

## NHS Lothian

Board Meeting  
June 2018.

Interim Chief Executive

**EMERGENCY ACCESS STANDARD: EXTERNAL REVIEW UPDATE****1 Purpose of the Report**

- 1.1 The purpose of this paper is to provide the Board with an update in relation to the Scottish Government commissioned review of reporting of the 4 hour emergency care standard by the Academy of Medical Royal Colleges Review chaired by Professor Derek Bell.

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** that the Academy of Medical Royal Colleges along with NHS Director for Performance and Delivery met with the Interim Chief Officer and Executive colleagues on 28 May 2018 to receive final version of the external review report and discuss next steps. It was agreed that NHS Lothian would initially have until Friday 1 June to return an action plan in response to the report, a second draft of the improvement plan was submitted on Friday 8 June, with further discussion with Scottish Government Access Team on 12 June.
- 2.2 **Note** the observations and recommendations as detailed within the Academy of Medical Royal Colleges Report issued 26 June 2018 (**appendix 1**)
- 2.3 **Accept** this report as a source of significant assurance that management have developed improvement actions following receipt of the external report and have aligned this to actions already underway following receipt of the internal audit report and Significant Adverse Event review into the operation and compliance with extant policies, standard operating procedures and performance management arrangements relating to the management, recording and performance reporting of waiting times and access breaches in the four Emergency/Front Door Departments in NHS Lothian. A summary of the key themes from this report and our response have been pulled together into a briefing document (**appendix 2**)
- 2.4 **Confirm** support for the actions which have been detailed in light of the conclusions and recommendations of the report.
- 2.5 **Note** current performance and actions being taken to improve this
- 2.6 **Accept** significant assurance that the Director of Communications has worked pro actively with Scottish Government communication team and Site Directors to develop a communication plan that details Executive Leadership presence on each adult acute site on the day the report is released along with an agreed communication cascade.

### **3 Background to External Review**

- 3.1 Internal Audit were commissioned by NHS Lothian to carry out an investigation following concerns raised from the Royal Infirmary Edinburgh relating to the culture and management of the 4 hour emergency care standard and receipt of an email alleging misconduct and wrong doing at St John's Hospital in relation to the management of the 4 hour emergency care standard. This email was also sent to the Cabinet Secretary for Health and Sports who commissioned The Academy of Medical Royal Colleges to also carry out a review (external review) into these concerns.
- 3.2 The Terms of Reference for the external review were:
- Review the concerns raised in the October 2017 whistle blowing letter in relation to the recording of breaches of the 4 hour unscheduled care standard
  - Undertake a high level review of governance of NHS Lothian
  - Review the concerns raised in the October 2017 whistle blowing letter in relation to the culture of St John's Hospital
  - Review the internal NHS Lothian report in response to the whistle blowing concerns
  - Highlight any concerns around patient safety
  - Highlight any concerns around staff/leadership
  - Produce a report for the Scottish Government to be shared with the Board of NHS Lothian
  - Provide support for NHS Lothian with development and implementation of action plan (if requested)
  - Provide support for individuals from NHS Lothian ( if requested)
- 3.3 The External Review Team Chaired by Professor Derek Bell, commenced their investigation on 1 December and interviewed members of the Executive Management team as well as NHS Lothian's Whistleblowing champion and the non executive providing independent scrutiny to the internal audit process.
- 3.4 The External team undertook a series of investigative interviews on 20<sup>th</sup> and 21<sup>st</sup> December at St John's Hospital with clinical representatives from the Emergency Department, Site and Capacity Team and the Medical Assessment Unit, as well as the Site leadership team.
- 3.5 In addition to these structured interviews, open sessions were established to support other staff who wished to meet the External Review team, as well as walkabouts in the Emergency Department to informally interview staff
- 3.6 The external team carried out interviews on Friday 26 January at the Royal Infirmary of Edinburgh, with the Site Leadership team and the Boards Medical Director and Nurse Director. Further interviews with the clinical team were carried out on 16<sup>th</sup> February 2018 along with open staff sessions.

- 3.7 The external team decided to extend their review to the Western General Hospital, carrying out interviews on 23<sup>rd</sup> February 2018 along with open staff sessions.
- 3.8 In total over 100 individuals were interviewed or directly contributed to the content of the report.
- 3.9 The team decided not to extend their review to the Royal Hospital for Sick Children, although this site was included in the internal audit report and SAE review process
- 3.10 From the commencement of the internal review and subsequent external review the Chairman and Interim Chief Executive have been committed (and remain committed) to ensuring that the output would be subject to review, discussion and agreement at public NHS Lothian Board meetings. The first meeting where this was discussed took place on 6<sup>th</sup> December 2017.

#### **4 The Report Recommendations**

- 4.1 The external team met with the Chief Executive and Deputy Chief Executive on 21<sup>st</sup> March to allow review of the draft report.
- 4.2 Following review for accuracy a letter was sent to the external team by the Deputy Chief Executive.
- 4.3 The report sets out priority recommendations - to commence within 6 months - and other recommendations for the next 12 months. The report is split into site based and thematic observations.
- 4.4 The Academy's report groups recommendations under 6 Themes:
- Governance
  - Culture
  - Recording of 4 Hour Standard Data
  - NHS Lothian's Internal Audit Report, Significant Adverse Event (SAE) Process and The Academy of Medical Royal Colleges Report
  - Patient Safety and Quality of Care
  - Site Leadership

#### **5 Board Response**

- 5.1 The Board accepts all of the observations and recommendations in the report. Improvement actions to meet these observations and recommendations are already progressing with active discussions across our teams; these will be monitored through NHS Lothian's revised governance framework. Our response and actions are built upon 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.
- 5.2 Our improvement approach will be aligned directly to non-executive oversight
- 5.3 Key areas of action are in relation to the 6 themes of the external report are:

##### *5.3.1 Governance*

The report found weaknesses in aspects of governance. Improvement actions include measures to strengthen and enhance governance structures from Site to Board including non-executive oversight.

- Appoint a non-executive lead to oversee the progress and implementation of Board Improvements reporting to NHS Lothian Board via the Audit and Risk Committee.
- Ensure site developed, locally owned improvement plans aligned to these 6 themes are driven through Site Triumvirate Teams (Managerial , medical , nurse leadership) and monitored through 4 Hour Emergency Access Group, led by a newly appointed Non-Executive Chair and reporting to the Board via Audit and Risk Committee.
- Appoint a Non-Executive Chair for the Access and Governance Group- This group is part of NHS Lothian's assurance framework for delivering quality data and all waiting times within Scottish Government and NHS Lothian's standards, policies and procedures. It will report to the Board via Audit and Risk Committee.
- 4 hour Emergency Access Standard Operating Procedure compliance is monitored and reported through the Access and Governance Group, and any changes to this must be ratified through this group and reported to Board via Audit and Risk Committee.
- At site level the senior triumvirate management team will establish regular formal and minuted weekly/fortnightly meetings where safe care and site governance issues are robustly reviewed and documented and where actions are identified these are tracked to completion. These forums will evolve in the coming weeks and will support transparent clinical engagement across each campus.
- Develop a visual aid to assist greater understanding amongst staff of our governance structure.

### *5.3.1 Culture*

NHS Lothian accepts the Scottish Academy's concern about bullying behaviour, as reported by staff at many levels during their review, while recognising that there was no evidence of bullying and harassment found at Board level. NHS Lothian is committed to the values of openness and transparency and actively encourages staff to highlight issues of concern. NHS Lothian's staff survey published two months ago indicated the majority of staff (69%) believe it is safe to speak up and challenge the way things are done if they have concerns about quality, negligence or wrongdoing by staff. Work is being undertaken to further embed a culture of transparency, aligned to Board values of: Quality, Dignity and Respect, Care and Compassion, Openness, Honesty and Responsibility, and Teamwork. We will, through all mechanisms ensure that it is absolutely clear that NHS Lothian has a zero tolerance to bullying behaviour.

This work includes:

- We will provide further whistle blowing training, and launch *Speak Up Campaign* - focus on encouraging staff that it is safe to speak up, that any concerns raised will be addressed and that staff will be supported when a concern is raised.
- We will continue site based Organisational Development Programmes, with a focus on safety, team work, collaboration and patient focus. Monitored through Staff Experience Group chaired by the Board Director for Human Resources and Organisational Development. Reporting to 4 Hour Emergency Access Group and to the Board via Audit and Risk Committee.

### 5.3.2 *Recording of 4 Hour Standard Data*

The report found that in some circumstances waiting times of more than 4 hours in ED were not being correctly recorded as breaches of the Emergency Access Standard. This was a result of local changes to a Standard Operating Procedure, which were not aligned with national guidance, rather than a deliberate intention to falsify performance.

NHS Lothian accepts that strict application of this local SOP had led to inappropriate data recording and classification of patients waiting in the system and to pressure between staff. A number of actions have therefore been completed and are continuing to ensure these mistakes do not recur and that staff have clear and explicit objectives aligned to this. The Board is enhancing its audit of compliance with National Guidance and ensuring the process for generating local guidance for staff has a formal approval and audit requirement.

- Continue staff training in relation to compliant recording of 4 hour standard data, through face to face and learnpro module.
- Monitor compliance through use of monitoring dashboard data analysis. Through explicit and focused reporting provide assurance through Access and Governance Group to NHS Lothian Board via Audit and Risk Committee.

### 5.3.3 *NHS Lothian's Internal Audit Report, Significant Adverse Event (SAE) Process and The Academy of Medical Royal Colleges Report.*

- Single improvement approach developed encompassing recommendations from all three processes.
- Enhance Site based improvement approach aligned to 6 Themes, developed by the Scottish Academy review team and the site leadership team which will now include explicit roles and responsibilities for Site Directors, Associate Medical and Nurse Directors.
- Monitoring of progress and implementation overseen by Board non-executive director with external and independent quality assurance support to the Board.

### 5.3.4 Patient Safety and Quality of Care

The report was critical of the use of mixed sex bays and called for clinical review before the use of patient 'boarding' – the practice of patients being moved to another ward to make room for incoming patients with greater need for specialist care.

- Boarding and mixed sex wards will be a standing item at regular site team and Lothian wide governance meetings
- Continue through Site Teams of Director, Medical and Nurse Leadership to focus on the Scottish Government '6 Essential actions' programme to improve unscheduled care performance and patient experience. Monitor progress through site emergency access group and Board wide unscheduled care committee, providing assurance to NHS Lothian Board via the Acute Hospital Committee.
- Embed a standardised patient safety driven, risk assessed process to drive a culture of right place, right time for patients and staff. This will be led by Acute Medical and Acute Nurse Directors and ratified through The Healthcare Governance Committee.

### 5.3.5 Site Leadership

The report called for overall general and clinical management to be strengthened at site level, recommending a particular focus on senior medical leadership.

