BOARD MEETING

DATE: **WEDNESDAY 27 JUNE 2018**

TIME: <u>**9:30 A.M. - 12:30 P.M.**</u>

VENUE: **SCOTTISH HEALTH SERVICE CENTRE, CREWE ROAD SOUTH EDINBURGH EH4 2LF**

Members are reminded that they should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. It is also a member's duty under the Code of Conduct to ensure that any changes in circumstances are reported within one month of them changing. Please notify any changes to Georgia.Sherratt@nhslothian.scot.nhs.uk

AGENDA

<u>Item</u>		<u>Lead</u>	
	Welcome to Members of the Public and the Press		
	Apologies for Absence		

1. Items for Approval

1.1.	Minutes of the Previous Board Meeting held on 4 April 2018	**BH**	*
1.2.	Running Action Note	**BH**	*
1.3.	Corporate Risk Register	**TG**	*
1.4.	Appointment of Members to Committees	**BH**	*
1.5.	Amendment to the Board's Scheme of Delegation	**SG**	*
1.6.	Review of the Standing Orders	**SG**	*
1.7.	Staff Governance Committee Minutes 31 January & 2 May 2018	**AM**	*
1.8.	Finance & Resources Committee Minutes 23 May 2018	**MH**	*
1.9.	Audit & Risk Committee Minutes 23 April 2018	**MA**	*
1.10.	Acute Hospitals Committee Minutes 20 February 2018	**AM**	*
1.11.	Healthcare Governance Committee Minutes 13 March & 8 May 2018	**TH**	*
1.12.	Strategic Planning Committee Minutes 12 April 2018	**AMcM**	*
1.13.	Edinburgh Integration Joint Board Minutes 2 March 2018	**CH**	*
1.14.	West Lothian Integration Joint Board Minutes 13 March & 1 May 2018	**MH**	*
1.15.	Midlothian Integration Joint Board Minutes 29 March 2018	**DM**	*
1.16.	East Lothian Integration Joint Board Minutes 22 February & 22 March 2018	**PM**	*

2. Items for Discussion (subject to review of items for approval)

2.1.	Quality Management in NHS Lothian: 2018-2023	**SW**	*
2.2.	Quality and Performance Improvement	**SW**	*
2.3.	4hr External Review	**JC**	#
2.4.	Unscheduled Care: Winter Debrief	**JCAM**	*
2.5.	Draft 2018-19 Annual Operational Plan	**AMcM**	*
2.6.	Draft Corporate Objectives 2018-2023	**AMcM**	*
2.7.	Financial Position to May 2018	**SG**	*

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

PRIVATE SESSION

4. **Minutes of the Previous Private Meeting held on 4 April 2018**   **BH**   ®

5. **Matters Arising from Previous Meetings**   **BH**   v

6. **Annual Accounts for the Year Ended 31 March 2018**   **SG**   ®

> Appendix 1: The Draft Annual Accounts – *Subject of separate confidential circulation with the Board papers, as they cannot be presented formally in the public domain until laid before Parliament in the Autumn.*
> Appendix 2: ISA 260 Annual Audit Report
> Appendix 3: Letter of Representation
> Appendix 4: Annual Report from the Chair of the NHS Lothian Audit & Risk Committee

7. **Patients Private Funds Annual Accounts 2017/18**   **SG**   ®

8. **The Royal Hospital for Children & Young People and the Department of Clinical Neurosciences Update**   **SG**   v

9. **Any Other Competent Business**   **BH**   v

Board Meetings in 2018

1 August   Scottish Health Service Centre

3 October   Scottish Health Service Centre

5 December   Scottish Health Service Centre

Development Sessions in 2018

18 July   Scottish Health Service Centre

12 September   Scottish Health Service Centre

7 November   Scottish Health Service Centre

Board Meetings in 2019

6 February   Scottish Health Service Centre

3 April   Scottish Health Service Centre

26 June*   Scottish Health Service Centre

7 August   Scottish Health Service Centre

2 October   Scottish Health Service Centre

4 December   Scottish Health Service Centre

Development Sessions in 2019

9 January   Scottish Health Service Centre

6 March   Scottish Health Service Centre

1 May   Scottish Health Service Centre

3 July   Scottish Health Service Centre

4 September   Scottish Health Service Centre

6 November   Scottish Health Service Centre

* Annual Accounts

* = paper attached   **#** = to follow   **v** = verbal report   **p** = presentation   **®** = restricted

1.1

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 4 April 2018 in the Carrington Suite, Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr M Hill (Chair); Mr M Ash; Mr M Connor; Cllr R Henderson; Ms C Hirst; Mr A Joyce; Professor T Humphrey; Ms F Ireland; Mr A McCann; Mrs A Mitchell; Mr P Murray; Mr B McQueen and Cllr F O'Donnell.

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

In Attendance: Mr H Edmiston (Director of Corporate Services, University of Edinburgh); Dr K Lindsay (Shadowing the Executive Medical Director); Ms J Mackay (Director of Communications); Professor J Seckl (Vice-Principal, University of Edinburgh) and Mr D Weir (Business Manager, Chair, Chief Executive, & Deputy Chief Executives Office).

Apologies for absence were received from: Mr T Davison, Mr B Houston, Cllr D Milligan, Cllr J McGinty and Professor M Whyte.

Valedictory Comments

The Chairman advised that this would be Cllr Henderson's last meeting of NHS Lothian. He thanked Cllr Henderson for his considerable efforts and contributions over his tenure as a Board member and wished him well in future.

Chairman's Introductory Comments

The Board noted that the Board Chair had submitted his apologies for the meeting advising that he felt that his health was beginning to improve and he would hope to be back to work in the very near future.

Welcome and Introduction:

The Chairman welcomed members of the public and press to the Board meeting.

In particular he welcomed Professor J Seckl, Vice-Principal of Edinburgh University who was also an NHS consultant and Mr H Edmiston, Director of Corporate Services, University of Edinburgh who would be providing a presentation entitled "Data Driven Innovation – the Data Capital for Europe". He also welcomed Dr K Lindsay, Scottish Clinical Leadership Fellow who was shadowing the Executive Medical Director.

Changes in Board Membership

Since the Board meeting on 7 February 2018 Mr John Oates, Dr Richard Williams and Ms Lynsay Williams had left the Board. The Chairman advised that these departures created vacancies in the membership of the Board's Committees and the Integration Joint Boards. He commented that proposals to address these were contained in Paper 1.4 "Appointment of Members to Committees". He commented that a process was also in place in respect of the recruitment of additional Non-Executive Board members.

Declaration of Financial and Non-Financial Interest

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

1.   Items for Approval

1.1   The Chairman sought and received the approval of the Board to approve items 1.1 – 1.15 with the exception of 1.9 "Acute Hospital Committee Minutes of 20 February 2018" which should not have been issued with the agenda. The following were approved:-

1.2   Minutes of the previous Board Meeting held on 7 February 2018 – Approved.

1.3   Running Action Note – Approved.

1.4   Corporate Risk Register – The Board acknowledged that the corporate risks had undergone a review to improve the expression of risk, controls and actions. The Board further acknowledged that the Committee in November 2017 had reduced the Healthcare Associated Infection risk to medium due to current performance. The Board accepted significant assurance that the current Corporate Risk Register contained all appropriate risks which were contained in section 3.2 and set out in detail in Appendix 1. The Board further accepted that as a system of control, the Governance Committees of the Board assessed the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the Committee. In conclusion the Board noted the focus of the May 2018 Development Workshop which would be based on the outcome of the November 2017 Workshop.

1.5   Appointment of Members to Committees – The Board agreed to appoint Mr B McQueen to the Audit & Risk Committee with immediate effect. To appoint Ms A Fraser as a lay member of the Pharmacy Practices Committee. To appoint Ms C Wells as a non-contractor pharmacist member of the Pharmacy Practices Committee. To appoint Ms F Ireland as a member and Chair of the Organ Donation Sub Group with immediate effect. To appoint Mr M Connor as a member for the St John's Hospital Stakeholder Group with immediate effect. To nominate Mr A McCann as a member of the Midlothian Integration Joint Board with immediate effect. The Board agreed that Mr A McCann be designated as the lead NHS member on the Midlothian Integration Joint Board and therefore assume the role of Chair of the Midlothian Integration Joint Board.

1.6   NHS Lothian Reference Committee Terms of Reference – The Board approved an updated remit for the Board's Reference Committee.

1.7   The Draft Governance Committee Minutes of 31 January 2018 – Endorsed.

1.8   Finance and Resources Committee Minutes of 23 January; 7 March and 21 March 2018 – Endorsed.

1.9   Audit & Risk Committee Minutes of 26 February 2018 – Endorsed.

1.10   Healthcare Governance Committee Minutes of 16 January 2018 – Endorsed.

1.11   Strategic Planning Committee Minutes of 8 February 2018 – Endorsed.

1.12   Edinburgh Integration Joint Board Minutes of 15 December 2017 and 26 January 2018 – Endorsed.

1.13   West Lothian Integration Joint Board Minutes of 23 January 2018 – Endorsed.

1.14   Midlothian Integration Joint Board Minutes of 11 January 2018 – Endorsed.

1.15   East Lothian Integration Joint Board Minutes of 21 December 2017 – Endorsed.

2.   Bio Quarter Business Case

2.1   The Chairman welcomed Mr Edmiston and Professor Seckl both from the University of Edinburgh to the meeting.

2.2   The Deputy Chief Executive advised that the Board had previously discussed the evolution of the City Deal process and he and the Director of Finance had attended meetings with the University and participated in discussion. He felt that the City Deal represented an outstanding opportunity for a number of partners including NHS Lothian. The Deputy Chief Executive advised that he had felt that it would be useful for the Board to be updated on the key themes around current discussions. He advised that NHS Lothian would continue to work with the University of Edinburgh to develop future proposals.

2.3   Mr Edmiston spoke to a PowerPoint presentation the details of which were circulated to Board members following the meeting. The presentation explained the ethos of a city region deal and explained the history of the current process leading to the development of a heads of terms of agreement between the Scottish Government, the 6 Local Authorities, the UK Government and regional partners. It was noted that both Governments were committed to jointly investing £600m over the next 15 years and regional partners had committed to adding up to £500m, overall representing a deal worth £1.1bn. The Board noted that the deal was set to generate over £5bn of gross value added (GVA) over the same period. The key commitments of the City Deal were explained to the Board which included £350m for world leading data innovation centres, £140m for a A720 city bypass at the Sheriff Hall Roundabout and transport improvement across West Edinburgh, £20m capital funding for new world class concert hall, £25m for a regional skills programme to support improved career

opportunities for disadvantaged groups and £65m of new funding for housing to unlock strategic development sites.

2.4 Mr Edmiston provided an explanation of what data driven innovation represented advising that whilst data had become ubiquitous, the challenges for all organisations was to effectively use data to shape, develop and deliver innovation processes to consumers and citizens. The Board were advised that the data driven innovation process covered 10 industry sectors, 5 innovation hubs, 1 unifying data structure, 5 themes of engagement (talent, research, adoption, data sets and entrepreneurship), international ambition and regional impact. An update was provided on data driven innovation work to date. The Board were provided with details of the governance arrangements around data driven innovation. It was noted that the intention of the programme was to produce high level benefits to deliver a boost in the economy, 50,000 new jobs, upskilling of 100,000 individuals, to generate £2.5bn to £5bn GVA over 15 years, to support high growth sectors and to generate £300m in savings to the public sector. Industry engagement in the data driven innovation process was highlighted with a snapshot of various engagements being reported.

2.5 The Board were advised that the data driven innovation process provided significant challenges and opportunities for health and social care and that a meeting was scheduled to develop the agenda and start to prioritise future work streams.

2.6 The Leadership Council had suggested that there would be benefit in NHS Lothian contributing through membership to the ongoing process in order to bring to the table appropriate influence for what was a 15 year programme. Professor Seckl commented that the University of Edinburgh was a UK and European leading provider in informatics and that the nature of the scaling up required was not out of kilter with what the University undertook in the normal course of business. An update was provided on research undertaken around diabetes which had resulted in a reduction in amputation and blindness in the region of 40%. The Board noted that the Usher Institute project was ambitious and would bring together the University and NHS Lothian and provide capacity to look at data in a safe haven basis with a specific focus around chronic and remedial diseases. The Board noted that the University of Edinburgh was already using NHS data in a safe and secure environment and were keen to scale up this process. Currently 700 analysts were engaged and was hoped that future close working with NHS Lothian would help to deliver the forward agenda.

2.7 The Board were advised that there were huge opportunities around the Bio Quarter site and that the campus should be developed via the strategic board with a desire to increase incubator space. The Deputy Chief Executive advised that he and the Director of Finance had been engaged in discussion around how to accelerate the Bio Quarter business plan.

2.8 The Chairman commented that the presentation put forward an exciting ambition and he felt NHS Lothian should be involved at a very senior level in the leadership group.

2.9 Councillor O'Donnell commented in respect of the priorities around poverty that she was keen to ensure that jobs and upskilling reached the appropriate people. Mr Edmiston commented that this was also a key priority for the University advising that

Z:\Secretariat\MEETINGS\Chris\1.   Board\General\Papers\2018\27-06-18\1.1   04-04-

a new school in Dalkeith in Midlothian was focussing on data and deploying new technology with work ongoing with teachers to develop an appropriate programme for second year students. It was felt that this workstream was scalable across the region with there being other opportunities to work with schools and other appropriate agencies.

2.10 Mr Murray advised that he welcomed the ambition described in the presentation and questioned in respect of health to what extent there was a need to focus on other Scottish Government initiatives like the GP contract review and health and social care delivery plans which spoke to some of the points raised in the presentation. The point was made that strong links existed with other Health Boards and Integration Joint Boards (IJBs). Mr Murray suggested that there were opportunities to progress outcomes through IJB directions.

2.11 Professor Seckl commented that engagement with GPs would be crucial and he felt that there were opportunities to make improvements in this area. He commented that the continuum between Public Health, Primary Care, GPs and Tele-Care were important. He advised that he and his colleagues were reaching into the Scottish Government on a formal basis as part of the City Deal with there being enthusiasm to use capability detail as part of the City Deal. The work of the Edinburgh Futures Institute was explained.

2.12 Mr McCann commented that there were clear regional opportunities and that he welcomed the financial commitment of the University. He felt that there was a need to use data better and that any collaboration would need to be done in a way that instilled public confidence. The point was made that the proposals represented a 15 year programme and that the NHS had immediate needs to deliver within limited resources. He was keen to hear how NHS Lothian could capitalise in the shorter term.

2.13 Professor Seckl commented that the method of building partnerships and identifying pilot programmes would be important. The Board were advised that a public management office had been established and the University of Edinburgh would be keen to have someone from NHS Lothian seconded into this unit in order to enhance the NHS Lothian input and shape the innovation process. In addition a named person could be nominated to the Advisory Board and this would allow input from both ends of the process. The Board noted that the public management office approach was suited to chronic diseases and for remote areas teleconferencing would be one of the tools in delivering joint care. Opportunities around mental health were also discussed.

2.14 The Chairman commented that the presentation was exciting in terms of what it could deliver and he welcomed the emphasis on innovation and entrepreneurship. He advised that he understood the need for technical and product innovation stressing the requirement to recognise that NHS Lothian social aspects and scalability needed to be considered. Professor Seckl updated on discussions with Fife advising that scaled transformation would be a main driver and that there would be a need to understand social dimensions and establish trust otherwise the process would fall apart. The Board were advised that social scientists and practitioners would be key to forward thinking. The Chairman commented on the need for environmental as well as economic sustainability.

2.15   The Board agreed that the Deputy Chief Executive should lead the work around the next stages of the development and NHS Lothian's engagement in this.

2.16   Mr Edmiston and Professor Seckl left the meeting.

3.   Unscheduled Care: Current Pressures

3.1   The Chief Operating Officer advised that the circulated paper updated on continued pressures to the acute sector and the Health and Social Care Partnerships in respect of unscheduled care.

3.2   The Board noted in terms of the 4 hour emergency access standard that NHS Lothian had reported compliance with the standard of 76% for the month of December 2017, 79% for January 2018 and 82% for February 2018. The circulated paper demonstrated performance against this standard by month alongside total front door emergency submissions and broke the performance against the standard down on a site by site basis. The Board noted however that in March 2018 performance had dropped to 75.3% across the Board with this position having been pulled up by the Royal Hospital for Sick Children. At one point performance at the Royal Infirmary of Edinburgh had dipped to 62.3%. There were therefore significant pressures in acute adult services. The Board were advised that in March 2018 there had been high volumes of delayed discharges and 8 & 12 hour breaches against the targets. The Chief Officer of Acute Services advised that despite the move out of the winter period that improvements were not being evidenced.

3.3   The Board were advised that in respect of individual site performance that this had reduced across all adult sites towards the end of November into December. This was felt to be as a result of a combination of reasons including winter and the changes to the Standing Operating Procedure (SOP) in respect of compliance with national guidance. Compliance with the SOP was estimated to have resulted in a 3.7% performance reduction. The system was still experiencing issues around 8 and 12 week breaches as well as long waits at the front door with in some instances patients waiting in excess of 20 hours. The Board were advised in governance terms in respect of breaches that dashboards had been developed to enhance analysis and to consider the total values and reasons for trends and breaches in compliance with national guidance.

3.4   The Board noted in terms of unscheduled care that there was a process in place to look at opportunities for improvement and development with a model having been created for staff development and training.

3.5   The Chief Officer for Acute Services advised that the number of breaches had increased with a number of patients being cared for in wards outwith their core speciality. This impacted on flow and the elective programme as well as patient care. The Board were advised that the number of beds occupied by delayed discharges had peaked at 250 with the breakdown by Health and Social Care Partnership being reported in the paper. The impact of this had been an increase in the number of elective cancellations over the winter period with this having peaked at the point of the most significant weather conditions. The impact on the elective

programme was explained to the Board. It was noted that a clinical algorism based on a clinical risk assessment for cancellation had been developed.

3.6   The Chief Officer or Acute Services referred to the circulated paper advising that a significant number of actions had been undertaken to mitigate pressures with business continuity plans for severe weather being in place and escalation policies with clear triggers to her being in place detailing clear roles and responsibilities, with front door escalation plans being used daily to monitor activity and identify thresholds which when breached prompted appropriate responses.

3.7   The Board received details of a range of initiatives that had been undertaken to mitigate the position,

3.8   The Chief Officer for Acute Services advised that daily huddles were held where issues around patient safety were considered as were opportunities to recognise the impact on staff who were working in a highly pressurised environment. This process also allowed the opportunity to thank staff and recognise their efforts with a similar process being in place through other forums.

3.9   The Deputy Chief Executive advised in governance terms that a process was being developed to produce an organisational development programme across the 3 adult acute sites with a key focus being around the enhancement of team work. The Board noted that each site was developing an action plan.

3.10   The Board were advised that currently the unscheduled care position was flagging as a red pressure with the system having been required to keep winter beds open. The unscheduled care committee would meet later in the week and would start to evaluate actions taken over the winter period to include a view on what actions had worked well and to consider those that should continue as part of the mitigation process.

3.11   The Chairman commented that it was unsustainable and unacceptable for staff to work under such circumstances and he would be interested to see an evaluation of this in the action plan.

3.12   The point was made that the details of the report represented good team work although it did raise questions about the robustness and understanding of data. Ms Hirst commented that behind every number was a person and this was a key factor to keep at the forefront of discussion. The point was made that analysis of flow at the front end of the hospital was undertaken with it being questioned whether there was an understanding of the reasons for the increases and whether learning was shared with IJBs. The Chief Officer for Acute Services advised that data could be analysed down to postcode and GP level and that work was underway with IJBs to discuss opportunities to do things differently. The point was made that the system had not evidenced a massive increase in attendance although there had been increases in admission at the Royal Infirmary of Edinburgh by very sick patients suffering generally from respiratory issues.

3.13   The Deputy Chief Executive commented that the points raised had been useful and that discussions were ongoing around the governance framework as it was imperative to ensure a robustness of data and that development of dashboards

would allow patient by patient scrutiny of decisions in a way that would mimic the process carried out for scheduled care. He commented in respect of IJBs that he felt that the paper characterised unscheduled care as a whole system issue. He advised that he had talked at the Board in the past around delayed discharges and that this now featured as a significant part of the new performance framework that was in place with Health and Social Care Partnerships. A new core data set had been established to look at GP referrals and admission as well as issues like the average length of stay. The Board were advised that in East Lothian attendance had been broken down by type of referral and this was allowing conversations with individual GP practices to progress. The Deputy Chief Executive commented however that scrutiny of the delayed discharge position needed to happen at IJB level.

3.14   Mrs Mitchell commented that the pressure was relentless and it was important to recognise the good job being undertaken by staff during this difficult period. She commented however that there was a need to ensure that organisational development support continued and that a list of outputs of actions needed to be produced, monitored and measured. The point was made in respect of optimal bed occupancy and length of stay that there would be benefit in marrying the data to provide assurance around patient safety. The Chief Officer for Acute Services advised that early work was underway in respect of data analysis and it was anticipated that this would be available towards the end of April or beginning of May which would allow testing and evaluation to be undertaken.

3.15   Mr Ash commented that this had been a helpful paper and questioned in respect of the risk register whether it would be appropriate to identify interim targets in terms of actions taken whilst recognising that it would not be possible to ignore national targets. He suggested that the Acute Committee might be the appropriate vehicle for taking responsibility for such an approach going forward in the first instance. He felt that this would be a helpful approach which would provide assurance to the Board.

3.16   Mr McQueen commented on the care at home position which had not been a significant part of the contingency and resilience response. He also questioned how extensively social media had been used and commented that this could be developed in future to help to stop admissions during periods of critical activity.

3.17   Mr Murray commented that he too was keen to acknowledge the staff efforts but he felt that there had been an inability to be flexible around the current staffing arrangements between acute, IJB and Health and Social Care partnerships particularly in respect of the transference of staff contracts which were fixed to a geographical area. He felt that these restrictions made the system more dependent upon the private sector particularly in periods when there were spikes in acute demand.

3.18   The Chief Officer for Acute Services advised that interim targets would be included as part of the operational plan to be submitted to the Scottish Government with trajectories being developed for 4 hour access. She agreed that it would be reasonable to look at these interim targets through the Acute Committee. She advised that care at home provision had been consistently difficult to access and there was a need with IJBs to look at alternative opportunities as the extant position

was not delivering the required results. She advised that part of the evaluation of the Unscheduled Care Committee would be to consider aspects and actions that had worked and to develop these for future use. There would be a need to evaluate social health plans.

3.19 The Deputy Chief Executive commented that a key observation was that the unscheduled care position had required a whole system response with this having disappointingly consisted of providing additional acute bed based solutions as care at home solutions had failed and had been failing before the onset of winter. IJBs and Health and Social Care Partnerships had been unable to access sustainable levels of care at home provision. There was therefore a need for IJBs to have a view about what the way forward looked like. The Deputy Chief Executive commented that there might be a requirement to look at bed provision in the event that care at home capacity was unsustainable. He commented in terms of labour flexibility that this represented a cultural issue which would be picked up by the Unscheduled Care Committee. He stressed that the system could not go through these pressures again and that the focus at IJB level needed to be about developing a strategic plan to deliver a sustainable solution.

3.20 The Chairman commented in respect of the failure of care at home facilities whether there was a further workstream required in this area. The Deputy Chief Executive advised that each IJB was reporting on their interactions in this respect although the reality of the situation was that the current providers were not providing sufficient capacity and that contracts were being entered into outwith the framework agreements signed up to. There was a need to better understand the forces that were influencing issues around care at home provision. The Deputy Chief Executive commented that currently there was no obvious solution to this particular problem.

3.21 The Deputy Chief Executive in response to a comment from Mr Murray about IJB budgets advised that he had said to IJB Chief Officers that if sustainable propositions were brought to the table then consideration would be given to releasing funding although he stressed again that there was a tendency to rely on a bed based model. He commented that if IJB and Health and Social Care Partnerships brought forward evidence of new models of care then these would be given due consideration. The points was made that there was also an issue about how much provision was provided in-house by Local Authorities.

3.22 Professor Humphrey commented that the key aspect was how to use available intelligence to inform response as well as ensuring that lessons were learned from events over the previous few months in order that initiatives that generated good outputs could be embedded into the system on an all year round basis. She commented that a key part of the unscheduled care evaluation needed to be around actions and impacts. She provided an update on considerations around unscheduled care at Scottish Government level advising that a meeting was being held later in the week to consider issues further.

3.23 The Board accepted the recommendations contained in the circulated paper subject to 2.1 being expanded to acknowledge the forbearance of patients and the effects of staff in addressing this challenging situation. In addition recommendation 2.2 should be expanded to record the Deputy Chief Executive's suggestion that further urgent

work was required in respect of models of delivering care at home and that this should be progressed as expeditiously as possible outwith the Board meeting.

4. Financial Position to February 2018 and Year End Forecast

4.1 The Director of Finance advised that she was confident that a breakeven position would be achieved at the year end. She advised that as a result of reduced activity over the winter period that this had reduced the level of resource consumed. The position had also been supported by the fact that financial performance had been in line with expectation and that there had been improvements in pressures and other non-recurrent unanticipated reserves.

4.2 The Director of Finance commented that although this represented a positive financial position that it was on the back of the system having experienced compromised level of care particularly in areas such as unscheduled care and mental health.

4.3 The Director of Finance advised that it had also been agreed because the system was anticipating a breakeven position that there was a need to ensure resources were made available to IJBs in respect of unscheduled Care. Additional resource would be provided to Edinburgh to cover set aside for core services. This position was being mirrored by Councils for social care and partners were therefore working together to ensure that IJB funding was viable and sustainable.

4.4 The Chairman congratulated the Director of Finance and her team for achieving a very positive financial outturn for NHS Lothian. Mr Murray commented that the position reflected good financial stewardship but had been achieved against an inability to deliver performance targets set for the system as a whole and he suggested that from a governance perspective that the Board should not accept this position.

4.5 The Chairman suggested that the recommendation should be that the Board would note that financial breakeven was being achieved albeit at the expense of other targets. The Deputy Chief Executive reminded the Board that they had taken a previous decision based on the financial position that NHS Lothian would not meet all of the targets set.

5. Annual Operational Financial Plan

5.1 The Director of Finance commented that this was the first year that the Board had been required to submit an annual operational financial plan and that this signalled the reliance on a regional approach and the inability of Boards in isolation to address gaps between resource and activity. A key aspect of the regional work had been to develop a longer term financial framework which took account of the demographics of the region and its specific profile through a 4-7 year forward look. The development of the regional approach had demonstrated the need for discussion around beds and performance as the proposals to shift the balance of care might not be sufficient to mitigate demographic change. The Director of Finance advised that she would bring back further work on this once it had been further developed.

5.2   The Director of Finance advised that the circulated paper was an operational one and focussed on sources of application of funds which was a complex area given the wide range of funding sources that came to the Board. The Director of Finance commented that it was important to acknowledge the slight improvement in the NRAC (National Resource Allocation Committee) position in the current year as a consequence of demographics relative to the rest of Scotland. It was noted however that there would still be an end of year gap of between £12m and £14m.

5.3   The Director of Finance advised that there was a two-fold challenge to be addressed. The first was to address the cumulative deficit at the same time as the system was experiencing pressures from an increasing population all within a limited financial envelope. An update was provided on the UK approach to funding Agenda for Change pay awards with the anticipation being that the Barnett consequentials would flow and pay awards for Agenda for Change staff would be funded. The position was not yet clear for senior managers, medical and dental staff. The Board noted that currently non-recurrent funding was being used to fund recurrent expenditure and this was not a sustainable position.

5.4   The Director of Finance took the Board through the source and application matrix attached to the Board paper advising that the first call on resources was to maintain the integrity of the pay budget and to ensure that pressures were funded non-recurrently in-year with this being a first call for recurrent funding in subsequent years. NHS Lothian had provided £2m in addition to Scottish Government funding to support shifting the balance of care. Finance were reviewing the financial framework for shifting the balance of care in order to make clear what funds were available to support the policy requirement. The Board noted that the Royal Hospital for Sick Children / Department of Clinical Neurology funds had been set aside and secured for when the hospital opens. Additional resource had also been identified for eHealth although it was recognised this was an area of priority that needed an identified funding source.

5.5   The Board noted that NHS Lothian had committed £4m to the City of Edinburgh to support the social care gap with this being predicated on performance delivery. The NHS Lothian bid against the national transformation funds would include this £4m.

5.6   The Board were advised that the annual gap in efficiency related to the traditional approach with there being a need to do more around redesign and transformation. This had been discussed at the Finance and Resources Committee where a programme and project management structure had been discussed.

5.7   The Director of Finance advised that a shortfall of £21m was being forecast between expenditure and income in the forthcoming year and this did not contribute to the performance position. A bid had been made to the Scottish Government Transformation Fund to bring performance back to March 2017 levels. The outcome of this bid had not yet been formalised although permission had been obtained to discuss with the private sector what a longer term of commitment would deliver in terms of activity.

5.8   Mr McCann advised that eHealth was an issue with there being a need to underpin the infrastructure. At a recent Patient Walkround event access to information had been discussed as a patient safety issue. The Director of Finance agreed with this

position and advised that she and the Executive Medical Director would refer back to Finance and Performance Review Committee in respect of a 3-5 year transformation programme and to identify ways even on a non-recurrent basis to provide support to eHealth.

5.9   The recommendations contained in the circulated paper were approved.

6.   Corporate Parenting – Partnering Children and Young People (Scotland) 2014 Act

6.1   The Board were advised that the purpose of the report was to update them on progress in exercising the statutory corporate parenting duties as specified in part 9 of the Children and Young People (Scotland) Act 2014. It had previously been agreed that this work should be driven through the Strategic Planning Committee although subsequent advice had suggested that the risk required to be highlighted to the Board who needed to be engaged in the development and impact of the plans.

6.2   The Board noted that the action plan had a focus on prevention and how to work with others as well as engaging with children themselves.   NHS Lothian had a good track record in this area particularly through the development of the new Royal Hospital for Sick Children's facility. The Board noted that there was a requirement to provide an annual update to the Scottish Government and that this would be undertaken during the summer of 2018. The initial response would be discussed at the Service Redesign Committee in June for subsequent consideration at the August Board meeting.

6.3   The Chairman commented that he was grateful for the paper as it set out the responsibilities of the Board in an area that was easy to lose sight of.   He commented that some Board members would have received appropriate training with there being a need to ensure that newer Board members received access to this.

6.4   The Board noted that the legislation addressed a vulnerable group and the papers stressed that sometimes this was a difficult group to engage with. This was an area where a stretch target was in place and there was therefore a need to consider how best to square the circle given as an employer there was an obligation to give this group of people every chance in respect of apprenticeship opportunities.   Mr McQueen questioned whether an actual numerical target had been set for such opportunities.

6.5   The Executive Nurse Director advised that a process was in place around engaging with people particularly in respect of physical wellbeing needs.   Work was also underway with children through the school environment. A total of 46 people had secured apprenticeships with a young person's network having been established. More work was needed around "looked after children" and work was underway to support children in this category into work through apprenticeship opportunities. Mr McQueen commented given that the system was 1 year into a 3 year programme that there was a need to identify robust figures around apprenticeships.   The Executive Nurse Director would pick this up outwith the meeting.

6.6 The Board endorsed NHS Lothian's vision and priorities for action as detailed within the Corporate Parenting Action Plan 2017-2020, this having been approved by the Strategic Planning Committee on 14 December 2017. The Board also agreed publication of the plan on the NHS Lothian website and were assured that a progress report on the plan would be submitted to the Scottish Government during June 2018.

6.7 The Board noted that a further update report would be brought to the August Board after it had been considered at the Strategic Planning Committee.

7. Best Start in Lothian – Maternity and Neonatal Strategy 2018 – 2023

7.1 The Executive Nurse Director advised that the purpose of the report was to brief the Board on the development of the Best Start in Lothian – Maternity and Neonatal Strategy 2018-2023. It was noted that this included detailed actions to ensure synergy and compliance with Scottish Government "The Best Start – 5 Year Forward Plan for Maternity and Neonatal Care in Scotland" recommendations.

7.2 Professor Humphrey updated on Scottish Government work in respect of developing the strategy. It was noted that Mrs Mitchell sat on the Programme Board to take forward Lothian workstreams.

7.3 It was reported that Boards of which NHS Lothian was one had been asked to test parts of the model within their current financial budgets (separate to a £50,000 allocation for project management costs). Additional costs of £277,404 for 5 additional wte midwives and associated on costs had been requested from the Scottish Government on the 20 March 2018. It was noted that a full service technical appraisal including workforce, financial and risk implications of a full scale redesign would be carried out to model how this transformation change could happen in staged processes within the existing financial envelope.

7.4 The Board noted that the midwifery profile in Lothian was of an aging workforce. Work was underway to look at increasing the numbers of midwives and this would have an impact over a 3 to 4 year period. It was noted that this workstream had been driven through the Strategic Planning Committee with again it having been felt to be important that the Board was sighted on this important area of work. The paper submitted to the Board had been supported by the Strategic Planning Committee and the Programme Board.

7.5 The Chairman commented that this was an important paper which signalled a significantly different approach to maternity services. Professor Humphrey advised that the Scottish Government had recognised that additional implementation funding would be needed and there was therefore an opportunity to make a bid for pilot funding. She questioned however that a key issue was the feasibility of obtaining increased midwifery resource. The Executive Nurse Director advised that he was comfortable that it would be possible to attract the relevant staff with short-term issues being addressed by offering full time posts as these would be able to be subsumed in future. The Chairman concurred with this view advising this was an area where there was a need for upfront investment before subsequent disinvestment could be achieved.

7.6 Mrs Mitchell commented that she sought further assurance that there was sufficient midwifery staffing to support the proposals. The Board were advised that there had been an overall increase in student midwives of 12.4% and that NHS Lothian had done well in terms of recruitment and retention. Mrs Mitchell questioned whether a 12.4% increase would be sufficient.

7.7 The Executive Nurse Director advised that after 2020/21 that the number of staff available would increase. Currently a process of netting of people entering and leaving the service was underway. The system currently was able to get midwives on short term contracts through the Staff Bank. Mrs Mitchell commented that the proposals were only feasible if adequate staffing was available. The Chairman commented that part of the early adopter process would be to address concerns like these and that a further Programme Board meeting would be held later in the day.

7.8 The Executive Nurse Director advised that he was confident that pilot funding would be achieved although this would only represent a small amount of the resource needed. There would be a need to keep progressing additional investment opportunities. The Director of Human Resources and Organisational Development reminded the Board that nursing and midwifery staff were a controlled group and that NHS Lothian did not set the numbers that would be trained. The role of early adopter Boards in influencing the staff numbers trained would be important. It was noted that Deans were also trying to influence training numbers in terms of demographic changes and the quality of care provision.

7.9 The Board agreed the recommendations contained in the circulated paper.

8. Quality and Performance Improvement

8.1 The Board noted that the circulated report provided an update on the most recently available information on NHS Lothian's position against a range of quality and performance improvement measures.

8.2 The Chief Quality Officer advised that he was proposing to offer pre-meeting briefings to interested Board members either on a face to face or virtual basis. He advised that he was happy for members of his team to attend sub-committees of the Board if Chairs felt that issues required to be discussed.

8.3 The Board noted that Emergency Department performance had been covered elsewhere on the agenda through the detail provided by the Chief Officer of Acute Services. He commented that there was a tendency in performance meetings to focus on negative aspects rather than positive. He commented that progress had been made around ante-natal care, CAMHs, psychological therapies and alcohol brief interventions and it was important that these were recognised.

8.4 The Board were advised that the cardiac arrest rate represented an important metric. It was noted that every January a spike in cardiac arrests was evident and was not unusual. It was noted that the spike in the current year had not been as high as in previous years. The Board noted that the c-difficile rate had shown an upward trend over the last few months although it was not yet presenting as a definite trend. The Chief Quality Officer commented that he felt that one of the biggest success stories over the previous 10 years had been the significant reduction in the c-difficile rate.

8.5 The Board noted that the standard mortality rate for Lothian was below the Scottish average and that one of the biggest concerns was access to scheduled and in-patient treatment and this remained an area of high risk.

8.6 The Chairman commented that the paper tended to look at changes and trend when in fact a lot of movement occurred without the performance colour status changing. Ms Hirst commented in respect of 48 hour GP access how frequently this information was updated. It was noted that this was an area that was subject to annual surveys.

8.7 It was agreed that for future iterations of the paper that it would be useful to have delayed discharge data reflected on an IJB basis. The Board noted the position in respect of cancer numbers and the fact that urology had a significant overall impact. The Executive Medical Director advised that aggregated data was used and that it had been agreed that a main workstream for 2018/19 would be to look at cancer pathways starting with urology and to see how to streamline these with a view to improving overall performance. It was noted that prostate and bladder cancer was an area of focus as different treatment approaches were adopted. There was a keenness to develop a one-stop shop approach.

8.8 Mr McQueen commented that the paper was silent in respect of recommendation 2.1.3 on whether consideration by committee was merited for any of the 17 areas yet to be assessed and granted a level of assurance. He questioned whether the Board had considered this or whether further discussion was required. The Chairman commented that the Board had adopted an assurance scrutiny approach through the committee structure which should be adopted for all appropriate measures.

8.9 The Board noted that the Acute Committee, Healthcare Governance Committee and Staff Governance Committees had all targets attached to them with routine discussion being held around these. The Chairman commented that the key issue was about making explicit levels of assurance. The Chief Quality Officer commented that a key issue was around the frequency of the review in this area. The Chairman remitted it back to committees to consider the level and frequency of assurance requirements.

8.10 Mr Ash as Chair of the Audit & Risk Committee advised that a process was in place for obtaining assurance and that sometimes issues were referred back for further detail. He further commented that he was comfortable as Chair of the Audit & Risk Committee that all relevant risks had been allocated.

8.11 The Board were referred to table B and in particular the assurance levels not yet assessed with the question being raised about whether it was the same cohort that were un-assessed or whether the table represented old issues moving off and new ones coming on. The Chief Quality Officer advised that the table presented bold numbers and that he would look at this in further detail and feedback the outcome of his deliberations in advance of the next Audit & Risk Committee. Professor Humphrey advised of the work plan process in place in respect of the Healthcare Governance Committee.

8.12 The Board agreed the recommendations contained in the circulated paper subject to the caveat at 2.1.3 that Board Committees should consider the level and frequency of assurance attached to them.

9. Development of Mental Health, Learning Disabilities and Older People Services

9.1 The Executive Nurse Director advised that initially it had been proposed to provide this presentation in a Board Development session although given other priorities this had slipped from the programme. He was keen however that the Board should not lose sight of significant developments in this area particularly given the previous concerns around poor performance in mental health. It was noted that most mental health services were delegated to IJBs.

9.2 The Chairman commented that it was not the intention to engage in detailed discussion around the presentation but rather to recognise the developments and changes in the strategic timescale. He felt that it had been important for the Board to be aware of this in advance of being asked to support an outline business case later in the year. He commented that at IJB and other committee fora there would be a chance to get engaged in more detail around the contents of the presentation.

9.3 Ms Hirst commented particularly with reference to the IJB strategic commissioning plan that she felt that the Board would benefit from wider debate with a particular focus around housing and housing provision. She felt that there was a possible requirement to consider this further at a future Board Development session. The Executive Nurse Director would progress.

9.4 The Board noted the presentation provided on the development of mental health, learning disabilities and older people's services in Lothian.

10. Board Development Session

10.1 The Board noted that the next Board Development session would be held on Wednesday 16 May 2018 at the Scottish Health Services Centre, Crewe Road, Edinburgh.

11. Date and Time of Next Meeting

11.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 27 June 2018 (Annual Accounts meeting), at the Scottish Health Services Centre, Crewe Road, Edinburgh.

12. Invoking of Standing Order 4.8

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

LOTHIAN NHS BOARD

RUNNING ACTION NOTE

FOR THE MEETING OF 27 JUNE 2018

Action Required	Lead	Due Date	Action Taken	Outcome
Paediatric Programme Board Update The options for the future for clinical model would be developed through this process then risk assessed with realistic timelines being detailed and would form the basis of a report that would be submitted to the Board in April 2018.	JCAM/MH	04/04/18	**Follow up workshop was cancelled due to snow. The paediatric programme board has met 4 times since the cancelled workshop. Through these meetings the programme board has reviewed the options to implement a sustainable 24/7 inpatient paediatric service.**	<u>**Action Closed**</u> **- A paper setting out a preferred option for a vision and implementation methodology to deliver a sustainable 24/7 inpatient paediatric service at St John's Hospital will be submitted to the Acute Hospitals Committee in August 2018**
Emergency Access Standard – Review of Performance Reporting Compliance The Board were advised that the external review led by Professor Derek Bell would no doubt provide additional learning and cause for further reflection on next steps and this report would be brought back to the Board at the next meeting in February.	JC	07/02/18	**On Agenda 27 June Board**	<u>Action Closed</u>
Unscheduled Care Current Pressures The Chief Executive advised in respect of the external review process being undertaken by Professor Bell from the Scottish Academy of Medical Royal Colleges that this was not yet complete with a further visit being scheduled to interview staff at the Royal Infirmary of Edinburgh on 16 February 2018 and the Western General Hospital the following week. The Chief Executive commented that it had been planned to bring an update report to the current Board meeting but the timelines around the review process had meant that this had not been possible. He advised that it was intended to bring an update report to the April Board meeting with it being noted that dependant on timescales the Scottish	JC	04/04/18	**Topic Covered by May Board Development Session**	<u>Action Closed</u>

Action Required	Lead	Due Date	Action Taken	Outcome
Government might decide to issue the report into the public domain before the 4 April Board meeting. In the event that this happened Board members would be kept updated.				
Review of the Boards Standing Orders Mr Ash advised that the Audit and Risk Committee would consult Council and other colleagues and bring back a revised paper to a future Board meeting.	**MA**	**26/06/18**	**On Agenda 27 June Board**	**Action Closed**

NHS LOTHIAN

Board
27 June 2018

Medical Director

1.3

NHS LOTHIAN CORPORATE RISK REGISTER

1 Purpose of the Report

1.1 The purpose of this report is to set out NHS Lothian's Corporate Risk Register for assurance.

Any member wishing additional information should contact the Executive Lead in the advance of the meeting.

2 Recommendations

The Board is recommended to:

2.1 Acknowledge the corporate risks have undergone a review to improve the expression of risk, controls and actions.

2.2 Accept significant assurance that the current Corporate Risk Register contains all appropriate risks, which are contained in section 3.2 and set out in detail in Appendix 1 (updates are in bold).

2.3 Accept that as a system of control, the Governance committees of the Board assess the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the committee.

2.4 Acknowledge the Audit & Risk Committee will be taking forward the actions from the May 2018 development workshop as set out under 3.7.1.

3 Discussion of Key Issues

3.1 The Board has approved a number of changes to the risk register as initiated as part of the risk review process. A number of risks have been under significant review and/or change.

These include:-

- Approving an additional patient focused access to treatment risk
- Change in title from 'Achievement of National Waiting Times' to 'Access to Treatment (Organisation Risk)'. Strengthening of controls within the current performance and raising this risk from High 16 to Very High 20, given the current performance
- Change in title from 'Unscheduled Care: Delayed Discharges' to 'Timely Discharge of Inpatients', as this title is more illustrative of the risk

- Review the Management of Complaints risk and reduced in severity from Very High to High, due to current performance and future plans
- Healthcare Associated Infection risk has been reviewed and the risk has been reduced in severity from High to Medium due to current performance at the request of the Healthcare Governance Committee.

The corporate risks have undergone a review with one exception – Violence & Aggression risk which is under review. The aim of the review was to improve clarity of expression of risks, controls and actions to maximise effectiveness of the process which was an Audit & Risk Committee agreed risk management objective for 2017/18.

3.2 As part of our systematic review process, the risk registers are updated on Datix on a quarterly basis at a corporate and an operational level. Risks are given an individual score out of 25; based on the 5 by 5 Australian/New Zealand risk scoring matrix used; 1 being the lowest level and 25 being the highest. The low, medium, high and very high scoring system currently used, is based on the same risk scoring matrix, remains unchanged.

3.3 There are currently 14 risks in total in Quarter 1; the 6 risks at Very High 20 are set out below.

1. The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge *
2. Achieving the 4-Hour Emergency Care standard *
3. Timely Discharge of Inpatients *
4. General Practice Sustainability
5. Access to Treatment (organisational risk)
6. Access to Treatment (patient risk)

* Outwith risk appetite as illustrated in Table 3.

3.3.1 The Board and Governance committees of the Board need to assure themselves that adequate improvement plans are in place to attend to the corporate risks pertinent to the committee. These plans are set out in the Quality & Performance paper presented to the Board and papers are considered at the relevant governance committees. Governance Committees continue to seek assurance on risks pertinent to the committee and level of assurance along with the summary of risks and grading is set out below in Table 1.

3.3.2 If you have an electronic version of this report, links to each risk in Appendix 1 have been embedded in the below table (please click on individual Datix risk number in the table).

Table 1

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
3600	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. **(Finance & Resources Committee)**	March 2017 Limited assurance with respect to financial balance 2017/18. July F&R considered the revised risk and accepted limited assurance.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
3203	Unscheduled Care: 4 hour Performance **(Acute Services Committee)** (Set out in Quality & Performance Improvement Report)	February 2017 Moderate Assurance; Members approved the recommendations laid out in the paper and accepted moderate assurance, but asked for more detail in the next paper on the greater impact of the measures taken to manage unscheduled care. Paper received and moderate assurance accepted due to performance over the last 4 quarters. In November 2017, Acute Services Committee continued to accept moderate assurance.	High 10	Very High 20	Very High 20	Very High 20	Very High 20
3726	Timely Discharge of Inpatients (Previously Unscheduled Care: Delayed Discharge) **(HCG Committee)** (Set out in Quality & Performance Improvement Report)	January 2017 Limited assurance. No clear improvement plans in place to mitigate the risk. A plan was presented to the September 2017 HCG committee who accepted limited assurance and ask for regular updates from the Chief Officers. November HCG continued to accept limited assurance.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3829	GP Workforce Sustainability **(HCG Committee)**	March 2017. Limited assurance. No clear improvement plans in place at March 2017. Plans presented in May 2017. September 2017 HCG continued to accept limited assurance, but more confident that the plans in place will mitigate this risk over time and asked for regular updates.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3211	Access to Treatment – Organisation Risk (Previously Achievement of National Waiting	July 2017. Limited Assurance. The Committee was impressed with the work in progress but also disappointed that	High 12	Very High 20	Very High 20	Very High 20	Very High 20

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
	Times) **(Acute Services Committee)** (Set out in Quality & Performance Improvement Report)	performance remained of concern with the volume of patients waiting over 12 weeks. Recognition that systems of control were in place was accepted.					
4191	Access to Treatment Risk – Patient (New Risk May 17) (Acute Services Committee)	Considered at HCG July 2017. Continues to be limited assurance and update to come regularly.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3454	Management of Complaints and Feedback **(HCG Committee)** (Set out in Quality & Performance Improvement Report)	July 2017. Moderate assurance with respect to a plan being in place, but need assurance that the plan will lead to an improvement and asked for an update every 2nd meeting. November 2017 HCG considered and moderate assurance accepted.	High 12	High 16	High 16	High 16	High 16
1076	Healthcare Associated Infection **(HCG Committee)** (Set out in Quality & Performance Improvement Report)	July 2017. Overall moderate assurance due to SAB infections, but significant with respect to CDI HEAT target achievement. Committee asked for the risk grading to be reviewed in light of current performance. Incorporated into the Risk Review process. Risk reviewed and grading reduced and approved at November 2017 HCG due to current performance.	High 12	High 16	Medium 9	Medium 9	Medium 9
3480	New Title - **Management of Deteriorating Patients in Acute Inpatients** (previously Delivery of SPSP Work Programme) **(HCG Committee & Acute Services Committee)** (Set out in Quality & Performance Improvement Report)	July 2017 Significant assurance received for Patient Safety Programme with the exception of the management of deteriorating patients. Committee in March. Review presented to HCG July 2017. Significant assurance re robustness of the review, limited as actions agreed that will lead to an improvement as changes not tested at scale. Progress update to January 2018 HCG – will review risk grading should improvement in as outcomes are improving but need sustained outcomes.	High 16	High 16	High 16	High 16	High 16
3527	Medical Workforce Sustainability	March 2017 Moderate Assurance that all	High 16	High 16	High 16	High 16	High 16

Datix ID	Risk Title	Assurance Review Date	Initial Risk Level	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
	(Staff Governance Committee)	reasonable steps are being taken to address the risks. Paper requested for 26th July meeting. Risk considered in paper at October 2017 meeting and continues to accept moderate assurance.					
3189	Facilities Fit for Purpose (accepted back on the Corporate Risk Register October 2015) **(Finance & Resources Committee)**	Updated risk reviewed and approved at Finance & Resources Committee Jan 2018. Moderate assurance received.	High 15	High 16	High 16	High 16	High 16
3455	Management of Violence & Aggression. (Reported at H&S Committee, **via Staff Governance Committee**)	March 2017 Limited Assurance. Pending the review of the management of violence and aggression commissioned by Medical Director. Findings of review to be considered by Staff Governance on 26th July 2017 and inform the management of this risk.	Medium 9	High 15	High 15	High 15	High 15
3828	Nursing Workforce – Safe Staffing Levels **(Staff Governance Committee)**	March 2017 Moderate assurance that systems are in place to manage this risk as and this risk will be regularly reviewed particularly with respect to District nursing. Staff Governance in October 2017 considered a paper on this risk and continues to accept moderate assurance.	High 12	Medium 9	Medium 9	Medium 9	Medium 9
3328	Roadways/ Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee, **via Staff Governance Committee**)	March 2017 Moderate Assurance that issues are regularly reviewed, managed and improvements developed as supported by recent audits. Further report requested for 26th July meeting. Staff Governance Committee considered report at October 2017 meeting and continues to accept moderate assurance.	High 12	High 12	High 12	High 12	High 12

3.4 There has been a focus on supporting Edinburgh H&SCP and Integration Joint Board (IJB) to develop their risk registers. The IJB risk register has been approved and will be visible on Datix in the near future. The H&SCP have agreed risks and they are in the process of meeting with owners and handlers to examine the controls. The revised H&SCP risk register is due to go to the H&SCP Senior Management Team in May/June 2018 and be visible on Datix thereafter.

3.5 A session took place in October 2017 to develop sustainable arrangements for the IJBs to engage with the NHS Lothian internal audit function and the NHS Lothian Audit & Risk Committee. To inform this session risks were mapped across Health & Social Care Partnerships, NHS Lothian and IJBs, and the mapping illustrated considerable commonality across the system. This will be updated in preparation for the May 2018 Board workshop.

3.6 Since mid-2016/17 NHS Lothian has been using standard levels of assurance in its system of governance, and the Corporate Governance Manager has prepared some internal guidance on Corporate Governance and Assurance set out below and assurance levels are now routinely being used in governance committees.
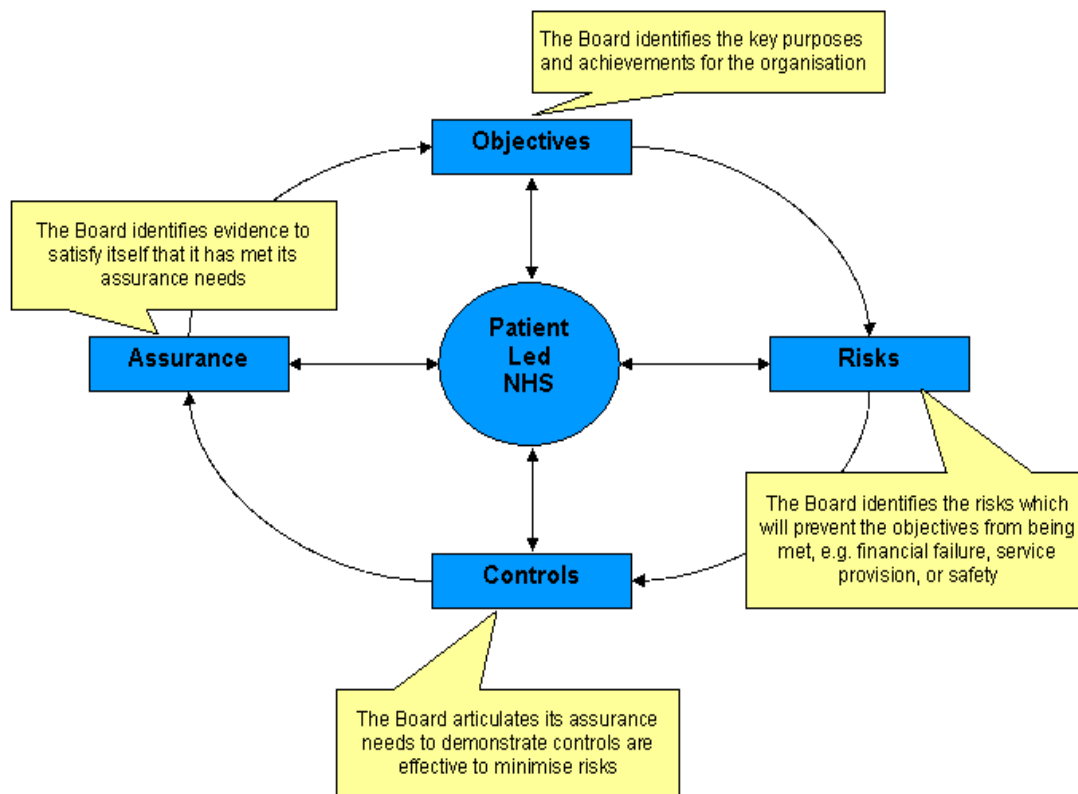
Source: Health Care Standards Unit, as referred to in the Oxford University Hospitals Foundation NHS Trust Assurance Strategy (September 2015)

3.7 The Audit & Risk Committee has raised a challenge to explore the mechanisms by which the Board's Corporate Objectives inform NHS Lothian's Risk Profile and support the achievement of the Board's Corporate Objectives.

In response, a workshop was convened for 30th November 2017 with the members of the Audit & Risk Committee and the Chairs of the other governance committees. The session reflected on the 2017/18 Corporate Objectives and identified key risks to delivery of those objectives and the impact of these risks. The outcome of the workshop is summarised below.

The workshop highlighted that using the Corporate Objectives as the vehicle for generating risks has shown that there are a number of potential strategic risks that are not captured on NHS Lothian's Corporate Risk Register:-

- ➢ Realising New Models of Health & Social Care
- ➢ Ability to Improve and Innovate
- ➢ Establishing Positive Working Relationships
- ➢ Active Public and Patient Engagement

Some current risks would also appear to be barometers/measures of strategic risks rather than a risk in themselves. For example, the current 4-hour Standard and Delayed Discharge risks are system measures related to our ability to identify and implement new models of care. The above informed the Board's May 2018 workshop, set out below.

3.7.1 A Board development session took place on 16th May 2018. The aim and objectives of the session were to:-

Aim
To improve the contribution of risk management to the Board's strategic decision making

Objectives:
1. Summarise the outcome of the 17th November 2017 Audit & Risk Committee Workshop
2. Examine very high risks on the current Corporate Risk Register and consider them against strategic risk framework identified at the Audit & Risk 2017 Workshop
3. Assess the impact of this approach in strengthening NHS Lothian's risk management system
4. Examine the impact of the Risk Appetite Statement and Measurement Framework with respect to strategic decision making

The members who took part in the session concluded that the Strategic Risk Framework was useful when examining NHS Lothian's risks as it generated strategic questions with respect to risk management and should be used by the Board when considering risks across NHS Lothian. It was also confirmed that the risk appetite statement and measure of appetite and tolerance are not informing decision-making at the Board due to the contextual factors such as complexity and Scottish Government requirements.

It was agreed to take forward the above through the Audit & Risk Committee along with an annual Board session on risk management.

3.8   Risk Appetite Reporting Framework

NHS Lothian's Risk Appetite Statement is:-

"NHS Lothian operates within a low overall risk appetite range. The Board's lowest risk appetite relates to patient and staff safety, experience and delivery of effective care.   The Board tolerates a marginally higher risk appetite towards delivery of corporate objectives including clinical strategies, finance and health improvement."

Risk Appetite relates to the level of risk the Board is willing to accept to achieve its corporate objectives and measures has been identified as set out in Table 3 to provide a mechanism for assessing the delivery of these objectives. Green denotes Appetite met, Amber denotes Tolerance met but not Appetite and Red denotes Tolerance not met.

