

## LDP Risk Management Plan

Health Board: NHS GREATER GLASGOW & CLYDE

### Use of Risk Management Plan

*Please insert Health Board name in the space provided above.*

*Please insert in the space provided for each target, the Health Board Lead responsible for the target.*

Boards should, as in previous years, use the LDP Risk Management Plan to provide contextual information on key risks to the delivery of each target and how the risks are being managed. Within the template, the description of the key risk should be provided in the first column and detail on how the risk is being managed should be provided in the second column. Cross-reference to local plans should be made where necessary.

- **Delivery and Improvement:** briefly highlight local issues and risks that may impact on the achievement of targets and/or the planned performance trajectories towards targets and **how these risks will be managed**.
- **Workforce:** brief narrative on the workforce implications of each of the HEAT targets **where appropriate and relevant**. This should include an assessment of staff availability to deliver the target, the need for any training and development to ensure staff have the competency levels required, and consideration of affordability cross referenced to the Financial Plan.
- **Finance:** **where applicable** boards should identify and explain any specific issues, e.g. cost pressures or financial dependencies specifically related to achieving the target. There is **no need to repeat generic financial risks** that apply to all targets.
- **Equalities:** **where applicable**, boards should outline any risks that the delivery of the target could create unequal health outcomes for people with protected characteristics, and/or for people living in socio-economic disadvantage; and how these risks are being managed.

## HEATS TARGETS FOR 2013/14

To increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25%, by 2014/15.

At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12<sup>th</sup> week of gestation by March 2015 so as to ensure improvements in breast feeding rates and other important health behaviours.

Reduce suicide rate between 2002 and 2013 by 20%.

To achieve 14,910 completed child health weight interventions over the three years ending March 2014.

NHSScotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board SIMD areas over the three years ending March 2014.

At least 60% of three and four year old children in each SIMD quintile to receive at least two applications of fluoride varnish (FV) per year by March 2014.

NHSScotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009.

Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) from March 2013; reducing to 18 weeks from December 2014; and 18 weeks referral to treatment for Psychological Therapies from December 2014.

Eligible patients will commence IVF treatment within 12 months by 31 March 2015.

To deliver expected rates of dementia diagnosis and by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan.

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

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

Further reduce healthcare associated infections so that by 2014/15 NHS Boards' *staphylococcus aureus* bacteraemia (including MRSA) cases are 0.24 or less per 1000 acute occupied bed days; and the rate of *Clostridium difficile* infections in patients aged 15 and over is 0.25 cases or less per 1,000 total occupied bed days.

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

**To increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25%, by 2014/15**

<b>NHS BOARD LEAD:</b>	<b>Jonathan Best, Director of Regional Services</b>
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**Delivery and Improvement**

<b>Risk</b>	<b>Management of Risk</b>
The demand surge related to the media campaigns will severely impact on the Acute Divisions ability to meet other cancer performances standards, e.g. 62 & 31 days.	Most up-to-date figures comparing October 2011 and October 2012 regarding GP referrals into breast surgery suggest an increase of 37.6% in all GP referrals into breast surgery (including a 55.6% increase in Urgent Suspected Cancer GP referrals). Whilst this demonstrates that the public awareness campaign is successful, this places significant strain on surgical and diagnostic services which could lead to delays and pressures within existing performance targets.
The baseline data which will be used for projecting the success of the initiative was only agreed in the latter part of 2012. (i.e. 2011 baseline).	Projections on the 25% trajectory will have to be revised and agreed via the DCE Programme Board. NHS GG&C baseline data has been submitted timeously from the Clinical Effectiveness Department to ISD.
There are ongoing gaps in the availability, and recording of staging data at MDT in NHS GG&C.	As part of the bidding process, £126k has been requested and agreed to provide MDT coordination support. This will ensure that data sets are complete, including staging data, and allow the Board to respond in real time and understand variances from trajectory.
At November 2012, despite the increase in referrals, the number of actual Breast cancers decreased from 1:18 referrals to 1:30 referrals at the Breast Surgery clinics. There is a risk therefore that services end up with an additional 'incidental finding' workload pressure from investigations which turn out not to be cancer related.	Services will be asked to consider their follow up protocols for cases that are incidental findings and not related to a diagnosis of cancer.
There is an unpredicted rise in the number of early stage cancers being detected; this will lead to an increase in the number of radical treatment requirements and create challenges in Specialist Oncology Services.	The actual length of time to deliver a radical treatment in radiotherapy is considerably greater than that of a palliative treatment. The BWoSCC has estimated a change from palliative to radical of 8% across the three tumour types. This predication may not be accurate and resources will need to be flexed based on the reality of the campaigns clinical outcomes.
There is a plan to revise the referral	A bid for DCE modernisation funding has been

process for respiratory investigations ahead of the impact of the lung campaign. This would involve GPs referring patients straight to test in diagnostics, rather than respiratory for onward investigations.	developed within GGC to redesign the referral process to achieve straight to test for lung patients.
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### Workforce

Risk	Management of Risk
The recurring workforce required to cope with the predicted demand surge are being assessed.	Services are using non recurring initiatives to cover peak demand related to national media campaigns and assess the on going manpower requirement to meet and sustain the step up in activity.

### Finance

Risk	Management of Risk
The total bid value from NHSGG&C is in excess of the available resources year on year allocated to the Programme and a prioritisation exercise will be undertaken. This does not take account of the impact of an unexpected increase in demand.	The DCE Programme Board will prioritise the bids ensuring that only those bids which directly influence the success of the DCE Programme outcomes are shortlisted for funding consideration.
There is the potential to be a shortfall in recurring revenue to support the ongoing costs associated with the DCE Programme (recurring revenue reduces by 50% in year three across NHS Scotland).	It is likely that the initial financial support for the DCE programme will have non recurring elements in the first 24 months. This would support the initial 'start up' costs. Service bids will identify how the revenue consequences will be reduced in year three.

### Equalities

Risk	Management of Risk
There is a high risk that the more affluent 'worried well' will present for reassurance.	We will review referral demand changes by postcode area to assess if there is a balanced increase across all geographical areas. This will allow the Board to determine if a more focussed approach is required.