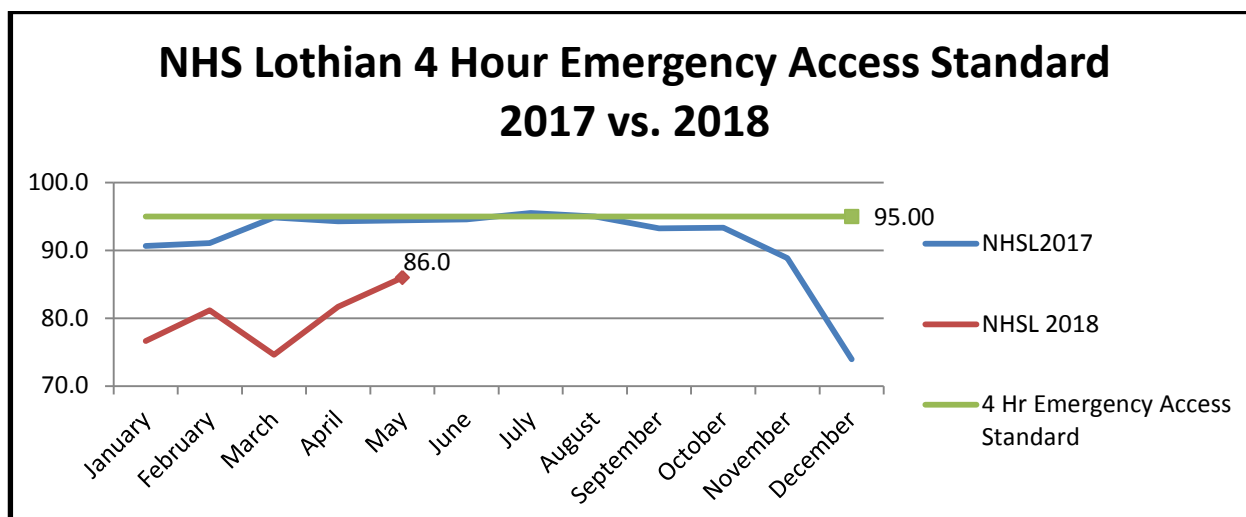
- Review Terms of reference and membership of each site's Emergency Access Group to ensure actions and improvements are aligned to 6 essential actions, and that Site Triumvirate teams ( management, medical and nurse leadership) are supported to meet unscheduled care challenges.
- Although site teams consisting of Director, Associate Medical Director and Associate Nurse Director are embedded, a review of their time allocated to site leadership will be undertaken along with a review of their roles and responsibilities.
- Review of Site and Capacity Team role has completed and aligns to new empowered site management structure

5.4 Progress against agreed improvement actions is monitored by the 4 hour Emergency Access Standard (4EAS) improvement board. This Board will have a non – executive chair, and provides assurance to NHS Lothian Board via the Audit and Risk committee, and by the Staff Experience Improvement Group set up by the Director of Human Resources and OD which reports to the 4EAS Improvement Board.

## 6 Performance

6.1 Performance against the 4 hour Emergency Access Standard has remained well under the required 95% interim standard during the first quarter of 2018, compared to a consistent compliance rate of  $\geq 90\%$  for the same period last year. In addition to normal winter pressures, there was an unexpected spell of very severe weather in early March 2018, impacting on performance, along with the introduction of new SOP ( between 3% and 7% impact) , and the impact on staff's confidence in recording breaches - this is articulated but is not quantified. Actions taken by the Board and each Adult acute site

have contributed to gradual, but consistent, signs of recovery in 4EAS performance as Quarter 2 progresses. The Royal Infirmary Site continues to see most pressure on performance.



Despite sustained challenges throughout the winter period NHS Lothian is showing signs of improvement with a 12% improvement since January 2018.

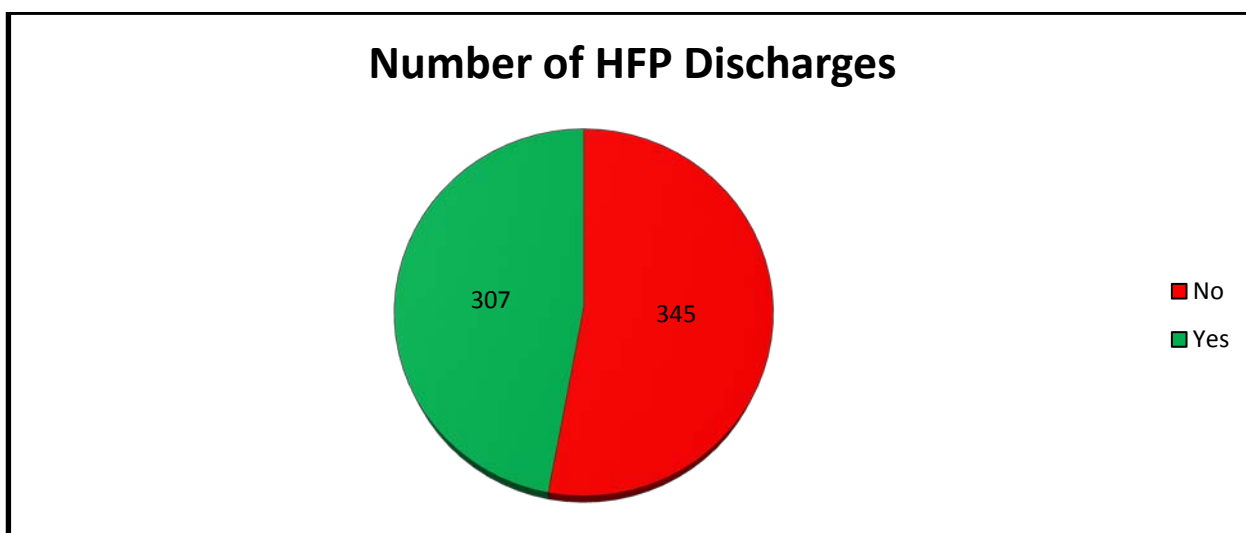
- 6.2 Long term unscheduled care improvement work has been ongoing for some time under the auspices of the Scottish Government’s Six Essential Actions<sup>1</sup> (6EA) programme. Each adult acute site has a dedicated team to drive this work forward; recently, these teams have been augmented by colleagues from the Health & Social Care Partnerships (HSCPs) to promote a whole system approach to improvement across NHS Lothian and associated partnerships. These augmented teams take overall responsibility and accountability for sustainable improvements under the 6EA framework.
- 6.3 A length of stay improvement board has been established at the RIE to support system wide focus on reducing length of stay and discharge. The board has met with Medical/Nursing/Operational triumvirates in each service to support them to adopt a home first approach, reduce unnecessary admissions, reduce variation within the services and optimise patient care to reduce length of stay. A length of stay toolkit will be developed, along with a training programme for staff delivering care within services focused on the Quality Management and Improvement approach. Medicine for the Elderly /Stroke have been selected as the first priorities of the Length of Stay board. A data pack has been collated to share with the service in advance with the goal of supporting the identification of high impact processes.
- 6.4 A Peer Review Length of Stay board is currently being scoped and assembled at the Western General Hospital. The purpose of this group is to systematically and objectively track the status of inpatients. The approach is based on the Homerton University Hospitals model which was showcased at a Scottish Government Learning event earlier this year. The first meeting is due to take place in early June and output will be documented thereafter.
- 6.5 It has been proposed that within the acute medical unit at the RIE, eight beds currently used to support flow in the ED, should be considered for alternative use as an observation area for patients with an expected stay of no greater than eight hours i.e. patients whose treatment/management pathways are clear and predictable. The

<sup>1</sup> Detailed information available online [here](#).

proposal to conduct this modification as a test of change initially is currently going through NHS Lothian governance processes.

- 6.6 Several work streams have been established within the ED at the RIE to support patient flow including consultant of the day, improved communication with floor coordinator and escalation action cards. Additionally an ED Flow Coordinator role has been established with a dedicated nurse on each shift who monitors flow across the department to improve flow. To complement this role, an ED Consultant of the Day has been established who works closely alongside the flow coordinator and directs medical resource to areas in need.
- 6.7 An initial scoping exercise is underway to understand how the development of GP Assessment Area at the RIE could improve overall patient experience by reducing overcrowding at the main ED. Development of such a unit would utilise current flow centre infrastructure to direct patients straight to a unit where they could gain timely access to medical attention for non emergency, short stay circumstances. The data is currently being modelled to understand impact to both current services and the 4 hour emergency access standard.
- 6.8 A Home First Practitioner service has been in place at the RIE within the emergency department, acute medical unit and surgical observation unit. The service manages patients who require 1-2 medical interventions that can be delivered in the community and subsequently avoid admission into the main hospital. Figure 6 shows the discharge rate of patients that have had an intervention through the home first practitioner.

**Figure 6 – Discharge Rate of Home First Practitioner (HFP) January 2018 – June 2018**



- 6.9 The graph above shows that the HFP discharged 47% of all patients that had an intervention by the service.
- 6.10 All sites have now put renewed focus upon a refresh of Daily Dynamic Discharge - work has been undertaken to re-engage senior clinicians with local champions appointed to support the service improvement managers across each acute site. The key outcomes expected is a higher percentage of pre noon discharges across each acute site, freeing up space across the hospital and facilitating better flow. Figure 7, below shows the current pattern of discharges by hour 2017 vs. 2018. The ideal 'curve' should lean towards the left as discharges improve to being 'pre noon'. Current developments by



site are detailed below and describe the work to be implemented between May – October 2018:

- RIE - Improvement work has been divided into three phases:
    - Phase 1 – All wards completing a daily audit form tracking all discharges after midday and the reasons for these delays. Data is being collated together to track any recurring themes in individual wards
    - Phase 2 – Data to be collated and shared with all wards/CNMs/CSMs/Medical staff to encourage conversation and identify any potential improvement work in specific wards to increase morning discharge profile
    - Phase 3 – Focused improvement work in specific wards pending the results of the daily audits
  - WGH – The site recently held a local planning workshop to support formulating the plan for delivery throughout 2018/2019. On the back of the session a gap analysis has been completed to help identify areas to prioritise.
    - A working group has been set up to manage the planning and delivery of Dynamic Daily Discharge. The site is currently focused upon and a terms of education and communication in order to help embed the structure and align roles, responsibilities and set expectations.
    - Focus and energy will be around undertaking ward presentations to engage and raise awareness in order to ensure the roll out is sustainable.
  - SJH – The site also held a planning workshop and is managing the delivery of the action plan created through the site Emergency Access group.
    - Key focus is upon patient and staff expectations in an effort to set the foundation before reviewing specific processes etc.
    - Additionally the focus group has developed patient/family facing posters, nursing education tool and have hosted a medical team session to develop engagement.
    - There are also 2 tests of change planned for June (TBC) testing the concept of a discharge coordinator and a daily multi disciplinary consultant led ward round to facilitate discharge.
    - Learning from the tests of change will be analysed and shape further actions
- 6.11 In order to support front door areas, Acute and the H&SCPs have been working in partnership to develop improvement works that will support performance. In Midlothian this focus is currently on Frailty and COPD, promoting the use of an electronic frailty index to identify the relevant patient group in order to create a proactive, tiered system of care.
- 6.12 Practices have improved coding of frailty and the electronic frailty index (eFI) estimates there are 8500 people with frailty in Midlothian. Dedicated analytical support is working to establish how this population use health and care services in order to create robust plans.
- 6.13 Midlothian are also using a Quality Improvement Programme to develop tests of change throughout 2018; successful tests will be scaled up across Midlothian. These programmes include:

- Data-led partnership with Practices and British Red Cross to assess and support up to 1400 estimated to have mild frailty.
- Frailty MDMs with General Practice, District Nurses, Social Work, Occupational Therapy, MERRIT, Red Cross, Day Centre
- Potential to use data in A&E with the Home First Practitioner
- Potential to use data and KIS to develop an in-hours pathway from SAS to General Practice for patients identified with frailty. We don't have the data for frailty but as a proxy there are 40 A&E attendances a month in-hours by patients aged 75+. Two –thirds result in a hospital admission and as a result this population represents a key work stream for Midlothian.

6.14 The Flow Centre is due to expand its remit to support West Lothian as of 30<sup>th</sup> July 2018 which will support flow and transport for patients across the H&SCP.

6.15 West Lothian is also a member of the national collaborative and is participating in a test of change across the front door observations area in SJH to screen frail elderly patients in an effort to expedite discharge. The evaluation for this work is to follow in July 2018.

6.16 The CWIC (Collaborative Working for Immediate Care) service in East Lothian is showing early positive results on A&E presentations and marked reductions in orthopaedic referrals. The CWIC service provides immediate same day access to primary care physicians to meet demand for patients who require a primary care intervention. A multidisciplinary team working for the partnership ensures that patients have access to a range of personnel such as GPs, physiotherapy services and advanced nurse practitioners. The Primary Care Improvement Plan (PCIP) for East Lothian commits to exploring roll out of the CWIC service across the county.

6.17 There are a number of community focused initiatives in East Lothian which are positively influencing A&E presentation rates, lengths of stay and delays in discharge. These are:

- The nurse-led care home team which supports care home residents with routine primary care needs and during acute illnesses, avoiding unnecessary admissions. The PCIP will also explore further expansion of the team.
- The Hospital at Home Team which supports people at home to stay out of hospital; and
- The Hospital to Home Team which supports people in getting home from hospital.