Table 3

	Current Status	Current Position	Data Report
Corporate Objective 3 – Improve Quality, Safety & Experience Across the Organisation (LDP 2016-17 - 2.3 Deliver Safe Care) **Low Risk Appetite**			
• Scotland target to reduce acute hospital mortality ratios by 10% with a tolerance of 15-20% by Dec 2018 [1] All sites within HS limits & <=1	Green	0.84	Quality & Performance Improvement Report (HCG Committee)
• Achieve 95% harm free care with a tolerance of 93-95% by Dec 2015	Green	99.9%	Patient Safety Programme Annual Report (Jan 2017) (HCG Committee)
• Achieve 184 or fewer SAB by March 2018 with a tolerance of 95% against target. n=193 to 184	Red	23	Quality & Performance Improvement Report (HCG Committee)
• Achieve 262 or fewer C.Diff by March 2018 with a tolerance of 95% against target. n=275 to 262	Green	11	Quality & Performance Improvement Report (HCG Committee)
• Reduce falls with harm by 20% with a tolerance of 15-20% by March 2017	Green	53%	Quality & Performance Improvement Report (HCG Committee)
Corporate Objective 3 – Improve Quality, Safety & Experience Across the Organisation (LDP 2016-17 - 2.4 Deliver Person-centred Care) **Low Risk Appetite**			
• Patients would rate out of 10 their care experience as 9, with a tolerance of 8.5	Amber	8.60	Quality & Performance Improvement Report (HCG Committee)
• 90% of staff would recommend NHS Lothian as a good/very good place to work by Dec 2015 with a tolerance of 93-95%	Red	74%	iMatters first report. Frequency of reporting to be confirmed. (Staff Governance Committee)
• Staff absence below 4% with a 5% tolerance (4.2%)	Red	4.93%	Quality & Performance Improvement Report (Staff Governance Committee)

---

[1] This is a Scotland-wide target which NHS Lothian will contribute to.

	Current Status	Current Position	Data Report
Corporate Objective 3 – Improve Quality, Safety & Experience Across the Organisation (LDP 2016-17 - 2.7 Scheduled Care & Waiting Times) **Low Risk Appetite**			
• 90% of patients of planned/elective patients commence treatment within 18 weeks with a tolerance of 85-90%	Red	71.5%	Quality & Performance Improvement Report (Acute Hospitals Committee)
• 95% of patients have a 62-day cancer referral to treatment with a tolerance of 90-95%	Red	89.0%	Quality & Performance Improvement Report (Acute Hospitals Committee)
Corporate Objective 3 – Improve Quality, Safety & Experience Across the Organisation (LDP 2016-17 - 2.8 Appropriate Unscheduled Care) **Low Risk Appetite**			
• 98% of patients are waiting less than 4 hours from arrival to admission by Sept 2014 with tolerance of 93-98%	Red	82.3%	Quality & Performance Improvement Report (Acute Hospitals Committee)
• No patients will wait more than 14 days to be discharged by April 2015 with an appetite of 14 days, and a tolerance of 15 days*	Red	264	Quality & Performance Improvement Report (HCG Committee)
• No of all patients admitted to hospital with an initial diagnosis of stroke should receive the appropriate elements of the stroke care bundle, with an appetite of 80% and a tolerance of 75%.	Green	81.9%	Quality & Performance Improvement Report for management actions (Acute Hospitals Committee)
Corporate Objective 1 – Protect & Improve the Health of the Population. **Medium Risk Appetite**			
• Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% SIMD areas, with a 10% tolerance (36-40%). (Target = 293 minimum per quarter).	Red	172	Quality & Performance Improvement Report (HCG Committee)
• At least 80% of women in each SIMD percentile will be booked for antenatal care by 12th week of gestation, with a 10% tolerance (69.3-77%)	Green	Lowest SIMD is SIMD 4 – 92.4%	Quality & Performance Improvement Report (HCG Committee)
Corporate Objective 5 – Achieve Greater Financial Sustainability & Value (LDP 2016-17 – 3.1 Financial Planning) **Medium Risk Appetite**			
• In the preceding month, the monthly overspend against the total core budget for the month is not more than 0.5%	Red	£2,200k overspend at period 2 equating to 2.0%	Period 2 Finance Report (Finance & Resources Committee)
• For the year to date, the overspend against the total core budget for the year to date is not more than 0.1%	Red	£3,737k overspend for the year-to-date, equating to 1.5%	Period 2 Finance Report (Finance & Resources Committee)

∗ Note: There is now a national target for Delayed Discharges with patients waiting no more than 72 hours to be discharged. The above Delayed Discharge targets will be replaced with the 72 hour target once they have been met.

3.8.1   The above table reporting would suggest NHS Lothian is outwith risk appetite on corporate objectives where low risk appetite with respect to Patient/Staff Experience and Access to Treatment, and medium appetite with respect to Finance. It should be noted the improvements in Safe Care.

4   Key Risks

4.1   The risk register process fails to identify, control or escalate risks that could have a significant impact on NHS Lothian.

5   Risk Register

5.1   Not applicable.

6   Impact on Health Inequalities

6.1   The findings of the Equality Diversity Impact Assessment are that although the production of the Corporate Risk Register updates, do not have any direct impact on health inequalities, each of the component risk areas within the document contain elements of the processes established to deliver NHS Lothian's corporate objectives in this area.

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

7.1   This paper does not consider developing, planning and/or designing services, policies and strategies.

8   Resource Implications

8.1   The resource implications are directly related to the actions required against each risk.

Jo Bennett
Associate Director for Quality Improvement & Safety
11 June 2018
jo.bennett@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Summary of Corporate Risk Register

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3600	3: Secure Value & Financial Sustainability	The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge.	There is a risk that the Board does not systematically and robustly respond to the financial challenge to achieve its strategic plan. This could be due to a combination of: uncertainty about the level of resource availability in future years, the known demographic pressure which brings major potential service costs and increasing costs of new treatment options, e.g. new drugs, leading to a reduction in the scale or quality of services. NOTE: During the last few years, NHS Lothian has been reliant on non-recurring efficiency savings, which has exacerbated the requirement to implement plans which produce recurring savings.	The Board has established a financial governance framework and systems of financial control. Finance and Resources Committee provides oversight and assurance to the Board. Quarterly review meetings take place, where acute services COO, site/service directors in acute, REAS and joint directors in Primary Care are required to update the Director of Finance on their current financial position including achieve delivery of efficiency schemes. **Rationale for Adequacy of Control**: A combination of uncertainty about the level of resource availability in future years combined with known demographic pressure which brings major potential service costs, requires a significant service redesign response. The extent of this is not yet known, nor tested.	Risk reviewed for period Jan - March 2018 <u>Update 6 March 18</u> <u>At the 23 January Finance & Resources Committee it was acknowledged that, based on date to December, NHS Lothian can now provide significant assurance on the achievement of financial balance by the 2017/18 year end.</u> <u>Based on current information, NHS Lothian is not able to provide any assurance at this stage, on its ability to deliver a balanced financial position in 2018/19. N.B. a Financial Balance Risk matrix was included in this paper.</u> The medium term financial plan will have a renewed focus on the national opportunities identified via the national Value and Sustainability work streams. The positive impact on finance from the Quality initiatives work on reducing unwarranted variation and waste will also be reflected in the plan. The Board has agreed to produce a medium term strategic financial plan, with the specific aim of identifying a plan for the Board to return to recurring financial balance. The National Health and Social Care Delivery Plan has requested that Regional service models are enhanced to support delivery of recurring financial balance. The Board is committed to working with regional partners to deliver this aim. Risk Grade/Rating remains Very High 20	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	Very High 20	Medium 6	Director of Finance	Deputy Director of Finance	Finance & Resource Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance

3203	2: Improve the quality and safety of health care	Unscheduled Care: 4 hour Performance	There is a risk that NHS Lothian will fail to meet the 4 hour performance target for unscheduled care which could mean that patients fail to receive appropriate care, **due to** volume and complexity of patients, staffing, lack and availability of beds, lack of flow **leading to** a delay to first assessment, a delay in diagnosis and therefore in treatment for patients and a reputational risk for the organisation.	A range of governance controls are in place for Unscheduled Care notably:
				
				Board
				Monthly NHS Lothian Board oversee performance and the strategic direction for Unscheduled Care across the NHS Lothian Board area.
				
				NHS Lothian's Winter Planning Project Board is now established as NHS Lothian Unscheduled Care Committee in collaboration with the Integrated Joint Boards to promote sustainability of good performance all year round.
				The Unscheduled Care Programme Group chaired by West Lothian HSCP joint director meet on a monthly basis, monitoring performance reporting and unscheduled attendances.
				
				Winter Preparedness is on the Agenda of the Unscheduled Care Committee seasonally, however notable improvements through planning will be embedded as systems to promote sustainable access performance and mitigate risk.
				
				The winter planning process has started earlier this year, with agreement in place on schemes to be funded, and sites are now progressing to implementation.
				
				The approved Winter Plan outlined the approach to supporting performance over the winter period and beyond. This reflected a number of actions namely:
				• Winter Readiness plans established for each site
				• Plans focused on discharge capacity as well as bed capacity for 2017-18 and is starting to plan for winter 18-19
				• Clear measures in terms of escalation procedures
				• Measures to counter any demand unmatched to support winter and patient flow
				• A focus on DD and POC to ensure sustainable performance throughout the winter period liaising closely with IJB partner organisations including
				  - Weekly teleconference with IJBs
				  - Trajectories in place to support reduction in DD for each partnership
				  - Agreed data set to assist with developing a wider capacity plan across all health & social care partnerships
					Risk Reviewed for period Jan – March 2018
					
					Risk reviewed and approved by Acute Services Committee in November 2017 accepted Moderate Assurance
					
					Updates highlighted below
					Risk Grade/Rating remains Very High/20
					
					Through the Unscheduled Care Committee work continues in line with the Scottish Governments 6 Essential Actions initiative. Each site is taking forward a set of actions to support a step change in performance. Priority interventions are focussing on:
					• Clinical Leadership
					• Escalation procedures
					• Site safety and flow huddles
					• Workforce capacity
					• Basic Building blocks models
					• Proactive discharge
					• Flow through ED/ Acute Receiving
					• Smooth admission/ discharge profiling
					• Effective capacity and Demand models being developed re in /out , BBB methodology
					• Patients not beds principle
					• Daily Dynamic Discharge/check, chase, challenge methodology rolled out across the acute sites
					• Plan to roll out across the whole system and partnerships campuses
					The regular quarterly report on 6EA progress is due to be submitted to the Scottish Government at the end of October.
					
					Updates 8th May 2018
					
					• NHS Lothian is awaiting feedback from Scottish Government in respect of the outcomes from an external review and this is anticipated to be published towards the end of May
					• There has been a change in focus as to how staff engagement taking place, as identified in February update. All sites now hold their own Organisational Development Plan for 4 hour SOP. This then feeds into the Staff Experience Group
					• Winter debrief took place in April 2018 and reports submitted to Scottish Government. This will assist with future winter planning
					• RIE is now on special measures and reporting 3 times per day to Scottish Government
					• NHS Lothian achieved 79.9% performance against the 4 hour
						Adequate but partially effective: control is properly designed but not being implemented properly	Very High 20	Low 1	Jim Crombie	Jacquie Campbell (NHSL) / Jim Forrest (W/Lothian IJB)	Acute Services Committee

| A number of performance metrics are considered and reviewed weekly, including:

- 4 hour Emergency Care Standard and performance against trajectory
- 8 and 12 hour breaches
- Attendance and admissions
- Delayed Discharge (see Corporate Risk ID 3726)
- Boarding of Patients
- Length of Stay (LOS)
- Cancellation of Elective Procedures
- Finance
 - Adherence to national guidance/ recommendations (what Scottish Government expect for the money received)

Funding from the Scottish Government is allocated against whole system bids. This includes testing and evaluating ways of working against flow, near patient testing and diagnosis at the front door.

Acute Services
-The bi-monthly Acute Hospitals Committee review and respond to plans and performance.
- Frontline updates to acute services monthly CMG and SMT
- Weekly briefings to the Scottish Government on performance across the 4 main acute sites (RHSC, RIE, WGH, SJ H
- RIE
Service Improvement Managers and Data Analysts are now in place on each site and in Outpatients services to analyse real time data to inform improvement work. | standard from 1/2/18-30/4/18 |

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3726	2: Improve the quality and safety of health care	Timely Discharges of Inpatients	There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.	A range of **management/governance** controls are in place for Unscheduled Care notably: NHS Lothian Board (bi monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area. The bi-monthly Acute Hospitals Committee as well as formal SMT and SMG meetings. Further weekly briefings to the Scottish Government on performance across the 4 main acute sites (data analysis from EDISON NHS Lothian's Winter Planning Project Board is now established as the NHSL Unscheduled Care Committee in collaboration with the Integrated Joint Boards **Integrated Joint Boards will report via the Deputy Chief Executive to Scottish Government on the delivery of key targets which include Delayed Discharges and actions in response to performance.** **Delayed discharges are examined and addressed through a range of mechanisms by IJBs which include:** • Performance Management. Each Partnership has a trajectory relating to DD performance and these are reported through the Deputy Chief Executive • Oversight of specific programmes established to mitigate this risk for example Edinburgh Flow Board and/or Strategic Plan Programme Board (East Lothian)	**Risk reviewed for period Jan - March 2018** **Reviewed by HCG in November 2017 and continued to accept limited assurance.** **Update 12 March 2018** Risk Grade/Rating remains Very High/20 Action to help tackle DD across NHS Lothian include: • Criteria led discharge pilots • Downstream hospitals to have admission and discharge quotas similar to main acute sites. • A capacity and demand exercise is being implemented re hours of care at home required across the City of Edinburgh and other councils • Locality based Services (hubs) being developed to support pulling patients out of hospital and promoting prevention of admission and reducing delayed discharges • Evidence Based Daily Dynamic Discharge is rolled out across the whole system in collaboration with Scottish Government Improvement Team • <u>Band 3 District Nursing team support to work with Care at Home team to boost POC capacity throughout Midlothian</u> • <u>Short term "boarding" has been identified for safe and appropriate Delayed patients into local care homes.</u> • <u>Liberton Ward 5 & 6 beds occupied with Ward 8 will be populated from Monday 12/3 to add additional capacity.</u> • Additional capacity to support weekend discharge (diagnostic, pharmacy, AHPs, transport etc) • Twice daily Teleconference to plan and match transfer of care to right place for patients • Joint Venture with CEC to create additional models of interim care capacity –Gylemuir/Liberton • Discharge Hubs in the Royal Infirmary of Edinburgh, the Western General Hospital and St John's Hospital The Winter Planning Board/ NHS Lothian Unscheduled Care Committee are overseeing the necessary actions in support of sustained performance during the winter period. Lothian's approved Winter Plan sets out the key requirements in supporting service delivery and access performance during winter and beyond. Actions include: • Development of robust site winter readiness plans • Focus on Capacity and Demand in relation to beds and hours or care requirements • Clear measures in terms of escalation procedures • Counter any demand as a result of the extended 4 day break during the festive period. • Focus on DD and POC liaising with IJB Partner organisations to support patient flow and sustainable performance throughout the winter period. • Agreed Trajectories in place for each partnership and being monitored to support capacity to meet demand • <u>Allocation of a member of In reach team to work in a Flow manager role to provide overview of all related admission/discharge activity for Midlothian patients.</u> • <u>Re- examination of all POC referrals from hospital to see whether patients can be discharged with a smaller POC.</u> • <u>Daily review of all clients on delayed discharge list by senior managers and daily discharge hub established.</u>	Adequate but partially effective; control is properly designed but not being implemented properly	Very High 20	Medium 9	Deputy Chief Executive	Director of West Lothian H&SCP/Chief Operating Officer (Acting)	Acute Hospitals Committee in partnership with IJBs

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3829	2: Improve the quality and safety of health care	GP Workforce Sustainability	There is a risk that the Board will be unable to meets its duty to provide access to primary medical services for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises difficulties (e.g. leases). This may affect: • ability of practices to accept new patients (restricted lists); • patients not being able to register with the practice of their choice; • ability to cover planned or unplanned absence from practice; ability to safely cover care homes; difficulties in one practice may impact on neighbouring practices/populations, occur at short notice with the result that practices are unable to provide services in their current form to existing patients; • other parts of the health and social care system e.g. secondary care, referrals, costs As a result of these pressures practices may choose to return their GMS contracts to the NHS Board who may in turn not be able to either secure an new 17j practice or successfully fill practice vacancies or recruit sufficient medical staff to run the practice under 2c (direct provision) arrangements. Practices can be affected by changes or instability at very short notice.	**Governance and performance monitoring** • Regular updates reported to Healthcare Governance Committee. • NHS Lothian Board Strategic plan. • HSCP Primary Care Transformation and Primary Care Improvement Plans. • Reports to Board and Strategic Planning Committee. • Establishment of the implementation structure for the new GMS contract – GMS Oversight Group - which will oversee implementation of local plans and measure associated improvement across NHS Lothian. • The risk is highlighted on all HSCP risk registers with local controls and actions in place and on the East Lothian IJB risk register as host IJB for the Primary Care Contractor Organisation (PCCO). **Core prevention and detection controls** • PCCO maintain a list of restrictions to identify potential and actual pressures on the system which is shared with HSCPs and taken to the Primary Care Joint Management Group (PCJMG). • PCJMG review the position monthly with practices experiencing most difficulties by way of reports from Partnerships to ensure a consistent approach across the HSCPs and advise on contractual implications. • Ability to assign patients to alternative practices through Practitioner Services Division (PSD). • "Buddy practices" through business continuity arrangements can assist with cover for short-term difficulties. **Rationale for Adequacy of Controls - remains inadequate** as HSCP transformational plans are still at developmental stage and GP retention and recruitment is a national issue (see Medical workforce risk. Risk grading therefore remains very high/20).	**Risk reviewed for period Jan to March 2018** Risk reviewed at Primary Care Joint Management Group on 14/09/17 and 10.05.18. <u>Update: June 2018</u> <u>Noted that improvement in primary care sustainability is a process that will take up to three years</u> Healthcare Governance Committee received reports in September 2017, January and <u>March 2018 which again confirm limited assurance.</u> <u>2018 GMS contract has been approved by the profession and will be implemented over the next three years overseen by the GMS Contract Oversight Group.</u> <u>All HSCPs developing Primary Care Improvement Plans for submission to Scottish Government by 1 July 2018.</u> • NHS Lothian investment of £5m over three years from 2017/18 <u>and national funding of 4.8m in 18/19 with further increases in the next three years to address the key pressures are reflected in HSCP improvement plans for Primary Care Transformation to increase provision of clinical pharmacist posts in General Practice, meet same day demand, remove vaccinations from practices, establish community treatment clinics, provide additional non-medical workforce in primary care and community link workers</u> • Further work on GP recruitment including: ➢ Testing the recruitment market (using Google clicks or a social media campaign to identify where GPs might come from before running a more visible, targeted campaign to recruit) ➢ Promotion of Edinburgh and Lothians as good place to work ➢ Provision of local contacts to discuss job opportunities ➢ GP practice recruitment micro site <u>Position on golden hellos reviewed and updated - discretionary applications to be considered on a case by case basis.</u>	Inadequate; control is not designed to properly manage the risk and further controls and measures are required.	Very High 20	High 16	Medical Director	Joint Director, East Lothian H&SCP	Healthcare Governance Committee

| | | | | | Examples across Lothian of actions contributing towards stability:

East Lothian Care Home Team and CWIC service
Midlothian MSK posts and Mental Health support
West Lothian use of paramedics for home visiting and signposting training for practice staff
Edinburgh transformation and stability injections and community link workers
Funding support to ensure new capacity for housing developments in Midlothian, Edinburgh and East Lothian.

Interest free loans under new premises code being made available to practices who own their own premises in order to alleviate risk to current partners and attract new partners. | | | | |
| | | | | | | | | | |

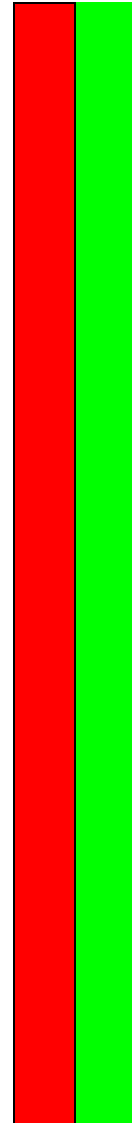| ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3211	2. Improve patient pathways and shift the balance of care	Access to Treatment Risk – Organisation Risk (Previously Achievement of National Waiting Times)	There is a risk that NHS Lothian will fail to achieve waiting times targets for inpatient / day case and outpatient appointments, including the overall Referral To Treatment target, due to a combination of demand significantly exceeding capacity for specific specialties and suboptimal use of available capacity, resulting in compromised patient safety and potential reputational damage.	Governance & performance monitoring • Weekly Acute Services Senior Management Group (SMG) meeting • Monthly Acute Services Senior Management Team meeting- monthly outturn and forecast position • Performance reporting at Corporate Management Team (CMT) • NHS Lothian Board Performance Reporting • Performance Reporting and Assurance to Acute Hospital Committee • Monthly access and Governance Committee, to ensure compliance with Board SOPs relating to waiting times. Core prevention and detection controls • Establishment of the Delivering for Patients Group to monitor performance and work with individual specialties to delivery efficiency improvements against key performance indicators on a quarterly basis • Scope for improvement identified with recommendations made to specialties e.g. target of 10% DNA rate; theatre session used target of 81 %, cancellation rate 8.9%; for every 10 PAs recommendation of 6 DCCs directly attributed to clinic or theatre. **Rational for adequacy of controls** Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute SMT to ensure any areas of concern are highlighted and actioned. Risk remains high while demand continues to exceed available capacity.	Risk reviewed for period Jan - March 2018 Reviewed by AHC in July 2017 and accepted limited assurance. **Update 12 March 2018** Ongoing Actions • Weekly Acute SMG monitors TTG, RTT, long waits, cancer performance, theatre performance and recovery options on a weekly basis, with monthly deep dives into theatre and cancer performance. • Monthly Acute SMT has sight of Access & Governance minutes, to monitor ongoing actions and escalate as appropriate. • Performance is also reported to, and monitored by, Acute CMT. • Performance is also monitored by the Board and Acute Hospitals Committee, using the Quality & Performance report, which is also reviewed at Acute SMT. Additional Actions • Implementation of a Theatres Improvement Programme – a significant programme with multiple work streams (Pre-assessment, HSDU, Booking and Scheduling, Workforce) to improve theatre efficiency. • Establishment of an Outpatient Programme Board that focuses on demand management, clinic optimisation and modernisation. • Service improvement work is being supported by the DfP quarterly reviews, which in turn are supported by more regular meetings with service management teams and clinicians to develop and implement improvement ideas, and to facilitate links to the Outpatients and Theatre improvement programmes. Running action notes are kept at each service meeting, and regularly reviewed by service management teams and the DfP core group. Risk Grade/Rating is Very High/20	Inadequate – control not designed to properly manage risk; further controls required	Very High 20	Medium 4	Deputy Chief Executive	Chief Operating Officer (Acting)	Acute Services Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
4191	2. Improve patient pathways and shift the balance of care	Access to Treatment Risk - Patient	There is a risk that patients will wait longer than described in the relevant national standard due to demand exceeding capacity for in-patient / day case and outpatient services within specific specialties. Clinical risk is identified in two dimensions: 1) the probability that due to length of wait the patient's condition deteriorates; 2) the probability that due to the length of wait significant diagnosis is delayed.	• Service developed trajectories, that are used to monitor performance, early indications of pressures, and opportunities to improve efficiencies/productivity. • A re-invigorated Delivering for Patients (DfP) programme provides a framework for learning and sharing good practice through a programme of quarterly reviews. • New referrals are clinically triaged, a process which categorises patients as Urgent Suspicion of Cancer (USOC), Urgent or Routine. Within each of these categories, patients are triaged into the most appropriate sub-specialty queue, each of which is associated with a different level of clinical risk. **Long wait surveillance endoscopies are also clinically triaged to identify any patients that require expedition.** • A revised communications strategy has been established to ensure that both patients and referrers are appropriately informed of the length of waits. • If the patient's condition changes, referrals can be escalated by the GP by re-referring under a higher category of urgency. There is an expectation that the GP would communicate this to the patient at the time of re-referral. • Specific controls are in place for patients referred with a suspicion of cancer. Trackers are employed to follow patients through their cancer pathways, with reporting tools and processes in place which trigger action to investigate / escalate if patients are highlighted as potentially breaching their 31-day and / or 62-day targets. Trackers undergo ongoing training, and have access to clear escalation guidance on how to deal with (potential) breachers. **Rational for adequacy of controls** Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute CMG to ensure any areas of concern are highlighted and actioned. Risk remains high while demand continues to exceed available capacity.	**Risk reviewed for period Jan - March 2018** **Reviewed by HCG in November 2017 – accepted moderate assurance.** **Update 12 March 2018** **Ongoing Actions** • DfP quarterly reviews are supported by more regular meetings with service management teams and clinicians to develop and implement improvement ideas, and to facilitate links to the Outpatients and Theatre improvement programmes. Running action notes are kept at each service meeting, and regularly reviewed by service management teams and the DfP core group. • Significant redesign and improvement work is being undertaken through the Outpatient Programme Board and through the Theatre Improvement Programme Board, to help mitigate some of the increasing waiting time pressures and clinical risks. • Revised communications strategy includes an "added to outpatient waiting list" letter, which informs patients that their referral has been received, and that some service waits are above the 12-week standard. Current waiting times are also published on *RefHelp*, making them available to GPs at the time of referral. It has been agreed (March 2017) that a link to *RefHelp* waiting time information will be included in letters to patients, allowing them to check service waiting times regularly. **There has also been the implementation of a Keep in Touch initiative (Dec 2017) which is a co-ordinated process whereby all long wait patients are called or lettered by a member of clerical staff. This process has clinical endorsement. This is to ensure they are aware they are still on the list and will receive an appointment at the earliest opportunity. This also allows any patients who feel their symptoms are worsening to be escalated for clinical review to the CSM. It also results in a greater efficiencies as patients often advise they no longer require or have had a procedure already and so are removed from the list. This then allows a slot to be used for another patient.** • **Keep In Touch is continuing with a focus on the longest waits for outpatient and endoscopy with the aim to contact every long waiting patient.** • Information on the projected length of wait throughout a patient's pathway is communicated clearly to patients at clinical	Inadequate – control not designed to properly manage risk; further controls required	Very High 20	Medium 4	Deputy Chief Executive	Chief Operating Officer (Acting)	Acute Services Committee

					appointments throughout their cancer journey.				

appointments throughout their cancer journey.

Additional Actions

- There are some ongoing issues with resilience with regard to cross-cover among trackers during periods of absence and / or annual leave and these are being addressed robustly with, in the first instance, an in-depth review of current cancer tracking arrangements.

- Executive Medical Director and Interim Chief Officer have developed risk matrix for specialties under waiting time pressures, and will work with NHS Grampian to develop a clinician led framework for risk analysis to help prioritise resources.

Risk is very high while demand exceeds available capacity and as such Risk Grade/Rating is Very High/20

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3454	2: Improve the quality and safety of health care	Management of Complaints and Feedback	There is a risk that learning from complaints and feedback is not effective due to lack of reliable implementation of processes (for management of complaints and feedback) leading to the quality of patient experience being compromised and adverse effect on public confidence and expectation of our services. It is also acknowledged that a number of other corporate risks impact on this risk such as the processes and experience of unscheduled care, patient safety, primary care and waiting times.	Governance and performance monitoring • Routine reporting of complaints and patient experience to every Board meeting • Regular reports to the Healthcare Governance Committee - complaints and patient experience reports. • Additional reports are submitted to the Audit and Risk Committee • Monthly quality and performance reporting arrangements include complaints and patient experience • Internal Audit 'Management of Complaints & Feedback'. Core prevention and detection • The complaints improvement project board, chaired by the Executive Nurse Director oversees implementation of the new complaints handling model for management and learning from complaints as part of a wider improvement project to improve patient experience • Feedback and improvement quality assurance working group meets monthly, chaired by Non-executive Director and is overseeing implementation of the SPSP action plan • Corporate Management Team and Executive Nurse Directors group review and respond to weekly/monthly reports Complaints management information available on DATIX dashboard at all levels enabling management teams to monitor and take appropriate action. Weekly performance reports on complaints shared with clinical teams. Patient experience data is fed back on a monthly basis at service and site level to inform improvement planning and is available via Tableau Dashboard. Rationale for inadequate controls: Governance processes and improvement plans are in place but yet to be fully implemented.	**Risk Reviewed for period Jan - Mar 2018** A new complaints handling procedure was implemented 1 April 2017 which introduced a 3-stage approach: 1) front line resolution, 2) Investigation and 3) SPSO. • Complaints Improvement Project Board now in place chaired by the Executive Nurse Director. • Stakeholder engagement from across the organisation continues and paper went to Jan CMT with update in Mar CMT on the new delivery model (Hybrid Model) to support the new CHP. <u>Full Business Case being submitted to June CMT.</u> • A number of teams across the organisation are assisting with complaints data collection to support the new CHP. • Feedback & Improvement Quality Assurance Working Group meet bi-monthly chaired by Non Executive and has overseen the implementation of SPSO action plan. <u>Have reviewed its terms of reference.</u> • Bi-annual meetings with the new Ombudsman agreed and <u>positive meeting took place in April 2018</u>. • Combined complaints and patient experience report continues to receive moderate assurance by the HCG committee – March 2018. • Internal Audit review of complaints currently in place and due to report June 2018. • Letter from Chair of GP Sub Committee and Head of Patient Experience sent to independent contractors. • Ongoing support, training and awareness raising within services to increase confidence and capability in managing complaints • Work ongoing to support the complaints and feedback systems within the 2 prisons encouraging early resolution / Stage 1. • Services are being supported to test a range of approaches including Care Opinion, Tell us 10 Things and Care Assurance Standards • Tell us Ten things questionnaire has been aligned with "5 must dos with me" and is being tested in 3 acute sites with adults and an amended version with children and young people Risk Grade / Rating is High / 16 Rationale for this <u>– moderate assurance given at Nov 2017 and March 2018 HCG committee.</u> Performance improved 11 out of the last 12 months (before the new CHP was implemented). <u>SPSO cases have increased due to SPSO improving their backlog – currently 56 (23.05.18)</u> Complaints Improvement Project Board in place. Blended approach to patient feedback (TTT, Care Opinion & CAS)	Inadequate: control is not designed to manage the risk and further controls & measures required to manage the risk	High 16	Medium 6	Executive Director Nursing, Midwifery & AHP's	Head of Patient Experience	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
1076	2: Improve the quality and safety of health care	Healthcare Associated Infection	There is a risk of patients developing an infection as a consequence of healthcare interventions because of inadequate implementation of HAI prevention measures leading to increased morbidity and mortality and further treatment requirements, including potential extended stay in hospital.	**Governance & Performance Monitoring** There is a comprehensive reporting and monitoring of system in place both at Board and operational level directing action as required. • Bi-monthly board papers • The NHS Lothian Infection Committee (LICC) reports to the Board through Healthcare Governance Committee. • Lothian Infection Control Advisory Committee (LICAC) receives reports from this committee, public health, facilities on environmental aspects of infection control and advices actions. • Sites have established local monitoring/reporting either as standalone infection control committees or as part of agenda in site management meetings reporting through Pan Lothian ICC • In addition to LICAC and local committees, Infection Prevention and Control report routinely at a senior management level to CMG and. & Director of Nursing Group **Core prevention & detection controls** **Strategy/Training** Overarching HAI Education Framework developed in collaboration with Workforce Planning & Development which is currently under review. Corporate Induction and mandatory update programme for Infection Prevention and Control training is in place for all staff and compliance is reported through Tableau. Additional, specialised modules are also available through LearnPro for relevant staff. Local and ad hoc sessions are provided often in response to events/incidents. IPCNs work collaboratively with clinical and non clinical services to communicate risk, support improvement and escalate concerns as appropriate. **ICT** IT systems are in place to allow IPCNs to monitor incidence, trends and patterns of HAI within their geographical region. Monthly reports with progress made against local delivery plan KPI's and are shared with clinical teams and senior management and are widely available on the Intranet. Clinical teams undertake local audits for compliance against SICPs and their data is published within QIDS. A Problem Assessment Group (PAG) or Incident Management Team (IMT) is convened to investigate and manage any significant event or outbreak. These are reported to the Local ICC and LICAC for shared learning and any system wide actions. SAE reviews are undertaken for CDI and SAB related deaths by services with support of IPCNs. **Surveillance** Enhanced surveillance is carried out for all SAB, CDI and *E-coli bacteraemia cases*. Monthly case review of all SAB and CDI carried out to determine key issues/learning opportunities. ICNet is a software system which imports positive results and also has an alert set to notify team of increased incidence. These are reported to the local ICC's for discussions on how to reduce them. Mandatory surveillance is undertaken for Surgical Site Infections within Obstetrics for C Section and Orthopaedics for Hip Arthroplasty. NHS Lothian is currently not compliant with mandatory surveillance reporting for Colorectal or Major Vascular surgeries due to lack of resource to support this activity in the short term. Reporting capabilities/IT requirements fully tested and ready to commence data submission. Re-provision of staffing budget provided 1.5 WTE band 2 support workers to assist in surveillance activity in anticipation of Colorectal/Vascular surveillance coming on line, however there remained a gap in resource and workload.	**Risk reviewed for period Jan - March 2018** **Risk Reviewed March 2018** Current reporting and governance arrangements for HSCP's are being reviewed. A review of the workload and annual work programme is ongoing as the service cannot sustain existing work streams and integrate the new work programmes into business as usual within the current workforce establishment. This is further complicated by recent changes in staffing and the subsequent ratio of trained staff to trainees. <u>Following a review of the existing mandatory surveillance activity NHS Lothian have advised Scottish Government that in the short term the additional SSI surveillance programmes for colorectal and vascular surgery are delayed. Funding has been provided for 2WTE Band 5 nurses to support the additional mandatory surveillance activities. It is anticipated with successful recruitment NHS Lothian should be able to submit data for Quarter 2 July-Sept 2018</u> The new NES SICEP (Standard Infection Control Education Pathway) which replaces the Cleanliness Champion Programme has been reviewed in conjunction with NHS Lothian Education and other key stakeholders. It has been agreed that the complexity of the programme and volume of content would increase the risk of non-compliance with mandatory education. <u>Local educational resources which map to the NES learning outcomes are now in development with ambition to launch April 2018.</u> Progress in moving to reporting HAI through Tableaux Dashboards has stalled due to resource/ workload issues within informatics teams <u>Risk Grade/Rating remains Medium 9 based on the current performance for LDP.</u> <u>C Diff data shows sustained improvement against LDP targets.</u> <u>Refer to Facilities and DATCC risk register for information on business continuity and contingency plans for sterile services provision. Lifecycle and upgrade work planned for HSDU in 2018.</u>	Adequate but partially effective: control is properly designed but not being implemented properly	Medium 9	Medium 4	Tracey Gillies	Fiona Cameron	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
				Where SSI or alert organism surveillance indicates a data exceedance there are processes in place for investigation. The Antimicrobial Management Team is responsible for the review and development of the Antimicrobial Prescribing Guidelines and provide oversight of antimicrobial use, compliance with guidelines and report findings to clinical teams to help drive improvement. Summary Reports are also provided to Clinical Management Team. **Decontamination** Responsibility for operational aspects of decontamination of reusable medical devises is with Facilities. There is a Decontamination Project Board, chaired by the Director of Public Health, which consider capital projects and wider strategic objectives – limited monitoring function Progress/monitoring of actions associated with endoscopy, reusable surgical, dental and podiatry equipment is via the operational group which has been established to support local delivery and is chaired by Service Director, DATCC. The decontamination lead provides updates to Lothian ICC and LICAC. The physical condition of building and capacity is struggling to maintain levels of provision for service demands, There is person dependant expertise through the decontamination lead nurse and without a business continuity plan this service could be at significant risk. **Estate/ Care Facilities** There are a number of aging properties within NHS Lothian built environment that do not meet current standards and are continuing to decline such as Edington Cottage Hospital , PAEP and recognition that within economic climate, prioritisation of works means some areas that are no longer fit for purpose will continue to pose a risk. PCT, facilities and clinical teams working collaboratively to implement current national standards and guidance in new builds, refurbishments and maintenance programmes - Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI SCRIBE).							

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3480	Improve the quality and safety of health care	Management of Deteriorating Patients	There is a risk that NHS Lothian does not reliably manage deteriorating patients in adult acute inpatient settings leading to potential harm and poor patient/family experience	• The Quality Report, reported to the Board monthly, contains a range of measures that impact and relate to management of deteriorating patients • Healthcare Governance Committee provides assurances to the Board on person-centred, safe, effective care provided to patients across NHS Lothian as set out in its Assurance Need Statement, including clinical adverse event reporting and response. • The Patient Safety Programme reports to relevant governance committees of the Board setting out compliance with process and outcome safety indicators and includes external monitoring. • Adverse Event Management Policy and Procedure. • Quality of care reviews which include patient safety issues is subject to internal audit and compliance with recommendations, and is reported via Audit & Risk Committee and HCG Committee when appropriate. • Patient safety walkrounds to gain an understanding of safety culture and work taking place at service level. Also now in general practice. • Charge Nurse Ward Round and Patient Centred Audit put in place as Quality Assurance Mechanisms to validate self reporting of patient safety data • Quarterly visit by HIS to discuss progress actions and Quarterly submission of data. • Access to national outcome data by Board which enables boards to see whether they are outliers and escalate concern and risk as appropriate • Adverse Event Improvement Plan in place monitored via HCG • Site Based Quarterly Reports including Patient Safety Data (QIDS) sent monthly. •Live data at ward level	**Risk reviewed for Period Jan – March 2018 Approved at September 2017 HCG Committee.** • As part of the Quality and Performance reporting the issue of meeting the 50% reduction in Cardiac Arrests by January 2016 was considered. Lothian has achieved 8% with the 4 major sites above Scottish rate • A HIS visit has taken place, plans are in place and monitored through the service supported by QIST and reviewed by HIS. Plan progressing well. The risk is not related to quality of care but about data reporting • The HCG committee have approved a review of the management of deteriorating patients in March 2017 with an improvement plan based on finding going to the 11th July 2017 meeting. The review provided significant assurance with respect to the robustness of the review and areas for improvement. The HCG Committee accepted limited assurance that a potential impact on cardiac arrest rates will follow from the improvement plan, since the elements of it are as yet untested in Lothian at scale. • Implementation plan developed results of this fed back to individual service areas to inform improvement planning. Progress to go back to HCG in January 18 and regular monitoring through Quality and Performance Report. • <u>Progress updated provided to HCG in January improvement in outcomes observed will re-assess risk when improvement has been sustained. Moderate Assurance Accepted</u> • <u>A detailed Acute Hospital Management of Deteriorating Patients plan is being drawn up to be reported at the October 18 AHC</u> Risk grade/rating remains High/16 based on unmet actions for key safety priorities	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 6	Medical Director	Associate Director for Quality Improvement & Safety	Healthcare Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3527	3: Secure value and financial sustainability	Medical Workforce Sustainability	There is a risk that the availability of medical staffing will not be adequate to provide a safe and sustainable service to all patients because of the inability to recruit and increase in activity resulting in the diverting of available staff to urgent and emergency care. Service sustainability risks are particularly high within Paediatrics, Emergency Medicine and Obstetrics & Gynaecology. Achievement of TTGs is at risk due to medical workforce supply risks within Anaesthetics, Geriatrics and Ophthalmology	**Governance & Performing Monitoring** • A report is taken to the Staff Governance Committee when required, providing an update of the actions taken to minimise medical workforce risks in order to support service sustainability and address capacity issues within priority areas. • A Lothian Workforce Planning & Development Board has been established to coordinate work within all professional groups including the medical workforce. **Core prevention and detection controls** • Medical workforce risk assessment tool is available and implemented across all specialties. The assessments are fed back to local Clinical Directors and their Clinical Management Teams. They use these to inform their own service/workforce plans to minimise risk. • For the risks that require a Board or Regional response the findings are fed back to the SEAT Regional Medical Workforce Group and feed into the national medical workforce planning processes co-ordinated by NES/SG. **A recent update paper was taken to the Staff Governance Committee providing a detailed up date and the current risk rating was supported. There was moderate assurance that all reasonable steps are being taken to address the risks.**	Risk Reviewed for period Jan to March 2018 October 2017 Staff Governance Committee accepted moderate assurance. Update May 2018 – No change at present update will follow next Staff Governance Meeting A recent review of trained doctor establishments show significant improvements in recruitment from 2 years ago with an overall establishment gap of 4.3% from 4.9% in March 2015 and is relatively stable. There remain challenges in particular at the St John's site within General Medicine(7.6wte), there also remain gaps. There has however been recruitment to 2wte Ophthalmology posts with successful candidates taking up posts in June/July. Recruitment to 8wte posts to provide additional capacity at both RHSC and St John's sites in line with the recommendations of RCPCH review has been partially successful with 6wte successfully appointed, there remains however 2wte vacancies. For those specialities at high risk, local workforce plans and solutions which minimise risk have been developed and are monitored closely through existing management structures. Vacancies in 'hard to recruit' specialties regularly reviewed and different ways explored of delivering services where there are persistent gaps e.g. psychiatry and paediatrics. Ongoing implementation of risk assessment tools used to inform local workforce plans and solutions which minimise risk and are monitored closely through existing management structures. An updated paper has been written for the October staff governance committee highlighting the relatively strong position in relation to recruitment overall. The committee was asked to note that the level risk had not changed substantially since the last update and to accept a moderate level of assurance that the controls in place mitigate any risks to patient safety related to this. However given that there is not a generalised problem with recruitment for trained and training grade doctors there is a need to reconsider the risk contained on the risk register to ensure that it better reflects that only a small number of specialties would be regarded as having a high level of risk with a significantly lower level of risk across specialties in general. This review will be carried out by Medical Director. Risk Grade/Rating remains High/16	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Low 2	Medical Director	Head of Workforce Planning	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3189	3. Secure Value of Financial Sustainability	Facilities Fit for Purpose	There is a risk that NHS Lothian is unable to deliver an efficient healthcare service because of unsuitable accommodation and clinical environments leading to potential delays in patient care and threatening patient and staff safety.	A stringent Governance Process and structure for reporting of Backlog Maintenance (BLM) has been implemented as follows: 　o　Property & Asset Management Strategy (PAMS) Group 　o　Capital Steering Group 　o　Lothian Capital Investment Group (LCIG) 　o　Finance & Resources Committee 　o　Scottish Government through the annual Property & Asset Management Strategy To ensure accurate reporting the Board has implemented the following controls: • Ensure that 20% of the Board's estate is surveyed annually for physical condition and statutory compliance by the surveyors appointed by Scottish Government. • Review the outcome of surveys with the Operational Hard FM Managers and review and assess risks in accordance with the operational use of the properties to ensure priorities are addressed. • Recurring capital funding approved of £2.5m to undertake priority works (high and significant areas) • Capital Investment Plan which addresses refurbishment and re-provision of premises, linked to the Estate Rationalisation Programme includes the termination of leases and disposal of properties no longer fit for purpose. • The Procurement Framework has been implemented that allows issues identified to be rectified without the need for lengthy tendering exercises	Risk Reviewed for period – Oct – December 2017 Finance & Resources reviewed in Jan 2018 accepted moderate assurance. Action undertaken 2017/18 • Review of Risks and programme of works resulted in BLM exposure of £53.8 a reduction of £5m from previous year • At the start of the financial year 2017/18 the position in high and significant risk exposure was - £1m and significant risk being £37.4. It is anticipated that the Board will be in a position to reduce the high and significant risks significantly over this financial year. • BLM programme of works for 2017/18 addressed fire precaution works across all sites, mechanical and electrical plant replacement, legionella, building fabric (external cladding and window replacement), external grounds maintenance (car park upgrades) • The closure of Corstorphine Hospital, Royal Victoria, Edenhall, former Wester Hailes HC and sale of 4 residential care houses , in addition the expiry of leases has reduced backlog maintenance exposure. • Programme of works for 2018/19 currently being reviewed together with future programmes. The F&R Committee considered a detailed report in November 2017 and the following conclusions were noted: • The committee agreed to support the current programme of works proposed this financial year and to support the proposal that the Facilities Directorate set up a multi-disciplinary group as described. • The Committee agreed to take significant assurance that Management have calculated the BLM in line with NHS Scotland's requirements and BLM remained a priority for Facilities and that high priority items are being undertaken within the funding currently allocated. This aligns with the Board's commitment to prioritise patient safety in particular. • Furthermore the Committee agreed to accept the limited assurance that the Board can achieve an adequate reduction in the high and significant risks within BLM with the current level of funding by 2020 (the Scottish Government's objective). Risk Grade/Rating remains High 16	Adequate but partially effective; control is properly designed but not being implemented properly	High 16	Medium 4	Jim Crombie	George Curley	Finance & Resources Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3455	2: Improve the quality and safety of health care	Management of Violence & Aggression	There is a risk of Corporate Prosecution by HSE under the Corporate Homicide Act or the H&S at Work Act Section 2, 3 and 33 or any relevant H&S regulations If the risk from violence and aggression adverse events are not adequately controlled. Highest risk would be under H&S at Work Act Section 2 and 3. If we harm our staff (2) or visitors to our sites (3). There is also a statutory requirement to provide an absolute duty of care regarding NHS Lothian staff safety and well being.	•Closed loop Health & safety management system in place. •Robust H&S Committee structure. •Violence & Aggression related policies and procedures in place (attached document). •Competent specialist V&A and H&S advice in place. Robust Occupational Health Services. Learning lessons through adverse event investigation. • The Interim Director of Occupational Health & Safety delivers an annual report to the NHSL H&S Committee with specific actions related to controlling violence & aggression risk within these reports. ROSPA QSA Audit complete and action plan in place. NHS Lothian Health and Safety Strategic Plan endorsed. Specific actions related to controlling violence & aggression risk are contained within these reports.	**Risk reviewed for period April-June 2017. (As per Quarterly Review – under review)** A review has been commissioned by the Executive Lead. The purpose of the review is to ensure NHS Lothian's approach to the management of violence and aggression is appropriate and effective. Where improvements in approach or resource are required these will be highlighted. Risk Grade/Rating remains High/15 whilst the review is taking place. The review will inform the risk exposure to the Board.	Adequate but partially effective: control is properly designed but not being implemented properly	High 15	Medium 6	Medical Director	Head of Health & Safety	Staff Governance Committee

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates / Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance

3828	3. Improve Quality, Safety and Experience Across the Organisation	Nurse Workforce – Safe Staffing Levels	There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and / or inability to recruit to specific posts, the subsequently high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.	**Governance & Performance Monitoring**
				• Two Nursing and Midwifery Workforce meetings are being held (one for in patient areas and one for community nursing) alternate months. These provide a delivery function and monitor progress against agreed actions. The governance arrangements are through the Safe Staffing Group which reports to Staff Governance Committee
				• Professional governance is through monthly review at the Nurse Directors Committee with Associate Nurse Directors & Chief Nurses.
				
				Core Prevention and Detection Controls
				• Recruitment Group, Safe Staffing and Nursing Workforce Groups to plan requirements
				• The agency embargo remains with every use of agency subject to scrutiny by a senior nurse.
				• Recruitment meetings to oversee the implementation of the recruitment plan are being held monthly
				• Use of tools to ensure safe staffing levels:
				  • A calendar to ensure the annual use of the nationally accredited workload and workforce tools is in place to ascertain required establishment levels
				  • eRostering and SafeCare Live tools are being rolled out to all nursing and midwifery teams, community teams and departments to provide real time information for local decision making around the deployment of the available staffing.
				• Datix reports are escalated on a weekly basis for reports of staffing issues/shortages these are reviewed by the senior management team at the PSEAG. The supplementary staffing and rostering detail is annotated with this information to provide context and enable risk to be understood.
				• Tableau Dashboard in place provides data overview of staffing at all levels.
				• **Tableau Dashboard for eRostering KPIs**
				• Detailed analysis of staffing demand and supply, together with SAE and complaints data at ward level in acute sites to enable senior managers to pinpoint actions to areas of greatest need.
					<u>Risk Reviewed for period Jan 2018 to March 2018</u>
					Last reviewed at Staff Governance Committee Oct 2017 accepted Moderate Assurance
					
					<u>UPDATE</u>
					There are plans in place to reduce the establishment gap in the speciality areas that were harbouring a high vacancy rate.
					
					<u>ACTIONS</u>
					<u>The national contract for agency supply is being retendered. The terms of the new contract will make agency work an attractive option over bank work.</u>
					
					<u>Work continues to deliver a regional bank arrangement, the appointment of a Project Manager will expedite delivery.</u>
					
					<u>A Recruitment calendar for 2018 has been agreed, including 2 events outwith Scotland (Belfast May 2018 and London Sept 2018).</u>
					
					<u>"Meeting the Challenge" Workshops for Charge Nurses and Staff Nurses are planned for across the Summer on various sites</u>
					
					<u>Excellence in Care leadership programme to include a full day on the NMWW tools.</u>
					
					<u>St John's have established rotational posts for Staff Nurses being recruited.</u>
					
					A Return to Practice programme is being developed to offer a local opportunity for nurses and midwives that have had a career break and lost NMC registration. It is still hoped this will commence in 2018 and will include a payment to applicants at band 2 for the duration of the programme (using existing vacancy)
					
					A programme of recruitment to modern apprenticeship (MA) schemes for nursing and midwifery is being established with an aim of recruiting ~~100~~ 60 MAs in 2018/19
					
					<u>Draft risk assessment and guidelines for the use of 1:1 specialling are being tested in 4 pilot wards (evidence of reduced reliance on 1:1 in early phase of testing)</u>
					
					<u>SafeCare live is being used in RIE, The next test of change is</u>
						Satisfactory; controls adequately designed to manage risk and working as intended	Medium 9	Low 2	Executive Director Nursing, Midwivery & AHP's	Assistant Director - Nursing Workforce & Business Support	Healthcare Governance Committee

				to use SafeCare live in the safety huddles. The eRostering and SafeCare live tools roll out is 78% complete with 256 rosters (6638 nursing staff) actively using eRostering. Trend KPIs have been produced and circulated to CNMgrs./ Service managers every 4 weeks, a dashboard is in development to provide easily accessible data customised to the clinical area. Risk Grade/Rating remains: Medium/9					

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3328	1:Improving the Quality and Safety of Healthcare	Roadways / Traffic Management	There is a risk of injury to staff, patients and the public from ineffective traffic management as a result of inappropriate segregation across NHS Lothian sites leading to loss of life or significant injury	A stringent Governance Process and structure for reporting has been implemented as follows: o Site specific Traffic Management Groups o Reported in Facilities H&S quarterly reports o Reported to Health & Safety Corporate group via Facilities Health & Safety Group o Reported to Staff Governance via Health & Safety Committee • Escalation process in place through the Governance process should congestion become an issue on any site. Governance process is - Local Traffic Management Groups to Facilities Quarterly Reports, Facilities Health & Safety Group (also reported to Facilities Heads of Service) Overarching Health & safety Group • Traffic surveys have been conducted across all hospital sites, and action plans have been prepared and subject to regular review • The commission of Independent expert reviews of road infrastructures on high traffic high inpatient sites • Action plans have been developed across all sites by the Local Site Traffic Management Groups and high risk items approved subject to funding. • **Additional dedicated car park personnel in high volume traffic sites has been implemented** • A policy for reversing has been implemented across all sites, which includes – all NHS L vehicles have been fitted with reversing cameras and audible alarms, no reversing unless with the assistance of Banksman • Risk assessments and procedures are developed and regularly reviewed where risks have been identified, and a more task specific process has been developed. • Work Place Transport Policy available and reviewed within agreed timescales.	**Risk reviewed for period Jan - March 2018** Reviewed and approved at October 2017 Staff Governance Committee - accepted moderate assurance. <u>Update – March 2018</u> <u>The Pan Lothian TM Plan is being updated monthly and tabled quarterly at each Heads of Service Meeting. This details the risks, controls and further actions required at each site.</u> <u>Applications have been submitted to extend the TRO at the REH and introduce a TRO at the AAH, these works have now been completed.</u> <u>The resurfacing of car park P (main visitors car park is now complete and is now in operation. This will now provide additional traffic management controls due to the relining of spaces etc.. It is proposed to fund additional resurfacing of car park A during 2017/18 through the Backlog Maintenance Programme.</u> <u>The alterations to the road layout adjacent to Turner House (WGH) have now been completed. (which was considered as the highest risk on the WGH site). These works will reduce the speed of traffic movement on this part of the site. Cycle path works have now been completed</u> <u>Traffic Management works at Whitburn HC have been stopped until land ownership issues have been resolved. Traffic Management works at Liberton, PAEP and MCH have been completed.</u> <u>Funding has been sought to undertake traffic management works at REH Phase 1 which will include road lining and signage.</u> <u>An independent audit of arrangements at the RIE has been undertaken and a report with recommendation is being discussed with an anticipated financial application.</u> Risk grade/rating remains unchanged - High/12	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	High 12	Medium 8	Jim Crombie	George Curley	Staff Governance Committee

NHS LOTHIAN

Board
<u>27 June 2018</u>

1.4

Chairman

APPOINTMENT OF MEMBERS TO COMMITTEES

1   Purpose of the Report

1.1   <u>Lothian NHS Board's Standing Orders</u> state that "The Board shall appoint all Committee members". This report has been presented to the Board so that it may consider the recommendations from the Chairman on committee appointments.

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

2   Recommendations

The Board is recommended to:

2.1   Appoint Martin Connor as the Chair of the St John's Hospital Stakeholder Group with immediate effect.

2.2   Appoint Councillor Ian Campbell as a member of the Finance & Resources Committee with immediate effect.

2.3   Appoint Peter Murray as the chair of the Access & Governance Committee and the Emergency Access Standard Improvement Programme Board with immediate effect.

2.4   Note that Professor Moira Whyte is stepping down from the membership of the Acute Hospitals Committee and the Strategic Planning Committee.

3   Discussion of Key Issues

<u>St John's Hospital Stakeholder Group</u>

3.1   The responsibility for chairing and running this group rotated back to the NHS Board following the group's meeting in April.   The group has recently reviewed its terms of reference and is moving to quarterly meeting.   Martin Connor is currently a member of the group, and it is recommended that the Board appoints him as the group's chair.

<u>Finance & Resources Committee</u>

3.2   There is a vacancy on this committee, and it is recommended that the Board appoint Councillor Ian Campbell to the committee.

<u>Oversight of issues relating to the 4 Hour Emergency Access Standard</u>

3.3 The Board has previously agreed that the Audit & Risk Committee shall oversee the actions being taken to address the issues relating to the 4 hour emergency access standard. As part of the actions taken to date management have reviewed the Access & Governance Committee (a management meeting which is chaired by the Chief Quality Officer) and also established a new Emergency Access Standard Improvement Programme Board (which the Chief Executive chairs). In light of the scale and complexity of the issues and the extent of governance interest in this subject, it is proposed that going forward, a non-executive Board member chairs both of these groups. This will strengthen the link between the system of governance and the system of executive management.

3.4 It is recommended that the Board appoint Peter Murray as chair of both of these groups. Mr. Murray is currently a member of both the Audit & Risk Committee and the Information Governance Sub-Committee.

<u>Acute Hospitals Committee and the Strategic Planning Committee</u>

3.5 Professor Moira Whyte is currently a member of the Finance & Resources Committee, the East Lothian Integration Joint Board, the Acute Hospitals Committee and the Strategic Planning Committee. In the interests of balancing work commitments, Professor Moira Whyte will be stepping down from the membership of both of the Acute Hospitals Committee and the Strategic Planning Committee.

4 Key Risks

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

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

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8   Resource Implications

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

Alan Payne
Head of Corporate Governance
19 June 2018
alan.payne@luht.scot.nhs.uk

NHS LOTHIAN

Board
27 June 2018

1.5

Director of Finance

AMENDMENT TO THE BOARD'S SCHEME OF DELEGATION

1   Purpose of the Report

1.1   The Board has reserved the approval of its [Scheme of Delegation](#) to itself. The Finance & Resources Committee approved a revised terms of reference for the Lothian Capital Investment Group in March 2018. The Committee asked management to consider whether the delegated authority for that Group (which is currently £0.5m for capital projects, per Section 2 of the Scheme) should be reviewed, as it has not changed for a number of years.

1.2   Management proposed to the Committee on 23 May 2018 that the Group's limit be increased to £1m, and the Committee accepted the rationale for the change and agreed that the change should be recommended to the Board. Accordingly the Board is being asked today to approve this change to the Scheme.

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

2   Recommendations

        The Board is asked to:

2.1   Approve a change to the [Scheme of Delegation](#) so that the delegated authority for the Lothian Capital Investment Group is increased from £0.5m (including VAT) to £1m (including VAT).

3   Discussion of Key Issues

3.1   The Lothian Capital Investment Group has delegated authority to approve capital expenditure up to £0.5m. Greater Glasgow & Clyde NHS Board has the same delegated authority as Lothian NHS Board for capital (£5m), and it has a Finance and Planning Committee which has sub-group with delegated authority of £3m.

3.2   The Finance & Resources Committee has concluded that there are many schemes up to £3m that are of sufficient complexity which require the Committee to continue to oversee. This includes significant service changes through the purchase of additional capital equipment, the re-provision or refurbishment of GP premises, and major investments in infrastructure.   However taking into account the relative project risk profiles, the Committee did agree that it would be appropriate to increase the Lothian Capital Investment Group's limit to £1m. Since 2015 the Finance & Resources Committee has only approved one item of business which fell into the affected range (£0.5m - £1m).