**At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12<sup>th</sup> week of gestation by March 2015 so as to ensure improvements in breast feeding rates and other important health behaviours**

<b>NHS BOARD LEAD:</b>	<b>Kevin Hill, Director of Women and Children's Services</b>
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**Delivery and Improvement**

<b>Risk</b>	<b>Management of Risk</b>
Women do not know who to contact when they have a positive pregnancy test.	<p>Social marketing strategy being considered by the Antenatal HEAT Target Steering Group and Corporate Communications colleagues. Initiatives being considered include conducting an audit of late bookers to understand why there was a delay in their presentation.</p> <p>Discussion will take place between acute and primary care/GP colleagues to ensure robust channels of communication are established and maintained.</p>
Women presenting close to or later than 12 weeks.	<p>Various options are being considered. These include changing the current appointment system to provide booking visit split into two to enable women to have first appointment by 10 weeks, including full booking and screening and second appointment between 11 – 13+6 weeks for ultrasound.</p>
Requirement for central electronic booking to process SCI referrals	<p>As part of a national target and in line with the KCND model, we will fully participate in national campaigning to raise awareness of the benefits of early referral. At a local level, there will be a shared role between acute and primary care in ensuring women know the benefits of early contact, particularly women who will be high risk for clinical or social reasons. Joint working will be planned and monitored between acute and CH(C)Ps through the Child and Maternal Health Strategy Group. CH(C)Ps will use local community planning partnerships to raise awareness of early contact and initiatives such as Solus screens in GP surgeries/Health Centres and other social media. We will also work with a range of third sector networks, such as the Glasgow Council for Voluntary Services and the Social Care Ideas Factory to seek support in promoting awareness.</p> <p>Antenatal HEAT Target Steering Group is</p>

	considering options including central booking point and early triage of SCI referrals by midwives. This could also include patient focussed booking to allow patient choice and ensure optimal utilisation of slots. This work is being done jointly with GP and Health Records colleagues.
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## Workforce

Risk	Management of Risk
Midwife required at all antenatal visits, including those only for US, as referral may be required.	Workforce requirements being assessed as part of RIE work. Proposals underway to reduce the number of community spokes across GGC. This work will involve workforce planning across the ante and postnatal pathways and will take into account the requirements of the HEAT Target. It is anticipated that reduced travel time will increase the opportunity for face to face contact time.
Availability of Health Improvement staff to provide necessary interventions.	Work underway as part of Rapid Improvement Event action plan and SLWG established by Health Improvement Team to understand requirements of redesigned hub and spoke pathway to enhance joint provision of care. This work will take account of HEAT target. Fewer spokes will help to improve the efficiency of overall contact time across all members of the multidisciplinary team.

## Finance

Risk	Management of Risk
Financing additional costs of new system of working including staffing central booking service and marketing campaign.	Discussions currently underway to assess requirements.  Steering Group working with Communications colleagues to assess requirements and resource implications.

## Equalities

<b>Risk</b>	<b>Management of Risk</b>
Inequitable access across NHSGG&C. Not successful in targeting vulnerable women.	Implementation of plans as described above. Monitoring of women, and number of weeks, by postcode and age.  Implementation of central booking required to enable Greater Glasgow roll-out initially, although any new system should be GGC wide. If not possible or not financially viable, inequitable access to services < 12 weeks for Greater Glasgow versus Clyde women will continue.

## Reduce suicide rate between 2002 and 2013 by 20%

<b>NHS BOARD LEAD:</b>	<b>Trevor Lakey, Health Improvement &amp; Inequalities Manager</b>
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### Delivery and Improvement

<b>Risk</b>	<b>Management of Risk</b>
<p>Wider economic and social factors exert an upward pressure on suicide rates, which is likely to have a disproportionate effect in Greater Glasgow and Clyde given demographic profile of Board area.</p> <p>Challenge of coordination of suicide prevention overall approach across multiple planning structures.</p>	<p>Such wider societal factors are likely to have an influence on suicide rates within the Health Board, so we must ensure our suicide prevention efforts remain focused in order to have maximum impact; we will ensure that suicide prevention programmes develop active linkages to allied work on risk factors, including economic aspects, wider mental health improvement and resilience work, including emerging approaches on community assets.</p> <p>GGC Suicide Prevention Planning Group now established acting as a leadership and coordination mechanism across the Board area. With allied structures it is assisting in prioritising activity both within clinical settings (including adult mental health services, CAMHS, A&amp;E, primary care) and with wider partners, including local authority led Choose Life programmes; two formal papers have been prepared and delivered to the Health Board (April and December 2012) and a detailed workplan is now in development Support will also be provided to each of the local authority based Choose Life programmes, with an emphasis on supporting evidence-based approaches in community settings.</p>

### Workforce

<b>Risk</b>	<b>Management of Risk</b>
<p>Potential loss of momentum in terms of suicide prevention training and allied activity following achievement of H5 Suicide Prevention Training target by December 2010.</p>	<p>Continued emphasis on implementation of a detailed staff training plan, with detailed staffing projections prepared for each relevant part of the system and with monitoring and reporting arrangements in place; new development work around training inputs and opportunities for both GP setting and A&amp;E coupled with continued leadership work to ensure profile of suicide prevention and allied work on self harm support receives attention and action required.</p>

## Finance

Risk	Management of Risk
<p>With overall finances under pressure, there may be lack of resource to ensure sufficient on-going training and allied activity to support allied suicide prevention work.</p>	<p>Developing closer partnership working arrangements, particularly in Glasgow City, to ensure limited financial and staffing resources are utilised to best effect; this will include continuation of joint arrangements for organisation and delivery of staff training, including shared resourcing of this with key departments in City Council, with effort made to ensure similar arrangements remain in other local authority areas, or are updated where necessary; maximising use of in-house trainers and venues will be part of this strategy.</p>

## Equalities

Risk	Management of Risk
<p>Risk that equalities and inequalities considerations are not given sufficient attention in the overall suicide prevention work programmes.</p>	<p>Ensure a strong focus on inequalities issues, both in the new NHSGGC group, in the multi-agency Choose Life programmes and in planning within CH(C)Ps and other structures.</p> <p>The GGC Suicide Prevention Planning Group is including overt attention to equalities and inequalities issues in its planning approach, including the major issue of impact of the recession, and a focus on high risk groups, drawing on recent research (e.g. Samaritans work on men and suicide)</p>

