

NHS WESTERN ISLES ANNUAL OPERATIONAL PLAN 2020/21 to 2022/23

(FINAL DRAFT MARCH 2020)



WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP
CÙRAM IS SLÀINTE NAN EILEAN SIAR

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Section 1: Chief Executive introduction to the strategic vision

To Follow

Section 2: Elective Care (including diagnostics)

Area of development	2-1: TREATMENT TIME GUARANTEE: MAINTAIN 100% PERFORMANCE
Performance Indicator and target/standard	In order to achieve and to maintain the target of 100% of patients being treated within 12 weeks, NHS Western Isles seeks to effectively administer Waiting Lists and to liaise with both local and national stakeholders. The financial and workforce details that will support this are detailed in the Elective Activity and Waiting Times Improvement Plan document. The below initiatives will ensure that NHS Western Isles maintains this 100% record.
Service Development overview / planning narrative (including financial and workforce details)	<p><u>ADMINISTRATION</u></p> <ul style="list-style-type: none"> • To monitor Waiting Lists, liaise with all stakeholders and arrange Waiting List Initiatives where the potential of breaching exists. <ul style="list-style-type: none"> ➤ <i>Year 1-3: Update internal templates on a weekly basis and investigate any unbooked cases which threaten to breach in the next month.</i> <p><u>LOCAL INITIATIVES</u></p> <ul style="list-style-type: none"> • To liaise with substantive consultants (in <u>General Surgery, Orthopaedics and Gynaecology</u>) and other departments in order to effectively manage Waiting Lists. <ul style="list-style-type: none"> ➤ <i>Year 1-3: Agree theatre time with consultants, efficiently utilise lists and grant sufficient use of Theatre to visiting consultants in order to meet TTG target across all specialities.</i> ➤ <i>Year 1-3: Arrange Waiting List Initiatives where core activity is insufficient to meet demand.</i> • Ensure that the required clinical equipment is available in order to carry out elective work. <ul style="list-style-type: none"> ➤ <i>Year 1: Overcome problems with wet and contaminated equipment which is currently leading to numerous procedures being cancelled.</i> ➤ <i>Year 1-3: Replace old instrumentation on a rolling basis.</i>

- Ensure that adequate **bed and staffs levels** are in place to proceed with all elective work.
 - **Year 1-3:** *Utilise bank staff when contingency beds are opened.*
 - **Year 1-3:** *Seek to reduce the number of delayed discharges and thereby increase the number of beds available to carry out elective work.*

- Work with Theatre Department management in order to **schedule** appropriately and to arrange additional lists (taking staffing and equipment availability into account).
- Work with Theatre Department to maximise **utilisation** (reducing late starts, over-runs etc.).
 - **Year 1** – *create and formalise Theatre Utilisation group.*

- Work with the local MSK group in order to commence **ACRT** and thereby reduce the number patients listed for surgery. Also strive to improve Day of Surgery Admissions, Length of Stays etc.
 - **Year 1** – *to commence ACRT in Orthopaedics.*

- Work with IT in order to utilise the **technology** available that will improve both waiting times and patient experience.
 - **Year 1** – *arrange for Uist patients to have Orthopaedic Pre-Op's by VC where appropriate rather than waiting once a month for visit from Stornoway nurses.*

- NATIONAL INITIATIVES**
 - To liaise with other **boards** (mainly NHS Highland & NHS Greater Glasgow & Clyde) and other **visiting consultants** in order to build relationships, make service improvements and arrange Waiting List Initiatives.

- Year 1:-**
 - **Ophthalmology** – *appoint Global Citizenship consultant in May 2020 in conjunction with NHS Highland and NHS Orkney. This will provide an additional 20 days to the current core SLA activity.*
 - **ENT** – *to communicate effectively with NHS Highland and locum consultant (Ms O Deme) to ensure that all patients are listed appropriately (i.e. local list or Raigmore list)*

	<ul style="list-style-type: none"> ➤ OMFS – <i>communicate Waiting List information with locum consultant, planning yearly visits and ensuring adequate Theatre time is agreed.</i> • To utilise mainland capacity when required (Nuffield, Ross Hall, Albyn etc.) in order to maintain 100% performance.
<p>Year 1 development - specifics</p>	<p>100% TTG performance at the end of Year 1.</p>
<p>Outcome based evidence (clear milestones)</p>	<p><u>ADMINISTRATION</u></p> <ul style="list-style-type: none"> • To monitor Waiting Lists, liaise with all stakeholders and arrange Waiting List Initiatives where the potential of breaching exists. ➤ Year 1-3: <i>Update internal templates on a weekly basis and investigate any unbooked cases which threaten to breach in the next month.</i> <p><u>LOCAL INITIATIVES</u></p> <ul style="list-style-type: none"> • To liaise with substantive consultants (in General Surgery, Orthopaedics and Gynaecology) and other departments in order to effectively manage Waiting Lists. ➤ Year 1-3: <i>Agree theatre time with consultants, efficiently utilise lists and grant sufficient use of Theatre to visiting consultants in order to meet TTG target across all specialities.</i> ➤ Year 1-3: <i>Arrange Waiting List Initiatives where core activity is insufficient to meet demand.</i> • Ensure that the required clinical equipment is available in order to carry out elective work. ➤ Year 1-3: <i>Replace old instrumentation on a rolling basis.</i> • Ensure that adequate bed and staffs levels are in place to proceed with all elective work. ➤ Year 1-3: <i>Utilise bank staff when contingency beds are opened.</i> ➤ Year 1-3: <i>Seek to reduce the number of delayed discharges and thereby increase the number of beds available to carry out elective work.</i>

	<ul style="list-style-type: none"> • Work with Theatre Department management in order to schedule appropriately and to arrange additional lists (taking staffing and equipment availability into account). • Work with Theatre Department to maximise utilisation (reducing late starts, over-runs etc.). • Continue to work with the local MSK group in order to reduce the number patients listed for surgery, improve Day of Surgery Admissions, length of Stays etc. • Work with IT in order to utilise the technology available that will improve both waiting times and patient experience. <p><u>NATIONAL INITIATIVES</u></p> <ul style="list-style-type: none"> • To liaise with other boards ((mainly NHS Highland & NHS Greater Glasgow & Clyde) and other visiting consultants in order to build relationships, make service improvements and arrange Waiting List Initiatives. ❖ <i>TTG specialities dependent on visiting consultants are ENT (Highland), Ophthalmology (Highland) & OMFS (locum).</i> • To utilise mainland capacity when required (Nuffield, Ross Hall, Albyn etc.) in order to maintain 100% performance.
<p>Year 2 development – specifics</p>	<p>100% TTG performance at the end of Year 2.</p>
<p>Outcome based evidence (clear milestones)</p>	<p><u>ADMINISTRATION</u></p> <ul style="list-style-type: none"> • To monitor Waiting Lists, liaise with all stakeholders and arrange Waiting List Initiatives where the potential of breaching exists. ➤ <i>Year 1-3: Update internal templates on a weekly basis and investigate any unbooked cases which threaten to breach in the next month.</i> <p><u>LOCAL INITIATIVES</u></p> <ul style="list-style-type: none"> • To liaise with substantive consultants (in General Surgery, Orthopaedics and Gynaecology) and other departments in order to effectively manage Waiting Lists.

- *Year 1-3: Agree theatre time with consultants, efficiently utilise lists and grant sufficient use of Theatre to visiting consultants in order to meet TTG target across all specialities.*
 - *Year 1-3: Arrange Waiting List Initiatives where core activity is insufficient to meet demand.*
 - Ensure that the required clinical **equipment** is available in order to carry out elective work.
 - *Year 1-3: Replace old instrumentation on a rolling basis.*
 - Ensure that adequate **bed and staffs levels** are in place to proceed with all elective work.
 - *Year 1-3: Utilise bank staff when contingency beds are opened.*
 - *Year 1-3: Seek to reduce the number of delayed discharges and thereby increase the number of beds available to carry out elective work.*
 - Work with Theatre Department management in order to **schedule** appropriately and to arrange additional lists (taking staffing and equipment availability into account).
 - Work with Theatre Department to maximise **utilisation** (reducing late starts, over-runs etc.).
 - Continue to work with the local **MSK** group in order to reduce the number patients listed for surgery, improve Day of Surgery Admissions, length of Stays etc.
 - Work with IT in order to utilise the **technology** available that will improve both waiting times and patient experience.
- NATIONAL INITIATIVES**
- To liaise with other **boards** (mainly NHS Highland & NHS Greater Glasgow & Clyde) and other **visiting consultants** in order to build relationships, make service improvements and arrange Waiting List Initiatives.
 - ❖ *TTG specialities dependent on visiting consultants are ENT (Highland), Ophthalmology (Highland) & OMFS (locum).*
 - To utilise **mainland capacity** when required (Nuffield, Ross Hall, Albyn etc.) in order to maintain 100% performance.

Year 3 development - specifics	100% TTG performance at the end of Year 3.
Outcome based evidence (clear milestones)	In order to achieve and to maintain the target of 100% of patients being treated within 12 weeks, NHS Western Isles seeks to effectively administer Waiting Lists and to liaise with both local and national stakeholders. The financial and workforce details that will support this are detailed in the Elective Activity and Waiting Times Improvement Plan document. The below initiatives will ensure that NHS Western Isles maintains this 100% record.
Area of development	2-2: OUTPATIENTS: PATIENTS WAITING IN EXCESS OF 12 WEEKS
Performance Indicator and target/standard	95% of patients will have a new Outpatient appointment within 12 weeks.
Service Development overview / planning narrative (including financial and workforce details)	In order to achieve and to maintain the target of 95% of patients having their appointment within 12 weeks, NHS Western Isles seeks to effectively administer Waiting Lists and to liaise with both local and national stakeholders. The financial and workforce details that will support this are detailed in the Elective Activity and Waiting Times Improvement Plan document. The below activities will ensure that waiting lists are accurate, sufficient clinics are arranged to meet demand and long-waiting patients are appointed promptly and within target dates.
Year 1 development - specifics	<p><u>ADMINISTRATION</u></p> <ul style="list-style-type: none"> • To monitor Waiting Lists and arrange Waiting List Initiatives in specialities not achieving the annual target. ➤ Year 1-3: Update internal performance templates each week and identify specialities under achieving, particularly with regards to patients waiting in excess of national targets (12, 26 & 52wks). ➤ Year 1-3: Interrogate Waiting Lists for data quality issues and seek to remove entries where appropriate (i.e. duplicate entries, deceased patients) or to refer back to GPs again where appropriate.

- *Year 1-3: Arrange Waiting List Initiatives where core activity is insufficient to meet demand.*

LOCAL INITIATIVES

- To **liaise** with substantive consultants, GPs with Special Interest and local liaison nurses with regards to performance, **highlighting** and **resolving** issues as they arise.
- Work with Patient Services with regards to Outpatient **scheduling** and effective **Waiting List management** (ensuring patients are booked in date order).
- Work with Outpatient management in order to maximise **room availability** and accommodate all visiting consultants.

- *Year 1 – ensure Room Booking tool is effectively used across all specialities.*

- Commence **ACRT** with a view to reducing the number of unnecessary face to face appointments.

- *Year 1 – ACRT to be rolled out in Orthopaedics and Dermatology.*

- Work with IT in order to utilise the **technology** available that will improve performance.

- *Year 1 – Near Me will be further rolled out in conjunction with NHS Highland – Haematology, Oncology, Gastroenterology, Orthotics etc.*

NATIONAL INITIATIVES

- To liaise with **other boards** (mainly NHS Highland & NHS Greater Glasgow & Clyde) and other **visiting consultants** in order to build relationships and to make service improvements.

Year 1:-

- *Urology – liaise with NHS Highland with regards to Waiting Lists, SLA activity and Patient Pathways. Also look to reinstate traditional two-day visit (reduced to a one-day visit in April 2019).*

- *Ophthalmology – in conjunction with NHS Highland and NHS Orkney, appoint Global Citizenship consultant in April 2020. This will provide an additional 20 days to the current core SLA activity.*

	<ul style="list-style-type: none"> ➤ Dermatology – continue to work with TXM Healthcare with regards to locum consultant activity (Year 1 – Dr Assim). ➤ Neurology – continue to liaise with NHS Greater Glasgow & Clyde with regards to data quality. ➤ OMFS – liaise with locum consultant, Dr Martin Ryan with a view to improving performance and increasing capacity. ➤ Respiratory Medicine – liaise with locum consultant, Dr David Ross with a view to improving performance and increasing capacity. ➤ Rheumatology – liaise with NHS Greater Glasgow and Clyde with regards to improving performance and increasing capacity. ➤ Outsourcing – continue to use Synaptik for Urology services until required and build a relationship with this provider with a view to other specialities also requiring additional capacity.
<p>Outcome based evidence (clear milestones)</p>	<p>To increase performance to 85% by the end of Year 1.</p>
<p>Year 2 development - specifics</p>	<p><u>ADMINISTRATION</u></p> <ul style="list-style-type: none"> • To monitor Waiting Lists and arrange Waiting List Initiatives in specialities not achieving the annual target. ➤ Year 1-3: Update internal performance templates each week and identify specialities under achieving, particularly with regards to patients waiting in excess of national targets (12, 26 & 52wks).

	<ul style="list-style-type: none"> ➤ <i>Year 1-3: Interrogate Waiting Lists for data quality issues and seek to remove entries where appropriate (i.e. duplicate entries, deceased patients) or to refer back to GPs again where appropriate.</i> ➤ <i>Year 1-3: Arrange Waiting List Initiatives where core activity is insufficient to meet demand.</i> <p><u>LOCAL INITIATIVES</u></p> <ul style="list-style-type: none"> • To liaise with substantive consultants, GPs with Special Interest and local liaison nurses with regards to performance, highlighting and resolving issues as they arise. • Work with Patient Services with regards to Outpatient scheduling and effective Waiting List management (ensuring patients are booked in date order). • Work with Outpatient management in order to maximise room availability and accommodate all visiting consultants. • Continue to roll out ACRT with a view to reducing the number of unnecessary face to face appointments. • Continue to work with IT in order to utilise the technology available that will improve performance. <p><u>NATIONAL INITIATIVES</u></p> <ul style="list-style-type: none"> • To liaise with other boards (mainly NHS Highland & NHS Greater Glasgow & Clyde) and other visiting consultants in order to build relationships and to make service improvements. ❖ <i>Outpatient specialities dependent on visiting consultants are ENT, Ophthalmology, OMFS, Urology, Dermatology, Gastroenterology, Oncology, Renal Medicine, Neurology, Respiratory Medicine, Rheumatology, Clinical Neurophysiology, Orthodontics, Haematology and Orthotics.</i>
<p>Outcome based evidence (clear milestones)</p>	<p>To increase performance to 90% by the end of Year 2.</p>
<p>Year 3 development - specifics</p>	<p><u>ADMINISTRATION</u></p> <ul style="list-style-type: none"> • To monitor Waiting Lists and arrange Waiting List Initiatives in specialities not achieving the annual target.

	<ul style="list-style-type: none"> ➤ <i>Year 1-3: Update internal performance templates each week and identify specialities under achieving, particularly with regards to patients waiting in excess of national targets (12, 26 & 52wks).</i> ➤ <i>Year 1-3: Interrogate Waiting Lists for data quality issues and seek to remove entries where appropriate (i.e. duplicate entries, deceased patients) or to refer back to GPs again where appropriate.</i> ➤ <i>Year 1-3: Arrange Waiting List Initiatives where core activity is insufficient to meet demand.</i> <p><u>LOCAL INITIATIVES</u></p> <ul style="list-style-type: none"> • To liaise with substantive consultants, GPs with Special Interest and local liaison nurses with regards to performance, highlighting and resolving issues as they arise. • Work with Patient Services with regards to Outpatient scheduling and effective Waiting List management (ensuring patients are booked in date order). • Work with Outpatient management in order to maximise room availability and accommodate all visiting consultants. • Continue to roll out ACRT with a view to reducing the number of unnecessary face to face appointments. • Continue to work with IT in order to utilise the technology available that will improve performance. <p><u>NATIONAL INITIATIVES</u></p> <ul style="list-style-type: none"> • To liaise with other boards (mainly NHS Highland & NHS Greater Glasgow & Clyde) and other visiting consultants in order to build relationships and to make service improvements. ❖ <i>Outpatient specialities dependent on visiting consultants are ENT, Ophthalmology, OMFS, Urology, Dermatology, Gastroenterology, Oncology, Renal Medicine, Neurology, Respiratory Medicine, Rheumatology, Clinical Neurophysiology, Orthodontics, Haematology and Orthotics.</i>
<p>Outcome based evidence (clear milestones)</p>	<p>To increase performance to 95% by the end of Year 3.</p>

Area of development	2-3: DIAGNOSTIC ENDOSCOPY & RADIOLOGY
Performance Indicator and target/standard	100% of Diagnostic Endoscopy and Radiology patients to have diagnostic tests carried out within 6 weeks
Service Development overview / planning narrative (including financial and workforce details)	In order to achieve and to maintain the target of 100% of patients having their diagnostic test within 6 weeks, NHS Western Isles seeks to effectively administer Waiting Lists and to liaise with both local and national stakeholders. The financial and workforce details that will support this are detailed in the Elective Activity and Waiting Times Improvement Plan document.
Year 1 development - specifics	<p><u>ADMINISTRATION</u></p> <ul style="list-style-type: none"> • To <u>monitor</u> Endoscopy and Radiology Waiting Lists and <u>arrange</u> Waiting List Initiatives to reduce backlogs. • To <u>record and evaluate</u> NHS Western Isles Endoscopy Service Patient Feedback Questionnaires. <p><u>LOCAL INITIATIVES</u></p> <ul style="list-style-type: none"> • To liaise with substantive <u>General Surgery</u> consultant in order to effectively manage endoscopy Waiting List (with bowel screeners and other urgent cases being prioritised). <ul style="list-style-type: none"> ➤ <i>Year 1: Continue to reduce backlogs built up due to technical issues with scope washers.</i> ➤ <i>Year 1: Provide patients for Pilcam trial project.</i> ➤ <i>Year 1-3: Continue to improve General Surgery performance by scoping every day of the week (with the exception of Wednesday).</i> • To liaise with <u>Radiology</u> management and ensure Waiting Lists are being effectively managed. <p><u>NATIONAL INITIATIVES</u></p> <ul style="list-style-type: none"> • To liaise with visiting <u>Urology</u> consultants in order to effectively manage Flexible Cystoscopy Waiting List. <ul style="list-style-type: none"> ➤ <i>Year 1: Liaise with NHS Highland with regards to SLA activity and seek to reinstate monthly 2-day urology service (reduced to 1-day service in April 2019).</i>

	<ul style="list-style-type: none"> ➤ <i>Year 1: Continue to work with Synptik in absence of 2-day urology service, reducing long-waiters and ensuring routine patients are seen as well as USC patients.</i> • To liaise with Golden Jubilee and Raigmore with regards to allocation of MRIs. • Utilise private sector to service Waiting List when need arises and where mainland capacity exists.
<p>Outcome based evidence (clear milestones)</p>	<p>To increase General Surgery and Urology performance to 75%.</p>
<p>Year 2 development - specifics</p>	<p><u>ADMINISTRATION</u></p> <ul style="list-style-type: none"> • To monitor Endoscopy and Radiology Waiting Lists and arrange Waiting List Initiatives to reduce backlogs. • To record and evaluate NHS Western Isles Endoscopy Service Patient Feedback Questionnaires. <p><u>LOCAL INITIATIVES</u></p> <ul style="list-style-type: none"> • To liaise with substantive General Surgery consultant in order to effectively manage endoscopy Waiting List (with bowel screeners and other urgent cases being prioritised). ➤ <i>Year 1-3: Continue to improve General Surgery performance by scoping every day of the week (with the exception of Wednesday).</i> • To liaise with Radiology management and ensure Waiting Lists are being effectively managed. <p><u>NATIONAL INITIATIVES</u></p> <ul style="list-style-type: none"> • To liaise with visiting Urology consultants in order to effectively manage endoscopy Waiting List. ➤ <i>Year 1-3: Liaise with NHS Highland and with regards to SLA activity and use Synptik if required.</i> • To liaise with Golden Jubilee and Raigmore with regards to allocation of MRIs. • Utilise private sector to service Waiting List when need arises and where mainland capacity exists.

<p>Outcome based evidence (clear milestones)</p>	<p>To increase General Surgery and Urology performance to 90%.</p>
<p>Year 3 development - specifics</p>	<p><u>ADMINISTRATION</u></p> <ul style="list-style-type: none"> • To <u>monitor</u> Endoscopy and Radiology Waiting Lists and <u>arrange</u> Waiting List Initiatives to reduce backlogs. • To <u>record and evaluate</u> NHS Western Isles Endoscopy Service Patient Feedback Questionnaires. <p><u>LOCAL INITIATIVES</u></p> <ul style="list-style-type: none"> • To liaise with substantive <u>General Surgery</u> consultant in order to effectively manage endoscopy Waiting List (with bowel screeners and other urgent cases being prioritised). ➤ <i>Year 1-3: Continue to improve General Surgery performance by scoping every day of the week (with the exception of Wednesday).</i> • To liaise with <u>Radiology</u> management and ensure Waiting Lists are being effectively managed. <p><u>NATIONAL INITIATIVES</u></p> <ul style="list-style-type: none"> • To liaise with visiting <u>Urology</u> consultants in order to effectively manage endoscopy Waiting List. ➤ <i>Year 1-3: Liaise with NHS Highland and with regards to SLA activity and use Synaptik if required.</i> • To liaise with <u>Golden Jubilee</u> and <u>Raigmore</u> with regards to allocation of MRIs. • Utilise <u>private sector</u> to service Waiting List when need arises and where mainland capacity exists.
<p>Outcome based evidence (clear milestones)</p>	<p>To increase General Surgery and Urology performance to 100%.</p>



Section 3: Unscheduled Care

Area of development	3-1: UNSCHEDULED CARE
Performance Indicator and target/standard	<p>To achieve a 3% reduction in unplanned hospital admissions, by focusing on reducing the number of people transferring from A&E into the hospital. If we can effect a 5% reduction in transmission from the Emergency Department, we will achieve our objective, all else remaining equal. This will be done through collaborative work to avoid soft admissions and by improving our pathways into reablement and urgent care.</p> <p>To achieve a 12% reduction in unplanned bed days, as a result of decommissioning the Clisham Ward and transferring capacity into community settings.</p> <p>To maintain A&E performance. The Western Isles is a high performing system in respect of the 4 hour A&E target and our ambition is to maintain that performance. Continued breach analysis will identify capacity issues and early identification of performance risks. Escalation protocol to be reviewed and embedded for whole system (Health and Social care) alert and action in regard to bed capacity.</p> <p>To reduce delayed discharges by 5% (against a 2018/19 baseline). Our performance in 2015/16 improved as a result of new long-stay bed capacity being commissioned. However, in 2016/17 this performance deteriorated markedly because we hadn't reformed our underlying processes. In 2017/18, system reform delivered marked and sustained improvement but this deteriorated slightly during 2018/19 as a result of more complex presentations in the Western Isles Hospital and the decommissioning of three care units. Despite ongoing recruitment challenges in homecare (meaning that we are operating at only 85% of our WTE capacity), we want to improve our performance by 5% against a 2018/19 baseline. This will be achieved through our self-assessment process by auditing our system against national best practice.</p>

<p>Service Development overview / planning narrative (including financial and workforce details)</p>	<p>Our focus continues to be on the delivery of more effective community support to prevent admission and to ensure speedier discharge for those people who need to stay in hospital. Our activity includes:</p> <ul style="list-style-type: none"> • The ongoing development of our Short-term Assessment and Reablement Team. This service was established two years ago and is making a difference to the management of demand. Our intention is to increase this capacity in 2020/21 and to explore how we can spread the reablement model across localities. • The development of a new complex care team to support unscheduled care in the community and the implementation of a Virtual Community Ward model. As per the work undertaken in Aberdeenshire, this will allow us to support complex medical care in community settings and avoid transmission to hospital. This will be aligned with ongoing reforms associated with the new GP contract and the development of a 24/7 urgent care model. • The development of a falls and frailty MDT approach. This is at a very early stage of service planning but we think this could help filter inappropriate admissions and prevent transmission to hospital. <p>Diversification of residential care away from long-term care towards respite and intermediate care. This will be developed as part of a new commissioning model.</p> <p>Financial challenges exist in relation to delivering against these objectives: we will invest £300k of primary care improvement fund monies in urgent care and consolidate that with monies released from existing service structures to deliver more complex care at home. Workforce will be challenging in respect of recruiting ANPs at the right volume and in building up the START Team to establishment – significant vacancies are currently being experienced in the care sector.</p>
<p>Year 1 development - specifics</p>	<p>Improvement agenda continues to be focused across the six essential actions and is reported regularly to Scottish Government.</p> <p>Capacity Footprint: This work was undertaken as part of the 6ea arrangements. Additional benchmarking report commissioned to examine capacity and flow across island Boards (attached)</p>