3.3   Management recommended that the Committee continue to review the delegated limit in November 2018, when there is likely to be a better understanding of the profile of future capital expenditure arising from the capital prioritisation process.

4   Key Risks

4.1   The Scheme of Delegation sets out levels of delegated authority which are not compatible with the efficient conduct of business, and unnecessarily slows down decision-making.

5   Risk Register

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

6   Impact on Inequality, Including Health Inequalities

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

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

7.1   While this report proposes an amendment to internal delegated authority, it will not otherwise affect the Board's approach to the planning and development of health services.

8   Resource Implications

8.1   There are no resource implications arising from these proposals, other than the potential to reduce bureaucracy and speed up decision-making for a small number of items of capital expenditure.

Alan Payne
Head of Corporate Governance
11 June 2018
alan.payne@nhslothian.scot.nhs.uk

NHS LOTHIAN

<u>Board</u>
<u>27 June 2018</u>

1.6

Director of Finance

REVIEW OF THE BOARD'S STANDING ORDERS

1 Purpose of the Report

1.1 The Board has reserved the approval of its Standing Orders to itself. There is an opportunity to simplify the Standing Orders by removing the existing provisions for members to raise motions. The Board is not obliged to have these provisions. Additionally a few minor amendments are proposed to reflect the appointment of the Head of Corporate Governance and the creation of the <u>Board Members' Handbook</u> on the Board's website.

1.2 The Board considered the revisions on 7 February 2018 and highlighted that further work was required to clarify certain matters, particularly the ability of any member to exercise appropriate challenge.

1.3 The Head of Corporate Governance has considered the feedback and reviewed the text, and the changes are tracked in the attached revised version. The Chair of the Audit & Risk Committee, the Board Chairman, and the Board Vice-Chair also reviewed the attached draft. The Head of Corporate Governance also circulated the draft to all Board members before the Audit & Risk Committee considered it on 23 April 2018. Only one member responded, confirming that the changes were coherent and read well.

1.4 The Audit & Risk Committee reviewed the attached draft on 23 April and agreed to recommend it to the Board. The Committee did ask that the Chairman should give further consideration to paragraph 4.4 of the Standing Orders. It was suggested that when the Chair elects not to include an item of business on the agenda, then the Chair would inform all Board members as to the reason why (not just the member who suggested the item). The Chairman has considered this and decided not to take this option.

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

2 Recommendations

The Board is asked to:

2.1 Review the proposed revised Standing Orders, and approve them for use with immediate effect.

3 Discussion of Key Issues

3.1   The Scottish Government published [On Board: A Guide for Members of Statutory Boards](#) in March 2017. A key message in this is that Board members must adhere to the principle of collective corporate responsibility.   The guidance states:

"While Board members must be ready to offer constructive challenge, they must also share collective responsibility for decisions taken by the Board as a whole. If they fundamentally disagree with the decision taken by the Board, they have the option of recording their concerns in the minutes. However, ultimately, they must either accept and support the collective decision of the Board – or resign. Board decisions should always comply with statute, Ministerial directions (where this is provided for in statute), Ministerial guidance and the objectives of the sponsor Directorate, as appropriate (noting of course that certain bodies are required to demonstrate independence in order to maintain credibility)".

3.2   The [Health Boards (Membership and Procedures) (Scotland) Regulations 2001](#) include a schedule of matters to be included in the Standing Orders.   There is no mention of motions therein.   Local authorities use motions which have to be presented in advance of meetings in line with set deadlines.   Consequently the provisions currently in the Board's Standing Orders (at 5.16-5.21) which provide that a Board member may move a motion within a debate on an item are an anomaly.

3.3   Board reports contain recommendations however the Board is free to conclude whatever it wishes after consideration of the report. The Board may elect to accept the recommendations, amend them, reject them, or decide something that was not contained within the original recommendations.   Additionally all Board reports highlight the director who is responsible for the report.   Board reports invite members to contact the relevant director in advance of the meeting should they require further information (see paragraph 1.5 above). The minutes of the meeting will capture the discussion, including any objections that members may raise, and the Board's overall decision is the collectively agreed outcome from that discussion.   The Board normally reaches consensus without the need to take a formal vote, however the Standing Orders do provide for votes to be taken if required.

4   Key Risks

4.1   The Standing Orders are not consistent with how the Board works, leading to lack of clarity for Board members, which in turn negatively impacts on their engagement in Board business.

5   Risk Register

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

6   Impact on Inequality, Including Health Inequalities

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

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

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

8   Resource Implications

8.1   There are no resource implications arising from these proposals.

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

NHS LOTHIAN
STANDING ORDERS FOR THE PROCEEDINGS
AND BUSINESS OF LOTHIAN NHS BOARD

1   General

1.1   These Standing Orders for regulation of the conduct and proceedings of Lothian NHS Board, the common name for Lothian Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

1.2   The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.

1.3   Board members are required to subscribe to and comply with the NHS Lothian Code of Conduct (Appendix 6 to the Standing Orders) which is made under the Ethical Standards in Public Life etc (Scotland) Act 2000.

1.4   Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.

1.5   Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment.

1.6   The Corporate Services ManagerHead of Corporate Governance shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's intranet internet site at CORPORATE > POLICIES > NHS LOTHIAN STANDING ORDERS PACK Board Members Handbook

2   Chair

2.1   The Scottish Ministers shall appoint the Chair of the Board.

3   Vice-Chair

3.1   The Board shall appoint a Board member to be Vice-Chair. A member who is an employee of a Board is disqualified from being Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.

3.2   The Vice Chair may at any time resign from that office by giving notice in writing to the Chair, and the Board may appoint another member as Vice-Chair.

3.3   Where the Chair has died, ceased to hold office, or is unable to perform his or her duties due to illness, absence from Scotland or for any other reason, the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board and references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to the Vice-Chair.

4   Calling and Notice of Board Meetings

4.1   The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.

4.2   The Chair will determine the final agenda for all Board meetings, and no business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.

4.3   Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting.   The Chair will inform the member which meeting the item will be discussed.

> **Comment [AP1]:** This is new.

4.4   In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.

> **Comment [AP2]:** This is new

4.25   A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted.   The Chair is required to call a meeting within 7 days of receiving the requisition.   If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that. However no business shall be transacted at the meeting other than that specified in the requisition.

4.~~3~~6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be delivered to every member (e.g. sent by email) or sent by post to the usual place of residence of such members so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.   The Board may exceptionally convene a meeting at shorter notice only if all members agree.

4.~~4~~7 With regard to calculating clear days for the purpose of notice under 4.~~3~~ 6 and 4.~~6~~9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Working days and weekend days are counted. e.g.   If a notice is sent out on Friday for a meeting to be held on the following Tuesday, three clear days notice will have been given.

4.~~5~~8 Lack of service of the notice on any member shall not affect the validity of a meeting.

4.~~6~~9 Board meetings shall be held in public. The ~~Corporate Services Manager~~Head of Corporate Governance shall place a public notice of the time and place of the meeting at the Board's offices at least three clear days before the meeting is held. If the meeting is held at shorter notice (see 4.~~3~~6) then the public notice shall be placed at the same time that the shorter notice is served. The notice and the meeting papers shall also be placed on the Board's website.

4.7 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.   However the Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.

4.8 The Board may ~~pass a resolution~~agree to meet in private in order to consider certain items of business. The Board may decide to do so on the following grounds:

- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.

- The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.

- The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.

- The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

4.9 The minutes of the meeting will reflect the reason(s) why the Board resolved to meet in private.

5 Conduct of Meetings

Authority of the Chair

5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.

5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the Committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing.

5.4 In the event that aAny member who disregards the authority of the Chair, obstructs the meeting, or conducts himself/herself offensively ~~shall be suspended for the remainder of the meeting, if a motion (which shall be determined without discussion) for his/her suspension is carried~~the Chair may propose to the Board that the member be suspended for the remainder of the meeting. Where the Board elects to agree with the proposal, the member is ~~Any person so~~ suspended and shall leave the meeting immediately and shall not return without the consent of the ~~meeting~~Board. If a person so suspended refuses to leave when required by the Chair to do so, the Chair will adjourn the meeting until such time as the person leaves.

Quorum

5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least five non-executive Board members. Two of the five should also not be employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.

5.6   When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close. The Chair shall provide a report to the next meeting of the Board in the event of quorum not being reached.

5.7   In determining whether or not quorum is present the Chair must consider the effect any declared interests.

5.8   If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.

5.9   Paragraph 5.8 will not apply where a member's interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to effect any influence in the consideration or discussion of any question with respect to that contract or matter.

5.10   If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by a decision of the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.

5.11   Paragraphs 5.7-5.10 equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.

Adjournment

5.12   If it is necessary or expedient to do so for any reason, a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by a motion, which shall be moved and seconded and be put to the meeting without discussionthe Chair until such -

If such a motion is carried, the meeting shall be adjourned to such day, time and place as may be specified in the motionthe Chair may specify.

Business of the Meeting
The Agenda

5.13   If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before at the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency. Any request for the consideration of an additional item of business must be raised at the start of the meeting and the majority of members present must agree to the item being included on the agenda.

5.14   For Board meetings only, the Chair may propose within the notice of the meeting "items for approval" and "items for discussion".   The items for approval are not discussed at the meeting, but rather the members agree that the content and recommendations of the papers for such items are accepted, and that the minutes of the meeting should reflect this.   The Board must approve the proposal as to which items should be in the "items for approval" section of the agenda. Any member (for any reason) may request that any item or items be removed from the "items for approval" section. If such a request is received, the Chair shall either move the item to the "items for discussion" section, or remove it from the agenda altogether.

5.15   The Chair may change the running order of items for discussion on the agenda at the meeting.

Decision-Making

5.15   6The Chair may invite the lead for any item to introduce the item before inviting contributions from members.   Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn.   All members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.

5.17   The Chair will consider the discussion, and whether or not a consensus has been reached.   Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.

5.18   As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.

Formatted: Indent: Left: 0", Hanging: 0.49"

Comment [AP3]: This is new

Comment [AP4]: This is a lift from Scottish Government's guidance On Board (March 2017): http://www.gov.scot/Publications/2017/03/9182/27

5.19   The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.

The Board may reach consensus on an item of business without taking a formal vote.
5.20   Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then he or she will put the decision to a vote.   Before doing so, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.

5.21   Where a vote is taken, every question at a meeting shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the person presiding at the meeting shall have a second or casting vote. The Chair may determine the method for taking the vote, which may A vote may be taken by members by a show of hands, or by ballot, or any other method determined by the Chairthe Chair determines.

5.16   Any member may move a motion or an amendment to a motion (a "motion"), and it is expected that members will notify the Chair in advance of the meeting. The Chair may require the motion to be reduced to writing. The member who moved the motion may speak to it. However, another member must second the motion before there is any further debate on it.

5.17   Any member may second the motion and may reserve his/her speech for a later period of the debate.

5.18   Once a motion has been seconded it shall not be withdrawn without the leave of the Board.

5.19   After debate, the mover of any original motion shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations, and, immediately after his/her reply, the question shall be put by the Chair without further debate.

5.20   When more than one amendment is proposed, the Chair of the meeting shall decide the order in which amendments are put to the vote. All amendments carried shall be incorporated in the original motion which shall be put to the meeting as a substantive motion.

5.21   A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.

<u>Minutes</u>

5.22 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded.   The names of other persons in attendance shall also be recorded.

5.23 The ~~Corporate Services Manager~~Head of Corporate Governance (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall receive and review the minutes at the following meeting.

6   Matters Reserved for the Board

<u>Introduction</u>

6.1   The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at a NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.

6.2   This section summarises the matters reserved to the Board.

<u>Standing Orders</u>

6.3   The Board shall approve its Standing Orders.

<u>Committees</u>

6.4   The Board shall approve the establishment of, and terms of reference of all of its committees.

6.5   The Board shall appoint all committee members.

<u>Values</u>

6.6   The Board shall approve organisational values.

<u>Strategic Planning</u>

6.7   The Board shall approve all strategies for all the functions that it has planning responsibility for. This is subject to any provisions for major service change which require Ministerial approval.

6.8   The Board shall review and approve the NHS Lothian contribution to Community Planning Partnerships through the Single Outcome Agreements.

6.9 The Board shall approve the Local Delivery Plan for submission to the Scottish Government for its approval.

6.10 The Board shall approve its Corporate Objectives.

Risk Management

6.11 The Board shall define its risk appetite and associated risk tolerance levels.

6.12 The Board shall approve its Risk Management Policy.

Health & Safety

6.13 The Board shall approve its Health & Safety Policy.

Finance

6.14 The Board shall approve its financial plan for the forthcoming year, and the opening revenue and capital budgets.

6.15 The Board shall approve Standing Financial Instructions and a Scheme of Delegation.

6.16 The Board shall approve its annual accounts and report.

Capital – Acquisitions and Disposals

6.17 The Board shall comply with the Scottish Capital Investment Manual. The Board shall review and approve any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval.

Other Organisational Policy

6.18 The Board shall approve the arrangements for the approval of all other policies.

Performance Management

6.19 The Board shall approve the content, format, and frequency of performance reporting to the Board.

Criminal Prosecution/ Civil Litigation

6.20 The Board will approve its system for responding to any civil actions raised against the Board.   The Board will approve its system for responding to any occasion where the Board is being investigated and / or prosecuted for a criminal

or regulatory offence. Within these systems the Board may delegate some decision making to one or more executive Board members.

<u>Other Items of Business</u>

6.21   The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the Integration Plans for a local authority area.

6.22   The Board itself may resolve that other items of business be presented to it for approval.

7   Delegation of Authority by the Board

7.1   Except for the Matters Reserved to the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees.   In practice this is achieved primarily through the Board's approval of the <u>Standing Financial Instructions</u> and the <u>Scheme of Delegation</u>.

7.2   The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair's action should inform the Board of any decision or action subsequently taken on these matters.

7.3   The Board and its officers must comply with the <u>NHS Scotland Property Transactions Handbook</u>, and this is cross-referenced in ~~sections 24 and 39 of~~ the <u>Scheme of Delegation</u>.

7.4   The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself.   The Board may withdraw any previous act of delegation to allow this.

8   Board Members – Ethical Conduct

8.1   Members have a personal responsibility to comply with the <u>Lothian NHS Board Code of Conduct for Board Members</u>.   The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct.   The ~~Corporate Services Manager~~ <u>Business Manager (Chair, Chief Executive and Deputy Chief Executive's Office)</u> shall maintain the Lothian NHS Board Register of Interests.   When a member needs to update or amend his or her entry in the Register, he or she must notify the ~~Corporate Services Manager~~ <u>Business Manager (Chair, Chief Executive and Deputy Chief Executive's Office)</u>of the need to change the entry within one month after the date the matter required to be registered.

8.2 The ~~Corporate Services Manager~~ Business Manager (Chair, Chief Executive and Deputy Chief Executive's Office) shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.

8.3 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.8 & 5.9 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).

8.4 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.

8.5 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the ~~Corporate Services Manager~~ Business Manager (Chair, Chief Executive and Deputy Chief Executive's Office) who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website.

9 Common Seal and Execution of Documents

9.1 The ~~Corporate Services Manager~~ Head of Corporate Governance is responsible for the safe custody of the common seal of the Board, and for maintaining a register of the use of the seal.

9.2 Any document or proceeding requiring authentication by the Board by affixation of its Common Seal shall be subscribed by three Board members. Normally the Chair and the Director of Finance will be subscribers.

9.3 Where a document requires for the purpose of any enactment or rule of law relating to the authentication of documents under the Law of Scotland, or otherwise requires to be authenticated on behalf of the Board it shall be signed by an Executive Member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the provisions of the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.

9.4 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.

9.5 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

10 Committees

10.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. The Board shall appoint the chairs of these committees. The Board shall approve the terms of reference and membership of the committees and shall review these as and when required.

10.2 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed

10.3 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.

10.4 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings. The general exception is that committee meetings shall not be held in public and committee papers shall not be placed on the Board's website.

10.5 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Board.

10.6 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Lothian NHS Board and is not to be counted when determining the committee's quorum.

List of Appendices

Appendix 1 - Committees and Sub-Committees
Appendix 2 - Terms of Reference for Committees and Sub-Committees
Appendix 3 - Standing Financial Instructions
Appendix 4 - Scheme of Delegation
Appendix 5 - SEAT Framework of Governance
Appendix 6 - Code of Conduct for Board Members
Appendix 7 - Freedom of Information Code of Practice

NHS LOTHIAN

STAFF GOVERNANCE COMMITTEE

Minutes of a Meeting of the Staff Governance Committee held at 9:30am on Wednesday 31 January 2018 in Meeting Room 8&9, Fifth Floor, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

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

In Attendance:
Ms J. Campbell, Chief Operating Officer; Mr J. Crombie, Deputy Chief Executive; Mrs R. Kelly, Associate Director of HR; Ms A. Langsley, Interim Head of Corporate Education & Employee Development; Ms K. Aitken, Organisational Development Consultant; Ms J. Gaskell, Head of Employee Relations - CH(C)Ps; Ms L. Guthrie, Lead Infection and Prevention Control Nurse and Mr C. Graham, Secretariat Manager.

Apologies for Absence were received from Mr B Houston and Mr A Joyce.

Declaration of Financial and Non-Financial Interest

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

The Chair welcomed Professor Humphrey and Cllr McGinty to their first meeting as Committee members.

36.   Minutes of the Previous Meeting

36.1   The Minutes and Action Note of the Staff Governance Committee Meeting held on 25 October 2017 were approved as a correct record.

37.   Matters Arising

37.1   The Committee noted the completed actions and the items that were on the January agenda. The following actions were discussed:

- Leadership and Management Framework (LMF) - To be brought to the March Committee meeting.

- GMC visit to NHS Lothian - Miss Gillies reported that the formal report had not been received yet and could be another month to six weeks. The formal publication of the Scotland visit in its totality would be in April to coincide with the NES visit. Lothian would have its report before then. There was a paper going to the Board meeting next week and initial written feedback showed three actions for the RIE, some which related to longer term strategic work including the development of a multidisciplinary education strategy. There were no recommendations for the RHSC visit. Overall the visit to Lothian had been very positive.

- <u>Whistleblowing Monitoring Report</u> - Mr Crombie reported that since the last meeting two of these outstanding audit actions had been closed down and the timeframe for the third action in relation to overview had been extended to June 2018 by the Audit and Risk Committee. Mrs Butler confirmed that the Chair would have overview in her whistleblowing champion role and that the Audit and Risk Committee were sighted and monitoring the remaining work.

37.2 <u>Staff Engagement and Experience Board Development Plan</u> - Mrs Butler reported that it had been hoped to bring the plan to the meeting however the plan required to have appropriate staff side engagement before coming to the Committee. Therefore the plan would go to the February Lothian Partnership Forum and March Corporate Management Team meeting before the final draft plan then came to the Staff Governance Committee's March meeting.

38. Assurance and Scrutiny

38.1 Corporate Risk Register

38.1.1 <u>3328 – Roadways/Traffic Management</u> – Mr Crombie reported that a formal paper would be brought to the March meeting. There were no current issues, however it was noted that in relation to car parking at St John's Hospital additional options to support staff parking were now being looked at.

38.1.2 <u>3455 – Management of Violence and Aggression</u> - Professor McMahon introduced the update on the recommendations and actions being proposed to support and improve the current level of support to staff on violence and aggression management, given this has been flagged as a high risk on the corporate risk register for a number of years.

38.1.2.1 The Committee noted that a small group had reviewed current data to look at areas where violence and aggression was more common, the types of violence and aggression staff were exposed to, adherence to mandatory training and policies and the lone worker policy and management of this.

38.1.2.2 There was discussion on how the Lothian Health and Safety Committee and its new sub groups could help support staff and managers around the lone worker policy. It was noted that the procurement and monitoring of devices had been sitting with the training team, and this had been recognised as inappropriate and moved to procurement. Professor McMahon explained how lone worker devices were activated, monitored and tracked in practice. As part of the improvement piece there needed to be an understanding as to why staff where not activating the devices as the policy is to use the devices and this was not being adhered to.

38.1.2.3 Ms Fitzgerald asked how the Lone Working policy was linked up with Local Authority managers. Professor McMahon stated that he would be happy to pick this up with the IJB Chief Officers. It was recognised that some of actions would be immediate around the lone worker devices however areas such as governance issues may take some time to address.

38.1.2.4 Miss Gillies stated there was a clear analogy to draw here with falls in terms of number of incidents logged and the reporting culture. The paper gave a start at looking at root cause and beginning to address issues.

38.1.2.5 There was discussion on how training would be provided. Professor McMahon stated that the training team only consisted of 5 or 6 people working at sites rather

than a training centre. There needed to be more involvement through operational lines and governance required managers to take more responsibility. Feedback on the Purple Pack focus groups was that the groups were too long and take too much time to complete. It was noted that Ian Wilson and Julie Chalmers were working on improving the focus groups.

38.1.2.6 Cllr McGinty stated that it was reassuring to hear the detail around the structure and monitoring. The challenge was helping staff to understand their own personal safety, from previous experience this could be reinforced through constant repetition of the message and drip feeding of communication. The biggest pressure was when people become pressed and take risks.

38.1.2.7 The Committee accepted the recommendations and actions currently being put in place to reduce risk and further improve violence and aggression management. The Committee would like to see the whole Health and Safety/Violence and Aggression piece married together as a standing item. The Committee confirmed the proposed limited assurance of the current position and moderate assurance that the action plan, if fully implemented, would provide a greater assurance regarding the reduction of risk.

38.1.3 3527 – Medical Workforce Sustainability – Miss Gillies stated there was no change from the position reported at the last Committee meeting. There were current issues around psychology gaps in Midlothian and it was noted that recruitment was now complete and trainee numbers would come through in May or June.

38.1.4 3828 – Nurse Workforce – Safe Staffing Levels – Professor McMahon reported that there was to be a 10.8% increase in student intake numbers for 2018/19. The challenge was keeping staff and finding appropriate placements. Professor McMahon added that there was to be a return to practice programme run with Napier University later in the year and the apprenticeship routes remained through West Lothian and Edinburgh Colleges. There was also a sequence of recruitment days organised for all sites as well as events to allow school children to hear about nursing opportunities. Professor Humphrey added that work continued with accelerated programmes, looking to shorten programmes were appropriate and reducing courses from 3 years to 2 years + 1 semester.

38.1.4.1 The Committee noted that the current vacancy rate was at 5% and that agency staff had been required in December and January to ensure patient and staff safety. Staff bank continues to be used effectively.

38.2 Staff Governance Workplan – 2017/18 – Mrs Kelly reported that the intention of the workplan had been to ensure that by the end of the financial year all actions from Everyone Matters had been covered. The workplan is updated after each Staff Governance Committee meeting with the final actions from Everyone Matters item coming to the March meeting.

38.2.1 There was discussion on the plan for next year. Mrs Butler confirmed that the plan for the next two years would be based on Everyone Matters 2018-2020 which would be to tidy up items that had previously been embedded. The greatest challenge had been the embedding of iMatter and now the maintenance.

38.3 <u>Staff Governance Statement of Assurance Need –</u> Mrs Kelly reminded the Committee that this paper is provided for each meeting. It is used to record the level assurance received by the Committee for each item and is fed into the Committee's Annual Report. This is updated after each meeting to confirm levels of assurance. The paperwork for the Annual Report will come to the Staff Governance Committee in May before then feeding into the Board Annual Report.

38.4 <u>Staff Governance Standard Monitoring Framework 17/18</u> - Mrs Kelly reported that this was another element of the monitoring of the Staff Governance Standard. It had been anticipated there would be a new process this year, however the Scottish Government were still developing this which would mean another interim year. It was noted that in addition to sending in the return NHS Lothian would have the benefit of the Dignity at Work and iMatters survey. The Committee noted that there was an element for local partnership forums to contribute by providing examples around staff governance standards. The report would be pulled together for consideration at the Staff Governance Committee meeting in May.

39. Healthy Organisational Culture

39.1 <u>iMatter Update</u> – The Committee noted that full implementation of the iMatter Continuous Improvement Model had now been achieved and KPIs had now been identified. The Board Employee engagement score was 76% however the conversion rate for reports to action plans was low at only 27%. It was also noted that the anniversary cycles for corporate functions and public health were in process.

39.1.1 Mrs Butler pointed out that the report mentions additional organisational development resource for managers to work with teams and that online resource to support teams through action planning was underway. The key focus was on continuous improvement and effort was being put into building as much resource as possible to support managers and teams to raise the conversion rates of reports into action plans.

39.1.2 Mrs Butler added that the Dignity at Work survey response rate had been lower than anticipated as there had been technical issues with the system, which had led to significant periods where people were unable to access the survey; this had a significant impact for NHS Scotland. The results of the survey will be presented at the meeting in March 2018.

39.1.3 The Committee took significant assurance that full implementation of iMatter was completed in December 2017, the date set by the Scottish Government. However the Committee noted its concern around the low conversion rates of reports into action plans.

39.2 <u>Whistleblowing Monitoring Report</u>

Prof Humphrey took over the Chair for this item.

39.2.1 Mrs Kelly introduced the report on recent actions that have been taken in relation to whistleblowing and shared the monitoring data for the whistleblowing cases that have been raised within NHS Lothian for the period October 2016 to 19 January 2018.

39.2.2 The Committee noted that whistleblowing training for middle managers and staff side continued however attendance had been disappointing due to some last minute cancellations. The feedback from trainers and people who attended will be used to decide what further training will be scheduled beyond the end of March 2018.

39.2.3 Mrs Kelly informed the Committee that since the introduction of the monitoring returns in October 2016, 16 whistleblowing cases have been raised to date; these were subject to monthly discussions with Mrs Mitchell. HR Online had been developed to include letter templates and guidance on emerging themes and the differences between a grievance and whistleblowing.

39.2.4 The Committee noted that plans to appoint an Independent National Whistleblowing Officer for NHS Scotland were underway and there were ongoing consultation events at the moment to look at how that would work in practice. Once this was clearer further detail would come back to the Committee.

39.2.5 Professor Humphrey asked if trends showed an increase in whistleblowing over the years since monitoring began. Mrs Kelly stated that some months there may be a couple of cases and some months nothing. Mrs Butler added that that in the past it had been difficult to identify whistleblowing due to different routes and how these had been managed.

39.2.6 Mrs Mitchell gave feedback from a recent whistleblowing event that she had attended. The event had also been attended by current or previous whistleblowers and there had been discussion on the distinction between whistleblowing and grievance. It was noted that there was often a misunderstanding of the whistleblowing champion role. The role was one of governance and scrutiny and the champion was not involved in the actual investigation process. Mrs Kelly added that she would shortly be attending an event for people leading on whistleblowing in Boards. It was also noted that Mrs Mitchell had taken a sample of concluded cases and asked whistleblowers if they would be happy to meet to give feedback on the whole process to help improve the process and experience for other whistleblowers in the future..

39.2.7 Cllr McGinty asked if there was any further update with the Academy of Royal Colleges Investigation into the St John's Hospital issue. Mrs Butler stated that the report was still awaited and Mr Crombie added there would be a meeting with clinical staff on 16 February. It was noted that the Derek Bell report had been delayed and was also awaited.

39.2.8 There was further discussion on encouraging staff to speak up earlier, the limitations around investigations when whistleblowers are anonymous and the number of outcomes which are not upheld or any action taken.

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

The Chair returned to Mrs Mitchell.

39.3 <u>Sickness Absence Update</u> - Ms Gaskell introduced the report providing the Committee with an update on the arrangements in place to assist with the management of short term sickness absence.

39.3.1 The performance highlighted in the paper was noted, with running average being around 3.52%. The paper was an update from the report previously received in May 2017.

39.3.2 Ms Gaskell stated that over the last three years there had been a slight improvement in the overall absence rate, however short term absence had increased. In particular there was an increase within nursing and midwifery, absences within facilities was reducing. The Committee noted that compared to other health boards long term absence rates were lower and short term were about in line with others.

39.3.3 Ms Gaskell reported that since the previous report in May 2017, work on improving dashboard information had continued. Three dashboards had now been developed and two were being well used for easy access to ward and department level data. The financial information dashboard was not being used a lot and it was felt this may be complicated to look at and understand, there would be a view taken at the end of this May as to whether or not to continue with the financial information dashboard.

39.3.4 Ms Gaskell also reported on current work on unknown causes and reasons for absence. This was to allow more support around staff health and wellbeing moving forward. The Lothian Partnership Forum had recently considered a health and wellbeing staff engagement paper and it was hoped to use the healthy working lives framework to progress this and to make the information available online.

39.3.5 The Chair thanked Ms Gaskell for a clear and comprehensive paper on the raft of activity undertaken. However there remained a concern around providing Board significant assurance on a target with cannot be achieved. Mrs Butler clarified that this was not a target, but a HEAT standard which had never been achieved anywhere in NHS Scotland. NHS Lothian remained consistently below the Scottish average sickness absence rate.

39.3.6 The Committee discussed planning of systems, cultural change and health promotion required with an ageing workforce.

39.3.7 Mrs Butler stated that this work was the start of a journey which would take time to introduce systems and processes and it was important to be alert to where things were working and how to share these across the organisation.

39.3.8 The Committee noted the tools being developed and the work undertaken by the Human Resources and Occupational Health Services to support line managers with absence management, in particular short term absence.

39.3.9 The Committee agreed to take significant assurance that systems and processes are in place to assist managers to address short term absence. However only moderate assurance could be taken in relation to assurance to the Board given the non compliance with the HEAT Standard.

39.4 Health and Safety Update – Miss Gillies reported that for the March Staff Governance Committee meeting a written update would be provided showing each considered risk at local level and a summary position. This would allow a more informed view to be provided for appropriate Assurance. The work of the new Health and Safety groups would commence with a focus on violence and aggression as previously covered. It was hoped to get to a place of local ownership for health and safety, with committees feeding in improvement actions locally which could then be collated by the main committee and fed back to Staff Governance Committee.

39.5 Mandatory Training Compliance – Healthcare Associated Infection – Ms Guthrie and Ms Langsley gave an update on the current position with mandatory Healthcare Associated Infection (HAI) education.

39.5.1 The Committee noted that the current compliant rate was 70%, however the compliance target was 80%. It had been agreed to progress with a new resource for mandatory compliance which was on track for delivery in March 2018.

39.5.2 It was recognised that the current education provision for mandatory HAI training was not fit for purpose and the NES SIPCEP (Scottish Infection Prevention & Control Education Pathway) modules do not meet NHS Lothian's mandatory requirements. NHS Lothian's Infection Control and Prevention Team have implemented a plan to develop a new video and scenario based learning resource. As an interim measure, the existing NHS Borders module had been adapted to address staff feedback on the assessment which had been felt to be too onerous and in depth.

39.5.3 The Committee noted that Facilities were an outlier at the moment and it was planned to roll out a DVD approach to address this as had been done for other aspects of mandatory compliance.

39.5.4 Ms Fitzgerald stated that having 30% of staff across the Board not complying was an area of great concern and the trends did not seem to be improving.

39.5.5 The Committee agreed to take a limited level of assurance that management actions will be implemented that will improve both the staff experience of, and compliance with mandatory HAI education. A progress report will be provided to the committee in March 2018.

39.6 <u>Mandatory Training Compliance – Public Protection</u> – Ms Langsley reported that the current compliance rate was 75.8%, a large part of the low organisational compliance was down to Facilities. This was being addressed with the DVD approach which would be launching shortly. It was hoped to have achieved the 80% compliance target by the end of April 2018.

39.6.1 The Committee agreed to take a moderate level of assurance that management actions will be implemented that will improve compliance with mandatory Public Protection education. It was noted that a further progress report would be provided to the committee in March 2018.

40. Sustainable Workforce

40.1 <u>Workforce Report</u> – The Committee noted the updated Workforce Report for January 2018 and the actions being taken to address some of the issues raised in the Report, much of which had already been covered previously in the meeting.

40.2 <u>Workforce Planning and Development Programme Board Update</u> - Mrs Butler introduced the report presenting the NHS Lothian Workforce Plan for 2017-19. The Committee noted that this had been drafted in line with the extant national guidance. Improved guidance was expected in spring and this would include the integrated work and future shape and direction of services. Mrs Butler stated that the intention moving forward would be to have a regional level workforce plan, not Board level. It was noted that there was a requirement to publish the workforce plan online and that the Programme Board would provide updates to the Staff Governance Committee as appropriate.

40.2.1 Mrs Butler added that she was on the regional workforce planning group and the Board had good links with the regional work as she was the Regional Lead for Human Resources and Professor McMahon was the Regional Lead for Nursing.

41. Capable Workforce

41.1 <u>TURAS Appraisal</u> – Mrs Butler reported on the current position with Turas Appraisal transition & implementation.

41.1.1 The Committee noted that all arrangements for transition to TURAS at national and local level were on schedule. There were no anticipated issues with the planned implementation by the 1st April 2018.

41.1.2 The Committee agreed to take a moderate level of assurance that management actions are in place to effectively implement Turas Appraisal in NHS Lothian.

41.2 <u>Report from the Nursing and Midwifery Council (NMC) Visit to Napier University</u> - Professor McMahon reported that NHS Lothian and Edinburgh Napier University had been privileged to recently host a very positive visit from the NMC. The NMC had met with students at Napier and three service areas from NHS Lothian. The NMC had been interested in hearing about standards of nursing and midwifery, experiences of students and joined up working.

41.2.1 Professor Humphrey added that the NMC as an organisation are located primarily in London and that the governance committee's visit had been the first and only trip to Scotland. The Staff Governance Committee noted that correspondence following the visit had been positive and the Committee praised those involved for their good work.

41.2 <u>Everyone Matters – Working Across Organisational Boundaries</u> - Ms Aitken gave a presentation on the Team Development Toolkit being used by NHS Lothian and the four Health and Social Care Partnerships.

41.2.1 The presentation covered some of the initiatives involved in working across boundaries as well as the modules included within the toolkit:
- Culture, Vision & Values
- Roles & Responsibilities
- Communication & Collaboration
- Change & Transition
- Innovation & Risk taking
- Monitoring progress
- Leadership

41.2.2 Ms Aitken also covered leadership development; staff engagement; HR&OD networks and groups; workforce planning; service development; common skills passport; modern apprenticeships; young person's network and corporate education around regional working.

41.2.3 Miss Gillies added that this work aligned with discussions held at the recent primary care summit on the new GP contract, where the GP is described as a multidisciplinary team leader. Miss Gillies would take this forward with Ms Aitken out with the meeting.

42. For Information and Noting

42.1 The Committee noted the following items:
- Health and Safety Committee Minutes – 28/11/2017
- Lothian Partnership Forum Minutes – 28/11/2017
- Staff Engagement and Experience Project Board Minutes – 02/10/2017
- Workforce Planning and Development Programme Board Minutes – 06/11/2017
- Remuneration Committee Open Minute 12/12/2017

43.   Any Other Business

43.1   There was no other business

44.   Date of Next Meeting

44.1   It was noted that the next meeting of the committee would be held on Wednesday 21 March 2018 at 9.30am in meeting rooms 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

45.   **2018 Meeting Dates**
- 30 May 2018
- 24 July 2018
- 24 October 2018

NHS LOTHIAN

STAFF GOVERNANCE COMMITTEE

Minutes of a Meeting of the Staff Governance Committee held at 2:00pm on Wednesday 2 May 2018 in Meeting Room 8&9, Fifth Floor, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present:
Mrs A. Mitchell (Chair), Mrs. J Butler, Ms H. Fitzgerald (until 3pm), Miss T. Gillies (until 3pm), Mr A Joyce, Mr B Houston (until 3pm), Professor T. Humphrey and Professor A. McMahon (until 4pm).

In Attendance:
Mrs R. Kelly, Deputy Director of HR, NHS Lothian, Ms A. Langsley, Interim Head of Corporate Education & Employee Development, Mr G Curley, Director of Operations - Facilities (Item 49.1.1), Ms J. Campbell, Chief Officer, Acute Services and Mr C. Graham, Secretariat Manager.

Apologies for Absence were received from Cllr D. Milligan, Cllr J. McGinty, Mr J. Crombie and Mr S. McLaughlin.

Declaration of Financial and Non-Financial Interest

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

1.   Values Cards – Short Exercise

1.1   Mrs Butler reported that the cards had been formed as part of the continued embedding work around the NHS Lothian Values. The cards were to be used to encourage staff engagement and could be used as part of the team/corporate meetings or in one to one discussions. The topics of the cards included:

   • Quality
   • Dignity and Respect
   • Care and Compassion
   • Openness, Honesty and Responsibility
   • Teamwork

1.2   Mrs Butler stated that there had been positive feedback on the cards which are being rolled out as part of the toolkit on embedding values. Miss Gillies commented that she was using the cards during 1:1 meetings and Professor McMahon added that the cards would be used at the upcoming Nursing – Daring to be Great event.

1.3   Mr Houston asked how it was be ensured that the cards are used and deployed. Mrs Butler said that the Organisational Development (OD) and wider HR Team were rolling the cards out at events and offering card coaching practice. They were also being shared in a more measured and managed way through leaders, teams, senior nurses and clinical leads. Mr Houston commented on having scope for permanent mechanisms such as incorporating the cards into the electronic calendar system so people would get a different message each day.

1.4   There was further discussion on monitoring use of the cards and also how staff side were involved as this would be something that could be used when having difficult conversations. Mrs Butler stated that the OD team were involved in monitoring card use and also capturing feedback and it was hoped to see an impact on iMatter results as a result of the cards being introduced. The Chair suggested that the values cards could be part of the standing agenda moving forward and should be used at all meetings.

2.   Minutes of the Previous Meeting

2.1   The Minutes and Action Note of the Staff Governance Committee Meeting held on 31 January 2018 were approved as a correct record subject to the following amendment:

Amend paragraph 39.2.6, to read – Mrs Mitchell gave feedback from a recent whistleblowing event that she had attended. The event had also been attended by current or previous whistleblowers and there had been discussion on the distinction between whistleblowing and grievance. It was noted that there was often a misunderstanding of the whistleblowing champion role. The role was one of governance and scrutiny and the champion was not involved in the actual investigation process. Mrs Kelly added that she would shortly be attending an event for people leading on whistleblowing in Boards. It was also noted that Mrs Mitchell had taken a sample of concluded cases and asked whistleblowers if they would be happy to meet to give feedback on the whole process to help improve the process and experience for other whistleblowers in the future.

2.2   It was also noted that in terms of governance, these minutes would be required to be resubmitted to the June Board meeting as the correct version of the minutes.

JB/CG

3.   Matters Arising

3.1   Leadership and Management Framework (LMF) – It had been agreed to defer this item to the July meeting.

4.   Assurance and Scrutiny

4.1   Corporate Risk Register

4.1.1   3328 – Roadways/Traffic Management – Mr Curley introduced the report updating the Committee on progress with the management of risks associated with roadways and traffic management. The Committee acknowledged that as the availability of capital funding reduces, the ability to implement engineered designed solutions could diminish; therefore the risk rating would be unlikely to change in the immediate future.

4.1.1.1   Mr Curley pointed out that RIDDORs also remained at a high level and this was possibly due to increased reporting. Every incident was now reported including accidents with zero harm.

4.1.1.2   The Committee noted the report and endorsed the progress to date, supporting the direction of travel on future recommendations to improve the capability to deal with this significant risk.

4.1.1.3   The Facilities Directorate's assessment that the Roadways & Traffic Management remained a high risk throughout the estate, with particular concern for the major hospital sites was endorsed.

4.1.1.4   The Committee agreed to accept moderate assurance that road and traffic management issues are being regularly reviewed, managed and improvements developed as supported by recent audits. The Committee also supported the actions taken at the RIE campus site to influence the external contractor to introduce improvements

4.1.2   3455 – Management of Violence and Aggression - Professor McMahon reported on the progress made around the management of violence and aggression including the engagement around the Purple Packs work. Both the Healthcare Governance Committee and Staff Governance Committee had been involved with this work.

4.1.2.1   Professor McMahon also reported that there had been 44 reviews of harm. The learning from these in terms of process, consistency and communication had been used to improve standard operating procedures and inform the action plan moving forward. An update would come back to the Staff Governance Committee when this was complete.

4.1.2.2   There was discussion on the Lone Working Policy and how this was being managed within integrated teams. The Committee noted that there had been an important change relating to devices, control of which had now moved to procurement. Training was under way with service encouraging staff attendance.

4.1.2.3   Professor McMahon stated that every service area did have a list of the lone workers with a device however it would seem that these lists were not being kept up to date and devices were not being activated when required. It was accepted that there was both a corporate and individual responsibility around this. It was suggested each of the local Health and Safety groups should have an agenda item covering lone workers.

4.1.2.4   The Committee acknowledged Professor McMahon's update whilst recognising that a paper on the reviews of harm work would follow. The suggestion for each of the local Health and Safety groups to have an agenda item covering lone workers was to be taken forward.

AMcM/TG

4.1.3   3527 – Medical Workforce Sustainability – Miss Gillies updated the Committee on the current level of risk in relation to medical workforce sustainability. The Committee noted that this was a regular paper and that the long term issues associated with the risk had not changed since the previous report.

4.1.3.1   There was discussion on NHS Lothian's positive ability to recruit compared to other health boards, whilst recognising pressures within Psychiatry and Anaesthesia. It was also accepted that trainee doctor recruitment was close to 100% and gaps tended to arise once people had been recruited, e.g. parental leave, out of programme etc.

4.1.3.2   Professor McMahon pointed out that there was to be a psychiatry whole system meeting in June to look at providing better clinical and managed support.

4.1.3.3   There was also discussion on how long vacancies should be tolerated before thinking about redesigning contracts and services; the option of board wide appointments; how the establishment gap for trained doctors was being addressed and the impact on regional working.

4.1.3.4   The Committee requested that the next report on Medical Workforce include discussion on initiatives/strategies around retention and further detail and statistical analysis on this.

4.1.3.5   The Committee acknowledged the measures taken to mitigate this risk and recognised the relatively strong recruitment position of NHS Lothian when compared with other NHS Boards. The Committee supported the development of regional workforce scenario planning to help inform planning the medical workforce in the medium term as part of the Regional Health and Social Care Plan.

4.1.3.6   The Committee agreed to accept the proposed moderate level of assurance as the risk had not changed substantially since the last update and controls were in place to mitigate any risks to patient safety related to this.

4.1.4   3828 – Nurse Workforce – Safe Staffing Levels – Professor McMahon reported that the local group continued. This group mirrored the national group for safe staffing. It was noted that the safe staffing legislation would be enacted from summer 2019. The local group focused on nursing recruitment and retention and was looking more proactively at exit interviews.

4.1.4.1   There was discussion on workforce planning tools; the challenge around the ability to recruit staff to increase establishment to the true figure; excellence in care standards and e-rostering, which had now been rolled out to 80% of the nurse workforce. Professor McMahon added that there were still areas which relied on agency staff; this was usually down to staff sickness absence.

4.1.4.2   There was also discussion on other disciplines working on wards to help nurses to undertake work more effectively, freeing staff up to do clinical care. It was noted that nurses are spending around 40% of their time making and cleaning beds other options for this work needs to be considered.

4.1.4.3   Professor McMahon would bring a more detailed report to the next meeting.

AMcM

Ms H. Fitzgerald left the meeting.

4.2   Staff Governance Workplan – 2017/18 & 2018/19 – Mrs Kelly introduced the report asking the Committee to review the workplan for 2017/18 to ensure all items had been progressed and to approve the Workplan for 2018/19.

4.2.1   Mrs Kelly confirmed that the 2017/18 plan had seen papers brought to the Committee at various points through the year providing assurance on each of the relevant staff governance areas.

4.2.2.   The 2018/19 plan included the items which the Committee was required to review in the coming year as part of Everyone Matters and also the standard reports along with the dates of when items would be brought. The Chair confirmed that the workplan had previously been cross mapped to the staff governance standards to simplify what was required.

4.2.3   The Committee agreed to take significant assurance that progress had been made with the Staff Governance Workplan for 2017/18 and all of the actions detailed in the plan. The Committee also approved the Staff Governance Workplan for 2018/19.

4.3 <u>Staff Governance Statement of Assurance Need</u> – Mrs Kelly presented the updated Statement of Assurance for the committee to confirm its approval.

4.3.1 Mrs Kelly reported that the document was the same as other board governance groups provided. This document was updated after each meeting to reflect the levels of assurance received on each of the appropriate governance areas. The document also detailed the dates an item came to the Committee and any future actions to be taken. The Statement of Assurance Need formed part of the Board's annual report and the process for the 2018/19 report would start again from the next Committee meeting.

4.3.2 The Staff Governance Committee agreed to confirm approval of the Statement of Assurance Need subject to review of final revisions at the next meeting on 30th May 2018.

4.4 <u>Health and Safety Assurance Position</u> – Miss Gillies updated the Committee on the risk assurance levels for the Q3 health and safety prioritised risk topics. The report covered Sharps management, fire management and local risk assessment implementation submitted to the main NHS Lothian Health and Safety Committee from all the local area Health and Safety committees.

4.4.1 Miss Gillies drew the Committee's attention to level of assurance being given in Appendix 1 of the report and the detail on which this was based. It was important to describe the current situation transparently rather than to have people disengage from the process.

4.4.2 The committee noted the Appendix, which collated current assurance level returns for particular risk topics discussed at the NHSL H&S Committee on 20th February 2018.

4.4.3 The Chair welcomed Miss Gillies' progress in addressing the challenges around the Health and Safety Assurance Position, however it was important that these improvements were built upon to provide that more detailed and robust assurance. Miss Gillies pointed out that attempts were being made to come to a more professional judgement based culture which remained comfortable for health and safety advisers and did not become over complicated. It was recognised that this area needed ownership from the organisation as a whole.

4.4.4 The Committee agreed that full assurance could not be taken at this time and it was agreed that the Chair, Miss Gillies and Mrs Butler meet out with the meeting to review the Assurance Needs Statement and ensure its accuracy with the information available.

AM/TG/JB

Mr B Houston and Miss T. Gillies left the meeting.

5. Healthy Organisational Culture

5.1 <u>Health and Social Care Staff Experience Report and Dignity at Work Survey Results</u> – Mrs Butler gave a presentation on the Staff Experience Report and Dignity at Work Survey Results. Mrs Butler apologised that the incorrect report had been circulated. The report circulated was the corporate report and that she would send round the correct NHS Lothian organisational report.

JB

5.1.1   Mrs Butler's presentation covered the details behind the survey, the iMatter Results including NHS Lothian results compared to NHS Scotland and Teaching Boards and the NHS Lothian response rates and Employee Engagement Index (EEI) by Directorate.

5.1.2   Mrs Butler highlighted that NHS Lothian's six most positive responses were the same as NHS Scotland's and that NHS Lothian's four least positive responses were the same as NHS Scotland's.

5.1.3   The presentation also covered iMatter Action Plan conversion, Staff Governance Standards mapping and discrimination by ethnicity. Mrs Butler pointed out that the overall experience rate had risen from the 2015 results and that going forward managers would be able to access a 5 year history of reporting data.

5.1.4   There was discussion on response rates and context around bullying/harassment and whistleblowing numbers and the existing strategies around these areas. The local dissemination of results to staff was also considered. This would be undertaken at corporate magazine/site publications/communication networks level supported by Local Partnership Forums.

5.1.5   The Committee received the presentation and noted that Mrs Butler would circulate the correct NHS Lothian organisational report to the committee.

JB

5.2   Staff Engagement & Experience Development Framework 2018-2020 – Mrs Butler presented the final version of the Staff Engagement and Experience Development Framework to the Committee for endorsement.

5.2.1   Mrs Butler reported that a Programme Board had been established last June to undertake this work and this document was the outcome of engagement with the Programme Board and various other staff groups. The Committee noted that there was to be a workshop session later in May to consider the detailed actions to be taken to support the delivery of the commitments as set out in the Framework and that these would be presented to the Committee in July.

JB

5.2.2   It was noted that this was a new approach, which promoted how to embed organisational values and it was hoped that frontline staff would find the framework as a meaningful document.

5.2.3   The Committee felt that the framework was an excellent document which encapsulated clear messages and images.

5.2.4   The Committee fully endorsed the final version of the Staff Engagement and Experience Development Framework, describing it as a sound piece of work.

5.3   iMatter Action Planning – Mrs Butler gave the Committee an overview of the planned work around improving the conversion rate of iMatter Team Reports into Action Plans. Mrs Butler reported that while there had been a significant improvement with the transition of team reports to action plans there still remained work to do particularly to ensure that action plans were developed within 12 weeks of the team report being issued. There would be a focus over the next 12 months on how to improve conversion rates.   Once the number of action plans had improved the next part of the journey would to be to look at the quality of the action plans and Organisational Development (OD) would endeavour to look to support this.

5.3.1   Mrs Butler stated that the OD team was at capacity in terms of the number of programmes that could be supported and the executive team recognised the increased pressure on the OD function both internally and externally.

5.3.2   The Chair stated that this report gave an indication of how work on conversion rates was progressing but that there was a need for Executive Directors to look at their own teams' performance and lead by example to ensure reports were converted to actions plans.

5.3.3   The Staff Governance Committee supported the iMatter Action Plan, as detailed and noted there would be reports to future meetings with more detail.

JB/RK

Professor Humphrey took over as Chair for this item.

5.4   Whistleblowing Monitoring Report - Mrs Kelly introduced the report updating the Committee on recent actions that have been taken in relation to whistleblowing and to also share the monitoring data for the 21 whistleblowing cases that have been raised within NHS Lothian for the period October 2016 to 16 March 2018.

5.4.1   Mrs Kelly reported that in 2017/18 15 whistleblowing training sessions had been undertaken, attendances at these had been mixed therefore further training had been commissioned but these will be run over half day sessions and consideration will be given as to how best to encourage attendance. Mrs Kelly highlighted the press articles attached to the report, covering an example of NHS Lothian's effective handling and investigation of recent serious whistleblowing allegations.

5.4.2   There was discussion on progress with the new Independent National Whistleblowing Officer post and the proposed new whistleblowing process which could potentially follow the current complaints procedure timeline and move to a 20 day response target. Further information was still awaited from the Ombudsman/Scottish Government on the final details of the process which is to go live later in 2018. Further updates would come to the Committee as appropriate.

5.4.3   Mrs Mitchell updated the Committee on progress with her work to speak with people who had raised whistleblowing concerns to obtain feedback on their experience, following full completion of their cases. The sample selected was taken from the pool of those who had raised matters with a public or wider interest rather that those who had raised principally personal grievances. The sample included cases which had been upheld and those which had not. The Committee noted that positive feedback received from the two parties who had responded around the constructiveness of the interaction overall. However, there were suggestions made around the benefit of adopting a more holistic approach to case management, where there were perhaps dimensions of absence/stress management related to the whistleblowing concern. It was also highlighted that there seemed to be a lack of understanding by line managers of how to handle the management of a whistleblowing concerns effectively.

5.4.4   It was also suggested during feedback that inclusion of clear information on whistleblowing policy and process should be incorporated in new employees' induction. Mrs Mitchell confirmed it was her intention to continue contacting whistleblowers, who were not anonymous, for feedback after cases were completely closed with a view to ensuing fair treatment of and improving the experience of future whistleblowers.

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

Mrs Mitchell thanked Professor Humphrey and took back the Chair.

Professor McMahon left the meeting.

6. Sustainable Workforce

6.1 <u>Workforce Report</u> – Mrs Kelly reported that the HR Information Systems Team had recently been nominated for an award for their work on Workforce dashboards. The Committee congratulated the team on this great achievement and wished them good luck at the awards ceremony in London on 7 June.

6.1.1 The Committee noted that as at January 2018 the Mandatory Training compliance rate was at almost 80%. Compliance rate improvements in relation to Healthcare Associated Infections 73.2% (+3.1%) and Public Protection 76.2% (+0.4%) were also noted.

6.1.2 The Committee noted the updated Workforce Report for March 2018 and the actions being taken to address some of the issues within in the Report, much of which had already been covered previously in the meeting.

7. Capable Workforce

7.1 <u>Technology – Workforce Confidence and Competence</u> – Ms Langsley introduced the report updating the Committee on the current position in relation to enhancing the confidence and competence of the workforce in the use of technology, the proposal being to develop a strategy across the whole workforce.

7.1.1 Ms Langsley pointed out that a new, integrated Digital Health & Social Care Strategy 2017- 2022 was recently launched and it was important that NHS Lothian's own e-Health Strategy 2018-2021 is aligned to the new document.

7.1.2 The Chair stated that there was a need for further understanding on how realistic or viable this new approach was. Mrs Butler replied that moderate level arrangements were in place to allow development of the strategy. There was discussion on early scoping work with staff, self assessment, digital capability, training solutions and e-learning at home

7.1.3 The Committee requested that a further paper be brought back along with an action plan after the end of Q2.

JB

7.1.4 The Committee noted the intention to implement a Digital Workforce Strategy and agreed to take moderate level assurance that the arrangements are in place to develop a Digital Workforce Strategy which will address the need to build confidence and competence among staff in using technology to make decisions and deliver care by encouraging active participation in learning.

8.   For Information and Noting

8.1   The Committee noted the following items:
- Health and Safety Committee Minutes – 20/02/2018
- Lothian Partnership Forum Minutes – 27/02/2018
- Staff Engagement and Experience Project Board Minutes – 06/02/2018

9.   Any Other Business

9.1   There was no other business

10.   Date of Next Meeting

10.1   It was noted that the next meeting of the committee would be held on Wednesday 30 May 2018 at 9.30am in meeting rooms 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

11.   2018 Meeting Dates
- 24 July 2018
- 24 October 2018

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9:30am on Wednesday 23 May 2018 in Meeting Room 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:
Mr M. Hill, Non-Executive Board Member (Chair), Mr B. Houston, Board Chairman, Non-Executive Board Member, Mr B. McQueen, Non-Executive Board Member, Mr P. Murray, Non-Executive Board Member, Miss T. Gillies, Executive Medical Director and Professor A. McMahon, Executive Nurse Director

In Attendance:
Mr J. Crombie, Acting Chief Executive, Ms J. Campbell, Chief Officer, Acute Services (until 12:20pm), Mr C Marriott, Deputy Director of Finance, Mr C Briggs, Director of Strategic Planning, Mr N Bradbury, Capital Finance Manager, Ms S Cosens, RHSC & DCN Reprovision Project Manager, Mr B. Currie, Project Director - RHSC / DCN (Item 4.1), Mr M Pryor, Asset Development Director (Item 4.1), Mr G. Curley, Director of Operations-Facilities (Item 4.5), Mr D. Hill, Product Specialist, Decontamination (Item 4.5), Mr I Robertson, Head of eHealth Operations and Infrastructure (Item 4.6), Mr A. Payne, Head of Corporate Governance, and Mr C. Graham, Secretariat Manager (Minutes).

Apologies for absence were received from Mrs S. Goldsmith, Mr T. Davison, Mr I. Graham, Professor A. McCallum and Mr A. McCann.

Declaration of Financial and Non-Financial Interest

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

1   Minutes from Previous Meeting (21 March 2018)

1.1   The minutes from the meeting held on 21 March 2018 were approved as a correct record.

2   Committee Business

2.1   <u>Running Action Note</u> – The Committee were content to note the actions being taken and the outcomes at the present time. The action note was agreed.

2.2   <u>2017/18 Committee Annual Report</u> – The Committee agreed the 2017/18 Annual Report, incorporating agreed amendments as a result of today's meeting, would be fed into the Audit and Risk meeting in June and would become part of the Board's governance statement within the 2017/18 Annual Accounts. **Mr Payne would now progress this.**

AP

2.3   <u>Development of the Finance and Resources Committee</u> - Mr Payne reported that as a result of the previously considered members' survey results, it had been identified that there was a need for more formal training or available information on finance issues which are specific to NHS Scotland and this should be available to all Board Members and anyone else who may find this useful.

2.3.1   The paper being presented was a start to the process of putting materials together and developing them. Consideration had started to be given to methods of delivery such as videos, once the content material was confirmed.

2.3.2   The Chair thanked Mr Payne for the helpful paper. Mr Houston stated that the paper captured previous discussions on the issues well and there may be benefit of considering having sessions with the Director of Finance on the expectation of how Board Members should approach finance information.

2.3.3   The Chair added that it was good to make an advantage of Non Executive Board Members' different backgrounds, experience and views and it would be useful to retain this element of 'maverickness' and not make the process too homogenised.

2.3.4   There was discussion on the fact that many of the current members were not involved in the development of the Board's strategic plan, and collectively the group may not be as familiar with it. The Committee recognised that this had an impact on the committee's ability to effectively assess proposals that may be presented to it. It was also recognised that the lack of involvement in the strategic plan was a more generic issue for the Board and did not just apply to F&R members.

2.3.5   Mr Houston added that this did not just apply to the strategic plan but was broader than that and applied to the whole planning framework, integration and the regional dimension, all of which must be considered.

2.3.6   The Chair made the point that whilst the Board's strategic plan remained extant it was the duty of F&R members to test propositions against that strategy.

