived areas<sup>14</sup>. Since 2007, the percentage of people who have had a heart attack and accessed cardiac rehabilitation has increased from 52 per cent to 75 per cent. These improvements demonstrate that our strategies for improving the outcomes of people living with, or at risk of developing, heart disease are delivering real results.

## STROKE

The *Scottish Stroke Care Audit: 2010 National Report Stroke Services in Scottish Hospitals\** demonstrates major improvements in stroke care across the full spectrum of stroke services over the past 10 years. People with stroke have better access to thrombolysis, specialist stroke units, brain imaging services, medication and neurovascular clinics than ever before. Service improvements have helped deliver improved outcomes for people with stroke and made a major contribution to a 59 per cent reduction in premature stroke deaths from 1995-2010<sup>15</sup>, exceeding NHSScotland's target of a 50 per cent reduction in premature stroke mortality. A new HEAT target introduced in April 2011 will drive further improvements with better access to stroke units. Significant progress has been made already with the percentage of stroke patients admitted to a stroke unit on the day of admission, or the day following admission, increasing from 68 per cent in 2010 to 78 per cent in 2011<sup>16</sup>.

13 National Records of Scotland: Under 75 Age Standardised Death Rates

14 NHS Information Services Division: Topic Areas, Deprivation – Trend in CHD Mortality

15 National Records of Scotland: Under 75 Age Standardised Death Rates

16 NHS Information Services Division: Scottish Stroke Care Audit

\* All publications referred to within this document can be found in the publications section of the appendices.

### **EMERGENCY CARE FOR PATIENTS WITH CARDIOVASCULAR DISEASE**

During 2011/12, the Scottish Ambulance Service took forward an integrated and co-ordinated programme of improvement in emergency care for patients with Cardiovascular Disease (CVD). Significant improvement has been achieved against a range of clinical quality indicators including: an improvement from 77.4 to 78.3 per cent in the emergency response within eight minutes for patients in cardiac arrest; an increase from 14.5 to 16.9 per cent across Scotland in Return of Spontaneous Circulation (ROSC) for patients in cardiac arrest; an improvement in the percentage of hyper-acute stroke patients taken to hospital within 60 minutes from 75.5 per cent to 78.4 per cent; and an increase of 14.9 per cent in the number of ST-Elevation Myocardial Infarction (STEMI) patients receiving Primary Percutaneous Coronary Intervention (PCI) treatment<sup>17</sup>. In addition, the Scottish Ambulance Service, through implementation of the Community Resilience Strategy, has continued to contribute to improved clinical effectiveness through Community First Responder Schemes, the development of emergency responder models within remote and rural communities, and continued increase in the numbers of public access defibrillators.

### **TELEHEALTH AND TELECARE**

As Scotland's national Telehealth and Telecare organisation, the NHS 24 Scottish Centre for Telehealth and Telecare has played a key role in the development of a national network to support Telestroke services. Eleven NHS Boards are now part of the Telestroke network which provides urgent support to stroke patients and enables rapid thrombolysis to be offered to appropriate patients, both in and out of hours. During 2011, there was an increase of 145 per cent in patients receiving thrombolysis across Scotland (from 145 cases to 358), in those areas making use of the Telestroke technology<sup>18</sup>. The process has now become part of the routine management of stroke patients and the findings and evaluation of the success of this service have been shared across the UK and Europe.

<sup>17</sup> Scottish Ambulance Service: Board Annual Review, August 2012

<sup>18</sup> Scottish Stroke Care Audit

The National Waiting Times Centre Board provides a national resource for Scotland with patients travelling from other parts of Scotland to be treated at the Golden Jubilee National Hospital. In order to make life easier for rural patients, it has introduced telehealth video conferencing sessions between the Golden Jubilee and the local hospital. This means that patients receive the continuity of care they need in a more convenient setting and without the need for unnecessary travel.

### **ASSISTED LIVING**

NHSScotland secured £5 million from the UK Technology Strategy Board matched by £5 million from the Scottish Government and enterprise partners through a successful bid to the Delivering Assisted Living Lifestyles At Scale (DALLAS) competition. The 'Living It Up' programme will be led by the Scottish Centre for Telehealth and Telecare in collaboration with the Joint Improvement Team, the Scottish Government, Scottish Enterprise, Highlands and Islands Enterprise and the Health and Social Care Alliance. The programme will integrate new healthcare and wellbeing technology and services across public services, enterprise and the third sector. By 2015, it aims to provide innovative products and systems and to deliver integrated services to enhance health, wellbeing, independence and lifestyles for over 55,000 people (including 10,000 living with long term conditions) in Forth Valley, Moray, Highland and Argyll and Bute, Lothian and Western Isles partnerships.

### **DIABETES-RELATED LIMB LOSS**

Diabetes is the leading cause of lower-limb amputation. The vast majority of cases, however, can be avoided. The Scottish Diabetes Group has been working to ensure everyone with diabetes gets their feet checked, in a person-centred, safe and effective way. A co-ordinated approach to foot risk began in 2008 with education programmes, local initiatives, inclusion of Quality Outcomes Framework indicators, as well as joint awareness campaigns with Diabetes UK Scotland. This has ensured that since 2008, the number of people with diabetes receiving appropriate foot-risk assessment, care and support has more than doubled. In 2011, 69 per cent of people with diabetes had their foot risk recorded within the previous 15 months compared to 31 per cent in 2008<sup>19</sup>. We know that this will have a major impact in reducing foot ulcers and lower-limb loss. Research will be published later in 2012 which will illustrate the effectiveness of our approach.

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<sup>19</sup> Scottish Diabetes Survey 2011, Scottish Diabetes Group

### DEMENTIA CARE IN HOSPITALS

In 2011/12, significant progress was made in taking forward a world-leading programme to improve the response to, and care of, people with dementia and their families in acute general hospital settings. NHS Education for Scotland (NES), in collaboration with the Scottish Social Services Council, developed and are delivering a range of national education programmes and training resources on dementia and delirium. The first 100 Dementia Champions from hospital settings graduated in March 2012 and are already leading improvement work in hospitals. A further 200 Dementia Champions drawn from both health and social care settings will come on stream by April 2013.

Funding has also been provided to Alzheimer Scotland to support the appointment of a specialist Dementia Nurse to each NHS Board, with the majority of these posts filled by March 2012. The Healthcare Improvement Scotland programme of inspections into older people's care in hospitals include a particular focus on dementia and delirium. An Implementation and Monitoring Group, established in January 2012 and chaired by the Chief Nursing Officer, is overseeing and co-ordinating all streams of work on improving the person-centred care of people with dementia and the implementation of the *Standards of Care for Dementia in Scotland\** in hospitals.

### RELEASING TIME TO CARE

Releasing Time to Care (RTC) has resulted in staff spending more time providing face-to-face care for patients. In turn, this has resulted in increased direct patient care and measurable improvements to the working environment and to patient care. A stock take undertaken for the Scottish Government by Healthcare Improvement Scotland (HIS) illustrated uptake across different care environments including increasing use by community teams and more recently Productive General Practice (PGP). More than 300 practices have registered to use PGP including practices using it to improve medicines management and patient safety and over 300 practitioners and staff have attended learning sessions.

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\* All publications referred to within this document can be found in the publications section of the appendices.

## **MUSCULOSKELETAL SERVICES**

NHS 24 and the Scottish Government undertook a major re-design of musculoskeletal (MSK) care pathways in order to improve timely access for patients to the most appropriate advice and support from clinical specialists. The major change was the introduction of a new referral system with NHS 24 the single point of access. In future, the majority of the 240,000 adults with an MSK disorder who are referred currently by their GP to local physiotherapy services will be able to self-refer to NHS 24. NHS 24 staff will: provide telephone advice on the most appropriate treatment option; encourage patients to self-manage; or refer some to community physiotherapy or other Allied Health Professions services, or medical settings as required. The system has been introduced in NHS Lanarkshire and pilot work is being undertaken in NHS Lothian and NHS Ayrshire and Arran with a view to rolling it out across the rest of NHSScotland in the next 18 months. The system will improve outcomes for patients, given the evidence that early management reduces the chronicity of cases and the intensity of treatment required, and will mean much shorter waits for appointments.

## **CARE OF OLDER PEOPLE IN HOSPITALS**

A programme of hospital inspections by Healthcare Improvement Scotland (HIS) commenced in February 2012 and has found many areas of strength in older people's care in hospital settings, as well as areas for improvement. NHS Board action plans are being implemented following each inspection, ensuring that the inspection programme drives improvement locally. HIS has also established an Improvement Board, which is taking forward national improvement activities in light of the findings from the reports. HIS will publish twice-yearly summary reports providing a national overview based on the findings from the inspections carried out in each six-month period.

### RESHAPING CARE PROGRAMME

The Joint Improvement Team (JIT) is supporting Scotland's 32 health, housing and social care partnerships to deliver more care and support at home, with a greater focus on prevention to improve outcomes and manage future demand. These partnerships achieved a 7 per cent reduction in the days people aged over 65 spent in hospital as an emergency between 2006/07 and 2010/11<sup>20</sup>. Since 2006, the number of people delayed in hospital has reduced by 62 per cent and delays over six weeks are down 93 per cent<sup>21</sup>. This is delivering faster and better recovery, more effective continuity and collaboration and a stronger focus on personal outcomes. NHSScotland also made progress towards the 2011/12 HEAT target on reducing the level of emergency bed days for patients aged 75 and over.

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20 NHS Information Services Division: Acute Hospital Activity (SMR01)

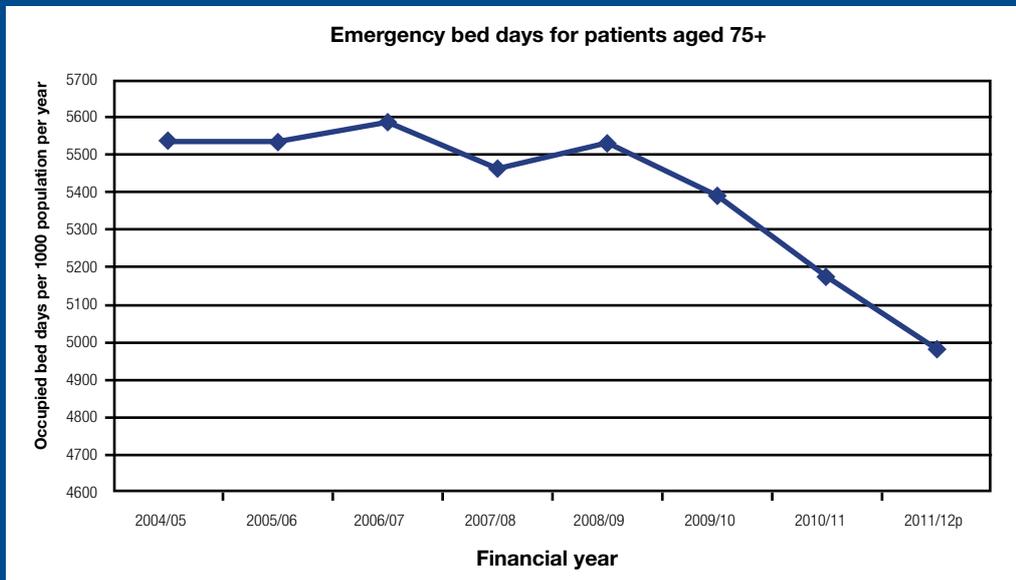
21 NHS Information Services Division: Delayed Discharges

## HEAT TARGET

**Reducing the need for emergency hospital care, NHS Boards will achieve agreed reductions in emergency inpatient bed days rates for people aged 75 and over between 2009/10 and 2011/12 through improved partnership working between the acute, primary and community care sectors.**

The target was to achieve a reduction of occupied emergency bed days, in acute specialities, for patients aged 75+ per 1,000 population by 2011/12. Between 2009/10 and 2011/12 there was a 7.6 per cent decrease in the rate of occupied bed days for patients aged 75+ from 5,390 bed days per 1,000 population to 4,980. The graph below shows emergency bed days for patients aged 75+ (per 1,000 population) since 2004/05.

**Chart 15**



Source: NHS Information Services Division: Acute Hospital Activity (SMR01)

### **HOME OXYGEN SERVICE**

NHS National Services Scotland (NSS) has helped nearly 5,700 patients at home by co-ordinating a home oxygen service, with cylinders and oxygen concentrators available from Community Pharmacies<sup>22</sup>. Plans are underway to improve the service by creating an integrated national service. This will involve direct delivery of updated equipment to patients' homes and improved prescribing guidelines to ensure that patients are getting care appropriate to their needs. The new service will also save NHS Boards money that can be reinvested into patient care.

### **MODERNISING NURSING IN THE COMMUNITY**

The Modernising Nursing in the Community programme was established to provide support and direction for community nursing in order to realise its full potential. Resources developed by the programme in 2011 include an interactive website, career and development frameworks for eight professional disciplines and the development of three universal care pathways. Over the coming years, we will continue to support NHS Boards to improve community nursing care.

### **PRISONER HEALTHCARE**

Prisoner healthcare formally transferred from the Scottish Prison Service to NHSScotland on 1 November 2011. This will ensure that services to prisoners have the same focus on quality through the pursuit of our Quality Ambitions and will ensure better continuity of care. Interventions such as the provision of support and services for vulnerable families of prisoners, particularly those with dependent children, will contribute to reducing inequalities. NHS organisations, such as the Community Health Partnerships (CHPs), will provide better links to other essential services such as job and employment training, housing and financial and social support. The transfer also ensures that healthcare staff working in the prison setting are supported and are not isolated.