## **7 Communication Plan**

7.1 The Director of Communications has developed a proactive plan for when the external review is released, that clearly sets out timeline and actions for internal and external communications, ensuring staff are briefed in a timely and supportive manner.

Exec Directors brief site leadership teams

**0900** – email to Board to indicate publication coming at 1105

- 1000** Begin walkabouts to directly affected staff / areas: ED, Site and Capacity and any other areas as indicated by site directors
- 1030** **Board Comms:** Copies of Media Release, staff message, Improvement Brief and link to Report to be emailed to Board at 1030
- 1100** Prof Bell report goes live on SG website (location tbc)
- 1105** **NHS Lothian publishes:**  
website: NHS Lothian news release + Improvement Brief + link to Academy Intranet : Staff message + Media release +Improvement Brief + link to Academy report on SG website
- 1105** Staff message – issued as all staff email with links as above to Media release, brief and Report.
- 1110** SG/ Academy reaction issues
- 1130** Distribute media release and improvement brief to Lothian MSPs

Staff Message attached (**appendix 3**)

7.2 Key communication messages will include:

The Board takes full responsibility for failures in reporting against the 4 Hour Emergency Access Standard and recognises the need to do more to support staff, particularly those dealing with exceptional levels of demand. NHS Lothian’s commitment to staff is that they should feel supported and able at all times to deliver safe, effective, quality care to their patients.

This same commitment is made to NHS Lothian’s patients and lies at the heart of our focused approach and response to these issues. NHS Lothian is committed to continuous learning and improvement and has used the Academy’s report to inform a series of measures to strengthen governance and leadership and support a programme of organisational development to improve culture.

Clarity on steps already taken as a result of Internal audit review and Significant Adverse Event process and the development of an Action Plan incorporating the External Review recommendations

Emphasise that the Review finds pressures led to mistakes – there was not a deliberate attempt to manipulate figures

## **8 Key Risks**

- 8.1 The release of the Report results in adverse publicity that undermines the positive steps already taken as part of Internal Audit Review and Significant Adverse Event process, impacting on staff morale and resilience.

8.2 The timing of the release of the report does not allow developed staff communication plan to be enacted. This risk should be mitigated with on-going communication with both Scottish Government Access Team and Communications team.

## **9 Risk Register**

9.1 Acute Risk Register: Risk ID: 3398, "A&E four hour performance" has been updated detailing the Internal and External audits and the introduction of the new SOP.

## **10 Impact on Inequality, Including Health Inequalities**

9.1 As the measures in the paper propose to take remedial action that will affect an existing process, an Integrated Impact Assessment is not required

## **11 Duty to Inform, Engage and Consult People who use our Services**

11.1 As this paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation.

## **12 Resource Implications**

12.1 If it is deemed that additional leadership capacity is required at St John's Hospital, this will incur revenue expenditure.

Jacquie Campbell  
Chief Officer  
26 June 2018

## **List of Appendices**

**Appendix 1:** External Report

**Appendix 2:** NHS Lothian Improvement Brief

**Appendix 3:** staff communication message (attached separately)

# Review of Whistleblowing Allegation

## Final Report

### NHS Lothian

November 2017-March 2018

Academy of Medical Royal Colleges  
and Faculties in Scotland

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# ***Executive Summary***

# Introduction

## **Background**

- In October 2017, a whistle blowing letter was received by NHS Lothian (NHS Lothian), copied to the Scottish Government. This letter raised concerns about the validity of the recording of breaches of the 4 hour unscheduled care standard on the St John's Hospital site. It also alleged that there was coercion of staff by certain individuals on other hospital staff to amend breach times. NHS Lothian triggered an internal review soon after the letter was received.
- Professor Derek Bell, as Chair of the Scottish Academy of Medical Royal Colleges and Faculties, was asked by the Scottish Government to undertake an external review of the issues raised in the Whistleblowing letter. A review team was assembled (Appendix i) and terms of reference for the review were developed. A request for documents was made from NHS Lothian and a subsequent document review undertaken by the review team.
- Interviews were held with Board members of the NHS Lothian on 1<sup>st</sup> December 2017 and site visits to St John's Hospital (SJH), Royal Infirmary of Edinburgh (RIE) and the Western General Hospital (WGH) were conducted between December 2017 – February 2018. The site visits included interviews with a broad range of clinicians and managers. Informal feedback was given to the Deputy Chief Executive on 3<sup>rd</sup> January 2018 and the review team attended a meeting with members of the senior Health Board team in February 2018 to give the high level interim observations prior to completion of the site visits and receipt of additional documentation.
- This report contains the summary of observations made from the activities conducted and the recommendations made to the Board of NHS Lothian. This is intended to be a helpful report with a focus on improving the quality of care for patients.
- The review team is keen to support NHS Lothian with the follow up from this review.

## **Approach**

- The review team was made up of independent clinicians and health managers from the UK (Appendix i) and undertaken by;
  - A desk top review of documentation (Appendix ii).
  - A series of interviews with members of the executive and non-executive team, key clinicians, plus a range of other staff and stakeholders with a responsibility for aspects of the patient journey in emergency care.
  - Walk through visits of the emergency care pathways at SJH, RIE and WGH.
  - Observation of the safety huddles, the post huddle debrief (at the SJH and RIE) and attendance at the pan Lothian flow telephone conference (at SJH and WGH).
  - Drop in sessions for staff on all three sites. In total over 100 individuals were interviewed or directly contributed to the content of the report with information cross correlated during the process
  - As agreed verbal feedback with members of the Senior NHS Lothian team was undertaken during the development of the report



# Terms of Reference/ governance of review

## Terms of Reference

1. Review the concerns raised in the October 2017 whistle blowing letter in relation to the recording of breaches of the 4 hour unscheduled care standard.
2. Undertake a high level review of governance of NHS Lothian.
3. Review the concerns raised in the October 2017 whistle blowing letter in relation to the culture of St John's Hospital.
4. Review the internal NHS Lothian report in response to the whistle blowing concerns.
5. Highlight any concerns around patient safety.
6. Highlight any concerns around staff/ leadership.
7. Produce a report for the Scottish Government to be shared with the Board of NHS Lothian.
8. Provide support for NHS Lothian with development and implementation of action plan (if requested).
9. Provide support for individuals from NHS Lothian (if requested).

## Governance of this review

- The activities and outputs of this review are overseen by an advisory group of members of the Scottish Academy of Royal Colleges and Faculties and other invited organisations (oversight group – Appendix iii).
- This report has been reviewed by the oversight group.

## Summary of observations pan Lothian (i)

This is a high level summary of the observations made by the review team; **further detail is given in the thematic and site specific sections of this report.**

- The review team would like to thank the staff of NHS Lothian for their hospitality, support with organisation and the open response to our enquiries. It was clear that there was a commitment from all staff to improve care for patients in the unscheduled care pathway.
- There was no evidence of bullying and harassment at Board level
- The review team was concerned about the apparent lack of a clear and robust governance structure. We felt that this had contributed significantly to the events that led to this review, specifically the development and use of a non-compliant SOP. We were unable to assess how the Board was able to obtain assurance or have oversight of the site level issues on patients and staff.
- In the context of unscheduled care and the associated high level of risk described in the Board's risk register, we felt that the ownership, knowledge and engagement of the Executive and Director level members in relation to the subject of this review was variable. Not all the interviewees were clear about their role and involvement in the issues.
- Clinical leadership did not come across as strong, engaged (in the bigger picture) or fully empowered. In particular, we felt that the alignment of senior medical leadership structure (at site level and pan Lothian) contributed to this.
- Patient safety and quality of care is not always prioritised as it should be, particularly at times of high activity. Patient flow is not owned by everyone and largely left to nursing teams to manage.
- Concerns were raised by some staff who felt bullied and harassed at two sites (SJH and RIE) which appears to have been exacerbated by the lack of robust management structures and governance at site level. NHS Lothian has had a previous review into its culture and, despite action being taken, we felt that this had not yet been fully embedded at all levels of the organisation.
- We were concerned by the experience of some staff who had raised concerns (out with whistleblowing); they felt that the response they received from their managers may discourage them from using the NHS Lothian processes for raising concerns. We met with staff who felt they had been admonished and blamed rather than supported.
- The site leadership teams were variable in terms of experience and skills, including the roles and responsibility of the management and clinical leads. This may have contributed to a lack of consistency in senior leadership roles across the sites leading to confusion and a lack of focus on patient safety and experience. This was particularly evident within the medical leadership.
- There was an acknowledged hierarchy of priority for beds in NHS Lothian, it was a consistent view held by staff we met that "RIE is seen as the mothership" a term used by several members of staff. SJH and WGH felt compelled to directly or indirectly respond to pressure from RIE, even when under significant pressure themselves including after registering concerns about potential clinical risk.

## Summary of observations pan Lothian (ii)

- The review team initially felt the NHS Lothian internal investigation report was thorough, robust and open, given the timescales. However, following discussion with staff and a review of documents we felt that it did not accurately capture the role of the Access and Governance Committee in failing to identify the inaccurate recording of breach times (from as early as 2015) and the development and governance of the NHS Lothian SOP and thus the interview groups may not have been fully representative. As such, in retrospect we felt that some of the recommendations needed to be strengthened.
- The review team did not feel that SAE review conducted following the internal audit report clarified the issues any further in terms of the Access and Governance Committee in failing to identify the inaccurate recording of breach times and the development of the NHS Lothian SOP. However, staff felt that they were given the opportunity to give their views as part of the process.
- The action plans developed in response to the internal audit and SAE had limited input from site management or site clinicians. This requires a focussed and outcome related approach and actions should be SMART.
- Staff at all levels felt that there was limited focus on unscheduled care from the Board.
- NHS Lothian does not appear to be approaching improvement in unscheduled care in line with national 6 essential actions improvement programme.
- All three sites had senior leadership team meetings planned to discuss operational issues but these were frequently deprioritised, cancelled or had poor attendance. It was similar for inter site meetings.
- Communication in relation to the internal review, press involvement and follow up was felt to be poor by many staff. Staff described internal communications at NHS Lothian as variable with limited opportunities to give views on new developments.
- The pan NHS Lothian daily flow teleconference is of concern in terms of the style of how it is chaired, the lack of focus on patient safety and experience and the impact on staff attending. Several staff felt intimidated or worried by attending and felt that they would be overruled, regardless of any issues they raised.
- The site and capacity team were unclear about their own line management and they appear to have limited oversight .
- We were told that the use of SOPs was extensive across the organisation, the governance of their development was not made clear to staff and the purpose not always thought to be necessary.
- Boarding is commonplace across Lothian and appears to have been accepted as inevitable and has been normalised, despite concerns having been raised about the negative impact on the experience for some patients by staff.
- We saw evidence of mixed sex bays within the AMUs (out with the monitored bays) at SJH and WGH, we also heard that it was commonplace at RIE – this is outwith national guidance and impacts on quality of care

## Priority recommendations – to commence within the next 6 months (i)

The review team does not wish to reiterate, or add to the burden of, the recommendations by the internal review team but has put forward additional recommendations where it was thought to be necessary to ensure that corrective action is taken. We have seen the NHS Lothian action plan developed in response to the recommendations of the internal review and Significant Adverse Event (SAE) review. We would strongly recommend consolidation of all action plans, to be led and implemented by a nominated Executive, with full engagement of staff, in a programme managed structure with full Board oversight. To optimise delivery we further recommend that there is external (independent) review of progress to provide assurance. The following are our priority recommendations that we felt must be commenced urgently (within next six months)

### **Governance**

1. Undertake a review of governance and supporting framework across the HB, as soon as possible, with a particular focus on site governance arrangements and how this provides assurance to the Board. This should include plans to;
  - Revise/clarify the governance structure and supporting framework with high quality, safe care for patients as the key objective.
  - Provide site leadership teams with visible support with the implementation of good governance practice.
  - All staff should have responsibility for clinical governance, patient safety and quality of care, however, we recommend that the nominated leads for this should be the Associate Medical Directors and the Medical Director (Acute Services).
  - The Access and Governance Committee should be chaired by a Non-Executive Director with a full review of the terms of reference to provide the Board with the appropriate assurance.