## To achieve 14,910 completed child health weight interventions over the three years ending March 2014

### Delivery and Improvement

Risk	Management of Risk
Data error as data being transferred to national data base.	Ensure quality assurance checks are carried out locally by H3 leads.
Increased risk of error due to handling of data by non NHS/ multiple users.	<ul style="list-style-type: none"> <li>• Accuracy of recorded data monitored and inaccuracies shared with local areas. Local areas to address recording quality issues locally.</li> <li>• Ongoing data error feedback to local H3 leads, Coach Managers and coaches ensuring data recording improvements.</li> </ul>
Programme is unsuitable to target audience of older teenagers within H3 age band.	<ul style="list-style-type: none"> <li>• Best practice of delivery to older teenagers (within H3 age band) sought from literature review.</li> <li>• Survey monkey to be developed and distributed amongst older teenagers (within H3 age band) to inform amendment of content and delivery of a weight management programme.</li> </ul>
Continued participation of education departments (x6) in the delivery of School based programme due to end of funding March 2014.	<ul style="list-style-type: none"> <li>• Programme learning and content shared at local education forums and training days.</li> <li>• Programme content adjusted and incorporated in "Your Body Matter" resource.</li> <li>• Training and resources made available for those schools and teachers interested to continue delivery of programme past funding period.</li> </ul>
Inadequate data collection and/ or measurement consent achieved within School based programme	<ul style="list-style-type: none"> <li>• Levels of consent for data and measurements are monitored.</li> <li>• Consent levels monitored between areas of "opt in" versus "opt out".</li> <li>• Each area assesses local actions on a regular basis based on figures presented in regards of consent rates and participation.</li> </ul>
Maintaining delivery levels across multiple CH(C)P and Local Authority Partnership arrangements	<ul style="list-style-type: none"> <li>• CH(C)P delivery monitored within the Organisational Performance Review process.</li> <li>• Each local authority area implementation group identify and address local problems. Each area is represented at steering group and provides regular status reports.</li> <li>• Quarterly reports provided to steering group with up-dates on progress.</li> <li>• Additional localised data provided to local implementation groups.</li> </ul>
Recruitment of sufficient numbers of children >91 <sup>st</sup> centile based on average class size and centile distribution.	<ul style="list-style-type: none"> <li>• Number of classes modelled to deliver target children with a BMI &gt;91<sup>st</sup> centile based on average centile distribution. Delivery arrangements in place to support required</li> </ul>

	<p>number of classes.</p> <ul style="list-style-type: none"> <li>• Actual numbers of completers against quarterly local trajectories monitored and fed back.</li> <li>• Financial modelling carried out creating increased flexibility of coach movement to meet increased demand for additional class delivery if numbers of completers are low.</li> </ul>
Recruitment of sufficient numbers of children >91 <sup>th</sup> centile to intensive community based programme.	<ul style="list-style-type: none"> <li>• Individualised letters sent out to each child identified with a BMI &gt;91<sup>st</sup> centile in the school based programme, encouraging contacting more intense community based programme.</li> <li>• Local implementation groups reviews communication plans and focuses efforts, based on localised referral information provided e.g. GP Practices, School Nurses.</li> <li>• Local areas experiment with different approaches to encourage uptake of community based programme of those identified in school based programme.</li> <li>• Coaches, where possible, follow up letters sent home to parents from the school based programme with a phone call.</li> </ul>

### Workforce

Risk	Management of Risk
Difficulties in recruitment and retention of coaches due to increased market value of workforce.	<ul style="list-style-type: none"> <li>• Additional advertisement locally has increased recruitment but coach supply continues to be a challenge.</li> <li>• Availability of coaches has varied across the system, solutions include use of staff flexibly across other local authority areas.</li> <li>• Additional training is delivered as new training needs emerge.</li> <li>• Areas of pressure/opportunity to accelerate activity are routinely identified and discussed with Local Authority partners.</li> <li>• NHSGGC is working closely with LA colleagues to identify emerging coaching pressures and an ongoing training programme has been developed to support recruitment and skilling up of new coaches.</li> </ul>

### Finance

Risk	Management of Risk
Allocated budget for H3 does not include tertiary intervention for children >99.6 <sup>th</sup> centile who therefore are at risk of not receiving appropriate treatment.	<ul style="list-style-type: none"> <li>• Those suitable for tertiary intervention at GP Practice level are currently referred to ACES via specialist service.</li> <li>• Specialist service has secured other financial avenues for funding an additional component for those in line with national guidelines, which is</li> </ul>

	extra and beyond what is currently delivered in ACES.
Development of a community based service model which is sustainable with limited funding.	Model for community based programme is currently being explored with aim to secure future delivery for intensive level intervention.
Multiple service level agreements with Local Authorities requires ongoing financial monitoring arrangements.	Management of service contracts is undertaken by CH(C)Ps and exception reports made to Steering Group.

**NHSScotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board SIMD areas over the three years ending March 2014**

<b>NHS BOARD LEAD:</b>	<b>Fiona Dunlop/Rebecca Campbell, Health Improvement Leads</b>
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**Delivery and Improvement**

<b>Risk</b>	<b>Management of Risk</b>
Variation in performance across CH(C)Ps and sectors, and across the strands of the Smokefree (SF) service.	<p>Quarterly monitoring of performance of local services/strands of the service through the Tobacco Planning and Implementation Group (PIG), Maternity Management Group (for SF Pregnancy Service), Acute Health Inequalities Group (SF Pregnancy and Hospital Service) and Senior Management Group (SF Pregnancy and Hospital Service). Performance also monitored through OPR process.</p> <p>Addressing issues of performance though sharing of best practice across areas, standardised mentoring/training and support for cessation staff, support meetings with relevant areas, and setting relevant performance targets.</p>

**Workforce**

<b>Risk</b>	<b>Management of Risk</b>
Issues with capacity in smaller CH(C)Ps to deliver cessation services at certain times.	Issues highlighted through the Tobacco PIG and solutions identified in partnership, including support from staff from other areas to deliver services and the use of sessional staff on zero hours contracts to provide short term cover.
Difficulty in releasing staff to attend relevant training on tobacco.	Development of generic health improvement training package to reduce competition between topics for staff.

**Finance**

<b>Risk</b>	<b>Management of Risk</b>
Annual allocation of tobacco budget affecting longer term planning in terms of staff and programmes	Liaise with Scottish Government to continue to provide timely communication reassuring the organisation that funding will be maintained at a similar level as previous year to avoid termination of contracts at year end.

**Equalities**

<b>Risk</b>	<b>Management of Risk</b>
Service failing to meet the needs of equalities groups	Analysis of service use/outcomes by equality stands on annual basis and report to Tobacco FIG. Establish working group to analyse data, identify key areas for action and develop system wide action plan to address these issues – focus on minority ethnic groups, and SIMD 1 and 2.