	<p>Process Mapping: The process maps have been developed on almost all sites and feedback from the Process Mapathon events has been largely positive. The process has helped to identify weaknesses in our patient flow processes, which we are seeking to address at a partnership-wide conference in November.</p> <p>Day of Care outcomes will be looked at as part of 6ea work.</p> <p>Seven day working is another area we're exploring in order to improve patient flow and discharge performance.</p> <p>Revised delayed discharge action plan to be agreed by January 2020</p>
<p>Outcome based evidence (clear milestones)</p>	<p>We have seen a steady increase in A&E attendances across a number of years. Our focus is on redesigning urgent care and to apply our reablement/intermediate care team to the task of diverting demand to other parts of the system. At the same time, the growth has not impacted on treatment times. The 4 hour target is generally being met on a daily basis.</p> <p>The urgent care nursing team (ANP and HCAs) workforce and competencies will be defined and recruitment completed. The model of GP working will be defined and agreed to complement the community and emergency teams taking into account the unique requirements of the services in Lewis, Harris and the Uists.</p> <p>Our conversion rate from A&E is higher than we would want and higher than other Health Board areas. Our focus is on reducing 'soft' admissions (because of a lack of community health and social care provision) or low risk admissions (because of ambulatory care not being able to turn patients around). This is part of ongoing reform of our urgent and emergency services. We will review cases where it is felt that admissions were avoidable to understand our system, Teams are working with the ihub on efrailty index to identify patients at risk of deterioration. The collaborative is helping teams develop processes around MDT working to improve timely communication and interventions. This will better enable decision making based on what is most important to the patient.</p> <p>ACP SLWG continue to develop processes to improve sharing of information.</p> <p>Staff identified for Effective Communication for Healthcare sessions to train trainers. This will lead to improved confidence and skills in difficult conversations around ACPs and discharge.</p>

	<p>In respect of delayed discharge, the performance data evidences the challenges being experienced with the majority of patients waiting considerable periods for discharge to long term care. Similarly, community resources continue to operate permanently at maximum capacity with the respite bed availability regularly limited due to service users requiring a permanent long term care placement. The focus of improvement activity is being led through two service areas, namely the 6 Essential Actions National programme and the Community Led Support programme. Actions are being implemented through an analysis of the assessment process across acute and community resources and the plan is to direct further investment in the training of frontline staff engaging with service users, patients and their families. The balance of resource investment is also area being benchmarked nationally with particular areas of scrutiny being targeted at intermediate care, respite and specialist teams. A workshop to bring together all the learning will be facilitated in March with an updated Delayed Discharge Action Plan for the IJB's consideration and comment being presented at the next meeting in December.</p>
<p>Year 2 development - specifics</p>	<p>By year two, we want to have developed eight intermediate/step down beds for Lewis and Harris (two operate at present). This will prevent admission and support discharge. We are also working on a series of protocols which we hope to have embedded by then in relation to discharge to assess; no admissions to long-term care direct from hospital; and the introduction of outcome based assessment earlier in the patient's journey. We also want to have established our virtual community wards, having developed daily huddles, and making it easier for local MDTs to direct care resources, minimising bureaucracy where possible.</p> <p>Expanded capacity for intermediate care Discharge to assess including to care homes Remove delays to discharge by rapid discharge to a service which prioritises enablement Remove delays to assessment and intervention in community teams through embedding virtual community wards building on the work of the efrailty collaborative pilots. Also review of social care assessment processes to streamline and make best use of expertise in the health and social care teams. Regular training for staff in difficult conversations will be established (Effective Communication for Healthcare sessions booked for April 2020)</p>

<p>Outcome based evidence (clear milestones)</p>	<p>A further 5 % reduction in unplanned hospital admissions.</p> <p>A further 5% reduction in unplanned bed days</p> <p>To maintain A&E performance.</p> <p>To further reduce delayed discharges by 5%</p>
<p>Year 3 development - specifics</p>	<p>By year three, we want to have established improved ambulatory care and have instigated a more detailed frailty pathway. This is designed to prevent the level of admissions currently being experienced. We also want to have embedded new operational arrangements with Scottish Ambulance service in relation to the Falls Pathway.</p> <p>Ambulatory care to be established as a rule so admission for assessment where required will lead to transfer of care to the most appropriate place (community, home, ward) as required. Seamless care with rapid transfer of information and regular huddles.</p> <p>Culture of supportive, realistic conversations with patients and families to improve quality of care and shared risk.</p>
<p>Outcome based evidence (clear milestones)</p>	<p>A further 5 % reduction in unplanned hospital admissions.</p> <p>A further 5% reduction in unplanned bed days</p> <p>To maintain A&E performance.</p> <p>To further reduce delayed discharges by 5%</p>

6EA

Priority Improvement Projects. Western Isles Health Board	KEY AREAS OF FOCUS PLAN		30/60/90 Days								
Project 1	Sep-19	Owner	Status	Nov-19	Owner	Status	Dec-19	Owner	Status	Anticipated Outcomes	
Daily Dynamic Discharge expanded to whole hospital site.										<ul style="list-style-type: none"> • Whole system approach including all MDT. • All patients will have EDD • Improve Person centred care with earlier referrals to AHP teams and social work. • Identify frailty patients throughout hospital to enable early assessment • Reduce length of stay • Increase percentage of pre noon and weekend discharges • Reduce risk of delayed discharge • Reduce use of contingency bed use 	
	DDD - requires refresh to ensure proactive discharge planning embedded in ward areas	sm									
	Ensure communication followed through by hospital care assessor from DDD	sm/EM		Hospital Social worker to attend Delayed discharge meeting to close communication gap							
Project 2		Owner	Status		Owner	Status	43435	Owner	Status	Anticipated Outcomes	
EA2, EA3, Patient Safety and Flow Huddle to be	Use electronic template to save time and allow for communication and data analysis	JM	60	Consistent use of escalation policy - bed management plan also requires updating						Patient Safety Huddle will provide platform for whole site view. Enhance performance in times of pressure; with robust	

brought to agreed standard	Highlight daily/weekly performance at huddles	SM	30	Re visit Site manager or nursing/medical leads attending huddles						leadership and responsive operational management including triumvirate leadership
						30				
Project 3		Owner	Status		Owner	Status	43435	Owner	Status	Anticipated Outcomes
EAS Review diagnostic services to improve timely access to lab diagnostics for ED/AAU and in-patients to accelerate diagnosis, treatment and discharge	Review capacity and demand at peak times and potential for earlier opening time of lab	sm								Accelerate diagnosis, treatment time to facilitate early decisions and discharge. Reduce LOS and improve percentage of before midday and weekend discharges.
	Create a priority process for investigations that will enable early decision or discharge i.e. X-ray/scans/Bloods	SM								
Project 4		Owner	Status		Owner	Status		Owner	Status	Anticipated Outcomes
EA3, EA6, Review Elective and Unscheduled care management	Increase day of surgery admission to 70%	FR								<ul style="list-style-type: none"> • Reduce rate of Emergency bed days – ISD Scotland shows yearly increase since 2013 • Reduce attendances to ED for those who could be managed in alternative setting. • Reduce delayed discharges (recent day of care audit – 44% criteria not met, 22 delayed discharge)
	Review elective admission process in order to reduce day before procedure admissions and improve theatre scheduling	FR/HM/AM								

Project 5		Owner	Status		Owner	Status		Owner	Status	Anticipated Outcomes	
EA2, EA3 Increase capacity for Acute Assessment Unit, reducing breaches in ED at pressure times.	Reduce LOS for elective procedures, priority ortho Extend opening times for AAU to 19:00hr to reduce crowding and pressures on ED. Proposal for 3 month pilot to increase staffing (1xHCA) to be shared between AAU and ED.(6EA budget)	JM/NL SM/DG								Increase AAU capacity and facilitate earlier investigations/transfer/turn without taking AAU nurse away from unit. Improve patient journey and reduce duplicate patient handling. Reduce breaches at ED pressure times.	
Project 6		Owner	Status		Owner	Status		Owner	Status	Anticipated Outcomes	
EA4, EA4, Out of hours redesign to develop collaborative OOHs team to meet clinical gaps in covering NHS 24, Emergency care and Paediatrics	Project aim to develop an accelerated and cohorted approach to training and development of Remote & Rural Advanced Nurse Practitioners to deliver acute and unscheduled care across primary and secondary care setting.	sm, S Smit, RC, JM, KB, MT	90							New model of OOHs care to be delivered by integrated team of both medical staff and ANPs	
Project 7		Owner	Status		Owner	Status		Owner	Status	Anticipated Outcomes	
EA2, EA3 Reduce boarding, delayed discharges and	Priorities actions to reduce delays in discharge pathway to Social Care	EM/SM								Aim to reduce acute bed days, length of stay and reduce delayed discharges awaiting care	

contingency bed use.	Identify delays due to geography affecting SAS and Social home care	EM/RM	60	Audit number of SAS transport requests that are delayed or unavailable	DG/SS	30				
	Review hospital site and social care escalation plan	SS	60	Identify gaps in capacity to provide POC due to carer provision and barriers	EM	90				
Project 8		Owner	Status		Owner	Status		Owner	Status	Anticipated Outcomes
EA6,Develop comprehensive Frailty support for acute frailty and orthogeriatric assessments										long term plan to develop frailty team that can 1) Provide Acute Frailty and orthogeriatric assessments. 2) Support for patients in care homes / nursing homes - in the hope that unnecessary admissions can be avoided. 3)Remote advice to GP's regarding medical issues of older patients
	Develop plan for alternative ways to deliver frailty service in absence of geriatrician i.e. remote working	JC/JM/M								

Section 4: Cancer Services

Area of development	4-1: CANCER SERVICES - REFER TO CANCER FRAMEWORK ACTION PLAN FOR DETAIL
Performance Indicator and target/standard	<ul style="list-style-type: none"> 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral. To increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25%.
Service Development overview / planning narrative (including financial and workforce details)	<ul style="list-style-type: none"> Consolidate and implement effective cancer management as set out in framework document Develop cancer manager role Promote greater use of remote access to enhance patient experience and increase local delivery of chemotherapy through further development of service level agreements with NHS Highland and NHS Greater Glasgow and Clyde
Year 1 development - specifics	<p>Develop cancer manager role to ensure dedicated driver of services for people with cancer Enhance reporting to raise profile of cancer and cancer services to CMT and Board Reimagining cancer services provision with mainland providers</p>
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> Improved patient pathway with shorter waits Treatment and follow up closer to home
Year 2 development - specifics	Further develop relationships with cancer specific roles locally and mainland cancer multidisciplinary teams
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> TBA
Year 3 development - specifics	<ul style="list-style-type: none">
Outcome based evidence (clear milestones)	



Annex

Cancer Type	Actual Figures			Projected Figures							
Breast	Year 2018/19			Year 2019/20	Year 2020/21			Year 2020/21			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 19	Jul-Sep 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	
	Activity										
	Total USC referrals received	0	0	0	0	0	0	0	0	0	0
	Number of confirmed cancer patients on 31 day pathway	0	0	0	0	0	0	0	0	0	0
	Number of confirmed cancer patients on 62 day pathway	1	0	0	0	0	0	0	0	0	0
	Number of patients breaching CWT standards										
	Number of confirmed cancer patients who breached 31 day standard	0	0	0	0	0	0	0	0	0	0
	Number of confirmed cancer patients who breached 62 day standard	0	0	0	0	0	0	0	0	0	0
Cervical	Year 2018/19			Year 2019/20	Year 2020/21			Year 2020/21			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 19	Jul-Sep 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	
	Activity										
Total USC referrals received	2	2	1	5	2	2	2	2	2	2	

Number of confirmed cancer patients on 31 day pathway	0	0	0	0	0	0	0	0	0	0
Number of confirmed cancer patients on 62 day pathway	0	0	0	0	0	0	0	0	0	0
Number of patients breaching CWT standards										
Number of confirmed cancer patients who breached 31 day standard	0	0	0	0	0	0	0	0	0	0
Number of confirmed cancer patients who breached 62 day standard	0	0	0	0	0	0	0	0	0	0
Colorectal										
	Year 2018/19				Year 2019/20		Year 2020/21			
	Q4 Oct- Dec 2018	Q1 Jan- Mar 2019	Q2 Apr- Jun 19	Q3 Jul-Sep 19	Q4 Oct- Dec 19	Q1 Jan- Mar 20	Q2 Apr- Jun 20	Q3 Jul- Sep 20	Q4 Oct- Dec 20	Q1 Jan- Mar 21
Activity										
Total USC referrals received	51	53	50	60	50	50	50	50	50	50
Number of confirmed cancer patients on 31 day pathway	0	4	3	5	4	4	4	4	4	4
Number of confirmed cancer patients on 62 day pathway	3	6	7	7	5	5	5	5	5	5
Number of patients breaching CWT standards										
Number of confirmed cancer patients who breached 31 day standard	0	0	0	0	0	0	0	0	0	0
Number of confirmed cancer patients who breached 62 day standard	1	2	2	1	2	1	1	2	1	2
	Year 2018/19			Year 2019/20	Year 2020/21					


Number of confirmed cancer patients who breached 31 day standard	0	0	0	0	0	0	0	0	0	0	0
Number of confirmed cancer patients who breached 62 day standard	0	0	0	0	0	0	0	0	0	0	0
Lymphoma	Year 2018/19			Year 2019/20			Year 2020/21				
	Q4 Oct-Dec 2018	Q1 Jan-Mar 2019	Q2 Apr-Jun 19	Q3 Jul-Sep 19	Q4 Oct-Dec 19	Q1 Jan-Mar 20	Q2 Apr-Jun 20	Q3 Jul-Sep 20	Q4 Oct-Dec 20	Q1 Jan-Mar 21	
Activity											
Total USC referrals received	1	0	2	3	1	1	1	1	1	1	1
Number of confirmed cancer patients on 31 day pathway	0	0	0	0	0	0	0	0	0	0	0
Number of confirmed cancer patients on 62 day pathway	1	2	0	0	1	1	0	2	1	0	
Number of patients breaching CWT standards											
Number of confirmed cancer patients who breached 31 day standard	0	0	0	0	0	0	0	0	0	0	0
Number of confirmed cancer patients who breached 62 day standard	0	1	0	0	0	0	0	0	0	0	0
Melanoma	Year 2018/19			Year 2019/20			Year 2020/21				
	Q4 Oct-Dec 2018	Q1 Jan-Mar 2019	Q2 Apr-Jun 19	Q3 Jul-Sep 19	Q4 Oct-Dec 19	Q1 Jan-Mar 20	Q2 Apr-Jun 20	Q3 Jul-Sep 20	Q4 Oct-Dec 20	Q1 Jan-Mar 21	
Activity											

Total USC referrals received	17	15	13	20	15	15	15	15	15	15
Number of confirmed cancer patients on 31 day pathway	1	1	1	3	1	1	2	2	1	1
Number of confirmed cancer patients on 62 day pathway	0	1	0	1	0	0	1	1	0	0
Number of patients breaching CWT standards										
Number of confirmed cancer patients who breached 31 day standard	0	0	0	0	0	0	0	0	0	0
Number of confirmed cancer patients who breached 62 day standard	0	0	0	0	0	0	0	0	0	0
Ovarian	Year 2018/19		Q2	Year 2019/20	Year 2020/21					
	Q4 Oct- Dec 2018	Q1 Jan- Mar 2019	Apr- Jun 19	Q3 Jul-Sep 19	Q4 Oct- Dec 19	Q1 Jan- Mar 20	Q2 Apr- Jun 20	Q3 Jul- Sep 20	Q4 Oct- Dec 20	Q1 Jan- Mar 21
Activity										
Total USC referrals received	12	12	14	13	12	12	12	12	12	12
Number of confirmed cancer patients on 31 day pathway	0	0	0	1	0	0	1	0	0	0
Number of confirmed cancer patients on 62 day pathway	0	1	1	1	1	0	1	1	0	0
Number of patients breaching CWT standards										
Number of confirmed cancer patients who breached 31 day standard	0	0	0	0	0	0	0	0	0	0
Number of confirmed cancer patients who breached 62 day standard	0	0	0	0	0	0	0	0	0	0

UGI	Year 2018/19			Year 2019/20 Q3 Jul-Sep 19	Year 2020/21							
	Q4 Oct- Dec 2018	Q1 Jan- Mar 2019	Q2 Apr- Jun 19		Q4 Oct- Dec 19	Q1 Jan- Mar 20	Q2 Apr- Jun 20	Q3 Jul- Sep 20	Q4 Oct- Dec 20	Q1 Jan- Mar 21		
Activity												
Total USC referrals received	28	22	28	37	30	30	30	30	30	30	30	
Number of confirmed cancer patients on 31 day pathway	1	3	4	3	3	3	3	3	3	3	3	
Number of confirmed cancer patients on 62 day pathway	3	5	3	4	5	5	5	5	5	5	5	
Number of patients breaching CWT standards												
Number of confirmed cancer patients who breached 31 day standard	0	0	0	1	0	0	0	0	1	1		
Number of confirmed cancer patients who breached 62 day standard	1	1	0	2	1	1	0	0	1	1		
Urology	Year 2018/19			Year 2019/20 Q3 Jul-Sep 19	Year 2020/21							
	Q4 Oct- Dec 2018	Q1 Jan- Mar 2019	Q2 Apr- Jun 19		Q4 Oct- Dec 19	Q1 Jan- Mar 20	Q2 Apr- Jun 20	Q3 Jul- Sep 20	Q4 Oct- Dec 20	Q1 Jan- Mar 21		
Activity												
Total USC referrals received	9	14	8	17	12	12	12	12	12	12		
Number of confirmed cancer patients on 31 day pathway	4	6	4	6	6	6	5	5	4	6		
Number of confirmed cancer patients on 62 day pathway	5	4	1	6	5	5	5	5	5	5		

Number of patients breaching CWT standards										
Number of confirmed cancer patients who breached 31 day standard	0	0	0	0	0	0	0	0	0	0
Number of confirmed cancer patients who breached 62 day standard	2	1	0	3	2	1	2	2	0	1
All Cancers										
	Year 2018/19			Year 2019/20	Year 2020/21					
	Q4 Oct- Dec 2018	Q1 Jan- Mar 2019	Q2 Apr- Jun 19	Q3 Jul-Sep 19	Q4 Oct- Dec 19	Q1 Jan- Mar 20	Q2 Apr- Jun 20	Q3 Jul- Sep 20	Q4 Oct- Dec 20	Q1 Jan- Mar 21
Activity										
Total USC referrals received	137	137	137	173	140	140	140	140	140	140
Number of confirmed cancer patients on 31 day pathway	8	17	14	26	19	18	18	18	17	18
Number of confirmed cancer patients on 62 day pathway	16	19	15	27	20	19	21	22	19	19
Number of patients breaching CWT standards										
Number of confirmed cancer patients who breached 31 day standard	0	0	0	1	0	0	0	0	1	1
Number of confirmed cancer patients who breached 62 day standard	4	5	2	7	5	3	3	4	2	4

Section 5: Healthcare Associated Infection

Area of development	5-1: MRSA/MSSA BACTERIUM
Performance Indicator and target/standard	Compliance with mandatory HCAI and antimicrobial resistance (AMR) policy, monitoring and reporting requirements.
Service Development overview / planning narrative (including financial and workforce details)	<p>Continue to work closely with prescribers to develop consistency in clinical practice.</p> <p>Attached is the Healthcare Associated Infection (HCAI) and Antimicrobial Resistance (AMR) policy requirements in relation to DL (2019)23. This provide information on the compliance with policy summary</p> <div style="text-align: center;">  <p>DL 2019 23 Assessment Templat</p> </div>
Year 1 development - specifics	Antimicrobial pharmacist to assess and report on antimicrobial prescribing in each new confirmed positive SAB when notified.
Outcome based evidence (clear milestones)	
Year 2 development - specifics	
Outcome based evidence (clear milestones)	
Year 3 development - specifics	

Outcome based evidence (clear milestones)	
Area of development	5-2: CLOSTRIDIODES DIFFICILE INFECTION
Performance Indicator and target/standard	Compliance with mandatory HCAI and antimicrobial resistance (AMR) policy, monitoring and reporting requirements.
Service Development overview / planning narrative (including financial and workforce details)	Develop a MDT that is consistent and timeous in responding to needs within primary and secondary care.
Year 1 development - specifics	<p>Ongoing surveillance of antimicrobial use as guided by SAPG.</p> <p>Review of updated HCAI standards and antibiotic use indicators for Scotland-</p> <ul style="list-style-type: none"> - Collate parameters to be measured in Primary and Secondary care, determine base line data, how we will measure and achieve targets including: - Work with IPCT to provide education to Primary care teams on appropriate diagnosis and treatment of UTI in the elderly population to reduce inappropriate prescribing of antibiotics for this group. - Continue to highlight updated SAPG guidance on using 5 day courses of antibiotics for URTI. Encourage GP practices using EMIS system to make the switch to 5 day default. - Focus on IV to oral switching in secondary care. Education of medical, surgical, NMP, pharmacist and nursing staff within Secondary care with ongoing audit and feedback. - Work with NHS Highland to ensure formulary is optimised with regard to WHO Access antibiotics (NHSE list).
Outcome based evidence (clear milestones)	
Year 2 development - specifics	

Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	
Area of development	5-3: RECRUITMENT AND RETENTION OF A WORKFORCE THAT CAN SUPPORT NHS WI IN CONTINUED COMPLIANCE WITH HIS STANDARDS FOR HCAI AND DELIVERY OF DL (2015).
Performance Indicator and target/standard	Compliance with mandatory HCAI and antimicrobial resistance (AMR) policy, monitoring and reporting requirements.
Service Development overview / planning narrative (including financial and workforce details)	NHS Western Isles currently has 2.5 WTE vacant infection control nurse posts, consequently 1 senior Infection Control Practitioner and 0.5 WTE audit and surveillance nurse. The impact is significant on a small department and small Health Board and leaves little resilience in times of sickness, absence or ability for current staff to take annual leave.
Year 1 development - specifics	<ul style="list-style-type: none"> - Re advertising posts as development posts with additional enhancements such as relocation allowance. - Advertising posts outside of local area using professional journals etc. - Review current SLA with NHS Highland. - Explore opportunities to LEAN and improve processes using electronic systems.
Outcome based evidence (clear milestones)	A full or improved staffing complement will not only be beneficial to continue the delivery of high quality care across the Board but also ensure NHS WI is prepared to better support achievements in new national targets i.e. CDI reduction in primary care.
Year 2 development - specifics	

Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	
Area of development	5-4: CONFIRMATION OF COMPLIANCE WITH THE HIS FOR HCAI.
Performance Indicator and target/standard	Compliance with mandatory HCAI and antimicrobial resistance (AMR) policy, monitoring and reporting requirements.
Service Development overview / planning narrative (including financial and workforce details)	In July 2019 HIS completed an unannounced inspection of safety and cleanliness at WIH. The report highlighted excellent patient feedback in relation to cleanliness of the Western Isles Hospital. There was good staff compliance and knowledge of standard infection control precautions, the standard of domestic staff cleaning was good also. The report did note that the Board could do better in recording staff training and cleanliness and maintenance of patient equipment. There were 0 critical findings, 5 requirements identified and 2 recommendations, an action plan was implemented and has since been completed and approved by NHS WI executive Board.
Year 1 development - specifics	Increase visibility of IPAC in clinical areas across the organisation (VC and in person) contingent on the recruitment and retention of staff. Continue to ensure clear communication on all infection control related matters through the current governance structure. Sharing learning of audits and best practice across the organisation to continue compliance and observation of standards.
Outcome based evidence (clear milestones)	

Year 2 development - specifics	
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	
Area of development	5-5: CONFIRMATION OF COMPLIANCE WITH SCOTTISH HEALTH TECHNICAL MEMORANDUM 03-01 AND 04-01 CONFIRMATION OF COMPLIANCE WITH HAI-SCRIBE FOR ALL REFURBISHMENT AND NEW BUILD PROJECTS WITHIN THE BOARD.
Performance Indicator and target/standard	Compliance with mandatory HCAI and antimicrobial resistance (AMR) policy, monitoring and reporting requirements.
Service Development overview / planning narrative (including financial and workforce details)	NHS Western Isles is compliant with 03-01 and 04-01; a comprehensive maintenance and prevention program exists for all sites and departments to help achieve this along with regular site inspections and testing of equipment. All building projects and maintenance work is continually monitored and audited by the Infection Control team to ensure compliance with HAISCRIBE In 2019 a new build of a CDU in Stornoway at Western Isles Hospital was completed, compliance with 03-01 and 04-01 were adhered to verified and validated with respective professionals. As planning of a new build facility on the Isle of Barra continues NHS WI will consult relative experts and continue to have sight of the Scottish Health Technical Manual.
Year 1 development - specifics	Continue to be responsive to changes in policy and ensure continued adherence with service planning.