### **Culture**

1. Develop a more transparent culture within NHS Lothian that enables staff at all levels to report concerns without fear of repercussions. Adopt and deliver zero tolerance of behaviour that could be construed as bullying and harassment. The relevant NHS Lothian policy should be reviewed in line with the revised PIN Policy and all staff required to demonstrate adherence.
2. Through existing programmes NHS Lothian should continue to facilitate sessions on culture and values, particularly for the site leadership teams, the site and capacity and senior nursing teams. At the centre of any OD programme there should be a focus on patient safety and quality of care to give staff confidence especially when systems are under pressure.
3. Adopt a team-based approach to the management of the 4 hour standard, with clear responsibility for all staff including the senior clinical leaders (consultants and lead nurses).
5. Undertake an urgent review of the value of the daily pan Lothian teleconference.
6. The RIE ED multidisciplinary team should have leadership and team development to improve relationships and trust, and should include the site management team.

## Priority recommendations – to commence within the next 6 months (iii)

### **Recording of 4 hour standard data**

1. Continue to review the use of the SOP. There remains the opportunity for staff to apply local adaptation or amendment. The review team believe that the national A&E data manual is clear and so did many of the staff interviewed. Ensure that inappropriate terminology such as “non-compliant” patient is not recorded or used.
2. There should be continuous audit of 4 hour unscheduled care data to ensure that the expected practice is being followed. NHS Lothian may wish to consider external support until the Board is assured.

### **The internal audit report, SAE and this review**

This report should be read in conjunction with the internal NHS Lothian investigation report, SAE report and a single action plan developed in response to all reviews. This must be done with site and clinical team engagement. In line with national guidance the Board’s Whistleblowing champion should have regular oversight of the Boards processes and responses.

1. Develop a clear mechanism for the implementation and monitoring of the agreed action plan with external scrutiny and support.
2. The issue of bullying and harassment requires urgent action. The NHS Scotland Staff Governance Standard requires all staff to be treated with dignity and respect. Staff should be made aware of internal arrangements for raising concerns, which should include internal confidential contacts and the Board should ensure that arrangements are fit for purpose and command the confidence of staff. Additionally, staff should be made aware of the national confidential help line. In particular this needs to be reinforced at SJH and RIE.
3. Staff directly affected by the whistleblowing allegations and the subsequent investigation should receive individual feedback and support related to overall findings. In addition, all staff should receive clear and appropriate communication about the investigation report and the planned actions.

## Priority recommendations – to commence within the next 6 months (iv)

### **Patient safety and quality of care**

1. Ensure there is a focus and alignment with the Scottish Government “6 essential actions” programme for unscheduled care.
2. Use patient need to drive a culture of the right place, right time for patients and staff as the norm; with mixed sex bays not tolerated, boarding used only in extreme circumstances and after clinical review

### **Site Leadership**

A review of the leadership requirements on all three sites should be undertaken aimed at strengthening the overall general and clinical management of the whole site :

1. Review the structure, skill mix and experience of the senior triumvirate site team and ensure the appropriate support and development needs are addressed to resolve the identified challenges. This should include;
  - Site Directors should be given support to implement good staff management structures and processes. This should include formalising meetings with minutes, actions and regular communication with staff etc. ensuring all staff have regular contact with their line manager with effective annual appraisal, including PDP.
  - Appoint site-based medical leads with sufficient allocated time and responsibility for all medical matters, patient safety and quality. - consistent with the ‘6 Essential Actions’.
2. Review the management arrangements of the site and capacity team with clear line management established immediately. In addition, the role should include responsibility to manage the patient journey rather than a just focus on beds.

## Other recommendations – for the next 12 months

The following is a list of further recommendations that were felt to be important but that could be delivered over a medium term timescale (within twelve months)

### **Governance**

1. Ensure that all documents produced follow the principles of good governance. This should include a review of;
  - The need for SOPs when national guidance is available.
  - Ratification/ assurance processes.
2. Review all risk registers to ensure that all risks are captured and the correct mitigation is in place. NHS Lothian business planning process to include a review of risk registers.
3. Undertake a facilitated Board seminar on unscheduled care, with the non executive directors (NEDs), so that the appropriate challenge can be given.

### **Culture**

1. Review current processes for staff engagement by the site leadership teams and the wider Board including methods of communication for all staff.
2. Undertake process mapping of the ED and AMU co-ordinating nurses work designed to removing all non value added steps. This should include the “texting” system of reporting currently in place which staff report as adding no value to patient care, distracting and invasive rather than supportive.
3. Review the purpose and leadership of the safety huddle and ensure quality and patient safety is the driving objective, encouraging staff to voice their views on the proposed actions.

# ***Site based observations***



## St John's Hospital (sourced from NHS Lothian website)

### **St John's Hospital**

- St John's Hospital is a modern teaching hospital with a comprehensive and expanding range of services for the people of Lothian and beyond.
- The hospital, based in Livingston, has a 24-hour Accident and Emergency department and a range of specialist services including burns treatment and plastic surgery.
- There is a full paediatric service at the hospital, including an acute receiving unit, special baby unit, paediatric ward and a comprehensive range of outpatient services.
- St John's is the Short Stay Elective Surgical Centre for NHS Lothian and treats around 3,000 patients a year.
- The hospital hosts Lothian's specialist head and neck unit and the Hooper Hand Unit with and has a reputation for excellence in maternity services, with around 3,000 babies born at the hospital every year.
- The Emergency Department has around 150 attendances each day.
- Performance against the 95% standard can be found in Appendix iv.

## St John's Hospital observations

The review team undertook an initial visit to St John's Hospital on Saturday 2<sup>nd</sup> December 2017 to walk through the unscheduled care patient pathway and understand the local geography. This was followed by two further visits (20<sup>th</sup> and 21<sup>st</sup> December 2017) interviewing a range of clinical and managerial staff. We were impressed by the openness of all staff.

- At the time of the visit staff in general, felt unsupported in the aftermath of the internal review. Some felt individually blamed.
- Many staff felt that the regularity of structural change at senior level had contributed to fragmentation in leadership.
- We found evidence of bullying and harassment of some individuals and observed styles inconsistent with good working relationships with several staff who were openly distressed.
- Medical leadership felt almost non-existent and, at best, disjointed.
- Concerns around the behaviour of the site and capacity team were repeatedly raised by staff interviewed. The review team heard that performance management of certain individuals had been commenced, but had limited effect on the behaviours.
- We heard several examples of when staff were left "in tears" by the behaviour of others, including from those relatively new in post.
- Conflicting accounts were given of the governance arrangements, many describing them as unclear. How the 'amended SOP' was adopted at St Johns being a consistent example. We were told by several staff that the amended SOP was put in place at SJH following the appointment of a member of staff from RIE. We subsequently found this to be inaccurate. Of note, unscheduled care was not discussed routinely as a quality issue despite being the second highest risk on the NHS Lothian risk register.
- No member of staff at service level at St Johns could describe governance or the flow of information.
- It was unclear to the review team how risks were identified, added to the risk register and mitigating actions taken, e.g. the risks of inaccurate reporting of breaches in unscheduled care had not been added to the NHS Lothian risk register at the time of our review.
- The site huddle felt the least inclusive that we attended with a focus on a "sit rep" rather than on quality and safety.
- Nurses described the safety huddle as oppressive and "not very nice" with no opportunity for challenge and that unrealistic expectations were placed on them at times. The review team observations were consistent, perceiving the approach as mechanical with a very directive approach that did not encourage discussion or debate.
- An open document, written by the site leadership team, was given to us that gave permission to board patients normally considered unsuitable. The clinicians who provided the document and others interviewed felt that this was unacceptable practice but that it was commonplace and their views were overridden.

## Royal Infirmary of Edinburgh (sourced from NHS Lothian website)

### **Royal Infirmary of Edinburgh (RIE)**

- The Royal Infirmary of Edinburgh is a major acute teaching hospital based in Little France. With a 24-hour accident and emergency department, it provides a full range of acute medical and surgical services for patients from across Lothian and specialist services for people from across the south east of Scotland and beyond.
- The RIE provides a range of expert medical and surgical services, including:
  - Accident and emergency
  - Acute medicine
  - Cardiology and cardiothoracic surgery
  - Gastroenterology
  - General surgery
  - Laboratories
  - Maternity, gynaecology and neonatal units
  - Orthopaedic surgery
  - Renal (kidney) medicine and dialysis
  - Respiratory medicine
  - Sleep medicine
  - Transplant surgery (kidney and liver transplant)
  - Vascular surgery.
  - The Emergency Department has around 330 attendances each day.
  - The performance against the 95% standard can be found in Appendix iv.

## Royal Infirmary of Edinburgh observations

The review team visited the RIE on 26<sup>th</sup> January and 16<sup>th</sup> February 2018. The team conducted a walk through of the ED and AMU and interviewed a range of clinicians and managers. We were again impressed by the openness of staff.

- The huddle appeared to be well led with a clear focus on quality and safety. Staff appeared better able to raise concerns. How medical staff contribute to the decision making was less clear and considered in the context of the role of medical decision making and better support of site/system management.
- The site senior team felt unsupported by some members of the Health Board and senior unscheduled care team in relation to the significant issues around flow on the site.
- The internal review was not accepted by the site team as some evidence they had submitted was not included. In particular in relation to the role of the Access and Governance meeting and the SOP working group resulting in missed opportunities to identify the 4 hour breach amendment concerns.
- Medical leadership of the site was fragmented with unscheduled care not a priority and most medical staff unaware of the detail and the lead up to the internal review.
- Shop floor Consultants in ED described a lack of visibility of the medical leadership, at AMD and MD level, in unscheduled care. There appears to be no site team based approach.
- Some staff in unscheduled care felt that there was no hospital wide clinical ownership or responsibility for unscheduled care with ED and AMU taking full responsibility.
- Some staff felt they were treated badly and unsupported when raising concerns and stated they would be wary about doing so again.
- The lead up to and aftermath of the whistleblowing incident was detrimental to the relationship between the medical and nursing staff in the emergency department. During our visits this was still obvious, with a breakdown in trust from both sides and staff felt that attempts by senior management to resolve were unsuccessful or detrimental. Staff felt this had not affected patient care or general day to day working, despite the obvious departmental pressures but this has not been formally tested.
- Consultants described being “told off” in relation to “blaming the nurses” for the data recording inaccuracies of breach amendments. Consultants described feeling disengaged from the senior management team.
- Clinical involvement and engagement appeared disjointed with medical and nursing teams having separate fora.
- The shift patterns of the ED consultants do not appear to maximise consultant cover or continuity of patient care.
- Most interviewees were unable to describe the NHS Lothian governance structure or describe what constitutes good governance.
- Perception held by some of staff that members of the Scottish Government were aware of the system for amending breach times. This view was not expressed on other sites and we found no evidence of this including review of e-mails.

## Western General Hospital (sourced from NHS Lothian website)

### **Western General Hospital**

- The Western General Hospital is based in central Edinburgh in Crewe Road and provides a comprehensive range of general and specialist services to the people of Edinburgh, Lothian and beyond.
- There is no Emergency department but there is a minor injuries unit and a direct access medical assessment unit, which is “on the clock”.
- The hospital has circa 570 beds (including day beds) and is home to the regional centres for cancer and clinical neuroscience and the Regional Infectious Diseases Unit.
- There are around 125 attendances to the AMU and minor injuries unit per day.
- The performance against the 95% standard can be found in Appendix iv.

## Western General Hospital observations

The review team spent the day of 23<sup>rd</sup> February 2018 at the Western General. The team conducted a walk through of the minor injury unit, AMU and SAU and interviewed a broad range of clinicians and managers. We were again impressed by the openness of staff.