**At least 60% of 3 and 4 year old children in each SIMD quintile to receive at least two applications of fluoride varnish (FV) per year by March 2014**

*Please note trajectory not updated as data problems nationally, will need to be revisited once baseline data becomes available.*

<b>NHS BOARD LEAD:</b>	<b>Karen Murray, East Dunbartonshire CHP Director</b>
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**Delivery**

<b>Risk</b>	<b>Management of Risk</b>
<p>0-2 year 11 months dental registration and attendance (ISD - 48.22% as at March12).</p> <p>Child Health Surveillance – Childsmile Referral is now a mandatory field at 6-8 week Health Visitor assessments. (CHS - 50% completed in CHS as at July 2012).</p> <p>Not every GDP in NHSGGC will register 0-2 year olds and offer fluoride varnish application as a routine caries prevention treatment for children.</p>	<p>Dental Registration and attendance requires to be 100%. All Health Visitors are aware/have copies of the Childsmile Early Years Pathway which includes referral to Childsmile Programme and ongoing dental registration and attendance. OHD Childsmile Team engage with CH(C)Ps and offer support.</p> <p>Childsmile Referral commenced in NHSGGC on 4.1.2012 as a mandatory field at 6-8 week Health Visitor (HV) assessments and HV require to complete this. This is also in the parents 'red book'.</p> <p>East Dunbartonshire, West Dunbartonshire and East Renfrewshire CH(C)Ps are in progress of recruiting an additional 6.4wte Dental Health Support Workers (DHSWs) to assist Health Visitors in the delivery of Childsmile Programmes. All other CH(C)Ps Health Visiting Teams are funded for DHSWs to facilitate dental registration/attendance/oral health improvement.</p> <p>Childsmile referral is discussed with parents at 6-8 weeks and will be further discussed at new 30 month assessment</p> <p>NHSGGC have 263 GDS practices (of which 12 are Orthodontic) and 713 NHS Dentists. All are aware of the Childsmile Programme and their responsibilities which has been detailed in the National Statement of Dental Remuneration since October 2011</p> <p>80% of GDS are participating in Childsmile Programme. 20% (52) Practices are not participating. Engagement has taken place with most of these – it is planned to fully involve CH(C)P local Oral Health Action Teams (OHATs) in encouraging/support all practices</p>

	<p>and to visit non participating GDS. OHD Director attends Area Dental Committee and GDP Sub Committee and updates and encourages representatives to participate and encourage colleagues to deliver the Childsmile Practice Programme.</p> <p>GDPs continue to be made aware that Extended Duty Dental Nurses (EDDNs) can attend NES SVQ training and when satisfactorily completed assist GDPs in delivery of the programme</p> <p>Childsmile Operational Team provides regular two way communication to GDP's to promote Childsmile.</p>
<p>Oral Health Directorate continues to be financed for Childsmile Nursery to offer FVA to 20% of most deprived Nursery population. (4,637 Children)</p>	<p>84 Nurseries targeted by Childsmile Team and FVA delivered twice yearly to consenting children.</p> <p>Dental Public Health to review the proportion of children receiving FVA in school. Introduce a Dental Care Pathway for those school children who are able to receive dental care in GDS/CSDS. When agreed nursery locations targeted will be increased.</p>
<p>Consent rates for FVA are low in targeted Childsmile Nurseries and GDS.</p>	<p>Consent rates for Nurseries is 76%. Oral Health Directorate is working in partnership with CH(C)Ps/Education to promote increased consent for the Programme.</p> <p>New negative consent process introduced in August 2012 - version 7, this should improve consent rates and is being monitored.</p> <p>The consenting processes in Childsmile Nursery are continually audited to identify additional methods to improve parental consent rates.</p> <p>Work in CH(C)Ps to promote increase in consents to the Programme.</p> <p>Childsmile now have eight Childsmile Vans and promotional material which assist in promoting, marketing and delivery of the Programme.</p> <p>GDS all aware of the Childsmile Programme and their responsibilities.</p>

## Workforce

Risk	Management of Risk

## Finance

Risk	Management of Risk
Insufficient National funds for delivery of all Childsmile Programmes at existing NHSGGC targets	Oral Health Directorate are within budget but are reviewing number of schools in Childsmile School Programme, the result may be to increase number of children receiving programme in nursery.

## Improvement

Risk	Management of Risk
The children at greatest risk of developing dental decay may not attend GDS and consent rates for FVA in this group in Nursery setting may be low.	<p>Nursery Toothbrushing Programme continues to be supported and promoted.</p> <p>'Smile Too' accreditation is being supported and uptake 90+% (481 NHSGGC nurseries).</p> <p>All CSDS promote Childsmile/FVA.</p> <p>Community Development continues to be delivered by OHATs.</p>

## Equalities

Risk	Management of Risk
Inequalities may be increased as the more affluent children may be more likely to attend GDS regularly and consent rates for children in lowest deprivation quintiles may mean that a high percentage of these children will not access FVA either through GDS or through Childsmile Nursery.	<p>Dental Health Support Workers (DHSWs) will assist in Oral Health Improvement activities/promotion of FVA.</p> <p>Childsmile will become integral to Health Visitors' routine activities.</p> <p>Dental Health Support Workers to facilitate dental attendance for FVA for this group.</p> <p>Ante-natal Co-ordinator starting on 11 February to continue input with midwives and into maternity clinics to promote improved diet and use of fluoride toothpaste especially by less affluent families and to arrange registration with a dentist. Introduction to Childsmile is also part of this role.</p>
Consent/Literacy.	<p>Childsmile consent material is available in three different languages and Childsmile Easy Read format.</p> <p>Interpreting services are used to assist families if required.</p>

## NHSScotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009

<b>NHS BOARD LEAD:</b>	<b>Alex McIntrye – Director of Estates</b>
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### Delivery and Improvement

<b>Risk</b>	<b>Management of Risk</b>
Impact of the evolving physical estate and double running of new/old properties, continues to be a pressure, resulting from the major developments under way within the Board. Resulting in a short to medium term short fall on national carbon emissions targets.	<p>This trend is expected to reverse once site closure programme is delivered 2016/17. The NHSScotland Carbon Reduction Programme (CRP) for funding has approved two carbon neutral (Biomass) project proposals at RAH and IRH and one Large Carbon Reduction Project (New Boilers) for GGH. There is also approval for £1m in Energy Efficiency Projects been put in place through the Scottish Government's 'Eco-Hospital Scheme'.</p> <p>The Carbon Management Plan in partnership with the Carbon Trusts now entitled Carbon Management Revisited programme is now complete and was signed off by the Chief Operating Officer on 30 March 2012. This will map our energy and carbon management aims, targets and priorities for the next three years.</p>

### Workforce

<b>Risk</b>	<b>Management of Risk</b>
Workforce loses sight of overall need to maintain and indeed improve energy utilisation.	An 'Energy & Carbon Reduction Awareness Campaign' for staff, patients and visitors during 2012/13 and 2013/14 under the 'Ecosmart' banner is planned with initial rollout targeting facilities catering and domestic staff during early part of 2013 with additional awareness training being carried out throughout the year to other groups of staff.

### Finance

<b>Risk</b>	<b>Management of Risk</b>
<ul style="list-style-type: none"> <li>• Increasing cost of utilities.</li> <li>• CRCEES Carbon Tax Burden (Circa £1.6m).</li> <li>• Impact of austerity measures on investment opportunities.</li> </ul>	Investigate investment options from ESCO service providers, to develop opportunities to minimise the impact of rising utility costs and CRCEES tax burden.