2.3.7   The Committee discussed timeline for this work and how this work would be delivered. Mr Payne stated that a few weeks of dedicated work would see completion of the finance part and he was happy to work with planning colleagues on this, he would also consider HMFA training materials (as suggested by Mr Marriott).

2.3.8   It was noted that previously finance sessions for non-executives had been arranged but poorly attended. It was recognised that often such sessions were difficult for Non Executives to prioritise given the growing requirements of their roles. The Committee noted that the ultimate vision for this was for the core material to be electronically delivered.

2.3.9   The Committee agreed that work should continue, starting with finance and resources focussed material then develop more generic information beyond that. It was agreed that Mr Payne would continue to develop this resource and bring back a specific proposal or updates as appropriate.

AP

3   Revenue

3.1   Community Empowerment (Scotland) Act 2015 – Participation Requests and Asset Transfer Requests – Mr Payne introduced the report on the Community Empowerment (Scotland) Act 2015. The Committee noted that Sections 32 and 95 of the Act required an annual report to be produced, to include certain information on participation requests and asset transfer requests.

3.1.1   Mr Payne confirmed to the Committee that only one such participation request had been received and that information on the Board's processes is currently available on the Board's website.

3.1.2   Mr McQueen asked if given the low number of requests, there was an issue about how well the community were aware of the Act. The Chair added that given NHS Lothian duty to the public, was there any requirement to ensure the knowledge of the ability of community groups to raise issues through this was actively promoted.

3.1.3   Mr Payne confirmed that all of the information was available on the NHS Lothian website under the 'your rights' section and that this fulfilled the basic information requirements under the Act.

3.1.4   The Committee approved the annual report and noted that it would now be published on the Board's website.

AP

3.2   Assurance Report on the Procurement Systems – Mr Marriott introduced the report updating the Committee on progress in relation to the Public Procurement Reform Programme's (PPRP) Capability Assessment which provides measurement of Procurement Systems assurance; and plans for regional collaboration.

3.2.1   Mr Marriott reported that NHS Lothian's ratings were mature, compared to other Boards, and further opportunities to develop merged procurement functions had been taken through work with national procurement and consideration of the regional dimension. It was hoped that national procurement involvement would lead to a standardised approach moving forward with any wider issues being picked up under regionalisation.

3.2.2   Mr Houston asked if it was the intention for the Boards involved to share procuring capacity or move towards a centralised procurement, and out with the known parameters of regionalisation, asked why this could not be done once for Scotland.

3.2.3   Mr Marriott replied this work was part of the national improvement programme which was being implemented regionally and in conjunction with a Regional Payroll Services Model. It was appreciated that there was a clear steer from the Scottish Government for Boards to test regional service models that are consistent with National Shared Services vision.

3.2.4   Mr McQueen asked if recruitment of procurement staff was an issue for NHS Lothian given the difficulties other public sector areas were having. Mr Marriott stated that recruitment was dependant on business cycles and when the private sector business picked up this could often see a loss of staff. However part of the national workstream was the development of a procurement academy to grow our own procurement staff.

3.2.5 **The Committee agreed to take significant assurance on the procurement function that was in place. It was recognised that there was further work to be done in building the collaborations at regional level and the Committee would welcome updates on this to future meetings.**

3.3 <u>Financial Position to March 2018 and Financial Plan 2018/19</u> - Mr Marriott updated the Committee on the NHS Lothian financial position for the year to the end of March 2018, and also the Financial Plan for 2018/19.

3.3.1 Mr Marriott reported that the financial targets had been hit as well as the Capital Resource Limit (CRL) and subject to external audit review, this had been a positive year for financial performance.

3.3.2 There was discussion on delivery of balance in year, individual business units' progress, pressure points within the year e.g. pay and junior doctors, progress with nursing and agency spend, GP prescribing, legacy LRP, efficiency and productivity and the financial positions of the integration joint boards.

3.3.3 Mr Crombie raised the point that whilst commending the work undertaken to achieve the financial position it had to be recognised that in delivering the financial position there had been an impact on service delivery. The Chair stated that this was an important point for discussion on how as a committee the balancing of pressures was achieved. It should also be recognised that financial performance can lead to a care deficit. The Chair posed the question to the Committee about the most effective way of conveying this point.

3.3.4 Mr Houston stated that there had to be a balance between the F&R point of view and the risk implications of what lies elsewhere. The point made at the recent health and sport committee session had been that as a Board there was a move from an era of performance management to risk management. There was a balancing act to be done and this included where deconstruction of the risk appetite takes us, this was a role for the F&R Committee along with the other governance parts of the Board. It was felt that this was a direct, non-delegatable matter for the Board with the governance parts all doing their job, synthesising this and bringing it to Board level.

3.3.5 Mr McQueen asked about the income and expenditure summary in the financial position report. In particular the variation against out turn in relation to maintenance costs and equipment which appeared to be a large percentage over what had been budgeted. He queried why had the budgeting been so far off, and would this be taken account of for the new financial year.

3.3.6 Mr Marriott stated we are unable to set a balanced budget each year which results in some non pay budget lines being out of balance. Mr Marriott could provide further detail on this if required.

3.3.7 The Committee then discussed the significant move towards use of non recurring funding and at what point this becomes out with bounds of the normal in-year management

3.3.8 Mr Marriott explained that for the past three years there had been a reliance on non-recurring solutions to break even. At the start of the financial year the Board starts with a funding gap. The approach has been to prioritise the funding of pay budgets, and consequently there are insufficient remaining funds to adequately fund non-pay budgets. Therefore the budgeting of non-pay is a reflection of limited resources, and the need to attend to the underlying financial deficit.

3.3.9 Mr Crombie reported on the deficit caused by the NRAC situation and the increasing reliance on non recurring funds. It was noted that NHS Lothian had been criticised for being so explicit about the financial situation and there was a need for the Board to have further discussion with the Scottish Government to explore this in more detail. The Chair added that as the current year financial plan develops all issues would have to be made explicit and taken to the Board for appropriate debate.

3.3.10 The Committee acknowledged that NHS Lothian had achieved its financial targets for the year 2017/18, subject to external audit review. The Committee noted that the 2018/19 Financial Plan had now been approved by the Board and there would be a 2018/19 Financial Plan brought to the July F&R Meeting.

SG

4   Capital

4.1   <u>Update on Royal Hospital for Children & Young People and Department of Clinical Neurosciences</u> - Mr Pryor introduced the report seeking the Committee's support to a proposed commercial agreement between the Board and IHSL to resolve disputed issues and to effect the completion and handover of the new RHSC/DCN facility.

4.1.1 The Chair commended the time, effort and ingenuity of those involved with reaching this solution which seemed to be a sensible approach to achieving a completed hospital.

4.1.2 The Committee approved the proposed way forward set out in the paper.

4.1.3 The Committee also asked for clarification in relation to any future state aid liability.

SG

Mr Currie and Mr Pryor left the meeting.

4.2   <u>Capital Programme Prioritisation: 5-10 year plan</u> - Mr Briggs explained that the report was to inform the Committee of the progress and output of the capital prioritisation process undertaken across NHS Lothian services.

4.2.1 The Committee were reminded that in January 2017, prioritisation of capital schemes had been requested from the Director of Strategic Planning, and the formal prioritisation process was subsequently agreed by the Committee September 2017. There had also been a LCIG Capital Prioritisation Workshop held on 1 May 2018. All of this work had led to the next stage of having a prioritised capital plan looking at how to spend money, time and people resource. There were prioritised lists for areas relating to Acute, Royal Edinburgh Hospital and Associated Services, Primary Care, Corporate Services and Integration Joint Boards (IJBs) as responsibility for capital resources was not delegated to IJBs.

4.2.2 The next steps for the programme were to raise awareness within operational teams, continue to develop good business cases and continue the educational programme roll out. This would be under constant review incase new information or funding becomes available and regular updates would come back to the F&R Committee.

4.2.3 There was discussion on this robust approach to capital programmes and how this could work at regional and national level. It would be interesting to have a view of how other boards undertake this against the Scottish Government guidance.

4.2.4 The Committee agreed to take significant assurance that a process has been designed, implemented and adopted that will deliver Lothian-wide prioritisation of capital proposals. The Committee accepted the process followed to reach the agreed prioritised list and approved the drafted Property and Asset Management Investment Programme 2018/19 – 2022/23 based on the identified priorities. The Committee also endorsed the ongoing implementation plan to embed this process and ensure that priorities are refreshed to inform and reflect subsequent Annual Operational Plans, the Lothian Hospitals Plan, IJB Strategic Plans and the NHS Lothian Financial Strategy.

4.3 <u>GP Premises: GMS Changes and Practice Risk Profile</u> - Mr Bradbury introduced the report providing the Committee with information which had been requested on the risk to GP Practices and the premises they occupy.

4.3.1 Mr Bradbury tabled information detailing work undertaken to develop a tool to help inform decision making around GP practices. This work was being taken forward with the Health and Social Care Partnerships. The tool showed risk factors for each practice, including lease type, length of lease left, number of partners, estimated partner age, size of practice, general condition and any comments or proposed actions.

4.3.2 The tool was being used to sense check prioritisation work as already discussed at item 4.2 above and the key next step from this maybe for the tool to be part of the prioritising process for practices looking to take loans through the Scottish Government

4.3.3 The Chair thanked Mr Bradbury for his outline of the report, which went part way to answering the Committee's questions, however this did not cover financial risk and the Committee would like to see more information on financial risk, how this is managed and the impact on the rest of NHS Lothian's costs in future papers.

4.3.4 Mr Briggs stated that the tool was intended to be used as an early warning system and still required some further development. Miss Gillies welcomed the bullets listed on the second page of the report which helped bring objectivity to the issues the tool was attempting to highlight, namely:

- Is the property suitable for ongoing use by NHS Lothian?
- Are there any non property solutions?
- Does the HSCP and IJB support the service provision from the property?
- Are the existing lease terms acceptable to NHS Lothian?
- Can commercial terms be agreed with the practice/owners?

4.3.5   Mr Curley pointed out that the tool had been in development for the last three years and was essential in providing early warning. There was still improvement and refinement to be done but this currently allowed a demonstration to F&R that there was an awareness of issues going forward.

4.3.6   The Committee agreed that as a first stage of development, there was useful information starting to come through. The Committee agreed to take limited assurance that a process to assess the property impact of the new GMS Contract was in place. The Committee approved the mechanism or tool for identifying risks in GP Practices and premises. The Committee requested that future committee papers discuss financial risks and management of this.

<div align="right">**SG**</div>

4.4   <u>Initial Agreement: Multiagency Centre for Gender-Based Violence and Child Protection</u> - Professor McMahon introduced the report presenting a Strategic Assessment (SA) and an Initial Agreement (IA) on the joint proposal for a Multi Agency Centre for Children and Adults who have been victims of sexual assault including the Forensic Medical Service, and seeking the Committee's support to progress with a Business Case for the preferred solution identified.

4.4.1   The Committee noted that in 2014 responsibility for the provision of custody health care and forensic medical services had passed to Health Boards and that the service continued to be provided on a mutual basis between Health and Police. Previously the service had operated from two centres – Royal Victoria Hospital, Edinburgh and the Civic Centre in Livingston. Since the Royal Victoria Hospital fire all access had been through Livingston. The Scottish Government had now given clear instruction that such a service was to be provided away from the police custody environment, therefore options for reprovision were now being considered. It was proposed to reprovide the service from the St Katharine's unit in Edinburgh.

4.4.2   The Committee noted the intention to progress to full business case with this and for the business case to come to F&R and Lothian Capital Investment Group (LCIG) in September 2018.

4.4.3   Professor McMahon explained that moving forward the Scottish Government expected to see access and choice being provided including the choice of having a female examiner. At this time NHS Lothian would be unable to meet this standard.

4.4.4.   The Committee recognised that this was a difficult service to provide given the intricacies around evidence gathering and a range of workforce issues. Professor McMahon added that interim arrangements for the service were being made at the Astley Ainslie Hospital.

4.4.5   There was discussion on the key risks and the meeting of the expected standards which would be a challenge. NHS Lothian would need to be clear that whilst the Government's aspirations were laudable going forward delivery in reality would be challenging and that the Board would strive to provide the best possible service. In terms of workforce one of the issues was that the whole of Scotland was trying to recruit from the same pool of people.

4.4.6 The Committee agreed appropriate support from Finance, Estates and Capital Planning and endorsed the decision by the LCIG on 1st May 2018 for the IA to progress to full business case with St Katharine's unit in Edinburgh as the site for the multiagency centre for Gender Based Violence and Child Protection including the forensic service (subject to agreement from IJB and regional partners as appropriate). The Committee also agreed that NHS Lothian should act as the lead agency, allowing discussions to progress on site lease / ownership, proposed service model and funding from all partners.

4.5 <u>Standard Business Case: Track & Traceability – Hospital Sterilisation & Decontamination Unit</u> - Mr Crombie introduced the report which was requesting approval for the Business Case for a tracking and traceability system for reusable medical devices which will provide a Radio-frequency identification (*RFID*) tracking infrastructure that can be used for other categories of equipment and has the potential to integrate with theatre planning and delivery. The Committee noted that the Initial Agreement had been presented and agreed at the March F&R Meeting.

4.5.1 Mr Curley stated that preparation of the business case had taken a substantial amount of work and included a significant number of appendices on how this solution had been tested and competitively tendered. Management have concluded that the proposal offers the best solution for tracking and traceability of instruments in NHS Lothian.

4.5.2 Ms Campbell added that the business case had also received scrutiny from the Acute Senior Management Team, including associate medical directors and there was real support for this.

4.5.3 There was discussion on shortage of kit and how the business case would not solve this problem. Mr Curley recognised that the business case would not solve issues of availability of kit but it would allow more efficient management of kit life cycles to help better determine short falls and have a more planned process for surgical instruments as part of quality assurance. Miss Gillies added that it would help to provide evidence for a more targeted replacement programme of kit.

4.5.4 The Committee also discussed the national consideration aspects of the business case. Mr Curley explained that there were ongoing discussions with national procurement on the national and regional opportunities available and that Lothian continues to work with Glasgow to understand what a fit for purpose HSDU looks like.

4.5.6 The Committee agreed to endorse the Business Case and the Strategic Assessment. The Committee would also encourage colleagues to investigate the opportunities of a once for Scotland approach to track and traceability.

JC

4.6 <u>Full Business Case: NHS Lothian Replacement Telephony System</u> -Miss Gillies introduced the report presenting the Unified Communications Full Business Case (FBC) and seeking F&R approval for the FBC. It was noted that the Committee had previously supported the initial agreement, recognising the importance of having a reliable communications system.

4.6.1 Mr Robertson explained that current NHS Lothian systems were old with some over 25 years old and no longer being supported or repaired as equipment came to the end of its useful life; this presented a major risk to the organisation.

4.6.2   A rigorous procurement process had been undertaken and completed in January 2018; this had been led by the national procurement team along with involvement from the Central Legal Office and other external consultants.   The responding suppliers had been shortlisted to four, this had then been re-evaluated and shortlisted to 2 suppliers – the procurement process was still ongoing.

4.6.3   The planned solution was for there to be a managed hosted service, not to have systems on every site but to provide greater resilience including battery backup. The new modern and supportable service would include the features available today but would also support flexible working with new flexible licences which would allow services such as transferring site numbers onto mobile phones. There would also be workflow assistance to help clinicians.

4.6.4   Mr Bradbury outlined that there were two parts to the business case - network infrastructure and upgrades. The Committee noted that the capital cost for the business case would be £6.1M, with £3M from NHS Lothian's formula capital scheme and another £3M from Scottish Government. The remaining funding, finance had agreed to approve through managed revenue.

4.6.5   Mr Houston stated that the Benefits Realisation Plan appeared to have been omitted from the documentation provided and that previous discussions had covered the need for development but also the need to achieve cost reduction benefits, and to design a new system driven by potential benefits, and it was not clear if this was what the business case was providing.

4.6.6   Miss Gillies suggested that initial significant benefits including the incorporating of workflow on handsets for clinical staff, which would be a significant development opportunity.

4.6.7   The Chair added that there appeared to be opportunity costs still to be bottomed out. Mr Crombie pointed out that as part of the governance decision taken there was engagement with national procurement and external support to develop the proposal, specification and evaluation process.

4.6.8   Mr Robertson explained that the number of circuits and maintenance would reduce with the introduction of the new system and he would be happy to go over further detail on this out with the meeting.

4.6.9   It was recognised that the new system offered many new features and was capable of a lot, but this was obviously at additional cost. Therefore the new system would be similar to the current systems with some additional features such as workflow providing full recording and audit trail. The new system would be a foundation to build on, adding functionality as desired/appropriate. Miss Gillies added that the new system would see a reduction of defects rather than an increase in benefits.

Ms Campbell left the meeting.

4.6.10 There was discussion on the additional revenue cost against the existing system. Mr Crombie whilst appreciating the Committee's frustration pointed out that given the age and risks of the current systems anything would have cost more and for that reason national procurement had been involved and the specification minimised. This was now at a place where the business case needed to progress.

4.6.11 The Committee agreed to support and approve the decision reached on the proposed solution, preferred supplier and proposed approach for managing the expected revenue shortfall and the solution put forward.

4.6.12 The Committee approved the FBC, subject to confirmation of Scottish Government (SG) capital funding availability for the capital elements of the proposed contract, as well as any SG Capital Investment Group approval requirements. The committee agreed to delegate confirmation of this funding position to the Director of Finance.

4.6.13 The Committee also requested to have sight of the benefits realisation documentation given the need for clarity around critical benefits. Miss Gillies would provide this to the July F&R Meeting.

TG

4.7 <u>Property and Asset Management Investment Programme</u> - Mr Bradbury updated the Committee on the status of Property and Asset Management Investment Programme (PAMIP).

4.7.1 Mr Bradbury outlined the proposal to increase the LCIG delegated limit up to £1M and for this to be reviewed in 6 months time once the prioritisation process was up and running.

4.7.2 There was also discussion on the State of NHSScotland's Assets and Facilities Report (SAFR) 2018 and the Property and Asset Management Strategy (PAMS). It was noted that that NHS Lothian submitted its proforma for the annual SAFR 2018 in line with the deadline of 14 May and that the PAMS was due for submission to the Scottish Government on 1st June 2018. Both the proforma and the PAMS are overseen through a sub group of LCIG, and would be submitted as draft pending approval by this Committee in July 2018.

4.7.3 The Committee note the recording of a break-even position for the 2017/18 PAMIP. The Committee agreed to take moderate assurance around the programme delivery in year and accepted the rationale for the adjustment to the Lothian Capital Investment Group delegated levels to £1m from £500k, and recommend to the Board that the Scheme of Delegation be changed accordingly. The Committee also agreed to take moderate assurance around the delivery of proposed disposals and securing capital.

5 Any Other Competent Business

5.1 There was no other business.

6 Date of Next Meetings

25 July 2018   19 September 2018   21 November 2018

NHS LOTHIAN

1.9

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee meeting held at 9.00 am on Monday, 23 April 2018 in Meeting Rooms 8 & 9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:
Mr M Ash (Chair), Non-Executive Board Member; Mr B McQueen, Non-Executive Board Member; Mr P. Murray, Non-Executive Board Member and Mr M Connor Non-Executive Board Member.

In Attendance:
Ms J Bennett, Associate Director for Quality Improvement & Safety; Ms J Brown, Chief Internal Auditor; Mr C Brown, Scott Moncrieff; Mr J Crombie, Acting Chief Executive; Miss T Gillies, Medical Director; Ms S. Goldsmith, Director of Finance; Ms J Campbell, Chief Officer Acute Services; Ms B Livingston, Finance Manager – Corporate Reporting; Mr C. Marriott, Deputy Director of Finance; Professor A McCallum, Director of Public Health and Health Policy; Professor A McMahon, Executive Director Nursing, Midwifery & AHPs; Mr J. Old, Financial Controller; Mr A Payne, Head of Corporate Governance; Ms G Scanlin, Scott Moncrieff; Dr S. Watson, Chief Quality Officer and Miss L Baird, Secretariat Manager.

Apologies:
Mr T. Davison, Chief Executive; Mr B. Houston, Board Chairman; Cllr John McGinty, Non-Executive Board Member.

The Chair reminded Members that they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. Nobody declared an interest.

1. **Minutes of the Previous Meeting held on 26 February 2018**

1.1 The minutes of the meeting held on 26 February 2018 were accepted as an accurate record of the meeting subject to the following amendment:
   - Ms Brown also reported on the stability of the Internal Audit team. It was noted that currently there was one vacancy and the team comprised two principal auditors and one part time auditor. The team had been receiving part time assistance from two graduate finance trainees over the previous three months.

2. **Running Action Note**

2.1 <u>Risk Management</u> – at the Board Development Day in May there would be a focus on risk. An update on the discussion was anticipated for the June Audit & Risk Committee.

2.2 <u>Internal Audit</u> - There had been discussions with the Edinburgh Integration Joint Board's Chief Internal Auditor to agree in principle the development of a joint audit on homecare in 2018/19. This would be a pilot exercise which would be used to inform the approach of the audits in the other three local authority areas. This will be discussed further at the next meeting of the Chief Internal Auditor group late August 2018

2.3   The Committee accepted the running action note.

3.   Ensuring the Right Thing Happens in Practice – Arrangements for the Approval of Policy

3.1   It was noted that in September 2017 the formal governance oversight of the action plan "Ensuring the Right Thing Happens in Practice Every Time" was transferred from the Audit & Risk Committee to the Healthcare Governance Committee. The purpose of this report was to provide a general update on progress against actions to date.

3.2   The policy hub had been resourced and appointments were made to roles to support the revised arrangements, to deliver the action plan and the proposed project. The elements of all 4 phases were underway in accordance with the overarching programme plan.

3.3   Future updates on compliance and oversight would remain with the responsibility of Healthcare Governance Committee. As part of the system of control there would be a continuous review process built into the programme that allows a flow of feedback between the hub and services.

3.4   The Committee noted the information provided and anticipated and update on progress in the Healthcare Governance Committee Annual Report in June.

3.6   The Committee agreed to endorse the levels of assurance accepted by the Healthcare Governance Committee in March 2018:
   - Significant assurance that the actions within "Ensuring the Right Thing Happens in Practice Every Time" that have been delegated to the new Policy Hub are now being delivered with focus and pace.
   - Significant assurance that action is being taken to address the gaps identified in the governance arrangements for the development, dissemination and implementation of clinical policy, documentation and information for patients.
   - Limited assurance that until the revised processes are embedded the culture may prevail that individuals and services may issue policy, procedure and other materials that have not been through formal approval procedures.

4.   Internal Audit Report: Information Governance (February 2018)

4.1   The audit had identified 4 areas where there was significant assurance and 2 areas where there was moderate assurance. Ms Brown summarised the outcomes of the audit and the 4 areas requiring further attention:
   - Attendance at the IGAB and IGWG meetings is low, averaging 49% and 60% for the first three meetings of 2017.
   - No controls are in place to confirm reassessment of information assets according to their risk rating.
   - Completion of mandatory training in some areas is below Board target of 80%, for example the Edinburgh Partnership; General Medical Services has a 53% completion rate, from a head count of 157.
   - The governance structure for Information Governance involves a sub-committee and a working group As a result the Healthcare Governance Committee may not have overall responsibility for Information Governance,

increasing the risk that relevant matters are not included, reported, or receive sufficient attention.

4.2   The Chief Internal Auditor advised that she was content with the management response and deadlines proposed. She also noted that internal audit are members on the GDPR working group.

4.3   Members noted that NHS Lothian was in a good position compared to their colleagues in other regions, following action take to anticipate the impact of the new General Data Protection Regulations

4.4   Mr McQueen requested that Ms Brown number each section of the internal audit reports for ease of reference.   **JBr**

4.5   The committee accepted the report.

Professor McCallum left the meeting.

Tracey Gillies entered the meeting.

5.   Internal Audit Report: Consultant Job Planning (February 2018)

5.1   Of the 8 control objectives, the internal auditors concluded that 2 had significant assurance, 4 had moderate assurance, and 1 had no assurance.

5.2   Miss Gillies explained that NHS Lothian was into its third year of implementing an electronic system (Zircadian) for job planning. There are three levels of sign-off in the system for job planning, and issues can be held up in this process. For many consultants their job plans do not change from one year to the next. Notably the process is to be completed in the final quarter of the year, during winter, which is the worst time of year in terms of demand on the service. It is a prospective process, and it would be helpful if it could be clearer at an earlier stage what the clinical models and activity needs to be.   At the moment it is not clear what the root causes are as to why the plans are not signed off on time. Miss Gillies confirmed that it is necessary to make improvements in this area, and sensibly use the levers which are available to do so. .

5.3   Ms Campbell informed the committee that the information within the job planning is used to inform service planning, e.g. the theatre improvement programme. The aspiration is that all job plans will be evidently linked to service plans. .

5.4   Mr Ash welcomed the discussion and the further information which Ms Gillies provided. He highlighted that the management response within the internal audit was light and would have been better if it was more detailed.   Mr Murray commented that there needs to be greater visibility of all the things management are doing on this subject, and its relationship to service planning.   Mr McQueen commented that the various 1-1 meetings will take up a lot of resource to organise and conduct, and Miss Gillies advised that it was a right within the consultant contract.   Members took assurance from Miss Gillies' feedback and the overview she provided at the meeting that management were on track and making good progress to address the issued identified in the audit.

5.5   Miss Gillies agreed to provide a follow-up report to the committee's meeting on 23 August 2018. The Chair requested that the follow-up report includes a briefing on the background and the key issues, as had been highlighted in the discussion.   **TG**

5.6   The committee accepted the internal audit report.

6.   Internal Audit Report: Network Management (March 2018)

6.1   Of the 6 control objectives, the internal auditors concluded that 4 had significant assurance, and two had moderate assurance.

6.2   The Committee accepted the report.

7.   Risk Management (Assurance)

7.1   <u>NHS Lothian Corporate Risk Register</u> - Ms Bennett presented the report setting out NHS Lothian's Corporate Risk Register for assurance.

7.1.1   Ms Bennett reported that work was in progress with the Edinburgh IJB to link common risks. She highlighted that the governance committees continue to oversee the corporate risks which are pertinent to their remit. The scoring of corporate risks remains static.

7.1.2   Ms Bennett highlighted that in the Board development session in May, it will be an opportunity to consider how useful the risk appetite and tolerances are. She highlighted that many of the risks are process measures, which are arguably barometers rather than actual risks to objectives. Ms Bennett informed the committee that while other NHS Boards have similar issues, some make a clear distinction between strategic risks and escalated operational risks.

Dr Watson entered the meeting.

7.1.3   Mr McQueen highlighted that it would be appropriate to consider whether risks are being expressed appropriately, given that some of the corporate risks are not moving.

7.1.4   The Committee agreed that the Board development session in May is welcome, and the Board should be actively considering risk in this way at least annually.

Ms Livingston entered the meeting.

7.1.5   In the past Ms Bennett had looked to other Boards to see how Lothian compared and if there were lessons to be learnt, and future work would focus on looking to similar industries to see if lessons could be learnt.

7.1.6   The Committee acknowledged that the corporate risks have undergone a review to improve the expression of risk, controls and actions.

7.1.7   The Committee accepted significant assurance that the current Corporate Risk Register contains all appropriate risks, which are contained in section 3.2 and set out in detail in Appendix 1.

7.1.8   The Committee accept that as a system of control, the governance committees of the Board assess the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the committee's remit.

8. Internal Audit (Assurance)

8.1 <u>Internal Audit Progress Report – April 2018</u> – Ms Brown gave an overview of internal audit activity since the February meeting, and confirmed the reviews planned for the coming quarter, identifying any changes to the original audit plan.

8.1.1 The report highlighted poorer performance on the key performance indicator relating to internal audit producing draft a report within 15 days of completing the fieldwork. Mr McQueen asked whether this measure was achievable. Both Ms Brown and Mr Brown confirmed that the measure is reasonable, and Ms Brown advised that work will continue to improve performance in this respect.

8.1.2 Ms Brown reiterated the staffing position within internal audit and her intention to use management trainees to boost capacity within the team. She assured the Committee that the current capacity within the team was sufficient to complete the 2018/19 audit plan.

8.1.3 The Committee accepted the report.

8.2 <u>Follow-Up of Management Actions Report (April 2018)</u> – as at April 2018 there were 8 outstanding management actions, a vast improvement to previous reports. The Chair expressed thanks to the members of the Corporate Management Team for their assistance in driving forward progress, and asked for this to be fed back.

8.2.1 The Committee accepted the report.

9. Counter Fraud Services (Assurance)

9.1 <u>Counter Fraud Activity</u> – Members noted that the update from Counter Fraud services had been deferred until the June meeting.

10. External Audit (Assurance)

10.1 <u>Audit Committee Progress Report</u> – Mr Brown and Ms Scanlin went through the report in detail drawing the committee's attention to the areas that related transparency and withdrawal from the EU and waiting times, and recognising that Professor Bell's report on the emergency access standard has not been published yet.

10.2 The external auditors noted that NHS Lothian was a leader in corporate reporting and they were reassured by the good practice and processes in place, given the current pressures that the organisation faces.

10.3 Mr McQueen requested that future external audit reports contain paragraph number for ease of referencing.

10.3 The Committee accepted the Audit Committee Progress Report.

11. Corporate Governance (Assurance / Decision)

11.1 <u>Accounting Policies</u> – It was noted that there were no changes to the accounting policies.

11.1.1 The Committee agreed to approve the accounting policies and confirm that they were appropriate for the Board at the present time for the purpose of giving a true and fair view.

Miss Gillies and Ms Livingston left the meeting.

11.2 <u>Write-Off of Overseas Debts</u> - It was noted that the Board's Scheme of Delegation requires that any loss or special payment that was greater than the Board's delegated limits must be referred to the Audit & Risk Committee before an application was made to the Scottish Government to approve the loss or special payment. This report had been prepared for that purpose for the proposed write-off of three losses.

11.2.1 There was some discussion on issues surrounding General Practice and the provision put in place under the new GMS contract to mitigate future losses. It was noted that the process in place for non-resident patients were robust and the Finance & Resources had taken significant assurance from a report on that subject at its last meeting.

11.2.2 There was some discussion on how the UK's departure from the EU would impact such cases. Mr Payne advised that he had prepared a briefing on BREXIT risks for directors to consider, and the treatment of people who are currently resident in the EU is captured in this.

11.2.3 The Committee reviewed appendices 1, 2 and 3 and confirmed that the Director of Finance may approach the SGHSCD for its approval to write-off these losses.

11.3 <u>Progress Report on Matters Relating to 4 Hour Emergency Standard</u> – It was noted that NHS Lothian was fully committed to improving unscheduled care services for patients and also the experience of our staff. Ms Campbell advised that management are developing a robust communication plan to support the immediate actions once the reports are received.

11.3.1 The Committee noted the process and progress of actions in response to the internal audit and the significant adverse event processes.

11.3.2 The Committee noted the progress of the Scottish Government commissioned Academy of Medical Royal colleges Review chaired by Professor Derek Bell.

11.3.3 The Committee accepted the update on the evolution of the improvement plan developed in response to the internal audit report and the Serious Adverse Event processes and note the monitoring processes behind it.

11.3.4 The Committee agreed to accept that Staff Experience Improvement plan is now being developed at a site level in response to staff feedback. The feedback indicated that the improvement plan should be re-developed at site level to ensure co-production and ownership, while demonstrating evidence of learning and improvement aligned to the findings and recommendations of the two internal review processes.

11.3.5 The Committee agreed that it had moderate assurance that the leadership team have responded appropriately and timeously to the findings and recommendations of the internal audit review and SAE process, and will be able to respond quickly to review report when it is published. All three were commissioned to investigate the operation of, and compliance with, extant

policies, standard operating procedures (SOPs) 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, and impact on staff experience. In response, robust governance structures have been established to oversee organisational improvement and learning.

11.4 <u>Access and Governance Committee Update</u> – Dr Watson introduced the report informing the Committee of key developments in relation to the Access and Governance Committee.

11.4.1 Since the previous update, a 6 monthly update had been considered by the Corporate Management Team. The first three recommendations detailed within table 1 had be completes and the remaining 6 were long term ambitions with no clear resolution. One material change to the status of the committee was the inclusion of the Deputy Chief Executive being in attendance.

11.4.2 The Committee welcomed the credence the participation of the Deputy Chief Executive would bring to the forum and his assistance in the resolution of issues.

11.4.3 Mr Crombie highlighted that there is work being taken forward at a regional level aimed at reducing demand at the front door and facilitating early discharge from hospital, which should impact on the performance against the emergency access standard.

11.4.4 The Committee accepted a limited level of assurance from the processes in place and the progress to date.

11.4.5 The Committee requested a further update on the Access and Governance Committee for June. **SW**

Dr Watson left the meeting.

11.5 <u>Review of the Standing Orders</u> – Mr Payne introduced the report, highlighting that the review is an opportunity to simplify the standing orders by removing the existing provisions for members to raise motions at meetings of the Board.

11.5.1 Mr McQueen highlighted a point for the Chairman to consider. This related to when the Chairman elected not to include an item in the agenda for the Board, and whether the Chairman should inform all the Board members as to the reason why, rather than just the member who proposed the item.

11.5.2 The Committee reviewed the proposals and agreed to recommend to the Board that it amends its standing orders to put these proposals into effect, subject to Mr Payne clarify the above item with the Chairman. **AP**

12. Any Other Competent Business

12.1 There was no other business.

13. Date of Next Meeting

13.1 The next meeting of the Audit and Risk Committee would take place at 9.00 on Monday 18 June 2018 in Meeting Rooms 8 & 9, 5th Floor, Waverley Gate.

NHS LOTHIAN

ACUTE HOSPITALS COMMITTEE

Minutes of the meeting of the Acute Hospitals Committee held at 14:00 on Tuesday 20 February 2018 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Ms A. Mitchell, Non Executive Board Member (chair); Ms T. Gillies, Medical Director; Councillor R. Henderson, Non Executive Board Member; Mr A. Joyce, Employee Director.

In Attendance: Mr D. Adams, Senior Information Analyst; Mr C. Briggs, Associate Director, Strategic Planning; Ms J. Campbell, Chief Officer, Acute Services; Mr O. Campbell, Business Manager, Acute Services Directorate; Dr B. Cook, Medical Director, Acute Services; Ms R. Kelly, Associate Director of Human Resources; Mr R. Mackie, Senior Information Analyst; Mr C. Marriott, Deputy Director of Finance; Ms F. Mitchell, Site Director, Royal Hospital for Sick Children; Ms B. Pillath, Committee Administrator (minutes); Mr A. Tyrothoulakis, Site Director, St John's Hospital.

Apologies: Ms S. Ballard-Smith, Nurse Director, Acute Services; Mr J. Crombie, Deputy Chief Executive; Mr J. Oates, Non Executive Board Member; Councillor F. O'Donnell, Non Executive Board Member.

Chair's Welcome and Introductions

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

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

1.   Minutes from Previous Meeting (7 November 2017)

1.1   The minutes from the meeting on 7 November 2017 were approved as a correct record.

2.   Matters Arising

2.1   Kay Blair

2.1.2   Members paid tribute to Ms Blair, who had sadly died earlier that month, commending her significant work and achievement in setting up the Acute Hospitals Committee.

3.   Performance Assurance

3.1   Emergency Access Standard: Review of Performance Reporting Compliance

3.1.1   Ms Campbell spoke to the previously circulated paper. The Emergency Standard Programme Board was chaired by Jim Crombie and this group has responsibility for

oversight and monitoring of the action plan developed in response to the internal audit and SAE reports. The action plan would be brought to the next meeting.

3.1.2 A paper on Access and Governance revised terms of reference and membership would be discussed at the Audit and Risk Committee, and the Access and Governance Team would now report there. Minutes from the Access and Governance meeting and any significant Acute Services issues would be submitted to Acute Hospitals Committee.

3.1.3 Members requested that a further paper be submitted to the next meeting with a clear outline of actions and assurance that all actions were covered. This should demonstrate that actions clearly mapped back to findings and recommendations Members accepted the recommendations laid out in the paper and accepted moderate assurance that an action plan was in place to address issues. **JCa**

3.2 Unscheduled Care: Current Pressures

3.2.1 Ms Campbell spoke to the previously circulated paper reviewing the period of extraordinary pressures on services during the winter period, and the effect on 4 hour access performance. This had been discussed at the previous Board meeting.

3.2.2 It was noted that despite unprecedented pressure, staff resilience and teamwork had been extremely good over the weeks.

3.2.3 There had been daily teleconferences with Integration Joint Boards to use different approaches to improving patient flow using a whole system approach. This had included both immediate actions and longer term actions that could make improvements in future years.

3.2.4 Members agreed that an evaluation would be helpful to improve planning for next winter; this should measure the quality of the outcome of actions taken. Specific areas to consider would be the four day weekends, where actions taken increased resilience, where they had little impact, and what could be done in the future. There would be a national winter debrief in March 2018 for the first time.

3.2.5 A paper would be submitted to the Healthcare Governance Committee to discuss impact on patient safety during the winter period including cleaning, infection, dignity, clinical complications, medicines availability and other impacts.

3.2.6 Cllr Henderson advised that the Edinburgh Integration Joint Board were acutely aware that planning for next winter should start now. There was consideration of what resources could be used to help prevent falls outside in icy weather; Councils and other partners could work together to ensure pavements were cleared. The model contracts with care home providers were being reviewed and innovative ways to boost capacity in care at home were being considered for next winter.

3.2.7 Members accepted the recommendations laid out in the paper.

3.3 Hospital Scorecard: readmissions; length of stay

3.3.1   Ms Gillies spoke to the previously circulated paper which reported on standard measures that were part of the assurance framework. The data presented was to June 2017 as this data was processed by Information Services Division and released to Boards. The local Board data was included in the quality reports.

3.3.2   It was noted that data was of limited value due to the time delay but that it allowed comparison across Scotland and there was a requirement for this Committee to review data on behalf of the Board. The data showed that NHS Lothian was not an outlier in any of the measures and no particular performance problems were highlighted in comparison to other Boards.

3.3.3   When looking to make improvements local data would be used along with a more recent data set called 'Discovery' which allowed comparison between hospitals of similar size in different Boards.

3.3.4   The Committee took significant assurance that NHS Lothian was not currently an outlier in these measures from the data available, and noted that more meaningful local data was also being considered. The next paper would be brought to the Committee in November 2018 once the 2017/18 winter data was available.

3.4   Endoscopy

3.4.1   Mr Tyrothoulakis spoke to the previously circulated paper. Mr Tyrothoulakis advised that the projections used for the management of waiting lists in endoscopy was calculated using capacity derived from job planning information and demand taken from analytical services data.

3.4.2   A recovery plan for new patients has been developed to bring the service into recurring balance, which would include extension of the units at the Western General Hospital and St John's Hospital. Work was being done on DCAQ for surveillance. The Corporate Management Team had agreed funding in this area because of the high clinical risk.

3.4.3   The two year training time for nurse endoscopists was included in the projections. A structured programme for nurse endoscopists' clinical experience takes place on site. This was necessary as trained nurse endoscopists were currently not available regionally.

3.4.4   The process for removing patients from the waiting list after screening was established and was used in other Boards before adopting in NHS Lothian; there were a number of reasons why a patient might be removed from the list. Screening was nurse lead and the process had been developed in consultation with and evaluated by consultants. The reason for removal from list was always recorded.

3.4.5   Members supported the proposals laid out in the paper.

3.5   Quality and Performance Report

3.5.1   Mr Mackie spoke to the previously circulated paper. Mr Adams advised that a 'dashboard' was being trialled as a more use friendly means of presenting the data. This would be sent to Board and Committee members for feedback.

3.5.2   It was noted that vascular surgery and IVF had not been reviewed by the Committee in 2017 and it was agreed that these would be covered at the next meeting. No problems had been escalated. A draft Committee work plan would also be discussed at the next meeting.   **OC**

3.5.3   Members accepted the recommendations laid out in the paper.

4.   Clinical Governance

4.1   Paediatric Programme Board Update

4.1.1   Dr Doyle gave a verbal update. The St John's Hospital paediatrics unit is currently able to staff for a 7 day assessment unit with no inpatient admissions. The patient pathway was working well with 2-3 patients per day transferred to the Royal Hospital for Sick Children for inpatient treatment. Despite efforts made it was not possible to cover the unit overnight. The neonatal unit continued to provide a service 24 hours a day.

4.1.2   The main issue for families was waiting in the unscheduled care service for ambulance transfer from St John's Hospital to the Royal Hospital for Sick Children. A meeting had taken place with the Scottish Ambulance Service who advised that this was due to service pressures and the children awaiting transfer were not prioritised as they were in a safe place.

4.1.3   Media and political interest in the situation continued. No patient complaints had been received and no incidents had been reported.

4.1.4   A paper would be submitted to the Board meeting in April 2018 setting out longer term plans in relation to the inpatient service. The paper would explore various options including: continuing with the medical recruitment model; consideration of a nursing model which may or may not be sustainable in the long term; redesign the service into a low acuity unit as suggested by the Royal College of Paediatrics and Child Health as option 2 of their report; or formal development of a day assessment unit.

4.1.5   Efforts to recruit medical staff had continued. One consultant had been appointed in January 2018, but one more existing consultant had taken maternity leave. Fixed term clinical fellows had also been recruited, with mixed success so far. Since the Royal College of Paediatrics and Child Health report, 7 consultants had been appointed so far despite the national shortage of paediatricians.

4.1.6   Dr Doyle noted that 2 years ago £530,000 was spent on locum staff at the St John's Hospital Paediatrics Unit and most shifts were locum shifts. This was associated with clinical and staff governance issues with staff sickness and rotas which were difficult to cover. Now the rota was stable and although the inpatient unit was not running, the neonatal and maternity risk was now covered.

4.2   Scottish Patient Safety Programme Annual Report

4.2.1   Ms Gillies spoke to the previously circulated paper. This was the part of the annual report relating to acute hospitals only. The full report had been submitted to the Healthcare Governance Committee.

4.2.2   Members noted that the paper showed a lot of work and data, but suggested that it could be made clearer where improvements had been made and where more work was needed, with a summary of actions and achievements laid out to give assurance that the right areas were being focussed on.

4.2.3   Members accepted the recommendations laid out in the paper and accepted significant assurance. It was agreed that it would be helpful if the paper was also submitted to the Board for information.   **TG**

5.   Corporate Governance

5.1   New Royal Hospital for Sick Children Update

5.1.1   A presentation had been previously circulated to Members on a restricted, confidential basis and was not for circulation as a result of commercial sensitivity. Ms F. Mitchell gave a verbal update. The hospital had not been completed by the proposed date of October 2017. There were technical issues relating to the specification that NHS Lothian had mandated and these had not yet been resolved. An independent tester examined the building and agreed that these were fundamental issues that needed to be resolved before NHS Lothian took possession of the building.

5.1.2   In addition, the building was not yet completed. A suggested completion date of 28 February 2018 had been indicated, but a programme for completion had not yet been produced, so this did not appear viable . Once a completion date had been agreed a 14 week commissioning process would begin for ordering equipment, testing and inducting staff.

5.1.3   A workshop was in progress that day between the Multiplex and HSL Chief Officers and NHS Lothian for discussions about informal resolution of the dispute.

5.1.4   Staff were aware of the situation and had visited their departments in the new building. A staff newsletter was being produced by the re-provision team providing regular updates, and open sessions were taking place to answer any questions.

5.2   Acute Hospitals Committee Terms of Reference

5.2.1   The Chair proposed that a workshop be set up to consider how the Committee could best meet its terms of reference . Discussion would include format and content of papers, review of the assurance framework and production of a workplan. This would take place after the new Chair had been appointed.

6.   Fiscal Governance

6.1   Financial Performance

6.1.1   Mr Marriott spoke to the previously circulated paper. It was noted that a large piece of work had been done on junior doctor rotas to make staff costs more efficient and use of agency staff less. This has not been to reduce spending but to make spend more efficient.

6.1.2   Members accepted the recommendations laid out in the paper and noted that the paper was now specifically focussed on acute services.

7.   Minutes for Information

        The previously circulated minutes from the following meeting were noted:

6.1   Healthcare Governance Committee, 14 November 2017, 16 January 2018.

7.   Date of Next Meeting

7.1   The next meeting of the Acute Hospitals Committee would take place at **14.00** on **Tuesday 17 April 2018** in **Meeting Room 8**, Second Floor, Waverley Gate.

7.2   Meetings in 2018 would take place on the following dates:
        - Tuesday 19 June 2018;
        - Tuesday 21 August 2018;
        - Tuesday 16 October 2018;
        - Tuesday 11 December 2018.

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 9.00 on Tuesday 13 March 2018 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Ms T. Humphrey, Non-Executive Board Member (chair); Ms W. Fairgrieve, Partnership Representative; Ms N. Gormley, Patient and Public Representative; Ms C. Hirst, Non-Executive Board Member; Ms F. Ireland, Non-Executive Board Member; Mr A. Sharp, Patient and Public Representative.

In Attendance: Mr D. Adams, Information Analyst; Ms J. Bennett, Associate Director of Quality Improvement and Safety; Mr J. Crombie, Deputy Chief Executive; Mr J. Forrest, Chief Officer, West Lothian Health and Social Care Partnership; Ms P. Graham, Consultant Clinical Psychologist (observing); Ms T. Gillies, Medical Director; Mr A. Jackson, Assistant Director of Healthcare Planning; Ms A. MacDonald, Chief Nurse, East Lothian Health and Social Care Partnership; Mr R. Mackie, Information Analyst; Professor A. McCallum, Director of Public Health and Health Policy; Ms J. Morrison, Head of Patient Experience; Ms C. Myles, Chief Nurse, Midlothian Health and Social Care Partnership; Ms B. Pillath, Committee Administrator (minutes); Mr D. Small, Chief Officer, East Lothian Health and Social Care Partnership; Dr Simon Watson, Chief Quality Officer; Mr P. Wynne, Chief Nurse, Edinburgh Health and Social Care Partnership.

Apologies: Ms J. Campbell, Chief Officer, Acute Services; Mr B. Cook, Medical Director, Acute Services; Ms P. Eccles, Partnership Representative; Mr B. Houston, Board Chairman; Mr A. Joyce, Employee Director, Non-Executive Board Member;

Chair's Welcome and Introductions

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

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

50.   Patient Story

50.1   Ms Gormley read out a feedback letter from a member of staff whose teenage son had been admitted for surgery for an aneurysmal bone cyst and was seen by the Department of Clinical Neurosciences, Paediatric Oncology, and the national spinal service based at the Royal Hospital for Sick Children. The feedback noted the excellent communication between doctors and patient and the efficient complex planning that took place for the operation. This highlighted family centred care, good communication and successful interdisciplinary team working in a complex area. These positive comments had been fed back to the teams involved.

51.   Minutes from Previous Meeting (16 January 2018)

51.1 The minutes from the meeting held on 16 January 2018 were approved as a correct record.

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

52. Health and Social Care Partnerships

52.1 Edinburgh Health and Social Care Partnership

52.1.1 Mr Wynne spoke to the previously circulated paper. In relation to the large number of violence and aggression adverse events it was noted that these took place in challenging areas, particularly the Robert Fergusson Unit and the Hospital Based Complex Critical Care unit where there were many patients with dementia. The majority of the incidents did not result in harm. There had been discussion at the Staff Governance Committee and a focus on lone working and ways to reduce incidents including stress and distress training. More information on the effectiveness of actions taken would be brought to the Committee in the next report. **PW**

52.1.2 It was noted that there had been publicity about incidents that had taken place in the Hospital Based Complex Critical Care unit and the Sexual Health Centre due to press interest and whistleblowing. Investigation into these was in progress and would be reported when complete.

52.1.3 Of the eight care home providers in Edinburgh only four were currently open for places due to quality of care rulings, but work was in progress for creating alternative options so that there would be less reliance on care homes.

52.1.4 There were three complaints systems in place between the Council, NHS Lothian, and the Integration Joint Board. Most complaints received by the Integration Joint Board were managed by one of the authorities. There was communication when complaints involved more than one authority and these would only be counted once. The number of complaints received had remained static. There had not been a system for learning and improvements from complaints but work was being done on this. Work was also needed to encourage staff to report incidents as there was underreporting when less harm had occurred.

52.1.5 It was suggested that a focus on care and clinical standards and effectiveness should be added to the terms of reference for the Quality Assurance Improvement Group at appendix 2 of the report, and that the Healthcare Governance Committee should be added in to the reporting structure. This was agreed.

52.1.6 Professor McMahon noted that there had not been management stability in Edinburgh and that Mr Wynne had provided continuity in his role as the senior management team was being put in place. This was expected to be complete by summer 2018.

52.1.7 Members accepted the recommendations laid out in the paper but accepted limited assurance and asked for an update at the meeting in July 2018 on the points discussed. **PW**

52.2   East Lothian Health and Social Care Partnership

52.2.1 Ms MacDonald spoke to the previously circulated paper. It was noted that the paper was good and clear, but that some of the background information given verbally about actions taken could be added to the report itself next time, including whether actions taken were successful in making improvements.

52.2.2 In relation to a merge of two GP practices reported in the paper where the process was effective, Ms MacDonald confirmed that there was work with the university which would result in review and evaluation of the project so that this could be shared with other areas.

52.2.3 In relation to the same day service reported in the paper and how impact on patient safety could be measured, Ms MacDonald advised that although patients were not physically in a ward, there was a 'virtual ward' and multi-disciplinary teams discussed these patients to ensure patient safety.

52.3.4 An annual report for the new practice model would be brought to the Committee in the summer; this would include evaluation on patient centred care and patient safety.
DS

52.3.5 There was discussion about what Members should take from these reports and how there could be oversight of the how the whole system fitted together. The Committee was a forum for debate and challenge of reports. The Strategic Planning Committee also kept an overview. An overview was given in the Annual Review. Dr Watson also noted that Healthcare Improvement Scotland was asking for all Boards to have a Shared Intelligence Group which reports from all regulators together, but this could also be done using internal reports.

52.3.6 It was noted that learning and sharing was taking place between Integration Joint Boards at the Chief Officers group. This could be considered at a Board development day with the four Integration Joint Boards' annual reports.

52.3.7 In response to a question about understanding of quality and assurance measures in the team, Ms MacDonald advised that training had been done at a high level and would now be carried on to the next level.

52.3.8 Members accepted the recommendations laid out in the paper, including the proposed annual reporting process, and accepted moderate assurance. Copies of the relevant action plans mentioned in the paper would be submitted to the next meeting.
AMcM

53.   Committee Effectiveness

53.1   Draft Committee Assurance Statement

53.1.1 Ms Bennett spoke to the previously circulated paper. Members were asked to assess which areas of the Committee's remit should be included in the assurance statement as areas of control weakness. Consideration was given to each area where limited assurance had been given.

53.1.2 It was agreed that delayed discharge, psychological services, Child and Adolescent Mental Health Services, cardiac arrest, and drug and alcohol waiting times were control weaknesses. Members were assured that issues had been identified and improvement plans were in place but it was not clear whether plans would be successful in leading to improvement.

53.1.3 It was agreed that there was limited assurance on GP sustainability but that this was not considered a control weakness as a period of time was needed to determine whether changes made would take effect.

53.1.4 There was discussion about the effectiveness of the Committee when there were areas with limited assurance for a long period of time, and about what areas were within NHS Lothian's control for improvement. It was also noted that there could be improvement within the 'limited assurance' category if improvements had been made but insufficient to give moderate assurance.

53.2 <u>Quality and Performance Improvement Report</u>

53.2.1 Ms Bennett spoke to the previously circulated paper. Members were asked to assess assurance levels for those areas in the Committee's remit which had not been assessed in the last 12 months.

53.2.2 Moderate assurance was agreed for *falls with harm, antenatal care* and *alcohol brief interventions*. These areas had not been prioritised because performance was met.

53.2.3 *48 hour GP access target*: There was no up to date data available to assess performance against this target, although this formed part of the GP sustainability risk which the Committee had assessed. Access targets were not discussed at a local level as data was not available. The Committee was unable to confirm an assurance level due to the unavailability of data. This should be reflected in the Quality and Performance report. Ms Gillies agreed to consider what information could be collected to give meaningful information on GP access. **TG**

53.2.4 *Smoking cessation*: Professor McCallum gave an update. There had been recent service redesign due to reduced funding from the Scottish Government, and the targets had also been revised. Most targets were being met, but there was limited assurance that pharmacy targets were being met, action had been taken to introduce a shared care system but this was a problem across Scotland and the Scottish Government would be starting a trial in NHS Lothian. The new strategy would form part of the tobacco policy which was expected to be published by the Scottish Government in the summer. This would be brought to the Committee when available. **AMcC**

53.2.5 *Dementia*: Performance reporting measures had not been defined by the Scottish Government. Professor McMahon agreed to work with the Health and Social Care Partnerships to decide what information could be collected that would give assurance on how dementia diagnosis and management was being supported. This work would be brought to the Committee in September 2018. The Committee was unable to set

an assurance level due to the nature of the measures and this should be reflected in the Quality and Performance report. **AMcM**

53.3   Corporate Risk Register

53.3.1 Ms Bennett spoke to the previously circulated paper. A workshop had taken place where potential strategic risks had been identified; these were listed in the report and would be discussed at the Board meeting in May 2018. Some of the risks on the risk register could be used to measure strategic risks as well as escalated risks; this would be discussed at the Board.

53.3.2 Members accepted the recommendations laid out in the paper.

53.4   Information Governance Assurance Sub Committee Terms of Reference

53.4.1 Professor McCallum spoke to the previously circulated paper. The changes in the terms of reference should bring the Committee in line with governance processes and address issues raised by internal audit.

53.4.2 Members accepted the recommendations laid out in the paper and approved the terms of reference.

54.   Person Centred Culture

54.1   Patient Experience and Feedback

54.1.1 Ms Morrison spoke to the previously circulated paper. There had been a significant increase in numbers of patient responses to the 'tell us ten things' questionnaire, and there feedback had been more positive responses although a higher proportion had been unhappy about noise levels, which was perhaps due to the increased activity over the last few months. More work on making improvements and learning from this feedback was needed.

54.1.2 As part of the new national Complaints Handling Procedure patients who had complained were to be sent a questionnaire asking for feedback on how their complaint had been handled. There was concern about this measure as the nature of their experience tended to depend on whether their complaint was upheld. There had been good response rates so far and some of the feedback had been positive, and feedback would be used to make improvements.

54.1.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance, noting that the position on response times, vacancies and relationship with the SPSO had improved, although there was still further work to be done.

54.2   Feedback and Improvement Quality Assurance Working Group Progress Report and Next Steps

54.2.1 Professor McMahon spoke to the previously circulated paper. Ms Hirst noted that the focus had previously been on complaints handling, but that now that improvements

had been made there would be a focus on pulling together staff and patient feedback about the quality of the service, using serious adverse events reporting, whistleblowing and complaints to consolidate learning.

54.2.2   Members accepted the recommendations laid out in the paper.

55.   Safe Care

55.1   Edinburgh Older People's Services Action Plan Update

55.1.1   Mr Wynne spoke to the previously circulated paper. A considerable amount of work had been done to meet the requirements following the inspection and regular meetings had been held with the Care Inspectorate with honest and open discussions, and the Care Inspectorate were satisfied with the progress made.

55.1.2   The number of people in the community waiting for assessment had not reduced from the time of the inspection. It was suggested that a plan to measure the results of actions in place was needed so that the impact could be determined.

55.1.3   The Committee had previously accepted no assurance in this area due to the large number of actions required, but now accepted limited assurance that work was in progress and there was a focus on priorities. An update would be brought back to the Committee at the meeting in July 2018.   **PW**

55.1.4   Mr Crombie noted that Mr Wynne had undertaken some remarkable work in the last year and that although there was more to do, the situation in Edinburgh was now much better than previously.

55.2   Gylemuir House Care Inspectorate Report Action Plan Update

55.2.1   Mr Wynne spoke to the previously circulated paper. Members noted the progress made and accepted the recommendations laid out in the paper.

55.3   Baillie Ward, Tippethill House Update

55.3.1   Mr Forrest spoke to the previously circulated paper. The actions in the plan had been completed and a number of significant changes had been made to the unit and to staffing. The university had carried out a further inspection and passed the unit as appropriate for university placements.

55.3.2   The challenge would be sustaining the improvements made as due to the isolation of the unit recruitment and sickness absence had their own challenges. More work was also required on the IT infrastructure.

55.3.3   The report and action plan had been shared with other chief nurses so that the learning could be shared to those managing similar remote units.

55.3.4   Member accepted the recommendations laid out in the paper.

55.4   <u>Ensuring Patient Safety and Quality of Care; systems and processes of assurance regarding delayed discharge and unscheduled care</u>

55.4.1 Ms Gillies spoke to the previously circulated paper. Available data had been used to give an indication of the impact on patient safety and quality of care of recent increased activity. Some data were not yet available, including length of stay, re-admissions, mortality and complaints data.

55.4.2 It was shown that those patients who had had cancer treatment procedures cancelled had not experienced any detriment in disease, but there had been a psychological and experience impact.