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22 NHS National Services Scotland: Home Oxygen Service Management Information

## **REFRESHED FRAMEWORK FOR MATERNITY CARE**

Following the launch of the *Refreshed Framework for Maternity Care*\* by the Minister for Public Health and Sport, a national Implementation Support group has been leading three improvement themes to support NHS Boards realise the aims of the refreshed framework. This Implementation Support Group is a collaboration between the Scottish Government, Territorial NHS Boards, Special NHS Boards and Healthcare Improvement Scotland. A key focus of the implementation work is supporting NHS Boards to achieve the antenatal access HEAT target introduced in April 2012 and the quality improvements necessary to strengthen the role of maternity services in reducing health inequalities and improving maternal and infant health.

## **UNSCHEDULED CARE**

During 2011/12, the National Unscheduled Care Group (NUCG) developed plans to improve the quality of unscheduled care across the whole healthcare system. Proposals to be taken forward include: developing specific alternative services on hospital sites to people attending A&E; extending the range and availability of urgent care services in the community; and improving advice and ‘signposting’ for patients with urgent care needs. NHSScotland is committed to the standard that 98 per cent of patients attending emergency departments should be discharged, admitted or transferred within 4 hours. During the year, the Emergency Care Pathways Programme was launched to support achievement of the standard. The two-year programme, through a number of measures, aims to remove factors that can delay patients in A&E moving to an inpatient bed. This will not only improve care for emergency patients, but will generally help to ease pressures in A&E departments at peak times.

## **ORGAN DONATION**

A high-impact media campaign was run to raise awareness of organ donation and to ‘make it usual’ by encouraging people to join the NHS Organ Donor Register. Thirty-nine per cent of the Scottish population is now registered – the highest percentage of any part of the UK<sup>23</sup>. This increased awareness, coupled with the improved organ donation infrastructure in Scotland – including additional specialist nurses, clinical leads and NHS Board donation committees – resulted in the highest ever number of deceased organ donors and, in turn, a record number of solid organ transplant operations.

<sup>23</sup> NHS Blood and Transplant: Organ Donation and Transplantation Activity Report 2011/12

\* All publications referred to within this document can be found in the publications section of the appendices.

## CHILD ORAL HEALTH

The Childsmile Nursery and School Programme continues to improve oral health. The most recent survey of Primary 7 schoolchildren in 2011 found that 69.4 per cent of children had no obvious signs of dental decay<sup>24</sup>. This is significantly higher than the 2010 Scottish target of 60 per cent. The targeted approach of the Childsmile programme will help to further improve the oral health of children in the most deprived communities, who continue to carry an additional burden of dental disease.

## INDEX OF ORTHODONTIC TREATMENT NEED

The use of Index of Orthodontic Treatment Need (IOTN) was proposed in *An Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland (2005)*<sup>\*</sup>. It came into effect in NHS dentistry in October 2011. IOTN gives an evidence-based framework to decision-making around treatment, and will ensure that orthodontics is provided for those children who have a clinical need for treatment and who will have an oral health benefit at its completion.

## PATIENT REMINDER SERVICE

NHS 24 launched a pilot Patient Reminder Service that supports NHS Boards to deliver more efficient and effective outpatient services. During the pilot project, delivered in partnership with NHS Forth Valley, significant improvements were made in attendances to outpatient clinics. The pilot scheme, in which NHS 24 staff called patients in advance to remind them of appointments, was conducted in gynaecology, paediatrics, gastroenterology and oral maxillofacial clinics. Average rate reduction for the pilot in DNAs (Did Not Attend) was 27 per cent. NHS Forth Valley has now formally commissioned the service. NHS 24 is also delivering a Patient Reminder Service across all outpatient appointments for NHS Western Isles.

## INVESTMENT IN RESEARCH

The Scottish Government Chief Scientist Office completed a strategic investment of £10 million per annum in 188 new (whole time equivalent) NHS Research Scotland (NRS) clinical infrastructure posts. This was complemented by the launch of a £3 million NRS Career Researcher Fellowship scheme enabling NHS clinical staff to develop a research career by funding protected time. These investments address current and future needs of NHSScotland in its pursuit of clinical research for patient benefit. This has attracted

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24 NHS Information Services Division: National Dental Inspection Programme, 2011 Report.

\* All publications referred to within this document can be found in the publications section of the appendices.

interest from industry, resulting in NRS entering into strategic collaborations with PPD and Quintiles, two of the world's largest contract research organisations.

## **STAFF**

### **RESHAPING SCOTLAND'S MEDICAL WORKFORCE**

Since 2009, Scotland has been taking steps to reshape its medical workforce, moving away from a service delivered by trainee doctors to one which is delivered predominantly by trained doctors. During 2011/12, further progress has been made towards this, with a continuing reduction in trainee numbers accompanied by some changes in consultant working patterns, with job planning being used more effectively than before to produce more hands-on consultant-delivered care in the evenings and at weekends. Following a recent review of the project, a refined and improved approach to determining future specialty training numbers has been developed, with a specialty by specialty risk analysis used to inform decisions on the training establishment on an annual basis.

### **MEDICAL REVALIDATION IN SCOTLAND**

Good progress was made throughout 2011/12 towards ensuring that NHSScotland will be ready to meet its obligations when revalidation for all doctors is introduced from December 2012 (introduction of revalidation is subject to the approval of the Secretary of State for Health). Feedback from patients and colleagues together with critical incident data form part of a new and more robust appraisal process. Medical Revalidation will help to identify areas of practice where there are concerns about performance, and will assist in improving effectiveness, providing information on where development and support are required.

### **SUPPLEMENTARY MEDICAL STAFFING**

Boards are continuing to make good progress on the implementation of actions to address the issues raised by Audit Scotland in its report *Using Locum Doctors in Hospitals\** and in implementing the guidance setting out the best practice framework to address supplementary medical staffing issues.

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\* All publications referred to within this document can be found in the publications section of the appendices.

### **NEW CONTRACT FOR SPECIALTY DOCTORS AND ASSOCIATE SPECIALISTS**

During 2011/12, NHSScotland employers and the Scottish Government worked with BMA Scotland to ensure the implementation of a new pay and terms and conditions of service package for Specialty Doctors and Associate Specialists in NHSScotland. The benefits of this new contract include: better access and experience for patients as a result of increased overall capacity; more appropriate recognition and reward for doctors; and an improved ability of NHS employers to manage doctors' time in ways that best meet local needs and priorities.

### **REDUCTION IN SENIOR MANAGEMENT POSTS**

A national target was introduced to reduce the number of senior managers by 25 per cent between 31 March 2010 and 1 April 2015. In the first two years significant progress has been made. The overall reduction in senior management between March 2010 and March 2012 was 202 WTE, a reduction of 16 per cent, representing good progress towards meeting the 2015 target<sup>25</sup>. This target will continue to support the move towards a leaner senior management structure.

## **ESTATES AND FACILITIES**

### **REDUCING CARBON EMISSIONS AND ENERGY CONSUMPTION**

Through reducing energy-based carbon emissions and energy consumption, NHSScotland will make a significant contribution towards the Scottish Government's aim to reduce greenhouse gas emissions by 50 per cent by 2050 and the interim target of a 42 per cent reduction by 2020. A reduction in energy consumption is also important in the context of increasing global fuel costs and the impact of their resulting cost increases on the delivery of core NHS services. The specific targets for NHSScotland are to reduce CO<sub>2</sub> emissions for oil, gas, butane and propane usage annually by 3 per cent to 2014/15; and NHSScotland to continue to reduce energy consumption annually by 1 per cent to 2014/15. During 2011/12, NHSScotland delivered a 1.4 per cent reduction in energy consumption compared to the previous year, thus exceeding the target. CO<sub>2</sub> emissions reduced by 1.7 per cent on the previous year, which was below target<sup>26</sup>. However, first quarter energy and CO<sub>2</sub> performance figures for 2012/13 indicate that NHSScotland is on course to meet the 2012/13 targets.

<sup>25</sup> Scottish Government: 25% Reduction in Senior Management Posts Target – National Progress Report.

<sup>26</sup> Health Facilities Scotland: HEAT Target 4th Quarter Report 2011/12.

# NHS Board Story:

## NHS Greater Glasgow and Clyde

### REVIEWING LONG-TERM ANTIDEPRESSANTS CAN REDUCE DRUG BURDEN†

Antidepressant prescribing continues to rise across NHScotland, Europe and the US. Contributing factors are increased long-term prescribing and possibly the use of higher Selective Serotonin Re-uptake Inhibitor (SSRI) doses. In 2007, the Scottish Government set targets to reduce antidepressant prescribing. In Scotland, the majority of antidepressants are prescribed by GPs for the treatment of depression. Currently there are no formal process to support GPs to review patients with common mental health problems and the effect of such reviews is unknown.

Four Community Health and Care Partnerships committed to reviewing a proportion of patients prescribed with the same antidepressant for two years or more and to evaluate prescribing and management changes pre and post-review.

Seventy-eight of 96 practices agreed to participate, representing a population of 388,656 over 18 year olds, of whom 33,313 (8.6 per cent) were prescribed an antidepressant, excluding amitriptyline due to non-mental health use, and 15,689 (47.1 per cent) were defined as long-term users.

2,849 (18.2 per cent) of long-term users were reviewed with one in four (28.5 per cent) having a change in antidepressant therapy: 7.0 per cent stopped, 12.8 per cent reduced dose, 5.3 per cent increased dose and 3.4 per cent changed

antidepressant, resulting in a statistically significant 9.5 per cent reduction in prescribed daily doses and observed 8.1 per cent reduction in prescribing costs. 6.3 per cent were referred onwards, half to NHSScotland mental health services.

This initiative is currently running as a prescribing indicator in NHS Greater Glasgow and Clyde.

**As a result of this exercise, more than 140 of the 270 practices in NHS Greater Glasgow & Clyde are now reviewing and are continuing to review a proportion of their patients who have been prescribed long-term antidepressants since 2010.**

† This work was presented as a poster at the 2012 NHSScotland Event and won first prize in the 'Effective' poster category. To view the poster visit: [www.nhsscotlandevent.com/posters/Posters-2012/](http://www.nhsscotlandevent.com/posters/Posters-2012/)

## QUALITY AMBITION

### PERSON-CENTRED

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

During 2011/12, we have made some important progress towards our Quality Ambition for person-centred healthcare. In this section we set out details of progress on the range of initiatives that are being pursued across NHSScotland for the benefit of patients, carers, the public and for staff.

Key areas of progress include improvement in people's experiences of hospital and wards, with evidence that patients were positive about their involvement in their care and treatment. Patients were also positive about their experiences of out-of-hours healthcare. Work continued to implement the Patients Rights (Scotland) Act 2011 with regulations and directions laid before Parliament to support the provisions in the Act which include: a treatment time guarantee; patient feedback, comments, concerns and complaints; and healthcare principles. There was a continued focus on improving palliative and end of life care with the achievement of many of the actions contained in *Living and Dying Well*\* and its subsequent *Building on Progress*\* report, and a range of initiatives were taken forward to support carers and young carers.

\* All publications referred to within this document can be found in the publications section of the appendices.

## PATIENTS AND THE PUBLIC

### BETTER TOGETHER – SCOTLAND'S PATIENT EXPERIENCE PROGRAMME

The Better Together programme is a fundamental component in improving healthcare quality through the person-centred focus of the Quality Strategy. It provides national information on patient experience, along with tools and practical advice to support improvements prioritised through analysis of the data as well as local information.

In August 2012, robust, comparable data on the quality of healthcare experience from the third Inpatient Survey were published. Data were provided by hospital as well as by NHS Board. NHS Boards have developed action plans to address the areas people have identified as being important to them and where improvements can be made. The emphasis is firmly on improving at a local level.

### KEY FINDINGS

#### 2012 INPATIENT PATIENT EXPERIENCE SURVEY

There was a slight improvement in the experiences of patients nationally compared to the previous survey in 2011. Scottish inpatients were again generally positive about their hospital stay.

The area with the most improvement was people's experiences of the hospital and ward environment. This year, slightly more patients indicated that the ward, bathrooms and toilets were clean; they were happy with the food and drink they received; and noise at night was less of a problem.

Despite the improvements elsewhere, the percentage of patients who were confident that they could look after themselves when they left hospital saw a further reduction by one percentage point to 85 per cent; it had dropped by two percentage points in 2011.

This year, questions about care and support services that needed to be arranged before patients could leave hospital were introduced. Of patients that required care or support services, 82 per cent rated that, overall, the services they got after leaving hospital were excellent or good.

In May 2012, the results of the 2011/12 Patient Experience Survey of GP and other local NHS services were published. Individual reports were published for all NHS Boards, Community Health Partnerships (CHPs) and GP practices. The questionnaire was sent to a random sample of people who were registered with a GP in Scotland in October 2011. Over 145,000 people provided feedback on their experiences.

## KEY FINDINGS

### 2011/12 PATIENT EXPERIENCE SURVEY OF GP AND LOCAL NHS SERVICES

The experiences of Scottish GP patients in 2011/12 were similar to those reported for 2009/10:

- Patients were mainly positive about their experience of consultation with doctors or nurses. At least 90 per cent of patients responded positively to all of the questions about doctors and nurses.
- Patients remained very positive about their involvement in their care and treatment. Overall, 89 per cent of patients felt that the care provided by the GP practice was excellent or good.

Patients were slightly more positive about their experiences of doctors and nurses than they were in the 2009/10 survey.

