NHS Lothian

05-12-18 Public Board

05 December 2018, 09:30 to 12:30
SCOTTISH HEALTH SERVICE CENTRE CREWE ROAD SOUTH EDINBURGH EH4 2LF

Agenda

| **1.** | **Items for Approval** |

1.1.   Minutes of Previous Board Meeting held on 3 October 2018

For Approval

Brian Houston

📄 03-10-18-Public MInutes.pdf   (12 pages)

1.2.   Running Action Note

For Approval

Brian Houston

📄 Current Running Action Note (05-12-18).pdf   (2 pages)

1.3.   Appointment of Members to Committees

For Approval

Brian Houston

📄 5 December 18 Board - Committee Appointments (final 231118).pdf   (3 pages)

1.4.   Review of the Terms of Reference of the Audit & Risk Committee

For Approval

Brian Houston

📄 Review of ARC TOR(final - 281118).pdf   (10 pages)

1.5.   Board Development Sessions for 2019

For Approval

Brian Houston

📄 BOARD DEVELOPMENT SESSIONS 2019.pdf   (1 pages)

1.6. **Staff Governance Committee Minutes 24 October 2018**

For Approval

Alison Mitchell

📄 24-10-18 SGC final 13-11-18.pdf (9 pages)

1.7. **Acute Hospitals Committee Minutes 16 October 2018**

For Approval

Richard Williams

📄 AHC 16-10-18 Minutes.pdf (5 pages)

1.8. **Strategic Planning Committee Minutes 11 October 2018**

For Approval

Brian Houston

📄 SPC 11-10-18 Minutes.pdf (6 pages)

1.9. **Healthcare Governance Committee Minutes 11 September 2018**

For Approval

Tracy Humphrey

📄 HGC 11-09-18 Minutes.pdf (8 pages)

1.10. **Finance & Resources Committee Minutes of 19 September 2018**

For Approval

Martin Hill

📄 F+R 19-09-18 Minutes Draft (27-09-18) final.pdf (8 pages)

1.11. **2018/19 Financial Position and 2019/20 Financial Outlook**

For Approval

Susan Goldsmith

📄 2018~19 Fin Position & 2019~20 Fin Outlook ~Board 051218.pdf (6 pages)

1.12. **Midlothian Integration Joint Board Minutes 23 August & 13 September 2018**

For Noting

Angus McCann

📄	Minutes of the MIJB held on 23 August 2018 - For Approval.pdf	(9 pages)
📄	Special MIJB held on 13 September 2018 - For Approval.pdf	(5 pages)

1.13.   **East Lothian Integration Joint Board Minutes 23 August & 27 September 2018**

For Noting

Peter Murray

📄	EL IJB20180823_Minutes__PUBLIC_.pdf	(8 pages)
📄	ELIJB 20180927_Minutes.pdf	(6 pages)

1.14.   **West Lothian Integration Joint Board Minutes of 14 August & 24 September 2018**

For Noting

Martin Hill

📄	wl_ijb20180814.pdf	(9 pages)
📄	wl ijb20180924.pdf	(14 pages)

1.15.   **Edinburgh Integration Joint Board Minutes of 15 June & 10 August 2018**

For Noting

Martin Hill

📄	Edi IJB 02_15.06.2018_1.pdf	(5 pages)
📄	Edin IJB 03_10.08.2018.pdf	(2 pages)

2.   Items for Discussion

2.1.   **Ministerial Priorities - Mental Health**

For Discussion

Alex McMahon

📄	Mental Health Paper inc Appx.pdf	(13 pages)

2.2.   **Ministerial Priorities - Waiting Times**

2.2.1.   **Current Performance on Scheduled and Unscheduled Care**

For Discussion

Jim Crombie

📄	unscheduled_scheduled care performance.pdf	(118 pages)

2.2.2.   **Waiting Times Improvement Plan**

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For Discussion

Jacquie Campbell

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📄   Waiting Times Improvement Plan.pdf   (8 pages)

📄   Appendix - elective strategy 2018-21.pdf   (22 pages)

2.3.   Ministerial Priorities - Integration

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For Discussion

Alex McMahon

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📄   Board 051218- Integration Update APCDB 221118.pdf   (4 pages)

2.4.   Corporate Risk Register

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For Discussion

Tracey Gillies

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📄   Board Risk Register Report 5 Dec 2018 Final.pdf   (30 pages)

3.   Invoking of Standing Order 4.8 - Resolution to take items in closed session

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Brian Houston

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4.   Minutes of the Previous Private Meeting held on 3 October 2018

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For Approval

Brian Houston

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5.   Matters Arising from Previous Meetings

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For Discussion

Brian Houston

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6.   NHS Lothian Financial Strategy

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For Discussion

Susan Goldsmith

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7.   Workforce Sustainability

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For Discussion

Janis Butler

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8.   Update on the Royal Hospital for Children and Young People and DCN

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To Follow

Susan Goldsmith

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9.   **Any Other Competent Business**

10.   **Board Meetings in 2019**

6 February
3 April
26 June - Annual Accounts
7 August
2 October
4 December

11.   **Development Sessions in 2019**

9 January
6 March
1 May
3 July
4 September
6 November

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LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 3 October 2018 at the Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Cllr I Campbell; Dr P Donald; Mr M Hill (Vice Chair); Ms C Hirst; Professor T Humphrey; Ms F Ireland; Mr A Joyce; Mr A McCann; Cllr J McGinty; Mrs A Mitchell; Mr W McQueen; Cllr F O'Donnell; and Professor M Whyte.

Executive and Corporate Directors: Ms J Campbell (Chief Officer of Acute Services); Mr J Crombie (Deputy Chief Executive); Mr T Davison (Chief Executive); Miss T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahon (Executive Director, Nursing, Midwifery & AHPS – Executive Lead REAS & Prison Healthcare) and Dr S Watson (Chief Quality Officer).

In Attendance: Mrs R Kelly (Associate Director of Human Resources – Deputising for Mrs J Butler); Dr C Sumpter (Specialist Registrar Shadowing Professor McCallum) and Mr D Weir (Business Manager, Chair, Chief Executive & Deputy Chief Executive's Office).

Apologies for absence were received from Mrs J Butler, Mr M Connor, Councillor D Milligan and Dr R Williams.

Chairman's Introductory Comments

The Chairman welcomed members of the public and press to the meeting. He also welcomed Dr C Sumpter, Specialist Registrar who was shadowing Professor McCallum.

Declaration of Financial and Non-Financial Interest

The Chairman reminded members they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

37. Items for Approval

37.1 Mr Murray commented in respect of Item 1.3 "Corporate Risk Register" that he felt that for future meetings this should feature in the "For Discussion" section of the Agenda. The Chairman advised that he would consider this request and make a decision outwith the meeting.

37.2 In terms of Agenda Item 1.9 "Acute Hospitals Committee Minutes 21 August 2018" the Chairman advised that he would provide an update on the St John's Paediatric Unit under Any Other Competent Business.

37.3 The Chairman sought and received the agreement of the Board to approve Items 1.1 – 1.15. The following were approved:

37.4 <u>Minutes of Previous Board Meeting held on 1 August 2018</u> – Approved.

37.5 <u>Running Action Note</u> – Approved.

37.6 <u>Corporate Risk Register</u> – The Board accepted significant assurance that the current Corporate Risk Register contained all appropriate risks which were contained in Section 3.2 and set out in detail in Appendix 1. The Board also accepted that as a system of control the Governance Committees of the Board assessed the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the Committee. In conclusion the Board noted the review of the NHS Lothian's Risk Register within the context of the Board's May 2018 Workshop and feedback from Committee members with respect to a single system approach to risk through the Audit & Risk Committee.

37.7 <u>Risk Management Policy and Procedure</u> – The Board accepted the recommendation of the Audit & Risk Committee to approve the refreshed Risk Management Policy with immediate effect.

37.8 <u>Review of the Board's Standing Orders</u> – the Board approved the proposed revised Standing Orders with immediate effect.

37.9 <u>Appointment of Members to Committees</u> – the Board agreed to:

Appoint Mr Bill McQueen as the Vice Chair of the Pharmacy Practices Committee with immediate effect replacing Councillor Derek Milligan.

Re-nominate Mr Martin Hill to continue as a voting member of the West Lothian Integration Joint Board (and the lead voting member for Lothian NHS Board) to take effect once his current term ended (2 December 2018).

Endorse the re-appointment of Dr Elaine Duncan as the *"Registered Medical Practitioner whose name is on a list of Primary Medical Services Performers"* as a non-voting member of the West Lothian Integration Joint Board with effect from when her previous term ended (21 September 2018).

Appoint Dr Rohana Wright as the *"Registered Medical Practitioner who is not providing primary medical service"* as a non-voting member of the West Lothian Integration Joint Board with immediate effect.

37.10 <u>The Royal Edinburgh Hospital</u> – the Board noted the operational steps being taken to sustain REH services (paragraph 3.4 – 3.12) of the paper. The Board took moderate **assurance that appropriate actions were being deployed in this context**. In addition the Board noted the steps being taken to deliver Phase 2 of the REH campus master plan, including the requirement that the 4 Integration Joint

Boards (IJBs) provide commissioning guidance to support (paragraphs 3.13 – 3.19). In conclusion the Board took **significant assurance that appropriate actions were being deployed in this context**.

37.11 <u>Staff Governance Committee Minutes 24 July 2018</u> – Noted.

37.12 <u>Audit & Risk Committee Minutes 27 August 2018</u> – Noted.

37.13 <u>Acute Hospitals Committee Minutes 21 August 2018</u> – Noted.

37.14 <u>Strategic Planning Committee Minutes 9 August 2018</u> – Noted.

37.15 <u>Healthcare Governance Committee Minutes 10 July 2018</u> – Noted.

37.16 <u>Finance and Resources Committee Minutes 25 July 2018</u> – Noted.

37.17 <u>Midlothian Integration Joint Board Minutes of 3 May & 7 June 2018</u> – Noted.

37.18 <u>East Lothian Integration Joint Board Minutes 28 June 2018</u> – Noted.

37.19 <u>West Lothian Integration Joint Board Minutes 26 June 2018</u> – Noted.

Items for Discussion

38   Financial Position to August 2018 and year end forecast

38.1 The Director of Finance advised that the paper provided an update to the Board on the financial position to August 2018 as well as updating on NHS Lothian's year end forecast position as considered by the Finance & Resources Committee at its meeting on 19 September where it had been agreed to accept that limited assurance was available for the achievement of breakeven by the year end. The Board noted that at this point in the year it was only possible to provide limited assurance as there still remained some uncertainty around the risks identified in Table 3 of the paper. The Director of Finance advised that she was aware of the extent of pressures in the system and the potential need to provide additional capacity for winter resilience with no provision having yet been made for this in the year end forecast.

38.2 The Director of Finance commented that she was confident that the mid-year review financial process would help to provide additional assurance. She reminded the Board that a gap of £21.5m had been identified at the start of the financial year. A similar trend was evident over the previous 3 year period and there was a need to look at the underlying reasons for this. The Director of Finance advised that there was now a need to focus on the carry forward and deficit position and that the full reconsideration of this position would be carried out as part of the mid-year review and reported and discussed at the Finance & Resources Committee meeting in November.

38.3   The Board were advised that there was a need to consider what financial breakeven meant for Integration Joint Boards (IJBs) as previously NHS Lothian had provided non-recurrent support in order to ensure that IJBs reached a breakeven position. It was noted however that in the current financial year that some IJBs would be able to attain a breakeven position without additional resource. The Director of Finance advised that there would be a need to adopt an equitable and transparent position around IJBs and this would be reported to the Finance and Resources Committee.

38.4   Mrs Mitchell welcomed the update and the move to a move paper light report. She commented however on the time lag between Finance and Resource Committee minutes becoming available and the minimalist approach to the Board Report. She felt that the time lag in governance terms was too large for the Board to consider financial performance based on the minimalist paper. Mrs Mitchell felt that there would be benefit in summarising key highlights in the Board paper without creating significant additional work. The Director of Finance advised that she would reflect on how best to obtain a better balance.

38.5   Mr McQueen commented that the paper represented good news in terms of the trend. He commented however that in the risks table there was reference to a high risk around the availability of Scottish Government funding to cover pay rises and whether these would be funded in full. He commented that the paper also referred to risks around safe staffing levels. Mr McQueen reported that he was aware that work had been done looking at formulas for calculations. He questioned the position if a need for additional staffing was identified and whether safe staffing levels would be implemented immediately.

38.6   The Director of Finance commented that the approach to pay funding was different in the current financial year in that it covered a 3 year period. She advised that normally pay was addressed through an annual uplift with advice provided on what the potential level of uplifts would be. The Board noted that in the current financial year the Scottish Government had committed to fully funding pay awards. The Director of Finance felt that the financial risk around pay awards was reducing.

38.7   The Chief Executive advised that the move to a 3 year pay award approach rather than the previous annual one came with an increased cost over the 3 year period. He advised that incremental pay points had been collapsed meaning that some staff would receive a significant pay award over the 3 year period. Funding issues would need to be addressed in years 2 and 3 when setting budgets.

38.8   Professor McMahon commented in respect of safe staffing levels that the process of legislation was currently going through the Scottish Parliament and subject to successful passage would be enacted in 2020. He advised that the process required NHS Boards to run workforce tools annually or twice annually and that this provided a staffing establishment position at a point in time. One of the requirements of the new legislation would be that all Boards would be expected to run tools annually in order to ascertain that staffing and skill mix levels were appropriate. In Lothian a series of workshops to facilitate this process were being run. The Board noted that the preparatory work in Lothian would be completed by December and that this would provide details around an establishment number and skill mix data. The Board noted that even at this stage that the process was identifying a need to

increase establishment and that the Corporate Management Team were discussing funding options and considering risks for both staff and the organisation. It was anticipated that the initial impact of this area of work would be in the following year.

38.9   The Board accepted the circulated report as a summary briefing on the current financial position and year-end financial forecast. The Board also accepted the report as a source of significant assurance that the Finance and Resources Committee had received a report which set out the financial position at month 5 and a current estimate of a £1.4m year-end overspend, with detail on the relevant issues and required actions to achieve a balanced outturn. Finally the Board accepted that limited assurance for the achievement of breakeven by the year-end was given by the Finance and Resources Committee.

39.   Quality and Performance Improvement

39.1   The Chief Quality Officer advised that the circulated report provided an update on the most recently available information on NHS Lothian's position against a range of quality and performance improvement measures. The Board were advised that over recent moths a lighter reporting approach had been piloted. The Chief Quality Officer advised that following feedback received through the survey monkey questionnaire earlier in the summer that these changes had now been made permanent and further steps as previously proposed had now been taken. The Board noted that the latest changes resulted in a customisation of reports being provided to the specific Board committees and the provision of the dashboard in lieu of the Excel pack previously circulated alongside this paper. The Board noted that the link to the dashboard would be provided routinely in future rather than having to be requested. The Chief Quality Officer advised that the structure of the paper remained work in progress.

39.2   The Chief Quality Officer advised that the main areas where below expected performance was identified were discussed at management meetings and also through Board Committees for example the 4 hour Emergency Access Standard and Outpatient Performance. It was important however to note the positive cardiac arrest data which showed significant improvement over the position earlier in the year. Positive performance was also reported in respect of stroke services with the target now being harder to achieve. Despite this improvements continued to be evidenced in the service.

39.3   Ms Hirst commented that although the revised version of the paper was helpful she felt that it was too minimal. It would be helpful to receive a cross-reference from discussion at the Healthcare Governance Committee and other committees in order to provide assurance to the Board that issues had been discussed.

39.4   Mr Ash commented that it was important to understand the assurance process and the reliance on sub-committees to look at issues in detail. He suggested given the number of red performance areas that he understood the desire for more discussion in the main Board. However he reminded colleagues that the Audit & Risk Committee had been tasked with obtaining process assurance. He suggested that if a level of assurance was not received by the Audit & Risk Committee then the issue

should then be escalated to the main Board otherwise the Board Committee assurance process as previously agreed should remain the extant position.

39.5   Mr McCann agreed with the principle of taking assurance from the Board committee process but commented that not all Board members sat on all of these committees and therefore he was inclined to agree with the comments made by Ms Hirst. He felt that there was a need for more work to be done in respect of Non-Executive member access to the dashboard.

39.6   Mr McQueen commented that he supported the comments made by Ms Hirst and Mr McCann advising that there was a lot of material in the system and that not all Board members sat on the committees that reviewed this in detail. He commented for instance that issues around referral to treatment had been looked at in 2017 and that performance had deteriorated and was now worse than the Scottish average. He questioned whether the Acute Hospitals Committee had looked at this position and considered actions to move NHS Lothian to a better position. He advised that the Minutes of the Acute Hospitals Committee did not provide an answer to this question.

39.7   The Chief Officer for Acute Services confirmed that the Acute Hospitals Committee was absolutely focused on these areas and reported in respect of outpatient and inpatient work that a deep dive process had been adopted. The Board noted that the Acute Hospitals Committee had a programme of work that extended over a 12 month period and therefore did not look at all aspects of performance nor undertake a deep dive exercise at every monthly meeting. Mr McQueen accepted this position although he commented that there was an evident demand from the Board to understand the story behind the paper and the key issues that were being looked at as well as measures that could be taken to progress performance improvement. He felt that the Board would benefit from being able to see evidence of this journey.

39.8   The Chief Executive advised that the system had triangulated activity since the beginning of the year. As part of the annual operational plan submitted to the Scottish Government Health Department a capacity gap of £32m had been identified in acute services that had in part previously been addressed through the private sector as NHS Lothian did not have sufficient capacity. It was noted that as part of the annual operational plan process that a bid for this quantum had been made to the Scottish Government Health Department but had not been received. In that respect the Chief Executive commented that it should not really come as a surprise that the sea of red performance areas continued. The Board noted that part of the Programme for Government announced by the First Minister confirmed that a national process had been identified for waiting times in order to start to identify capacity issues.

39.9   The Chief Executive commented that the suite of indicators developed as part of the governance process included issues that sat under the auspices of IJBs under delegated functions. He commented as part of the NHS Lothian process there was a focus on recording and reporting things as if the IJBs did not exist and there was a need to reflect on this.

39.10   Mr Murray commented that he felt that in future if there were discussions around the Corporate Risk Register in the discussion part of the Board then there would be

elements that would round up all aspects of performance. He commented that this would allow a minuted discussion to be introduced even if this did not result in definitive actions. The Chairman advised that he would like to make an observation which should not be regarded as a criticism but commented that a significant amount of time at the current meeting had been held discussing format and reporting rather than the content of the circulated papers. He felt that in future if colleagues wanted to address points of detail or the process leading to the production of reports then these should be addressed offline with the appropriate Executive or Corporate Director. This would allow the Board then to focus its limited time discussing the content of reports rather than the process of producing them.

39.11 The Board acknowledged that target performance levels on 14 measures were currently met with 19 not met. It was noted that this situation was unaltered since the Board's last meeting. 3 areas had not been able to be assessed. The Board further noted that 4 areas yet to be reviewed by Board Committees were planned to be considered by the Committees in their forthcoming meetings. In conclusion the Board acknowledged that across the measures considered, assurance of significant, moderate, limited and none had been reached in 9, 12, 12 and 1 instances respectively.

40. Emergency Access Standard: Performance and Improvement Actions

40.1 The Deputy Chief Executive reminded the Board that in the latter part of 2017 the issue of compliance with national reporting had been raised through the whistleblowing process. It had been agreed from the outset that there would be a commitment to share findings in public and to ensure that a Non-Executive Board member and public and key stakeholders would be engaged in the forward process. The key focus of the process was to improve outcomes and the experience for patients and also staff and these continued to be reflected in the improvement outcomes. It was hoped that by addressing the issues raised that performance would improve. The Deputy Chief Executive felt that the circulated report characterised the comprehensive position which reflected the close links between the Executive and Operational teams to increase performance.

40.2 The Deputy Chief Executive reported that the comprehensive Emergency Access Standards Improvement Plan combined the recommendations from the Internal Audit review, the SAE (Significant Adverse Event) review and the Academy of Medical Royal Colleges report with there being a steadfast determination to significantly improve and deliver sustainable and compliant service models and patient pathways. The Board noted that these actions were now being undertaken in collaboration with a Scottish Government External Support Team with whom a positive and productive relationship had been established. It was noted that each member of the Support Team brought significant experience that would support the improvement journey.

40.3 The Chief Officer for Acute Services provided an overview of current performance as well as detail around the improvement actions. In terms of performance indicators it was reported that none of the adult acute hospital sites were meeting the 4 hour standard with the Royal Infirmary of Edinburgh in particular experiencing significant difficulties. There had been an increase in attendances at the front door again

particularly at the Royal Infirmary of Edinburgh especially when measured against the July 2015 position. There had also been a reduction in performance in other performance indicators. The system was also experiencing high levels of delayed discharges which was causing significant difficulties in achieving sustainable flow across each acute site.

40.4 The Board noted that work continued to address the 6 themes identified in the Academy of Medical Royal Colleges report. A governance process, the details of which was reported to the Board and also referred to in the circulated paper, had now been introduced to oversee the implementation of the 62 point improvement plan. An update was provided on specific actions being undertaken within each of the acute adult sites. This included looking at redesigning the front door at St John's Hospital to include the development of a business case to increase the number of cubicles to help to improve patient flow and the staff experience. The front door at the Royal Infirmary of Edinburgh was also being looked at to manage patients differently.

40.5 The Board were reminded that an interim Standing Operating Procedure (SOP) had been implemented to comply with national guidance. The external Support Team were looking at this with a view to proposing changes to reflect ambulatory care and modern medical practice whilst still remaining compliant with national requirements.

40.6 In terms of staff and patient experience an update was provided on organisational development work that was being carried out by local sites. Key actions had been to strengthen leadership through increased general management support. At St John's Hospital the focus had been on unscheduled care with a dedicated clinical director having been identified as previously this had been a joint appointment between St John's Hospital and the Royal Infirmary of Edinburgh. The effectiveness of actions was being monitored through the governance arrangements put in place.

40.7 Councillor Campbell welcomed the helpful report and sought advice on the reasons for the March/ April spike in activity in the current year that had not been evident in previous years. The Board were advised that this in most part related to the impact on flow caused by the "Beast from the East" weather phenomenon.

40.8 Dr Donald welcomed the report which had highlighted problem areas and actions taken to address these. In particular she was pleased that consideration was being given to flow at the front door at the Royal Infirmary of Edinburgh in respect of Primary Care referrals. She advised that patients were triaged in Primary Care to be seen by another doctor and therefore did not need to go through the front door as they were different from "walk in" patients. The different approach to flow was therefore welcomed.

40.9 Mrs Mitchell commented that it was good to see the work that was being undertaken and that she had seen evidence of this through the Acute Hospitals Committee and the Staff Governance Committee. She felt however that there was a tendency to list actions and she was therefore unclear about the evaluation structures that were in place. In future reports there would be a need to report on outcomes rather than work in progress. The Chief Officer for Acute Services assured the Board that evaluation was undertaken through the Unscheduled Care Committee which took a

whole-system approach. She however would address the points raised by Mrs Mitchell in future iterations of the paper.

40.10 Ms Hirst commented that she was aware that a lot of work was ongoing. She advised that she assumed that public and patient experience was being engaged as this would be a true measure of patient satisfaction. Positive whole-system lessons could be learned from areas where things had gone well. The Chief Officer for Acute Services reported that uniquely the Royal Infirmary of Edinburgh Emergency Department had a Patient Experience process in place.

40.11 Mr Murray updated on his Non-Executive member role in the governance process particularly through the Access and Governance Group advising that there was much to look forward to. He felt that there was a lot to be said about IJB involvement. Mr Murray updated on discussions held at the National IJB Group where it had been suggested that there was no evidence of IJB directives allied to this area. In that regard he had initiated a workstream in East Lothian.

40.12 The Board noted the role of the Audit & Risk Committee in the overview process. Mr Ash felt that it was positive that the report was in the public domain. He noted that again any issues that needed to be reported to the Board should follow the agreed Board Committee assurance process with only exceptional issues being forwarded to the NHS Board.

40.13 The Chief Executive commented that the paper to the December Board meeting would be clearer about improvement dimensions. He provided the Board with a flavour of the discussions being held with the External Support Team. One outcome had been a suggestion that NHS Lothian was reporting poorer performance than it needed to as a result of the interim Standing Operating Procedure being too binary. The Board were reminded that the Royal Infirmary of Edinburgh was the busiest Emergency Department in Scotland and was performing well below the average and there was a need to address this.

40.14 The Chief Executive noted the interesting points made about GP assessment and he felt there was a need to think how best to get appropriate input from Drs Donald and Williams as there were currently different triage approaches across the 3 acute sites. He also felt that the time was correct to review the interim Standing Operating Procedure to reflect modern patient practice and ambulatory care as discussed with the external Support Group. He commented that the issue that would make the biggest difference was that Lothian took all minor injury cases through the front door and this represented 20% of activity. The Board noted that currently there was no Minor Injuries Unit outwith the Emergency Department. There was a proposition to provide a modular building adjacent to the Emergency Department as a temporary solution to free up 25% of capacity. The Chief Executive commented that there was a need to progress with this in advance of winter.

40.15 The Chief Executive reported that the first meeting with the External Support Team had been both interesting and challenging. He advised that he had made the point that the focus of the Support Team was on the here and now whilst the Board needed to be mindful of medium to long term issues. There was therefore a need to strike a balance between operational fire fighting and strategy. The Board noted that the Lothian population increased by more than 1% per annum and that the over

75 population would double in the future. There was therefore a need to look at demand management and getting people out of hospital quicker as currently the system was not able to discharge patients. The Chief Executive suggested that managing unscheduled care was the business of the IJBs and this would free up Board time from focus on immediate issues.

40.16 Mr McQueen commented that the report represented a formidable analysis and he was interested in how lessons learned would be captured. He questioned whether the depth of approach and analysis would have been undertaken had the large pivotal event not occurred. He further questioned whether there might be other areas within the organisation requiring similar focus. The Chief Executive conceded that it was always possible to do more and he had reflected upon this as part of the introduction of the Quality Improvement Programme. He advised that there were significant learning lessons that needed to be taken forward. The Chair commented that there was a need to refer such issues to the relevant committees and to build these into forward thinking.

40.17 Dr Donald reported that the focus of patients being seen in the right place at the right time was the correct approach. The GP view was that in respect of the increase in Emergency Department attendances that there was a need to look at when and why people were accessing the Emergency Departments as it was not always because people were experiencing difficulty getting a GP appointment. The point was made that there was also an issue about patient responsibility. The point was made that when looking at delayed discharges that IJBs had a role part of which would be to look at the provision of more nimble care packages. Dr Donald felt there was a need for further work albeit a good start had been made.

40.18 Councillor O'Donnell commented that in East Lothian there would be a significant increase in population over the next 10 years and this would cause a capacity and demand issue that would require to be addressed by the IJB. She questioned whether the IJB had the power to shift resources. Currently there was an issue about links with the Council planning system in terms of construction development proposals and how these got aligned into IJB directions.

40.19 The Chief Executive welcomed the positive discussion although he advised that resources would not shift from the Royal Infirmary of Edinburgh as there was a need for growth. There was however a need to improve current performance around delayed discharge. In addition there was a need to mitigate growth in demand in the acute sector and if a position was reached where wards were genuinely closing then at that point resource could shift. The Chief Executive provided the Board with an update on regional work and discussions around the balance of resourcing between acute services and Primary Care. The Board noted that Westminster had recently committed an extra £20bn for the NHS although the Barnett consequentials of this were not yet known. In any event the Chief Executive felt that the language of shifting resources from the acute sector to Primary Care was adversarial. The point was made that given current capacity and activity issues it was extremely difficult to remove resource out of the acute sector.

40.20 The Director of Finance advised that the capital to funding models suggested that some areas should receive additional resource although the key issues was about planning for the future. There was also a need for more modelling around NRAC

(National Resource Allocation Committee). Councillor O'Donnell felt that there was a need to be realistic about what integration meant.

40.21 The Chief Quality Officer referred back to Mr McQueen's question about whether the system would have looked at issues in the same way if the significant event had not occurred. He advised that in terms of the Quality Strategy one of the eight matrixes was whether the system was open to external solutions. In the first 2 years of this programme it had been learned that this was an area where benchmarking could be done as well as looking for solutions from outwith the local system.

40.22 Ms Hirst questioned as a Board whether it would be appropriate to say to the public that these were the issues that needed to be addressed and provide information that GPs and Councillors could refer to in discussions with the public in terms of how they could help to inform the solution. The Chief Executive assured colleagues that moving forward that communications would be essential and that consideration was being given to running a narrative via blogs and other social media vehicles. He was happy therefore to pick up the issues raised by Ms Hirst.

40.23 Professor Humphrey welcomed the comprehensive nature of the report. She felt that a challenge was that currently although this was a system-wide issue that it was being looked at from an acute perspective. She advised from the viewpoint of her role as Chair of the Healthcare Governance Committee that she was seeking assurance about patients being able to access GPs in a timely way. Professor Humphrey reported that from a staffing perspective she welcomed the focus on leadership and culture. She questioned whether there was a sense of how staff had responded post-review and whether they felt supported. The Chief Officer for Acute Services reported that a spider diagram had been used to determine whether a difference had been made and this process was continuing.

40.24 The Chairman welcomed the detail and breadth of discussion commenting that the following 3 aspects emerged as key themes. The first was whether the process should spread and be used as a template for looking at other parts of the business. There was also a key issue about the role and relationship between IJBs and the Health Board. The final point was around GP access and the work being done by the Healthcare Governance Committee in this area.

40.25 The Board noted the performance detailed in paragraphs 3.1-3.9 in the circulated paper. The report was accepted as a source of significant assurance that senior management had developed an appropriate set of oversight and governance reports to oversee the improvement required in line with the overarching improvement plan. The Board further accepted the report as a source of moderate assurance that mechanisms were in place across all 3 adult acute sites to monitor performance against unscheduled care and to support staff to design and implement a comprehensive programme of improvement actions. The Board also accepted the report as a source of limited assurance that the improvement programmes developed would deliver the significant improvement in performance required within the short term. In conclusion the Board noted the actions being undertaken in collaboration with the Scottish Government External Support Team.

41. Any Other Competent Business

41.1 <u>Paediatrics at St John's Hospital</u>

41.2 The Board noted that the Paediatrics Programme Board had submitted a paper to the Acute Hospitals Committee on 21 August confirming the ongoing commitment to reinstate 24/7 inpatient services at St John's Hospital with a revised workforce and recruitment strategy which gave greater emphasis on developing the Advanced Paediatric Nurse Practitioner (APNP) workforce alongside the consultant workforce.

41.3 The Acute Hospitals Committee had broadly supported this approach and 3 trainee APNPs were recruited in August to start training in October this year.

41.4 The Board noted that following a Parliamentary Question and response from the Cabinet Secretary for Health the previous week that NHS Lothian had confirmed that they would now go out to recruit again, to recruit more trained APNPs, essentially to over recruit if possible, in order to accelerate the reopening of the inpatient service and provide enough staffing resilience.

41.5 The Board noted that at the same time NHS Lothian was also going out to recruitment in October, to fill the consultant vacancies at St John's Hospital and again would over recruit if there were enough suitable candidates.

41.6 The Board were advised that in the meantime the ward at St John's Hospital continued to function 7 days a week from 8am to 8pm as a short-stay assessment service and programmed investigation unit and St John's Hospital Emergency Department continued to see children as normal.

41.7 The Board noted that a more detailed report would come forward to the December 2018 meeting.

42. Date and Time of Next Meeting]

42.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 5 December 2018 at the Scottish Health Services Centre, Crewe Road South, Edinburgh.

43. Invoking of Standing Order 4.8

43.1 The Chairman sought permission to invoke Standing Order 4.8 to allow a meeting of Lothian NHS Board to be held in Private. The Board agreed to invoke Standing Order 4.8.

LOTHIAN NHS BOARD

RUNNING ACTION NOTE

FOR THE MEETING OF 5 DECEMBER 2018

Action Required	Lead	Due Date	Action Taken	Outcome
East Region Short Stay Elective Centre (SSEC), St John's Hospital Livingston - The Board noted that the issues raised around workforce, revenue stream, travel, access and public engagement would be considered further by colleagues and reported back on at a future board meeting.	JCAM	TBC		
Corporate Risk Register - Mr Murray commented in respect of Item 1.3 "Corporate Risk Register" that he felt that for future meetings this should feature in the "For Discussion" section of the Agenda. The Chairman advised that he would consider this request and make a decision outwith the meeting.	BH/TG	05-12-18	**On December Board Agenda for Discussion**	
Emergency Access Standard: Performance and Improvement Actions - Mrs Mitchell commented that it was good to see the work that was being undertaken and that she had seen evidence of this through the Acute Hospitals Committee and the Staff Governance Committee. She felt however that there was a tendency to list actions and she was therefore unclear about the evaluation structures that were in place. In future reports there would be a need to report on outcomes rather than work in progress. The Chief Officer for Acute Services assured the Board that evaluation was undertaken through the Unscheduled Care Committee which took a whole-system approach. She however would address the points raised by Mrs Mitchell in future iterations of the paper.	JC/JCAM	05-12-18	**On December Board Agenda**	
The Chief Executive commented that the paper to the December Board meeting would be clearer about improvement dimensions.	TD			

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Action Required	Lead	Due Date	Action Taken	Outcome
Ms Hirst questioned as a Board whether it would be appropriate to say to the public that these were the issues that needed to be addressed and provide information that GPs and Councillors could refer to in discussions with the public in terms of how they could help to inform the solution. The Chief Executive assured colleagues that moving forward that communications would be essential and that consideration was being given to running a narrative via blogs and other social media vehicles. He was happy therefore to pick up the issues raised by Ms Hirst.	**TD**	**05-12-18**		
Paediatrics at St John's Hospital - The Board noted that a more detailed report would come forward to the December 2018 meeting.	**JCAM/JB**	**05-12-18**	**On December Board Agenda – Workforce Sustainability Appendix 1**	

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NHS LOTHIAN

Board
5 December 2018

Chairman

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APPOINTMENT OF MEMBERS TO COMMITTEES

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1   Purpose of the Report

1.1   Lothian NHS Board's Standing Orders state that "The Board shall appoint all Committee members". This report has been presented to the Board so that it may consider the recommendations from the Chairman on committee appointments. Any member wishing additional information should contact the Chairman in advance of the meeting.

2   Recommendations

The Board is recommended to:

2.1   Appoint Lorraine Cowan as the '*registered nurse*' non-voting member of the East Lothian Integration Joint Board with immediate effect.

2.2   Appoint Dr Gourab Choudhury to replace Dr Andrew Flapan as the '*registered medical practitioner who is not providing primary medical services*' non-voting member of the East Lothian Integration Joint Board with immediate effect.

2.3   Appoint Carolyn Hirst as a voting member of Midlothian Integration Joint Board with effect from 7 January 2019, replacing Professor Alison McCallum.

2.4   Appoint Carolyn Hirst as the lead NHS voting member of Midlothian Integration Joint Board with effect from 27 June 2019, taking over that role from Angus McCann.

2.5   Appoint Angus McCann as the lead NHS voting member of Edinburgh Integration Joint Board with effect from 27 June 2019, taking over that role from Carolyn Hirst.

3   Discussion of Key Issues

Integration Joint Boards

3.1   The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (as amended) determines the membership of integration joint boards. The NHS Board has to nominate its voting members, and it also has to appoint a person to the following non-voting positions:

'(f) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;

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(g) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; and

(h) a registered medical practitioner employed by the Health Board and not providing primary medical services.'

3.2   The Order provides that the term of office for members of integration joint boards is not to exceed 3 years (this does not apply to the Chief Officer, Chief Finance Officer, and the Chief Social Work Officer).   At the end of a term of office, the member may be re-appointed for a further term of office.

3.3   Alison MacDonald, the Interim Chief Officer for East Lothian IJB, had previously held the non-voting position on the IJB for registered nurse. To fill this vacancy, it is recommended that Lorraine Cowan, the Interim Chief Nurse be appointed to this position.   Dr Andrew Flapan is stepping down from the East Lothian IJB, and it is recommended that the Board appoint Dr Gourab Choudhury to replace him.

3.4   Professor Alison McCallum's term of appointment as a voting member of Midlothian IJB ends on 1 December 2018. It is recommended that the Board appoint Carolyn Hirst to this vacancy with effect from 7 January 2019.

3.5   The position of the chair of both Edinburgh IJB and Midlothian IJB will rotate on 27 June 2019. Currently Carolyn Hirst is the lead NHS Lothian member and vice-chair of Edinburgh IJB. Angus McCann is currently the Chair of Midlothian IJB.

3.6   It is recommended that the Board appoint Carolyn Hirst as the lead NHS Lothian member of Midlothian IJB with effect from 27 June 2019, which will consequently make her the vice-chair from that point.   Angus McCann will remain a voting member of Midlothian IJB.

3.7   It is recommended that the Board appoint Angus McCann as the lead NHS Lothian member of Edinburgh IJB with effect from 27 June 2019, which will consequently make him the chair from that point.   Carolyn Hirst will cease to be a member of the Edinburgh IJB at that point, and the Board will need to appoint a replacement member to fill the vacancy.

4   Key Risks

4.1   A committee does not meet due to not achieving quorum, leading to a disruption and delay in the conduct of the Board's governance activities.

4.2   The Board does not make the most effective use of the knowledge, skills and experience of its membership, leading to the system of governance not being as efficient and effective as it could be.

5   Risk Register

5.1   This report attends to gaps in committee membership, and it is not anticipated that there needs to be an entry on a risk register.

6   Impact on Inequality, Including Health Inequalities

6.1 This report does not relate to a specific proposal which has an impact on an identifiable group of people.

7   Duty to Inform, Engage and Consult People who use our Services

7.1 This report does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently public involvement is not required.

8   Resource Implications

8.1 This report contains proposals on committee membership. It is probable that some of the members may require further training and development to support them in their new roles. This will be addressed as part of normal business within existing resources.

Alan Payne
Head of Corporate Governance
23 November 2018
alan.payne@luht.scot.nhs.uk

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NHS LOTHIAN

<u>Board Meeting</u>
<u>5 December 2018</u>

Director of Finance

REVIEW OF THE TERMS OF REFERENCE OF THE AUDIT & RISK COMMITTEE

1   Purpose of the Report

1.1   The Board has within its <u>Standing Orders</u>, reserved the authority to approve the terms of reference of its committees. The Board approved the current terms of reference for the Audit & Risk Committee on 22 May 2013, and consequently they are due for review.   The Scottish Government published a new <u>Audit & Assurance Handbook in April 2018</u>.   The Audit & Risk Committee reviewed a proposed revised set of terms of reference on 26 November, and agreed that they were appropriate and to recommend them to the Board.

1.2   Any member wishing additional information should contact the Director of Finance in advance of the meeting.

2   Recommendations

       The Board is asked to:

2.1   Approve the revised terms of reference for the Audit & Risk Committee (as set out in Appendix 1).

3   Discussion of Key Issues

3.1   The current terms of reference reflected good practice at the time, and the new Audit & Assurance Handbook does not offer many changes which need to be reflected in the terms of reference.   However the terms of reference have been revised to:

- capture minor editorial changes and updates to reference documents;
- reflect that the Board does not use a 'risk appetite' in its risk management policy;
- reflect that the committee has previously considered the policy on using external audit for non-audit services, and that this led to an amendment to the Board's Standing Financial Instructions.

3.2   The content of these terms of reference have also been put into what is intended to be a standard format for committee terms of reference, so that there may be a consistency in style in the system of governance.   We intend to introduce a discipline whereby terms of reference should be reviewed at least within 2 years.

3.3   The Board's Standing Financial Instructions already have provisions on the audit & risk committee, internal audit, and external audit. Consequently the terms do not duplicate that information.

3.4   The Audit & Risk Committee specifically considered the following provision, and agreed that it was appropriate and should be applied going forward:

'*The Board shall give all members a fixed term of appointment that does not exceed 3 years. Members can only be re-appointed by the Board on two further occasions, so long as they continue to be independent*.'

4   Key Risks

4.1   The Audit & Risk Committee does not operate in line with good practice, leading to the committee not being as effective as it otherwise could be and the system of governance being compromised.

5   Risk Register

5.1   This is not on a risk register as the proposed update should attend to the issue.

6   Impact on Inequality, Including Health Inequalities

6.1   This report addresses an administrative matter with no impact on a specified group of individuals.

7   Duty to Inform, Engage and Consult People who use our Services

7.1   This report does not relate to the planning and development of health services, nor any decisions that would significantly affect people.

8   Resource Implications

8.1   There are no resource implications arising from these proposals.

Alan Payne,
Head of Corporate Governance
27 November 2018
alan.payne@nhslothian.scot.nhs.uk

Appendix 1: Revised Terms of Reference for the Audit & Risk Committee

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Appendix 1: Draft Terms of Reference for the NHS Lothian Audit & Risk Committee

1. REMIT

The remit of the Audit & Risk Committee (the Committee) is to support the Accountable Officer (Chief Executive) and the Lothian NHS Board in meeting their assurance needs.

The committee has no executive authority, and is not charged to make or endorse any decisions. The only exceptions to this principle are the approval of the Board's accounting policies and internal audit plans. The committee exists to advise the Board and the Accountable Officer who in turn make decisions.

The Board authorises the committee to:

➢   investigate any activity within its terms of reference, to request any Board member or employee to attend a committee meeting, and request a written report or seek any information it requires;

➢   obtain outside legal or other independent professional advice, and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary; and

➢ co-opt members for a period up to 1 year, with the approval of the Board and Accountable Officer, to provide specialist skills, knowledge and experience which the committee needs at a particular time. N.B. A co-opted member is an individual who is not a member of Lothian NHS Board, and is not to be counted as part of the committee's quorum.

The Board directs all employees to co-operate with any committee request.

The Chair of the Audit & Risk Committee may communicate any matters with the Board Chairman, the Accountable Officer, or the Board as he or she sees fit.   The Chair may if required also meet privately with the Chief Internal Auditor and the external auditor.

2. CORE FUNCTIONS

The Committee will discharge its remit by:

1. Helping the Accountable Officer and Lothian NHS Board formulate their assurance needs with regard to risk management, governance and internal control.
2. Reviewing and constructively challenging the assurances that have been provided, as to whether their scope meets the needs of the Accountable Officer and Lothian NHS Board.
3. Reviewing the reliability and integrity of those assurances, i.e. considering whether they are they founded on reliable evidence, and that the conclusions are reasonable in the context of that evidence.
4. Drawing attention to weaknesses in systems of risk management, governance, and internal control, and making suggestions as to how those weaknesses can be addressed.
5. Commissioning further assurance work for areas that are not being subjected to sufficient review.
6. Seeking assurance that previously identified areas of weakness are being remedied.

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The committee has the following specific functions.

a) <u>Overall Assurance on Corporate Governance, Internal Control and Risk Management</u>

- To support the Board and the Accountable Officer in comprehensively defining their assurance needs.

- To assess whether there are sources of assurance in place that provide coverage for all of the identified assurance needs.

- To test and determine the reliability of the sources of assurance which are available.

- To form an opinion on the exposure to risk relevant with regard to the Board's Risk Management Policy, and the adequacy and effectiveness of the systems of internal control for individual areas/ subjects.

- Drawing from the consideration of individual assurances, to form an overall view on the state of risk management, corporate governance and internal control. This will inform the content of the Accountable Officer's Governance Statement.

<u>Corporate Governance</u>

- Assess the Board's overall arrangements to be systemically assured on its compliance with all relevant laws, regulations and Government directions that are pertinent to the Board's functions and responsibilities.

- Review the Board's arrangements to prevent bribery and corruption within its activities. This includes the systems to support Board members' compliance with the Lothian NHS Board Code of Conduct (Ethical Standards in Public Life Act 2000), the systems to promote the required standards of business conduct for all employees, and the Board's procedures to prevent bribery (Bribery Act 2010).

- Seek assurance that the Board has in place arrangements whereby employees may, in confidence access the whistle-blowing process. The committee will require assurance that there are arrangements for proportionate and independent investigation of such matters, and for appropriate follow-up action.

- Seek assurance that the Board has adequate systems of control to ensure that it complies with the taxation laws that are relevant to the conduct of its activities.

- Seek assurance that the Board has systems of control to ensure that it discharges its responsibilities under the Freedom of Information (Scotland) Act 2002.

- Ensure that the Standing Orders package is periodically reviewed, including the Standing Financial Instructions and the Scheme of Delegation, and to advise the Board when any changes are required.

- Ensure that the circumstances associated with each occasion when Standing Orders are waived and suspended, are appropriately examined.

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- Periodically review the Board's Risk Management Policy, and advise the Board of the committee's views as to its adequacy. When the policy is being reviewed, the committee will review it and make a recommendation to the Board.

- Review the Board's arrangements for the prevention and detection of fraud and other irregularities.

- Receive and review schedules of losses and compensations where the amounts exceed the delegated authority of the Board, before they are referred to the Scottish Government for approval.

- Evaluate the assurances that are provided to support the Accountable Officer's Governance Statement.

- Advise the Scottish Government's Health & Social Care Assurance Board (or any successor group) of any matters of significant interest as required by the Scottish Public Finance Manual.

- Present to the Board an Audit & Risk Committee Annual Statement of Assurance.

b) Internal Control

- Receive and review all reports from internal and external audit.

- Review audit reports from auditors of national, regional or shared systems upon which NHS Lothian relies, e.g. audit reports from NSS.

- Review of other material pertinent to improving systems of corporate governance and internal control, e.g. Best Value material, studies from other organisations, national performance audit reports from Audit Scotland.

- Receive and review stewardship reports from senior staff in areas that are key to corporate governance, e.g. finance, HR, ICT.

- Receive and review a summary of issues raised by directors in the annual certificates of assurance, which inform the drafting of the Governance Statement.

- Receive and review assurance reports from other Board committees, so as to inform the review of the Governance Statement.

- Receive assurance that the Board has adequate and effective systems for internal financial control (identify, assess, manage and monitor financial risks) and to produce the annual accounts.

- Review of fraud and theft reports as reported to it from the NHS Lothian Fraud Liaison Officer.

c) Risk Management

The committee has no role in the executive decision-making in relation to risk management. However it shall seek assurance that:

- there is a comprehensive risk management system in place to identify, assess, manage and monitor risk at all levels of the organisation;

- there is appropriate ownership of risk in the organisation, and that there is an

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effective culture of risk management; and

- The Board has clearly defined Risk Management Policy and that the executive's approach to risk management is consistent with that policy.

In order to discharge its advisory role to the Board and Accountable Officer, and to inform its assessment on the state of corporate governance, internal control and risk management, the committee shall:

- at each meeting, receive and review a report summarising any significant changes to the Board's corporate risk register, and what plans are in place to manage them. The committee may also elect to occasionally receive information on significant risks held on other risk registers held in the organisation;

- assess whether the Corporate Risk Register is an appropriate reflection of the key risks to the Board, so as to advise the Board;

- consider the impact of changes to the risk register on the assurance needs of the Board and the Accountable Officer, and communicate any issues when required; and

- reflect on the assurances that have been received to date, and identify whether entries on the Board's risk management system requires to be updated.

- Receive an annual report on risk management, confirming whether or not there have been adequate and effective risk management arrangements throughout the year, and highlighting any material areas of risk.

Whilst the committee will seek assurance on the overall system of risk management for all risks and risks pertinent to its core functions, the Board's Healthcare Governance Committee shall provide particular oversight to clinical risks and all matters relating to the Board's legal duty to monitor and improve the quality of health care which it provides.

The Healthcare Governance Committee will also provide oversight to the Board's responsibilities for information governance, through the Information Governance Sub-Committee.

The Staff Governance Committee will have particular oversight of risks relating to the Board's legal duty in relation to the governance of staff.

d) Financial Reporting

The committee shall consider the following:

- The accounting policies, any changes to them, and any significant estimates and judgements. The committee is authorised to approve accounting policies of the Board.

- The significant financial reporting issues and judgements made in connection with the preparation of the annual accounts.

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- Any significant or unusual transactions that have been flagged by management, where the accounting treatment is open to different approaches.
- The appropriateness of all the above in light of any comments from the Board's external auditors.
- The clarity and completeness of disclosures in the financial statements, and whether the disclosures made are set properly in context.
- Any related information presented in the financial statements, e.g. Governance Statement, Operating and Financial Review.

The committee shall perform the above for the Board's consolidated annual accounts, and the Board's patients' private funds annual accounts. If the committee is not satisfied with any aspect of financial reporting, it will report its views to the Board.

e) Internal Audit

A panel chaired by a non-executive Board member, preferably the Chair of the Audit & Risk Committee, will select and appoint its Chief Internal Auditor. The Chair of the Audit & Risk Committee will approve the composition of the panel.

With regard to internal audit, the committee will undertake the following activities.

- Review the Internal Audit Strategy and plan for the forthcoming year, which are prepared by the Chief Internal Auditor, and assess its appropriateness to give reasonable assurance on the whole of risk, control and governance.
  The committee is authorised to approve the Internal Audit Strategy and plans.

- Receive internal audit reports and review the progress of the delivery of the internal audit plan.
- Review the adequacy of internal audit staffing and other resources.
- Review the adequacy of the formal remit that has been granted to the internal audit function to discharge its function.
- Monitor and assess the role and effectiveness of the internal audit service in the context of the Board's system of risk management.
- Review and monitor management's responsiveness to internal audit's findings and recommendations.
- Meet the Chief Internal Auditor once a year without the presence of management.
- Ensure that the Chief Internal Auditor has direct access to the Board Chairman and the Chair of the Audit & Risk Committee.

f) External Audit

With regard to external audit, the committee will undertake the following activities.

- Approve the remuneration of the external auditor within the range set by Audit Scotland.

- Examine any reason for the resignation or dismissal of the external auditors.

- Review the external auditor's strategy and plans

- Receive and review the outputs from the work of the Board's external auditor.

- Ensure that the external auditor has direct access to the Board Chairman and the Chair of the Audit & Risk Committee.

- Meet the external auditor once a year without the presence of management.

- Engage in any evaluation of the external auditor as Audit Scotland may request.

- Receive assurance that the external auditor has arrangements in place to maintain their independence and objectivity. This should include consideration as to whether any of the audit staff have any business interest with Lothian Health Board, or personal relationships with any of the Board employees, which could compromise independence and objectivity.

- To develop and recommend to the Board a policy on the provision of non-audit services by the external auditor. The committee should also set out in its annual report whether such services have been provided during the year.

The Board's Standing Financial Instructions include the following:

'*4.5   It is important that the Board's external auditors are independent and seen to be independent in the work that they undertake. It is therefore not appropriate for them to undertake any non-audit work that might be perceived to create a conflict of interest with their role as external auditors.*

4.6   The Board's external auditors may be engaged to undertake additional services only
*   if Audit Scotland has previously confirmed that it would be appropriate for them to do so. These additional services include the external audit of patients' funds accounts.*
*   The Foundation trustees appoint the external auditor of the endowment fund accounts, and consequently that appointment is not regarded as additional services by the Board's external auditor. The Director of Finance shall notify the Audit & Risk Committee of any such engagement at its next available meeting.*'

Accordingly the committee will review any such notification.

3. MEMBERSHIP

Lothian NHS Board shall appoint all members of the committee. All members shall be non-executive members of the Lothian NHS Board, with the exception of any co-opted members. The Board shall appoint at least three, and up to six non-executive board members to the committee.

The members must also be independent and objective. The Board shall give due regard to whether a proposed non-executive member for appointment to the committee is sufficiently independent from other Board committees.

8

The Board shall give all members a fixed term of appointment that does not exceed 3 years. Members can only be re-appointed by the Board on two further occasions, so long as they continue to be independent.

The Board shall ensure that the committee's membership has an adequate range of skills and experience that will allow it to effectively discharge its responsibilities. With regard to the committee's responsibilities for financial reporting, the Board shall ensure that at least one member can engage competently with financial management and reporting in the organisation, and associated assurances.

The Chairman of Lothian NHS Board cannot be a member of the committee. All Board members, through the Chair of the committee may request to attend any meeting. All Board members shall receive the minutes of the Committee (at the Board meeting), and shall have the right to have access to the committee papers.

At the committee the role of executive Board members and officers is to provide information, and to participate in discussions, either for the whole duration of the meeting or for particular agenda items. The following people will normally be routinely invited to attend committee meetings:

- Chief Executive
- Director of Finance
- Chief Internal Auditor or representative
- Associate Director of Quality Improvement & Patient Safety or representative
- External Auditor or representative
- Head of Corporate Governance

However, only the committee members are entitled to be present at meetings, and it is for those members to decide if non-members should attend for a particular meeting or agenda items. The committee can request any member of the Board or employee to attend a meeting with respect to specific items being considered. Members are entitled to discuss matters directly with the Chair of the Audit & Risk Committee and the Chair of Lothian NHS Board. Furthermore members also have a right of access to the Accountable Officer where they feel that this is necessary.

The Chair of the Committee may

- Call a meeting at any time, or when required to do so by the Board
- May exclude all parties other than members of the committee from the deliberations of the committee

4. QUORUM

No business shall be transacted at a meeting of the committee, unless at least three non-executive Board members are present.

There may be occasions when due to the unavailability of the above non-executive members, the Board Chairman will ask other non-executive members of Lothian NHS Board to act as members of the committee so that quorum is achieved. Such

occasions will be drawn to the attention of Lothian NHS Board, when subsequently adopting the committee minutes, and the Board will be asked to approve the membership of the committee meeting as having been appropriate and in quorum.

5. FREQUENCY OF MEETINGS

The committee shall meet as often as it may determine is necessary to discharge its remit, but in any case will at least meet four times in a year.

6. REPORTING ARRANGEMENTS

The Head of Corporate Governance (or his or her nominee) will be the committee secretary, and will ensure that the business of the committee is taken forward efficiently and effectively, and in line with these terms of reference.

A member of the corporate governance team will prepare the minutes, and the NHS Board will receive the minutes of the committee.

7. REFERENCES

National Health Service (Scotland) Act 1978

Scottish Government Audit & Assurance Handbook (April 2018)

UK Code of Corporate Governance (July 2018)

Guidance on Audit Committees (Financial Reporting Council, April 2016)

7. DATE OF APPROVAL OF THESE TERMS OF REFERENCE: 5 December 2018

8. DATE BY WHICH THESE TERMS SHOULD BE REVIEWED: 4 December 2020

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BOARD DEVELOPMENT SESSIONS 2019

DATE	TOPIC	LEAD
9 January	Digital Health Strategy.	Tracey Gillies Angus McCann
6 March	Futures/Innovation .	Brian Houston Tim Davison
1 May	Sustainability and Climate Change.	Alison McCallum Martin Hill
3 July	The Contribution of Integration to the Design and Delivery of a Sustainable Health and Social Care System.	Martin Hill Angus McCann Peter Murray
4 September	Futures/Innovation	Brian Houston Tim Davison
6 November	Taking Stock of Financial Sustainability	Susan Goldsmith

NHS LOTHIAN

STAFF GOVERNANCE COMMITTEE

Minutes of a Meeting of the Staff Governance Committee held at 9:30am on Wednesday 24 October 2018 in Meeting Room 8&9, Fifth Floor, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mrs A. Mitchell (Chair); Mr B. Houston; Cllr D. Milligan; Professor T. Humphrey; Mrs. J Butler; Professor A. McMahon; Ms J. Campbell; Ms H. Fitzgerald and Mr S. McLaughlin.

In Attendance: Mrs R. Kelly, Deputy Director of HR, NHS Lothian; Mr N McAlister, Head of Workforce Planning (36.1.3); Mr I Wilson, Acting Director of Occupational Health and Safety (Item 36.4); Ms M Martin, Carer Co-Ordinator (Item 36.7.1); Mr S Haddow, Head of Medical Workforce Planning and iMatter Operational Lead (Item 36.7.2); Ms J Clarke, Respiratory Research Nurse RIE (observing with S McLaughlin) and Mr C. Graham, Secretariat Manager.

Apologies for Absence were received from Mr A. Joyce; Cllr J. McGinty; Mr J. Crombie; Miss T. Gillies and Dr A. Leckie.

Declaration of Financial and Non-Financial Interest

The Chair reminded members that they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

33.   Values Cards – Short Exercise

33.1   Mrs Butler introduced the exercise using the values cards.

34.   Minutes of the Previous Meeting

34.1   The Minutes and Action Note of the Staff Governance Committee Meeting held on 24 July 2018 were approved as a correct record.

35.   Matters Arising

35.1   The Committee noted items on the action note were being covered on the agenda or planned to come to the January meeting.

36.   Assurance and Scrutiny

36.1   Corporate Risk Register

36.1.1   <u>3328 - Roadways/Traffic Management</u> – No update received.

36.1.2   <u>3455 - Management of Violence and Aggression</u> - Professor McMahon provided an update on recommendations and actions being implemented to support and improve the current level of support to staff on Violence and Aggression (V&A) management, given this has been flagged as a high risk on the corporate risk register for a number of years.

36.1.2.1 There was discussion on availability of V&A training places; the challenges around people not attending the training and the development of the Purple Pack. It was recognised that there was an issue with the completion of the eLearning module in advance of attending the face to face training and the Committee supported the decision to remove this requirement in order to facilitate improved attendance at the face to face learning as part of a test of change.

36.1.2.2 Professor Humphrey stated that it was good to see a reduction in incidents and asked about assurance around the number of incidents being recorded. Professor McMahon stated that staff were encouraged to record all incidents in Datix.

36.1.2.3 The Committee noted the steps being taken to review the organisations approach to the management of violence and aggression and strengthen organisational assurance. The Chair stated that it was encouraging to see the removal of the unnecessary barrier in terms of the e-learning to facilitate better attendance, provided that this did not dilute the content or impact of the training.

36.1.2.4 The Committee accepted a moderate level of assurance regarding the implementation of the actions and a significant level of assurance in relation to the process. The Committee noted that a paper showing trends and improvement would come back to the April 2019 Staff Governance Committee meeting.

AMcM

36.1.3 <u>3527 – Medical Workforce Sustainability</u> – Mr McAlister introduced the report on behalf of Miss Gillies, updating the Committee on the current level of risk in relation to medical workforce sustainability. The Committee acknowledged that overall the NHS Lothian position was positive when compared against other health boards in Scotland.

36.1.3.1 In terms of fill rates there was discussion on trained medical workforce recruitment; GP fill rates and areas of risk such as Psychiatry at St John's Hospital and Medicine of the Elderly at Roodlands Hospital. It was noted that all core training posts had however been filled except for within Psychiatry. The Committee noted the potential workforce risks associated with the development of the Elective Surgery Centre at St John's Hospital and the work commencing nationally, regionally and locally to mitigate the risks and recognised the measures being taken in specialties where risks do exist.

36.1.3.2 The Committee discussed the potential workforce competition across Scotland for Regional Elective Centre posts. Mr McAlister stated that the first initial national meeting with key stakeholders around this had been positive but it was accepted that this will be a challenging agenda. The Committee supported the collaborative approach being taken forward by the East Region Trauma Network to establish an enhanced service whilst supporting workforce sustainability.

36.1.3.3 The Chair asked if there was any requirement for regional co-ordination or any formal regional structure planned for the new elective centres. Mrs Butler confirmed that discussions were in the initial stages.

36.1.3.4 Mrs Butler reported on the creation of the NHS Scotland 'Data Lake'. This is currently being developed by NHS Education Scotland (NES) and will pull all the different information repositories into one place, which will help to analyse workforce data using supply information in the first phase. The final product was almost complete and would hopefully be available by the end of the year. Mrs Butler also mentioned the challenges and difficulties for the board surrounding workforce demand; NES would be looking at this in the next phase of developing the data lake.

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36.1.3.5 The Chair requested that for reporting going forward, more emphasis should be placed on regional assurance; forward thinking; outputs activity; coordination and planning work to identify upcoming issues and regional pressures so assurance could be provided for the board.

36.1.3.6 The Committee noted that the risk had not changed substantially since the last update and agreed to accept a moderate level of assurance that there were controls in place to mitigate any risks to patient safety related to medical workforce sustainability.

36.1.4 <u>3828 – Nurse Workforce – Safe Staffing Levels</u> – Professor McMahon introduced the report giving an update on the risk around safe staffing levels risk (ID 3828) on the corporate risk register and providing an update on the work in Lothian to address the imminent Safe Staffing Legislation to be enacted by the Scottish Government in early 2019.

36.1.4.1 Professor McMahon reported that there was a lot of ongoing work at national level with various groups, looking at current tools and whether these are fit for purpose or not. Most tools are currently run on an annual basis and give a snapshot in time during the year. The continued development of e-Rostering will improve this. It was noted that e-Rostering roll out was almost at 100% and would hopefully be complete by the end of the 18/19 financial year. E-rostering will be used as part of safe care to help assess the level of acuity and skill mix needed to ensure safety on a day to day basis.

36.1.4.2 In terms of nursing workforce, areas which were harder to address were the recruitment and retention of staff along with the management of the different types of leave. The Chair asked that future papers highlight initiatives being undertaken to address this to strengthen assurance.

AMcM

36.1.4.3 Professor McMahon reported on the Return to Practice Programme which supports the recruitment and retention of nurses. The Return to Practice Programme will begin in January 2019 and it is hoped to have 2 intakes of 30-40 people. There will also be the annual influx of student nurses in the next few weeks and more work was being done to reduce attrition rates within the first year. Other work included the apprenticeship routes, working with primary school children as part of an NHS Grampian and NHS Lothian pilot for Band 4 Assistant Practitioners which would also be launching in January 2019.

36.1.4.4 The Committee noted that although the national tools were focussing on nurse staffing, these tools would eventually be multidisciplinary going forward incorporating Medics and AHPs as well and could be used by teams. Currently only the A&E tool is multidisciplinary.

36.1.4.5 There was discussion on the recent Internal Audit report – "Use of Nursing and Midwifery workload and Workforce Planning tools." Professor McMahon stated that the report would help to close the loop which had not been done as well as it needed to be going forward. Directors needed to understand tools and the professional judgement piece to ensure robust and evidenced decision making. The Committee accepted the findings of the report as scrutiny of the processes in place to support safe staffing levels and took moderate assurance level around the capacity for scrutiny and challenge provided by the tools but limited assurance that the data is currently subsequently effectively used in the planning cycle within the organisation.

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36.1.4.6 The Committee agreed to retain the risk assurance level as moderate, noting the current actions being taken to address immediate "hot spots" in St John's Hospital and Edinburgh Health and Social Care Partnership HBCCC. The Committee also took significant assurance that actions had successfully mitigated against the workforce pressures at a corporate level and the impending staffing shortfall in District Nursing. The Committee noted that the majority of staffing (substantive and supplementary) was from within the NHS and noted the reduction in agency spend on nursing of 47% over the baseline of 2015/16.

36.2 <u>Staff Governance Workplan 2018/19</u> – Mrs Kelly presented the Workplan which had been updated following the last Staff Governance Committee meeting. The Committee approved the updated Workplan for 2018/19.

36.3 <u>Staff Governance Statement of Assurance Need</u> – The Committee confirmed the Statement of Assurance Need. Mrs Kelly reported that the Statement of Assurance Need was updated after each meeting. There was discussion on linking the statement to the work plan and how mapping of narrative and timeline could be better highlighted; Mrs Kelly would look to augment this.

RK

36.4 <u>Health and Safety Assurance Update</u> – Mr Wilson introduced the report outlining the risk assurance levels for the Quarter One : Health and Safety prioritised risk topics, covering Violence & Aggression, Safe Bathing, Hot Surface Temperatures and the Control of Substances Hazardous to Health, COSHH (including Skin Health and Respiratory Protective Equipment Face Fit Testing: RPE / FFT). It was noted that these topics were submitted to and discussed at the NHSL Health and Safety Committee from all local area H&S Committees.

36.4.1 Mr Wilson stated that work around development of assurance levels remained ongoing. The Committee noted the current assurance levels as:

- Limited assurance – Violence and Aggression
- Moderate assurance – Safe Bathing
- Limited assurance - COSHH

36.4.2 The Chair stated that more detail around significant strides being made and initiatives being undertaken had to be incorporated into future reports to the Committee. The Committee needed to understand the progress being made and developments to support assurance. The inclusion of the main Health and Safety committee minutes was helpful but the committee noted that full site representation at the main committee remained a concern. Mrs Butler agreed to follow this up with Miss Gillies as Chair of the NHS Lothian Health and Safety Committee.

JB

36.4.3 There was discussion on targeting areas of poor attendance at the main meeting and whether the current membership was fit for purpose. Mr Wilson stated that a lot of time had been spent with the Head of Corporate Governance on this, and the work ongoing towards developing assurance levels was noted.

36.4.4 The Committee agreed to accept limited assurance around health and safety but recognised that improvements were taking place, however there was a need for greater assurance to be provided including the use of examples of work being undertaking being added to the report.

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36.5 <u>Emergency Access Standards (EAS) Staff Experience and Leadership Progress Report -</u> Mrs Butler updated the Committee on progress to deliver the actions from the EAS External Report and determine if there are any implications for the Committee's work plan for the remainder of 2018/19.

36.5.1 Mrs Butler asked the Committee if there were any other areas of work or particular subject areas that they thought could be better covered. The Committee recognised ongoing, very comprehensive activity and that it was too early to see an impact. It was agreed that no further areas of activity were required at this stage.

36.5.2 There was discussion on staff experience going hand in hand with service improvement; service and capacity issues; links to iMatter; the improvement with the RIE iMatter statistics – conversion of team reports to action plans was at 95% compared with 3% in 2017, and regular engagement with frontline staff and real time feedback. There was also further work to do with St John's Hospital around staff experience.

36.5.3 The Committee was assured by the work currently in progress and the achievements to date within the theme of Staff Experience and Leadership.

36.5.4 The Chair requested that the future paper to the Committee should give examples of what was beginning to work well and showcase the ongoing hard work of the staff and teams involved.

JB

36.6 <u>Staff Governance Monitoring Framework Feedback Letter</u> - The Committee noted the feedback letter received from the Scottish Government following the submission in May 2018 of the NHS Lothian Staff Governance Monitoring Framework Return. The Committee also noted that the feedback letter did not highlight any serious areas of concern or request any additional information.   The Committee supported the proposed response as outlined at Appendix 3 of the paper.

36.7. Healthy Organisational Culture

36.7.1 <u>Exemplary Carer Positive Employer</u> – The Committee congratulated the work of the group on the achievement of the Carer Positive: Exemplary Award. This was the third (and top) of the three Carer Positive levels and NHS Lothian was the only Health Board to have achieved this Award.

36.7.2 Ms Martin gave a presentation on supporting staff who juggle paid and unpaid care and the work behind the achievement of the award and the ongoing work to introduce the approach, e.g. e-learning module for managers, monthly carer cafes, roadshows and regular newsletters.

36.7.3 The presentation covered why the award was important; the evidence for the award; support for carers; retention of key staff; resilience of staff; recruitment of talent and the benefits of retaining carers in the workforce.

36.7.4 The Chair thanked Ms Martin for an excellent presentation and the team's excellent achievement of the Award. The Committee passed thanks to all involved in the work to gain this accolade and noted that the communications element around this would now be important as would be highlighting this achievement in relation to recruitment. Mrs Kelly stated she would pick this up with the Recruitment Team as something to highlight during the recruitment process.

RK

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36.7.2 <u>iMatter update</u> - Mr Haddow provided an update on the latest Key Performance Indicators (KPIs) in relation to iMatter for 2018. It was noted that this was the second time that NHS Lothian Board had received a Board report and that 9 Scottish Boards had not in fact received a Board Report for 2018 due to low response rates.

36.7.2.1 Mr Haddow reported on performance against the 4 iMatter KPIs – Response rate; EEI Score; Number of teams with no report and number of teams completing action plans; conversion rate to team reports; development of an iMatter Faculty; the new iMatter website and the internal audit around the iMatter implementation process.

36.7.2.2 Mr Houston asked if there was any intention to take the work beyond completion of plans and a mechanism for reporting back on actual delivered results. It was noted that the tool did not currently allow for systematic follow up on delivery against action plans. Mr Haddow stated that some team stories were starting to describe improvements coming out and the publishing of stories coming from teams was more effective than recording on software. It was hoped that a competitive element between teams would develop as part of the positive improvement journey.

36.7.2.3 Work would continue over the coming year looking to address low response rate areas and to embed iMatter further into the organisational culture through quality work. The iMatter data would also be used to support other activities in areas such as staff turnover and attendance, to triangulate information on staff experience.

36.7.2.4 The Chair thanked Mr Haddow for the update on a very comprehensive piece of work and stated that it would be useful in future reports to have information on actions being taken to increase conversion rates for the committee's assurance.

36.7.2.5 The Committee recognised NHS Lothian's improvement from last year and agreed to take significant assurance that the 2018 iMatter cycle for all cohorts across NHS Lothian, with the exception of Edinburgh City HSCP, had now concluded. The Committee also noted the agreed timetable for 2019 iMatter cycle and the accompanying iMatter Reports providing a breakdown of performance by each Directorate for 2018.

36.7.3 <u>Staff Engagement and Experience Development Framework Action Plan</u> – Mrs Butler presented the report on the delivery framework which will enable achievements of the key commitments and ambitions laid out in the NHS Lothian Staff Engagement and Experience Framework 2018 – 2020. The Chair welcomed the action plan and looked forward to seeing progress against actions at future meetings.

36.7.3.1 The Committee approved the detailed delivery framework and agreed that the actions were correct and reasonable and supported the ambitions laid out in the Staff Engagement and Experience Framework 2018 – 2020. The Committee noted the progress against the Development Plan and that the Delivery Framework would be overseen by the Staff Engagement and Experience Programme Board with six-monthly reports coming to the Staff Governance Committee and Lothian Partnership Forum to provide the necessary assurance.

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36.7.4 Whistleblowing Monitoring Report

Professor Humphrey took over as Chair for this item.

36.7.4.1 Mrs Kelly updated the members of the Committee on recent actions that had been taken in relation to whistleblowing and shared the monitoring data for the 24 whistleblowing cases that have been raised within NHS Lothian for the period October 2016 to 17 July 2018.

36.7.4.2 Mrs Kelly reported that there were currently 4 live cases with 2 about to conclude. The normal process continued with cases being reported to Mrs Mitchell as Whistleblowing Champion and then once a case is closed individuals being contacted by Mrs Mitchell to ask if they would like to meet to discuss their experience of the process to facilitate organisational learning. Diary dates for additional whistleblowing training had been indentified for January and March 2019.

36.7.4.3 The Committee noted that the whistleblowing standards in relation to a National Independent Whistleblowing Officer were imminently awaited. These would go out to consultation and following any revision it would be expected to have powers in place by autumn 2019. The standards would be circulated to the Committee as soon as they were available.

RK/JB

36.7.4.4 There was discussion on number of days likely to be recommended for investigations and whether this was likely to simply mirror the complaints process, currently 20 Days. Mrs Butler reported that she and Mrs Mitchell had met with SPSO representatives to discuss the reality of such a timescale given the complexity of issues and number of people involved. Mrs Mitchell added that through engagement with the SPSO, NHSL's reservations around the practicality of proposed time limits for investigations had been clearly highlighted. NHS Lothian would reply to the consultation once the standards were received.

36.7.4.5 The Committee agreed to take moderate assurance based on the information contained in the paper that systems and processes are in place to help to create a climate in NHS Lothian which ensures employees have absolute confidence in the fairness and objectivity of the procedures through which their concerns are raised and are assured that concerns raised will be acted upon.