55.4.3 Members agreed that the paper used data to give a useful indication of the impact of current activity and asked for a further paper to be brought to the Committee at the meeting in September 2018 to include the further measures not yet available.

55.4.4 Members acknowledged that systems of control were in place an accepted the recommendations laid out in the paper.

55.5   <u>Child and Adolescent Mental Health Service (CAMHS) Waiting Times</u>

55.5.1 Professor McMahon spoke to the previously circulated paper. The process for managing urgent cases had improved, but there were still too many patients waiting for more than 18 weeks for assessment. It was felt that investment was needed as the workforce was lower than other Boards compared to referral rate. There had been dialogue with the minister for Mental Health regarding possible funding using the transformational change fund, and strategic working with the Council for money available that could be used in this area; if funding were agreed, an action plan would be developed.

55.5.2 Members accepted the recommendations laid out in the paper, accepted limited assurance, and asked for a further update at the next meeting in May 2018.   **AMcM**

55.6   <u>Healthcare Associated Infection</u>

55.6.1 Ms Gillies spoke to the previously circulated paper. There had been improvement in the *Clostridium difficile* Infection incidence rate. Further work was in progress with the Antimicrobial team regarding hospital at home patients being prescribed broad spectrum antibiotics which could contribute to incidence of CDI.

55.6.2 Recruitment was in progress to begin two new surgical site infection surveillance programmes in colorectal surgery and vascular surgery. There was the possibility of extending this to cardiothoracic surgery also.

55.6.3 It was noted that the position against *Clostridium difficile* Infection and *Staphylococcus aureus* Bacteraemia targets had improved significantly in the past few years. Members accepted the recommendations laid out in the paper and accepted moderate assurance.

56.   Effective Care

56.1   GP and Primary Care Sustainability

56.1.1   Mr Small spoke to the previously circulated paper. Health and Social Care Partnership improvement plans were to be submitted to the Scottish Government in July 2018, and these would be brought to the Committee at the meeting in July 2018 for discussion.   **DS**

56.1.2   It was noted that work on the measures would help to identify impact on patients of the implementation of the new model and that improvement plans should have evaluation built in, including patient feedback.

57.   Exception Reporting Only

57.1   Heart Disease Strategy Programme Board Annual Report

57.1.1   Ms Gillies noted that although this Programme Board had been set up nationally, there was currently no national reporting or focus. The paper asked for support for the recommendation that the Programme Board be disbanded due to the lack of clarity. Members asked for a further update to be submitted to the meeting in September 2018 with a proposal for alternative ways of providing assurance to the Committee on this area.   **TG**

57.2   Members noted the following previously circulated papers for information:

57.2.1   Diabetes Management Clinical Network Annual Report;
57.2.2   Healthcare Improvement Scotland National Medical Revalidation Report;
57.2.3   Controlled Drug Governance Team Annual Report;
57.2.4   Nursing and Midwifery Council Annual Report;
57.2.5   Clinical Policy and Documentation Annual Report;
57.2.6   NHS Lothian Annual Review Feedback;
57.2.7   Scottish Government Oral Health Improvement Plan.

58.   Other Minutes: Exception Reporting Only

        Members noted the previously circulated minutes from the following meetings:

58.1   Clinical Management Group, 8 November, 12 December 2017, 10 January 2018;
58.2   Public Protection Action Group, 21 February 2018;
58.3   Information Governance Assurance Board, 9 January 2018.

49.   Date of Next Meeting

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

49.2   Further meetings would take place on the following dates in 2018:
        - 10 July 2018;
        - 11 September 2018;
        - 13 November 2018.

HEALTHCARE GOVERNANCE COMMITTEE

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

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

In Attendance: Mr D. Adams, Information Analyst; Mr C. Beck, Senior Manager for Mental Health, City of Edinburgh Council (item 5.3); Ms J. Bennett, Associate Director of Quality Improvement and Safety; Dr A. Coull, Medicine of the Elderly Consultant (item 5.1); Mr J. Forrest, Chief Officer, West Lothian Health and Social Care Partnership; Ms T. Gillies, Medical Director; Dr P. Graham, Consultant Clinical Psychologist (item 5.3); Mr A. Jackson, Assistant Director of Healthcare Planning; Professor A. McCallum, Director of Public Health and Health Policy; Mr A. McCann, Non-Executive Board Member; Professor A. McMahon, Executive Nurse Director; Ms J. Morrison, Head of Patient Experience; Ms C. Myles, Chief Nurse, Midlothian Health and Social Care Partnership; Ms B. Pillath, Committee Administrator (minutes); Mr P. Wynne, Chief Nurse, Edinburgh Health and Social Care Partnership.

Apologies: Dr B. Cook, Medical Director, Acute Services; Mr J. Crombie, Deputy Chief Executive; Mr B. Houston, Board Chairman; Professor A. Timoney, Director of Pharmacy.

Chair's Welcome and Introductions

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

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

1.   Patient Story

1.1   Mr Sharp read out feedback from a patient who had accessed services while visiting Lothian from another Scottish health board area; their experience was positive, especially quality of communications.

2.   Minutes from Previous Meeting (13 March 2018)

2.1   The minutes from the meeting held on 13 March 2018 were approved as a correct record.

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

3.   Committee Effectiveness

3.1   Committee Assurance Statement and Annual Report

3.1.1   Ms Bennett presented the previously circulated paper which had been updated following discussion at the previous meeting. Members approved the report.

3.1.2   The chair suggested that there be more consideration of the focus of reports to the Committee and the questions Members should be asking in order to get assurance. It was agreed to consider one exception report in detail as a case study to consider the links with the policy context and other areas.

3.1.3   The patient representatives noted that it was difficult to assess where it was appropriate to ask questions about governance and patient experience, and that they would like some more guidance on this. Papers often assumed a background knowledge which lay members of the Committee may not have; this could be improved if papers focused on the issues relevant to the Committee. The chair and executive leads agreed to give this further consideration.   **TH / TG / AMcM**

3.2   Quality and Performance Improvement Report

3.2.1   Ms Bennett presented the previously circulated paper. The assurance levels had been update following discussion at the previous meeting.

3.2.2   It had been agreed at the previous meeting that the assurance level for the dementia levels could not be given as the measures were not meaningful. Professor McMahon agreed to bring a paper to the meeting in September which considered other possible measures. Mr Jackson agreed to update the assurance table to state that the measure had been assessed but a level of assurance could not be given. **AMcM / AJ**

3.2.3   Members accepted the recommendations laid out in the paper.

3.3   Corporate Risk Register

3.3.1   Ms Bennett presented the previously circulated paper. Members accepted the recommendations laid out and accepted significant assurance.

4.   Safe Care

4.1   Monitoring Out of Area Group

4.1.1   Professor McMahon presented the previously circulated paper. Members noted the positive change proposed where risks had been identified and improvements shown. It was expensive to send patients out of area for treatment and the same service could be provided locally for less, with improved access, quality of care and experience for the patient and family.

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

4.2   Smoke Free Prisons; clinical impact of implementation

4.2.1   Professor McMahon presented the previously circulated paper. There were concerns about the ability to deliver the required change without any additional funding from the Scottish Government. The requirement was for prisons to be smoke free by November 2018.

4.2.2   The change aimed to improve the health of the prison population but there was a risk of unintended consequences to physical and psychological health of prisoners. It was suggested that other areas such as diet should also be considered.

4.2.3   It was noted that a majority of prisoners suffered from mental health problems and transition at liberation was important so that any changes made could be taken forward into everyday life.

4.2.4   Members accepted the recommendations laid out in the paper and accepted limited assurance. A verbal update would be given at the next meeting.   **AMcM**

4.3   Significant Adverse Events Update

4.3.1   Ms Gillies presented the previously circulated paper. There was discussion about the statutory Duty of Candour and Ms Bennett advised that those with responsibility and team managers had a good awareness of their responsibilities.

4.3.2   It was noted that there had been a number of datix cases on the same theme closed in Edinburgh Health and Social Care Partnership without being reviewed individually due to a large backlog. This was similar to the approach previously taken in other areas. An audit of 10% of the closed cases aimed to identify whether this was effective. The results would be available in the report at the next meeting.

4.3.3   Members accepted the recommendations laid out in the paper and accepted moderate assurance on processes for introducing statutory organisational Duty of Candour and improving processes for managing significant adverse events, and significant assurance on implementation of the process to close adverse events reported in Edinburgh Health and Social Care Partnership.

4.4   Public Protection Action Group

4.4.1   Professor McMahon presented the previously circulated paper. Members accepted the recommendations laid out accepted moderate assurance.

4.5   Breich Valley Medical Practice, West Lothian

4.5.1   Mr Forrest presented the previously circulated paper and advised that there had been engagement with the community about this change including a public meeting held with local councilors and a letter sent to all patients registered at the practices involved.

4.5.2   The option of combining services to one practice was considered to be the best option to the community as it allowed to patients to continue accessing services, and consolidation could encourage new partners to apply for posts as the safety issues of

split site working and an unsustainable service were reduced. This option was dependent on being able to recruit.

4.5.3   Advertising would take place in June 2018; if unsuccessful it was likely that the practice would be closed and patients reallocated to neighbouring practices. Support would be offered if newly registered GPs applied.

4.5.4   Members accepted the recommendations laid out in the paper.

4.6   Belhaven Care Home

4.6.1   Professor McMahon presented the previously circulated paper. The outcome of the review had been unexpected as work had been done in this area to ensure good practice. It seemed that staff had not provided all the information available which could have improved the outcome of the review. Residents of the care home were positive and satisfied with the environment and their care, but care planning documentation and record keeping was poor.

4.6.2   More training and opportunities for staff to share learning were needed including awareness of what inspectors were looking for. It was noted that care homes were now reviewed by different groups which had different criteria and documentation; a list was being developed for staff giving details of which reviewers covered which areas.

4.6.3   A detailed action plan had been submitted and Members accepted the recommendations laid out in the paper and accepted significant assurance.

5.   Effective Care

5.1   Quality Improvement Stroke Programme Update

5.1.1   The Chair welcomed Dr Coull to the meeting and he gave a presentation about work done to improve compliance with stroke bundle targets to improve patient outcomes. 40-50% of patients admitted with stroke had difficulty swallowing and evidence showed that the outcome was poorer for patients where this is not detected early with increased incidence of stroke related pneumonia and death.

5.1.2   A national network had recommended measuring the number of home days in the first 90 days post stroke with the aim of increasing this. This was a person centred measure which followed a survey carried out at St John's Hospital where the feedback was that patients wanted to be able to return home earlier. Members supported this new measure.

5.2   Hospital Based Complex Clinical Care

5.2.1   Mr Wynne presented the previously circulated paper. It was noted that following processes being put in place improvement on sickness absences and staff vacancies had been made and there had been positive external feedback. More work was required to balance the skill mix as the percentage of registered nurses was at 44%

while 50-60% was recommended. This was partly due to the increase in overall establishment.

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

5.3 Psychological Therapies

5.3.1 The Chair welcomed Mr Beck and Dr Graham to the meeting and they gave a presentation outlining the work being done to improve access in this area with a specific focus on the city of Edinburgh area.

5.3.2 In response to a question about services available in the different areas Mr Beck advised that the core services were consistent but different services were available in the different Health and Social Care Partnership areas. There was work ongoing to focus resources and ensure centrallised audited services. Ms Gillies noted that different services in each area should reflect strategic needs.

5.3.3 It was noted that some patients were referred to psychological services who did not fall under the definition for the 18 week treatment time target. Mr Beck advised that the new model described would allow consistency in triage for those who did meet this definition while ensuring those patients who did not were appropriately managed or referred.

5.3.4 More open access services for patients who did not require formal psychological therapies were beneficial; in response to a question about whether third sector services had appropriate training and staffing models Mr Beck advised that consideration was being given to how governance could be retained in these services, and that some training had been done in particular areas and a two hour training session was available for all staff working in third sector services including receptionists and business managers as well as those working directly with services.

5.3.5 It was agreed that a further update would be submitted to the Committee at the meeting in November 2018 to give an update on the outcomes of the changes made.
AMcM

5.4 Child and Adolescent Mental Health Service

5.4.1 Professor McMahon presented the previously circulated paper. It was noted that this paper was focused on the clinical governance aspects of managing patients with long waits, which was the appropriate focus for this Committee, rather than performance aspects. The Chair advised that Members should specifically be considering governance aspects of risk when assessing levels of assurance, rather than performance improvements. It would also be helpful if it was noted in the paper whether levels of assurance offered were different from previously and which other Committees had considered this.

5.4.2 Ms Morrison noted the good practice of keeping in touch with patients on the waiting list to ensure the situation had not changed and to help manage expectations, and suggested that other services could also benefit from doing this.

5.4.3   It was suggested that some information about the transition between children's and adult's mental health services would be useful.

5.4.4   It was agreed that the next step for the CAMHS service would be a presentation showing the other ways that children's illnesses were being managed to mitigate the risk of the long wait for appointments.   **AMcM**

5.4.5   Members accepted the recommendations laid out in the paper and accepted limited assurance.

6.   Exception Reporting Only

Members noted the following previously circulated papers for information:

6.1   Occupational Health Clinical Governance Annual Report;
6.2   Healthcare Associated Infection Update.

7.   Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings:

7.1   Clinical Management Group, 13 March 2018;
7.2   Information Governance Sub Committee, 10 April 2018;
7.3   Area Drug and Therapeutics Committee, 9 April 2018;
7.4   Organ Donation Sub Group, 22 February 2018;
7.5   Lothian Infection Control Advisory Committee, 6 March 2018;
7.6   Acute Hospitals Committee, 20 February 2018;
7.7   Feedback and Improvement Quality Assurance Working Group, 23 January 2018, 13 March 2018.

8.   Date of Next Meeting

8.1   The next meeting of the Healthcare Governance Committee would take place at **9.00** on **Tuesday 10 July 2018** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

8.2   Further meetings would take place on the following dates in 2018:
- 11 September 2018;
- 13 November 2018.

STRATEGIC PLANNING COMMITTEE

Minutes of the meeting of the Strategic Planning Committee held at 9.30 on Thursday 12 April 2018 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr Martin Hill, Non Executive Director (chair); Mr M. Ash, Non-Executive Board Member; Ms C. Hirst, Non-Executive Board Member; Professor T. Humphrey, Non-Executive Board Member; Professor A. McCallum, Director of Public Health and Health Policy; Mr A. McCann, Non-Executive Board Member; Professor A. McMahon, Nurse Director; Mr P. Murray, Non-Executive Board Member.

In Attendance: Ms J. Anderson, Partnership Representative; Mr C. Briggs, Strategic Planning Director; Ms C. Cartwright, Strategic Programme Manager; Ms A. Cumming, Strategic Programme Manager; Ms J. Donnelly, Service Director, Outpatients; Ms B. Pillath, Committee Administrator (minutes); Mr A. Short, Chief Officer, Midlothian Health and Social Care Partnership.

Apologies: Ms J. Butler, Director of Human Resources; Ms J. Campbell, Chief Officer, Acute Services; Mr J. Crombie, Deputy Chief Executive; Mr T. Davison, Chief Executive; Mr B. Houston, Board Chairman; Ms T. Gillies, Medical Director; Ms S. Goldsmith, Finance Director; Ms F. Ireland, Non Executive Board Member; Mr A. Joyce, Employee Director, Non Executive Board Member; Ms J. Mackay, Director of Communications; Mr D. Small, Chief Officer, East Lothian Health and Social Care Partnership; Ms M. Whyte, Non Executive Board Member.

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

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

1.   Minutes and Actions from Previous Meeting (8 February 2018)

1.1   The minutes from the meeting held on 8 February 2018 were approved as a correct record.

2.   Pan Lothian Business

2.1   <u>The Lothian Box</u>

2.1.1   Ms Cartwright spoke to the previously circulated paper. Members asked how financial criteria could include enough detail to be useful, how consistency of assessment could be ensured across sites, whether a regional perspective might affect the assessment, whether other models had been considered, and what would be done with the results of the assessments of services.

2.1.2   The feedback from clinical teams had been that more quality measures were needed as part of the criteria, and these would be considered. Currently the assessments

have been carried out by site teams which may not be objective, it had been expected that the services would represent various levels on the essential and sustainable scales but most had been assessed as highly essential and sustainable.

2.1.3   Other Boards in the region had indicated that they did not have a method of identifying priorities like the Lothian hospitals plan and were therefore not yet able to use these criteria regionally to compare Lothian's services with equivalents elsewhere in Scotland, but this would be something to aim for.

2.1.4   It was expected that before acting on any assessments of services made with the refined criteria that there would be communication with the public on the reasons why any changes had been suggested. The assessments would allow reasoned proposals with transparent criteria to be made which would be followed by consultation and decisions. Members noted that it must be made clear that the assessment was only the first stage of the decision making process.

2.1.5   Communication of the process needed to be careful of staff and public sensitivities and the next stages of the process should be developed to show what would be done with results of service assessments. This would be detailed in a paper submitted to the next meeting in June 2018.   **CC**

5.2   <u>Corporate Objectives</u>

5.2.1   Ms Cumming presented the previously circulated paper. There was correlation between the nine corporate objectives and the strategic objectives for the directors and the corporate objectives should be covered by the directors' objectives.

5.2.2   The relation between NHS Lothian's corporate objectives and the Health and Social Care Partnership objectives was discussed as it was not clear. Each organisation would consider the objectives of the others, for instance Integration Joint Board objectives would include some NHS Lothian objectives but also other objectives from social care.

5.2.3   It was noted that at the time of writing not all the Integration Joint Board directions had been completed, so more detail should now be added. It was suggested that in future timings should be organised so that IJB directions were completed in time for inclusion in the corporate objectives.

5.2.4   Members suggested that some of the objectives were not worded in a way that were specific and measurable and did not indicate how objectives would be achieved. There was discussion about the purpose of the document which was a five year strategic overview which lead towards achieving the Board's overall aims, and the detail was set out in the operational plan. Further assurance on the items covered would be received by papers submitted to this meeting for debate. It should be made clear which areas were aspirational, which were ongoing, and which had specific plans in place for achievement.

5.2.5   It was agreed that a further paper would be brought to the Committee in June 2018 giving detail on which objectives were new and which were continuing and the reasons why these had been included.   **AMcM**

5.2.6   It was agreed that the objectives would be updated following comments made and brought to the Committee at the meeting in June 2018 for further discussion before being submitted to the Board.

5.3   Draft Operational Plan

5.3.1   Ms Cumming spoke to the previously circulated paper which would be submitted to the Board for finalisation after feedback had been received from the Scottish Government. The Board had been asked to develop an operational plan by 31 March 2018 with update on what resources would be required to meet the objectives. The report estimated that £42 million further resources would be required to meet the performance position expected. The trajectories in the appendix to this report included this extra resource. The ability to meet the position also depended on capacity and private sector capacity. There has been no indication from the Scottish Government that the resources estimates as required would be provided.

5.3.2   Using the private sector to improve performance on treatment times was unsustainable and the strategic aim was to increase NHS Lothian's capacity instead, but this would take longer than the one year scope of this plan.

5.3.3   Professor McMahon advised that the plan was an attempt to set out as much of NHS Lothian's operational plan and priorities for the population as possible to advise the Scottish Government of recommended focus and risk tolerance. The Scottish Government would then have the opportunity to make decisions based on these recommendations.

6.   Lothian Hospitals Plan

6.1   Royal Edinburgh Campus Redevelopment Update

6.1.1   Professor McMahon presented the previously circulated paper. This update would be submitted to the Board at the meeting in June 2018.

6.1.2   It was noted that the original plan of 3 wards of 19 beds had been updated to 4 wards of 14 beds. This was thought to be more compatible with possible longer term use of this area by the Edinburgh Health and Social Care Partnership as it had been agreed that they would use the Jardine Clinic at the Royal Edinburgh Hospital for 10 years. Liberton Hospital was not going to be used at this as redevelopment work would be needed due to the age of the building and the layout including communal bays and bathrooms shared between wards.

6.1.3   Specialist care currently provided out of area could be provided locally at less cost and with a benefit for patients remaining in the local area and there was a move towards doing this. There were currently 6 women treated out of area who would be repatriated. Internal funding was being used for this. There would be a regional dimension to this as other Scottish Boards may benefit from using this service. Consideration of the model of care and the resources required would be part of the process. This was likely to be mainly nursing staff with psychiatry input; these were not necessarily part of the current workforce but would be recruited. Costs and risk

would be shared with the Health and Social Care Partnership; a detailed business plan would be submitted to the Finance and Resources Committee which would identify transitional costs as far as possible. It was agreed that the risk around workforce scarcity and timescale for recruitment should be noted.

6.1.4   Members accepted the recommendations laid out in the paper with the additions noted regarding the workforce risk and the needed to be explicit about transitional costs.   **CB**

6.2   Capital Prioritisation

6.2.1   Mr Briggs gave a verbal update. Work was in progress to put together a capital prioritisation list using corporate, acute, REAS and Integration Joint Board priorities. Following this a business plan would be submitted to the Finance and Resources Committee. This was the first time a list of priorities across the whole organisation would have been agreed and it would reflect the corporate objectives and include the Integration Joint Board priorities already agreed locally.

6.2.2   The priority list would not be based on available funds but on objective criteria and would be referred to as an order of work as funding became available in different areas. The criteria would try to take into account the interrelations between different services and how investment in one area could affect another area. The list would be reviewed each year as priorities change.

6.2.3   The Scottish Government had asked for capital prioritisation to be considered and NHS Lothian was the furthest on in taking this forward and including the Integration Joint Boards.

6.2.4   A paper would be submitted for discussion at the next meeting.   **CB**

7.   Date of Next Meeting

7.1   The next meeting of this group would take place at **9.30** on **Thursday 7 June 2018** in **Meeting Room 8**, second floor, Waverley Gate.

7.2   Further meetings in 2018 would take place on the following dates:
- Thursday 9 August 2018;
- Thursday 11 October 2018;
- Thursday 6 December 2018.

Minutes

Edinburgh Integration Joint Board

9:30 am, Friday 2 March 2018
Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Michael Ash, Carl Bickler, Colin Briggs, Wanda Fairgrieve, Christine Farquhar, Councillor Derek Howie, Ian McKay, Michelle Miller, Moira Pringle, Councillor Alasdair Rankin, Ella Simpson, Councillor Susan Webber, Richard Williams and Pat Wynne.

Officers: Wendy Dale, Gavin King.

Apologies: Colin Beck, Sandra Blake, Andrew Coull, Alistair Gaw, Kirsten Hey and Councillor Melanie Main.

1.   Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 26 January 2018 as a correct record.

2.   Sub-Group Minutes

Updates were given on Sub-Group and Committee activity.

Decision

1)   To note the minute of meeting of the Audit and Risk Committee of 9 February 2018.

2)   To note the minute of meeting of the Professional Advisory Group of 6 February 2018.

3)   To note the minute of meeting of the Performance and Quality Sub-Group of 31 January 2018.

4)   To note the minute of meeting of the Strategic Planning Group of 2 February 2018.

3.   Rolling Actions Log

The Rolling Actions Log for 26 January 2018 was presented.

Decision

1)   To agree to close Action 2 – Responsibilities for Data and Information.

2)   To agree to close Action 5 – Older People's Inspection Update.

3)   To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log 2 March 2018, submitted)

4.   Data Protection Reform

From 25 May 2018, the existing Data Protection Act 1998 would be replaced by new legislation in the form of the EU General Data Protection Regulation (GDPR) and a new Data Protection Act.

Information was provided on the key requirements of the legislation, its likely impact and the current approach being taken to ensure compliance.

Decision

1)   To note legislative developments concerning the introduction of GDPR and a new Data Protection Act and their significance for integrated services and the Edinburgh Integration Joint Board (IJB).

2)   To note a Memorandum of Understanding had been signed by NHS Lothian and the Council which provided a framework for promoting compliance with data protection legislation.

3)   To note the statutory role of Data Protection Officer.

4)   To delegate authority to the Interim Chief Officer to appoint a Data Protection Officer for the Joint Board.

5)   To note that the Edinburgh Health and Social Care Partnership would maintain a register of all delegated function processing activities.

(Reference – report by the IJB Interim Chief Officer, submitted)

5.   IJB Complaints Handling Procedure

A proposed complaints handling procedure for the Joint Board was submitted. The Procedure was compliant with the guidance issued to public authorities by the Scottish Public Services Ombudsman and was designed to promote a standardised approach to handling complaints across integration authorities.

As far as possible, the Procedure aligned with those of NHS Lothian and the City of Edinburgh Council to ensure a consistent approach to complaints handling across the Health and Social Care Partnership.

Decision

1) To note that the Scottish Public Services Ombudsman had confirmed that the proposed IJB Complaints Handling Procedure was fully compliant with the requirements of the Scottish Government and Associated Public Authorities Model.

2) To approve the Complaints Handling Procedure for immediate implementation to deal with complaints about the decisions and activities of the Integration Joint Board.

3) To agree that any minor changes may be incorporated into the procedure with the approval of the Chief Officer.

4) To agree that the approved procedure be published on the IJB website and that the information would make clear the distinction between the Partnership Complaints Handling Procedure and the IJB Complaints Handling Procedure and the IJB Complaints Handling Procedure.

5) To request that a customer facing leaflet was also produced on the website to supplement the procedure.

6) To delegate authority to the Interim Chief Officer to determine the appropriate language to use instead of "customers" in consultation with the Chair and Vice-Chair.

(Reference - report by the IJB Interim Chief Officer, submitted)

6. Mainstreaming the Equality Duty and Equality Outcomes Progress Report

In April 2016, the Joint Board approved and published its Mainstreaming Equality and Outcomes Report in accordance with the Equality Act 2010 and associated regulations. To continue to meet the obligations of the Act, the Joint Board was required to publish, by 30 April 2018, a report setting out the progress made in mainstreaming the equality duty and the progress achieved in meeting its equality outcomes.

A summary was provided of progress made in mainstreaming equality and achieving equality outcomes over the last 2 years.

Decision

1) To note the requirements of the Equality Act 2010 outlined in the report.

2) To approve the draft Mainstreaming the Equality Duty and Equality Outcomes Progress Report for publication.

3) To review the equality outcomes as part of the process of producing the Strategic Plan.

4) To amend the Equality and Mainstreaming Progress Report 2016-2018 outlining the specific responsibilities of the Joint Board.

5)   To ensure that future update reports detail the financial implications of individual projects including examples of potential costs when the report was providing an overview.

(References – Edinburgh Integration Joint Board, 13 May 2016 (item 9); report by the IJB Interim Chief Officer, submitted)

7.   Older People's Inspection Update

An update was provided on the Health and Social Care Partnership's progress against the action plan arising from the Older People's Inspection.

Specific information on progress made to date with each of the 17 Care Inspectorate recommendations and the next steps was presented.

Decision

1)   To note the progress updates.

2)   That future reports include dates and details of progress with implementation of the recommendations.

(References – Edinburgh Integration Joint Board, 17 November 2017 (item 8); report by the IJB Interim Chief Officer, submitted)

8.   Outline Strategic Commissioning Plans

The draft Outline Strategic Commissioning Plans for physical disabilities and primary care were presented. The Plans outlined the headline issues and proposed strategic direction in each area and the key actions to be taken to address these. Covered within all the Plans were prevention, different levels of care for different levels of need, community services and bed-based services. Included were some propositions based on capacity and demand modelling.

The Strategic Planning Group had considered the draft plans at their meeting on 2 February 2018 and, whilst endorsing the content and direction of travel in the plans, requested an opportunity to bring all of the work back for the Joint Board to consider in the round. This would allow for outline financial frameworks to be developed in respect of each of the plans to highlight choices that needed to be made about the use of resources going forward.

Decision

1)   To note that the draft outline strategic commissioning plans for physical disabilities and primary care were considered by the Strategic Planning Group on 2 February 2018.

2)   To note that the Strategic Planning Group recognised the good progress that had been made in the development of the plans and was happy with the content of the plans, but believed further work was required before they were presented to the Joint Board and became public documents.

3) To approve the summaries of the outline strategic plans for physical disabilities and primary care attached as Appendices 1 and 2 as the means of communicating progress to date and action plans for the next 12 months.

4) To agree to use the IJB development session scheduled for 27 April 2018 to consider the draft final outline strategic plans in detail prior to approval at a formal meeting.

5) To note the timetable for the ongoing development of the strategic commissioning plans set out in paragraph 13 of the report by the IJB Interim Chief Officer.

(References – Edinburgh Integration Joint Board, 26 January 2018 (item 5); report by the IJB Interim Chief Officer, submitted)

9. Financial Performance and Outlook

An overview was provided of the financial position for the first nine months of 2017/18 and the forecast year end position. An update was also given on the ongoing discussions with NHS Lothian and the City of Edinburgh Council and the consequent impact on the 2018/19 Edinburgh Integration Joint Board financial plan.

Additional funding for local authorities had been announced by the Scottish Government as part of the spending plans for 2018/19 for the following key areas – transformational change, mental health, primary care, social care and alcohol and drug partnerships.

Both organisations recognised the challenges faced by the Joint Board particularly in respect of delayed discharges and the size of waiting lists. Senior management teams were working on savings and recovery programmes to address the significant savings requirements.

Decision

1) To note that delegated services were reporting an overspend of £3.7m for the period to the end of December 2017, and that this was projected to rise to £5.8m by the end of the financial year.

2) To acknowledge that ongoing actions were being progressed to reduce the predicted in-year deficit to achieve a year end balanced position but that only limited assurance could be given of the achievement of break even at this time.

3) To note the progress made with discussions on the financial plan for 2018/19, including the planning assumption that both NHS Lothian and the Council were exploring options to increase the delegated budget to reflect demand led pressures.

4) To note that neither the Council nor NHS Lothian's financial planning processes had concluded in advance of the report by the IJB Interim Chief Finance Officer being prepared.

5) To agree to receive an update at the Joint Board meeting on 18 May 2018.

(Reference – report by the IJB Interim Chief Finance Officer, submitted)

10.   Carers (Scotland) Act 2016

The Joint Board's Strategic Planning Group had considered a report providing an update on the progress made in implementing the requirements of the Carers (Scotland) Act 2016 which would come into effect on 1 April 2018.

The following four workstreams had been established to take forward the implementation of the new legislation:

Workstream 1: Local eligibility criteria
Workstream 2: Adult carer assessment/support plans and young carers' statements
Workstream 3: Communication
Workstream 4: Finance

Work to refine the eligibility criteria was ongoing with carers' organisations. The Joint Board would be asked to approve the criteria once these had been finalised and the necessary changes made to the integration scheme to delegate this function.

The Strategic Planning Group had agreed:

1)   To note the progress made in the implementation of the Carers (Scotland) Act 2016.

2)   To endorse the approach taken to the development and testing of the eligibility criteria and Adult Carers Support Plan.

3)   To request a further report in due course detailing the outcomes of the pilot in the North West locality.

4)   To refer the report to the Joint Board with a recommendation to endorse the approach taken.

Decision

To endorse the approach taken to the development and testing of the eligibility criteria and Adult Carers Support Plan as the basis for finalising a set of eligibility criteria, which the Board would be asked to approve.

(Reference –report by the IJB Interim Chief Officer, submitted)

11.   Whole System Delays – Recent Trends

An overview was provided of performance in managing hospital discharge against Scottish Government targets, trends across the wider system, identified pressures and challenges and improvement activities. It was acknowledged that performance and delays across the whole system continued to be extremely challenging.

Decision

1)   To note the ongoing pressures and delays across the system, including delayed discharges and people waiting for a package of care.

2)   To note the range of actions being taken to address these pressures, including securing additional resources in the short term to resolve the current backlog of assessments and people waiting for discharge.

3)   To note the introduction of monthly performance scrutiny meetings in each locality.

(References – Edinburgh Integration Joint Board, 26 January 2018 (item 12); report by the IJB Interim Chief Officer, submitted)

12.   Integration Joint Board Risk Register

An update was provided on the Joint Board risk register and the proposed framework to manage, mitigate and identify risk.

The risk register focused solely on risks related to strategy, scrutiny and performance. The extant risk register was used as the basis for this work and the initial output was discussed at the Audit and Risk Committee meeting on 2 February 2018. The Committee also discussed and supported the methodology to be used to assess risk and the underpinning framework for risk management and escalation.

Decision

1)   To note the update from the Audit and Risk Committee and agree to receive the Joint Board risk register at its meeting in June 2018.

2)   To circulate the current risk register to members.

(Reference – report by the IJB Interim Chief Officer, submitted)

13.   Ministerial Strategic Group Indicators – Performance and Objectives Update

Performance against each of the six Ministerial Strategic Group indicators was reported together with details of the objectives set for each indicator for 2018/19 and the action plans associated with each target.

Decision

1)   To agree the targets relating to the Ministerial Strategic Group indicators.

2)   To agree the direction of travel of the associated action plan.

3)   To note the progress update for the indicators.

(Reference – report by the IJB Interim Chief Officer, submitted)

14.   The General Medical Services Contract in Scotland

A summary was provided of the 2018 General Medical Services contract proposals and timescales together with a proposal for implementation arrangements.

The contract was part of the Scottish Government's plans to transform primary care services in Scotland.

The key principles set out the proposals were as follows:

- A shift in the GP role to Expert Medical Generalist leading a team and away from the responsibilities of managing a team and responsibility for premises.

- A new workload formula for practice funding and income stabilisation for GPs.

- Reducing GP workload through Health and Social Care Partnerships employing additional staff to take on roles currently carried out by GPs.

- Reducing risk to GPs through these measures.

Decision

1)   To note the key issues in the proposals for the new General Medical Services Contract in Scotland.

2)   To note there were concerns over the implementation approach and roles and responsibilities and to request further discussions and information be provided before any action was taken forward.

(Reference – report by the IJB Interim Chief Officer, submitted)

15.   Appointment of Chief Officer

On 13 October 2017, the Joint Board agreed arrangements for the recruitment and selection of a permanent Chief Officer of the IJB/Director of the Edinburgh Health and Social Care Partnership.

Decision

1)   To note that in terms of the Public Bodies (Joint Working) (Scotland) Act 2014 – Section 10(6), the City of Edinburgh Council and NHS Lothian have been consulted and have confirmed that they support the appointment

2)   To approve the appointment of Judith Proctor as the Chief Officer of the Edinburgh Integration Joint Board and Director of the Edinburgh Health and Social Care Partnership.

(References – Edinburgh Integration Joint Board, 13 October 2017 (item 1); report by the IJB Interim Chief Officer, submitted)

16.   Appointment of Chief Finance Officer

On 17 July 2015, the Joint Board agreed to appoint an Interim Chief Finance Officer and delegated authority to make the appointment.

Decision

To approve the appointment of Moira Pringle as the Chief Finance Officer of the Edinburgh Integration Joint Board.

(References – Integration Joint Board 17 July 2015 (item 9); report by the IJB Interim Chief Officer, submitted)

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD of held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 13 MARCH 2018.

<u>Present</u>

<u>Voting Members</u> – Martin Hill, Tom Conn (substitute for Harry Cartmill), Martin Connor, Alex Joyce, George Paul, Damian Timson.

<u>Non-Voting Members</u> – Carol Bebbington, Elaine Duncan, Jim Forrest, Mairead Hughes, Jane Houston, Jane Kellock, Mary-Denise McKernan, Martin Murray, Bridge Meisak and Patrick Welsh.

<u>In Attendance</u> – Marion Barton (Head of Health), Carol Bebbington (Senior Manager, Primary Care and Business Support) and Lorna Kemp (Executive Project Officer).

<u>Apologies</u> – Dave King and Harry Cartmill.

1.   <u>ORDER OF BUSINESS, INCLUDING NOTICE OF URGENT BUSINESS AND DECLARATIONS OF INTEREST IN ANY URGENT BUSINESS</u>

The Chair ruled that the order of business be changed to allow the report on 'West Lothian Eligibility Criteria for Carer Support' (Agenda Item 7) to be taken before the report on 'IJB Financial Plan Update' (Agenda Item 6).

2.   <u>DECLARATIONS OF INTEREST</u>

<u>Update: Drug and Alcohol Service/Referrals (Agenda Item 13)</u> - Damian Timson declared a non-financial interest as a member of the Alcohol and Drug Partnership.

3.   <u>MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION JOINT BOARD HELD ON TUESDAY 23 JANUARY 2018</u>

The West Lothian Integration Joint Board approved the minute of its meeting held on 23 January 2018 subject to a correction to reflect that Martin Murray had given his apologies for the meeting.

<u>Matters Arising – Minute Item 4, page 163</u>

The Director informed the Board that plans to hold a Primary Care Summit were being progressed and that a date for the Summit had yet to be agreed. The item would be placed on the Workplan.

4.   <u>MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT RISK AND GOVERNANCE COMMITTEE HELD ON WEDNESDAY 11 OCTOBER 2017</u>

The West Lothian Integration Joint Board noted the minute of the IJB Audit Risk and Governance Committee held on 11 October 2017.

5.   WEST LOTHIAN ELIGIBILITY CRITERIA FOR CARER SUPPORT

The West Lothian Integration Joint Board considered a report (copies of which had been circulated) by the Director informing the Board of its duties under the Carers (Scotland) Act 2016 in relation to setting eligibility criteria for carer support and consulting carers and representatives of carers on the proposed eligibility criteria. The report also informed the Board of the outcome of the public consultation with carers and representatives of carers on the proposed eligibility criteria and presented the proposed eligibility criteria for approval.

The Board was informed that from 1 April 2018, the council was required to:-

- Identify the support needs of carers
- Prepare an adult carer support plan or a young carer statement if someone asked for one
- Provide support to carers based on local eligibility criteria
- Involve carers in planning services
- Establish information and advice services for carers.

The health service was required to:-

- Involve carers in the hospital discharge planning of the people they cared for
- Partnerships must also prepare a local Carers' Strategy and a Short Breaks Services Statement.

The report advised that the council had developed draft local eligibility criteria to determine what type of support carers would be offered. The proposed criteria were attached as Appendix 1 to the report and eligibility for paid support to carers was set at Level 3 – Duty to Support. The proposed criteria were joint criteria, as recommended in the statutory guidance, and could apply to both adults and young carers. This also assisted in keeping the assessment process for support consistent through transition from young carer to adulthood.

The report went on to advise that West Lothian IJB had not been delegated functions relating to children's services, therefore, the governance route for the approval of the joint criteria was the West Lothian IJB for adults and Council Executive for young carers and carers of children with additional care needs.

The report provided details of an online public consultation on the eligibility criteria. There had been 23 responses and a summary of the responses were set out in the report.

It was recommended that the Board:-

- Note the IJB's duties in relation to setting eligibility criteria for carer support where functions were delegated;

- Note the council's duties in relation to setting eligibility criteria for carer support where functions were not delegated;

- Note the outcome of the public consultation with carers and representatives of carers on the proposed eligibility criteria;

- Note the proposed eligibility criteria;

- Approve the eligibility criteria for adult carers who provided unpaid care for adults; and

- Approve that eligibility for paid support to carers would be set at Level 3 – Duty to Support.

During discussion the Board heard that, at its meeting held on 6 March 2018, the Council Executive had approved the eligibility criteria for young carers and carers of children with additional care or support needs.

Decision

1. To note the terms of the report and

2. To approve the eligibility criteria for adult carers who provided unpaid care for adults

3. To approve that eligibility for paid support to carers would be set at Level 3 – Duty to Support.

4. To note that the decisions above would impact on the proposed Directions which would be considered by the Board separately (Agenda Item 6 – IJB Financial Plan Update).

5. To note that the Council Executive had approved the eligibility criteria for young carers and carers of children with additional care or support needs.

6.   IJB FINANCIAL PLAN UPDATE

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer setting out the outcome of the financial assurance process on the contributions that West Lothian Council and NHS Lothian had identified to be delegated to the IJB for 2018/19 and providing an update on progress with medium term financial planning for IJB delegated functions.

It was reported that West Lothian Council had approved its 2018/19 budget on 13 February 2018, including the 2018/19 level of resources associated with functions delegated to the IJB of £72,879 million. This took account of additional Scottish Government funding in the Scottish

Local Authority settlement of £66 million specifically for social care. West Lothian's share of this funding had been confirmed as £1.855 million. This funding was additional to the £10.190 million included in the previous Scottish Budgets in 2016/17 and 2017/18 and in total £12.045 million had been baselined as specific recurring funding from 2018/19 and had been allocated to the IJB.

The report contained a table showing the 2018/19 budget, compared to the equivalent 2017/18 and 2016/17 budget contributions reported as part of prior year financial assurance reports. Appendix 1 to the report showed further details on the split of the resources against the various adult social care functions/services in each year.

The 2018/19 budget reflected savings of £2.562 million which would require to be delivered to manage within the resources of £72.839 million. While comprehensive budget planning had been undertaken to realistically assess the additional cost demands to be budgeted for in 2018/19, and savings required as a result, there were a number of key risks and uncertainties that would require to be closely monitored during 2018/19. The key risks and uncertainties were examined in the report.

The 2018/19 budget associated with NHS delegated functions for West Lothian was £150.114 million. However, at this stage, based on initial spend forecasts and saving assumptions, there was a gap forecast of £1.953 million for 2018/19 compared to anticipated spend.

Appendix 2 to the report showed details of the split of the 2018/19 resources provided and forecast resources required to deliver IJB delegated functions across the NHS Lothian contribution.

The Board was informed that there were a number of funding streams still to be allocated to the IJB. These included a further £2 million identified across Lothian for efficient prescribing in 2018/19 and a share of funding for Acute drug pressures. Subject to agreement on the basis of allocation, West Lothian IJB would receive further funding from this source as a means of managing GP prescribing demands and acute drug pressures in 2018/19.

Additional 2018/19 funding of £175 million for NHS Boards was still be allocated by the Scottish Government for investment in reform. Scope for this to meet existing pressures was still to be determined but this would potentially assist in increasing resources available for NHS Lothian and IJBs for investment in priority areas such as primary care and mental health. In addition, further detail was required from the Scottish Government on the allocation of an additional £20 million of investment for Alcohol and Drug services. Close management and monitoring of expenditure through NHS Lothian and IJBs working in partnership would be important in meeting the objective breakeven for 2018/19.

A number of specific risks would require to be closely monitored during 2018/19, and these were listed in the report.

Appendix 3 to the report was Directions to West Lothian Council and NHS

Lothian who were operationally responsible for delivering services within the resources available.

Appendix 4 to the report was the Annual Financial Statement reflecting the 2018/19 budget contributions contained in the report.

The Chief Finance Officer recommended that the Board:-

1. Note the financial assurance work undertaken to date;

2. Agree that council and NHS Lothian 2018/19 budget contributions were allocated via Directions to Partners, to operationally deliver and financially manage IJB delegated functions from 1 April 2018

3. Agree that the Directions attached in Appendix 3 to the report were issued to West Lothian Council and NHS Lothian respectively;

4. Note the update to medium term financial planning in respect of IJB delegated functions

5. Agree the updated IJB Annual Financial Statement attached in Appendix 4.

The Chief Finance Officer then referred to the previously considered item of business and informed the Board that the Directions would require to be amended to take account of the decision taken on the carers' criteria.

During discussion, a question was raised concerning submission of a Workforce Plan by NHS Lothian. In response, the Director undertook to request submission of this to the IJB Audit Risk and Governance Committee.

Decision

1. To note the terms of the report;

2. To agree that the Directions attached to the report be issued to West Lothian Council and NHS Lothian respectively – but subject to amending Directions to add a reference to the carers' criteria alongside the mention of the direct care criteria.

3. To agree the updated IJB Annual Financial Statement attached as Appendix 4 to the report.

7.   STRATEGIC PLAN ANNUAL REVIEW

The IJB considered a report (copies of which had been circulated) by the Director outlining the annual review of the IJB Strategic Plan 2016-26, and recommending that a replacement Strategic Plan be developed to take account of new legislation, national contract changes, market and workforce factors and to drive forward transformational change in health and social care aligned to the medium term financial plan.

The Board was informed that the Strategic Plan had been reviewed based on consistency with the policy, economic and social context and ongoing accordance with values, resources, appropriateness, feasibility and desirability. The vision and values set out in the Strategic Plan remained relevant and had a good fit with NHS Lothian and West Lothian Council, encapsulating the purpose of the partnership.

The report provided details of performance as measured against key indicators. The report also examined Capacity and Demand, Primary Care, the Carers Act, Finance, and Workforce.

The Director concluded that the annual review of the Strategic Plan 2016-26 had identified challenges which were impacting on performance and delivery of the plan outcomes. The review updated and refreshed the policy drivers for the plan and had taken account of legislative and contractual changes as well as changes within the financial plan. These challenges and changes had indicated a replacement plan was required.

It was proposed that the replacement would be developed by a small working group in conjunction with the Strategic Planning Group with first draft being brought to the Board in June 2018. Following consultation and any amendment, the final plan would be brought to the Board for approval in December 2018.

The Integration Joint Board was recommended to:-

1. Consider the annual review of the strategic plan, in context of the local market and workforce factors along with new legislation and national contract changes and requirement to align with medium term financial plan.

2. Agree that a replacement strategic plan be developed to drive forward the transformational change required in health and social care.

3. Agree the proposed plan for development and timescale for completion.

Decision

1. To note the terms of the report

2. To agree that a replacement strategic plan be developed.

3. To agree the proposed plan and timescale for completion as outlined in the report.

8.   IJB 2017/18 FINANCE UPDATE

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2017/18 budget position for the IJB delegated health and social care functions, including an update

on key risk areas.

The Chief Finance Officer advised that the forecast position in the report reflected the most recent NHS and council outturn position. West Lothian Council was forecasting an overall breakeven budget position for 2017/18, while NHS Lothian was forecasting an overspend of £1.394 million.

Appendix 1 to the report provided detail on the forecast position and Appendix 2 was a summary of the key risks and service pressures along with actions being progressed to mitigate the risks as well as information on in year and future year strategic risks.

The forecast outturn reflected the outcome of comprehensive monitoring by both the Council and Health at Quarter 3 at which point there was a forecast overspend of £1.037 million. Further updates over the course of the previous month had resulted in an increase to the forecast overspend to £1.394 million.

As part of the 2017/18 payment to the IJB from the council and NHS Lothian, there were £3.520 million of budget savings identified. The monitoring undertaken at Quarter 3 estimated that £3.048 million of this target was achievable.

In addition, the share of acute set aside budget included a share of acute savings totalling £438,000 of which £240,000 was currently estimated to be achievable. The overall forecast position for the IJB took account of the overall position on savings noted.

The summary split of these savings was shown in a table within the report, along with the actual level of savings considered to be achievable at the current stage.

While in overall terms, satisfactory progress was being made on the delivery of 2017/18 savings (83% of the savings value forecast to be achievable in 2017/18), it was vital that savings were fully achieved on a recurring basis. NHS Lothian and the council had established processes in place for monitoring and reporting on the delivery of savings and regular updates would be provided to the Board on progress with delivery of savings.

The Board was recommended to:-

1. Note the forecast outturn for 2017/18 in respect of IJB Delegated functions taking account of saving assumptions.

2. Note the key risks associated with the 2017/18 forecast position.

3. Note that further management action was required by Partner bodies in partnership with the IJB to manage the 2017/18 budget pressures.

Decision

To note the terms of the report.

9.   CLINICAL GOVERNANCE

The IJB considered a report (copies of which had been circulated) by the Clinical Director informing the Board of developments with regard to Primary Care and Community Services in West Lothian.

The Board was informed that Primary Care services in West Lothian continued to be under pressure, as the recruitment and retention crisis continued.   West Lothian HSCP had taken an active role in working with GP practices to maintain service provision and develop new ways of working to assist practices in managing demand. In addition, ongoing work to develop other service areas such as Mental Health and services for the frail elderly contributed to supporting primary care teams in managing these vulnerable groups.

In relation to general practice service stabilisation and development, it was noted that following the successful return to a GMS contact, no further West Lothian practices had required direct management support over the previous 12 months.   All practices were currently functioning under independent contractor status, and only one practice was operating with a restricted list.

The report explained that during the year, GP Clusters had focused on quality, benchmarking and sharing new ways of working such as:

1. Signposting

2. Enhanced Signposting training for reception staff

3. West Lothian Primary Care Bulletin

In relation to prescribing, the West Lothian Prescribing Incentive Project ran until August 2017. Practices undertook a range of actions to reduce prescribing costs. Overall, 6 practices reduced their cost per patient from baseline, and a further 8 practices contained growth to within 3% as compared to the previous year.   Several additional actions had been undertaken in the current year to promote quality prescribing. These were examined in the report.

The report went on to provide details of frailty redesign and the development of REACT Hub.

In relation to Mental Health redesign, work had commenced on the development of mental health hubs in West Lothian to provide improved services for patients with mild-moderate mental health symptoms. This joint venture between primary and secondary care aimed to co-locate a range of intermediate-level services for this patient group, as well as linking to third sector services through the use of mental health link workers. Mild to moderate mental health problems were a leading cause of presentation to GP's surgeries, to the provision of alternative to GP care for this patent group was aimed at both improving the range of options available to patients were reducing pressure on GP appointments,

as well as reducing referrals to Psychiatric out patients.

Finally, the report provided an update in relation to implementation of the 2018 GMS contract.

The Board was informed that Scottish Government time frames for development and roll-out of the Primary Care Implementation and Improvement Plan were ambitious, and additional staffing would be required at HSCP level to successfully carry out this work. It was important both for patients and GP morale and engagement that work was able to progress at a reasonable pace, to secure the future of primary care services in the area.

The Board was recommended to:

- Note the contents of the report.

- Be assured that West Lothian HSCP were successfully maintaining and developing service provision.

- Be assured that plan were being developed to implement the new GP contract in West Lothian.

- Support innovative approaches to primary care and community service provision and assist on communicating the vision for the future to all stakeholders including the general public.

- Support an increase in staffing at HSCP level to facilitate the implementation of the new GP contract.

Decision

1. To note the terms of the report as recommended by the Clinical Director.

2. To support approaches to primary care as outlined in the report.

3. To support an increase in staffing at HSCP level as recommended in the report.

10.   IJB DEVELOPMENT SESSION REPORT

The IJB considered a report (copies of which had been circulated) by the Chief Officer providing a brief summary of the output of the IJB Development Day held on 19 February 2018.

The development event had been held on 19 February 2018 to discuss the financial plan, transformational change programme and development of Directions to NHS Lothian and West Lothian Council. Brief presentations were given on Financial Planning 2018/19 to 2022/23 and Strategic Change Programme.

It had been noted at the event that there were several risks and

uncertainties around the modelled position that required to be kept under review including:

- Pay awards/staff costs as the Public Sector pay cap had been lifted, the 2018 pay award was still subject to consultation with the pay review bodies.

- Demographic demand associated with the rapidly growing elderly population.

- Inflation.

- Uncertainty over Scottish Government funding levels for future years and funding associated with policy commitments.

- Achievement of savings required to balance the budget.

- Overall economic growth and uncertainty over Brexit.

The challenging five-year forecast with increasing demands and funding constraints required a whole system approach to develop innovative and sustainable models of care which needed to be reflected in the Strategic Plan and in communications with and directions to partner bodies.

Performance in relation to the 4-hour A&E standard and delayed discharges were highlighted as key challenges along with the current usage of available beds with St John's Hospital, the Community Hospitals and intermediate and interim care units. Discussion at the event focussed on how the current system of health and social care operated and examined two patient stories. These patients' journeys through health and social care would be beneficial, they clearly demonstrated poor communications between teams and an overall lack of integration and care co-ordination resulting in prolonged length of stay and poorer outcomes for the patients concerned.

Proposals to move towards Single Point of Access and Discharge to Assess models had been discussed and agreed that these should be further developed for more detailed consideration.

Finally, it was noted that Board members present had agreed that a further development session should be arranged in April 2018 to have detailed discussion on unscheduled care and development of Single Point of Access, Discharge to Assess and Eligibility Criteria.

At this point in the meeting the Director provided a verbal update concerning the demand for hospital beds in recent weeks. Since the update given at the January meeting, the position had been exacerbated with immense pressure at the ERI and other community hospitals. Additional capacity had been provided by St John's Hospital and action had been taken to commission beds with Care Homes.

The Board was recommended to:-

1. Acknowledge the challenges being faced in delivery of health and

social care that were driving the need for change.

2. Support the management team in taking forward the improvement actions identified.

3. Agree the development of revised Strategic Plan to take account of the drivers and actions required to achieve strategic objectives.

4. Agree the development of more detailed and explicit Strategic Directions to support service redesign and transformational change programmes.

5. Support future development event planned for April 2018.

Decision

1. To note the terms of the report.

2. To support the management team in taking forward the improvement actions identified.

3. To agree the development of revised Strategic Plan to take account of the drivers and actions required to achieve strategic objectives.

4. To agree the development of more detailed and explicit Strategic Directions to support service redesign and transformational change programmes.

5. To support future development event planned for April 2018.

11.   PROPOSED MEETING DATES 2018/19

A paper had been circulated providing a list of proposed meeting dates for 2018/19 for the Board's approval.

Decision

To agree the list of proposed meeting dates as undernoted:-

Tuesday 14 August 2018 at 2.00 pm
Monday 24 September 2018 at 2.00 pm
Wednesday 21 November 2018 at 2.00 pm
Tuesday 29 January 2019 at 2.00 pm
Tuesday 12 March 2019 at 2.00 pm
Wednesday 26 June 2019 at 2.00 pm

12.   UPDATE: DRUG AND ALCOHOL SERVICE/REFERRALS

The Board considered a report (copies of which had been circulated) by the Director advising the Board of the current performance of the HEAT A11 target.

The report advised that the HEAT (Health improvement, Efficiency, Access to services and Treatment) A11 standard set by the Scottish Government stated that by March 2013, 90% of clients would wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supported their recovery. This remained one of the main performance measures for ADP commissioned services.

The performance of West Lothian IJB, together with comparative figures for Lothian, was set out in a table within the report. The percentages reported for Lothian and for each IJB covered all drug and alcohol services funded by the Local ADP – NHS, CEC and Third Sector. Over performance in one service would compensate under performance in another.

The table showed that performance for West Lothian had been dropping each quarter, partly due to staffing problems and data entry/clean up. West Lothian had been working with some vacancies and staffing issues on both the nursing and medical side which had affected performance. Work was underway to stabilise the nursing staffing and medical staff were currently being recruited.

A redesign of the service was being planned for 2018, with greater integration of the social work and NHS elements being key. Some early work had already been done in relation to how work was prioritised and allocated, and it was anticipated that the Quarter 3 figures for the West Lothian IJB area would show a modest improvement in performance. The redesign would also seek to establish whether the balance of work across the three partners – NHS, Social Policy and third sector – was optimal.

The Board was recommended to support the approach taken by services to reduce waiting times and achieve optimal performance.

Decision

To support the approach as recommended in the report.

13.   COMPLAINTS AND INFORMATION REQUESTS - QUARTER 3 OF 2017/18

The IJB considered a report (copies of which had been circulated) by the Director providing statistics on complaints and information requests made to the Board in Quarter 3 of 2017/18.

The report recalled that its meeting in December 2017, the Board had agreed that the Complaints Handling Procedure be amended in line with recommendations from the Complaints Standards Authority. This included a requirement to report on complaints received by the Board on a quarterly basis.

The Board was also required to submit quarterly statistics on requests for information to the Office of the Scottish Information Commissioner (OSIC) and therefore a quarterly update on requests for information would be

reported alongside complaints.

The Board was informed that an internal procedure for processing requests for information relating to the Board was in place. Requests for information would be recorded on council systems, as would complaints, and there was signposting on the IJB pages of the Health and Social care Partnership website explaining how to make a complaint or request information.

The Board was asked to note:-

1. That no complaints had been received in quarter 3 or since the establishment of the IJB;

2. Note that no requests for information had been received in quarter 3 or since the establishment of the IJB; and

3. Note that complaints and requests for information would be reported on a quarterly basis.

Decision

To note the terms of the report.

14.   WOKRPLAN

A copy of the Workplan had been circulated for information.

Decision

To note the Workplan and that 'Primary Care Summit' would be included as an item of the Workplan.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 1 MAY 2018.

Present –

Voting Members – Martin Hill, Harry Cartmill, Martin Connor, Alex Joyce, Bill McQueen, George Paul and Damian Timson.

Non-Voting Members – Carol Bebbington, Ian Buchanan, Jim Forrest, Mairead Hughes, Jane Houston, Martin Murray, Bridget Meisak, Patrick Welsh.

Apologies – Dave King, Elaine Duncan and Mary-Denise McKernan.

In Attendance – Kenneth Ribbons (IJB Internal Auditor), Carol Bebbington (Senior Manager Primary Care and Business Support). Lorna Kemp (Project Officer), James Millar (Standards Officer), Claire Flanagan and Karen Ozden (NHS Lothian).

1   CHAIR'S OPENING REMARKS

The Chair welcomed to the meeting Bill McQueen, Non Executive Member of NHS Lothian. Bill had been appointed as a Voting Member of the West Lothian IJB as a replacement for Lynsay Williams.