Patients were less positive about their experiences of accessing GP practice services – there was a decrease in the percentage of patients rating the overall arrangements for seeing doctors and nurses as good or excellent. This decrease was seen across almost all NHS Boards. As in 2009/10, there was considerable variation in the results for individual GP practices on patients' experiences of the overall arrangements for seeing doctors.

Patients were generally positive about their experiences of out-of-hours healthcare with 72 per cent rating the overall care they received as good or excellent. However, 11 per cent of patients rated the overall care as poor or very poor.

**PATIENT RIGHTS (SCOTLAND) ACT 2011**

The Patient Rights (Scotland) Act makes provisions for: a treatment time guarantee; patient feedback, comments, concerns and complaints; and healthcare principles. Regulations and directions to support these were laid before Parliament in February 2012, and each will be introduced in stages during 2012/13, along with a Charter of Patient Rights and Responsibilities. Good practice guidance for NHSScotland in relation to feedback, comments, concerns and complaints was revised and issued in March 2012. The legislation and supplementary guidance is part of an ongoing development to support the Quality Strategy, ensuring that patients are at the heart of our NHSScotland.

**ENABLING PEOPLE TO SELF-MANAGE THEIR HEALTH**

Supporting people to self-manage and to look after their own health is key to achieving our 2020 Vision. In order to do this, people need to have access to and to understand the information they are provided with. They also need to be able to link up with the local resources that can help them. Two initiatives, managed by the Health and Social Care Alliance (previously the Long Term Conditions Alliance Scotland), are helping people across Scotland to self-manage their health: the innovative Accessing Local Information to Support Self Management (ALISS) project; and the Self Management Fund, established under the Self Management Strategy in 2008. During 2011/12, the ALISS project has gone from strength to strength, making local information resources visible and accessible, while an extension of the Self Management Fund, with an additional £1.6 million of funding support, has supported 30 projects across Scotland.

## KEY ACHIEVEMENTS

### ENABLING PEOPLE TO MANAGE THEIR HEALTH

In the last year the Self Management Fund has enabled:

- **Clydeside Action on Asbestos** to produce a digital self management programme and to develop a system for providing those diagnosed with self management information at the point of diagnosis.
- **No Strings Attached** to deliver their music self management programme for young people living with Asthma to the Pririe Park area of Glasgow, to develop parent peer support roles and to create a digital music and Asthma resource to support participants between sessions.
- **Pink Ladies First Scotland** to extend their self management programmes for women living with anxiety and depression by providing pre-course support for first time participants and run advanced programmes for Pink Lady graduates.
- **Post Natal Depression Support Network**, which has provided support to women living with post natal depression in an isolated area in Aberdeenshire, has developed peer support arrangements, linked up with maternity unit staff and supported 29 women plus many more via their web presence.
- **Angus Cardiac Group** to extend their work – recruiting local exercise leaders in health behaviour change techniques to improve people's understanding of self management – and to build on the 402 participants and 17 volunteers already involved.

### CO-PRODUCTION AND COMMUNITY CAPACITY BUILDING

As Scotland's people enjoy longer and healthier lives, they want to remain living independently in their own homes and communities. Achieving this in a challenging economic environment requires that, as a nation, we maximise all our collective assets. Co-production places the person at the centre of their healthcare. It recognises that individuals, their families and communities possess assets such as circles of support, personal skills and the knowledge of the 'expert patient' which, when used in partnership with professional public services, can maximise their health, wellbeing and independence. During 2011/12, work was undertaken to increase awareness of the benefits that a focus on co-production and community capacity building can bring in improving the health and wellbeing of service users and the effectiveness of providers. In collaboration with social enterprise Governance International, a training package was rolled out for care partnerships across Scotland, culminating in a high profile national

learning event in January. Outcomes from this event included the further promotion of these approaches through the development of the Scottish Co-production Network.

### **PALLIATIVE AND END OF LIFE CARE**

In the autumn of 2011, NHS Boards were asked to report progress against the actions in *Living and Dying Well\** and its subsequent *Building on Progress\** report. This demonstrated a continued focus on improving palliative and end of life care with many of the key actions in *Living and Dying Well\** being achieved consistently across NHSScotland. Many examples of innovation and good practice are in place across the country. The areas of work which continue as a priority are: early identification of patients who may need palliative care; advance/anticipatory care planning; palliative and end of life care in acute hospitals; improved use of the electronic palliative care summary (ePCS); and embedding of the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy.

### **COMMUNITY PHARMACY – PUBLIC HEALTH SERVICE**

Through the Public Health Service (PHS), access to smoking cessation support is increasing. The number of nicotine replacement items dispensed through the community PHS has almost doubled in the last year with items dispensed increasing from around 23,000 in March 2011 to around 41,700 in March 2012<sup>27</sup>. The support offered through the PHS has been instrumental in NHS Boards meeting HEAT targets. The PHS also provides convenient access to sexual health advice and support including free access to Emergency Hormonal Contraception (EHC).

### **COMMUNITY PHARMACY – MINOR AILMENT SERVICE**

It is estimated that, on average, there are over 11,500 consultations a day in Scotland where a pharmacist advises on or treats minor ailments. The Minor Ailment Service (MAS) enables people who are eligible to register with the Community Pharmacy of their choice for the consultation and treatment of common conditions without the need to visit their GP. Under the service, the pharmacist advises, treats or refers the patient according to their needs. The service, which is now available across Scotland, is particularly valued by patients and NHS 24 in the out-of-hours period. At the end of March 2012, there were some 844,843 patients registered with MAS – an increase of 6.8 per cent compared to March 2011<sup>28</sup>.

<sup>27</sup> NHS Information Services Division: Monthly Public Health Service Report

<sup>28</sup> NHS Information Services Division: Minor Ailments Service (MAS) 2011/12

\* All publications referred to within this document can be found in the publications section of the appendices.

### **COMMUNITY PHARMACY – CHRONIC MEDICATION SERVICE**

The Chronic Medication Service (CMS) improves patient care through a systematic approach to the pharmaceutical care of patients with long term conditions. It uses the skills and expertise of Community Pharmacists to support patients by helping to improve their understanding of their medicines, and helping to maximise the clinical outcomes from their therapy by providing an individualised, person-centred model of care. The partnership approach and systems in place through CMS are also helping to minimise adverse drug reactions, preventing potential problems with medicines and reducing wastage. Steady progress continues to be made in rolling out the CMS. By the end of March 2012, over 141,000 patients were registered for the service with Community Pharmacies across Scotland – more than double compared to the same period in the previous year.

### **DENTAL REGISTRATION**

As of March 2012, 78 per cent of the Scottish population was registered with an NHS dentist<sup>29</sup>. This represents a continued improvement from previous years. Importantly, within the 6 to 12-year-old age group the registration level is 99.1 per cent which is a tremendous achievement. The majority of the Scottish population now have access to individualised care and advice to support them improve their oral health.

### **APPS TO SUPPORT PATIENT DECISION-MAKING**

The first in a series of applications (apps) for patients (for iPhone, iPad, Android phones and tablets) has been developed to help patients better understand the latest medical evidence and to use this to make decisions about their healthcare. The app was developed by the Scottish Intercollegiate Guidelines Network (SIGN) as part of Healthcare Improvement Scotland (HIS), and will help ensure patients get the best care available, no matter where they live.

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29 NHS Information Services Division: Dental Statistics, Registrations

**NEW BARRHEAD HEALTH AND SOCIAL CARE CENTRE**

The new £17 million Barrhead Health and Social Care Centre, built by NHS Greater Glasgow and Clyde in partnership with East Renfrewshire Council, provides health and community services under one roof and has been developed in conjunction with the Community Health and Care Partnership (CHCP). The facilities include three GP practices, two dental practices, an elderly day care centre, physiotherapy and podiatry services and accommodation for up to 100 community-based staff including social workers. The CHCP has been a leader in managing local authority social care services and local NHS services within a single structure and is a model now being replicated across Scotland.

**NEW CARDIAC AND INTERVENTIONAL RADIOLOGY SUITE, RAIGMORE HOSPITAL, INVERNESS**

With the expansion of cardiology services provided at Raigmore, as many as 400 patients every year no longer have to travel to Aberdeen for percutaneous coronary intervention (widening a narrowed artery) and many hundreds of inpatients have angiograms locally. The new £5.1 million purpose-built Cardiac and Interventional Radiology Suite at Raigmore Hospital was one part of a three-phase project that also included the refurbishing of staff changing rooms, a new medical records department and interventional radiology services. Procedures that previously involved open operations can now be performed using keyhole techniques. It also allows emergency department staff to treat critically ill patients all of which enhances the quality of patient care.

**NEW £27 MILLION ACUTE MENTAL HEALTH HOSPITAL IN DUMFRIES**

The replacement of the cramped and decaying 1930's Crichton Hospital mental health units was necessary as they lacked an appropriate environment for safely treating acute adult, older adult and dementia mental health cases and therefore compromised the quality of care being provided, for both patients and staff. This has been remedied by putting privacy, dignity and security at the heart of design. The provision of 85 beds includes modern intensive and high care units in addition to therapeutic, occupational and recreational space, creating a healing environment that should impact positively on readmission rates.

## CARERS

### CARERS STRATEGY

Progress continues to be made in implementing *Caring Together: The Carers Strategy for Scotland 2010-2015\**. With support from the Scottish Government of £4.9 million in 2011/12, NHS Boards and the Scottish Ambulance Service have taken forward a wide range of initiatives to support carers and young carers<sup>30</sup>. This includes the provision of information and advice, carer awareness training and carer training. This is helping to ensure that carers are better supported to sustain them in their caring role. The Scottish Government has also funded the pilot in six NHS Boards of a Young Carers Authorisation Card to help support young carers in health settings.

### EXPANSION OF THE FAMILY NURSE PARTNERSHIP PROGRAMME IN SCOTLAND

The Family Nurse Partnership Programme works closely with teenage mothers from early pregnancy until the child reaches the age of two. A Scottish Government commitment of £2.73 million in 2011/12 has enabled implementation of the programme across NHS Tayside with the recruitment of 295 clients over a 12-month recruitment period (July 2011 to June 2012). The first evaluation report was published in July 2011, with a second report in June 2012. Lessons are being used to shape the wider implementation, to include five new NHS Boards by the end of 2013. Four NHS Boards have been nominated so far: NHS Fife, Greater Glasgow and Clyde, Ayrshire and Arran, and Lanarkshire, together with Highland Council which has an integrated health and social care model. A recent, further investment of £11 million will establish Family Nurse Partnership teams across the whole of Scotland by the end of 2015. The programme provides skills and resources to support the Family Nurses to deliver a pre-set programme, whilst being flexible enough to respond to the individual needs of the client.

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<sup>30</sup> Further information on NHS Carer Information Strategies can be found at: [www.scotland.gov.uk/Topics/Health/care/Strategy/NHSCarerInformationStr](http://www.scotland.gov.uk/Topics/Health/care/Strategy/NHSCarerInformationStr)

\* All publications referred to within this document can be found in the publications section of the appendices.

## STAFF

### OCCUPATIONAL HEALTH AND SAFETY

*Safe and Well at Work: Occupational Health and Safety Strategic Framework for NHSScotland\** was launched in March 2011. Successful implementation of the model by NHS Boards will help reduce the numbers of staff who suffer from work-related injury or illness, promote positive health and wellbeing and ultimately deliver better patient care. During the past year, the Working Well programme has delivered two web-based packages for NHSScotland staff; *Who Cares?*<sup>31</sup>, which provides advice for staff and managers on balancing work and care; and *What Counts?*<sup>32\*</sup> providing advice for staff on managing their money.

### REVIEW OF PARTNERSHIP WORKING IN NHSSCOTLAND

Researchers from Nottingham University have undertaken research into the industrial relations model in NHSScotland that was introduced in 1999, commonly known as Partnership Working. The final report for this research was published on 1 February 2012. The two-year study reveals how a *'mature and positive'* approach to industrial relations has helped underpin NHSScotland's commitment to high quality patient care: *'The Scottish Government and employers have fostered staff representatives' commitment to health policies and organisational restructuring in order to improve patient care.'* The study also shows that NHSScotland's handling of partnership agreements represents a leading-edge example and offers important lessons for public services throughout Britain: *'In our view, partnership in NHSScotland has matured into probably the most ambitious and important contemporary innovation in British public sector industrial relations.'*

### STAFF EXPERIENCE

The Staff Experience project commenced in November 2011. It focuses on defining, improving and measuring staff experience, recognising the critical link between staff experience and organisational performance (and in particular patient experience). It is being undertaken jointly by NHS Dumfries & Galloway, NHS Forth Valley and NHS Tayside. During 2011/12, a literature review was undertaken, the results of which were used to inform the review of the Staff Governance Standard, as well as informing early discussions about potential measures of staff experience. The project has already received some positive high profile attention from outwith NHSScotland.

31 Who Cares? Information for carers and managers within NHSScotland can be found at: [www.staffgovernance.scot.nhs.uk/improving-employee-experience/working-well/carers](http://www.staffgovernance.scot.nhs.uk/improving-employee-experience/working-well/carers)

32 What Counts? Advice for staff on managing money can be found at: [www.staffgovernance.scot.nhs.uk/improving-employee-experience/working-well/financial-capability/](http://www.staffgovernance.scot.nhs.uk/improving-employee-experience/working-well/financial-capability/)

\* All publications referred to within this document can be found in the publications section of the appendices.