Mrs Mitchell thanked Professor Humphrey and took back the Chair.

36.7.5 Speak Up Campaign – Proposals - Mrs Kelly introduced the paper presenting a set of proposals for a new Speak Up Campaign for NHS Lothian.

36.7.5.1 Mrs Kelly gave some background to the Speak Up work and referenced 2017 Dignity at Work Staff Survey results and the Emergency Access Standards Report (the priority actions from which had to be closed out by December 2018). Mrs Kelly had been chairing a short life working group developing proposals to foster an open and transparent culture where staff feel safe to speak up and confident that their concerns will be listened to. The intention was to establish a new NHS Lothian role of Speak Up Guardian to co-ordinate the speak up work across NHS Lothian, reporting directly to the Chief Executive.

36.7.5.2 There was discussion on the structure of the role, training and reporting arrangements. It was noted that this would not be a full time role but an add on to current duties, approximately one day per week. Under the Guardian role there would be a network of Advocates. The governance arrangements would be reporting through the Staff Governance Committee and Healthcare Governance Committee as appropriate.

36.7.5.3 Mrs Butler reported that the intention would be to mainstream and embed a culture of receiving feedback and responding as part and parcel of what we do as an organisation. These roles would be complementary to the whistle blowing process and procedure, providing additional signposting and support.

36.7.5.4 There was further discussion around whether introducing the roles would create a potential industry for raising concerns. Mrs Butler stated that this was not about all complaints coming through a Speak Up Advocate but providing people with a safe space to go to get information and support. The approach would be used as a test of change to get the organisation on a journey and achieve a culture where Advocates may not be eventually required. Ms Fitzgerald added that as well as Speak Up it was important that staff got the message that they would be listened to.

36.7.5.5 The Committee accepted the direction of travel of the proposals and recognised the need to move forward and develop these further. The Committee also supported the current direction of travel with the Speak Up Campaign, noting the aim to have the campaign launched and in place by the end of March 2019.

36.7.5.6 The Committee noted that the planning and implementation arrangements would be overseen by the Staff Engagement and Experience Programme Board. An update would be provided to the Committee at its March 2019 meeting.

JB

37. Sustainable Workforce

37.1 Workforce Report – The Committee noted the updated Workforce Report for October 2018 and the actions being taken to address some of the issues raised in the Report.

38. Capable Workforce

38.1 Everyone Matters – Working Across Boundaries - Mrs Butler provided a further update to the Staff Governance Committee on the action plan for Everyone Matters relating to working across boundaries to share good practice in learning & development and organisational development. The Committee noted that the previous update had been provided to the Committee on 31 January 2018. The Committee noted and was assured by the update on the examples of work being undertaken.

38.2 Internal Audit of Mandatory Education and Training - The Committee noted the report on the outcomes and recommendations of the recent internal audit of Mandatory Training arrangements and the outcome of the discussions at the Audit and Risk Committee (August 2018). The Committee supported the recommendation to maintain the status quo in relation to compliance levels (i.e. 80%) on the basis that targeted action was taken to support sustainable improvements in those areas below the 80%.

39. For Information and Noting

39.1 The Committee noted the following items:
- Minutes of the Lothian Partnership Forum held on 28 August 2018

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- Minutes of the Staff Engagement and Experience Programme Board held on 11 September 2018

40.   Any Other Business

40.1   There was no other business.

41.   Date of Next Meeting

41.1   It was noted that the next meeting of the committee would be held on Tuesday 30 January 2019 at 9.30am in meeting rooms 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

42.   2019 Meeting Dates

| 27 March 2019 | 29 May 2019 |
| 31 July 2019 | 30 October 2019 |

NHS LOTHIAN

ACUTE HOSPITALS COMMITTEE

Minutes of the meeting of the Acute Hospitals Committee held at 14:00 on Tuesday 16 October 2018 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Dr R. Williams, Non Executive Board Member (chair); Ms T. Gillies, Medical Director; Ms A. Mitchell, Non Executive Board Member; Cllr F. O'Donnell, Non Executive Board Member.

In Attendance: Ms J. Alexander, General Manager, Royal Infirmary of Edinburgh (item 3.1); Ms S. Ballard-Smith, Nurse Director, Acute Services; Ms D. Calder, General Manager, Western General Hospital (item 4.2); Dr B. Cook, Medical Director, Acute Services; Ms J. Hamilton, Assistant Head of Finance (on behalf of Mr Marriott); Mr C. Heseltine, Chief Radiographer (item 3.3); Mr A. Jackson, Associate Director, Strategic Planning; Dr N. Maran, Clinical Lead, Scottish Patient Safety Programme (item 3.2); Ms B. Pillath, Committee Administrator (minutes).

Apologies: Professor A. McMahon, Nurse Director; Ms R. Kelly, Deputy Director of Human Resources; Mr C. Marriott, Deputy Director of Finance; Ms L. McDonald, Site Director, Royal Infirmary of Edinburgh; Mr C. Stirling, Site Director, Western General Hospital.

Chair's Welcome and Introductions

The Chair welcomed members to the meeting and members introduced themselves.

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

1.   Minutes from Previous Meeting (21 August 2018)

1.   The minutes from the meeting on 21 August 2018 were approved as a correct record.

2.   Matters Arising

2.1   Acute Hospitals Committee Workplan

2.1.1   The proposed Committee workplan had been previously circulated. This was agreed.

3.   Clinical Governance

3.1   Royal Infirmary of Edinburgh: Highest Risk Services

3.1.1   The chair welcomed Ms Alexander to the meeting and she spoke to the previously circulated paper. Ms Campbell noted that while working to improve performance in

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patient flow, patient safety and patient experience were also part of the focus as less crowding improved experience for patients and staff. Ms Gillies suggested that the wording of the risk currently called 'patient experience' could be changed as the risk was also related to mortality.

3.1.2   In response to a question about what was being done to reduce risk of deterioration in those patients who had extended length of hospital stay due to delayed discharge, Ms Alexander advised that work was being done in measuring patient experience in Medicine of the Elderly, including engaging with families. The Care Assurance Standards were also a measure of patient experience in all areas. Activities co-ordinators for therapy and rehabilitation services were available in Medicine of the Elderly.

3.1.3   It was noted that improving the four hour emergency access standard was a major piece of work currently being undertaken, but that there needed to be a focus on quality of care and quality improvement as part of this.

3.2   Deteriorating Patients

3.2.1   The chair welcomed Dr Maran to the meeting and she presented the previously circulated paper. Members noted this good example of quality work where quality and safety had been improved for patients and there was improvement in the staff experience in understanding data, identifying problems and solutions and making improvements themselves.

2.2.2   Ms Gillies stated that it was expected that there would be continuous work on the programme due to staff turnover. There were some areas with very small numbers of cardiac arrests where it may be more appropriate to focus work on other areas at the moment although these areas could become more important as reductions were made in higher risk areas.

2.2.3   It was noted that the data included only cardiac arrests in the general wards where a arrest call would be made as this was centrally recorded. This did not include those in intensive care or cardiology wards where the expertise would be on hand to for management of cardiac arrests.

2.2.4   An early warning score would be carried out for inpatients as part of the general assessment which would include assessment of risk of cardiac arrest. Those patients who were in hospital because of high risk of cardiac arrest would be in the cardiology wards.

3.2.5   Members accepted the recommendations laid out in the paper. Members agreed that significant assurance should be taken that actions were in place as part of a quality management plan with improvements demonstrated recognising the work undertaken, but moderate assurance that the target of 50% reduction in cardiac arrests would be met by December 2019.

3.3   Radiology update

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3.3.1   The chair welcomed Mr Heseltine to the meeting and he presented the previously circulated paper. The risk of reduction in capacity during the move to the new hospital was highlighted, with the need for staff to be trained on the new equipment. Extra staff had been brought in to mitigate the risk. It was noted that if there was any reduction in the commissioning period for the hospital this should go on the risk register for all departments.

3.3.2   It was noted that this paper was more operational than giving assurance although actions to mitigate risks were alluded to. A further update would be brought in February 2019 identifying risks, actions to mitigate these and outcomes and improvements made, with a recommendation of a level of assurance.   **JC**

4.   Performance Assurance

4.1   4 Hour Unscheduled Care Performance

4.1.1   Ms Campbell presented the previously circulated paper. It was noted that the paper had already been to the Board; because of the pressures and the high level of scrutiny, 4 hour access performance was being reported to each Board meeting. The remit of this Committee was quality of care rather than performance, which would be considered elsewhere.

4.1.2   Ms Campbell agreed to bring a further paper to the next meeting giving more information about the impact of the actions taken, for instance reducing the number of patients in the department improved both patient and staff experience. There was a focus on identifying actions which were working and discarding any which were not, using quality improvement methodology with baseline data.   **JC**

4.1.3   Ms Gillies noted that the paper currently indicated that all previous actions taken had had limited effect, and that there was still an overcrowded Emergency Department, which effected patient safety and experience of care, and staff experience.

4.1.4   It was noted that a group of patients with alcohol and drug problems could be displaced from the Emergency Department if appropriate services were available elsewhere. This had been previously discussed, and a separate unit was opened on Hogmanay for this purpose, but resources were needed to staff this and these were often high risk patients.

4.1.5   Members accepted the recommendations laid out in the paper, including the three levels of assurance given: significant assurance that appropriate oversight and governance groups had been established to oversee the implementation of the action plan; moderate assurance that mechanisms were in place in adult acute sites to monitor performance and support staff in making improvements according to the action plan; and limited assurance that the improvement programmes would deliver the significant improvement in performance required in the short term.

4.2   Cancer Waits; 31 and 62 Day

4.2.1   The chair welcomed Ms Calder to the meeting and she presented the previously circulated paper. It was noted that the update on quality performance indicator

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process and outcome was given to the Healthcare Governance Committee to give assurance on effective treatment and interventions. The performance aspect about the waiting time to diagnosis and the impact on patients was to be reported to the Acute Hospitals Committee.

4.2.2   Members accepted the recommendations laid out in the paper and accepted moderate assurance that actions were in place, but limited assurance that these would improve performance. It was noted that significant assurance would only be achieved when all the actions were in place and the target was being met.

4.3   Hospital Standardised Mortality Rate (HSMR)

4.3.1   Ms Gillies presented the previously circulated paper. As the HSMR data was 6 months old once validated, there was work being done to use more quickly available monthly data as an indication as to what might come up to allow any preventative action to be taken in a timely manner. An update on progress with this would be brought in 6 months' time.   **TG**

4.3.2   Members accepted the recommendations laid out in the paper and accepted moderate assurance that NHS Lothian's HSMR was in line with the NHS Scotland trend.

4.4   Outpatient and Inpatient Waiting Times Management

4.4.1   Ms Campbell presented the previously circulated paper. The update at the next meeting would include the response to the Scottish Government strategy which was due to be published the next week.   **JC**

4.4.2   Following a question about the outcome of the modernising outpatients work, it was agreed that there would be an update at a future meeting on the work done looking at how to bring outpatients clinics up to date with the use of technology.   **JC**

4.4.3   Members accepted the recommendations laid out in the paper and accepted moderate assurance that the performance was as projected with the resources available, but limited assurance that the Scottish Government target for waiting times would be met.

4.5   Quality and Performance

4.5.1   Mr Jackson presented the previously circulated paper. The Excel database with the full data had not been provided this time, and the paper gave a summary specifically relating to the remit of this Committee. The data was available as a dashboard with web access which could be arranged if required. This was still being developed.

4.5.2   There should be discussion about recording of assurance levels when high levels of assurance had been given even in areas where the target was not being met.

4.5.3   It was agreed that the performance data given did not give assurance but was one of the indicators use to ensure focus on the right areas at the Committee; a full paper

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would then be submitted for discussion and assurance. The recently agreed Committee workplan would improve this process.

5.   Corporate Governance

5.1   Acute Risk Register

5.1.1   Ms Campbell presented the previously circulated paper. It was agreed that the Committee should see the risk register to ensure focus on the right issues.

5.1.2   Members accepted the recommendations laid out in the paper. In terms of the third recommendation about incorporating staffing risks, this would be discussed at a meeting of the chairs of the governance committees scheduled as there could be an overlap with the Staff Governance Committee.

6.   Fiscal Governance

6.1   Financial Performance

6.1.1   Ms Hamilton presented the previously circulated paper. It was agreed that more details about the recovery plans and what they had achieved would be part of the next update.

6.1.2   It was noted that the target position would not be met by the end of the year with any plan in place, but that improvements had been made and the end of year position had been improved. The Board was aware of this.

6.1.3   Members accepted the recommendations laid out in the paper.

7.   Minutes for Information

Members noted the previously circulated minutes from the following meeting for information:

7.1   Healthcare Governance Committee, 11 September 2018;

8.   Date of Next Meeting

8.1   The next meeting of the Acute Hospitals Committee would take place at **14.00** on **Tuesday 11 December 2018** in **Meeting Room 8**, Second Floor, Waverley Gate.

8.2   Meetings in 2019 would take place on the following dates:
- Tuesday 4 February 2019;
- Tuesday 1 April 2019;
- Tuesday 3 June 2019;
- Tuesday 5 August 2019;
- Tuesday 7 October 2019;
- Tuesday 2 December 2019.

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STRATEGIC PLANNING COMMITTEE

Minutes of the meeting of the Strategic Planning Committee held at 9.30 on Thursday 11 October 2018 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr B. Houston, Board Chairman (chair); Mr T. Davison, Chief Executive; Ms S. Goldsmith, Finance Director; Ms C. Hirst, Non Executive Board Member; Professor T. Humphrey, Non Executive Board Member; Ms F. Ireland, Non Executive Board Member; Professor A. McCallum, Director of Public Health; Mr A. McCann, Non Executive Board Member; Professor A. McMahon, Executive Nurse Director (chaired second half); Mr P. Murray, Non Executive Board Member.

In Attendance: Mr C. Briggs, Director of Strategic Planning; Ms J. Campbell, Chief Officer, Acute Services; Dr P. Conaglen, Consultant in Public Health Medicine (item 2.1); Mr M. Higgins, Senior Researcher, Public Health (item 2.1); Ms R. Miller, Strategic Programme Manager; Mr A. Payne, Head of Corporate Governance; Ms B. Pillath, Committee Administrator (minutes); Dr C. Sumpter, Public Health Registrar (observing).

Apologies: Ms J. Anderson, Partnership Representative; Mr M. Ash, Non Executive Board Member; Mr J. Crombie, Interim Chief Executive; Ms T. Gillies, Medical Director; Mr A. Joyce, Employee Director.

The Chair welcomed members to the meeting and members introduced themselves.

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

1.   Minutes and Actions from Previous Meeting (9 August 2018)

1.1   The minutes from the meeting held on 9 August 2018 were approved as a correct record.

2.   Matters Arising

2.1   Gamechanger

2.1.1   It was agreed that an update on Gamechanger would be brought to the December 2018 meeting.   **CB**

2.2   Reprovision of Belhaven Hospital, Edington Hospital, Abbey Care Home and Eskgreen Care Home

2.2.1   Mr Murray noted that the paper had not been presented to the East Lothian Integration Joint Board on 23 August 2018 as planned but would be discussed at a development day in then presented at the formal meeting on 13 December 2018. The

business case would be presented to the NHS Lothian Board and East Lothian Council following this. Background work was ongoing.

2.   The People's Health

2.1   <u>Next Steps in Community Planning</u>

2.1.1   Mr Higgins and Dr Conaglen gave a presentation. The priorities presented were evidence based interventions which mapped across the political priorities. There was a need to identify where there were opportunities and need in NHS Lothian's communities.

2.1.2   There needed to be discussion on how to make the priorities more relevant to local areas to engage and influence other organisations. There was a need to make a meaningful contribution towards these priorities in financial terms, more than offering an opinion. The priorities could link in with other NHS Lothian strategies for reducing inequalities.

2.1.3   Mr Higgins advised that there had been discussions at the Community Planning Partnerships about identifying priorities. The contributions would be different in each area as different opportunities and needs were relevant. This would include some big issues that could only be solved collaboratively but the importance of these would be recognised and NHS Lothian's contribution made clear. The next step would be to develop a plan to take priorities forward.

2.1.4   A key way to influence improvements on these priorities could be working with NHS Lothian's own staff and students.

2.1.5   As previously discussed at this meeting, more work was needed on improving the representation on the Community Planning Partnerships to ensure that they had clear priorities from the organisation and were able to make decisions on this.

2.1.6   Mr Higgins agreed to brief the Committee on each of the priorities and how they fitted in with existing NHS Lothian policies.   **MH**

2.2   <u>Children's Services Annual Report</u>

2.2.1   Professor McMahon spoke to the previously circulated paper. It was noted that the arrangements for children's services were complex and there were different arrangements in each Partnership and an analysis of which worked best would be helpful. The complexity was a governance risk.

2.2.2   There would be an in depth discussion about children's services at the Healthcare Governance Committee in January 2019.

2.2.3   Members approved the report.

3.   Integration

3.1   <u>Review of Governance, Integration Schemes</u>

3.1.1   Mr Briggs presented the previously circulated paper which proposed an early review of joint working. Mr Payne advised that any areas raised for consideration would be worked through. It was suggested that consistency could be improved between the different IJB directions and financial plans. The integration schemes were to be reviewed after five years, in 2020.

3.1.2   The Audit Scotland report on Integration would also be published shortly, and it was noted that the Management Steering Group review would also be relevant. The Scottish Government were planning to publish new draft guidance on use of directions soon.

3.1.3   The review needed to be sensitive to the responsibilities of the Integration Joint Boards; the four IJBs and NHS Lothian were five equal partners in strategic planning. It was noted that the political aspect for the Councils was also relevant, and there was a need to ensure that Council members of the IJBs were senior enough to make organisational decisions.

3.1.4   Planning should not be separated between Integration Joint Boards and NHS Lothian, but should be planned together for the region. The Health and Social Care Partnerships had concentrated so far on their core activities because of a need for improvement and they needed to join NHS Lothian in focussing more on wider issues. Integration Joint Boards were responsible for commissioning unscheduled care and a collaborative agenda was needed for this.

3.1.5   Once agreement had been reached about improvements to be made, then the integration schemes should be reviewed. This would be discussed and agreed with the Councils as well as the Integration Joint Boards.

3.1.6   The membership of the Strategic Planning Committee could be reviewed to achieve this collaboration; to include the chair and vice chair of each Integration Joint Board. It would not be an NHS Lothian Committee but a shared planning committee to facilitate collaboration between NHS Lothian and the Integration Joint Boards. Integration Joint Board Chief Officers would bring items to the Committee for discussion. Chief Financial Officers could also attend if appropriate.

3.1.7   This had been discussed at the Corporate Management Team with the Chief Officers and it had been agreed that Professor McMahon and Mr Briggs would write a formal proposition to be agreed at CMT. It was agreed that this would be a joint proposal with the Integration Joint Board Chief Officers and would also be taken to Integration Joint Boards for agreement. Once this process had been complete the proposal would be submitted to this meeting for discussion. It was noted that initial informal discussions with those involved would be helpful to ensure the right proposal was made.   **CB / AMcM**

3.2   Edinburgh Delayed Discharges Action Plan and Trajectory

3.2.1   Mr Briggs gave a presentation. NHS Lothian had contributed £4 million to reduce delayed discharges by providing 400 packages of care for patients waiting in acute

hospitals. The rest of the funds would be used for improving community services for those at home waiting for services, in order to reduce the need for admission.

3.2.2   It was noted that Edinburgh had longer care home beds length of stay than any other areas, as patients were being moved there earlier, causing challenges in numbers of spaces available. There were 180 Hospital Based Complex Clinical Care beds in NHHS Lothian; other Boards did not have these and if release the money could be reinvested into more care home places.

3.2.2   It was noted that the additional funds were being provided to Edinburgh Health and Social Care Partnership and not the other Partnerships due to the disproportionate problem here.

3.2.3   It was agreed that the Carnall Farrar report and the presentation slides would be circulated for information.   **CB**

4.   Lothian Hospitals Plan

4.1   <u>Short Stay Elective Centre, St John's Hospital</u>

4.1.1   Ms Campbell presented the previously circulated paper. It was noted that the Cabinet Secretary's statement that the same number of patients would continue to be treated at the Golden Jubilee National Hospital did not fit in with NHS Lothian's agreement that as many patients would be repatriated as possible. The Government policy was that the elective centre funding would be to improve local capacity, not for repatriation.

4.1.2   It was noted that as the St John's Hospital and Eye Pavilion elective centres would not be commissioned until 2021 there needed to be a plan to cover the period until then, during which time it was expected that there should be improvement in treatment time guarantee performance. Some funding from the Scottish Government was expected for using private providers but it was not clear that these providers would have enough capacity. This funding would be announced later in October 2018 and would be allocated based on numbers of patients waiting. Analysis on spending would be brought back to this group.   **JCa**

4.1.3   Ms Ireland noted that the chairs of the Area Clinical Forums had been invited to join the Scottish Collaborative Group, the aims of which also contradicted the need to repatriate patients to the home Board. There were patient representatives on this group and the professional lines could be used to raise concerns.

4.1.4   It was noted that patient experience at the Golden Jubilee National Hospital was reported as very good, and the costs of sending patients there were marginal.

4.1.5   NHS Borders and Fife would not use the elective centre as they had enough capacity in their local plan.

4.1.6   Transport to and from the elective centre would be managed centrally as part of the plan. This would be similar to the model currently used for the GJNH.

5.   Pan Lothian Business

5.1   <u>Developing Pan Lothian Strategic Approaches</u>

5.1.1   Mr Briggs spoke to the previously circulated paper. It was suggested the paper should be discussed at the Integration Joint Boards with Mr Briggs attending. The approach had been discussed with the Chief Officers who were willing to consider this. The joint Strategic Planning Committee could be the first forum for discussion with Chief Officers.   **CB**

5.1.2   Members accepted the recommendations laid out in the paper.

5.2   <u>Future of Strategic Planning Committee</u>

5.2.1   Mr Houston tabled an informal discussion paper on the role of the Strategic Planning Committee and strategic planning. The route for a proposal would come through the executive line and be approved by the Board.

5.2.2   A 'futures group' consisting of NHS Lothian representatives and other agencies that would meet a few times per year for high level discussion and development of a vision for the future was discussed. This group would work to identify barriers to reaching the vision and would look externally for solutions which if successful would be developed and implemented in NHS Lothian and relevant partners. Regional working would be part of this.

5.2.3   Organisational development and training would be required for NHS Lothian and partner agencies to ensure readiness for reviewing and implementing any solutions.

5.2.4   Mr Davison noted that the case for using innovation and external solutions had been made; there was no other solution currently identified for dealing with workforce and financial gap and rising demand for services. NHS Fife and NHS Borders had agreed in principle for innovation to be part of regional working, so regional working funds could be accessed for this.

5.2.5   The next Board development session would cover regional planning. There had been agreement that the Research and Development lead would expand the service to include a process for assessing and facilitating innovations and this would be taken forward regionally.

5.2.6   An event was being organised with Deloitte where five new technologies would be presented to senior managers from the region. Two were artificial intelligence, and some were already being piloted in NHS Lothian.

5.2.7   A decision needed to be made as to how to take this forward to the Board.

6.   Date of Next Meeting

6.1   The next meeting of this group would take place at **9.30** on **Thursday 13 December 2018** in **Meeting Room 8**, second floor, Waverley Gate.

6.2   Further meetings in 2019 would take place on the following dates:
- Thursday 7 February 2019;
- Thursday 4 April 2019;
- Thursday 20 June 2019;
- Thursday 1 August 2019;
- Thursday 3 October 2019;
- Thursday 19 December 2019.

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 9.00 on Tuesday 11 September 2018 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Professor T. Humphrey, Non-Executive Board Member (chair); Ms J. Clark, Partnership Representative; Ms W. Fairgrieve, Partnership Representative; Ms C. Hirst, Non-Executive Board Member; Mr A. Joyce, Employee Director, Non-Executive Board Member; Mr A. Sharp, Patient and Public Representative.

In Attendance: Ms J. Bennett, Associate Director of Quality Improvement and Safety; Mr C. Bruce, Lead on Equalities and Human Rights (item 22.1, 22.2, 22.3); Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director; Dr D. Gorman, Consultant in Public Health Medicine (item 24.5); Ms K. Gray, Smoke Free Lothian Service Manager (item 24.5); Mr B. Houston, Chairman, NHS Lothian; Dr P. Lefevre, Associate Divisional Medical Director (item 21); Dr Z. Maung, Consultant Haematologist (item 25.1); Professor A. McCallum, Director of Public Health and Health Policy; Dr N. McCullough, Emergency Medicine Consultant (observing); Ms T. McKigen, General Manager, Psychiatry (item 21); Professor A. McMahon, Executive Nurse Director; Ms C. Myles, Chief Nurse, Midlothian Health and Social Care Partnership; Ms K. Ozden, Chief Nurse, Royal Edinburgh Hospital and Associated Services (item 21); Ms B. Pillath, Committee Administrator (minutes); Dr K. Smith, Specialist Registrar, Public Health (observing); Professor A. Timoney, Director of Pharmacy; Dr S. Watson, Chief Quality Officer.

Apologies: Ms J. Campbell, Acute Services Director; Dr P. Donald, Non Executive Board Member; Mr J. Forrest, Chief Officer, West Lothian Health and Social Care Partnership; Ms N. Gormley, Patient and Public Representative; Ms F. Ireland, Non Executive Board Member; Ms A. MacDonald, Chief Officer, East Lothian Health and Social Care Partnership; Ms J. Morrison, Head of Patient Experience; Mr D. Small, Director of Primary Care Services; Mr P. Wynne, Chief Nurse, Edinburgh Health and Social Care Partnership.

Chair's Welcome and Introductions

The Chair welcomed members to the meeting and members introduced themselves.

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

19.   Patient Story

19.1   Mr Sharp read out feedback from a student nurse on completing a course on stress and de-stress for mental health patients and experiences in the ward afterwards, where a patient's behaviour escalated due to pain and staff on the ward were too busy to prescribe pain medication. A suggestion to refer to psychiatry was thought to be unsuitable as the behaviour was clearly related to the pain. The student also reflected on patients with falls risk needing to be helped and encouraged to walk

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around to promote independence and releave stress. The student thought the course should be rolled out to all staff and that wards could not be too busy to allow care for patients.

19.2   Ms Ozden noted that this was evidence based training which would improve patient care and make efficiency savings by reducing the need for one to one care for patients. but supervisers were needed which limited roll out without further resource. It was agreed that a business casewould be developed for roll out to all staff.   **KO**

19.3   Ms Hirst asked how the reflections of those experiencing things for the first time before becoming routine could be captured and learned from. This student had written to the charge nurse who had sent it on to the university in recognition of the reflective work, so experiences were being shared.

19.4   The relationship between staff stress due to busy working environment and patient stress was noted.

19.5   Ms Ozden noted that Canaan Ward in the Royal Edinburgh Hospital had stopped the need for one to one observation of patients by using person centred care; this had also reduced medication.

20.   Minutes from Previous Meeting (10 July 2018)

20.1   The minutes from the meeting held on 10 July 2018 were approved as a correct record.

20.2   The updated cumulative Committee action note had been previously circulated.

21.   Mental Health Services

21.1   The chair welcomed Dr Lefevre, Ms Ozden and Ms McKigen who gave a presentation. Professor McMahon summarised that Mental Health covered a wide range of services, many of which were subject to government policy changes. There were some areas of real pressure and actions were being worked on to mitigate this. Workforce recruitment remained a problem even where resources were made available.

21.2   In response to a question about governance oversight within REAS, Ms Ozden advised that each service had a management team which reported to the senior management team which Professor McMahon was also part of. Any areas of concern were escalated to the Healthcare Governance Committee.

21.3   Work being done to improve the nursing workforce was explained but more work was needed to improve medical workforce and reduce the use of locum staff. Ms McKigen noted that job descriptions in West Lothian did not fit in with other areas and work was needed here to make jobs more attractive by linking to higher education.

21.4   Dr Lefevre noted that national clinical standards were starting to be developed for mental health and that compliance was good at this stage. It was too early to see a national comparison. A number of local standards were used to ensure a safe

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system. There was discussion about starting to use the AIM standards for the Royal College of Psychiatrists which would allow benchmarking in the UK.

21.5 Community mental health teams were now managed separately as these were devolved to the health and social care partnerships. A review on how these services had been embedded was being considered.

21.6 Professor McCallum noted that there were areas where through joint working with community partnerships there could be influence on early intervention in the community to reduce the number of referrals to services in the future. Professor McMahon advised that the change in role of school nurses was positive for early intervention although as trained at a a basic level school nurses may not be able to deal with more complex problems, but this could reduce referrals.

21.7 Ms Hirst noted that from her experience observing in the Emergency Department there were mental health patients who it was not safe to discharge, but that other community services could reduce the need for these patients to present at the Emergency Department if they were available.

21.8 Professor Humphrey noted that there was often a short term plan for capacity but many other long term investment opportunities. NHS Lothian's strategic directions needed to be aligned with those of the Health and Social Care Partnerships. It was noted that a pan Lothian group which previously existed would be reinstated to ensure all groups were working together.

21.9 Ms Gillies advised that she and Ms Ozden had met with the family regarding the perinatal mental health case for the second time and apologised for letting them down and for the failure in patient treatment. NHS Lothian would provide information to the Procurator Fiscal on how actions would be met and where community clinics were held.

21.10 Professor McMahon noted that the Scottish Government were reviewing their support for the longer term facility to support those affected by rape and sexual assault. An interim facility would be operational from late September until the new facility was commissioned. The possibility of workforce recruitment issues was acknowledged.

21.11 It was agreed that Professor McMahon and the Chairman would discuss how best to follow up on the discussion from the presentation in order to look at specific levels of assurance in each area, with timelines, processes and available funding for each area. Mr Houston noted that the increasing level of political awareness and interest in mental health created an opportunity to escalate need for investment to the Board, Integration Joint Boards and Scottish Government. **AMcM**

21.12 It was agreed that the presentation would be sent round Board members for information and that there would be further discussion about the next update to the Healthcare Governance Committee. **TH / AMcM / TG / JB**

22. Committee Effectiveness

22.1 <u>Corporate Risk Register</u>

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22.1.1   Ms Bennett presented the previously circulated paper. There had been little change to reducing risks on the register but some test of change work was in progress looking at whether the wording properly described the risk. There was currently more focus on performance which was an indicator of risk rather than the risk itself. Changing the wording could change the actions taken to mitigate the risk.

22.1.2.   Part of the development would include where Integration Joint Boards or other organisations needed to be involved to mitigate risks.

22.1.3   Members accepted the recommendations laid out in the paper and accepted significant assurance that all appropriate risks were listed.

22.2   Quality and Performance Improvement Report

22.2.1   Ms Bennett presented the previously circulated paper. It was agreed that the areas highlighted as high risks had been considered recently or would be considered in the next two meetings by the Committee.

23.   Person Centred Care

23.1   Equality and Human Rights Improvement Plan

23.1.1   The chair welcomed Mr Bruce to the meeting and he spoke to the previously circulated paper and noted that the focus on patient participation was low at this meeting, drawing attention to the impact assessment sections of the papers where impact assessments had not been completed.

23.1.2   Concern was raised on the assessment of progress as significant work had been done towards changing the culture so that there was learning from patient feedback and values based change, but the organisation was only beginning to move towards this aim. The culture of learning from feedback should related to staff feedback as well as patient feedback.

23.1.3   Ms Hirst suggested that there was value in investigating complaints with human rights principles of fairness, respect, equity, dignity and autonomy in mind as this was often where the failure had been. In complaints management now that procedural aspects were in place there needed to be a shift of focus to learning and quality.

23.1.4   Dr Watson noted that part of the quality programme was the empowerment of staff to come forward with improvement ideas, but also patient ideas could have a positive impact, for instance the Cancer Services design students projects based their designs on patient feedback. There needed to be more work on how to get this feedback from patients.

23.1.5   Members accepted the recommendations laid out in the paper and accepted significant assurance that a plan was in place to improve the culture arount human rights and that there was engagement on this, but accepted moderate assurance on the ability to implement the plan.

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23.2   Equality Outcomes 2018-2021

23.2.1   Mr Bruce presented the previously circulated paper. He noted that more would be added to the plan on what would be done to improve children's equality as this was to be reported to the Scottish Government by 2020.

23.2.2   The principles of participation and justice should be part of some of the big organisational strategies already in place.

23.2.3   It was noted that interpretation and translation services were important but also that the stress and discomfort of being in hospital made it difficult for patients to understand the information given them and make informed decisions. It was noted that the average reading ability for those in social housing was low. There had been discussion on patient information and some work in particular areas had been done but there was not yet an agreed stream of work across all areas; this needed to be agreed across all the community planning partnerships to cover all services.

23.2.4   It was suggested that more details on work being done and links to other strategies and workstreams could be added to the plan. Members accepted the recommendations laid out in the paper and accepted moderate assurance.

23.3   British Sign Language Action Plan

23.3.1   Mr Bruce presented the previously circulated paper and showed an extract from a video of a live webcast organised through Deaf Action with members of the deaf community interacting with the plan.

23.3.2   It was noted that there were many lessons to be learned from the experience of access of deaf people which were also relevant to all patients.

23.3.3   Members accepted the recommendations laid out in the paper and accepted significant assurance.

24.   Safe Care

24.1   Public Protection Update

24.1.1   Ms Gillies presented the previously circulated paper in Professor McMahon's absence. Members accepted the recommendations laid out in the paper and accepted moderate assurance.

24.2   Death in Hospitals Update

24.2.1   Ms Gillies presented the previously circulated paper. The self assessment aimed to make clinicians reflect and analyse whether there were opportunities to do thinkgs differently regarding the experience rather than the technical aspects of care. There were some improvemnents needed in this area. The process for reviewing deaths was robust.

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24.2.2   Members accepted the recommendations laid out in the paper and accepted moderate assurance.

24.3   Healthcare Associated Infection Update

24.3.1   Ms Gillies presented the previously circulated paper. It was noted that the overall reduction in *Clostridium difficile* Infection over the years was impressive. A change in antibiotics used had been helpful in this reduction. A similar structural change had not been identified for the reduction of *Staphylococcus aureus* Bacteraemia but work was in progress on making improvements in practice.

24.3.2   Members accepted the recommendations laid out in the paper.

24.4   Gosport Memorial Hospital Recommendations summary report

24.4.1   Ms Gillies presented the previously circulated paper. Processes were in place to mitigate risks highlighted in the report. It was noted that until electronic hospital prescribing was in place there would be no automated reporting on prescribing in acute services. This was currently monitored via stock control systems and pharmacists checking drug kardexes. Implementation of electronic prescribing was in progress.

24.4.2   Members accepted the recommendations laid out in the paper and accepted moderate assurance.

24.5   Smoking Cessation

24.5.1   The chair welcomed Ms Gray and Dr Gorman to the meeting and Ms Gray gave a presentation. It was noted that a successful 'quit' was a no smoking status from week 4 to week 12 of registering with a smoking cessation programme. It was estimated that 50% of those who stop smoking do so on their own, with 50% through services provided.

24.5.2   It was noted that the Scottish Government had set an ambitious target for smoking prevalence in Scotland to be reduced from 25% in 2008 to 5% in 2034 with no increase in budget for smoking cessation services. Reductions had been made in the last 10 years but not in line with this projection. The rate among the most deprived was higher. Professor McCallum noted that even in countries which had achieved 5% prevalence the rate amongst the most deprived was high.

24.5.3   Professor McCallum noted that smoking cessation was only part of the work to support people in stopping smoking as this was related to wider determinants of health, education and social background. Improving the work of the smoking cessation team would not cover these wider issues.

24.5.4   It was noted that there were specific pathways for improvement of health in certain services; for instance smoking was included in the Diabetes Strategy with specialist support at the diagnosis stage.

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24.5.5　It was agreed that a paper would be brought back to the Committee giving assurance levels and governance issues and how data was being used to inform the action plan. **AMcC**

25.　Effective Care

25.1　<u>Cancer Care Quality Performance Indicators</u>

25.1.1　The chair welcomed Dr Maung to the meeting and he presented the previously circulated paper. Member accepted the recommendations laid out in the paper.

25.2　<u>Hospital Sterilisation and Disinfection Unit Update</u>

25.2.1　Mr Crombie presented the previously circulated paper which gave an update on the system problem and ways to control this to manage cancellations of procedures. Work was in progress and data was available to inform improvements.

25.2.2　Members accepted the recommendations laid out in the paper and accepted limited assurance. A further report would be submitted at the next meeting including more detail on the issues to allow further discussion. **JCa**

26.　Exception Reporting Only

Members noted the following previously circulated papers for information:

26.1　Quality Improvement Teams Annual Report;
26.2　Learning Disabilities Managed Clinical Network Annual Report;
26.3　Lothian Viral Hepatitis Managed Clinical Network Annual Report;
26.4　Edinburgh Transplant Centre Annual Report;
26.5　Patient Experience and Feedback Internal Audit Report.

27.　Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings:

27.1　Clinical Management Group, 12 June 2018;
27.2　Information Governance Sub Committee, 7 August 2018;
27.3　Feedback and Improvement Quality Assurance Working Group, 17 July 2018;
27.4　Organ Donation Sub Group, 27 June 2018.

28.　Date of Next Meeting

28.1　The next meeting of the Healthcare Governance Committee would take place at **9.00** on **Tuesday 13 November 2018** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

28.2　Further meetings would take place on the following dates in 2019:
- 8 January 2019;
- 12 March 2019;
- 14 May 2019;
- 9 July 2010;

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- 10 September 2019;
- 12 November 2019.

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DRAFT

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9:30am on Wednesday 19 September 2018 in Meeting Room 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr M. Hill (Chair), Mr B. Houston, Mr B. McQueen, Mr P. Murray, Mr A. McCann Miss T. Gillies, Mr J. Crombie, Mrs S. Goldsmith and Mr T. Davison.

In Attendance: Mr C Marriott, Deputy Director of Finance, Mr A McCreadie, Head Of Management Accounts, Mr C. Stirling, Hospital Director Western General Hospital (Items 17.2 and 17.3), Ms L. Cameron, Strategic Programme Manager, Cancer Services (Items 17.2 and 17.3), Ms D Calder – General Manager Cancer Services (Items 17.2 and 17.3), Ms S Cosens, RHSC & DCN Reprovision Project Manager, Mr N Bradbury, Capital Finance Manager, Mr A Payne, Head of Corporate Governance and Mr C. Graham, Secretariat Manager (Minutes).

Apologies: Cllr I Campbell, Professor M. Whyte, Professor A. McMahon, Ms J. Campbell, Mr I Graham and Ms A Macdonald.

Declaration of Financial and Non-Financial Interest

The Chair invited members to declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No declarations were made.

14   Minutes from Previous Meeting (25 July 2018)

14.1   The minutes from the meeting held on 25 July 2018 were approved as a correct record.

15   Committee Business

15.1   Running Action Note – The Committee agreed the action note and noted the following:

- **Development of the Finance and Resources Committee** - Mr Payne drew the Committee's attention to the establishment of a NES working group to inform the development of the 'Once for Scotland' material. Mr Payne has agreed to join the group and they have asked if any non-executives would like to contribute to the process and join the group. Mr McCann stated that he would be happy to be involved with the group.

- **Additional Investment in Community Care Services in Edinburgh** – There was discussion on the additional £4M investment for community care. Mr Crombie reported on the recent Edinburgh performance meeting where there had been focus on delayed discharges reduction. It was expected that an improvement would be able to be evidenced by the end of October with a further reduction by December. Mr Crombie would bring a further briefing to F&R at a future meeting. Mr Davison added that he had also met with Judith Proctor and wanted the F&R Committee to

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be aware that the Edinburgh Health and Social Care Partnership were forecasting a £6M deficit for social care. It was important to note that the NHS Lothian contribution of £4M was to be matched by Edinburgh council with an addition contribution of £2.5M from the Edinburgh IJB taking the total contributions to £10.5M. It was also noted that there was £6M of undelivered social care savings which were unlikely to be delivered through current savings plans; if delivery of this was pushed then it was recognised that a direct way of doing this was through reduction of capacity.

- **2018/19 Annual Operational Plan (AOP): Access Funding to Support Additional Capacity** -The Chair requested that it be made clear in public papers that there was not current the resources available to achieve the March 2017 waiting times. Mr Davison reported that this action appeared to have been overtaken by events with the Cabinet Secretary for Health and Sport's announcement about a new waiting times improvement plan. Mrs Goldsmith, Miss Gillies and Professor McMahon were heavily involved with this work as they chaired national groups. This waiting times work would be a major programme of improvement over the next 30 months to March 2021, about which full details would emerge shortly.   The Committee welcomed the update and looked forward to receiving a detailed briefing around this issue at the next F&R meeting. The Committee also requested that the IJB members on F&R take these discussions forward with the IJBs.

15.2   Update on the RHCYP/DCN Project - Mrs Goldsmith tabled a position paper on a proposed settlement agreement. The paper provided detail and an update on the current situation with the RHCYP/DCN project. There was discussion on the IHSL financial difficulties; the need for a finalised supplemental agreement to move forward, the factors delaying the signing of this and the position of senior funders; residual technical issues with the key issue being around drainage systems; amendments to the business case; the leadership and competence around IHSL and the next steps to make progress.

15.2.1 The Committee noted the current position with the project and gave its absolute support to the project team in terms of the current strategy and approach. The Committee asked that work begins now on a communications strategy around this current situation and supported the recommendations as outlined in the paper:

- To continue to seek resolution to these issues via the supplementary agreement (SA) process, and to put in place a solution that is entirely governed by the SA or SAs
- To pursue a SA solution that consists of two agreements, a primary agreement as outlined previously and as negotiated with IHSL and a second SA to govern the delivery of the drainage aspect of the facility
- To seek formal contact with funders to provide assurance that the Board is committed to a SA solution and a request for this commitment to be reciprocated
- To submit an addendum to the business case for approval once details on timescale and technical arrangements are clear
- To address the Board's concerns in relation to IHSL's management of the Project, particularly moving into the operational phase.

15.2.2 Mrs Goldsmith stated the intention to have something circulated in relation to the terms of the supplementary agreement and said there would be further discussion on this under the Private Session of the 3rd October 2018 Board Meeting.

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16   Revenue

16.1   <u>Financial Position to 31 August 2018 and Quarter 1 Review</u> – Mr Marriott reported that the trends appeared the same as the first 4 months. The starting deficit of £22M was now sitting at £1.4 so almost at the breakeven position. It had taken a lot of work to get to this stage and a key concern was the movement in year was from non recurring resources.

16.1.1 There was discussion on prescribing trends concerns; outstanding pay allocations and the remaining gap with medical and dental; deterioration in the REAS forecasted position which would be picked up with the site in the mid year review and the Edinburgh Health and Social Care Partnership recovery plan.

16.1.2 Table 5 in the paper showed figures from the IJB perspective. There would be a paper brought to the November F&R meeting in relation to IJB positions and the expectation was that this would show a close to breakeven position. Mr Marriott also reported on improvement with the care deficit as covered in section 4 of the report and the opportunity for improvement with waiting times as the care deficit was a significant issues in relation to the 4 hour emergency access standard.

16.1.3 The Committee considered and noted the financial position as at August 2017 reporting a deficit of £4.3m, after phasing in five months of the £10.8m reserves identified in the Financial Plan and a proportion of an additional £1.5m of in year non recurring flexibility identified as part of the forecasting process.

16.1.4 The Committee agreed to take limited assurance on achieving a breakeven outturn rather than the recommended moderate assurance. The reason for this being that although a lot of work had been undertaken to get to this point the Committee would like to wait until further into the year before taking moderate assurance given the in year risks that were on the horizon. This would be considered again at the November meeting.

16.1.5 The Committee also acknowledged that the Quarter One forecast was predicated on the receipt of an additional allocation as a contribution to the pay awards, receipts for the sale of property and the delivery of planned efficiencies and recovery actions.

16.2   <u>Development of the NHS Lothian Financial Strategy</u> – Mrs Goldsmith gave a presentation covering propositions from Our Health Our Care Our Future; reducing inappropriate use of hospital services; building capacity in primary and community care; developing Secondary and Acute Care; Realistic Medicine; Public Health improvement; supporting Mental Health; NHS Board Reform; Financial Strategy issues

16.2.1 Mr   McCreadie   then   presented   on   IJB   Budget   and   Expenditure Allocation Modelling; IJB requirements under the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 Regulation 4; NHS Lothian's existing model for core services, hosted services and set aside services; Budget and expenditure of each delegated cost centre; 16/17 IJB reported position; the Pros & cons of existing approach; the new IJB Model agreed by F&R in November 2017; the impact on moving to NRAC Budget Split in 16/17; the new method of allocating costs; the impact of 16/17 actual expenditure split on activity; the overall impact of change on IJBs; Issues arising from the 16/17 revision; why this was worth doing and the associated implications and risks.

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16.2.2 There was discussion on IJB funding, where the financial strategy was now, where NHS Lothian wanted it to be and the documents to be considered as part of NHS Lothian's financial framework. The Committee also considered the IJBs responsibility in reducing unscheduled care bed usage; shifting the balance of care; the development of thinking around innovation and development of technology and where health inequalities featured in the strategy moving forward.

16.2.3 Mr McQueen stated that a financial strategy can have any desired purpose as a moving feast with annual, 3 and 5 year documents. There should be a desire to impress stakeholders by looking to the longer term, contemplating the next 10 years and recognising trends, costs and economic scenarios. There was also the opportunity to look at potential legislative change, e.g. what would more regional administration look like, what would bringing PFI in house mean, etc. Mr McCann suggested that any developed financial plan should be complimentary to other strategies and not repeat those previously documented and understood.

16.2.4 Mr Davison pointed out that IJBs across Scotland were finding difficulties in associating with regional and national plans. IJBs needed to focus on local up to regional matters with the health board working regionally and nationally. The Chair added that the IJB finance officers were close to work around this and this was an area to strengthen through consistency of approach and further discussion.

16.2.5 It was agreed to retain the development of the Financial Strategy as a standing item and that there needed to be further active dialogue and sharing with the IJBs Chief Officers and Finance Officers. The Committee requested that a design and implementation plan be presented to F&R in November

16.3 <u>Review of 2018/19 Financial Plan</u> – The Committee noted the paper setting out the elements of agreement of the 2018/19 plan and how the areas of investment aligned to extant corporate objectives and the risks contained within the Boards Risk Register at the time of Plan sign-off.

16.4 <u>Update on the 2019/20 Financial Plan</u> – The Committee noted the report which gave an overview of the draft Financial Outlook for the next five years, and specifically the Financial Plan for 19/20. The paper also set out a very initial assessment of the financial position based on the current forecast outturn, anticipated growth and assumptions around additional resources.

17   Capital

17.1   <u>Edinburgh Bioquarter – Establishment of Joint Venture</u> - Mrs Goldsmith updated the Committee on key developments regarding the Edinburgh Bio Quarter (EBQ) and work ongoing to establish a formal joint venture to deliver the EBQ business plan. The report explained the context and potential joint venture structure to meet funding demands to support the development programme of all the EBQ partners. The context covered the existing governance, the current potential programme drivers, and current NHS Lothian potential pipeline.

17.1.1 Mrs Goldsmith pointed out that there was a concern that each EBQ organisation was going back in to its own silo despite the desire to make something more than that of the Bio Quarter and to work together in a way which genuinely adds value. There was a challenge in developing EBQ, with investment required to support infrastructure around the site. It had been hoped that the City Deal would bring investment but this had not been sufficient to meet the EBQ needs.

17.1.2 The EBQ Partners were now considering bringing in a private sector developer to invest in the site and appraisal work was now being considered to get an idea of what a joint venture could look like.

17.1.3 A key focus for NHS Lothian would be securing future land at EBQ, given the constraints around the RIE site's further development. Any joint venture would need all parties to have collective access to land on the EBQ site. There could also be the option of have the new Eye Pavilion put into joint venture as a future project funded by developer; this was just consideration at this stage. Mr Davison expressed caution at putting the Eye Pavilion into developer control.

17.1.4 As partners, consideration needed to be given to what the EBQ would give NHS in terms access to development of new technology and how we could ensure partnership with the University of Edinburgh in relation to benefits of supporting delivery of healthcare. These were initial baby steps as we continue to move forward with all partners thoughtfully in considering potential future opportunities. The Committee noted that there was to be a NHS Lothian Board Development Session to be held at the EBQ in November to consider R&D and Innovation. It was suggested that the session should also be used to consider what the EBQ can do for NHS Lothian and how NHS Lothian might best secure development rights over the next 20 years. There would be merit in having a discussion at the development event on the direction of travel, interest in joint value and any specific project aspirations.

17.1.5 The Committee also acknowledged that the EBQ Programme Director and communications individual had recently left their posts. Mr Crombie stated that there had been an improvement in partnership working with Hans Möller in post and with his loss as Programme Director there would be a wide search for an appropriate individual to replace him.

17.1.6 Mr Houston stated that whilst agreeing with the stated priorities, there was a need for NHS Lothian to have its own 'big picture' future strategy. Hans Möller's presentation to the last EBQ advisory committee meeting had been very informative in showing the direction in which NHS Lothian needs to be going with collaborative solutions. Mr McCann added that NHS Lothian needs to consider how to capitalise on the EBQ to exploit our own data for our benefit. Mrs Goldsmith agreed to share Hans Möller's

<center>5</center>

presentation as useful pre-reading ahead of the November Board Development Session.

SG

17.1.7 The Committee accepted the update and gave its support to the continuation of work to develop the proposed joint venture. The Committee also supported in principle the exploration of the use of NHS assets to further EBQ objectives and agreed to the required funding contribution to allow the development work to go ahead to the next stage as set out. It was recognised that a private developer funded Eye Pavilion would not be desirable.

17.2 <u>Establishment of project team for Re-provision of Edinburgh Cancer Centre, Encompassing Cancer Enabling (and Haematology)</u> - Mr Stirling gave an update on the development of project team, progress with appointments and the scale around resources.

17.2.1 The Committee approved the proposed project team structure as set out in the report. The 18/19 and 19/20 resource implications of £906,994 were also approved.

17.2.2 The Committee noted the separate funding stream for the Haematology proportion of project team costs equating to £73,446 for 18/19 and 19/20 and approved the outstanding resource requirement of £833,496 in 18/19 and 19/20 for the cancer project team costs associated with both the development of the Initial Agreement for the Edinburgh Cancer Centre and the completion of the enabling projects.

17.2.3 The Committee also agreed the additional support & equipment costs, including the re-branding exercise, of £90,000 for financial years 18/19 and 19/20.

17.2.4 The Committee accepted the Principal Supply Chain Partner and advisor costs outlined of £1,128,710 for the Edinburgh Cancer Centre Initial Agreement and cancer enabling for 18/19 and 19/20 and £597, 644 for the haematology project 18/19. It was noted that these costs will be recouped in future years from the funding established by the Full Business Case for each project. The Committee also noted that any additional support required for reprovision of the Edinburgh Cancer Centre beyond the Initial Agreement will come back for approval in summer 2019 in advance of submission of the Initial Agreement to the Scottish Government Capital Investment Group.

17.3 <u>Haematology – Outline Business Case</u> - Mr Stirling updated the Committee on the proposals for the Haematology Services Development at the Western General Hospital, and presented the Outline Business Case (OBC) for approval.

17.3.1 There was discussion on the potential risk if appointment of the project team members was delayed in terms of Initial Agreement development between autumn and Christmas; the decant arrangements were also explored. Mr Crombie stated that there should be clarity around RHCYP/DCN arrangements in the new few days as this had an impact on the planned decant to allow works to progress at the WGH.

17.3.2 Mr McCann asked about the haematology works and how much of this would then be redone as part of the move towards new cancer centre. Ms Calder confirmed that the intention was to completely reprovide the cancer centre. Donor contributions would be £11M then £1.3M to support decant costs. It was noted that the Donor was aware of the

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knock down arrangements to develop the new cancer centre and was understanding and content with this approach.

17.3.3 The Chair asked if the project team and management capacity and capability were dependent on other ongoing projects freeing up people to help with this. Mr Stirling replied that this approach had been taken based on advice around the RHCYP/DCN move that there was sufficient service expertise involvement. Technical expertise was being provided by Ms Cameron and her service management background, there was still the capacity and capability issue that the team would continue to look at.

17.3.4 The Chair asked about funding expectations. It was noted that the capital challenge involved was not underestimated. This was seen as a top government priority and the benefits of any capital should be maximised, when available.

17.3.5 It was noted that page 32 of the OBC required to be updated to remove the reference "It has been confirmed that the OBC/FBC does not require to be approved by the Scottish Government due to the charitable nature of the donation." Mr Bradbury would take this forward.

NB

17.3.6 The Chair stated that the Committee were fully supportive of the cancer centre concept and there was discussion on how there could be any influence on decision making around this, including public and MSP engagement. There was also discussion on the need for eHealth support and for this not to be limited to a like for like replacement of technology, there should be a more open approach to build in modern technology to the infrastructure of the building. Mr Stirling stated that external thinking and input was being introduced through workshops and visits to other parts of the UK to see other ways of working.

17.3.7 The Committee agreed to approve the OBC for the Haematology Service capital development, subject to agreement on capital funding shortfall by the Director of Finance and the amendment to page 32 as referenced in paragraph 17.3.5 above.

17.3.8 The Committee noted the proposed decant solution and that the increase in capital expenditure as a result of additional decant requirements (£2.61M) plus an increase in capital project costs of £90k will be funded by a further donation of £1.3m from the Charitable Trust plus £702k of NHS Lothian non recurring revenue savings. It was also noted that the remaining funding gap of £700k was anticipated to be funded by the Scottish Government Health Department following presentation of the OBC at the Scottish Government Capital Investment Group.

17.4 <u>Property and Asset Management Investment Programme</u> - Mr Bradbury provided the regular update on the status of Property and Asset Management Investment Programme (PAMIP) and sought approvals on matters of asset management and performance.

17.4.1 There was discussion on the draft reporting framework to provide appropriate levels of assurance to the committee. The Committee noted that there had been an update on this enhanced reporting to the last F&R Meeting and that now it needed to be clearer what the new framework would mean for reporting frequency. Mr Bradbury would provide further detail to the next F&R Meeting.

NB

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17.4.2 The Committee discussed a once-for-Scotland approach to track and traceability, the complexities of governance across Boards and engagement of other boards to focus on a national procurement option. Mr Crombie added that representatives from Greater Glasgow and Clyde had also been invited to join in the review of tenders to increase understanding of the once-for-Scotland approach.

17.4.3 Mr Bradbury also reported that a paper on the RVH community engagement had been considered by LCIG and the Committee were being asked to support the establishment of a stakeholder panel chaired by the director of communications to lead on this work. It was noted that this would be the first time the community engagement process had been used formally. The Committee requested that a short paper around the process comes to the November meeting.

NB/IG

17.4.4 The Chair asked why the East Calder Health Centre proposal had been rejected. Mr Bradbury reported that the Capital Investment Group had asked for further consideration around other options and this would be resubmitted to the next Capital Investment Group. It was noted that there was a special Capital Investment Group meeting scheduled for next week to consider the Elective Centre at St John's Hospital. This meeting would be considering all elective centres and have representation from other boards in attendance.

17.4.5 There was further discussion on potential for other areas to emerge that may require capital support e.g. 4 hour Emergency Access Standard; Track and traceability in relation to the theatre improvement programme and why the RVH disposal had become taxable. Mr Crombie also confirmed that it was anticipated that Liberton Hospital disposal would likely start early 2019 with the move of patients to the Jardine Clinic at REH.

17.4.6 The Committee noted the forecast over commitment of the 2018/19 PAMIP; accepted the requested moderate assurance around the programme delivery in year and agreed to the establishment of a Stakeholder Panel to inform the disposal of the Royal Victoria Hospital as a pilot for improved Community Engagement processes.

18   Any Other Competent Business

18.1   There was no other business.

19   Date of Next Meeting

21 November 2018

20   2019 Dates

23 January 2019
20 March 2019
22 May 2019
24 July 2019
25 September 2019
27 November 2019

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NHS LOTHIAN
Board Meeting
5 December 2018

Director of Finance

2018/19 FINANCIAL POSITION AND 2019/20 FINANCIAL OUTLOOK

1   Purpose of the Report

1.1   This paper provides an update to the Board on NHS Lothian's year-end forecast position and a briefing on the outlook for 2019/20, on this occasion this paper is included in the items for approval to allow time for discussion on Ministerial priorities.

1.2   Any member wishing additional information on the detail of this paper should contact the Director of Finance prior to the meeting.

2   Recommendations

2.1   The Board is recommended to:

- **Accept** this report as a source of significant assurance that the F&R Committee has considered the year to date and year end forecast position of NHS Lothian and required actions to support breakeven, and have accepted the **moderate assurance** currently provided on the achievement of breakeven by the year end.

3   Discussion of Key Issues

3.1   The F&R Committee received a paper on the Period 7 financial position, the year end outturn overspend projection for 2018/19, and the draft financial outlook for 2019/20 at its meeting of the 21st November. The F&R paper highlighted a year to date overspend of £3.5m and an anticipated year end overspend of £0.4m.

3.2   The movement in the forecast outturn position is due to further improvement in the operational position, principally in the Acute Division and Strategic budgets. Further detail on the financial position is provided in Table 1 below.

Table 1: Closing the Financial Plan Gap

	£k
18/19 Financial Plan Gap	**(21,475)**
Improvement In Operational position	
- Acute Services Division	7,398
- Corporate Services	1,864
- Prescribing improvement in forecast	5,700
- Strategic including R&D	3,723
- Various offsets	2,291
Increase in availability of reserves in Fin Plan	727
In Year Flexibility	
- Additional prior year benefit	2,100
- Benefits from prior year accounting adjustments	1,776
- Slippage in opening of RHSC	2,000
- Edinburgh IJB support	(4,000)
- Other identified commitments	(4,202)
- Other in year benefits including VAT recovery	1,659
18/19 Year End Forecast @ Month 6	**(438)**

3.3 Further detail on the year to date overspend of £3.5m and the Q2 forecast by Business Unit is provided in Table 2 below.

Table 2 – NHS Lothian year-to-date overspend and year-end forecast

	Month 7 YTD Position £k	Forecast Variance Mth 6 £k
Acute Services Division	**(9,633)**	**(16,049)**
REAS	(1,220)	(1,711)
Edinburgh Partnership	(1,349)	(2,330)
East Lothian Partnership	490	1,046
Directorate of Primary Care	161	(428)
Midlothian Partnership	371	1,096
West Lothian Partnership	1,050	804
Facilities And Consort	(1,852)	373
Corporate Services	**1,341**	**1,018**
Inc + Assoc Hlthcare Purchases	860	1,366
Research & Teaching	(446)	(787)
Strategic Services	(939)	4,971
Operational Position	**(11,166)**	**(10,631)**
Reserves	6,335	10,860
Additional Flexibility	1,361	7,535
Edinburgh IJB Support		(4,000)
Other Identified Commitments		(4,202)
NHS Lothian Position	**(3,470)**	**(438)**

3.4 The F&R Committee considered the issues within the forecast and were able to acknowledge the actions being progressed to achieve breakeven in 2018/19. Actions being progressed to reduce the year-end deficit include:

- Exploration of further one-off opportunities within the property and asset management budgets;
- One-off benefits generated as a result in delays in agreed developments;
- Non-recurrent cost reduction initiatives generated through business units.

3.5 The financial forecast provides an estimate of a year-end outturn position based on delivering activity at current levels. Further work is required to determine the financial consequences of meeting specific targets beyond finance. The Executive Team will review the opportunities to address some of the performance issues relating to patient care. This may bring a degree of financial risk.

3.6 The Committee agreed that it could now give moderate assurance at this point that the Board will achieve a breakeven outturn in 2018/19.

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3.7   The actions identified above aim to support the achievement of financial balance for 2018/19. However these do not address the issues of achieving recurrent financial sustainability in future years.

3.8   The Committee also received an update on the forecast for each of the four IJBs. It was reported that at this time there was sufficient evidence to suggest there will be an underspend in East Lothian and Midlothian IJBs while Edinburgh and West Lothian IJBs currently project an overspend.

3.9   The complexities of managing and delivering a year-end breakeven across four IJBs and NHS Lothian were discussed with the Committee. At this stage further discussion is required with each IJB to understand year end arrangements. A further update on the approach to be taken will be brought to the F&R Committee at the January meeting.

3.10 The next stages of supporting the achievement of financial balance include the following steps:

- Ongoing monthly monitoring and reporting of the financial position;
- Follow up meetings with business units as part of the Quarter 2 review to agree further actions to control and reduce spend;
- An update report to the F&R committee at its January meeting on the progress made to achieving in year financial balance, and a report on the five year financial outlook;
- A follow up report to the Board at its February meeting setting out the F&R committee's consideration of the financial position for 2018/19 and beyond.

Financial Outlook 2019/20

3.11 The F&R Committee also considered the initial assessment of the financial position for 2019/20. The paper highlighted a projected financial gap for 2019/20 of £43.1m, based on an initial assessment of cost pressures and anticipated funding. A summary of the realistic Outlook is provided in Table 3.

Table 3 – Summary of Financial Outlook

	2019/20
	£k
Full Year Recurring Expenditure Budget	1,617,169
Baseline Carry Forward Pressures	(48,442)
Additional Expenditure, Growth, Uplifts & Commitments	(64,297)
Total Projected Costs	**(112,739)**
Total Additional Resources	55,876
Financial Gap	**(56,863)**
Financial Recovery Actions	13,705
Financial Gap after Recovery Actions	**(43,158)**

3.12 The Committee agreed to revisit the 2019/20 outlook position in January, when there should be further clarity on funding after the Scottish Government budget on the 12th December and more information on anticipated cost pressures.

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4   Key Risks

4.1   The F&R Committee also considered the risks that may impact on financial performance throughout the year. Table 3 presents the risk schedule was shared with the Committee.

Table 4– Risks to achieving year end financial balance

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Key Assumptions / Risks	Risk rating	Impact / Description
Integration	High Risk	The forecast is based on the assumption that any flexibility from NHS resources at an IJB level will stay within Lothian. The IJBs may wish to consider other options for utilising any flexible resource
Delayed Discharge	High Risk	There is a requirement to manage the volume of delayed discharges - the forecast does not consider any further deterioration in this area.
Winter Costs	High Risk	The risk remains whether sufficient additional resources are available to meet the pressures from anticipated winter demand
New GP Contract	Medium Risk	No additional costs of the new GP contract eg immunisation, GMS premises have been included in the financial forecast. These will need to be reviewed and potentially included in later updates.
GP Prescribing	Medium Risk	The financial forecast has been reviewed in line with current unit cost and activity, this could change during the year and this will be reviewed on a monthly basis
Acute Medicines	Medium Risk	There is a risk that the level of growth exceeds that estimate in the Forecast. The impact of any additional growth or additional spend on high cost drugs remains an unresolved issue.
Changes to pay T&Cs and backdated pay claims	Medium Risk	The impact of the 18/19 pay award has been modelled and included in the current forecast, there is a risk that the actual costs materialise at a higher level than that anticipated. NHSL no longer has a provision for backdated pay claims, therefore any further claims will be an unplanned in year cost.
SGHD Allocations	High Risk	The forecast includes a substantial level of additional Scottish Government funding pay awards and previously separately funded programmes and initiatives. Any change from the funding level assumed will have an impact on the forecast.
Capital Programme	Medium Risk	The revenue consequences of the ongoing capital programme are an issue for several areas and in particular facilities. Estimates have been included in the forecast based on the current information, but these may change as the year progresses.
Waiting Times	High Risk	There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that the current investment plans are revised to improve performance.
Doctors in Training	Low Risk	Changes to the Doctors in Training contracts and single employer status may bring financial risks which have not been included in the forecast. The ongoing current level of overspend on Doctors in Training has however been included.
Payment as if at Work	Medium Risk	An estimate of the additional cost for 18/19 has been included in the forecast, the actual cost will be unknown until the final agreement is reached nationally.
Availability of trained staff	Medium Risk	The availability of trained staff has resulted in supply issues which has seen an increased use in agency staff and the associated costs. To maintain the current forecast the use of agency needs to be held static or reduce.
Capital Receipts	Medium Risk	The year end forecast is dependant on a substantial level of capital receipt in 18/19.
Mental Health	High Risk	The continuing demand for mental health services and the impact of the smoking ban in prisons will be greater than the additional SG funding provided. Some provision for additional costs have been included in the forecast but this could be inadequate for the level of costs that materialise.
Impact of Regional and National Developments	Medium Risk	Development or changes to Regional & National services may have a knock on affect to NHS Lothian with reduced income recovery but continued costs.
Brexit	Low Risk	No additional costs for Brexit preparations have been built into the plan, at present they have not been quantified, however they will need to be considered as part of the longer term financial outlook currently being prepared
Utilisation of Primary Care Investment Fund	Medium Risk	Expectation of GPs that Primary Care Improvement Fund will flow directly practices rather than for NHSL to use to develop of Primary Care Health teams to support the GP practices.
Safe Staffing	High Risk	The impact of the Safe Staffing requirements are still being quantified and costed and have therefore not been included in the forecast. At present there are no obvious source of funding to meet additional costs and presents a risk. This will be an issue for the financial outlook

4.2   It was recognised by the Committee that those risks set out were consistent with those previously reported.

5   **Risk Register**

5.1   The corporate risk register includes the following risk:

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*Risk 3600 - The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. **(Finance & Resources Committee)***

5.2   The contents of this report is aligned to the above risk. At this stage there is no further requirement to add to this risk.

6   Impact on Inequality, Including Health Inequalities

6.1   There are no new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

7   Duty to Inform, Engage and Consult People who use our Services

7.1   The implementation of the financial plan and the delivery of a breakeven outturn may require service changes. As this particular paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

8   Resource Implications

8.1   There are no resource implications arising specifically from this report.

Susan Goldsmith
Director of Finance
22nd November 2018
susan.goldsmith@nhslothian.scot.nhs.uk

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Midlothian Integration Joint Board

Date	Time	Venue
Thursday 23rd August 2018	2.00pm	Conference Room, Loanhead Centre, George Avenue, Loanhead EH20 9LA.

Present (voting members):

Angus McCann (Chair)	Cllr Margot Russell (substitute for Cllr Derek Milligan)
Tracey Gilles	
Alex Joyce	
Alison McCallum	

Present (non voting members):

Allister Short (Chief Officer)	Alison White (Chief Social Work Officer)
Caroline Myles (Chief Nurse)	Wanda Fairgrieve (Staff side representative)
Hamish Reid (GP/Clinical Director)	Nik Hirani (Medical Practitioner)
Keith Chapman (User/Carer)	Pam Russell (User/Carer)
Ewan Aitken (Third Sector)	

In attendance:

Clare Cartwright (Interim Head of Implementation, Lothian Hospitals Plan)	Sandra Bagnall (Assistant Strategic Programme Manager)
Mike Broadway (Clerk)	

Apologies:

Cllr Derek Milligan	Cllr Jim Muirhead
Cllr Catherine Johnstone	Cllr Pauline Winchester
Cllr John Hackett (substitute for Cllr Jim Muirhead)	Cllr Janet Lay-Douglas (substitute for Cllr Pauline Winchester)
Cllr Kenneth Baird (substitute for Cllr Catherine Johnstone)	David King (Chief Finance Officer)
Aileen Currie (Staff side representative)	Jill Stacey (Chief Internal Auditor)

Midlothian Integration Joint Board
Thursday 23 August 2018

1.   Welcome and introductions

The Chair, Angus McCann, welcomed everyone to this meeting of the Midlothian Integration Joint Board, following which there was around of introductions.

2.   Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated.

3.   Declarations of interest

No declarations of interest were received.

4.   Minutes of Previous Meetings

4.1   The Minutes of (i) Meeting of the Midlothian Integration Joint Board held on 3 May 2018 and (ii) Special Meeting of the Midlothian Integration Joint Board held on 7 June 2018 were submitted and approved as correct record.

4.2   The Minutes of Meeting of the MIJB Audit and Risk Committee held on 29 March 2018 were submitted and noted.

4.3   A Rolling Action Log – August 2018 was submitted.

Thereafter, the Board, having received brief updates on the various action points detailed therein, agreed:-

(a)   to close the action relating to the Primary Care Improvement Plan;

(b)   to review the layout of the log to include, where possible, expected completion dates to outstanding actions and details of who was responsible for actioning; and

(c)   to otherwise note the remaining outstanding actions.

(**Action: Clerk**)

5.   Public Reports

Report No.	Report Title	Presented by:
5.1	Annual Performance Report	Sandra Bagnall

Midlothian Integration Joint Board
Thursday 23 August 2018

Executive Summary of Report

The purpose of this report was to introduce the 2017-18 Annual Performance Report and to seek the MIJB's approval of its content.

The report advised that IJBs were required to prepare and publish an Annual Performance Report. The Midlothian Annual Performance Report; a copy of which was appended to the report, provided information on the health and wellbeing of the people of Midlothian. It also described the progress made in redesigning local health and care services; the financial performance of the Partnership; and the quality of health and care services delivered during 2017-18.

Summary of discussion

Having heard from Assistant Strategic Programme Manager, Sandra Bagnall, who responded to Members' questions and comments, the Board in considering the Annual Performance Report discussed the challenges presented by the timing of release of the ISD data necessary to compile the Report and also the requirement to comply with the regulations issued by Scottish Government prescribing the content of performance reports.

The Board acknowledged that whilst the extended deadline for publication at the end of August allowed time for Members to feed back any further questions or comments, the contents of the Report struck a good balance between meeting the requirement to report progress against the national outcomes that all IJBs were measured against, but at the same time explaining who we as an organisation are and sharing the stories of the successes and challenges over the reporting period of 2017/18.

Decision

The Board, after further discussion:

- **Approved the content of the Midlothian Annual Performance Report; and**

- **Agreed that if Members had any further comments that these be fed back to Sandra by no later than Thursday 30 August 2018.**

Action

All MIJB Members/Chief Officer

Report No.	Report Title	Presented by:
5.2	The Lothian Hospitals Plan	Clare Cartwright

Executive Summary of Report

The purpose of this report was to update the MIJB on progress with the implementation of the Lothian Hospitals Plan (LHP), agreed by NHS Lothian in January 2017. It provided a high-level overview of the themes within the LHP, an update on progress, and the key points associated with the interdigitation with the Midlothian Integration Joint Board (MIJB).

Midlothian Integration Joint Board
Thursday 23 August 2018

The report advised Members that the LHP was constructed in 2 ways; plans relative to each individual acute site and plans associated with care streams – notably medical specialties, cancer services, elective care. The vision for delivery of the LHP remains within the five-to-ten-year timescale. Where opportunities for change present in advance of this timescale they will be taken.

Summary of discussion

The Committee, having heard from Clare Cartwright (Interim Head of Implementation, Lothian Hospitals Plan), who responded to Members question and comments, welcomed the development of the LHP, noting that it was a 'work in progress', with thinking still ongoing, so feedback from Members would be welcomed. In terms of the MIJB consideration would need to be given to the Plan in the context of the MIJB Strategic Plan and what was best for Midlothian.

Decision

After further discussion, the Board agreed:

- **To note the development of the LHP including linkage with capital prioritisation process;**
- **To note the current work in progress in respect of acute sites;**
- **To note the particular points of overlap with the MIJB Strategic Plan and planning process; and**
- **Agreed that if Members had any further comments/questions that these be fed back to Clare.**

Action

All MIJB Members/Chief Officer

Report No.	Report Title	Presented by:
5.3	Chief Officer's Report	Allister Short

Executive Summary of Report

This report provided a summary of the key issues which had arisen over the past month in health and social care, highlighting in particular key activities, as well as future key developments.