Decision

1. To agree the appointment of Bill McQueen to the West Lothian IJB; and

2. To agree that Bill be appointed to the Audit, Risk and Governance Committee to fill the vacant position.

2.   DECLARATIONS OF INTEREST

There were no declarations of interest made.

3.   MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION JOINT BOARD HELD ON TUESDAY 13 MARCH 2018

The West Lothian Integration Joint Board approved the minute of its meeting held on 13 March 2018.

4.   MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT RISK AND GOVERNANCE COMMITTEE HELD ON WEDNESDAY 24 JANUARY 2018

The Council noted the minute of meeting of West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 24 January 2018.

5.   <u>ROYAL EDINBURGH HOSPITAL CAMPUS REDEVELOPMENT (PHASE 2)</u>

The Chair welcomed to the meeting Claire Flanagan (Finance Business Partner, NHS Lothian) and Karen Ozden (Chief Nurse, REH). Claire and Karen jointly presented a report concerning the Royal Edinburgh Hospital Campus Redevelopment (Phase 2). The report was seeking the support of the IJB for the bed numbers and financial assumptions for Phase 2 of the Royal Edinburgh Hospital (REH) reprovision thereby allowing the Outline Business Case (OBC) to progress.

The Board was informed that Phase 2 of the REH reprovision programme was to provide facilities for patients with Learning Disabilities and who required low secure mental health care and complex longer terms psychiatric rehabilitation. Many of these patients currently received care in specialist hospitals in other parts of Scotland and the UK. The out of area provision was funded from an unplanned activity budget termed UNPACS. Phase 2 would also include the reprovision of the Ritson Clinic which provided inpatient detoxification for patients with substance misuse and the new Facilities Management building for the REH campus. A proposal for Phase 3 was expected in November 2018.

The report contained the following tables:-

Table 1 – Bed numbers for Learning Disability Services (LD) Inpatient and Community Place Numbers totalling 29 (which included 2 beds for NHS Borders and 1 for NHS Lothian's CAMHS LD.

Table 2 – Bed Numbers and breakdown for Low Secure Inpatient Places (totalling 23)

Table 3 – Longer Term Complex Rehabilitation Inpatient Places (totalling 20).

It was noted that proposed bed numbers did not match the current financial distribution formula between IJBs (Edinburgh 57%, West Lothian 21%, East Lothian 12%, Midlothian 10%). There were a number of reasons for this including levels of service that each HSCP had in its area that provided similar functions and historical levels of implementation of care in the community. For this reason it was important that as the OBC progressed and as the allocation formula for hosted services was reviewed in 2018/19, that each IJB approved the final model in the OBC.

The report provided a summary of benefits as undernoted:-

- Provision of services locally without the need for patients, relatives or staff to travel to other parts of the UK for many years.

- Provision of inpatient services that were fit for purpose in modern facilities in Morningside, a community with many assets.

- An expansion of provision in the community.

- Significantly better use of available resources.

- Provision of facilities management and infrastructure improvements that both future proof the site for utilities and enabled Phase 3 to proceed without disruption to clinical services.

The estimated capital construction cost of the redevelopment was £35m excluding VAT.

The estimated annual running costs were £24m for these future service configurations with funding available of £24.3m, this included the £6m UNPACS budgets. Table 4 within the report highlighted overall the finance model for this development was revenue affordable. There would be ongoing review of this in line with the progression of the business case.

It was recommended that the West Lothian IJB:-

1. Agree to the proposed West Lothian bed numbers in Phase 2.

2. Agree in principle to a bed risk share model with other IJBs in order to progress the business case and ensure West Lothian patients had continued access to specialist services.

3. Agree that the financial model would be revisited as part of the work towards the new IJB NRAC financial allocation model and that the final financial model for the OBC should be presented to the IJB.

Decision

To note the terms of the report.

To agree the recommendations set out in section 2 of the report.

6. LOCAL CODE OF CORPORATE GOVERNANCE

The Board considered a report (copies of which had been circulated) by the Standards Officer attaching a Local Code of Corporate Governance for the Board's consideration and approval.

The Standards Officer explained that the Integration Scheme contained an undertaking to develop and adopt rules and procedures designed to promote and ensure good governance arrangements. Many of those arrangements had already been made. One aspect of accounting compliance and good practice which was not yet in place was the adoption of an over-arching Local Code of Corporate Governance.

The framework for corporate governance arrangements for the Board was the "Delivering Good Governance in Local Government Framework (2016)" produced by CIPFA and SOLACE. It was supplemented by a set of "Guidance Notes for Scottish Authorities". A local code had been

developed based on that framework and the final version of the proposed Local Code of Corporate Governance was attached as Appendix 1 to the report. The Audit, Risk & Governance Committee had considered the final draft on 28 March 2017 and had agreed that it be submitted to the Board for approval.

The report contained details of how the code should be used. In addition, the report advised that, after adoption of the new Code, the next steps would be:-

- Assessment against the Code and consideration by officers.

- Approval of the annual governance statement informed by and based on the Code and the officers' assessment.

- Report to the Audit, Risk and Governance Committee on compliance and areas of concern.

- Report to the Board on the same matters with recommendations from the committee.

- Consideration of external auditors' annual report including the annual governance statement and governance aspects as part of their "wider aspect" reporting, first by committee and then by the Board.

Finally, it was noted that the Code and reporting arrangements would be subject to a formal review at the same time as Standing Orders and other governance documents were reviewed.

The assessment and reporting process would be capable of checking by Internal Audit.

It was recommended that the Board:-

1. Note the requirements, purposes and value of a Code of Corporate Governance for the Board.

2. Note the recommendation of the Audit, Risk & Governance Committee that the Code should be adopted and implemented as part of the Board's governance arrangement and controls.

3. Adopt the Code of Corporate Governance in Appendix 1 with immediate effect.

4. Note the proposed monitoring and reporting arrangements.

In addition, the Committee was asked to note that the date shown in paragraph 1.3 on page 2 should read "2018" and not "2017".

Decision

To note the terms of the report and to adopt the Code of Corporate Governance attached as Appendix 1 to the report.

7.   REMIT OF AUDIT, RISK AND GOVERNANCE COMMITTEE

The Board considered a report (copies of which had been circulated) by the Standards Officer inviting Board members to consider amending the remit and powers of the Board's Audit, Risk & Governance Committee.

The Board was informed that through joint working arrangements, Falkirk Council's Internal Audit Service had been invited to conduct an audit of the Boards risk management arrangements and the findings of the audit had been reported to the Board's Audit, Risk & Governance Committee on 28 March 2018.

Some areas for improvement had been identified and they related to:-

- the wording of the Board's Risk Management Policy and Strategy;

- a review of risk management training arrangements;

- the committee's remit and powers.

The audit report had included an action plan setting out agreed management actions and timescales for completion. The committee had welcomed and accepted the report and had agreed the proposed actions.

The actions agreed were summarised by the Standards Officer as undernoted:-

1. The remit of the Audit, Risk and Governance Committee should be updated to ensure consistency with the responsibilities from the Risk Management Policy and Strategy.

2. A report should be submitted before 30 June 2018 requesting that the Board agree changes to the committee's remit.

In addition, the Standards Officer proposed a separate adjustment to the remit to give effect to the adoption of the principles underpinning working relationships between the Lothian HS Board Audit & Risk Committee and the West Lothian IJB Audit & Risk Committees.

The proposed updated remit was shown in Appendix 1 to the report.

It was recommended that the Board:-

1. Note and accept the recommendation of the Audit, Risk & Governance Committee that the Board consider amending the committee's remit and powers in response to an audit of the Board's risk management arrangements.

2. Consider and agree the proposed changes to the committee's remit and powers as set out in the appendix to the report.

Decision

To note the terms of the report and to agree the proposed changes to the committee's remit and powers as set out in the appendix to the report.

8.   INFORMATION MANAGEMENT

The Board considered a report (copies of which had been circulated) by the Director providing an update in relation to Records Management in compliance with the Public Records (Scotland) Act 2011 (PRSA); and the General Data Protection Regulation (GDPR) (Regulation) (EU) 2016/679), which would come into force on 25 May 2018.

The report recalled that, at its meeting of 26 September 2017, the Board had agreed to adopt West Lothian Council's Information Security Policy, Records Management Policy and Data Protection Policy to ensure ongoing compliance with legislation and regulation. Like the council and NHS Lothian, the Board was registered with the Information Commissioners Office as a data controller and was, therefore, subject to the same data protection laws as any other public body.

The report went on to advise that the Keeper of Records office had indicated that in July 2018 the Keeper intended to invite the IJB to submit its Records Management Plan. Although July 2018 was the month the invitation would be issue, the plan itself was not expected until November 2018.

General Data Protection Regulation (GDPR) would introduce new rules on how organisations collect and process personal data. The aim of GDPR was examined in the report, together with the key changes.

The Board was informed that there were limited implications of the IJB which would not usually hold personal information.

The Board was not an employing body but like other organisations, was required to appoint a Data Protection Officer who met the criteria set out in section C3 of the report before 25 May 2018. It was proposed that the IJB Project Officer would assume this role as a temporary measure with the support of the council's Information Strategy and Security Manager until a longer-term solution was found.

It was recommended that the Board:

1. Note that the Keeper of Records would write to IJBs to request their Record Management Plans in July 2018;

2. Note that the Keeper of Records would ask IJBs to submit their plans in November 2018;

3. Note that the General Data Protection Regulation (GDPR) would replace the Data Protection Act 1998 from 25 May 2018;

4. Note the key changes under GDPR and the implications to the Board;

5. Agree to appoint the IJB Project Officer as an interim Data Protection Officer (with the support of the council's Information Strategy and Security Manager) from 25 May 2018 until a satisfactory arrangement was made for the long-term.

Decision

To note the terms of the report and to agree to appoint the IJB Project Officers as an Interim Data Protection Officer (with the support of the council's Information Strategy and Security Manager) from 25 May 2018 until a satisfactory arrangement was made for the long-term.

To place the item on the Workplan with a view to reporting back to the Board at an appropriate time.

9.   2017/18 FINANCE UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2017/18 budget position for the IJB delegated health and social care functions, including an update on key risk areas.

The Chief Finance Officer advised that the forecast position in the report reflected the most recent NHS and council outturn position and was effectively an early draft outturn position for 2017/18. West Lothian Council was continuing to forecast an overall breakeven budget position for 2017/18, which NHS Lothian was forecasting an overspend of £1.486 million for IJB delegated functions.

A table within the report showed a summary of the forecast position and Appendix 1 to the report provided further detail on the position shown. An underspend of £34,000 was forecast on the payment to the IJB and an overspend of £1.520 million was forecast against the share of acute set aside resources attributed to West Lothian, giving a combined overspend position of £1.486 million. The was an increase on the position previous reported to the Board.

Various management actions were being progressed within the West Lothian Health Social Care Partnership and at a wider NHS Lothian level to manage spend within available resources. These included quality and efficiency prescribing initiatives which had achieved cost reductions, and improved workforce modelling and staffing models in areas such as junior medical staff and nursing to reduce the use of bank and agency staff.

A summary of the key risks and service pressures along with actions being progressed to mitigate the risks as well as information on in year and future strategic risks, were attached in Appendix 2 to the report.

Finally, the report outlined action agreed to achieve a 2017/18 breakeven position. NHS |Lothian Finance and Resources Committee had agreed on 21 March that additional resources would be provided to IJBs to enable them to achieve a breakeven position against the health

component of the budget. Such a corporate adjustment was consistent with the previous financial year and would have no additional impact on NHS Lothian achieving an overall breakeven position. NHS Lothian Board had endorsed this position at its meeting on 4 April 2018.

The Board was asked to note:

1. the forecast outturn for 2017/18 in respect of IJB Delegated functions.

2. the key risk areas set out in appendix 2.

3. that NHS Lothian Finance and Resources Committee had agreed to provide additional in year resources to Lothian IJBs to ensure the health component of the budget would break even in 2017/18.

Decision

To note the terms of the report.

10.   INTERNAL AUDIT PLAN 2018/19

The Board considered a report (copies of which had been circulated) by the Internal Auditor attaching a copy of the West Lothian IJB Internal Audit Plan for 2018/19.

The plan for 2018/19 outlined planned internal audit work for the year to 31 March 2019. The purpose of the internal audit plan was to audit the IJB's processes and ensure that effective controls were in place to mitigate the risks identified.

The Internal Auditor informed the Board that separate internal audit arrangements were in place in relation to the operational arrangements within the council and health sides. The plan had been approved by the Audit, Risk and Governance Committee on 28 March 2018. The outcome of the internal audits included in the internal audit plan would be reported to the Audit, Risk and Governance Committee as a matter of course.

The Board was asked to note the 2018/19 internal audit plan, as approved by the Audit, Risk an Governance Committee on 28 March 2018.

Decision

To note the terms of the report.

11.   EXTERNAL AUDIT PLAN 2017/18

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer attaching a copy of the external auditor's 2017/18 annual audit plan.

The report recalled that, in May 2016, the Accounts Commission had

appointed Ernst and Young (EY) as the IJB's external auditor for the five year period to 2020/21. EY's annual plan outlined the work they proposed to undertake in relation to the 2017/18 audit and was reported to the IJB Audit, Risk and Governance Committee on 28 March 2018.

The report by the Chief Finance Officer contained a brief outline of the EY Audit plan.

The Board was asked to note the external auditor's 2017/18 annual audit plan.

Decision

To note the terms of the report.

12.   COMPLAINTS AND INFORMATION REQUESTS - QUARTER 4 OF 2017/18

The Board considered a report (copies of which had been circulated) by the Director containing statistics on complaints and information requests made to the Board in quarter 4 of 2017/18.

The Board was asked to note:-

1. that no complaints had been received in quarter 4 or since the establishment of the IJB;

2. that no requests for information had been received in quarter 4 or since the establishment of the IJB;

3. That complaints and requests for information would be reported on a quarterly basis.

Decision

To note the terms of the report.

13.   WORKPLAN

A copy of the Workplan had been circulated.

Decision

To note the terms of the report.

1.15

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 29th March 2018	2.00pm	Council Chambers, Midlothian House, Buccleuch Street, Dalkeith, EH22 1DN.

Present (voting members):

Cllr Derek Milligan (Vice Chair)	Tracey Gilles
Cllr Catherine Johnstone	Martin Connor (substitute for Alex Joyce/Alison McCallum)
Cllr Jim Muirhead	

Present (non voting members):

Allister Short (Chief Officer)	Alison White (Chief Social Work Officer)
David King (Chief Finance Officer)	Fiona Huffer (Head of Dietetics)
Patsy Eccles (Staff side representative)	Keith Chapman (User/Carer)
Pam Russell (User/Carer)	Ewan Aitken (Third Sector)

In attendance:

Gary Fairley (Head of Finance and Integrated Service Support)	Craig Marriott (Deputy Director of Finance)
Jill Stacey (Chief Internal Auditor)	Jamie Megaw (Strategic Programme Manager)
Wanda Fairgrieve	Mike Broadway (Clerk)

Apologies:

Cllr Pauline Winchester	Alex Joyce
Alison McCallum	Cllr Janet Lay-Douglas (substitute for Cllr Pauline Winchester)
Hamish Reid (GP/Clinical Director)	Aileen Currie (Staff side representative)
Caroline Myles (Chief Nurse)	

Midlothian Integration Joint Board
Thursday 29 March 2018

1.   Welcome and introductions

The Chief Officer, Allister Short, welcomed everyone to this Meeting of the Midlothian Integration Joint Board and explained that as John Oates had resigned from the NHS Lothian Board for personal reasons and a replacement had not yet been appointed, the Vice-Chair, Councillor Derek Milligan would Chair today's MIJB meeting.

2.   Order of Business

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

3.   Declarations of interest

No declarations of interest were received.

4.   Minutes of Previous Meetings

4.1   The Minutes of Meeting of the Midlothian Integration Joint Board held on 11 January 2018 were submitted and approved subject to the correction of a minor typographical error on page 5, paragraph 5.8, the last bullet point in the decision should read '2018' rather than '2017'.

4.2   With reference to paragraph 5.9, the Chief Officer, updated the Board on preparation of the detailed breakdown of the proposed high level transformational changes within Midlothian and explained that the process, together with the proposals for the public engagement, were proving more complex that had originally been envisaged and that whilst good progress was being made they weren't in a position to report back at this time, however he reassured Members that a further report would be brought forward in due course.

5.   Public Reports

Report No.	Report Title	Presented by:
5.1	IJB Directions 2018/19	Allister Short

Executive Summary of Report
The purpose of this report was to outline the proposed approach to the Directions to be issued by the MIJB to Midlothian Council and NHS Lothian and the main areas to be addressed in 2018-19.   The report explained that the Directions were intended to provide clarity about the key changes which need to be made in the delivery of health and care services in Midlothian and should be considered alongside the Strategic Plan (2016-19) and the 2018-19 Delivery Plan.

Midlothian Integration Joint Board
Thursday 29 March 2018

Summary of discussion

The Board, having heard from the Chief Officer, who responded to Members questions, discussed the key areas to be addressed in the Directions and the emerging key principles that would underpin the redesign of services, in particular, improved partnership working across all services, adoption of a stronger emphasis on prevention and steps to tackle health inequalities.

Decision

The Board:

- **Approved the more focused approach to the development of the MIJB's Directions as outlined in the report;**

- **Approved the Key Areas to be addressed in the Directions as detailed in the report;**

- **Agreed that the Chief Officer arrange for these Directions to be issued in the appropriate format to the Chief Executives of NHS Lothian and Midlothian Council no later than 31st March 2018.**

Action

Chief Officer

Report No.	Report Title	Presented by:
5.2	Financial Assurance – 2018/19 budget setting	David King

Executive Summary of Report

The purpose of this report was to set out the current position of the financial assurance exercise undertaken on the 2018/19 budgetary settlement and offers made by the MIJB's partners.

The report explained that the MIJB was required to set a budget for 2018/19 and that this budget flowed from the budget offers to the MIJB from Midlothian Council and NHS Lothian. Midlothian Council had set a budget at its meeting on 13th February 2018 which included a proposed budget for the MIJB. NHS Lothian had provided the MIJB with a detailed financial plan although it had not yet set a final budget for 2018/19. The NHS Lothian element of the budget proposition was therefore based on the information provided to NHS Lothian's finance and resource committee at its January 2018 meeting.

The MIJB undertook a process of financial assurance which looked at the budget propositions from the partners and asked two key questions:-

Midlothian Integration Joint Board
Thursday 29 March 2018

- Is it fair – was the proposed budget a 'fair' share of the partners overall resources to support the functions that the partners had delegated to the MIJB

- Is it adequate – this raised the issue of the service delivery model. Clearly the budgets were not 'adequate' in the absolute sense of the word otherwise there would not be significant efficiency schemes to be delivered. The MIJB had to consider that the efficiency schemes that were required to deliver a balanced financial position were deliverable and did not impact on the MIJB's ability to deliver its strategic plan.

Summary of discussion

The Chief Finance Officer in presenting the report highlighted that the 'fair' element was addressed by examining the allocation proposals laid out in the report and considering if the MIJB had received a fair share of the resources available to the partners, which on the face of it would appear to be the case. The 'adequacy' could be tested by looking at the indicative financial pressures that the financial analysis of the partners provides and considering if the efficiency plans would meet the financial pressures and if these plans did not impact on the MIJB's ability to deliver its Strategic Plan. This did not seem unreasonable at this time with the very clear exception of the Set Aside position for which the MIJB simply did not have adequate assurance.

Having then heard from Gary Fairley, Head of Finance and Integrated Service Support, Midlothian Council and Craig Marriott, Deputy Director of Finance, NHS Lothian, the Board, in discussing the budgetary pressures emphasised that there was a clear need to remain focused on the overall aim of Integration and to deliver new models of care that better supported the population of Midlothian and improved outcomes.

Decision

After further discussion, the Board:

- **Agreed to accept the Midlothian Council's budget settlement; and**

- **Agreed to accept NHS Lothian's indicative proposition on the basis that:-**

    (i). **Any further revision to the NHS Lothian Financial Plan does not impact significantly on the MIJB; and**

    (ii). **NHS Lothian resolves to the MIJB's satisfaction the pressures with the Set Aside budget.**

Action

Chief Officer/Chief Finance Officer

Report No.	Report Title	Presented by:
5.3	Financial Strategy and Financial Plan – Update March 2018	David King

Midlothian Integration Joint Board
Thursday 29 March 2018

Executive Summary of Report

With reference to paragraph 5.2 of the Minutes of 11 January 2018, there was submitted a report which provided an update of the MIJB's financial plans taking into account the Scottish Government's financial settlement for 2018/19 for the MIJB's partners (Midlothian Council and NHS Lothian).

The report also laid out the next steps which now needed to be taken to develop the three year plan and allow that plan to provide a clear view of the MIJB's intentions, these included:-

- Further refinement of the IJB Health Budget setting model. This would allow the IJB to consider in detail not only the totality of its resources but also how they were currently being deployed. This would be critical to understanding the use of the Set Aside resources in the Acute Hospitals and therefore the impact of the MIJB's plans to change that resource usage.

- A detailed examination of the programmes with the service delivery management teams to ensure that these were fully understood.

- A consideration by programme e.g. Older People, of how the MIJB's overall resource should be prioritised. This would allow the MIJB to consider how resources invested in these programmes should move over the years reflecting the delivery of the strategic plan.

- The production of detailed delivery plans that were affordable within the overall programme resource. This would be absolutely essential in the delivery of financial sustainability for the MIJB.

Summary of discussion

Having heard from the Chief Finance Officer, who responded to Members questions and comments, the Board welcomed the ongoing development of the financial planning model and emphasised the importance of the transformation process in changing the way in which services were delivered.

Decision

The Board:

- **Noted the updated 3 year baseline position;**

- **Noted the updated financial strategy; and**

- **Supported the proposed actions detailed in the report.**

Action

Chief Officer/Chief Finance Officer

Midlothian Integration Joint Board
Thursday 29 March 2018

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

Executive Summary of Report
This report provided a summary of the key issues which had arisen over the past month in health and social care, highlighting in particular service pressures as well as recent and future service developments. The report also advised that following the joint appointment of Jill Stacey as Chief Internal Auditor across Midlothian and Scottish Borders, Jill would provide this role for Midlothian IJB. Therefore, approval was sought from the MIJB in support of this appointment.

Summary of discussion
Having heard from the Chief Officer, who responded to Members questions, the Board welcomed the planned opening of the new Medical Practice in Newtongrange, emphasised the importance of building on the success of the recent positive Care Inspection at Newbyres and learning the lessons from the less than favourable one received by Springfield Bank.

Decision
The Board: • **Noted the issues and updates raised in the report; and** • **Noted and approved the appointment of Jill Stacey as Chief Internal Auditor to Midlothian Integrated Joint Board.**

Action
Chief Officer/Chief Finance Officer

Report No.	Report Title	Presented by:
5.5	Measuring Performance Under Integration	Jamie Megaw

Executive Summary of Report
With reference to paragraph 5.5 of the Meeting of 20 April 2017, there was submitted a report updating the Board on performance and improvement towards achieving the Local Improvement Goals. Appended to the report were (i) technical details of how these goals were measured and how the baselines were calculated and (ii) a copy of the response from Midlothian IJB to the Scottish Government request for an update on performance from all IJBs for the Ministerial Strategic Group.

Midlothian Integration Joint Board
Thursday 29 March 2018

Summary of discussion
Having heard from the Strategic Programme Manager, who responded to Members' questions and comments, the Board discussed the summary of what the data showed in Midlothian, which in terms of the improvement goals set by the MIJB was somewhat mixed. The potential reasons for this were discussed, it being acknowledged that pressures elsewhere in the system appeared to be having a knock on effect. The Board suggested that in order to give greater context to the figures it would be useful if demographical information could be included in future reports.

Decision
After further discussion, the Board:-   • **Noted the performance across the improvement goals;**   • **Noted the ongoing pressures currently being experienced with acute services;**   • **Noted that information on Goals 8 and 9 had changed and improved to more accurately record performance; and**   • **Noted the response from Midlothian to the Scottish Government request for an update on performance from all IJBs for the Ministerial Strategic Group.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.6	Carers (Scotland) Act 2016	Alison White

Executive Summary of Report
This report set out details of the new Eligibility Criteria for Carers within Midlothian, as required by the Carers (Scotland) Act 2016.   The report explained that the Carers (Scotland) Act 2016 was a key piece of new legislation that promised to 'promote, defend and extend the rights' of adult and young (unpaid) carers across Scotland. The Act aimed to "*ensure better and more consistent support for carers and young carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring*" (Scot Gov.).   This legislation introduced new duties and responsibilities, and had implications for Adult Health & Social Care Services and both Education and Children's Services. The Carers (Scotland) Act 2016 place a duty on Councils and Integrated Authorities to provide support to young and adult carers, where identified needs meet agreed local eligibility criteria.

Midlothian Integration Joint Board
Thursday 29 March 2018

A public consultation process had been undertaken during January 2018, and the Eligibility Criteria for Carers document, which applied to both young and adult carers, has been updated in response to consultation feedback.

Summary of discussion

The Board, having heard from the Chief Social Work Officer, who responded to Members' questions and comments, discussed the ways in which information would be made available, expressing support for the proposed Eligibility Criteria.

Decision

The Board:

- **Noted the requirements under the legislation to produce, consult and publish eligibility criteria for young and adult carers prior to implementation of the Act in April 2018; and**

- **Noted that the proposed Eligibility Criteria had been formally approval by Midlothian Council, at its meeting held on 27 March 2018.**

Action

Chief Officer

Report No.	Report Title	Presented by:
5.7	Delayed Discharge	Allister Short

Executive Summary of Report

The purpose of this report was to highlight the continuing challenges within Midlothian in addressing delayed discharge, setting out the actions that were being taken to ensure patients were discharged at the earliest opportunity in their care pathway and ongoing work on admission avoidance.

The report advised that the Midlothian Partnership had consistently been a good performer in addressing delayed discharge and ensuring that patients were discharged in a timely manner to an appropriate setting. Over the previous 9 months, this performance had deteriorated as a result of a number of factors that were set out in more detail within the paper. The report also set out a range of actions that were either now in place or being implemented to address this performance and ensure safe discharge for patients along with work around admission avoidance.

Summary of discussion

The Board, having heard from the Chief Officer, discussed the series of actions that had been progressed over and above what was already in place to support discharge, and the challenges that had impacted on this work.

Midlothian Integration Joint Board
Thursday 29 March 2018

Decision
After further discussion, the Board: • **Noted the current admission profile and corresponding delayed discharge performance in Midlothian;** • **Noted and expressed support for the detailed actions in place to address and reduce the number of patients who were delayed in hospital;** • **Agreed that there was a need in future reports to identify improvements that related to maximising current processes and what were new developments to support discharge; and** • **Agreed that Midlothian IJB receive a further report to provide assurance that performance had improved.**

Action
Chief Officer

Report No.	Report Title	Presented by:
5.6	Health Visiting Services in Midlothian	Allister Short

Executive Summary of Report
With reference to paragraph 4.2 of the Minutes of 11 February 2016, there was submitted a report which set out the current position of the health visiting service in Midlothian HSCP, and detailed some of the actions taken to ensure the delivery of a safe and effective health visiting service within Lothian. The report outlined the actions taken in order to mitigate the risks which had arisen as a result of pressures within the Health Visiting Service in Midlothian as a result of significant vacancies and gave an up-to-date account of the current situation within Midlothian HSCP health visiting service.

Summary of discussion
The Board, having heard from the Chief Officer discussed the excellent work undertaken to address matters and mitigate the impact within Midlothian.

Decision
The Board: • **Noted the position of Midlothian health visiting services.** • **Note the actions taken to ensure a safe and effective health visiting service.**

Midlothian Integration Joint Board
Thursday 29 March 2018

> - **Note the current position within Midlothian health visiting service and note the need for ongoing collaboration across Lothian.**

Action
Chief Officer

6.   Any other business

No additional business had been notified to the Chair in advance.

7.   Date of next meeting

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

- Thursday 19th April 2018   2pm   Development Workshop
- Thursday 3rd May 2018   2pm   **Midlothian Integration Joint Board**

The meeting terminated at 4.15 pm.

MINUTES OF THE MEETING OF THE
EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 22 FEBRUARY 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

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

Non-voting Members Present:
Ms F Duncan
Dr R Fairclough
Dr A Flapan
Dr M Flynn
Ms E Johnston
Mr D King
Ms A MacDonald
Mrs M McKay
Ms M McNeill
Ms S Saunders
Mr D Small
Mr A Wilson

ELC/NHS Officers Present:
Mr P Currie
Mr B Davies
Mr B Dickie

Clerk:
Ms F Currie

Apologies:
Ms F Ireland
Mr T Miller

Declarations of Interest:
None

The Chair asked for the IJB's agreement to postpone consideration of Item 12 to the next meeting on 22 March. He explained that there had been problems with the circulation of papers which meant that some members had not had prior sight of the report.

Councillor Stuart Currie expressed concern that the report was to be considered in private when similar reports to Council had been considered in public. The Chair said that he would give further thought to this before the next meeting and he apologised to members for the postponement. The IJB agreed to postpone Item 12 to their next meeting.

1.   MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD ON 21 DECEMBER 2017

The minutes of the meeting on 21 December 2017 were agreed.

2.   MATTERS ARISING FROM THE MINUTES OF 21 DECEMBER 2017

Delayed Discharges – Mr Small reported that the figure for January 2018 was 16. He said that it was a remarkable achievement by the staff to hold numbers steady during what had been a very busy period.

Councillor Fiona O'Donnell asked to put on record the IJB's thanks to Alison MacDonald and her team in recognition of their efforts. The Chair agreed wholeheartedly and offered his thanks to the team.

(Item 6) Belhaven Hospital – Ms MacDonald reported that there were currently 8 patients in Ward 3 - being reconfigured to support the transfer of Ward 2 – and meetings had taken place with them and their families to discuss options. Plans were in place for 6 of the patients and work was continuing with the remaining 2.

Ms MacDonald said that positive engagement with independent providers had freed up the Hospital to Home team to work with Belhaven patients. She also reported that a series of group and one-to-one meetings had taken place with the staff and planning work would continue. She added that some staff viewed the changes as an opportunity to transfer to community-based services.

She concluded that minor renovation work in Ward 3 would be completed by April when it would be reopened as a stepdown and GP access facility. Current bed capacity meant that no patients would have to be decanted to Edinburgh during the process.

(Item 7) General Medical Services Contract – the Chair advised that an update would be provided as part of Item 7 on the agenda.

(Item 8) MELDAP Reserves – Mr Small said this would be covered as part of Item 9.

(Item 11) The Roles of Members of the IJB – the Chair advised members that this work was still ongoing and would be completed upon receipt of the guidance note on the role of Carers representatives on IJBs. Margaret McKay said that the final report and role description would be signed off at the end of March but that in addition there needed to be thought given to the induction and other support provided to representatives on IJBs who were not part of any organisation.

The Chair added that he was conscious that there had been no representative of the independent sector present at the IJB for some time but that this was being addressed.

3. CHAIR'S REPORT (VERBAL)

The Chair informed members that, in addition to a business meeting on 22 March 2018, there would be a development session on transformational change involving a presentation by an organisation called SNOOK. [*POST MEETING NOTE: The development session will now take place on Thursday 26 April 2018*.]

Executive Committee of IJB Chairs and Vice Chairs –included 10 members representing IJBs across Scotland. The Chair confirmed that he was one of the members and that the Committee would shortly elect its own Chair and Vice Chair. The Chair of the Executive Committee would also represent IJBs on the Ministerial Steering Group.

Royal Edinburgh Hospital – the Chair reported on his visit to the hospital which provides psychiatric in and outpatient services. He said he was very impressed with the staff and the range of services on site.

Hospital to Home - the Chair said he hoped to arrange a meeting between the 3 Lothian IJB Chairs and Vice Chairs and Medicine of the Elderly Consultant, Dr Andrew Coull, to discuss possible efficiencies for the Hospital to Home services across Lothian. Dr Coull had suggested that there could be improvements in their interactions with other services.

4. NHS HEALTHCARE GOVERNANCE COMMITTEE (VERBAL)

The Chair informed members that Fiona Ireland had provided a brief update by e-mail in which she indicated that of the items discussed at the most recent meeting there had been little of direct relevance to the IJB.

The Chair also advised that Ms Ireland had raised a separate point relating to Item 8 on the agenda and the provision of palliative care beds for those individuals who needed to be admitted to hospital for symptom control. Ms MacDonald indicated that the provision of step-up care was part of the overall thinking and a variety of models were being considered.

5. EAST LOTHIAN COUNCIL POLICY & PERFORMANCE REVIEW COMMITTEE AND AUDIT & GOVERNANCE COMMITTEE (VERBAL)

Mr Small reported that delayed discharges and balance of care had been included in the Q2/Q3 performance report presented to the Policy and Performance Review Committee (PPRC) on 21 February 2018. Fiona Duncan had given a presentation on the East and Midlothian Public Protection Committee Annual Report for 2016/17 which had been well received by the PPRC. Mr Small agreed to circulate the web link to the section of the report relevant to the IJB. He also said that reprovisions/balance of care may be added to the PPRC's future work plan.

The Internal Audit Plan for 2018/19 was approved at the Audit & Governance Committee meeting on 20 February and this included several audits on aspects of social care.

6.   INTERNAL AUDIT REPORT – IJB STRATEGIC PLAN

The Chief Finance Officer had submitted a report laying out the management responses and actions to a report by the IJB's Internal Audit team on the management and delivery of the IJB Strategic Plan 2016-19.

The Chair emphasised the importance of the IJB being kept informed of the reports being presented to the Audit & Risk Committee (A&RC) and to ensure that where there were areas of crossover between the partners, as with audit reports, that there was no duplication of effort.

Mr Small reminded members that the IJB was a separate body with separate governance arrangements and that while the partners' own internal audit teams continued to support the A&RC, the overall governance was a matter for the committee. He advised members that this particular report had been presented to the A&RC at their meeting in December 2017. He referred members to the recommendations made by Internal Audit and to the actions which had been taken since the completion of the report.

Bryan Davies expanded on the role and remit of the Data Group whose aim was to ensure a more organised and proactive approach to reporting.

Mrs McKay said that as Chair of the A&RC she was pleased that the committee was now well established. She agreed that the issue of the gathering and interpretation of data was a key concern, as was understanding why timescales for actions were sometimes missed.

Decision

The IJB agreed to:

- Note the contents of this report.
- Support the actions as described.

7.   REVISED PRIORITIES – 2018/19 AND BEYOND

The Chief Officer had submitted a report to seek the approval of the IJB for the HSCP to focus on areas of priority activity through 2018/19 and beyond.

Mr Small presented the report outlining the background to the proposals and summarising the proposed priorities for 20118/19 which included development and delivery of the financial plan, reprovision of care homes and hospitals, a review of community services for adults with complex needs and implementing the Carers Strategy.

In response to questions from members Mr Small explained that a further report would be presented to the IJB on shifts in the balance of care quantifying specific actions and inviting the IJB to debate the value of any proposed change and whether it will be possible to achieve the resource transfer to support it. The Chair added that person-

centred cost base information from NHS Lothian would help to make things clearer and identify the resources to move.

Mr Small also advised that if the reprovision proposals for care homes and hospitals were approved at today's meeting a working group would be established to ensure engagement with other services such as housing and planning. As regards to the sites identified in the Local Development Plan (LDP), much would depend on the timing of sites coming forward. However, it would be important to specify what the IJB wanted to achieve as part of its Primary Care strategy, for example establishing a GP practice at Blindwells, ensuring that other practices were able to keep their lists open and increasing access to services.

The Chair added that the IJB must ensure that work on other important areas was not diluted and would continue to be taken account of when progressing priorities such as the Carers Strategy.

Councillor Currie observed that during the planning approval process for Blindwells it was felt that no developer contribution was required. He found that very surprising given the size of the development. In his view, it would be better to impose a developer contribution for health services even if it was later determined not to be required.

Mr Small reminded Councillor Currie that Blindwells had been approved under the previous LDP which did not allow for developer contributions for health services. However, the new LDP would allow this if a direct link could be established between the housing development and the need for additional primary care services.

The Chair acknowledged Councillor Currie's point but reminded members that the IJB had no control over the consideration of planning applications.

Ms Duncan urged the importance of fairness and equity and said that the IJB must not lose sight of the balance required between priorities and other work such as community prevention programmes. It must ensure that there were opportunities for these proposals to be brought forward.

Decision

The IJB agreed:

(i)   the need for the IJB and therefore the HSCP to be more focused on a smaller number of high impact areas and those of national or local priority which:

(ii)   the areas it is proposed to focus on in 2018/19 and beyond:

- Development and delivery of the Financial Plan for 2018/19 and beyond.

- Commence reprovision of Abbey and Eskgreen Care homes and Edington and Belhaven hospitals and provision of extra care housing.

- Review Community Services for Adults with complex needs to develop a transformation programme.

- Implement the Carers Strategy.

- Deliver the Primary Care Strategy/ New GP Contract Implementation Plan.

- Review actions intended to deliver Delayed Discharges/ Emergency Admissions/A&E improvements.

- Commence review of the 2016-19 Strategic Plan.

(iii) To note that these priorities will also influence some activities in 2017/18.

(iv) That this list of priorities should be reviewed during 2018/19 to ensure continued relevance and to take account of any new developments.

(v) To note that the Scottish Government has asked each partnership to provide new targets against the 6 indicators for integration and these will be presented at the IJB meeting in March 2018.

8. REPROVISION OF HOSPITALS AND CARE HOMES

The Chief Officer had submitted a report to seek IJB agreement to the draft proposals for the reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey Care Homes and to seek agreement to consult on the proposals.

Mr Small presented the report briefly outlining the background and advising members of a proposed change to the report recommendations: 2.1, which sought approval of detailed models of care, should not be considered and members asked only to consider recommendations 2.2 – 2.4 which related to a consultation and next steps.

Alex Joyce agreed to propose the amendment to the recommendations and this was seconded by Moira Whyte. The IJB agreed the amendment.

Bruce Dickie, NHS Lothian, gave a presentation on the background and context of the review to establish a strategy for the reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey Care Homes. He outlined the model of Extra Care Housing (Housing with Care) already being used in other areas and how this might look in East Lothian. He also provided details of the proposed consultation process and next steps.

The Chair reminded members that the IJB was only being asked to give its approval for a consultation and that a further report would be submitted with detailed proposals for a model of care.

Marilyn McNeil said that her experience of discussions in the Forums had given her confidence that new types of accommodation would be explored and she hoped for good outcomes from the consultation process.

Members asked a number of questions about the scope of the consultation and list of consultees, whether feedback would be available from users of existing Housing with Care facilities and whether issues such as palliative care and respite/short term care would be included in the proposals.

Mr Small and Mr Dickie reassured members that they intended to consult as widely as possible with the public, local and national organisations and using a broad range of means. Mr Small acknowledged the need to consider options for palliative care and short term care and Mr Dickie confirmed his intention to source further feedback from existing Housing with Care facilities.

In response to further questions, Mr Small and Mr Dickie provided information on housing benefit and tenancy arrangements. Mr Dickie acknowledged the need to provide housing advice to tenants and agreed to discuss the implications of the reprovision with housing colleagues. Mr Small confirmed that there were no plans to close existing facilities before the new provision was ready.

Mr Dickie outlined proposals for consultation with staff in existing facilities and acknowledged the importance of staff expectations and anxieties over the changes.

Mrs McKay gave details of a facility in Tranent which offered short break (respite) provision in a housing development setting. However, she expressed concern that the process seemed to be concentrating on just one model of care. She also raised the issue of support for dementia sufferers and the provision of 'care in the moment' for those severely affected by the disease. She noted that nursing home facilities were being expanded by the independent sector, but that the costs were becoming too high for many people.

The Chair thanked Mrs McKay for her comments and the members for their questions. He said that it had never been their intention to focus only on one model of care but rather that Housing with Care would be part of a suite of options. He agreed that the consultation needed to be as wide spread and inclusive as possible and he acknowledge the comments made regarding the need for clarity on the timescales and next steps.

Decision

The IJB agreed:

(ii)   To consult on this strategy for the four facilities with a three month consultation phase (March to May 2018).

(iii)   That following consultation, a final and updated report will be brought back to the IJB in June 2018.

(iv)   To note that the final proposals, to be presented in June 2018, will be presented to the IJB, NHS Board and East Lothian Council for approval since the functions delegated to the IJB do not include housing, or capital budgets and physical assets. Responsibility for these key elements rests with NHS Lothian and East Lothian Council.

9.   **2018/19 FINANCIAL UPDATE (VERBAL)**

The Chief Finance Officer reported on the current financial position and the developments since the IJB's meeting in December 2017.

David King informed members that NHS Lothian's most recent monthly forecast projected an overall overspend of £84,000 but coming principally from the Set Aside budget. The health board were in the process of preparing their final financial report to be presented in March. He advised that the Council's Quarter 3 financial position showed an overspend of £800,000 in the Adult Wellbeing service.

Mr King concluded that, based on this information, the IJB was not likely to end the financial year at a break even position and that discussions would be required with the

partners to determine the action required. He said he would report back to the IJB at its meeting on 22 March.

Mr Small indicated that the Council's month 10 position had improved slightly but there would continue to be a significant overspend at the year end.

Councillor Currie referred to the sum of £1m provided to the IJB last year to balance the budget and observed that if this was given on a non-recurring basis then the IJB were effectively beginning the following financial year with an underlying overspend.

Mr King acknowledged this point but indicated that by the time of his report in March the IJB would have a better idea of the overall position.

10.   FINANCIAL ASSURANCE 2018/19

The Chief Finance Officer had submitted a report laying out the current position of the financial assurance exercise undertaken on the 2018/19 budgetary settlement and proposition made by the IJB's partners.

Mr King presented the report referring to the key tests of financial assurance and the timing of the partners' budget-setting processes. He informed members that the Council had provided an offer for 2018/19 based on the settlement received from the Scottish Government and its own budget approved on 13 February. NHS Lothian had provided an indicative position. Efficiency savings would require to be made and it would be for the IJB to determine whether the financial offers were fair and reasonable given the existing pressures in the system.

Councillor Currie said that it would be for the A&RC to determine the adequacy of the settlements. He commented that at the last A&RC meeting the members had debated what might happen if the IJB accepted the offer. Would it be implicit that the IJB considered the money adequate and that the expected efficiencies would be made. Or could the IJB accept the offer with caveats.

Mr Small said that comparing this year's report to last year the IJB was carrying an improved position into 2018/19. Despite this improvement, he acknowledged that such things could not be fixed in one year. He agreed that further information was required to understand the implications and that it would be important to bring issues to the IJB as early as possible in the new financial year to allow adjustments to be made to the ongoing position.

The Chair agreed that the trajectory was long-term. He added that although some of the changes were having an effect it did not detract from the challenges ahead and these would be reflected in the budget and implications for Directions.

Decision

The IJB agreed to:

- Accept East Lothian Council's budget settlement based on the information currently available.
- Accept NHS Lothian's indicative proposition on the basis that any revision does not impact significantly on the IJB and that NHS Lothian

resolves to the IJB's satisfaction the pressures with the Set Aside budget.

11.   OUTLINE THREE YEAR FINANCIAL PLAN 2018/19, 2019/20 AND 2020/21

The Chief Finance Officer had submitted a report that further develops the IJB's financial strategy and presents an outline draft of a three year financial plan for the IJB.

Mr King presented the report summarising the background to the creation of the plan, the input provided at the recent financial workshop for IJB members and how preparing a longer-term financial plan would allow the IJB to issue longer-term Directions.

Councillor O'Donnell said that the IJB needed to maintain the pressure in terms of transformational change and the shift in associated resources.

The Chair indicated that this was an area where gathering patient information was very important and would put the IJB in a strong position to increase the momentum of change.

Mr Small added that this report looked at the financial themes that were required to be worked through to develop changes to services.

Elaine Johnston said in relation to the delivery of work programmes by partnership working the IJB needed to understand who was responsible for delivering specific outcomes and what those outcomes were. She said this would be useful in getting a sense to what extent the IJB could influence improvements and she referred to services in other areas being delivered by third sector organisations.

The Chair referred to a report from England on the delivery of services by third sector organisations. Councillor Currie commented that it could be difficult handing on some services to third sector organisations.

Decision

The IJB agreed to note the report and support the continued development of both the financial strategy and the financial plan.

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

Minutes of Other Groups of Relevance to the IJB (For Noting)

The IJB agreed to note the minutes of the meeting of the MELDAP Strategic Group held on 3 October 2017.

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 22 MARCH 2018
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:
Mr P Murray (Chair)
Councillor S Akhtar
Ms F Ireland
Councillor S Kempson
Councillor F O'Donnell
Mr A Joyce (Items 1 – 14)
Councillor J Williamson* (substitute)

Non-voting Members Present:
Ms P Dutton (Items 2 – 15)
Mr D King
Ms A MacDonald
Mrs M McKay
Ms M McNeill
Mr T Miller
Ms S Saunders
Mr D Small
Dr J Turvill
Mr A Tweedy* (substitute) (Items 5 – 15)

ELC/NHS Officers Present:
Mr P Currie
Mr B Davies
Ms T Leddy
Ms J Ogden-Smith

Clerk:
Ms F Currie

Apologies:
Councillor S Currie*
Ms F Duncan
Dr A Flapan
Ms E Johnston*
Ms M Whyte

Declarations of Interest:

Mrs Margaret McKay declared an interest in Item 13 in relation to her role with Carers of East Lothian. She indicated that she would leave the Chamber during this item.

Ms Marilyn McNeill declared an interest in Item 13 and would also leave the Chamber during this item.

The Chair advised that Mr Andrew Tweedy, acting as substitute for Elaine Johnston, would also be required to declare an interest and leave the Chamber during Item 13.

Sederunt: Ms Penny Dutton left the Chamber.

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

The Chief Officer had submitted a report asking the IJB to agree to the replacement of Andrew Wilson, East Lothian Council's staff representative non-voting member of the IJB.

David Small presented the report with the recommendation that the members approve the change as outlined.

Decision

The IJB agreed to the appointment of Penny Dutton as the Council's new staff representative non-voting member of the IJB, in place of Mr Wilson.

Sederunt: Ms Dutton returned to the Chamber.

The Chair formally welcomed Ms Dutton and Councillor John Williamson to the meeting and advised members of a change to the Agenda order – Item 14 would be taken immediately following Item 10.

The Chair also noted that it was Sharon Saunders' last meeting as she was about to move roles within the Council. He thanked Ms Saunders for her many eloquent and thoughtful contributions and wished her well in her new role.

2. MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD ON 22 FEBRUARY 2018

The minutes of the meeting on 22 February 2018 were approved.

3. MATTERS ARISING FROM THE MINUTES OF 22 FEBRUARY 2018

The Chair advised that he and Mr Small had taken on board the comments made by Councillor Currie at the last meeting and the report on HSCP grant funding (Item 13) would be heard in public.

Delayed Discharges – Mr Small reported that the figure for February 2018 was 15. He said it continued to be a very busy period and that he would provide the March figure at the next meeting.

Councillor Fiona O'Donnell reiterated her previous thanks to Alison MacDonald and her team and all staff across the Partnership in recognition of their efforts. The Chair also added his thanks.

Independent Sector Representative/ Non-Voting member of the IJB – Mr Small said that he had contacted Scottish Care who had indicated that they would be willing to provide an interim representative to replace Mr Harvie but had yet to provide that person's name.

(Item 3) Executive Committee of IJB Chairs and Vice Chairs – the Chair advised that he had been elected Chair of this Committee and, as part of his duties, had attended a meeting of the Ministerial Strategy Group in Edinburgh.

(Item 3) Hospital to Home – the Chair reported that following their meeting, Dr Andrew Coull had confirmed that he was content with the current working relationships in East Lothian and would instead concentrate his efforts with the Edinburgh IJB.

(Item 8) Reprovision of Hospitals and Care Homes – Councillor O'Donnell referred to a petition launched by Councillor Currie which sought support for the maintenance of a council owned care home for Musselburgh.

Mr Small said that no decision had yet been taken and that the IJB had agreed simply to consult on the potential model of care. The business case for each individual proposal would require to be approved by the IJB. The Chair added that the consultation on the range of options did not exclude public sector provision.

Ms Jane Ogden-Smith provided an update on the consultation process. She explained that a rolling programme of engagement would begin shortly with Forum meetings, radio and TV adverts and information boards, pop-up events and posters in Council and NHS facilities across the county. A working group had been set up to plan the arrangements for wider community engagement through local community groups. The draft consultation document would shortly go live on the Council's consultation hub webpage seeking people's views on the type of care they would like to have when they get older.

The Chair also advised that Bruce Dickie had met with Health Improvement Scotland who had agreed to source information from other IJBs and to support the economic analysis of the individual business cases.

4. CHAIR'S REPORT (VERBAL)

The Chair reported on the recent meeting of the Ministerial Strategy Group, which he had attended in his role as Chair of the Executive Committee of IJB Chairs and Vice Chairs, and his meetings with a representative from CoSLA and the Chair of the Chief Officers Executive.

He referred to his recent visits to St John's Hospital, Livingston and the Royal Edinburgh Hospital and the relevance of the care of elderly residents to the IJB's social care responsibilities. He also updated members on the First Minister's visit to the new East Lothian Community Hospital site.

The Chair thanked members for their attendance at the recent briefing session on the HSCP Community Grants report. He concluded his report with mention of the recent NHS Lothian development day which had included a presentation by the Chief Executive

on the regional agenda. He suggested that the IJB may find it useful to consider this topic in more detail at a future meeting.

Sederunt: Mr Andrew Tweedy joined the meeting.

5.   NHS HEALTHCARE GOVERNANCE COMMITTEE UPDATE (including the East Lothian HSCP Healthcare Governance Arrangements report)

Fiona Ireland attended the meeting where the East Lothian HSCP Healthcare Governance Arrangements report was well received and commended in terms of the progress made to date. She referred to other papers presented by other IJBs/HSCPs and advised that the overall message was about the importance of measuring outcomes and the impact on patients, as well as the processes in place.

Alison MacDonald outlined the content of the report which had been presented to the NHS HGC and was now being shared with the East Lothian IJB members. She summarised the key themes and the work being undertaken across the various health services.

The Chair reminded members that this report was being shared with the IJB to assist the members in considering what they would like to see by way of oversight of healthcare governance issues, in addition to that provided by the NHS HGC. He said that 5 IJBs had set up their own Healthcare Governance Committees but it was for the members to decide whether this additional level of oversight was necessary.

Mr Small said that there needed to be clarity about where the responsibility of the Health Board ended and where the IJB's began. In addition, there were issues relating to social care which also impacted on healthcare and there needed to be a process for bringing this information to the attention of the IJB. It would be for the members to decide whether to rely on the existing NHS HGC, to create a new Committee or to bring these issues directly to the IJB.

Ms MacDonald and Sharon Saunders responded to questions from members on aspects of the report including mental health services, drug and alcohol services and arrangements for obtaining feedback from staff, patients and wider service users.

The Chair invited members to note the content of the report and the intention of the IJB to consider mechanisms by which is receives its assurance in relation to governance arrangements. Mr Small said he would bring forward a proposition to the IJB at its August 2018 meeting.

Decision

The IJB agreed:

(i)   To note the contents of the report;

(ii)   To note the intention to give further consideration to the issue of healthcare governance; and

(iii)   That the Chief Officer would bring forward a proposition to the IJB at its meeting in August 2018.

6.   EAST LOTHIAN COUNCIL POLICY & PERFORMANCE REVIEW COMMITTEE AND AUDIT & GOVERNANCE COMMITTEE (VERBAL)

Mr Small reported that neither Committee had met since the IJB's meeting on 22 February. However, he said it was likely that a report on Delayed Discharges would be presented at the Policy & Performance Review Committee's June meeting. He also indicated that a request had been received for a report on reprovision of care home and hospital services but that it would be premature to present this report to the Committee before the IJB had considered the consultation.

7.   DIRECTIONS 2018/19

The Chief Officer had submitted a report providing an update on the IJB's programme for issuing Directions to its partners for 2018/19.

David King presented the report indicating that while it was the IJB's policy to agree and issue Directions before the end of the financial year, a lot of the detailed work was still ongoing. He briefly outlined the process from the Strategic Plan, through agreement of financial plans, to Direction-setting, delivery plans and then monitoring and review. He advised members that it was proposed to hold a development session on 26 April to review the draft Directions and gain an understanding of the links between each part of the process. A short business meeting would follow this session at which it was hoped that the IJB would agree it Directions for 2018/19.

Mr King added that, in the meantime, the current Directions would remain in place and the Partners would be advised accordingly.

Decision

The IJB agreed:

(i)   To postpone the issuing of the 2018/19 Directions to the IJB's partners;
(ii)   To a development session and business meeting on 26 April 2018 to discuss and agree a set of Directions for 2018/19; and
(iii)   To ask the Chief Officer to inform the partners of this position and to instruct that the current Directions will remain extant until superseded.

8.   MELDAP/SUBSTANCE MISUSE SERVICES – SERVICE DEVELOPMENT AND FINANCIAL PLAN UPDATE FOR 2018/19

The Chief Officer had submitted a report providing the IJB with an update on the total resource available to East Lothian Health and Social Care Partnership (ELHSCP) in the financial year 2018/19 for substance misuse services (SMS). The report also presented an update on ongoing SMS service development and made recommendations for Directions to be issued for NHS Lothian and East Lothian Council setting priority actions for delivery of SMS in East Lothian during 2018/19.

Ms Saunders presented the report summarising the financial overview, service provision and development plans and the SMS and MELDAP service priorities for 2018/19. She explained that the development work was part of a longer term plan which included work that had yet to be formalised and that would require further exploration and reporting to the IJB. In the meantime, she invited members to agree the recommendations as outlined in the report.

Ms Saunders responded to questions from members providing further details of the development plans relating to children and young people's services, advocacy services and the allocation of funding and reserves.

The members welcomed the continuation of this important service, particularly the work being undertaken in relation to children and young people. The Chair concurred wholeheartedly adding that the IJB would continue to do all it could to support this service.

Decision

The IJB agreed:

      (i)   To note the anticipated resource allocation to East Lothian Council's SMS in 2018/19;

      (ii)   To approve the resource allocation funding recommendations on the application of the total SMS resource available in 2018/19;

      (iii)   To approve the recommendations in the report for East Lothian IJB Directions to NHS Lothian and East Lothian Council respectively for delivery of centrally and locally provided SMS to ELHSCP in 2018/19; and

      (iv)   To note SMS progress reports will be brought forward during 2018/19.

9.   FINANCIAL POSITION - UPDATE

The Chief Finance Officer had submitted a report providing an update on the IJB's financial position for 2017/18 based on the information currently available to the IJB.

Mr King presented the report outlining the most recent forecast out-turns from the partners. He explained that NHS Lothian had previously forecast an overspend but that a proposal had been put forward to the NHS Board to cover any NHS overspend and that the healthcare budget relating to the IJB would end the year in at least a break-even position. East Lothian Council had also forecast an overspend in the Adult Wellbeing budget. Mr King outlined the options available but advised that no decision had yet been taken on how to address this. He invited members to note the current position.

Mr King responded to questions from Councillor Akhtar and Councillor Williamson on the potential use of MELDAP reserves to off-set the IJB's overspend and the implications of the recurring overspend in the Adult Wellbeing budget.

The Chair confirmed that, should the IJB be asked to agree to the use of MELDAP reserves, a report would be brought forward outlining the potential impact for the MELDAP service.

Mr Small added that the IJB needed a longer term financial plan to look at the pressures and how to achieve the delivery of longer term strategic plans. He said that the decision to shift the balance of care from healthcare to social care services had been successful to a degree but had also created pressure within social care budgets.

The Chair suggested that this was the point at which the IJB needed to look more closely at the Set Aside budget and to what extent monies from this could be transferred to community services.

Mrs McKay observed that the current position was no surprise and the question was what should the IJB do about the continuing issue of the overspend/inadequate funding of social care services year on year.

The Chair agreed that reducing the reliance on the acute service as a result of an increase in community services required the transfer of funds, however he said this had to be balanced by the dilemma of ongoing demand for acute beds. A thorough review of all budgets was required if additional funding was to be made available for social care services.

Councillor O'Donnell indicated that there had been efforts by the Council to put the budget on a more sustainable footing, however if the funding being offered by the Scottish Government to deliver new obligations was not sufficient, this would be likely to place additional pressure on the social care budget for next year. She added that although there were currently no figures on underspends in other areas she was confident that the Council would make a decision on social care to support the IJB.

Mr Small stated that although the obligations in relation to care at home and the Living Wage were manageable, the budgetary implications of the Carers Act were still uncertain.

Decision

The IJB agreed to note the current position.

Following advice from the Chair, Mrs McKay and Mr Tweedy declared an interest in Item 14, as it related to the Integrated Care Fund and Social Care Fund. Mrs McKay and Mr Tweedy left the Chamber.

10.   INTEGRATED CARE FUND, SOCIAL CARE FUND, PRIMARY CARE INVESTMENTS – 2017/18

The Chief Officer had submitted a report providing an update on the IJB's use of and proposed future utilisation of the Integrated Care Fund, Social Care Fund and Primary Care Investments.