## Equalities

Risk	Management of Risk
Climate change resulting from carbon and greenhouse gas emissions poses potential risks to human health and threatens to widen health inequalities between rich and poor populations in the UK as well as the rest of the world.	Maintain and adapt NHSGG&C exemplar Sustainable Development Action Plan to minimise the impact of our activity on both the local and national environment via our exemplar sustainability governance structure, leading by example in our partnership working arrangements with: <ul data-bbox="719 548 1342 649" style="list-style-type: none"><li>• The Carbon Trust.</li><li>• Good Corporate citizenship programme.</li><li>• Glasgow Climate Change Partnership.</li></ul>

**Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) from March 2013; reducing to 18 weeks by December 2014; and 18 weeks referral to treatment for Psychological Therapies from December 2014**

## **CAMHS**

<b>NHS BOARD LEAD:</b>	<b>Stephen McLeod, General Manager</b>
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### **Delivery and Improvement**

<b>Risk</b>	<b>Management of Risk</b>
<p>Dedicated Functional teams at Stage 3 and 4 have increased access to services for specific vulnerable care groups. This improvement in access to services for vulnerable children and young people risks overwhelming locality services in terms of increase in numbers referred.</p> <p>Variations on waiting times across teams in GGC and consistent reporting of data to monitor demand and capacity levels.</p>	<ul style="list-style-type: none"> <li>• Maximising activity at Stage 3 by increasing levels of staff and ensuring staffing of each team is consistent and provides the best evidenced mix of skills and competencies.</li> <li>• We will regularly review and agree best evidence criteria for managing demand including implementing CAPA demand and capacity model across all Health Board wide CAMHS services to maximise delivery at Stage 3 and supporting this with specific expertise at Stage 4.</li> <li>• We have agreed monthly data collection and activity processes for monitoring demand and capacity levels. These are compared against Trajectories for Weeks Waiting and Numbers Waiting above 26 weeks with monthly interrogation of those breaching trajectory targets.</li> <li>• We have provided additional workforce capacity to assist with longest waits by arrangement.</li> <li>• We will use the seven helpful habits of effective CAMHS programme.</li> <li>• We are preparing an Evidence Based Practice Specification for CAMHS which provide guidance to staff on the best evidenced therapies to be used.</li> <li>• EMIS Web based patient management system being introduced across CAMHS services during 2013.</li> </ul>
<p>Inconsistency of referral processes.</p> <p>Triage and ICP provision insufficient and historic.</p>	<ul style="list-style-type: none"> <li>• We are continually reviewing case management processes within locality CAMHS and developing single patient management system to share with other CAMHS teams across GG&amp;C.</li> <li>• We have put in place consistent referral criteria over GGC and continually review.</li> </ul>

	<ul style="list-style-type: none"> <li>We will use the IAF assessment to create integrated multi-agency assessments.</li> </ul>
Tier 2-Early Intervention teams currently provide pre-referral/consultation/training to other Health staff and partner agencies. Delivery of this work is not considered direct clinical care and may have an impact on the achievement of the psychological therapies target for CAMHS.	<ul style="list-style-type: none"> <li>We are preparing a Tier 2- Early Intervention Specification to clearly outline the services to be delivered by CAMHS at this level. This will need to take cognisance of the Psychological Therapies defined within the target and may require an increase in the non-direct clinical care services provided.</li> </ul>

## Workforce

Risk	Management of Risk
<p>Workforce is primarily made up of part time, female staff of child bearing age.</p> <p>Uptake of family friendly policies.</p>	<ul style="list-style-type: none"> <li>We are currently planning our workforce on the basis that that is likely to be part time and with career breaks and we are skill mixing workforce where possible to provide maximum flexibility.</li> </ul>
<p>Implementation of the agreed CAMHS workforce model for GGC will take time with movement of staff geographically and filling of vacancies. This may have a short term impact on the skill mix available in the teams with some disparity across GGC.</p>	<ul style="list-style-type: none"> <li>Movement of staff will be conducted with staff partnership and HR involvement and will be conducted with the principle of 'least disruption' in order to maintain service delivery standards across teams.</li> </ul> <p>This work will be conducted through a prompt process with vacancies filled quickly and appropriately to bring teams up to full compliment/skill mix. We have completed our workforce change process with full HR and partnership involvement. A plan has been established for our smaller teams to deliver their more specific services.</p> <p>Only outstanding recruitment is:-</p> <p>Child &amp; Adolescent Psychotherapist Systemic Psychotherapist Psychiatrist (New East Renfrewshire Team in the process of being established)</p> <p>The overall impact is that the CAMHS teams will have the number and type of staff required to deliver the best CAMHS Services available across GGC.</p> <p>If all planned deadlines are made the target will have been met before the funding finishes in 2014 and the processes to maintain this will have been embedded into the everyday working of Specialist Children's Services teams.</p>

	The plan is based on some workforce redesign and some CRES available from the redesigns and productivity improvements by the use of EMIS Web but full EMIS Web implementation and the workforce changes may not be achieved at this point and timelines may have to be extended.
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## Finance

Risk	Management of Risk
Increased pressure as reduced waiting time potentially leads to increased demand.	<ul style="list-style-type: none"> <li>• Monitor and review referral criteria, and referral patterns.</li> <li>• Ensure flexibility of workforce</li> </ul>
Current financial pressures nationally, and within NHSGGC and the impact of Agenda for Change and its inflationary pressure.	<ul style="list-style-type: none"> <li>• We have developed our workforce within our current resource where possible.</li> </ul>
Training needs of staff may identify gaps in skills in relation to identified psychological therapies interventions.	<ul style="list-style-type: none"> <li>• We have a skill-matrix in place and are establishing training requirements.</li> <li>• Identify capacity to deliver in-house training where appropriate.</li> </ul>

## Equalities

Risk	Management of Risk
Risk of not identifying areas of significant need in the population. There is a need to ensure that we redesign in a way that improves services for all groups of children and young people.	<ul style="list-style-type: none"> <li>• We are implementing a programme of EQIAs on all Service Redesign.</li> <li>• We are creating a Single Patient Management System for Children and Young People's Specialist Services which will improve data sharing across teams in Specialist Children's Services and improve activity, outcome and equalities data collection and profiling.</li> <li>• We are developing service user involvement within CAMHS as a core element of all service redesign and planning.</li> <li>• We are working towards the CAMHS Balanced Scorecard indicator in relation to Access to Services for traditionally excluded groups.</li> <li>• We are working closely with Child and Maternal Public Health in the identification and use of relevant epidemiology in relation to specialist children's services and ensuring that all redesign is set within evidenced based practice and interventions.</li> </ul>