# NHS Board Story: NHS Lanarkshire

## JUST-IN-CASE BOXES: IMPROVING ACCESS TO END OF LIFE MEDICATIONS†

Many patients nearing end of life wish to remain in their own home for as long as possible and ensuring timely access to medications can prevent unnecessary crises and distress for both patients and their carers; preventing hospital admissions and calls to out-of-hours.

NHS Lanarkshire has introduced 'Just-In-Case' boxes to facilitate anticipatory prescribing and improve access to medications. Each box contains medications that are commonly required to manage symptoms at the end of life.

In order to measure the outcomes, such as hospital admissions, out-of-hours calls and patients being able to stay in their preferred place of care, each box contains an audit form to be completed for all patients by the team which looked after them.

Using this data, NHS Lanarkshire has been able to identify that 180 of 219 boxes were used (at least one drug administered) as of February 2012. This resulted in 84 hospital admissions being avoided and 114 out-of-hours calls being avoided due to the box being in place. These results come after an approximate period of 18 months' data collection with regular reporting to the Palliative Care Managed Clinical Network.

**The 'Just-In-Case' box provides patients with reassurance, allows symptoms to be managed promptly and prevents hospital admission.**

† This work was presented as a poster at the 2012 NHSScotland Event and won first prize in the 'Person-centred' poster category. To view the poster visit: [www.nhsscotlandevent.com/posters/Posters-2012/](http://www.nhsscotlandevent.com/posters/Posters-2012/)

# INFRASTRUCTURE

## SUPPORTING AND FACILITATING ACHIEVEMENT

The Quality Strategy recognised that there were a number of key national areas of development, which need to be co-ordinated, accelerated and aligned to support and facilitate NHSScotland and its partners to have the maximum impact on the three Quality Ambitions. These include:

- Measurement;
- Information Technology;
- Workforce, Education and Training;
- Quality Improvement;
- Communication; and
- Governance.

There has been a national focus on these issues and work has continued to challenge progress, accelerate pace, and to create linkages and a shared ownership of these vital developments.

### MEASUREMENT

During 2011/12, work has taken place on developing a new Information Framework for Health and Social Care. This will provide the strategic context against which organisations working across health and social care in Scotland can make decisions about allocation and prioritisation of resources to support the development of information and intelligence. The Framework is built upon the clear understanding that having the right information and intelligence is essential to drive improved quality in health and social care.

Information Services Division (ISD) is key to ensuring we have the right data to support world-class health and social care services. Its reorganisation over the past year means that it is now better placed to do this, while streamlining existing data collection and achieving efficiencies.

Work continues on the development and improvement of the Quality Outcome Indicators<sup>33</sup> (level 1 of the Quality Measurement Framework). New information on several of the indicators has been published during the year, and a web portal to provide information on progress with all the indicators will be available in early 2013. This will provide one source to get an at-a-glance view of progress, as well as provide links to look underneath the data. Some of the indicators are still under development, and have created helpful debate on how we can best capture quality in a measurable way at different levels within the Quality Measurement Framework.

The indicators and outcomes will be reviewed in the coming months to ensure they are fit for purpose and in view of the integration of health and social care agenda. At the same time work will be underway to look at the specific integration outcome indicators for partnerships. The HEAT targets reflect the agreed areas for specific accelerated improvement each year, contributing to progress towards the Quality Ambitions and Quality Outcomes. We continue to provide ready access to NHSScotland and NHS Board performance through Scotland Performs<sup>34</sup> which is updated on a continuous basis.

## INFORMATION TECHNOLOGY

Developing and supporting the appropriate IT infrastructure to deliver safe, effective and person-centred care is a key priority for NHSScotland. The areas of progress are described here and provide an overview of activity during 2011/12.

<sup>33</sup> Information on the Quality Measurement Framework and Quality Outcome Indicators can be found at: <http://www.scotland.gov.uk/Topics/Health/Policy/Quality-Strategy/Quality-Measurement-Framework>

<sup>34</sup> The Scotland Performs website can be found at: [www.scotland.gov.uk/About/scotPerforms](http://www.scotland.gov.uk/About/scotPerforms).

### **eHEALTH STRATEGY 2011-17**

A new eHealth Strategy – *The Second eHealth Strategy for NHSScotland 2011-2017\** – was published in September 2011. The strategy focuses on benefits and customers rather than products and suppliers. It aligns IT activity with our Quality Ambitions and includes six key aims in the areas of: clinical communication; person-centred care; patient safety; support for patients in the community; improvements in efficiency; and access to key information. Following a significant capital investment programme in the previous period (2008-11), this strategy focuses on delivering these key aims by maximising the value of previous capital investment. Supporting strategies have also been agreed on information assurance, applications, infrastructure and finance.

### **PATIENT MANAGEMENT SYSTEM**

A consortium of NHS Boards led by NHS Lanarkshire has procured and implemented the new Patient Management System (PMS) in Scotland. An investment of £44 million has been made in the system which will cover over 70 per cent of the Scottish population and is now operational in NHS Borders, Grampian, Lanarkshire, Ayrshire & Arran, Greater Glasgow and Clyde and Lothian. The first phase of benefits are now being realised with additional capabilities including order communications – eliminating the need for paper-based diagnostic requests and results reporting – and clinical workflows planned over the next year.

### **NEW IT SYSTEMS FOR GPs**

A consortium of NHS Boards led by NHS Greater Glasgow and Clyde worked together to purchase two new IT systems for GPs with an investment of £38 million. During 2011/12, all GP practices in Scotland (over 1,000) successfully migrated from the previous GPASS IT system to the new system co-ordinated by National Services Scotland (NSS). This migration was completed within the agreed timescale and budget. These systems provide enhanced capabilities and NHS Boards are working closely with GP practices to achieve the maximum benefit from these.

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\* All publications referred to within this document can be found in the publications section of the appendices.

## **CLINICAL PORTAL**

Clinical portals (electronic windows to information) are now firmly established in many NHS Boards and becoming a standard tool used in clinical encounters with patients across NHSScotland. They provide comprehensive access to clinical systems and information to support excellent and safe patient care. In secondary care they have become the clinician interface with the electronic patient record. Clinical portal implementation has continued to make steady progress across NHSScotland. The NHS Greater Glasgow and Clyde portal has over 17,300 users and around 390,000 documents (results, letters assessments etc.) are being accessed each week. Most users are in the acute sector with around 2,000 in the community. The Golden Jubilee National Hospital has rolled out its portal to around 80 per cent of its staff where feedback has been extremely positive. The members of the South and East portal consortium (NHS Lothian, Borders, Fife and Dumfries & Galloway) all have plans to roll out the clinical portal to their hospital sites during 2012. Within the North of Scotland portal consortium, NHS Tayside continues to make progress, with around 3,500 clinical users accessing the portal regularly and around 10,000 accesses per week.

## **EMERGENCY CARE SUMMARY**

The Emergency Care Summary (ECS) is widely used in A&E, out-of-hours, and NHS 24 to improve the care of patients in unscheduled care. Recently its use has been extended to the Scottish Ambulance Service and it is now widely used by ambulance and other emergency vehicle staff. There have been 10 million accesses since its introduction in 2006. Work is underway to extend its use into scheduled care as part of wider work to improve clinician access to up-to-date records of patient medications, particularly at hospital admission and discharge, in order to improve the care and safety of patients.

## **KEY INFORMATION SUMMARY**

The Key Information Summary (KIS) is a focused extract of information from Primary Care systems designed to provide important patient details for clinicians in unscheduled care. This will replace paper processes and underpins improvements in care planning and patient centeredness. KIS includes patient wishes and details of care plans for patients with multiple conditions or special requirements. Widespread consultation with clinical groups and patients was completed in 2011 and development and pilots commenced in early 2012. Rollout continues in pilot practices and remains on track to meet the eHealth and quality milestones.

## **HEALTH AND SOCIAL CARE INTEGRATION**

The Data Sharing Technologies Board was formed in November 2011. Its aim is to improve collaborative working across NHSScotland and local government, and to support health and social care integration. NHS Lothian and the City of Edinburgh Council are developing a portal which will enable the sharing of assessments and adult protection messaging. NHS Greater Glasgow and Clyde is working with two councils to develop a portal which will enable the sharing and viewing of single shared assessments. NHS Ayrshire and Arran is developing and hosting *Ayrshare*, which will enable health and social work practitioners to share information. NHS Lanarkshire, and North and South Lanarkshire Councils have an established framework, which enables the sharing of assessments, together with adult, child and pre-birth protection messaging.

## **USE OF VIDEO CONFERENCING TECHNOLOGIES**

Room and desk based video conferencing services are benefiting both patients and staff. They are contributing to greater operational efficiency and improvements in the quality of patient care. There are over 660 video conferencing units, covering all NHS Boards, averaging around 100 conferences per day. These are saving on travel time and costs for patients and clinical staff, improving the efficiency, quality and safety of patient care, and freeing up clinical staff to focus on frontline service delivery. Following work commissioned by the North of Scotland Regional Planning Group and developed by NHS Grampian, NHS Highland and NHS National Services Scotland (NSS), improvements are being rolled out across Scotland. Video conferencing is boosting the quality of care particularly in rural areas and through telehealth developments, such as the National Telestroke Stroke Network, is providing potentially life-saving services to patients across Scotland and out-of-hours.

## **WORKFORCE, EDUCATION AND TRAINING**

An appropriately trained and motivated workforce is essential to our aims for a modern, quality-driven and patient-centred service. Partnership working involving NHS Education for Scotland (NES), NHS Boards and education providers has, across the spectrum of NHS care, achieved significant gains for practitioners, for those in training, and tangible benefits for patients. This approach to agreeing and developing appropriate training, development and appraisal will provide the fundamental basis for NHSScotland to achieve our Quality Ambitions for safe, effective and person-centred healthcare – particularly focusing on the requirement to ensure that all staff feel supported and engaged in pursuing and achieving world-leading quality healthcare. The workforce contributions to our Quality Ambitions can be found throughout this report but a number of cross-cutting areas of progress and key achievements during 2011/12 are set out here.

### **2020 WORKFORCE VISION FOR NHSScotland**

The NHSScotland workforce will be central to achievement of our 2020 Vision. In addition to the Strategic Narrative, which sets out the priority areas for action, it will be important to have a clear vision of what the workforce will look like. Work started in January 2012 to develop our 2020 Workforce Vision for NHSScotland. This will be informed by extensive staff engagement, with the intention that it will be published in June 2013.

### **SCOTTISH CLINICAL LEADERSHIP NETWORK**

The Scottish Clinical Leadership Network, hosted by NHS Education for Scotland (NES) National Leadership Unit, was launched in August 2011 to engage and support clinical leaders to deliver sustainable quality. The Network established a Leading Quality Reference Group which now engages a wide range of clinical and non-clinical networks. This 'network of networks' across Scotland is building a critical mass of clinicians and managers who have capacity and capability to lead quality improvement. The Network offers a programme of masterclasses, and action learning and mentoring opportunities to extend clinical engagement, increase return on investment from development programmes and contribute to sustainable improvement in order to realise the 2020 vision and Quality Ambitions. Work is underway to help NHS Boards to identify their clinical and non-clinical staff who have leadership and quality improvement expertise. The aim is to establish local faculties/registers of improvement leaders and to connect these through the 'Network' section on the Quality Improvement Hub website in order to increase the pace of implementation and spread of local and national initiatives.

## QUALITY IMPROVEMENT EDUCATION FRAMEWORK

NHS Education for Scotland (NES) launched the Quality Improvement Education Framework to support staff across NHSScotland to access learning in quality improvement thinking and techniques. The Framework reflects the priorities of the Quality Strategy and helps staff learn how to continually improve patient safety, person centred care, and the clinical effectiveness of care and treatment. The Framework enables staff with different roles in an organisation to identify the gaps between their current knowledge and skills and future requirements, and supports them to plan their own learning and development.

## REVISED WORKFORCE PLANNING GUIDANCE

*Revised Workforce Planning Guidance\** was published in December 2011, ahead of the submission of NHS Boards' Local Delivery Plans (LDPs) and Workforce Projections for 2012/13. Contained in *Chief Executive Letter (CEL) 32\**, this provided clear guidance to assist NHS Boards in planning a workforce which will deliver quality healthcare for patients and a consistent framework to support evidence-based workforce planning. This framework required workforce planning to be integrated with service and financial planning. Analysis of the LDPs and Projections submitted for 2012/13 demonstrates that NHS Boards are following the guidance.

## QUALITY IMPROVEMENT

The Quality Improvement Hub (QI Hub) is a national collaboration between Healthcare Improvement Scotland (HIS), Special NHS Boards and the Scottish Government, which aims to build national and local capacity and capability in quality improvement in support of the Quality Strategy, and to support NHS Boards with local implementation. The first *Annual Report for the QI Hub\** was published in March 2012. During its first full year of operating, the QI Hub received over 30 requests for implementation support and actively assisted NHS Boards and clinicians to design and develop improvement and measurement plans for a range of clinical projects.

In 2012, the key focus for the QI Hub has been the development and launch of the Quality Improvement Hub website<sup>35</sup>, a one-stop-shop for knowledge and implementation support for quality improvement. The QI Hub is currently working to develop a coherent work programme to support NHS Boards with the further implementation of the Quality Strategy.

<sup>35</sup> The Quality Improvement Hub website can be found at: [www.qihub.scot.nhs.uk](http://www.qihub.scot.nhs.uk).

\* All publications referred to within this document can be found in the publications section of the appendices.