Outcome based evidence (clear milestones)	
Year 2 development - specifics	
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence clear milestones)	

Section 6: Oral Health

Area of development	6-1: ORAL HEALTH
Performance Indicator and target/standard	<ul style="list-style-type: none"> • Target: Every Island school to be delivering brushing, P1 to P7 children • Target: To increase the number of domiciliary visits in support of child oral health against a 2020 baseline • Target: Achieve at least 95% registration for children born each year • Target: To increase the number of domiciliary visits in support of older adult oral health against a 2020 baseline • Target: Every adult in residential care to be offered a dental examination.
Service Development overview / planning narrative (including financial and workforce details)	<p>With reference to the National Dental Inspection Programme, we have held our position in respect of levels of decay in children’s oral health over the course of the last year. However, our long term trend has been one of significant improvement. This is a result of our local Childsmile activity, which benefits from effective partnership working with the local Education Department. Our focus has been on educating children, education staff and parents/guardians.</p> <p>In keeping with national policy direction, we also have a strong focus on rebalancing care and tackling inequalities. Our broad strategy has been to develop an independent general practice in the Isle of Lewis, to ensure that the Public Dental Service can focus on specialist care and can target specific population groups who can find it more difficult to access care. We have achieved this broad objective, with Castleview Dental Practice opening in February 2019. We have been working closely with the practice team to ensure that the patient list previously held by the Public Dental Service transitions to the new service (although the PDS will retain a core group of priority patients). We will also maintain dialogue with the practice in relation to any wider ambition it has to expand services into the southern isles.</p>

	<p>The development of an outreach policy has been at the heart of our local service development. This already works in Lewis and our ambition is now to spread this to other parts of the Western Isles. Indeed, the redesign of the dental service in Uist is predicated on a hub and outreach model. Capital development is underway to deliver the hub and in tandem with that, we will be focusing on the professional development of the Uist team, to ensure that domiciliary care is at the heart of the new service. This has also been facilitated by the introduction of two transportable clinics, which we can set up in remote and rural communities, thereby giving those least able to access dentistry a more responsive local service.</p> <p>In respect of the e-Dental agenda, in the southern isles modernisation of infrastructure will create an opportunity to embrace, for example, digital radiography and inter-connect clinics to improve information sharing for the benefit of patients.</p> <p>All of this is being advanced against a challenging financial climate for the Health Board. In particular, our aspirations pre-suppose that we retain our general funding position, with additional growth allowed for staff wage inflation and other costs which will be endured over the next period. Should a more challenging financial climate emerge for the Public Dental Service, this is likely to affect the mainstream delivery of general dental services, since the PDS remains the core service for many communities in the Western Isles.</p>
Year 1 development - specifics	<p>Our focus in year one will be on the early years. This will involve specific focus on bringing the team back to establishment level (in previous years, maternity and recruitment challenges prevented us from operating at full capacity). As such, any child identified as an immediate referral through Childsmile will receive direct contact from an oral health support worker, this being domiciliary if required. The Childsmile programme will identify wider areas of success over the year.</p>
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Every Island school to be delivering brushing, P1 to P7 children. This is something that we will achieve by the end of 2020/21 • Target: To increase the number of domiciliary visits in support of child oral health against a 2020 baseline. We do not currently operate this type of service and have identified this year

	<p>to put in place the building blocks that will support new activity. We would hope to have started to deliver this by the end of 2020/21</p> <ul style="list-style-type: none"> • Target: Achieve at least 95% registration for children born each year
Year 2 development - specifics	<p>Development of major care infrastructure in the islands (a new residential care campus in Stornoway and in Barra) will provide new opportunities to build an environment that is amenable to high quality dental care for older people living in residential care. In addition, the Uist hub will be complete, allowing us to move fully to our new model of dental care. This will result in more domiciliary visits across the Isles of Uist and Lewis, and will support additional care home sessions in all parts of the island chain. The portable clinics will be fully operational.</p>
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Target: To increase the number of domiciliary visits in support of older adult oral health against a 2020 baseline. We are targeting a 5% increase on existing levels. • Target: Every adult in residential care to be offered a dental examination. This will be facilitated by new clinical spaces within the residential estate.
Year 3 development - specifics	<p>The third year of our strategy will focus on the expansion of service and consolidate previous gains. This will include the development of a database of vulnerable patients who might benefit from domiciliary care, thereby allowing us to proactively support hard-to-reach patients and tackle wider inequalities. We will also be looking to further enhance our domiciliary visits to children.</p>
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Target: To develop a database of vulnerable patients who might benefit from domiciliary care

Section 7: Stroke Care

Area of development	7-1: THROMBECTOMY
Performance Indicator and target/standard	No National Standard for this aspirational service. Development but hope is to allow approximately 10% of all patients who suffer a stroke a mechanical clot removal procedure (Thrombectomy)
Service Development overview / planning narrative (including financial and workforce details)	Current National work centres establishing three centres who can deliver Thrombectomy (North East and West). This will allow SAS Air Transfer to the centre for eligible patients with (almost immediate) repatriation. The timeline is dependent on National drivers but NHSWI needs to be ready to respond once the service is in place. No direct new staffing costs are anticipated with this being an enhancement of the current pathway rather than a new pathway. This will be the single biggest change in the Stroke Pathway for several years since the thrombolysis service was implemented.
Year 1 development - specifics	Raise awareness and implement training among affected staff groups (A+E Nursing/Medical, Radiology, Laboratory, SAS)
Outcome based evidence (clear milestones)	
Year 2 development - specifics	Likely implement service including the potential to provide an escort for transfers
Outcome based evidence (clear milestones)	
Year 3 development - specifics	Service live with assessment of all stroke patients who present to A+E
Outcome based evidence (clear milestones)	

Area of development	7-2: REDEVELOPMENT OF TIA (TRANSIENT ISCHAEMIC ATTACK/MINI STROKE) CLINIC
Performance Indicator and target/standard	80% of all patients with a Cerebrovascular Diagnosis should be seen in the Specialist TIA clinic within 4 days of referral
Service Development overview / planning narrative (including financial and workforce details)	NHSWI has not been able to meet this target for the last two years. A review of service was done to identify reasons for this and they were found to be multifactorial (limited clinic days, availability of remote consultant etc.). The stroke Team in conjunction with Day Hospital have redesigned the system so that the service is now provided by local clinicians and a more reactive fashion giving a five day service.
Year 1 development - specifics	Re-establish local provision of cover using available Medical Staff from the current rota
Outcome based evidence (clear milestones)	Monitor 4-day performance and patient satisfaction
Year 2 development - specifics	Further develop a local stroke lead to further develop the service including imaging modality
Outcome based evidence (clear milestones)	Ease capacity on Radiology department
Year 3 development - specifics	
Outcome based evidence (clear milestones)	

Area of development	7-3: UPDATE TO PHARMACEUTICAL MANAGEMENT OF STROKE
Performance Indicator and target/standard	Evidence changes have occurred on the best treatment for patients in the acute stages of a stroke or TIA. There is no standard attached to these nationally
Service Development overview / planning narrative (including financial and workforce details)	With a local Stroke Medical Champion it is now much easier to implement change in the stroke pathway to ensure best practice in stroke management. The changes involve a complex regime of drugs to stop clotting in the blood vessels and thus reduce the risk of further stroke.
Year 1 development - specifics	Update current Integrated Care Pathway with new standards of management.
Outcome based evidence (clear milestones)	
Year 2 development - specifics	Embark on teaching across all areas in NHSWI to ensure concordance and safe implementation of change
Outcome based evidence (clear milestones)	Audit of number of patients on new regime
Year 3 development - specifics	
Outcome based evidence (clear milestones)	

Area of development	7-4: RE-ESTABLISHMENT OF MANAGED CLINICAL NETWORK FOR STROKE
Performance Indicator and target/standard	No National Standard set. Understanding of the collaborative ethos the MCN's brought to service development.
Service Development overview / planning narrative (including financial and workforce details)	Ongoing work around support for the MCN structure is being progressed through the LTCSG
Year 1 development - specifics	Development of support for MCN
Outcome based evidence (clear milestones)	
Year 2 development - specifics	Reinstatement of MCN
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	

Area of development	7-5: SUPPORT FOR SELF-MANAGEMENT AFTER STROKE
Performance Indicator and target/standard	No specific standard
Service Development overview / planning narrative (including financial and workforce details)	Significant work already undertaken using the 'Move More' pilot for a range of patients with Long Term Conditions. The outcomes of this will be used to help evaluate suitable models to enhance self-management after stroke. In addition, the 'mPower' pilot will help to define the role of social prescribing in patients with Stroke and other LTC's
Year 1 development - specifics	Evaluation of above pilots
Outcome based evidence (clear milestones)	
Year 2 development - specifics	Developments of specific services relevant to stroke care
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	

Area of development	7-6: SUPPORT FOR PREVENTION STRATEGIES TO ENSURE NON PRESCRIBERS ABLE TO WORK INDEPENDENTLY (E.G. SMOKING CESSATION SERVICES)
Performance Indicator and target/standard	No National Standard
Service Development overview / planning narrative (including financial and workforce details)	North of Scotland (Patient Group Directive) PGD group are developing a range of options to allow non prescribers to manage patients who may need help in smoking cessation. It would be possible to develop this locally if felt appropriate
Year 1 development - specifics	
Outcome based evidence (clear milestones)	
Year 2 development - specifics	
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	

Area of development	7-7: SSCA (SCOTTISH STROKE CARE AUDIT)
Performance Indicator and target/standard	Multiple indicators with regular monthly updates
Service Development overview / planning narrative (including financial and workforce details)	NHSWI has always strongly engaged with the SSCA and has an annual review of progress. This will continue and forms the core of the specific Clinical interventions known to help patients with stroke to achieve the best outcomes.
Year 1 development - specifics	
Outcome based evidence (clear milestones)	
Year 2 development - specifics	
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	

Section 8: Public Health / Health Improvement

Area of development	8-1: HEALTH PROMOTION – SUBSTANCE USE – TOBACCO
Performance Indicator and target/standard	<p>Performance as set out in Health Promotion three year plan Achieving a reduction in smoking rates to five percent or less by 2034 remains our key objective.</p> <ul style="list-style-type: none"> • Delivery of universal smoking cessation services to achieve a number of successful quits at 12 weeks post quit in the 60% most deprived within-island board SIMD areas • Target - quits as 12 weeks post quit for people residing in the three most deprived local quintiles • Year April 2020-March2021 To be confirmed by Scottish Government • Year April 2021-March2022 To be confirmed by Scottish Government • Year April 2022-March2023 To be confirmed by Scottish Government • Current Target April 2019-March2020 30 Quits
Service Development overview / planning narrative (including financial and workforce details)	<p>Intention to create an environment where people choose not to smoke, are protected from second-hand smoke and are helped to quit smoking Thus reducing the level of smoking in Scotland The application of the Quit Your Way Hebrides service in NHS Western Isles HB area as part of the Scottish Government 5 year action plan Raising Scotland’s tobacco-free generation (2018). Quit Your Way Hebrides will seek to improve health and quality of life by</p> <ul style="list-style-type: none"> • Limiting the number of people taking up smoking • Reducing the number of adult smokers • Protection from second hand smoke • Supporting the inequalities of tobacco use <p>Quit Your Way project budget is £xk over 3years to March 2023</p>

	<p>Year 1 (2020/2021): xk Year 2 (2021/2022): xk Year 3 (2022/2023): xk Quit Your Way Hebrides staffing: 1 wt Band 5 coordinator; 1wte 0.6 Band 5 advisor; 1wte 0.53 advisor; 1wte 0.43 advisor; 1wte 0.27 advisor (across the Western Isles)</p>
Year 1 development - specifics	<ul style="list-style-type: none"> • Establish in house working with two GP practices (bringing total to four) to increase availability of smoking cessation services in more remote areas • Support for No Smoking Day, encouraging ten quitters to take up the offer of support as part of planned events • Encourage referrals from secondary care and mental health services • All Quit Your Way Hebrides staff will have completed Impact training for trainers. To be achieved by April 2020 • Deliver Impact training to a minimum of 18 and a maximum of 48 across the Western Isles. • Support at antenatal classes for smoking cessation
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Quarterly reports on quit rates for one-to-one smoking cessation session clients • Establishment of smoke-free NHS grounds in line with Scottish Government legislative requirements and guidance • Two sessions of IMPACT training in mental health services piloted and evaluated. • Reduce the number of babies born into homes with exposure to second-hand smoke.
Year 2 development - specifics	<ul style="list-style-type: none"> • Support for No Smoking Day, encouraging ten people to take up offer of Quitting your way. • Offer behaviour change and brief interventions to four groups of clinical staff throughout Outer Hebrides • Extend RIS/IMPACT training to clinical staff across the Outer Hebrides through two training events. • To maintain and continue to develop a robust referral pathway with all partner agencies
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Evaluation of HBC and BI training demonstrating increased knowledge and confidence in delivering change • Evaluation of RIS/Impact training • Monitoring referral numbers to the service.
Year 3 development - specifics	<ul style="list-style-type: none"> • Marked decrease in the smoking prevalence for the Western Isles • Support for No Smoking Day encouraging ten people to take up offer of Quitting your way.

	<ul style="list-style-type: none"> • Specific campaign on smoking and early detection of lung cancer with health and social care professionals
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Number of people attending campaign • Smoking prevalence rate for the Western Isles (Scotland overall)
Area of development	
Area of development	8-2: SUBSTANCE USE – ALCOHOL AND DRUGS
Performance Indicator and target/standard	<ul style="list-style-type: none"> • Alcohol brief interventions - Number of alcohol brief interventions delivered in SIGN settings Target – to maintain delivery of 317 ABIs; 80% of which should be in priority settings and 20% in wider settings • Referral to treatment: drugs and alcohol – 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery Target – 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.
Service Development overview / planning narrative (including financial and workforce details)	<p>Aim to reduce alcohol and drug problems among young people and adults and the harmful impact on communities in the Outer Hebrides:</p> <ul style="list-style-type: none"> • Reducing alcohol and drug consumption in our communities including through the use of Alcohol Brief Interventions in range of settings by health and care professionals • Reducing inappropriate hospital admissions with substance use problems • Developing Recovery orientated systems of care in all our providers • Ensuring that children affected by parental substance use are safe and more able to achieve their potential
Year 1 development - specifics	<ul style="list-style-type: none"> • Promotion of awareness of revised alcohol consumption guidelines in line with national campaigns • Awareness raising on the impacts of alcohol consumption in pregnancy • Implement Outcome Star to provide consistent outcome measurement across providers • Develop and delivery training programme in line with service provider assessed needs • Local Rights, Respect, Recovery strategy in place

Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Achievement of 317 targeted ABIs in required settings • Increase in knowledge and awareness of FASD amongst health, social care and education professionals
Year 2 development - specifics	<ul style="list-style-type: none"> • Implement drug and alcohol information system in line with national requirements • Maintain development and delivery of agreed training programme • Outcome Star embedded in all funded services
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Maintenance of Waiting Times Targets • Improved Outcomes for service users and families
Year 3 development - specifics	<ul style="list-style-type: none"> • Review impact of training programme and revise in line with service provider assessed needs • Workforce development plan completed. Tiered capacity matched to need.
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Maintenance of Waiting Times targets • Recovery services in place and recovery targets for all agencies achieved.

Area of development	8-3: HEALTH PROMOTION - PHYSICAL ACTIVITY
Performance Indicator and target/standard	Performance as set out in Health Promotion three year plan: <ul style="list-style-type: none"> • Establish physical activity patterns early in life • Promote physical activity in older aged adults (aged 50 and over) • Demonstrate the benefits to the workplace of a physically active and able workforce • Promote the benefits of becoming physically active and maintaining activity levels for those with long term health conditions
Service Development overview / planning narrative (including financial and workforce details)	Aim to increase physical activity levels by encouraging and enabling the inactive to be more active and the active to stay active throughout life. Particular focus on promoting physical activity in: <ul style="list-style-type: none"> • Early childhood development • Older people • Workplace activity • People with long term conditions
Year 1 development - specifics	<ul style="list-style-type: none"> • Promoting Play@Home training for CNES early Years staff leading to additional one-to-one and group activities • Extend Strengths and Balance components of Paths for All through recruitment of additional trainers; increase number of Health Walks targeting the over 50s • Increase uptake of places in growing projects with plan to increase number of older people by 20% • Support the Step Count Challenge within Healthy Working Lives registered workplaces • Promote Move More programme across cancer services and long term conditions through engagement with secondary care services (Macmillan and physiotherapy)
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Evaluation of Cycle to Work scheme • Lifestyle survey data on levels of physical activity across different population groups • Reduction in hospital admissions in relation to long term conditions
Year 2 development - specifics	<ul style="list-style-type: none"> • Work with partners in developing the number of paths as well as the main paths network further and encouraging organisations/ individuals to utilise it. Partner with community groups to use the paths for challenges and social interactions

	<ul style="list-style-type: none"> • Health behaviour change training cascaded to third sector organisations • Work with partner organisations to ensure the 2hrs physical activity is available to all children
<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • Increase the number of groups involved in walking • Numbers of way markers and infrastructure developments • Number participating in 2hrs of physical activity per week. • Funding invested in physical activity projects
<p>Year 3 development - specifics</p>	<ul style="list-style-type: none"> • Develop setting based initiatives in more rural locations in the Western Isles • Revisit the Health behaviour change training for health professionals • Investigate technology to increase options for participation in a range different activity
<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • Number of new initiatives created and numbers engaging • Numbers participating in HBC training • Development of a plan based around IT to increase the variety of options for physical activity to people in the WI

Area of development	8-4: HEALTH PROMOTION – HEALTHY EATING
Performance Indicator and target/standard	Performance as set out in Health Promotion three year plan: <ul style="list-style-type: none"> • Improve knowledge and skills about a healthy diet for target groups • Achieve healthy weights with target groups • Develop and set in place healthy eating habits for children • Ensure a healthy diet is accessible and affordable.
Service Development overview / planning narrative (including financial and workforce details)	Aim to ensure that children and adults living in the Outer Hebrides have improved their knowledge and skills around a healthy diet and are of a healthy weight. Specific targets include: <ul style="list-style-type: none"> • Pregnant women • Early years (0-5 years) • Low income families • Adults Healthy eating project budget is £xk over 3 years to March 2023 Year 1 (2020/2021): xk Year 2 (2021/2022): xk Year 3 (2022/2023): xk <ul style="list-style-type: none"> • Health Weight Practitioner staffing .6WTE Lewis .4 WTE Uist and Barra
Year 1 development - specifics	<ul style="list-style-type: none"> • Improve knowledge and skills of pregnant women and low income families around a healthy diet through providing cooking on a budget demonstrations across the islands • Provide two REHIS Certificate in Community Nutrition training courses aimed at vulnerable young people • Increase physical activity of under 5s through support for play@home, training for CNES Early Years staff and health visitors. • Support the promotion of foodbank access across the islands • Consider rollout of Healthy Weighs adult weight management programme following evaluation
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Enhanced budget management and cooking skills for new families and low income families • Certificates of achievement in community nutrition for vulnerable young people, support to enter the workplace with qualifications • Stabilisation of rise in obesity levels in P1 children

Year 2 development - specifics	<ul style="list-style-type: none">• Establish programme for holiday time lunches to ensure every child has one hot meal a day. Link with Pupil Equity Fund Initiatives and Community Trust Beneficiary Plans• Provide 3 REHIS Certificate in Community Nutrition training courses aimed at vulnerable young people
Outcome based evidence (clear milestones)	<ul style="list-style-type: none">• Number of outlets providing holiday lunch time hot meals service and register of uptake of use• Number of people trained in REHIS
Year 3 development - specifics	<ul style="list-style-type: none">• Provide 4 REHIS Certificate in Community Nutrition training courses aimed at vulnerable families
Outcome based evidence (clear milestones)	<ul style="list-style-type: none">• Number of people trained in REHIS

Area of development	8-5: HEALTH PROMOTION – DETECT CANCER EARLY
Performance Indicator and target/standard	<p>NHS Scotland is to achieve a 25% increase in the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 2014/15. A 25% increase on baseline performance equates to 29% diagnosed at Stage 1 by 2014/15.</p> <ul style="list-style-type: none"> • 80% uptake of breast screening • 60% uptake of bowel screening
Service Development overview / planning narrative (including financial and workforce details)	<ul style="list-style-type: none"> • Performance to be at least 29% of cancer diagnosed at Stage 1.
Year 1 development - specifics	<ul style="list-style-type: none"> • Support increasing uptake of triennial breast screening programme, seeking to attain 80% uptake in eligible population of women aged 50-70 years and early detection and treatment • Training event for professionals on respiratory conditions including early recognition and referral of suspicious signs and symptoms • Promote uptake of bowel cancer screening, targeting men, through attendance at agricultural shows and relevant events, and maintain current high level of referral to colonoscopy uptake • Implement recommendations of review of cancer services conducted in 2019
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • 80% uptake of breast screening for each GP practice and island group • 60% uptake of bowel screening amongst men achieved • Increase in number of referrals with USC to respiratory medicine • Survey attendees and non attendees of breast screening bus to improve attendance in the future
Year 2 development - specifics	<ul style="list-style-type: none"> • promotion to achieve targets set by DCE programme, • promote bowel screening within GP practice. Working with the bowel screening co-ordinating group and promoting based on defaulter and barriers to completing the test.
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • 80% uptake of cervical screening for each GP practice and island group • 60% uptake of bowel screening amongst general population
Year 3 development - specifics	<ul style="list-style-type: none"> • Implement plans for the breast screening bus visiting the WI. Base promotion on uptake during the previous visit.

Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • 80% uptake of breast screening in each Island group • 60% uptake of bowel screening amongst general population • Numbers of locations promotion completed for breast screening
Area of development	8-6:CHILDREN – INTEGRATED CHILDREN’S SERVICES PLAN 2021-24 TO BE COMPLETED
Performance Indicator and target/standard	Review and revise the Outer Hebrides Integrated Children’s Services Plan to publish new plan by end April 2020.
Service Development overview / planning narrative (including financial and workforce details)	Aim: to ensure the young people of the Outer Hebrides become confident individuals, effective contributors, successful learners and responsible citizens.
Year 1 development - specifics	<ul style="list-style-type: none"> • Identify mechanisms for meaningful engagement with children and young people across all geographies and characteristics so that the new plan is fully informed by those who are the subjects • Services promote prevention and early intervention and take action to meet needs at the earliest appropriate time • Partner agencies work together to have clear referral routes into and across services • Transitional care to adult services is defined and pathways in place
Outcome based evidence (clear milestones)	
Year 2 development - specifics	
Outcome based evidence (clear milestones)	

Year 3 development - specifics	
Outcome based evidence (clear milestones)	
Area of development	8-7: HEALTH PROMOTION – SEXUAL HEALTH AND BLOOD BORNE VIRUSES
Performance Indicator and target/standard	<p>Strengthen and improve the way in which the NHS, the Third Sector and Local Authorities supported and worked with individuals at risk of poor sexual health or blood borne viruses.</p> <ul style="list-style-type: none"> • Fewer newly acquired blood borne virus and sexually transmitted infections • A reduction in the health inequalities gap in sexual health and blood borne viruses • People affected by blood borne viruses lead longer, healthier lives, with a good quality of life • Fewer unintended pregnancies • Sexual relationships are free from coercion and harm • A society where the attitudes of individuals, the public, professionals and the media, towards sexual health and blood borne viruses are positive, non-stigmatising and supportive.
Service Development overview / planning narrative (including financial and workforce details)	<p>Aim to improve the sexual health and wellbeing of people, including improving the outcomes for pregnancy and parenthood in young people and those at risk of or affected by BBV:</p> <ul style="list-style-type: none"> • Increase workforce capacity to manage BBV, sexual health and wellbeing issues through providing training and resources • Improve partnership working and multi-agency activity • Increase public awareness • Support early intervention programmes <p>Key Target Groups</p>

	<ul style="list-style-type: none"> • Young people • Drug users • Those affected by sexual abuse/assault • LGBTQI / man-on-man sex • Parents/cares/service providers • 1 WTE Sexual Health and BBV Officer
<p>Year 1 development - specifics</p>	<ul style="list-style-type: none"> • Distribution of national digital resource on pregnancy and parenthood issues • Improved access to, and provision of, post-partum contraception • NHS staff assessment on HIV/BBV carried out • Provide safe space for young people at high risk events such as music festivals, in partnership with alcohol and drug services • Underage sex protocol reviewed and updated in line with new legislation • Promote Cool2talk in all venues accessed by young people aged 12-25 years old • Review and produce action plan to improve health care and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse • Established local pathway to access HIV services including PreP • 50 Workers trained on sexual health and BBV issues • 500 young people receiving sexual health and wellbeing programmes • 500 parents receiving information and support for addressing sexual health and wellbeing issues • Provide 1 training events and 4 educational awareness campaigns on sexual health and BBV • Provide 10 events to support parents, in particularly young parents, regarding sexual health, relationships and sexual wellbeing
<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • How many partners are engaged in addressing sexual health and wellbeing issues • Successful completion and feedback from training programmes • Review of services providing sexual health services • Increased number of people attending services for testing and treatment • Increased number of people requesting information and services (contraception, testing, counselling, etc.)

	<ul style="list-style-type: none"> • Monitor number of young people accessing cool2talk website • Number of agencies attending training and awareness sessions • Increase in the number of agencies willing to address sexual health issues
Year 2 development - specifics	Expand programme of Specialist sexual Health services such as the provision of PreP and HPV for MSM. Defined contact tracing services.
Outcome based evidence (clear milestones)	National targets for Hep C and HIV achieved
Year 3 development - specifics	<ul style="list-style-type: none"> • Additional family planning and Long term reversible Contraception Clinics established in areas outwith Western Isles Hospital • Postal STI testing service piloted • Specific sexual Health service developed through primary care to increase access to testing.
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • National targets for Hep C and HIV achieved • Reduction in pregnancy in young people • Increase in the number of people accessing condoms and contraceptive services • Terminations accessed within national standards timescales • Outcomes of national framework met.