Mr Small presented the report which he said outlined three distinct propositions. He began with the proposals in relation to the Integrated Care Fund and summarised its possible use for existing services and in commissioning terms. He also responded to questions from members regarding the Link Worker Service and agreed to provide further information as it became available.

Mr Small then outlined the proposals in relation to use of the Social Care Fund. He reminded members of the IJB's previous use of this Fund to underpin pressures within social care and to provide additional capacity within the service, although these services were still overspent. He also provided details of progress on delayed discharges, in the form of a short paper, and the overall trends in Care at Home hours outstanding and the number of Care Home places purchased for over 65s. Overall, analysis suggested that the use of the services had saved the equivalent of 20 beds in acute care.

The Chair invited members to agree the recommendations in relation to the use of the Integrated Care Fund and the Social Care Fund. These were agreed.

Sederunt: Mrs McKay and Mr Tweedy returned to the Chamber.

Mr Small then summarised the proposals for use of the Primary Care Investments. He advised that local investment of these funds had allowed the testing of innovative approaches to sustain and develop primary care and he outlined some of the individual projects. He advised of the impact of the new GP contract and that when the actual funding amount was known a report would be brought back to the IJB.

Decision

The IJB agreed to:

(i)   note the projected position for 2017/18;
(ii)   the proposed utilisation of the Integrated Care Fund in 2018/19;
(iii)   move the Social Care Fund into the IJB's baseline; and
(iv)   note the position on the use of the proposed Primary Care Investments.

14.   MEASURING PERFORMANCE UNDER INTEGRATION – MSG INDICATORS – PROGRESS IN 2017 AND OBJECTIVES FOR 2018/19

The Chief Officer had submitted a report informing the IJB of progress in delivering the Ministerial Strategic Group for Health and Community Care (MSG) objectives in 2017/18 and the proposed objectives for 2018/19.

Paul Currie presented the report summarising the process by which the MSG objectives were introduced and the targets for 2017/18. He outlined the IJB's attainment against these targets and its ambitions for 2018/19. Mr Currie also advised members that next month would see the release of the social care indicators and the IJB would be asked to show its activity in this area. He said there had already been a lot of discussion on how to improve the patient journey and about the shift to home care. The key to delivering action on these objectives would be the IJB's Directions for 2018/19.

In response to questions from Councillor O'Donnell, Mr Currie advised on issues relating to data gathering and engagement. Mr Small indicated that to have a minor injuries (MI) clinic in the Community Hospital would require the closure of existing local MI clinics and enhanced services in general practices and would therefore reduce rather than improve access for service users.

Councillor O'Donnell also asked about end of life care. Ms MacDonald explained that work was ongoing with MacMillan to increase capacity for care at home while still taking account of some people's preference and/or requirement for hospital care.

Mrs McKay questioned the narrow focus of the targets and also the apparent discrepancy between the data and her own knowledge of the use of hospice care. She also emphasised the need to consider the impact of increased care at home on carers themselves.

The Chair stated that the holistic nature of the annual delivery plans and their attention to targets should address any concerns about narrow focus. Ms MacDonald agreed that there were people from east Lothian that were cared for in hospices and that this may not have been reflected in the timeframe for the data.

Mrs McKay said that it may be more important to consider whether this was a more desirable outcome than hospital or care at home.

The Chair said that it was important that people had a choice and Dr Jon Turvill agreed adding that where the system sometime fell down was when a crisis occurred and the fall-back position was to admit the person to acute care. He said that there needed to be improvements in 24 hour palliative care to support carers and to ensure that people could have confidence that they could continue to be cared for at home.

In response to a question from Andrew Tweedy, Mr Currie advised that the IJB could decide its own additional targets. Mr Tweedy commented that targets were often the driving force for activity so it was important to get the right indicators.

Ms Ireland suggested it might be in the IJB's interests to have Directions which disrupted the pathway to A&E by reassigning services and she asked whether it would be possible to have an indicator on this. Mr Small replied that it was for the IJB to decide on its indicators and Directions.

Decision

The IJB agreed to:

(i)   note attainment to date by East Lothian Health and Social Care Partnership (ELHSCP) against the 2017/18 MSG Integration objectives;

(ii)   note that Strategic Planning Group members were informed of the ELHSCP's performance for 2017/18 and agreed to the proposed MSG Integration objectives for the 2018/19 period; and

(iii)   adopt the proposed targets for the 2018/19 period and for these to be formally communicated to the MSG.

Sederunt: Alex Joyce left the meeting.

11.   EAST LOTHIAN IJB ENGAGEMENT STRATEGY 2017-20

The Chief Officer had submitted a report outlining the key elements of the East Lothian Engagement Strategy 2017-2020.

Ms Ogden-Smith presented the report reminding members of the key role of engagement and summarising the background to the development of the Strategy, which had itself been subject to significant engagement and revision. She advised that the document outlines the aims of the Health and Social Care Partnership (HSCP), the engagement mechanisms and how these can be used to maximise participation and improve links with harder to reach communities.

Councillor Williamson and Marilyn McNeill both raised the fact that the East Lothian Community Care Forum was referenced in the Strategy but, as part of a later agenda item, the IJB was being asked to consider that the Forum's funding be withdrawn.

The Chair noted this point. Ms Ogden-Smith advised that the Strategy was an organic document which would change as stakeholders and resources changed. She also responded to further questions from members on the content of the Strategy.

Mrs McKay welcomed the Strategy which she said was clear and comprehensive. She also supported to intention to monitor and review its implementation. The Chair agreed the importance of reviewing the document to ensure that it remained current. Although no timescale had been set down, he suggested that there should be an initial review in 6 months.

In response to a suggestion from Councillor O'Donnell regarding the possibility of working with local students, the chair suggested that she discuss this further with Ms Ogden-Smith.

Mr Tweedy raised a note of caution about the impact on staff time. He stated that meaningful engagement could be time-consuming and staff needed the time to ensure it was done well.

The Chair asked members to consider the recommendations in the report with the addition of an initial review of the Strategy after 6 months.

Decision

The IJB agreed:

(i)   To note the contents of the Engagement Strategy.
(ii)   To endorse the Strategy
(iii)   That an initial review take place after 6 months.

12.   CARERS STRATEGY AND POLICIES

The Group Service Manager, Rehabilitation and Access, had submitted a report outlining the progress made to date on the development of the East Lothian Carers Strategy in line with the legislative requirements of the Carers (Scotland) Act 2016 that would commence on 1 April 2018.

Trish Leddy presented the report. She began by advising members of an amendment to the recommendations: she indicated that the recommendation to note that the report would be shared with East Lothian Council's Cabinet had been deleted.

Ms Leddy then summarised the contents of the report including the legislative background, the development work completed to date and the opportunity to pilot and review the Strategy between its publication in April 2018 and it coming into law with the publication of the reviewed Strategic Plan in 2019.

In response to questions from members Ms Leddy provided details of arrangements for engagement with young carers and the provision of respite/short break care.

Mrs McKay said that although the Strategy was welcome it should not be seen as the end of the process but rather a starting point for looking at where we are now, considering where we want to get to and how we will get there. She also stated that the provision of respite/short breaks should not be driven by legislation but by the needs of carers.

The Chair agreed that this raised an important point about shaping service which would be picked up in the discussion on Directions in April.

Decision

The IJB agreed to note the content of the report with regards to the context and background to the Carers (Scotland) Act 2016 and the requirement to develop and publish a local Carers Strategy by 1 April 2018.

Sederunt: Mrs McKay, Ms McNeill and Mr Tweedy left the Chamber.

13. REVIEW OF THE HSCP COMMUNITY GRANT FUNDING

The Chief Officer had submitted a report informing the IJB and seeking their agreement to the outcome of the December 2017 'Best Value and Strategic Fit' reviews of East Lothian HSCP grant funded and externally provided community support services.

Bryan Davies presented the report outlining the background to the review process. He explained that the Best Value review template was approved by Internal Audit and the organisations were provided with officer support to complete the template. Crucially, all of the information was provided by the organisations themselves. He added that this was the first stage in a broader review process and that those organisations who had demonstrated Best Value/Strategic Fit would go on to complete a service redesign within the next 12 months. He referred members to the list of organisations proposed for disinvestment and those proposed for continued investment.

Councillor Williamson asked about the feedback given to organisations following the review and whether they had been given the opportunity to address issues in order to qualify for funding.

Mr Davies advised that some feedback had been given and there had been the opportunity to provide additional evidence. Giving the opportunity for improvement was not part of the review process and the purpose of the review had been clearly outlined to organisations well in advance of it taking place. However, he said that those organisations who had successfully secured funding would have the opportunity for further improvement as part of the broader service redesign phase.

Councillor O'Donnell raised concerns regarding the statements that there would be "no impact" from the withdrawal of funding for some of the organisations and service users.

Mr Davies indicated that in most cases alternatives were available, such as alternative means of engagement with service users by individual organisations and, in the case of Capability LAC, the HSCP had been aware of their intention to withdraw for some time and alternative services had been identified for clients.

Councillor O'Donnell sought advice from the Clerk in relation to a possible amendment to the recommendations as they related to the East Lothian Community Care Forum (ELCCF). The Clerk advised that this should be done at the beginning of the debate.

Mr Davies reminded members of the brief for the review – Best Value and/or Strategic Fit – and reiterated that there were alternatives open to the Partnership.

Mr Small confirmed that other means of engagement were available and referred to Edinburgh University as a potential source of independent analysis.

The Chair said that his concern was that the IJB had yet to decide on the issues for which it required independent analysis and from where this should be commissioned. He said that this left a question over the future involvement of the ELCCF and whether the IJB had enough information to make a decision on its funding at this meeting.

Ms Ireland asked what impact each of the organisations had had in East Lothian and suggested that this was the way to determine whether or not to disinvest.

Mr Small indicated that the last commissioned work from the ELCCF had been undertaken in 2016/17. Ms Ireland said that the question was then of what value was this work to the IJB.

Mr Davies said that the IJB had to consider whether the HSCP should fund this work within its current budgetary pressures. Mr Small added that any change to the proposals would have significant impact on budgets which were already part of the 2018/19 financial plan. If the IJB decided to fund these organisations it would have to find the money from savings elsewhere.

Councillor O'Donnell said that she appreciated the financial pressures and the information provided at the briefing session, as well as the hard work of Mr Davies and his team. However, she was concerned that the value of the knowledge of local people and local issues built up by the ELCCF was being lost in the midst of financial pressures. She felt it would be difficult to commission a service with similar knowledge elsewhere and she believed that the ELCCF would offer a Strategic Fit over the next few years.

Councillor O'Donnell proposed the following amendment to the report recommendations: that funding for the East Lothian Community Care Forum should be subject to a 20% reduction in 2018/19 with a review after 6 months and a final decision on future funding to be taken at the end of 12 months. Councillor Akhtar seconded the amendment.

The Chair stated that in his view he did not consider this to be the best way forward. He proposed an alternative amendment: that the IJB accept the need for independent analysis work and consider the ability of any group to carry out such work, with the intention of coming to a considered view on the East Lothian Community Care Forum for the IJB's April meeting.

The Chair moved Councillor O'Donnell's amendment to a formal vote:

For: 3
Against: 3
Abstentions: 0

The Clerk advised the members that, in line with Standing Order 9.9, where there is an equality of votes the Chair of the IJB will bring consideration of the matter to a close for that meeting and will give direction to the Chief Officer to review the matter with the aim of addressing any concerns and developing a proposal upon which the IJB can reach a decision. This proposal would be brought to the April meeting.

The Chair brought the discussion to a close and invited members to consider the recommendations set out in the report, except where they related to the East Lothian Community Care Forum.

Decision

The IJB agreed:

    (i)   To the removal of HSCP grant funding from organisations (with the exception of the East Lothian Community Care Forum) which do not meet Best Value requirements and/or did not demonstrate sufficient Strategic Fit following the review process.

    (ii)   That those organisations meeting Best Value and Strategic Fit requirements should have their grant funding renewed for only 12 months

in the first instance and further, that the organisations should undergo a service redesign process to deliver further efficiencies in 2019/20.

(iii) That following the reviews, a broader needs assessment will be carried out on all internally and externally provided Community Support. The outcome of the needs assessment will shape the services to be delivered and grant funding arrangements to provider organisations from 2019/20 onwards.

Sederunt: Mrs McKay, Ms McNeill and Mr Tweedy returned to the Chamber.

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

a) Community Justice Partnership – 23 November 2017

The minutes of the meeting of the Community Justice Partnership held on 23 November 2017 were presented to the IJB for noting.

b) IJB Audit & Risk Committee – 12 December 2017

The minutes of the meeting of the IJB Audit & Risk Committee held on 12 December 2017 were presented to the IJB for noting.

Mrs McKay commented in her role as Chair of the Committee. She observed that a number of agenda items for the IJB had reflected or emanated from discussions at the Committee, particularly in relation to mechanisms for reviewing and monitoring Directions. She said that the Committee were currently teasing out the issues of where certain risks lie, who holds the responsibility for them and how they impact on the delivery of the Strategic Plan.

Mrs McKay also acknowledged the work of the Council's Internal Audit Team. She advised that the audit plan for 2018/19 had been agreed and it included a review of participation and engagement. She said it was reassuring to see the links between the areas of focus for the Committee and the issues being discussed by the IJB.

The Chair acknowledged Mrs McKay's contribution as Chair of the Committee and he also thanked Mr King for his paper on Risk Management.

Signed   ....

              Peter Murray
              Chair of the East Lothian Integration Joint Board

NHS LOTHIAN

Board Meeting
27<u>th</u> June, 2018

Chief Quality Officer

NHS Lothian Quality Strategy and Innovation Programme Mission Plan

1   Purpose of the Report

1.1   To advise the Board of the proposed NHS Lothian Quality Strategy and draft Innovation Programme Mission Plan (2018-23), seeking approval to implement the former and begin wider consultation on the latter.

The Chief Quality Officer will gladly provide Board Members with additional information or clarification upon request.

2   Recommendations

2.1   To note and approve the implementation of the NHS Lothian Quality Strategy 2018-23 **(Appendix 1)**.

2.2   To note and approve the initiation of a wide consultation on the draft Innovation Programme Mission Plan (**Appendix 2**).

2.3   To receive a finalised Innovation Programme Plan at a future Board meeting

2.4   To agree that future funding bids for the staged implementation of the Quality Strategy over the next five years will be made to the Sustainability and Value Group, which will make recommendations to the Corporate Management Team and Finance and Resource Committee.

3   Discussion of Key Issues

3.1   NHS Lothian has completed the first phase of a longer-term plan to develop an organisational wide quality management system.

3.2   This first phase period was developmental and generated a much learning and fully prototyped successful implementation models now ready to be scaled up from demonstration sites across Lothian.

3.3   These developments have also clarified the need for an agreed governance framework that is both open and transparent in reporting progress, but at the same time, more supportive and risk tolerant of the safe testing of change.

3.4   Amongst the key outcome success in the first two years have been:

- A test project led in Midlothian on the prescribing of a drug for chronic pain management, which has particular side effects for some patients. Through improved pre-treatment counselling and informed decision making, savings of £23,455 have been achieved over a 10-month period.
- All GP Practices in East Lothian now adopting a new administrative process for documentation management that has released up six hours of GP time per week per practice.
- 50% reduction in the number of calls having to be made to the Police for patients, who have not returned to an adult acute care ward.
- A reduction of £240,000 in the cost for the use of agency and bank staff in one ward
- A reduction in the longest wait by 42 weeks for the sexual problems clinic, whilst also seeing 90% of patients within 18 weeks for the provision of psychological therapies.
- Compliance with stroke bundle increased significantly from baseline of 65% to over 80% (compliant) in most recent quarter.
- Sustained reduction in time from referral to carotid endarterectomy surgery from 9 days at baseline to 6 days currently for stroke patients.
- Acute kidney injury incidence in hip fracture patients fallen by 25%.
- Length of stay for hip fracture patients going home fallen by 3.6 days (sustained).
- Time to theatre for hip fracture reduced by 9.7 hours (30%) (sustained).
- Did not attend rates for all GI endoscopy procedures on WGH site fallen from 13% to 6% (sustained)
- Estimated 300 additional endoscopies within existing resources performed to date.

3.5   The Quality Strategy sets out the intention for the Quality Management System approach to now be embedded across Lothian as "business as usual" over the coming five years.

3.6   Additionally, The Innovation Programme Mission Plan shifts our developmental focus to prototyping an Innovation Programme, in close collaboration with R&D and aligned to of "Our Health, Our Care, Our Future" and Scotland's 2020 Vision.

3.7   As the potential creation of both an Innovation Plan and infrastructure will be a new development for NHS Lothian, it is proposed that the draft Mission Plan be consulted on widely across Lothian and key partners to inform a final programme plan to be brought to a future Board meeting. As with the Quality Strategy, development will be through prototyping, testing and learning.

3.8   By adopting the Quality Strategy, there is increased confidence that we are strongly-placed to become a High Performing Organisation.

3.9   The Quality Strategy will be subject to an annual review process to ensure that it remains aligned to strategic and operational plans. This being informed by regular progress and highlight reporting to the key governance committees, including the Board.

3.10   Please note, that furthermore detailed information about the work that has been ongoing since 2016 can be found on the Lothian Quality website https://qilothian.scot.nhs.uk/

4   Key Risks

4.1   Insufficient funding to finalise the expansion of the Quality Management System from demonstration programmes into a proven effective organisational system of change and improvement.

4.2   Significant loss of confidence and engagement from the hundreds of staff members and leaders who have participated in the prototyping and development of the Quality Management System should the approach be abandoned. .

5   Risk Register

5.1   There are no implications for the NHS Lothian Risk Register.

5.2   The further development and wider embedding of the quality management system approach as outlined in the Strategy will contribute to reducing the number and severity of registered corporate risks, especially in relation to patient & staff experience, delivery of enhanced outcome measures and financial sustainability.

6   Impact on Inequality, Including Health Inequalities

6.1   At the heart of the quality management system is the delivery of the six dimensions of quality which includes ensuring equitable access to health service provision, regardless of personal circumstances.

6.2   Equality impact assessments will be undertaken as part of considering any major changes to processes and protocols.

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

7.1   As the Strategy is about extending and embedding the approach that has been prototyped in the previous two years in developing a quality management system approach across Lothian, the main focus for consultation with staff, patients and partner organisations, will be on how to they operationalise it at a local level.

8   Resource Implications

8.1   The current recurring base budget in 2018/19 for the Quality Directorate is £277,799 to which non-recurring funding from Health Improvement Scotland is provided to the value of £151,501 –giving a total of £429,300.

8.2   In addition to these baseline costs there has been the costs associated for additional staff and resources that have been utilised in the prototyping of the quality management system over the period 2016-2018, the continuation of which into 2018/19 brings the total cost to £1,168,533.

Included within this figure is £208,502 for the running of the Quality Academy and other associated learning activities.

8.3   The NHS Lothian Financial Plan is providing funding of £500,000 towards these costs in 2018/19, which leaves a funding gap of £239,000 for the full year.

8.4   In proposing to now roll the quality management system approach further across NHS Lothian during the remainder of 2018/19 – additional funding of £612,438 will be

required to fund the cost of this spread during the remainder of the year. A breakdown of these additional costs is set out in the table below:

Additional investment area	June 2018 – March 2019
Building Capacity and Capability for Improvement and Academy.	£16,632
Staff Costs for the Innovation Unit.	£87,466
Leadership Programme Development.	£80,753
Further Development of Current Quality Networks (Mental Health & Health and Social Care).	£152,806
Establishment of New Quality Networks on the Three Acute hospital sites.	£224,514
Establishment of New Clinical Pathways.	£50,267
Total	£612,438

8.5 As the strategy rolls out far wider in subsequent years across the whole of Lothian the current projected total annual costs will be:

2018/19	2019/20	2020/21	2021/22	2022/23
£1,782,971	£2,733,700	£2,905,469	£3,032,631	£3,183,417

8.6 A summary of the projected annual funding gap to be met over the five years of the Strategy is set out in the table below for the following two scenarios:

Option One: Only maintain the capacity already put from 2016-2018, with a slower spread across Lothian of the quality management system.

Option Two: Further develop the quality management system as planned in the Strategy, spreading this across all of Lothian over the next five years.

Options	2018/19	2019/20	2020/21	2021/22	2022/23
One	£239,234	£890,735	£890,735	£890,735	£890,735
Two	£614,438	£2,455,901	£2,627,670	£2,754,832	£2,905,618

Note: Assumption has been made that the £151,501 from HIS and the £500,000 NHS Lothian Financial plan investment available in 2018/19, are not available in subsequent years.

8.7 In looking to meet these funding gaps, it is proposed that NHS Lothian will prioritise this investment against future uplifts and NRAC (NHSScotland Resource Allocation Committee) adjustments that it receives, with annual bids for this made to the Sustainability and Value Group.

8.8 Funding will only be approved by the Sustainability and Value following their consideration of a cost benefit analysis of the funds being sought, which will consider the value being added to NHS Lothian across a range of proposed benefits to the organisation and patients /communities.

8.9 With the Strategy subject to ongoing monitoring, review and assessment to ensure that it continues to make an effective and efficient use of the resources provided for it, the development plans for subsequent years of the strategy will be subject to discussion and agreement with stakeholder partners.

Grahame Cumming
Innovation Champion, NHS Lothian

Simon Watson
Chief Quality Officer, NHS Lothian

simon.watson@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: NHS Lothian Quality Strategy, 2018-2023
Appendix 2: NHS Lothian Innovation Programme: Mission Plan 2018-2023

NHS LOTHIAN
QUALITY
STRATEGY

2018 – 2023

NHS
Lothian

Contents

Foreword

This strategy describes a five year journey to transform the way NHS Lothian manages change. Continuous improvement in quality and value will be accelerated by scaling up newer approaches from 'demonstrators' to everyone's 'business as usual'.

The strategy is built upon eight key actions:

1. Make it easier for everyone to test their improvement ideas without always needing prior 'permission'
2. Leaders devote more time and energy to encouraging local testing and improvement
3. Involve everyone in developing improvement priorities and ideas
4. Greater focus on patient and population needs and wishes in improvement work
5. Constantly learn, share and embed new knowledge from all improvement activities
6. Explicitly measure and realise the financial gains of better quality
7. Move to more integrated health and social care quality management
8. Adopt quality management universally to support everything we do.

These eight key actions will be coordinated through an organisational Quality Management System.

There can be no improvement without change. We will give people more opportunities to test change ideas locally. These tests will follow the simple but transformational method that sparked the scientific revolution - 'Plan, Do, Study, Act'. These opportunities for testing will be within the safe boundaries that protect patients, staff and the public from harm.

The Quality Management System will relentlessly focus on eliminating systemic poor quality and waste. These include the causes of ill-health, failure to prevent or delay the onset of disease and insufficient use of supported self-management.

The strategy sets out the common features of a consistent approach to Quality Management, recognising that local adaptability will drive success.

1. The Immediate Case for Change

Health and social care service provision is in a 'perfect storm' where levels of need and reduced resources frustrate both service providers and users.

The next five years will see a 6% (53,043) increase in the total population for Lothian, with the biggest increase in those aged 65 and over.

Area	Total Population			% Increase
	2016	2020	2023	
Scotland	5,404,700	5,490,604	5,537,959	2%
City of Edinburgh	507,170	526,474	537,018	6%
East Lothian	104,090	107,716	110,389	6%
Midlothian	88,610	93,215	96,815	9%
West Lothian	180,130	185,316	188,821	5%
NHS Lothian	880,000	912,721	933,043	6%

The resulting quality gaps cause much effort and energy to be focused on 'fire fighting', rather than 'fire prevention'. The Quality Management System aims to help us redistribute these.

This Strategy will take the Quality Management approaches that were tested and developed in 2016-18 in six demonstration sites to whole system scale.

2. The Strategic agenda for change (Vision and Purpose)

The Quality Management System provides a major opportunity to realise Scotland's ambition for people to enjoy healthier, more fulfilling lives.

NHS Lothian's key strategic plan '2014-2024: Our Health, Our Care, Our Future' sets out the agreed strategic priorities for the coming six years and is the focal point for all supporting strategies.

It explicitly recognises that "against a background of rising quality aspirations, major demographic challenges and resource constraints, delivering these changes will not be achieved without radical change, accelerating innovation and changing mind-sets."

The NHS Lothian 2018/19 Annual Operational Plan also sets out the key operational challenges for the forthcoming year. A summary of these along with the 2020 Vision actions and other strategic priorities are set out in the following table.

Strategic / Operational Aim	Key Actions
Improving the Health of the Public	• Supporting epidemiological, planning, quality improvement and health promotion work within health and social care partnerships and hospital settings to reduce inequalities and promote longer healthier lives–with a particular focus on obesity, drugs and alcohol misuse. • Creating a focus on prevention activity. • Supporting partnerships to engage with wider community planning functions.
Safe, Effective & Person Centred Care	• Put in place robust systems to deliver the best models of integrated care across primary, secondary and social care. • Ensure that care is evidenced-based, incorporates best practice, fosters innovation and achieves safe, seamless and sustainable care pathways for patients. • Design our healthcare systems to reliably and efficiently deliver the right care at the right time in the most appropriate setting by the right person. • Involve patients and carers as equal partners, enabling individuals to manage their own health and wellbeing and that of their families.
Staff Engagement and Experience	• Understanding what matters to our staff, asking when they are at their best and becoming aware of the "stones in their shoes". • Exploring Innovative ways to facilitate all staff to build and develop their resilience through the delivery of new leadership development interventions – that empower and motivate staff to problem solve as issues occur. • Continuing to foster a culture where our values are fully embedded in everything we do and staff celebrate their successes together. • Encouraging a culture of continuous quality improvement which supports and enables staff to find joy and meaning in their work. • Exploiting internal communication channels (including social media) as a means to promote quality improvement and innovation. • Encouraging staff to develop their ideas on innovative approaches that enable them to sustain good health and well being. • Building a people management infrastructure which promotes and embeds our values and quality improvement throughout the employee journey.

Strategic / Operational Aim	Key Actions
Financial Sustainability	• Utilising the resources we have –skilled people, technology, buildings and equipment, efficiently and effectively. • Deliver efficiency savings of £25m and above. • Benchmarking NHS Lothian services against national and international comparators, constantly striving for quality improvement. • Seeking out and reducing unnecessary variation in clinical and business practice to improve the quality outcomes. • Using major change projects as an opportunity to improve service provision and cost effectiveness. • Encouraging more people to be better engaged in managing their personal health care needs.
The four Health and Social Care Partnerships	**A specific focus on reducing the:** • Number of emergency admissions into acute specialties. • Number of unscheduled hospital bed days. • Number of A&E attendances, and increasing the percentage of patients seen within 4 hours. • Number of delayed discharge bed days. • Percentage of the last 6 months of life spent in hospital. • Percentage of population residing in hospital settings for all adults and those aged over 75 years.
The Acute Division	**Key priority service areas include:** • Creating a new Regional Cancer Centre at the Western General Hospital, and linked with that patient pathways designed to keep patients as close to home for treatment as is possible. • Revising the model of emergency care at the Western General Hospital so that it is more aligned with patient need and thus improves the quality of service and the experience of patients and staff. • Reviewing the acute receiving and assessment capacity at the Royal Infirmary of Edinburgh.

Strategic / Operational Aim	Key Actions
NHS Lothian Ehealth Strategy	**Key priority areas will include:** • Reducing the number of Did Not Attend appointments. • Enhancing the availability of information. • Assisting patients to manage their condition. • Supporting people with long term conditions. • Improving medicines safety. • Improving access to management information. • Helping to deliver efficient working practices. • Contributing to innovation.
NHS Lothian's Risk Register	**Key very high risks for NHS Lothian are** • The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. • The Unscheduled Care: 4 hour Performance. • the Timely Discharge of Inpatients (Previously Unscheduled Care: Delayed Discharge). • GP Workforce Sustainability. • Access to Treatment – Organisation Risk (Previously Achievement of National Waiting Times). • Access to Treatment Risk – Patient.
Older People's strategy	**Key priority areas being:** • Recognising the importance of respect, dignity and self-determination for individuals and groups. • Dealing sensitively, fairly and on an equitable basis when caring and treating older people. • Ensuring cultural awareness of the needs of older people. • Older people will receive health care when they need it and as swiftly as possible. • Services will be accessible to meet older people's needs. • Recognising the need to ensure the involvement of the frail and vulnerable and where unable to speak for themselves, their right to advocacy.

Strategic / Operational Aim	Key Actions
Public and Patient Communication Strategy	**Key priority areas being:** • Putting patients, public and staff at the very centre of our communications plans. • Informing, involving and engaging patients, public and staff to ensure that they have access to high quality, accurate and timely information in whatever format they find most appropriate, so they can influence decision making in NHS Lothian. • Highlighting achievements. • Raise awareness of and explain NHS Lothian's policies and strategies. • Promote and encourage the involvement of individuals and communities in decisions affecting health and healthcare services. • Support the development and implementation of organisational and • Service change through planned and proactive communication.
Access Time Targets	**Delivering the access targets for:** • Outpatients. • Treatment Time. • Cancer Waiting Times – the 31 and 62-day standards • Diagnostic tests. • Emergency Access – "the 4-hour wait". • Psychological Therapies.
National Access Standards	**Maintaining the access standards for:** • Detect Cancer Early. • Dementia Post Diagnostic Support. • Early Access to Antenatal Booking. • IVF Treatment. • Psychological Therapies. • Clostridium Difficile and SAB Infections. • Drug and Alcohol Treatment Times. • Alcohol Brief Interventions. • Smoking Cessation. • GP Access. • Sickness Absence.
Regional Priorities	Consider and explore further developments in regional planning for clinical and non-clinical areas to optimise opportunities for workforce availability and development.

The strategy will make Quality Management a major part of 'business as usual' and a significant contributor to realising all our strategies, operational and risk reduction plans.

3. How will the NHS Lothian Quality Management System work?

Quality Management will be delivered through two complementary approaches:

- Quality Networks linking and supporting teams connected either by place or by the type of work they do. For example the demonstrator Primary Care and Mental Health Networks. Broadly speaking, these represent a 'bottom up' approach.
- Quality Pathways that are commissioned, focussed, specific and time-limited – broadly a 'top down' approach.

Both are driven by improvement through local testing by engaged staff working within the Quality Management infrastructure, and supported by an empowering leadership.

The NHS Lothian Quality Management model is based upon Juran's 'Trilogy' system. A very similar approach has been recently proposed as a national model for Scotland by Healthcare Improvement Scotland (see figure 1 below).

The HIS model aligns very closely to the proposed Lothian approach set out in this Strategy.

Figure 1 Key elements of the Quality Management System (used here with permission from HIS)
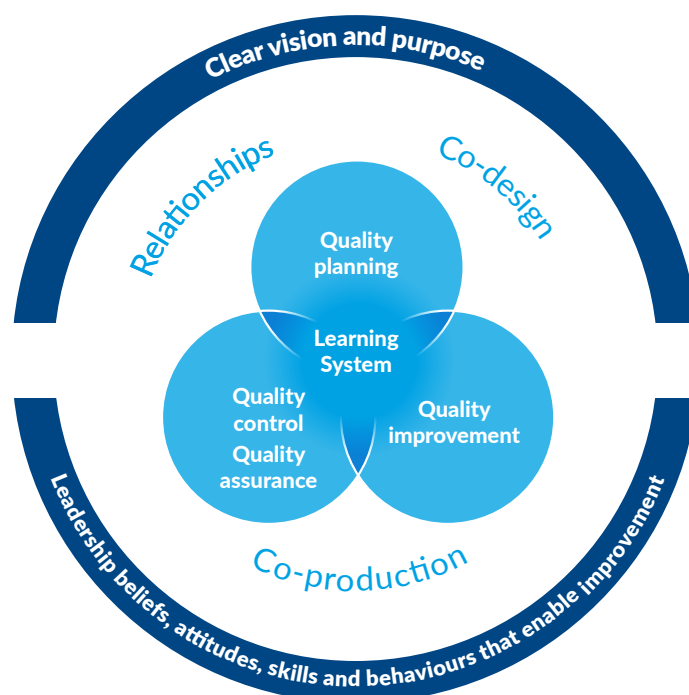
4. Linking improved Quality to Financial Sustainability and Value

The Primary purpose of quality management is ensuring that our work creates value and avoids waste. The key wastes impact upon patients, families and staff but most also come at a financial and resource cost. A key planned outcome for the Quality Management System will be to release money and resources (including staff time) through reducing levels of waste.

The deployment of Quality Management in pursuit of better resource and financial utility has three tiers:

- Tier one: The reduction in systematic waste through local testing of change.
- Tier Two: Improved understanding by staff and control locally of true costs and their variation.
- Tier Three: Commissioned programmes with significant anticipated financial benefits.

The potential cost and resource savings are believed to be proportional to the size of each sector in the triangle. Unfortunately our current ability to measure these savings is in inverse proportion to their size. Developing existing and novel tools to address this paradox will be a major task in our Quality Management System.

Tier 3
Commissioned Programmes

Tier 2
Understanding true costs and variation

Tier 1
Reducing systematic wastes and their costs
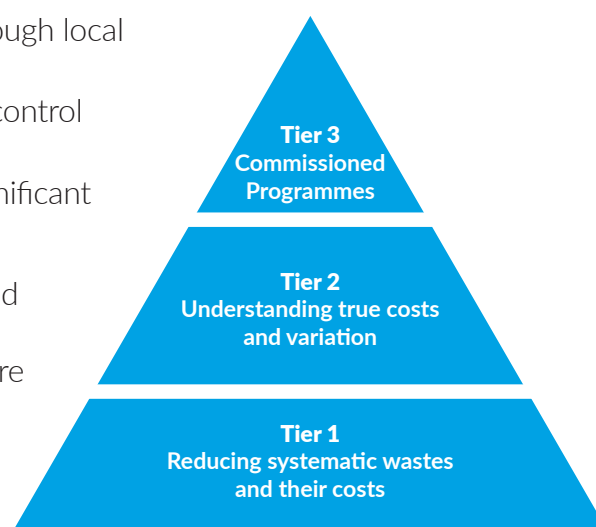
5. How will we identify and track success?

We propose eight key outcome areas to track the successful **establishment and operation** of our Quality Management System.

1. **Acting early** – How well are local teams preventing quality problems arising through local tests of change?
2. **Shifting control** – How much access to and control do they have over the resources they need?
3. **Bringing people together** – How well are change ideas developed and tested collaboratively?
4. **Openness to adopting external solutions** – How good are we at adopting solutions from external sources?
5. **Changing the climate for improvement** – How well is our Quality Climate improving?
6. **Growing from local** – How effectively do we spread successful solutions internally?
7. **Learning continuously** – How good are we at learning and sharing that learning?
8. **Building and maintaining momentum** – How many teams are contributing to the Quality Management system?

Outcomes of Quality Management activities will be tracked against predicted gains as originally set out as part of the commissioning process. Local oversight and assurance groups will report through management lines to the Corporate Management Team and The Board.

A vital action must be to minimise the administrative burdens of reporting, especially upon from front line teams and managers. Quality Management identifies 'inspection' as a form of waste so our inspection, assurance and governance systems will also have their own continuous Quality Improvement programmes.

6. The journey so far in developing our Quality Management System.

The NHS Lothian Quality Academy

The Quality Academy has increased the improvement capabilities of many staff. Training has particularly focussed upon:

- Continual improvement through iterative testing and learning
- Systems Thinking
- Influencing
- Resilience
- Creativity

The Quality Academy has proven very popular, with over 400 health and social care worker graduates to date. Many graduates have initiated many new pieces of quality improvement work beyond their original project or area of interest.

The courses run by the Quality Academy have themselves been continuously improved through evaluations and tested changes.

We will expand current programmes and develop new ones so that in five years the great majority of our staff will have received Quality Improvement training, with leaders trained in Leading Quality Management.

The creation of Quality Improvement coaches

Over 50 Quality Improvement Coaches have been trained during our 2016-18 Development Phase. They are organised as a network providing direct support for people undertaking local improvement:

- QI Coaching within the coach's own team or service
- Support for Quality Academy project-based learning
- QI coaching clinics open to all across NHS Lothian, including health and social care partnerships.

Feedback has been very positive and coaches will be a vital resource to realise our strategy over the coming years.

Important outputs from demonstrator Quality Programmes

We prototyped our Quality Management System across a number of demonstration sites. Key experiential learning was captured in a formal evaluation conducted and shared in 2017. Some 'headline' patient and service-focused outputs have been:-

1. Diagnostics: Endoscopy

Aim – To improve timely & patient centred access to endoscopy services

Key outcomes:

- Development and deployment of capacity management modelling tool for GI endoscopy services
- Did not attend rates for all GI endoscopy procedures on WGH site fallen from 13% to 6% (sustained)
- Reductions in colonoscopy DNA rates – fallen from 11% to 5% (sustained)
- Estimated additional endoscopies performed to date around 300.

2. Emergency surgical care: Fractured Neck of Femur pathway

Aim – improve the quality of care for people with fractured neck of femur

Key outcomes:

- Time to theatre reduced by 9.7 hours (30%) (sustained)
- Increase in administration of nerve block pain relief raised from 41% to 65% (sustained)
- Patients receiving oral fluids up to 2 hours before surgery improved from 5% to 25% (sustained)
- Administration of IV fluids increased from 35% to 66% (sustained)
- Acute kidney injury incidence fallen by 25%
- Length of stay for patients going home fallen by 3.6 days (sustained)
- Length of stay for patients going to nursing/residential homes fallen by 1.8 days (sustained).

3. Cardiovascular disease : Stroke Improvement programme

Aim – To improve reliable delivery of evidence based care for stroke patients

Key outcomes:

- Compliance with stroke bundle increased significantly from baseline of 65% to over 80% in most recent quarter
- Sustained reduction in time from referral to carotid endarterectomy surgery from 9 days at baseline to 6 days currently
- Sustained reduction in length of stay in SJH Stroke Unit from 31.1 days to 13.2 days.

4. Mental Health Quality Network

Aim – Build Quality Management capacity focussed on improving physical health, patient safety and access to services.

Key outcomes:

- 50% reduction in the number of calls having to be made to the Police for patients, who have not returned to an adult acute care ward
- A reduction of £240,000 in the cost for the use of agency and bank staff in one ward
- A reduction in the longest wait by 42 weeks for the sexual problems clinic, whilst also seeing 90% of patients within 18 weeks for the provision of psychological therapies
- 28% reduction in did not attend rate by for the pain management service
- 20% reduction (through improved signposting) in the number of referrals to the child and adolescent mental health services with no adverse impact on vulnerable groups
- 223 staff trained in Quality Improvement methodologies.
- 95 quality improvement activities underway
- Development of a Quality Improvement infrastructure to support the whole organisation.

5. Primary Care Quality Network

Aims - Build Quality Management capacity prioritising improvement work in frailty, mental health, prescribing and practice sustainability.

Key outcomes:

- Improved patient-centred chronic pain management, lead to savings of £23,455 having been achieved over a 10 month period –projected to rise to £28,146 for a full year
- New administrative process for documentation management tested in one site and now spread to all East Lothian practice releasing up six hours of GP time per week per practice ("As a practice, we have seen a difference for GPs no longer working later to clear prescription requests.")
- 8% reduction in hypnotic and 13% reduction in anxiolytic medication use in one practice – now being shared for spread across the network
- Development of a Quality Improvement infrastructure to support the network and H&SCPs

- 219 Practice led quality improvement activities
  - > 268 staff trained
  - > Development of a Quality Improvement infrastructure to support the whole organisation.

These are just some of the most significant, impactful outcome changes. As important has been the enhancement to individual teams' capacity, capability and confidence in systematic quality improvement. Following past experience, priming with corporate support will get teams started with the level of required external support required falling fairly quickly until eventually services are 'growing their own'. This will be factored into Return on Investment calculations as the Quality Management System is expanded.

7. The role of leaders in Quality Management

The strategy intentionally focuses upon improvement driven by local teams. Leaders enabled with the right skills, knowledge, behaviours, mindset and attitudes will be vital.

The Quality Management approach is grounded in a philosophy that work has a deep personal meaning for all staff. A key element in happiness and motivation is the acknowledgement that a person's work adds value, has meaning and is appreciated by others. These are powerful intrinsic motivators that must be encouraged and aligned to quality improvement.

Our strategy will help our leaders and staff to collaboratively develop an inspirational quality improvement approach based on our values, resilience, shared learning and compassionate leadership.

Leaders at all levels will regularly spend time with teams to improve quality together. The way leaders structure these conversations matters and should follow a well-established quality improvement approach:-

- *Go and see*
- *Show respect*
- *Ask 'why?'*
- *Find ways to help the team help themselves*
- *Seek further meaningful conversations*

This simple approach perfectly aligns a vital quality improvement tool with the visible demonstration of our values.

The Strategy aims to gradually replace most specialist external quality management support (from coaches or others) with confident and enabled leaders and teams. The Quality Academy and coaching network will provide training to the majority of our leaders and individuals to support this transition.

The Strategy recognises the talent, commitment and potential of our current and aspiring leaders. There is inevitable diversity in their development routes, career stages and work areas.

Specialist training in Quality Management will be underpinned by broader leadership development opportunities to enhance our leadership culture These will be developed through enhanced leadership development programmes, lead by Organisational Development services.

8. The future commissioning and governance of quality improvement activity

Defining the full value from investing in Quality Management is a universal challenge. A recently developed conceptual model will be adapted and tested for evaluating both potential and realised Return on Investment (ROI) from improvement work. Six categories of RoI are identified, with the relative area reflecting the proportion of expected return – revenue least; patient, carer and family experience and outcomes the most.

REVENUE

COST REDUCTION

COST AVOIDANCE

PRODUCTIVITY & EFFICIENCY

STAFF EXPERIENCE

PATIENT, CARER & FAMILY EXPERIENCE AND OUTCOMES

Shah and Course "Building the business case for quality improvement: a framework for evaluating return on investment" Future Hosp J June 1, 2018 vol. 5 no. 2 132-137 Reprinted with permission.

This and other tools and approaches will be deployed within the Corporate Management Team's Sustainability and Value Group which is chaired by the Director of Finance with other Executive Director representation, to assess fin ancial benefits and value for resource-intensive improvement activities. Sustainability and Value Group will play a pivotal role in commissioning and assuring the contribution of improvement activities to our Financial Strategy.

This process will make a major contribution to wider assurance and governance reporting on the establishment and outputs of the Quality Management System. This will align the Quality Management System wider contribution to NHS Lothian's Mission to improve quality, population health, fin ancial sustainability and staff experience.

With the progress on the implementation of the quality management system being reported direct to the NHS Lothian Corporate Management Team, its assessment and views on this will then in turn be fed into key governance committees of the Board. See Chart below:
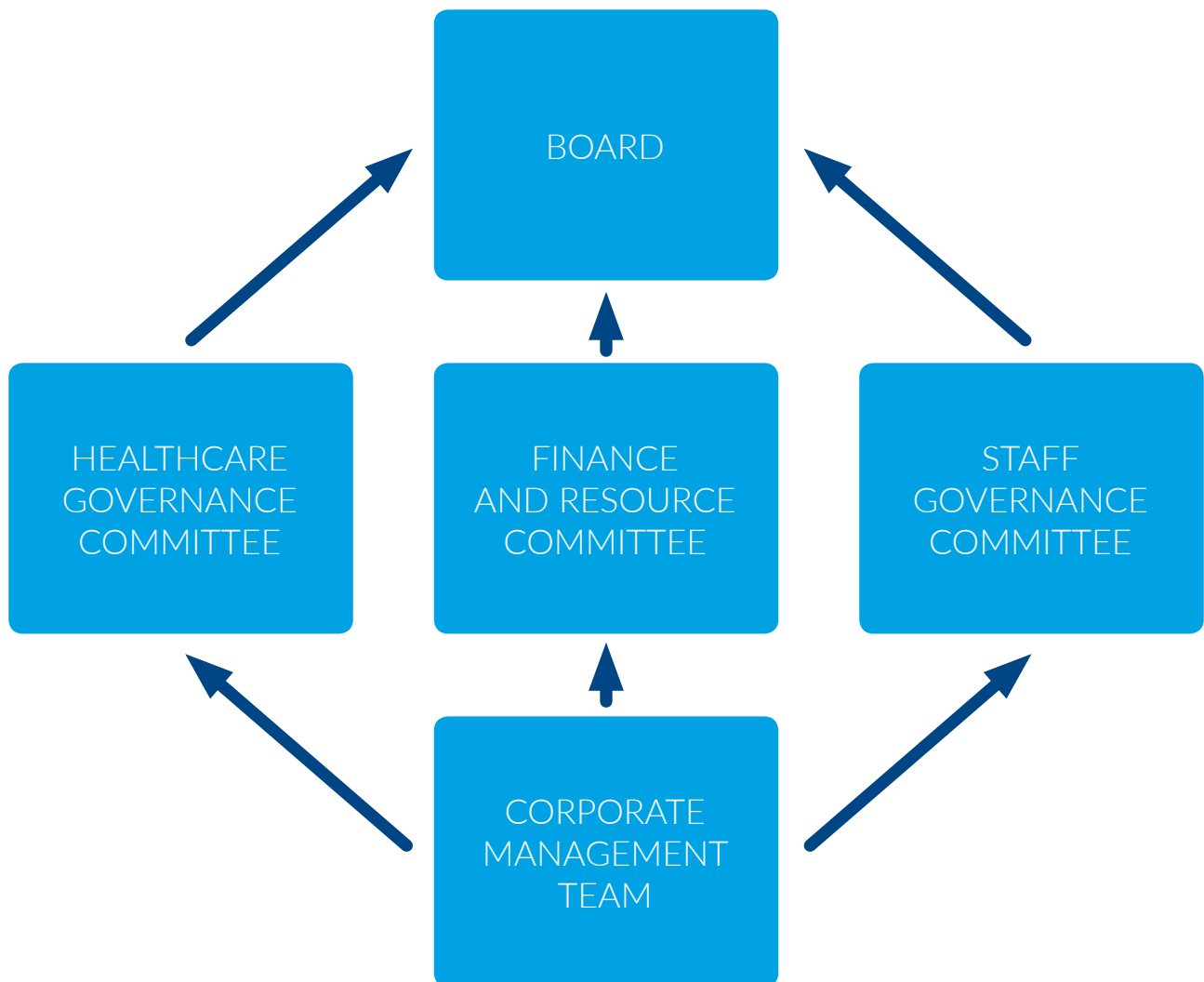
9. Resourcing

Infrastructure costs

The current recurring base budget in 2018/19 for the Quality Directorate is £277,799 to which non-recurring funding from Health Improvement Scotland is provided to the value of £151,501 –giving a total of £429,300.

In addition to these baseline costs there has been the costs associated for additional staff and resources that have been utilised in the prototyping of the quality management system over the period 2016-2018, the continuation of which into 2018/19 brings the total Quality Directorate cost to £1,168,533.

Included within this figure is £208,502 for the running of the Quality Academy and other associated learning activities.

The NHS Lothian Financial Plan is providing funding of £500,000 towards these costs in 2018/19, which leaves a funding gap of £239,000 for the full year.

In proposing to now roll the quality management system approach further across NHS Lothian during the remainder of 2018/19 – additional funding of £612,438 will be required to fund the cost of this spread during the remainder of the year. A breakdown of these additional costs is set out in the table below:

Additional investment area	June 2018 – March 2019
Building Capacity and Capability for Improvement and Academy.	£16,632
Staff Costs for the Innovation Unit.	£87,466
Leadership Programme Development.	£80,753
Further Development of Current Quality Networks (Mental Health & Health and Social Care).	£152,806
Establishment of New Quality Networks on the Three Acute hospital sites.	£224,514
Establishment of New Clinical Pathways.	£50,267
Total	**£612,438**

As the strategy rolls out far wider in subsequent years across the whole of Lothian the current projected total annual costs will be:

2018/19	2019/20	2020/21	2021/22	2022/23
£1,782,971	£2,733,700	£2,905,469	£3,032,631	£3,183,417

A summary of the projected annual funding gap to be met over the five years of the Strategy is set out in the table below:

2018/19	2019/20	2020/21	2021/22	2022/23
£614,438	£2,455,901	£2,627,670	£2,754,832	£2,905,618

Note: An Assumption has been made that the £151,501 from Health Improvement Scotland and the £500,000 NHS Lothian Financial plan investment available in 2018/19, are not available in subsequent years.

In looking to meet these funding gaps, it is proposed that NHS Lothian will prioritise this investment against future uplifts and NRAC (NHSScotland Resource Allocation Committee) adjustments that it receives, with annual bids for this made to the Sustainability and Value Group.

Funding will only be approved by the Sustainability and Value following their consideration of a cost benefit analysis of the funds being sought, which will consider the value being added to NHS Lothian across a range of proposed benefits to the organisation and patients/ communities.

With the Strategy subject to ongoing monitoring, review and assessment to ensure that it continues to make an effective and efficient use of the resources provided for it, the development plans for subsequent years of the strategy will be subject to discussion and agreement with stakeholder partners.

Quality in Support of the Financial Strategy

The NHS Lothian Financial Strategy presented to the Finance & Review Committee in March 2018 outlined a four tiered approach to achieving financial sustainability (see below). It is based on the premise that there is a limit to what the Board can do itself to achieve financial sustainability, and the top two tiers (Transformational Change, Difficult Choices) require actions and decisions to be made at a regional and national level, and possibly across the public sector. Since then further detailed work has been undertaken to refine the strategy and delivery approach.
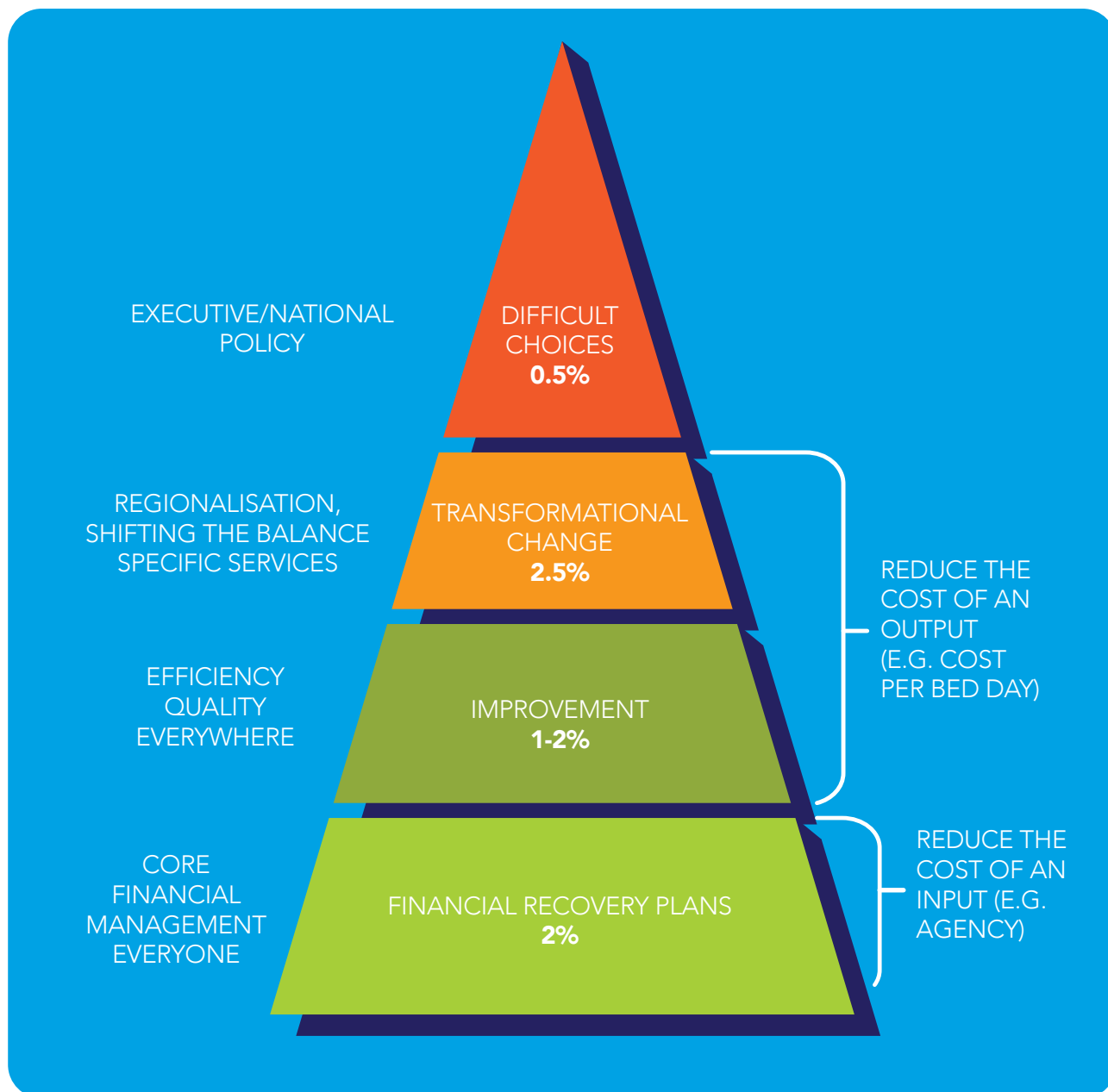
Establishing a programme approach, via the Sustainability and Value group, is essential to ensuring that there is a cohesive approach which aligns work being undertaken at a national, regional and NHS Board level.

The diagram above recognises the role of the Quality programme in support of delivering financial sustainability of up to 2% on budget, under the heading of "Improvement". Quality is considered to be a key contributor to financial sustainability for NHS Lothian.

Annex: Actions to further develop our Quality Management System 2018-23:

A: Broadening participation in the learning programme to include a wider range of staff groups, including those in leadership roles.

Develop and expand the NHS Lothian Quality Academy's training programmes.

The Academy remains committed to delivering high quality training for those leading and contributing to quality management across NHS Lothian.

Development will be driven by evidence from evaluation and best practice from others.

The 'Quality Planning' training programme for leaders will be expanded to train up to 6% of the NHS Lothian workforce over the next 5 years, equating to approximately 1,500 additional Quality Planning leaders by 2023.

The "Quality Improvement" training programme is to be redesigned in order to better equip it to deliver the broader skills training required for the wider NHS Lothian workforce. This will be achieved through a collaboration between Human Resources (including Organisational Development), the nursing and medical education services as well as National Education Scotland and the national Improvement Hub.

We will continue to offer places on both courses to colleagues from Social Care.

Multiple approaches to teaching and training will be used including:
- On-line based training through "video" tutorials
- Standardised taught sessions within Continuous Professional Development programmes
- Induction programme teaching.
- On line, self-service teaching via the NHS Lothian Quality Improvement website
- LearnPro modules
- An increase in the course size.

The ambition will be to equip all staff with Quality Improvement skills, with a key milestone being at least 80% trained by 2023. (See Table below)

	2018-19	2019-20	2020-21	2021-22	2022-23
Quality Planning Training	300	600	900	1200	1500
Quality Improvement Skills Training	1,500	5,000	10,000	15,000	20,000

A sustainable model to support the growing demand from Social Care, Third Sector and other public-sector organisations for this training will be developed.

Quality improvement training is also interwoven into the three leadership programmes running within NHSL (Delivering Better Care, Delivering Leadership Excellence and Excellence in Care).

Develop Quality Coaching Support

We will expand the number of Quality Coaches, particularly to support new Quality Networks & Pathways programmes.

We are scoping current staff knowledge and skills to identify potential new coaches. We plan for 50 plus new coaches per year. This will be achieved by approaching staff who have completed National Quality Improvement training programmes such as the Scottish Improvement Leader programme (ScIL) and potential coaches from staff being trained through the Quality Academy. We will actively try to balance representation across diverse staff groups.

The numbers of coaches within NHS Lothian will increase as below:

Milestone numbers	2018-19	2019-20	2020-21	2021-22	2022-23
Coaches	100	150	200	250	300

A QI Coaching lead will be responsible for supporting, developing and assuring performance of the QI Coaches.

Over time everyone in NHS Lothian will then have easy local access to a coaching colleague which will increase the number of quality improvement activities across the organisation.

Create an NHS Lothian Quality Improvement Fellowship Programme

Opportunities will be made to staff across NHS Lothian currently in leadership roles to study to become a Quality Improvement Fellow as part of a funded part-time secondment to the Quality Directorate. Through this they will gain enhanced training and experience, honed by both developing their local quality improvement activities whilst also supporting other teams. To become Fellows they must demonstrate that they:

- Have the acquired knowledge, skills and confidence
- Delivered significant quality improvement work locally
- Have meaningfully coached and supported others
- Grown a personal network of practice and support.

These opportunities will be staggered over 6 monthly intervals, with a Fellowship Programme Lead appointed to oversee this.

Leadership Development

Leaders at all levels create the conditions for change, apply the approach to managing quality and work collaboratively with patients and teams to find creative solutions across health and social care.