The report also advised that at the NHS Lothian Board meeting on 1 August, the following individuals were reappointed to the Midlothian IJB for a period of 3 years:

Dr Hamish Reid, Clinical Director, Midlothian H&SCP
Mrs Caroline Myles, Chief Nurse, Midlothian H&SCP

The following member of staff was appointed to the Midlothian IJB for a period of 3 years (and replaced the vacancy previously held by Dr David Caesar):

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Dr Nik Hirani, Consultant in Respiratory Medicine, NHS Lothian
And Alex Joyce (Employee Director) was re-nominated by NHS Lothian as a voting member of Midlothian IJB.
In addition, agreement was sought for the Chair, Angus McCann to take up the vacant position on the MIJB Audit and Risk Committee.

Summary of discussion

The Board, having heard from the Chief Officer, who responded to Members' questions, discussed the issues raised by the NHS Lothian External Review – 4hr Access report and the stresses and strains caused by workload pressures. Consideration was also given to the potential impact of capacity issues within Care at Home provision and the financial pressures facing the Council. The importance of the ongoing work aimed at affecting positive shifts in models of service delivery was once again emphasised.

Decision

After further discussion, the Board:

- **Noted the issues and updates raised in the report;**

- **Noted and approved the reappointment of Caroline Myles and Dr Hamish Reid to the Midlothian IJB by NHS Lothian Board;**

- **Noted and approved the appointment of Dr Nik Hirani to the Midlothian IJB by the NHS Lothian Board and the re-nomination of Alex Joyce as a voting member of the IJB; and**

- **Approved the appointment of Angus McCann to the vacant position on the Midlothian Integrated Joint Board Audit and Risk Committee.**

Action

Chief Officer/Clerk

Report No.	Report Title	Presented by:
5.4	Appointment of Chief Finance Officer	Allister Short

Executive Summary of Report

With reference to paragraph 5.8 of the Minutes of 3 May 2018, there was submitted a report setting out the process that had been used by the partners to select the new Chief Finance Officer (Section 95 Officer) for the Midlothian Integration Joint Board and inviting the Board to appoint Claire Flanagan to the position with effect from 1st October 2018.

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Summary of discussion
The Board, having heard from the Chief Officer, noted that Ms Flanagan was currently an employee of NHS Lothian and would be seconded by NHS Lothian to the joint role of Chief Finance Officer for Mid and East Lothian IJBs. In order to ensure that the Annual Accounts were signed off by the current Chief Finance Officer – in the interests of continuity and governance – it was recommended that this appointment be effective from 1st October 2018.

Decision
The Board:
• **Approved the appointment of Claire Flanagan as the Chief Finance Officer (Section 95 Officer) for the Midlothian IJB. This appointment to be effective from 1st October 2018.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.5	Working With the Voluntary Sector	Ewan Aitken

Executive Summary of Report
The purpose of this report was to ensure the Board were aware of the steps proposed to strengthen joint working between the Health and Social Care Partnership (HSCP) and local voluntary organisations.
The report summarised the involvement of the Voluntary Sector in the Health and Social Care field in Midlothian. Spending on the Voluntary Sector accounting for 35% of the Adult Social Care budget. Voluntary organisations were also able to draw in additional funding and attract the invaluable contribution of volunteers. The report went on to describe the recent Voluntary Summit, involving representatives of local voluntary organisations and members of the HSCP Joint Management Team, and the proposals for a regular programme of meetings.

Summary of discussion
The Board, having heard from Ewan Aitken, discussed the importance of stronger engagement with both the Voluntary Sector and the public if the transformation required to change models of service delivery was to be achieved.

Decision
The Board:
• **Noted the work which has already taken place to strengthen joint working with the Voluntary Sector;**

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- **Noted the outcome of the recent Voluntary Sector Summit and plans to hold a follow up Summit on 28 November; and**
- **Approve the programme of work proposed to maintain and strengthen the strong links between Health and Social Care and local voluntary organisations.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.6	Action 15 of the Mental Health Strategy 2017-2027	Alison White

Executive Summary of Report
The purpose of this report was to inform the Board of the proposal for use of the Action 15, Mental Health resources from Scottish Government. The report advised that Scottish Government had given a commitment (Action 15) to increase the mental health workforce by 800 members of staff to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to prisons. This report set out the proposed investment within Midlothian to deliver against this agreed commitment. It also noted the ongoing discussion with Scottish Government and the 4 Lothian IJBs regarding the investment within prisons and custody suites.

Summary of discussion
The Board, having heard from the Head of Adult Services, discussed the proposed development of a new local Strategy which would enable the continued low use of in-patient facilities and improving health and wellbeing outcomes for people who were experiencing Mental Health issues. The proposed implementation of evidence based models where these existed, and planned involvement of the Third Sector, mental health professionals, wellbeing workers and development of opportunities for Peer workers, were all seen as positive steps.

Decision
After further discussion, the Board: - **Noted and endorse the proposals contained within the report.**

Action
Chief Officer

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Report No.	Report Title	Presented by:
5.7	Improving the Cancer Journey Programme	Sandra Bagnall

Executive Summary of Report
The purpose of this report was to present details of the Improving the Cancer Journey Programme and outline proposal that this Lothian-wide service to be hosted by Midlothian. The report explained that the Improving the Cancer Journey (ICJ) was a Macmillan-funded Programme which aimed to offer financial, emotional and practical support to people affected by cancer. It was piloted with Glasgow City Council in 2014 and demonstrated a robust and effective way to support people following a cancer diagnosis. A Partnership Application Form had been submitted by Midlothian, on behalf of the four areas, to Macmillan for consideration at the end of June 2018. The expectation was that the application would be approved by September 2018 and recruitment of the Programme Manager (to be employed by Midlothian Council) would commence soon after.

Summary of discussion
Having heard from Assistant Strategic Programme Manager, Sandra Bagnall, who responded to Members questions and comments, the Board welcomed the development of an ICJ Programme in the Lothians.

Decision
The Board: • **Endorsed plans for Midlothian to host the Improving the Cancer Journey Programme on behalf of the 4 Health & Social Care Partnerships in Lothian; and** • **Otherwise, noted the report.**

Action
Chief Officer

6. Private Reports

No private business to be discussed at this meeting.

7. Any other business

No additional business had been notified to the Chair in advance

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8. Date of next meeting

The next meetings of the Midlothian Integration Joint Board would be held on:

- Thursday 13th September 2018   2pm   Joint Special Midlothian Integration Joint Board/Development Session
- Thursday 11th October 2018   2pm   Midlothian Integration Joint Board

The meeting terminated at 4.02 pm.

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 13 September 2018	2pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ

Present (voting members):

Angus McCann (Chair)	Cllr Jim Muirhead
Alex Joyce	Cllr Catherine Johnstone

Present (non-voting members):

Allister Short (Chief Officer)	Wanda Fairgrieve (Staff side representative)
David King (Chief Finance Officer)	Claire Flannagan (NHS Lothian)
Keith Chapman (User/Carer)	Nik Hirani

In attendance:

Morag Barrow (Head of Primary Care and Older Peoples Services)	Tom Welsh (Integration Manager)
Jane Crawford	Janet Ritchie (Democratic Services Officer)

Apologies:

Councillor Derek Milligan	Tracey Gillies
Councillor Pauline Winchester	Alison McCallum
Hamish Reid (GP/Clinical Director)	Aileen Currie (Staff side representative)
Caroline Myles (Chief Nurse)	Fiona Huffer (Head of Dietetics)
Pam Russell (User/Carer)	

Midlothian Integration Joint Board
Thursday 15 September 2016

1. Welcome and introductions

The Chair, Angus McCann welcomed everyone to the meeting of the Midlothian Integration Joint Board.

2. Order of Business

The order of business was as set out in the Agenda.

3. Declarations of interest

No declarations of interest were received.

4. Public Reports

Report No.	Report Title	Presented by:
4.1	2016/17 Integration Joint Board Annual Accounts – Final Schedules	David King, Chief Finance Officer
Executive Summary of Report		

As a statutory body, the IJB was required to produce a set of annual accounts at the end of its financial year (31 March). These accounts are then reviewed by the IJB's external auditors who report their opinion of the IJB's annual accounts to the IJB's Audit and Risk Committee. The Independent auditors have given the accounts an 'unqualified' opinion which means that they meet the requirements of the regulations and give a fair and true view of the IJB's financial position in 2017/18. The accounts require to be finally signed off by 30 September, signed by the Chair of the IJB, the Chief Officer of the IJB, the Chief Finance Officer of the IJB and the Independent Auditor.

The Independent Auditor reported his view to the meeting of the IJB's Audit and Risk committee on 6 September 2018. The IJB's Audit and Risk committee is satisfied with the report of the Independent Auditor and recommends that the Annual Accounts are approved by the IJB.

Summary of discussion

The Chief Finance Officer presented the Annual Accounts to the Board highlighting the Background of the Integration Joint Board (IJB) and details of the Annual Accounts presented.   As a body governed by section 110 of the Local Government Scotland Act (1973) and the appropriate regulations and subsequent Acts, the IJB must prepare a set of Annual Accounts and these accounts have been audited by the IJB's Auditors – EY.

The Midlothian Integration Joint Board Annual Accounts were presented to the Midlothian Integration Joint Board Audit and Risk Committee on 6 September 2017.

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There followed a discussion regarding the second recommendation as detailed on Page 29 of the Agenda pack with regards to meeting the deadline for publication of the annual performance report. This was raised at the IJB Audit and Risk Committee and the reasons why this did not meet the deadline. Allister Short agreed to discuss with Chief Officers for other Integration Joint Boards and report back to this meeting. Allister advised the Board on the different approaches used by other authorities and it was agreed that the best solution would be to delegate the Chief Officer the authority to sign off this report on behalf of the IJB to ensure the deadline was met.

Decision

The Board agreed to:

- Note the report of the Independent Auditor

- Approve the Midlothian Integration Joint Board's Annual Accounts for 2016/17.

- To delegate the Chief Officer the authority to sign off the Annual Performance Report on behalf of the Integration Joint Board.

Report No.	Report Title	Presented by:
4.2	Financial Strategy 2019-22	David King

Executive Summary of Report

The primary objective of the IJB was to deliver the national outcomes for its population within the financial resources available. This was challenging given that these resources are reducing in real terms and the demand for the IJB's functions has increased over the past few years and was likely to continue to do so given the growing and ageing population.

This report describes the further development of the Financial Strategy that lays out the plans to ensure that the IJB's expenditure does not exceed its predicted resources over the next three years whilst also seeking to improve the health and wellbeing of the people of Midlothian. The Financial Strategy underlies the IJB's Annual Financial Plans which will sit alongside the IJB Strategic Plan expressing in financial terms how services will be redesigned as well ensuring the IJB does not overspend.

Summary of discussion

The Chief Finance Officer presented the Financial Strategy to the Board highlighting that the Financial Strategy would support the IJB's Annual Financial Plans and it shows how best to utilise its resources available to deliver the outcomes outlined in the Strategic Plan.

The Chair highlighted a comment received from Pam Russell with regards to there being no mention of the carers act, a discussion took place regarding this and it was recognised the key role carers have in achieving the financial strategy. It was agreed that something would be included in the document regarding this.

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There followed further discussion and after questions and comments it was agreed that a paragraph would be added explaining the difference in figures and the document would be updated with all comments and amendments.
Decision
The Board agreed to: • Approve the Financial Strategy with agreed amendments.

Report No.	Report Title	Presented by:
4.3	Finance Update Quarter 1 2018/19	David King
Executive Summary of Report		
Both the IJB's partners (Midlothian Council and NHS Lothian) undertake quarter one financial reviews – that is they looked at the financial information available (at the end of June) and used that to project a forecast out-turn position. Midlothian Council presented their review at the Council meeting of August 2018. NHS Lothian have not yet completed their review but have provided an indicative position to the IJB. These forecasts projected that, without further action, the health 'arm' of the IJB will be underspent and the social care 'arm' of the IJB will be overspent. The Integration Scheme provides for the management of in-year financial pressures and the IJB now requires to consider its approach to this forecast position. It is proposed that the IJB prepares a tri-partite recovery plan - that is requiring actions from both the partners and considering the potential use of its reserves to underpin the in-year position.		
Summary of discussion		
The Chief Finance Officer presented the Financial Update highlighting the quarter one financial reviews for Midlothian Council and NHS Lothian and the mechanisms in place to address any projected overspends. There followed a discussion on recovery plans and the Chief Officer advised the Board that monthly meetings were taking place to monitor progress in all areas and that further report would be brought to the October meeting highlighting a detailed analysis of progress.		
Decision		
The Board: • Noted the position as laid out in the report. • Supported the actions as laid in the report.		

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5. Any Other Business

Development of next year's Plan
The Integration Manager highlighted the process agreed in June for the development of next year's plan and the updated Joint Needs Assessment. He also highlighted the questionnaire which had previously been distributed and also the consultation which was available online.

The Chair Highlighted that 3 or 4 professional forums were planned for the year, each event on a different topic. He then invited Morag Barrow to provide the Board with a brief update on the successful Forum at the Mining Museum on Digital First approach.

The Chair welcomed Claire Flanagan who will take up the post of Finance Officer for the Integration Joint Board as from 1 October 2018 and advised the Board that this was David King's last meeting of the Integration Joint Board.

Allister Short then spoke very highly on David King's work in the integration of health and care in Midlothian and his commitment and support in the development of Midlothian Integration Joint Board. The Board joined him in thanking David King for all his hard work and support and wished him well in the future.

6. Date of next meeting

The next meeting of the Midlothian Integration Joint Board would be held on:

    Thursday 11 October at 2 pm at Conference Room, Melville Housing,
    The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ

MINUTES OF THE MEETING OF THE
EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 23 AUGUST 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:
Mr P Murray (Chair)
Councillor S Akhtar
Councillor S Currie
Ms F Ireland
Councillor S Kempson
Councillor F O'Donnell
Prof M Whyte

Non-voting Members Present:
Ms F Duncan
Ms P Dutton
Dr R Fairclough (Items 3 – 12)
Mr D King
Ms A MacDonald
Mrs M McKay
Ms M McNeill
Ms J Tait
Dr J Turvill

Officers from NHS Lothian/East Lothian Council:
Mr P Currie
Ms J Odgen-Smith

Clerk:
Ms F Currie

Apologies:
Mr A Joyce
Ms E Johnston

Declarations of Interest:
None

1.   **MINUTES OF THE EAST LOTHIAN INTEGRATION JOINT BOARD MEETING OF 28 JUNE 2018 (FOR APPROVAL)**

The minutes of the East Lothian Integration Joint Board meeting of 28 June 2018 were approved.

2.   **MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 28 JUNE**

The following matters arising from the minutes of 28 June were discussed:

(Item 4) – Councillor Fiona O'Donnell asked for an update following the discussion on whistleblowing. Fiona Ireland advised that no further meetings had taken place but that staff were routinely encouraged to report any issues. Alison MacDonald confirmed that although there were separate whistleblowing policies for NHS Lothian and East Lothian Council the ethos was the same.

Councillor O'Donnell asked for an update on progress following the Belhaven Care Home inspection report. Ms MacDonald indicated that the action plan had been completed and that the Care Inspectorate (CI) had made a return visit and were satisfied with the progress. The CI had also returned to Eskgreen and were content with the improvements put in place.

(Item 9) – Councillor Sue Kempson asked about the proposed information video for GP surgeries. Jane Ogden-Smith advised that she would be meeting with the media company next week to begin planning the video. She said that they were also considering a poster campaign.

(Item 11) – David King reminded the members that Councillor Kempson was the new chair of the Audit & Risk Committee and he also advised them that Councillor Stuart Currie had come off the membership of the Committee, leaving four voting members – 2 NHS and 2 Council.

The Chair indicated that his preference would be to appoint further members. The Clerk provided advice regarding the appointment of non-voting members or co-opting external members. The Chair agreed to give further consideration to increasing the membership of the Committee and to report back to the IJB.

(Item 14) – Councillor O'Donnell asked for an update on membership of the MELDAP Strategic Group. Judith Tait confirmed that the aspiration to include a representative from education remained but rather than make a formal approach to the Education Service other opportunities were being explored.

3.   **CHAIR'S REPORT**

The Chair said he had had a very useful meeting with Elaine Johnston to discuss the role of the third sector and he had invited her to give a presentation at the IJB's next development session.

He also reported on a visit to Time Bank, his involvement in the outcome of the whistleblowing fora review and his role on the Emergency Access Improvement Board looking at improvements to the reporting of the four hour A&E waiting time target.

The Chair advised members that he had asked the chair of NHS Lothian to convene a meeting of all of the Lothian IJB chairs and vice chairs to discuss efficient working and duplication. This followed concerns expressed by a consultant that the relationships

between acute services and IJBs were not consistent across the area. The next stage in the process would be to invite Chief Officers to consider the issue.

He reported that the next IJB network event would look at Directions and Digital Working. This followed a recent Internal Audit report on another IJB which highlighted the need to maintain close monitoring of the delivery of Directions.

The Chair explained to members that the intended report on reprovision of services had been postponed due to concerns over the resourcing of project teams and other practicalities. Further consideration would be given to these issues and the report would come forward at a later date.

Marilyn McNeill said that she was aware of concerns from groups in Dunbar and North Berwick that there had been no communication since May. The Chair agreed to contact them and Ms Ogden-Smith indicated that a newsletter could be issued within the next week or two.

The Chair reminded members of the recent e-mail seeking notes of interest in co-chairing the new change boards. He indicated that as yet no volunteers had come forward for 3 of the Boards – IJB Strategic Plan, Reprovisioning and Carers – and he asked members to consider putting their names forward.

Councillor Stuart Currie asked if there had been any discussions around planning for Brexit and specifically the provision of medication. He referred to the technical note being issued by the UK Government later that day and asked if local discussions were taking place. Councillor Kempson referred to a report on the radio which said that NHS Boards were intending to stock pile 6 months of medications.

The Chair advised that NHS Lothian was actively considering the implications and concerns around Brexit. He said he would get feedback following today's announcement and report back to the IJB. Ms MacDonald added that a variety of task forces had been set up to consider issues such as workforce planning and that she would be happy to bring this information to the IJB.

4.   NHS HEALTHCARE GOVERNANCE COMMITTEE (VERBAL)

Ms Ireland reported on a meeting she attended on 10 July. Several papers had been presented including one from Edinburgh regarding an infection outbreak and the lessons learned, and the NHS Lothian strategy on volunteering which she suggested sharing with members of the IJB. The Chair agreed that this would be useful.

5.   DELAYED DISCHARGES (VERBAL)

Ms MacDonald stated that despite a challenging couple of months, her team were on target to achieve a figure of 12 delayed discharges by the time of the monthly census next week. She said that they had had a significant level of success as a result of working closely with care providers, particularly on mixed packages of care. She concluded that while they were currently in a good position it remained a daily challenge to ensure that people were in the right place with the right level of care.

Referring to the recent Internal Audit report on delayed discharges, the Chair observed that the very positive report reflected the quality of the processes in place and the work being undertaken.

In response to a question from Councillor O'Donnell, Ms MacDonald said that East Lothian was performing well in comparison to the other Lothian IIBs and that neighbouring Partnerships had begun visiting to view examples of good practice within the county.

6. APPOINTMENT OF CHIEF FINANCE OFFICER

The Interim Chief Officer had submitted a report asking the IJB to approve the appointment of a new Chief Finance Officer (Section 95 Officer) to replace the current post holder who would be retiring at the end of September 2018.

Mr King presented the report outlining the background to the recruitment process and advising members that, as currently, the new post holder would also be the Chief Finance Officer for Midlothian IJB and undertake a financial role with NHS Lothian.

Decision

The IJB agreed the appointment of Claire Flanagan as the Chief Finance Officer for East Lothian IJB. This appointment to be effective from 1 October 2018.

7. FINANCIAL UPDATE – AUGUST 2018

The Chief Finance Officer had submitted a report to update the IJB on the outline financial projections for 2018/19 based on the financial information currently available.

Mr King presented the report outlining the figures provided by NHS Lothian and East Lothian Council and the implications of the predicted overspend in the Adult Wellbeing budget. He advised members that work was continuing to develop the range of information available and to forecast possible outcomes based on different circumstances. He also highlighted the discussions underway with the partners on the preparation of recovery plans. However, he cautioned that these would not be likely to deliver all of the necessary savings required in the current year and additional options would need to be considered. In the meantime, Mr King asked members to note the current position and that a further update would be provided in September.

The Chair added that there had been some very positive discussions on how to broker a financial arrangement going forward.

Responding to questions from members, Mr King confirmed that last year's overspend had been factored into the forecast pressures for this year and that the IJB would be involved in the governance of the recovery plans being prepared by the partners. As well as developing proposals for the current year, the partners were looking at future budget-setting models and working to better understand the causes of recurring financial pressures.

Mr King also advised that the additional money provided by the Council, to cover the costs of the living wage and the national care home contract, had been factored into the budget along with liabilities for future staff pay awards. He confirmed that the additional costs associated with delivery of the Carers Act would be included as a financial pressure for 2019/20.

Responding to further questions, Ms MacDonald said that it would be important to provide evidence of how the balance of care was being changed, examples of the work being undertaken and to encourage open discussion so that the public understood why services were changing.

The Chair explained that discussions were taking place between the Scottish Government and the Chief Executives and Heads of Finance of the partners and that these would provide clarity and lead to a more detailed financial analysis of issues such as acute bed use. This analysis would then lead to the expectation of movement in resources.

Margaret McKay expressed concern that only 16% of the additional funding allocation made available to East Lothian Council had been applied to delivery of the Carers Act. The Scottish Government's expectation was that at least 33% of the extra funds provided would be allocated. She said that she had asked the Carers Network to look at the levels of resource applied across the country.

Ms McNeil observed that the figures in the annual report showed that the IJB was not doing as well as it should on carer and patient experience. The possibility of a transfer of resources from hospital to the community and the added security this could offer would allow staff to make improvements to services.

Councillor Currie said that it was a positive step forward getting this information earlier in the year when there was still time to take action. However, he did not see the overall position improving year on year unless there was a shift in resources. He said he looked forward to hearing more about the conversations taking place and to seeing the more detailed financial analysis of the resources required to deliver services.

The Chair noted that the indicators were positive and said that he too looked forward to seeing further progress.

Decision

The IJB agreed to:

        (i)   Note the outline projected position; and
        (ii)   Support the actions laid out in the report.

8.   EAST LOTHIAN CLINICAL CARE AND GOVERNANCE FRAMEWORK

The Interim Chief Officer had submitted a report informing members of the requirement for the East Lothian IJB/Health & Social Care Partnership to have in place a Clinical and Care Governance Framework that meets the requirements of the 5 principles set out in the National Framework 2014.

The report highlighted the steps taken to develop and implement a clinical and care governance framework. It also provided, for consideration and approval, the outline and associated process documents that would support the delivery of a robust assurance process and the proposed terms of reference for the Clinical and Care Governance Committee suggested as a sub-committee of the IJB.

Ms MacDonald presented the report outlining the background and main issues including the ongoing development of the framework, arrangements for the Clinical and Care Governance Committee and proposals for a staff event to be held in October 2018.

Responding to questions from members, Ms MacDonald provided further information on the membership of the Committee and timing of meetings, reporting to the IJB and NHS Lothian and how the Committee would link into the Strategic Planning Group and other governance structures.

Ms Ireland welcomed the framework which she said would allow for a more detailed look at specific areas of clinical practice.

The Chair advised that the Scottish Government had recently published a document considering to what extent IJBs were pursuing clinical and care governance. He said that what was proposed in the framework was a step beyond the level expected by the Government and the work was a credit to Ms MacDonald and her team.

The Chair asked whether there would require to be a change to the IJB's Standing Orders and the Clerk confirmed that this would have to be brought forward in a report to the next meeting. After further discussion, the Chair agreed that the nomination of a chair for the Committee would also be dealt with at the next meeting.

Decision

The IJB agreed to:

(i)   Approve the development of a Clinical and Care Governance infrastructure;

(ii)   Agree the ongoing development and content of the draft framework document. This document will be updated to reflect the feedback from pilot sites and the IJB and will be re-presented for final approval to the IJB in October 2018;

(iii)   Consider and approve the terms of reference for the proposed Clinical and Care Governance Committee;

(iv)   Agree that the Committee will be a sub-committee of the IJB and will be chaired by an IJB member;

(v)   Approve the intention of holding a staff event to launch the clinical and care governance framework in October 2018; and

(vi)   Approve the intention that the implementation of this new process will be monitored and reported to the IJB on a regular basis (frequency to be agreed).

9.   EAST LOTHIAN INTEGRATION JOINT BOARD ANNUAL REPORT FOR 2017/18

The Interim Chief Officer had submitted a report to present to the IJB its second annual performance report covering 2017-18, the second year of operation of the IJB.

Paul Currie presented the report advising members that, as agreed last year, the report would be made available electronically through social media with paper copies provided on request. He also confirmed that a short summary document would be prepared. Referring to the content of the report, he highlighted the inclusion of various performance indicators, as required by the Scottish Government, and also the additional reference to the indicators produced by the Ministerial Steering Group on Integration. He invited members to provide comments on the draft document which would then be finalised and published in September.

Councillor Shamin Akhtar suggested that there needed to be a more robust summary of work being undertaken on child poverty and the work underway in response to concerns about the waiting list for CAMHS.

Councillor O'Donnell asked for additional information to be included in Table 1 (Attainment against MSG indicators) to give examples to illustrate the figures. She also asked for the inclusion of a Glossary of Terms in the report and suggested that the

section on public health work be strengthened to show the impact of the progress made. The Chair suggested that examples such as tobacco prevention could be featured.

Ms McNeill welcomed the inclusion of a short summary document and agreed with Councillor O'Donnell's point about including examples to illustrate some of the figures.

Ms Tait suggested the inclusion of examples of prevention work and the achievements in children's services. Ms Ogden-Smith reminded members that the IJB had agreed last year that the report should focus on adult services. Ms MacDonald pointed out that child visiting and school nurses were delegated functions and could be included as examples.

Councillor Currie said that some of the statistics were quite stark and it would be useful to include a commentary to provide some context. For example, where there had been a change in the results from last year it would be useful to explain why this had occurred and what action was being taken.

Councillor Kempson agreed and suggested that the report also needed to explain how targets were being achieved.

Mrs McKay expressed surprise that no one had asked for a paper copy of last year's report and asked if it would be possible to record the number of 'hits' on the web-based version of the report. Ms Ogden-Smith said that it had not been possible to do this last year but that it would be done for this year's report.

The Chair thanked members for their comments and asked them to feedback any other suggestions directly to Mr Currie and Ms Ogden-Smith.

Decision

The IJB agreed to:

(i)   Approve the draft annual report for 2017-18 which has been prepared in line with Scottish Government guidance noting that East Lothian HSCP performance is varied across a number of measures as previously reported to the IJB;

(ii)   Approve, as was the case for the 2016-17 annual report, publication of the annual report on the internet and social media only, with paper copies provided if requested and note that no requests for printed copies were received for last year's annual report;

(iii)   Note that guidance requires that IJB annual reports are made as *"…accessible as possible to the public…"* To meet this requirement, the annual report will be publicised and made widely available via the IJB's established social media channels and the internet;

(iv)   Agree that a summary version of the annual report should be produced and made available via social media and the internet, with printed copies supplied on request; and

(v)   Note that in line with guidance annual report data *"…must be included for both the year which the report covers, and the 5 preceding years, or for all previous reporting years, if this is less than 5 years."* For this reason, the 2017-18 annual report includes reference to performance from the preceding year.

10.   QUARTERLY UPDATE ON DIRECTIONS (VERBAL)

Mr Currie reported on progress with mapping the links between the annual delivery plan and in-year performance management on Directions. He also reminded members that this year would see the development of the IJB's new Strategic Plan.

He advised that discussions were ongoing with the partners to develop detailed operational plans for each of the Directions for which they are responsible and linking issues of delivery and performance, as described in the IJB's annual report and performance report. This information would be provided to the IJB as part of a formal progress report.

Mr King agreed that it would be useful to gather together all of the key information on delivery of the Directions for the IJB and that this should include financial information as part of the performance management reporting.

The Chair expressed his disappointment that this information was not yet available as it was necessary allow the IJB to exercise its main governance role. He emphasised the importance of the IJB reaching the point of having clear Directions with detailed performance measures and regular reporting.

11.   MINUTES OF OTHER GROUPS OF RELEVANCE TO THE IJB (FOR NOTING):

- **Community Justice Partnership Action Note – 20 February 2018**

The action note of the Community Justice Partnership meeting on 20 February 2018 was presented for noting.

Ms Tait explained that this group was part of a new body set up to broaden ownership of partnership working around the justice agenda. Another meeting had taken place in June 2018 which had included a positive discussion around access to mental health and other services for ex-offenders. She also referred to the new scrutiny arrangements put in place by the Care Inspectorate involving reviews of criminal justice social work and community justice evaluation. She said that the Care Inspectorate was currently looking for volunteers for the first phase of evaluations and would be compiling an annual report for the Scottish Government.

Decision

The IJB agreed to note the contents of the action note.

SUMMARY OF PROCEEDINGS – EXEMPT INFORMATION
The Integration Joint Board unanimously agreed to exclude the public from the following business containing exempt information by virtue of Paragraph 5.9.1 of its Standing Orders (the Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation).

Minutes of other Groups of Relevance to the IJB (for noting):

- **MELDAP Strategic Group – 10 April 2018**

The IJB agreed to note the minutes of the meeting of the MELDAP Strategic Group on 10 April 2018.

MINUTES OF THE MEETING OF THE
EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 27 SEPTEMBER 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:
Mr P Murray (Chair)
Councillor S Akhtar
Councillor N Gilbert (*substitute)
Ms F Ireland
Mr A Joyce
Councillor S Kempson
Councillor F O'Donnell

Non-voting Members Present:
Mr D Binnie
Ms F Duncan
Ms P Dutton
Dr R Fairclough
Ms E Johnston
Mr D King
Ms A MacDonald
Ms M McNeill
Ms J Tait

Officers from NHS Lothian/East Lothian Council:
Ms L Cowan
Mr P Currie
Ms B Davies
Ms C Flanagan

Visitors Present:
Mr D Melly, Audit Scotland

Clerk:
Ms F Currie

Apologies:
Councillor S Currie*

Declarations of Interest:
None

1.   CHANGES TO THE NON-VOTING MEMBERSHIP OF THE IJB

The Interim Chief Officer had submitted a report asking the IJB to agree the appointment of two new non-voting members.

Alison MacDonald presented the report summarising the selection process and commending both appointments to the IJB.

Decision

The IJB agreed:

(i)   To the appointment of David Binnie to represent carers and Jean Trench to represent the independent sector; and

(ii)   That the appointment of Mr Binnie should be for two years and Ms Trench for three years.

The Chair formally welcomed Mr Binnie to the IJB.

2.   MINUTES OF THE EAST LOTHIAN INTEGRATION JOINT BOARD MEETING OF 23 AUGUST 2018 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board meeting of 23 August 2018 were approved subject to one amendment:

- Page 5, paragraph 4 – change 'Margaret McKay' to 'Marilyn McNeill'

3.   MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 23 AUGUST

The following matters arising from the minutes of 23 August were discussed:

(Item 6) – The Chair reminded members that today was David King's last meeting as Chief Finance Officer and that Claire Flanagan would take over the role from 1 October.

(Item 7) – Councillor Shamin Akhtar referred to the funding issue raised by Margaret McKay and asked if there was any progress to report. Ms MacDonald agreed to follow this up and provide a response to members.

4.   CHAIR'S REPORT

The Chair advised members that Ms MacDonald's interim appointment had been extended to April 2019 due to a delay in recruiting a suitable candidate to the Chief Officer post on a permanent basis. Councillor Fiona O'Donnell thanked Ms MacDonald and commended her performance in role.

The Chair also noted that Councillor Susan Kempson had today chaired her first meeting of the Audit & Risk Committee.

He advised members that the report of reprovision of services would come forward at the IJB's meeting on 25 October. He also reported on several meetings he had recently attended including the NHS Lothian Finance & Resources Committee, CoSLA Health & Social Care Board, the Ministerial Steering Group and an event hosted by the

Standards Commission. He referred to the papers that had been circulated to members and which provided further information on some of the issues discussed at these meetings.

5.   NHS HEALTHCARE GOVERNANCE COMMITTEE (VERBAL)

Ms Ireland advised members that although she had not attended the most recent meeting of the Committee she had reviewed the papers and the most relevant report related to healthcare governance and an inquiry into the use of opiates at a hospital in England.

She also reported that the East Lothian Clinical & Care Governance Committee had held its third meeting and had agreed to use its October meeting to review the pilot project and prepare an action plan. She added that there had been a very useful discussion at this morning's Audit & Risk Committee meeting on how to link governance issues with the wider risk management process.

Ms MacDonald advised members that a further report on the setting up of the IJB's Clinical & Care Governance Committee would be brought to the October meeting and would include proposals for the Committee's inclusion in the IJB's Standing Orders.

In response to questions, Ms Ireland explained that the policy for operational issues lay with the providing Partner and Ms MacDonald confirmed that there would be a staff event held on clinical and care governance issues.

6.   DELAYED DISCHARGES (VERBAL)

Ms MacDonald reported that the trajectory was 16 and that currently there were 15 delayed discharges. She said that this was always a challenging time but that additional winter funding from the NHS and a little spare capacity in care homes meant that things were in a good position at present.

Councillor O'Donnell thanked Ms MacDonald and the team for their consistent performance and referred to services such as Hospital to Home and Hospital at Home as examples of good practice in this area. She also asked if the capacity in care homes was as a result of more people remaining in their own homes for longer.

Ms MacDonald indicated that it was likely due to a number of factors including the availability of these services, improvements in accessing packages of care and the Haddington Care Home recently coming on line.

Marilyn McNeill reported some positive feedback from service users relating to care at home and palliative care services and Ms MacDonald said that she would pass this on to the teams involved.

Councillor Akhtar asked if the additional winter funding could provide the opportunity to try different things. Ms MacDonald indicated that the funding was only for three months so it might be difficult to do something completely new however, the money would provide additional capacity in services which were already known to be successful.

The Chair advised that, as from the October, each meeting agenda would include a presentation on a project or services in the community. He said that Hospital to Home or Hospital at Home could be included in this and he welcomed further suggestions from members.

Penny Dutton said that new initiatives were always welcome but that it was important to acknowledge the considerable work already going on, particularly in social work teams, to support the reduction in delayed discharges.

7. IJB ANNUAL ACCOUNTS

The Chief Finance Officer had submitted a report presenting the IJB's annual accounts for 2017/18.

Mr King advised members that the accounts had been prepared and presented in draft form at the IJB's June meeting, thereafter they were reviewed by the external auditors, Audit Scotland, and minor amendments had been made. Audit Scotland had presented their annual audit report to the Audit & Risk Committee and had advised that they would be issuing an unqualified audit opinion. Mr King confirmed that once agreed the accounts and the annual audit report would be published on Audit Scotland's website.

Councillor Kempson added that the Audit & Risk Committee had recommended that the IJB accept the accounts and that they were then signed by the Chair and chief officers. She also thanked Mr King, his team and the external auditors for preparing the accounts and for the excellent audit report.

Mr King responded to questions from Councillor Akhtar on the county's growing population and the need for additional resources, and on the risks associated with managing the implementation of the Carers Act.

Councillor Akhtar also suggested that the developments outlined on page 5 of the accounts might be used to promote the work of the IJB.

Decision

The IJB agreed that the IJB's annual accounts for 2017/18 were signed on behalf of the IJB by the Chair, the Interim Chief Officer and the Chief Finance Officer.

8. FINANCIAL POSITION 2018/19 AND FINANCIAL PLAN

The Chief Finance Officer had submitted a report updating the IJB on its current financial position in 2018/19, considering the projected year end out-turn and describing the continuing work on the IJB's three year financial plan.

Mr King presented the first part of the report which summarised the current financial position in 2018/19 and the forecast year end position. Mr King advised that there remained the likelihood of an overspend in the adult wellbeing budget and while NHS Lothian were currently forecasting an underspend in their prescribing budget this may be subject to change as a result of external factors. He indicated that the IJB needed to be proactive in seeking further forecasts from the partners and in reviewing and agreeing proposed recovery plans.

Mr King responded to a number of questions from members on the proposed recovery plans, the impact of issues such as the local authority pay award and additional funds for mental health services and whether the projected underspend would be sufficient to cover the likely overspend. He also acknowledged the importance of service transformation as part of any financial recovery plan.

Ms MacDonald said that it was becoming clearer where the pressures were and where the challenges would be, e.g. the older population and also younger people with

complex needs. Before the IJB could make decisions about recovery plans more information was needed on these and other challenges and this was a significant piece of work.

Mr King presented the second part of his report and circulated to members a presentation given to the NHS Lothian Finances & Resources Committee (F&RC) regarding the development of a new financial strategy. He talked members through the proposed changes in some detail outlining the key issues and the overall benefits for the East Lothian IJB, were there to be a change in the financial model. He indicated that further discussion was taking place and that a follow up paper would be presented to the F&RC in November.

While the Chair acknowledged that this information had the potential to create undeliverable expectations, he felt it was important to share it with members as this was the direction of travel clearly indicated by NHS Lothian and it could potentially take effect from 2020/21. He added that the possibility of actual spend being linked directly to actual use could free up resources to make a significant impact in the community and it would be important to keep these proposals in mind as part of any forward planning.

Mr King concluded his representation of the report with a summary of the continuing work on the IJB's multi-year financial plan.

Elaine Johnston welcomed the presentation which she said had provided a good start to a better understanding of a very complicated area of the IJB responsibilities.

Replying to a question from Dr Richard Fairclough, Mr King said that he did not think it would be possible to reclaim money historically.

The Chair noted that there continued to be significant challenges in the current financial year and decisions would have to be taken on how to address the projected overspend. Referring to the presentation from NHS Lothian, he noted that there was a clear direction of travel but as yet no guarantees. He expressed the hope that whatever model was finally agreed upon would be of benefit to the IJB going forward.

Decision

The IJB agreed to:

(i)   Note the current financial position;
(ii)   Support the actions laid out below to work towards a break-even position in 2018/19; and
(iii)   Support the further work on the three year financial plan.

9.   **UPDATE – REVIEW OF THE IJB'S STRATEGIC PLAN**

The Interim Chief Officer had submitted a report updating the IJB on the current work underway to review the IJB's Strategic Plan.

Ms MacDonald presented the report summarising the work that would take place over the next six months including the agreement of an engagement strategy, a joint needs assessment, the introduction of the Change Boards and a review of the current Strategic Plan. She advised members that a further report and work plan would be brought to a future meeting of the IJB.

Bryan Davies provided an overview of the strategic planning structures that were being put in place through the new Change Boards. He outlined the topics for each of the seven boards and advised that the remits and memberships were currently being finalised.

The Chair added that the role of the Reference Groups – which would feed into and shape the direction of the Change Boards – was to ensure that there was appropriate participation and engagement from Third Sector and other organisations at the beginning of the planning process. He reminded members that the some of the co-chairs of the Change Boards would come from the membership of the IJB and there would shortly be a meeting of all co-chairs to discuss and agree their roles and responsibilities.

In response to questions from members, Mr Davies confirmed that guidance would be issued on the remits and memberships of the Reference Groups and that these would be kept under review and revised as necessary. He advised that some of the Reference Groups had already begun work. Mr Davies also confirmed that health inequalities would be a mandatory requirement as part of the reporting templates and that work was already underway with the Community Care Forum on how best to engage with services users and carers in the new structure.

Decision

The IJB agreed to:

(i) Note the report; and
(ii) Support the work underway.

Valedictory
The Chair reminded members that this was Mr King's last meeting as he was retiring from NHS Lothian and his role of Chief Finance Officer of the IJB. He thanked him for his very significant contribution, his professionalism and his diligent support for the aspirations of the IJB. His advice had been greatly appreciated and he had helped to shape the IJB. The Chair concluded by wishing Mr King a long and happy retirement.

Mr King thanked the Chair and members the kind words and gifts. He said that he had greatly enjoyed his time with the IJB and offered them his best wishes for the future.

Signed   ....

        Mr Peter Murray
        Chair of the East Lothian Integration Joint Board

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN EH52 5LH, on 14 AUGUST 2018.

Present

Voting Members – Martin Hill, Harry Cartmill, Martin Connor, Alex Joyce, George Paul and Bill McQueen

Non-Voting Members – Marion Barton, Ian Buchanan, Mairead Hughes, Jane Kellock, Bridget Meisak, Martin Murray and Patrick Welsh

Retrospective Apologies – Dave King and Damian Timson (Voting Members)

Apologies – Elaine Duncan, Jim Forrest, Jane Houston and Mary-Denise McKernan

1.   DECLARATIONS OF INTEREST

There were no declarations of interest made.

2.   MINUTE

The Board approved the minute of its meeting held on 26 June 2018 subject to the following amendments:

Minute Item 13 – IJB Financial Plan – Page 209

Recommendation 2 – replace "were" with "should be" to read "Agrees that Directions should be updated….".

The Chair advised that he had noticed some typographical errors which he would confirm following the meeting. These were subsequently reported as follows:

Page 206, 4th Paragraph, 4th line, group's should be groups

Page 206, 5th paragraph, 2nd line, deleted the word "was"

Page 13, recommendation 4, "fir" should be replaced with "for".

Matters Arising

Re Minute Item 8 – Review of Strategic Plan – Consultation

Page 205: Decision point 2 – "To agree that the consultation would take place over a three month period ….."

The Board noted that the consultation period allowed only eight weeks for responses to be received. The Board highlighted the importance of the full consultation period being provided to allow consultees to respond. It was agreed that the Chair would consult with the Director and L. Kemp to review the reporting timescales for responses to be received to allow for

an additional four weeks to be added to the consultation process.

3.   <u>MINUTES FOR NOTING</u>

The Board noted the minute of West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 28 March 2018.

The Board noted the minute of West Lothian Integration Strategic Planning Group held on 19 April 2018.

4.   <u>2018/19 BUDGET UPDATE</u>

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an initial update on the 2018/19 budget position for the IJB delegated health and social care functions, including an update on key risk areas.

The report set out risks and financial pressures associated with the delivery of a balanced position for the 2018/19 IJB delegated resources across health and social care services. The allocation of resources agreed by the IJB on 26 June 2018 from both NHS Lothian and West Lothian Council was outlined within the report.

The Chief Finance Officer advised that although the first detailed outturn forecast for 2018/19 had yet to be completed there were a number of areas identified across health and social care functions that were high risk and/or budget pressures. Based on the key pressures and risks identified at this stage, a risk schedule for 2018/19 was attached as an appendix to the report which set out material budget risks anticipated in 2018/19. It was proposed to provide an update on the key budget risk areas on a regular basis during 2018/19. The first detailed monitoring of the 2018/19 budget and forecast outturn would be undertaken in August and reported to the Board on 24 September 2018.

The Chief Finance Officer then responded to questions from members of the Board. During the course of the discussion it was highlighted that the potential year end pressures in health delegated functions based on budget and spend at 30 June 2018 recorded early overspend positions whereas council key budget risk areas were based on increase in demand. It was recommended that future reporting on identified risks and pressures should include more detailed information relating to budget allocation and cost management.

It was recommended that the IJB:

    1. Notes the main pressures identified in the budget associated with the IJB delegated function;

    2. Agrees that updates on the key budget risk areas set out in appendix 1 should be reported to the IJB on a regular basis during 2018/19; and

3. To note that a full update on the 2018/19 budget and forecast outturn would be reported to the next IJB meeting on 24 September 2018.

Decision

- To agree the terms of the report; and

- To agree that future reporting on identified risks and pressures should include more detailed information relating to budget allocation and cost management.

5. ACTION 15 OF THE MENTAL HEALTH STRATEGY - PLANNING AND FUNDING FROM 2018/19

The Board considered a report (copies of which had been circulated) by the Director advising that the Scottish Government had written to Integration Authorities asking for outline plans setting out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy which was to be submitted by 31 July 2018. The Action 15 letter to Integration Authorities dated 23 May 2018 was attached at appendix 1 to the report and the draft plan for West Lothian was attached at appendix 2.

The report explained that funding was being provided via NHS Boards to Integration Authorities as part of the commitment towards an additional 800 mental health workers in Scotland. The breakdown of funding for West Lothian was included in Annex C of the Action 15 letter which provided indicative figures based on the National Resource Allocation Committee (NRAC) formula calculator for 2018/19. A more detailed spending plan was expected by the Scottish Government by September 2018.

It was expected that the key settings focussed on (including but not restricted to) A&E departments, GP practices, prisons and police custody suites.

The Project Officer advised the Board that Lothian Chief Officers wrote to the Scottish Government to request clarification on funding arrangements for non-delegated functions and awaited clarification before submitting their outline plans. Clarification was also sought on how prison services would be funded between partnerships. The Board agreed that assurances should be sought from the Scottish Government that there would be no governance issues relating to sharing money and data between services.   .

The Project Officer then responded to questions from members of the Board. During the course of the discussion it was recommended that acronyms should be clearly identified in future reports.

It was noted that the report highlighted the proposals to reduce demand

within the service areas outlined in the report. However it was recommended that more detailed information should be included in the response relating to the numbers attending Accident and Emergency departments and the goals for improving capacity.

The Board then discussed the proposals to recruit staff. The Chief Officer confirmed that NHS Lothian was actively recruiting staff at the moment. The Board highlighted the fact that although the invitation from the Scottish Government was to the Integration Joint Boards to submit plans, it should be recorded that it was not within the remit of the IJB to recruit staff.

In response to a question about monitoring the impact the resources would have within the service areas, the Chief Officer confirmed that key performance indicators would be implemented to allow comparisons of data to be provided.

The Board requested that a report on the final proposals be submitted to a future meeting when available.

It was recommended that the Board:

1. Notes that the Scottish Government has written to Integration Authorities asking for outline plans setting out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy to be submitted by 31 July 2018;

2. Notes that the Scottish Government was providing funding via NHS Boards to Integration Authorities as part of the commitment towards an additional 800 mental health workers in Scotland;

3. Notes that Lothian Chief Officers have written to the Scottish Government to request clarification on funding arrangements for non-delegated functions; and

4. Agrees the draft outline proposals in principle pending receipt of clarification from the Scottish Government.

Decision

- To note the contents of the report;

- To agree the draft outline proposals in principle pending receipt of clarification from the Scottish Government;

- To seek assurances from the Scottish Government that there would be no governance issues relating to sharing money and data between services;

- To agree that the response should:

    i. Include more detailed information relating to numbers attending A&E departments and the goals to improve capacity

ii.   Confirm that it was not within the remit of the IJB to recruit staff

- To agree that key performance indicators would be implemented in future to allow comparisons of data to be provided; and

- To agree that a report would be submitted to the IJB when available providing details of the final proposals.

6.   <u>WEST LOTHIAN COMMUNITY PLANNING UPDATE</u>

The Board considered a report (copies of which had been circulated) by the Director providing an update on developments within West Lothian Community Planning Partnership, particularly in relation to the recent review of Community Planning.

The Community Planning Officer advised that a Community Planning Partnership (CPP) Development Day was held on 22 March 2018 to allow members of the CPP Board, Community Planning Steering Group and other groups within the CPP landscape, including the IJB, to discuss how to improve the structure and working practices of the CPP. Discussions were held around the vision for the CPP in relation to how the Board and structure should operate the role of thematic groups and community involvement, and the potential improvement actions required to address this. It was important that the right structures were in place to ensure the CPP could effectively engage with partners and communities to deliver on the priorities set out in the Local Outcomes Improvement Plan (LOIP).

A number of improvement actions were identified around the following three key areas.

- The CPP Board;

- CPP Thematic Groups; and

- Community involvement.

A summary of the challenges and associated actions were detailed within the report. These improvement actions were approved by the CPP at its Board meeting on 11 June 2018.

During the course of the discussion the Board was advised that further engagement with key partners was underway. However, it was noted that one of the actions identified as part of the review of the CPP was to explore the potential for creating a mechanism that would enable the partnership to take forward the health inequalities and prevention agenda at a strategic level. The Community Planning Officer advised that the CHCP sub-committee was the Health & Wellbeing thematic group within the CPP structure responsible to take forward health inequalities work. When the Integration Joint Board was established in 2016, the CHCP sub-committee ceased to exist creating a gap in terms of progressing discussions and actions around health inequalities, prevention and health

improvements.

The Board recommended that an update report on WL CPP be provided to the next meeting of the IJB. S. Gordon and K. Dee would be invited to attend the next meeting to discuss the CPP priorities and to allow further consideration to be given to the role of the IJB within the CPP.

It was recommended that the IJB:

1. Notes the outcome of the review of community planning; and

2. Notes the proposal to establish a mechanism to take forward health inequalities and prevention at CPP level and discuss from a health and social care partnership perspective.

Decision

- To note the terms of the report; and

- To agree that an update report on WL CPP be provided to the next meeting of the IJB on 24 September 2018 and that officers be invited along to enable discussion to be carried out on the CPP priorities and the role of the IJB within the CPP.

7.   COMPLAINTS AND INFORMATION REQUESTS - QUARTER 1 OF 2018/19

The Board considered a report (copies of which had been circulated) by the Director providing a quarterly update on complaints and information requests made to the Board in quarter 1 of 2018/19.

The report recalled that the IJB had taken the necessary steps to ensure compliance with the relevant legislation in relation to complaints and requests for information. Work was ongoing between NHS Lothian and the four corresponding Health and Social Care Partnerships to ensure that a consistent approach was taken to complaints handling and requests for information across all relevant public bodies in the Lothians.

No complaints or information requests have been received since the establishment of the IJB. Complaints and requests for information would be reported on a quarterly basis. Quarter 2 of 2018/19 would be reported to the Board at a future meeting.

It was recommended that the IJB:

1. Notes that no complaints have been received in quarter 1 or since the establishment of the IJB;

2. Notes that no requests for information have been received in quarter 1 or since the establishment of the IJB; and

3. Notes that complaints and requests for information would be reported on a quarterly basis.

Decision

To note the contents of the report.

8.   IJB MEMBERSHIP

The Board considered a report (copies of which had been circulated) by the Director advising that statutory legislation stipulated that members of the Board had a three year maximum term, which was also reflected in the Integration Scheme.

The report explained that Board members were appointed for three years, unless their membership was terminated earlier. Their membership could be renewed for further periods of three years at a time or a new member appointed by the employing organisation. This applied to all members with the exception of the Director, Chief Financial Officer and the Chief Social Worker.

The report provided details of the members whose membership was coming to the end of the three year period and the action taken to reappoint or replace them.

It was proposed to advertise the position of service user to the public through community councils and existing community groups and a process would be put in place to select a suitable candidate. It was also noted that the representative from West Lothian Leisure remained a formal member of the Board but no longer attended therefore the role was deemed to be surplus to requirements. The Chair would write to West Lothian Leisure to end membership rather than to seek another appointment. The Chair would also write to NHS Lothian to provide details of the voting members, staff representative and professional advisors nearing the end of their three year period. NHS Lothian could reappoint or replace any of the members currently holding these positions. A letter would also be sent to West Lothian Council to request reappointment or replacement of its staff representative and similarly to Carers of West Lothian to reappoint or replace their stakeholder representative.

Ian Buchanan, Service User, then advised the Board that it was his intention to resign at the end of his three year term on the IJB for personal reasons. The last meeting he would attend would be the IJB meeting of 21 November 2018.

During the course of the discussion it was agreed that a description of the service user role would be made available when the selection process was underway to select a candidate, which would be drafted for approval by the Board at the next meeting on 24 September 2018. It was also recommended that an induction process should be carried out for new members.

It was recommended that the Board:

1. Notes the details of current appointments and those members

           nearing the end of the three year terms; and

    2. Notes the action required of the Chair.

Decision

- To note the terms of the report;

- To agree that a report would be submitted to the next meeting of the IJB providing details of the description of the service user role for approval by the Board; and

- To agree that an induction process be carried out for new members.

9.   <u>EXTERNAL REVIEW - 4 HOUR EMERGENCY ACCESS TARGET REPORTING</u>

The Board considered a report (copies of which had been circulated) by the Chief Officer providing details of the findings and improvement actions relating to an external review and subsequent report from the Academy of Medical Royal Colleges reviewing NHS Lothian's reporting against the 4 Hour Emergency Access Standard

The report recalled that on 26 June 2018, the Scottish Government published its report commissioned from the Academy of Medical Royal College which reviewed NHS Lothian's reporting of waiting times against the 4 hour target in Emergency Department. NHS Lothian had previously undertaken an internal review which was published back in November 2017.

Findings of both the internal and external review confirmed that there had been inaccurate reporting of waiting times in A&E departments across Lothian. This was considered to be as a result of confusion in the recording processes and that there was no indication that this had been done with deliberate intent to falsify information. NHS Lothian fully accepted the findings of all of the observations and recommendations within the External Review report, details of which were attached at appendix 1 to the report.

The Board was advised that improvement actions to meet the observations and recommendations were already progressing with active discussions across teams, which were being monitored through NHS Lothian's revised governance framework. The NHS Lothian response and actions were built on the improvement plan first developed following NHS Lothian's own internal review and approved at a public meeting of NHS Lothian Board in February 2018. Key areas of action were outlined within the report.

It was recommended that the IJB:

    1. Notes the external review report attached at Appendix 1 to the report for information;

2. Notes the contents of the report and associated improvement actions detailed within the report in response to the external review report; and

3. Be assured that NHS Lothian's comprehensive improvement actions and governance framework fully responds to all the recommendations contained in the Academy's report.

Decision

To note the contents of the report and the assurances that NHS Lothian's improvement actions and governance framework fully responds to all the recommendations contained in the Academy of Medical Royal Colleges and Faculties in Scotland report.

10.   WORKPLAN

A copy of the workplan had been circulated.

The Board agreed that the following items should be included on the workplan:

Meeting scheduled to be held on 24.09.18

- West Lothian Community Planning Update – Lead Officer: Susan Gordon

- IJB Membership Update (to include Stakeholder Role Description) – Lead Officer: Lorna Kemp

Meeting to be confirmed

- Action 15 of the Mental Health Strategy Final Plan – to be submitted when available – Lead Officer: L. Kemp/N. Clater

Decision

To note the contents of the workplan and the items to be included therein.

11.   CLOSING REMARK

The Chair reminded members that the IJB Development Day was being held on Thursday 16 August 2018 at Howden Park Centre and urged as many members to attend as possible.

MINUTE of MEETING of WEST LOTHIAN INTEGRATION JOINT BOARD held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 24 SEPTEMBER 2018.

Present

Voting Members – Martin Hill, Harry Cartmill, Martin Connor, Alex Joyce, George Paul, Bill McQueen and Damian Timson

Non-Voting Members – Ian Buchanan, Jim Forrest, Mairead Hughes, Jane Houston, Pamela Main and Patrick Welsh

Apologies
Dave King (Voting Member)
James McCallum, Mary-Denise McKernan (Retrospective) and Bridget Meisak (Non-Voting Members)

In attendance
Marion Barton (Head of Health), James Millar (Standards Officer), Lorna Kemp (Executive Project Officer), Susan Gordon (Community Regeneration Officer) and Martin Higgins (Senior Health Policy Officer).

1.   DECLARATIONS OF INTEREST.

        There were no declarations of interest made.

2.   MINUTE

        The Board approved the minute of its meeting held on 14 August 2018 as being a correct record. The Chair thereafter signed the minute.

3.   MINUTE FOR NOTING

        The Board noted the minute of the meeting of West Lothian Integration Strategic Planning Group held on 14 June 2018.

4.   AUDIT OF THE 2017/18 ANNUAL ACCOUNTS

        The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing details of the outcome of the audit of the 2017/18 Annual Accounts and provided a summary of the key points arising from the Auditor's Annual report.

        The report provided the following appendices:

        Appendix 1   Ernst and Young – Annual Audit Report for Year Ended 31 March 2018.

        Appendix 2   2017/18 Audited Statement of Accounts for West Lothian

Integration Joint Board.

The report by Ernst and Young (EY) on the 2017/18 audit was addressed to the West Lothian Integration Joint Board and was simultaneously forwarded to the Controller of Audit and formed part of the audit process. The Auditor's report covered the financial statements, financial management and sustainability, governance and transparency and value for money.

The unaudited Annual Accounts for the financial year to 31 March 2018 were considered by the Board on 26 June 2018, in advance of the accounts being submitted to EY by the deadline of 30 June 2018. The audited accounts and Annual Audit report were subsequently referred to the IJB Audit, Risk and Governance Committee on 12 September 2018 for further consideration and scrutiny. The external audit of the Accounts and the signing of the Independent Auditor's report was anticipated to be completed by the target date of 30 September 2018 following approval of the Accounts.

The Executive Summary section in the EY report outlined the Auditor's conclusions on their audit of the 2017/18 accounts. The key points were outlined within the report.

An action plan which included management responses to identified risks was included in the Annual Audit report. The action plan summarised specific EY recommendations which were graded according to their consideration of their priority for action. A management response to the two actions identified was included in the Action Plan.

The Chief Finance Officer then provided details of the following two recommendations made by the IJB Audit, Risk and Governance Committee, which were considered by the Board:

- To agree that going forward the IJB workplan should include all reporting timelines to ensure that all key deadlines and statutory requirements were met; and

- To agree that it would be appropriate for updates to the medium term financial plan would be reported to the Board twice a year to assist on obtaining assurance on financial sustainability.

It was recommended that the IJB:

1. Considers the Auditor's 2017/18 Annual Audit Report, including the management action plan;

2. Agrees the audited 2017/18 Annual Accounts for signature; and

3. Considers the Audit Risk and Governance Committee's recommendations for agreement, following the Committee's review of the Annual Accounts and Annual Audit report on 12 September 2018.

Decision

- To agree the terms of the report.

5.   FRAILTY PROGRAMME BOARD REPORT

The Board considered a report (copies of which had been circulated) by the Director providing details and seeking formal approval of the whole system health and social care transformational approach and direction towards 20/20 integration vision. The report was based on extensive engagement and formal approval from the Frailty Programme Board dated 16 August 2018, NHS Lothian's unscheduled Board meeting on 7 September 2018 and discussion at the IJB Development Day on 16 August 2018.

The Director advised the Board that the frailty programme was historically set up with existing projects being predominately organisation-specific and as such, there was limited scope to ensure that partners were collectively in step with the whole system transformational change.

At the August Frailty Programme Board meeting consideration was given to the current delayed discharge position at St John's Hospital and specific areas of multi-agency development were explored. This work has now evolved into a revised programme structure with the creation of the following four project workstreams:

- Optimising Flow;

- Integrated Discharge Planning Hub;

- Home First; and

- Intermediate Care.

An overview of the key priorities and current work carried out within the workstreams were outlined within the report.

All partner organisations have members on the Frailty Board and were committed to the approach and multi-agency workstreams. The programmed approach had also been agreed at the pan-Lothian Unscheduled Care Committee and was also shared at the IJB development day.

Active engagement continued with Carers of West Lothian and the wider 3rd sector organisations. The four workstreams would have representatives from the community involved in the development of new service models and pathways.

The Director and Head of Health then responded to questions from members of the Board. In response to a question relating to managing demand, the Director advised that a significant amount of work has been carried out to improve the services available in the community to help

reduce the demand on hospital services. The project would prioritise the alignment of pathways and processes of community health and social care services through a community "single point of contact" and would signpost people to the right care at the right time. Developing 'home first' in providing the ability to manage personalised care as appropriate in order to optimise a person's independence in their home was a priority.

It was recommended that the Board:

1. Formally approve the whole Health and Social Care System Transformational Approach through Multi- Agency partnership leadership and associated project workstreams in evidencing achievement of the National Health and Well Being Outcomes.

And to note and agree that:

2. The Frailty programme requires whole system health and social care transformational change. As such, commitment was sought from IJB Board to challenge the status quo, remove obstacles, and encourage transparency and progress towards further health and social care integration in exploring and tackling the pressures, demand for service, workforce challenges, access and infrastructure in the health and social care system.

Decision

To agree the terms of the report.

6.   IJB MEMBERSHIP UPDATE

The Board considered a report (copies of which had been circulated) by the Director which provided an update on members' positions who were nearing the end of their term and the status of their reappointment or replacement.

The Board was asked to agree to appoint a replacement Carer Representative, agree a general role description for all members and to agree the basis for the advert for service user representative. A further report would be submitted to a future meeting seeking approval of member specific role descriptions where appropriate.

The Director advised that dates of Board members' appointments were checked with a view to identifying when their three year appointment period ended and when their reappointment or replacement was to be addressed. Those whose membership was coming to the end of the three year period were listed within the report with their current status highlighted.

It was agreed by the Board at the meeting held on 14 August 2018 that the position of service user would be advertised to the public through community councils and existing community groups and a process would be put in place to select a suitable candidate.

A general IJB Members' role description, to apply to all members, was attached at Appendix 1 to the report for approval. As agreed at the meeting on 14 August, a specific role description for the service user representative was also drafted and attached at Appendix 2 to the report. It was proposed that this be used as the basis for an advert for this role and that specific role descriptions for specific members would be brought back to a future meeting.

Members were also advised that the representative from West Lothian Leisure remained a formal member of the Board but no longer attended and the role was surplus to requirements. As such, the Chair has written to West Lothian Leisure to end membership in this case, rather than to seek another appointment

The Chair has also written to NHS Lothian to advise of the members nearing the end of their three year period for its voting members and professional advisors. NHS Lothian has confirmed reappointment of Alex Joyce, Voting Member, and Mairead Hughes, Professional Advisor.

Martin Murray was reappointed as staff representative for West Lothian Council. Members were also advised that confirmation had been received that Jane Houston had been reappointed as staff representative for NHS Lothian.

Ann Pike was nominated to replace Mary-Denise McKernan as the Carer Representative.

The outstanding appointments were listed within the report. Finally, the Board was advised that Pamela Main was appointed Interim Chief Social Work Officer, replacing Jane Kellock, and had taken up her statutory position on the Board.

The Director then responded to questions from members of the Board. During the course of the discussion relating to the IJB Members' Role description, it was recommended that this be truncated. It was also recommended that this should include the principal aims of the IJB and a brief make-up of the partnership. The Standards Officer and Project Manager agreed to review this and submit an update to the next meeting of the Board.

The Board also recommended that the role description of the IJB Service User Representative be amended as follows:

- Requirements of the Role – second bullet point – should read "To act as a spokesperson for service users and to work alongside the IJB and its officials to communicate and promote the policies, strategies, decisions and achievements of the IJB to service users."

It was recommended that the Board:

1. Notes the details of current appointments and those members nearing the end of the three year term and the status of their appointment;

2. Notes the termination of non-voting member, Robin Strang;

3. Notes the reappointment of Alex Joyce, Voting Member; Mairead Hughes, Professional Advisor; and Martin Murray, West Lothian Council Staff Representative;

4. Appoints Ann Pike to replace Mary-Denise McKernan as Carer Representative;

5. Agrees the proposed general IJB Members' role description to apply to all Board Members;

6. Agrees the proposed Service User Representative role description as the basis of the advert for this role on the Board; and

7. Agrees a further report to a future meeting seeking approval of role descriptions for specific Board Members where appropriate.

Decision

To agree the recommendation in the report subject to the following:

- To note the reappointment of Jane Houston, NHS Lothian Staff Representative;

- To note that Pamela Main had been appointed as the Chief Social Work Officer;

- To agree that the Project Officer and Standards Officer would redraft the IJB Members' Role description and provide an update to the next meeting of the Board;

- To agree that the Service User Representative role description be used as the basis of the advert for this role subject to the requirements of the role being amended as recommended by the Board;

- To agree that Board members would be advised when appointments awaiting decision had been made.

7.   IJB BEST VALUE DUTY AND PROPOSED FRAMEWORK

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer advising of the IJB's duty to secure best value. Details of a proposed Best Value Framework for West Lothian IJB was outlined within the report which provided a basis of demonstrating that the IJB had made arrangements to comply with Best Value.

The report recalled that the Local Government (Scotland) Act 2003 placed a duty on Local Government bodies to secure Best Value. As a Section 106 body under the 2003 Act, Integration Joint Boards had the same statutory duty to secure best value. The statutory duties of the 2003 Act were outlined within the report.

The Chief Finance Officer advised members of the Board that while partner arrangements for securing best value would play a key part in receiving assurance that the services delivering the IJBs strategic plan were achieving best value, it was important going forward that the IJB was able to demonstrate that appropriate arrangements were in place to meet and report on the delivery of best value.

In addition, the Governance Statement within the 2017/18 Annual Accounts noted the following as an outstanding matter to be considered in 2018/19 "*A procedure and framework should be developed and approved through which the Board could demonstrate compliance with its statutory duty to secure best value.*"

Taking account of all the relevant factors including Legislation, Ministerial Guidance and Audit Scotland Guidance, it was proposed that a Best Value framework was adopted by the IJB. This would set out the areas against which the IJB would seek to demonstrate delivery of best value. The proposed areas, including initial high level examples of the type of information/activity that would be relevant in assessing the achievement of best value, were detailed within the report.

It was proposed that for each of the areas identified that on an annual basis there would be assessment of how the IJB had demonstrated best value in the delivery of delegated functions during the year. This would be achieved through an Annual Statement of Compliance that would be considered by the IJB senior management team and reported to the IJB Audit, Risk and Governance Committee for consideration. The Annual Statement of Compliance would be used to inform the Governance Statement within the annual accounts and the Strategic Plan and Annual Performance Plan. The assessment of delivery of Best Value was likely to take account of factors such as external audit and internal audit considerations and any specific audit work undertaken in the framework areas identified.

It was proposed that the Chief Finance Officer would coordinate the preparation of the Annual Compliance Statement which would be proportionate reflecting the IJBs role as a strategic planning and commissioning body, rather than an operational delivery body. Based on the proposed arrangements set out, it was recommended that a West Lothian IJB Best Value Framework and compliance arrangements were established for 2018/19 and future years. It was anticipated that the framework would be reviewed after a period of two years to take account of any ongoing developments around Best Value for IJBs and auditing for Best Value.

It was recommended that the Board:

1. Notes that the IJB has a statutory duty to make arrangements to secure Best Value as prescribed in Part 1 of the Local Government in Scotland Act 2003;

2. Agrees that the proposed West Lothian IJB Best Value Framework should be introduced from 2018/19 as a means of demonstrating Best Value across the proposed areas identified; and

3. Agrees that appropriate monitoring procedures should be put in place to review compliance with Best Value.

Decision

To agree the terms of the report.

8.   PROCEDURE FOR CONSIDERATION OF ANNUAL ACCOUNTS

The Board considered a report (copies of which had been circulated) by the Director providing details of the procedure and responsibilities for dealing with the Board's annual accounts.

The report explained that the Board was subject to the financial and accounting regime which applied to local authorities. Legislation set out a process and a timetable by which the Board's annual accounts were to be prepared, considered published and approved. Within those regulations there were options available as to whether all the stages were carried out by the Board itself or by a committee on its behalf.

The Standards Officer advised that in dealing with the draft annual accounts and annual governance statement in June 2018 officers were asked to review the process for reconsideration based on experience of the first years of the Board's existence. The report set out the options and asked the Board to determine the procedure for future use. The current procedure was introduced in December 2017.

The table attached as an appendix to the report outlined the steps at which consideration by the Board, or committee, was required and highlighted the options available and the proposed route for future years with a short explanation. The Audit, Risk & Governance Committee considered the recommendations on 12 September 2018 and agreed that the proposed new procedure should be followed. It recommended to the Board that the procedure be adopted and that the changes required to Standing Orders and the committee's remit were made.

The Standards Officer then responded to questions from members of the Board.

It was recommended that the Board:

1. Note the requirements of the statutory regulations which applied to consideration and approval of the Board's annual accounts;

2. Note the recommendations of the Audit, Risk & Governance Committee of 12 September 2018 and agrees that in future the procedure and decision-making arrangements set out in the appendix to the report should be applied; and

3. Agree that the minor changes to the Boards' Standing Orders and the remit of the committee were made to implement those proposed arrangements.

Decision

To agree the terms of the report.

9.   RECORDS MANAGEMENT PLAN

The Board considered a report (copies of which had been circulated) by the Director informing members that the Keeper of Records invited Integration Joint Boards to submit their Record Management Plans for his agreement. A draft Records Management Plan 2018 was attached as an appendix to the report.

The report recalled that the Integration Joint Board created new information and records as a consequence of strategic planning and the decision-making process. Effective management of this information ensured that the Board met its statutory requirements in relation to managing and sharing information under the Public Records (Scotland) Act, as well as maintaining public confidence and best practice.

At its meeting of 26 September 2017, the Board agreed to adopt West Lothian Council's Information Security Policy, Records Management Policy and Data Protection Policy to ensure ongoing compliance with legislation and regulation.

The Project Manager advised the Board that The Keeper of Records had invited the Board to submit its Records Management Plan by 3 November 2018. A draft plan was attached to the report for approval in principle, subject to being finalised.

The Project Manager then responded to questions from members of the Board, confirming that the draft Records Management Plan 2018 still had to be finalised. During the course of the discussion the Board highlighted the following amendments which required to be made to the draft plan:

- Page 5 – 1.4, 3rd paragraph – "The Board consists of eight voting members – not six"; and

- Page 8 – 2.1, Senior Management responsibility for the Records Management Plan lies with Jim Forrest, Director (remove West Lothian Community Health Partnership).

Finally, it was noted that the plan had been prepared in consultation with the council's Information Strategy and Security Manager and Records

Manager.

It was recommended that the Board:

1. Note that the Keeper of Records had written to IJBs to request their Record Management Plans by 3 November; and

2. Agree to submit the draft Records Management Plan to the Keeper of Records by 3 November for his agreement, subject to the draft being finalised.

Decision

To note the terms of the report and agree that the draft Records Management Plan be submitted to the Keeper of Records by 3 November for his agreement, subject to further amendments being made.

10.   IJB FINANCE UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2018/19 budget forecast position for the IJB delegated health and social care functions.

The report set out the overall financial performance of the 2018/19 IJB delegated resources and provided a year end forecast which took account of relevant issues identified across health and social care services. Reporting on the performance of delegated resources was undertaken in line with the IJB's approved financial regulations and Integration Scheme. Increasing demands coupled with constrained funding meant that a partnership working approach through the IJB, NHS Lothian and council would be vital in ensuring health and social care functions were managed within available budget resources. This would require ongoing changes to current models of care delivery over the coming years as it was widely acknowledged that continuing with all existing models of care provision would not be sustainable going forward. The IJB as a strategic planning body for delegated health and social care functions was responsible for working with the council and NHS Lothian to deliver change taking account of its Strategic Plan and funding resources available for health and social care functions.

The Chief Finance Officer advised that at this stage of the financial year an overspend of £1.289 million was forecast against IJB delegated functions. West Lothian Integration Joint Board – 2018/19 Budget Update was attached at appendix 1 to the report, which provided further detail on the forecast position shown.

The IJB Finance Risk Schedule was attached at appendix 2 to the report which set out the key 2018/19 budget risk areas that were identified as a result of the budget monitoring undertaken to date and the current budget position in each. A number of strategic financial risks were also included which would continue to be updated upon as the financial year progressed.

The report highlighted the total 2018/19 savings relating to IJB delegated functions of £5.532 million. As part of the 2018/19 payment to the IJB from the council and NHS Lothian there was £5.195 million of budget savings identified. At this stage, the monitoring undertaken estimated that this would be overachieved by £122,000. Details of the delivery of 2018/19 budget savings was attached at appendix 3 to the report which provided further details on the areas in which these savings were being delivered.