Area of development	8-8: HEALTH PROMOTION – COMMUNITIES AND INEQUALITIES
Performance Indicator and target/standard	<p>Aim to reduce health and social inequalities by improving the health of individuals and families, in particular those who are vulnerable due to poverty and/or homelessness.</p> <p>Aim to give every child the best start in life and specifically the crucial period from pregnancy to the age of two.</p>
Service Development overview / planning narrative (including financial and workforce details)	<p>Increased financial and health support for vulnerable families Improved access to public services Reduced health consequences of homelessness Improved health outcomes in targeted areas, e.g. smoking rates, inactivity levels Increased health literacy Reduction in poverty and fuel poverty for children and the frail elderly</p> <p>Targeting:</p> <ul style="list-style-type: none"> • Early years and children • Vulnerable people and families in remote and rural communities • Individuals with high risk factors
Year 1 development - specifics	<ul style="list-style-type: none"> • Continue programme of inequalities impact assessments for all major components of the Local Outcomes Improvement Plan • In conjunction with CNES homelessness manager, deliver four training sessions to professionals on health and homelessness • Link services for vulnerable or high risk individuals (e.g. income maximisation welfare advice for low income families linked to healthcare) • Deliver poverty awareness training to community/frontline staff • Deliver training sessions for GPs • Deliver three sessions of multiagency diversionary activities for young people, including HI-FIReS programme, Youth Advantage Outreach Programme

	<ul style="list-style-type: none"> • In partnership with others (Cothrom, Action for Children, Foyer and Adult Learning), run REHIS course targeting young vulnerable people to increase knowledge and abilities in relation to healthy nutrition • Focus breastfeeding promotion on signing businesses up to the breastfeeding friendly initiative
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Targeted action on identified inequalities contained within CPP plans • Evaluation of training on health and homelessness across range of participants • Increased knowledge of professionals on impact of inequality and poverty • Young people more supported for maintaining own tenancy • Developed a work plan for the breastfeeding friendly initiative
Year 2 development - specifics	<ul style="list-style-type: none"> • Increase businesses signed up for the breastfeeding friendly initiative • Promote the Healthy Hebridean Kids in workplaces ensuring content is relevant to the whole community • Improved referral mechanisms and services for homelessness • Increase the health literacy of those from ethnic minorities • Enhance partnership working, promotion of financial benefits to family groups including carers
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Number of workplaces signed up to the breastfeeding initiative • Numbers accessing information through the Healthy Hebridean Kids • P1 Obesity rates reduced • Number of poverty awareness sessions completed and numbers trained • Increased income of families experiencing poverty • Contribute to the reduction in child poverty
Year 3 development - specifics	<ul style="list-style-type: none"> • Embedded Long Term Condition Financial Inclusion Services including Fuel Poverty • Increase opportunities for those on low income to access healthy food
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Increased income to elderly and LTC population • Amount of people engaged with growing projects/increased equality of access to family standards of healthy eating.

Area of development	8-9: PUBLIC HEALTH – COMMUNITY PLANNING
Performance Indicator and target/standard	<p>To promote and realise the full potential of the Outer Hebrides as a prosperous, well-educated and healthy community enjoying a good quality of life, fully realising the benefits of our natural environment and cultural traditions.</p> <p>The islands offer attractive opportunities that improves the quality of life, wellbeing and health for all our people</p>
Service Development overview / planning narrative (including financial and workforce details)	<ul style="list-style-type: none"> • Implementation of Locality plans and evaluation of investment into the community from local funding (Locality Planning) • Ensure Place Standard Tool and needs assessments of community health and social welfare is carried out. • Develop Community Cohesion Strategy and Action Plan • Develop and report on the Anti-Poverty and Child Poverty Action Plan • Complete a Health impact assessment Housing Strategy • Develop the Community transport strategy • Development of 3rd theme based locality plan
Year 1 development - specifics	<ul style="list-style-type: none"> • Development of local initiatives including consultation on cycle path joining Balivanich to Liniclate, both areas are included in a locality plan through the OHCPP • Development of walking and growing programmes in Stornoway West • 2 Place standard consultations carried out. • To work with communities experiencing poverty to empower them to address poverty issues and contribute to policy • Implement 'Get Heard' initiative • Community Cohesion Action Plan agreed and consulted upon

<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • Feedback from consultations and potential of development plans underway. • Outputs and outcomes of development plans met
<p>Year 2 development - specifics</p>	<ul style="list-style-type: none"> • Review of development plans for all OHCPP groups and update community on progress since projects began • Establish themed based locality plan for vulnerable target group • Action Plan and funding streams for community transport
<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • Amount of money and resources invested in community projects linked to the OHCPP • Improvements in the 6 core indicators for localities at intermediate level
<p>Year 3 development - specifics</p>	<ul style="list-style-type: none"> • Evaluation of Anti-poverty and Child poverty action Plans
<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • Increased income, reduction in costs and reduced health and social outcomes for vulnerable families • Communities will have access to a range of innovative transport solutions which reduce isolation and increase access to health and social services • Improvements in the 6 core indicators for localities at intermediate level

Area of development	8-10: MENTAL HEALTH IMPROVEMENT & SUICIDE PREVENTION FRAMEWORK
Performance Indicator and target/standard	<p>This will be achieved:</p> <p>By individuals (in conjunction with their appropriate generic and/ or professional frameworks and guidance) to help them fully understand the values base, knowledge and skills expected of them to fulfil their responsibilities in mental health improvement and the prevention of self-harm or suicide.</p> <p>Organisational - to identify any development needs to support delivery, ensuring staff receive appropriate training in this area is essential to support delivery of safe and effective person-centred care.</p> <p>Mental Health and Suicide Prevention Training should be included as an essential element of the Board Workforce Development Plans as of June 2019.</p>
Service Development overview / planning narrative (including financial and workforce details)	<p>The new Knowledge and Skills Framework will allow managers and staff to identify what training they need to undertake from 'informed' through to 'specialist' levels.</p> <p>Each level defines the knowledge and skills specific to the person's role in relation to mental health improvement and the prevention of self-harm or suicide, underpinned by human rights and person-centred values. Rather than being hierarchical, the levels are concerned with peoples' roles and responsibilities in relation to mental health improvement and the prevention of self-harm or suicide, which will vary greatly across organisations and sectors. Each level defines the knowledge and skills, specific to their role that people should have, rather than in relation to their seniority within the organisation or their profession.</p> <p>As a first step, priority staff groups at 'baseline informed' level will be identified through a training matrix who should view the new 'universal online resource' at the earliest opportunity.</p> <p>Thereafter the training matrix will be developed to identify the peripheral staff groups requiring to be trained. Work will be undertaken with managers to ensure that they are aware of this requirement. The training team will work together to identify a programme of training to be delivered annually and this will be shared with Managers as required.</p>

	<p>Work will also be undertaken to engage Primary Care, Pharmacy and Dentistry colleagues in your Board areas in considering how to make this resource available to staff in these settings.</p> <p>An implementation plan will be developed and included within future Operational Plans.</p>
Year 1 development - specifics	<ul style="list-style-type: none"> • Priority staff groups at 'baseline informed' level will be identified through a training matrix who should view the new 'universal online resource' at the earliest opportunity. • Ensuring training is included in workforce development plans
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Development of training matrix with clear outcomes for knowledge and skills to be evidenced
Year 2 development - specifics	<ul style="list-style-type: none"> • Training programme will target those staff still outstanding as identified as requiring to be trained. • Identified training dates to be delivered and shared with Managers to allow identified staff within Matrix to attend
Outcome based evidence (clear milestones)	Measurement of numbers of staff trained to date
Year 3 development - specifics	<ul style="list-style-type: none"> • Training programme will target those staff still outstanding as identified as requiring to be trained. Identified training dates to be delivered and shared with Managers to allow identified staff within Matrix to attend
Outcome based evidence (clear milestones)	Measurement of numbers of staff trained to date

Area of development	8-11: MPOWER HEALTH AND WELLBEING SERVICE
Performance Indicator and target/standard	<p>Project Targets: 277 no. Wellbeing Plans delivered and 379 no. eHealth interventions by NHSWI and 420 (project wide total) no. specialist training and development programmes to health and care professionals</p> <p>HEAT Performance Standards supported:</p> <p>Psychological Therapy Waiting Time targets for patients to be seen within 18 weeks from referral to start of treatment by development of alternative digital support to wider mental wellbeing needs</p> <p>Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team by diverting persons in need of wellbeing support from Primary Care services where appropriate</p>
Service Development overview / planning narrative (including financial and workforce details)	<p>Implementation of mPower service in NHS Western Isles HB area as part of EU 5 year INTERREG VA programme led by NSS with partners in Northern Ireland, ROI and NHS Scotland. Project aims to support people to live well, safely and independently in their own homes. It does this by linking them up with services in their community and by helping them use technology to look after their own health and care. The key services mPower project will introduce across entire NHS Western Isles area include Social Prescribing and digital health support services. The mPower social prescribing service is delivered via new Community Navigator roles in each area of the islands who will connect service users to local activities and services which support their health and wellbeing. The digital health service will support a range of both existing and new digital health interventions via home health monitoring tools, video enabled care services and digital health and wellbeing apps.</p> <p>mPower project budget is £666k over 4 years starting November 2017 to December 2021. Possibility of extending period.</p> <p>Year 1 (2020): £227k</p>

	<p>Year 2 (2021): £227k</p> <p>Year 3 (tbc)</p> <p>mPower staffing: 1wte x Band 6 mPower Implementation Lead; 1.5 wte Band 5 Community Navigators; 0.5 wte Band 7 Improvement Adviser (tbc)</p>
<p>Year 1 development - specifics</p>	<p>Establish Social Prescribing service via new Community Navigator role across Lewis and Harris to deliver Wellbeing Plans and eHealth interventions to target clients in support of self-management of long term conditions and wellbeing needs.</p> <p>Integration of other Mental Wellbeing Support Programmes into mPower Community Navigator Service</p> <p>Introduction of Learning for Improvement element to programme</p>
<p>Outcome based evidence (clear milestones)</p>	<p>Recruitment to Community Navigator roles across Islands and Project Implementation Lead roles</p> <p>Agreements with Third Sector Partners for hosting CN roles in Uists & Benbecula (Cothrom) and Barra (Co Bharraigh)</p> <p>Creation of Standard Operating Procedures for mPower service</p> <p>Development of electronic Wellbeing Plans and project evaluation dataset</p> <p>Community Navigator service:</p> <p>Delivery of 100 Wellbeing Plans to service beneficiaries</p> <p>Delivery of 166 digital interventions</p> <p>Mental Wellbeing Support services:</p> <p>Redesign of Beating The Blues online CBT service pathway to route via CN service to provide additional coaching and follow-up support to boost uptake and completion.</p> <p>Testing of online insomnia CBT as part of TEC sponsored pilot to be delivered and supported via CN service.</p> <p>Setup of Distress Brief Interventions rural pilot in Western Isles routing via CN Wellbeing service for level 2 intervention.</p> <p>Digital enabled support:</p> <p>Implementation of Home and Mobile Health Monitoring services – Florence BP Monitoring with BHF; Community Pharmacy</p>

	Implementation of Video Enabled Services – Attend Anywhere Community/Primary Care support programme; Near Me clinic support (evaluation assessments)
Year 2 development - specifics	Expansion of mPower service and wider mental wellbeing and other Long Term Conditions support programmes via Community Navigator service
Outcome based evidence (clear milestones)	<p>Community Navigator service: Delivery of 69 Wellbeing Plans to service beneficiaries Delivery of 100 digital interventions</p> <p>Mental Wellbeing Support services: Embedding of above Mental Wellbeing service pathways Extension of wellbeing support to other LTC pathways</p> <p>Digital enabled support: Implementation of Home and Mobile Health Monitoring services – applications to be decided Implementation of Video Enabled Services – embedding of home and community VEC access across services Implementation of Digital Apps - MS Passport App assisting self-management for Multiple Sclerosis patients and other LTC groups;</p>
Year 3 development - specifics	Development of social prescribing service sustainability plan via Primary Care Improvement Programme and Link Worker roles
Outcome based evidence (clear milestones)	To be established

Area of development	8-12: CHATPAL – CONVERSATIONAL INTERFACES FOR MENTAL WELLBEING SERVICE
Performance Indicator and target/standard	<p>Project Target: 4 innovative technology-driven solutions for public sector provision in remote areas (ChatPal service for MH service providers; Web-based service for co-creation of healthcare Chatbots; eMental Health ChatPal Chatbot; Open multi-lingual digital service for repurposing psychological content)</p> <p>HEAT Performance Standards supported: Psychological Therapy Waiting Time targets for patients to be seen within 18 weeks from referral to start of treatment by development of alternative digital support to wider mental wellbeing needs Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team by diverting persons in need of wellbeing support from Primary Care services where appropriate</p>
Service Development overview / planning narrative (including financial and workforce details)	<p>ChatPal will undertake pilot trials in 5 EU Northern Periphery & Arctic INTERREG regions including NHS Western Isles, increasing citizen access to psychotherapeutic support using a computer-based intervention service which will be in the form of a conversational user interface, or chatbot. This chatbot service will be available 24/7 and allows users to receive support through a natural voice or text based conversation that is driven by artificial intelligence. ChatPal will be a new, blended mental health service offering. ChatPal augments and extends the reach of traditional existing services but does not replace these services. The technology will be usable and intuitive as it is similar to everyday human-to-human conversations allowing the technology to be adopted by those with poor computer literacy. ChatPal will enable people to easily access support at the point of need in the form of a conversation. Evidence within our preparatory project suggests that citizens will engage or open up sooner to an online virtual presence (chatbot) in comparison to a human project worker due to anonymity and the lack of stigmatisation.</p> <p>ChatPal WI project budget is £xk over 5 years to December 2021.</p> <p>Year 1 (2020): £64k</p> <p>Year 2 (2021): £57k</p>

	Year 3 (2022): £65k ChatPal staffing: 1wte x Band 5 Project Officer/Research Assistant
Year 1 development - specifics	Undertake needs gathering and analysis among stakeholders in Western Isles via online survey of mental health care professionals (NHS and Third Sector) and workshop of group of 30 participants from MHC professionals (NHS and Third Sector) and service users (Third Sector only). Begin development of MWB Chatbot psychological content.
Outcome based evidence (clear milestones)	Online survey of MHC Professionals attitudes/needs in relation to digital technology for supporting mental wellbeing Participation of 30 MHC professionals and service users in co-creation workshop Development of psychotherapy content of chatbot service Transnational web-based service and toolkit for assisting authorities in co-creation of digital health products inc.Chatbots
Year 2 development - specifics	Development of chatbot technology for testing in pilot sites and
Outcome based evidence (clear milestones)	Development of chatbot technology Tested chatbot services in 4 pilot areas in Western Isles, Scotland, N. Ireland, Sweden and Finland
Year 3 development - specifics	Development of chatbot service
Outcome based evidence (clear milestones)	Results from chatbot service trials following technical testing in year 2 User-Friendly trialled version of ChatPal Chatbot for providing e-mental health services Creation of web toolkit guidelines for prescribing chatbot service Creation of Regional Ambassador roles in support of ChatBot services Targetet marketing resource for disseminating ChatBot services Chatbot service provisioned in established mental health services

Area of development	8-13: DEVELOPMENT OF IT ANXIETY SERVICE IN WESTERN ISLES AS PART OF NORTH WEST EUROPE INTERREG PROJECT FOR THE DEVELOPMENT OF TECHNOLOGICAL SOLUTIONS FOR ANXIETY AMONG PERSONS WITH ALZHEIMERS DISEASE OR PTSD.
Performance Indicator and target/standard	<p>Project targets in support of above include (NHS Western Isles specific targets to be agreed):</p> <ul style="list-style-type: none"> 15 SME start-ups supported to introduce innovative tools aiming at reducing anxiety of the users on the market 3 jobs/start-ups involved created which represents around 50 jobs 10 innovative products validated by the different stakeholders and implemented on the field 10 co-creative innovative solutions validated by target group 3000 users facing Alzheimer or PTSD benefitting from the innovative tools 1000 mental health professionals trained 1 eMental health referent in each of the mental health institutions. <p>HEAT Performance Standards supported:</p> <ul style="list-style-type: none"> Psychological Therapy Waiting Time targets for patients to be seen within 18 weeks from referral to start of treatment by development of alternative digital support to wider mental wellbeing needs Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team by diverting persons in need of wellbeing support from Primary Care services where appropriate
Service Development overview / planning narrative (including financial and workforce details)	<p>Integrate innovative tools within the mental health sector to better manage anxiety of persons with Alzheimer's or PTSD as recognized conditions where such psychological distress occurs. In this the project will seek to harness latest innovation technology in SMEs in participating partner regions. Also, the development of training programmes for Mental health care professionals to ensure effective adoption and use of such technologies for anxiety in target groups. The key objectives are twofold:</p> <ol style="list-style-type: none"> 1. Develop co-creative innovative solutions and integrate them into the mental health sector 2. Develop the cultural aspect of the digital shift in the professional mental health context <p>IT4Anxiety WI project budget is £xk over 5 years to December 2021.</p>

	<p>Year 1 (2020): £152k</p> <p>Year 2 (2021): £116k</p> <p>Year 3 (2022): £114k</p> <p>IT4Anxiety staffing: 1wte x Band 6 Project Officer/Research Assistant; 1 0.5 wte Pilots Digital Support Officer</p>
Year 1 development - specifics	Identification of needs with stakeholders for informing IT4Anxiety solutions and services
Outcome based evidence (clear milestones)	<p>Organisation of (mixed) focus groups, selection of participants (clinicians, companies, developers, users, researchers)</p> <p>Analysis and interpretation of the quantitative and qualitative data, targeting the needs of the different stakeholders</p> <p>Publication of the study on needs in relation to eMental Health</p> <p>Design an hackathon framework to be replicated with modus operandi</p> <p>Organisation of 1 hackathon in each partner country inc. Western Isles (Scotland) with participants from different stakeholders (start-ups, users and professionals)</p>
Year 2 development - specifics	Technical piloting and validation of innovative tools for IT4Anxiety service among target group with Alzheimer's or PTSD
Outcome based evidence (clear milestones)	<p>Call for proposals based on ideas coming from hackathons</p> <p>Creation of a framework to validate the IT4Anxiety innovative tools</p> <p>10 tools implemented on the field within the partnership (No. in NHS WI to be agreed).</p> <p>Exhibition of tools in each country</p> <p>Monitoring of 15 start-up during the implementation of the project (No. start-ups in WI to be agreed).</p>
Year 3 development - specifics	Implementation of innovative IT4Anxiety tools and change of culture in the mental health sector and development of skills of MH professionals in relation to eMental Health
Outcome based evidence (clear milestones)	<p>Design strategies for future sustainable implementation: overcoming barriers, finding strategies to spread the use of the tools, develop them in other facilities</p> <p>Development of in situ trainings for professionals and users (content and documents)</p>

	Development a continuous training in eHealth and specifically in the management of eHealth mental health aspects with eLearning component Integration of training modules in the courses of future professionals: nurses (including specialization in mental health)
Area of development	8-14: DIABETIC RETINOPATHY SCREENING (DRS)
Performance Indicator and target/standard	<ul style="list-style-type: none"> Standard 2 – Call-recall. Found in DRS Standards 2016 available here
Service Development overview / planning narrative (including financial and workforce details)	<ul style="list-style-type: none"> National systems have identified an IT methodology to automatically introduce the intervals over the period of a year from June/July 2020. The software programme automatically assesses individual screening results for previous history and schedules for bi-annual screening, or if the person attending has a ROMO result the programme also identifies the previous screening result and schedules for bi-annual screening where suitable i.e. two consecutive ROMO results. This should reduce the cost of annual screening
Year 1 development - specifics	<ul style="list-style-type: none"> Intervals for screening eligible diabetic patients is being extended to bi-annual screening should they be have a stable result of ROMO for previous 2 years.
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> June or July 2020 switch on of programme and review/complete in 1 year from switch on.
Year 2 development - specifics	<ul style="list-style-type: none">
Outcome based evidence (clear milestones)	
Year 3 development - specifics	<ul style="list-style-type: none">
Outcome based evidence (clear milestones)	

Area of development	8-15: DIABETIC RETINOPATHY SCREENING (DRS)
Performance Indicator and target/standard	<ul style="list-style-type: none"> Standard 5 – Referral. Found in DRS Standards 2016 available here
Service Development overview / planning narrative (including financial and workforce details)	<ul style="list-style-type: none"> Implementation of optical coherence tomography (OCT) to assess macular oedema into the screening pathway. OCT is being introduced into the national screening programme to reduce the impact on the over-burdened Ophthalmology service. It is foreseen that OCT images will be taken in NHSWI OPD with the grading service (for NHSWI) provided through NHS Highland Ophthalmology Dept. as NHS Tayside are unable to provide NHSWI with an OCT grading service. This is due to capacity and practical ability to transfer the OCT image due to the size of file required on IT equipment. There is a need to develop IT infrastructure within OPD for the DRS national system which is accessible to NHH Staffing requires to be identified for image capture and further training Invites to be coordinated between the diabetic unit and patient services OCT machine already in place in WIH OPD – Nil in U&B. It is unknown if NHSWI Topcon machine is suitable to match Heidleberg system currently used in NHH. OCT may require upgrading in line with national spec. Travel implications for Southern Isle patients, however this is currently the case for OCT within the current Ophthalmology system and will affect a small number of patients Financial cost for additional OCT grading (Grade 3 or above Grader required for this service i.e. Consultant Ophthalmologist) There is potential to train nurses up to the required level of OCT Grader – this would require resilience for future service.
Year 1 development - specifics	<ul style="list-style-type: none"> Build access into the OCT system for NHS Highland Identify process/pathway for patients Cost options of care pathways Identify capacity within NHSWI Out Patients Department Identify grading and referral process

	<ul style="list-style-type: none"> • Identify need for training within staff • Go live scheduled for June/July 2020
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Process mapping/patient pathway identification ongoing • Option appraisal ongoing • Grading availability and IT access identified for NHS Highland • Patient workload estimation identified based on historic data (currently affects approx.96 patients annually) • Equipment required - ongoing
Year 2 development - specifics	<ul style="list-style-type: none"> • Unknown at this point
Outcome based evidence (clear milestones)	
Year 3 development - specifics	<ul style="list-style-type: none"> •
Outcome based evidence (clear milestones)	

8-16: PREGNANCY AND NEWBORN SCREENING – NON INVASIVE PARENTAL TESTING (NIPT)	
Area of development	8-16: PREGNANCY AND NEWBORN SCREENING – NON INVASIVE PARENTAL TESTING (NIPT)
Performance Indicator and target/standard	Standard 1 and 2 of the General PNS 2019, and standards 1 to 7 of the Fetal Anomaly Standards available here
Service Development overview / planning narrative (including financial and workforce details)	National development of the NIPT is currently ongoing and there is an expectation that NHSWI will have systems and processes in place to allow timely screening, counselling and further testing/treatment for pregnant women. The NIPT will be included into the current workforce – midwives and sonography. Further training has been identified for midwives and sonographers, with national train the trainer events and the development of national materials due to be available via TURAS. Resilience may be an issue specifically around sonography.
Year 1 development - specifics	In line with national pathway development – currently ongoing. Large data collection currently ongoing. Badger net developments for patient care recording and data extraction ongoing on a once for Scotland basis.
Outcome based evidence (clear milestones)	Taking part in national work streams and responding to national requests for information.
Year 2 development - specifics	Unknown at this point. ? Go live
Outcome based evidence (clear milestones)	
Year 3 development - specifics	Unknown at this point
Outcome based evidence (clear milestones)	

Section 9: Person Centred Visiting

Area of development	9-1: PERSON CENTRED VISITING
<p>Performance Indicator and target/standard</p>	<p>All Patients will have a person centred visiting plan, as part of admission process based upon the 5 Must Do with Me</p> <ol style="list-style-type: none"> 1. What Matters to You 2. Who Matters to You 3. What information do you need 4. Nothing about me without me 5. Service flexibility
<p>Service Development overview / planning narrative (including financial and workforce details)</p>	<p>All wards within NHS Western Isles currently work to flexible visiting with the implementation of the extended Visiting Guidance launched (August 2016), and the Patient Centred Visitors Charter This places the patient at the centre and is built around meeting the individual needs of each patient.</p> <p>A staff, patients and visitors survey was carried out in 2018 to gauge perceptions re our approach to Visiting Times</p> <p>We currently have visiting times displayed as 11am to 8pm with a caveat that we operate flexible visiting and that visiting outwith these times can be agreed with the Senior Charge Nurse, we also advise that we support Johns Campaign and welcome the input of family and carers in the care and support offered to patients with Dementia.</p> <p>There is at present promotional materials outside each ward and at the entrance to each Hospital detailing the Patient Centred Visitors Charter.</p> <p>Additional Materials are provided within Admission to Discharge Information packs that are given to each patient on admission and Carers Information Packs provided to Carers who have been identified at the point of admission and will be involved in the discharge process.</p>

Year 1 development - specifics	To extend the range of materials available to both patients and visitors and promote this within the newly designed WIHB website that is currently under construction. To remove all reference to Protected Mealtimes restriction on family visiting on any materials We are in the process of developing a corporate Johns Campaign Pledge which will be promoted with both patients, visitors and staff and deliver training on the importance of work around Johns Campaign
Outcome based evidence (clear milestones)	Case Study from Uist and Barra Hospital on the positive impact of Open Visiting and Realistic Medicine: https://realisticmedicine.blog/2019/10/
Year 2 development - specifics	To move towards Welcome Wards To deliver a programme of training to staff utilising QI Hub Materials Building upon previous training by Shaun Maher, Strategic Advisor for Person-Centred Care and Quality Improvement To ensure that training is accessible and available to all staff via intranet for those that are unable to attend in person.
Outcome based evidence (clear milestones)	
Year 3 development - specifics	To ensure that Open Visiting is fully implemented and to survey patients and visitors re the impact of change programme, and to assess if further training is required
Outcome based evidence (clear milestones)	

Section 10: Health and Care (Staffing)(Scotland) Act 2019 – Safe Staffing

Area of development	10-1: HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019
Performance Indicator and target/standard	Effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 provide assurance that staffing is appropriate to support high quality care. For Nursing and Midwifery the Excellence in Care core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality
Service Development overview / planning narrative (including financial and workforce details)	Outcome 1 – Development and management of implementation of systems
Year 1 development - specifics	<p>Action 1 - ensure the common staffing method is embedded in practice. This will include development of and co-ordination of implementation of an annual plan to ensure all workload workforce tools are applied within nationally agreed timescales</p> <p>To implement the Act the Board is required to provide detail of systems that are planned or are in place to ensure the common staffing method is applied in all roster locations and within timescales required by the legislation. This should include information on development of an annual work plan, monitoring of its implementation and expected timescale for full compliance in time for enactment of the legislation.</p>
Outcome based evidence (clear milestones)	Key Achievements and Successes:

	<p>Tool schedule demonstrates dates for tool runs of all the relevant tools that apply to NHS Western Isles.</p> <p>By the end of January all tools will have been run with the 4 wards in WIH having completed a second run. This also applies to A&E. Further schedule of tool runs will be developed in early spring.</p> <p>Safe staffing is discussed at all the SCN meetings both in the hospital and Community. Board workforce lead gives an update on progress and ensures that the common staffing method is embedded in practice. Having discussions around analysis of the run with team leads and managers ensuring that outputs are shared with staff.</p> <p>Implementation to change staffing levels/ skill mix based on outputs. When the combined 'Excellence in Care and Safe Staffing steering group' are formed this will be a focus for review, in conjunction with what national work is shared with Boards regarding the application of guidance to practice.</p> <p>Challenge: Staff engagement, Minor challenges with SSTS getting access – slow response from team and forms are having to be sent 2 and 3 times in some cases</p>
Year 2 development - specifics	<i>Further development will be noted for year 2 & 3, following the implementation of the Act within the initial actions set out by Scottish Government.</i>
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	

Area of development	10-2: HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019
Performance Indicator and target/standard	Effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 provide assurance that staffing is appropriate to support high quality care. For Nursing and Midwifery the Excellence in Care core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality
Service Development overview / planning narrative (including financial and workforce details)	Outcome 1 – Development and management of implementation of systems
Year 1 development - specifics	<p>Action 2 - ensure a consistent approach to analysis of workload and workforce information, quality measures and local context to inform staffing requirements across the NHS Board</p> <p>The Board is required to provide details of systems and governance processes that are planned or are in place to ensure that output of specialty specific workload tools, professional judgment tool, quality measures, local context, roster and absence management, vacancies, skill mix, outcome of any external inspections, views of staff and patients and opportunities for redesign are taken in to account as part of a triangulation process for deciding on staffing establishments in all roster locations required by the legislation.</p> <p>The Board is required to demonstrate that systems and governance processes that are planned or are in place to ensure that staffing requirements identified as a result of the common staffing method are risk assessed against current staffing levels. There should be a consistent approach to risk assessment across the organisation which will enable identification of organisational risk and support organisational decision making.</p>

<p>Outcome based evidence (clear milestones)</p>	<p>Key Achievements and Successes: In progress-There are plans to set up a working group with EIC lead and HSP Lead in the new year. This group will also include the lead nurse community and lead nurse Hospital plus Nurse Director.</p> <p>In progress- Board Workforce lead will develop a template which will be circulated at the CMT and IJB meetings. NHS Western Isles as a small board will focus on having an integrated approach to safe staffing.</p> <p>Board Workforce lead is going to attend the AHPAC Meeting in January.</p> <p>Challenge: Southern isles are challenging in that there is a risk assessment currently in place to manage this. Specifically, Recruitment and lack of available bank staff, both in Uist and Barra. The risk is managed currently by relying on staff to work excess hours. Agency is now frequently used to fill gaps. Greater than 55% of the workforce in Uist and Barra are over 50 years.</p> <p>Maternity ward also has a risk assessment in place; challenges in recruiting midwives continue to be problematic across the Health Board. There are 2 student midwives currently undertaking the new shortened midwifery course who will be qualified in August and will gain employment within NHS Western Isles subject to completion.</p>
<p>Year 2 development - specifics</p>	<p><i>Further development will be noted for year 2 & 3, following the implementation of the Act within the initial actions set out by Scottish Government.</i></p>
<p>Outcome based evidence (clear milestones)</p>	
<p>Year 3 development - specifics</p>	

Outcome based evidence (clear milestones)	
Area of development	10-3: HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019
Performance Indicator and target/standard	Effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 provide assurance that staffing is appropriate to support high quality care. For Nursing and Midwifery the Excellence in Care core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality
Service Development overview / planning narrative (including financial and workforce details)	Outcome 1 – Development and management of implementation of systems
Year 1 development - specifics	<p><u>Action 3 - ensure a consistent approach to risk identification, escalation and prioritisation on a NHS Board wide basis</u></p> <p>The Board is required to provide detail of the systems and governance processes that are in place or are planned for assessing risk associated with staffing and for appropriate escalation of the risk on a real time basis. The board provide a description of how it will ensure that processes are in place across all clinical areas in acute and primary care settings and include all clinical staff groups and should also include information on how actions will be recorded and how trends will be identified and used in the planning of staffing requirements.</p>
Outcome based evidence (clear milestones)	<p>Key Achievements and Successes</p> <p>In progress- It will be the remit of the EIC/HSP group to develop processes to ensure a consistent approach to risk identification, escalation and prioritisation on an NHS Board wide basis.</p>

	<p>There are 2 huddles daily in the Western Isles hospital where risks are identified within the 4 ward areas. Redeployment of during shortages or Patient activity occurs then.</p> <p>The Executive Director on call out of hours is made aware when there is a risk to paediatric services e.g. paediatric nurse is off sick at a weekend and there is no cover, processes are in place to evacuate any paediatric admissions off island.</p>
Year 2 development - specifics	<i>Further development will be noted for year 2 & 3, following the implementation of the Act within the initial actions set out by Scottish Government.</i>
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	

Area of development	10-4: HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019
Performance Indicator and target/standard	Effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 provide assurance that staffing is appropriate to support high quality care. For Nursing and Midwifery the Excellence in Care core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality
Service Development overview / planning narrative (including financial and workforce details)	Outcome 1 – Development and management of implementation of systems
Year 1 development - specifics	<p>Action 4 - ensure a consistent approach to seeking and having regard to clinical advice in relation to staffing</p> <p>The Board is required to provide detail of the systems and governance processes that are in place, or are planned to ensure that clinical advice is sought and had regard to in all decisions relating to staffing and escalation processes that are or will be in place where advice is not taken. This should include decisions when planning staff requirements and decisions made in real time and should include all clinical staff groups.</p>
Outcome based evidence (clear milestones)	<p>Key Achievements and Successes</p> <p>Board workforce lead has a visible presence across primary and secondary care settings. Face to face training with SCN's/team leads and staff prior to running tools. Further training and education will be developed and delivered to include analysis of data from workload tool runs.</p> <p>Board lead has been running boxi reports for all areas, it is planned going forward that SCN's and leaders take ownership of this themselves. This will ensure that clinical leaders are informed on decisions made around staffing.</p>

	Reporting templates are discussed with National team prior to sending to NMAHP Director.
Year 2 development - specifics	<i>Further development will be noted for year 2 & 3, following the implementation of the Act within the initial actions set out by Scottish Government.</i>
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	

Area of development	10-5: HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019
Performance Indicator and target/standard	Effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 provide assurance that staffing is appropriate to support high quality care. For Nursing and Midwifery the Excellence in Care core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality
Service Development overview / planning narrative (including financial and workforce details)	Outcome 1 – Development and management of implementation of systems
Year 1 development - specifics	<p>Action 5 - utilise data to identify service redesign and role development opportunities and to predict future service and nursing and midwifery workforce requirements in the NHS Board</p> <p>The Board is required to describe the process that is or will be in place to utilise data from real time and planned staffing requirements to identify opportunities for redesign and role development or skill mix</p>
Outcome based evidence (clear milestones)	<p>Key Achievements and Successes</p> <p>The EIC/HSP working group will include discussion across strategic and operational groups, clinical management groups and finance and escalate these findings as appropriate for review when budget setting and planning future and sustainable delivery of services.</p>
Year 2 development - specifics	Further development will be noted for year 2 & 3, following the implementation of the Act within the initial actions set out by Scottish Government.
Outcome based evidence (clear milestones)	
Year 3 development - specifics	

Outcome based evidence (clear milestones)	
Area of development	10-6: HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019
Performance Indicator and target/standard	Effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 provide assurance that staffing is appropriate to support high quality care. For Nursing and Midwifery the Excellence in Care core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality.
Service Development overview / planning narrative (including financial and workforce details)	Outcome 1 – Development and management of implementation of systems
Year 1 development - specifics	<p>Action 6 - ensure appropriate training and education programmes are delivered on workload and workforce planning across the NHS Board</p> <p>The Board need to provide detail on training and education plans which will ensure that staff are aware of their responsibilities in the Health an Care (Staffing) (Scotland) Act, including but not restricted to general awareness and those who are required to apply the common staffing method and decision makers have the necessary skills to ensure they meet the requirements of the Act.</p>
Outcome based evidence (clear milestones)	<p>Key Achievements and Successes</p> <p>Awareness will be raised through many strategic and operational groups across Western isles. This will include ICMT, SOD, and the EIC/HSP group when it established Board lead has been involved in training staff face to face prior to tool runs. Staff are sent learning resources prior to the training.</p> <p>Board lead and programme advisor have also been supporting maternity with the National run in November. The outputs from this are still in progress.</p>
Year 2 development - specifics	Further development will be noted for year 2 & 3, following the implementation of the Act within the initial actions set out by Scottish Government.

Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	
Area of development	10-7: HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019
Performance Indicator and target/standard	Effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 provide assurance that staffing is appropriate to support high quality care. For Nursing and Midwifery the Excellence in Care core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality.
Service Development overview / planning narrative (including financial and workforce details)	Outcome 1 – Development and management of implementation of systems
Year 1 development - specifics	<p>Action 7 - ensure provision of expert clinical advice in workload and workforce planning and support and facilitate teams to review workforce information in order to inform service redesign, development of roles, to ensure that services and workforce are responsive to the needs of patients.</p> <p>The Board needs to detail how expert advice in workload and workforce planning will be provided to the Board and to support managers and professional leads to ensure they are supported to meet the responsibilities in the Act</p>
Outcome based evidence (clear milestones)	<p>Key Achievements and Successes</p> <p>Detail achievements and successes <i>in the reporting quarter including actions that have been achieve within or ahead of planned timescales Training and education will be further expanded to include analysis of data from workload tool runs ensuring that leaders understand and help inform</i></p>

	<i>decision making in relation to development of roles and service redesign. Discussion at strategic groups ICMT, NMAHP, CMT meetings to prioritise work in line with national progress.</i>
Year 2 development - specifics	<i>Further development will be noted for year 2 & 3, following the implementation of the Act within the initial actions set out by Scottish Government.</i>
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	
Area of development	10-8: HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019
Performance Indicator and target/standard	Effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 provide assurance that staffing is appropriate to support high quality care. For Nursing and Midwifery the Excellence in Care core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality.
Service Development overview / planning narrative (including financial and workforce details)	Outcome 1 – Development and management of implementation of systems
Year 1 development - specifics	<u>Action 8</u> - monitoring and reporting of high cost agency use across the Board The Board is required to detail how it is planning to collect and report high cost agency use across all clinical specialties.
Outcome based evidence (clear milestones)	Key Achievements and Successes Agency use is only approved by exec level. Both bank and agency is monitored weekly and assessed against clinical need and provision of service daily. Additionally, there is a National collection tool to capture each boards use.

	Challenge: Southern Isles continues to be a risk within recruitment and retention of securing agency staff.
Year 2 development - specifics	<i>Further development will be noted for year 2 & 3, following the implementation of the Act within the initial actions set out by Scottish Government.</i>
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	
Area of development	10-9: HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019
Performance Indicator and target/standard	Effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 provide assurance that staffing is appropriate to support high quality care. For Nursing and Midwifery the Excellence in Care core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality
Service Development overview / planning narrative (including financial and workforce details)	Outcome 2: Working collaboratively with National Programme Advisor/Assistant Programme Advisor to ensure local needs are met and appropriate materials etc. are available to support local implementation of legislative requirements.
Year 1 development - specifics	The Board is required to detail how it is accessing support from the Healthcare Staffing Programme in preparation for implementation of the Act.
Outcome based evidence (clear milestones)	Key Achievements and Successes Regular telephone calls VC with additional tool training, face to face catch ups at National events.

	Board lead has also attended all the National events to date.
Year 2 development - specifics	<i>Further development will be noted for year 2 & 3, following the implementation of the Act within the initial actions set out by Scottish Government.</i>
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	
Area of development	10-10: HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019
Performance Indicator and target/standard	Effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 provide assurance that staffing is appropriate to support high quality care. For Nursing and Midwifery the Excellence in Care core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality
Service Development overview / planning narrative (including financial and workforce details)	Outcome 3: Working collaboratively with local NHS Board Excellence in Care lead to ensure the quality aspect of triangulation is embedded in the common staffing method processes and practice.
Year 1 development - specifics	Key Achievements and Successes The Board is required to detail how the Excellence and Care Leads and Workforce leads are working together to ensure EIC is embedded in decision making.

Outcome based evidence (clear milestones)	Key Achievements and Successes There is currently informal discussion and collaboration with EIC Lead and team. However this will be formalised and improved by early 2020 with the HSP/EIC steering group as mentioned earlier, this will be chaired by the NMAHP Director. We have shared a presentation at a national event raising awareness of both initiatives.
Year 2 development - specifics	<i>Further development will be noted for year 2 & 3, following the implementation of the Act within the initial actions set out by Scottish Government.</i>
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	
Area of development	
	10-11: HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019
Performance Indicator and target/standard	Effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 provide assurance that staffing is appropriate to support high quality care. For Nursing and Midwifery the Excellence in Care core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality
Service Development overview / planning narrative (including financial and workforce details)	Outcome 4: Supporting the NHS Board to report to Scottish Government on how the duties within the Act have been achieved.
Year 1 development - specifics	The Board is required to detail how the board are planning to collect information to report on all duties in the Act

Outcome based evidence (clear milestones)	Key Achievements and Successes EIC/HSP working group will escalate to the executive through NMAHP Director for review and action. Common staffing method will be applied. Effective rostering methods. Information analysis. Professional advice sought where required with regard to look at levels of decision making relating to staffing across all clinical groups. National steer is important to ensure consistency across each Board
Year 2 development - specifics	<i>Further development will be noted for year 2 & 3, following the implementation of the Act within the initial actions set out by Scottish Government.</i>
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	
Area of development	10-12: HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019
Performance Indicator and target/standard	Effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 provide assurance that staffing is appropriate to support high quality care. For Nursing and Midwifery the Excellence in Care core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality.
Service Development overview / planning narrative	Outcome 5: Ensuring representation of the NHS Board at local and national forums, to influence, shape and contribute to the National Policy Agenda.

(including financial and workforce details)	
Year 1 development - specifics	The board needs to identify which groups and engagement the board have had with national groups in relation to the Act
Outcome based evidence (clear milestones)	<p>Key Achievements and Successes</p> <p>Board lead is in contact with programme advisors on a regular basis. Presented at Senior Management Team meeting, chaired by the Chief Officer of the IJB on the legislation and impact to service delivery.</p> <p>Board lead has attended all National networking events to date.</p> <p>Joint presentation with EIC lead at local event raising awareness of both initiatives.</p> <p>SSTS team have visited Stornoway and spent 4 days with Leaders and SCNs to develop understanding and responsibility for rostering using rules etc.</p>
Year 2 development - specifics	<i>Further development will be noted for year 2 & 3, following the implementation of the Act within the initial actions set out by Scottish Government.</i>
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	
Area of development	10-13: HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019
Performance Indicator and target/standard	Effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 provide assurance that staffing is appropriate to support high quality care. For Nursing and Midwifery the Excellence in Care core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality.

Service Development overview / planning narrative (including financial and workforce details)	Additional Outcome: Please provide details of what plans will be/are being put in place to ensure the Board can continue to monitor and report on its duties in the Act.
Year 1 development - specifics	<i>Focus on moving from current verbal/ informal escalation process to more formalised escalation plan for review and improvement purposes.</i>
Outcome based evidence (clear milestones)	<p>Key Achievements and Successes</p> <p>It will be the remit of the HSP/EIC group to develop processes to ensure a consistent approach to risk identification, escalation and prioritisation on a board wide basis. Duty to have severe and recurrent risk. As above but processes will be in place for escalation to corporate management team.</p> <p>Challenges: Southern Isles risk is regularly updated by Lead Nurse Community.</p>
Year 2 development - specifics	<i>Further development will be noted for year 2 & 3, following the implementation of the Act within the initial actions set out by Scottish Government.</i>
Outcome based evidence (clear milestones)	
Year 3 development - specifics	
Outcome based evidence (clear milestones)	

Section 11: Human Resources / Workforce

Area of development	11-1: HEALTHY ORGANISATIONAL CULTURE
Performance Indicator and target/standard	<ol style="list-style-type: none"> 1. Implement Health & Wellbeing Strategy 2. Implementation of iMatter survey in line with national timescales to support manager's decision making. 3. Provide targeted support for managers to manage promoting attendance with assistance of Occupational Health 4. TURAS Appraisal implemented successfully, ongoing training being provided and system maintained. 5. Support Health Promoting and Healthy Working Lives Agenda 6. Recognition of Long Service for Staff
Service Development overview / planning narrative (including financial and workforce details)	<p>The implementation of a health & wellbeing strategy will promote and focus on keeping our workforce healthy and enable them to attend work. A healthy organisational culture will be achieved through ensuring we are utilising the workforce 2020 vision engagement tool to enhance, encouraging and motivating staff through ongoing management meetings to gain staff input and ideas. In order to have a healthy organisational culture we will also require to encourage staff to stay healthy we must also continue to engage the healthy working lives agenda by rolling out initiatives and promoting health to our workforce. Clear objectives and Performance Development Planning will also motivate our workforce to continue to update their skill and ability which will enable a more satisfied working environment. Finally eESS will enable managers to easily run reports for staff absence through a number of different trigger reports, enabling managers to have conversations at the earliest stages with staff to promote and enable attendance with the support and advice of both Human Resources and Occupational Health.</p>

Year 1 development - specifics	<ul style="list-style-type: none"> • Introduce Focus Groups for staff to identify reasons for low return rates of iMatter • Implement training on Workforce 2020 vision to enhance iMatter response • Introduce train the trainer for TURAS and ensure all staff have TURAS accounts and Post outlines to enable higher rates of completion of objective setting and PDP's • Create a project group to enable a health & wellbeing strategy to be implemented for NHS WI • eESS rolled out to managers to allow dashboard reports to inform absence rates and trigger reports to reduce absence figures • Implement Workforce information dashboards as monitoring tools to present to CMT/NHS WI Board and Staff Governance Committee • Contribute to the Healthy Working Lives Agenda on an ongoing basis • Create Project group to implement Long Service Awards
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • iMatter response target of 60% completion rate and 60% action plans in place • Agree and Implement Project Group to enable and complete a NHS WI Health & Wellbeing Strategy • Show a reduction in Absence Management • Health & Wellbeing Strategy completed and ready for launching • Launch Long Service Awards
Year 2 development - specifics	<ul style="list-style-type: none"> • Launch Health & Wellbeing strategy throughout NHS WI • Continue to promote attendance at work through absence management action planning • Continue to promote iMatter and improve completion and action planning rates • Continue to improve TURAS completion rates through objective setting and PDP's
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Rollout awareness and training sessions for Health & Wellbeing Strategy NHS WI Workforce • iMatter response target of 70% completion rate and 70% action plans in place • Show further reduction in Absence Management
Year 3 development - specifics	<ul style="list-style-type: none"> • Continue to promote Health & Wellbeing strategy throughout NHS WI • Continue to promote attendance at work through absence management action planning • Continue to promote iMatter and improve completion and action planning rates

Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • iMatter response target of 80% completion rate and 80% action plans in place • Achieve TURAS completion rates of 90% • Show further reduction in Absence Management
Area of development	11-2: SUSTAINABLE WORKFORCE
Performance Indicator and target/standard	<ol style="list-style-type: none"> 1. Develop annual workforce plan 2. Develop and submit annual workforce projections 3. Contribute to development of regional workforce plan 4. Continue to engage with Share and Regional Services agenda 5. Continue stepped stages of implementation of eESS including engagement, termination, NOC and attendance management updates 6. Promote Project Lift
Service Development overview / planning narrative (including financial and workforce details)	<p>In order to ensure a sustainable workforce and future proof service requirements in line with Scottish Government Integrated workforce planning we will require creating and delivering on a 3 year rolling workforce plan in line with six step methodologies. This will ensure NHS WI are in a position to provide, adapt and deliver NHS Services on an ongoing basis allowing technology, new and different ways of working and training gaps to be identified and delivered.</p>
Year 1 development - specifics	<ul style="list-style-type: none"> • Create an Integrated Workforce Planning Group • Create an Integrated Workforce Planning Governance Group • Implement Workforce Planning six step methodology Training Plan for all Managers • Implement a Standard workforce Planning template document • Implement workforce analytic tools and dashboards • Complete the implementation of all areas of eESS • Implement eESS training for managers • Continue to engage and contribute to regional workforce and shared services agenda • Identify high achievers through Project Lift and ensure they are progressed to a career conversation

<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • Workforce Planning Governance group in place with TOR agreed • Completed first draft of 3 year NHS WI integrated workforce plan for 2020 - 2023 • Training material for six step methodology completed and in place • Standard Workforce Planning Document drafted and agreed • eESS implementation complete • eESS Training for Managers completed • North Regional Recruitment shared service agreed and completed • Completed and Implemented workforce analytic tools and dashboards
<p>Year 2 development - specifics</p>	<ul style="list-style-type: none"> • Agree and promote 3 year integrated workforce plan for NHS WI • Roll out workforce planning six step methodology training for managers • Build and improve workforce analytical tools
<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • Update completed integrated workforce plan for 2021 – 2024 • Show evidence of contribution to regional workforce plan • Ongoing improvements in Dashboard and analytical workforce information
<p>Year 3 development - specifics</p>	<ul style="list-style-type: none"> • Agree and promote 3 year integrated workforce plan for NHS WI
<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • Update completed integrated workforce plan for 2022 – 2025 • Show evidence of contribution to regional workforce plan • Ongoing improvements in Dashboard and analytical workforce information

Area of development	11-3: CAPABLE WORKFORCE
Performance Indicator and target/standard	<ol style="list-style-type: none"> 1. Workforce plans to include analysis of training and educational workforce needs 2. Implement Learning and Development Strategy to focus and prioritise training against organizational priorities 3. Implement and roll out presentations on “One for Scotland Policies” to Management to raise awareness and ensure understanding of policies 4. Ensure all staff have a TURAS Log in details including Job Profile, PDP and objectives. 5. Implement TURAS performance targets for PDP and Objective setting for all staff 6. Review and implement enhanced focused Corporate Induction programme 7. Identify areas of funding and development opportunities through Skills Development Scotland 8. Develop and implement Employability support for current and potential employees <ul style="list-style-type: none"> • Careers Fairs • Work-placements • Modern Apprenticeships
Service Development overview / planning narrative (including financial and workforce details)	<p>In order to create and continue a professional and capable workforce training and education and continuous professional development (cpd) needs to be identified and enabled through the introduction of a range of training and longer term courses, both in house and out with the organisation. In order to identify what areas of training would best benefit NHS WI an analysis of existing and future requirements for training will be completed to identify value add to existing and enhancing services within NHS WI.</p>
Year 1 development - specifics	<ul style="list-style-type: none"> • Identify training and educational workforce gaps and requirements for future planning • Introduce a learning and development group to ensure organisational & training priorities are met within integrated workforce plan • Introduce and roll out awareness sessions for “Once for Scotland” Workforce Policies • Identify and Introduce a suit of training requirements for managers to enable “Once for Scotland” workforce policies to be more effective

	<ul style="list-style-type: none"> • Implement enhanced focused Corporate Induction programme by monthly • Identify and create a project group for career fairs throughout the UK and beyond • Introduction of a contact and ongoing update/meetings with Skills Development Scotland • Identify work placements and areas that would benefit from modern apprenticeships with funding availability
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Complete a training needs analysis for NHS WI Workforce • Learning & Development group implemented with TOR • Create a catalogue of training sessions with roll out completed • Achieve TURAS completion rates with a target of 70% • Increased corporate induction rates and increased mandatory training rates • Attend career fairs throughout UK • Identify and Implement Modern Apprenticeships including funding • Introduction of ¼ meetings with Skills Development identified contact • Continue with Work placement for colleges and Secondary schools
Year 2 development - specifics	<ul style="list-style-type: none"> • Introduce Training initiatives identified by Training needs analysis • Learning & Development Group to introduce on ongoing training catalogue • Review and improve enhanced Corporate Induction • Continue to meet Skills Development Scotland every ¼ • Continue with Work placement for colleges and Secondary schools • Identify and Attend career fairs throughout UK and beyond • Continue to update and promote catalogue of training sessions • Reduction in formal case management
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Achieve TURAS completion rates of 80% • Attendance at career fairs throughout UK and beyond • Meetings with identified contact Skills Development Scotland continued • Funding for training identified • Careers initiatives identified and implemented

	<ul style="list-style-type: none">• Increased corporate induction rates and increased mandatory training rates
Year 3 development - specifics	<ul style="list-style-type: none">• Review and improve enhanced Corporate Induction• Continue to meet Skills Development Scotland every ¼• Continue with work placement for colleges and Secondary schools• Identify and attend career fairs throughout UK and beyond• Continue to update and promote catalogue of training sessions
Outcome based evidence (clear milestones)	<ul style="list-style-type: none">• Continue to improve TURAS completion rates through objective setting and PDP's• Identified funding and courses in partnership with Skills Development Scotland• Continued or increased numbers of work placement• Continued attendance at career fairs• Continued attendance of training session within catalogue• Reduction in formal case management

Area of development	11-4: INTEGRATED WORKFORCE
Performance Indicator and target/standard	<ol style="list-style-type: none"> 1. Work with IJB Management team to implement iMatter across IJB 2. Support and contribute to HR Shared Services agenda 3. Develop detailed fully integrated staffing profile for St. Brendan's replacement 4. Develop ongoing Service improvements through identified Service Redesign to utilise workforce skills
Service Development overview / planning narrative (including financial and workforce details)	<p>In order to work in a more collaborative and in a partnership model both NHS WI and WI local authority require to enable measuring the same key performance indicators to allow staff integration, engagement and improvements to be identified which will allow service redesign and working in different ways to be identified. Further integration will be needed to fully staff and create a working model for St Brendan's replacement which will require a new staffing model to work differently and in a more integrated way, work to design this staffing model needs to be identified in advance of the new build being completed. Through working differently and identifying areas of service improvement this will enable areas of service redesign to be identified and implemented on an ongoing basis throughout the next three year throughout NHS WI, which can then be identified as a continuous improvement model.</p>
Year 1 development - specifics	<ul style="list-style-type: none"> • Implement iMatter within the IJB to include Social Care staff. • Continue to work in a regional model to support the HR Shared Services agenda • Work with Executive Team, Management Team, Senior Nursing Team and Social Care in Partnership to identify and create an integrated staffing model fit for purpose for St Brendan's • Identify areas of service improvement and work in partnership with management, senior nurses and Trade Union to implement organisational change in order to make services more effective and efficient.