## COMMUNICATION

The need for clear and consistent communication of our vision for high-quality healthcare, and the respective roles of everyone who has a role to play has been identified as being key to the pursuit of our Quality Ambitions. Work has progressed during the year through the work of the Communications Action Group to ensure effective communication with staff, stakeholders and the public. Priority areas for action were identified including revised messaging and refreshed website content. Work has continued with NHS Boards to ensure that the 2020 Vision is communicated and understood, and that the accompanying strategic narrative provides the context for communicating all that we do.

Opportunities were identified to share messages and engage with people through a range of media including media releases, speeches, publications, conferences and meetings. The annual NHSScotland Event continued to provide a major platform to engage with staff across NHSScotland on the Quality Ambitions and the improvements required to deliver safe, effective and person-centred care. The Event has demonstrated the impact of work being undertaken across NHSScotland and has served to share best practice. Work was begun to consider what is now needed to support a conversation with the public about its role in ensuring quality sustainable services for the future and to support the public engagement work already happening across NHS Boards.

## GOVERNANCE

A key priority for supporting the implementation of the Quality Strategy is aligning the key strands of governance – clinical, staff and finance – to ensure that our approach provides NHS Boards, the Scottish Government, Parliament and the public with the assurance required to have confidence in the quality of healthcare in Scotland. Appropriate and focused governance will also ensure that early warning is given of any potential areas for improvement, before any issues arise.

In 2011/12, improvements were made to the way in which NHS Boards are required to submit assurances of their internal control systems. Through their Governance Statements, NHS Board Chief Executives fulfil their roles as accountable officers, responsible for maintaining sound systems of internal controls on quality and performance. The Governance Statement describes four strands of governance and includes clinical and staff governance.

# NHS Board Story: NHS Highland

## GROWING QUALITY FROM THE ROOTS UP...†

In March 2011, NHS Highland established a new clinical advisory process with the aim of introducing a robust infrastructure which would provide recommendations on clinical and cost-effective best practice to NHS Highland's Senior Management Team.

A Steering Group and Core Group were set up to focus on areas such as health technologies, treatments and other healthcare developments. Each group is multi-professional and multi-disciplinary in composition. Both groups are collectively known as NHS Highland's Clinical Advisory Group (CAG).

The type of requests received by the groups have been extensive and to date a number of clear processes, protocols and reporting arrangements have been developed which has assured a systematic and transparent approach to clinical decision-making. In addition, positive engagement has taken place with many local and national healthcare colleagues and across organisations.

The work of the CAG continues to deliver a number of encouraging results and outcomes, and many of these have led to more clinical and cost effective practices across NHS Highland. For example, the implementation of a Highland-wide pilot of a Tier 3 Weight Management Service involving specialist dietetic input and the robust management of out-of-area referrals has resulted in the better use of local clinical services and service level agreements.

**This robust infrastructure process has led to a number of encouraging results and outcomes which have led to more clinical and cost-effective practices across NHS Highland.**

† This work was presented as a poster at the 2012 NHSScotland Event and won first prize in the 'Infrastructure' poster category. To view the poster visit: [www.nhsscotlandevent.com/posters/Posters-2012](http://www.nhsscotlandevent.com/posters/Posters-2012)



## **CHAPTER 4 IMPROVING HEALTH AND REDUCING INEQUALITIES**

# IMPROVING HEALTH AND REDUCING INEQUALITIES

NHSScotland has a vital role in improving and maintaining the good health of the people of Scotland, and in reducing health inequalities. This is central to the aim for NHSScotland to become a world leader in terms of healthcare quality, and to the wider Scottish Government objectives to support people to live longer healthier lives, and to reduce inequality through early intervention and anticipatory care. This chapter sets out the key areas of achievement by NHSScotland in support of health improvement across Scotland during 2011/12.

## CHANGING SCOTLAND'S RELATIONSHIP WITH ALCOHOL

A Progress Report\* on *Changing Scotland's Relationship with Alcohol: A Framework for Action\** was published in February 2012. The report outlines the progress made against each of the measures in the Framework as we take action to tackle a major challenge affecting Scottish society through legislative change, improved treatment and support services, and by building an environment that supports cultural change in the longer term.

Considerable progress has been made on implementing key aspects of the Alcohol Framework, including: a record investment in tackling alcohol misuse of over £196 million since 2008; delivery of over 272,000 Alcohol Brief Interventions by NHSScotland; the establishment of 30 Alcohol and Drug Partnerships (ADPs); development of an implementation plan to deliver the recommendations of the *Quality Alcohol Treatment and Support report\**; the commencement of the Alcohol etc. (Scotland) Act 2010 and the passing of the Alcohol (Minimum Pricing) (Scotland) Act 2012 in June.

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\* All publications referred to within this document can be found in the publications section of the appendices.

### **MINIMUM UNIT PRICING OF ALCOHOL**

The Alcohol (Minimum Pricing) (Scotland) Bill was introduced in October 2011 and subsequently passed stage 3 in the Scottish Parliament on 24 May 2012. The Bill re-introduced the proposal to set a minimum price per unit of alcohol as a key part of tackling Scotland's unhealthy relationship with alcohol. Evidence shows that addressing price is an important element in any long-term strategy to tackle alcohol misuse given the link between consumption and harm, and the evidence that affordability is one of the drivers of increased consumption. Minimum pricing will target heavy drinkers as they tend to drink the cheap, high-strength alcohol that will be most affected by the policy. The Scottish Government believes that a minimum price per unit of alcohol would be the most effective and efficient way to tackle alcohol misuse in Scotland.

### **ALCOHOL AND DRUG PARTNERSHIPS**

The Scottish Government has been working in partnership with Alcohol and Drug Partnerships (ADPs) to strengthen governance and accountability arrangements by developing and agreeing a set of core ADP outcomes and indicators<sup>36</sup>. These outcomes and indicators support the embedding of outcomes-based planning and reporting at local level, helping ADPs to self-assess their performance (including benchmarking against other ADPs) and to articulate their contribution to their local Single Outcome Agreements. They also help provide a national picture of progress in alcohol and drug prevention, support and treatment.

### **ALCOHOL BRIEF INTERVENTIONS**

There has been excellent progress of the national Alcohol Brief Interventions (ABI) programme across Scotland. Over 272,000 ABIs – including 97,830 ABIs in 2011/12 – have been delivered to date by NHSScotland to help individuals to cut down on their drinking to within safer guidelines<sup>37</sup>. These person-centred, evidence-based and cost-effective preventative interventions potentially reduce the requirement for more costly alcohol-related treatments later on.

36 Further information on ADP outcomes and indicators can be found at: [www.scotland.gov.uk/Topics/Health/health/Alcohol/resources/ADPCoreOutcomes](http://www.scotland.gov.uk/Topics/Health/health/Alcohol/resources/ADPCoreOutcomes).

37 NHS Information Services Division: Alcohol Brief Interventions 2011/12

## HEAT TARGET

**To achieve agreed number of screenings using the setting-appropriate screening tool and appropriate Alcohol Brief Intervention in line with SIGN 74 Guideline during 2011/12.**

The target was for NHSScotland to deliver 61,081 Alcohol Brief Interventions during 2011/12. A total of 97,830 interventions were delivered during this time, 60 per cent more than the target.

The ABI HEAT target became a HEAT standard for 2012/13, supporting the long-term aim that ABIs should be embedded into routine practice. NHS Boards and Alcohol and Drug Partnerships (ADPs) will sustain and embed ABIs in priority settings (Primary Care, Accident & Emergency, antenatal) and develop ABI delivery in wider settings. This provides a sustainable approach, effective partnership working and emphasises robust delivery of ABIs to build the evidence base and remain a cornerstone of our efforts to reduce alcohol-related harm in Scotland.

### DRUG AND ALCOHOL TREATMENT WAITING TIMES

The HEAT (A11) Drug and Alcohol Treatment Waiting Times Target sets out that, by March 2013, 90 per cent of clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. Data to support this target is published on a quarterly basis<sup>38</sup> and the latest statistics (April-June 2012) highlight that we are well on track to achieve the target with 90 per cent of people being treated within three weeks or less. ADPs will continue to be key to achieving this target by engaging problem drug and alcohol users with appropriate treatment services at an earlier stage, which is likely to achieve a higher rate of successful outcomes for the client.

<sup>38</sup> Data to support the HEAT (A11) Drug and Alcohol Treatment Waiting Times Target is published quarterly at: [www.drugmisuse.isdscotland.org/wtpilot/reports.htm](http://www.drugmisuse.isdscotland.org/wtpilot/reports.htm)

### **ALCOHOL AND OFFENDERS GUIDANCE STATEMENT PUBLICATION**

The *Alcohol and Offenders Guidance Statement*\* was published in April 2012. It is intended to provide guidance and support for those who have a responsibility for developing strategic responses to alcohol problems amongst offenders. Key amongst those are ADPs which are required to develop and implement local strategies for the provision of effective alcohol and drug services to meet the needs of their population, including offenders.

### **SMOKING CESSATION**

A new smoking cessation HEAT target was introduced from April 2011 to build on the success of the previous target. This new target is for NHSScotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one-month post quit) including 48,000 in the 40 per cent most deprived within-Board Scottish Index of Multiple Deprivation (SIMD) areas over the three years ending March 2014. For the first time, the target has a specific focus on inequalities with the aim of reducing the significant disparities in smoking rates between the most and least disadvantaged populations across Scotland. This in turn is a major contributor to premature mortality and health inequalities. NHSScotland is on track to meet the overall target in 2014, supporting 44,137 smokers to quit (measured at one-month following the agreed quit date) in 2011/12, with 24,529 of these quits from within the 40 per cent most deprived areas<sup>39</sup>.

### **PHYSICAL ACTIVITY**

Physical inactivity is one of our major health challenges, contributing to nearly 2,500 deaths in Scotland each year. The Green Exercise Partnership, which includes NHS Health Scotland, Forestry Commission Scotland and Scottish Natural Heritage, is working with NHS Boards to maximise opportunities to use NHSScotland's outdoor estate as a resource to promote the health of patients, visitors, staff and the surrounding community. These developments provide increased opportunities for physical activity and mental health benefits as well as contributing to delivering NHSScotland's responsibilities on sustainability, the Healthier Working Lives agendas and the Quality Strategy.

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39 NHS Information Services Division: NHS Smoking Cessation Services 2011/12

\* All publications referred to within this document can be found in the publications section of the appendices.

In 2011/12, eight NHS Boards started or completed estate improvements, or new developments such as large-scale projects at Ninewells Hospital in NHS Tayside and NHS Forth Valley Royal Hospital in Larbert. The Scottish Government will continue to work closely with NHS Boards to take forward its active agenda alongside other partners including the Royal Colleges and **sportscotland**. The next step will be to set out the role of the NHS in the implementation plan for the Scottish version of the Toronto charter, regarded as the international best practice for investment in physical activity.

### **KEEP WELL**

Delivery of Keep Well and Well North (the remote and rural adaptation) health checks continued throughout 2011/12. NHS Boards also took forward planning for the mainstreaming of the programme from April 2012. Under the programme, 40 to 64-year-olds living in deprived communities are invited to attend a health check, typically within their local GP practice but also in other local settings. The health checks focus primarily on Cardiovascular Disease (CVD) and its main risk factors, such as blood pressure, cholesterol, smoking and diabetes, but also covers wider lifestyle issues such as employability, benefits support and mental wellbeing.

## **HEAT TARGET**

### **Achieve agreed number of inequalities targeted cardiovascular health checks during 2011/12.**

The target was for NHSScotland to deliver 26,682 inequalities targeted cardiovascular health checks during 2011/12. A total of 47,776 health checks were delivered during this time, 79 per cent more than the target<sup>40</sup>.

<sup>40</sup> NHS Information Services Division: Cardiovascular Anticipatory Care Screenings, 2011/12

### **WORKING HEALTH SERVICES PILOT**

Working Health Services Scotland (WHSS) is a pilot NHSScotland service that aims to assist employees of small to medium-sized enterprises (SMEs)<sup>41</sup> to remain in or return to work quickly after a period of absence. Most SMEs do not provide access to occupational health services or employee assistance programmes. In 2011/12, the Working Health Services Scotland pilot provided health support for 3,316 people working for small and medium-sized enterprises. Of those who received support: 80 per cent reported an improvement in their health-related quality of life; 75 per cent reported more satisfaction with their occupational performance; 29 per cent reported decreases in their levels of anxiety; and 22 per cent reported decreases in their level of depression. Of those who completed the discharge stage of the programme, 95 per cent remained in or returned to work from sickness absence<sup>42</sup>.

### **HEALTH PROMOTING HEALTH SERVICE**

The Health Promoting Health Service approach sees every healthcare contact as a health improvement opportunity. It aims to support the development of a health promoting culture and embed effective health improvement practice within NHSScotland. Hospitals are a key platform upon which we can start to incorporate health improvement into day-to-day activities and interactions, taking advantage of opportunities to change behaviours amongst patients, visitors and staff. Furthermore, given the proportionally greater use of acute services by patients from deprived communities, health promotion in hospital and maternity settings offers a major opportunity to reduce health inequalities and improve health amongst those at most risk of poor health. Further guidance, issued in January 2012, set out actions covering a range of topic areas including: smoking; alcohol; breastfeeding; diet; health and work; sexual health; physical activity; and active travel. The guidance aims to encourage more engagement from senior managers and clinicians.