Finally, the Chief Finance Officer advised that in terms of health functions which related to £1.237 million of the forecast overspend, it should be noted that a "moderate" assurance has been provided to the Finance and Resources Committee that the overall NHS Lothian budget for 2018/19 would breakeven.

The Chief Finance Officer then responded to questions from members of the Board. A question was raised about the agency costs involved due to the high levels of bank staff used to cover sickness absence within community hospitals. It was recommended that more detailed information be provided in future reports regarding sickness absence levels and the costs involved to recruit locum staff.

The Chair advised that feedback from the NHS Finance and Resources Committee was that "limited" assurance should be given at this early reporting period, although this was still a relatively positive position.

In conclusion, it was noted that various management actions were being progressed within the West Lothian Health and Social Care Partnership and at a wider NHS Lothian level to manage spend within available resources. As agreed by the Board, an update on the status of budget risk areas would be reported to each Board meeting during 2018/19 to ensure that the Board have the appropriate oversight and scrutiny of financial performance. Further updates on options for managing the current forecast overspend based on discussions with partner bodies would also be provided to the Board.

It was recommended that the IJB:

1. Notes the forecast outturn for 2018/19 in respect of IJB delegated functions taking account of saving assumptions;

2. Notes that further action was required by partner bodies in partnership with the IJB to manage within the 2018/19 budget; and

3. Notes that further updates on pressures identified would be reported to future Board meetings.

Decision

- To note the recommendation in the report;

- To note the update from the NHS Finance and Resources Committee that "limited" assurance should be given at this early reporting period; and

- To note the recommendation that future reports should include more detailed information relating to sickness absence levels and the costs involved to recruit agency staff.

11.   WEST LOTHIAN COMMUNITY PLANNING UPDATE

The Board considered a report (copies of which had been circulated) by the Director providing details of the developments to take forward proposals to establish a forum for health, inequalities and prevention within the Community Planning Partnership.

The report recalled that a number of improvement actions were identified to improve Community Planning Partnership (CPP) structures and working practices as a result of the CPP Development Day held on 22 March 2018.   These included actions around the CPP Board, CPP Thematic groups and community involvement. These improvement actions were approved by the CPP at their board meeting held on 11 June 2018.

The Community Regeneration Officer advised that at the last IJB meeting on 14 August there was some discussion around the IJB's role in the CPP.   As part of the new Strategic Plan, the IJB would be defining prevention and inequalities priorities. The new Forum for health, inequalities and prevention would be where the non-health and care service prevention priorities could be pursued most effectively. The IJB would be a key partner in helping to formulate these priorities.

Members were advised that it was agreed at the CPP Board that through discussion with key stakeholders, a clear remit for this forum would be developed and reported back to the next CPP Board in November. This would be taken forward by Community Planning and Public Health in conjunction with other stakeholders. In order to progress discussions further engagement with key partners was underway.   There was a requirement to work with the Health and Social Care Partnership to ensure that there was a distinction between health and social care priorities and key priorities around inequalities and prevention that a potential new forum would address. This would provide an opportunity for community planning partners and others to collectively agree a set of priorities around inequalities and prevention and ensure that a local approach was taken in delivering on these.

During the course of the discussion it was agreed that a sub-group of the IJB be set up to discuss the key health interventions which should be addressed by the CPP. An update report should also be brought back to a future meeting of the IJB. The following seven members agreed to meet with Susan Gordon and Martin Higgins:- M. Hill,   H. Cartmill, M. Connor, W. McQueen. M. Hughes, P. Main and I. Buchanan.

It was recommended that the Board:

1. Discuss the role, membership and leadership of a forum for health, inequalities and prevention; and

2. Agree to work with the CPP and public health to take this forward.

Decision

- To note the contents of the report;

- To agree that the IJB members identified would take part in a discussion group on the role, membership and leadership of a forum for health, inequalities and prevention; and

- To agree that an update report would be submitted to a future meeting of the IJB.

12.   IJB ANNUAL PERFORMANCE REPORT

The Board considered a report (copies of which had been circulated) by the Director providing details of the Annual Performance Report 2017/18, which had been published in accordance with the Scottish Government guidance. The IJB Annual Performance Report 2017/18 was attached as an appendix to the report.

The report recalled that the Scottish Government issued guidance in March 2016 on the requirement for the IJB to publish an Annual Performance Report from 2016/17 onwards. The second Annual Performance Report was published in accordance with this guidance and provided an assessment of performance against the core suite of integration with comparison to the previous reporting periods and Scottish average where applicable.

The Annual Performance Report focussed on West Lothian Integration Joint Board's performance in relation to the health and wellbeing outcomes and provided some examples of practice to illustrate progress and outlined the key priorities to be taken forward into 2018/19.

The Integration Joint Board was asked to:

1. Note the contents of the report; and

2. Note the Annual Performance Report 2017/18.

Decision

To note the contents of the report and the Annual Performance Report 2017/18.

13.   WORKPLAN

A copy of the workplan had been circulated.

The Board agreed that the following items should be included on the workplan:

- Reporting timelines were to be updated to ensure deadlines and statutory requirements were being met;

- Medium term financial plan to be reported twice a year; and

- Community planning update to be reported to the next meeting on 21 November 2018.

Decision

To note the contents of the workplan and the items to be included therein.

Minutes

Edinburgh Integration Joint Board

9:30 am, Friday 15 June 2018
Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Colin Beck, Carl Bickler, Sandra Blake, Councillor Ian Campbell, Andrew Coull, Lynne Douglas, Christine Farquhar, Helen Fitzgerald, Kirsten Hey, Martin Hill, Alex Joyce, Councillor Melanie Main, Ian McKay, Angus McCann, Moira Pringle, Judith Proctor, Ella Simpson and Councillor Susan Webber.

Officers: Colin Briggs, Jamie Macrae, Nickola Paul and David White.

Apologies: Councillor Robert Aldridge, Michael Ash, Alistair Gaw and Pat Wynne.

1.   Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 18 May 2018 as a correct record.

2.   Sub-Group Minutes

Updates were given on Sub-Group and Committee activity.

Decision

1)   To note the minute of the meeting of the Audit and Risk Committee of 1 June 2018.

2)   To note the minute of the meeting of the Professional Advisory Group of 8 May 2018.

3)   To note the minute of the meeting of the Strategic Planning Group of 11 May 2018.

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4.   Rolling Actions Log

The Rolling Actions Log for 15 June 2018 was presented.

Decision

1)   To agree to close the following actions:

(a)   Action 3 – Primary Care Population and Premises

(b)   Action 6 – Add IJB Risk Register to Rolling Actions Log

(c)   Action 9 (decision 2) – Joint Board Membership and Appointments to Committee and Sub-Groups

(d)   Action 13 – Financial Performance and Outlook

(e)   Action 15 – Integration Joint Board Risk Register

(f)   Action 21 – Royal Edinburgh Campus and St Stephen's Court

(g)   Action 24 – Motion by Councillor Webber – NHS Attend Anywhere

2)   To add an action to request that the new draft licensing policy be circulated to IJB members when published in the summer; a report be brought to the next meeting for discussion and comment; and the Chair to ask the Edinburgh Partnership to submit a joint response.

3)   To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log 15 June 2018, submitted.)

5.   IJB Risk Register

An update was provided on the Joint Board Risk Register and the proposed framework to manage, mitigate and identify risk.

Decision

1)   To note the IJB risk register and how the identified risks had changed since last assessed.

2)   To agree whether the management actions identified against the current risks provided suitable assurance that these risks were being appropriately managed.

3)   To note the continued development of mitigating controls for IJB identified risks.

4)   To agree that the Chief Officer would circulate a briefing note to members on finance structures across the City of Edinburgh Council and NHS Lothian, and the interface between the respective groups.

5) To agree that the Risk Register would be submitted to the Joint Board every six months.

(References – Edinburgh Integration Joint Board 2 March 2018 (item 12); report by the IJB Chief Officer, submitted.)

6. Publication of Annual Performance Report

The Public Bodies (Joint Working) (Scotland) Act required integration authorities to publish an annual performance report for the period April to March, by the 31st July in the year in which the performance period ends. An update was provided on progress in producing the report and approval was sought for the proposed process for the report being signed off prior to publication.

Decision

1) To note the proposed approach to the structure of the annual performance report for 2017/18 and the progress made in developing the report.

2) To agree the proposed approach to ensure that the annual performance report was approved and published by 31st July 2018 as set out in paragraph 9 of the report.

3) To agree that a future development session or workshop would consider what measurements to include in future versions of the report, and how these would be linked with Directions.

(References – Edinburgh Integration Joint Board 14 July 2017 (item 9); report by the IJB Chief Officer, submitted.)

7. Attend Anywhere Service

Following a motion approved by the Joint Board on 18 May 2018, details were provided of the feasibility of introducing the 'Attend Anywhere' infrastructure within primary care services, quantifying the risks of adoption and non-adoption, and the costs and benefits associated with implementation, in collaboration with NHS Lothian, to support IJB services and priorities including the transformation of primary care services.

Decision

1) To note the current position with the Attend Anywhere platform and the provision of an approved alternative endorsed by NHS Lothian.

2) To approve work to support the use of technological solutions within Primary Care was taken forward as a strand of work under the implementation of the Primary Care Improvement Plan once approved by the IJB.

(References – Edinburgh Integration Joint Board, 18 May 2018 (item 19); report by the IJB Chief Officer, submitted.)

8. Edinburgh Primary Care Improvement Plan

The draft Edinburgh Primary Care Improvement Plan (PCIP) was presented, outlining plans to implement the new Scottish General Medical Services contract proposals, prior to submission to the Scottish Government by 1 July 2018.

Decision

1) To approve the proposed submission version of the plan (Appendix 1 of the report).

2) To note the next steps action plan (Appendix 2 of the report)

3) To note the process required to reach final agreement of the plan (Appendix 4 of the report).

4) To note that the plan built on the work carried out by the Edinburgh Health and Social Care Partnership over the previous 5 years and linked to the Primary Care Strategic Commissioning Plan which would be taken forward under the auspices of the Primary Care Reference Board.

5) To note the approval of the IJB Strategic Planning Group (11.05.18) and the GP Sub-Committee (anticipated as at 11.06.18) and the support of the pan-Lothian GMS Implementation Group.

6) To agree that a verbal update on plans for implementation would be given at the next meeting.

Declaration of Interest

Carl Bickler and Ian McKay declared non-financial interests in the above item as GPs.

(Reference – report by the IJB Chief Officer, submitted.)

9. Edinburgh Integration Joint Board Unaudited Annual Accounts 2017/18

The unaudited 2017/18 annual accounts for the Joint Board were presented for consideration, prior to submission to the external auditors and final sign-off by the Joint Board in September 2018.

Decision

To note the draft financial statements submitted and the proposed timescale for completion.

(References – report by the IJB Chief Officer, submitted)

10. Appointments to Committees and Sub-Committees

In terms of paragraph 7.4 of the Joint Board's Standing Orders, an additional item of business was considered on grounds of urgency. Approval was sought to appoint a Chair to the IJB Audit and Risk Committee.

Decision

To approve the appointment of Councillor Susan Webber as Chair of the IJB Audit and Risk Committee

(Reference – report by the IJB Chief Officer, submitted.)

Minutes

Edinburgh Integration Joint Board

9:30 am, Friday 10 August 2018
Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Councillor Robert Aldridge, Michael Ash, Colin Beck, Carl Bickler, Sandra Blake, Councillor Ian Campbell, Andrew Coull, Lynne Douglas, Christine Farquhar, Helen Fitzgerald, Martin Hill, Jackie Irvine, Carole Macartney, Councillor Melanie Main, Angus McCann, Moira Pringle, Judith Proctor, Ella Simpson, Councillor Susan Webber and Pat Wynne.

Officers: Colin Briggs, Jamie Macrae and Nickola Paul.

Apologies: Kirsten Hey and Ian McKay.

1.   Alex Joyce

Decision

To record the Joint Board's thanks to Alex Joyce, who had stepped down from his role on the Edinburgh Integration Joint Board.

2.   Appointments to Committees and Sub-Committees

An update was provided on the Joint Board Risk Register and the proposed framework to manage, mitigate and identify risk.

Decision

1)   To approve the appointment of Carole Macartney and Alison Robertson as Service User representatives on the Integration Joint Board.

2)   To approve the appointment of Carole Macartney and Alison Robertson as Service User representatives on the Strategic Planning Group.

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3) To approve the appointment of Councillor Ian Campbell to the Strategic Planning Group, in his capacity as the City of Edinburgh Council representative on the NHS Lothian Board.

4) To approve the appointment of Dr Richard Williams as a voting member of the Joint Board, replacing Alex Joyce.

5) To note the appointment of the new Chief Social Work Officer to the Integration Joint Board and Strategic Planning Group.

6) To note the appointment of Nigel Henderson (replacing Graeme Henderson) as a member of the Strategic Planning Group.

7) To note that there was still a vacancy for an NHS Lothian voting member on the IJB Audit and Risk Committee.

(Reference – report by the IJB Chief Officer, submitted.)

3. Proposals for the Health and Social Care Grants Review Programme 2019

The proposed prospectus for the Health and Social Care Grants Programme 2019/20 to 2021/22 was presented. The prospectus aimed to provide comprehensive information on how the new application and assessment process would operate. The prospectus and engagement process was discussed in detail, with some suggestions for minor amendments to the text agreed.

Decision

1) To agree the prospectus for the Health and Social Care Grant Programme 2019/20 to 2021/22, subject to the changes agreed.

2) To issue a direction to the City of Edinburgh Council to run a grants programme in accordance with this prospectus.

(Reference – report by the IJB Chief Officer, submitted.)

NHS LOTHIAN

Board Meeting
5 December 2018

Executive Director of Nursing, Midwifery and Allied Health Professionals

MENTAL HEALTH AND LEARNING DISABILITIES

1   Purpose of the Report

1.1   The purpose of this report is to outline how NHS Lothian (NHSL) and its 4 partner Integration Joint Boards (IJBs) are planning and delivering Ministerial commitments on mental health, including learning disabilities.

Any member wishing additional information should contact the Executive Director of Nursing, Midwifery and Allied Health Professionals in advance of the meeting.

2   Recommendations

2.1   Accept this report as a source of significant assurance that NHSL and its partner IJBs are planning and delivering Ministerial commitments in this area.

3   Discussion of Key Issues

How mental health services are planned and delivered

3.1   Mental health services are planned and delivered across a range of statutory and non-statutory organisations, reflecting the nature of mental health itself. This means that schools, primary and community health services, social work, acute mental health, as well as substantial input from the voluntary and third sectors, all contribute to provision and prevention of mental ill-health. This also applies to care for people with learning disabilities, albeit with a more limited purview.

3.2   Following the integration of health and social care, the planning and commissioning of the majority of mental health services for adults is now delegated to IJBs. This includes community services such as community mental health teams, addiction and misuse services, psychological therapies, as well as the majority of acute inpatient mental health services. For learning disabilities, the position is similar.

3.3   The exceptions to this general rule for adults include forensic and secure mental health and learning disability services, which remain with NHSL or in some cases with national commissioning through either National Services Division, or the State Hospitals Board.

3.4   For children, child and adolescent mental health services (CAMHS) remain the responsibility of NHSL, with school nursing and health visiting and their contribution to this area remaining likewise with NHSL. The planning of services within schools remains with local authorities, although there are close children's planning relationships with the 4 local authorities NHSL partners with. Certain highly specialised services for children (such as secure inpatient CAMHS) are nationally planned and commissioned and others are in the process of becoming so (such as inpatient CAMHS services for children with learning disabilities).

3.5   Provision of services is, again, a mixed picture, although it would be fair to say that community services for adults tend to be provided by Health and Social Care

Partnerships (HSCPs). Inpatient adult mental health services at the Royal Edinburgh Hospital are provided to the East Lothian, Edinburgh, and Midlothian IJBs by NHSL on a hosted basis, with similar services provided for West Lothian IJB by the West Lothian HSCP. The Royal Edinburgh Hospital also provides inpatient learning disability assessment and treatment services for all 4 IJBs (and some cases for other parts of the country).

3.6   There is therefore a mixed economy of both planning and provision, and as a result there is a necessity for NHSL to ensure it takes a very broad view of both, with effective planning and commissioning relationships with its IJB partners, with effective delivery arrangements, and with clear and unambiguous governance arrangements.

Ministerial commitments

3.7   Mental Health is one of 4 restated clear Ministerial commitments in health and social care. The 2018-19 *Programme for Government – Delivering for Today, Investing for Tomorrow*, published in September 2018, makes improving the nation's mental health a core objective for Government. What is particularly striking about this is the commitment to invest an additional £250m across Scotland and the commitment to move mental health to parity of esteem with physical health.

3.8   Further, there are particularly significant commitments including;

- A Task Force on Children and Young People's Mental Health Improvement, chaired by Dame Denise Coia;
- An additional 350 school counsellors;
- An additional 250 school nurses to focus on children's mental health;
- Significantly improved access to national self-help resources;
- 800 additional mental health workers;
- A commitment to reducing Scotland's suicide rate by 20% by 2022

3.9   These commitments are over and above the extant commitments covering access to psychological therapies, CAMHS, and indeed to inpatient services.

3.10   On 21st November, NHS Boards and Integration Authorities received clarity from the Scottish Government on a Mental Health Outcomes Framework, and this is reproduced at appendix 1. This confirms that a total of £2.7m will be passed to Lothian to support this framework, although it does seem to suggest that this is not new money.

3.11   It is anticipated that the forthcoming Scottish Government budget statement may include additional resources for areas where funding is not as yet identified.

Short-term actions to deliver

3.12   With regard to psychological therapies, the A12 target requires that 90% of all referrals should be seen within 18 weeks of referral. This is an NHSL delivery responsibility and an IJB planning responsibility. NHSL's performance against this standard in the first quarter of 2018-19 was 70.9%. Detailed Demand, Capacity, Activity, and Queue (DCAQ) analysis undertaken by the service has indicated that to meet and sustain the 90% standard, there is a total additional workforce requirement of 42.2 wte, with 22.2 wte of these being permanent staff. The total cost for this has to be finalised, but in the draft annual operational plan approved by the Board in June 2018 the costs for psychological therapies were calculated at £1.2m recurring and £700k non-recurring.

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The position has not improved since that point and so these figures can be considered to be low estimates of what would be required.

3.13   With regard to CAMHS, the target is that 90% of children should be seen and treated within 18 weeks of referral, and performance for NHSL was 65.5% in August against this target. Both planning and delivery of this target are NHSL responsibilities. DCAQ undertaken in November 2018 has indicated a total cost to meet the target of c.£4m. This figure does not include any additional capacity for additional demand arising from Lothian's growing population. To provide further context, it should be noted that NHSL has the 2nd highest rate of referral of any health board in Scotland, the 3rd lowest DNA rate, and, it would appear, 10 wte fewer per 100,000 population.

3.14   With regard to delivering on the commitment to provide an additional 800 workers, this is an IJB planning requirement and an HSCP delivery requirement. Each IJB was required to deliver a recruitment plan to SGHD over the summer and each of NHSL's 4 partner IJBs has outlined a plan for delivery. Recruiting a large number of staff – Lothian's pro-rata share would be approximately 100 wte - represents a significant challenge. However, there has been significant provision of new posts such as link workers within Edinburgh, in particular, which provides a solid base for improvement. This commitment is fully funded by the Scottish Government and the Lothian share is £4.74m in 2021/22.

3.15   The Board has been previously briefed on the challenges in sustaining positive flow through inpatient capacity in Lothian's two inpatient mental health services. This requires positive and proactive collaboration between the IJBs charged with planning and commissioning services, the HSCPs managing community capacity and driving improvements in delayed discharge performance, and NHSL as the service provider at the Royal Edinburgh Hospital. Over the last 6-9 months, there has been significant "boarding" of patients from Edinburgh, East, and Midlothian to bed capacity within inpatient mental health services at St John's Hospital, managed by the West Lothian HSCP. This links back to delayed discharge performance within Edinburgh, which in turn constrains capacity for Mid and East patients.

3.16   Further complicating this issue has been the continuing difficult in recruiting consultant psychiatrists to the St John's facility. Links have been strengthened significantly between REH and SJH, with the Associate Medical Director for REH taking on a professional oversight role for SJH and with the potential for joint appointments between the two services being explored.

3.17   For Learning Disabilities, the issues in sustaining capacity are very similar, with an added complication regarding the size of packages of care and the need often for new purpose-built accommodation. There has also, over the last 12 months, been some instability in the provider market.

3.18   Edinburgh IJB has now adopted the Edinburgh Delayed Discharge Action Plan and Trajectory, which clearly lays out the actions being taken to provide additional community capacity for Edinburgh residents. As part of this, an additional 16-20 community places are in train to reduce delayed discharges in Mental Health, significant work is being undertaken by EHSCP to unblock capacity within Edinburgh's care homes to support better quality of care and patient flow through services. For Learning Disabilities, there is a clear plan for all 11 of the current Edinburgh Delayed Discharges which comes into force over the next 12 months.

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3.19   Edinburgh HSCP has also, as part of this work, supported the establishment of a multi-agency team touchdown (MATT), which meets daily to agree admissions and discharges for patients. This brings together REH and EHSCP staff to proactively manage flow. This interaction has also provided valuable insights into the needs of patients within REH, many of whom are not designated as delayed discharges but for whom alternative provision could potentially be commissioned, particularly within the "rehabilitation"stream. East and Mid IJBs are also considering, through their commissioning plans, how they can expand their "step-down" capacity.

3.20   Board members are aware that phase 1 of the Royal Edinburgh Hospital reprovision was completed over summer 2017, providing new, significantly improved physical environments for acute mental health and older people's mental health services within the city of Edinburgh. The evaluation of this project was presented to NHSL's Finance and Resources Committee on 21st November and work continues to resolve outstanding "snagging" issues.

Longer-term actions to deliver

3.21   In the longer term, additional management capacity to support the Royal Edinburgh Hospital is being taken forward, with a clear focus on providing sufficient capacity for robust day-to-day management. This will include, over the next 12 months, a review of outpatient services and CAMHS design. Further capacity to support interface with IJBs and robust planning within REAS will be provided with the appointment of a new NHSL Strategic Programme Manager, who takes up post on 1st January.

3.22   Building on the success of the closer working between the REH and SJH services, there will be a review of governance arrangements, to examine in part how integrating the two workforces may provide opportunities for greater sustainability, efficiency, and the reduction of unwarranted variation.

3.20   Finally, phase 2 of the Royal Edinburgh Hospital reprovision will see the commissioning of new capacity for mental health rehabilitation and low secure services for Edinburgh, East Lothian, and Midlothian, and learning disability inpatient capacity for the 4 IJBs and NHS Borders. There are robust protocols in place to ensure that IJBs are clear on the level of capacity they wish to commission for future provision. An Outline Business Case is anticipated to be completed by March 2019, with completion expected in 2021. However, it is crucial that IJBs are clear on how plans will be implemented to genuinely shift the balance of care from acute to community and exactly how community capacity will come on-stream. As an example, it is anticipated that the Strategic Commissioning Plan for Edinburgh IJB will detail how this will happen, and that this will be reinforced by the refreshed Strategic Plan for the Edinburgh IJB (and indeed for all the IJBs), but this is a significant risk for NHSL that requires close monitoring and the construction of meaningful contingency plans.

4   Key Risks

4.1   The NHS Board and the IJBs do not make as much progress on their respective strategic aims and delivering against ministerial commitments, due to missing opportunities to work together where it is appropriate to do so.

4.2   While IJBs are established to do things differently and to focus on the needs of the localities within their local authority area, there is a risk that this localism adversely affects the strategic achievements of the whole health system in the Lothian area.

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5 Risk Register

5.1 There are implications of this report to quality of care, reputation, and patient safety.

6 Impact on Inequality, Including Health Inequalities

6.1 As part of the development of the detailed proposals referred to herein an impact assessment will be undertaken.

7 Duty to Inform, Engage and Consult People who use our Services

7.1 There has been significant engagement and consultation undertaken to date in the development of the business cases for the reprovision of the Royal Edinburgh Hospital, and further significant engagement will be undertaken as part of the development of refreshed Strategic Plans for each of the 4 IJBs.

8 Resource Implications

8.1 There are significant resource implications associated with improving performance in CAMHS and access to psychological therapies. Improved access to psychological therapies has a recurring cost of £0.3m which had been previously funded non recurringly from Scottish Government mental health innovation funding. Costs associated with improving CAMHS performance are £3.2m recurring and £0.75m non-recurring, £0.3m of the recurring element is funded from the new national CAMHS funding, but this leaves a net recurring requirement of £2.9m and the £0.75m non-recurring. For psychological therapies, the net recurring requirement is to be finalised but was identified in June as £1.2m, with a further £700k non-recurring. This total of £4.1m recurring and £1.45m non-recurring is as yet unfunded.

8.2 There is an outline business case in train relating to the provision of phase 2 of the Royal Edinburgh.

8.3 Other resource implications will be brought forward through appropriate governance channels.

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Tim Montgomery
Services Director, Royal Edinburgh Hospital and Associated Services

22nd November 2018

Appendix

Mental Health Outcomes Framework

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Scottish Government
Riaghaltas na h-Alba
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E: Teresa.Medhurst@gov.scot

Chief Officers, Integration Joint Boards
Chief Executives, NHS Boards

Copy to:

Chief Finance Officers, Integration Joint Boards
Directors of Finance, NHS Boards

Our ref: A21408004
21 November 2018

Dear Colleagues

2018-19 MENTAL HEALTH OUTCOMES FRAMEWORK

This letter confirms the funding that your area will receive this year to deliver defined mental health strategic priorities and outcomes.

The funding brings together a number of separate historic mental health programme allocations, including the former mental health bundle, capacity building funds to improve access to mental health services and the former mental health innovation fund, into a single mental health outcomes framework – see Annex C. The framework aggregates these historic allocations into a single source of funding which can be used flexibly to deliver the strategic priorities and outcomes described in the framework.

Mental Health services are delegated to Integration Authorities, therefore funding will be routed to them via NHS Boards. Indicative Integration Joint Board allocations are set out at Annex B. However, the indicative allocations may need to be adjusted to reflect local differences in the extent of delegated services (e.g. CAMHS) and we are asking you to work in partnership to agree and allocate funding locally to maximise the value from this resource and use the funds flexibly to meet the strategic priorities and outcomes identified within the overall framework value (with individual programmes losing their financial identity).

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Allocation Methodology

The bundle comprises various historic allocations which have used different methodologies, from NRAC, NRAC based formulas using a baseline protection, and some allocations which were originally based on submitted bids.

These methodologies have been carried forward for this year to determine funding for NHS Board areas. The formula used to provide an indication of funding by Integration Joint Board is based on the agreed ISD Scotland NRAC formula, using a scaled-up approach.

While this provides an indication of funding for Integration Joint Boards, the final amount of funding passed by NHS Boards to individual Integration Joint Boards will be agreed locally and in partnership.

- Annex A attached shows: Composition of the overall bundle by Board area. The former component allocations are shown for identification purposes only.

- Annex B attached shows: Total Allocation by Board Area split by Indicative IJB allocation.

Key Features of the Outcomes Framework

The Mental Health Strategy 2017-27 has a key focus on prevention, early intervention, access to joined up services and promoting a human rights-based approach to the provision of care, services and support. It reflects Scottish Ministers expectations that mental health is a priority and that significant improvements are made to the quality and delivery of services.

The key features and purpose of the funding allocated to support that ambition, including the anticipated outcomes to be delivered, are set out in the Outcomes Framework attached at Annex C. These include:

Building Capacity in Services to deliver the 18 week referral to treatment for psychological therapies and specialist child and adolescent mental health services (CAMHS). The Mental Health Strategy 2017-27 recognises that improvements have been made, but that demand is increasing and waiting times have remained higher than the LDP standard in many areas with access to services variable across Scotland. Funding is provided to support NHS Boards and Integration Authorities develop the capacity to reduce waiting times and improve access to mental health services in response to local need, including access to evidence based psychological therapies.

Improved access to mental health services for children and young people. Prevention and early intervention services for children and young people will focus on a whole systems approach which recognises the importance of specialist services, but also the need to develop early intervention approaches at tiers 1 and 2 to help prevent the development of mental health problems in children and young people.

Delivery of improved services within a legal framework which promotes and supports rights based models. The implementation of mental health law promotes the realisation of the human rights of people experiencing mental health problems. Mental health care, services, support and treatment will be focussed on the whole person and their capability for recovery and self-management.

The development of innovative approaches to delivering mental health services and the delivery of sustainability of services. The former Mental Health Innovation Fund which ran from 2015-18 intended to support better access to child and adolescent mental health services, and to develop innovative approaches to delivering mental health services. Funding will continue to support the development of new and innovative services, with a focus on those delivered at primary care level, to ensure improved access to early support; and also to support those innovative services now established and evaluated as successful to facilitate their integration into mainstream provision. NHS Boards should ensure a final report on the outcomes of the former 3-year Mental Health Innovation Fund is submitted to the Scottish Government (Katherine.Christie@gov.scot) by Friday 21 December 2018.

Shifting the Balance of Care (Links to Other Funding and Actions)

Christine McLaughlin's letter of 14 December 2017 provided details of the funding settlement and the indicative 2018-19 baseline budget for territorial and National Boards. It set out investment in reform designed to support a further shift in the share of the frontline NHS budget dedicated to mental health, primary, community and social care.

Integration Authorities and NHS Boards have also been notified of funding to support improvement across primary care through the Primary Care Improvement Fund, and to develop their plans under Action 15 of the Mental Health Strategy so we have 800 additional mental health workers in place by 2021/22 to improve access to mental health services in key settings.

It is our expectation that this overall funding combines to support efforts to shift the balance of care towards prevention and early intervention and to support commitments to further invest in mental health provision and help reduce the inequality of access and support experienced by people with mental ill-health.

Governance

Giving primacy to Integration Authorities to deliver the outcomes framework simplifies local governance arrangements. At local level, Integration Authorities, NHS Boards and councils are jointly responsible for delivery of the outcomes. The Integration Joint Board will set out its expectations for delivery within directions to the Health Board and Local Authority, which will be aligned to their Strategic Commissioning Plan.

Recognising that there are a range of different local integration arrangements for child and adolescent mental health services, NHS boards and councils will work in partnership to deliver outcomes where responsibilities for such services are not delegated. The Task Force for Children and Young Peoples Mental Health will be exploring local arrangements and accountability for children and young people's mental health services.

Performance Management

The Mental Health Strategy 2017-27 seeks transparent reporting of how IAs and Boards use their resources to support mental health in different settings and services to demonstrate the progress without stifling innovation and cross service working.

Achievement of, and progress towards, delivery of the outcomes will be closely monitored in-year through existing arrangements in place such as monitoring of the specific LDP standards data from ISD Scotland; monitoring of the workforce by NHS Education Scotland;

and where appropriate through the NHS Board annual review and local delivery plan processes.

A Mental Health Access Improvement Support Team (MHAIST) has been established to support Boards to meet and monitor their objectives around access to treatment. MHAIST is a 4 year collaborative programme, between Healthcare Improvement Scotland (HIS) and Information Services Divisions (ISD) to deliver a 4 year improvement programme (2016-2020) focused on improving access to Psychological Therapies and CAMHS. The purpose of the programme is to support Boards to use quality improvement methodology to improve access and reduce waiting times in order to achieve the 18 week waiting times target for CAMHS and Psychological Therapies services.
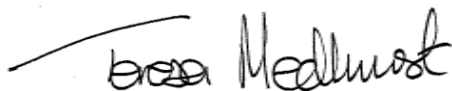
A further aim of the programme is to provide data and analytics support to Boards to improve the capture, analysis and reporting of data within CAMHS and Psychological Therapies. A team of locally based analysts provide support to improve data and analytics in each board and there is also a national team who are developing national data standards. As part of this work, each Board has high level objectives and associated deliverables that the local analysts have been working towards in 2016-18. It is expected that Boards and IAs will engage with this work and its progress and impact will continue to be monitored.

The Children and Young People's Mental Health Taskforce will be taking a whole system approach, engaging with NHS Boards, Councils and Integrated Joint Boards to drive improvement.

The recent Audit Scotland children and young people's mental health report made a number of observations and recommendations to government and to delivery partners including health boards. These aim to improve financial data and improve transparency about how resources are used, and the routine monitoring of spend and activity. We will therefore keep the bundling arrangement and future allocations under review.

Finally, you may find it useful to designate a lead within your area to oversee resource allocation for the bundled programmes and delivery of programme outcomes.

Yours sincerely

TERESA MEDHURST
Deputy Director, Adult Mental Health Division

Composition of the overall bundle by Board area.

Board Area Allocation	Ayrshire and Arran	Borders	Dumfries and Galloway	Fife	Forth Valley	Grampian	Greater Glasgow and Clyde	Highland	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles	Total
Former Mental Health Bundle	682,000	278,500	354,000	620,000	512,500	798,500	1,809,538	601,000	1,046,462	1,151,000	165,500	168,500	706,000	185,500	9,079,000
Capacity Building/Access/WT	499,373	142,711	200,759	455,623	369,112	675,602	1,537,742	442,206	844,861	996,793	32,469	32,552	524,500	45,698	6,800,000
Former Innovation Fund	311,055	124,116	154,804	287,601	241,596	395,259	834,608	277,629	486,917	557,507	67,153	66,991	320,602	74,160	4,199,998
Total	**1,492,428**	**545,327**	**709,563**	**1,363,224**	**1,123,208**	**1,869,361**	**4,181,888**	**1,320,835**	**2,378,240**	**2,705,300**	**265,122**	**268,043**	**1,551,102**	**305,358**	**20,078,998**

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NHS Board	Board Allocation (£)	IJB Name	IJB NRAC Share	IJB Scaled Up Share	IJB indicative Allocation (£)
		Breakdown of Board Area allocation per IA: 2018-2019			
Ayrshire & Arran	1,492,428	East Ayrshire	2.43%	32.80%	£489,569
		North Ayrshire	2.72%	36.75%	£548,510
		South Ayrshire	2.26%	30.44%	£454,350
Total				**100%**	*£1,492,428*
Borders	545,327	Scottish Borders	2.10%	**100%**	*£545,327*
Dumfries & Galloway	709,563	Dumfries and Galloway	2.98%	**100%**	*£709,563*
Fife	1,363,224	Fife	6.81%	**100%**	*£1,363,224*
Forth Valley	1,123,208	Clackmannanshire & Stirling	2.55%	47.06%	£528,601
		Falkirk	2.87%	52.94%	£594,607
Total				**100%**	*£1,123,208*
Grampian	1,869,361	Aberdeen City	3.92%	39.71%	£742,253
		Aberdeenshire	4.23%	42.85%	£801,090
		Moray	1.72%	17.44%	£326,018
Total				**100%**	*£1,869,361*
Greater Glasgow & Clyde	4,181,888	East Dunbartonshire	1.82%	8.13%	£340,009
		East Renfrewshire	1.56%	6.99%	£292,168
		Glasgow City	12.09%	54.11%	£2,262,734
		Inverclyde	1.65%	7.39%	£308,878
		Renfrewshire	3.40%	15.20%	£635,683
		West Dunbartonshire	1.83%	8.19%	£342,415
Total				**100%**	*£4,181,888*
Highland	1,320,835	Argyll and Bute	1.85%	28.77%	£380,007
		Highland	4.59%	71.23%	£940,829
Total				**100%**	*£1,320,835*
Lanarkshire	2,378,240	North Lanarkshire	6.43%	52.03%	£1,237,513
		South Lanarkshire	5.92%	47.97%	£1,140,727
Total				**100%**	*£2,378,240*
Lothian	2,705,300	East Lothian	1.83%	12.39%	£335,242
		Edinburgh	8.32%	56.20%	£1,520,383
		Midlothian	1.57%	10.63%	£287,678
		West Lothian	3.08%	20.77%	£561,996
Total				**100%**	*£2,705,300*
Orkney	265,122	Orkney Islands	0.48%	**100%**	*£265,122*
Shetland	268,043	Shetland Islands	0.49%	**100%**	*£268,043*
Tayside	1,551,102	Angus	2.15%	27.46%	£425,893
		Dundee City	2.96%	37.75%	£585,557
		Perth and Kinross	2.73%	34.79%	£539,652
Total				**100%**	*£1,551,102*
Western Isles	305,358	Eilean Siar (Western Isles)	0.66%	**100%**	**£305,358**
Grand Total	**20,078,998**				**£20,078,998**

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Outcomes Framework

Programme/Strategic Priority	Outcomes	Links to Existing Frameworks/Strategies	Performance Management
Building Capacity in Services to deliver the 18 week referral to treatment for psychological therapies and specialist child and adolescent mental health services (CAMHS).	• Deliver reductions in waiting times and the achievement of the LDP standard for CAMHS and psychological therapies. • Deliver a workforce development plan for mental health workforce. • Increase specialist CAMHS psychology workforce capacity.	Mental Health Strategy 2017-27	Annual Review and Local Delivery Plan processes. Analysis of returns from: • ISD Scotland Mental Health Benchmarking Tool/Data. • ISD Quarterly LDP standards data returns. • ISD Scotland QMAS & QoF Data.
Improved access to mental health services for children and young people.	• Deliver a whole systems approach to Improving access to mental health services in response to local need. • Improve access to mental health services across community and specialist services, including development of early intervention approaches at tiers 1 and 2. • Work with partners in other children's services, to support children and young people's mental health in non-mental health settings		
Improve access to evidence based Psychological Therapies	• Appropriate evidence based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.		

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Delivery of improved services within a legal framework which promotes and supports rights based models	• Deliver improved services within the legal framework which promotes and supports a rights based model in respect of treatment, care and protection of individuals with mental illness, learning disability and personality disorder. • Care and treatment is focussed on the whole person and their capability for recovery and self-management.	Mental Health (Care and Treatment) (Scotland) Act 2003	Annual Review and Local Delivery Plan processes.
Develop innovative approaches to delivering mental health services.	• Development of different ways to deliver services with a focus on supporting people at primary care level and to ensure that people have access to support as early as possible. • To support those innovative services already established and evaluated as successful and to facilitate their integration into mainstream provision.	Mental Health Strategy 2017-27	NHS Boards will submit a final report on projects funded by the 3-Year former Mental Health Innovation Fund.

NHS LOTHIAN

Board
5<u>th</u> December 2018

Deputy Chief Executive

CURRENT PERFORMANCE IN SCHEDULED AND UNSCHEDULED CARE

1   Purpose of the Report

1.1   The purpose of this report is to provide the Board with clarity on current performance in both scheduled and unscheduled care, and on the actions being taken in the short, medium, and long-term to improve performance.

2   Recommendations

       The Board is recommended to;

2.1   **Note** the strategic and operational context and background (paragraphs 3.1-3.13)

2.2   **Note** current performance (paragraphs 3.10 and 3.13)

2.3   **Note** the short-term improvement actions underway in unscheduled care and scheduled care (paragraphs 3.14-3.40), including cancer performance (paragraphs 3.17-3.73)

2.4   **Note** the medium-term improvement actions in unscheduled care (paragraphs 3.78-3.84) and scheduled care (paragraphs 3.88-3.90)

2.5   **Note** the longer-term improvement actions in unscheduled care (paragraphs 3.88-3.90) and scheduled care (paragraphs 3.91-3.94)

2.6   **Approve** the direction of travel.

3   Discussion of Key Issues

       Background

3.1   The Cabinet Secretary has reiterated that the key priorities for Scotland's Health and Social Care system are;

       • Performance in scheduled care
       • Performance in unscheduled care
       • Improving provision of mental health services

3.2   The planning and commissioning of unscheduled care and of mental health services are broadly delegated by NHSL to the 4 Integration Joint Boards (IJBs), and unscheduled care forms the core of the performance management system for these IJBs.

3.3   The medium and long-term vision of the 4 IJBs and NHSL come together in the 4 IJB Strategic Plans and the Lothian Hospitals Plan. The former are due for revision in 2019, while the latter was agreed by the NHSL Board in January 2017.

3.4   The Lothian Hospitals Plan described the *raisons d'etre* for each of the RIE, SJH, the Western General Hospital (WGH), in strategic headlines, shown in table 1, below;

Table 1 – Strategic Headlines in Lothian Hospitals Plan

Site	Strategic Headline
St John's Hospital	An elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services.
Western General Hospital	The Cancer Hospital for South-East Scotland, incorporating breast, urology, and colorectal surgery
Royal Infirmary of Edinburgh	South-East Scotland's emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, and children's tertiary care

Unscheduled Care

3.5   The provision of high-quality unscheduled care is at the core of NHS provision. NHS Lothian provides a very broad range of services to provide unscheduled care, ranging from GP in-hour services, through GP out-of-hours, district nursing, minor injuries, medical receiving, surgical receiving and emergency departments, up to the provision of major trauma care for the South-East of Scotland.

3.6   The Royal Infirmary of Edinburgh (RIE) has the busiest emergency department in the United Kingdom, with just under 119,000 attendances during the 2017-18 financial year. The emergency department at St John's Hospital (SJH) had just under 55,000 attendances during the same period.

3.7   The strategic planning and commissioning of unscheduled care services listed in 3.1, excluding surgical receiving and major trauma care, is delegated to IJBs, but provided by NHS Lothian. The provision of effective unscheduled care has a significant impact on the provision of effective scheduled care.

3.8   Performance in unscheduled care is at the heart of the measurement of success for IJBs, as well as for Health Boards. The key indicators for IJBs are shown in table 2, below, but the key measure for Health Boards is in performance against the 4-hour emergency access standard.

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Table 2 – key nationally-reported performance measures for Integration Joint Boards and NHS

IJB National Indicators	NHS measures
Number of acute unplanned bed-days	Percentage of patients treated, discharged, or admitted within 4-hours of attendance, with a standard of 95%
Number of emergency admissions	
Percentage of patients treated, discharged, or admitted within 4-hours of attendance	
Number of emergency department admissions	
Delayed discharge bed-days	
Percentage of last six months of life spent at home	
Proportion of over-75s who are living in a community setting	

3.9 It is therefore absolutely imperative that NHSL and its 4 IJBs are closely aligned strategically and, through Health and Social Care Partnerships, closely aligned operationally.

3.10 Appendix 1 shows the suite of performance data for NHSL and provides analysis. However, it should be noted at this point that performance for NHSL in October 2018, the last full month available at the point of drafting this paper, was 87.8%. The ambition is to widen and evolve the markers associated with performance in Lothian to include patient safety issues such as crowding while also expanding the analysis associated with Breach performance to allow understanding of reasons behind beds waits, time for first assessment etc."

3.11 It is important to note that performance in unscheduled care is measured against a _standard_, rather than against a target. This is not a trivial distinction, but is intended to reflect the qualitative risk that is associated with poor quality of care in an unscheduled setting. Table 3 below, illustrates some of these risks, which are underlined by the innovative "real-time" patient feedback system the RIE team have implemented. The escalation process to mitigate crowding within EDs is highly detailed and meticulously designed, and the RIE's version is appended as Appendix 2.

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Table 3 – qualitative risks associated with failing to meet the 4-hour standard for unscheduled care

Type of risk	Potential qualitative risks
Delay in assessment, diagnosis and treatment	May miss opportunity to provide appropriate treatment for best possible outcome. In some cases this could be potentially very serious and indeed life-threatening.
Overcrowding in emergency departments	Delays to assessment, diagnosis and treatment. Overcrowding potentially leads to a range of impacts, from the apparently minor to the major; Insufficient seats to rest on (when injured or unwell) Medication errors – missed medications, over or under-prescribing of medicines, Patient distress or deterioration may not be noted – missed observations and incomplete clinical records; Inability to carry out appropriate clinical screening – for example dementia screening, mental health screening Impact on patient dignity – insufficient cubicle space, examinations not taking place in appropriate spaces, distress on display, lack of privacy Stress for patients, relatives, and staff
Delays in admission	Not receiving specialist care within appropriate timescales, impacts on patient experience including dignity and respect.
Overcrowding in hospitals (high bed occupancy)	Patients delayed in admission Patients admitted and "boarded" to beds outwith appropriate clinical specialty Stress for staff in wards due to inability to carry out appropriate observations, care, etc, due to being too busy.

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	Implications for safe staffing levels and legislation implementation.
	Cancellation of elective admissions. This has a significant psychological impact (all operations, for example, are "once in a lifetime" events") but can also have a physical effect – for example, a patient awaiting a hip replacement will experience additional delay with reduced mobility. In some cases, for example for cancers, there may be an impact where the tumour may "grow", infiltrating other health tissue, during the rescheduling delay.

Scheduled care

3.12 Although IJBs do not have any direct responsibility for performance against scheduled care targets, their planning and governance responsibilities have significant impacts on performance in scheduled care – through primary care referrals, through the provision of other primary and community care services, and most acutely, through their work in supporting flow of patients through acute hospitals. Key measures in scheduled care performance are shown in table 4, below:

Table 4 – showing key performance targets in scheduled care

Area	**Measure**
Outpatients	No patient should wait longer than 12 weeks from referral by GP to outpatient appointment
Inpatient and daycase treatment	No patient should wait longer than 12 weeks from being added to a treatment list to receiving treatment
Diagnostic test (scopes)	No patient should wait longer than 6 weeks for a diagnostic endoscopy
Diagnostic test (radiology)	No patient should wait longer than 6 weeks for a "scan"
Cancer Waiting Times	No patient should wait longer that 62 days from referral by their GP to first treatment for cancer
Cancer Waiting Times	No patient should wait longer than 31 days from diagnosis to treatment

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Work to date on these areas is summarised in appendix 7, and much greater detail on future work is provided in the separate paper to the Board on the Waiting Times Improvement Plan, which is designed to meet the requirements laid out in the Scottish Government's Elective Strategy.

3.13 The latest performance for NHSL is shown in table 5, below

Table 5 – NHSL performance against key scheduled care performance measures

Area	NHSL Performance (Sept 2018)
Outpatient appointments	25,631 patients waiting > 12 weeks
Diagnostics (GI & Urology Scopes)	4,122 patients waiting over 6 weeks
Diagnostics (Radiology)	571 patients waiting over 6 weeks
Inpatient & Daycase Procedures	2,110 patients waiting > 12 weeks
Cancer 31 days	94.3% < 31 days
Cancer 62 days	79% < 62 days

Short-term actions – unscheduled care

3.14 Board members have been previously briefed on the issues associated with governance and performance, arising out of whistleblowing allegations. These allegations have been investigated by NHSL's internal audit service, by review of the significant adverse event process, and by an external review undertaken by the Academy of Royal Medical Colleges and now being led by an external support team.

3.15 Following the publishing of the external review in June, a Scottish Government-appointed Support Team was assembled to enhance the efforts made by NHS Lothian across their improvement journey. The Support Team has the following members:

- Joanne Dobson, providing leadership from North of England Commissioning Support;
- Rosemary Lyness, who has experience as Executive Director of Nursing and Chief Operating Officer;
- David Chung, Vice President of Royal College of Emergency Medicine (Scotland) and participant of independent review group;
- Paul Sullivan, Consultant Physician, Imperial College London;
- Helen Maitland, Unscheduled Care Director, Scottish Government;
- Sara Tweddle providing programme management support from North of England Commissioning Support.

3.16 An over-arching improvement plan has been developed in collaboration with the external support team which includes the actions and recommendations from the review processes. The plan is subject to scrutiny from the Oversight and Assurance Group (OAG) with a focus upon ensuring there is a robust and dynamic approach to evidence gathering to support closure of actions from the plan. Progress against the plan. Progress against the plan can be demonstrated within the following themes:

- NHS Lothian's Internal Audit Report and SAE report;
- Governance;

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- Site and staff leadership;
- Recording of performance against the 4-hour standard;
- Patient safety and quality of care;
- Consistency of approach

NHS Lothian's Internal Audit Report and SAE Report

3.17 The Programme Delivery Group (PDG) is now well established to provide leadership, strategic advice and guidance for the delivery of the 4 Hour Emergency Access Standard (4EAS) Programme.

3.18 To complement the PDG, the Oversight and Assurance Group (OAG), with representation from NHSL non-executive directors, has continued to provide assurance to the Scottish Government in the following areas:

- The improvement of delivery against the short-term quality and performance standards
- A plan for the future organisation and management of the 4 Hour Emergency Access Standard (4EAS) Programme

Governance

3.19 Board Governance is a key focus point from the Academy Report and efforts have been made to make this clearer for interpretation. There are already comprehensive pages on the Intranet that detail board and subcommittee dependencies but this has been strengthened by the development of a 'ward to a board' schematic. This demonstrates how issues can be raised at local site level and outlines the management line in which these types of issues can be escalated up to the Board.

3.20 In order to provide consistency across the adult acute division each site has undertaken a review of all unscheduled care committee meetings and reviewed their terms of reference to ensure there are clear lines to relevant management and governance groups. Minutes from site specific emergency access meetings are also sent forward to the Lothian unscheduled care committee to allow whole system coverage.

Site and Staff Leadership

3.21 Actions have been developed to clarify the role of medical leaders, principally Associate Medical Directors (AMDs) and their contribution to issues on the site as they occur. The Executive Medical Director is leading a specific piece of work to review the site medical leadership arrangements. Opportunities to strengthen and improve the working arrangements of both AMDs and Associate Nurse Directors (ANDs) are being assessed currently.

3.22 A Clinical Director for each adult emergency department (ED) at RIE and SJH has been appointed. This addresses an important aspect of the academy review regarding the connection between ED at SJH and the site leadership team. Plans to appoint a deputy CD for the RIE/SJH are underway. A new General Manager for Unscheduled Care was appointed for SJH on 21st November 2018 with a remit to focus on improving processes at the front door and ensuring flow through the system.

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Recording of 4hr Standard Data and Unscheduled Care Performance

3.23 In line with the academy report the following aspects have been implemented:

- An interim Standard Operating Procedure (SOP), including some areas where clarification / confirmation was sought from SGHD and ISD;
- A range of 'forensic' dashboards highlighting unusual amendments to records covered by the 4 hour target;
- The design and delivery of face to face SOP training for key staff.
- The development and launch of a LearnPro module to reiterate appropriate recording practice more widely.

The remaining actions under this theme are currently being reviewed and it is expected that these will be refreshed to take account of new guidance that has been made available from ISD and the Scottish Government.

Patient Safety and Quality of Care

3.24 A safety pause was introduced within the RIE ED in October 2018. This brings together the Clinical Nurse Manager, Nurse in Charge, Emergency Practitioner in Charge and Senior Manager for a short, sharp review of the department. Now embedded, these take place every 2 hours with escalation to hourly if safety issues persist. These are now in place on all three adult sites.

3.25 Thematic analysis of breach work has been introduced which involves reviewing patients in real time to ensure the actual time of exit from the department was captured correctly and giving assurance around breach reasons/volume

3.26 Members of the RIE senior team have also committed to working extended shifts to support the site and capacity team make decisions overnight when access to a senior decision maker is, typically, limited. Following the success of this change, senior managers will now be covering extended hours until 9pm from December throughout the winter months as part of the RIE's formal winter plan.

3.27 The programme plan can be found as Appendix 3.

Consistency of Approach

3.28 The OAG are keen to ensure successful delivery and consistency in approach across all the adult sites through the following actions:

- The site director for the RIE has taken a lead in sharing learning and good practice from external support team with other two adult sites;
- The safety pause is in place at all 3 sites;
- The meeting structure of the PDG and programme approach to delivery has been shared with SJH (ahead of the external support team support);
- All sites access and use live (15 min refresh) tableau data;
- Thematic analysis of breaches is being established across remaining acute sites;
- Extended leadership model into evening has been extended to SJH.

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3.29 Key to the long term sustainability of unscheduled care performance across Lothian is the interface and continued efforts to deliver the National 6 Essential Actions programme. Currently this is being overseen by the Unscheduled Care Committee through bi-monthly updates from the sites and opportunity to escalate specific issues. Further, the Quality Improvement programme plays a significant role in ensuring the longer-term sustainability of this work.

3.30 Discussions between the External Support team and Lothian have resulted in a second phase of work to be commissioned from January 2019 onwards. The following three work streams have been agreed:

- Team and individual development at site level to enhance reliability and capability of front door leadership with particular focus on senior nursing from band 6 upwards;
- Improving escalation and response - how to avoid the need for escalation in the first place, escalating early when necessary and team development for the senior manager and executive cohort in how to respond to escalations effectively;
- Development of ward to board systems to ensure safety concerns and responses are effectively communicated and addressed.

3.31 A comprehensive report on the 4 Hour Emergency Access Standard Programme was presented on the 26th November to the Audit and Risk Committee to provide assurance on the processes in place and progress to date. A report has been prepared on behalf of the committee, attached as Appendix 4 to confirm the level of assurance given from the committee.

Winter Plan

3.32 The Winter Planning process started earlier this year with a refreshed approach to developing the Winter Strategy. The key principles referred to producing a fully appraised plan that was able to demonstrate safe, effective, patient centred care for patients with the best outcomes for relatives and staff while building on the learning from last year.

3.33 The approach included:

- Table top exercise with representation from the Chief Officer, Acute Services, Acute Leadership, H&SCPs
- Open discussion against each bids and application of a weightings framework to each bid against a criteria of:
  - o Links with Scottish Government 6 Essential Action Programme
  - o Ministerial Steering Group Indicators
  - o Areas of greatest impact/evidence to date
- Application of live weightings to create a draft prioritised list of winter bids that fit within expected financial constraints/unscheduled care winter funding for 2018-2019.

3.34 As a result of the table top exercise above, the first iteration of the draft winter plan was created. Schemes were themed across:

- Infection Control

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- Flu
- Respiratory
- Delayed Discharges
- Discharge to Assess
- Hospital at Home/Hospital to Home
- Prevention of Admission
- Ambulatory Care and;
- Enhanced Staffing to Improve Flow

3.35 The winter plan is attached at Appendix 5.

Short-term capital works

3.36 Paragraph 3.6, above, noted that the activity levels in the two adult EDs, at RIE and SJH, currently run at about 119,000 and 55,000 attendances per annum. The RIE's ED was originally planned and designed to support 80,000 attendances per annum. While there is no comparable figure for SJH, it can safely be assumed that the design was for roughly 30,000 attendances per annum, at the most. It is therefore unsurprising that some of the issues identified at 3.11 should occur, as they are directly related to the physical space available for clinical care.

3.37 As part of the work of Lothian Hospitals Plan, the intent has always been to bring forward capital proposals for each site which focus on supporting a high quality clinical model. In the case of our emergency departments, this translates into a model with enhanced triage that optimises patient flow and experience, by the provision of appropriate physical facilities.

3.38 As part of NHSL's capital prioritisation process, Strategic Assessments have been undertaken for the emergency departments at both RIE and SJH. These have identified actions which can be undertaken in both the short and medium terms.

3.39 In the short term, this means the procurement and installation of a modular, prefabricated building to be located next to the main RIE ED from January 2019, which will provide dedicated space for a minor injuries unit, in much the same way as the minor injuries unit at WGH. This additional capacity will be funded by NHSL for the first two years of its operation, although this fits within the delegated services planned and commissioned by IJBs. This approach has been agreed by the Corporate Management Team, including the Chief Officers of the IJBs. The total costs of this additional service are estimated at £3.8m for the unit, equipment, and staffing over a two-year period. IJB teams are involved in the design of pathways for this unit.

Delayed discharges

3.40 The majority of the actions described for unscheduled care have been process improvement which could be described as "internal" to NHSL, in that it is operational process improvement, as opposed to requiring significant input from IJBs. NHSL has been in constant dialogue with its 4 partner IJBs on the issue of delayed discharges, where performance is not at an acceptable level. Edinburgh's performance, in particular, is some distance from the Scottish norm, and to this end the Edinburgh IJB has adopted a detailed action plan and performance

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improvement trajectory, utilising an investment of £4m from NHS Lothian. An update on this work was taken to the Finance and Resources Committee in November.

3.41 While Edinburgh is the single largest challenge in this context, the other IJBs have performance challenges and these remain a key focus for the NHSL executive team. It should be noted, however, that East Lothian has significantly improved its performance over the last 12 months.

Primary and Community Care in Unscheduled Care

3.42 It can be easy to think of unscheduled care performance as being solely an acute hospitals issue, or as a being an acute hospitals issue with the need for social care to facilitate hospital flow. This would miss the massive contribution that our primary and community care services make to this area. Primary Care services, both in and out of hours, provide the vast majority of unscheduled care contacts, and it is, at least in part, testament to the high quality of these services that Lothian has the lowest rate of hospital admissions per capita in Scotland. This is a strong platform and one that we need to build upon.

3.43 Further detail regarding the current pressures facing LUCS (Lothian Unscheduled Care Service) and the action taken to date to mitigate these pressures is attached as Appendix 6.

3.44 Building on this requires investment both in people and systems. The financial investment being made in primary and community care by NHSL, the 4 IJBs, and the Scottish Government, is significant and underlines the criticality of primary and community care as an entity in its own right, but also as part of the broader health and social care system. This investment includes not only the £5m revenue investment NHSL has made in sustainability and transformation ("Crombie monies"), but also the significant capital investment programme for new, refurbished, and expanded premises. Board members are very aware of the investments also coming on stream as a result of the new General Medical Services (GP) contract, which brings a national investment of £250m by 2021/22, and NHSL and the 4 IJBs are taking forward Primary Care Improvement Plans to implement this investment. The Edinburgh IJB believes that its plans will equate to at least an additional 400 GP sessions created by 2021/22, allowing GPs to focus on the role of the expert medical generalist, with clear anticipated benefits for unscheduled care management as a by-product.

3.45 The investment in systems requires the expert general knowledge of the GP workforce to help develop innovative approaches to management, and there are already excellent examples of this type of work. More acutely, the 4 IJBs and NHSL need to redesign systems to make the right thing to do the easy thing to do. GPs frequently report confusion and frustration at the way in which acute hospital and social care systems are designed, and the Carnall Farrar report commissioned by NHSL on the interface between Edinburgh and acute hospitals showed just how disjointed the map is to get into, and back out of, hospital. NHSL needs to work with primary and community care, and with the acute system, to draw a clearer, more effective, safer map for patients and staff. Helpfully, the 4 IJBs have all described the need to develop more effective locality working between hospitals and GPs, with Midlothian IJB, for example, Directing NHSL to take every possible action to admit Midlothian residents only to RIE, so as to maximise the efficiency of the pathway,

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and also to build relationships between Midlothian GPs and a smaller set of acute consultants.

3.46   The challenge in meeting the demand around scheduled care is substantial and is underpinned by components outlined below.
DCAQ Process

3.47   The Delivering for Patients (DfP) DCAQ work introduced a mechanism, owned by the services, to fully understand elective capacity and how best to maximise this and to identify the gap that exists. The service teams are asked to ensure all the efficiencies were maximised and all available capacity was understood and utilised effectively. This includes a review by each service with the DCAQ team of the consultant job plans to ensure there was a consistency across the specialities. Performance review is an integral part of this process and included current DNA, cancellation rate within 48 hours of surgery and theatre utilisation is a key performance indicator. The DfP process is now fully embedded and the dates for the performance reviews are set for the year.

3.48   Each service has developed trajectories based on established DCAQ methodology, however just as financial forecasts are presented at quarterly review and amended on a monthly basis, performance trajectories are dynamic and revised in recognition of changes to demand and capacity on an ongoing basis.

3.49   While performance in September 2018 is under trajectory for both Outpatients and IPDC, overall numbers of patients waiting over 12 weeks for an appointment continues to grow due to the ongoing deficit between demand and capacity. A detailed review of elective performance be found in appendix 7

3.50   This DCAQ analysis has highlighted a significant deficit in core capacity to meet current demand, with much of the recovery actions identified (including both WLI and use of external providers) being utilised to provide mitigation of this gap.

3.51   The estimated gap based on this initial analysis is as follows;

New Outpatients   c38,000 appointments p.a.
Inpatients/Day Cases   c3,700 treatments p.a.

Closing the core capacity gap

3.52   Funding for additional capacity has, over many years, been provided on a non recurring basis through annual allocations of funding from Scottish Government, enhanced with further investment from Scottish Government at varying points throughout the year. Over the past 5 years NHS Lothian has spent £71.3M on purchasing and delivering additional capacity for a number of specialties to work towards meeting the National Access Guarantees.

3.53   This has assisted in reducing the shortfall in core capacity but has not enabled the necessary modernisation and redesign of service delivery to meet the changing demand within these specialties. Allocations of funding on an annual basis, often not

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finalised until mid financial year, has reduced the ability to establish robust, consistent and cost effective contracts with providers.

3.54   Waiting list initiatives have been delivered internally on all sites for in excess of 10 years, and the ability to deliver this in a consistent and reliable way is reduced by our inability to implement workforce establishments to include this demand on a non recurring funding source.

3.55   In order to prioritise access to external providers and the independent sector, a service clinical risk matrix was developed in 2017/18 and priority is now given to funding capacity for specialties where long waits will be of greatest clinical risk to the patient. In addition, as funding has become available throughout the year capacity has been sought for specialties where it is known that capacity is available so that opportunity to reduce waits in any specialty is delivered.

3.56   Contracting with providers is managed through the National Procurement framework. An Additional Capacity Board was established in May 2018 to plan, coordinate, monitor and report on the additional capacity required by specialties. This group meets on a monthly basis with representation from all acute Directorates and support services. This Board reports in through the Acute Hospitals SMT.

3.57   This year the Scottish Government has again allocated funding for additional capacity on a non recurrent basis. £7.4M has been allocated along with £943K slippage from 2017/18. Details of how this resource has been allocated can be found in appendix 7.

3.58   In addition to funding WLI's and procuring additional capacity through independent providers, work is underway to increase core capacity. This includes the following programmes of work; The Modern Outpatient Programme, The Theatres Improvement Plan, and the Endoscopy Sustainability Plan.

Managing Clinical Risk

3.59   There remains a significant number of patients waiting in excess of 12 weeks for their new out-patient appointment or their in-patient/day case treatment and in excess of 6 weeks for their gastroenterology and urology diagnostic procedures. Despite on-going investment in waiting list initiatives and the independent sector detailed above, very long waits remain in some specialities with the inherent risk that significant disease is delayed in being diagnosed, treated or deterioration occurs.

3.60   A table detailing the current waiting time (90th percentile = time in which 9 out of 10 patients waited) for a new outpatient appointment per specialty is provided monthly via RefHelp for GP's to allow an early informed discussion with patients regarding anticipated waiting times. This information is also provided as a link for patients when they receive their 'added' to the outpatient waiting list.

3.61   The Keep in Touch initiative continues to ensure we make contact patients on our waiting lists and this also allows the identification of patients who require their appointment to upgraded or brought forward as well as those patients who no longer require an appointment

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3.62   The 'Keeping in Touch' exercise is intended to make contact with long wait patients and reassure them that we are aware they are still on the list. This is a national initiative commissioned through the Scottish Government Access Team.

3.63   Whilst the primary reason for contact is to let the patients know they have not been forgotten, there are patients who advise the caller that they no longer require their appointment, this can be for a number of reasons and they are removed from the waiting list with a letter to their G.P. A key component of the S.O.P that the callers work to is that if a patient expresses any concern that their symptoms have deteriorated or if they convey any urgency, the details of these patients is sent to the Service Manager who will arrange a clinical review and the patient is expedited if required.

3.64   The hub set up is currently focussing on the specialties with the longest waits. The hub has made in excess of 15,000 attempted contacts since its inception and 18% of patients contacted have no longer required their appointment. If however the patient or GP feel that the appointment is in fact required, there is a process in place to reinstate the patient back on the waiting list.

3.65   In addition to the 'Keeping in Touch' exercise, the Endoscopy service has a well established nurse led triage process consisting of clinical review by triage nursing team of each patient on the planned repeat G.I. endoscopy list.

3.66   E-triage is now in place across Cardiology, Neurophysiology, Breast Unit, ENT, Gynaecology, Medicine of the Elderly at St John's hospital, Oral and Maxillofacial Surgery, Plastics, Rheumatology, and Regional Infectious Disease Unit. This allows clinicians to classify at the point of referral into urgent suspicion of cancer, urgent, routine or suitable for virtual review and advice.

Short Term Actions - Cancer Waiting Times

3.67   Cancer Waiting Times SOP enabling enhanced reporting has been approved and implemented from October 2018. Work is underway to develop improvements to information provided to Cancer Trackers to reduce time associated with current process and improve clarity around patient escalation and action

3.68   Cancer downgrade process – work with Primary Care is in progress with Dermatology, Melanoma and Urology to test our ability to implement compliant and reliable downgrade process at triage with effective communication to GPs

3.69   Pathway review – building on national work around pathway review / clinical guidance, a project specific to Urology and Lung is planned. In time this will be rolled out to all tumour groups. Data collection process being tested at present to determine what work is required manually to generate required information for clinical teams to review existing pathways

3.70   Cancer Access funding – NHSL successfully secured £1m from a £1.28m submission to Scottish government which will be deployed to continue existing commitments, expand diagnostic capacity and support some specific specialty based developments

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3.71   Scottish Government "Effective Cancer Access Performance Management Self Assessment Framework" – this was issued by Scot Government in February 2018 and circulated to all specialties. Much of the development work outlined above is in line with this. Scot Government is continuing to seek assurance that the Framework is being used. Margaret Kelly (NHS Lanarkshire) has been seconded to the Scottish Government to visit NHS Boards to review progress against the Effective Cancer Access framework, she will visit NHS Lothian in late November.

3.72   Headings for this framework include:

- Corporate responsibility
- Primary Care engagement
- Effective Referral Processes
- Effective Pathway Tracking
- Outpatient and Diagnostic Capacity
- Effective use of MDT

3.73   Performance issues remain with Urology and Colorectal with actions to support improvements summarised below

Urology

Completed actions include the appointment of additional robotics consultant who started in post at end of April 2018. Theatre lists and clinics operating at full capacity from July 2018. Surgical capacity overall remains a constraint. CNS job plans reviewed and additional clinics started. Purchase of additional trays to support nephrectomy service to reduce risk of cancellation due to kit availability. Significant improvement in waiting time for nephrectomy procedure following appointment of 2nd consultant. Consistent delivery of 31 days target from September 2018 from a previous position of waits over 12 weeks

Ongoing actions
- Redesign of prostate pathway to perform MRI prior to trus biopsy and offer targeted trus is ongoing. Further discussion to confirm funding for radiology requirements.
- Additional sessions being supported to further increase the prostatectomy capacity to reduce the number of patients breaching 31 days. Patients continue to wait around 8 weeks.

Colorectal

Main issue impacting on 62 day performance is the waiting time for scope. The challenges around this and recovery plans in place are well understood. Work continues with endoscopy team to escalate delays and review options to expedite patients. Other issues with the pathway relate to the increasing complexity of the patient group meaning increases in tests required prior to treatment.

Cancer Performance Manager, CNS and CNM are working on an ongoing basis to review data relating to patient pathways including those attending multiple MDM's, waiting times from test to review outpatient appointments, profile of waits to access various diagnostic tests to understand demand and capacity in more detail. This data will inform a review and rebalance (if required) of outpatient clinic templates.

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Review of colorectal clinical pathway with clinical team including progression of a business case for additional consultant resource to support the demands of the service.

3.74   Risk areas - in addition to the well described issues associated with Endoscopy capacity an additional risk previously noted (impacting Upper GI, Colorectal, Colorectal screening) includes Breast Screening and diagnostic capacity associated with workforce challenges in Breast Radiology. This remains challenging however 2 consultant posts have been recently filled (July) which will increase the resilience of the service. Work continues to review this area to reduce delays for patients**.**
Scheduled care and primary care

3.75   Paragraphs 3.42-3.45, above, describe the crucial impact of the primary and community care system in unscheduled care, and this holds equally true for scheduled care. GPs are the front-line of the system in assessing, diagnosing, and treating patients for scheduled care, exactly the same as they are for unscheduled care. Again, building on this requires investment in both people and systems.

3.76   The investment into people in primary care, in cash terms, has been described above, but the approach for scheduled care also needs to build on mutual education and training, better communication between consultants and GPs, and information flow. The role of GPs in supporting patients psychologically is often not noticed, but the anxiety for patients of long waits places an additional burden on primary care services, quite apart from organising tests, checking results, etc.

3.77   The Waiting Times Improvement Plan will include significant working across the primary-secondary interface and this is covered in the paper to the Board describing the WTIP.

Medium-term actions – unscheduled care

3.78   As noted above in paragraph 3.38, Strategic Assessments have been undertaken for the EDs at RIE and SJH. Common to these have been the following drivers for change:

- The footprints of the EDs are not fit for purpose. Overcrowding is common, and current configuration of the departments do not support efficient flow, risking poorer outcomes for patients
- Demand is increasing due to population growth, increased acuity, co-morbidity and frailty. Capacity constraints in the wider health and care system create bottlenecks, including patients awaiting psychiatric admission, and entry to acute services from GP or Hospital at Home services
- Patient experience may be poor. Patients waiting for results or treatment must often wait in sub-optimal spaces to free cubicles for assessment. The EDs are not frailty-friendly, lack suitable space to care for agitated, mentally unwell or very ill people, and cannot adapt to meet demand. There is also a lack of toileting facilities
- Staffing capacity has not been adjusted to meet increasing demand and acuity. While team ethos is positive, staff are exhausted, unable due to

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environmental restrictions and lack of time to provide the required level of care, and unable to maximise their full range of skills

- In line with clinical guidelines, an increasing range of more complex interventions and investigations are provided in the ED for the management of conditions including Stroke, Cardiac Care and Sepsis. It is ever more challenging to deliver these interventions under current arrangements. It should be noted, however, that the admission rate from ED is not increasing despite increasing attendance and acuity.

3.79 A RIE Front Door Redesign Core Group has been established, to take forward the following investment objectives:

- Support sustainable achievement of the Emergency Access standard
- Provide a facility that enables safe, effective and accessible person-centred clinical care
- Provide a facility to meet the clinical demands of the current population, and allow for future demographic growth
- Provide staff with a working environment conducive to delivering the best health and aiding recruitment and retention
- Deliver improvement within the shortest possible timescale.

3.80 Various tests of change are in progress or being planned, complimenting work currently being undertaken by the Quality Directorate and include:

- Initial expansion of space available for ambulatory care within OPD6
- A short term trial of additional consultant cover within ambulatory care, seeking to reduce the number of return patients booked into the clinic, thereby freeing capacity to pull a greater number of appropriate patients from the ED
- Introduction of two dedicated AMU beds for 3 hour troponin, to reduce breaches against the Emergency Access Standard
- Tests of change associated within temporarily relocating a minor injuries unit within a modular build outwith the main ED footprint from January 2019, to make the most effective use of additional capacity (both physical space and staffing)
- Reviewing flow within the main department once the modular build is in place and examination space is freed up. Staff engagement is ongoing to inform this, which may include additional cubicles for triage and/or Interface

3.81 The investment objectives for a redesign at SJH are summarised in table 5, below:

Investment Objectives
1) Improve service capacity through pathway redesign, ensuring dedicated and fit for purpose footprint to deliver proposed clinical model/ pathways and support delivery of improved performance and patient experience.
2) Improve service capacity with specific expansion of major footprint to increase available clinical space for Major Immediate Care and High Dependency care to meet current and forecasted demand and reduce the risk of overcrowding in ED.