- Several staff talked about a cohesive and supportive team at WGH.
- Staff spoke highly of the site Director and Director of Nursing. The culture felt more positive on this site.
- The huddle appeared to be well led with a clear focus on safety. However, staff felt that there were missed opportunities to undertake a thematic analysis of lessons learned and to use them effectively as an improvement plan for the site.
- The hospital management team has met infrequently since September due other pressures.
- Concern was expressed about the future of WGH with a feeling that the WGH site is less important than the other sites.
- The RIE is seen as the priority for beds in the system, regardless of WGH's own internal pressures. Staff felt that patients were often moved inappropriately, overruling clinical decisions including overnight transfers without senior medical review to accommodate RIE transfers.
- Front door boarding was said to be common practice and there appeared to be limited clinical risk assessment of patient transfers; decisions for this were not made always by clinicians.
- Flow was felt to be the responsibility of the nursing teams. Clinical staff felt that their judgement on what was best for their patients was sometimes over ruled by non clinical management
- We saw evidence of mixed sex breaches in the AMU (outside of the monitored bays). We were told that this is accepted practice within the AMUs across Lothian
- Staff raised concerns about the lack of on site cardiology presence after 1pm. They told us that there had been a number of patient safety issues as a result.
- Staff described issues with the domestic cleaning contract as contributing to delays in bed availability.
- Some staff told us that they refused to implement the SOP as they knew that it was not in line with recommended practice and recognised it gave a false impression of the overall functioning of the site and was felt to be detrimental to patient care.

***Specific observations related to Access and Governance Committee and site based flow***

# The Access and Governance Committee and Development of the SOP

- The Access and Governance Committee is a high-level management group originally formed and chaired by the Chief Operating Officer to review performance against government targets and ensure national waiting time's guidance was being applied appropriately.
- Over time, the focus of the meeting shifted solely to waiting times governance issues while performance was discussed at Acute SMT and at the Chief Operating Officer's senior management group meetings. Due to this shift, in June 2015, chairing of this meeting transferred to the Director of Strategic Planning and Information Services. This removed the review of waiting times governance from the operational line.
- The Chief Quality Officer assumed the Chair of this committee in April 2016.
- This committee reported to the Acute Hospital Committee

The review team undertook a review of the Committee Minutes (**see Appendix iv for timeline**). The review team believe that NHS Lothian missed the opportunity to detect the mis-reporting of 4 hour standard breaches due to the management of this committee based on the following observations;

- All agendas and minutes allocated most time to discuss scheduled care access standards with minimal focus on unscheduled care.
- Meetings were inconsistently chaired. The named chair was infrequently present with three changes in the chair(s) in three years.
- No medical representation until the Chief Quality Officer took on the role of Chair.
- No clarity on who was expected to attend or the quoracy of the meeting.
- Poor discipline in follow up of actions and significant delay in asking for answers to key questions.
- Poor attendance at meetings which led to not having the right detail to make decisions.
- No evidence of triangulation of evidence – statements from individuals appeared to be accepted without any data or further information, including alignment with national standard data definitions.
- The issue of the amendment of breach waiting times was first raised in April 2015, however, limited action was taken until May 2016. There were no established outputs from this until after the Whistleblowing letter in September 2017.
- The creation of the new SOP was apparently developed by a short life working group (SLWG), however, this group operated informally with no minutes or clarity about leadership. It is unclear what assurance process was used to develop the SOP or who was involved. There is no governance of sign off or implementation of the SOP documented.
- There appeared to be no focus on the impact for patients in developing the SOP.



# Management of Flow across all Sites

The following observations were not confined to site and whilst not strictly part of the terms of reference of this review it was felt important to highlight to NHS Lothian as such we recommend a more detailed review of the following structures and processes;

## The pan Lothian daily flow teleconference (observed on 2 occasions)

- Occurs daily at 09:30 following the safety huddle and is chaired by a senior manager from the RIE site with membership from all acute sites, primary care, community and social care. It takes around 45 Minutes daily.
- It appears to be a review of activity of the sites and capacity (including the community) although the true purpose felt unclear and was unclear to most staff.
- The message “received” by many staff is that RIE is the site with the most urgent and pressing issues and must be given priority.
- The tone and approach by the Chair was perceived as aggressive on occasions and some staff described feeling intimidated and worried about attending the telephone conference.
- If decisions were challenged from a patient safety and experience perspective these were overruled or implied to be of less importance. Vulnerable patients were asked to be boarded including frail elderly, demented.
- Discussions were observed to be one sided and a problem solving approach was not used. Staff were witnessed to be uncomfortable during the conference.

## The flow text system

- The review team heard from several staff about the text system for the site and capacity team, which we understand has been the subject of review since our visit
- Staff felt that this was unnecessary as the information asked for on a two hourly basis was available on Trak and distracted them from patient care; particularly when they were busy. Others, particularly site and capacity teams felt it was necessary for them to be able to have a “grip”.
- The tone of some the texts observed appeared inappropriate and would add ‘pressure’ to already busy staff.
- Staff informed us that it was rare that a positive response was received in response to a request for assistance.

## The RIE ED

- The main Emergency Department area within the RIE has inappropriately taken on the role of an ambulatory care unit. This does not comply with guidance for ambulatory care. In addition, pre-assessed GP medical and surgical referrals are seen in the ED. This is not recommended practice including the ‘6 essential actions’ to improving patient experience and outcomes and minimise ED overcrowding.

***Thematic observations in line with ToR of this review - further detail***

## Thematic Observations – Governance (i)

**This section of the report gives further detail from the pan Lothian and site specific observations and responds directly to the terms of reference of this review.**

### **Review of governance;**

- The review team accepts the findings of the internal NHS Lothian investigation, however, the role of the Access and Governance Committee in presiding over a significant delay in discovering the issue is absent from the report. As such those recommendations do not address the deficit in good governance.
- We were told that an audit of unscheduled care data was suspended, despite concerns having been raised about the validity of this data. We found evidence that the Board was unaware of this decision which raises concern about the Board's oversight.
- Based on interviews and documentation submitted we found no evidence of a clear and coherent governance structure that described the flow of information across the organisation or demonstrated robust assurance mechanisms. Of note no one at service level at NHS Lothian could describe governance or the flow of information.
- We were told that unscheduled care was not discussed extensively at Board level despite being the second highest risk on the risk register
- Unclear to the review team how risks were identified, added to the risk register and mitigating actions taken at site or organisational level, e.g. the risks to inaccurate reporting of breaches in unscheduled care had not been added to the HB risk register at the time of our review.
- Based on interviews the links to risk management, business planning and the NHS Lothian annual plan were unclear.
- We saw evidence of poor document control; documents undated, no version control, dates for review very outdated.
- We were told that the use of SOPs appears to be extensive across the organisation. We were informed that the initial SOP for breach management was implemented by NHS Lothian in 2012 and amended and implemented for acute sites in 2015/6.

## Thematic observations – Governance (ii)

### **Review of governance;**

- The process for the development of the initial breach management SOP was undertaken outwith any formal governance process.
- As decisions to amend the policies can be taken outwith a formal governance process this leads to limited challenge or endorsement; e.g. the St John's policy on boarding (a concern to many clinicians) was re-issued without the knowledge of the Site Hospital Director.
- No evidence of a structured forum for NHS Lothian and broad site based clinical engagement / multi professional discussion re unscheduled care.
- The NHS Lothian governance structure is complicated and specifically the role and relationship of medical leadership for unscheduled care is unclear.
- Some senior leaders interviewed had not seen/read the internal review. We would have expected them all to have had direct communication from the Executive team with their direct involvement given the seriousness of the findings in the previous external report.
- The Non Executive Directors (NEDs) interviewed had not received training on the guidance for the four hour unscheduled care standard and related quality of care. This may have led to limited understanding and a lack of challenge, at Board level.

## Thematic observations – culture in unscheduled care

### **Review of the culture in unscheduled care;**

The review team does not agree with the findings of the internal NHS Lothian investigation, in relation to culture. Whilst the term “pressure” was used to describe how staff felt in the internal review the external review team felt the staff descriptions, tone and content of communication with the associated degree of stress (including witnessed stress) was consistent with a definition of bullying and harassment.

- Several examples were cited where staff felt they were asked to take actions that they felt were not right for patients but often felt unable to challenge this for fear of the consequences or their concerns were dismissed. Staff interviewed gave anecdotal evidence of the inappropriate behaviour of certain individuals. We also saw evidence of “texts” from the site and capacity team that could be construed as inappropriate in tone.
- Several members of staff, across NHS Lothian, challenged the introduction of the application of the initial SOP, however, their views were dismissed and they were asked to comply. Some felt the whistleblowing episodes helped bring this to attention.
- The nurses in the EDs felt that when co-ordinating (nurse in charge) the department, much of their time was taken up with complying with requests for information rather than focussing on patient care and flow.
- The co-ordinating nurses in the ED spend a significant amount of time on competing and often duplicate documentation in relation to unscheduled care performance with no added value for patient care or staff support.
- There was a disconnect in terms of doing the right thing by individual patients and for the system at large.
- There was a perception that ED and other consultants did not own patient flow
- Nurses felt blamed for the mis- amendment of breach times.

## Thematic observations – review of the recording of breaches of the 4 hour unscheduled care standard

### Review of the recording of breaches of the 4 hour unscheduled care standard

We note that NHS Lothian has attempted to address the irregularities in procedure by the introduction of a new SOP and training for all staff responsible for recording 4 hour unscheduled care data but this will need to be monitored.

- The review team accepts the findings of the internal NHS Lothian investigation. There is clear evidence that breach recording was not in line with expected practice since 2012 and puts the validity of unscheduled care data into question for several years.
- The review team concluded that a different approach applied on all 3 adult acute sites of NHS Lothian further contributing to confusion of what constituted expected practice.
- There was no evidence that staff amended breach times to deliberately falsify performance. However, we felt that there is a fine line between falsification and confusion, when pressure is applied to 'meet' the 4 hour standard. This is of particular concern when there is no benefit to patient care and terms like non-compliant patients are in routine use. Staff must always have the best interests of patients at heart.
- The use of a SOP document introduced to clarify expected practice and this led to the inappropriate "clock stops" of certain patients.
- When reviewed, the initial immediate amended SOP was not dated with no version control which was highlighted immediately to the Deputy CEO of NHS Lothian.

# Thematic observations – review of NHS Lothian internal investigation report

## **Review of NHS Lothian internal investigation report;**

- The external review team felt that the internal NHS Lothian internal investigation was open and honest.
- In general, the observations and recommendations were accepted. However, the review did not highlight the role of the Access and Governance committee in the delay in highlighting the mis amendment of breach time recording.
- We disagree with the finding of no bullying and harassment. We observed some inappropriate behaviour with several examples that were consistent with bullying and harassment. This may relate to the rapidity of the internal report or the range and the smaller number of their cohort of interviewees.
- Concerns raised around governance were not clear or strong enough as the external review team noted consistent concerns over the apparent lack of a clear and understood governance process. The issue of the governance of SOPs, in general, has been historically raised as a concern within NHS Lothian.
- There appeared to be limited communication to staff following the publication of the internal audit investigation report. Staff who were specifically mentioned in the whistleblowing e-mail did not receive any direct communication of the findings.
- Some staff felt that they had been given limited or no support from senior leaders in the organisation during the investigation, resulting in additional distress. We would have expected this to have been put in place once the investigation had been commissioned and undertaken through a range of HR, occupational or line management support or externally if needed to avoid conflict of interest.