41 SMEs are companies or organisations with fewer than 250 employees

42 Salus Occupational Health/NHS Lanarkshire: Working Health Services Scotland, Progress Report

## **PREVENTING OBESITY**

All NHS Boards are required to deliver a programme of child healthy weight interventions. The interventions incorporate diet, physical activity and behaviour change components to children aged 2-15 years and their families. NHS Boards have developed a range of programmes which include whole class, school-based interventions and small group and one-to-one interventions in community and/or clinical settings. The school-based programmes have proved successful in overcoming the problems of stigmatisation and parental avoidance of the issue. All NHS Boards met or exceeded their 2008-11 targets completing 8,406 interventions against a target of 6,317. NHS Boards are now working towards the new overall target of 14,910 interventions by March 2014. Between April 2011 and March 2012 a total of 5,052 interventions had been completed.

## **MATERNAL AND INFANT NUTRITION**

An implementation group has been set up to oversee the implementation of *Improving Maternal and Infant Nutrition: A Framework for Action\** which was published in January 2011. This provided a framework for action by NHS Boards, local authorities and others in partnership to improve the nutrition of pregnant women, babies and young children and is the first to consider effective support to: improve the nutrition of mothers before and during pregnancy; promote the benefits of breastfeeding; and encourage a healthy diet throughout early childhood.

## **SEASONAL FLU VACCINATION PROGRAMME**

NHSScotland successfully delivered seasonal flu vaccine to those who were at risk from the virus, achieving higher levels of uptake amongst under 65s than ever before, and successfully meeting the vaccination target for the over 65's group. Unlike other parts of the UK where there were reported vaccine problems, no such difficulties were encountered in Scotland and the vaccination programme successfully provided protection for everyone who came forward. Success was driven by excellent working relationships between GPs, Community Pharmacists and NHS Boards, and underpinned by a high-profile awareness-raising campaign.

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\* All publications referred to within this document can be found in the publications section of the appendices.

### **HPV VACCINATION**

The third year of the Human Papillomavirus (HPV) vaccination programme has recently been completed, which marks the last year of the catch-up element of the programme (vaccination of older girls). Uptake figures for the schools-based element of the third year of the programme indicate that, by mid-August 2011, uptake of the first dose in S2 reached 91.8 per cent, with 90.2 per cent achieved for the second dose and 81.0 per cent for the third dose. These figures compare favourably to those collected for other parts of the UK. Amongst the catch-up cohort, by mid-August 2012, 73.9 per cent of all girls in the catch-up cohort had received one dose of HPV immunisation, 71.0 per cent had received two doses and 65.5 per cent had completed the three dose course. Again these compare favourably with other parts of the UK<sup>43</sup>.

### **SEXUAL HEALTH AND BLOOD BORNE VIRUS FRAMEWORK**

For the first time, sexual health, HIV, hepatitis C and hepatitis B have been brought together under one integrated strategy to promote a holistic, multi-agency approach to tackling poor sexual health and blood borne viruses in Scotland. It adopts an outcomes-based approach with five high-level outcomes monitored by a series of indicators and supported recommendations. The Framework is based on the solid foundations of existing policy as well as establishing a policy landscape for hepatitis B. This ambitious framework recognises the importance of active links with other policy areas such as substance misuse, education, gender-based violence and the early years as well as joined-up working between the Scottish Government, NHS Boards, local authorities and the third sector.

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43 NHS Information Services Scotland: Immunisation HPV/HPV Catch Up Reports



## **CHAPTER 5 EFFICIENCY AND PRODUCTIVITY**

## EFFICIENCY AND PRODUCTIVITY

NHS Boards delivered £313 million of Efficient Government Programme savings in 2011/12, equivalent to 3.6 per cent baseline funding made available to NHS Boards. In addition to this, Boards also delivered a further £6 million from other local savings. This exceeded the planned level of savings required and was the fourth year in a row that NHS Boards have exceeded their efficiency targets. Efficiency savings are retained and re-invested by Territorial NHS Boards, underpinning service developments and ensure ongoing financial balance. Crucially, NHS Boards have delivered these efficiencies primarily as recurring savings which means they are sustainable and will be reinvested in patient care.

NHS Boards delivered these efficiencies at the same time as continuing to make significant improvements to the quality of services and therefore the outcomes for patients and carers. It is this commitment both to delivering improvements in quality and making the best possible use of public money that drives NHSScotland's programme of work around Efficiency and Productivity.

### EFFICIENCY AND PRODUCTIVITY FRAMEWORK

In February 2011, the *Efficiency and Productivity Framework for NHSScotland\** was published, which identified three overarching themes that would increase efficiency and support the delivery of the Quality Strategy. These are:

- **Support** – supporting our workforce (including ensuring that staff are appropriately skilled to deliver the necessary change);
- **Enablers** – identifying, sharing and sustaining good practice (including benchmarking and data, and efficient use of technology); and
- **Cost reduction** – reducing variation, waste and harm.

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\* All publications referred to within this document can be found in the publications section of the appendices.

These themes are expressed in a number of key workstreams, chosen in partnership with a range of stakeholders across NHS Boards, where we identified there were further potential gains in efficiency and productivity. These are:

- Preventative and Early Intervention;
- Outpatients, Primary and Community Care;
- Acute Flow and Capacity Management;
- Prescribing;
- Procurement; and
- Shared Services – Finance, HR and Estates and Facilities.

Each workstream is led by an NHS Board Chief Executive but projects are delivered by NHS Boards themselves, as any efficiency and productivity gains will be reinvested locally. The workstreams are supported by an Efficiency and Productivity Portfolio Office, based within the Scottish Government's Quality and Efficiency Support Team (QuEST) that ensures consistency and coherence in approaches and maintains an oversight of delivery and benefits realised. Assurance and scrutiny of the whole enterprise is undertaken by the Efficiency Portfolio Board which reports to the NHS Chief Executive's group and the Scottish Government Health and Social Care Management Board.

NHS Boards delivered their efficiency savings through a wide range of programmes of work. Crucial to this success has been an overarching commitment to ensuring that quality is at least maintained but ideally improved. Clinical leadership has been key to this and over a quarter of the 2011/12 savings were delivered through clinical service improvements. The following examples illustrate this achievement:

- The Scottish Ambulance Service has redesigned its Patient Transport Service (PTS) with the primary aim of making it more professional, efficient and responsive for patients. This has included implementing a single telephone number for the whole country, the development of integrated transport hubs and ensuring patients spend less time in vehicles.

- NHS Borders, using 'Lean' quality improvement approaches, changed the way patients are managed after they have had Total Joint Arthroplasty to improve patient outcomes and ensure that they are working as efficiently as possible. Outcomes have included: a 90 per cent fall in rates of blood transfusion after hip arthroplasty; a 93 per cent fall in catheterisation rates; and a reduction in average length of stay from seven to four days.
- NHS Ayrshire and Arran also used 'Lean' to redesign the way they managed theatre supplies. The process allowed the team to identify a number of key areas where substantial improvements could be made, such as ensuring obsolete stock was removed, managing procurement of items more effectively and tracking spend more proactively. Primarily, this will free up valuable clinical time that had been spent dealing with supplies.

Another clinical area where important gains have been made is in Prescribing. NHSScotland spends around 14 per cent of its budget every year on drugs in both hospital and community settings, with the vast majority of this being GP prescribing. The effective management of this resource is crucial and NHS Boards have, with the support of the prescribing workstream and excellent work from their own pharmacy teams, delivered some significant achievements over the year. For example:

- NHS Greater Glasgow and Clyde's prescribing support teams helped GPs to achieve their Quality Outcomes Framework (QoF) targets for cholesterol lowering drugs in Cardiovascular Disease leading to overall savings of £1.5 million.
- NHS Forth Valley also engaged with their GP community and supported them to deliver a saving of £3.4 million during 2011/12.
- NHS Tayside implemented an IT solution that provides advice to GPs and other prescribers at the point of generating a prescription offering more cost-effective alternatives.

As well as these important achievements led by our clinical communities, support services have played an important role in delivering greater efficiency while ensuring quality is prioritised. It is sometimes easy to forget the important role that the people who provide our food, laundry supplies and IT equipment play in ensuring that our hospital and community facilities are safe, efficient and fit for purpose. Equally, those who provide important back office services such as HR, finance and procurement – the services that allow clinical staff to do their jobs – have an important contribution to make to improving the efficiency of our services.

These services have begun to deliver significant savings, in part due to the shared understanding of everyone working in NHSScotland that every opportunity to make savings in these critical but supporting areas results in more cash to reinvest in improving clinical quality outcomes. Special NHS Boards and Healthcare Improvement Scotland are leading on a number of these efficiency areas. Some of the highlights of 2011/12 are:

- Healthcare Improvement Scotland (HIS) and NHS Education for Scotland (NES) delivered £0.2 million and £0.3 million in efficiency savings respectively by reviewing their entire approach to procurement; reducing costs by standardising supplies, managing orders more closely and, for example, moving to paper-free meetings.
- NHS National Services Scotland (NSS) works with external partners to increase savings, maximise supply chain effectiveness and procurement capability. This year, it secured savings to NHSScotland of £41 million, taking the total since 2006 to over £200 million. In 2011/12, it negotiated national contracts on everything from telecoms to blood tubes. Based at the National Distribution Centre, it also delivered 4.5 million order lines to hospitals, equating to 45 million items, with 98.6 per cent of orders delivered on time and in full.

Right across NHSScotland, there are excellent examples of efficiency and productivity gains that are supporting the delivery of improved quality services. For example, as part of improving patient flow through the system, the average length of stay for emergency inpatients has fallen by 24 per cent, from 4.2 days in 2006/07 to 3.2 days in 2011/12. There were over 43,000 more hospital day cases episodes in 2011/12 than 2006/07<sup>44</sup>.

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44 NHS Information Services Division: Acute Hospital Activity and NHS Beds Information

# NHS Board Story:

## NHS Lothian

### IMPROVING ORTHOTICS SERVICES IN NHS Lothian†

NHS Lothian had been delivering its orthotics services as multiple autonomous services with independent budgets and was operating from multiple locations resulting in little equity of access or standardisation of the service.

The decision to transfer the hub of the orthotics service from an industrial estate on the outskirts of Edinburgh, which was no longer fit for purpose, to the SMART centre on the Astley Ainsley hospital site provided an opportunity to review and redesign orthotics service delivery across Lothian.

As part of the review, the project team used a number of tools in the project's pre-work stage which included stakeholder interviews; data collection and analysis; value stream mapping; circle of work; time value analysis; voice of the customer; and critical to quality trees. A three-day Kaizen event was also held in August 2011 with 23 members of the multidisciplinary team and private contractor representatives.

As a result, the Orthotics Service has now moved from 30-minute to 20-minute appointment slots, creating 3,036 additional clinic slots annually. Three privately contracted clinics were absorbed in-house (saving £81,129), bringing the service within budget – simultaneously reducing cost

while improving quality. Three management teams also moved to one centralised structure, allowing tighter control of contracts and referrals. New prescribing guidelines were developed and new waiting areas and additional clinic rooms have improved patient experience.

Under a single management structure and due to efficiencies achieved, the service now plans further improvements, including developing one-stop clinics and further reductions in privately contracted activity.

**Orthotic patients in NHS Lothian now receive a more streamlined service, with their experience at clinics enhanced through reduced waits and improved environments.**

† This work was presented as a poster at the 2012 NHSScotland Event and won first prize in the 'Efficient' poster category. To view the poster visit: [www.nhsscotlandevent.com/posters/Posters-2012/](http://www.nhsscotlandevent.com/posters/Posters-2012/)



## **CHAPTER 6 FINANCIAL PERFORMANCE**

## FINANCIAL PERFORMANCE

This chapter provides a summary of the key information relating to the financial performance of NHSScotland during 2011/12. The performance for the year was excellent with the key financial performance target, the Departmental Expenditure Limit (DEL), showing a small underspend.

### NHSSCOTLAND FINANCIAL PERFORMANCE SUMMARY 2011/12

Departmental Expenditure Limit (DEL)	Revenue (£ million)	Capital (£ million)
Actual	10,537	474
Under/(Over) Spend	9	1

The level of spend available to NHSScotland is significant and it is important that it is managed effectively to deliver the best results for patients and good value for public funds. This is achieved by planning and managing financial performance across the whole of the budget, not only its constituent parts. The totality of the resource available to the Scottish Government Health and Social Care Directorates is therefore used fully and effectively.

The bulk of the above expenditure lay with the 21 NHS Boards and Healthcare Improvement Scotland, all of which achieved their financial targets in line with projections, all with unqualified accounts. The £10 million underspend represents less than 0.1 per cent of the health budget and has been achieved through the more efficient delivery of a range of policy programmes across the Scottish Government Health and Social Care Directorates.

Our financial planning approach supports Boards in achieving financial balance, in a controlled and effective manner through long term strategic financial planning over a five year period as evidenced through Local Delivery Plans and through short term operational financial planning. This is often in-year as evidenced through a range of mechanisms deployed where assessed as appropriate and effective, including brokering and banking funds and optimising the allocation of resource and capital. Short term support is always predicated on receiving assurance on long term financial sustainability.

Financial planning is an integral part of the performance management cycle with NHS Boards, from Local Delivery Plan sign off to risk-based in-year performance management and formal mid-year reviews and annual reviews.

Within realistic parameters (including for example Spending Review cycles and the ability of the Scottish Government to accommodate flexibility of funds across financial years), this allows both the Scottish Government and NHS Boards to plan for the future and manage the present in a controlled and effective way.