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Investment Objectives
3) Provide a safe environment to deliver patient centred care which supports the effective and timely delivery of increasingly complex clinical guidelines.
4)Provide appropriate clinical accommodation for MH patients and other specialist requirements within ED to ensure; - Adherence to anti-ligature legislation - Adherence to other specialist requirements (e.g. paediatrics)
5) Provide and design an ED environment which is safe, person centred and protects privacy and dignity ensuring that people who use the service have positive experiences. To include specifically; - additional toilet facilities, - expansion of footprint to have dedicated space for the different pathways. - appropriate waiting area

3.82 The preferred option for the SJH Front Door redesign will be addressed in a phased approach. Phase 1 entails the ED Front door redesign, which is the current focus. Phases 2 and 3 describe the development of the clinical pathways for Ambulatory Care and the Medical Admission Unit (MAU) and the creation of appropriate space to accommodate these.

3.83 The clinical model proposed in phase 1 aims to deliver:- Rapid Assessment and Triage (RAT) within 30 minutes of arrival whether this is by ambulance or independently. RAT will front load the emergency pathway with investigations and assessment where appropriate, in order to achieve the 4 hour standard 95% of the time. Following triage there will be the ability to streamline patients appropriately to one of the following dedicated pathways:

    1.   Minor Injuries and Illness
    2.   Majors;
        i.   Immediate Care; ii. High Dependency
    3.   Resuscitation (including Stroke)
    4.   Mental Health Assessment
    5.   Paediatric Assessment
    6.   Dedicated Procedure Space for semi -planned emergency care-
        i.   Surgical Hot Clinic; ii. Ambulatory Planned Return
    7.   Short Stay Assessment Area

3.84 These cases will be taken forward as part of the capital prioritisation process and are expected to secure high rankings in this process. As noted above at paragraph 3.38, these approaches will require explicit support and approval from IJBs. With SJH, the WL HSCP team have been explicitly involved in developing the proposal, which has now been approved by F&R to move to OBC.

Medium-term actions – Scheduled Care

Waiting Times Improvement Plan

3.85 The national Waiting Times Improvement Plan (WTIP) published in October 2018 outlines the Scottish Government's approach to delivering improved performance

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against key access standards. The plan is expected to be delivered over 29 months to March 2021, and includes a national investment of £535m revenue and £320m capital to support development of increased capacity on both a recurring and non-recurring basis. Investment includes existing programmes for the development of Diagnostic and Treatment Centres as well as the workstreams which fall within the national Access collaborative (e.g. Modern Outpatients).

3.86 Critical to delivery of sustainable performance will be the understanding of both the non-recurring improvement required to clear backlog numbers of patients waiting in excess of standards, and the level of recurrent gap that exists across boards in relation to imbalance between Demand and core Capacity.

3.87 Further information on the WTIP will be detailed in a separate Board paper

Long-term actions – unscheduled care

3.88 Longer-term unscheduled care plans over and above those described in this paper will need to be driven by Strategic Plans and underpinning Commissioning Plans for set-aside (acute) services. As noted above, the Strategic Plans for the 4 IJBs are being refreshed and it is expected that these will provide some clarity.

3.89 However, what is clear in preliminary discussions is that there is a clear desire to genuinely shift the balance of care from its current configuration. This, to be clear, does not mean that the actions being undertaken currently for unscheduled care are not the correct ones – it is currently very difficult to imagine a future health and care system which does not require significant ongoing investment in well-resourced emergency departments and receiving services.

3.90 It does, however, suggest that delivering the genuine transformational change in delayed discharge performance may require a move from the current system with a high number of beds to one which emphasises prevention (of attendance and admission) and rapid assessment, diagnosis, and treatment, before returning patients to homely settings and being cared for in these unless admission is absolutely necessary.

Long-term actions – scheduled care

3.91 Board members will recall previous discussions regarding, and Board approval for, the development of a case for a short-stay elective centre (SSEC) at SJH. This case has received approval from the Scottish Government at initial agreement stage, and it is anticipated that there will be an outline business case approved in 2019.

3.92 Board members are aware of the significant progress in taking forward the case for the replacement for the Princess Alexandra Eye Pavilion, which will be provided on the Edinburgh Bioquarter site, next to RIE.

3.93 This SSEC concept will facilitate more effective separation of elective and emergency care, while also creating additional inpatient capacity at WGH and RIE.

3.94 The Board is also receiving a paper at its December meeting on the evolution of NHSL's Waiting Times Improvement Plan, and this document provides further granular detail on all aspects of scheduled care.

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3.95 It is important that throughout these actions and processes staff are fully engaged and supported. Significant management work has gone into staff engagement work, with staff engagement events already deployed for RIE and SJH, with particular emphasis on support for ED staff. A session at WGH is being designed and will take place during December.

3.96 Board members are very aware of the significant resources deployed into services to support the Quality Improvement approach, and the projects involved are multiple and at different stages of maturity. However, it is worth noting that dedicated resource and focus has been provided to support a Quality Improvement approach within the RIE ED, with Dr Liz Bream, a senior member of the Quality Directorate, taking on this dedicated role. Meanwhile, an improvement fellow has taken on a similar approach for the SJH ED, with close supervision and mentoring from the Chief Quality Officer.

3.97 It is important that the Board receive assurance that there is a consistency of approach in management across the 3 adult acute sites to support the whole system, and so Board members will wish to note that the PREPSTAT project is defining common escalation ladders for action both within hours and out of hours. A dedicated Unscheduled Care Committee on pan-Lothian escalation triggers and processes is planned for December to involve all HSCP teams and the acute team.

3.96 Finally, it is crucial that the Board can also keep a clear view of key quality and patient safety indicators, and further work undertaken to evolve the performance and quality board report to transparently share key patient quality & safety indicators.

4   Key Risks

4.1 The access gap in both scheduled and unscheduled care leaves a risk to the quality of care received by patients, with longer waits associated with poorer outcomes.

4.2 There is a risk that the investment does not deliver the improvements required and that NHSL retains the financial pressures associated with additional capacity being open.

4.3 There is a risk that the investment does not support improved performance.

4.4 There is a risk that workforce cannot be recruited to support these improvements.

4.5 There is a risk that strategic approaches of NHSL and the 4 IJBs are not aligned.

4.6 There is a risk that failing to meet the 4 hour standard leads to poor patient and staff experience, including performance impacts pertaining to safety issues such as overcrowding in emergency departments, long waits and a patients boarded out with required speciality.

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5   Risk Register

5.1   This proposal impacts on the risk register entries pertaining to finance, performance, and quality

6   Impact on Inequality, Including Health Inequalities

6.1   There are no specific impacts on inequality

7   Duty to Inform, Engage and Consult People who use our Services

7.1   The individual proposals outlined in here all bring the duty to inform, engage, and consult, and so these actions are being taken forward in each individual piece of work.

8   Resource Implications

8.1   There are significant additional resources required in each element of the work described above. Individual cases coming forward will include detailed assessment of these.

Colin Briggs
Director of Strategic Planning
20th November 2018
colin.briggs@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Unscheduled Care Performance
Appendix 2: RIE ED Escalation Protocol
Appendix 3: EAS Programme Plan
Appendix 4: Assurance on the Measures Taken in Relation to the Emergency Access Standard
Appendix 5: Winter Plan
Appendix 6: LUCS Update
Appendix 7: Scheduled Care Performance

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**Appendix 1 - Unscheduled Care Performance January – October 2018**

The 4-hour emergency access standard ("the standard") is a whole system measure; to either admit or provide definitive treatment and discharge for 95% of unscheduled care patients within 4-hours requires a collaborative approach from all parts of the health and social care system to provide patient flow.

Performance against the 4-hour emergency access standard is influenced by a range of factors including, but not limited to;
- the volume of Emergency Department (ED) attendances,
- the pattern of arrival of ED attendances i.e. high volumes within a short period causing crowding,
- patient acuity,
- bed pressures, most acutely as a result of Delayed Discharges.

NHS Lothian reported compliance to this standard of 87.8% for the month of October 2018. Exhibit 1a, below, demonstrates performance against the standard by Site (October 2017 – October 2018), while Exhibit 1b below shows NHS Lothian performance against this standard January 2015 – October 2018. .

__Exhibit 1a – Performance against the 4-hour emergency access standard by Site (October 2017 – October 2018),__
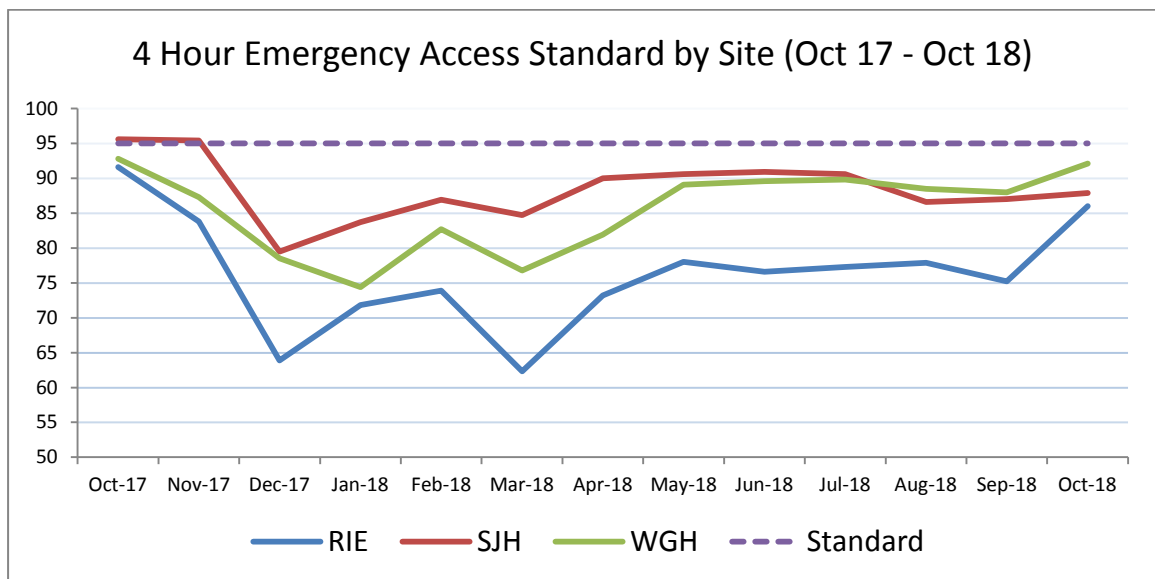
As shown in Exhibit 1a above there has been improvement from both the RIE and WGH while performance at SJH has deteriorated during the last few months:
- The RIE has improved from 71.8% (January 2018) to 86.0% (October 2018);
- The WGH has improved from 74.4% (January 2018) to 92.1% (October 2018);
- SJH has improved from 83.7% (January 2018) to 87.9% (October 2018).

Exhibit 1b – Performance against the 4-hour emergency access standard, NHS Lothian (all adult sites) Jan 2015 - Oct 2018,

4 Hour Emergency Access Standard, NHS Lothian (adult acute sites) Jan 15 - Oct 18
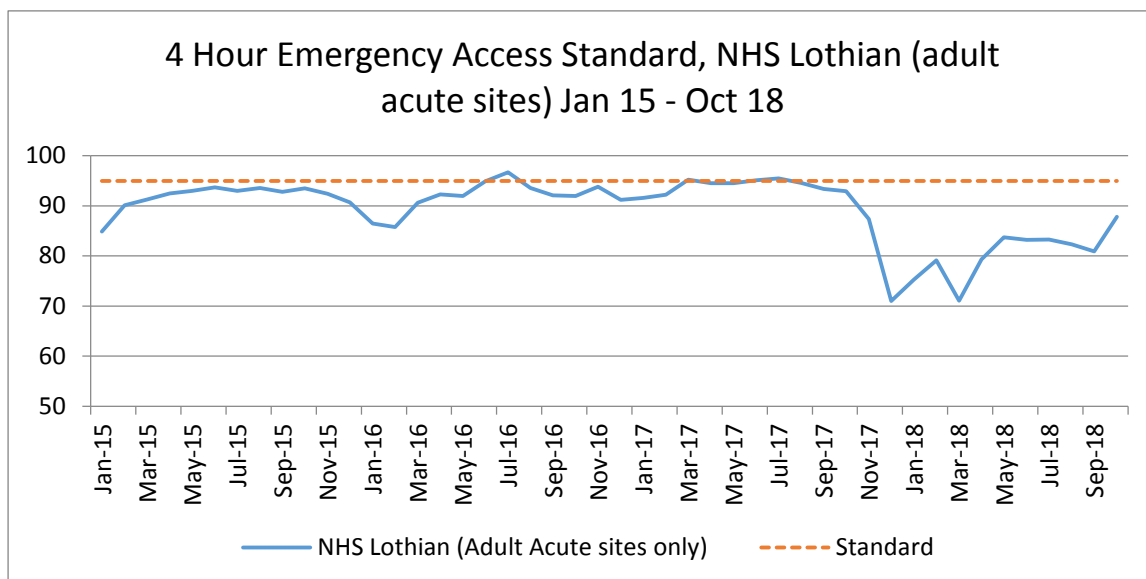
1.1   Exhibit 2a below, shows the number of total ED Attendances by Site (October 2017 – October 2018).

Exhibit 2a – Total ED Attendances by Site (October 2017 – October 2018),

Total Attendances by Site (Oct 17 - Oct 18)
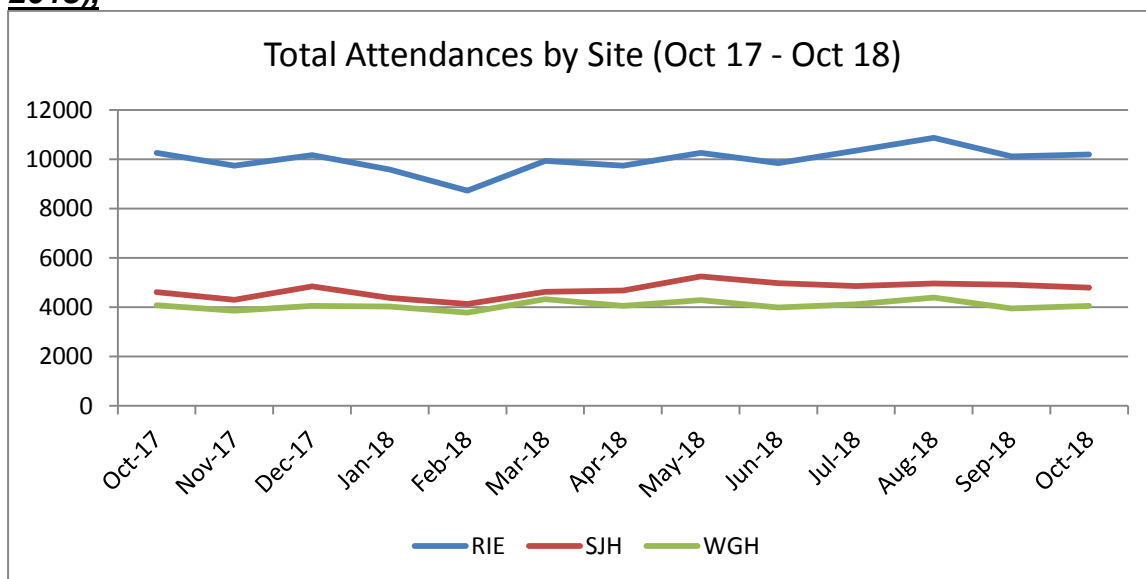
As shown in Exhibit 2a above, attendances across Lothian have increased from 17'991 (January 2018) to 19'050 (October 2018) which is a 5.9% increase:

- The RIE recorded 9'587 attendances in January 2018 against 10'197 in October 2018 (+6.4%)
- The WGH 4'029 attendances in January 2018 against 4'061 in October 2018 (+0.8%)

- SJH recorded 4'375 attendances in January 2018 against 4'792 in October 2018 (+9.5%)

Exhibit 2b below shows the Total ED Attendances across NHS Lothian, January 2015 – October 2018.

Exhibit 2b – Total ED Attendances, NHS Lothian (all adult sites) 2015 – 2018,
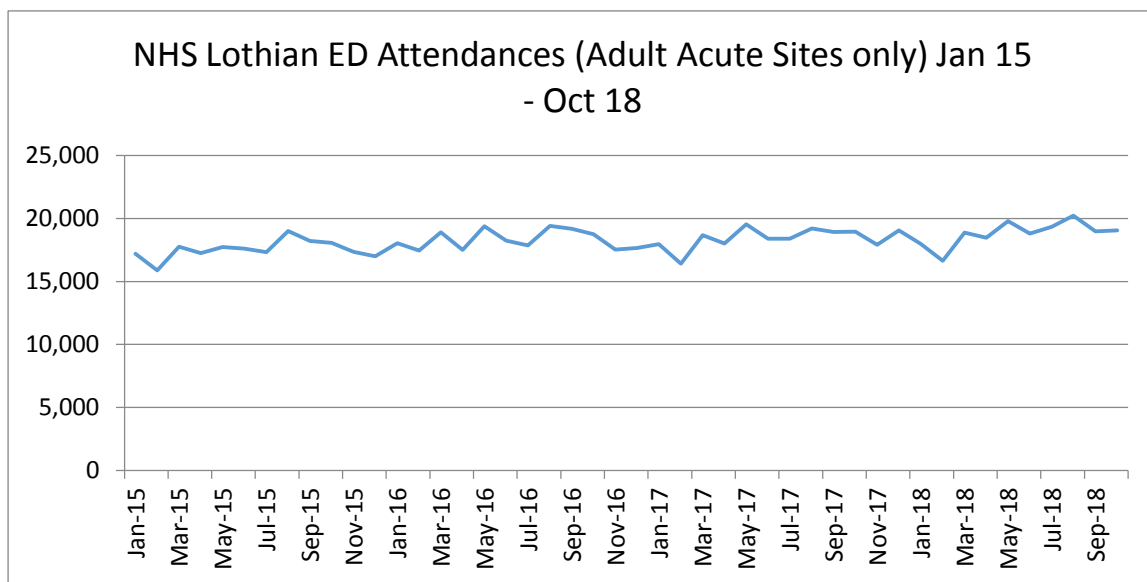
1.2   Exhibit 3a shows the impact of 8 hour breaches while Exhibit 3b shows this data across NHS Lothian, January 2015 – October 2018. Exhibit 4a/b replicates this data across the 12 hour breaches marker.

1.3

Exhibit 3a - Total 8 Hour Breaches by Site (October 2017 – October 2018),
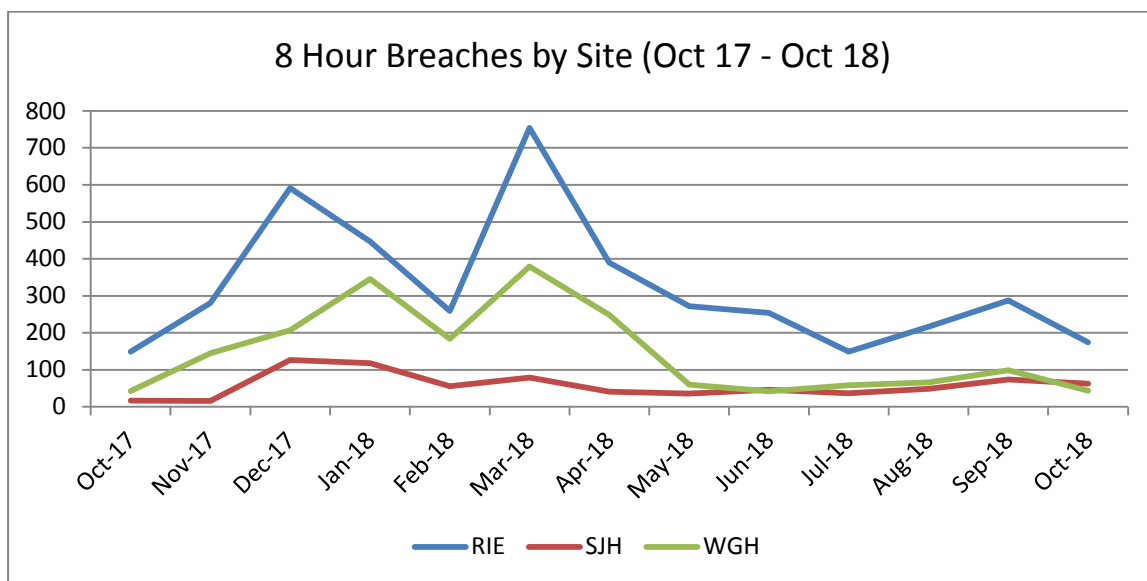
8 hour breach performance has generally improved month on month across all adult sites since the conclusion of Winter:

- The RIE has improved its 8 hour breach performance by 61.1% (Jan 2018, 447 vs. October 2018, 174);
- The WGH improved its 8 hour breach performance by 87.3% (Jan 2018, 346 vs. October, 44);
- SJH also improved its 8 hour breach performance by 46.6% reducing breach performance from 118 (Jan 2018) to 63 (October 2018).

Exhibit 3b – NHS Lothian Total 8 Hour Breaches (Adult Acute Sites only), Jan 2015 – October 2018),

NHS Lothian 8 Hour Breaches (Adult Acute Sites only) Jan 15 - Oct 18
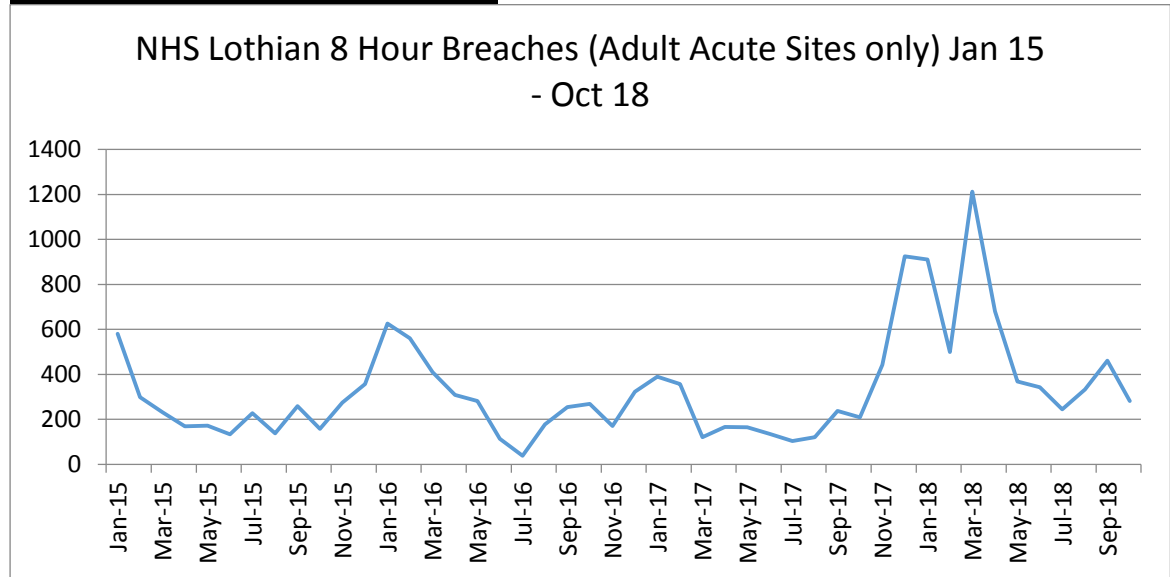
Exhibit 4a - Total 12 Hour Breaches by Site (October 2017 – October 2018),

12 Hour Breaches by Site (Oct 17 - Oct 18)
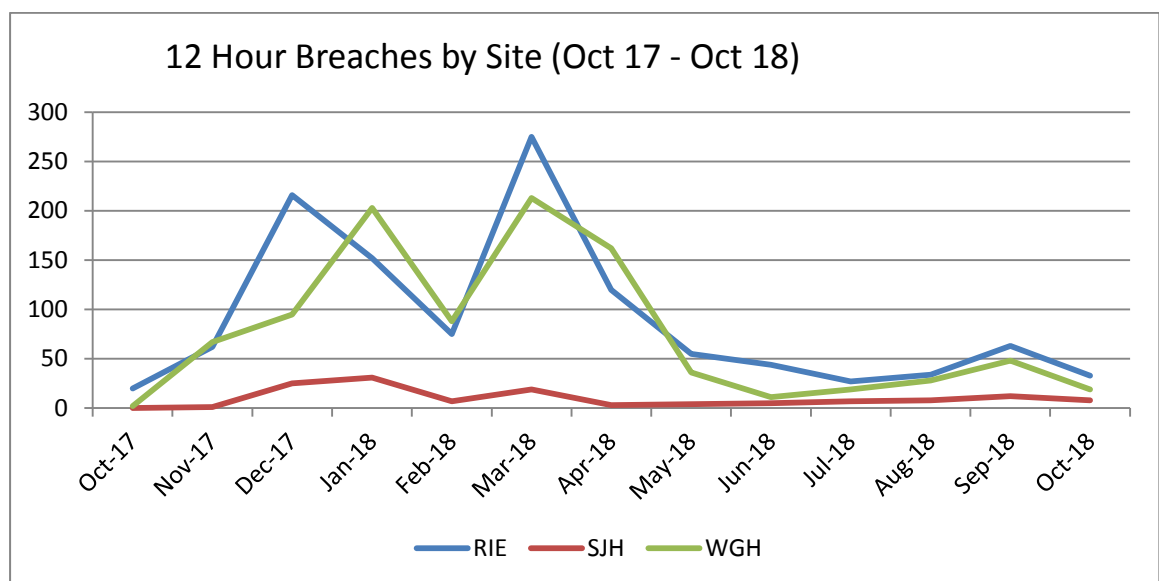
12 hour breach performance has also improved month on month in line with 8 hour breach performance across all adult sites:

- The RIE has improved its 12 hour breach performance by 78.3% (Jan 2018, 152 vs. October 2018, 33);
- The WGH has improved performance by 90.6% (Jan 2018, 203 vs. October 2018, 19);
- SJH also improved performance in line with other adult acute sites by 74.2% reducing breach performance from 31 (Jan 2018) to 8 (October 2018).

Exhibit 4b – NHS Lothian Total 12 Hour Breaches (Adult Acute Sites only), Jan 2015 – October 2018),
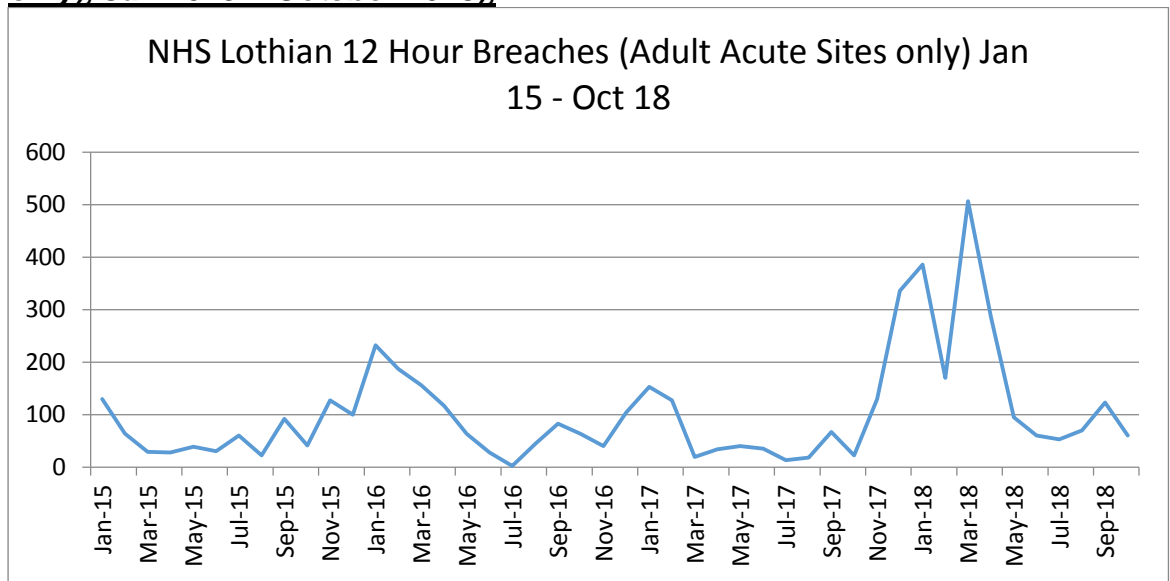
Exhibit 5 – Total Number of Emergency Unplanned Admissions, by Site (October 2017 – October 2018),
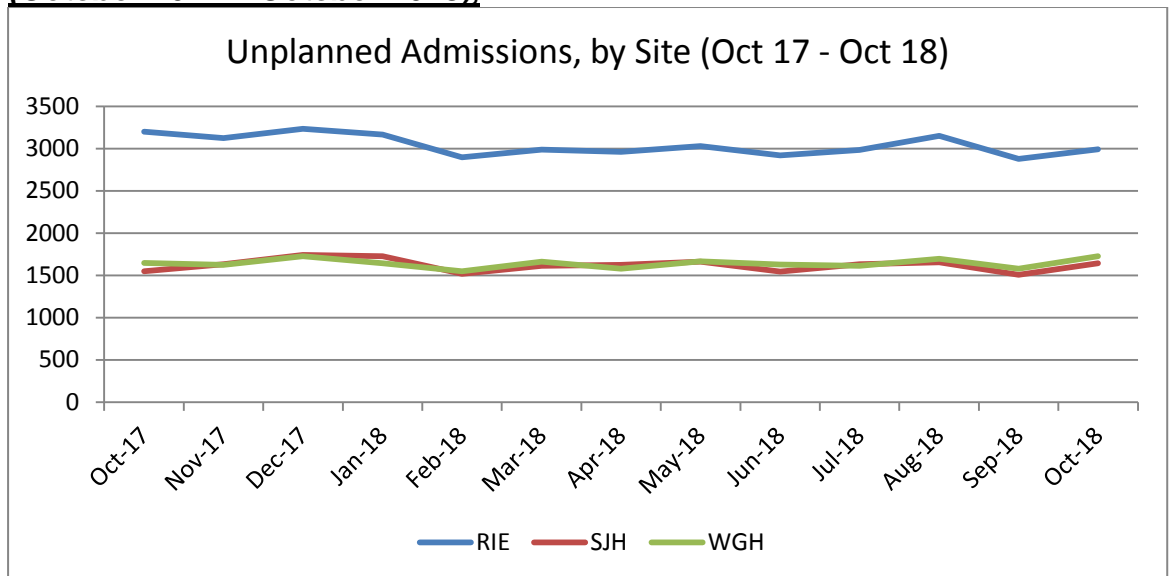
Exhibit 5b – Total Number of Emergency Unplanned Admissions (Adult Acute Sites only), Jan 2015 – October 2018)

NHS Lothian Unplanned Admissions (Adult Acute Sites only), Jan 15 -Oct 18
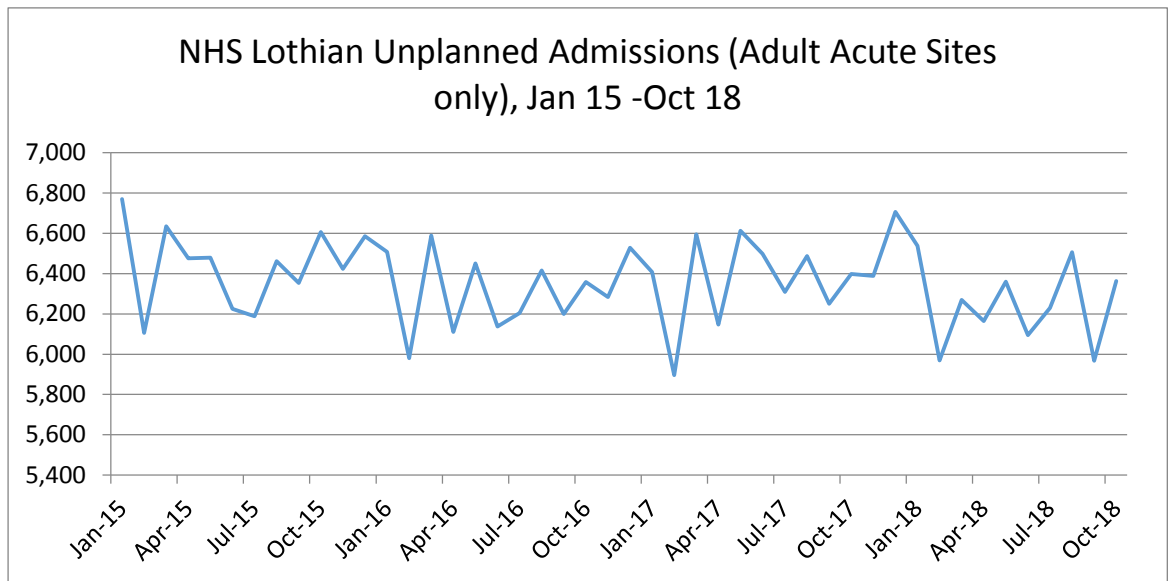
1.4   Exhibit 6a below shows the average number of delays by site October 2017 – October 2018 while 6b shows the rates of delayed discharges, all reasons from April 2017 – October 2018.

Exhibit 6a – Average Number of patients delayed in their discharge by site (October 2017 – October 2018),

Monthly Delayed Discharges by Site (Oct 17 - Oct 18)

RIE
WGH
SJH
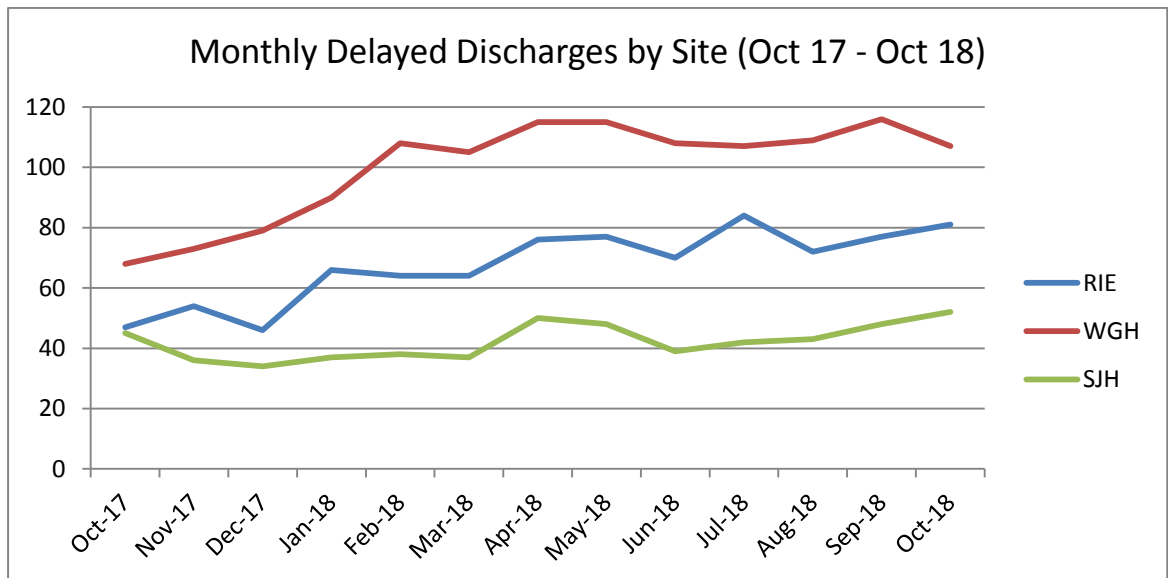
Exhibit 6b – Delayed Discharges, all reasons (Adult acute sites) April 2017- October 18,

Delays Discharges by Reason Codes (All Adult Acute Sites), January 2017 - October 2018
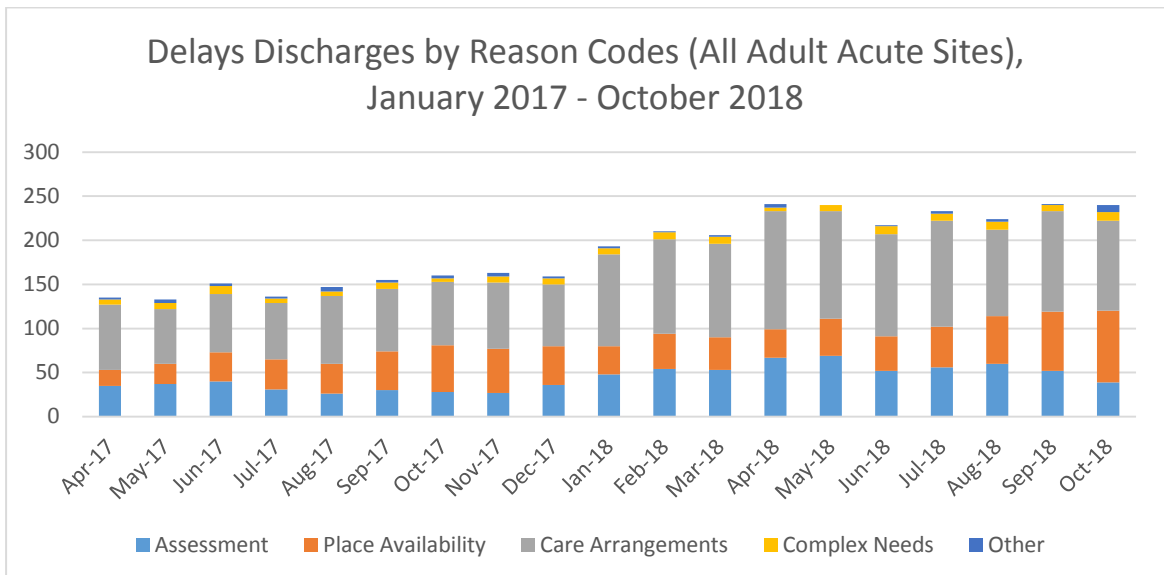
Performance across the adult acute sites was strained throughout the early part of the year. The sustained pressures that impacted performance throughout the winter months was exacerbated by a number of adverse weather warnings which created difficult conditions for patients and staff. As shown by the data above there has been a gradual improvement across all the unscheduled care markers throughout the year, in particular Breach performance which has shown significant percentage improvement since the start of the year.

Bhav Joshi
Strategic Programme Manager – Unscheduled Care
22nd November 2011

The Royal Infirmary of Edinburgh
Emergency Department, Bed Capacity & Site Management Response
Escalation Plan

Departmental Status	ED Internal Flow Markers	ED Safety Huddles	ED Flow Coordinator Actions	ED Nurse in Charge Actions	ED Physician in Charge Actions

GREEN	• Triage Time < 20 minutes (Majors & Minors)
	• Triage Patients waiting:
	  o Majors <4
	  o Minors <8
	• 1st Assessment < 45 minutes
	• Resuscitation Rooms 1-2 patients (Acuity dependent)
	• Specialties responding within agreed timeframes (1 hour from referral)
	• No patients > 2 hours without definitive plan of care
	• No delay in return of investigation results / reports
	• No patients awaiting admission >3 hours
	• **Department Volume: below 35 patients**
		Routine Huddles at:
		08:45hrs
		12:30hrs
		17:00hrs
		21:00hrs
		These should take place at the Flow Coordinators Station in HD
		ED NIC, Lead Consultant and Flow Coordinator should attend
			• Based in HD but monitors and responds to all clinical areas
			• Monitor ED Internal Flow Markers
			• Facilitate patient flow by ensuring timely interventions as per ED triggers
			• Intervene to provide senior support and leadership to clinical staff to prevent patients breaching the National Standard
			• Early escalation to ED NIC of evolving issues
				• Actively visible in the ED, visiting all clinical areas as part of NIC Rounds
				• Work in collaboration with Lead Physician to maintain overview of the ED
				• Monitor Nursing resource across the unit and review allocation as per acuity
				• Act as point of Escalation (First Line) for any issues that cannot be resolved internally by the ED Team (as per RIE Escalation Schedule)
				• Ensure Breach Position and potential breaches escalated to CMT
					• Based in HD
					• Work in collaboration with Nurse in Charge to maintain overview of the ED
					• Review Care Provider allocation regularly
					• Review plans of care for patients > 2hours
					• Review plans for all admissions

AMBER	• Triage Time <30 minutes (Majors & Minors)
	• Triage Patients waiting:
	  o Majors 4-8
	  o Minors 8-12
	• 1st Assessment 45-90 minutes
	• Resuscitation Rooms 3-4 patients (Acuity dependent)
	• Lack of Speciality response within agreed timeframe (1 hour from referral)
	• Any patient >3 hours without definitive plan of care
	• Increased wait for return of investigation results / reports
	• Any patient awaiting admission >3 hours
	• **Department Volume: full at 35 patients**
		Routine Huddles as above.
		
		Additional targeted huddles to address specific or evolving issues
		
		CNM should attend if required and available
			• Review all GREEN actions
			• Respond and intervene when ED Internal Markers are triggered by supporting clinical areas to prioritise decision making and interventions.
			• Key focus on patients approaching 3 hours.
			• Direct intervention supported by Area Consultant for all patients > 3 hours to establish a definitive plan
			• Escalate any patients > 3 hours without plan to ED NIC and Lead Physician
				• Review all GREEN actions
				• Respond to escalations from ED Flow Coordinator
				• Respond and intervene when ED Internal Markers are triggered by supporting clinical areas to prioritise decision making and interventions.
				• Support ED Flow Coordinator in focussing on patient approaching and over 3 hours.
				• Inform ED CNM of any issues that cannot be resolved internally by the ED Team (as per RIE Escalation Schedule)
					• Review all GREEN actions
					• Review Care Provider availability:
					  o Resus Step Down
					  o Facilitate Ward moves
					• Review plans for all admissions. Ensure completion of notes and interventions ready for transfer
					• Review waiting to be seen list:
					  o Identify patients for early Speciality review
					  o Request admission beds early
					• Maximise space to see patients

RED	• Triage Time >30 minutes (Majors & Minors)
	• Triage Patients waiting:
	  o Majors >8
	  o Minors >12
	• 1st Assessment > 90 minutes
	• Resuscitation Rooms > 4 patients (Acuity dependent)
	• Lack of Specialty response within agreed timeframes (1 hour from referral)
	• Any patient > 3 hours with no definitive plan of care
	• Multiple delays in return of investigation results / reports
	• Any patients awaiting admission >4 hours
	• **Department Volume: CROWDED at 45 patients or above**
		Routine Huddles as above.
		
		Additional targeted huddles to address specific or evolving issues
		
		CNM / CD / CSM should attend if required and available
			• Review all AMBER actions
			• Remain clinically focussed, supporting coordinators in maintaining interventions and care that will promote safe care and flow through department.
			• Key focus on patients approaching 3 hours.
			• Direct intervention supported by Area Consultant for all patients > 3 hours to establish a definitive plan
			• Escalate any patients > 3 hours without plan to ED NIC and Lead Consultant
				• Review all AMBER actions
				• Re-allocate ED Nursing Resource according to acuity and volume
				• Request additional Nursing resource from 1590 if required
				• ED CNM and CSM will support in escalation of issues to Specialty Services
				• Maximise space:
				  o #Fit2Sit
				  o Relatives
				• Escalate to RIE Senior Management Team if not already aware.
					• Review all AMBER actions
					• Re-allocate Consultants
					• Seek additional support from Medics, H@N, Specialist Nurses
					• Identify patients for rapid admission
					• Provide resource for See &Treat
					• Maximise Space (Resus / AR/ Other)
					• Ensure escalation to RIE Senior Management Team has taken place. Speak to Management Team

The Royal Infirmary of Edinburgh
Emergency Department, Bed Capacity & Site Management Response
Escalation Plan

Departmental Status	SITE Flow Markers	Safety Huddles	Core Team Representative Actions
GREEN	• ED volume less than 35 patients • All AMU & ED internal flow marker conditions currently being achieved within compliance targets. • 8am Safety Huddle prediction is minus 25 till 8am at the first cut. • Workforce staffing levels and or skill mix meet the demands of the services across the site. • Available capacity in NHS Lothian facilities for patients waiting on acute pathways in ST John's or Western General Hospitals & in post acute downstream facilities across all 4 HSCPs. • Available capacity in regional and national hospitals for patients waiting on repatriation from the site • Access for urgent patients waiting on access to cardiac angiography, electrophysiology or cardiac surgery.	Routine Huddles at: 08:00hrs 13:00hrs 15:30hrs	• In the in hours period, works closely and reports directly with the C&S team. • Maintains regular update with the Site Core Team and wider system as required. • Ensure escalations from ED are closely monitored with focus on volumes and 1st assessment. • Provide clinically focused Leadership to C&S flow teams and site wide staff to facilitate timeouts flow effective care delivery to patients
AMBER	• ED volume at 35 patients • Available capacity in AMU/SOIP does not meets the demand of current admission profile in ED • 8am Safety Huddle prediction is minus 40 till 8am at the first cut. • Queue greater than 5 patients waiting on admission • AMU & ED internal flow marker conditions not currently being achieved within compliance targets. • Flow centre communications is indicating >10 patients an hour to the ED or interface teams. • Waits for access to regional services greater than 48 hours. •	Routine Huddles as above. Additional targeted huddles to address specific or evolving issues	• Review all GREEN actions • Contact via escalation text wider site management teams to update on situation and rationale for escalation. • Ensure priority focus is on AMU/ED/SOU flow and priority moves from this area. • Consider options to direct activity to other sites, for example GP Flow via Flow Centre or Minor Injuries to the WGH. This may require a phone call directly to other team leads on other sites for support. Contact AMU CNM to attend department and support interface decision-making and ambulatory care discussions. • Contact ED CNM & CSM if not already in department. • Contact Site AMD to update on escalating situation and to attend the huddle and department as required. • Contact Site AND to update on escalating situation and to make an assessment on patient safety within specific areas including the ED.
RED	• ED volume at 45 patients. • 8am Safety Huddle prediction is minus 50+ till 8am at the first cut. • Queue greater than 10 patients waiting on admission. • AMU & ED internal flow marker conditions not currently being achieved within compliance targets. • Flow centre communications is indicating >20 patients an hour to the ED or interface teams. • Waits for access to regional services greater than 48 hours.	Routine Huddles as above. Additional targeted huddles to address specific or evolving issues	• Review all AMBER actions • Attend ED and agree with NIC/EPIC the key priority actions to alleviate crowding. • Identify patients for rapid admission • Ensure escalation to Senior Management Team has taken place. Speak directly to: Chief Officer • Ensure text escalation to the SMG including Chief Officers for HSCPs. • Ensure a site 'everybody' email is considered to engage the wider clinical staff on immediate actions to support flow?? • Contact Flow Centre to cease GP referral to the site until safety issues addressed.

Recommendation Reference	ID	Task	Owner	Date from	Date to	% Compliance
			Version 0.27	01/11/2017	31/03/2019	
	1	**Programme Set Up**				
	1.2	Establish Programme Team	Tim Davison	03/09/2018	04/10/2018	100.0
17	1.2.1	Programme Scope Agreed	Tim Davison	06/06/2018	05/10/2018	100.0
17	1.2.2	Agree Governance & Accountability	PDG/OAG	06/06/2018	04/10/2018	100.0
17	1.2.3	Establish Risk & Issue Management Process	Bhav Joshi	18/10/2018	01/11/2018	50.0
17	1.2.4	Refresh existing Communications Plan	Judith MacKay	18/10/2018	08/11/2018	50.0
1, 15	1.2.5	Draft Programme Plan	Bhav Joshi	06/06/2018	11/10/2018	100.0
17	1.2.6	Establish Weekly Fortnightly PDG & OAG Meetings/Calls	Bhav Joshi/Chris Graham	20/09/2018	04/10/2018	100.0
17	1.2.7	Establish highlight reporting & escalation protocols	Bhav Joshi	18/10/2018	01/11/2018	100.0
	2	**NHS Lothian's Internal Audit Report, SAE Process**				
2	2.1	Appointment of Independent Assurance (External Support Team) to provide assurance & expedite deliverables	Helen Maitland	01/08/2018	30/09/2018	100.0
	2.2	Draft Governance Structure (External Support Team)	External Support Team	21/06/2018	31/12/2018	50.0
17	2.2.1	Agree Governance Structure for PDG/OAG	Tim Davison	20/09/2018	04/10/2018	100.0
	2.3	Establish Governance Oversight Group	Bhav Joshi	01/09/2018	20/09/2018	100.0
17	2.3.1	Draft Terms of Reference	Bhav Joshi	20/09/2018	04/10/2018	100.0
17	2.3.2	Agree Terms of reference	Bhav Joshi	20/09/2018	04/10/2018	100.0
	2.4	Establish Programme Delivery Group	Bhav Joshi	01/09/2018	20/09/2018	100.0
17	2.4.1	Draft Terms of Reference	Bhav Joshi	01/09/2018	20/09/2018	100.0
17	2.4.2	Agree Terms of reference	Bhav Joshi	01/09/2018	20/09/2018	100.0
	3	**Governance**				
4	3.1	Develop and document board development structure through schematic	Jim Crombie	21/06/2018	31/12/2018	100.0
27	3.2	Board Development Session on Unscheduled Care	**Brian Houston**	**11/05/2018**	**16/05/2018**	**100.0**
18b	3.3	Ensure Site Emergency Access Meeting is minuted & submitted to Clinical Management Group & Unscheduled Care Committee for oversight	Site Directors	21/06/2018	04/03/2019	100.0
	3.4	Commission site directors to undertake review of all unscheduled care meetings to review escalation structure from hospital to board	Jim Crombie	21/06/2018	08/11/2018	75.0
	3.5	Ensure compliance with Lothian procedures & processes for developing & approving policies (& Policy Hub)	Janis Butler	21/06/2018	31/12/2018	100.0
	3.6	Ensure there are adequate arrangements in place for the Management of 4EAS Risks				
4, 5, 26, 36	3.6.1	Ensure regular review of corporate risk register for NHS Lothian Board	Jim Crombie/Jim Forrest	21/06/2018	31/12/2018	100.0
4, 5, 26, 36	3.6.2	Ensure regular review of acute risk register for each acute site	Jim Crombie/Jim Forrest	21/06/2018	31/12/2018	50.0
59	3.6.3	Consider how non executive directors can increase the number of site visits and engage with colleagues across acute adult sites	Tim Davison	21/06/2018	31/12/2018	100.0
	4	**Site and Staff Leadership**				
	4.1	Ensure there are Visible Support arrangements in place for Site Leadership Teams				
4	4.1.1	Effective management, reporting and escalation of risks & issues from site level to Senior Management	Jim Crombie	21/06/2018	21/12/2018	100.0
3	4.1.2	Invite NHSL sub committees to consider contents of academy report to ensure full coverage at all levels (incl. non exec directors).	Janis Butler, Tracey Gillies, Jim Crombie	21/06/2018	21/12/2018	75.0
	4.2	Ensure there is clear evidence of Effective Site Leadership				
23	4.2.1	Review site senior medical leadership arrangements to ensure sufficient allocated presence at each site	Jim Crombie/Tracey Gillies	21/06/2018	21/12/2018	100.0
21	4.2.2	Review Structure, Skill Mix & Experience of Senior Triumvirate Team at each site	Jim Crombie	21/06/2018	31/12/2018	50.0
39, 54, 55, 6	4.2.3	Review site clinical leadership job descriptions (Ass. Med Dir & Ass. Nurse Dir)	Brian Cook/Sarah Ballard-Smith	06/12/2017	06/12/2018	100.0
	4.3	Review Access & Governance Committee Arrangements				
7, 37	4.3.1	Appoint Non-Exec Member	Brian Houston	21/06/2018	31/12/2018	100.0
52, 38	4.3.2	Revision of Membership & TOR	Simon Watson	21/06/2018	31/12/2018	50.0
52	4.3.3	Confirm remit of A&G specifically detailing which areas will be covered and those not covered by the WTG framework	Simon Watson	21/06/2018	31/12/2018	50.0
7, 38	4.3.4	Review remit of Access & Governance Committee to include unscheduled care	Simon Watson	21/12/2017	03/03/2019	50.0
	5	**Recording of 4hr Standard Data and Unscheduled Care Performance**				
31	5.1	Audit of Unscheduled Care Data	Simon Watson	01/11/2017	03/03/2019	100.0
13, 25, 34, 44, 47, 43	5.2	Create local SOP in line with national guidance	Simon Watson	01/11/2017	03/03/2019	100.0
14, 45, 49	5.3	Develop ongoing audit process	Simon Watson	01/11/2017	03/03/2019	50.0
33	5.4	Work with SG to update national guidance	Simon Watson	01/11/2017	03/03/2019	100.0
10, 37	5.5	Embed the EPIC role across each emergency department in Lothian including PDSA cycle at SJH	Jim Crombie	21/06/2018	31/12/2018	50.0
32, 46, 51	5.6	Create process monitoring dashboards to identify erros	Simon Watson	01/11/2017	31/12/2018	100.0
10	5.7	Develop face to face and online training for staff	Simon Watson	01/11/2017	31/12/2018	100.0
	6	**Staff and Patient Experience/Culture**				
	6.1	Development of Speak Up Campaign				
16	6.1.1	Development of Speak Up Campaign	Janis Butler/Ruth Kelly	21/06/2018	24/10/2018	100.0
16	6.1.2	Launch of Speak Up Campaign	Ruth Kelly	21/06/2018	31/03/2019	25.0
	6.2	Staff Experience, Cultures and Values				
9, 40, 48, 59	6.2.1	Develop OD Plans which engage with multidisciplinary teams across each site (including site and capacity)	Janis Butler	01/04/2018	31/03/2019	100.0
9, 12, 59	6.2.2	Implement OD Plans which engage with multidisciplinary teams across each site	Janis Butler/Site Directors	01/04/2018	31/03/2019	50.0
9, 12	6.2.3	Measure impact of OD Plans on Staff Experience via iMatter And Focus Groups	Janis Butler	21/06/2018	31/03/2019	25.0
41, 39	6.2.4	Development of emergency department collaborative/clinical programme with leads and H&SCPs	Site Directors	21/06/2018	31/03/2019	25.0
	6.3	Ensure there are adequate processes in place to manage Whistleblowing				
28	6.3.1	Develop Staff Engagement and Experience Framework	Janis Butler	21/06/2018	01/03/2019	100.0
28	6.3.2	Launch Staff Engagement and Experience Framework	Janis Butler	21/06/2018	24/09/2018	100.0
28	6.3.3	Approval of Staff Engagement and Experience Framework to Staff Governance Committee with regular review	Janis Butler	21/06/2018	24/10/2018	100.0
30	6.3.4	Review purpose of daily pan lothian teleconference	Jim Crombie	21/06/2018	21/12/2018	50.0
11	6.3.5	Review Purpose of Site Safety Huddle	Jim Crombie	21/06/2018	21/12/2018	100.0
18b	6.3.6	Individual feedback and support to be offered to staff directly impacted by the whistleblowing allegation	Alison Mitchell	21/06/2018	21/12/2018	100.0
18b	6.3.7	All staff to receive clear and appropriate communication regarding investigation report and actions	Jim Crombie	21/06/2018	21/12/2018	100.0
	6.4	Develop "6 Essential Actions" Local Plan				
19	6.4.1	Service Improvement Team to attend monthly meeting with SG to update on progress	Jim Crombie	05/10/2018	04/03/2019	100.0
19	6.4.2	Local Delivery Plans to be shared & discussed bi-monthly with Unscheduled Care Committee	Jim Crombie	05/10/2018	04/03/2019	100.0
19, 21, 22, 23	6.4.3	Review TOR & Membership of Site Emergency Access Meetings to ensure alignment with "6 Essential Actions"	Jim Crombie/ Site Directors	21/06/2018	21/12/2018	100.0
	6.5	Review of Bullying and Harassment Policy				
8, 18a	6.5.1	Review Bullying and Harassment Policy to ensure PIN complaint	Janis Butler	21/06/2018	05/09/2018	100.0
8, 18a	6.5.2	Refresh Bullying and Harassment Policy to make organisational values more explicit and emphasise informal resolution incl. mediation	Janis Butler	21/06/2018	31/10/2018	100.0
18a	6.5.3	Embed policy within each site with regular review	Site Directors	21/06/2012	31/03/2019	25.0
	6.6	Review of Site and Capacity				
24, 48, 37	6.6.1	Review management arrangements within site and capacity	Jim Crombie	21/06/2018	31/12/2018	100.0
48, 56.	6.6.2	Review job descriptions within site and capacity	Jim Crombie	06/12/2017	31/07/2018	100.0
60	6.6.3	Management and reporting lines to be clarified and implemented for site and capacity teams	Jim Crombie	06/12/2017	31/07/2018	100.0
20	6.6.4	Ensure boarding policies reflect zero tolerance for mixed sex bays	Jim Crombie	21/06/2018	31/12/2018	25.0
	7	**Patient Safety and Quality of Care**				
	7.1.1	Ambulatory Care Clinic RIE	Jim Crombie	21/06/2018	31/12/2018	100.0
	7.1.2	PDSA Cycle	Jim Crombie	21/06/2018	31/12/2018	50.0
	7.1.3	Short Stay Observation Unit RIE	Jim Crombie	21/06/2018	31/12/2018	100.0
	7.1.4	PDSA Cycle	Jim Crombie	01/04/2019	01/05/2019	0.0
	7.1.5	Minor Injuries Unit RIE	Jim Crombie	21/06/2018	31/12/2018	100.0
	7.1.6	PDSA Cycle	Jim Crombie	01/12/2018	31/12/2018	50.0
53	7.1.7	Develop Clinical Model needed to optimise clinical flow within SJH ED	Jim Crombie	21/06/2018	31/12/2018	100.0

53	7.1.8	Progress IA needed to support Clinical Model including increasing footprint at SJH.	Jim Crombie	21/06/2018	31/12/2018	100.0
53	7.1.9	Establish stakeholder group to progress development of IA and Clinical Model at SJH	Jim Crombie	21/06/2018	31/12/2018	100.0
		last update - 26/11/2018	BJ			
		KEY				
		Complete				
		Started				
		Planned/Not started				

NHS LOTHIAN

<u>Board</u>
<u>5 December 2018</u>

Chair of Audit & Risk Committee

AUDIT & RISK COMMITTEE: ASSURANCE ON THE MEASURES TAKEN IN RELATION TO THE EMERGENCY ACCESS STANDARD

1   Purpose of the Report

1.1   The Board considered a report on the emergency access standard on 6 December 2017 which included an internal audit report on this subject. The Board agreed that the Audit & Risk Committee should exercise governance oversight of the measures taken.

1.2   The Audit & Risk Committee considered a comprehensive report on this subject on 26 November, and this report has been prepared to quickly communicate the conclusions from that discussion.

1.3   Any member wishing additional information should contact the Director of Finance in advance of the meeting.

2   Recommendations

The Board is asked to accept the following recommendations from the Audit & Risk Committee, on the basis that the Committee has considered a detailed report from management:

2.1   Accept this report as evidence that the Audit & Risk Committee has agreed that it has significant assurance that senior management have developed an appropriate set of assurance and delivery groups to oversee the improvement required in line with the overarching plan, as derived from the Academy Report.

2.2   Accept this report as evidence that the Audit & Risk Committee has agreed that it has moderate assurance that mechanisms are in place across all three adult acute sites to monitor performance against unscheduled care, and to support staff to design and implement a programme of improvement actions.

3   Discussion of Key Issues

3.1   The Audit & Risk Committee received a detailed and comprehensive report on the measures taken on the emergency access standard.   There is a single action plan in place which has been informed by the recommendations from the internal audit report, the subsequent significant adverse event review, and the Academy's report.   The Deputy Chief Executive presented the report and answered the committee members' questions.

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3.2 The committee also considered a separate report from the Chief Quality Officer on the work of the Access & Governance Committee. The Audit & Risk Committee agreed that it had moderate assurance on the arrangements which are now in place for the Access & Governance Committee. The Audit & Risk Committee was informed that the Access & Governance Committee considers the advice it receives with regard to compliance with waiting times requirements, and calibrates this with the need to focus on the quality of care. The committee agreed that the Chief Quality Officer should work with the Chair of the Information Governance Sub-Committee and the Chair of the Healthcare Governance Committee, to determine the best approach for those bodies to carry out their remits with regard to assurance on data quality and healthcare quality respectively.

4 Key Risks

4.1 The Board is not aware of the conclusions of the Audit & Risk Committee when considering the report from executive management on the emergency access standard.

5 Risk Register

5.1 This is not on a risk register as the proposed update should attend to the issue.

6 Impact on Inequality, Including Health Inequalities

6.1 This report addresses an administrative matter with no impact on a specified group of individuals.

7 Duty to Inform, Engage and Consult People who use our Services

7.1 This report does not contain a proposal relating to the planning and development of health services, nor any decisions that would significantly affect people.

8 Resource Implications

8.1 This report has been prepared to facilitate the efficient conduct of the Board's business.

Alan Payne,
Head of Corporate Governance
26 November 2018
alan.payne@nhslothian.scot.nhs.uk

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NHS Lothian Winter Plan 2018/19

The Scottish Government have formally communicated with Health Boards twice in recent months. In August 2018, the Cabinet Secretary set out the priorities to ensure that planning and action had been undertaken to deliver:

- Demanding local improvement trajectories for weekend discharges rates to be agreed by end of November;
- Earlier in the day discharges against local improvement trajectories;
- Adequate festive cover across acute, primary and social care settings, to ensure that discharges could be maintained at required rates.

Further to the communication sent in August, a subsequent letter from SG in October with guidance and action required to finalise the draft plans. In addition to the priorities set out in August this updated guidance referred to the need to emphasise action to mitigate unnecessary admissions, articulate additional resource and capacity while committing to maximising theatre capacity over the winter period.

The table below shows the full winter plan split by the following categories:

- Business continuity
- Escalation planning
- Safe & effective admission
- Strategies for additional surge capacity across Health and Social Care Services
- Whole system activity plans for winter
- Effective analysis to plan for and monitor winter capacity, activity, pressures and performance
- /discharge
- Workforce capacity plans & rotas for winter/festive period
- The risk of patients being delayed on their pathway is minimised

- Communication Plans
- Preparing effectively for norovirus
- Delivering seasonal flu vaccination to staff and public
- Other

1. Business continuity plans tested with partners			
Outcome: Local health and social care systems have fully tested business continuity management arrangements / plans in place to manage and mitigate against key disruptive risks including the impact of severe weather.		*Local indicator(s):* Progress against any actions from the testing of business continuity plans.	
Action	**Owner**	**Status**	**Complete**
Royal Infirmary of Edinburgh			
All Business continuity plan to be reviewed and tested	General Managers	Plan reviewed by October 2018	Complete
Severe weather plans to be put in place and managed via local resilience site meetings.	General Managers	Plan reviewed by October 2018	Complete
St John's Hospital/West Lothian IJB			

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Resilience Preparedness • All Business continuity plan to be reviewed and tested	Site Director/ General Manager	• Regular testing in situ with Resilience Officers • NHSL Policies in situ as appropriate • Ongoing review	Complete but ongoing.
• Severe weather plans to be put in place and managed via local resilience site meetings.	Site &HSCP Management team	• Ongoing review • Robust plans in place • Priority Gritting plan with West Lothian Council • Lists of Vulnerable & Essential patients at risk are available	Complete but ongoing.
Western General Hospital			
All business continuity plans to be reviewed and tested	Site Directors/ General Manager / Associate Nurse Director	Plan reviewed by October 2018	**Completed**
Severe weather plans to be put in place and managed via local resilience site meetings and safety huddles	Chris Stirling Site Director	NHSL and HSCP, have plans and collaborate collectively at safety huddles and pan Lothian teleconference Key Multidisciplinary Stake holders across the site participate in Local Business Continuity Workshops led by NHSL Business Resilience Manager	**Completed**
Plans for cohorting of Influenza patients in event of significant numbers of patients being admitted agreed and circulated via the Emergency Access meeting.	Johnny McKnight / Infection Control /	Plans to be brought to Emergency Access meeting in November. Plans to be prioritised and funding re Point of Care Testing for Influenza across Lothian for Winter	**Complete but ongoing**
OPAS (Flow Centre)			

Business Continuity plans in place and tested	Anne Donaldson, Associate Nurse Director OAS	All OPD plans including Flow Centre Reviewed October 2018 • Plans for Flow Centre Net call failure tested on a weekly basis. • Key Mobile phone numbers identified for business continuity if phone lines fail • Weekly Flow Centre meeting to review processes. • Ongoing updates as additional services brought on line. i.e. St John's hospital new pathways introduced	Complete but plan to review every 3 months
Transport disruption including adverse weather plan in place and tested	Flow Centre management team	Tested throughout the year during periods of transport disruption. • Regular updating of arrangements with all partners involved through site management and site and capacity teams. • Emergency Plan to continue Flow Centre 24/7 to support adverse weather transport disruption if necessary. • Flow Centre control room designated, to manage any future business contingency requirements. • Planned to disseminate processes by end of November through Management structures and site safety huddles • Tabletop exercise scheduled early December 2018. • Shared with key stakeholders at Flow Centre Programme Board • Ongoing liaison with key stakeholders to source access to appropriate methods of transport such as 4 wheel drive vehicles and record updated contact list for same.	Complete but ongoing

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			Staff training at induction and then annual refresher sessions.	
Edinburgh IJB				
All business continuity management arrangements to be reviewed and tested	Pat Wynne		• Regular updating of arrangements with all partners involved through local winter planning meetings. • NHSL and CEC policies and plans in place. Work has been ongoing with EHSCP Business Continuity & Resilience Group with regular meetings to develop joint NHSL/CEC procedures to allow fully integrated responses. • Resilience is on the agendas for Locality Meetings. • Business Continuity Operational Plans on shared drive for all essential services available to Senior Management and Clinical Managers. • Close connection and contact with NHS Lothian and CEC Resilience Leads. NHSL policy and FAQ's on Intranet under HR Online.	**ongoing**
Severe weather plans reviewed each year and updates implemented when they occur	Pat Wynne/Cathy Wilson		• CEC Severe Weather Plan was further developed following the 'Beast from the East' and communicated, outlining plans for capacity & recruitment, prevention and responding to emergencies. • An EHSCP Incident Management Team has been identified • Formal arrangements for secure 'virtual' control rooms (teleconference) are also now in place. On amber/red alert (winter weather) announcement – the Partnership's Resilience	Complete and ongoing

		Lead and/or Chief Officer will likely request an immediate Partnership Incident Management Team meeting to discuss winter weather resilience arrangements.	
		• CEC Severe Weather Plan includes a plan for EHSCP, including priority sites for road clearance and gritting, information sharing between CEC and NHSL systems to identify vulnerable people in the community, plans for distribution of emergency supplies in the community and arrangements for the deployment of 4 wheel drive vehicles and standard cars with snow tyres.	
		• Agreement reached with Police Scotland to utilise their mini buses to pick up and drop off staff. Police Scotland will provide drivers.	
Norovirus outbreak plans in place	Sheena Muir for hospital sites Locality/Cluster Managers	• Clinical Nurse Managers to ensure HAI protocols in place. • Ensure care home managers are aware of and implementing infection control procedures across care settings. • For Care Homes this comes under NHSL Health Protection. • For inpatient areas all Infection Control policy and advice is on NHSL Intranet and there is link to Advisor. • Ensure compliance with all infection control procedures. • Have access 7 days to advisor via duty Infection Control Nurse. Monitored through EHSCP Quality Improvement Advisory Group.	Ongoing

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	Pat Wynne (Gylemuir & QAIG)		
Midlothian IJB			
All business continuity management arrangements to be reviewed and tested	Allister Short/Morag Barrow	▪ Regular updating of arrangements with all partners involved through local winter planning meetings	Complete
Severe weather plans reviewed from 2017/2018 plan and updates implemented when they occur	Allister Short/Morag Barrow	▪ Close connection and contact with NHS Lothian and Midlothian Emergency planning mechanisms ▪ Shared Directory across health and social care with all contact details	Complete
Norovirus outbreak plans in place	Caroline Myles, Lynne Paton, Stuart Grant and Kaye Skey	▪ Chief Nurse and Nurse Managers to ensure HAI protocols in place ▪ Ensure care home managers are aware of and implementing infection control procedures across care settings. ▪ Links with care home nurse advisor and specific objective re this issue ▪ Ensure compliance with all infection control procedures	Ongoing
East Lothian IJB			

Escalation and business continuity procedures	Alison Macdonald Lorraine Cowan	• Maintain review of availability of beds in Roodlands, Belhaven, Eddington and step down facility on an ongoing basis. • Continue to develop mechanisms to maximise care at home • Reviewed and monitored daily at operational meetings • Report for weekly Informal Directors. • Head of Service participate in weekly teleconference	Ongoing
Severe weather	Alison Macdonald Gordon Gray	• Close contact with NHS Lothian and East Lothian emergency planning mechanisms. • Completion of SITREP template for submission to NHS Lothian • Operational team for Health and Social Care will meet as required to ensure operational activity is maintained and joint priorities agreed.	Ongoing
Norovirus outbreak plans in place	Alison MacDonald Lorrain Cowan	• Group Service Manager to ensure HAI protocols in place • Ensure compliance with all infection control procedures • Ensure Care Home Managers are aware of and implementing infection control procedures across care settings District nurses to ensure that procedures are in place within the community to comply with infection control policies.	Ongoing
Seasonal Flu	Alison MacDonald Val Reid	• Carer vaccination to be encouraged by GP Practices and also offered to carers of the housebound patients. • Injection sessions for council and NHS staff planned – take up rates to be monitored. This is	Ongoing

		• done retrospectively but locally could be captured.	
		• Effective outbreak policies and procedures in place. Outbreak reports are provide daily and outcomes are communicated	
		District nurses to ensure that all eligible patients in the community are vaccinated**.**	
Royal Hospital of Sick Kids			
Seasonal Flu	Tobias Tipper	• POCT Flu Testing has been funded to ensure patients can be identified for Flu at point of entry	Ongoing
2. Escalation plans tested with partners			
Outcome: Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site management team with clear parameters on whole system escalation processes.		*Local indicator(s):* • attendance profile by day of week and time of day managed against available capacity • locally identified indicators of pressure (i.e.) % occupancy of ED, utilisation of trolley/cubicle, % of patients waiting for admission over 2, 4 hours all indicators should be locally agreed and monitored.	
Action	**Owner**	**Status**	**Complete**
Royal Infirmary of Edinburgh			
Escalation Policy embedded in operational management processes, includes two hourly safety pauses:		• Policy developed and escalation process established • Safety pauses now embedded within ED and AMU	Complete
All site flow teams, Senior Charge Nurses, CMT members to have clear understanding of roles in		• Escalation plan in place which clearly indicates roles and responsibilities • teams aware of protocol	Complete

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response to escalation.			
St John's Hospital/West Lothian IJB			
Escalation Policy to be embedded in operational management processes:	Site management team/Site & Capacity team	• Daily use of Escalation policy • Review planned Nov 2018	Ongoing
All site flow teams, Senior Charge Nurses, CMT members to have clear understanding of roles in response to escalation. Robust escalation policy followed daily including TFA, TTT, overcrowding, bed waits. 2 hourly safety pause	Site Management Team	• In place • H&SCP leads to be identified to support SJH Triumvirate management team. • In place	Ongoing
Western General Hospital			
MAUT and SAU front door to evidence robust escalation processes including: • Volume attending in the hour (escalation thresholds > • Escalation of first assessment waits at 60 minutes and above • Escalation of any patient waiting at 3 hours with no management plan	Angela Tuohy CSM	MAUT / SAU/ Minor Injuries have escalation processes in place inclusive of : • Hourly Volume escalation flow markers • Escalation re 1st Assessment over 60 minutes • Escalation of patients over 3hrs with no plan • Escalation re number of patients requiring urgent care/triaged up/ Resus (high Acuity) • The above is matched to hourly flow required to support demand with capacity available hourly	Complete

• Escalation of high resuscitation activity, standby patients and acuity		in the admission units. • SCN empower nurses in charge of front door areas to escalate the agreed flow markers (above) to relevant nursing management and clinical teams for their respective areas • Daily debriefs can be evidenced on a separate template from the daily huddle re previous days performance • Actions to improve are taken forward. • SCN , CNMs , Site and Capacity Teams attend • The Debrief is chaired by the CSM for Medicine	
All site flow teams, Senior Charge Nurses, CMT members to have clear understanding of roles in response to escalation. All sites to evidence a Daily UCC & Flow Debrief 'separate' to safety huddle on the 'day before performance of 4 hours & elective cancellations'. This will raise issues and themes to be addressed in relation to capacity and flow and this should be documented and circulated to core site CMT members and form the basis of any informal report to the Chief Officer for Acute or to Scottish Government.	General Managers/CSMs	As above.	Complete
OPAS (Flow Centre)			
Flow Centre to define clear action plan with Site & Capacity teams across all sites to support escalation processes on each site	Flow Centre Management team	Established but ongoing review • Pan-Lothian escalation email implemented across 3 acute adult site to identified site leads	Ongoing

		- Agreed escalation levels triggering escalation email agreed with all 3 acute adult site (trigger points subject to ongoing review as guided by sites) - Diversion of Flow as advised by site leads and decision to divert flow agreed and circulated to site leads and site and capacity teams of affected sites.	
Edinburgh IJB			
Escalation plans for partnership hospitals, HBCCC facilities and Local Authority Care Homes	H&SCP management team	- Liberton Hospital will have internal escalation procedures with clear trigger points and actions. - For the Intermediate Care / Interim Care beds at Liberton Hospital there are much improved systems/processes in place for MDT discussions and GP rapid rundowns to ensure that decision making is as timely as possible with regards to discharge planning, so patients are identified as 'ready for discharge' as soon as possible. The challenge is that for many patients who require ongoing care in the community their discharge is delayed until a POC is available for them. A waiting list is maintained for the beds so when discharge dates are known, admissions are planned from the waiting list so the beds are occupied again on the same day. The AAH Discharge Hub monitors the waiting list daily, attends twice daily teleconferences with acute services so they are aware of any areas of particular pressure so patients can be taken 'out of turn' from the waiting list if it is more helpful to the	In place and ongoing monitoring

		whole system (3 –way moves for example can be more beneficial than 2-way moves). Sheena Muir is in regular contact with the AAH Discharge Hub throughout the day especially over winter and has knowledge /early sight of any specific issues which could impact on flow and assist the team in finding solutions. There are no plans to increase the capacity in Liberton over winter. Any escalations will be via Tom Cowan to the EMT / Chief Officer. • HBCCC wards different as turnover is usually by patient death rather than discharge though not exclusively. • Community-wide escalation procedures will be agreed with clear triggers and actions. A de-escalation process will be agreed likewise. • Ongoing work with Care Homes to ensure timely assessment and discharge from hospital. ▪	
Midlothian IJB			
Escalation plans	H&SCP management team	▪ Highbank and Midlothian Community Hospital have internal escalation procedures with clear trigger points and actions ▪ Midlothian Community Hospital has capacity for flexible use but it is important that patients are selected carefully to ensure suitability for the care environment and the skills available within the staff ▪ Some aspects of provision within these facilities are unavailable for flexible use because they provide for long-term care and acute mental illness. The H&SCP will also review demand for respite admissions ▪ Community-wide escalation procedures will be	In place and ongoing monitoring

		agreed with clear triggers and actions; a de-escalation process will be agreed likewise ▪ Ongoing work with Care Homes to ensure timely assessment and discharge from hospital ▪ Arrangements in place with the Flow Centre, Midlothian Hub and MERRIT to ensure care home residents, where possible, are referred in to hospital at home rather than ED ▪ Maintain capacity within hospital at home at 15 beds to respond to increasing demand ▪ Named single point of contact (Midlothian Flow Hub) within Midlothian and acute sites to respond to flow pressures. Flow manager and tracker monitor and plan flow on daily basis ▪ Resilience dashboard in development	
East Lothian IJB			
Escalation plans	H&SCP management team	• Roodlands, Eddington and Belhaven Hospitals will have internal escalation procedures with clear trigger points and actions; that those identified will be required to participate in. • Some aspects of provision within these facilities are unavailable for flexible use because they provide for In Patient Complex Care Frail Older people and Psychiatry of Old Age. • The H&SCP will also review demand for respite admissions and utilise these beds in a flexible manner. • Community-wide escalation procedures will be agreed with clear triggers and actions; • A de-escalation process will be agreed likewise.	In place and ongoing monitoring

3. Safe & effective admission/discharge continues in the lead-up and over festive period and also in to January			
Outcome: Emergency and elective patients are safely and effectively admitted and discharged over the Christmas – New Year holiday period. Over this period the numbers of patients receiving elective treatment reduces. NHS Boards should minimise the risk of boarding medical patients in surgical wards. This will help ensure that patients do not have unnecessary stays in hospital; and hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January		Indicators: • Daily/ cumulative admissions/discharges over the festive period • levels of boarding (medical patients in surgical wards) • delayed discharges • bed occupancy • number of SW assessments including variances from planned levels	
Action	**Owner**	**Status**	**Complete**
Royal Infirmary of Edinburgh			
From Mid-December onwards, focused attention will be given to: • New package of care allocation; • Restart packed of care; • Weekend starts for both Referrals to Intermediate Care and other community support teams including 'Hospital to Home' and 'Hospital at Home'.	Discharge Hub	• Work with Locality Hubs ongoing • Daily teleconference already established	December 2018 onwards
Completion of Daily Dynamic Discharge rollout	Site Management team	• Implementation of third and final phase of Daily Dynamic Discharge complete	complete
All patients to be monitored on an internal social work standard: 24 hours to allocation of social work and 72 hours to assessment.	Discharge Hub	• Close working with Locality Hubs and escalation of any patients outside of social work standard for either allocation or assessment	On going
Enhanced weekend Pharmacy service to AMU and wards 204, 207 and 208. If 2 pharmacists are funded then the team will provide roving support for complex discharges referred by the dispensary. 4 hours of 2 Clinical Pharmacists and 1 Pharmacy Technician on a Saturday and Sunday to support	Jenny Scott	This service was successfully implemented and evaluated well in 2017/18 and will be in place for 2018/19 winter plan	Funding requested

discharge and patient flow.			
Enhanced Pharmacy Support with a particular focus on the discharge lounge and medical boarders. To provide a clinical pharmacist service to patients boarding in areas without a pharmacy service. E.g. medical day case, discharge lounge. They will support patient flow and safety in these areas and where necessary work as part of the dispensary team to increase the throughput of workload	Fiona McGrehan	Evaluated well from winter 2017/18 and will be in place as part of winter plan for 2018/19	Funding requested
Pharmacy Support Worker to support patient flow and the discharge process. Under the direction of the pharmacy technician team this post holder will perform various tasks to prioritise and expedite medicines flow through liaison with the dispensary especially at the point of discharge	Karol Knight	Will be in place for winter 2018/19	Funding requested
Increased site and capacity nursing numbers for night duty for January February and March 2019	Andrew White	Increased site and Capacity resource to support increased workloads associated with increased acuity and patient attendances. To allow a dedicated front door clinical site coordinator to support increased pressure on flow	Recruiting to posts
Increased medical support for boarded patients across General Medicine, Respiratory and Medicine of the Elderly	Gill Clarke, Billy Flynn and Kim Dickson	Push time of discharge earlier into the day for this group. This post will help deliver a safe service to this patient.	Recruiting to additional PAs
St John's Hospital/West Lothian IJB			
All flow activity at SJH will be monitored on a daily basis via the morning Safety Huddle chaired by the Site Director or nominated representative, and at the 1pm and 4 pm Planning Meetings. Focused attention will be given to ensure daily	Site Director/AND/CSM	• Safety Huddles established at SJH • Daily debrief	Ongoing

discharge quotas are met. This will continue throughout the winter months with significant focus on early discharges. Focused attention for 2 weeks of festive planning to robustly discharge plan to prepare for surge activity particularly first week Jan 19. Spread of ' Golden hour' ward round model in all wards	AMD / CD	• Dynamic Discharge roll out progressing. Embedded in all wards with exception of stroke and one medical ward • Use of predictor tool • Discharge Hub complex case management • Discharge Hub management of DD • Daily Multi Agency Meeting - with WLHSCP • Robust ward rounds to ensure flow. • Embedded in Mau, roll out planned to back door wards	Ongoing.