<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • Evidence of iMatter implemented within IJB with completion rates and action plans • Implement any Regionally agreed HR Shared Service Models • Set up a working group to identify an integrated and multi skilled workforce fit for purpose to populate St Brendan's on completion • Identified areas of Organisational Change implemented to increase efficient and effective services
<p>Year 2 development - specifics</p>	<ul style="list-style-type: none"> • Complete and agree a redesigned staffing model for St. Brendan's • Continue to identify areas of service improvement and implement change through service redesign
<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • Clear and agreed staffing model for St. Brendan's • Ongoing Organisational change programmes in place and completed to improve service efficiency
<p>Year 3 development - specifics</p>	<ul style="list-style-type: none"> • Continue to identify areas of service improvement and implement change through service redesign
<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • Ongoing Organisational change programmes in place and completed to improve service efficiency

Area of development	11-5: EFFECTIVE LEADERSHIP AND MANAGEMENT
Performance Indicator and target/standard	<p><i>Management Information</i></p> <ol style="list-style-type: none"> 1. Implement Matrix Management information to allow reporting of all workforce activities such as attendance management, turnover, TURAS reporting and workforce demographics, 2. Develop and deliver regular monthly reporting to support organisational decision making develop focussed, specific reporting to support individual management decision making 3. Core Objectives for managers to complete ensure key performance indicators are being met 4. Promoting attendance and proactively dealing with case management. 5. Implement Management Development Programme 6. Create and implement Succession Planning tool for managers
Service Development overview / planning narrative (including financial and workforce details)	<p>In order to identify Effective leadership and managements there is a need to introduce workforce dashboards in order to assess improvement in workforce areas and key result areas such as attendance management, staff turnover and workforce demographics. Enhancing leadership and management will also require up skilling managers with the appropriate training to manage staff more effectively and efficiently. In order that we continually succeed in the leadership and management of staff we will require to identify succession planning in line with workforce planning. This will also ensure we have leaders in place to take up promoted roles when available and enable continued leadership and management of the workforce.</p>
Year 1 development - specifics	<ul style="list-style-type: none"> • Identify and implement Workforce Dashboards to enable Matrix information and ability to report on key workforce performance indicators and workforce demographics • Create, develop and implement a Management Development Programme for all Managers • Introduce core Objectives for Managers including TURAS, Attendance Management, Staff Turnover

<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • Implementation of Workforce Dashboards to show value add of workforce sustainability and workforce targets and indicators presented at CMT, Board and Staff Governance Meetings • Management Development Programme implemented and running with identified managers • All Managers have core objectives with workforce performance indicators • Reductions in Case Management
<p>Year 2 development - specifics</p>	<ul style="list-style-type: none"> • Review Management Development Programme and make identified improvements based on evidence and feedback • Continue to identify Management Training Programmes in line with NES and Skills Development Scotland • Identify and implement succession planning tools • Promote Project Lift
<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • Implement and Re launch Management & Development Programme • Continued working in partnership and clear identifiable outcomes with Management Programmes through NHS NES and Skills Development Scotland • Succession Planning tools implemented • Increased numbers of completion rates for Project Lift • Reductions in Case Management
<p>Year 3 development - specifics</p>	<ul style="list-style-type: none"> • Continue with Management Development Programme • Continue to identify management & staff Training Programmes in line with NES and Skills Development Scotland • Identify and implement succession planning tools • Promote Project Lift
<p>Outcome based evidence (clear milestones)</p>	<ul style="list-style-type: none"> • Increased numbers of Management completing Management Development Programme • Increased numbers of staff on identified Training through NES and Skills Development Scotland • Succession Planning in place by Exec & Senior Management Teams

	<ul style="list-style-type: none"> • Increased staff numbers completing project lift • Reductions in Case Management
Area of development	11-6 INTRODUCE RECRUITMENT STRATEGY
Performance Indicator and target/standard	<ol style="list-style-type: none"> 1. Introduce Recruitment Pack for all post advertised 2. Introduce media coverage throughout Further Education & Higher Education establishments within Scotland progressing to further UK wide coverage 3. Introduce Social media coverage for all posts advertised 4. Introduce Remote & Rural initiatives 5. Work with Medical Director to identify areas to target for medical staffing 6. Work with Regional partners to look at regional locum model 7. Look at specialised targeted recruitment 8. Identify SG Initiatives for recruitment at international levels 9. Identify SG initiatives to training opportunities 10. Identify return to practice initiatives for Nursing staff (targeting Scotland)
Service Development overview / planning narrative (including financial and workforce details)	In order to sustain NHS WI workforce there is a need to introduce a short, medium and long term strategy for recruitment. This needs to look at attracting a new and emerging workforce to NHS WI that is looking for the type of lifestyle that NHS WI can offer. This will require promoting NHS WI in a number of ways, in a number of areas in a positive way. In addition to this there is also a need to look at what can be done differently and as well as looking at different and diverse training methods with Further and Higher Education providers.
Year 1 development - specifics	<ul style="list-style-type: none"> • Working collaboratively with Head of Communications, create an attractive recruitment pack with links to NHS WI information and information about the Western Isles and its attractions.

	<ul style="list-style-type: none"> • Working collaboratively with Head of Communication create a short advertising video to run in all Scottish Universities • Investigate and implement Remote and Rural initiatives identified by Scottish Government • Work with Medical Director and Regional partners to identify a North regional locum model and identify areas of medical staffing to be targeted. • Introduce Social Media advertising for all posts • Investigate and promote Scottish Government Initiatives for International Recruitment and training opportunities • Identify and promote return to practice initiatives for Nursing staff within NHS WI
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Increased applications and interest in working in NHS WI • Implementation of a North Regional working group for locum model • Post advertised on Indeed, LinkedIn, facebook and twitter • Implement and promote SG Initiatives within and out with NHS WI • More nurses returning to practice – recruitment & retention increases
Year 2 development - specifics	<ul style="list-style-type: none"> • Working Collaboratively with Head of Communication investigate costs of advertising through television throughout Scotland and UK wide • Investigate and implement Remote and Rural initiatives identified by Scottish Government • In Collaboration with other North NHS Partners Implement a North regional locum model and identify areas of medical staffing to be targeted. • Continue Social Media advertising for all posts • Investigate and promote Scottish Government Initiatives for International Recruitment and training opportunities • Continue to promote return to practice initiatives for Nursing staff within NHS WI Scotland wide
Outcome based evidence (clear milestones)	<ul style="list-style-type: none"> • Increased applications and interest in working in NHS WI • Regional locum model increased medics and reduced costs • Increased training opportunities and application through the promotion of SG Initiatives within and out with NHS WI

	<ul style="list-style-type: none">• recruitment & retention increases
Year 3 development - specifics	<ul style="list-style-type: none">• Introduce a recruitment audit to identify what has went well and what can be improved• Update recruitment pack• Continue to improve recruitment and retention through training initiatives, advertising, working with NHS Partners and saving costs through Regional Locum model
Outcome based evidence (clear milestones)	<ul style="list-style-type: none">• Continue to implement recruitment initiatives that have been successful• Identify and Introduce improved and proven initiatives

Section 12: Mental Health Services

Area of development	12-1: ANNUAL HEALTH CHECKS FOR PEOPLE WHO HAVE LEARNING DISABILITIES
Performance Indicator and target/standard	Action 30. Mental Health Strategy 2017 – 2027. Mental Health Quality Indicator Eq3. % of people with severe and enduring mental illness and/ or learning disability who have had an annual health check within previous 12 months
Service Development overview / planning narrative (including financial and workforce details)	People with learning disabilities have poor health outcomes. Under the previous QoF arrangements people received health checks every three years via their GP. However, there has been inconsistencies in this service provision across the islands. This initiative will be nurse led (NHS WIs have 2 wte learning disability nurses). The aim will be for everyone with a learning disability diagnosis to receive an annual health check. Resources to support this initiative will require integrated working, with shared responsibility between LDN, SW, psychologist and Practice nurse.
Year 1 development - specifics	Develop a database of people with a learning disability. Develop pathways and associated processes and agree what health checks are to be undertaken (started in 2019 – 2020). The identified target group is for people with a diagnosed Learning Disability from 14yrs and over. The plan is to pilot the initiative in 2 GP sites in the Southern Isles using PDSA methodology.
Outcome based evidence (clear milestones)	All people who have a learning disability diagnosis registered with the 2 GP (pilot) sites will be offered an annual health check. Evidence suggests that providing health checks to people with Learning Disability is effective in identifying previously unrecognised health and social needs, including those associated with life-threatening illnesses. Health checks provide a baseline information against changes in health status which can be monitored more effectively and

	efficiently. The outcomes from the annual health check will be reported to GPs, carers and signposted to relevant other health/SW professionals as the need is required.
Year 2 development - specifics	Roll out across the remaining two Southern Isles practices. Evaluate.
Outcome based evidence (clear milestones)	All people who have a learning disability diagnosis within the pilot site will be offered an annual health check. Outcomes will be reported to GPs with health/social needs identified and addressed.
Year 3 development - specifics	Introduce initiative to Lewis and Harris. Evaluate
Outcome based evidence (clear milestones)	All people with a diagnosis of learning disability 14yrs and over living in the Western Isles will be offered an annual health check. Outcomes reported to GPs
Area of development	12-2: ANNUAL HEALTH CHECKS FOR PEOPLE WITH SEVERE AND ENDURING MENTAL ILLNESS
Performance Indicator and target/standard	Action 30 - Mental Health Strategy 2017 – 2027. Mental Health Quality Indicator Eq3. % of people with severe and enduring mental illness and/ or learning disability who have had an annual health check within previous 12 months
Service Development overview / planning narrative (including financial and workforce details)	People who have severe and enduring mental illness (SEMI) have poor health outcomes and lower life expectancy. Arrangements for annual health checks for people who have a SEMI have been in place for several years in Lewis and Harris, however, not equitably across the Western Isles archipelago because of small CPN capacity and financial pressures. Recently, social work have re engaged in the process whereby people's health and social needs are assessed. Currently there are 3 CPNs. Resources to ensure there is an equitable provision across the Western Isles will require to be released from our redesign of mental health services.

Year 1 development - specifics	Identify SEMI cohort in Southern Isles. Replicate service model that exists in Lewis/Harris, where there is consultant psychiatrist and Mental Health Officer involvement in the health check process. Pilot in 2 GP sites using PDSA methodology.
Outcome based evidence (clear milestones)	All patients with a known SEMI registered with the 2 GP (pilot) sites will be offered an annual health and social care assessment. The outcomes from the Annual health check will be reported to GPs, carers and signposted to relevant other health/SW professionals as the need is required.
Year 2 development - specifics	Roll out across the remaining two Southern Isles practices. Evaluation will take place in the form of patient and staff questionnaires.
Outcome based evidence (clear milestones)	All patients who have a diagnosis of SEMI who live in the Southern Isles will be offered an annual health and social needs assessment.
Year 3 development - specifics	Embed
Outcome based evidence (clear milestones)	Parity of access across the island archipelago
Area of development	
Area of development	12-3: PROVISION OF PRIMARY CARE BASED MENTAL HEALTH SERVICES.
Performance Indicator and target/standard	Action 30. Mental Health Strategy 2017 – 2027. Mental Health Quality Indicator Eq3. % of people with severe and enduring mental illness and/ or learning disability who have had an annual health check within previous 12 months
Service Development overview / planning narrative (including financial and workforce details)	Currently there is no dedicated Tier 1 mental health service resource across Western Isle's 9 GP practices and 14 sites. This has been an area of underdevelopment for many years. Tier 1 provision is currently provided from within Tier 2 services. Having stand-alone Tier 1 services, attached to 9 GP practices and 14 sites, is severely challenged because of the disparate spread of mental health problems across the island archipelago equally challenged by the requirement to use resources as efficiently and effectively as possible. This means Tier 1 provision is inconsistent.

	To ensure equitable access across the island archipelago resources are required to be released from mental health redesign.
Year 1 development - specifics	Weekly fast track clinics will be provided in each Lewis/Harris GP site, allowing the GP's and their patient's direct access to highly specialist Mental Health assessment, treatment and signposting to relevant service including third sector. Promoting joint working with GP colleagues and reducing waiting times resulting in an improved patient journey for patients. Pathways will be developed to ensure access to tier 1 and tier 2 services are equitable and that where required, people are seen by the right mental health worker at the right time.
Outcome based evidence (clear milestones)	A reduction in inappropriate referrals to tier 2 services. Patient feedback questionnaires will report on the effectiveness of the service. GP feedback Questionnaires to evaluate service delivery. Audit on comparison of referral rates prior to introduction of fast track clinic.
Year 2 development - specifics	Roll out to Southern Isles starting with two named practices followed by six month evaluation with a plan to roll out to remaining practices
Outcome based evidence (clear milestones)	A reduction in inappropriate referrals to tier 2 services. Patient feedback questionnaires will report on the effectiveness of the service. GP feedback Questionnaires to evaluate service delivery. Audit on comparison of referral rates prior to introduction of fast track clinic.
Year 3 development - specifics	Embed
Outcome based evidence (clear milestones)	Parity of access across the island archipelago
Area of development	12-4: SHARED CARE SCHEME WITH PRIMARY CARE / GPs FOR PEOPLE WHO HAVE ADDICTIONS
Performance Indicator and target/standard	The Quality Principles. Standard Expectations of Care and Support in Drug and Alcohol Services.
Service Development overview / planning narrative	NHS WIs Substance misuse service is a relatively small service, supported by limited (generalist) consultant psychiatrist capacity. In order to support individuals who live complex lifestyles, (that often put themselves at risk), a shared care model of care and support is recognised as a

<p>(including financial and workforce details)</p>	<p>pragmatic approach to the challenges that small services face in regards to meeting complex needs that people who have addictions, have, from a very limited staff pool.</p> <p>For primary care there is a willingness on the part of GPs to develop primary care expertise in addictions, and a desire to be a stake holder in the patient’s care co-ordination. There is also a recognition the shared care model will reduce inappropriate prescribing for those people who live chaotic lifestyles. Key aims are:</p> <ul style="list-style-type: none"> • Working Jointly with GP’s in relation to care planning and treatment plans to safely reduce and monitor effects of long term prescription medications. • Clear care planning for patients displaying challenging behaviour within the primary care setting. • Medication reviews and detoxification of medication if required. • Education and training to GP’S and practice staff in relation to specialist substance misuse issues. • Signposting to relevant other services to aid recovery i.e. substance misuse counselling. • Drug screening if required, especially around opiate replacement treatment plans. • Substance Misuse Nurse developed effective working relationships with inpatient hospital consultants in relation to planned inpatient detox where physical health issues restricted safe community. <p><u>Detox</u></p> <ul style="list-style-type: none"> • Substance Misuse Nurse has established the set-up of the needle exchange and Naloxone programme via primary care manager and offered education to primary care practices and community pharmacies. <p>A Liaison and Diversion CPN post, funded from action 15, will be advertised soon and this post holder will provide support for a specific group of people who have addictions and have revolving door involvement with the police, criminal justice and who may also be homeless.</p>
<p>Year 1 development - specifics</p>	<p>Shared care is currently available to one practice in Lewis and Harris due to current service resource. For year one we would roll out further shared care to another GP practice.</p>

Outcome based evidence (clear milestones)	<p>Patient/GP feedback questionnaires to establish effectiveness of service delivery.</p> <p>Evidence of good practice within a shared care model, which is developed to meet needs of local providers and patients.</p> <p>Increase in numbers of substance misuse patients seeking to receive care and treatment in a primary care setting in the community.</p>
Year 2 development - specifics	Roll out to further GP practices in Lewis and Harris
Outcome based evidence (clear milestones)	<p>Patient/GP feedback questionnaires to establish effectiveness of service delivery.</p> <p>Evidence of good practice within a shared care model, which is developed to meet needs of local providers and patients, to include effective communication, an appropriate level of support to the GP, primary health care team and pharmacists.</p> <p>Increased numbers of substance misuse patients seeking to receive care and treatment in a primary care setting in the community.</p> <p>Decrease in crisis presentation/referrals into Substance misuse service.</p>
Year 3 development - specifics	Embed within remaining practices Lewis and Harris
Outcome based evidence (clear milestones)	<p>To achieve and provide high quality and accessible treatment and care we would implement regular evaluation of the services provided/needed.</p> <p>Participate in audit and continue to seek service user and GP feedback.</p>

AOP 20-21: Annex 3**CHILD AND ADOLESCENT MENTAL HEALTH SERVICES**

1. The standard for specialist Child and Adolescent Mental Health Services is for at least 90% of young people to start treatment within 18 weeks of referral.

Please complete the table with your trajectory for meeting the standard by, or before, December 2020. Please also provide your trajectory for reducing the number of children and young people who are still waiting at the end of the quarter, and who have waited 36 weeks or more.

Quarter ending	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the standard (%)	100	100	100	100	100	100
Number of individuals waiting 36 weeks or over	0	0	0	0	0	0

2. Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks. *Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.*

Quarter ending	Action(s)	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
<i>June 2020</i>	<i>Recruit admin support</i>	<ul style="list-style-type: none"> • <i>Ensure outcomes are accurate</i> • <i>Manage waiting lists – patient focused bookings reduces DNAs.</i> • <i>With clinical leads, develop RMS referral pathways – reduce waits</i> 	Band 5	<p>Funding Mental Health Redesign.</p> <p>Capacity will be freed from clinicians who provide PTs. Data accuracy will be reliable and there will be timeous responses to trouble shooting solutions.</p>	Clinician time is spent on managing waiting lists/times and not patients. Waiting lists will increase. Currently unable to identify plan to mitigate these risks

PSYCHOLOGICAL THERAPIES

1. The Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. Please complete the table with your trajectory for meeting the standard by, or before, December 2020. Please also provide your trajectory for reducing the number of individuals who are still waiting at the end of the quarter, and who have waited 36 weeks or more.

Quarter ending	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the standard (%)	64	85	75	80	85	90
Number of individuals waiting 36 weeks or over	17	34	16	14	12	10

Note: Performance against target includes Beating the Blues, Local PT provision and Ieso.

2. Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks. *Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.*

Quarter ending	Action	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
<i>March 2020</i>	<i>Permanent funding provided by SG to secure MHAIST analyst</i>	<i>Service improvement and performance analysis co owned. Consultant psychologist freed up</i>	<i>2 days a week data analyst MHAIST</i>	<i>Funding from MHAIST.</i>	<i>Inability to analyse poor performance within context of service improvement methodologies and inability to determine if improvement methodologies are sustainable. Mitigated via psychological workforce plan to ensure capacity to sustain</i>

					improvements; and admin post, with co ownership of improvement processes and understanding of data.
<i>April 2020</i>	<i>SG will continue to fund iESO</i>	<i>Short waits for CBT from accessible, flexible, regular service reducing end for patient travel and time off work. Increased local capacity.</i>	SG funding	<i>Continue links with NHS TEC and data analyst locally. Continue to review outcome performance and patient experience</i>	SG do not fund. There is no plan to mitigate this due to financial pressures.
<i>June 2020</i>	<i>Approve, recruit admin support</i>	<ul style="list-style-type: none"> • <i>Ensure outcomes are accurate</i> • <i>Manage waiting lists – patient focused bookings reduces DNAs.</i> • <i>With clinical leads, develop RMS referral pathways – reduce waits</i> 	<i>Likely band 5</i>	<p>Funding available from Mental Health Redesign.</p> <p>Capacity will be freed from clinicians who provide PTs (adults and CAMHs). Data accuracy will be reliable and there will timeous responses to trouble shooting solutions.</p>	Clinician time is spent on managing waiting lists/times and not patients. Waiting lists will increase. Currently unable to identify plan to mitigate these risks
<i>August 2020</i>	<i>Develop recruitment plan for CAAP post, market to trainees and recruit CAAP post.</i>	<i>Once established 7 additional clinical sessions a week will increase capacity by 28 patient contacts a week, improve access to face to face CBT for southern islands, and</i>	<i>Band 7</i>	<i>Action 15</i>	Consultant capacity to develop plan will be challenging. Referrals may increase but CBT capacity will be significantly increased. Mitigate via recruitment of admin, and a long term work force plan.

		<i>improve GP awareness of primary care level PT.</i>			
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MENTAL HEALTH WAITING TIMES IN EMERGENCY DEPARTMENTS

1. The Standard for Waiting Times for all presentations at ED is 4 Hours. Please complete the table with your trajectory for meeting the standard, specifically for mental health presentations by, or before, December 2020.