# Thematic observations – Patient Quality and Safety

## **Patient Quality and Safety:**

- There appeared to be little focus on improving unscheduled care or knowledge of or implementation of the Scottish Government “6 essential actions” programme.
- A focus on quality and safety for patients was not always evident e.g. we heard several examples of when staff were asked to prioritise patients about to breach the 4 hour standard rather than a patient with a greater clinical priority.
- The review team heard that the impact of the inappropriate “clock stops” from the 4 hour unscheduled care standard was to have patients in inappropriate areas, at times, and this contributed to overcrowding in the ED.
- We found no evidence that the current policy on boarding had been risk assessed and was likely to have contributed to delays / quality in care. It has become normalised with limited focus on what was clinically the right thing to do. Nor did we see evidence of a risk based approach to transferring patients between sites.
- The use of the term “non-compliant” to patients is inappropriate and could lead to discrimination of specific sub groups of patients.
- Mixed sex breaches were reported as a regular occurrence in the medical assessment units and had been raised as a quality issue by staff and their input overruled.
- Trainee doctors gave examples of being asked to focus on a patient who was about to breach rather than a patient who had a more urgent need of medical review.
- Trainee doctors gave examples of their time being spent finding patients to board particularly overnight when they were busy with patient care.
- We heard concerns from staff about being asked to place a patient with ‘flu in a bay (in AMU at SJH with patients who had COPD). This member of staff refused to do this but was concerned that this would happen once the shift change occurred and they had gone home.
- The review team observed a patient with potential mental health issues being cared for in the main ED with a police escort. This patient was reported to have been there for several hours. This was a breach of dignity for this patient and a more appropriate area could have been found.



# Thematic observations – staff/ leadership

## **Staff/ leadership:**

This should be read in conjunction with the section on culture and governance

- The site based leadership teams appeared to have limited direct support from the Board, this is particularly important on the St John's site as the Hospital Director is new in post and has limited experience of managing unscheduled care.
- The review team recognised the value of the triumvirate based approach to site leadership. However, the site based medical leadership structure was unclear and there was no medical leader who had full responsibility for the site. The review team felt that this had led to confusion around medical matters and to some disengagement of medical staff. We heard anecdotal evidence of poor behaviour from some medical staff and that this was difficult to address.
- The management of the site and capacity team was poorly defined with limited understanding (even from the team themselves) that has led to a lack of clarity on roles and some inappropriate behaviours. We heard that some team leaders were not given responsibility for recruiting to their own teams.
- Some staff informed us that not all staff had regular access to training or appraisals.
- Across all three sites there were limited management structures in place in relation to;
  - Regular and formal meetings of the senior team – no regular meetings for the General Manager, AMD and CNM.
  - No clear objectives for the team.
  - Clinical effectiveness was not regularly reviewed and data around this was minimal.
  - It was clear that the senior teams were attempting to be approachable and visible; however, there were limited regular forums for feedback and discussion with staff .
  - We were told that senior team meetings were not always formally recorded, there was often poor attendance with regular replacement by deputies.

# *Appendices*

## Appendix i – review team

### Professor Derek Bell, OBE- Chair of the Scottish Academy of Medical Royal Colleges President of RCP Edinburgh, Director of CLAHRC Northwest London

Derek was appointed as the first Professor of Acute Medicine in the UK, at Imperial College London, and as the inaugural President of the Society for Acute Medicine and was a founder in the development of Acute Medicine as a clinical specialty. He is currently the President of the Royal College of Physicians, Edinburgh. His academic research interests relate to quality and organisation of care, particularly acute medical care, and methods of care delivery.

### Elaine Tait –Chief Executive of the RCP Edinburgh

Elaine was appointed as the CEO of RCP Edinburgh in 2000, after previous experience as a hospital manager in acute care and running the Scottish Clinical Research and Audit Group. She has extensive management experience in Health and Social Care and Medical Education. She is a quality assurance reviewer for the General Medical Council for under graduate and post graduate education

### Angela Helleur – Improvement Director at NHS Improvement

Angela is an Improvement Director at NHS improvement. She is a nurse, midwife and general manager by background and has held a number of senior management roles in acute providers, Strategic Health Authority and Acute Hospital Regulators. She is currently working with the Boards of a number of NHS Trusts in special measures and challenged providers to support improvement.

### Dr Frank Dunn, CBE – Consultant Cardiologist and past President of the Royal College of Physicians and Surgeons of Glasgow

Frank was the President of the Royal College of Physicians and Surgeons of Glasgow between December 2012 and 2015. He was also a consultant cardiologist at Stobhill General Hospital between 1983 and 2017 and is an Honorary Professor in Cardiovascular disease at the University of Glasgow.

### Dr John Thomson – Vice Chair Royal College of Emergency Medicine (Scotland), Consultant in Emergency Medicine

John has been the Vice Chair of the RCEM (Scotland) since September 2017 and is the Unit Clinical Director for Emergency & Acute Medicine and Consultant in Emergency Medicine at Aberdeen Royal Infirmary and Royal Aberdeen Children's Hospital.

### Dr David Chung - Chair of the Royal College of Emergency Medicine (Scotland), Consultant in Emergency Medicine

Dr David Chung is the Vice President (Scotland) of the Royal College of Emergency Medicine and member of the Academy of Medical Royal Colleges of Scotland He is a Consultant in Emergency Medicine at Crosshouse Hospital, Kilmarnock, having served as Clinical Director there for a number of years. He is also a Fellow of the Royal College of Physicians and Surgeons of Glasgow.

## Appendix ii – documents reviewed (i)

- **Email to Shona Robinson and Guardian Letters dated 11 October 2017**
- **NHS Lothian – University Hospital Division – Children’s Services: Patient Flow and Bed Capacity Policy (Review Date, November 2010)**
- **Publicly available NHS Lothian Board minutes Jan-Nov 2017**
- **Breach Definition Analysis**
- **Western General Hospital**
- **St John’s Hospital**
- **Royal Infirmary of Edinburgh**
- **Health Board and Site and Health Board Governance Structure**
- **Health Board Risk Register including St Johns**
- **NHS Lothian, Corporate Management Team, 11 December 2017: Quality and Performance Improvement**
- **Quality Performance Improvement Reporting Repository, December 2017**
- **Yearly Employee Engagement Index Score – St John’s Hospital, 2016**
- **Yearly Response Rates – St John’s Hospital – 2016**
- **Whistleblowing Policy – Final – August 2016**
- **Whistleblowing Monitoring Report – Appendix 1**
- **GMC NTS ED Lothian, November 2017 v2**
- **Complaints Thematic Analysis Report to Board – Focus on ED Issues**
- **NHS Lothian: Board Meeting, 6 December 2017 – Emergency Access Standard: Review of Performance Reporting Compliance**
- **Accident & Emergency: Attendances and Time in Department by NHS Board and Month 2016/17**
- **Investigation in to Management Culture in NHS Lothian, David J Bowles & Associates Ltd, May 2012**
- **Access and Governance – Review of Terms of Reference and Meeting Structure**
- **Medical Director Organisational Chart, Updated January 2018**
- **List of Associate Medical Directors and Clinical Directors, Updated October 2017**
- **NHS Lothian Healthcare Governance Structure**
- **Working for NHS Lothian, Boarding Flow Coordinator Job, Winter 2017**

## Appendix ii – documents reviewed (ii)

- **NHS Lothian – Standard Operating Procedure: 4 Hour Emergency Care Breach Review Management**
- **NHS Lothian – Standard Operating Procedure: Audit of 4 Hour Emergency Care Manual Breach Adjustments**
- **NHS Lothian – Standard Operating Procedure: 4 Hour Emergency Care Breach Review Management**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 23 January 2015**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 24 February 2015**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 27 March 2015**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 24 April 2015**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 26 June 2015**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 28 August 2015**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 23 October 2015**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 27 November 2015**
- **Minute of NHS Lothian's Access & Governance Committee Meeting, 29 January 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 26 February 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 28 April 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 27 May 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 24 June 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 23 August 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 21 September 2016**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 4 November 2016**
- **Minutes of NHS Lothian's Access & Governance Committee Meeting, 6 December 2016**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 10 January 2017**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 3 February 2017**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 3 March 2017**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 9 May 2017**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 6 June 2017**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 13 July 2017**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 5 September 2017**

## Appendix ii – documents reviewed (iii)

- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 3 October 2017**
- **Minutes of NHS Lothian’s Access & Governance Committee Meeting, 5 December 2017**
- **Minutes of NHS Lothian’s Data Quality & Waiting Times Compliance Meeting, 6 February 2018**
- **A&E SOP – Calendar Appointment 27 April 2016**
- **Email dated 27 April 2016 re 27 April 2016 Meeting re Notes from 4 Hour SOP Meeting – Actions from 27 April 2016 Meeting**
- **Email dated 4 March 2015 note of Discharge Times A&E Meeting**
- **Minute of NHS Lothian’s Acute Hospitals Committee held on 7 June 2016**
- **4-Hour SOP Timeline**
- **Discharge Times A&E**
- **Email Trail dated 5 December 2017 re 4-Hour Standard SOP**
- **Email Trail dated 5 December 2017 re Recording of Transport Waits**
- **Transport Waits 29 March 2016 – Handwritten Note**
- **Email Trail dated 7 April 2016 re SOP A&E Breach Review Management Final Draft 24 October 2012**
- **Email Meeting Request meeting 27 April 2016 re A&E SOP**
- **Email Meeting Request Meeting 6 May 2016. re SOP Breach Analysis**
- **Email Trail dated 1 June 2016 re Updating of 4-Hour Standard SOP**
- **Email Trail dated 29 June 2017 re Transport/Wait Codes**
- **Email Trail dated 1 April 2016 re When is the next Thursday**
- **Email Trail dated 29 September 2015 re Troponin Trial**
- **Email Trail dated 2 October 2017 re Weekend Figures – For Information**
- **Email dated 11 December 2017 re Feedback**
- **Email dated 12 December 2017 re Breach of the 4-Hour Target**
- **Email Trail dated 12 December 2017 re Breach of the 4-Hour Target**
- **Unscheduled Care Board, 2 February 2018: Discharge to Assess Briefing**
- **NHS Lothian Unscheduled Care Committee, Draft Minute of Meeting held on 12 January 2018**
- **NHS Lothian Unscheduled Care Committee, Agenda for Meeting on 2 February 2018**
- **Public Health & Intelligence letter to unscheduled care leads across Scotland advising about transport changes – November 2015**

## Appendix iii – the oversight group

The oversight group was made up of members from the following organisations

Scottish Academy of Medical Royal Colleges and Faculties

Royal College of Nursing

Health Improvement Scotland

Director of Workforce at a separate Health Board in Scotland

Additional input was provided by ISD (National services Scotland) and an independent consultant on governance

## Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (i)

Date	Comments
2012	First NHS Lothian 4 hour Emergency Care Breach Review Management SOP developed
Jan 2015	No mention of unscheduled care
Feb 2015	No mention of unscheduled care
March 2015	Audit of A&E breach review showed that breach amendments did not have specific data to justify “not a breach”. Report being developed <b>Action</b> – to review process and 6 monthly audits
April 2015	Mention of WGH urgent admissions
May 2015	No Minutes supplied
June 2015	Chair change noted but Chair not present Update on breach changes, further concern raised around actual discharge times. <b>Action</b> – to update next meeting
July 2015	No Minutes supplied
Aug 2015	Not discussed – action not followed up or on agenda
Sept 2015	No Minutes supplied



## Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (ii)

Date	Comments
Oct 2015	<p>Solution developed – use of icon for “ready to go” discharges to adjust wait time being tested by A&amp;E – feedback requested. A&amp;E asked to use uncorroborated evidence – this was refused.</p> <p>Chair expressed concern about delays and a plan was made to discuss with senior executives outside of the meeting.</p> <p><b>Action</b> – paper to be included in the Acute Hospital Committee papers</p>
Nov 2015	<p>Still being tested</p> <p><b>Action</b> – feedback to be provided next meeting</p>
Dec 2015	<p>No Minutes provided</p>
Jan 2016	<p>Draft report with analyst for testing but no update available</p> <p><b>Action</b> – update requested for next meeting</p>
Feb 2016	<p>A&amp;E feedback is that report not capturing all records that have had breach times adjusted. Concern raised that breach times are being amended with no evidence of reason.</p> <p><b>Action</b> – meeting requested to move forward</p>
March 2016	<p>Meeting cancelled</p>

## Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (iii)