The REACH nurse and Elderly care team will look to manage the frail elderly patients and provide support for the discharge hub on reducing the number of delayed patients awaiting POC/NH using alternatives to admission, early supported discharge and REACT care team.
 	
Reasons for admission will be closely monitored to ensure those patients that can remain in NH remain so and admission avoidance is prioritised.
 	
From December onwards, focused attention will need to be given to:
    - New package of care allocation;
    - Restart package of care;
    - Community support teams including 'Hospital to Home' and 'Hospital at Home'. It is
	Social Work Team
	REACT
	Discharge Hub
	HSCP
		• 5 day cover only. Funding sought for staff to supplement to 7 day this winter.
		• REACT Care Team operating 7 days to support discharge. Increase in C@H to reduce length of stay
		
		• Progressing as part of Frailty programme.
		• REACT team to support NH admission avoidance.
		• ACP training with NH to support decision making
		• Concern regarding delayed discharges in W/L and resilience over winter
		
		• Focused Monitoring of POC allocations
		• POC remain open for 7 days from admission-
			Funding requested
			
			Ongoing

important that, REACT operate and pull out hospital discharges on as well as H&SCP teams prioritising POC starts. - REACT to increase service over winter period to work a 7 day week. - Increased ROTAS service - Increase OT/PT for medical wards - Increase Community OT to support D2A - Home Care Liaison model - Increase capacity of Reablement - Additional Respiratory Nurse input		aim to discharge within 7 days • Mechanisms for setting up POC Restarts and transferring back to nursing homes at weekends. Progressed via MAT daily meetings • Recruitment progressing to ensure staff in post for pre festive period and through Jan- March • Recruitment through WLC for additional Reablement staff and community OT • Recruitment to Community respiratory team in progress to support over winter and set up Respiratory Hot Clinic	In progress Funding requested.
Delayed Discharge activity will be monitored and reported on a daily basis from each site Control Rooms including additions to the list and removals based on average POC number and wait. Equipment store within HSCP to prioritise for discharges and palliative care needs.	Discharge Hub/CMT	• H&SCP CMT integral here to work with SJH site team • Equipment Store Stock Levels reviewed and pre stocked to meet demand • AHP to closely monitor efficiency of community store and escalate delays affecting discharging. • WLHSCP reviewing current community rehabilitation and community services to streamline pathway	Ongoing
All patients to be monitored on an internal social work standard: 24 hours to allocation of social work and 72 hours to assessment	Lead SW/ Discharge Hub	• Discharge Hub monitor with SW lead.	Ongoing
Enhanced weekend Pharmacy Service extended week day and weekend working to support discharges. • Early discharge planning and IDL preparation is paramount. • Extend working day 7 days per week • Extend to 7pm Mon-Fri	John Heggie	Evaluated well from winter 2017/18. Recruitment on going	Funding requested

• Extend to 4pm Sat/Sun to support patient discharge and flow. .			
Additional medical staffing to cover flexible capacity and/or medical boarders.	Site management team	• Consultant and Junior Doctor x 2 for 3 months. Recruitment underway	Funding requested
Plan for additional winter beds on the SJH site to support increased medical demand	CSM	• Plan to open additional 6 rehabilitation, 8 downstream medical beds, 8 acute medical beds • Subject to Staffing and supporting Infrastructure	Funding requested
Elective activity for H&N surgical services to agree scheduled programme and agree flexible beds for medical patients, being mindful of keeping boarding to a minimum.	CSM	• Review of inpatient electives 1st 2 weeks in January, Urgent and Cancers only across NHSL. • N.B. Limited impact to SJH site as very little in pt elective activity and the majority of cases are cancer	Ongoing
Use of Day surgery as the norm, prioritising urgent and cancer cases only.	CMT	In situ	Ongoing
Work with Infection control colleagues to review 'clean' beds in the H&N wards to allow flexible use of beds to support flow.	Infection Control	Infection Control will look to support this.	Ongoing
Rapid response team (domestic services) to be in situ.	Facilities	Needs to be prioritised for winter.	Ongoing
Optimise patient flow by proactively managing Discharge Process utilising 6EA – Daily Dynamic Discharge process which includes determining an	SIM /CNM's/CNs	Rollout of Dynamic Discharge continues	Ongoing

Estimated Date of Discharge as soon as patients are admitted or scheduled for admission with supporting processes (e.g.) multi-disciplinary ward rounds. This will support the proactive management of simple discharge, ensuring there are no delays in patient pathways.			

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All flow activity <u>by site</u> will be monitored on a daily basis via the morning Safety Huddle chaired by the Site Director or nominated representative, and at the 2pm Planning Meetings. Focused attention will be given from the weekend start 14th, 15th and 16th December to daily discharge quotas, notably for those patients in the health and social care delayed categories and for any admissions age 65 years and above, patients who have dedicated case management and any patient from care of residential type homes. Reasons for admission will be closely monitored. Daily Dynamic Discharge is ongoing in all wards and will be supported over winter with winter resource to support effective discharge planning across the site	Chris Stirling (Director) David Hood (GM) Discharge Hub / Angela Tuohy(CSM) Catriona Rostron (AND) / Johnny McKnight (AMD)	The 08.30am Safety Huddle is the forum and barometer re site position in relation to patient acuity, patient flow, patient outcomes, and potential business continuity issues are discussed. Review of Safety Huddles has been undertaken and meetings moved to 0830 and 1400 from October 2018. Funding agreed as part of the Winter Plan for additional discharge co-ordinators from January 2019-March 2019	Completed Completed Recruitment underway
From 10th December onwards, focused attention will be given to: • New package of care allocation; • Restart package of care; • Weekend starts for both Referrals to Intermediate Care and other community	David Hood (GM) Angela Tuohy (CSM) Discharge Hub (WGH)	To date monies have been secured to support discharge planning and navigation re the services available to our patients within the whole system. This includes added provision/resource to the Discharge Hub and an allocated senior nurse and Consultant to review and support consistency of care and planning for boarding patient s over the winter period	Recruitment underway

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support teams including 'Hospital to Home' and 'Hospital at Home'. It is important that COMPASS +, REACT, MERIT, ELSIE all operate and pull out hospital discharges on Friday 14th December and 21, 22 and 23 December. Home First Practitioners will be appointed to work at the Front Door and with Team 65 to support effective discharge of appropriate patients at the Front Door	Angela Tuohy (CSM)	Funding identified and in place and recruitment complete (Nov 18) of Home First Practitioners to support flow at front door and where appropriate avoid admission.	Recruitment complete Nov 18
Health delays and rebalance of the Royal Infirmary's activity will be a priority from the 15th December onwards to support the holiday period. This will be important as the WGH will be operating a 4 day LUCS services on both weeks of the festive weeks and also the Hogmanay Plan will be lead via the Royal site. Flows which will be priority to note will be Orthopaedic Rehabilitation, Stroke and General Rehabilitation to WGH and all other acute and downstream sites in Lothian.	Chris Stirling, Site Director	Health Delays will be monitored on a daily basis through the safety huddles and plans	December 18
Delayed Discharge activity will be monitored and reported on a daily basis from each of the site Control Rooms including additions to the list and removals based on average POC number and wait. The top 10 delays on each site will be a focus.	Chris Stirling (Site Director) Angela Tuohy (CSM) Discharge Hub WGH	Locality hub model is currently under review through EHSCP to streamline processes	December 18
All patients to be monitored on an internal social work standard: 24 hours to allocation of social work and 3 days to assessment.	Locality Hub Managers Discharge Hub WGH	This is an aspiration which is worked to and has been cited in the new working documents produced on the Locality Based Model. As with Trajectories re DTOC.	Ongoing
Pharmacy support re shortened version IDL	Sheena Kerr (Lead Pharmacist WGH)	This is now embedded in the MAUB area for patients less than 48hrs.	Complete

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		Discussions to be completed re ability to support the same in the Surgical Admission Areas	
OPAS			
• Increase in transport and associated staffing to support the increase in transfers and discharges particularly prior to Christmas • Increase in Flow Centre staffing to support increased call volume • Prevention of hospital admissions by utilising alternatives to admission	Karen Brown	Well evaluated in winter 2017/18 Flow centre now rolled out to SJH – so supporting flow to all 3 adult sites. Recruitment underway to further develop clinical triage to assist with appropriate signposting of alternatives to ED admission and to ensure that all admissions are referred to the most appropriate clinical pathway, Ongoing communication with site discharge lounges to ensure full transport capacity is utilised in the most effective way and supporting timely discharge.	Funding requested
Edinburgh IJB			
• Prevention of hospital admissions where appropriate • Facilitate early discharges • Staffing and resources appropriate to meet demand	Fiona Wilson and Tom Cowan	**Hub and Cluster Capacity and Flow Realignment** • The Partnership has seconded a delayed discharge lead to work with the Hub Managers and Discharge Coordinators to ensure timeous flow across the whole system • A Hub Redesign Team are meeting weekly and have a proactive plan to deliver a range of improvements across the Hubs in a consistent manner that will enhance access to our POA services and facilitate earlier and more discharges. • We have established performance management and trend data to ensure that the correct resources are applied at the right time,	Ongoing (as part of Essential Action 2)

		right place and in the right format.	
		• Daily Multi Agency Triage Team (MATT) Huddles;	
		• Daily UCC Debrief on day before performance (as required);	
		• Whole System Capacity Link via Teleconference (as required);	
		• End of Day Rapid Run Downs;	
		• Weekly Delayed Discharge meetings	
		• Links to Hospital Emergency Access & Winter Planning Meeting;	
		• We are conducting demand and capacity analysis (DCAQ) within Hubs to establish capacity gap	
		• Use DCAQ analysis to inform options analysis on options for increasing capacity at locality level.	
		• CRT proactively preventing avoidable COPD admissions.	
		• Falls - screening for patients falling at home, admitted with fall, or deemed at risk of future falls. System in place through Community Alarm & Telecare Service for uninjured fall patient. Developing improved onward referral pathways for winter 2018 with localities. This will be part of the Hub response for winter.	
		• GP Anticipatory Care Plans for nursing home residents/identified patients at risk well developed and active in x care homes.	
		• Closer working with Care Homes to avoid unplanned admissions to acute settings.	
		• Edinburgh has just implemented a sustainable	

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		community support programme which should deliver a 10% increase in care at home capacity over the winter period. • Implementation of the Carnall Farrar recommendations (1st quarter), which covers the winter period, will result in Hub redesign – one Hub in four locations – creating a single point of access and an improved interface between acute social work/community, as well as stretch targets for localities. By February 2019, the trajectory for Delayed Discharge will be 111 (currently 244). • Hospital at Home will be rolled out to the North West of the City - Work is ongoing to determine how we can build on last year's winter successes where 32 additional hospital discharges were facilitated by the enhanced Hub Services.	
Midlothian IJB			
• Prevention of hospital admissions where appropriate • Facilitate early discharges • Staffing and resources appropriate to meet demand	Morag Barrow, Lynne Paton, Hamish Reid, Caroline Myles, Anthea Fraser, Stuart Grant	▪ Proactive management of patients at risk and vulnerable adults in the community through Hospital at Home; ▪ MERRIT - immediate assessment and management of patients at risk of admission; ▪ Physio screening of moderate COPD patients at risk of admission; Increased capacity for CTR from January 2019 ▪ Falls - screening for patients falling at home, admitted with fall, or deemed at risk of future falls; ▪ Increase carer and OT capacity in MERRIT	complete

		▪ Increased carer capacity in Complex Care and Reablement ▪ Development of Discharge support team for Ortho/MoE patients from January 2019 ▪ GP Anticipatory Care Plans for nursing home residents/identified patients at risk; ▪ Close working with Care Homes to avoid unplanned admissions to acute settings, particularly in relation to accessing hospital at home to support admission avoidance ▪ Maximise capacity within hospital at home at 15 beds to respond to increasing demand ▪ Named single point of contact within Midlothian (Midlothian Flow Hub) and acute sites to respond to flow pressures. Bed criteria and process refines to maximise bed usage. ▪ Dedicated COPD advance physiotherapist to manage respiratory patients over the winter period, with clear alignment to the respiratory team at the RIE. Increase capacity for CRT form January 2019 to support additional access for GP	
East Lothian IJB			
Admission Avoidance	Senior Management Team H&SCP	• Proactive management of patients at risk and vulnerable adults in the community • Hospital at home service increasing to cover 07.00 to 20.00 seven days • Increase Hospital to Home teams up to six from five	In place and ongoing monitoring

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		• Rapid Response Service - immediate assessment and management of patients at risk of admission • Falls – screening for patients falling at home, admitted with fall, or deemed at risk of future falls. • Physio screening of moderate COPD patients at risk of admission • GP Anticipatory Care Plans for nursing home residents/identified patients at risk.	
Management of community activity	Lorraine Cowan Lesley Berry Jon Turvill Fiona Gallacher Val Reid Gordon Gray Nicola Cochrane Rona Laskowski	• Initiation of real time data reporting on hospital admissions and discharges • Ensure availability of multi-disciplinary team for patients returning from hospital and those being managed at home • Continuity planning for Care Provider organisations, carer support organisations and the charitable/voluntary sector. • Mental Health assessment services and community services over festive and winter period • Communicate hours of operation Primary Care Services & LUCS over festive periods and adjacent weekends Determine point of contact between Acute services and DN Services OOH	Ongoing

4. Strategies for additional surge capacity across Health and Social Care Services

Outcomes: • Risk of an increase in the levels of boarding medical patients in surgical wards in the first week of January is minimised. • Staffing plans for additional surge capacity across health and social care services is agreed in October.	*Local indicator(s):* • planned additional capacity and planned dates of introduction • planned number of additional staffed medical beds for winter by site and the planned date of introduction of these beds; • planned number of additional intermediate beds in the community and the planned date of introduction of these beds; • levels of boarding.

• Planned dates for the introduction of additional acute, OOH, community and social work capacity are agreed and that capacity is operational before the expected surge period. It is essential that additional capacity is developed alongside appropriate arrangements to create a safe and person centred environment.	• planned number of extra care packages • planned number of extra home night sitting services • OOH capacity • planned number of extra next day GP and hospital appointments

Action	Owner	Status	Complete
Royal Infirmary of Edinburgh			
Increased nursing resource in ED to support increased workloads	Gill Clarke	Enhanced bid following success of 2017/18 winter plan	Funding Approved and recruiting to additional posts
Additional consultant shift in Emergency Department at weekend	Gill Clarke	Strengthen ED at weekends reducing first assessment breaches and maintaining safe department	Funding Approved and rostering to additional ED PAs
Enhance ECAT team to include a frailty coordinator specifically for ED and interface Increased nursing resource in ED to support increased workloads associated with patient waits and direct ED patients to MATTS, Hubs and H@H teams, also including ortho H2H	Billie Flynn	This is in place and established	Funding Requested

Continue AMU 8 bed unit. Reduce pressure on ward ARC	Gill Clarke	Beds in place, staffing model in place	Ongoing
Increase Ambulatory Care capacity to relieve pressure on ED	Gill Clarke	embedded	In place
Establish Flow Centre direct appointment booking for Ambulatory Care to avoid unnecessary attendance at ED	Gill Clarke	embedded	In place
Weekend Emergency Department and Acute Medical Unit Toxicology cover	Gill Clarke	Manage increased Toxicology workload associated with Festive and then January period	Funding approved
Additional Day Shift ED doctor January and February	Gill Clarke	Support increased activity associated with bed waits to ensure safe department during periods of crowding	Funding approved
Additional Acute Medicine Specialty Doctor cover to strengthen out of hours AMU cover (Nov – Mar)	Gill Clarke	The CMT have reviewed medical cover across the 24/7 period. This post will target medical resource to periods of increased activity and weaker medical cover. Notably out of hours	Funding approved
Ambulatory Care Site Lead Advanced Nurse Practitioner	Gill Clarke	Strengthen the service we deliver to all GP referred patients expanding the number of 0-day LOS patients and thus reducing pressure on ED and bed capacity	Funding approved
Boarded Patients Site Lead Advanced Nurse Practitioner	Gill Clarke	National evidence demonstrates that boarded patients have a longer length of stay and poorer outcomes. This post will seek to improve this as well as supporting medical boarding teams to push the curve of discharge earlier in the day	Funding approved r

Increased Acute Medicine Specialty Doctor capacity to target Boarding patients to ensure earlier review and discharge	Gill Clarke	Push time of discharge earlier into the day for this group. The number of boarders under General Medicine doubles throughout winter. This post will help deliver a safe service to this patient. This post will also support the increased capacity resulting	Funding Approved
FY2 Locum cover for General Medicine boarded patients Support for seasonal increase in boarded patients to ensure early review and reduced LOS	Gill Clarke		Funding approved
Expand (currently 5 day) General Medicine Discharge Coordinator role to 7 days Improve early discharge and pull to General Medicine at weekends	Gill Clarke		Funding approved
Expand Complex Discharge Facilitator role to cover boarded patients Reduce LOS in Medicine	Gill Clarke		Funding approved
St John's Hospital/West Lothian IJB			
- Plan to open additional capacity for winter - Agree triggers for escalation when surge capacity likely - Work with HSCP re: robust plan for reducing number of delays on the SJH site and provision for POC availability	CSM/CNM/CD H&SCP	- Agree Trigger for surge capacity for additional acute beds - Joint SHH/HSCP Winter Plan and Integrated Winter Plan Meetings - Recruitment priority for community teams	Under review.
Western General Hospital			

• Enhanced Medical staffing cover in place for the festival surge days including additional overnight and weekend cover	Angela Tuohy (CSM)	Winter staffing plan agreed and additional staff arranged to cover	Complete for Dec and Jan 18
• Ward 15 will open to provide up to 29 Interim Care beds for patients who are delayed	Angela Tuohy (CSM)/ Fiona Gaskell (CNM)	• Additional Capacity to be provided in Ward 15 for Delayed Discharge patients, capacity to be open from Jan19 – March 19	Recruitment underway. GP cover confirmed.
Amended Boarding Policy for Site to ensure most appropriate patients are identified for boarding and LOS minimised,	Chris Stirling Site Director Johnny McKnight AMD	• Boarding Policy agreed through Hospital Management Group	Complete Oct 18
Appointment of Additional Discharge Co-ordinators	Angela Tuohy	• Additional Discharge Co-ordinators funded as part of winter plan to support reduction in LOS and engagement with Ward and HSCP teams	Recruitment underway
Increased capacity within OPAT team to support patients who are able to have their IV antibiotics on an Outpatient basis rather than Inpatient, freeing up Inpatient capacity.	Vivien McKay (CNM)	• Appointment of 1.6wte additional nurses to support OPAT	Recruitment underway

Enhanced cover within Respiratory Medicine to provide Early Supported Discharge for patients with COPD	Fiona Gaskell (CNM)	• Continuation of successful winter scheme from 2017/18 to appoint dedicated nurse to support early discharge of patient with COPD and effective links with Community Respiratory Team	Recruitment completed
Piloting of Discharge to Assess within North West Edinburgh and WGH	Mike Massaro-Mallinson	• Agreement to pilot D2A within North West Edinburgh and reduce number of patients waiting in hospital / reduce LOS	Recruitment underway
OPAS			
Increase transport to support transfers and discharges across Lothian and repatriations to other Boards across Scotland.	Flow Centre Management Team	Based on positive winter evaluation 2017/18 Recruitment underway	Funding requested
Provide alternative admission transport to GP urgent ambulances for GP admissions through the Flow Centre. By offering alternative transport types, patients will present earlier at the front door decreasing admission numbers. Offer GPs urgent outpatient appointments in identified clinics.	Flow Centre Management Team	Based on positive winter evaluation 2017/18 Recruitment underway	Funding requested
Extend the opening hours of the Flow Centre to accommodate transport bookings and GP urgent admissions. This will ensure that the extra capacity is maximised during the winter period.	Flow Centre Management Team	• Planned opening hours 08.00-23.00 weekdays and 08.00-18.00 weekends and PHs • 2 Flow Centre Coordinators weekdays to support increased call volume • Recruit nurse to provide clinical triage - underway	Funding requested
Edinburgh IJB			

	Hub Managers		ongoing
• Prevention of admission • Escalation and business continuity procedures • Anticipatory Care Planning (ACP) • Supporting GP Capacity		• Proactive management of patients at risk and vulnerable adults in the community through Locality Hubs along with - immediate assessment and proactive management of patients at risk of admission; • Falls - screening for patients falling at home, admitted with fall, or deemed at risk of future falls; this should improve falls admissions rate through pathways to be implemented for winter for those at high risk of falling. • Increased capacity of falls co-ordination post. • Closer working with Care Homes to avoid unplanned admissions to acute settings. **Winter Bids that have been funded for EHSCP are** :- • **Festive Practice** – provision for the second year of a city centre walk in clinic for 3 public holidays over the festive period (the service will not run on Christmas Day) Will avoid presentations at A&E, LUCS and IHTT • **CRT+** - The referral criteria of the Community Respiratory Team will be widened to include acute respiratory infections in frail elderly (by GP referral) without a diagnosis of chronic respiratory condition. • **Enhanced Locality Hubs** – The Hubs will be enhanced in the following ways: Assistant Practitioners will be employed to reduce falls presentations and reduce the risk of a further admission after a first fall; the number of staff undertaking enhanced discharge facilitation will be increased. These staff will be hospital	

| | | based and will directly track patients from specific localities to provide more consistent support to flow by supporting early discharge for more people; additional physiotherapy capacity will be provided to assess and treat people at risk of admission to support early discharge with the aim of providing rehabilitation in the home as an alternative to continued hospital stay and; hospital based social work will be increased in order to improve responsiveness and reduce length of stay and delay
• **Assistant Practitioners at Liberton Hospital -** will be employed to enhance multi-disciplinary teams by providing a trans-disciplinary role working across traditional occupational therapy, physiotherapy and nursing roles. The post holders would be ward based and support the delivery of the prescribed rehabilitation programmes and act as a liaison between team members, the patient and their families / carers by ensuring there is a consistent approach to the rehabilitation programme and the key goals and milestones agreed by the MDT are shared
• There will be **occupational therapy and physiotherapy cover at both Liberton and Astley Ainslie Hospitals** on the festive public holidays, to ensure rehabilitation therapy programmes are maintained on both sites to support patient flow.
• A **Discharge to assess** test of change will be implemented, targeting patients in hospital requiring rehabilitation and facilitating their pull | |

		to community. This joint bid will facilitate movement between the North West Hub and WGH high volume older people flow, providing equity of rehabilitation across the site and targeting patients currently prioritised out of treatment due to lack of capacity particularly in MOE and ORS and other areas across WGH. This will also improve patient function and resilience with the aim to reduce package of care requirements or requirements for continuing care, focus on realising capacity for pathway zero in Discharge to Assess, and reduce length of stay **Winter bids that remain unfunded but may be considered in the event of any slippage are:-** a. **PLAAN Phase 2** b. **ACPs & CMHTs** • **AWI/Guardianship**	
Midlothian IJB			
• Prevention of admission • Escalation and business continuity procedures	H&SCP Allister Short Anthea Fraser Morag barrow Stuart Grant	• Named single point of contact within Midlothian and acute sites to respond to flow pressures. Midlothian Flow Hub • Proactive management of patients at risk and vulnerable adults in the community through Hospital at Home; • MERRIT - immediate assessment and management of patients at risk of admission; • Physio screening of moderate COPD patients at risk of admission; • Falls - screening for patients falling at home,	

		admitted with fall, or deemed at risk of future falls; • Increase capacity of falls co-ordination post; • GP Anticipatory Care Plans for nursing home residents/identified patients at risk; • Closer working with Care Homes to avoid unplanned admissions to acute settings. ; • BC Operational Plans on shared drive for all essential services available to Senior Management and Clinical Managers; • Daily teleconferencing including daily morning UHD bed meetings during period of peak activity, when required • Daily safety huddle within Midlothian Community Hospital • Flow management and bad management process in place • Discharge support team for Ortho/MoE in place for January 2019	
East Lothian IJB			
• Prevention of admission	Lorraine Cowan Val Reid Margaret Drew	• Maintain review of availability of beds in Roodlands , Belhaven , Eddington and step down facility on an ongoing basis. • Develop mechanisms to maximise care at home • Reviewed and monitored daily at operational meetings • Report for weekly Informal Directors. Head of Service participate in weekly teleconference	Ongoing
5. Whole system activity plans for winter: post-festive surge/respiratory pathway			

Outcomes: • The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. Hospital models will include flows between front doors, receiving units, and downstream wards. • Monthly Unscheduled Care Meetings of hospital triumvirate, including IJB Partnerships and SAS (clinical and non-clinical) colleagues.	Indicators: • Daily number of cancelled elective procedures • Daily number of elective and emergency admissions and discharges • Number of respiratory admissions and variation from plan

Action	Owner	Status	Complete
Royal Infirmary of Edinburgh			
All flow activity to be managed in an 'anticipatory' way 24/48 hours in advance across all adult sites, downstream sites and the children's hospital. Those flow markers that indicate a sluggish system should be highlighted via the daily safety and planning meetings including: • inadequate discharges to match admissions • increased boarding activity across the site • medical boarding into the surgical specialities • increase in delayed discharges • norovirus outbreaks	Site Directors	• Escalation process now embedded • 2 hourly Safety Briefs in place in ED	

Additional RNS cover to support ED workload and support admission avoidance	Kim Dickson	• Approved as part of winter plan	Recruiting to posts
Increased FY2 cover Increased FY2 to support increased workload, support flow and discharge	Kim Dickson	• Approved as part of winter plan	Funding Requested
Double Consultant Weekend Cover Increase senior decision making to support increased acuity, flow and discharge.	Kim Dickson	• Approved as part of winter plan	Recruiting to ED
Additional RNS cover Support ED workload and support admission avoidance	Kim Dickson	• This links into the additional RNS staffing as afore mentioned	Recruiting to posts
Enhance staffing in Medical Day Case to flex up to 14 beds overnight Provide additional capacity to back door and facilitate regional flow Monday-Thursday	Kim Dickson	• Plan is to be flexible between Medical and Surgical Day Case and will take into consideration elective profiles of both units	Funding Requested
Day Surgery staffing 24/7 for flexing up to 20 pts per night	Iain Gorman	Opportunity to increase day surgery staffing to 20 patients per night, but will link in with Medical Day case as will plan to use both units flexibly	Funding Requested
Introduction of day care paracentesis service This service will be provided from clinical space in Ward 205 RIE This service has Consultant support and approval No increased consumables spend	Marie Gardiner	Avoidance of admission Reduction in length of stay Cared for in appropriate environment Improved patient and staff experience of service Early supported discharge	In place

St John's Hospital/West Lothian IJB			
The January 'in patient' elective programme to be reviewed for January and only urgent cases and cancer cases to be progressed as required for the H&N specialities. The day case programme to continue as usual and indeed increased as appropriate.	CSM/GM/Site Director	• In situ – nominal in-patient caseload for SJH	Ongoing
All flow activity to be managed in an 'anticipatory' way 24/48 hours in advance across all adult sites, downstream sites. Those flow markers that indicate a sluggish system should be highlighted via the daily safety and planning meetings including: • inadequate discharges to match admissions • increased boarding activity across the site • medical boarding into the surgical specialities • increase in delayed discharges • norovirus outbreaks	CMT/Site & Capacity	• In situ • Reviewed daily at Safety Huddle and frequently throughout the day thereafter as necessary. • Daily debrief to review previous day's performance with action planning. • Infection control integral at these meetings.	Ongoing
Respiratory • Respiratory team to manage 5/7 activity and outreach for the site. The team also to act as an interface with Primary Care and Hospital at Home teams. • The Respiratory Nurse Specialist Service at St John's will support SJH site and work with HSCP on admission avoidance • COPD care bundle supporting patient group. • REACT team together with REACH nurse and MOE team be a key link to support immediate and early discharge support over	CD/CNM REACH/MOE/REACT	• Under review • Model to be agreed • Pilot over winter. • Maternity leave within respiratory nursing team might impact on service- recruitment underway. • Recruitment underway	Ongoing Funding requested

these weekends in January. • Respiratory team will adapt job plan to provide daily respiratory ward round in MAU • WLHSCP increase physio support in rapid access hub			

Western General Hospital

The January 'in patient' elective programme to be reviewed for first 2 weeks cases and cancer cases and other clinically urgent patient to be progressed as required. The day case programme to be maximised and indeed increased as appropriate. All elective cases moved to day case pathway where possible (e.g. infusions)	Jenny Fleming (GM)	Plans will be discussed and shared at the Emergency Access meeting and NHS Lothian Unscheduled Care Committee	Winter Elective Plan will be shared at Site Emergency Access meeting in November 18
All flow activity to be managed in an 'anticipatory' way 24/48 hours in advance across all adult sites, downstream sites and the children's hospital. Those flow markers that indicate a sluggish system should be highlighted via the daily safety and planning meetings including: • inadequate discharges to match admissions • increased boarding activity across the site • medical boarding into the surgical specialities • increase in delayed discharges • norovirus / Influenza outbreaks	Site Director General Managers CSMs CNMs	Flow is managed in an anticipatory way across the sites and there is a collaboration and understanding re the interdependency around patient flow, repatriations, DTOC, and access to rehabilitation beds. There is also daily escalation in relation to flow markers which affect the site and actions are taken to mitigate risk. Revised Site Escalation Plan agreed through Hospital Management Group in October 2018	
Community Rehabilitation Team (CRT) and IMPACT Team should be a key link into this team and be available for immediate and early discharge support over January to March. Hospital at Home Teams should also be considered for East and Midlothian	Angela Tuohy CSM	Support enhanced CRT on the WGH Site and North of the city Funding confirmed and sharing of recommendation paper completed around the Early Supported Discharge Proposal for patients with exacerbation of COPD.	Funding Resource has been agreed. Recruitment complete

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patients		Enhancing links with the CRT	
Additional OPAT Capacity provided to support patients who require IV therapy but do not require a hospital bed	Angela Tuohy CSM Claire McIntosh RIDU Consultant	Funding has just been agreed and these plans	Funding Winter Resource has been agreed Recruitment process is in place
Discharge Lounge Utilisation must be increased.2 stretcher bays are available now. If used in higher figures and pre 12.	Angela Tuohy CSM (Medicine) All CSM/CNMS on Site Keren Tipton SIM	An audit has commenced of discharges across site to review opportunities to maximise use of Discharge Lounge. Use promoted and highlighted through the safety huddles. Review of the Discharge Lounge SOP underway and discussion on opportunities to maximise completed at Site Senior Charge Nurse fora	Completed. Ongoing Promotion of Lounge SOP Underway
OPAS			
Access to rapid access Respiratory clinic by GP Referral preventing admission to front door areas.	Flow Centre Management team	In place – Flow Centre take direct bookings	Complete
Identify patients from GP Referrals suitable for CRT and admit to CRT service Increase the use of alternatives to ED Admission through effective use of available ambulatory care capacity. Hospital @Home teams, and Moe react teams.	Flow Centre Management team	In place and use Dashboard to collate numbers	Ongoing

Edinburgh IJB			
Flow activity to be managed through the partnerships range of services and supports	H&SCP Management team Locality Managers Angela Lindsay Katie McWilliam	• Daily MATT Huddle with specific focus on the older patient and respiratory admissions to hospital, notably those patients with ACP. • 9.30am System Teleconference with the Acute Hospital with specific focus on patients who are able to discharge with support from CRT or other Hospital at Home Services (as required) • Ongoing weekly senior manager meeting to review and address all delays involving patients at weekly partnership wide Delayed Discharge meeting. Plus in the hospital sites there are weekly meetings to review all delayed discharges. • Increased support within Care Homes to review pathways and reduce hospital admissions through improved local care and decision making – Anticipatory Care Planning • Monitoring of care at home providers to ensure maximum contracted hours are being delivered and that appropriate level of care is being delivered particularly over the festive period. • CRT+ Team will be working with Acute Respiratory Services to mirror their January model of delivery. • Up scaling telecare deployment to over 65's and to meet 4-hour provision for Discharge to Assess • Chalmers – provision of a city centre walk in clinic for three of the public holidays over the festive period. Will avoid presentations at A&E,	Plan in place to be regularly reviewed and updated

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		LUCS and IHTT.	
Midlothian IJB			
Flow activity to be managed through the partnerships range of services and supports	H&SCP Management team	• Ongoing daily senior manager meeting to review and address all delays involving Midlothian patients • Midlothian Flow Hub established • Flow team established • Bed management process in place • Intermediate care facility revised flows • Hospital at Home team at 15 beds • MERRIT Hospital at Home operational as a 7 day service, with longer operating hours during weekdays • Hospital In-reach team • Established single point of contact for discharge planning within Midlothian and agreeing processes with RIE Discharge Hub • Increased support within Care Homes to review pathways and reduce hospital admissions through improved local care and decision making • Increased assessment and rehabilitation capacity within Highbank (intermediate care facility) and increased GP input to support local care management • Additional 5 beds in MCH for overflow • Agreed contingency planning in relation to adverse weather etc. across health and social	Complete

		care	
		• Ongoing active campaign to increase staff uptake of flu vaccination particularly within the social care sector (care homes/care at home) • Monitoring of care at home providers to ensure maximum contracted hours are being delivered • Dietetic cover on all Public holidays	

East Lothian IJB

Flow activity to be managed through the HSCP range of service and support plans (full plan attached)	David Small, Alison Macdonald, Lorranie Cowan, Trish Leddy	• Ongoing weekly senior manager meeting to review and address all delays involving patients at weekly partnership wide Delayed discharge meeting. Plus in the hospital sites there are weekly meetings to review all delayed discharges. • Increased support within Care Homes to review pathways and reduce hospital admissions through improved local care and decision making – Anticipatory Care Planning • Monitoring of care at home providers to ensure maximum contracted hours are being delivered and that appropriate level of care is being delivered particularly over the festive period.	Ongoing

6. Effective analysis to plan for and monitor winter capacity, activity, pressures and performance

Outcome: NHS Boards have and use a range of analysis to effectively plan for and monitor winter capacity, activity, pressures and performance at board and site levels		Indicators: • Agreed and resourced analytical plans for winter analysis • Use of system watch	
Action	**Owner**	**Status**	**Complete**
Royal Infirmary of Edinburgh			
'Real time' ED dashboard in place.	Gill Clarke	In place for leadership team, site and capacity. supporting early support and decision making to ensure safety	Ongoing
Full winter review at Emergency Access to capture learning for planning next winter	Gill Clarke	Complete and informed winter plan 2018/19 and will be undertaken as part of 2018/19 review of winter	Ongoing
St John's Hospital/West Lothian IJB			
Unscheduled Care Analytical team in post and based on acute sites. Regular analysis and reports shared with team to support monitoring and decision making. NHS Lothian Unscheduled Care Committee established and meet monthly.	Anne Stott- unscheduled care data analyst Jim Forrest	In situ. BBB focus. Dashboard reports updated 30 minutes.	Ongoing
OPAS			
Development of live dashboard in Tableau – data analysis to respond to changes in demand for transport	Flow Centre Management Team	In place	Complete

Attendance at Lothian Unscheduled Care Committee	Flow Centre Management Team	Regular attendance	Ongoing
Attendance at site specific winter planning meetings	Karen Brown		ongoing
Edinburgh IJB			
Data analysis to respond to increased demand	Data analysis to respond to increased demand	- Tableau Dashboard was further developed in 2017 - Specific output and measures associated with funding proposals - Philip Brown can support data and analysis	Systems in place and on-going monitoring and analysis
Midlothian IJB			
Data analysis to respond to increased demand	H&SCP Management team	- Partnership working with LIST analyst from ISD, Lothian Analytical Services and IJB data reporting to provide the analysis and projections to respond to demand appropriately – monthly dashboard developed - Frailty data analysis with tests of change in place - Development of Resilience Dashboard	Systems in place and on-going monitoring and analysis
East Lothian IJB			
Data analysis to respond to increased demand	H&SCP Management team	Partnership working with LIST analyst from ISD, Lothian Analytical Services and IJB data reporting to provide the analysis and projections to respond to demand appropriately	Systems in place and on-going monitoring and analysis

7. Workforce capacity plans & rotas for winter / festive period/ agreed by October				
Outcomes: • Rotas and workforce capacity plans for all disciplines are agreed for the winter (and particularly the 4 day festive holiday) period by October to underpin safe and effective health and social care. This should encompass all relevant health and social care services. • Maintain discharges at normal levels over the two 4 day festive holiday periods • Right level of senior clinical decision makers available over the two 4 day festive holiday periods.			*Local indicator(s):* • workforce capacity plans & rotas for winter / festive period agreed by October; • effective local escalation of any deviation from plan and actions to address these; • extra capacity scheduled for the 'return to work' days after the four da[ys] • number of discharges on each of the 4 day festive holiday periods compared to number of normal daily discharges	
Action	**Owner**	**Status**		**Complete**
Royal Infirmary of Edinburgh				
Hogmanay plan to be delivered. Manage the significant increase in ED activity over the New Year period.	Gill Clarke	This is the established ED plan which is delivered every Hogmanay and planning meetings have commenced		Funding Approved
Medical consultant rotas for all specialities to be reviewed to ensure adequate festive period cover, including the 4 day breaks, weekends and the time in between when senior reviews are critical to expedite discharge.	Clinical Directors	Rota to be developed and agreed		
Senior Charge Nurse Cover for the festive weekends and January month should be reviewed to ensure adequate 5/7 rota cover at band 6 and 7 level and should include night duty or extended days where appropriate.	Clinical Nurse Managers	Rota to be developed and agreed		
Dedicated Management support to be delivered for weekends from end of December onwards on all sites via the CNM and CSM Group and supported by a dedicated On Call Management Team.	General Managers	Rota to be developed and agreed		

St John's Hospital/West Lothian IJB			
Recruit to Additional medical staff for both ED and Medicine. Medical consultant rotas for all specialities to be reviewed to ensure adequate festive period cover, including the 4 day breaks, weekends and the time in between when senior reviews are critical to expedite discharge. Double on-call medical consultant at weekends for senior decision making	CD	• Winter medical staff – recruitment underway • Medical rotas being drawn up with increased staffing over PH weekends and New Year festive week.	Funding requested
Hogmanay Plan to be delivered which includes additional junior medical and nursing staff rostered within the ED inc. Enhanced nursing staffing for January – March		• Recruitment underway. • link to LUCS winter plan • Liaising closely with RIE	Under review.
Western General Hospital			
Medical consultant rotas for all specialities to be reviewed to ensure adequate over the festive period cover, including weekends and the time in between when senior reviews are critical to expedite discharge.	Clinical Directors / AMD's	Confirmed rota's to be provide at Emergency Access Meeting in November 18	Ongoing / November 18
The month of January should be given special consideration for consultant medical staff notably the weekends. Respiratory Medicine should consider and deliver (with support from medicine colleagues) double weekend on call for this month.	Angela Tuohy CSM	Weekend plans for Respiratory and Medicine for January to be confirmed by EA access meeting	On going
Senior Charge Nurse Cover for the festive weekends and January month should be reviewed to ensure adequate 5/7 rota cover at band 6 and 7 level and	Clinical Nurse Managers	Adequate cover arrangements will be discussed at EA meeting	On going

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should include night duty or extended days where appropriate.			
Dedicated Management support to be delivered for all days over festive period from Monday 17th December through to Wednesday 4 January with exception of Christmas Day and New Year's Day	Site Director	Requirement to ensure that appropriate Senior cover is available on site. Staffing levels agreed and in place over the festive period.	Rotas Confirmed
OPAS			
Festive Period and Holiday planning in situ. Flow Centre to remain open 7 days per week with extended hours over the Winter period to support increase in activity	Flow Centre Management team	• Rostering of appropriate staff and resources to cover increased services through the festive period • Manager will ensure leave is appropriately managed to ensure sufficient capacity to cope with winter demands. Annual leave over this period will be managed	ongoing
Attendance at Hogmanay planning meetings	Karen Brown	In situ	
Edinburgh IJB			
Festive period and public holidays	H&SCP management team	• Rostering appropriate staffing and resources to maintain services through the 2-week festive period. • Managers will ensure leave is appropriately managed to ensure sufficient capacity to cope with winter demands. A revised process had been agreed by CEC and NHSL HR. • On call rota for duty managers and clinical service leads are in place. • DN service runs 365 days a year with system to cover all weekends and PH across the year. • Emergency Social Work Service will continue to provide an emergency social work response to	Protocol in place

| | Pat Wynne | situations that occur out with core hours including public holidays throughout the winter period.
• Enhanced hub capacity will facilitate public holiday discharges.
• Pan city review of care home agency utilisation.
• Festive Practice – provision of a city centre walk in clinic for three of the public holidays over the festive period. Will avoid presentations at A&E, LUCS and IHTT. | |

Midlothian IJB			
Festive period and public holidays	H&SCP management team	• Rostering appropriate staffing and resources to maintain services through the festive period • On call rota for duty managers and clinical service leads • DN service runs 365 days a year with system to cover all weekends and PH across the year • Maximise capacity within MERRIT and COPD service	Staffing and rotas in place

Festive period and public holidays			
Outcome: • Patients are discharged at weekends and bank holidays to avoid unnecessary stays in hospital and to improve flow. • Robust planning and decision making midweek to support discharges for patients over a public holiday weekend for example Immediate Discharge Letters (IDLs), Pharmacy Scripts, Transport and Equipment to minimise delays		*Local indicator(s):* • % of discharges that are criteria led on weekend and bank holidays; • daily number of elective and emergency admissions and discharges. discharge lounge utilisation	
Action	**Owner**	**Status**	**Complete**
Royal Infirmary of Edinburgh			

All adult sites and the children's hospital to have adequate support services in place at the weekend and at the festive period (notably the second week of festive period) to ensure effective numbers of discharges are delivered this includes: • Flow Centre to support any additional transport vehicles as required. • Pharmacy support not only in pharmacy dept. but to consider pharmacy and technician support in ward areas, notably AMU. This will support junior medical staff. • Therapy support at front door areas over the festive period (notably the public holidays on the second week) and increased support at the weekends to the roaming teams especially January. • Consider weekend 'hospital' social work support to ensure timely assessments for patients admitted on Friday. Any additional support for the PH on the second week to be seriously considered.	Joan Donnelly Jenny Scott Lynne Douglas Forms part of Edinburgh H&SCP winter plan	Funding requested for weekend clinical pharmacy service for the month of January. Recruitment underway	
St John's Hospital/West Lothian IJB			
All adult sites and the children's hospital to have adequate support services in place at the weekend and at the festive period (notably the second week of festive period) to ensure effective numbers of discharges are delivered this includes:		Festive rotas planned with additional staffing on New Year Week and PH weekends. Increased AHP supported by winter funding.	Ongoing

• Transport hub to support any additional transport carriers as required. • Therapy support at front door areas over the festive period (notably the public holidays on the second week) and increased support at the weekends to the roaming teams especially January.	OP CMT AHP leads	Recruitment underway.	
Weekly review of weekend discharging with the MDT with planned actions.		In situ – DC Hub co-ordinators support all ward MDT's	Ongoing
Weekend senior nurse – provide overview of weekend position for Monday debrief.	CSM/CNM	Recruitment underway	Complete
Facilities support for rapid turnover of single rooms/beds.	AMD/CSM CNM Facilities		
Western General Hospital			
All adult sites and the children's hospital to have adequate support services in place at the weekend and at the festive period (notably the second week of festive period) to ensure effective numbers of discharges are delivered this includes:		Winter plans developed to provide this	Funding requested
Diagnostic support through radiology (mainly CT and Ultrasound), laboratories and endoscopy. A 'wait for test' BOXI report to be set up to highlight any waiting patients at any one time waiting on investigation to	Martin Hurst	Plans to be confirmed through Emergency Access meeting	November 18

support discharge decision-making. . Flow Centre to support any additional transport carriers as required.	Joan Donnelly Director for OAS		
Therapy support at front door areas over the festive period (notably the public holidays on the second week) and increased support at the weekends to the roaming teams especially January.	Alison Hynd / Veronica McLeod / Janet Johnson AHP Leads	Additional funding provided to Therapy Teams as part of Winter	Recruitment underway
Implementation of 7 day AHP working from October, with no expected impact on Monday – Friday flows especially through MOE/ORS/Stroke pathways		7 day working in place	Completed
Adequate social work support to ensure timely assessments for patients admitted over festive period and timely discharge. Any additional support for the PH on the second week to be seriously considered.	HSCPs IJBS Locality Managers		Ongoing
All Wards to under weekly Length of Stay meeting in conjunction with Discharge Hub to ensure discharge decisions are being taken which consider potential patients for 'Hospital to Home/Reablement Health model' – POC under 6 hours.	Discharge Hub/ CSMs CNM SCN	The weekly LOS meeting now visiting the wards and updating information real time in relation to patient discharge planning. Historically the focus at a generic weekly meeting has been on patients over 28 days Los. It is the intention that we will begin to look at 14 day	Ongoing

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		LOS. This fits into the one of the site 5 flow projects being undertaken re SAFER and identification of the stranded patient. The supported Resource from winter monies will enhance this process	
OPAS			
Flow Centre to extend the opening hours to support transfers and discharges at weekends and public holidays up to 12 midnight	Flow Centre Management Team	Well evaluated from winter 2017/18	Funding requested
Refer patients to alternative services (Hospital at home/ CRT/ rapid access clinics/ ambulatory care) to prevent admission	Flow Centre Management Team	In place but ongoing development of alternative pathways Now in place at SJH	Ongoing
Midlothian IJB			
Increased role for MERRIT and Midlothian Community Hospital to support discharge	H&SCP Joint Management team Stuart Grant Anthea Fraser	▪ Daily safety huddle now implemented within Midlothian Community Hospital ▪ MERRIT now working with Acute Medical Unit and ED to support discharge of patients ▪ Discharge support team in place from January 2019 ▪ Daily Delays meeting in place	Complete
9. The risk of patients being delayed on their pathway is minimised			
Outcomes: • Patients receive timely assessments in A&E, Acute Assessment Units, Acute Receiving Units and downstream specialty wards. Delays between decision to transfer/discharge and actual transfer/discharge are minimised. The capacity in these units reflects the arrival patterns and potential waiting times for assessment and/or transfer/discharge.		*Local indicator(s):* • distributions of attendances / admissions; • distribution of time to assessment; • distribution of time between decision to transfer/discharge and actual time; • % of discharges before noon;	

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Action	Owner	Status	Complete

• Patients in downstream wards are discharged earlier in the day to avoid unnecessary stays in hospital and to improve flow through the hospital. There is early engagement with SAS for ambulance discharge and transfer. • Medical and Nurse Directors provide monthly report on ward by ward, in/out balance, daily discharge progress and performance.	• % of discharges through discharge lounge; • % of discharges that are criteria led; levels of boarding medical patients in surgical wards.

Action	Owner	Status	Complete
Royal Infirmary of Edinburgh			
Daily flow activity continues to be monitored on all adult and children's sites and reported to Chief Officer via Control Room. The markers here includes: • admission and discharges • by noon discharges • boarding levels	Site Directors	In place	
Weekend rebalancing of 'health delays' from the Infirmary to all sites is critical given the UCC activity being carried by this site. This will ensure: • More appropriate use of beds and reduction of overall boarding numbers at the Infirmary site. This will allow the Infirmary to buffer Lothian UCC in the out of hours periods. • Reduction of medical boarding in surgical wards • The Infirmary's resilience in carrying the bulk of UCC activity for Lothian	Site Directors	In place	
St John's Hospital/West Lothian IJB			
Daily flow activity continues to be monitored on SJH	Site Director	• Focus remains here	Ongoing

site and reported to Chief Officer via Control Room. The markers here includes: • admission and discharges • by noon discharges • boarding levels		• Daily debrief of performance indicators and actions taken to improve	
Downstream Hospitals have admission and discharge quotas agreed and monitored in the same way as adult acute. - St Michael's and Tippethill.	Site Director/ Delayed Discharge lead.	• Increased focus will be on this. • High risk and concerns given current status. • Community Capacity and Demand scoping been requested and Trajectories to be returned to COO/CEO	Ongoing
SJH site need to be able to access Edinburgh downstream facilities due to number of Edinburgh delays.	Site Directors/ Discharge Hub	• Focus remains here • Daily debrief of performance indicators and actions taken to improve • Locality Hubs daily communication for all Edinburgh delays.	Ongoing
Weekend discharge should also be a focus in the downstream hospital and focus must be on: • Package of care restarts at the weekend • New package of care restarts at the weekends • Families 'gapping' POC until start on Monday	D/C Hub	• Agreed action plan with H&SCP	Ongoing
All boarding processes from wards to reflect identification of those patients who have an estimated date of discharge within 24 hr. Nurse Practitioners key to management of boarding patients.	CNMs/ Medical Staff	• Nurse practitioners in wards 9, 21 and 25 are identifying borders early in the day. • Criteria Led Discharge is priority • Ensure boarding documentation is completed for all patients to ensure junior doctors in boarding wards are informed and be able to discharge safely. • Boarding policy reviewed via cute medical	Ongoing

		director. Focus on safety and patient experience	
Western General Hospital			
Daily flow activity continues to be monitored on all adult and children's sites and reported to Chief Officer via Control Room. The markers here includes: • admission and discharges • by noon discharges (with aim of 30 discharges pre noon per day) • boarding levels	Site Director/ Leadership teams CSMs	Revised Site Escalation plans agreed with escalation triggers through Hospital Management Group Safety Huddles reviewed for effectiveness and revisions enacted including moving to two huddles per day 08300 and 1400 supported by a safety pause every 2 hours from 1100 to 2100 daily.	Completed
Weekend discharge should also be a focus in the downstream hospital and focus must be on: • Package of care restarts at the weekend • New package of care restarts at the weekends • Criteria led discharge • Families 'gapping' POC until start on Monday	Clinical Nurse Managers	All actions embedded into the system via the discharge Hub and SCNs. Updates are ongoing re the expectations when the patients are over their clinical episode. Resource from winter funding will enhance discharge hub staff presence on the ward and at weekends	Ongoing
Weekend rebalancing of 'health delays' from the Royal Infirmary to all sites is critical given the UCC activity being carried by the site:	Site Director Chris Stirling Kath Anderson Clinical Lead MOE/Stroke Andrew Coull Lead/ Older Peoples Services	There is a split of MOE discharges daily by 50% not including the ORS Rehab beds on a daily basis all year round. Weekend MoE Discharges are prioritised for patients transferring from RIE to support whole system 7 day working.	Ongoing
All boarding processes from Wards to reflect revised Boarding Policy and where possible back door	Johnny McKnight	Revised Boarding policy agreed through Hospital Management Group and shared across site	Completed through HMG

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boarders with confirmed EDD	AMD / Medicine Angela Tuohy CSM/ Medicine CNMs SCNs		October 18
Enhancement of the Mobile Medicine of the Elderly Team (MMOET) with increased medical, therapy staff to support review of patients and reduce Length of Stay	Kath Anderson (Clinical Director)	Extension of successful scheme in 2017/18 to reduce LOS of patients under MMOET with targeted medical and therapy staffing	Recruitment Underway
OPAS (Flow Centre)			
Plan and utilise transport for transfers/ discharges across all sites using Flow Centre vehicles if appropriate to reduce delays	Flow Centre Management team		Ongoing
Continue to admit patients to front doors earlier in the day, improving early discharge and preventing admission	Flow Centre Management team		Ongoing
Extend Flow Centre opening hours to manage transport for transfers and discharges OOH, reducing bed delays and improving patient flow	Flow Centre Management team	Well evaluated from winter 2017/18	Funding requested
Monitor transport times and performance and continue partnership working with SAS	Flow Centre Management team		Ongoing
Edinburgh IJB			
Enhanced staffing within the locality Hubs will facilitate additional discharges at weekends and on public holidays.	Hub Managers	• Weekend hospital discharges can be arranged at any point. This winter plan creates capacity for discharge planning to be undertaken at weekends, increases the support available to enable weekend discharges to happen and will	In place and ongoing monitoring

		provide a hospital presence to support active criteria led discharge at weekends and on public holidays for the Test of Change in North West as a minimum. The aim is for this to be City wide dependent on staffing levels. • Plans are in development for Hub staff doing Discharge to Assess to in reach to acute sites (RIE and WGH) at weekends and on public holidays. • Hub weekend services are under development • CRT will be working 7 days and public holidays •	
Ensure there is effective community capacity daily to support the essential discharge quotas from hospital for every patient, including those high risk patients.	Sheena Muir and DD Lead Hub Managers	DAILY FLOW ACTIVITY: • MATT Huddles of all hospital delays daily and facilitate timely provision of community supports. • UCC Debriefs to review previous day activity and escalation markers (as required) • Teleconferencing across sites re beds twice a day Monday – Friday (as required) • Single point of contact between Localities/Hubs and RIE Discharge Hub. Hospital in-reach to liaise on a daily basis with the Discharge Hub; WEEKLY • Weekly Partnership meeting focused on delayed discharges and weekly whole system teleconference. • Ensure availability of multi-disciplinary team for patients returning from hospital and those being managed at home via the Hubs;	In place and ongoing monitoring

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		OTHER • Continuity planning for Care Provider organisations, carer support organisations and the community & voluntary sector. • Work underway to implement referral pathway from Social Care Direct to Locality Hubs and inter referrals between flow centre and the Hubs. • Carer Discharge Support Workers within each locality hub and each hospital site. • Pathways into Hubs and from Hubs to other services to be reviewed to ensure accessibility and to remove duplication. • Falls – priority actions identified for winter period • Proactive identification of people at risk or falls within localities – development of fall 'hotspots' map. Prioritise training and falls assessments. • Long Term Conditions Team working with Scottish Ambulance Service to develop service COPD patients • Establishing training to be delivered by falls team within identified care homes • Review of Fallen Uninjured Person Pathway (FUPP) (hosted by CATS) test of change: extend scope to fallers at home alone. • Review falls pathways for people referred to Day hospital - ensuring seamless information flow to/from hubs and GPs	
Midlothian IJB			
Management of community activity and supported	H&SCP Joint	• Daily use of data reporting on hospital	Complete

early discharge	Management team	admissions and discharges and circulated to all senior managers for action • Weekly bed meeting led by Head of Service and attended by RIE Discharge Co-ordinator • Daily bed meetings/reporting in place • Hospital in-reach continue to liaise on a daily basis with the Discharge Hub; • Single point of contact between Midlothian (Midlothian Flow hub) and RIE Discharge Hub; • Ensure availability of multi-disciplinary team for patients returning from hospital and those being managed at home; • Continuity planning for Care Provider organisations, carer support organisations and the community/voluntary sector; Additional capacity added for winter resilience for Care at Home	
East Lothian IJB			
Management of community activity	Lorraine Cowan Lesley Berry Jon Turvill Julie Churchill Val Reid Nicola Cochrane Rona Laskowski	• Initiation of real time data reporting on hospital admissions and discharges • Ensure availability of multi-disciplinary team for patients returning from hospital and those being managed at home • Continuity planning for Care Provider organisations, carer support organisations and the charitable/voluntary sector. • Mental Health assessment services and community services over festive and winter period • Communicate hours of operation Primary Care Services & LUCS over festive periods and adjacent weekends • Determine point of contact between Acute services	Ongoing

		and DN Services OOH	

10. Communication Plans

Outcomes: • The public and patients are kept informed of winter pressures, their impact on services and the actions being taken • Effective local and national winter campaigns to support patients over the winter period are in place. • Staff are engaged and have increased awareness of the importance of working to discharge patients over the two 4 day festive holiday periods.	**Indicators:** • daily record of communications activity • early and wide promotion of winter plan

Action	Owner	Status	Complete
Royal Infirmary of Edinburgh			
Daily inter site communications will be enhanced to ensure focused discussion on site activity, pressures and resilience planning for acute and downstream sites.		In place	Ongoing
The 9.30am system teleconference is the key communication point and this will be chaired by the lead for Flow and Capacity, which is then escalated to site leadership team		In place	Ongoing
Lothian wide communication plan on signposting patients on where best to access care and self-management In liaison with SG communication team, reinforce message that Monday of both festive breaks is a	Corporate Communications	Developing media campaigns	On going

normal working day			
St John's Hospital/West Lothian IJB			
Daily inter site communications will be enhanced to ensure focused discussion on site activity, pressures and resilience planning for acute and downstream sites. • The 9.30am teleconference is the key communication point and this will be chaired by the Lead for Flow and • Link in with Communications team re: plan for communicating with the public regarding winter		In situ Link to wider NHSL comms strategy for winter.	Ongoing
Western General Hospital			
Daily inter site communications will be enhanced to ensure focused discussion on site activity, pressures and resilience planning for acute and downstream sites.	Site Management Team	A well-established teleconference meeting 3 times daily and is increased over winter when required. This is a whole system conference call lead by Site & Capacity and during Winter period will involve Site Management Teams as required	Completed
A Winter Update to be provided through Newsletters on monthly basis with updates for all staff through Connect to WGH magazine	Chris Stirling Site Director Communications Dept.	Well Established	Completed
Communications plan developed to promote use of Minor Injuries Clinic for suitable patients and	Chris Stirling Communications Dept.	Comms plan through Social Media etc promoting use of Minor Injuries Clinic at WGH underway	Ongoing

publicised appropriately throughout Lothian			
OPAS			
Attend daily teleconference with sites as required and also regular attendance at Site safety huddles from OAS CNMs and other management representative	Karen Brown	In place	
Use Refhelp/ and leads in primary care to support communications as required. Use of Flow Centre website as required	Flow Centre Management Team	Ongoing	
Edinburgh IJB			
Information Management	Ann Duff / Eileen McGuire	- Briefing & copy of winter plan to all on call clinical staff and partner organisations. - Regular local winter planning meetings with key partners and feed into the Lothian Winter Planning meetings. - Communications is a standing item on EHSCP Winter Planning Group agendas. - A first draft of this year's Communication Plan has been developed. Priorities to be agreed and then these have to fit with the NHSL overarching Communications Strategy which will take the lead on the wider winter communications - A series of targeted communications began on 22 October vaccination for: - High risk/frontline staff about getting the flu vaccine - Care home staff about the importance of	

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		- anticipatory care plans - Social Care Direct staff to allow them to signpost callers to the right service - Homecare staff on keeping themselves and clients safe and healthy over winter - Those with long term condition - Those most at risk of falling - Unpaid carers	
Midlothian IJB			
Information Management	Allister Short, Morag Barrow and Helen Amos	• Weekly circular on H&SCP winter plan and identification of any issues; • Briefing/copy of winter plan to all on call clinical staff and partner organisations; • Regular local winter planning meetings with key partners	Protocol in place
East Lothian IJB			
Management of Information	Alison Macdonald, Sharon Saunders, Barbara Renton	• Weekly circular on winter plan • Briefing/copy of winter plan to all on call clinical staff and partner organisations • Duty Management over Christmas and New Year period available to clinical staff and partner organisations	In place

Co-ordination of information	Alison Macdonald, Sharon Saunders	• East Lothian H&SCP representative at all Daily, Weekly, monthly meetings. Attendance at daily bed meetings	In place
11. Preparing effectively for norovirus			
Outcome: The risk of Norovirus outbreaks becoming widespread throughout a hospital is minimised through the effective implementation of the HPS Norovirus Outbreak Guidance (2016 / 17).	**Indicators:** • number of wards closed to Norovirus • application of HPS Norovirus guidance.		
Action	**Owner**	**Status**	**Complete**
Royal Infirmary of Edinburgh			
Infection Control and Surveillance should be raised at every site Safety Huddle by the nominated IC Nurse for the day and any concerns on any issues of IC including Norovirus should be raised at this time with appropriate and specific actions agreed.	Lyn McDonald	IPCN will also advise of respiratory outbreak concerns.	Ongoing
Where outbreaks are noted, specific consideration will be given to these areas and a review by the Associate Nurse Director for the site to ensure local plans and approach are robust and in place. This includes HPS Guidance.	Jacqui Macrae	• HPS guidance for outbreaks Norovirus now embedded • Liaise with Site IPCN • All outbreaks – norovirus and respiratory – will be reviewed daily by IPCNs, including weekends.	Ongoing
External communications from the site to other sites in the system will be robust and via the Control Room. This will ensure any high risk patient transfers across the system are noted and precautions taken for any emergency admissions to			

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any site via this route.			
St John's Hospital/West Lothian IJB			
Infection Control and Surveillance should be raised at every site Safety Huddle by the nominated IC Nurse for the day and any concerns on any issues of IC including Norovirus should be raised at this time with appropriate and specific actions agreed.	Site Director/AND/ AMDs	In situ	Ongoing
Where outbreaks are noted, specific consideration will be given to these areas and a review by the Associate Nurse Director for the site to ensure local plans and approach are robust and in place. This includes HPS Guidance.	AND/AMD/ SIC team leads	In situ	Ongoing
External communications from the site to other sites in the system will be robust and via the Control Room. This will ensure any high risk patient transfers across the system are noted and precautions taken for any emergency admissions to any site via this route.	Management team	In situ	Ongoing

Uniform Policy will be emphasised at every site safety huddle and a critical friend approach will be taken as usual for all uniformed and non uniformed staff. Hand hygiene will be emphasised at every opportunity.	AND/CNM	• Ongoing surveillance • Audits • Strict adherence to absence policy if Norovirus outbreaks.	Ongoing
Western General Hospital			
Infection Control and Surveillance should be raised at every site Safety Huddle by the nominated IC Nurse for the day and any concerns on any issues of IC including Norovirus should be raised at this time with appropriate and specific actions agreed.	Chris Stirling Site Director	Discussed daily at the site Safety Huddle	
Where outbreaks are noted, specific consideration will be given to these areas and a review by the Associate Nurse Director for the site to ensure local plans and approach are robust and in place. This includes HPS Guidance.	Catriona Rostron AND		
External communications from the site to other sites in the system will be robust and via the Control Room. This will ensure any high risk patient transfers across the system are noted and precautions taken for any emergency admissions to any site via this route.	Lorraine Ferrier Team Lead S&C .WGH		

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Weekend Infection Control service will be reviewed to ensure on-site support during the winter and especially where there are outbreaks to be managed	Infection Control	TBC re Winter resource	
Uniform Policy will be emphasised at every site safety huddle and a critical friend approach will be taken as usual for all uniformed and non-uniformed staff.	All Clinical teams		
Hand Hygiene will be emphasised at every opportunity.	All clinical team		
OPAS			
Where infections are noted at time of patient transport booking, the infection control transport process will be followed and a review by the Associate Nurse Director to ensure local plans and approach are robust	Anne Donaldson, Flow Centre management team		ongoing
External communications from sites to other sites and partners including SAS will be robust. This will ensure any high risk patient transfers across the system are noted and precautions taken for any transfer or emergency admissions to any site	Anne Donaldson, , Flow Centre management team		ongoing
Edinburgh IJB			
Robust Norovirus outbreak management Introduction and monitoring of the HPS Norovirus Outbreak Guidance (2016/2017)	Sheena Muir + Cluster Managers	• Clinical Nurse Managers to ensure HAI protocols in place. • Ensure care home managers are aware of and implementing infection control procedures across care settings.	Ongoing

		• Links with Care Home Liaison and specific objective re this issue. • Ensure compliance with all infection control procedures.	
Midlothian IJB			
Norovirus outbreak Introduction and monitoring of the HPS Norovirus Outbreak Guidance	Hamish Reid, Stuart Grant and Caroline Myles	• Clinical Nurse managers to ensure HAI protocols in place • Ensure care home managers are aware of and implementing infection control procedures across care settings. • Links with care home nurse advisor and specific objective re this issue • Ensure compliance with all infection control procedures	Complete and ongoing
East Lothian IJB			
Norovirus	Lorraine Cowan Val Reid Charge nurses Julie Churchill Infection Control Nurse	• Group Service Manager to ensure HAI protocols in place • Ensure compliance with all infection control procedures • Ensure Care Home Managers are aware of and implementing infection control procedures across care settings • District nurses to ensure that procedures are in place within the community to comply with infection control policies.	Complete and ongoing
12. Delivering seasonal flu vaccination to staff and public			

Outcome: CMO uptake targets for seasonal flu vaccination for those aged 65 and above, at risk groups and front line staff are delivered in accordance with CMO Guidance		Indicators: • % uptake for those aged 65+ and 'at risk' groups; • % uptake of staff vaccine by site / speciality and variance from planned levels in line with CMO .	
Action	**Owner**	**Status**	**Complete**
Royal Infirmary of Edinburgh			
Seasonal Flu, Staff Protection & Outbreak Resourcing All sites have a flu programme in place commenced October and will be led by the Associate Nurse Director. This will be supported by a Healthy Working Lives Initiative to ensure staff remain in good health during the winter period. NHS Lothian communication campaign in pace supporting optimal uptake of flu vaccination	Jacqui Macrae	Flu vaccine programme underway	Ongoing Ongoing
St John's Hospital/West Lothian IJB			
NHS Lothian communication plan encouraging flu vaccination uptake All sites have a flu programme in place	AND/ Chief Nurses and GP practices	• Plan commenced • Ward/ flexible service clinics to function again this year. • GP practices to deliver vaccination programme to at risk groups	Ongoing

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		• PCCO supporting vaccination of house bound • Flu programme to be delivered across all sites to maximise uptake by all Health and social care staff inclusive of Care at Home and Nursing Homes	
. This will be supported by a Healthy Working Lives Initiative to ensure staff remain in good health during the winter period. Vaccination of Risk Groups by General Practice			
Western General Hospital			
All sites have a flu programme in place commenced October and lead by the Associate Nurse Director. This will be supported by a Healthy Working Lives Initiative to ensure staffs remain in good health during the winter period. WGH site to aim exceed 80% staff vaccination rate	Catriona Rostron AND	Regular update re uptake from October. Update Required re vaccination of frail inpatients Patients status in relation to vaccination will be requested as part of algorithm used by Flow Centre and LUCS when GP requests assessment/admission	On going
OPAS			
Ensure all Flow Centre staff in contact with patients have the seasonal flu vaccination	Karen Brown	Plan in place	Ongoing
Edinburgh IJB			
Seasonal Flu	Pat Wynne	• Carer vaccination to be encouraged by GP practices. Also when vaccinating housebound, carers should also be vaccinated for care homes and community hospital long stay patients. • Ongoing active campaign to increase staff uptake of flu vaccination particularly front line	Ongoing

		staff with patient contact and including the social care sector (care homes/care at home). • A Housebound Flu Vaccination team is in place • Flu Champion identified for each locality, hosted services, HBCCC and Rehab. • Clinic dates are published on Council Orb and NHSL Intranet.	
Midlothian IJB			
Seasonal Flu	Hamish Reid Caroline Myles, Mairi Simpson	• Carer vaccination to be encouraged by GP practices. Also when vaccinating housebound, carers should also be vaccinated for care homes and community hospital long stay patients. • Housebound patients not known to DN or frequent visit to GP needs to be introduced • Comprehensive vaccination plan in place across health and social care, including care homes and care at home staff, both internal and external service providers	Plan in place
East Lothian IJB			
Seasonal Flu	Lorraine Cowan Jon Turvill Patricia McIntosh Val Reid	• Carer vaccination to be encouraged by GP Practices and also offered to carers of the housebound patients. • Injection sessions for council and NHS staff planned – take up rates to be monitored. This is done retrospectively but locally could be captured. • Effective outbreak policies and procedures in place. Outbreak reports are provide daily and outcomes are communicated	Plan in place

		• District nurses to ensure that all eligible patients in the community are vaccinated.	