Quarter ending	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the standard (%)						

2. Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks. *Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.*

Quarter ending	Action	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
<i>Dec 2019</i>	<i>Assessment of mental health symptoms in parallel with physical health symptoms rather than in series.</i>	<i>Reduction in waiting times breaches of 20%</i>	<i>No additional cost.</i>		<i>Risk of delay due to assessment in series rather than in parallel.</i>

Section 13: Winter Planning

1. Area of development	Winter Planning
Performance Indicator and target/standard	As per national direction
Service Development overview / planning narrative (including financial and workforce details)	<p>Our Winter Plan for 2019/20 will be reviewed and the same processes of learning and review will support the development of successive plans for each of the three years.</p> <p>This year's plan is available at the link below:</p> <p>https://ijbwesternisles.scot/application/files/3715/7625/1256/8.5 - Winter Plan 2019-20_V2.0_IJB_19.12.19.pdf</p>

Section 14: Integration


Area of development	14-1: INTEGRATION OF HEALTH AND SOCIAL CARE
Performance Indicator and target/standard	<ul style="list-style-type: none"> • To achieve a 3% reduction in unplanned hospital admissions, by focusing on reducing the number of people transferring from A&E into the hospital. If we can effect a 5% reduction in transmission from the Emergency Department, we will achieve our objective, all else remaining equal. This will be done through collaborative work to avoid soft admissions and by improving our pathways into reablement and urgent care; • To achieve a 12% reduction in unplanned bed days, as a result of decommissioning the Clisham Ward and transferring capacity into community settings; • To maintain A&E performance. The Western Isles is a high performing system in respect of the 4 hour A&E target and our ambition is to maintain that performance; • To reduce delayed discharges by 5% (against a 2018/19 baseline). Our performance in 2015/16 improved as a result of new long-stay bed capacity being commissioned. However, in 2016/17 this performance deteriorated markedly because we hadn't reformed our underlying processes. In 2017/18, system reform delivered marked and sustained improvement but this deteriorated slightly during 2018/19 as a result of more complex presentations in the Western Isles Hospital, the discharge of patients from Clisham Ward without additional community care capacity and the gradual loss of care unit utility. Looking ahead to 2018/19, despite the potential loss of 23 long-stay beds (12 from Clisham and 11 Care Unit beds, representing 10% our total capacity) and despite ongoing recruitment challenges in homecare (meaning that we are operating at only 85% of our WTE capacity), we want to improve our performance by 5% against a 2018/19 baseline. This will be achieved

	<p>through our self-assessment process by auditing our system against national best practice.</p> <ul style="list-style-type: none"> • To increase the percentage of the last six months of life spent in the community by 5%. This will be achieved following a new commissioning plan and a renegotiated SLA and with the local hospice provider to provide additional assessment and support arrangements to people at end of life in the community. • The proportion of the 65+ population living at home will be maintained against the baseline position. Our investment in reablement and emerging work on early intervention should assist in maintaining our performance in this area.
<p>Service Development overview / planning narrative (including financial and workforce details)</p>	<p>The full range of service changes are outlined in the strategic plan implementation schedule, which can be found at the following link:</p> <p>https://ijbwesternisles.scot/application/files/8115/7625/1252/8.1 - Strategic Plan Implementation Schedule IJB 19.12.19.pdf</p> <p>Service redesign principles are as follows:</p> <ul style="list-style-type: none"> • Embedding asset based assessment processes; • Building reablement capacity, to maximise people’s independence; • Reform discharge processes to focus on home first (as per national best practice) and by ensuring that no-one is discharged directly from hospital to long-term care; • Form a multi-disciplinary team that is focused in delivering complex and urgent care in the community, thus preventing hospital admission; • Diversify our residential care, bolstering short term care like respite and intermediate care; • Utilise the new GP contract and other levers to deliver a system of primary care that supports self-management and prevention; • Focus on improving mental health and well-being, build community capacity and reduce off-island placements; • Embed an ethos of community empowerment in support of improved health and well-being; and

	<ul style="list-style-type: none"> • Ensure that multi-agency arrangements deliver effective public protection and facilitate the sharing of information and intelligence. <p>The delivery of these reforms is extremely challenging given our financial position and workforce challenges; but the actions amount collectively to the type of system change that will improve outcomes. Just now, our system pulls people into long-term care arrangements that are both expensive and potentially debilitating. Our job is to turn that on its head, to support people to live independently and safely in their natural communities for as long as possible. Finally, it should be noted that the implementation schedule is informed by two national publications: the Scottish Government's integration framework, and the Chief Officers Statement of Intent (both attached).</p>
Year 1 development - specifics	<p>Service priorities for Year 2020/21:</p> <ul style="list-style-type: none"> • Development of Urgent Care Team/Virtual Community Ward/Hospital at Home. These reforms will be leveraged from the primary care improvement fund and wider service redesign. • Wider implementation of GP Contract, with all community treatment and vaccination activity to transfer to Health Board employed community teams • Redesign of discharge pathway, with more focus on discharge to assess • Reduce length of stay in acute psychiatric unit
Outcome based evidence (clear milestones)	As above – progress will be monitored against national indicators
Year 2 development - specifics	<ul style="list-style-type: none"> • Formal connections made between reablement team and urgent care team, providing joined-up care in context of unscheduled care pathway • Implementation of remaining reforms within primary care • Implementation of outreach service within public dental service • Redesign of community nursing, with a slimmed down management structure and more front-line practitioners with advanced clinical skills • Consolidation of primary care dementia pathway
Outcome based evidence (clear milestones)	As above – progress will be monitored against national indicators

Year 3 development - specifics	<ul style="list-style-type: none">• Co-location of integrated teams in new hubs in Castlebay, Balivanich and Stornoway• Establishment of settled teams following mental health redesign• Focus on frailty pathway and ambulatory care to reduce admissions to hospital
Outcome based evidence (clear milestones)	As above – progress will be monitored against national indicators

Section 15: Primary Care

Area of development	15-1: PRIMARY CARE
Performance Indicator and target/standard	<p>The primary care reforms provide a significant opportunity to measure impact in ways that have not previously been captured. The Scottish Government recognises that its data and understanding of the primary care system needs considerable work and to some degree we await national direction in relation to primary care data sets. At this stage our performance indicators are as follows:</p> <ul style="list-style-type: none"> • Percentage of population vaccinated across conditions and population groups • Number of nursing hours provided in support of Community Treatment • Number of hours of primary care pharmacy provided • Reduction in emergency hospital admissions and readmissions • Reduction in emergency occupied bed days • Reduction in unplanned Out of Hours primary care contacts
Service Development overview / planning narrative (including financial and workforce details)	<p>Our service development will be taken forward in line with the document embedded below.</p> <div style="text-align: center;">  <p>Microsoft Word 97 - 2003 Document</p> </div>
Year 1 development - specifics	<p>In addition to capacity building to support vaccination transformation, community treatment and pharmacotherapy, our primary focus will be on developing a new urgent care service which:-</p> <ul style="list-style-type: none"> • Provides advanced clinical assessment capacity on a 24/7 basis;

	<ul style="list-style-type: none"> • Delivers on the terms of the new GP Contract, with home visits normally being undertaken by ANPs employed by the Health Board; • Secures more effective care coordination through the establishment of Virtual Community Wards. • Supports GPs to develop in their roles as Expert Medical Generalists, leading MDTs focused on supporting complex presentations in community settings and triage and direct home visits • Streamlines bureaucracy and referral mechanisms between GPs, community nurses, AHPs, and social care assessors • Supports the delivery of realistic medicine and promotes holistic and integrated patient care <p>The new service will:-</p> <ul style="list-style-type: none"> • Be situated within the wider redesign of community nursing services, which will streamline management and build advanced clinical capacity • Build Advanced Nurse Practitioner (ANP) capacity to deliver unscheduled care in patients' homes across the day and evening <p>The Virtual Community Ward will:-</p> <ul style="list-style-type: none"> • Implement a daily huddle, led by the GP or ANP • Draw on short-term flex to provide additional support to patients at home, to assist with nursing and personal care requirements
<p>Outcome based evidence (clear milestones)</p>	<p>As above</p>
<p>Year 2 development - specifics</p>	<p>2021/22 is the final year of funding within the primary care improvement fund. Our primary focus during this year will be to consolidate gains across all of the six national priorities set out in the MOU. Specifically, we seek to build physiotherapy capacity to divert MSK patients from GPs. However, having allocated the majority of the PCIF monies to the first four priorities (VTP / CTAC / Pharmacotherapy / Urgent Care), we have less resource than we believe is required to deliver on this agenda effectively. While we recognise that it will necessitate wider reforms within our physiotherapy department, the creative practice of realistic medicine, and the reform of the orthopaedic pathway, the proposed resource of £100k falls short of requirements. We are operating on the assumption that to successfully divert patients from GPs, we need to ensure physiotherapy is</p>

	<p>as accessible as general practice, meaning appointments within two to three days of request. To build sufficient capacity, we would require, at minimum, three Band 6 physiotherapists and 2 x 0.5 WTE Band 7 first contact practitioner physiotherapists (circa £220k).</p> <p>New mental health capacity is being developed through the application of Action 15 monies. However, these are not exclusively focused on primary care. While we are also focused on a stronger alignment between community mental health teams and the primary care system, and while our wider redesign of mental health is creating new capacity, this remains work in progress. We have invested in a psychological therapy post, which will support practices in the delivery of therapeutic interventions, focusing on people who have experienced trauma.</p> <p>In respect of the wider aspiration to deliver practice based multi-professional teams, we are using the new contract to leverage change across the wider system. There has been a traditionally strong relationship between GPs and community nursing and we are now focused on thinning-out bureaucratic referral processes to bring key health and care colleagues (AHPs, social work/care, mental health) into MDT arrangements.</p>
<p>Outcome based evidence (clear milestones)</p>	<p>As above</p>
<p>Year 3 development - specifics</p>	<p>Year 3 takes us beyond the period of transition. New priorities will be devised as part of a review of the implementation of the new GP contract.</p>
<p>Outcome based evidence (clear milestones)</p>	<p>As above</p>

Section 16: Digital Health

HEPMA: We are working with regional colleagues to implement a Regional Hospital Electronic Prescribing and Medicine Administration (HEPMA) solution through 2020. The programme team is being led out of NHS Grampian and engagement with the supplier is now underway. The first major milestone – a common drug file for the region – is just about to be achieved.

The 6 North of Scotland boards are collaborating on the requirements for a regional technical support mechanism, which is likely to be required 24x7 and is expected to be virtual i.e. resources could be anywhere in the region.

Much work on local infrastructure has been carried out within the Western Isles in advance of the programme with Wi-Fi and computers-on-wheels widely deployed. An implementation team has been formed and is ready to move as soon as we can. The Scottish Government has provided funding for the implementation but there is a local recurrent cost to be factored in. HEPMA will also be the driver for our Single Sign On implementation as this will be required in all clinical areas.

The programme identifies a range of significant benefits in the Business Case:

- Production of legible, unambiguous and complete prescriptions;
- Single and comprehensive view of a patient's current and historical inpatient drug record;
- Real-time decision support to guide and improve the appropriateness and accuracy of prescribing
- Including notification of allergies, drug interactions and duplicate treatments
- Real-time view of medicines administration
- Ability to monitor and evaluate key performance indicators
- Total visibility of clinical decisions
- Improved antimicrobial stewardship
- Visibility and more effective control and management of drug expenditure
- More timely supply of medicines facilitated by electronic ordering on the ward and transmission to pharmacy
- Inclusion of medication records in the EPR
- HEPMA will indirectly deliver further benefits through availability of prescribing and administration datasets

“Drug related adverse events are the second largest cause of harm within the acute sector within the UK and account for around 15% of all adverse events. A recent prospective observational study which analysed 50,000 prescription items across eight Scottish hospitals found an overall error rate of 7.5%. The number and scale of errors is significant, whilst most have little or no patient impact, a number cause permanent harm to the patient.”¹

Single Sign-On: HEPMA will be a key driver to deploying single sign-on across clinical areas, and will be required to ensure smooth operation of HEPMA processes and avoiding interrupted workflow.

Windows 10, Office365 and migration to cloud: All parts of the Board including GPs will be migrated to Windows 10 and Office 365 by spring 2021. A major milestone will be a new email system by September 2020. A local implementation group with broad membership is in place, chaired by the Nurse Director as Executive Lead. Other members:

- Head of Clinical Governance & Professional Practice
- Realistic Medicine Lead
- Business Manager
- Head of IT
- IG Manager
- Patient Services Manager
- Communications Manager

and a communications campaign to staff is underway with regular messages and briefings in team briefs and elsewhere. NSS materials including videos have been rebranded and will be shared with staff. The programme is now a standing item on the Corporate Management Team agenda.

Cyber security: achieve compliance with the NHS Scotland cyber security standard and NIS directive, along with audit requirements of the Scottish Government competent Authority. We plan to undergo Cyber Essentials Plus accreditation during 2020.

¹ NHS NoS HEPMA Full Business Case 10/06/19

Electronic record: working with clinical colleagues, to build a core digital repository with well-defined and implemented processes to support digital working regardless of clinical context or location. The potential role for the NoS Clinical Portal is being considered. Colleagues in NHS Grampian have been implementing “Person-Centred Records” and a similar approach is to be considered here. Key points around such an approach, as identified by the DHI, are:

- Placing the patient as the central point of their health record, and coordinating data, communications and actions around that patient.
- Giving all stakeholders (different medical and health professionals, carers and the patient) access to the relevant patient data. This will help pull down disciplinary siloes.
- Supporting seamless communication between the professional groups involved in caring for the patient.
- Keeping the patient and their contribution to their own care at the fore of care planning. Giving patients access to their own data and enabling them to add to their own data helps empower the patient to contribute to their own care planning and is crucial in supporting self-management and the delivery of patient-centred care.
- Identifying the workflows, information sources and information needs of each party involved in the patient’s care is a good starting point for the development of a Patient-Centred EHR.
- There is evidence that top-down, off-the-shelf implementation of large-scale EHR does not work well.
- There is evidence that bottom-up, agile and incremental co-design approach, with flat decision-making structures is a more constructive approach to designing, adopting and implementing EHR.
- Aim high – the future is in the comprehensive patient-centred, patient-owned records, cloud-based and mobile health records.
- Investing in data automation and Clinical Decision Support systems would be prudent.²

Telephony: We have begun replacement of ageing switchboard and legacy telephony technology across the entire board including GPs. We are leveraging existing investment in the SWAN network to deploy a modern IP-based communications infrastructure which will also mitigate the closedown of the BT analogue estate in the run up to 2025.

² Person-centred records: a high-level review of use cases. Dr Sanna Rimpiläinen, Digital Health and Care Institute. July 2019.

Remote access to GP systems for wider Primary Care team: Current GP systems remain within the GP Practices, and there are many technical, logistical and other constraints on Community Care Teams accessing the systems consistently, conveniently, and sustainably. We are deploying a remote access infrastructure so all systems can be accessed as appropriate without having to visit the Practice: a key enabler for specialist nursing, pharmacy, VTP and ensuring we can support remote GP sites and their associated populations equitably.

Community System: rollout to remaining community teams

Laboratory: A regional feasibility review is underway to look at options around a replacement lab system – we are the last customer in the Northern hemisphere using the Medipath system, which has been in place for 30+ years. We are also engaged with the National Laboratories Programme.

TEC: Mainstreaming the activity of the Technology Enabled Care programme, and increasing linkages to system and quality improvement work and the Scottish Access Collaborative.

Scottish Access Collaborative: The SAC has been active in analysing patient pathways, with a view to reducing unnecessary travel and improving the patient experience. There are many patient stories

The challenge presented by our geography is demonstrated by a recent example of an older patient from South Uist who required to travel to Aberdeen for two hospital appointments.

On Wednesday the patient was accompanied by his wife and travelled from his home in a 45 minute journey to Benbecula airport where they checked in for the 40 minute flight to Stornoway. After landing at Stornoway and waiting 4 hours for the next part of their trip which was a 1 hour flight to Aberdeen, they took a taxi from Aberdeen airport to Aberdeen Royal Infirmary. Following the first of his appointments they stayed two nights in Aberdeen until the second appointment on Friday.

As there were no flights home at weekends, the patient and his wife were obliged to stay until Tuesday afternoon before they reversed the journey in order to return home.

3

NearMe: We will continue expansion of the NearMe service, including access opportunities in the community and patients' homes. Work is now beginning with services

Digital Maturity: We will continue to review of the Board's digital maturity assessment, ensuring that plans for the next three years are focussed on raising NHSWI digital maturity rating (include plans for SnoMed CT). A major area of focus will be on the importance of structured data, and the ability of properly codified data to drive automation and process.

National Digital Platform: explore opportunities to exploit/integrate with the NES Digital NDP, e.g. ReSPECT (Recommended Summary Plan for Emergency Care and Treatment (equivalent to our local Anticipatory Care Plan)

New CHI and Child Health system: we will continue to support the national programme around the CHI and Child Health replacement programme.

HR systems: a number of systems are being deployed with HR – e.g. eESS, Jobtrain – we will continue to support these programmes, and will be working with HR colleagues to develop a work stream for upskilling staff to work better in a digital context.

GP IT: We will establish during 2020 the local cohort for decision making around new GP system with implementation expected 2022. We are discussing the possible merit of a collaborative cohort across the island Boards.

Data sharing: We will continue support for improved data sharing and mobile working across H&SC: currently the local authority is preparing to upgrade the Social Care system from Care First to Eclipse, and we are working on a mechanism to ensure the Social Care P-number and the NHS CHI-number are reliably matched, a key foundation for successful sharing of records across organisational boundaries.

Continue to support ongoing national and regional programmes e.g. RIS, PACS, VTP, DRS etc.

Continue to develop and pursue regional and national collaboration opportunities, especially where this introduces standards around infrastructure and process e.g. adoption of SnoMed CT

Continue to remain active in innovation fora to identify and exploit opportunities for improvement

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Finance: The Digital Plan will be supported by a range of funding sources:

Existing core revenue funding

NHS Scotland strategic eHealth allocation to NHSWI

NHSWI Capital allocation

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Governance

The planning and implementation of the Digital Plan will require strong governance arrangements and the robust application of a project management approach. We are currently revising and refreshing our governance arrangements following a change of executive leadership for Digital Health. Once re-established, the Digital Programme Board will provide 6 monthly progress reports to our Corporate Management Team, and thus to the Board. The DPB will be chaired by the ND\COO.

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Risks

Many aspects of delivery of the Digital Plan may require additional investment funding to be secured via business cases, and it is currently assumed that existing budgets remain available to eHealth.

Appendix 1: SAC Project Documentation to be adopted



20190904 CMT
Governance Process



20190904 SAC Form
1 Project Initiation.d



20190904 SAC Form
2 Project Progress.d



20190904 SAC Form
3 Project Review.doc

Appendix 2: Governance



DPB V2.pdf

ANNEX A – Template for Completion**Leadership**

Please provide names, designations and contact details for each. If there is more than one (e.g. for clinical leads) please set out their areas of focus

Executive/Strategic Lead for Digital Health & Care (SRO)	Nurse Director / Chief Operating Officer – William Findlay
Operational Lead for Digital Health & Care	Head of IT / eHealth Lead – Jon Harris
Clinical/Professional Lead(s) for Digital Health & Care	Realistic Medicine Lead – Dr David Rigby
Integration Authority Lead for Digital Health & Care	Chief Officer IJB – Ron Culley
Other notable leads	Head of Public Health Intelligence – Martin Malcolm Information Governance Manager – Carol Macdonald TEC Programme Project Manager – Iain Trayner Excellence in Care Manager – Noreen Macdonald Patient Services Manager – Diane Morrison Associate Medical Director - Kirsty Brightwell
Contact for Digital Health & Care Plan	Jon Harris jon.harris@nhs.net
Contact for knowledge exchange/dissemination of practice	William Findlay / Jon Harris

Principles

Please provide details of how you are approaching embedding the principles set out in the Digital Health & Care Strategy

Adopting the Scottish Approach to Service Design	Exposure to SASD has been via the TEC programme and related work streams. We are aware that SG is applying the same principles to define and develop the IG function within SG Digital. If this approach is to be mainstreamed it needs to develop a profile with key leaders e.g. ND's, CE's and other influencers involved in delivery of transformational objectives
Adherence to the Digital Scotland Service Standard	Variation in process and duplication of paper processes and information are major barriers to transforming how we work. Replicating flawed processes using digital tools will not deliver the required outcomes, and the Digital Scotland Service Standard provides a tested framework to deliver better outcomes which are more aligned to user expectation and experience.
Equality & Accessibility	A key principle of the Digital Scotland Service Standard is to ensure everyone one can use the service, and we will apply this principle as part of any new service development or improvement cycle.
Reuse and utilising of 'low tech' options	Wherever possible we would seek to reuse what we already have, and to focus on quality processes supported by technology not "gadgets", or isolated pilots which cannot be scaled to business as usual. Florence is a good example of success using a relatively low tech option.
Digital Participation <ul style="list-style-type: none"> • for staff • for citizens 	It is widely acknowledged that digital has a fundamental underpinning role in the future delivery of sustainable healthcare services to our population. In order to achieve that, we need to ensure staff have the necessary digital skills to develop and exploit digital opportunities. We need better digital engagement with the public, and to open up the service to allow interaction in more modern and diverse ways, designed in collaboration with our population. We will sign up to Scotland's Digital Participation Charter as a first step to underline our intent.
'Once for Scotland' system implementation	It is clear that local variation in systems and practice can present a significant challenge, and results in silos of behaviour where change can become very difficult to achieve. The corollary is that in some instances location, population need or simply the absence of a national solution to a problem may require a local solution. It is a key principle that in developing new digital services, the problem is defined and assessed against the national context, and wherever possible a national solution is applied (e.g. Office 365). If that is not possible, consideration is to be given to a regional approach (e.g. HEPMA), before deciding that a local solution is appropriate.

Security, resilience and adherence to national standards	We are committed to ensuring we meet the requirements of the NHS Scotland cyber security standard, through compliance with the NIS directive, Cyber Essentials Plus and continued efforts to work to best industry practice. We will continue to collaborate with other Boards, both regionally and nationally, to develop common practice and shared infrastructure. As an island Board, resilience of infrastructure is a key consideration, and the continued development of robust continuity plans is vital to ensure quality of care to patients. With a small and multi skilled workforce, resilience is also a key consideration of workforce planning.
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Implementation & Benefits Realisation

Please provide details of how you will measure success

Is your plan clear on what you expect to achieve through this period? What are the clear, realisable and measurable benefits?	We have developed a clear approach based on value for money, patients experience and quality improvement, which will identify clear benefits for each work stream.
How will citizens benefit? How many will benefit? How will this be benchmarked and how will citizen experience and feedback be incorporated?	We will build on work to date around citizen engagement and including feedback on patient experience in projects.
How are you engaging/working with staff locally on making Digital improvements and promoting a Digital is for everyone culture?	With all new developments, we will ensure we have appropriate clinical leadership and ownership, and all project teams have broad and inclusive membership. We continue to promote our TEC and other work widely and to sponsor attendance on the NMAHP/Digital Health and Care Leadership Programme leadership work streams
How will you measure progress, attribute outcomes to activities/inputs, learn, and develop from operational experience?	We will continue to assess ourselves against the Digital Maturity model, acknowledging that there are many areas of improvement required, and it will be important to prioritise these as we cannot do everything at once.

What are the likely key milestones, key actions and interim targets/achievements?	Each of the priority areas identified in the plan will have its own project roadmap and a statement of benefits. Key milestones in the overall plan for the coming year are establishing new governance arrangements, delivering HEPMA, Office 365 (email), Office 365 (business apps), the upcoming NIS audit and other activities re Cyber, spreading the NearMe work in collaboration with colleagues in Highland, Glasgow and elsewhere. Driving improvements which can be evidenced in the DMA activity will be essential.
How will your proposal(s) contribute to the national health & wellbeing outcomes, National Performance Framework, local single outcome agreements, etc.?	We will continue to work to ensure our strategic priorities and direction remain aligned to national, regional and local objectives.
For local initiatives, what consideration has been given to whether they could be national initiatives (or regional)?	We are keen to use our peer networks and groups both regionally and nationally to promote local initiatives and remain open to any collaboration or shared learning which we can provide. Two good examples would be sharing our learning around patient travel data and its importance in designing new services such as NearMe, and the Morse mobile community system which is now in 7 boards. We are also engaged with a number of Innovation groups such as the Health, Social Care and Industrial Innovation team at the Chief Scientist's Office, and the NoS Innovation work stream of NoSPG.
How will you share learning/celebrate success/acknowledge and highlight failure?	We will continue to participate actively in national/regional networks, and to share our experiences with peers and colleagues, and the public. We have a strong track record in terms of press recognition and winning awards. https://www.wihb.scot.nhs.uk/news/item/635-prestigious-award-win-for-nhs-western-isles https://www.wihb.scot.nhs.uk/news/item/705-nhswi-shortlisted-four-times-in-national-digital-health-care-awards https://www.nhsggc.org.uk/working-with-us/staff-communications/sn-digital-archive/2019/april/stories/remote-hand-surgery-initiative-saves-islanders-huge-round-trips/

Governance and Management

Please show how your governance, leadership and management will be achieved to keep a focus and drive on digital health & care across the Board and the Integration Authority/ies.	We are currently refreshing our governance arrangements, as shown in Appendix 2 of the draft plan.
Please give any details of any existing Strategies/Plans that are of direct relevance, including links to any publically-available documents.	<p>This Digital Health and Care plan replaces our eHealth Strategy which was first approved in 2014.</p> <p>Western Isles IJB Strategic Plan Scotland's Digital Health and Care Strategy 2018 NoS Health & Social Care Delivery Plan 2018 Cyber Resilience: public sector action plan 2017-18</p>

National Support

Please set out what national support you would welcome. This can be from the Scottish Government, National Boards or others. Please be as specific as possible, including on why such support is required.	The plan is dependent upon sustained funding, although we acknowledge there are some areas where we will need additional resources (e.g. Office 365, HEPMA) which need prioritisation locally. There are elements of the plan which will require further business case development, which may release local resource or see bids made to various sources outside the local board. We would welcome continued support in terms of networking and inclusion in the various fora which exist across the nation. Where opportunities exist to exploit a once-for-Scotland opportunity e.g. O365, NDP it would be useful to see resource and expertise being established for territorial boards to call on, with a view to minimising variation and making best use of established ways of doing things.
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Finance

More detailed financial planning will be conducted via the forthcoming financial framework for digital health & care, which will set out how the Scottish Government will provide funding to Health Boards, Integration Authorities, Local Authorities and other partners. This will be an iterative process that will be developed over 2020, in conjunction with NHS Directors of Finance and Integration Authority Chief Finance Officers. Part of this will require more regular reporting on Scottish Government funding as part of demonstrating delivery of outcomes related to the Digital Health & Care Strategy.

Board Meeting 29.04.20

Agenda Item: 5.2.2

Purpose: For Approval

Please complete this template and submit along with your initial draft Digital Health & Care Plan to digihealthcare@gov.scot by Friday 31 January 2020. The initial draft does not need to have been cleared by any internal governance prior to initial submission, but due consideration should be given as to what internal governance sign-off will ultimately be required, including at Health Board and Integrated Joint Board level.

Section 17: Financial Planning

ANNUAL OPERATING PLAN NARRATIVE 20/21 – 22/23

1. Background

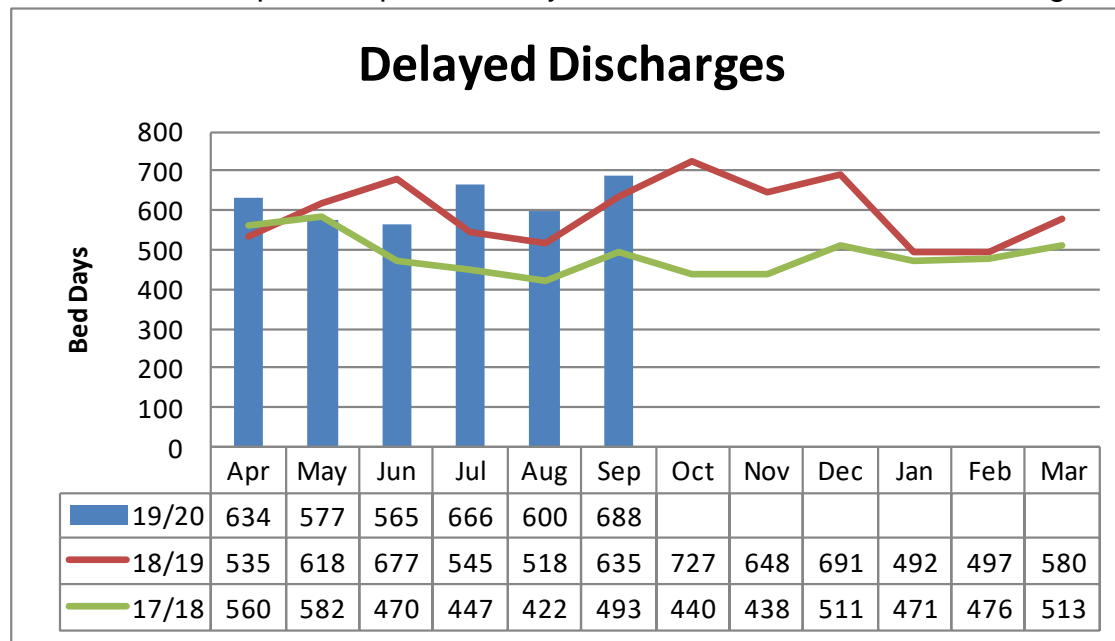
- 1.1 The Annual Operating Plan represents the agreement that sets out how NHS Boards will deliver expected levels of operational performance and the required break-even over a three year period. Where Boards are able to demonstrate financial balance over the period additional flexibility to under or overspend by up to 1% of annual resource budgets will be provided

2. Financial Position 19/20

- 2.1. The Board is showing a projected loss of **£789k** at year end. This is after all contingency has been allocated. The figure also includes the high risk cost pressures increasing/realising, and the expectation of some high risk unidentifiable savings not achieving. The outturn position however also includes increased identified financial flexibility and saving resulting from the holding of non clinical vacancies. The Board has put together a recovery plan to bring the Board back to a break-even position and this will be monitored monthly. This plan will be challenging to achieve. Many high risk proposals are within this plan and the risk of further unforeseen cost pressures arising, e.g. mental health placements and high cost off island procedures.
- 2.2 Many of the pressure that are causing the Board to be reporting an overspend in 19/20 are recurring and without any increased funding will have to be built into the 20/21 budget and contained by an increased financial efficiency plan as detailed in paragraph 3.2. Some of the pressures are deemed non-recurring in nature, for example high cost agency filling in for vacant posts and not built into the budget. The workforce and population demographic profile however (see paragraph 5) will steadily worsen over the next 10 years. An increasing number of professional groups continue to be difficult to recruit to, i.e. Consultant Positions, Allied Health Professionals and some nursing and Midwifery posts. Our approach of risk assessed impact may result in continued high cost locum expenditure.