Date	Comments
April 2016	<p>E-mail from SOP SLWG</p> <p>Actions from 27<sup>th</sup>April meeting</p> <p>Confirmed status of transport letter with Scottish Government and ISD.</p> <p>Circulate Trak system admin change. Language on “ongoing clinical care” requires amendment. Follow up timescale at A&amp;G tomorrow.</p> <p>Clarify ambulatory care status in 4 hour flow.</p> <p>Update SOP following discussion</p> <p>In place for end of May to report to A&amp;G (or another meeting).</p> <p>Speak to site and capacity about audit SOP to confirm that is in place (to come to A&amp;G for approval).</p> <p><b>Update: Ambulatory Care Breach Reason</b></p> <p>Following discussion at the tail end of the meeting on ambulatory care breach reason code, to drop this line from the change request until clarification from ISD received. Current reading of the national A&amp;E guidance is that the ambulatory care patients should be seen as clinical reason breaches (i.e., counted towards 4h performance and with a 2/5% tolerance in place to allow for that). If this is confirmed, we have not asked e-Health to implement something wrong nor held up the rest of the changes. If wrong, we can ask e-Health to add it in.</p>

## Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (iv)

Date	Comments
April 2016	<p>Conversation held “yesterday to move this work to completion. Trak administrators working on necessary changes “several others” will finalise SOP.  <b>Action</b> – Final SOP to be brought back in May 2016</p>
May 2016	<p>Report created to audit when discharge time amended. Trak changes were made before this report is ready. SOP being created to audit amendments on A&amp;E discharges  <b>Action</b> –</p> <ol style="list-style-type: none"> <li>1. SOP to be completed</li> <li>2. New process to be fully implemented by next meeting including; Trak changes, update of audit report, final SOP and SOP of audit of new process</li> </ol> <p><b>To be included in Acute Hospital Committee papers</b></p>
June 2016	<p>SOP of new process and audit of process complete. Trak changes delayed but will be ready by 28<sup>th</sup> June. <u>All</u> staff trained in new process  <b>Action</b> – 1<sup>st</sup> Audit to be done Sept/ Oct 2016 and brought to A&amp;G for review</p>
July 2016	<p>No Minutes provided</p>

## Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (v)

Date	Comments
Oct 2015	<p>Solution developed – use of icon for “ready to go” discharges to adjust wait time being tested by A&amp;E – feedback requested. A&amp;E asked to use uncorroborated evidence – this was refused.</p> <p>Chair expressed concern about delays and a plan was made to discuss with senior executives outside of the meeting.</p> <p><b>Action</b> – paper to be included in the Acute Hospital Committee papers</p>
Nov 2015	<p>Still being tested</p> <p><b>Action</b> – feedback to be provided next meeting</p>
Dec 2015	<p>No Minutes provided</p>
Jan 2016	<p>Draft report with analyst for testing but no update available</p> <p><b>Action</b> – update requested for next meeting</p>
Feb 2016	<p>A&amp;E feedback is that report not capturing all records that have had breach times adjusted. Concern raised that breach times are being amended with no evidence of reason.</p> <p><b>Action</b> – meeting requested to move forward</p>
March 2016	<p>Meeting cancelled</p>

## Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (vi)

Date	Comments
August 2016	SOPs in place, staff trained <b>Action</b> – audit to be brought to October meeting
Sept 2016	No Minutes supplied
Oct 2016	No Minutes provided
Nov 2016	1st audit completed Sept 2016 – 59% compliance with 123 errors. No cause for concern regarding process or any inappropriate manipulation. Overall – manual adjustments are appropriate but documented support for this not available for this audit <b>Action</b> – next audit March 2017
Dec 2016	Not discussed
Jan 2017	No Minutes provided
Feb 2017	Not discussed
March 2017	New Chair announced
April 2017	No Minutes provided

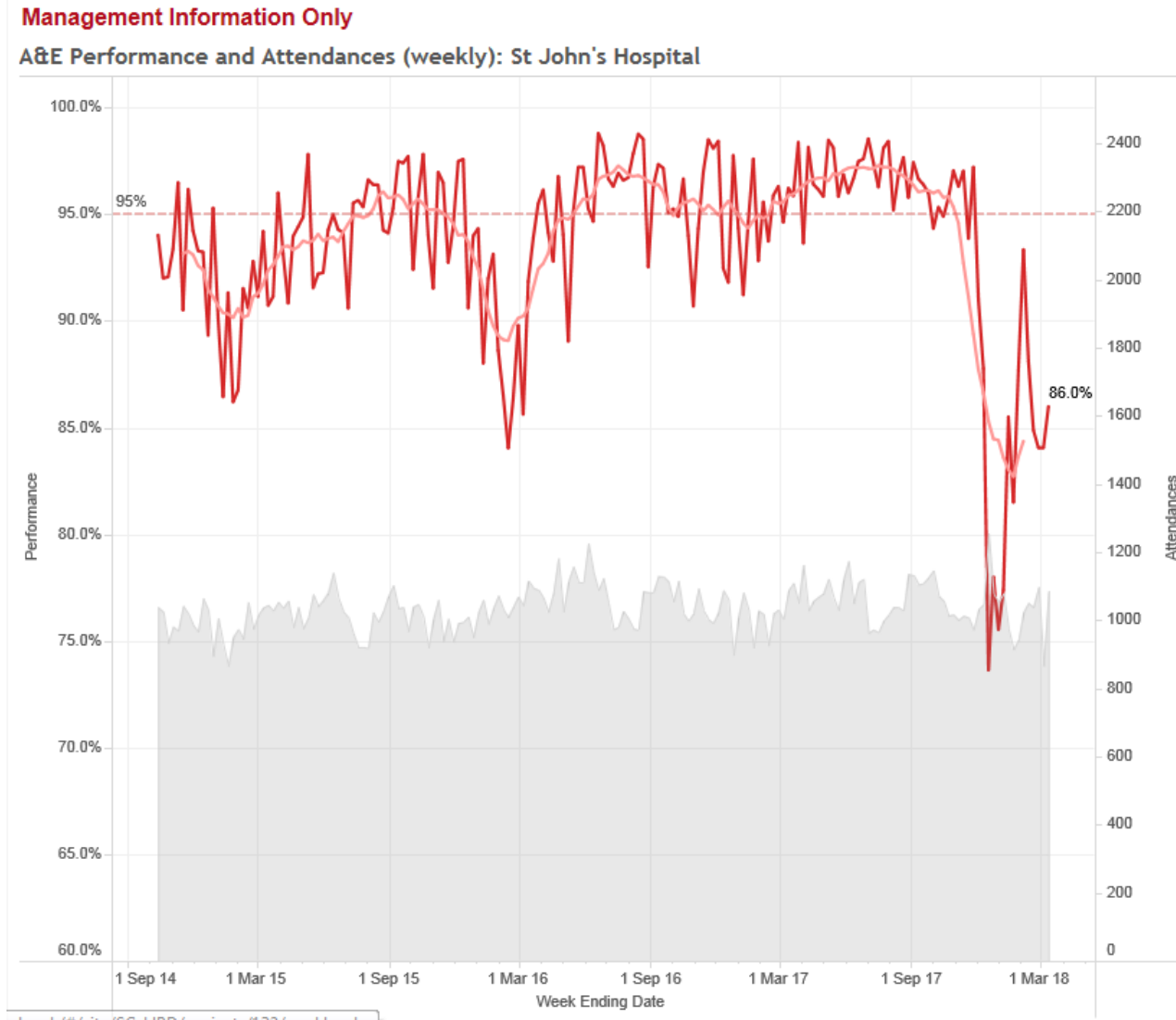
## Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (vii)

Date	Comments
May 2017	<p>Results from audit from RIE – 75% compliance. Escalated to managers as to why not 100% compliance.</p> <p><b>Action</b> – to meet with the site and capacity team to discuss (improving compliance)</p>
June 2017	<p>Meeting held with e-Health on 6<sup>th</sup> June after various internal meetings to review data for audit on breach time amendments.</p> <p><b>Action</b> – to update on reporting and audits for recording A&amp;E 4 hour breaches at future meeting.</p> <p><b>Action</b> – revised SOP to be circulated</p> <p><b>Action</b> – Waiting time governance team to conduct audit going forward to be done at least quarterly but more likely monthly</p>
July 2017	<p>Working with e-Health to ensure correct data pulled for audit with operational SOP to be updated as appropriate. Audits will begin on a regular basis</p> <p><b>Action</b> – update on status of ability to adequately report and audit A&amp;E breach adjustments October 2017</p>
Aug 2017	No Minutes supplied

## Appendix iv Timeline of the Access and Governance Committee Minutes and development of the SOP (viii)

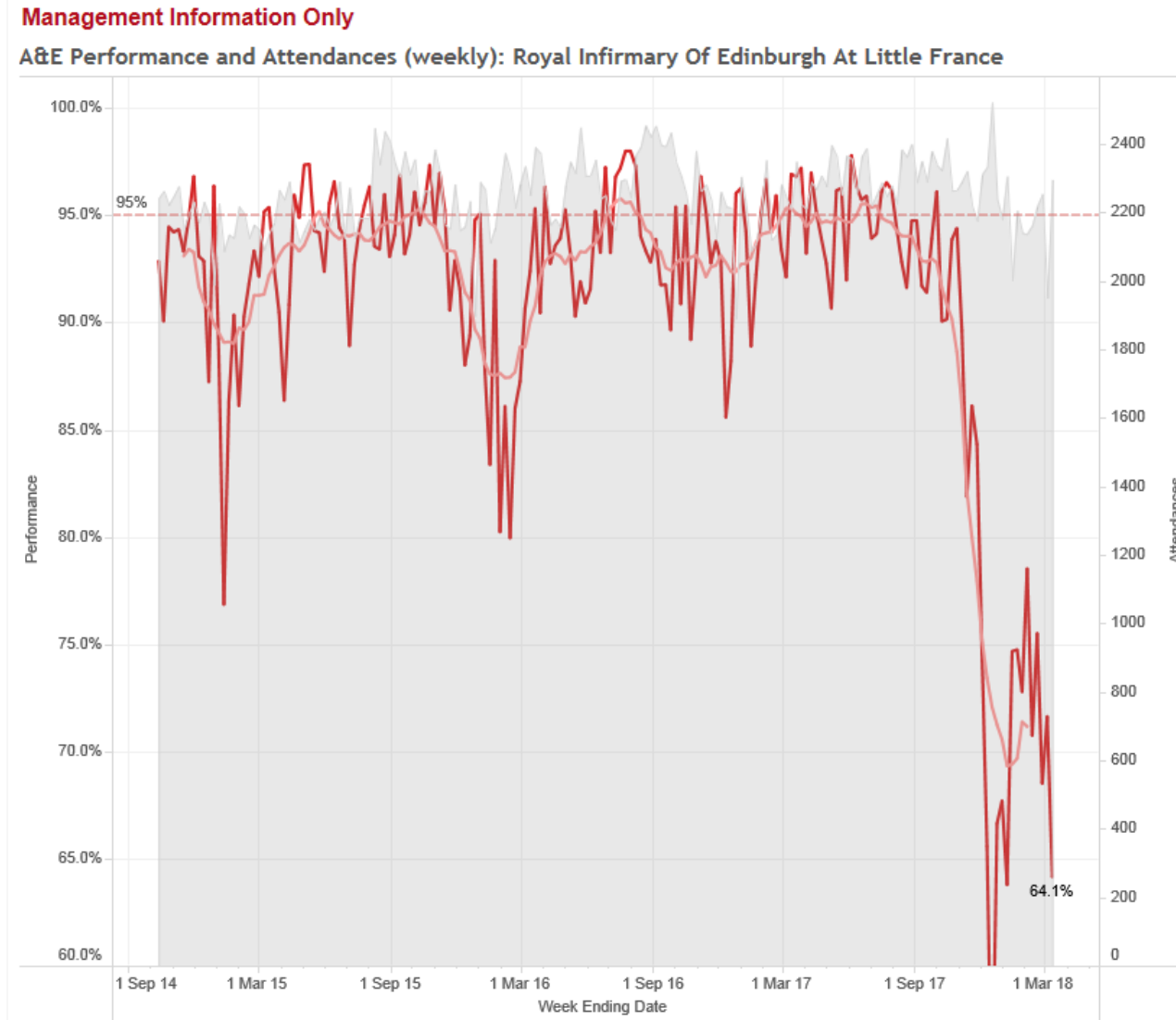
Date	Comments
Sept 2017	<p>Group reminded that issue around manual adjustment of breach. It's critical that there is an audit trail for this. Report was developed but discovered that a date/ time stamp not being pulled in report because the breach reason defaults in Trak – therefore, no audit trail so report can't pull data. Current SOP being reviewed and will be brought to meeting for approval.</p> <p><b>Action</b> – send test scenarios to e-Health, run problem to see if problem resolved and update in Nov.</p>
Oct 2017	<p>Whistleblowing email received Internal audit review commenced</p>