13. Other Areas for inclusion

a) Facilities Capacity

Western General Hospital

Additional domestic staff will be available over the winter period to ensure room cleans do not delay patient flow.	Gordon Fender Facilities Senior Manager WGH Site	Resource for winter and public holidays TBC Confirmation re bed model to be provided on the site is required.	Completed. 29 beds in Ward 15
Additional portering staff will be available over the winter period to ensure physical patient flow is maintained.	Gordon Fender Facilities Senior Manager WGH Site	As above in relation to meal provision more patient movement etc.	Completed. Recruitment process is in place

Allied Health Professionals

Additional AHP resourcing to support decision making at front door	Marie Macrae	Additional input from AHPs into rehabilitation will mean that patients are more resilient on discharge which may help to reduce readmissions within the short period following discharge. B4 Assistant Practitioners at the front door targeting 'fallers' and providing appropriate follow up at home to reduce in unnecessary admissions.	Funding Requested

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Additional Adult Physiotherapy and Occupational Therapy posts on RIE and WGH sites, Adult Speech & Language Therapy post for the acute service and Paediatric Physiotherapy post at RHSC. These posts will: • Have the capacity to provide additional rehabilitation whilst patients are in Hospital with the aim of improving their resilience on discharge in order to try to prevent readmission and to reduce the level of need for community services. • Have the capacity to liaise with community Discharge to Assess team to enable them to 'pull out' patients earlier. • As part of the MDT, help to reduce LOS and 'Ready to Go' time to aid patient flow. • Have the capacity to increase input into critical care and acute respiratory patients with the aim of reducing LOS and helping to prevent unnecessary admissions and attendances at ED. • Have Band 4 Assistant Practitioner OT within RIE and WGH at the front door to target 'fallers' to try and prevent admission and to provide follow up at home. • Have increased capacity to respond within 24-48 hours to patients with acute swallowing problems to promote early rehabilitation and to reduce LOS and therefore aid patient flow.	Marie Macrae	Posts currently being recruited	Funding Requested

Delayed discharge Ward 15 Western General - Adult Physiotherapy & Occupational Therapy	Marie Macrae	• Test of change model to increase rehabilitation to patients whose discharge has been delayed. To maintain/increase resilience, prevent de-conditioning/deterioration, to improve function with the aim to reduce package of care requirements or requirement for continuing care and to improve complex discharge planning	Funding Requested
Rehabilitation/supporting discharge (Discharge to assess) - Adult Physiotherapy & Occupational Therapy RIE	Marie Macrae	• Test of change model replicating the MMOET model tested at WGH Jan-Apr 2018. Additional winter staff will target patients requiring rehabilitation and facilitate their move to the community. • Staff will work closely with IJB colleagues. This will free capacity for the acute staff to assess and treat the more acutely ill patients who require to remain in hospital.	Funding Requested
Rehabilitation/supporting discharge (Discharge to assess) - Adult Physiotherapy & Occupational Therapy WGH	Marie Macrae	• Test of change model using the MMOET model 2017/18. Additional winter staff will target patients requiring rehabilitation and facilitate their move to the community. • Staff will work closely with IJB colleagues. This will free capacity for the Acute staff to assess and treat the more acutely ill patients who require to remain in hospital.	Funding Requested
Paediatric Physiotherapy Service - treatment of an increased number of respiratory patients in hospital and supporting hospital to home for immediate discharge (from A&E) and/or early supported discharge (from wards) with the aim of preventing admissions	Marie Macrae	• In addition there will be liaison with School Nurses, Health Visitors, Community Children's Nurses, Paediatric Oncology Outreach Nurses and other HCPs regarding anticipatory and preventative care and a more 'rapid response' service for the most vulnerable children at risk of admission, particularly CF, complex respiratory, complex neuromuscular home ventilated and oncology patients.	Funding Requested

Radiology			
Additional Radiographer cover- CSW/RDA and portering cover	Martin Hurst	• Proposals will ensure additional reporting capacity is provided for the three month period as WLI sessions and some extended days, to keep on top of the additional workload and avoid delays in reporting.	Plan for recruitment in place (Funding Requested)
Public Health – Flu Programme			
Staff Flu Vaccine	Ruth Burns	• Clinics already underway • New campaign for 'Be a Superhero' launched to compliment clinics	Ongoing
Housebound Flu Immunisation Programme	Ruth Burns	• Last year 90 practices participated and submitted their data. • This year we can expect an increase in uptake due to successful delivery and also the pressures that general practices find themselves under. • 122 general practices. Work ongoing with Chief Nurses to ensure a more integrated approach with HSCPs and their staff	Ongoing

Unscheduled Care Update: Out of Hours Urgent Primary Care

A short summary of issues affecting Out of Hours (OOH) Urgent Primary Care is given below.

Within Lothian, these services are provided by the Lothian Unscheduled Care Service (LUCS).

LUCS has been facing increasing challenges in maintaining primary care unscheduled care services in the out of hours period (defined as 6pm to 8am weekday nights and all day at weekends and public holidays). These problems are affecting many other services in Scotland.

1. Staffing matters:

The main issue within LUCS is the ability to recruit and retain enough clinical staff – both nurses and GPs –adequately to fill the rota.

Nursing recruitment and training has featured very heavily in LUCS in the last three years. The development of more nurse practitioner roles, including at ANP (Band 7) has been an explicit aim of the service in workforce development. However, the rate of losses of nursing staff to other roles has proven to be exceptionally high, with LUCS unable to recruit and train new nursing staff at a rate that ensures a robust rota. LUCS is seeing high numbers of staff taking up roles in day time general practice. These are both in NHS and GP practice employment. Practices are free to set their own terms and conditions and this can prove attractive to staff.

Gaps in nursing rotas have to be filled by doctors which is a more expensive option and increases demand on an already pressurised medical workforce.

OOH primary care services were partially disconnected from the GMS contract in 2003/4 with practices able to opt out. In the new contract 2018/19 it is further disconnected and is not a core responsibility. Practices now have to opt in. No practice in Lothian has opted in.

There is a risk that that the new GMS contract will further impact negatively upon GP availability for OOH work in the short to medium term. The implications of the new contract are not yet fully realised, but improved terms for GPs to work in-hours may reduce staff available to participate in OOH work.

As a profession, GPs are being advised that tax, pension and National Insurance charges make it uneconomical to continue to work out of hours shifts. GPs are responding by advising LUCS that these changes will result in them not participating in OOH rotas.

Historically, LUCS's rates of GP pay for OOH working were favourable compared to those for in-hours, but the differences in pay have reduced recently, and the concern is that the OOH financial offer to GPs is now insufficient to achieve participation. LUCS has noted that other OOH services in Scotland have enhanced rates of pay recently, and there is concern of staff loss to other neighbouring areas.

Feedback suggests GP job satisfaction is reducing from OOH working, due to the pressure on rotas and the relative effect of an increased workload.

2. Service Consolidation:

Increasingly, LUCS is having to amend its service delivery model in order to deliver a sustainable service. Consolidations of bases at short notice, and decisions to deploy reduced numbers or hours of home visiting vehicles is being required routinely.
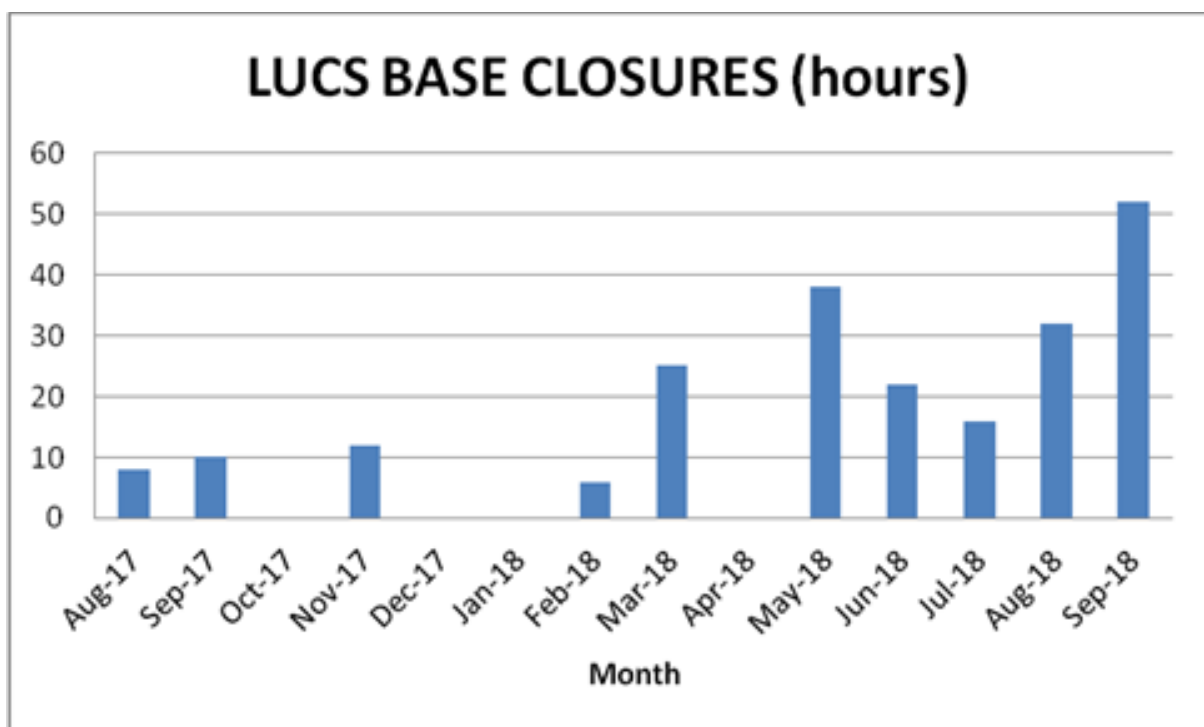
In nearly all such occasions, the cause of these consolidations is lack of available staffing, often as a result of late-notice sickness. More generally, there remain gaps within clinical staffing rotas – affecting both GP and nursing staffing – due to factors such as an inability to recruit to positions and a high rate of loss of staff to in-hours opportunities (this is especially true for LUCS nursing staff).

3. Demand Patterns:

Demand for LUCS increases in the autumn/winter, and reduces somewhat in the Spring/Summer. This is the opposite to the demand profile of ED demand.

Colds, fevers and flu like symptoms drive much of this demand profile. Staffing sickness levels also increase during autumn/winter, adding pressure to service delivery as well.

LUCS Contacts Oct 2017 - Sep 2018 (Data taken from Adastra)
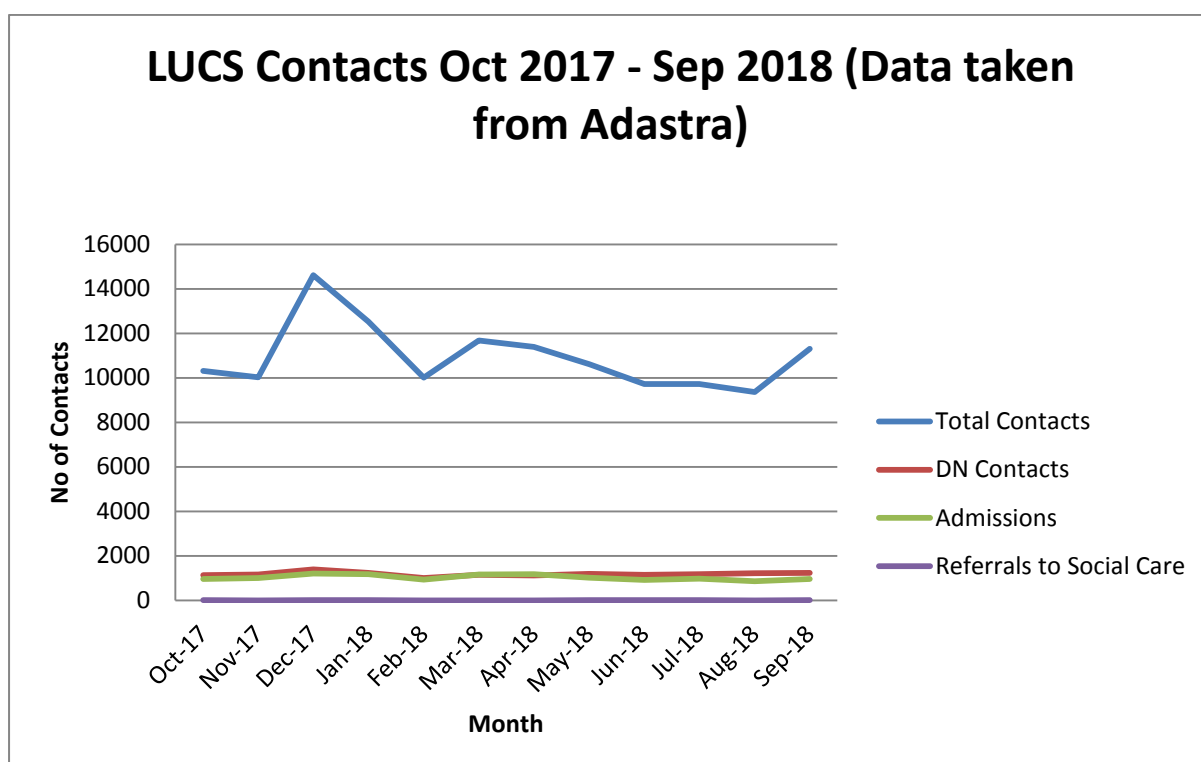
4. Festive Holiday Services:

Filling service rotas can be challenging at both Christmas and New Year. LUCS offers higher rates of pay for medical staff to support uptake, whilst nursing staff are rostered to key shifts for the period. Challenges are experienced in staffing non-clinical duties in the service at this time, as staff are not contracted to day-time shift working. LUCS finds that a small pool of volunteers offer to work each year, which is both a risk to morale and service viability. Services with similar issues, such as NHS24, suspend their normal rotas and produce exceptional rotas for the period.

5. Actions Underway:

NHS Lothian has established two work programmes to address these issues.

The Urgent Care Resource Hub Programme Board has been established to implement the recommendations of the Ritchie Review from 2015 with a view to bringing a range of other services into the out of hours period e.g. pharmacy, mental health, social work, third sector.

An Operational group has also been established to manage shorter term issues such as terms and conditions and working conditions/locations.

As described in paragraph 3.43, each service has developed performance trajectories based on established DCAQ methodology. Below is a summary of performance against these trajectories.

OP Performance against Trajectory

The 2018/19 outpatient trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 12 weeks for a new outpatient appointment.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NHSL OP Over 12 Wks at Month End Performance	21,055	22,357	23,478	23,946	24,283	25,110	25631	25818					
OP Trajectory with WLIs	22209	23055	24016	22840	24368	25164	26562	26290	26451	27259	27025	26851	26004
Difference	-1154	-698	-538	1106	-85	-54	-931	-472					

IPDC Performance against Trajectory

The 2018/19 IPDC trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 12 weeks for an Inpatient or Daycase procedure.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NHSL IP TTG Over 12 Wks at Month End Performance	2,277	2,381	2,317	2,137	2,102	2,110	2214	2186					
IP Trajectory with WLIs	2367	2419	2614	2103	2029	2354	2289	2321	2287	2433	2860	2997	2989
Difference	-90	-38	-297	34	73	-244	-75	-135					

Gastroenterology Diagnostic Performance against Trajectory

The 2018/19 Gastroenterology diagnostic trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 6 weeks for a diagnostic procedure.

Specialty Description	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Upper Endoscopy patients waiting over 6	1,183	1,157	1,136	1,159	1,220	1265	1304					
Colonoscopy patients waiting over 6 wks	1,334	1,413	1,602	1,940	1,835	1833	1695					
Flexible Sigmoidoscopy (Lower Endoscopy) patients waiting over 6 wks	470	529	565	592	658	711	725					
TOTAL GI Performance	2,987	3,099	3,303	3,691	3,713	3,809	3,724	0	0	0	0	0
GI > 6/52 Trajectory	3289	3346	3447	3403	3193	3224	3097	3197	3183	3197	3023	2831
Difference	-302	-247	-144	288	520	585	627					

Urology Diagnostic Performance against Trajectory

The 2018/19 Urology diagnostic trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 6 weeks for a diagnostic procedure.

Specialty Description	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Flexible Cystoscopy	743	618	573	496	384	313	210					
Urology > 6/52 Trajectory	909	812	617	580	543	505	427	349	271	193	115	37
Difference	-166	-194	-44	-84	-159	-192	-217					

Radiology Diagnostic Performance against Trajectory

The 2018/19 Radiology trajectories and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 6 weeks for a Radiology scan.

Radiology - CT Lothian	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Trajectory incl WLI 6 weeks	30	27	23	19	16	12	0	0	0	0	0
Performance	31	12									

Radiology - MRI Lothian	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Trajectory incl WLI 6 weeks	580	470	360	250	140	30	0	0	0	0	0
Performance	530	229									

Radiology General Ultrasound (not vasc)	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Trajectory incl WLI 6 weeks	10	30	20	10	30	20	0	0	0	0	0
Performance	10	11									

Cancer Performance

The following tables details 31 and 62 day cancer performance both in terms of actual patient numbers and % performance.

Cancer Performance 31 days (%) by month

	Sep 17		Oct 17		Nov 17		Dec 17		Jan 18		Feb 18		Mar 18		Apr 18		May 18		Jun 18		Jul 18		Aug 18		Sep 18		Quarter vs Quarter Performance
All Cancer types	280/299	93.6%	348/363	95.9%	342/367	93.2%	276/298	92.6%	302/337	89.6%	271/291	93.1%	273/301	90.7%	294/318	92.5%	312/338	91.9%	315/341	92.4%	301/326	92.3%	329/347	94.8%	283/300	94.3%	⬆ 1.7%
Breast (screened excluded)	36/36	100.0%	40/40	100.0%	40/40	100.0%	33/33	100.0%	23/23	100.0%	31/31	100.0%	34/34	100.0%	44/44	100.0%	42/42	100.0%	44/45	97.80%	43/44	97.7%	60/60	100.0%	40/40	100.0%	⬇ 0.0%
Breast (screened only)	24/24	100.0%	40/40	100.0%	42/42	100.0%	37/38	97.4%	26/27	96.3%	32/32	100.0%	30/30	100.0%	35/35	100.0%	28/28	100.0%	26/26	100.00%	34/35	97.1%	27/28	96.4%	36/36	100.0%	⬇ -2.2%
Cervical (screened excluded)	2/2	100.0%	4/4	100.0%	1/1	100.0%	2/2	100.0%	1/1	100.0%	5/5	100.0%	5/5	100.0%	2/3	66.70%	3/3	100.0%	0/0	N/A	7/8	87.5%	3/3	100.0%	9/9	100.0%	⬆ 15.0%
Cervical (screened only)	2/2	100.0%	0/0	N/A	1/1	100.0%	1/1	100.0%	2/3	66.7%	2/2	100.0%	1/1	100.0%	4/4	100.0%	0/0	N/A	0/0	N/A	1/1	0.9%	1/1	100.0%	1/1	100.0%	⬇ -33.0%
Colorectal (screened excluded)	37/39	94.9%	27/27	100.0%	35/38	92.1%	33/34	97.1%	37/39	94.9%	27/27	100.0%	28/30	93.3%	22/23	95.70%	35/37	94.60%	43/45	95.60%	31/33	93.9%	25/26	96.2%	32/35	91.4%	⬇ -1.5%
Colorectal (screened only)	4/5	80.0%	8/8	100.0%	6/8	75.0%	4/4	100.0%	10/13	76.9%	3/3	100.0%	5/5	100.0%	8/8	100.0%	7/7	100.0%	6/6	100.00%	6/7	85.7%	13/14	92.9%	8/8	100.0%	⬇ -7.1%
Head & Neck	16/17	94.1%	76/77	100.0%	22/22	100.0%	12/12	100.0%	18/20	90.0%	20/20	100.0%	17/18	94.4%	18/18	100.0%	18/18	100.0%	16/16	100.0%	23/23	100.0%	29/29	100.0%	20/20	100.0%	⬆ 0.0%
Lung	52/52	100.0%	76/77	98.7%	65/65	100.0%	51/52	98.1%	59/59	100.0%	51/52	98.1%	49/49	100.0%	47/50	94.00%	54/60	90.00%	43/48	89.60%	42/44	95.5%	45/47	95.7%	43/45	95.6%	⬆ 4.8%
Lymphoma	10/10	100.0%	17/17	100.0%	11/11	100.0%	13/13	100.0%	12/12	100.0%	12/12	100.0%	14/14	100.0%	14/14	100.0%	10/10	100.0%	9/9	100.0%	4/4	100.0%	5/5	100.0%	22/22	100.0%	⮕ 0.0%
Melanoma	9/9	100.0%	21/21	100.0%	19/19	100.0%	12/12	100.0%	16/16	100.0%	14/14	100.0%	11/11	100.0%	20/20	100.0%	21/21	100.0%	21/21	100.0%	9/9	100.0%	2/2	100.0%	4/4	100.0%	⮕ 0.0%
Ovarian	12/13	92.3%	5/5	100.0%	13/15	86.7%	9/9	100.0%	8/8	100.0%	5/5	100.0%	3/3	100.0%	5/6	83.30%	6/6	100.0%	2/2	100.0%	6/6	100.0%	2/2	100.0%	4/5	80.0%	⬇ -1.2%
Upper Gastro-Intestinal (GI)	14/14	100.0%	29/29	100.0%	33/33	100.0%	24/24	100.0%	34/34	100.0%	29/29	100.0%	32/33	97.0%	38/39	97.40%	36/37	97.30%	46/47	97.90%	42/42	100.0%	39/39	100.0%	20/22	90.9%	⬇ -0.6%
Urological	62/76	81.6%	55/69	79.7%	54/72	75.0%	45/64	70.3%	56/82	67.9%	40/59	67.8%	44/68	64.7%	37/54	68.50%	52/69	75.40%	59/76	77.60%	53/70	75.7%	78/91	85.7%	44/53	83.0%	⬆ 10.3%

[Data Sourced from: ISD Discovery Dashboard]

Cancer Performance 62 days (%) by month

	Sep 17		Oct 17		Nov 17		Dec 17		Jan 18		Feb 18		Mar 18		Apr 18		May 18		Jun 18		Jul 18		Aug 18		Sep 18		Quarter vs Quarter Performance
All Cancer types	130/146	89%	163/184	89%	164/179	92%	138/153	90%	131/155	84%	140/156	90%	138/158	87%	149/166	89%	146/179	81%	144/183	79%	151/180	84%	147/189	78%	129/163	79%	⬇ -3.0%
Breast (screened excluded)	22/23	95.70%	31/31	100.00%	24/24	100.00%	17/17	100.00%	18/18	100.00%	22/22	100.00%	21/21	100.00%	24/24	100.00%	23/24	95.80%	21/23	91.30%	21/26	80.80%	35/37	94.60%	26/26	100.00%	⬇ -4.1%
Breast (screened only)	24/24	100.00%	40/40	100.00%	41/42	97.60%	38/38	100.00%	28/28	100.00%	32/32	100.00%	30/30	100.00%	35/35	100.00%	30/30	100.00%	27/27	100.00%	34/34	100.00%	29/29	100.00%	37/37	100.00%	⮕ 0.0%
Cervical (screened excluded)	1/1	100.00%	1/1	100.00%	0/0	N/A	0/0	N/A	0/0	N/A	3/3	100.00%	0/0	N/A	1/1	100.00%	0/0	N/A	0/0	N/A	1/1	100.00%	1/1	100.00%	2/2	100.00%	⮕ 0.0%
Cervical (screened only)	1/1	100.00%	0/0	N/A	1/1	100.00%	1/1	100.00%	3/3	100.00%	2/2	100.00%	1/1	100.00%	3/3	100.00%	0/0	N/A	0/0	N/A	1/1	100.00%	N/A	100.00%	0/0	N/A	⮕ 0.0%
Colorectal (screened excluded)	17/22	77.30%	17/18	94.40%	17/22	77.30%	21/30	95.20%	17/22	77.30%	9/12	75.00%	13/17	76.50%	12/14	85.70%	14/21	66.70%	19/30	63.30%	13/18	72.20%	9/13	69.20%	10/19	52.60%	⬇ -10.1%
Colorectal (screened only)	4/9	0.78%	5/5	100.00%	5/7	71.40%	3/4	75.00%	7/12	58.30%	2/2	100.00%	3/5	60.00%	4/7	57.10%	4/7	57.10%	1/6	16.70%	2/5	40.00%	4/13	30.80%	2/7	28.60%	⬇ -24.1%
Head & Neck	7/9	77.80%	11/11	100.00%	11/11	100.00%	4/4	100.00%	4/4	100.00%	9/10	90.00%	9/10	90.00%	8/8	100.00%	4/5	80.00%	7/7	100.00%	12/12	100.00%	10/10	100.00%	4/4	100.00%	⬆ 7.1%
Lung	9/9	100.00%	15/16	93.80%	20/20	100.00%	13/14	92.90%	9/10	90.00%	16/16	100.00%	20/20	100.00%	13/13	100.00%	22/22	100.00%	14/17	82.40%	7/9	77.80%	15/17	88.20%	13/20	65.00%	⬇ -18.2%
Lymphoma	3/3	100.00%	5/7	71.40%	6/6	100.00%	4/5	80.00%	5/5	100.00%	6/7	85.70%	4/4	100.00%	6/6	100.00%	2/4	50.00%	4/5	80.00%	2/2	100.00%	3/3	100.00%	5/8	62.50%	⬆ 14.1%
Melanoma	3/3	100.00%	5/9	55.60%	6/7	85.70%	3/7	42.90%	4/5	80.00%	5/8	62.50%	3/3	100.00%	7/9	77.80%	8/10	80.00%	9/11	81.80%	7/8	87.50%	0/0	N/A	0/1	0.00%	⬇ -45.2%
Ovarian	8/9	88.90%	2/2	100.00%	5/5	100.00%	2/2	100.00%	2/2	100.00%	3/3	100.00%	3/3	100.00%	2/2	100.00%	3/3	100.00%	0/0	N/A	3/3	100.00%	0/0	N/A	0/0	N/A	⮕ 0.0%
Upper Gastro-Intestinal (GI)	7/7	100.00%	12/13	92.30%	9/9	100.00%	9/9	100.00%	9/11	81.80%	10/11	90.90%	9/14	64.30%	16/18	88.90%	13/16	81.30%	17/20	85.00%	23/23	100.00%	15/18	83.30%	13/13	100.00%	⬆ 11.0%
Urological	24/30	80.00%	19/31	61.30%	19/25	76.00%	24/31	77.40%	25/35	71.40%	21/28	75.00%	22/30	73.30%	18/26	69.20%	23/37	62.20%	25/37	67.60%	25/38	65.80%	25/47	53.20%	17/26	65.40%	⬇ -7.3%

[Data Sourced from: ISD Discovery Dashboard]

Oliver Campbell
26/11/2018

NHS LOTHIAN

Board Meeting
5<u>th</u> December 2018

Chief Officer; Acute Services

<div align="center">

WAITING TIMES IMPROVEMENT PLAN

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1   Purpose of the Report

1.1   The purpose of this report is to inform the Board of the new Waiting List Improvement Plan developed by Scottish Government and the implications for NHS Lothian.

        Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2   Recommendations

        The Board are recommended to;

2.1   **Note** the Waiting List Improvement Plan developed by Scottish Government. This is attached as Appendix 1.

2.2   **Accept** the infrastructure detailed in 3.23 – 3.24 that will programme manage implementation within NHS Lothian

2.3   **Note** the scale, complexity and risks in delivering this within the timescales described.

3   Discussion of Key Issues

        Background

3.1   The national Waiting Times Improvement Plan (WTIP) published in October 2018 outlines the Scottish Government's approach to delivering improved performance against key access standards. The plan is expected to be delivered over 29 months to March 2021, and includes a national investment of £535m revenue and £320m capital to support development of increased capacity on both a recurring and non-recurring basis. Investment includes existing programmes for the development of Diagnostic and Treatment Centres as well as the workstreams which fall within the national Access collaborative (e.g. Modern Outpatients).

3.2   The plan includes specific trajectory performance for the following standards:
        ● New Outpatient appointments – 95% of patients to be seen within 12 weeks (14,500 nationally)
        ● Treatment Time Guarantee (TTG) – 100% of patients to begin treatment within 12 weeks

3.3   Other standards expected to be delivered as part of the WTIP include 95% delivery against Cancer standards (62 day referral to treat and 31 day decision to treat standards) and performance against key diagnostic standards (6 weeks).

3.4   A separate plan is expected to be developed for improved performance against Access standards related to Mental Health services.

3.5   The WTIP will be managed by a national oversight board to be jointly chaired by Jill Young, Chief Executive of the National Waiting Times Centre (Golden Jubilee Hospital) and Malcolm Wright, Chief Executive of NHS Tayside. The improvement plan includes three key workstreams as follows:-
1.   Increase Capacity across the System
2.   Increase Clinical Effectiveness and Efficiency
3.   Design and Implement New Models of Care

3.6   Critical to delivery of sustainable performance will be the understanding of both the non-recurring improvement required to clear backlog numbers of patients waiting in excess of standards, and the level of recurrent gap that exists across boards in relation to imbalance between Demand and core Capacity.

Performance Trajectories (WTIP)

3.7   The WTIP has key trajectory timescales and expected performance delivery;

By October 2019
-    80% of outpatients will wait less than 12 weeks to be seen
-    75% of inpatients/day cases (eligible under the treatment time guarantee) will wait less than 12 weeks to be treated
-    95% of patients for cancer treatment will continue to be seen within 31- day standard

By October 2020
-    85% of outpatients will wait less than 12 weeks to be seen
-    85% of inpatients/ daycases will wait less than 12 weeks to be treated

By Spring 2021
-    95% of outpatients will wait less than 12 weeks to be seen
-    100% of inpatients/ daycases will wait less than 12 weeks to be treated
-    95% of patients for cancer treatment will be seen within the 62-day waiting –time standard

3.8   Table 1, below, provides indication of the performance required for NHS Lothian to meet the national trajectories outlined in the WTIP. Estimated performance is based on list size information provided via Scottish Government weekly performance reporting at 21st October 2018.

Table 1

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	NHS Scotland				NHS Lothian			
Timescale for trajectory delivery (ongoing waits)	Number of outpatients waiting longer than 12 weeks		Number of TTG patients waiting longer than 12 weeks		Number of outpatients waiting longer than 12 weeks		Number of TTGpatients waiting longer than 12 weeks	
	Waiting Times Improvement Plan				Indicative performance to meet national trajectories			
Sep-18	100,000	70%	23,500	69%	-	-	-	-
Oct-19	65,000	80%	18,000	75%	13,429	80%	2,561	75%
Oct-20	47,500	85%	9,000	85%	10,072	85%	1,536	85%
Mar-21	14,500	95%	0	100%	3,357	95%	0	100%
Current Performance per Weekly Performance Report, 21/10/18								
Total List Size	332,952		76,536		67,144		10,243	
>12 weeks	*99,814*	*70%*	*23,900*	*69%*	*25,246*	*62%*	*2,292*	*78%*

3.9 As demonstrated above, although NHS Scotland performance at 21st October is in line with the expected trajectories, NHS Lothian's performance on Outpatients is currently at 62% (national performance 70%). This position means that Lothian will not only be required to deliver improvement beyond the overall Scottish trajectory, but will also result in a correspondingly higher degree of conversion to treatment resulting in an increased TTG performance challenge.

Lothian Trajectories to March 2019

3.10 Action plans to maintain and improve performance are supported by additional investment of c.£10m in 2018/19 and are predicated on a significant volume of internal Waiting List Initiative activity undertaken outwith core capacity; this is further supported by the commissioning of additional capacity at independent sector hospitals and through the use of medical services providers to deliver increased activity on NHS facilities.

3.11 Trajectories for end March are reviewed on an ongoing basis and current projections are highlighted below, this performance is predicated on additional non-recurring funding for a number of specialties utilising the independent sector:

Table 2

	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19
Outpatients	22,209	22,840	25,286	26,951	22,926
TTG	2,367	2,090	2,089	2,340	2,117

3.12 The numbers identified above are based on DCAQ modelling undertaken by individual specialty management teams and are subject to ongoing review and monitoring supported by Scottish Government colleagues.

3.13 The NHS Lothian Additional Capacity Board (ACB) meets on a monthly basis to review

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delivery of additional capacity and to explore opportunities for the commissioning of additional capacity both internally and via external providers. This group includes representation from across each main acute site management team, as well as supporting infrastructure (outpatients, diagnostics, theatres, health records, finance, procurement).

Understanding the Recurring Gap

3.14 Detailed DCAQ (Demand, Capacity, Activity, Queue) analysis has been undertaken for key specialties where a significant ongoing performance challenge exists for both Outpatients and Inpatient/Day Case (TTG). This exercise includes review of service demand profiles and assessment of the total capacity available from clinical job plans within funded service baselines.

3.15 This analysis has highlighted a significant deficit in core capacity to meet current demand, with much of the recovery actions identified (including both WLI and use of external providers) being utilised to provide mitigation of this gap.

3.16 The estimated gap based on this initial analysis is as follows;
  - New Outpatients   c38,000 appointments p.a.
  - Inpatients/Day Cases   c3,700 treatments p.a.

3.17 The estimated conversion of outpatients to treatment is expected to be between 8,000-10,000 p.a. An element of this demand is already being met from within existing capacity however where new outpatient performance is being maintained through the use of external capacity on a See & Treat basis, the impact of conversion will not be fully reflected in the inpatient gap noted above. This means that the current estimated gap of 3,700 treatments is significantly below the actual level required to deliver sustainable balance.

3.18 At this stage no adjustment has been made to estimate the impact of improvement plans identified against both demand management and operational efficiency (e.g. outpatient modernisation, theatre improvement programme), or impact on diagnostic capacity.

Estimating the Lothian Challenge

3.19 A draft model has been prepared to estimate the scale of the required challenge based on the recurring DCAQ gap outlined above and incorporating conversion to treatment of backlog outpatient activity. Figures shown below indicate the cumulative additional capacity requirement to deliver 100% performance against Outpatients and TTG standards. These figures have been modelled from projected March 2019 with an estimated 1% increase in demand p.a. and based on the recurrent DCAQ gap at individual specialty basis. Projections are presented as two scenarios – core capacity only and with the continuation of internal WLI. Both scenarios exclude any potential use of external providers and do not assume any impact of improvement activities in relation to either demand management or operational efficiency. The TTG performance figures are shown with and without the impact of conversion to treat from new outpatients.

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Table 3

| | Additional Capacity | | | | | |
	New OP	Review OP	Total OP	IP	DC	IPDC
Recurring						
Year 1	38,384	50,223	88,608	4,384	4,014	8,399
Year 2 Growth	2,042	2,897	4,939	116	118	235
Total	**40,426**	**53,120**	**93,546**	**4,501**	**4,133**	**8,634**
Backlog						
Year 1	11,463	13,830	25,293	1,340	1,308	2,648
Year 2	11,463	13,830	25,293	1,340	1,308	2,648
Total	**22,926**	**27,661**	**50,587**	**2,681**	**2,615**	**5,296**
Total						
Year 1	49,847	64,054	113,901	5,725	5,322	11,047
Year 2	51,889	66,950	118,840	5,841	5,440	11,282
Cumulative	**101,736**	**131,004**	**232,740**	**11,566**	**10,762**	**22,328**

3.20   Recognising the requirement to refine modelling to evaluate all possible activities, the figures noted above should be treated with caution; however they present an indication of the scale of the challenge faced by NHS Lothian in delivering the national Waiting Times Improvement Plan. For Outpatients, additional capacity for in excess of 100,000 new appointments will be required over the period to March 2021; for TTG, additional treatment capacity for c22,000 patients is likely to be required.

3.21   High level cost model based on the above capacity requirements is:

Table 4

| | Estimated Expenditure | | | | |
	Total OP	IP	DC	IPDC	TOTAL
Recurring					
Year 1	£13,202,601	£16,147,572	£3,344,479	£19,492,052	£32,694,653
Year 2 Growth	£720,728	£421,067	£103,359	£524,426	£1,245,154
Total	**£13,923,329**	**£16,568,640**	**£3,447,838**	**£20,016,477**	**£33,939,806**
Backlog					
Year 1	£3,295,098	£5,220,207	£1,535,212	£6,755,418	£10,050,516
Year 2	£3,295,098	£5,220,207	£1,535,212	£6,755,418	£10,050,516
Total	**£6,590,196**	**£10,440,414**	**£3,070,423**	**£13,510,837**	**£20,101,033**
Total					
Year 1	£16,497,699	£21,367,779	£4,879,691	£26,247,470	£42,745,169
Year 2	£17,218,427	£21,788,846	£4,983,049	£26,771,896	£43,990,323
Cumulative	**£33,716,126**	**£43,156,626**	**£9,862,740**	**£53,019,366**	**£86,735,492**

3.22   This modelling does not assume any benefit from proposed developments in relation to Elective Treatment centres and other workstreams which will be progressed as part of the national strategy.

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Developing the Lothian Plan

3.23   Given the scale of the challenge outlined above it is proposed that a programme management approach is undertaken within Lothian, with the establishment of a project team to develop detailed sustainability and improvement plans for each specialty. This will include recurring and non recurring capacity, dovetailing in to the Short Stay Elective Centre and re provision of the Princess Alexandra Eye Pavilion.

3.24   This programme will be led by Jacquie Campbell, Acute Chief Officer and will interface and mirror the structure of national workstreams and will align existing DCAQ work (via Delivering for Patients strategy) and Improvement workstreams (Modern Outpatients, Theatre Improvement Programme, and National Access Collaborative) as well as the Additional Capacity Board. The programme board includes representation from Strategic planning colleagues to ensure alignment with existing Lothian and Regional strategic planning, as well as clinical leadership and corporate support from finance, capital planning and workforce planning colleagues. In addition, primary care transformation and ehealth colleagues will be engaged to ensure that options for development of new models of care, innovation and technology are fully considered.

3.25   The programme will focus on sustainable;
- Demand reduction
- Capacity optimisation
- Use of technology / innovation
- Optimised skill mix/ role development
- Realistic medicine implementation
- Whole system approach

3.26   The programme will include the development of the Outline Business Cases for the Elective Treatment Centre and re- provision of the Princess Alexandra Eye Pavilion.

4   Key Risks

4.1   The following key risks are detailed below;

Workforce
- The ability to achieve the required level of recruitment of key personnel to deliver Board capacity in timeframes required. This is in the context of all Boards seeking to recruit same staff groups at same time.
- Lead times for training staff to meet requirements for new roles/recognised workforce gaps.
- Development of alternative working patterns to maximise utilisation of existing infrastructure will require agreement with staff representatives and may require review of terms & conditions via organisational change agreements.
- Impact on expanded theatre capacity and Diagnostics against backdrop of national shortage of anaesthetists, ODP's and radiologists.
- Waiting lists continue at same levels as previously – reliance on staff willingness and availability.
- Sub-specialty queue pressures cannot be met within independent sector and therefore a reliance on recruitment success of a small co-hort of specialist consultants.

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Infrastructure
- Requirement to create/build additional clinic and theatre capacity in timeframes required
- Pace of implementation of technology and innovation
- Impact of increased capacity on Acute sites which provide a mix of scheduled and unscheduled care capacity
- Risk to creating additional capacity that is not required when elective centre is implemented
- HSDU capacity and resilience

Independent Providers
- Availability of external capacity at volumes required to clear backlog
- Increased independent sector work may result in staff not being available for waiting list initiatives

Demand
- Demand increases in excess of 1%
- Screening initiatives increase volume of Urgent Suspicion of Cancer and urgent referrals (e.g bowel screening)

5 Risk Register

5.1 Improved performance for patients waiting over 12 weeks for both an Outpatient appointment or an IPDC procedure should reduce the risk levels for both corporate risk IDs: 4191 (Risk that patients will wait longer than described in the relevant national standard and the associated clinical risk) and 3211 (That NHS Lothian will fail to achieve waiting times targets for inpatient / day case and outpatient appointments).

6 Impact on Inequality, Including Health Inequalities

6.1 Actions to deliver the Waiting List Improvement Plan will be assessed to identify if there will be any direct impact on health inequalities.

7 Duty to Inform, Engage and Consult People who use our Services

7.1 Actions to deliver the Waiting List Improvement Plan will have the appropriate impact assessments and consultation required.

8 Resource Implications

8.1 A financial model is currently being prepared to estimate the likely resource requirements based on a range of scenarios and the likely timescales for delivery. Indicative requirements suggest that investment of c.£25-30m p.a. is likely to be required to support a sustainable position, with a similar investment on a non-recurrent basis to clear current backlog. Timescales for delivery of recurrent capacity (e.g. expansion of short stay surgery at SJH) are likely to mean that a substantial volume of capacity will be required from external providers and this may result in increased cost.

8.2 The development of a national operational delivery group to provide oversight of the Waiting Times Improvement Plan is expected to result in revised arrangements for the

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disbursement of funds to Health Boards. It is anticipated that NHS Lothian will cease to receive an NRAC allocation of funds against Access performance (Waiting Times) and will be expected to submit business cases for individual action plans in advance of agreement of funding. In order to meet this requirement a new process will be developed to establish revised governance for the completion of investment submissions to support both short term and recurring capacity, including use of independent sector and medical services providers. Proposals will be scrutinised by the WTIP Programme Board and prioritised against agreed criteria including the Clinical Risk Matrix. Funds will only be released once confirmation is received from the national board.

Jacquie Campbell
Chief Officer; Acute Services
26 November 2018

List of Appendices

Appendix 1: Waiting List Improvement Plan

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Waiting Times Improvement Plan

October 2018

Foreword

Our approach to health and social care is rooted in the right of people to have safe, effective and person-centred healthcare. Ensuring that we all have continuing, and improved access to high quality care is our guiding principle.

In Scotland we are living longer, meaning we are often living with more complex health conditions than in the past. These are not unique challenges to Scotland and are being experienced across Europe and beyond.

We have been focusing in recent years on shifting the balance of care to address the some of these evolving needs of the people of Scotland. However, increasing demand on our services makes it essential that we take action to guarantee our whole system of health and care has the capacity, co-ordination and workforce to deliver the best care possible in every setting.

We do so in an uncertain environment – not least the damage that EU Withdrawal will do to our health and care services – but we are determined to take decisive action.

As set out in our Medium Term Health and Social Care Financial Framework, we must continue both our significant investment and plans for reform to sustain our health service long into the future.

This Improvement Plan focuses on reducing the length of time people are waiting for key areas of healthcare. People are too often waiting too long to receive the help they need. As was set out in the Financial Framework, investment is predicated on the assumption that the funding the UK Government has promised through consequentials – following its announcements in NHS England – will be delivered as a true net benefit to the Scottish Government's budget. Clearly any actions by the UK Government which did not deliver this additional funding as a net benefit would be to the detriment of potential investment.

This plan takes account of the wider context of national, regional and local planning, health and social care integration, workforce planning, primary care development and the overall reform agenda. This includes the recognition of the relationship and impact unscheduled care demand will have on the capacity to deliver its objectives and we will work closely to agree a balanced approach to ensure patients' needs are met.

This Waiting Times Improvement Plan outlines the steps and timescales we will take, alongside significant and focussed additional investment to support this work. It sets out the clear deliverables over the next 30 months and how these will lead to improvements throughout this period.

Summary

We will invest a total of £535 million on resource and an additional £120 million on capital over the next three years to make a sustainable and significant step-change on waiting times. This comes in addition to our existing £200 million capital investment plan for delivering elective and diagnostic treatment centres. Our increased investment will support reforms to increase capacity where it is needed, reduce the number of people experiencing long waits, reshape delivery to ensure sustainable performance against targets in the future, and achieve the necessary shift in the balance of care to support this.

Over the next 30 months, the Improvement Plan will make a phased, decisive improvement in the experience of patients waiting to be seen or treated:

- By October 2019
    - 80% of outpatients will wait less than 12 weeks to be seen
    - 75% of inpatients/daycases (eligible under the treatment time guarantee) will wait less than 12 weeks to be treated
    - 95% of patients for cancer treatment will be continue to be seen within the 31-day standard

- By October 2020
    - 85% of outpatients will wait less than 12 weeks to be seen
    - 85% of inpatients/daycases will wait less than 12 weeks to be treated

- By Spring 2021
    - 95% of outpatients will wait less than 12 weeks to be seen
    - 100% of inpatients/daycases will wait less than 12 weeks to be treated
    - 95% of patients for cancer treatment will be seen within the 62-day waiting-time standard

Similar action is being taken in parallel with mental health waiting times through the recent Programme for Government announcements and the ongoing Task Force led by Dame Denise Coia. Further details on this will be announced by the end of this year.

The Waiting Times Improvement Plan will:

- Increase capacity across the system by expanding capacity at the Golden Jubilee Hospital (through 2019/20) and bringing unused physical capacity on stream (by October 2019) – in addition, we will accelerate the delivery dates of the existing Elective Centre Programme, meeting the commitment made in 2016 to invest £200 million in elective centres

- Increase clinical effectiveness and efficiency by implementing targeted action plans for key specialties and clinical areas (from October 2018) and mainstreaming key productivity improvement programmes, such as rolling out the virtual attendance potential of 'Attend Anywhere' (from December 2018)
- Working alongside local communities and those who use services, design and implement new models of care by accelerating whole-system design of local patient pathways through health and social care integration and driving regional service reconfiguration to the benefit of patients through the regional delivery and national Boards' plans (through 2019/20)

Action with the workforce is crucial to achieving this. Over the next 12 months, we will:

- Enhance workforce capacity in key specialties such as urology, dermatology, and general surgery
- Initiate investment of £4 million in domestic and international recruitment
- Improve career pathways for key specialities such as Advanced Nurse Practitioners and General Nurses

The Plan

Timely access to care is a critical aspect of delivering better health and care, and we recognise that performance in key areas such as waiting times must improve substantially and sustainably. NHS Scotland delivered 282,000 inpatient and daycase procedures and almost 1.4 million outpatient attendances in 2017/18 – but as of June this year, there were around 81,000 patients waiting over 12 weeks for an outpatient consultation, and around 21,500 patients waiting over 12 weeks for inpatient and daycase treatment. Figure 1 shows the number of patients waiting more than 12 weeks, based on this last published set of figures. It also shows the anticipated trajectories in waiting times, taking account of the publication of this plan in October and the phased impact of the action set out here.

Figure 1: Trends and trajectories in outpatient, inpatient and daycase waiting times
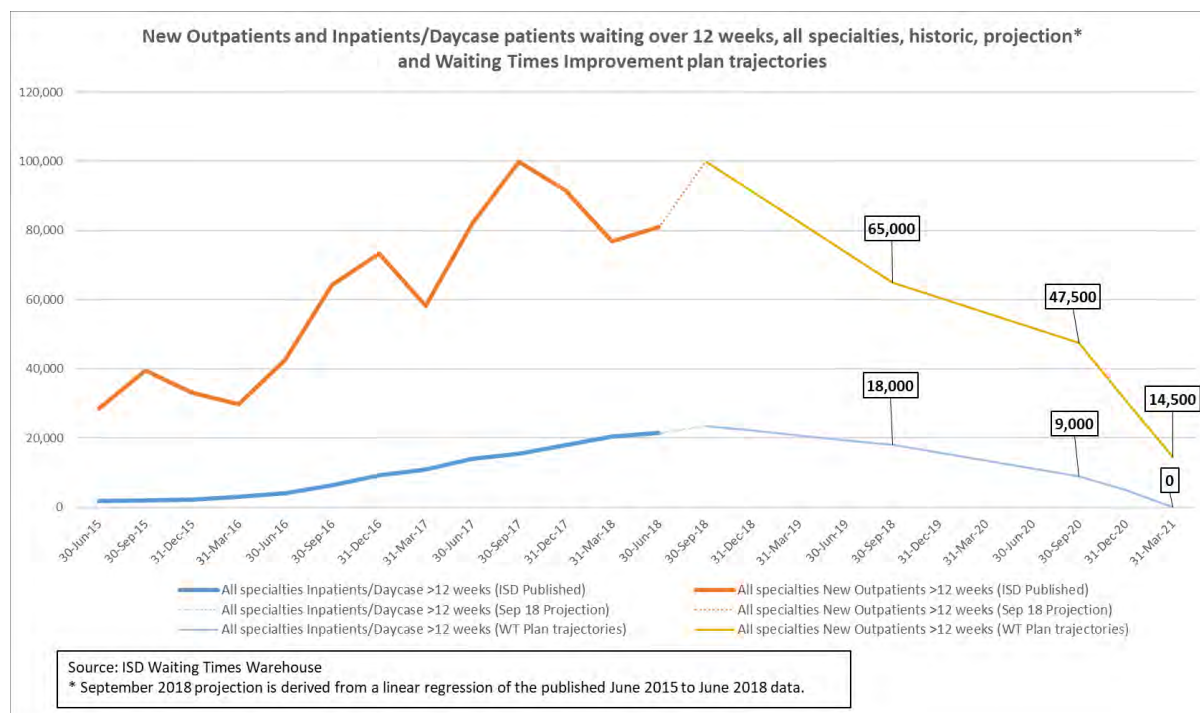
The Waiting Times Improvement Plan sets out a range of actions that will deliver major change in access to care. Its actions are short term – with clear deliverables at different points over the 30-month timeframe – but within a wider framework of comprehensive reform of the heath and care system, as set out in the Health and Social Care Delivery Plan we published in December 2016. As Figure 1 shows, as the Improvement Plan is implemented from October 2018, it aims to achieve a sustainable improvement in waiting times by Spring 2021, so **95% of outpatients will wait less than 12 weeks to be seen and 100% of inpatients/daycases eligible under the treatment time guarantee will wait less than 12 weeks to be treated.** The action will be phased, so that over the first 12 months, there will be clear, significant improvements in the time for people to be seen or treated.

Action will be taken to reduce all waiting times, and the treatment of urgent patients and those with a suspicion of cancer will be a particular priority. **For cancer treatment, 92% of patients will be seen within the 62-day waiting-time standard by October 2020, and 95% by Spring 2021. Moreover, by October 2019, the whole country will continue to see 95% of patients being seen within the 31-day standard**.

This ambition will require a whole-system approach spanning hospital, primary and community, and social care. Solutions will be different in different areas of the country and for different specialties, but the drive for improvement will be national in scope. Over the next 30 months, this will result in the phasing of improvement for outpatients and those with Treatment Time Guarantees set out in Table 1. By the Autumn of next year, those improvements will be continuous and sustainable, and by early next year, patients will be experiencing those improvements directly.

These continuous improvements in performance will increase at different rates over the period to ensure that improvements in one area do not have a detrimental effect on other areas of the system.

Table 1: Trajectory of improvement

Timescale for trajectory delivery (ongoing waits)	Number of outpatients waiting longer than 12 weeks	Outpatient performance	Number of Treatment Time Guarantee patients waiting	Treatment Time Guarantee Performance
September 2018*	100,000	70%	23,500	69%
October 2019	65,000	80%	18,000	75%
October 2020	47,500	85%	9,000	85%
March 2021	14,500	95%	0	100%

* – September 2018 figures are based on a linear regression of June 2015-June 2018 data.

Achieving this will require a focused, intense programme of work that accelerates action already underway. The Improvement Plan is underpinned by a set of principles, aims and actions that will make a huge impact on patients getting the right treatment as quickly as possible:

- Clinically urgent patients should be seen first as a matter of priority
- Patients should be seen within expected timescales
- Care should be provided at or near home, and patients should not have to travel unless there is benefit in them doing so
- Pathways for clinical care should be clear and transparent – published and available for everyone to see

The Improvement Plan will be backed by significant additional funding. As well as the funding uplifts that NHS Boards receive each year, additional in-year funding will be

provided to support access performance. Over the next three years, we estimate that total funding of £535 million on resource and £320 million on capital will be required to support the actions in this plan. This includes investment to address those people who are currently experiencing long waits and funding to support services being taken forward with improved sustainability.

By providing this additional funding over several years, together with the three-year funding cycle recently announced, NHS Boards will be able to plan with greater certainly and deliver greater value for money. We expect that the best use is made of existing resources and that Boards will continually identify efficiencies through more effective ways of working. Boards will be required to provide detail on how investment will be used and what performance improvement follows.

For this investment, the Improvement Plan will take action in three areas, discussed in turn. It will:

1. Increase capacity across the system. More capacity is needed to drive greater improvement. That will require accelerating our current programmes of investment in new capacity as well as putting in place new approaches to get the most out of the existing capacity in the system.

2. Increase clinical effectiveness and efficiency. Improvement must be driven by clear clinical priorities that ensure that we act where the pressures are greatest, whilst recognising that the solutions will be specialty-specific, focused on improving clinical quality, and will be locally driven as well as national in scope. Work will focus both on the needs of particular specialties and clinical areas as well as cross-cutting enablers such as how the workforce can support improvement and the role of new developments in digital technology and innovation.

3. Design and implement new models of care. The improvements in this plan are not limited to single services or localities. They are part of a wider reform of the system of health and care undertaken alongside communities and those who use services to ensure that all our services are focused on improving access to care sustainably and substantially. We need to shift the balance of care quickly and effectively: this means co-ordinated action to change how services in primary and community care and at regional level are designed and delivered.

Increasing Capacity across the System

There is already a programme of investment in infrastructure that will improve waiting times, particularly in establishing a series of new elective centres. The Elective Centre Programme will provide additional capacity for a growing population up to 2035 and infrastructure to meet the needs of an elderly population that will be 25-30% higher than at present.

The centres will deliver additional capacity for CT and MRI, outpatients, day surgery and short-stay theatre procedures for several specialties including orthopaedics, ophthalmology and general surgery. Under current timescales, the first of the new facilities is due to open at the Golden Jubilee National Hospital in early 2020. The NHS Highland and NHS Lothian centres, along with the second phase of the Golden Jubilee, will open during 2021. Elective centres in NHS Tayside and Grampian are currently planned to open in early 2022. Beyond the elective centres, there are also plans for the Eye Pavilion in Edinburgh to open in early 2022.

Through the Improvement Plan, delivery of the Elective Centre Programme will be accelerated. We will review the existing timescales set out above and bring forward delivery dates where possible to ensure that the new capacity can start to benefit patients as soon as possible. For example, action will be taken to ensure early operation of a new CT scanner at the Golden Jubilee and MRI capacity at Forth Valley Royal Hospital. Further opportunities for bringing forward this new capacity will be identified early by the Improvement Plan.

Moreover, through increasing investment to a total of £320 million of capital funding, this will be supported by further opportunities for expanding capacity, as set out below.

Driving further improvements at the Golden Jubilee National Hospital

The Golden Jubilee will continue to increase capacity to support Boards in improving waiting times. In 2018 there was a 39% increase in diagnostic imaging capacity offered to Boards as well as an 11% increase in inpatient and daycase capacity from the previous year. The hospital will be purchasing an additional CT scanner, which will be operational by March 2019 and provide an additional 10,500 images annually. The hospital will also increase capacity in interventional cardiology through the use of an interim Mobile Cath Lab by March 2019 (which will deliver 400 additional procedures) and the development of a new additional Cath Lab by March 2020 (which will deliver 800 additional procedures per annum).

The hospital will also contribute to the throughput of cataract operations in the National Eyecare Workstream by increasing the number of cataracts being undertaken in its mobile theatre. This should come on stream during Autumn 2018, providing up to an additional 600 cataracts annually. Moreover, in preparing for phase 2 of the hospital expansion, the Golden Jubilee will also:

- Undertake an additional 600 endoscopies between September 2018 and March 2019 and 1,200 endoscopy procedures annually for 2019/20
- Commence work on providing additional general surgery activity, providing 250 procedures per annum in 2019/20 (subject to recruitment it is anticipated that 100 general surgery procedures will be undertaken in the first quarter of 2019)

Increasing the effective use of existing capacity

The Improvement Plan will co-ordinate and use capacity across the country more effectively to relieve pressure points and allow more patients to be seen quicker. Unused physical capacity across the NHS Scotland estate has now been identified and commissioned to support elective waiting times. By October 2019, two theatres at Forth Valley Royal Hospital will be commissioned that will have the capacity to deliver an additional 1,500 joint replacements (or equivalent procedures). By June 2019, a second MRI scanner at Forth Valley Royal Hospital will start to provide the capacity for an additional 8,000 diagnostic examinations. At the same time, also within 12 months, the use of temporary infrastructure – such as mobile imaging and temporary ward and theatre capacity – will support additional theatre and other inpatient capacity.

The Improvement Plan will drive activity to reduce cancellations and ensure theatre capacity is maximised. For example, the Golden Jubilee Hospital Theatre Improvement Group has made progress in reducing cancellations in ophthalmology from a rate of 6.1% in December 2017 to 2.6% in July 2018, and in orthopaedics from a rate of 4% in December 2017 to 2.5% in July 2018. More generally, actions to improve theatre use will be embedded in the specialty action plans discussed later in this plan, including: redesigning referral management and use of outpatient capacity for the clear clinical benefit of patients, and optimising the number of required visits; and actively exploring the increased scheduled use of theatre capacity (through, for example, additional hours in the day or extra session days through the week or the weekend).

In addition, we will pursue use of the independent sector in a structured and prioritised manner. Over the next 12 months we will develop a National Contract, based on clinical priorities, to make a more efficient and strictly limited use of the independent sector's contribution to short-term capacity – though only where that is required. This will provide short-term capacity while longer-term NHS capacity is put in place in line with this plan.

We will:

- *Review the Elective Centre Programme and accelerate delivery of the new capacity so patients can experience the benefits more quickly (from October 2018)*
- *Continue to expand the capacity of the Golden Jubilee National Hospital and maximise theatre capacity so that more patients can be seen quicker (through 2019/20)*
- *Drive widespread and deeper improvements in how theatres are being used across Scotland by redesigning how referrals are made and putting in place more effective scheduling of theatre capacity (through 2019/20)*
- *Bring unused physical capacity on stream to increase access to care, such as theatre facilities at the Forth Valley Royal Hospital (by October 2019)*

Increasing Clinical Effectiveness and Efficiency

To make a significant impact from the outset, the Improvement Plan will focus on clinical priorities and prioritise treatment. It will build on the existing Scottish Access Collaborative – our ambitious, clinically-led programme of work to drive system-wide change across key specialties. Actions include:

- Ensuring all clinical pathways are reviewed and redesigned to improve outcomes for both patients and clinicians
- Making sure it is easy for primary care referrers to get good and timely clinical advice, including secondary care clinicians, so that patients can get more timely advice
- Ensuring that short-term solutions are taken quickly and effectively, while putting in place longer-term solutions to make the improvements sustainable
- Implementing Team Job Planning across all Boards and specialties in Scotland so that the workforce is best place to support these improvements

Performance issues have been particularly concentrated in a handful of specialties, so the Improvement Plan will accelerate immediate action in these areas. Eight specialties represent almost 73% of patients waiting for outpatients and 83% of patients waiting for procedures. Targeted actions plans are already in development for these specialties (such as dermatology and trauma and orthopaedics), as well as key clinical areas that also require targeted action (such as cancer and diagnostic imaging). Actions under these plans will be taken forward from October 2018 as a matter of urgency. These actions plans will have clear deliverables and quantified goals for reductions over the 30-month period of the Improvement Plan. Key actions will include:

- Redesigning speciality-specific pathways, for example: the roll out of Rapid Access Neurology Clinics (by October 2019) and one-stop cancer diagnostic clinics, so that the process for seeing patients can be streamlined (by Spring 2021)
- Rolling out 'opt-in' processes for patient appointments to reduce the need for follow-up appointments when everything is fine and improving booking systems to minimise unnecessary delays (by October 2019)
- Rolling out Active Clinical Referral Triage in all sites to ensure patients are better prioritised (by October 2019)
- Strengthening 'enhanced recovery' pathways to further reduce length of stay and ensure theatre throughput is maximised (by October 2019)
- Increasing the use of remote attendance tools and virtual clinics, and using mobile units where possible (such as endoscopy) to save patients any unnecessary travel time and increase the time clinicians are able to spend with patients who need face-to-face consultation (by April 2020)
- Improving management of referrals, ongoing validation, scheduling and appointment reminder systems to maximise capacity and allow patients to be seen quicker (by April 2020)

- Maximising use of clinical teams; including surgeons, trainees, anaesthetists, theatre staff, Allied Health Professionals, diagnostics and nursing staff so the workforce can contribute to sustainable improvements in productivity (by Spring 2021)

Enabling wider improvement

Plans for particular specialties will be supported by action to drive productivity and efficiency across the service as a whole. The Improvement Plan will improve theatre productivity across Scotland by reducing overall cancellation rates and using the full capacity from current theatre training academies. Improvements in productivity and outcomes will also depend on the ability to identify and deploy new technologies quickly for the benefit of patients.

How we use digital technologies will be key to sustainable improvements. Scotland's Digital Health and Care Strategy – published in April 2018 – recognises that spread and adoption at scale of proven digital technologies within services across Scotland is critical to success. The Strategy builds on the work of the Technology Enabled Care Programme, which has demonstrated how, amongst other things, self-monitoring and remote consultations can reduce the need for routine outpatient appointments and how instant access digital/online treatment can be delivered as an alternative to traditional care.

Through the Strategy, we are putting in place the foundations for an ambitious, national digital platform that will allow information to be captured and accessed at point of contact – a key element in ensuring that primary and community care can provide better support to patients, and removing any bottlenecks in the sharing of key clinical information with secondary care clinicians. This will include the launch of a 'scale-up challenge' to mainstream the 'Attend Anywhere' video-consulting platform (by November 2018). Attend Anywhere allows individuals to meet with clinicians via remote video technologies, often speeding up the time for consultations and removing the need for unnecessary journeys. The initiative will be expanded through the support of the regional delivery and national Boards' plans – as discussed later in this Improvement Plan. In addition, work on a wider national digital platform will be captured in a detailed plan by December 2018.

Work is also underway to explore how Artificial Intelligence and automation can support processes to reduce waiting times in a way that will benefit patients across services. Where these technologies can be applied to clinical processes in ways that enhance safe, patient-centred care, they can drive productivity gains that can reduce waiting times and improve outcomes for patients. For example, the CivTech 3.0 challenge programme will be rolled out to test the automation of processes to reduce waiting times – an early-stage product will be delivered in February 2019.

We will:

- *Implement the emerging targeted action plans for key specialties and clinical areas to drive improvements in outpatient appointments and inpatient/daycase waits in those areas where access to care issues are particularly acute (from October 2018)*
- *Set out plans for mainstreaming the 'Attend Anywhere' video-consulting platform and delivering a national digital platform, so that fewer patients will need to travel unnecessary distances or wait to be seen (by December 2018)*

Designing and Implementing New Models of Care

Access to the right care at the right time not only depends on changes that need to be made in individual acute and secondary care services. We need to shift the balance of care from secondary/acute to primary/community care, not simply to improve waiting times but to ensure people get quicker and more effective support. Community and primary care services have an increasingly critical role in providing patients with more timely care closer to home. At the same time, designing some services at a regional level will lead to more effective, efficient and sustainable delivery for patients. The Improvement Plan will build on existing work in developing new models of care and ensure that this leads to significant improvements in access to care.

Community and primary care

Effective integrated community health and social care services are critical if we are to address waiting times and other secondary care demand issues. Through our approach to health and social care integration, NHS Boards and Integration Authorities are already working together to ensure sufficient focus and investment in care outside hospital to minimise avoidable inpatient care. The health and social care system needs to maintain its focus on improving public health and the development of preventative models of care (including self-management). If we want it to be financially sustainable, tackle persistent health inequalities, improve long-term outcomes and reduce pressure on the workforce, we cannot simply react to the management of patients with long-term conditions without taking long-term action across the health and care system as a whole.

It is essential that patients leave hospital when they no longer need to be cared for there, and that the savings made are appropriately reinvested so that a virtuous circle is created – increasing capacity in the community so that pressure is taken out of the system. To date, integration is starting to deliver success. Current projections indicate that local systems are on course to deliver a reduction of approximately 7% in avoidable bed-days by the end of this year. Integration Authorities are working towards the Health and Social Care Delivery Plan aim of reducing unscheduled inpatient care by up to 10% (or 400,000 occupied bed-days) by the end of 2018. Freeing up unscheduled occupied bed-days requires action and investment in communities to avoid unnecessary admission to hospital and to reduce delayed discharges where those are a concern.

Preventative and anticipatory care in communities, intermediate care, re-ablement and step-up/step-down care, along with best practice in relation to discharge procedures, all play an important part. All of these actions together will bring improvements in unscheduled care and the pressures on A&E within hospitals.

Alongside this Improvement Plan, we are taking renewed action to ensure these ambitions for integration are realised quickly and efficiently. In May 2018, we announced a review of progress by Integration Authorities, with the aim of

understanding and addressing the challenges and opportunities integration brings. As part of the review, a joint statement between COSLA and the Scottish Government was issued in September, reaffirming the joint commitment to integration. Interim recommendations are expected later in the Autumn, and the review as a whole will conclude in early 2019.

At the same time, greater integration needs to be supported by a community and primary care workforce working together flexibly in support of patients. Given the role of the GP in deciding whether people require further assessment; investigation, treatment, referral and admission and ensuring that GPs have the time to undertake genuine shared decision-making is fundamental. Under the new GP contract, we are improving patient care by refocusing the GP role to Expert Medical Generalist, centred on complex care and clinical leadership of an expanded multi-disciplinary primary care team. GP practices will be part of clusters, benefiting from peer reviewing quality planning, improvement and assurance, including on issues like hospital referrals.

This work will build upon concerted, co-ordinated action at local level. Locally, agreed Primary Care Improvement Plans covering all 31 Integration Authority areas of Scotland have now been developed and agreed. The plans already show there has been a clear acceleration of both the pace and scale of the development of primary care multi-disciplinary teams of health and care professionals across all parts of Scotland, and a step-change in the nature of clinical leadership in the GP profession in co-designing reform. Over the next 12 months, the plans will be implemented to drive these changes further.

In addition, within particular community and primary care services, specific actions will also drive improvements. For example:

- Optometry. The up-skilling of the optometry profession has seen a dramatic fall in non-sight threatening conditions presenting to emergency eye departments, and more patients being monitored in the community before being referred onto the hospital. This was further strengthened from 1 October 2018 when changes to General Ophthalmic Services arrangements enabled the vast majority of post-operative cataract review appointments (c.42,000 per annum) to be carried out in the community instead of secondary care. Building on this, new action will: update and implement national clinical guidance for optometrists in primary care; improve patient pathways; implement Advice Pathways between optometry and Hospital Eye Services to speed up appropriate referral times; and share images and relevant information across primary/secondary care to prevent unnecessary referrals back to Hospital Eye Services and/or duplication of tests/images.

- Dentistry. The Oral Health Improvement Plan was published in January 2018. This is an ambitious programme to rebalance service provision from secondary to primary care where General Dental Practitioners with enhanced skills will have the opportunity to provide certain services that at present are delivered within a secondary care environment. Building on this, we are amending regulations to allow NHS Boards to list general dental practitioners with enhanced skills, and in our Fairer Scotland Action Plan, we have announced additional funding to support the expansion of Childsmile provision to support young children living in the poorest 20% of areas in Scotland.