## Psychological Therapies

<b>NHS BOARD LEAD:</b>	<b>Fiona McNeill (Head of Mental Health, Renfrewshire CHP)</b>
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### Delivery and Improvement

Risk	Management of Risk
<p>There is a risk that data is not being recorded on a consistent like-for-like basis due to:</p> <ul style="list-style-type: none"> <li>• The reporting pathway does not always accurately reflect how teams are configured to deliver their services.</li> <li>• Some services are providing activity data via a manual template rather than through PIMS.</li> <li>• The level of engagement by all staff with the PT HEAT target and the culture of continuous service improvements.</li> </ul>	<p>Steering Group will ensure continued liaison with national reference groups to ensure ongoing development of the eligibility criteria including all likely patient pathways.</p> <p>Continue the proactive communication and engagement with CH(C)P/Sector Directors and Operational Managers</p> <p>CH(C)P/Sectors managing their local implementation plans with Operational Leads noting and addressing local implementation issues</p> <p>Face-to-face meetings and ongoing communication through the Operational Leads to local teams/services to improve understanding of the requirements of the HEAT target</p> <p>Ongoing support from IT and management support regarding the required data to input and to note the PT FAQs as a guide for what activity is and is not included in the target – encouraging closer working between IM&amp;T and clinical staff and also to promote that target as a catalyst for continuous service improvement.</p> <p>Ongoing assurance of the PIMS data by IT staff</p> <p>Ongoing monitoring and scrutinising of the manual template returns by IT staff</p> <p>Develop training for clinical and administrative staff to use reports to highlight erroneous data and to assist with quality assurance of information.</p> <p>Steering Group and Operational Leads Group to promote understanding about and use of continuous improvement methodologies.</p>
<p>Risk associated with a potential increase in demand, challenging the capacity of psychological therapy services to deliver (higher caseloads and workforce saturation) as awareness of the</p>	<p>Managed through system redesign, improving pathways, understanding the flow and supporting the workforce to review caseloads.</p> <p>Local implementation workplans to promote local teams to further their knowledge and understanding</p>

target increases.	of the demand and capacity on the services they provide.
There is a risk that services fail to meet waiting time trajectories	<p>Trajectories of the %age of patients who waited for more than 18 weeks are reported quarterly to the corporate performance process.</p> <p>Monthly performance trajectories are distributed to CH(C)P/Sector Directors and Operational Managers.</p> <p>The Operational Leads Group is focused on using implementation plans that link to the local performance trajectories to be able to monitor service changes.</p>
Very challenging redesign process required, on top of current work responsibilities	<p>National Improvement Adviser is encouraging teams/services and staff trained in service improvements to use the skills and knowledge within their work area to focus on demand and capacity issues to understand and promote service improvements.</p> <p>QuEST funding is allocated to projects that promote the use of continuous service improvement methodologies and work towards delivering the PT HEAT target.</p>
Some services have significant historical backlogs.	<p>Waiting List initiative to address some of the historical backlogs that have been identified.</p> <p>There is a continued focus on service improvement work.</p>
The use of clinical outcome measures is not routine across the organisation – leading to insufficient information on which to base service improvements.	Pursuing options to have an electronic solution that would provide consistent information evaluated at the individual patient, staff and service levels.

## Workforce

Risk	Management of Risk
Implementation and management support for the delivery of the target is only provided, through QuEST funding, up to March 2014.	Pursue options to identify sources of funding for the Programme Management Support post, IT support roles and support for service improvement initiatives to continue beyond March 2014 to March 2015. Undertake a scoping exercise over the next three months to quantify the work programme support requirements and potential sources of funding beyond March 2014, and ensure that these requirements are flagged through both the organisation's financial planning mechanism and through the IM&T Review of the Provision of Information Services. Scoping exercise will include an impact assessment.

<p>The skill mix and distribution of therapy staff across the various settings and care groups may mean some parts of the organisation are less well resourced to deliver and supervise treatments than others.</p>	<p>Use the information from the Board wide workforce capacity audit relating to Psychological Therapies to understand the level of skilled resource across the care groups and inform local learning opportunities and training plans.</p> <p>Promote flexibility of resources within the workforce. Repeat Psychological Therapy capacity audit to monitor the allocation of training resources.</p>
<p>Insufficient numbers of appropriately trained staff to deliver the volume of interventions required.</p>	<p>Continue to maximise the training opportunities provided by NES Psychological Therapies Programme, as well as using the capacity to deliver in-house training.</p>
<p>Insufficient numbers of trained Psychological Therapies supervisors to support increased training and safe and effective delivery.</p>	<p>Use detail from completed Capacity Audit to inform further service developments and the potential flexibility of staff resources.</p> <p>Maximise NES and in-house supervision training opportunities for Psychological Therapies Supervisors.</p>
<p>The extent of administrative support that services who deliver Psychological Therapies have available, will be a key factor in both their ability to deliver the target and to make the significant improvements required.</p>	<p>Raise awareness through Operational Leads about including the role and support provided by administration colleagues when undertaking service improvements and reviewing the overall capacity to deal with the demands on their service.</p> <p>Establish a process to explore the impact of the HEAT target on administration staff.</p>

## Finance

<b>Risk</b>	<b>Management of Risk</b>
<p>Support for IT infra-structure to accommodate the collection and analysis of related activity.</p>	<p>Current QuEST funding for service improvement staff from IT to assist Clinical and Administrative staff regarding the accurate collection and reporting of data.</p> <p>Flexible use of resources, e.g. PsyCIS, to assist with the data assurance work.</p>
<p>There may be insufficient investment to meet the needs of a particular area or care group.</p>	<p>Ensure links to training plans – issues may be more around skills rather than numbers.</p> <p>Use detail from completed Capacity Audit to inform further service developments and the potential flexibility of staff resources.</p> <p>Ensure service improvements provide a focus for efficiency, effectiveness and productivity with service delivery.</p>

## Equalities

Risk	Management of Risk
There is a risk of inequality in the psychological therapy provision available between geographical areas, age groups and gender groups across the organisation.	Explore methodologies to determine whether such inequalities exist and if so how they affect the consistent equity of access to services.  Promote the implementation of the Primary Care Mental Health Review recommendations to ensure that all teams operate within a core policy that includes offering a similar range of services to agreed broadly defined common mental disorders.