Delayed Discharges

2.3 It is predicted that delayed discharges will continue in the medium to long term specifically in the medical wards which will result in higher bank costs to cover the staffing of contingency beds. If delays remain at the same level as 19/20 then the cost using USD indicative cost per occupied bed day for 2020/21 would be £2.135m. Figures are shown in the graph below.



We are working closely with our Health and Social Care Partnership colleagues however all current care home beds are full and workforce and population demographics mean that adult services including homecare and residential care have many posts vacant and a higher proportion of over 55s working in the sector. There is a gap between jobs needing to be filled and the availability of the local resource market, specifically woman which make over 90% of the social care market. Additional care home capacity in Stornoway is unlikely before financial year 2020/2. Achieving effective staffing levels is identified as a challenge and demand may continue to outstrip available places.

3. Settlement and Expenditure budget 20/21

3.1 NHS Western Isles was awarded a 3% uplift on the base, which includes funding for the pay increase. The Board will also receive further increases in funding e.g. for Primary Care Transformation which will be ring fenced. The Board's estimated RRL budget is £94,427k and the draft expenditure budget is a £97,797k requirement resulting in a funding gap of **£3,370k**.

3.2 All Boards have been advised to put recurring pressures within their budgets and included within the NHS Western Isles expenditure budget for 20/21 is, for example;

- Increase in NHS Greater Glasgow's SLAs, excluding inflation and pension increase, **£400k**, this amount has yet to be verified for 2019. There has been an unverified increase of 42% against NHS Greater Glasgow SLA since 17/18.
- Short fall of **£400k** for increased pension contribution (specifically against recharges through SLAs and NSS)
- Year on year increase in the volume and cost of PAS drugs, PAC2 drugs, use of higher cost drugs for the treatment of MS etc. **£460k**, 19/20 budget was increased but the cost and use of these drugs outweighed this budget
- Further increase in adult secure mental health placements, **£170k**. The budget for 19/20 had been increased and a specific saving achieved but the number of long term cases that cannot be treated in our own APU are increasing
- Indicative HEPMA costs for 20/21 **£143k**
- Microsoft 365 indicative costs **£49k**
- Increased depreciation due to the age of the Western Isles Hospitals equipment and the increasing need for IT purchases which are depreciated over a shorter period **£203k**.
- CNORIS payment 100% increase on previous budget **£100k**

3.3 No adjustment has been included within the 2020/21 budget for any effects of BREXIT.

4. Three year Expenditure plan

4.1 A three year expenditure and income forecast has been drawn up taking into consideration likely price inflation and demographic changes to the population of the islands and the increasing requirement for health and social care as the elderly population increases significantly over the next 10 years.

4.2 Before savings are included regardless of recurring or non recurring, the three year budget is as follows;

	19/20	20/21	21/22	22/23
	£'000	£'000	£'000	£'000
Expenditure				
Board	25,617	28,843	29,562	30,250
Hospital	24,687	24,984	25,544	26,290
Health and Social Care	42,826	43,970	44,619	45,543
Total Expenditure	93,130	97,797	99,725	102,083
RRL	92,341	94,427	96,827	99,299
GAP	(789)	(3,370)	(2,898)	(2,784)

Waiting Times Improvements

- 4.3 NHS Western Isles have for the last 10 years achieved the 100% treatment time guarantee waiting target. The monies received (£600k in 19/20) for Local TTG Improvements is directed to address predicted pressure points and proactively manage waiting. The Board uses a mixture of visiting consultants, private sector procurement and NHS Golden Jubilee Hospital to achieve the target.

The reliability and continuity of visiting services, particularly from NHS Highland is deteriorating, usually at short notice, with the consequent risk to the Treatment Time Guarantee.

Investment in Mental Health

- 4.4 The Board has received increased funding through Action 15 monies for new mental health posts. The Board allocation for 19/20 was £112k and in 20/21 will be £158k. It has been difficult to recruit into to the new Mental Health posts but a recruitment to a number of posts is being taken forward, Dementia Nurse, Psychological Trauma CPN post, CAMHS CPN and a Criminal Justice CPN post.

Health and Social Care Integration

- 4.5 It is imperative that the IJB drives forward fundamental transformational strategic change across the Health and Social Care Partnership.

- 4.6 We expect to make further progress in terms of integration. This will be delivered in response to the Scottish Government and COSLA's review of integration and through a refreshed strategic plan implementation schedule. The latter brings a sharper focus to the work of the partnership in delivering the step change required to arrest the challenges associated with growing demand and greater complexity.
- 4.7 The Integrated Corporate Management Team of the partnership, which is co-chaired by Chief Executives of the Local Authority and Health Board, will oversee service transformation options, operational improvements, focusing on more effective multi-professional working, co-location of teams, and capacity building. Several major reforms are being progressed over the course of 2019/20, including: using the new GP contract and funding as a lever to redesign the whole community healthcare system; the ongoing reform of mental health and the associated development of multi-professional teams supporting people with dementia; and the delivery of more outreach services from the Public Dental Service, in line with the National Dental Plan.

Shifting the Balance of care

- 4.8 The local dementia strategy reiterates our wider ambition to support people with dementia to live in their own home or in a homely environment. In pursuit of this goal, and in accordance with Scottish Government guidance about what had previously been termed 'continuing care', clinicians and social workers undertook a process of assessment and review to determine whether the patients residing in the Clisham Ward needed to be in hospital under the care of a psychiatrist or whether they could be supported in a more homely environment. That process culminated in the discharge of all patients to a more appropriate care environment, allowing us to close the ward and begin the process of transferring staff into community mental health teams and other mental health or dementia roles within the hospital. We have made and will continue to strengthen services in response to need and anticipated outcomes.

Regional Working

- 4.9 NHS Western Isles has and is actively taking part in Regional Working. Work is not at a stage where we can confidently identify cash releasing savings.

Public Health and Prevention

- 4.10 NHS Western Isles has and continues to set out a number of health improvement actions to encourage the local population to take control, live healthily and manage their own health. Intervention, Screening and support are intended to have a positive

impact on the health and well being of the population with reduced in- patients, reduced inequalities and long term. It is difficult to show any cash releasing savings in the short term.

5. Workforce and Population Demographics

- 5.1 The overall population within the Western Isles is expected to drop from the midpoint estimate in 2017 of 26,950 to 24,698 by 2027 with a further predicted decrease to 23,855 by 2037. By 2027 the elderly population (65+) is expected to rise by 44% and the 20-64 age population set to decrease by 17%. The demographic profile is the single biggest threat to sustaining and or developing services.
- 5.2 This decrease in workforce population has already starting to impact significantly within the NHS and is also affecting the total Health and Social Care Partnership (HSCP) considerably. The decrease not only affects the ability of the (HSCP) to provide services, reduce delayed discharges but results in increased overtime, agency and locum costs which come at a high cost. The Board have explored innovative ways of securing medical locums in at a reduced rate with some degree of success but only in some specialised areas. Part of the overspend in 19/20 is due to the requirement to use agency staff to enable services to be provided on island.
- 5.3 The Board together with Social Care have started monitoring all work demographic data including, vacancies, age of workforce, gender, availability of local market. The Board has also risk assessed the service areas to ensure the Board is aware of what services could potentially be at significant and increasing risk (financial and service) due to the lack of a stable workforce.
- 5.4 As can be seen by the table below 13.1% of funded posts are vacant and 48.7% of staff in post are over 50 with 13.85% of staff over 60. From 31st March 2019 to 31st October 2019 the Board's vacancy rate has **increased** by over 3% and the over 50s within our workforce has risen by 2.4%. The Board anticipates a further 47 posts will become vacant (due to retiral) by March 2021 on top of the hard to fill posts held vacant at present. The level of vacancies is unprecedented.

Head	30th November Service Area	Vac. Head	Heads	Heads	Female	Retirals (based on 65)			RAG
			Estab. Vacs.	Over 50+	%	1 year	5 year	10 year	
176.00	Board Admin	28.00	15.9%	50.7%	68%	5	25	51	M
30.00	Medical Staffing	8.00	26.7%	68.2%	45%	2	3	7	H
94.00	Allied Health Professionals	7.00	7.4%	33.3%	87%	3	5	18	M
71.00	Dental	4.00	5.6%	35.8%	82%	-	3	12	L
44.00	Medical Technical Services	8.00	18.2%	33.3%	83%	1	1	4	M
284.00	Hospital (Acute) Nursing	31.00	10.9%	47.8%	94%	13	32	60	H
55.00	Community Hospital Nursing	7.00	12.7%	50.0%	92%	2	5	17	H
118.00	Community Nursing	6.00	5.1%	43.8%	97%	5	17	42	M
68.00	Mental Health Nursing	24.00	35.3%	52.3%	77%	1	3	12	M
183.00	Facilities	33.00	18.0%	62.0%	76%	12	25	50	H
69.00	Clinical Admin	5.00	7.2%	53.1%	92%	5	9	21	M
1,192	Total	161	13.5%	48.4%	84%	49	128	294	

5.5 The impact of steadily increasing difficult to fill posts, does not create an unplanned saving, on the contrary, it results in a significantly higher than budget spend on agency posts.

6. Savings Plans

6.1 The Board have drawn up two lists of savings; efficiency savings and unidentified savings assumed to be delivered in-year. The Board has also included a line for financial management/ Corporate Initiative efficiency e.g. financial flexibility.

6.2 The efficiency savings identified include long term project work to deliver ongoing savings that has already commenced. A list of these savings, with risk ratings can be found at Appendix 1.

6.3 For the unidentified savings assumed to be delivered in-year, the Board has looked at the areas where we may make opportunist savings and therefore non recurring by nature. The Board as also identified areas that need reforming but no plans are yet in place to take that forward. These are attached as Appendix 2. Included within this list is reviewing the acute services, looking at optimal stay, reducing delayed discharges, and realistic medicine agenda. The Board will also be looking at local working between partners to provide more effective and consistent services.

- 6.4 In summary the table overleaf shows the three year saving plan totals and the financial position of the Board in those three years. Recurring savings have been built in the expenditure budget of the following year, therefore recurring savings shown are new to the year in question.

	19/20	20/21	21/22	22/23
	£'000	£'000	£'000	£'000
Expenditure				
Board	25,617	28,843	29,562	30,250
Hospital	24,687	24,984	25,544	26,290
Health and Social Care	42,826	43,970	44,619	45,543
Total Expenditure	93,130	97,797	99,725	102,083
RRL	92,341	94,427	96,827	99,299
GAP	(789)	(3,370)	(2,898)	(2,784)
Recurring efficiency Savings	0	(1,071)	(845)	(730)
Non recurring efficiency savings	0	(1,200)	(1,000)	(1,000)
Unidentified savings to be delivered in year	(789)	(1,099)	(1,053)	(1,054)
Total Savings	(789)	(3,370)	(2,898)	(2,784)
Forecast variance against RRL	0	(0)	0	(0)

Reliance on non-recurring savings

- 6.5 Due to the ongoing pressures that are arising year on year, to enable the Board to break-even, we have become reliant on non-recurring savings. Many of the non-recurring savings are within the non-clinical areas where the inability to recruit to posts results in non recurring savings. These posts although not clinical are paramount to delivering the key strategic aims of the Board and included public health prevention and health promotion posts.
- 6.6 Year on year the Board looks at financial flexibility to break-even, IJB reserves, small non recurring savings e.g. staff travel, reducing bank, overtime etc. For 20/21 there will be very little financial flexibility left and no general IJB reserves. The grip and control plan that was put into place to try and bring the Board back into a break-even position for 19/20 will be carried forward into 20/21 and beyond.

7. Risks

7.1 There are a number of financial risks associated with the Board achieving financial stability and these are as follows;

Operational

7.2 The board is still experiencing an unacceptably high number of delayed discharges, the majority of which are awaiting care home placement or social home care packages. The increasing risk is that this may have a significant impact on the Board's operational efficiency and its ability to meet the Treatment Time Guarantee, and result in further additional costs associated with staffing local contingency beds; mainland treatment as a result of displacement; and patient travel. In addition it could necessitate the urgent transfer of emergency admissions that may otherwise be treated locally. The potential impact in 2020/21 is in excess of **£2,000k** (based on ISD figures) and the risk is currently rated as medium. The likely accountable financial risk for 20/21 is **£500k** and is high. There is no signs of this position improving due to Health and Social Care workforce issues.

Mitigation

- Workforce and Demographic summits to be held with local partners as data has shown there are simply not enough individuals within local population to fill unskilled and semi skilled jobs.
- New care home with extra care housing to be completed 21/22 but workforce supply remains a risk.
- Work to be undertaken on combined social care and health post to improve chances of recruitment

7.3 The Laboratory service continues to be at high risk of overspending, with some instability around the workforce. The potential impact in 2019/20 is **£150k** and the risk is currently rated as medium. Recruitment is ongoing to actively mitigate this risk.

7.4 Year on year mental health placements both for adults and children are increasing. This is an area where we are working very hard in partnership to reduce costs through considering new arrangements to support people with acute mental health problems within a local context or tailor high cost packages within mainland centres where safe to do so. However the Board is aware of a number of

patients that may need intervention in the future and there is a number of CAMHS patients that will shortly transition and need on-going life support. The potential impact in 2019/20 is **£500k** and is rated as high.

- 7.5 The Board has experienced an increase in both volume and cost of oncology and haematology drugs and it is likely the Board will continue to have high costs associated with this area of service. The Board has again increased the base budget for high cost drugs but with the risk of new high cost drugs coming on stream, i.e. Orkambi for the treatment of cystic fibrosis, a further potential impact is estimated at **£400k** and is rated as high.
- 7.6 Consultant workforce has stabilised through the use of cohorts employed through a direct engagement model in General Medicine and General Surgery. The remaining consultant work force remains vulnerable as there are four further vacancies across the other specialities and a lack of out of hours cover as the GP participation in the out of hours service is steadily diminishing. The potential impact is **£1,000k** and is rated high as issues in 19/20 have not yet been fully mitigated. Work is underway to look at the model of service and whether there needs to be any changes to ensure continuous of service and within the budgeted envelope.

Strategic Risks

- 7.7 NHS Western Isles remains dependent on the continued provision of visiting consultants and networked shared clinical care arrangements. As partner Boards respond to the challenges of increasing demand and delivering the Treatment Time Guarantee, the situation and increasing risk is that partner Boards withdraw from a shared obligatory model of care. Short term re-provision is costly and also jeopardises delivery of the TTG. The risk in 2020/21 is estimated at **£500k** and is rated as High.
- 7.8 To enable the Board to achieve the unidentified savings in year there must be a level of transformation change brought about. With the Board's present vacancies both in key clinical and non clinical posts there is a high risk that there will not be enough resources to bring about the change required. The risk in 20/21 and beyond is estimated at **£1,000k** and is rated as High.
- 7.9 The indicative capital allocation of £1,233k, excluding the expenditure and anticipated matching allocation for the Barra Health and Social Care Hub, present challenges as the Board has identified high priority capital schemes of over £1,700k which far exceeds our base allocation. The programme will need to be risk-assessed and prioritised, but it is clear that the Board will be at risk of needing to carry out capital works as an emergency which it will not have capital funding for. In this instance revenue funding would have to be transferred to capital, and the cost could be at least **£817k**. The risk is rated as medium.
- 7.10 Demographic analysis shows an aging population with an increase in the 80+ age group and a reduction in the workforce by 2027, which could impact on many of our services. We anticipate the impact of the change in demographics will be: higher drugs cost;

increased inpatient days; increased laboratory tests and higher use of agency staff to fill vacancies. The potential cost pressure would be over **£2m** and is a high risk but phased over a number of years. This year's potential risk is **£500k** over and above the risks that are picked up above.

8. Revenue Outturn

8.1 The Board is presenting a break-even position after savings have been applied for the next 3 years. The reported break-even position is very high risk and is dependent on the following:

- Board's ability in 20/21 to recruit and stabilise a sustainable medical consultant substantive posts and reduce the £1,000k risk as reported at paragraph 7.8
- The whole systems ability to recruit into the care industry across the Health and Social Care Partnership to aid in the reducing of delayed discharges and enable the Board to shift the balance of care
- The Board's ability to recruit staff into the key strategic posts that will drive the transformational change that will bring about recurring saving
- Arrest and stabilise the Western Isles declining population and workforce demographics as a matter of urgency to allow services to remain on Island.

9. Capital and Back Log Maintenance

9.1 The baseline Capital Resource Limit (CRL) for 2020/21 is £1.233million, not including resources associated with St Brendan's new hospital development.

9.2 The CRL presents significant challenges to the Board in programming essential building works and equipment purchases along with a number of high priority projects that are required. The Board does note additional capital support received from Scottish Government in 2017/18 and 2018/19 in relation to the CT scanner replacement.

- 9.3 NHS Western Isles has deferred many routine schemes in order to use resources to fund essential projects only in recent years. Many of those previously deferred schemes have now reached a critical stage as over time there has been further deterioration and capital investment is now desperately needed. This resulting pressure along with the timing of several large projects means that the CRL will be under significant pressure in 2020/21 and subsequent years.
- 9.4 Whilst the Board's CRL remains at £1.233m, which we have reflected in this LDP submission, the current capital programme is set out as follows. This highlights the pressures on the capital resource, in particular in 2020/21, a shortfall of **£817k**. The Board will undertake work to prioritise projects and manage this pressure however it is anticipated that additional capital resource will be needed in 2020/21 and in future years to address critical matters.

NHS Western Isles Capital Summary					
	2020/21	2021/22	2022/23	2023/24	2024/25
Buildings	250	250	250	250	250
Non Medical Equipment	150	150	150	150	150
Medical Equipment	850	650	650	650	650
IM&T projects	200	200	200	200	200
<i>Specific high priority projects:</i>					
OUAB dental redesign	400				
OUAB acute redesign		300			
Replacement Fluoroscopy		400			
Replacement scopes	200		200	200	
WIH electrics & plumbing			100	100	100
WIH roof			250	250	250
MRI Scanner					500
	2,050	1,950	1,800	1,800	2,100
Capital Resource Limit	1,233	1,233	1233	1233	1233
Overcommitted	-817	-717	-567	-567	-867

9.5 Should the board receive no additional capital support, the capital summary would be re-profiled as follows in order to not over commit:

NHS Western Isles Capital Summary					
	2020/21	2021/22	2022/23	2023/24	2024/25
Buildings	200	50	100	100	100
Non Medical Equipment	50	25	50	50	50
Medical Equipment	543	263	438	463	433
IM&T projects	100	25	75	100	100
<i>Specific high priority projects:</i>					
OUAB dental redesign	300	100			
OUAB acute redesign		250	100		
Replacement Fluoroscopy		400			
Replacement scopes	40	120	120	120	
WIH electrics & plumbing			100	100	100
WIH roof			250	250	200
MRI Scanner				50	250
	1,233	1,233	1,233	1,233	1,233
Capital Resource Limit	1,233	1,233	1,233	1,233	1,233
Under/ Overcommitted	0	0	0	0	0

9.6 The above numbers do not include provision for the St Brendan's replacement. The St Brendan's project is currently under review and alternative models of delivery being looked at with the support of Scottish Government. Currently under feasibility study, is the option of creating a community hub including a new school, leisure centre, hospital, etc.

We have not attached a financial budget against the St Brendan's project within the capital investment section of the Financial Plan, whilst there *will* be investment required for this project there are various factors affecting what a suitable forecast would look like at present.

- 9.7 The latest statistics from the AMR show that NHS Western Isles current backlog maintenance of £3m remains static including inflation comparing to 2012. This has been achieved through targeted backlog maintenance and in the refurbishment of existing assets. There is no backlog of significant or high risk items.

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Appendix 1

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Purpose: For Approval

Ref.	Proposal	Lead	R/NR	Saving 20/21 £'000	Saving 21/22 £'000	Saving 22/23 £'000	Financial Risk	System Risk	Political Risk
HSCP	Reduce the frequency and cost of off-island placements for mental health and social care patients/service users	CO	R	100	100	-	H	M	M
HSCP	Reduce prescribing costs by deploying primary care pharmacists and implementing 'script switch'	CO	R	100	200	-	H	M	L
HSCP	Review of Administration	CO	R	-	50	50	L	L	L
HSCP	Review of physiotherapy establishment	CO	R	76	-	-	L	M	L
HSCP	Review of OT establishment	CO	R	40	-	-	L	M	L
HSCP	Review of Podiatry establishment	CO	R	20	-	-	L	M	L
HSCP	Mental Health Redesign Efficiencies	CO	R	25	25	-	L	M	L
HSCP	Mental Health Redesign Efficiencies	CO	NR	150	-	-	L	H	M
HSCP	Primary Care OOH Redesign	CO	R	70	-	-	M	M	M
HSCP	Further Prescribing efficiencies by the employment of Community Prescribing advisors	CO	R	-	-	150	H	M	L
BRD	Non Clinical Vacancies - inability to recruit often due to demographics and geographical remoteness	HRD	NR	500	500	500	L	M	M
BRD	HEPMA - containment of some of the local implementation costs	ND	NR	50	50	50	L	L	L
HOSP	Increase in income streams within hotel services, Laundry, Catering and Residences	ND	R	70	50	30	M	L	L
BRD	Patient Path ways and the continuous use of Near me Clinics reducing the need to travel	ND	R	150	200	300	H	M	L
BRD	Reducing the travel management costs i.e. Booking in House	DOF	R	30	-	-	M	L	L
BRD	Limit Staff Travel to clinical need and statutory training	CEO	NR	100	50	50	M	M	L
HOSP	Exercise on all SLA to reduce cost by ensuring accuracy of recharge, decreasing off island referrals if service can be produced in house and looking at pre-op procedures	ND	R	300	200	200	H	L	L
BRD	Financial Flexibility	DOF	NR	400	400	400	H	L	L
HOSP	Theatre Supplies - changing to single supplier	ND	R	60	-	-	L	L	L
HOSP	More efficient and effect stock control managements	ND	R	30	20	-	M	L	L
Total				2,271	1,845	1,730			

Unidentified Saving assumed to be delivered in year for the 3 years of AOP	R/NR	Financial Risk	System Risk	Political Risk
<i>Hotel Services Redesign: To redesign/assess services in light of changes or transfer of some services into community and work closely with our social care partnership in designing services</i>				
Assess Staffing/Work load capacity	R	M	M	L
Reduce subsidy on both canteens, analysing future throughput in Uist and Barra with regards to hub development	R	H	M	M
<i>Review of Residences</i>				
Increase use of residences and build on the present working group set up to review residences	R	M	L	L
Charging maximisation and debt recovery improvement	R	M	L	L
<i>Waste Management:</i>				
Recycling of household board and hospital waste	R	M	L	L
Recycling of Theatre Waste	R	M	M	L
<i>Service Review</i>				
Detailed review of Laboratories systems and processes. Intervention to increase use of technology and increase efficiency, effectiveness and reliability	R	H	M	L
Stock Management of Reagents - losses and out of date stock, look to procurement for my efficient methods of ordering and controlling stock	R	M	M	L
Peer review of Theatre staffing and skill mix and detailed review of theatre stock and stock control methods	R	H	M	L

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Detailed review of pharmacy, stock and stock control measures, rebate recovery and efficiency and effectiveness	R	M	M	L
Review of Acute Services, reduction in length of bed stay, reducing delayed discharges, reducing time of post op procedures and demand optimisation	R	H	H	H
Further Opportunistic savings due to difficulty in recruiting to posts. Vacancy savings will not be targeted against specific posts and posts will not be kept vacant unless subject to redesign or demand does not require them to be filled.	NR	M	M	M
Efficient Use of Digital Technology on the Back Office function, realising time to care, reducing administration time. To include MORSE, Hybrid Mail, EMREC etc.	R	H	M	M
Back Office Review/Regional Savings and Once for Scotland	R	H	M	H
Review NHS Estate to ensure effective and efficient use of our estate	R	H	M	M