# Appendix v Performance against the 4 hour target (SJH)





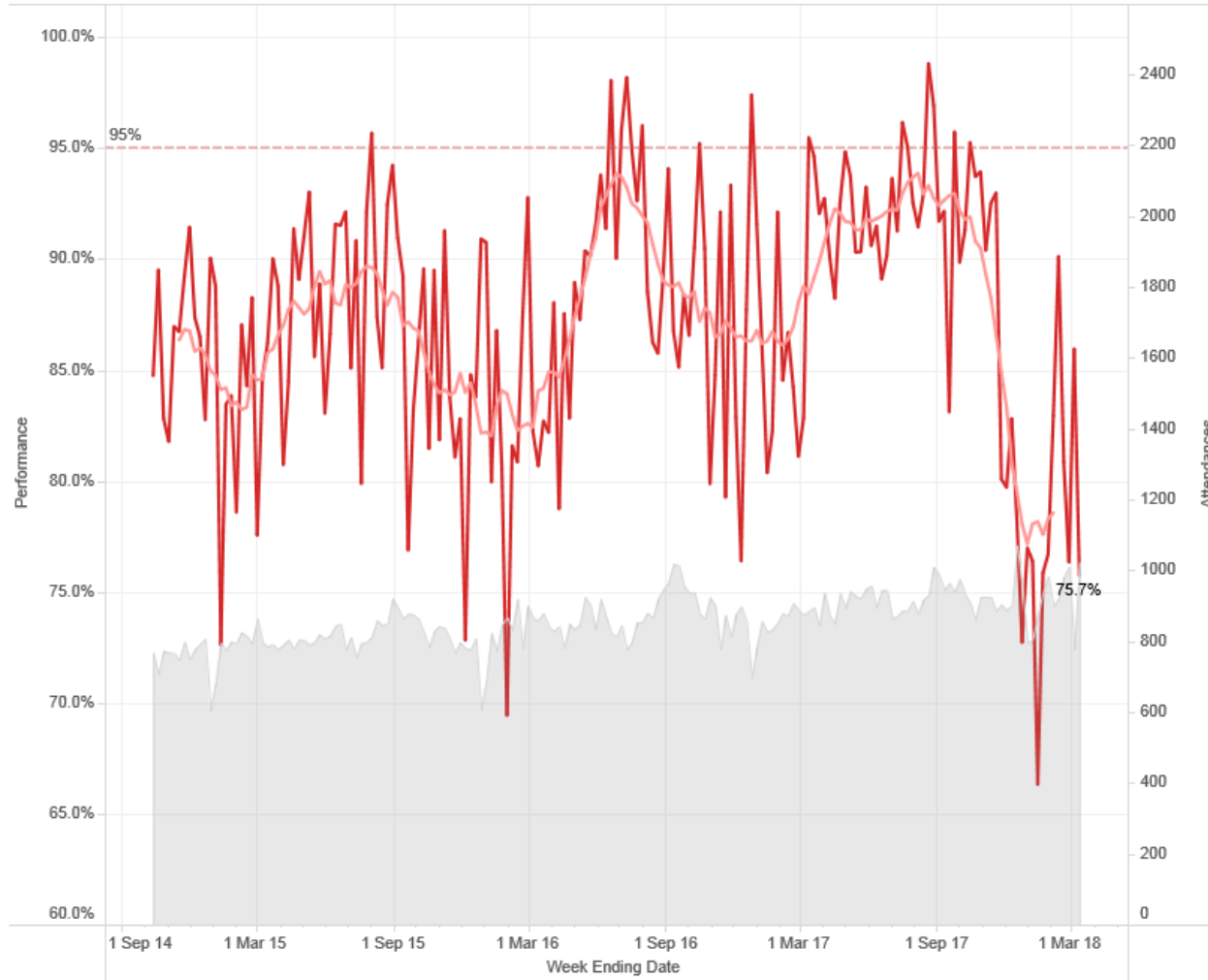
# Appendix v Performance against the 4 hour target (RIE)



# Appendix v Performance against the 4 hour target (WGH)

## Management Information Only

A&E Performance and Attendances (weekly): Western General Hospital



## **External Review of Reporting against 4 Hours Emergency Access Standard**

### **NHS Lothian Improvement Brief**

NHS Lothian welcomes the report from the Academy of Medical Royal Colleges and accepts all of the observations and recommendations.

Improvement actions to meet those observations and recommendations are already progressing with active discussions across our teams; these will be monitored through NHS Lothian's revised governance framework. Our response and actions are 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.

The Board takes full responsibility for failures in reporting against the 4 Hour Emergency Access Standard and recognises the need to do more to support staff, particularly those dealing with exceptional levels of demand. NHS Lothian's commitment to staff is that they should feel supported and able at all times to deliver safe, effective, quality care to their patients.

This same commitment is made to NHS Lothian's patients and lies at the heart of our focused approach and response to these issues. NHS Lothian is committed to continuous learning and improvement and has used the Academy's report to inform a series of measures to strengthen governance and leadership and support a programme of organisational development to improve culture.

In the last few years NHS Lothian has developed hospital based leadership teams which include a Site Director supported by both Associate Medical and Associate Nursing Directors. Our improvement approach will include significant focus on developing the effectiveness of these leadership teams and will ensure clarity of roles and responsibilities relating to governance and oversight of their services and teams as well as patient safety and experience. This whole approach will be aligned directly to non-Executive oversight.

The Academy's report groups recommendations under 6 Themes:

1. Governance
2. Culture
3. Recording of 4 Hour Standard Data
4. NHS Lothian's Internal Audit Report, Significant Adverse Event (SAE) Process
5. Patient Safety and Quality of Care
6. Staff and Site Leadership

NHS Lothian's improvement approach is directly aligned to these 6 themes. Improvement, delivery and sustainability will be transparently scrutinised through the agreed governance framework. Key areas of action are:

## *1. Governance*

The report found weaknesses in aspects of governance. Improvement actions include measures to strengthen and enhance governance structures from Site to Board including non-Executive oversight.

- Appoint a non-executive lead to oversee the progress and implementation of Board Improvements reporting to NHS Lothian Board via the Audit and Risk Committee.
- Ensure site developed, locally owned improvement plans aligned to these 6 themes are driven through Site Triumvirate Teams (Managerial , medical , nurse leadership) and monitored through 4 Hour Emergency Access Group, led by a newly appointed Non-Executive Chair and reporting to the Board via Audit and Risk Committee.
- Appoint a Non-Executive Chair for the Access and Governance Group- This group is part of NHS Lothian's assurance framework for delivering quality data and all waiting times within Scottish Government and NHS Lothian's standards, policies and procedures. It will report to the Board via Audit and Risk Committee.
- 4 hour Emergency Access Standard Operating Procedure compliance is monitored and reported through the Access and Governance Group, and any changes to this must be ratified through this group and reported to Board via Audit and Risk Committee.
- At site level the senior triumvirate management team will establish regular formal and minuted weekly/fortnightly meetings where safe care and site governance issues are robustly reviewed and documented and where actions are identified these are tracked to completion. These forums will evolve in the coming weeks and will support transparent clinical engagement across each campus.
- Develop a visual aid to assist greater understanding amongst staff of our governance structure.

## *2. Culture*

NHS Lothian accepts the Scottish Academy's concern about bullying behaviour, as reported by staff at many levels during their review, while recognising that there was no evidence of bullying and harassment found at Board level. NHS Lothian is committed to the values of openness and transparency and actively encourages staff to highlight issues of concern. NHS Lothian's staff survey published two months ago indicated the majority of staff (69%) believe it is safe to speak up and challenge the way things are done if they have concerns about quality, negligence or wrongdoing by staff. Work is being undertaken to further embed a culture of transparency, aligned to Board values of: Quality, Dignity and Respect, Care and Compassion, Openness, Honesty and Responsibility, and Teamwork. We will, through all mechanisms ensure that it is absolutely clear that NHS Lothian has a zero tolerance to bullying behaviour.

This work includes:

- We will provide further whistle blowing training, and launch *Speak Up Campaign* - focus on encouraging staff that it is safe to speak up, that any concerns raised will be addressed and that staff will be supported when a concern is raised.
- We will continue site based Organisational Development Programmes, with a focus on safety, team work, collaboration and patient focus. Monitored through Staff Experience Group chaired by the Board Director for Human Resources and Organisational Development. Reporting to 4 Hour Emergency Access Group and to the Board via Audit and Risk Committee.

### *3. Recording of 4 Hour Standard Data*

The report found that in some circumstances waiting times of more than 4 hours in ED were not being correctly recorded as breaches of the Emergency Access Standard. This was a result of local changes to a Standard Operating Procedure, which were not aligned with national guidance, rather than a deliberate intention to falsify performance.

NHS Lothian accepts that strict application of this local SOP had led to inappropriate data recording and classification of patients waiting in the system and to pressure between staff. A number of actions have therefore been completed and are continuing to ensure these mistakes do not recur and that staff have clear and explicit objectives aligned to this. The Board is enhancing its audit of compliance with National Guidance and ensuring the process for generating local guidance for staff has a formal approval and audit requirement.

- Continue staff training in relation to compliant recording of 4 hour standard data, through face to face and learnpro module.
- Monitor compliance through use of monitoring dashboard data analysis. Through explicit and focused reporting provide assurance through Access and Governance Group to NHS Lothian Board via Audit and Risk Committee.

### *4. NHS Lothian's Internal Audit Report, Significant Adverse Event (SAE) Process*

- Single improvement approach developed encompassing recommendations from all three processes.
- Enhance Site based improvement approach aligned to 6 Themes, developed by the Scottish Academy review team and the site leadership team which will now include explicit roles and responsibilities for Site Directors, Associate Medical and Nurse Directors.
- Monitoring of progress and implementation overseen by Board non-executive director with external and independent quality assurance support to the Board.

### *5. Patient Safety and Quality of Care*

The report was critical of the use of mixed sex bays and called for clinical review before the use of patient 'boarding' – the practice of patients being moved to another ward to make room for incoming patients with greater need for specialist care.

- Boarding and mixed sex wards will be a standing item at regular site team and Lothian wide governance meetings
- Continue through Site Teams of Director, Medical and Nurse Leadership to focus on the Scottish Government '6 Essential actions' programme to improve unscheduled care performance and patient experience. Monitor progress through site emergency access group and Board wide unscheduled care committee, providing assurance to NHS Lothian Board via the Acute Hospital Committee.
- Embed a standardised patient safety driven, risk assessed process to drive a culture of right place, right time for patients and staff. This will be led by Acute Medical and Acute Nurse Directors and ratified through The Healthcare Governance Committee.

#### *6. Staff and Site Leadership*

The report called for overall general and clinical management to be strengthened at site level, recommending a particular focus on senior medical leadership.

- Review Terms of reference and membership of each site's Emergency Access Group to ensure actions and improvements are aligned to 6 essential actions, and that Site Triumvirate teams ( management, medical and nurse leadership) are supported to meet unscheduled care challenges.
- Although site teams consisting of Director, Associate Medical Director and Associate Nurse Director are embedded, a review of their time allocated to site leadership will be undertaken along with a review of their roles and responsibilities.
- Review of Site and Capacity Team role has completed and aligns to new empowered site management structure

NHS Lothian can offer assurance that its comprehensive improvement actions and governance framework responds to all the recommendations contained in the Academy's report and would like to thank the review team for the diligence and thoroughness of its review. NHS Lothian is immersed in the work to implement improvements and is focused on delivery.