## Eligible patients will commence IVF treatment within 12 months by 31 March 2015

<b>NHS BOARD LEAD:</b>	<b>Catriona Renfrew, Director of Corporate Planning &amp; Policy</b>
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### Delivery and Improvement

<b>Risk</b>	<b>Management of Risk</b>
<p>Capacity is insufficient to meet the catch up required and new demand.</p> <p>Demand increases as waiting times are reduced.</p>	<p>National criteria on access and number of cycles needs to be developed to reflect available capacity. If capacity and demand are not in balance the target will not be deliverable. Our assessment is that if more than 2 cycles and less restrictive access criteria target will not be deliverable.</p> <p>Secure additional capacity outside NHS GG and C, there is only one of the four centres which is close to the one year target, other are under as much capacity pressure as GG and C.</p> <p>This potential needs to be factored into the assessment of cycles and access which is being undertaken nationally.</p>

### Workforce

<b>Risk</b>	<b>Management of Risk</b>
<p>Additional skilled staff are not available to increase capacity.</p>	<p>There is no short term action we can take to increase number of skilled staff, we are looking at extending hours working and accessing capacity in other centres.</p> <p>National criteria on access and number of cycles needs to reflect available capacity.</p>

### Finance

<b>Risk</b>	<b>Management of Risk</b>
<p>Funding is insufficient to meet the target and to sustain it after 2015.</p>	<p>Detailed discussion required with SG.</p>

**To deliver expected rates of dementia diagnosis and by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan**

<b>NHS BOARD LEAD:</b>	<b>Alex Mackenzie, Director, North West Sector (Glasgow City CHP)</b>
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**Delivery and Improvement**

<b>Risk</b>	<b>Management of Risk</b>
<p>We are working through a detailed programme of assessing risk, as part of our planning for meeting the new target. This includes addressing:</p> <ul style="list-style-type: none"> <li>• Lack of clear governance structures.</li> <li>• Local Data Collection systems not fit for purpose.</li> <li>• Data sharing protocols not agreed with PDS partners.</li> <li>• Variation in delivery of person centred support across the Board area.</li> <li>• Underuse of the PDS Service due to lack of awareness.</li> <li>• Underuse of the PDS Services due to referral pathways being unclear.</li> <li>• Lack of coherence with existing post diagnosis supports and services.</li> </ul>	<p>Detailed plans under development.</p>

**Workforce**

<b>Risk</b>	<b>Management of Risk</b>
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**Finance**

<b>Risk</b>	<b>Management of Risk</b>
<ul style="list-style-type: none"> <li>• Delivery of the target requires additional funding to enhance existing services.</li> <li>• Existing pilot cannot be extended/sustained within Glasgow City as the current funding source is Change Fund and therefore time-limited.</li> </ul>	<ul style="list-style-type: none"> <li>• Each CH(C)P to utilise the dementia calculator/costing tool to identify the anticipated delivery costs.</li> <li>• Each CH(C)P to maximise use of non-health staff in providing PDS, developing where possible integrated working through multi-agency teams.</li> <li>• Each CH(C)P to identify sources of funding eg through redesign/development/additional monies.</li> </ul>

	<ul style="list-style-type: none"> <li>Evaluate cost-effectiveness of model and explore potential for system redesign.</li> </ul>
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**Equalities**

<b>Risk</b>	<b>Management of Risk</b>
PDS is not delivered equitably across the Board's population area.	Each CH(C)P to carry out an Equalities Impact Assessment. Dementia Strategy Group to oversee implementation of any required actions.

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

<b>NHS BOARD LEAD:</b>	<b>Catriona Renfrew/Anne Hawkins – Director of Corporate Planning and Policy/Director of Glasgow City CHP</b>
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**Delivery and Improvement**

<b>Risk</b>	<b>Management of Risk</b>
Failure to improve the discharge of older people.	<ul style="list-style-type: none"> <li>• Work with Scottish Government to develop a delayed discharge bed days target as part of the Integration of Health and Social Care agenda and ensure accountability for local authorities to deliver the target.</li> <li>• Regular monitoring delayed discharge bed days reductions across the Board.</li> <li>• Implement a series of service changes and developments financed as part of the Change Fund and Joint Commissioning Plan development.</li> </ul>
Failure to agree delivery of key service changes by Local Authorities which are required to deliver highly complex area of work with multifactorial causes and solutions.	<ul style="list-style-type: none"> <li>• Use joint commissioning plans to develop clear shared actions and commitments.</li> </ul>
Changes in demography are not uniform across the Board area so differential solutions are required.	Change Fund Plans developed with each local authority to address demographic and service pressures including bed days occupied by older people with a particular focus on those ready for discharge.
Continuing pressures on emergency admissions.	Continue to develop assessment units to provide rapid assessment and treatment without admission.
In response to economic pressure, Councils reduce resources for Older People's services, causing significant increase in delayed discharges.	Regular monitoring of delayed discharges over and nearing 28 days. Regular communication with Councils. Change Fund Plans seek to mitigate impact.

**Finance**

<b>Risk</b>	<b>Management of Risk</b>
Financial pressures in health and social services lead to reduction in services that foster enablement and reduce dependency.	<p>Change Fund provides opportunity to generate new service options and includes joint financial frameworks for older people's services.</p> <p>Push for further early integration of health and social care.</p>

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

<b>NHS BOARD LEAD:</b>	<b>Catriona Renfrew/Anne Hawkins – Director of Corporate Planning and Policy/Director of Glasgow City CHP</b>
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**Delivery and Improvement**

<b>Risk</b>	<b>Management of Risk</b>
Failure to improve the discharge of older people.	<ul style="list-style-type: none"> <li>• Agreement with Local Authorities to deliver change.</li> <li>• Work with Scottish Government to ensure accountability for local authorities to deliver the target;</li> <li>• Implement a series of service changes and developments financed as part of the Change Fund and Joint Commissioning Plan development.</li> </ul>
In response to economic pressure, Councils reduce resources for Older People's services, causing significant increase in delayed discharges.	Regular monitoring of delayed discharges over and nearing 28 days. Regular communication with Councils. Change Fund Plans seek to mitigate impact.

**Finance**

<b>Risk</b>	<b>Management of Risk</b>
Financial pressures in health and social services lead to reduction in services that foster enablement and reduce dependency.	Change Fund provides the opportunity to generate new service options and includes joint financial frameworks for older people's services.