The strong financial position was maintained while managing the additional costs associated with increased activity in General Dental Services and General Ophthalmic Services and the transfer of responsibility for Prisoner Healthcare from the Scottish Prison Service. Also, in recognition of the wider pressures on the health and social care system, £70 million was provided from within NHS Board allocations for a new Change Fund in 2011/12 to support the redesign of services and help shift the balance towards primary and community care.

This report does not present the full accounts of NHSScotland, which form part of the overall Scottish Government consolidated accounts. The audit of the Scottish Government consolidated accounts for 2011/12 is unqualified. Audit Scotland has reviewed the accounts of all NHS Boards for 2011/12 and given an unqualified audit opinion on each. It has provided an independent commentary on NHSScotland finances in its health sector overview report which noted that: “Ending the financial year so close to budget highlights the high level of active management of the forecast position by both the boards and the Scottish Government.”

Good governance is an important aspect of the management of all NHS organisations, which are required to follow Scottish Government policies in relation to financial, clinical, staff and information governance. These policies are advised in specific guidance issued through letters to NHSScotland Accountable Officers from the Scottish Government; the NHS Annual Accounts and Capital Accounting Manuals; Healthcare Improvement Scotland Healthcare Standards; and the Scottish Public Finance Manual, incorporating the Audit Committee Handbook. Accountable Officers are also required to sign a Governance Statement describing the arrangements in place to ensure that this guidance is adhered to.

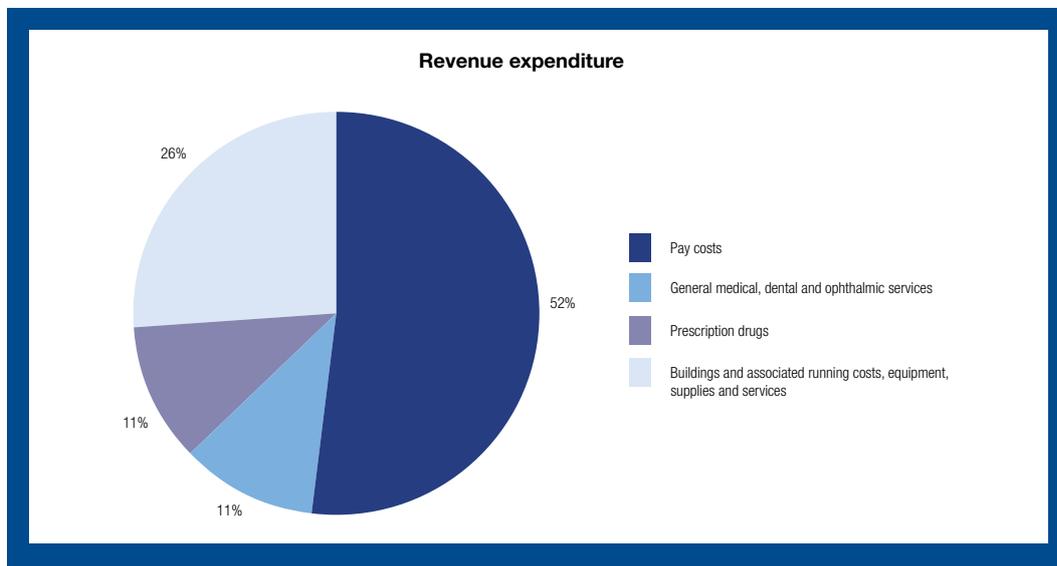
## KEY EXAMPLES OF CAPITAL EXPENDITURE PROGRAMMES

Capital expenditure was £474 million in 2011/12 and showed a small underspend. The money was used to fund numerous NHSScotland projects across the country such as the New South Glasgow Hospitals Project, which will deliver a truly gold standard of healthcare on the Govan site with maternity, children's and adult acute services all together on the one campus. It will also have the biggest critical care complex and one of the biggest emergency departments in Scotland.

## REVENUE EXPENDITURE

NHSScotland's revenue expenditure of £10,537 million in 2011/12 represented over £2,000 for every person living in Scotland. Around 52 per cent of this funds staff costs for NHSScotland employees. A further 11 per cent goes on prescription drugs; 11 per cent on general medical, dental and ophthalmic services; with the remaining 26 per cent funding buildings and associated running costs, equipment, supplies and services.

Chart 16



## EFFICIENT GOVERNMENT

The Efficient Government initiative was launched in June 2004 to help tackle waste, bureaucracy and duplication in Scotland's public sector and initially covered the period 2005/06 to 2007/08. The Efficient Government Programme continued through the period 2008/09 to 2010/11 with a target to deliver 2 per cent increasing cash-releasing efficiencies each year. The draft Scottish budget set out public sector efficiencies for the whole of NHSScotland of 3 per cent for 2011/12, therefore the target in 2011/12 was £335 million. For the period April 2011 to March 2012, NHSScotland delivered savings of £369 million – an overachievement of £34 million. Details of the savings in 2011/12 are as follows:

### EFFICIENT GOVERNMENT PROGRAMME 2011/12

Project Reference and Description	Final Outturn £m
NHS Board local 3 per cent efficiency savings	313
Drug purchasing	15
Countering NHS fraud	1
NHS procurement and logistics	40
<b>Total</b>	<b>369</b>

NHSScotland has made considerable progress in improving efficiency and productivity as a result of a sustained programme of improvement work covering waiting times, cancer services, emergency care, long term conditions and mental health services. The main purpose of the *Efficiency and Productivity Framework for NHSScotland\** is to identify priority areas to improve quality and efficiency. Further information on the Efficiency and Productivity Framework is provided in Chapter 5.

\* All publications referred to within this document can be found in the publications section of the appendices.

## HEAT TARGET

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**NHS Boards are required to operate within their Revenue Resource Limit (RRL), their Capital Resource Limit (CRL) and meet their Cash Requirement.**

All Boards met their 2011/12 financial targets.

## HEAT TARGET

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**NHS Boards to deliver a 3 per cent efficiency saving to reinvest in front-line services (this target applies to 2011/12).**

For the financial year 2011/12, NHS Boards delivered local Efficient Government savings of £313 million, representing 3.6 per cent of baseline funding against the 3 per cent efficiency target.

This contributed to the overall Efficient Government Programme savings of £369 million.



## **CHAPTER 7 FURTHER INFORMATION AND LINKS**

## FURTHER INFORMATION AND LINKS

### DELIVERING HEALTHCARE IN SCOTLAND

NHSScotland consists of 14 Territorial NHS Boards, seven Special NHS Boards<sup>45</sup> and the healthcare body – Healthcare Improvement Scotland. They are accountable to Scottish Ministers, supported by the Scottish Government Health and Social Care Directorates. The Territorial NHS Boards are responsible for the protection and the improvement of their population's health and for the delivery of front-line healthcare services. The Special NHS Boards support the Territorial NHS Boards by providing a range of important services that are best provided by national organisations. Healthcare Improvement Scotland helps NHSScotland and independent healthcare providers deliver high-quality, evidence-based care and scrutinises services to provide public assurance about quality and safety.

All NHS Boards work together for the benefit of the people of Scotland. They also work closely with partners in other parts of the public sector to fulfil the Scottish Government's Purpose and National Outcomes. Maintaining good health and social and economic participation is vital to sustainable economic growth.

A list of all Territorial and Special NHS Boards along with links to their respective websites, is provided at the end of this chapter.

### PERFORMANCE MANAGEMENT IN NHSScotland

Each year, the Scottish Government sets performance targets for NHS Boards to ensure that the resources made available to them are directed to priority areas for improvement, consistent with the Government's Purpose and National Outcomes, and with the strategic direction set out in, *Better Health, Better Care* (2007). These targets are focused on Health Improvement, Efficiency, Access and Treatment, and are known collectively as HEAT targets. In 2011/12 there were seven HEAT targets due for delivery. These relatively few, but important targets helped NHSScotland deliver improvements in the quality of care and in health outcomes for the people of Scotland. Through this, they helped demonstrate the contribution NHS Boards made towards delivering the following Scottish Government National Outcomes:

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<sup>45</sup> NHS National Services Scotland (NSS) is a Non Departmental Public Body (NDPB) commonly referred to as a Special NHS Board.

- Our children have the best start in life and are ready to succeed.
- We have improved the life chances for children, young people and families at risk.
- We live longer, healthier lives.
- We have tackled the significant inequalities in Scottish society.
- Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it.
- We reduce the local and global environmental impact of our consumption and production.
- Our public services are high quality, continually improving, efficient and responsive to local people's needs.

The Scottish Government, in partnership with NHS Boards and other stakeholders, carries out an annual review of the HEAT targets – taking account of views and developments from across Scotland.

Once the HEAT targets have been agreed, NHS Boards prepare and publish their Local Delivery Plans (LDPs) which describe how they will achieve their stated objectives, including planned performance improvements for each target, risk management plans and the financial resources underpinning delivery. LDPs also include an overview of the local commitments NHS Boards have made to support delivery of Community Planning Partnerships' Single Outcome Agreements<sup>46</sup>.

Each year, the Cabinet Secretary for Health and Wellbeing holds NHS Boards to account in public. These annual reviews focus on the impact NHS Boards are making in improving the quality of healthcare services, health of the population and value of the services they provide through HEAT targets, standards and other local commitments. HEAT performance data is also reported through the Scotland Performs website<sup>47</sup>, which gives the latest information on progress by the Scottish Government across a range of outcomes.

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<sup>46</sup> Further information on Single Outcome Agreements can be found at:

[www.scotland.gov.uk/Topics/Government/local-government/delperf/SOA](http://www.scotland.gov.uk/Topics/Government/local-government/delperf/SOA)

<sup>47</sup> The Scotland Performs website can be found at: [www.scotland.gov.uk/About/scotPerforms](http://www.scotland.gov.uk/About/scotPerforms)

## **GOVERNANCE IN NHSSCOTLAND**

The existing clinical governance model provides strong assurance of the effectiveness of key processes in the operation of NHS Boards. This is also the case with the staff governance model, which also provides evidence of outcomes, such as improved staff experience as measured by the staff survey. The corporate governance model requires NHS Board Chief Executives to sign off a Statement on Internal Control to provide assurances on a range of corporate processes.

The development of the Quality Strategy provides a timely opportunity to review the current arrangements for governance and consider how these arrangements could be developed and strengthened. This review will also be able to reflect on the use of increasingly sophisticated data to identify where further investigation may be necessary and where enhancements in national performance management and accountability arrangements can be made.

## **WORKING IN PARTNERSHIP WITH LOCAL AUTHORITIES AND THE THIRD SECTOR**

NHSScotland is committed to working closely with partners in local authorities and the third sector. This is crucial to achieving our ambitions for a healthier Scotland and to meeting the challenges of the years ahead. The Quality Strategy provides a basis for NHSScotland to work with partners, through Community Planning Partnerships, to secure progress towards the three Quality Ambitions, and the outcomes agreed locally and nationally through the Single Outcome Agreements and the National Performance Framework. One example of partnership working in action comes from the Keep Well health checks, where public sector partners provide support in the follow-up activities required to promote wellbeing and healthier lifestyles. A further example is Reshaping Care for Older People, a major programme that is being designed, developed and delivered as a partnership across NHSScotland and local government with active engagement from the third sector and community and patient/carer interests. These programmes will form a key part of the implementation of the Quality Strategy.

## TERRITORIAL NHS BOARDS

NHS Ayrshire and Arran	<a href="http://www.nhsaaa.net">www.nhsaaa.net</a>
NHS Borders	<a href="http://www.nhsborders.org.uk">www.nhsborders.org.uk</a>
NHS Dumfries and Galloway	<a href="http://www.nhsdg.scot.nhs.uk">www.nhsdg.scot.nhs.uk</a>
NHS Fife	<a href="http://www.nhsfife.scot.nhs.uk">www.nhsfife.scot.nhs.uk</a>
NHS Forth Valley	<a href="http://www.nhsforthvalley.com">www.nhsforthvalley.com</a>
NHS Grampian	<a href="http://www.nhsgrampian.org">www.nhsgrampian.org</a>
NHS Greater Glasgow and Clyde	<a href="http://www.nhsggc.org.uk">www.nhsggc.org.uk</a>
NHS Highland	<a href="http://www.nhshighland.scot.nhs.uk">www.nhshighland.scot.nhs.uk</a>
NHS Lanarkshire	<a href="http://www.nhslanarkshire.co.uk">www.nhslanarkshire.co.uk</a>
NHS Lothian	<a href="http://www.nhslothian.scot.nhs.uk">www.nhslothian.scot.nhs.uk</a>
NHS Orkney	<a href="http://www.ohb.scot.nhs.uk">www.ohb.scot.nhs.uk</a>
NHS Shetland	<a href="http://www.shb.scot.nhs.uk">www.shb.scot.nhs.uk</a>
NHS Tayside	<a href="http://www.nhstayside.scot.nhs.uk">www.nhstayside.scot.nhs.uk</a>
NHS Western Isles	<a href="http://www.wihb.scot.nhs.uk">www.wihb.scot.nhs.uk</a>

## SPECIAL NHS BOARDS

National Waiting Times Centre Board (NWTCB)	<a href="http://www.nhsgoldenjubilee.co.uk">www.nhsgoldenjubilee.co.uk</a>
NHS Education for Scotland (NES)	<a href="http://www.nes.scot.nhs.uk">www.nes.scot.nhs.uk</a>
NHS Health Scotland	<a href="http://www.healthscotland.com">www.healthscotland.com</a>
NHS National Services Scotland (NSS)	<a href="http://www.nhsnss.org">www.nhsnss.org</a>
NHS 24	<a href="http://www.nhs24.com">www.nhs24.com</a>
Scottish Ambulance Service	<a href="http://www.scottishambulance.com">www.scottishambulance.com</a>
The State Hospital Board	<a href="http://www.tsh.scot.nhs.uk">www.tsh.scot.nhs.uk</a>

## HEALTHCARE IMPROVEMENT SCOTLAND

Healthcare Improvement Scotland	<a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a>
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## **APPENDICES**

## PUBLICATIONS

*Alcohol and Offenders Guidance Statement*, Scottish Government, April 2012.