- Pharmacotherapy. In our 2016-17 Programme for Government, we committed that by the end of this Parliament, all GP practices in Scotland will have access to pharmacists with advanced clinical skills. As part of the new GP contract agreement in Scotland, these pharmacists and technicians now form the foundation for the pharmacotherapy service, which will provide an important function in supporting patients with their medicines – not least those at higher risk of admission or readmission to hospital. Building on this, over the next three years the service will develop to support medication reviews for more complex cases, poly-pharmacy reviews for patients prescribed multiple medicines, monitoring those on high-risk medicines, post-hospital medicines reconciliation, taking action on hospital Immediate Discharge Letters, and authorising hospital outpatient medicine requests.

Regional and national collaboration

The Health and Social Care Delivery Plan reflected the need for NHS Boards to work more collaboratively and efficiently with each other and with local authority and other partners across disciplines and boundaries to plan and deliver services over the next 15-20 years, with a focus on improved patient outcomes and financial and workforce sustainability. Recognising that some of this work can only be achieved through cross-boundary collaboration, we commissioned regional delivery plans for each of three regions (North, East and West), focusing on the future shape of services, capital planning and workforce sustainability. The national Boards were commissioned to develop a plan to support the regional delivery plans.

The plans are continuing to be refined through local engagement. Over the next two years, the regional and national collaborations of NHS Boards, working with partners, will develop actions within the plans to drive service improvements, linking with the targeted specialty action plans wherever possible, including:

- Developing standardised referral criteria and pathways in the East region to reduce inappropriate referrals, so that people do not wait unnecessarily to see clinicians
- Extending the outpatient triage service in Aberdeen to the whole of the North region so referrals can be reviewed and alternatives to consultant outpatient attendances actively considered

- Extending the NHS Lanarkshire pilot on completing imaging before referral into secondary care to the whole of the West region to support early review of referrals by acute clinicians, so diagnostic image information will be used more quickly for the benefit of patients
- Developing a national Patient Reminder Service to reduce the number of people who did not attend or had delays in outpatient appointments
- Expanding the pilot work in new models of frontline primary care, including GP in-hours triage for same-day appointment requests and enhancing the role of paramedics to provide a greater range of treatment and interventions directly for patients at home

We will:

- *Accelerate whole-system redesign of local patient pathways involving Integration Authorities, NHS Boards, and primary and secondary care clinicians (through 2019/20)*
- *Implement the General Medical Services contract to free up more GP time for appointments requiring longer discussions (through 2019/20)*
- *Build primary care multi-disciplinary teams to reduce unnecessary referrals by implementing the locally-agreed Primary Care Improvement Plans (through 2019/20)*
- *Take forward key actions to drive regional service reshaping where this will benefit patients through the regional delivery and national Boards' plans (through 2019/20)*

Improving Mental Health

We are taking decisive action on access to care on mental health services in parallel with this Improvement Plan. In support of our Mental Health Strategy, which we published in 2017, the recent Programme for Government put forward an ambitious programme of reform and investment on mental health services. This will be further reinforced by the recommendations from the Task Force led by Dame Denise Coia, which will inform the specific actions and targets we need to take to ensure delivery of the right care in right place.

Once the Task Force has reported, before the end of the year, we will bring forward detail on actions to address mental health waiting times.

Ensuring our Workforce Can Support Improvement

Action in different specialties and clinical areas requires a supported and skilled workforce. While NHS Scotland's workforce has grown for the past six consecutive years, we know that there are key staffing constraints on our ambitions to improve access to care, particularly in specialties such as urology, dermatology and general surgery. At the same time, withdrawal from the EU presents serious challenges to retention and recruitment across our health and care services, and is causing significant uncertainty for the workforce.

We are taking action in response to these challenges over the next 12 months. The Improvement Plan will:

- Invest £4 million over the next three years in domestic and international recruitment for GPs, nursing, midwifery and consultant specialties with the highest existing vacancy rates
- Encourage more capacity through the existing workforce, for example, by working with Staff Side and Employers to reduce sickness absence rates with a focus on staff health and wellbeing, and by rolling out eRostering technology to ensure staff time is used more effectively
- Enhance workforce capacity in key specialties, for example, by developing a 'Once for Scotland' approach to NHS workforce policies across Boards, where appropriate
- Improve career pathways in key specialties, for example, through Advanced Nurse Practitioner and General Nurse posts to ensure patients are seen appropriately and more quickly, and by creating multi-disciplinary clinical teams of surgeons, trainees, anaesthetists, theatre staff, Allied Health Professionals, diagnostics and nursing staff

In particular, the availability of a trained workforce is critical to the successful delivery of the elective centres. Work is underway to develop workforce plans that will ensure our workforce models will be delivered and are sustainable and affordable. By Spring 2020, actions will include:

- A national workforce plan for the elective centres will be developed that will inform planning to ensure that there is sufficient workforce to support the new centres without disrupting existing services, including managing student intake numbers and supporting national enhanced practitioner training requirements
- A draft framework to support joint recruitment and appointment processes across NHS Boards, so workforce capacity issues can be addressed more effectively

This will build on the work already underway to tackle key elements of the workforce, including provision of:

- 800 more GPs (headcount) over the next ten years
- 100 more medical undergraduate places by 2021

- 2,600 extra nurse and midwifery training places by the end of this Parliament
- An increase in GP Specialty Training posts from 300 to 400 per year
- 500 more Health Visitors by the end of 2018
- 50 more Radiology Specialty Training posts over the next five years, supported by an additional £3 million investment
- 500 more Advanced Nurse Practitioner posts by the end of this Parliament

The Improvement Plan will also build on the significant investments in staffing that are already taking place. Working in partnership with trade unions and NHS employers, we recently delivered a three-year pay deal for all Agenda for Change staff, which for those earning up to £80,000 provides consolidated pay increases for staff at the top of their pay band of 9%, with higher increases for those lower down the pay scale. Moreover, a national and intensive approach to workforce planning will be further progressed with the publication of the integrated national workforce plan by the end of this year.

Delivering the Improvement Plan

An oversight board is being established to drive delivery of the actions in this plan, and will ensure workforce and infrastructure resources are co-ordinated to maximum effect. Under the joint chair of Jill Young, Chief Executive of the National Waiting Times Centre, and Malcolm Wright, Chief Executive of NHS Tayside, the Board will report directly to the Scottish Government Director General for Health and Social Care. Through a robust performance management approach, it will closely monitor progress on the deliverables and impacts in terms of the Improvement Plan's stated ambitions.

We will regularly report our progress publically and the plan will be reviewed on a continuing basis, and refined to ensure that actions are assessed and new activity is brought on stream as required.

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NHS LOTHIAN

Board Meeting
<u>5 December 2018</u>

Executive Director of Nursing, Midwifery and Allied Health Professionals

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UPDATE ON INTEGRATION

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1   Purpose of the Report

1.1   The NHS Board discussed integration at its last meeting.   This report has been prepared to summarise the progress made to date, following discussions at the Strategic Planning Committee, and the Corporate Management Team.

1.2   There has also been a further development in that Audit Scotland published its <u>Health and Social Care Integration: Update on Progress</u> on 15 November. This follows on from the Audit Scotland report on <u>NHS Scotland 2018</u>, and there are implications for both of these reports for the operation of both the Finance and Resources Committee and the Strategic Planning Committee.

         Any member wishing additional information should contact the Director of Nursing, Midwifery and Allied Health Professionals in advance of the meeting.

2   Recommendations

2.1   Accept this report as a source of significant assurance that a process has started to develop our arrangements for integration.

2.2   Agree the principle described herein to create a Lothian Planning Forum with representation from the four Lothian IJBs and NHS Lothian, and with specific responsibility for collaborative strategic planning of the acute hospital functions delegated to IJBs. The Board would receive a further, more detailed proposition at its February meeting.

3   Discussion of Key Issues

<u>A Lothian Planning Committee</u>

3.1   The Board has a Strategic Planning Committee (SPC), which has kept its operation under continuous review since its establishment. With the advent of Integration Joint Boards, the agenda and membership of SPC were revised to ensure that the four key elements of NHSL's strategic operations – The People's Health (incorporating public health, community planning, and children's services), Integration, The Lothian Hospitals Plan, and Pan-Lothian Business, received equal weight. The membership for SPC was altered to ensure that the senior NHSL non-executive on each of the 4 IJBs, as well as the chair of Acute Hospitals Committee, were specifically invited, as well as the 4 Chief Officers of the IJBs. While this has worked reasonably well in the "planning" space, there has remained a desire to strengthen the ability of the 5 organisations to work together "strategically".

3.2   At its meeting of October 2018, SPC received a draft proposal to expand the membership and remit further, maintaining the governance role around "planning", but to also act as an alternative 'Lothian Planning Committee' for Health and Social Care functions. The primary driver for this move was to strengthen communication and

efficiency, with a additional outcome to clarify and strengthen the governance of delegated functions. It was agreed that the membership of the Strategic Planning Committee could be reviewed to achieve better collaboration, and to include the chair and vice chair of each IJB alongside the Chief Officer. This was seen not as an NHS Lothian Committee but a shared planning committee to facilitate collaboration between NHS Lothian and the IJBs.

3.3   The Corporate Management Team discussed a further 'straw man' proposal on 12 November. The proposal would not disturb the primary role that integration joint boards have for integration functions. However it was recognised that there are particular challenges with the integration functions which are funded by the set-aside arrangement, i.e. those integration functions and services which are provided in a hospital in the area of the health board <u>and</u> the hospital's functions are provided for the areas of two or more local authorities. There is a need to make progress quickly on this aspect, to focus on the long-term position for acute hospitals and the Royal Edinburgh Hospital. It was for this reason that the proposal concentrated on the relationship between the NHS Board and the integration joint boards, and did not include local authorities' involvement at this point.

3.4   The Corporate Management Team agreed with the principle that there was a need for a Lothian-wide strategic planning forum which would include IJB Chairs and Vice-Chairs, and the IJB Chief Officers, as well as appropriate non-executive directors and officers from NHSL. The group will be able to bring in other participants as required in order to consider shared issues. It was noted that this would mean that the integration joint boards would be the primary partners rather than the local authorities.

3.5   Management are working together to develop the proposal and the Chief Officers of the 4 IJBs have invited the Chief Executive, Deputy Chief Executive, and Director of Strategic Planning to join them at an event on the 4th December to explore various issues relating to integration. The outcome from that event, together with the consideration of the Audit Scotland report, will inform the final proposals. Thereafter management will present the proposals to the Corporate Management Team, the integration joint boards, and the NHS Board for approval.

Immediate review of the integration schemes due to the Carers Act

3.6   Management are currently considering the options relating to the delegation of certain NHS Board responsibilities relating to the Carers' Act to the integration joint boards. Once this has been completed we will start the process to make the amendments to the integration schemes.

Audit Scotland report on Integration

3.7   As noted above in 1.2, Audit Scotland published their report *Health and Social Care Integration in Scotland: Update on Progress* on 15th November. The issues identified in this report included those which have driven the continuous review of the Strategic Planning Committee and the whole approach between NHSL and the 4 IJBs, and include, across Scotland as a whole;

- Some evidence of significant improvement in reducing both admissions to hospital and delayed discharge;
- Challenges relating to financial planning, particularly around the tension between the longer-term planning IJBs were intended to undertake, and the current financial

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regimes for the NHS and local authorities, and specifically around how "set-aside budgets" function;

- Some barriers to effective strategic planning, including a lack of collaborative leadership approaches, a lack of strategic planning capacity, and differences in interpretation around governance and accountability;
- Limitations to willingness and ability to share information.

3.8 The refresh of the Strategic Planning Committee is intended to provide a forum for tackling some of these challenges, and significant strategic planning capacity has been transferred from NHSL to the 4 IJBs, with particular additional support for the Edinburgh IJB since September 2017. However, there is no doubt that some of the other challenges do have some resonance within Lothian and that there is some valuable learning for the organisation within the report.

3.9 It should be noted that Audit Scotland did find several examples of very good practice across Scotland, including within Lothian in Edinburgh's approach to an inclusive strategic planning process.

3.10 The Strategic Planning Committee will consider the report in detail at its December session.

4 Key Risks

4.1 The NHS Board and the IJBs do not make as much progress on their respective strategic aims, due to missing opportunities to work together where it is appropriate to do so.

4.2 While IJBs are established to do things differently and to focus on the needs of the localities within their local authority area, there is a risk that this localism adversely affects the strategic achievements of the whole health system in the Lothian area.

5 Risk Register

5.1 This report relates to how the whole organisation works, and potentially may have an impact on all objectives.   However as it is pertinent to how we do things, then a specific link could be made to the following corporate objectives for 2018/19 – 2022/23, which managers should consider for their risk registers: ' 1. *Protect and Improve the Health of the Population. 2. Improve Quality, Safety and Patient Experience. 3. Improve Access to Care and Treatment. 4. Shift the Balance of Care from Hospital to a Community Setting. 6. Achieve Greater Financial Sustainability and Value. 9. Work with regional and national partners to support transformational change.*'

6 Impact on Inequality, Including Health Inequalities

6.1 As part of the development of the proposals an impact assessment will be undertaken.

7 Duty to Inform, Engage and Consult People who use our Services

7.1 This is not relevant to this report.

8 Resource Implications

8.1 This work is being progressed to deliver a more efficient and effective way of working. At this early stage it is not possible to determine what the resource implications will be.

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22nd November 2018

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NHS LOTHIAN

Board
5 December 2018

Medical Director

NHS LOTHIAN CORPORATE RISK REGISTER

1 Purpose of the Report

1.1 The purpose of this report is to set out NHS Lothian's Corporate Risk Register for assurance.

Any member wishing additional information should contact the Executive Lead in the advance of the meeting.

2 Recommendations

The Board is recommended to:

2.1 Accept significant assurance that the current Corporate Risk Register contains all appropriate risks, which are contained in section 3.2 and set out in detail in Appendix 1. Work is ongoing to separate the Unscheduled Care Performance risk (3203) into the risks related to the achievement of the 4 hour standard and the patient safety risks relating to overcrowding in the Emergency Department.

2.2 Accept that as a system of control, the Governance committees of the Board assess the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the committee.

2.3 Note the review of NHS Lothian's Risk Register within the context of the Board's May 2018 workshop and feedback from committee members with respect to single system approach to risk through the Audit & Risk Committee.

2.4 Note that the new template for the Corporate Risk Register is being tested in collaboration with Internal Audit for reporting in January 2019.

3 Discussion of Key Issues

3.1 As part of our systematic review process, the risk registers are updated on Datix on a quarterly basis at a corporate and an operational level. Risks are given an individual score out of 25; based on the 5 by 5 Australian/New Zealand risk scoring matrix used; 1 being the lowest level and 25 being the highest. The low, medium, high and very high scoring system currently used, is based on the same risk scoring matrix, remains unchanged.

3.2 There are currently 14 risks in total in Quarter 1; the 6 risks at Very High 20 are set out below.

1. The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge
2. Achieving the 4-Hour Emergency Care standard
3. Timely Discharge of Inpatients
4. General Practice – Workforce Sustainability
5. Access to Treatment (organisational risk)
6. Access to Treatment (patient risk)

3.2.1 The Board and Governance committees of the Board need to assure themselves that adequate improvement plans are in place to attend to the corporate risks pertinent to the committee. These plans are set out in the Quality & Performance paper presented to the Board and papers are considered at the relevant governance committees. Governance Committees continue to seek assurance on risks pertinent to the committee and level of assurance along with the summary of risks and grading is set out below in Table 1.

3.2.2 If you have an electronic version of this report, links to each risk in Appendix 1 have been embedded in the below table (please click on individual Datix risk number in the table).

Table 1

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
3600	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. **(Finance & Resources Committee)**	July 2018 F&R considered the revised risk and accepted limited assurance.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
3203	Unscheduled Care: 4 hour Performance **(Acute Services Committee)**	June 2018 Acute Services Committee continued to accept limited assurance. Plan in place to improve 4 hour performance and safety at RIE. Plan subject to external scrutiny.	High 10	Very High 20	Very High 20	Very High 20	Very High 20
3726	Timely Discharge of Inpatients (Previously Unscheduled Care: Delayed Discharge) **(HCG Committee)**	November 2017 HCG continued to accept limited assurance.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3829	GP Workforce Sustainability **(HCG Committee)**	September 2017 HCG continued to accept limited assurance, but more confident that the plans in place will mitigate this risk over time and asked for regular updates. To be discussed at Nov	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20

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Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
		2018 HCG					
3211	Access to Treatment – Organisation Risk (Previously Achievement of National Waiting Times) **(Acute Services Committee)**	July 2018. Limited Assurance. The Committee was impressed with the work in progress but also disappointed that performance remained of concern with the volume of patients waiting over 12 weeks. Recognition that systems of control were in place was accepted.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
4191	Access to Treatment Risk – Patient (New Risk May 17) **(Acute Services Committee)**	HCG January 2018 HCG – moderate assurance.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3454	Management of Complaints and Feedback **(HCG Committee)**	November 2017 HCG considered and moderate assurance accepted. Reviewed at every second HCG meeting.	High 12	High 16	High 16	High 16	High 16
1076	Healthcare Associated Infection **(HCG Committee)**	May 2018 - Overall moderate assurance due to SAB infections, but significant with respect to CDI HEAT target achievement. Reviewed at every second HCG meeting.	High 12	Medium 9	Medium 9	Medium 9	Medium 9
3480	Management of Deteriorating Patients in Acute Inpatients **(HCG Committee & Acute Services Committee)**	Progress update to January 2018 HCG – moderate assurance. Update at AHC October 2018 – improvement in cardiac arrest rates seen. Will review risk if improvements sustained over the winter.	High 16	High 16	High 16	High 16	High 16
3527	Medical Workforce Sustainability **(Staff Governance Committee)**	October 2017 meeting continued to accept moderate assurance.	High 16	High 16	High 16	High 16	High 16
3189	Facilities Fit for Purpose (accepted back on the Corporate Risk Register October 2015) **(Finance & Resources Committee)**	Finance & Resources Committee Jan 2018 - moderate assurance received.	High 15	High 16	High 16	High 16	High 16
3455	Management of Violence & Aggression. (Reported at H&S Committee, **via Staff Governance Committee**)	Staff Governance in considered in July 2017 and accepted limited assurance.	Medium 9	High 15	High 15	High 15	High 15

3

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
3828	Nursing Workforce – Safe Staffing Levels **(Staff Governance Committee)**	March 2017 Moderate assurance that systems are in place to manage this risk as and this risk will be regularly reviewed particularly with respect to District nursing. Staff Governance in October 2017 considered a paper on this risk and continues to accept moderate assurance.	High 12	Medium 9	Medium 9	Medium 9	Medium 9
3328	Roadways/ Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee, **via Staff Governance Committee**)	Staff Governance Committee, October 2017 continued to accept moderate assurance.	High 12	High 12	High 12	High 12	High 12

3.3 **Testing of Strategic Framework**

When testing the strategic framework for risk as agreed by the June 2018 Audit & Risk Committee, a number of questions arose linked to a discussion around a whole system approach to risk which need to be clarified prior to further testing of the framework. These include:-

1. What is the definition of the risk
2. Who owns the risk and provides assurance
3. What plans are in place to proactively and/or reactively manage the risk and do they address key aspects of the strategic framework
4. What impact do the plans have on mitigating the risk.

As an illustration of the above, the current Delayed Discharge risk was reviewed.

3.3.1 <u>What is the definition of the risk</u>

The risk is currently expressed as:

'There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.'

When considering this risk from a problem definition perspective and taking into consideration the current controls, it is suggested that the risk may be better expressed as:

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'There is a risk that constraints on Health & Social Care capacity and current models of care, could result in people being cared for in an inappropriate setting leading to poor experience and outcome of care.'

3.3.2 <u>Who owns the risk</u>

Currently this risk is owned by the Deputy Chief Executive and assurance is sought by the Healthcare Governance Committee.

Areas for consideration are:-

- Who owns the plan(s) in place proactively and/or reactively to manage this risk
- Who manages delivery of the plans
- Who should be providing assurance and to whom at the planning and delivery level

3.3.3 <u>What plans are in place</u>

It is currently unclear in our current risk template, the plans in place to proactively and/or reactively manage this risk and who is accountable for the plans. It is these plans (IJB strategic plans and delivery for HSCPs and Acute services) that would require assessment against the proposed strategic risk framework, for example do the plans demonstrate:-

- New models of Health and Social Care
- The ability to improve and understand
- Establishing positive working relationships
- Active public and patient engagement.

3.3.4 <u>Impact of the plans</u>

The impact of these plans would also benefit from a set of key measures which would indicate if the risk is being managed.

3.3.5 As part of providing a more holistic approach to risk, a new template was recommended to the August 2018 Audit & Risk Committee that sets associated risks, plans and balanced set of key measures to illustrate the impact of plans to mitigate the risk for testing (see Table 2 below).

The Audit & Risk Committee in August 2018 approved the testing of this template and within it the proposed strategic risk framework starting with the risk as set out above.

3.3.6 Internal Audit are working in collaboration with the risk personnel to learn from the implementation of the template and the scope of the audit was agreed at the October 2018 Board. Three risks from the Corporate Risk Register have been identified to test the template on:-

- GP Workforce Sustainability
- Nursing Workforce – Safe Staffing Levels
- Timely Discharge of Inpatients

The audit is due to complete in January 2019 with onward reporting to the Audit & Risk Committee.

Table 2

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
Improve patient pathway and shift the balance of care	There is a risk that constraints on Health & Social Care capacity and current models of care, result in people being cared for in an inappropriate setting leading to poor experience and outcome of care	• Finance • General Practice Sustainability • Nursing Workforce (District Nursing) • Access to Treatment **Associated Strategic Plans** • IJB strategic plans / HSCP delivery plans • Winter plans • GMS improvement plans	**Current controls which will need to be updated:-** **HSCP/IJB** A range of management/governance controls are in place for Unscheduled Care notably: Integrated Joint Boards will report via the Deputy Chief Executive to Scottish Government on the delivery of key targets which include Delayed Discharges and actions in response to performance. Delayed discharges are examined and addressed through a range of mechanisms by IJBs which include: • Performance Management. Each Partnership has a trajectory relating to DD performance and these are reported through the Deputy Chief Executive • Oversight of specific programmes established to mitigate this risk for example Edinburgh Flow Board and/or Strategic Plan Programme Board (East Lothian) **Acute Services** NHS Lothian Board (bi monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area. The bi-monthly Acute Hospitals Committee as well as formal SMT and SMG meetings. Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (data analysis from EDISON	**Potential Measures:-** • Delayed Discharges • Unscheduled avoidable admissions, including readmissions • Number of care home beds • Number of restricted care home beds • Number waiting for assessment by social care • Unnecessary attendance and referrals to outpatients • Number of people dying in a hospital setting • 4-Hour emergency standard • GP restricted lists	

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4   Key Risks

4.1   The risk register process fails to identify, control or escalate risks that could have a significant impact on NHS Lothian.

5   Risk Register

5.1   Not applicable.

6   Impact on Health Inequalities

6.1   The findings of the Equality Diversity Impact Assessment are that although the production of the Corporate Risk Register updates, do not have any direct impact on health inequalities, each of the component risk areas within the document contain elements of the processes established to deliver NHS Lothian's corporate objectives in this area.

7   Duty to Inform, Engage and Consult People who use our Services

7.1   This paper does not consider developing, planning and/or designing services, policies and strategies, with the exception of the Risk Management Policy and Procedure which required stakeholder engagement (see 3.4).

8   Resource Implications

8.1   The resource implications are directly related to the actions required against each risk.

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22 November 2018
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List of Appendices

Appendix 1: Summary of Corporate Risk Register

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3600	3: Secure Value & Financial Sustainability	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge.	There is a risk that the Board does not systematically and robustly respond to the financial challenge to achieve its strategic plan. This could be due to a combination of: uncertainty about the level of resource availability in future years, the known demographic pressure which brings major potential service costs and increasing costs of new treatment options, e.g. new drugs, leading to a reduction in the scale or quality of services. **NOTE:** During the last few years, NHS Lothian has been reliant on non-recurring efficiency savings, which has exacerbated the requirement to implement plans which produce recurring savings.	The Board has established a financial governance framework and systems of financial control. Finance and Resources Committee provides oversight and assurance to the Board. Quarterly review meetings take place, where acute services COO, site/service directors in acute, REAS and joint directors in Primary Care are required to update the Director of Finance on their current financial position including achieve delivery of efficiency schemes. **Rationale for Adequacy of Control**: A combination of uncertainty about the level of resource availability in future years combined with known demographic pressure which brings major potential service costs, requires a significant service redesign response. The extent of this is not yet known, nor tested.	**Risk reviewed for period July to September 2018** Risk Grade/Rating remains Very High 20 **Update 10 October 2018** At 19 September Finance & Resources Committee the draft minutes state: The Committee agreed to take limited assurance on achieving a breakeven outturn rather than the recommended moderate assurance. The reason for this being that although a lot of work had been undertaken to get to this point the Committee would like to wait until further into the year before taking moderate assurance given the in year risks that were on the horizon. This would be considered again at the November meeting. However, it should be noted that, on 4 October Jeanne Freeman, Health Cabinet Secretary, made a statement to the Scottish Parliament stating that that a new three-year budgetary cycle will begin from 2019-20. And health boards will be given a "clean sheet" at the start of this, with all prior loans written off. If they are able to break even over the three-year cycle, the boards will be given the flexibility to over - or underspend by up to 1% of their budget each year. NHS Lothian, however, continues to plan to break-even at end 2018/19 and the risk remains Very High.	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	Very High 20	Medium 6	Director of Finance	Deputy Director of Finance	Finance & Resource Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
32	2: Improve the	Uns ched	There is a risk that NHS Lothian will fail to meet the 4 hour performance target for unscheduled care which could mean that patients fail to receive appropriate care, **due to** volume and complexity of patients, staffing, lack and availability of beds, lack of flow **leading to** a delay to first assessment, a delay in diagnosis and therefore in treatment for patients and a reputational risk for the organisation.	A range of governance controls are in place for Unscheduled Care notably: **Board** Monthly NHS Lothian Board oversee performance and the strategic direction for Unscheduled Care across the NHS Lothian Board area. A programme delivery group has been recently established to provide leadership, strategic advice and guidance for the delivery of the 4 Hour Emergency Access Standard (4EAS) Programme which includes, the short/mid-term improvements against quality and unscheduled care performance standards A Governance Oversight Group, with representation from Non Executive team, has also been assembled to provide assurance to the Scottish Government in the following areas: • The improvement of delivery against the short-term quality and performance standards. • A plan for the future organisation and management of the 4 Hour Emergency Access Standard (4EAS) Programme which includes the implementation of the recommendations made by the Academy of Medical Royal Colleges and Faculties In Scotland report in April 2018. PDSA cycles are underway to improve flow throughout adult acute sites. Improvement frameworks have been devised to detail and predict the performance improvement of any change ideas. The winter planning process started earlier this year, with agreement in place on schemes to be funded, and sites are now progressing to implementation. The approved Winter Plan outlined the approach to supporting performance over the winter period and beyond. This reflected a number of actions namely: • Winter Readiness plans established for each site • Plans focused on discharge capacity as well as bed capacity for 2017-18 and is starting to plan for winter 18-19 • Clear measures in terms of escalation procedures	**Risk Reviewed for period July to September 2018** Risk reviewed and approved by Acute Services Committee in November 2017 accepted Moderate Assurance. Risk and Controls reviewed October 2018. Risk Grade/Rating remains Very High/20. Through the Unscheduled Care Committee work continues in line with the Scottish Governments 6 Essential Actions initiative. Each site is taking forward a set of actions to support a step change in performance. Priority interventions are focussing on: • Clinical Leadership • Escalation procedures • Site safety and flow huddles • Workforce capacity • Basic Building blocks models • Proactive discharge • Flow through ED/ Acute Receiving • Smooth admission/ discharge profiling • Effective capacity and Demand models being developed re in /out , BBB methodology • Patients not beds principle • Daily Dynamic Discharge/check, chase, challenge methodology rolled out across the acute sites • Plan to roll out across the whole system and partnerships campuses RIE Tests of Change • Bed Booking System • Ambulatory Care • Minor Injuries Unit WGH Tests of Change • Use of complex discharge coordinator • Establishment of clinically LOS panel SJH • Introduction of Flow Centre to West Lothian • Scoping and progression of IA in relation to Front door redesign Quarterly reports to the SG have now ceased from the service improvement leads and have been replaced with monthly face to face meetings between the SG and the programme/service improvement managers.	Adeq uate	Ve	Lo	Jim	Jac	Acu

| | | | | A number of performance metrics are considered and reviewed weekly, including:

- 4 hour Emergency Care Standard and performance against trajectory
- 8 and 12 hour breaches
- Attendance and admissions
- Delayed Discharge (see Corporate Risk ID 3726)
- Boarding of Patients
- Length of Stay (LOS)
- Cancellation of Elective Procedures
- Finance
 - Adherence to national guidance/ recommendations (what Scottish Government expect for the money received) | These meetings provide a basis to discuss current performance, up and coming tests of change, evaluative measures taken to understand performance issues and peer support. | | 🟥 | 🟩 | | |

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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3726	2: Improve the quality and safety of health care	Timely Discharges of Inpatients	There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.	A range of **management/governance** controls are in place for Unscheduled Care notably: NHS Lothian Board (bi monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area. The bi-monthly Acute Hospitals Committee as well as formal SMT and SMG meetings. Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (data analysis from EDISON NHS Lothian's Winter Planning Project Board is now established as the NHSL Unscheduled Care Committee in collaboration with the Integrated Joint Boards **Integrated Joint Boards will report via the Deputy Chief Executive to Scottish Government on the delivery of key targets which include Delayed Discharges and actions in response to performance.** **Delayed discharges are examined and addressed through a range of mechanisms by IJBs which include:** • **Performance Management. Each Partnership has a trajectory relating to DD performance and these are reported through the Deputy Chief Executive** • **Oversight of specific programmes established to mitigate this risk for example Edinburgh Flow Board and/or Strategic Plan Programme Board (East Lothian)**	**Risk reviewed for period July to September 2018** **Reviewed by HCG in November 2017 and continued to accept limited assurance.** **Update October 2018** Risk Grade/Rating remains Very High/20 Action to help tackle DD across NHS Lothian include: • Criteria led discharge pilots • Locality based services/discharge hubs developed to support pulling patients out • Evidence based dynamic discharge at each adult site • Intermediate care beds in Care home – evaluation of bed utilisation, turnover and readmission rates • Flow centre live in West Lothian to expedite transfer issues • Length of Stay Improvement Board has been founded with the aim of reducing the site's length of stay at RIE while a Peer Review group has been established at WGH to understand patients with an extended Length of Stay • The Winter Planning Board / NHS Lothian Unscheduled Care committee are overseeing the necessary actions in support of sustained performance during the winter period and beyond. • As per guidance from SG, the 2018/2019 Winter Plan has greater focus on facilitation of consistent discharge rates across weekends and holiday periods to ensure robust processes are in place to avoid delays in addition to improving earlier in the day discharges. • Edinburgh IJB (EIJB) has agreed a plan for the short, medium and longer term in relation to addressing its significant challenges which relate to delays in the discharge of people from an acute facility, as well as address the equally important challenge of ensuring sufficient community capacity to maintain people's independence at home or in a homely setting. • West Lothian are undertaking 4 main work streams under the delayed discharges improvement plan which are concerned with Optimising Flow, Integrated Discharge Hub, Home First and Intermediate Care. • Midlothian/East Lothian have undertaken additional meetings with Care at Hone External providers to maximise carer capacity • Trajectories are in place for each partnership and these are being monitored to support capacity to meet demand.	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Medium 9	Deputy Chief Executive	Director of West Lothian H&SCP/Chief Operating Officer (Acting)	Acute Hospitals Committee in partnership with IJBs

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance

38	2: Improve the	GP Wor	There is a risk that the Board will be unable to meets its duty to provide access to primary medical services for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises difficulties (e.g. leases). This may affect:
			
			• ability of practices to accept new patients (restricted lists);
			• patients not being able to register with the practice of their choice;
			• ability to cover planned or unplanned absence from practice;
			ability to safely cover care homes; difficulties in one practice may impact on neighbouring practices/populations, occur at short notice with the result that practices are unable to provide services in their current form to existing patients;
			• other parts of the health and social care system e.g. secondary care, referrals, costs
			
			As a result of these pressures practices may choose to return their GMS contracts to the NHS Board who may in turn not be able to either secure an new 17j practice or successfully fill practice vacancies or recruit sufficient medical staff to run the practice under 2c (direct provision) arrangements.
			
			Practices can be affected by changes or instability at very short notice.
				Governance and performance monitoring
				• Regular updates reported to Healthcare Governance Committee.
				• NHS Lothian Board Strategic plan.
				• HSCP Primary Care Transformation and Primary Care Improvement Plans.
				• Reports to Board and Strategic Planning Committee.
				• Establishment of the implementation structure for the new GMS contract – GMS Oversight Group - which will oversee implementation of local plans and measure associated improvement across NHS Lothian.
				• The risk is highlighted on all HSCP risk registers with local controls and actions in place and on the East Lothian IJB risk register as host IJB for the Primary Care Contractor Organisation (PCCO).
				
				Core prevention and detection controls
				• PCCO maintain a list of restrictions to identify potential and actual pressures on the system which is shared with HSCPs and taken to the Primary Care Joint Management Group (PCJMG).
				• PCJMG review the position monthly with practices experiencing most difficulties by way of reports from Partnerships to ensure a consistent approach across the HSCPs and advise on contractual implications.
				• Ability to assign patients to alternative practices through Practitioner Services Division (PSD).
				• "Buddy practices" through business continuity arrangements can assist with cover for short-term difficulties.
				
				Rationale for Adequacy of Controls - remains inadequate as HSCP transformational plans are still at developmental stage and GP retention and recruitment is a national issue (see Medical workforce risk. Risk grading therefore remains very high/20).
					Risk reviewed for period April to September 2018
					
					Update: October 2018
					
					A meeting has been arranged to look at the new template. We are in the process of collating comments from HSCP colleagues who will be reviewing this issue on their own risk registers.
					
					Risk Grade/Rating remains Very High/20.
					
					Risk reviewed at Primary Care Joint Management Group on 14/09/17 and 10.05.18.
					
					Noted that improvement in primary care sustainability is a process that will take up to three years
					
					Healthcare Governance Committee received reports in September 2017, January and **March 2018 which again confirm limited assurance.**
					
					2018 GMS contract has been approved by the profession and will be implemented over the next three years overseen by the GMS Contract Oversight Group.
					
					All HSCPs developing Primary Care Improvement Plans for submission to Scottish Government by 1 July 2018.
					
					• NHS Lothian investment of £5m over three years from 2017/18 **and national funding of 4.8m in 18/19 with further increases in the next three years to address the key pressures are reflected in HSCP improvement plans for Primary Care Transformation to increase provision of clinical pharmacist posts in General Practice, meet same day demand, remove vaccinations from practices, establish community treatment clinics, provide additional non-medical workforce in primary care and community link workers**
					
					• Further work on GP recruitment including:
					  ➢ Testing the recruitment market (using Google clicks or a social media campaign to identify where GPs might come from before running a more visible, targeted campaign to recruit)
					  ➢ Promotion of Edinburgh and Lothians as good place to work
					  ➢ Provision of local contacts to discuss job opportunities
						Inad equa	Ve	Hi	Med	Join	Hea

					➢ GP practice recruitment micro site **Position on golden hellos reviewed and updated - discretionary applications to be considered on a case by case basis.** **Examples across Lothian of actions contributing towards stability:** **East Lothian Care Home Team and CWIC service** **Midlothian MSK posts and Mental Health support** **West Lothian use of paramedics for home visiting and signposting training for practice staff** **Edinburgh transformation and stability injections and community link workers** **Funding support to ensure new capacity for housing developments in Midlothian, Edinburgh and East Lothian.** **Interest free loans under new premises code being made available to practices who own their own premises in order to alleviate risk to current partners and attract new partners.**		🟥	🟧			

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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3211	2. Improve patient pathways and shift the balance of care	Access to Treatment Risk – Organisation Risk (Previously Achievement of National Waiting Times)	There is a risk that NHS Lothian will fail to achieve waiting times targets for inpatient / day case and outpatient appointments, including the overall Referral To Treatment target, due to a combination of demand significantly exceeding capacity for specific specialties and suboptimal use of available capacity, resulting in compromised patient safety and potential reputational damage. **Bowel screening Service pressure is a new addition to this register. Due to a change in the test that took place in October 2017 this service has seen its numbers requiring urgent scope rise each month and has now doubled. All Health Boards across Scotland are experiencing the same pressure**	Governance & performance monitoring • Weekly Acute Services Senior Management Group (SMG) meeting • Monthly Acute Services Senior Management Team meeting- monthly outturn and forecast position • Performance reporting at Corporate Management Team (CMT) • NHS Lothian Board Performance Reporting • Performance Reporting and Assurance to Acute Hospital Committee • Monthly access and Governance Committee, to ensure compliance with Board SOPs relating to waiting times. Core prevention and detection controls • Establishment of the Delivering for Patients Group to monitor performance and work with individual specialties to delivery efficiency improvements against key performance indicators on a quarterly basis • Scope for improvement identified with recommendations made to specialties e.g. target of 10% DNA rate; theatre session used target of 81 %, cancellation rate 8.9%; for every 10 PAs recommendation of 6 DCCs directly attributed to clinic or theatre. • **Increase in staffing on a temporary basis in Bowel screening is planned to carry out pre-assessment at the same stage as before the increase. Increase the (currently) small number of scopers who are qualified to carry out bowel screening scopes.** **Rational for adequacy of controls** Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute SMT to ensure any areas of concern are highlighted and actioned. Risk remains high while demand continues to exceed available capacity.	**Risk reviewed for period July – September 2018 Reviewed by AHC in Oct 2018 and accepted moderate assurance that the performance expected as assessed with the resources available would be met, but limited assurance that the Scottish Government target for waiting times would be met.** **Update November 2018 description updated.** <u>**Ongoing Actions**</u> • Weekly Acute SMG monitors TTG, RTT, long waits, cancer performance, theatre performance and recovery options on a weekly basis, with monthly deep dives into theatre and cancer performance. • Monthly Acute SMT has sight of Access & Governance minutes, to monitor ongoing actions and escalate as appropriate. • Performance is also reported to, and monitored by, Acute CMT. • Performance is also monitored by the Board and Acute Hospitals Committee, using the Quality & Performance report, which is also reviewed at Acute SMT. <u>**Additional Actions**</u> • Implementation of a Theatres Improvement Programme – a significant programme with multiple work streams (Pre-assessment, HSDU, Booking and Scheduling, Workforce) to improve theatre efficiency. • Establishment of an Outpatient Programme Board that focuses on demand management, clinic optimisation and modernisation. • Service improvement work is being supported by the DfP quarterly reviews, which in turn are supported by more regular meetings with service management teams and clinicians to develop and implement improvement ideas, and to facilitate links to the Outpatients and Theatre improvement programmes. Running action notes are kept at each service meeting, and regularly reviewed by service management teams and the DfP core group. Risk Grade/Rating is Very High/20	Inadequate – control not designed to properly manage risk; further controls required	Very High 20	Medium 4	Deputy Chief Executive	Chief Operating Officer (Acting)	Acute Services Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
41	2. Improv	Acc ess	There is a risk that patients will wait longer than described in the relevant national standard due to demand exceeding capacity for in-patient / day case outpatient **services and endoscopic procedures** within specific specialties. **Bowel screening Service pressure is a new addition to this register. Due to a change in the test that took place in October 2017 this service has seen its numbers requiring urgent scope rise each month and has now doubled.** **All Health Boards across Scotland are experiencing the same pressure** Clinical risk is identified in two dimensions: 1) the probability that due to length of wait the patient's condition deteriorates; 2) the probability that due to the length of wait significant diagnosis is delayed.	• Service developed trajectories, that are used to monitor performance, early indications of pressures, and opportunities to improve efficiencies/productivity. • A re-invigorated Delivering for Patients (DfP) programme provides a framework for learning and sharing good practice through a programme of quarterly reviews. • New referrals are clinically triaged, a process which categorises patients as Urgent Suspicion of Cancer (USOC), Urgent or Routine. Within each of these categories, patients are triaged into the most appropriate sub-specialty queue, each of which is associated with a different level of clinical risk. Long wait surveillance endoscopies are also clinically triaged to identify any patients that require expedition. • **Increase in staffing on a temporary basis in Bowel screening is planned to carry out pre-assessment at the same stage as before the increase. Increase the (currently) small number of scopers who are qualified to carry out bowel screening scopes.** • A revised communications strategy has been established to ensure that both patients and referrers are appropriately informed of the length of waits. • If the patient's condition changes, referrals can be escalated by the GP by re-referring under a higher category of urgency. There is an expectation that the GP would communicate this to the patient at the time of re-referral. • Specific controls are in place for patients referred with a suspicion of cancer. Trackers are employed to follow patients through their cancer pathways, with reporting tools and processes in place which trigger action to investigate / escalate if patients are highlighted as potentially breaching their 31-day and / or 62-day targets. Trackers undergo ongoing training, and have access to clear escalation guidance on how to deal with (potential) breachers.	**Risk reviewed for period July to September 2018** **Reviewed by HCG in January 2018 – accepted moderate assurance.** **Update November 2018 – reviewed and description updated.** **Ongoing Actions** • DfP quarterly reviews are supported by more regular meetings with service management teams and clinicians to develop and implement improvement ideas, and to facilitate links to the Outpatients and Theatre improvement programmes. Running action notes are kept at each service meeting, and regularly reviewed by service management teams and the DfP core group. • Significant redesign and improvement work is being undertaken through the Outpatient Programme Board and through the Theatre Improvement Programme Board, to help mitigate some of the increasing waiting time pressures and clinical risks. • Revised communications strategy includes an "added to outpatient waiting list" letter, which informs patients that their referral has been received, and that some service waits are above the 12-week standard. Current waiting times are also published on *RefHelp*, making them available to GPs at the time of referral. It has been agreed (March 2017) that a link to *RefHelp* waiting time information will be included in letters to patients, allowing them to check service waiting times regularly. There has also been the implementation of a Keep in Touch initiative (Dec 2017) which is a co-ordinated process whereby all long wait patients are called or lettered by a member of clerical staff. This process has clinical endorsement. This is to ensure they are aware they are still on the list and will receive an appointment at the earliest opportunity. This also allows any patients who feel their symptoms are worsening to be escalated for clinical review to the CSM. It also results in a greater efficiencies as patients often advise they no longer require or have had a procedure already and so are removed from the list. This then allows a slot to be used for another patient. • Keep In Touch is continuing with a focus on the longest waits for outpatient and endoscopy with the aim to contact every long waiting patient.	Inade quate	Ve	Me	Dep	Chi	Acu

| | | | | **Rationale for adequacy of controls**
Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute CMG to ensure any areas of concern are highlighted and actioned. Risk remains high while demand continues to exceed available capacity. | • Information on the projected length of wait throughout a patient's pathway is communicated clearly to patients at clinical appointments throughout their cancer journey.

Additional Actions
• There are some ongoing issues with resilience with regard to cross-cover among trackers during periods of absence and / or annual leave and these are being addressed robustly with, in the first instance, an in-depth review of current cancer tracking arrangements.

• The Executive Medical Director and Chief Officer for Acute Services have developed a clinical risk matrix for specialties under waiting time pressures. This then ensures that prioritisation of additional resource is given to specialties where long waits will be of greatest clinical risk to the patient.

Risk is very high while demand exceeds available capacity and as such Risk Grade/Rating is Very High/20 | | | | | |

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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3454	2: Improve the quality and safety of health care	Management of Complaints and Feedback	There is a risk that learning from complaints and feedback is not effective due to lack of reliable implementation of processes (for management of complaints and feedback) leading to the quality of patient experience being compromised and adverse effect on public confidence and expectation of our services. It is also acknowledged that a number of other corporate risks impact on this risk such as the processes and experience of unscheduled care, patient safety, primary care and waiting times.	Governance and performance monitoring • Routine reporting of complaints and patient experience to every Board meeting • Regular reports to the Healthcare Governance Committee - complaints and patient experience reports. • Additional reports are submitted to the Audit and Risk Committee • Monthly quality and performance reporting arrangements include complaints and patient experience • Internal Audit 'Management of Complaints & Feedback'. Core prevention and detection • The complaints improvement project board, chaired by the Executive Nurse Director oversees implementation of the new complaints handling model for management and learning from complaints as part of a wider improvement project to improve patient experience • Feedback and improvement quality assurance working group meets monthly, chaired by Non-executive Director and is overseeing implementation of the SPSP action plan • Corporate Management Team and Executive Nurse Directors group review and respond to weekly/monthly reports Complaints management information available on DATIX dashboard at all levels enabling management teams to monitor and take appropriate action. Weekly performance reports on complaints shared with clinical teams. Patient experience data is fed back on a monthly basis at service and site level to inform improvement planning and is available via Tableau Dashboard. Rationale for inadequate controls: Governance processes and improvement plans are in place but yet to be fully implemented.	**Risk Reviewed for period July to September 2018** **Update October 2018** A new complaints handling procedure was implemented 1 April 2017 which introduced a 3-stage approach: 1) front line resolution, 2) Investigation and 3) SPSO. • Complaints Improvement Project Board now in place chaired by the Executive Nurse Director and a refreshed membership was agreed. • Stakeholder engagement from across the organisation continues and full Business Case was approved by CMT in June. Additional funding confirmed to implement the new delivery model (Hybrid Model). • An implementation plan is being developed and paper went to Workforce Organisational Change Group (July) to restructure the Patient Experience Team. • A number of teams across the organisation are assisting with complaints data collection to support the new CHP. • Feedback & Improvement Quality Assurance Working Group chaired by Non Executive has overseen the implementation of SPSO action plan which is now completed. Have reviewed its terms of reference and have agreed to meet again in the new year and reconsider if this forum is still required. • Patient Experience Annual Report was presented at the August 2018 NHS Lothian Board Meeting and was positively received. • Bi-annual meetings with the new Ombudsman agreed and next meeting is planned for late 2018. • Combined complaints and patient experience report continues to receive moderate assurance by the HCG committee – July 2018. • Internal Audit review of complaints completed and working through the recommendations. • Ongoing support, training and awareness raising within services to increase confidence and capability in managing complaints. 2 dates for SPSO Training on Investigation Skills. • NHS Lothian's uphold rate for SPSO annual statistics is 58% which is much improved over the last 3 years. • Work ongoing to support the complaints and feedback systems within the 2 prisons encouraging early resolution / Stage 1. • Services are being supported to test a range of approaches including Care Opinion, Tell us 10 Things and Care Assurance Standards • Tell us Ten things questionnaire has been aligned with "5 must dos with me" and is being tested in 3 acute sites with adults and an amended version with children and young people Risk Grade / Rating is High / 16 **Rationale for this – moderate assurance given at Nov 2017, March 2018 & July HCG committees. SPSO cases - 58 (20.10.18)** Complaints Improvement Project Board in place. Blended approach to patient feedback (TTT, Care Opinion & CAS)	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	High 16	Medium 6	Executive Director Nursing, Midwifery & AHP's	Head of Patient Experience	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
1	2: Impro		There is a risk of patients developing an infection as a consequence of healthcare interventions because of inadequate implementation of HAI prevention measures leading to increased morbidity and mortality and further treatment requirements, including potential extended stay in hospital.	**Governance, Performance Monitoring & Assurance** •The NHS Lothian Infection Committee (LICC) reports to the Board through Healthcare Governance Committee. Reports and minutes are also shared with Lothian Infection Control Advisory Committee (LICAC). •Acute Hospitals Sites and Health & Social Care Partnerships have responsibility for local monitoring/reporting of HAI issues and performance. These local committees report directly to the LICC •Key performance and assurance data is shared and discussed extensively within the organisation at local clinical and senior management meetings •Key performance data is submitted to Health Protection Scotland. National benchmarking reports are published quarterly. These data are used to inform local improvement. •HAI Level 2 Quality indicator data is available on Discovery (level 1) dashboard providing access and oversight to clinical and senior management teams of NHS Lothian performance against other Boards and NHS Scotland performance. •All Clostridium difficile infections (CDI) and Staphylococcus aureus bacteraemia (SAB) are reviewed monthly to indentify themes and key areas for improvement. The outcomes of this are reported monthly at the Acute Clinical Management Team meetings. •SAE reviews are requested for all CDI and SAB related deaths and supported by the IPCT where required. **Education &Training** •The revised HAI Education Strategy was approved at LICC in July 2018. This is available on the Intranet and has been disseminated through clinical management teams. •A range of e-learning modules which complement mandatory education & training are available on LearnPro/TURAS. The HAI strategy guides staff in selection of these appropriate to role. •The IPCT education delivery plan details other topic and organism specific face to face training available to supplement mandatory requirements. This is open to NHS and H&SC staff. •Ad hoc education and training is provided in response to outbreaks/incidents as required/requested. •Line managers can monitor compliance with mandatory infection prevention and control education through Tableau. **Policy, practice & audit:** •Clinical teams undertake local SICPs audits to provide assurance of compliance and identify areas for further local improvement. The data is collated and available in QIDS. •The IPCT undertake a planned risk based programme of audit. Outcomes are shared with the local clinical and site management team and other key stakeholders including facilities to inform remedial action and improvement work. •A comprehensive range of policies, guidelines and procedures are available via the NHS Lothian intranet to supplement national policy and guidance. Quick reference guides are provided. •All outbreaks, incidents and data exceedance are investigated by the IPCT. Where needed, a Problem Assessment Group (PAG) or Incident Management Team (IMT) is convened to further investigate and manage any significant event or outbreak. •Formal debrief meetings are undertaken following IMT to identify wider system needs and share learning. These are reported to the Local ICC and LICAC •The infection services undertake multidisciplinary ward rounds to review complex patients with transmissible infections twice weekly on RIE, WGH and SJH sites. **Surveillance** •IT systems are in place to allow IPCNs to monitor incidence, trends and patterns of infection incidence within their geographical region. Set thresholds for further actions exist for some key infections (e.g. > 2 cases of CDI in 28 days). The IPCT support local teams in further review and improvement in response to data exceedance.	**Risk reviewed for period July – September 2018** **Risk and Controls Reviewed October 2018** **Additional action for compliance with Clinical Risk assessment added.** Risk Grade/Rating remains Medium 9 based on the current performance for LDP **Risk owned by HAI Executive Lead. This role transferred from the Executive Medical Director to the Executive Nurse Director in April 2018. Risk owner updated as Prof Alex McMahon.** Current reporting and governance arrangements for HSCP's are being reviewed. **HSCP infection control committee have now met and approved terms of reference.** NHS Lothian deferred data collection and submission for mandatory colorectal and major vascular surgical site infection surveillance (commencing April 2017) pending the approval of funding for 2 WTE surveillance nurses. **Both posts have successfully been appointed and data submission is anticipated for Quarter 2 July –Sept 2018.** Progress in moving to reporting HAI through Tableaux Dashboards has stalled due to resource/ workload issues within informatics teams. **LDP targets for CDI were met (and exceeded) to end 2017.** **LDP targets for SAB were not met to end 2017, but remain within control limits and are not statistically different to other Boards performance** The new NES SICEP (Standard Infection Control Education Pathway) which replaces the Cleanliness Champion Programme has been reviewed in conjunction with NHS Lothian Education and other key stakeholders. It has been agreed that the complexity of the programme and volume of content would increase the risk of non-compliance with mandatory education. Local scenario based educational resources which map to the NES learning outcomes are now in development with ambition to **launch Summer 2018**. **SICPs compliance >90% reported for NHS Lothian. Potential for improvement to existing audit tools and processes identified. Work to revise this will commence Summer 2018 with support from HPS and Senior Management.**	Ad	M	M	F	F	

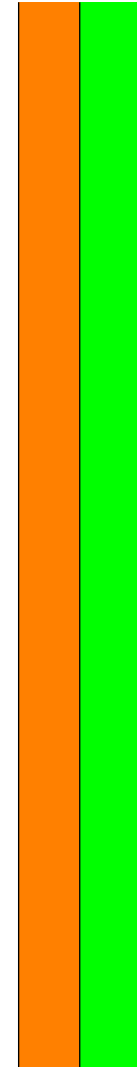| ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
				•Mandatory surgical site surveillance is undertaken in compliance with DL 205(19) for Caesarean section, Hip arthroplasty, colorectal and major vascular surgeries. Where Skin and Soft tissue Infection (SSI) or alert organism surveillance indicates a data exceedance there are processes in place for investigation. •Enhanced surveillance is carried out for all SAB, CDI and E. Coli bacteraemia (ECB) cases. **Antimicrobial Stewardship:** •The Antimicrobial Management Team reviews and develops Antimicrobial Prescribing Guidelines. These are available on the intranet, and through the Microguide app. •The AMT provides oversight of antimicrobial use, compliance with guidelines and report findings to clinical teams to help drive improvement. AMT provide regular reports to Acute Clinical Management Group. **Decontamination:** •Facilities are responsible for strategic and operational aspects of the decontamination of reusable medical devices. •Strategic direction is provided through the Decontamination Project Board, chaired by the Director of Public Health, which consider capital projects and wider strategic objectives. •Performance monitoring and quality improvement/assurance is provided through the Decontamination Quality Group and is chaired by Service Director, Facilities. •The decontamination lead provides subject matter expertise and support to clinical teams, and provides regular reports to updates to Lothian ICC and LICAC. Business continuity and contingency risks associated with a person dependent post remains a significant risk. •The physical condition of the HSDU environment is significantly degraded, and is struggling to deliver capacity within the existing HSDU to maintain levels of provision for service demands. **Built Environment:** •Many aging buildings do not meet current building standards and some areas are continuing to decline. Maintenance work is prioritised based on risk pending capital planning & approval for refurbishment or re-provision, recognising that within the economic climate, some areas that are considered no longer fit for purpose may remain in use and would pose an HAI risk. IPCT work in collaboration with clinical, capital and facilities teams to implement national standards and guidance in new builds, refurbishments and maintenance programmes, following the mandatory Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI SCRIBE) process.							

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3480	Improve the quality and safety of health care	Management of Deteriorating Patients	There is a risk that NHS Lothian does not reliably manage deteriorating patients in adult acute inpatient settings leading to potential harm and poor patient/family experience	• The Quality Report, reported to the Board monthly, contains a range of measures that impact and relate to management of deteriorating patients • Healthcare Governance Committee provides assurances to the Board on person-centred, safe, effective care provided to patients across NHS Lothian as set out in its Assurance Need Statement, including clinical adverse event reporting and response. • The Patient Safety Programme reports to relevant governance committees of the Board setting out compliance with process and outcome safety indicators and includes external monitoring. • Adverse Event Management Policy and Procedure. • Quality of care reviews which include patient safety issues is subject to internal audit and compliance with recommendations, and is reported via Audit & Risk Committee and HCG Committee when appropriate. • Patient safety walkrounds to gain an understanding of safety culture and work taking place at service level. Also now in general practice. • Charge Nurse Ward Round and Patient Centred Audit put in place as Quality Assurance Mechanisms to validate self reporting of patient safety data • Quarterly visit by HIS to discuss progress actions and Quarterly submission of data. • Access to national outcome data by Board which enables boards to see whether they are outliers and escalate concern and risk as appropriate • Adverse Event Improvement Plan in place monitored via HCG • Site Based Quarterly Reports including Patient Safety Data (QIDS) sent monthly. •Live data at ward level	**Risk reviewed for Period July - September 2018** **Approved at September 2017 HCG Committee.** • As part of the Quality and Performance reporting the issue of meeting the 50% reduction in Cardiac Arrests by January 2016 was considered. Lothian has achieved 8% with the 4 major sites above Scottish rate. • A HIS visit has taken place, plans are in place and monitored through the service supported by QIST and reviewed by HIS. Plan progressing well. The risk is not related to quality of care but about data reporting. • The HCG committee have approved a review of the management of deteriorating patients in March 2017 with an improvement plan based on finding going to the 11th July 2017 meeting. The review provided significant assurance with respect to the robustness of the review and areas for improvement. The HCG Committee accepted limited assurance that a potential impact on cardiac arrest rates will follow from the improvement plan, since the elements of it are as yet untested in Lothian at scale. • Implementation plan developed results of this fed back to individual service areas to inform improvement planning. Progress to go back to HCG in January 18 and regular monitoring through Quality and Performance Report. • **Progress updated provided to HCG in January improvement in outcomes observed will re-assess risk when improvement has been sustained. Moderate Assurance Accepted.** • **A detailed Acute Hospital Management of Deteriorating Patients plan was presented to the AHC, October 2018. Significant assurance received regarding the comprehensive plan in place and provided early signs of improvement in cardiac arrest rates. Should these improvements be sustained over the winter, the risk will be reviewed for regarding.** Risk grade/rating remains High/16 based on unmet actions for key safety priorities.	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 6	Medical Director	Associate Director for Quality Improvement & Safety	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3527	3: Secure	Medical Wor...	There is a risk that the availability of medical staffing will not be adequate to provide a safe and sustainable service to all patients because of the inability to recruit and increase in activity resulting in the diverting of available staff to urgent and emergency care. Service sustainability risks are particularly high within Paediatrics, Emergency Medicine and Obstetrics & Gynaecology. Achievement of TTGs is at risk due to medical workforce supply risks within Anaesthetics, Geriatrics and Ophthalmology	**Governance & Performing Monitoring** • A report is taken to the Staff Governance Committee when required, providing an update of the actions taken to minimise medical workforce risks in order to support service sustainability and address capacity issues within priority areas. • A Lothian Workforce Planning & Development Board has been established to coordinate work within all professional groups including the medical workforce. **Core prevention and detection controls** • Medical workforce risk assessment tool is available and implemented across all specialties. The assessments are fed back to local Clinical Directors and their Clinical Management Teams. They use these to inform their own service/workforce plans to minimise risk. • For the risks that require a Board or Regional response the findings are fed back to the SEAT Regional Medical Workforce Group and feed into the national medical workforce planning processes co-ordinated by NES/SG. **An update paper was taken to the Staff Governance Committee in October 18 providing a detailed up date and the current risk rating was supported. There was moderate assurance that all reasonable steps are being taken to address the risks.**	**Risk Reviewed for period July to September 2018** **October 2017 Staff Governance Committee accepted moderate assurance.** **Risk and Controls Reviewed October 2018** **October 18 Update** Between March18 and September 18, 57 out of 121 was posts successfully filled with 57 unfilled and 7 posts partially filled with 3 successful. Challenges in filling 7 vacant General Psychiatry posts at St John's Hospital highlighted in the March paper remain following a third unsuccessful attempt to recruit, the service is currently reviewing its position in relation to further recruitment. There have also been two unsuccessful attempts to recruit to a consultant and SAS post within the Child and Adolescent Mental Health Service. Recruitment in Psychiatry represents a growing challenge nationally. Annual recruitment to both core and specialty training the South-east region has however filled all posts in August 2018, in contrast with the national picture where fill rates are considerably lower. Within Medicine for the Elderly 6 months 6 community based posts (2 consultant 4 SAS) have been advertised and have been unable to attract any suitably experienced candidates. These posts are in the process of being re-advertised. Within Dermatology there have been long standing vacancies, 4.56wte on average in 2017/18. However a recent recruitment exercise was successful in filling 3wte permanent consultant posts and 1wte locum consultant post. This will greatly enhance capacity to meet treatment time guarantees. This is in the face of national and UK shortages. The recruitment for August 2018 has been very positive, with the SE Region filling all but 1core training posts, and only 8 gaps in specialty training. Initial work on developing the Elective Centre at St John's business case has highlighted the need for significant increases in the Anaesthetic and Surgical workforces which have not been factored into national training numbers thus far and as such there is likely to be significant risks	Adequate but...	High	Low	Medical Dire...	Head of ... Staf...	

associated with recruitment by the anticipated 2021/22. This is already
highlighted as a project risk and has been flagged to the Scottish
Government. The level of risk will become clearer as the service model
and business case become further developed.

Recruitment with the exception of the areas identified does not represent a
generalised problem with recruitment for trained grade doctors. Trainee
recruitment has improved further and therefore represents a slightly lower
risk. The overall level of risk has not however changed substantially since
the last update.

Risk Grade/Rating remains High/16

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3189	3. Secure Value of Financial Sustainability	Facilities Fit for Purpose	There is a risk that NHS Lothian is unable to deliver an efficient healthcare service because of unsuitable accommodation and clinical environments leading to potential delays in patient care and threatening patient and staff safety.	A stringent Governance Process and structure for reporting of Backlog Maintenance (BLM) has been implemented as follows: o Property & Asset Management Strategy (PAMS) Group o Capital Steering Group o Lothian Capital Investment Group (LCIG) o Finance & Resources Committee o Scottish Government through the annual Property & Asset Management Strategy To ensure accurate reporting the Board has implemented the following controls: • Ensure that 20% of the Board's estate is surveyed annually for physical condition and statutory compliance by the surveyors appointed by Scottish Government. • Review the outcome of surveys with the Operational Hard FM Managers and review and assess risks in accordance with the operational use of the properties to ensure priorities are addressed. • Recurring capital funding approved of £2.5m to undertake priority works (high and significant areas) • Capital Investment Plan which addresses refurbishment and re-provision of premises, linked to the Estate Rationalisation Programme includes the termination of leases and disposal of properties no longer fit for purpose. • The Procurement Framework has been implemented that allows issues identified to be rectified without the need for lengthy tendering exercises	Risk Reviewed for period – July to September 2018 **October 2018 – No further update** Finance & Resources reviewed in Jan 2018 accepted moderate assurance. Action undertaken 2017/18 • **Review of Risks and programme of works resulted in BLM exposure as of May 2018 2was £44.6m a reduction of £9.2m from previous year** • **At May 2018 the high risk exposure was - £0.84m and significant risk being £27.2m.** It is anticipated that the Board will be in a position to reduce the high and significant risks over this financial year. • **BLM programme of works for 2018/19 was endorsed by the July LCIG meeting.** The programme will address fire precaution works across all sites, mechanical and electrical plant replacement, legionella, building fabric (external cladding and window replacement), external grounds maintenance (car park upgrades) • **Hospital closures (Corstorphine Hospital, Royal Victoria, Edenhall) and the disposal of 63 Morningside Drive, in addition the expiry of leases (Pentland House)has reduced backlog maintenance exposure further** • **Future programmes of work will be developed and financial models/scenarios will be prepared using the capital planning tool.** The F&R Committee considered a detailed report in November **2017 and were updated in January 2018**. The following conclusions were noted: • The committee agreed to support the current programme of works proposed this financial year and to support the proposal that the Facilities Directorate set up a multi-disciplinary group as described. • The Committee agreed to take significant assurance that Management have calculated the BLM in line with NHS Scotland's requirements and BLM remained a priority for Facilities and that high priority items are being undertaken within the funding currently allocated. This aligns with the Board's commitment to prioritise patient safety in particular. • Furthermore the Committee agreed to accept the limited assurance that the Board can achieve an adequate reduction in the high and significant risks within BLM with the current level of funding by 2020 (the Scottish Government's objective). Risk Grade/Rating remains High 16	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 4	Jim Crombie	George Curley	Finance & Resources Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3455	2: Improve the quality and safety of health care	Management of Violence & Aggression	There is a risk of Corporate Prosecution by HSE under the Corporate Homicide Act or the H&S at Work Act Section 2, 3 and 33 or any relevant H&S regulations If the risk from violence and aggression adverse events are not adequately controlled. Highest risk would be under H&S at Work Act Section 2 and 3. If we harm our staff (2) or visitors to our sites (3). There is also a statutory requirement to provide an absolute duty of care regarding NHS Lothian staff safety and well being.	•Closed loop Health & safety management system in place. •Robust H&S Committee structure. •Violence & Aggression related policies and procedures in place (attached document). •Competent specialist V&A and H&S advice in place. Robust Occupational Health Services. Learning lessons through adverse event investigation. • The Interim Director of Occupational Health & Safety delivers an annual report to the NHSL H&S Committee with specific actions related to controlling violence & aggression risk within these reports. ROSPA QSA Audit complete and action plan in place. NHS Lothian Health and Safety Strategic Plan endorsed. Specific actions related to controlling violence & aggression risk are contained within these reports.	**Risk reviewed for period April-June 2017. (As per Quarterly Review – under review)** A review has been commissioned by the Executive Lead. The purpose of the review is to ensure NHS Lothian's approach to the management of violence and aggression is appropriate and effective. Where improvements in approach or resource are required these will be highlighted. Risk Grade/Rating remains High/15 whilst the review is taking place. The review will inform the risk exposure to the Board.	Adequate but partially effective; control is properly designed but not being implemented properly	High 15	Medium 6	Medical Director	Head of Health & Safety	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance

38	3. Impro	Nu	There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and / or inability to recruit to specific posts, the subsequently high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.	**Governance & Performance Monitoring**
				• Two Nursing and Midwifery Workforce meetings are being held (one for in patient areas and one for community nursing) alternate months. These provide a delivery function and monitor progress against agreed actions. The governance arrangements are through the Safe Staffing Group which reports to Staff Governance Committee
				• Professional governance is through monthly review at the Nurse Directors Committee with Associate Nurse Directors & Chief Nurses.
				
				Core Prevention and Detection Controls
				• Recruitment Group, Safe Staffing and Nursing Workforce Groups to plan requirements
				• The agency embargo remains with every use of agency subject to scrutiny by a senior nurse.
				• Recruitment meetings to oversee the implementation of the recruitment plan are being held monthly
				• Use of tools to ensure safe staffing levels:
				  • A calendar to ensure the annual use of the nationally accredited workload and workforce tools is in place to ascertain required establishment levels
				  • eRostering and SafeCare Live tools are being rolled out to all nursing and midwifery teams, community teams and departments to provide real time information for local decision making around the deployment of the available staffing.
				• Datix reports are escalated on a weekly basis for reports of staffing issues/shortages these are reviewed by the senior management team at the PSEAG. The supplementary staffing and rostering detail is annotated with this information to provide context and enable risk to be understood.
				• Tableau Dashboard in place provides data overview of staffing at all levels.
				• **Tableau Dashboard for eRostering KPIs**
				• Detailed analysis of staffing demand and supply, together with SAE and complaints data at ward level in acute sites to enable senior managers to pinpoint actions to areas of greatest need.
					Risk Reviewed for period July 2018 to September 2018
					Last reviewed at Staff Governance Committee May 2018 accepted Moderate Assurance
					
					UPDATE – October 2018
					The focus of recruitment activity remains in reducing the establishment gap in the speciality areas that were harbouring a high vacancy rate. The District Nursing position is improved through the output from DN training being appointed. HBCCC remains an area with a high level of vacancy along with MoE across the sites.
					
					The establishment gap across the whole organisation has been consistently under 6% for the last 12 months.
					
					ACTIONS
					National posts have been appointed to, to support the development of the NMWW tools and funding has been received to enable Board to appoint to fixed term posts to support the completion of the workforce tools and analysis of the data.
					
					The mental health and learning disability tools run has been delayed but is scheduled for the beginning of November. Midwifery and community nursing have completed a run, ED is scheduled for October / November and children's community and specialist are scheduled for November and Children's hospital services for December. A Board wide report is being prepared pending completion of all tools for the end of the calendar year.
					
					The national contract for agency supply has been retendered.
					
					The Programme Board for the Regional approach has been established and the Project Manager has been appointed.
					
					"Meeting the Challenge" Workshops for Charge Nurses and Staff Nurses have been held in locations across the organisation and are being repeated in areas where there are further audiences.
					
					Excellence in Care leadership programme has delivered full day on the NMWW tools / safe staffing to the first cohort and will embed in programme now.
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A Return to Practice programme **has been agreed with a HEI supplier** which will offer a local opportunity for nurses and midwives that have had a career break and lost NMC registration. Start date has been delayed until Jan 2019 (owing to NMC accreditation) NHS Lothian will pay successful applicants to the programme at band 2 for the duration of the programme (using existing vacancy) and guarantee a post in same area on successful completion of the programme,

The MA programme is established and taking 3 cohorts into nursing vacancies each year.

Draft risk assessment and guidelines for the use of 1:1 specialling are being tested in 4 pilot wards (evidence of reduced reliance on 1:1 in early phase of testing)

The use of SafeCare live continues to be reviewed and optimised as a quality improvement test of change. Work has begun to look at an escalation process for SafeCare.

The eRostering and SafeCare live tools roll out is **85% complete with 9323 nursing staff, on 383 rosters actively using eRostering**.

Trend KPIs have been produced and circulated to CNMgrs/ Service managers every 4 weeks, **and the dashboard has been developed to provide easily accessible data customised to the clinical area.**

Risk Grade/Rating remains: Medium/9

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ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance

33 28	1:Impro ving the Quality and ... Ro ad		There is a risk of injury to staff, patients and the public from ineffective traffic management as a result of inappropriate segregation across NHS Lothian sites leading to loss of life or significant injury	A stringent Governance Process and structure for reporting has been implemented as follows:
				    o Site specific Traffic Management Groups
				    o Reported in Facilities H&S quarterly reports
				    o Reported to Health & Safety Corporate group via Facilities Health & Safety Group
				    o Reported to Staff Governance via Health & Safety Committee
				
				• Escalation process in place through the Governance process should congestion become an issue on any site. Governance process is - Local Traffic Management Groups to Facilities Quarterly Reports, Facilities Health & Safety Group (also reported to Facilities Heads of Service) Overarching Health & safety Group
				
				• Traffic surveys have been conducted across all hospital sites, and action plans have been prepared and subject to regular review
				
				• The commission of Independent expert reviews of road infrastructures on high traffic high inpatient sites
				• Action plans have been developed across all sites by the Local Site Traffic Management Groups and high risk items approved subject to funding.
				
				• Additional dedicated car park personnel in high volume traffic sites has been implemented
				• A policy for reversing has been implemented across all sites, which includes – all NHS L vehicles have been fitted with reversing cameras and audible alarms, no reversing unless with the assistance of Banksman
				
				• Risk assessments and procedures are developed and regularly reviewed where risks have been identified, and a more task specific process has been developed.
				
				• Work Place Transport Policy available and reviewed within agreed timescales.
					Risk reviewed for period July – September 2018
					
					Reviewed and approved at October 2017 Staff Governance Committee - accepted moderate assurance.
					
					Update – October 2018
					The Pan Lothian TM Plan is being updated monthly and tabled quarterly at each Heads of Service Meeting. This details the risks, controls and further actions required at each site.
					
					Applications have been submitted to extend the TRO at the REH and introduce a TRO at the AAH, these works have now been completed.
					
					The resurfacing of car park P (main visitors car park is now complete and is now in operation. This will now provide additional traffic management controls due to the relining of spaces etc.. It is proposed to fund additional resurfacing of car park A during 2017/18 through the Backlog Maintenance Programme.
					
					The alterations to the road layout adjacent to Turner House (WGH) have now been completed. (which was considered as the highest risk on the WGH site). These works will reduce the speed of traffic movement on this part of the site.. Cycle path works have now been completed
					
					Traffic Management works at Whitburn HC have been stopped until land ownership issues have been resolved. Traffic Management works at Liberton, PAEP and MCH have been completed.
					
					Traffic management works at REH Phase 1 including road lining and signage works completed.
					
					Capital application submitted for areas of high risk Funding of £250k has provisionally been agreed to fund the applications for the WGH and St John's Hospital an now preparing scope of works to enable tenders to be sought
					
					The Goodison Structural and Civil Engineers Report is now available which provides recommendations on improvements required to the road network required to accommodate RHSC/DCN coming on site. This report highlights further road traffic concerns on the network. Discussions with consort have been helpful and now have agreement to the market for procurement of solutions for the five areas of concern
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					Risk grade/rating remains unchanged - High/12					