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

<b>NHS BOARD LEAD:</b>	<b>Catriona Renfrew, Director of Policy and Planning</b>
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*Note – Following guidance from Scottish Government, the trajectory now excludes GP direct referrals and Minor Injuries Units' attendances.*

### Delivery and Improvement

<b>Risk</b>	<b>Management of Risk</b>
<p>A review of attendance rates at A&amp;E indicates that after a period of relatively low growth in the 1990s, there has been a significant increase in A&amp;E attendances over recent years. The growth in emergency activity continues and there is a lack of evidence about what interventions the NHS can make that can effectively reduce A&amp;E attendances. Through redesign of services to redirect GP referred patients to Medical Assessment Areas and minors to dedicated Minor Injury Areas, NHSGGC has achieved a reduction in A&amp;E attenders of just over 5%. As outlined above, emergency activity continues to grow and the trajectory for NHSGGC in 2012/13 will be to sustain current levels.</p>	<p>A&amp;E Steering Group established and has formulated and oversees the implementation of an action plan relating to this target; co-ordinating activity across the system aimed at understanding patterns of A&amp;E attendances; and identifying connections with other activity which might impact on A&amp;E attendances, for example work relating to long term conditions.</p> <p>A range of workstreams are in place, including the following:</p> <ul style="list-style-type: none"> <li>• A&amp;E attenders: <ul style="list-style-type: none"> <li>– Analysis of A&amp;E attenders who are experiencing disadvantage;</li> <li>– Analysis of numbers flowing from A&amp;E to Out of Hours (OOH) unscheduled care;</li> <li>– Analysis of GP referred patients – new Quality Outcome Framework targets and Change Fund initiatives should support redesign which will identify alternatives to attendance at A&amp;E;</li> <li>– A focus on Suicide Prevention, with significant numbers of front line staff trained in recognising and responding to suicide risk;</li> <li>– A focus on mental health to identify repeat A&amp;E attenders and review care pathways to avoid further A&amp;E attendances; and</li> <li>– The outcomes of the external review of Unscheduled Care have been developed into an Action Plan and these are being taken forward through the local UCC Sector Groups, the extended Board wide Winter Planning Group and HEAT T10 Steering Group.</li> </ul> </li> <li>• Mental Health and Addictions – co-location of Crisis Intervention Teams with NHS24, GP</li> </ul>

Risk	Management of Risk
	OOH services and SAS, providing NHS24 and GPs with access to the service for advice which will potentially avoid attendance at A&E.

### Equalities

Risk	Management of Risk
Action to reduce A&E attendances could potentially impact disproportionately on people who are experiencing disadvantage, restricting their access to health services.	Action plan now in place

Further reduce healthcare associated infections so that by 2014/15 NHS Boards' *staphylococcus aureus* bacteraemia (including MRSA) cases are 0.24 or less per 1000 acute occupied bed days; and the rate of *Clostridium difficile* infections in patients aged 15 and over is 0.25 cases or less per 1,000 total occupied bed days

<b>NHS BOARD LEAD:</b>	<b>Dr Jennifer Armstrong, Medical Director</b>
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### Delivery and Improvement

<b>Risk</b>	<b>Management of Risk</b>
<ul style="list-style-type: none"> <li>Failure to sustain antimicrobial stewardship.</li> <li>Failure to identify and embed new initiatives into practice to sustain improvement.</li> <li>Failure to engage primary care in strategies to reduce "out of hospital" infections.</li> </ul>	<p>Work with Antimicrobial Management Team and Antimicrobial Utilisation Committee to ensure optimal prescribing continues and that policies are updated.</p> <p>Continue to actively support and audit the use of PVC care plans and identify any actions (local/board wide) required as a result of the analysis of NHSGGC Clinical Review of all SABs.</p> <p>Continue work with Public Health Protection Unit/Community Pharmacists to engage with groups that have influence on "out of hospital" infections.</p>

### Workforce

<b>Risk</b>	<b>Management of Risk</b>
<ul style="list-style-type: none"> <li>Failure to educate and support the NHSGGC workforce in the principles and policies for the prevention of HAIs.</li> <li>Failure to maintain appropriate ratio of qualified and experienced Infection Prevention and Control Practitioners.</li> </ul>	<p>Ongoing review of training needs. On-line training modules will migrate to LearnPro. Audit of Infection Control policies via the IC environmental audit programme and compliance monitoring of the application of Standard Infection Control Precautions. Continue training ICNs to at least Diploma level. Work to Board ICN/ICD establishment and consider in light of Acute Services Review Developments.</p>

### Finance

<b>Risk</b>	<b>Management of Risk</b>
<ul style="list-style-type: none"> <li>Failure to secure funding for ongoing electronic surveillance of alert organisms.</li> </ul>	<p>Develop a case for ongoing maintenance costs of ICNET when the national contract ends in 2015.</p>

### Equalities

<b>Risk</b>	<b>Management of Risk</b>
<ul style="list-style-type: none"> <li>None specific to targets.</li> </ul>	N/A.

**95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment by year ending September 2014**

<b>NHS BOARD LEAD:</b>	<b>Anne Harkness - Director</b>
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**Delivery and Improvement**

<b>Risk</b>	<b>Management of Risk</b>
Increased co-morbidity and age of patients which impacts on length of stay and available capacity.	Chronic Disease Management – working with community services to improve management of this client group within community. Additional winter capacity has been created to manage increased length of stay – this will require to be reviewed.
Increasing aging population continues to have no alternative but to come to ED.	Further develop interface between primary and secondary care – admission avoidance schemes e.g. pilot underway for step up facility.
Engagement of all specialties to ensure whole system approach – competing targets.	Lean work underway to review and develop appropriate patient pathways out of the ED.
Centralisation of Services – transfer of patients from ED to other areas – waiting on transport.	Ensure appropriate pathways in place to direct patients to the right areas. Working with SAS to create capacity that allows timeous transfer of patients.
GPOOH – ability to continue to provide OOH services across nine sites.	This is continually being reviewed.
Equitable access to Home Care Services/Delayed Discharges.	Ongoing work with CHCPs and Local Authority to create appropriate packages of care which can be accessed timeously.  DDs and beds lost are closely monitored and performance against target raised with CH(C)Ps.

**Workforce**

<b>Risk</b>	<b>Management of Risk</b>
Middle Grade doctor availability.	Additional A&E Consultants have been employed to assist in covering the current gaps in rotas – this will require to be reviewed as potential additional gaps are identified post August 2013.
Acute Care Physician role – MMC gaps on training rota. Competing with other Boards for same group of physicians.	This has been raised with NES.

**Finance**

Risk	Management of Risk
Ability to continue to fund and staff additional capacity. Ability to continue funding additional/increasing community and nursing home services.	Improve interface with Primary and Secondary care to develop appropriate patient pathways and services.
Cost of additional senior decision makers to bridge middle and junior doctor gaps in rotas.	This has been raised with NES.

**Equalities**

Risk	Management of Risk
Research has demonstrated that many of those who attend A&E, are from our most deprived communities, have complex health and social issues, and are not engaged with health through any other route. Time is needed with these individuals to begin to understand their needs and signpost to appropriate support. Risk that the four hour time limit pushes staff to compromise on effective engagement with the patient.	<p>We have an A&amp;E inequalities action plan in place.</p> <p>A number of responses are already in place, to help identify and signpost vulnerable people, such as suicide prevention training, the risk template for mental health, alcohol brief interventions and sensitive inquiry on gender based violence.</p> <p>Ongoing review required.</p>