[www.scotland.gov.uk/Resource/0039/00391790.pdf](http://www.scotland.gov.uk/Resource/0039/00391790.pdf)

*An Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland*, Scottish Executive, March 2005.

[www.scotland.gov.uk/Publications/2005/03/20871/54813](http://www.scotland.gov.uk/Publications/2005/03/20871/54813)

*A Refreshed Framework for Maternity Care*, Scottish Government, January 2011.

[www.scotland.gov.uk/Resource/Doc/337644/0110854.pdf](http://www.scotland.gov.uk/Resource/Doc/337644/0110854.pdf)

*Caring Together: The Carers Strategy for Scotland 2010–2015*, Scottish Government and COSLA, July 2010.

[www.scotland.gov.uk/Publications/2010/07/23153304/0](http://www.scotland.gov.uk/Publications/2010/07/23153304/0)

*Changing Scotland's Relationship with Alcohol: A Framework for Action*, Scottish Government, March 2009.

[www.scotland.gov.uk/Publications/2009/03/04144703/0](http://www.scotland.gov.uk/Publications/2009/03/04144703/0)

*Changing Scotland's Relationship with Alcohol – A Framework for Action Progress Report*, Scottish Government, February 2012

[www.scotland.gov.uk/Topics/Health/Services/Alcohol/FrameworkforActionProgressReport](http://www.scotland.gov.uk/Topics/Health/Services/Alcohol/FrameworkforActionProgressReport)

*Healthcare Quality Strategy for NHSScotland*, Scottish Government, May 2010.

[www.scotland.gov.uk/Publications/2010/05/10102307/0](http://www.scotland.gov.uk/Publications/2010/05/10102307/0)

*Living and Dying Well: A national action plan for palliative and end of life care in Scotland*, Scottish Government, October 2008.

[www.scotland.gov.uk/Publications/2008/10/01091608/0](http://www.scotland.gov.uk/Publications/2008/10/01091608/0)

*Living and Dying Well – Building on Progress*, Scottish Government, January 2011.

[www.scotland.gov.uk/Publications/2011/01/27090834/0](http://www.scotland.gov.uk/Publications/2011/01/27090834/0)

*Managing Falls and Fractures in Care Homes for Older People*, The Care Inspectorate, June 2011.

[www.scswis.com/index.php?option=com\\_docman&task=doc\\_details&gid=751&Itemid=720](http://www.scswis.com/index.php?option=com_docman&task=doc_details&gid=751&Itemid=720)

*National Cancer Quality Programme, Chief Executive Letter (CEL 06 2012)*, Scottish Government, March 2012.

[www.sehd.scot.nhs.uk/mels/CEL2012\\_06.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2012_06.pdf)

*NHSScotland Efficiency and Productivity: Framework for SR10*, Scottish Government, February 2011.

[www.scotland.gov.uk/Publications/2011/02/11144220/0](http://www.scotland.gov.uk/Publications/2011/02/11144220/0)

*Quality Alcohol Treatment and Support (QATS)*, Scottish Ministerial Advisory Committee on Alcohol Problems (SMACAP) Essential Services Working Group, Scottish Government, March 2011.

[www.scotland.gov.uk/Publications/2011/03/21111515/0](http://www.scotland.gov.uk/Publications/2011/03/21111515/0)

*Reporting on Quality Improvement Hub 1 April 2011 to 31 March 2012 – Annual Report 2012*, NHSScotland, December 2011.

[www.qihub.scot.nhs.uk/media/295622/20111207%20annual%20report%20v0.3.pdf](http://www.qihub.scot.nhs.uk/media/295622/20111207%20annual%20report%20v0.3.pdf)

*Revised Workforce Planning Guidance 2011, Chief Executive Letter (CEL 32 2011)*, Scottish Government, December 2011

[www.sehd.scot.nhs.uk/mels/CEL2011\\_32.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2011_32.pdf)

*Safe and well at Work: Occupational Health and Safety Framework for NHSScotland*, Scottish Government, March 2011.

[www.scotland.gov.uk/Publications/2011/03/17125508/0](http://www.scotland.gov.uk/Publications/2011/03/17125508/0)

*Scottish Point Prevalence Survey of Healthcare Associated Infection (HAI) and Antimicrobial Prescribing*, Health Protection Scotland, April 2012

[www.documents.hps.scot.nhs.uk/hai/sshaip/prevalence/report-2012-04.pdf](http://www.documents.hps.scot.nhs.uk/hai/sshaip/prevalence/report-2012-04.pdf)

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*Scottish Stroke Care Audit: 2010 National Report Stroke Services in Scottish Hospitals*, Information Services Division, 2010.

[www.strokeaudit.scot.nhs.uk/Downloads/2010\\_National\\_Report.htm](http://www.strokeaudit.scot.nhs.uk/Downloads/2010_National_Report.htm)

*Standards of Care for Dementia in Scotland: Action to support the change programme, Scotland's National Dementia Strategy*, Scottish Government, June 2011.

[www.scotland.gov.uk/Publications/2011/05/31085414/15](http://www.scotland.gov.uk/Publications/2011/05/31085414/15)

*The Second eHealth Strategy for NHSScotland 2011-2017*, Scottish Government, September 2011.

[www.scotland.gov.uk/Publications/2011/09/09103110/0](http://www.scotland.gov.uk/Publications/2011/09/09103110/0)

*Using Locum Doctors in Hospitals*, Audit Scotland, June 2010.

[www.audit-scotland.gov.uk/docs/health/2010/nr\\_100617\\_medical\\_locums.pdf](http://www.audit-scotland.gov.uk/docs/health/2010/nr_100617_medical_locums.pdf)

## USEFUL LINKS

Better Together – Scotland's Patient Experience Programme

[www.bettertogetherscotland.com](http://www.bettertogetherscotland.com)

Healthcare Environment Inspectorate and Reports

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

Healthy Working Lives

[www.healthyworkinglives.com](http://www.healthyworkinglives.com)

Information Services Division (ISD)

[www.isdscotland.org](http://www.isdscotland.org)

Keep Well

[www.keepwellscotland.org.uk](http://www.keepwellscotland.org.uk)

NHS Carer Information Strategies

[www.scotland.gov.uk/Topics/Health/care/Strategy/NHSCarerInformationStr](http://www.scotland.gov.uk/Topics/Health/care/Strategy/NHSCarerInformationStr)

NHS Inform

[www.nhsinform.co.uk](http://www.nhsinform.co.uk)

Scotland Performs

[www.scotland.gov.uk/About/scotPerforms](http://www.scotland.gov.uk/About/scotPerforms)

Scotland's Health on the Web (SHOW)

[www.show.scot.nhs.uk](http://www.show.scot.nhs.uk)

Scottish Government

[www.scotland.gov.uk](http://www.scotland.gov.uk)

Scottish Government Purpose and National Outcomes

[www.scotland.gov.uk/About/scotPerforms/outcomes](http://www.scotland.gov.uk/About/scotPerforms/outcomes)

Scottish Patient Safety Programme

[www.patientsafetyalliance.scot.nhs.uk/programme](http://www.patientsafetyalliance.scot.nhs.uk/programme)

## GLOSSARY

A&E	Accident and Emergency
ABIs	Alcohol Brief Interventions
ADP	Alcohol and Drug Partnership
AHP	Allied Health Professional
ALISS	Accessing Local Information to Support Self Management
BMA	British Medical Association
CAG	Clinical Advisory Group
CDI	<i>Clostridium difficile</i> Infection
CHCP	Community Health and Care Partnership
CHD	Coronary Heart Disease
CHP	Community Health Partnership
CMS	Chronic Medication Service
CRL	Capital Resource Limit
COSLA	Confederation of Scottish Local Authorities
CVD	Cardiovascular Disease
DEL	Departmental Expenditure Limit
DNA	Did Not Attend
DNACPR	Do Not Attempt Cardio Pulmonary Resuscitation
ECMC	Experimental Cancer Medicine Centre
ECS	Emergency Care Summary
EHC	Emergency Hormonal Contraception
ePCS	electronic Palliative Care Summary
ETP	Electronic Transfer of Prescriptions
GP	General Practitioner
GPASS	General Practice Administration System for Scotland (GP IT System in Scotland)
HAI	Healthcare Associated Infection
HEAT	Health, Efficiency, Access and Treatment
HEI	Healthcare Environment Inspectorate
HIS	Healthcare Improvement Scotland

HPS	Health Protection Scotland
HPV	Human Papillomavirus
HSMR	Hospital Standardised Mortality Ratios
ICU	Intensive Care Unit
IOTN	Index of Orthodontic Treatment Need
ISD	Information Services Division
IT	Information Technology
JIT	Joint Improvement Team
LDP	Local Delivery Plan
MAS	The Minor Aliment Service
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
MSK	Musculoskeletal
MSSA	Methicillin-sensitive <i>Staphylococcus aureus</i>
NES	NHS Education for Scotland
NHSScotland	National Health Service Scotland
NSS	NHS National Services Scotland
NUCG	National Unscheduled Care Group
PCI	Percutaneous Coronary Intervention
PCR	Pharmacy Care Record
PGP	Productive General Practice
PHS	Public Health Service
PMS	Patient Management System
PTS	Patient Transport Service
QoF	Quality Outcomes Framework
QuEST	Quality and Efficiency Support Team
ROSC	Return of Spontaneous Circulation
RTC	Releasing Time to Care
RTT	Referral to Treatment
SAB	<i>Staphylococcus aureus</i> bacteraemia
SIGN	Scottish Intercollegiate Guidelines Network
SIMD	Scottish Index of Multiple Deprivation

STEMI	ST-Elevation Myocardial Infarction
SME	Small to Medium-sized Enterprise
SPSP	Scottish Patient Safety Programme
SSRI	Selective Serotonin Re-uptake Inhibitor
VTE	Venous thromboembolism
WHSS	Working Health Services Scotland

## HEAT TARGETS 2011/12

### HEALTH IMPROVEMENT FOR THE PEOPLE OF SCOTLAND

Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate Alcohol Brief Intervention, in line with SIGN 74 guidelines during 2011/12.
Achieve agreed number of inequalities targeted cardiovascular health checks during 2011/12.
Reduce suicide rate between 2002 and 2013 by 20 per cent.
Achieve agreed completion rates for child healthy weight intervention programme over the three years ending March 2014.
NHSScotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40 per cent most-deprived within-Board SIMD areas over the three years ending March 2014.
At least 60 per cent of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.

### EFFICIENCY AND GOVERNANCE IMPROVEMENTS

NHS Boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.
NHS Boards to deliver a 3 per cent efficiency saving to reinvest in frontline services.
NHSScotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009.

### ACCESS TO SERVICES

From the quarter ending December 2011, 95 per cent of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95 per cent of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.
Deliver 18-weeks referral to treatment from 31 December 2011.
By March 2013, 90 per cent of clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
Deliver faster access to mental health services by delivering 26-weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013; and 18 weeks referral to treatment for Psychological Therapies from December 2014.

**TREATMENT APPROPRIATE TO INDIVIDUALS**

Reducing the need for emergency hospital care, NHS Boards will achieve agreed reductions in emergency inpatient bed days rates for people aged 75 and over between 2009/10 and 2011/12 through improved partnership working between the acute, primary and community care sectors.

To improve stroke care, 90 per cent of all patients admitted with a diagnosis of stroke will be admitted to a stroke unit on the day of admission, or the day following presentation by March 2013.

Further reduce Healthcare Associated Infections so that by March 2013 NHS Boards' *Staphylococcus aureus bacteraemia* (including MRSA) cases are 0.26 or less per 1000 acute occupied bed days; and the rate of *Clostridium difficile* infections in patients aged 65 and over is 0.39 cases or less per 1000 total occupied bed days.

To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E between 2009/10 and 2013/14.

## HEAT TARGETS 2012/13

### HEALTH IMPROVEMENT FOR THE PEOPLE OF SCOTLAND

Reduce suicide rate between 2002 and 2013 by 20 per cent.
Achieve agreed completion rates for child healthy weight intervention programme over the three years ending March 2014.
NHSScotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one-month post quit) including 48,000 in the 40 per cent most-deprived within-Board SIMD areas over the three years ending March 2014.
At least 60 per cent of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.
To increase the proportion of people diagnosed with breast, colorectal and lung cancer by 25 per cent by 2014/15.
At least 80 per cent of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvements in breast-feeding rates and other important health behaviours.

### EFFICIENCY AND GOVERNANCE IMPROVEMENTS

NHS Boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.
NHSScotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009.

### ACCESS TO SERVICES

By March 2013, 90 per cent of clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
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To improve stroke care, 90 per cent of all patients admitted with a diagnosis of stroke will be admitted to a stroke unit on the day of admission, or the day following presentation by March 2013.

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No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013; followed by a 14-day maximum wait from April 2015.

To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E between 2009/10 and 2013/14.

Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population by at least 12 per cent between 2009/10 and 2014/15.



**The Scottish  
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Riaghaltas na h-Alba

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