Developing leadership capability is a cornerstone of the quality management system approach and builds on NHS Scotland's leadership and Management Development of Individuals and Teams.

B: Creating an environment in which trained local staff teams can develop solutions in advance of problems arising, or as they arise without needing to seek formal approval to proceed.

Increase the reach of the Quality Management System

Quality Networks: The quality network approach is one where staff sharing a geographical or service commonality, test changes collaboratively around shared agreed purposes. We will take learning from our two demonstration networks and use this to establish new ones.

Milestone 1: 2018/19

1. The further expansion of the Primary Care Quality Network beyond GP clusters to include, other primary care clinical services and social care across all four Health and Social Care Partnerships (HSCPs) –linking to the Primary Care Improvement Plans.
2. The further expansion of the Mental Health Quality Network in line with the Mental Health Clinical Quality Plan for 2018/19.
3. The establishment of a Western General Hospital Quality Network testing an ambitious multi-themed collaborative from the outset.
4. The establishment of a Quality Network based at St John's Hospital & West Lothian HSCP, focussed initially on the care of frailer, older people.
5. The establishment of an unscheduled emergency care, based on RIE and SJH sites.
6. The establishment of a Process Quality Network, extending the work already begun in Facilities and Human Resources to bring in the Finance Directorate, Analytical Services, Public Health Services and the Quality Directorate.

All quality networks will also link in with the existing local Quality Improvement Teams.

Milestone 2: 2019-20

1. Following the relocation of RHSC, to establishment of a Children's Services Quality Network covering children's community services (including Health Visiting and school nursing), the Royal Hospital for Sick Children and the children's services at St John's Hospital.
2. The further continued development of the Quality Networks already outlined above.

Milestone 3: 2020-23

By 31st March 2020 it is intended that the completion of the actions in the previous two milestones will have resulted in 25% of the NHS Lothian workforce being included within a Quality Network.

Through the broadening out of the scope of these established Quality Networks over the next three years it is planned to increase this rate of staff engagement as below:

Milestone %	2020-21	2021-22	2022-23
Percentage of staff	50%	65%	80%

How the Quality Networks will operate

Each Quality Network will be supported by a lead Improvement Advisor (IA) and (clinical) quality lead – following similar models in REAS and Primary Care networks.

Spreading and embedding networks will be through pull and volunteerism, with the Quality Directorate catalysing this 'pull' and volunteer recruitment.

Every service team that joins a Network will:
- Formally commit to deliver the quality improvement/innovation goals and performance improvement aims of the Quality Network
- Agree to complete a Quality Climate Survey to help assess 'readiness for change'
- Include their Finance Business Partner/Management Accountant as a core team member.

The leaders for each Quality Network will be given places on the Quality Academy Lead Level Course (Planning for Quality) to facilitate the creation of their network Quality Plans.

Some Quality Academy graduates will be recruited into Coaching Network, as discussed.

It is anticipated that all of the network Quality Plans will be refreshed biennially. Hence over the next five years, most teams will develop and implement two or more Quality Plans.

Quality Pathways: New Quality Pathways, focussed on high volume, high value, high cost care pathways will be prototyped, utilising the lessons learned from prototyping in phase 1.

These quality pathways will connect into the relevant cross cutting work of the Quality Networks.

Support will be similar to that for Quality Networks.

The NHS Lothian Corporate Management Team will provide strategic guidance on the Quality Plan goals/performance improvement to be expected from both the Quality Networks and Quality Pathways. Links to financial Return on Investment and value will be reviewed regularly by the Sustainability and Value Group.

C: Developing the infrastructure across NHS Lothian to support the quality management system

Analytical Support

Access to high quality, reliable healthcare data for the purposes of analysis (planning and measurement) is vital for a quality management system.

2018/19 will see the further development of the analytical support provided to the quality management system in line with the implementation of the NHS Lothian Information Strategy, with a key role being to support the quality improvement/innovation activities of the Quality Networks and the Quality Pathways.

This will result in the NHS Lothian Analytical Service providing:

- Flexible support to meet the aims of the overarching quality management system
- Targeted support to Quality Networks and Quality Pathways
- Bespoke training to further develop Analysts
- Data analysts s embedded within front line teams
- A targeted programme to significantly improve the quality of key business intelligence data and our overall confidence in data quality
- Excellence in the governance of the reporting of performance data that covers both targets and on the improvements being made to population health both locally and nationally.

Links with Data Science experts in Edinburgh University will be developed in areas of mutual interest for improvement and research.

Ehealth Support

eHealth support is vital for effective data extraction, processing, analysis and interpretation. This requires proper infrastructure support, recognising eHealth priorities legitimately focus on issues of patient care and safety.

Actions that will be progressed in the next five years will include:

- Agreeing on a single quality improvement reporting platform with required investment in training for technical and analytical staff on it, ensuring that the reports produced are usable for staff
- Ensuring that reporting tools are server based with an appropriate level of resilience
- Having an organisation wide focus on improving data quality with investment in staff to correct where possible, bearing in mind that there are some areas where data quality is more easily defined and more amenable to improvement
- Ensuring that the data captured is relevant to clinical care rather than collecting data entered by clinical staff for administrative purposes
- Ensuring the early engagement with eHealth staff to support the smooth running and success of quality improvement activities. This will help identify at an earlier stage those process issues around IT which are non-technical rather than technical

- Making sure that where clinical systems or workflows are being reviewed that there is a clear description of the problem/or intended benefits set out, rather than jumping straight to a preconceived solution.

Financial Development

The programme to develop and embed financial business managers within Quality Networks will continue and expand. Priority will also be given to enhancing the Quality Management skills of this group and other Finance professionals.

They will continue to evolve the intelligence required to deliver in the first instance potential cost avoidance/reductions This will see:

- All Quality Plans outlining how this saving is to be quantified and achieved
- The further deployment of the patient level costing system identifying any variation in cost per activity. Limited exposure to this system has already generated significant interest from front line leaders and teams
- The co-development in partnership with the Quality Directorate and Scotland's iHub, tools to be used for day-day understanding of real costs and cost variation at local cost testing tools developed by HIS and in house.

To ensure that all of the Quality Plans are fully aligned with the delivery of the NHS Lothian Financial Strategy, any that require additional corporate support will be approved by the Value and Sustainability Group which will contribute to ongoing assurance and governance. A gateway process for progress approval has been approved for this by the Corporate Management Team. The same process will apply to innovation activities.

Communications

The ability to communicate clearly and openly, enabling the easy exchange of ideas and the reporting of success and learning learned, is vital to realising the strategy.

Intelligent media and 'marketing' using varied media will encourage interest and engagement with Quality Management, especially Quality Networks.

Evaluation, Learning and Research

Learning drives improvement and vice versa as arguably a Quality Management System and Learning Healthcare system are synonymous. Hence the early investment in evaluation and learning during the 2016-18 prototyping phase.

We have also invested in online tools to capture quality plans, improvement activity and progress from the Quality Networks and Quality Pathways. This will be in addition to the continued publication of peer reviewed quality improvement work through conferences, papers and other professional outlets. All these will continue and expand.

Annual evaluations of the whole programme will be undertaken and reported to The Board. We will also deploy self-assessment tools for all participating service teams to help local learning.

The Quality Directorate will continue to also support current and future clinical change forum meetings, using these as venues for shared learning.

D: Developing an Innovation Unit to support the delivery of transformational change

Create an NHS Lothian Innovation Unit

Our Health, Our Care, Our Future, committed to increase the investment made in innovative ways of working as part of our commitment to better quality and care.

In being aligned to the Scottish Government's 2020 Vision for Health and Wealth, a further commitment was also given to use its innovation programme as a means to provide growth in the Scottish economy, enabling Scotland to be a world leading centre for innovation in health, through collaboration between all stakeholders e.g. patients, the public, NHS Scotland, industry, the local authorities, academia, research & development, the third sector etc.

By so doing, NHS Lothian would then be able to deliver:

- Patients benefiting from the early adoption of evidence based innovations in prevention, diagnosis and treatment
- Patients having a better quality of life, and longer life expectancy, through the provision of improved treatments and an increased focus on illness preventative measures
- NHS Lothian being a key collaborator and future customer for Scottish Life Science businesses and a pivotal stimulator of innovative products and services – leading to increased employment opportunities
- NHS Lothian and the four local Integrated Joint Boards being a beacon in making the most effective and efficient use of publicly available funds, whilst attracting more external investment to "pump prime" innovative solutions.

Consult on the Innovation Programme Plan

To widely consult with staff and stakeholders on the draft NHS Lothian Innovation Programme: Mission Plan 2018-2023.

Identify the priority areas for innovation

As part of that consultation process identify the future priority areas for innovation within NHS Lothian for the next five years as outlined below:

- Year 1 (2018/19) – Applying the Design Thinking approach on a number of agreed strategic and operation al challenges identified by the leadership team, staff, patients and other stakeholders during the consultation period
- Year 2 (2019/20) - Focussing on the spread of the learning from Year One activity to a broader range of strategic challenges
- Year 3 (2020/21) - All clinical areas engaged in the design process of developing innovative transformational change
- Years 4 & 5 (2021-2023) – Innovation established across NHS Lothian as a normal core activity.

E: Improving staff engagement by adopting a stronger focus on the delivery of quality improvements and how this links to improved meaning and experience at work

Making NHS Lothian an employer of choice - building our people & management Infrastructure.

Starting with the pre-recruitment stage, ensuring all promotional materials relating to jobs and careers in NHS Lothian promote our quality management ethos. This will continue through the employee journey e.g. induction, staff development reviews and appraisal, leadership development, and our approaches to improving staff engagement and experience.

F: Sharing lessons learned and collaboration through our Regional Planning process and national links

Working in new ways

Develop collaborations with partners out with NHS Lothian to share the learning of the local improvement work, whilst importing good ideas from other Boards.

G: Developing the Business Case for the long term sustainability of the quality management system, with at its core more robust evidence of the return on investment that it can deliver

Establish the long term funding case for the quality management system.

From the outset continue to develop and refine the process of measuring Return on Investment and added value from our Quality Management System to guide further investment decisions and models.

H: Exploring the potential for commercial opportunities to bring in additional income

Assess the potential for consultancy input to other organisations on a commercial basis.

As this strategy sets out an ambitious but achievable plan to further prototype, spread, embed and expand the quality management system approach in NHS Lothian, the pace of change will be fast – in particular over the first three years when direct support from the Quality Directorate will be at its greatest.

As the Quality Networks and Quality Pathways develop and greater numbers of trained staff become available from year 3 on, there will be less requirement for direct Quality Directorate input.

The learning from well-established High Performing Organisations from healthcare and beyond highlights the opportunity to refocus internal Quality Management development expertise towards external consultancy services. This might offer an income stream for the Edinburgh & Lothians Health Foundation, as part of their return on our initial investment.

NHS
Lothian

APPENDIX 2

NHS Lothian

**Draft Innovation Programme: Mission Plan 2018-2023**

Delivering system wide disruptive innovation and creating a culture for it to happen

As part of the NHS Lothian Five Year Plan to further develop the Quality Management System, this Plan sets out how NHS Lothian will become more creative at developing novel innovative ideas to agreed strategic and operational challenges by putting in place the infrastructure required to deliver this.

This will enable over time, NHS Lothian to move from being an organisation mainly focussed on maintaining the status quo towards one with a stronger focus also on delivering the future.

In line with system thinking, this Plan addresses six key questions (Why, What, How, Who, Where and When), with the answers to these confirming the need for NHS Lothian to design and then implement disruptive innovations as part of a "business as usual" approach to delivering high quality healthcare services alongside enhanced self-management and illness prevention activities by citizens.

This Plan also references how NHS Lothian will create and bed in the four pillars upon which a culture for innovation will develop across the organisation.
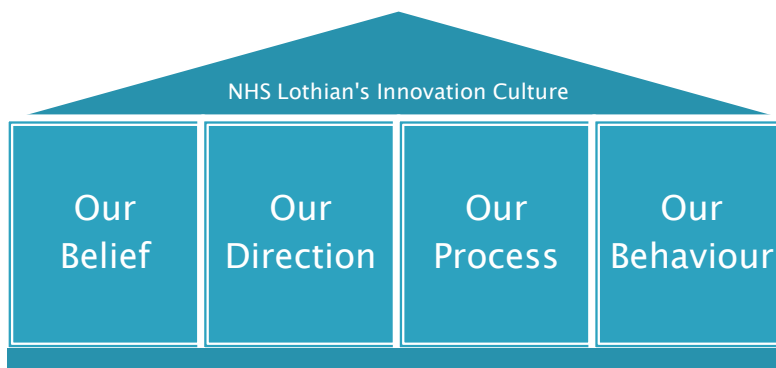
Our definition of innovation: *A creative problem solving approach that will deliver new ways of providing healthcare services in response to agreed strategic and operational challenges.*

APPENDIX 2

<h1 align="center">Our Belief</h1>

1. Why the imperative to be innovative?

a) Demand for healthcare is now far greater than the capacity to meet it.

A consequence of demand for healthcare outstripping the funded capacity available, has led to an impact on both the quality of services (including access times) that are provided along with that the value they add to both citizens and staff.

Nowhere greater has this been felt than in Primary Care, which requires being a key area from which disruptive innovative whole patient pathways need to originate from.

We have a range of strategic changes that we require to make, but unless we address at the same time the operational gap between demand and capacity our ability to achieve our vision for future high quality healthcare provision will either be constrained or impossible.

b) Technological change is accelerating in the 21st century

Against this background of demand greater than capacity, the pace of change in the introduction of new technology in society is accelerating* and has led to those citizens able to access this, achieving greater personalisation by taking on more of the roles that traditional service providers will have provided for them – e.g. banking, booking holidays and flights, staying connected with friends and family. For service providers that have embraced this technology – they have been able to both reduce the cost of service provision (through increased productivity levels) whilst maintaining real time value adding connectivity to their service users – and with that disrupting the way service are now provided.

*globally we have entered a Fourth Industrial Revolution – Digitalisation.

c) No one organisation employs all of the smart people – utilising the power of the crowd

The NHS as with all major organisations and businesses across the world, in seeking to develop creative solutions that will result in new ways of working needs to embrace the opportunities that arise from collaborating with not

only its own staff and with citizens but also externally with others in order to get a greater depth and breadth of novel ideas to then develop. *(Open innovation)*

We are aware that we have both staff and citizens both keen and able to generate innovative ideas – as we are about the much greater potential that exists in academia, the third sector, other healthcare systems and industry.

Yet currently we don't have an infrastructure that is effective at focussing this vast resource (the crowd) towards our strategic and operational challenges, thus allowing us to co-create new ways of working at a quicker pace and at much lower cost than our current problem solving approaches.

d) Government Policy in place to encourage and support innovation

The Scottish Government published its Health and Wealth Vision for 2020 in 2014 setting out the role that innovation can play in achieving a healthier and wealthier nation, and with that the opportunities to grow Scottish based industries in delivering in collaboration, healthcare solutions not just of benefit to the citizens of Scotland but also to those across the world.

Whilst there has been a lot of investment made since 2014, resulting in a lot of innovation activity, the return on investment has at best been poor, though it has provided a lot of learning that can now be maximised in going forward.

At a UK level, as with many other countries there is a recognition that to stay both economically sustainable whilst also maximising opportunities for its citizens, innovation needs to be both fully grasped and made to deliver. This is particularly important for service providers funded through taxation.

In line with this, the UK government has started to invest through its Industrial Strategy Challenge Fund, £4.7 billion over the next four years to increase research and development over a range of sectors, of which healthcare is one.

Two initiatives alone, Manufacturing new Medicines and Digital Technology for healthcare have already been launched with respective funding of £146m and £35m available over the next four years.

The first phases of these two initiatives have been launched and they presented an opportunity to NHS Lothian to identify the new ways of working

it would want see implemented, presenting a great opportunity to collaborate from the outset with interested industry partners to set up local innovation test beds.

e) **Innovative organisations remain better placed to recruit new people, whilst also retaining their existing innovators.**

Already challenged to recruit and retain staff, NHS Lothian in wishing to be an attractive employer to Generation Y (those who have grown up with the internet) and now Generation Z (who at 6 years had on average the same digital understating as 45 year olds), will need to be seen to be a "go to employer" not only in terms of having the necessary technology infrastructure in place, but also having in place the resource that will encourage and support group based creativity and the challenging of old ways of working.

At the same time, existing staff wishing to be innovative and to also challenge current ways of working have indicated their current frustrations in being fully supported to do this currently within NHS Lothian. In the past we have lost staff who have moved to other parts of the NHS in order to have these needs satisfied.

f) **Achieving a significant Return on Investment**

For companies with successful innovation programmes, Scottish Enterprise have identified to us that the return on investment can be as high as £1 spent generating £27 worth of combined direct savings or addtionality (which for us would be greater patient numbers seen within an existing or less financial baseline).

g) **To have an Innovation Programme that will deliver the following goals as expressed by our leadership team.**

- Enhancing **<u>empathy</u>** through continually capturing and responding to comments obtained personally from patients, citizens and staff on what they want/need in the longer term. *(Achieving greater empathy is at the core of creative problem solving methodologies).*
- Providing a focus on creating novel solutions that maximise the resources we already have – e.g. staff and technology already purchased. *(Frugal innovation)*

- Enabling earlier engagement with external organisations, including industry partners in identifying/developing technology advances. *(Open Collaboration innovation.)*
- Developing a different approach to rewarding staff in developing innovative solutions.
- Highlighting NHS Lothian to prospective recruits as an organisation that supports its staff in developing innovative solutions –particularly where there is a digital component.
- Enabling a positive view of failure, when this has been about an attempt made at developing an innovative solution, but one from which valuable learning will come from.
- Having "safe places" in which staff and collaborators can experiment with challenging the status quo.
- Creating a continual learning process both in terms of innovation methodologies as well as training staff in the adoption of these.
- Delivering continual research into innovations already happening elsewhere and assessing their potential for adoption within NHS Lothian.
- Continually challenging learned behaviour and organisational inertia.
- Horizon scanning future funding opportunities for innovation and putting together the required collaborations in advance of these calls opening.

In Summary:

So what? (*The question we need to continually ask to test for novelty***)**

The increasing gap between demand and capacity highlights that for the NHS to fully maintain a free at point of care service, it will have to embrace a programme that enables both disruptive and incremental innovative healthcare service changes, whilst at the same supporting the greater uptake of lifestyle changes by citizens and our staff that prevent illness in the first instance.

Adopting and then spreading the use of new and cutting edge technology will form part but not all of the innovation that is now required to close the gap between demand and capacity.

This against a background of ensuring that innovation does not increase healthcare inequalities, but will instead greatly reduce them. Either through:

- increasing the number of citizens able to access and utilise technology,

or

- By better targeting staff resources towards excluded citizens, as a result of capacity having been freed up by more and more citizens utilising technology to take on the enhanced self-management of their conditions.

The factors that present NHS Lothian with the opportunity to maximise its return on investment in an Innovation Programme

- We employ a diverse range of staff many of whom have innovative ideas to the problems they regularly encounter in their jobs. This is a huge, generally untapped resource that is waiting to be maximised with the required infrastructure in place to support this.

- Both the Scottish and UK governments place a great priority on innovation within the NHS and are making available significant funding to develop innovative solutions with industry partners – provided we have the infrastructure in place to support this.

- Innovation emphasises better risk management in place of risk avoidance.

- Innovation looks to grasp and maximise opportunities as they arise, rather than after the event.

- NHS Lothian will be able to enhance further its reputation as an organisation to collaborate with to test out new ways of delivering healthcare services –drawing in expertise from across the globe.

- Innovation has the potential to deliver new service models being designed and implemented in months rather than years.
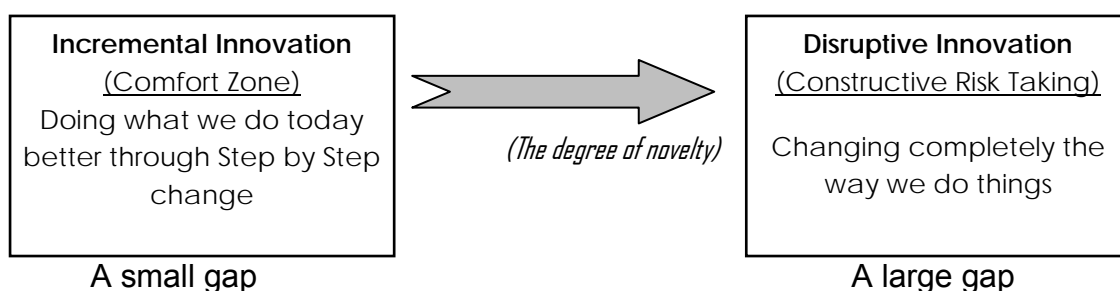
Our Direction

What to Innovate?

Our Executive Leadership Team have set the compass for our innovation programme to be one that points NHS Lothian towards delivering:

- Solutions designed around the needs of patients, citizens and staff, rather than the organisational structures currently in place.
- A better co-ordinated approach to capturing the current broad range of innovative activity continually underway across the organisation.
- Innovation at the core of the business of NHS Lothian, with this reflected in each of the Executive Directors objectives.
- Greater levels of connectivity between policy makers, finance and workforce planning.
- Creative problem solving to tackle "Wicked Problems" impacting on strategic delivery / operational implementation.
- A range of innovative solutions across the full range of functions (e.g. HR, Finance, Planning) within NHS Lothian –and not only front line service delivery.
- Change at scale and pace.
- Enhanced commercial opportunities for NHS Lothian – utilising the skills of external experts whilst training our own staff in this.
- Innovation activities at a local, regional and national level.

In setting course for this journey, there will be two principle directions through which the steer for moving forward innovation will come from:

a) Strategic Purpose *(Top Down)*

Strategic focus tends to be best suited towards disruptive innovation – i.e. those areas of organisational risk where the gap between demand and capacity is at its greatest and is increasing fastest, and where new solutions are required to deliver longer terms strategic purpose, where standing still is no longer an option and where current models of service delivery are increasingly becoming obsolete.

Incremental Innovation (Comfort Zone) Doing what we do today better through Step by Step change	*(The degree of novelty)* →	Disruptive Innovation (Constructive Risk Taking) Changing completely the way we do things
A small gap		A large gap

This strategic focus also aims to provide reassurance that waiting time standards/targets and other national standards can be delivered and then maintained.

Year one of the NHS Lothian Innovation Programme will therefore focus on creating a portfolio of strategic innovation challenges that will be focussed on "Doing it Right".

Delivering new ways of delivering services that enables the right patient to be seen in the right place, by the right clinician and at the right time - reducing overall demand at points across the current pathway from GP practice to regional/national specialist out-patient clinics.

Within this portfolio of challenges will be a number of "Pathfinder" initiatives having been chosen for their potential to be both "quick and easy" wins, the learning from which will then be taken into seeking solutions to those strategic "wicked issues" currently faced by NHS Lothian.

This "portfolio approach" to running the innovation programme reflects that the overall measure of success for the programme will be through having more projects that succeed and those that fail (from which there will still be valuable learning).

The Executive Leadership Team have confirmed that once agreed these innovation challenges will then be set out in the 2018/19 Corporate Objectives with an identified Executive Director Lead.

b) Operational Purpose (Bottom Up)

We know from our staff, patients and citizens that across NHS Lothian there are a range of constraints to day to day service delivery that would benefit from completing *"fires of change"*, putting in place either completely new ways of working (in the space created) – or stopping completely the things we have always done, freeing up capacity for far more important value adding activities (meaningful work activities).

In year one, we will run a number of "innovation weeks" across NHS Lothian where we will ask staff, patients and citizens to highlight the *"splinters in their feet"* that cause them distress /frustration with day to day health service delivery.

Once we have analysed their responses we will then identify those areas with the greatest amount of common splinters – to which we will then invite

people to come forward with their *"sparks of ideas"* that will allow us then to burn these away.

These will then also be incorporated into our portfolio of innovation projects.

c) Creating innovation collaborations to deliver our portfolio of projects

For innovation there is no one size fits all approach, instead there are a range of collaborations (crowds) that can be formed to deliver innovative solutions to best fit with the particular challenge that has been set. For NHS Lothian these collaborations will predominantly be:

- **Open Innovation collaborations** – bringing together internal and external problem solvers to co-design and implement innovation solutions to our agreed strategic and operational challenges. This will include the crowd sourcing of ideas. *(Delivering new products).*

- **User Innovation collaborations** – supporting and empowering staff and citizens (patients) to co-design together radical solutions to genuine problems, that will add value to staff and patients, will deliver efficiencies (of 1% plus) and are able to be implemented. *(Supporting and encouraging Entrepreneurs/ Intrapeneurs).*

- **Frugal Innovation collaborations** – enabling the recombination of existing knowledge and technologies to deliver innovative solutions that extract more value, without the need for significant R&D time or considerable additional investment. *(Maximising existing resources.)*

- **Citizen innovation collaborations** – working with local communities to deliver innovative solutions to social challenges that impact on their health and social wellbeing. *(Delivering societal change)*

Note: Each of these collaborations will have a different set of metrics against which to measure outcomes and reward success.

d) A key outcome from innovation

At the core of any innovation process is the requirement to continually optimise the learning that is delivered from having invested in this process, providing an increasing opportunity to deliver greater future successes over

future failures. Failure in itself however, is a strong indication that innovation teams are challenging hard at the limits of current understanding.

T.S.Eliot, "Only those who will risk going too far can possibly find out how far one can go."

<div align="center">**Our Process**</div>

How to innovate: the innovation process

Our approach will be one that reinforces the fact that the innovation process does not begin with the capture and creation of new ideas – but instead is a creative problem solving methodology, drawing upon tools such as Human Centred Design and the Double D Design approach. (See http://www.designcouncil.org.uk/news-opinion/design-process-what-double-diamond.)

Having confirmed Executive sponsors for both potential "Top down" and "Bottom up" innovation challenges, these will then be directed to a "single entry portal" within NHS Lothian, managed by the NHS Lothian Innovation Unit who will initiate and then manage the first and subsequent steps of an ongoing approval process for then progressing that challenge. **(See Appendix 1)**

Approving "Big Opportunities for Innovation" (Strategic Thinking)

As can be seen the first key step in this process is about getting the Executive Leadership team confirmation that the proposed innovation challenges will present NHS Lothian with a "Big opportunity"[1] to deliver innovative solutions that:

- will lead to the delivery of the organisations high level strategic requirements if exploited well enough and fast enough, whilst

- at the same are focussed on a sub-component of that overall strategic target that urgently requires change to ensure strategic sustainability and service user focus around the six dimensions of quality.

- are emotionally compelling to people, leading to them bringing their hearts and minds to the task of solving these challenges at pace,

- and, can be quantified with existing available data.

Having assessed these innovation challenges the Executive Leadership Team will then agree and prioritise the challenges to be progressed to the next stage by the Innovation Unit.

---

[1] Definition taken from John Kotter, XLR8 (2014)

APPENDIX 2

The Innovation Unit working with the challenge sponsors will then be tasked to produce a design brief which will set out the exact scope of the innovation challenge.

Discovering the real nature of the challenge problem to be solved (Research)

As innovation is the process of creative problem solving – it will only succeed if there is a clear definition of, and agreement on the problem to be solved.

To do this qualitative and quantitative research requires to be either reviewed or undertaken to define the problem from a range of stakeholder perspectives and from that then determine the size of that problem.

Once there is clarity and agreement on the problem and the components to solve, then additional research will be undertaken to identify if either the problem has already been solved , or if not, if there are others also looking to deliver solutions to it. *(A Landscape Assessment)*

Define the opportunities within the problem to be solved

Here an assessment will be undertaken of the problem components to identify which ones:

- matter most (to staff and citizens)
- should be prioritised for solving
- are feasible to solve

This presents the "big opportunity" for NHS Lothian to be sought from solving this problem, which will then form a detailed "design" brief for the subsequent creative problem solving activities, in response to the original challenge statement.

Develop ideas and design prototype solutions for testing.

Working to the design brief, stakeholders close to the "problem" will be brought together to start the process of capturing a diffuse range of ideas on possible solutions. These will then be prioritised down to the ones that are most likely to succeed and from which prototype solutions can be developed for rapid test-bed evaluation within NHS Lothian to demonstrate acceptance of the solution by staff and citizens (*empathy with the solution*).

With the focus being on delivering new ways of providing services, there is a need to deliver far greater leaps of change than simple incremental ones. In order to minimise the associated levels of risk with these leaps, prototyping

and simulation provides the means to both mitigate risks whilst also saving time by spotting much earlier whether or not a potential solution is likely to deliver the required outcomes in advance of a fully worked up option being tested.

Throughout this phase there will be ongoing evaluation to re-affirm that the innovation challenge project is continuing to deliver its objectives, or needs to be killed – in order to avoid "Zombie" projects that can run on for years – burning money, time and goodwill.

(a) Delivering a fully tested and a positively evaluated solution

Having tested and evaluated the proposed solution through prototyping and simulation in both the test bed area and then in real clinical settings, there will greater clarity that it will or will not deliver the planned outcomes that were set in the design brief created for the innovation challenge.

At this point a more informed decision can then be taken by the Leadership Team of NHS Lothian on whether to then move towards implementing the solution in full at a local level and using this to also influence adoption at a national level.

Note: For those solutions with commercial potential, there will have been a focus on how best to achieve this, and with that the associated benefits to NHS Lothian throughout the implementation of all of the steps (including the potential income from a share of the intellectual property created).

Putting in Place the Resource required to enable this Process to happen

The Executive Leadership Team have confirmed that in order for the NHS Lothian innovation programme to be effective in delivering the required level of service change, having the capability and capacity to innovate across all levels within the organisation will be required, starting with the Leadership Team itself.

In addition they have agreed on the need for a central co-ordinating function to join together existing and future proposed innovation activities in order to maximise impact and enable the delivery of successful value adding solutions at scale.

In support of the first phase of the innovation programme implementation, it is proposed that this central co-ordinating function (an Innovation Unit), be created within the Quality Directorate.

APPENDIX 2

The Innovation Unit will then play a key role in establishing an innovation network that will operate and connect both at a local (ecosystem), regional, national and international level.

An additional function for the Innovation Unit will be horizon scanning to identify future national funding calls, in order to attract the additional external funding streams that will be required to run a broader range of innovation challenges.

NOTE: "The NHS Lothian Five Design Steps to progress challenges into transformational change" document, sets out in more detail the actions and approaches to be taken to deliver innovative solutions.

Behaviour

Creating an innovation culture for NHS Lothian

Organisations that are successful at innovation, do so through having a strong innovation culture that, educates, engages, enables and empowers its staff at all levels, whilst at the same being open to external engagement.

With culture defined by behaviours and attitudes our approach to innovation with staff will be one that is in full alignment with our values, and encourages and supports:

- **Our staff** to ask themselves *"How can I contribute to developing innovative solutions by taking part in sharing and then testing my ideas?"*

- **Managers** to ask themselves *"How do I drive innovation through promoting, encouraging others and supporting the process?"*

- **Executive and Non-Executive Leaders** to ask themselves *"How do I own and help define NHS Lothian innovation challenges, whilst also helping to put in place the structure to support innovation, enabling ideas to be tested?"*

Note: Additional roles for these leaders will be to set expectations, celebrate and reward successes, whilst also dealing with failures.

For innovation to permeate through the organisation it will be included within the Leadership Team's annual objectives – so that their personal goals can form the basis for future innovation challenges.

To be successful, NHS Lothian needs to exploit its existing strongest assets to have in place:

- Leaders who will embrace innovation.
- People with ideas who are willing to risk failure in experimenting around them,
- Innovation agents to provide the bridge between strategic and operational challenges –whilst bringing together those people with the ideas to solve them.

APPENDIX 2

External Collaborators

NHS Lothian will also give a strong focus on open innovation collaborators that will involve a range of external partners, including other NHS Boards (both regionally and nationally), local authority colleagues, the third sector, industry and academia. In entering into these collaborations, NHS Lothian will assess that all potential innovation collaboration partners share the same values of NHS Lothian to:

- treat each other with dignity and respect.
- work in an open and transparent way, with honesty at the core of this.
- be committed to demonstrating the evidence for any proposed change.
- be focussed on continuous quality improvement.
- be committed to working as a team.
- provide or have the goal of delivering the living wage for all staff.
- be committed to paying taxes in the UK.

Where we will innovate.

Innovation learning zones (test beds)

To deliver innovation at scale and at pace NHS Lothian will require to have employees trained in the skills required to take challenges through the whole innovation process from challenge development through to solution delivery and embedding.

To achieve this, we will run challenges in innovation learning zones (test beds), which in addition to being a protected space for creative problem solving will also be learning environments where the staff participating will also be taught in the basic design skills required to better:

- Understand, diagnose and analyse problems, (*Gain Insights*)
- Develop ideas and create prototype solutions, (*Be Creative*)
- Plan for implementation in "real world" situations. (*Be adopters*)
- Reflect on what worked well and what didn't. *(Be continual learners)*

The learning zones will not be traditional conference rooms, but instead be neutral spaces chosen so as to enable participants to maximise the opportunities for idea generation, creative problem solving and collaboration.

APPENDIX 2

 When will we innovate.

The journey towards developing an Innovation Programme for NHS Lothian has been ongoing, working to the timeline below.

March 2017:	Summer 2018:	September 2018:
Establish the need (value) in having a longer term Innovation Transformation Infrastructure as part of the overall Quality programme	Consult on the NHS Lothian Innovation Plan	Innovation infratsure in place and starting to deliver the phased service transformations planned till 2021

Having completed these stages, it is intended that the innovation programme will develop as follows:

Year 1 (2018/19) – Applying the Design Thinking approach on a number of agreed strategic and operational challenges identified by the leadership team, staff, patients and other stakeholders during the consultation period.

Year 2 (2019/20) - Focussing on the spread of the learning from Year One activity to a broader range of strategic challenges.

Year 3 (2020/21) - All clinical areas engaged in the design process of developing innovative transformational change.

Years 4 & 5 (2021-2023) – Innovation established across NHS Lothian as a normal core activity.

APPENDIX 2

Gate	Decisions Made	Move to:	Actions
1. **Idea Screen – the initial Go/Kill decision.** Gate Keepers (3-5): Middle Management Cross functional group	**Must meet the following criteria:** • Strategic Mandate • An agreed volume of "patient" numbers for whom value will be added, • Not a show stopper (that will restrict other projects proceeding).	Stage 1:Scoping	Avoids straight to solution projects. **Assesses:** • Staff and patient needs. • Technical feasibility. • Business feasibility. • Regulatory requirements
Score Card Assessment against weighted criteria.	**Should meet the following criteria (scored 1-5):** • Strategic Fit, • Technical Feasibility, • Staff & patient acceptance, • Enhanced delivery of the quality dimensions.	• Done within a month. • Mostly Desk Research	**Deliverables:** • Preliminary Project Definition. • Preliminary Outline Business Case developed

Note: The Executive Management Team set the Criteria for Yes/No at Gate 1 – the Idea Screen Gate

APPENDIX 2

Gate	Decisions Made	Move to:	Actions
2. Second Screen – more informed project review. Gate Keepers: Middle Management Cross functional group Senior Clinicians /Technical Staff	Must meet the same criteria as in Gate 1.	Stage 2: Build Outline Business Case	Confirms effective return on investment. Assesses: • Service analysis (size, trends etc) • Voice of Consumer needs and Wants. • Advantage over existing service provision. • Patient and staff feedback to proposal. • Confirmation of proof of concept. • Ability to implement. • Regulatory compliance. • Financial analysis, including ROI.
	Should meet the following criteria (scored 1-5): • Strategic fit & Importance. • Enhances current provision. • Is attractive to staff & patients. • Maximises staff and patient roles in meeting needs. • Is technically feasible. • Magnitude of risk is balanced by the magnitude of reward.	• Up to 2-3 months. • Detailed Investigation.	Main Deliverables: • Set out Initial Agreement: What and for Whom? • Project Justification: Why? • Project Plan: How, When How much? • Sets out the full Project Team going forward.

Gate	Decisions Made	Move to:	Actions
3. Go to Development – Pivotal Decision Gate Gate Keepers: The Executive Management Team	**Provides a Readiness Check that confirms the commitment of the organisation.** Must satisfy that the project delivery infrastructure is in place. Data analysis also confirms the benefit from proceeding.	**Stage 3: Development**	**Implement Development Plan as per Gate 3 Definition.**
	Should meet the following criteria (scored 1-5): • Strategic fit & Importance. • Enhances current provision. • Is attractive to staff & patients. • Maximises staff and patient roles in meeting needs. • Is technically feasible. • Magnitude of risk is balanced by the magnitude of reward. • Financial Benefits. • Resource requirements clarified.	Timeline as defined at Gate 3.	**Key Actions:** • Complete in house PDSA cycles / product testing. • Conduct limited staff and patient tests /feedback. • Develop Full Business Case. • Develop detailed Test Plans. • Develop Communication Plan for introducing the new service. • Develop operational plans for diffusion and wider adoption – linking in Public Health, Strategic Planning, Operational Management.

APPENDIX 2

Gate	Decisions Made	Move to Stage:	Actions
4. Go to Testing <u>Gate Keepers:</u>	**Opens the door to Testing and Validation.**	**Testing and Validation**	**The Final Test of the Solution before full scale adoption.**
The Executive Management Team	**Criteria for Go Checklist:** • Confirmation of quality improvements delivered in the Development Stage (3). • Infrastructure in place for full testing. • Prototype developed in Development Stage as planned. • Confirm that financial assumptions being met. • Review and approval of Test Plans.	Timeline as defined at Gate 4.	**Key Actions:** • Continued "product" testing. • Conduct more detailed staff and patient tests /feedback – preference tests. • Complete financial analysis. • Complete Operational Plans for diffusion and wider adoption. • Develop post adoption review process. • Develop Communication Plan for new service.

Gate	Decisions Made	Move to Stage:	Actions
5. Launch Gate Keepers: The Executive Management Team	**The final Go / Kill gate in the process.** A critical review of the Stage 4 activities and results. A review of the updated financials.	**Embed new service**	**Key handover stage to the operational management teams.**
	Criteria for Go Checklist: • Infrastructure in place for diffusion /wider adoption. • All test results positive. • Financial plans in place to implement. • Plans for diffusion /wider adoption in place.	Timeline as defined at Gate 5.	**Key Actions:** • Implement operational plans. • Implement quality assurance plan. • Implement communication plan for introducing the new service. • Implement first new service review, and plans for continual review.

Depending on the Challenges to be met – The subsequent gate process can either be:

Full	Where there is high Risk /High Uncertainty	All Gates and Stages completed in sequence.
Express	For medium problems	Go from Gate 1 straight to Gate3 with overlapping of actions in Stages 1&2, and from Gate 3 straight to Gate 5, overlapping actions in Stages 3&4
Lite	For problems with low risk/uncertainty (Easy Wins)	Go from Gate 1 straight to Gate3, overlapping actions in Stages 1&2, and from Gate 3 to implementation overlapping actions in Stages 3,4&5

NHS LOTHIAN

Board Meeting
27th June 2018

Chief Quality Officer

2.2

QUALITY AND PERFORMANCE IMPROVEMENT

1   Purpose of the Report

1.1   This report provides an update on the most recently available information on NHS Lothian's position against a range of quality and performance improvement measures.

1.2   Any member wishing additional information on a particular measure should contact the specific lead director identified, having accessed to self-service pack initially. Matters relating to the monitoring and assurance process should be directed towards the Chief Quality Officer.

2   Recommendations

2.1   The Board is invited to:

   2.1.1   Confirm that it wishes other measures potential changes to measures in this report to be considered once the Scottish Parliament's Health and Sport Committee has concluded its deliberations on Scrutiny of NHS Boards;

   2.1.2   Acknowledge that performance on 14 measures considered across the Board, including those relating to the Hospital Scorecard, are currently met with 19 not met. It is not possible to assess performance on dementia post-diagnostic support or complaints stage 1 or 2; and

   2.1.3   Accept Board Committees are continuing with the enhanced programme of assurance agreed, with a provisional timetable for remaining measures outlined in this paper To date, 34 measures have been considered with significant, moderate, limited and no assurance reached on 8, 14, 11 and 1 instances respectively.

   2.1.4   Consider whether consideration by committee is merited for any of 4 areas yet to be granted a level of assurance since the process' inception. A further 2 have not been reconsidered since 2016.

3   2018/19 Quality and Performance Improvement Process

3.1   Piloting of the "lighter approach", set out in Table A continues.   Views of committee members have been sought through a surveymonkey questionnaire. This is to close at the end of June.

3.2   Board members will be aware that each year the measures for inclusion in this report are reconsidered. As the December 2017 and February 2018 Board papers

indicated, current consideration has been deferred whilst clarity is awaited from Scottish Government on both the status of traditional local delivery plan measures, which were not all required in Annual Operational Plan submissions, and the way forward following publication of Review of Targets and Indicators for Health and Social Care in Scotland.

3.3   The Board will also be conscious that the Scottish Parliament's Health and Sport Committee is undertaking an examination of Scrutiny of NHS Health Boards. NHS Lothian appeared at the committee in May.   It is proposed that once the parliamentary committee has concluded its deliberations of the remaining territorial boards that potential changes to the measures included in this report are to be brought forward. The Board is asked to support this recommendation.

3.4   As in previous months an excel file has been circulated with the papers. A dashboard, at the development stage, can also be made available to members upon receipt of information governance paperwork.

3.5   As highlighted in previous reports, the Scottish Government Health Department and Board Chief Executives are currently engaged in the preparation of Annual Operational Plans and it is likely that the current standards will continue to be reported as part of the Q&PI process during the coming year.   The status of these and potentially additional measures will become clearer as discussions with Scottish Government progress.

Table A – Summary of Lighter Approach Trial

Committee	Previous Approach	Lighter Approach
Board	- Overview for all measures - Assurance Summary - Proformas where not met	- Overview for all measures - Assurance Summary ~~Proformas where not met~~ - <u>Self-Service Pack</u>
Governance Committee	- Overview for all measures - Assurance Summary - Detailed Measure Paper - Proformas where not met	- Overview for all measures - Assurance Summary - Detailed Measure Paper ~~Proformas where not met~~ - <u>Self-Service Pack</u>

4   Recent Performance

4.1   Against the measures considered, most recent information demonstrates that NHS Lothian met 14 of the 36 measures considered, whilst 19 were not met. As detailed above, it is not possible to make an assessment on Dementia Post-Diagnostic Support or Complaints Stage 1 or 2.

4.2   Board committees have been delegated the responsibility for seeking assurance for the measures contained in this report, seeking to conclude levels of assurance for those areas that they have examine, considering "*What assurance do you take that*

the actions described will deliver the outcomes you require within an acceptable timescale?"

4.3 The assessments made to date are set out both in Table 1 31 have been considered with significant, moderate, limited and no assurance being reached on 8, 14, 11 and 1 instances respectively;

4.4 4 areas considered in the Q&PI process have not been assessed for assurance since its introduction. These are outlined below Table B. A further 2 were last assessed prior to 2017.

4.5 The delegation of measures to governance committee and detail behind assurance gradings are available in the appendix.

Table B – Assessed Levels of Assurance

			Assurance Level				
			Not yet assessed	**None**	**Limited**	**Moderate**	**Significant**
Board	Met	14	-	-	-	-	-
	Not Met	19	-	-	-	-	-
	TBC	3	-	-	-	-	-
Acute Hospitals Committee	Met	9	1	0	0	1	7
	Not Met	9*	0	0	7	4	0
Healthcare Governance Committee	Met	5	1	0	0	4	0
	Not Met	9	2	0	4	2	1
	TBC	3	0	1	0	2	0
Staff Governance Committee	Met	0	-	-	-	-	-
	Not Met	1	-	-	-	1	-

§ Those yet to be assessed are:
AHC – HSMR.
HGC – Both 48 Hours GP Access measures and Smoking Cessation.

*The Diagnostic measure has been separated out in terms of assurance so although there are 9 measures not met the diagnostics has been split into 3.

Table 1: Summary of Latest Reported Position

Measure[1]	Healthcare Quality Domain[2]	Type[3]	Assurance Committee	Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/Standard[4]	Trend[5]	Published NHS Lothian vs. Scotland[6]	Date of Published NHS Lothian vs. Scotland[7]	Target/Standard	Latest Performance	Reporting Date	Lead Director
Cardiac Arrest (per 1,000 discharges)	Safe	Quality	Acute Hospitals (AHC)	Limited	Aug 17	Not Met	No Change	Not Applicable	Not Applicable	0.95 per 1,000 discharges (median)	1.76 (median)	Apr 18 (Mthly)	TG
Falls With Harm (per 1,000 occupied bed days)		Quality	Healthcare Governance (HGC)	Moderate	Mar-18	Met		Not Applicable	Not Applicable	0.31 per 1,000 occupied bed days (median)	0.25 (median)	Apr 18 (Mthly)	TG
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)		LDP	HGC	Moderate	Mar 18	Met		Better	Dec 17 (Quarterly)	0.32 (max) (<=262)	0.17 (rate) 11 (incidences)	Apr 18 (Mthly)	TG
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)		LDP	HGC	Moderate	Mar 18	Not Met	No Change	Better	Dec 17 (Quarterly)	0.24 (max) (<=184)	0.37 (rate) 23 (incidences)	Apr 18 (Mthly)	TG
Hospital Standardised Mortality Ratios (HSMR) (within limits)		Quality	AHC	TBC	TBC	Met		Not Applicable	Not Applicable	1 All sites within HS Limits	NHS L 0.84 / RIE 0.86 / SJH 0.81 / WGH 0.69	Dec 17 (Qtrly)	TG
48 Hour GP Access – access to healthcare prof	Timely	LDP	HGC	TBC	TBC	Met		Worse	2015/16	90% (min)	91.5%	2015/16	DS
48 Hour GP Access – GP appt		LDP	HGC	TBC	TBC	Not Met		Worse	2015/16	90% (min)	74.8%	2015/16	DS
Four hour Unscheduled Care (% <=4 hrs)		LDP	AHC	Moderate	Apr 18	Not Met	Improving	Worse	Mar 18 (Monthly)	95.0% stretch to 98.0%	82.3%	Apr 18 (Mthly)	JC
Alcohol Brief Interventions (ABIs) (Number)		LDP	HGC	Moderate	Mar-18	Met		Better	2016/17	9,738 (Annual) 2,435 (per Quarter)	15,205	Mar 18 (Qtrly)	AMcM
CAMHs[8] (<=18 wks)		LDP	HGC	Limited	Mar 18	Not Met	Deteriorating	Worse	Dec 17 (Quarterly)	90.0% (min)	58.6%	Mar 18 (Mthly)	AMcM
Cancer (<=31-day) (% treated)		LDP	AHC	Limited	Nov 17	Not Met	Deteriorating	Worse	Dec 17 (Quarterly)	95.0% (min)	91.5%	Apr 18 (Mthly)	JC
Cancer (<=62-day) (% treated)		LDP	AHC	Limited	Nov 17	Not Met	Improving	Better	Dec 17 (Quarterly)	95.0% (min)	89.0%	Apr 18 (Mthly)	JC
Diagnostics (<=6 wks) - Gastroenterology/ Urology Diagnostics			AHC	Limited	Aug 17	Not Met	Deteriorating	Worse	Mar 18 (At month end)	0 (max)	4,194	Apr 18 (Mthly)	JC
Diagnostics (<=6 wks) - Radiology/Imaging			AHC	Moderate	May 17								
Diagnostics (<=6 wks) - Vascular Labs			AHC	Limited	Apr-18								
Drug & Alcohol Waiting Times (% <=3 wks) - Edinburgh IJB		LDP	HGC			Not Met	Deteriorating	Worse	Dec 17 (Quarterly)	90.0% (min)	77.4%	Dec 17 (Qtrly)	MM
Drug & Alcohol Waiting Times (% <=3 wks) - Midlothian & East Lothian IJB (MELDAP)		LDP	HGC	Limited	Sep 17								EM/DS
Drug & Alcohol Waiting Times (% <=3 wks) - West Lothian IJB		LDP	HGC										JF
IPDC Treatment Time Guarantee (<=12 wks)		LDP	AHC	Moderate	May 17	Not Met	Deteriorating	Better	Mar 18 (Quarterly)	0 (max)	75.3% 2,381	Apr 18 (Mthly)	JC
IVF (% <=12 months)		LDP	AHC	Significant	Apr 18	Met		Equal	Mar 18 (Quarterly)	90.0% (min)	100.0%	Apr 18 (Mthly)	JC
Outpatients (<=12 weeks)		LDP	AHC	Moderate	May 17	Not Met	Improving	Worse	Mar 18 (at month end)	95.0% (min)	65.3% 22,357	Apr 18 (Mthly)	JC
Psychological Therapies (% <=18 wks)		LDP	HGC	Limited	Sep 17	Not Met	Improving	Worse	Dec 17 (Quarterly)	90.0% (min)	77.2%	Mar 18 (Mthly)	JF
Referral to Treatment (% <=18 wks)		LDP	AHC	Limited	Feb 17	Not Met	Deteriorating	Worse	Mar 18 (Monthly)	90.0% (min)	71.5%	Apr 18 (Mthly)	JC
Stroke Bundle (% receiving)		Quality	AHC	Moderate	Nov 16	Met		Not Applicable	Not Applicable	80.0% (min)	81.9%	Feb 18 (Mthly)	JC
Planned Repeat Surveillance Endoscopy (past due date)		Quality	AHC	Limited	Aug 17	Not Met	Improving	Not Applicable	Not Applicable	0 (max)	4,196	Apr 18 (Mthly)	JC
Delayed Discharges (>3 days) – East Lothian IJB	Effective		HGC			Not Met	Improving	Worse	Mar 18 (Monthly)	0 (max)	264	Apr 18 (Mthly)	DS
Delayed Discharges (>3 days) – Edinburgh IJB			HGC	Limited	Sep 17								MM
Delayed Discharges (>3 days) – Midlothian IJB			HGC										EM
Delayed Discharges (>3 days) – West Lothian IJB			HGC										JF
Hospital Scorecard – Standardised Surgical Readmission rate within 7 days	Efficient	Quality	AHC	Significant	Feb 18	Met		Not Applicable	Not Applicable	All NHS L Sites (RIE; SJH & WGH), Within Hospital Scorecard Limits	NHS L 27.79 / RIE 31.52 / SJH 26.65 / WGH 28.68	Sep-17 (Qtrly)	TG
Hospital Scorecard – Standardised Surgical Readmission rate within 28 days		Quality	AHC	Significant	Feb 18	Met					49.82 / 59.17 / 40.64 / 54.82		TG
Hospital Scorecard – Standardised Medical Readmission rate within 7 days		Quality	AHC	Significant	Feb 18	Met					59.95 / 60.03 / 70.34 / 68.74		TG
Hospital Scorecard – Standardised Medical Readmission rate within 28 days		Quality	AHC	Significant	Feb 18	Met					130.42 / 134.89 / 149.27 / 130.42		TG
Hospital Scorecard – Average Surgical Length of Stay - Adjusted		Quality	AHC	Significant	Feb 18	Met					0.96 / 0.93 / 0.82 / 1.08		TG
Hospital Scorecard – Average Medical Length of Stay - Adjusted		Quality	AHC	Significant	Feb 18	Met					1.11 / 0.86 / 1.29 / 1.35		TG
Staff Sickness Absence Levels (<=4%)		LDP	Staff Governance	Moderate	Mar 17	Not Met	Improving	Better	2016/17	4.0% (max)	4.93%	Mar 18 (Mthly)	JB
Early Access to Antenatal Care (% <=12 wks)	Equitable	LDP	HGC	Moderate	Mar-18	Met		Better	2015/16	80.0% min for each SIMD[9] quintile	92.4%	Mar 18 (Mthly)	AMcM
Smoking Cessation (quits)		LDP	HGC	To be reviewed	To be reviewed	Not Met	Deteriorating	Worse	2016/17	403.98 (min for this quarter)	172	Dec 17 (Qtrly)	AKM
Complaints - Stage 1 (%<=5-day)	Person-Centred	Quality	HGC	Moderate	Nov 17	TBC[10]	Deteriorating	TBC	TBC	TBC	56.0%	Feb 18 (Mthly)	AMcM
Complaints - Stage 2 (%<=20-day)		Quality	HGC	Moderate	Nov 17	TBC[10]	Deteriorating	TBC	TBC	TBC[10]	56.5%	Feb 18 (Mthly)	AMcM
Detect Cancer Early (% diagnosed)		LDP	HGC	Significant	Nov 16	Not Met	Improving	Better	2014 & 2015 (Combined Calendar Years)	29.0% (min)	26.9%	2015 & 2016 (Combined Calendar Years)	AKM
Dementia – East Lothian IJB		LDP	HGC	None (Awaiting clarity on measure)	Mar 18	TBC[11]	Not Applicable	Part 1: Worse	2015/16	TBC[11] (exptd diag rate + 1 Year (min) PDS)	Part 1: 40.1%	2015/16	DS
Dementia – Edinburgh IJB		LDP	HGC			TBC[11]							MM
Dementia – Midlothian IJB		LDP	HGC			TBC[11]					Part 2: 75.6%		EM
Dementia – West Lothian IJB		LDP	HGC			TBC[11]		Part 2: Worse					JF
Patient Experience (9.0/10 – Overall Experience)		Quality	HGC	Moderate	Nov 17	Not Met	Deteriorating	Not Applicable	Not Applicable	9 (out of 10)	8.60	Feb 18 (Mthly)	AMcM

Notes
1. Much of this reporting uses management information and is therefore subject to change;
2. 6 Domains of Healthcare Quality http://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/sixdomains.html
3. This describes the standard type – 'LDP' target/standards are Local Delivery Plan (previously HEAT) target/standards; Quality standards were originally reported under a separate Quality Paper.
4. Performance Against Target/Standard – describes where Latest Performance meets or does not meet Target.
5. Trend - describes Improvement, No Change or Deterioration for Latest Performance, where Performance Against Target/Standard is 'Not Met', against an average of the last two relevant reported data points. Cardiac Arrest and HAI measures (as applicable) use HIS run chart assessment to ascertain trend. (Black cells indicate that a Standard is 'Met' so a Trend is not available).
6. Published NHS Lothian vs. Scotland – describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.
7. Date of Published NHS Lothian vs. Scotland – describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.
8. Abbreviations – CAMHS - Child and Adolescent Mental Health Services; CDI- Clostridium difficile Infection; SAB Staphylococcus aureus Bacteraemia; IPDC – Inpatient and Day-case; IVF – In Vitro Fertilisation
9. SIMD - Scottish Index of Multiple Deprivation, http://www.gov.scot/Topics/Statistics/SIMD
10. From the start of April 2017 there has been a national change on assessment of the complaints process. As no historical data is available for the proposed metrics, data will only be available covering April onward. Furthermore as a new measure, there will be an absence of comparative data initially in order to consider performance against that elsewhere.
11. ISD have stated in their publication of 24/01/17 "there is no specific threshold or target in which NHS Boards are expected to be attaining to as the PDS services are still within their infancy and it is anticipated there is likely further developments required". No further update was mentioned in the publication of 06/02/18.
http://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2017-01-24/2017-01-24-DementiaPDS-Summary.pdf?

5   Risk Register

5.1   Not applicable.

6   Impact on Inequality, including Health Inequalities

6.1   The production of this update do not have any direct impact on health inequalities but consideration may be required elsewhere in the delivery of the actions identified.

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

7.1   As the paper summarises performance, no impact assessment or consultation is expected.

8   Resource Implications

8.1   The resource implications related to the assurance programme would be considered by Board Committees are consider items under the Programme of Assurance.

Dan Adams, Andrew Jackson and Ryan Mackie
Analytical Services
30th May 2018
Analysts.PerformanceReporting@nhslothian.scot.nhs.uk

Appendices

Appendix 1 – Alignment of Measures to Board Committee

Appendix 2 – Adopted Assurance Gradings

Appendix 3 – Technical Document

Appendix 4 - Quality & Performance Improvement Reporting Repository

Appendix 1 – Alignment of Measures to Board Committee

	Acute Hospitals	Healthcare Governance	Staff Governance
Effective		Delayed Discharges	
Efficient	*Hospital Length of Stay (2)* Hospital Readmission Rate (4)		*Staff Sickness Absence*
Equitable		*Early Access to Antenatal Care* Smoking Cessation	
Person-Centred		*Complaints (2)* Detecting Cancer Early *Dementia Post Diagnostic Support* Patient Experience	
Safe	*Cardiac Arrest Incidence* Hospital Standardised Mortality Ratio	*Falls with Harm* Healthcare Acquired Infection (2)	
Timely	*4 hr Unscheduled Care Wait* Cancer Waits (2) *Diagnostic Waits* Inpatient and Daycase Waits *IVF Waits* Outpatient Waits *Referral to Treatment Wait* Stroke Bundle Compliance *Surveillance Endoscopies Overdue*	*Access to General Practice (2)* Alcohol Brief Interventions *CAMHS Waits* Drug & Alcohol Waiting Time *Psychological Therapy Waits*	

Appendix 2 – Adopted Assurance Gradings

Definition	Most likely course of action by the Board or committee
LEVEL – SIGNIFICANT The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all. Examples of when significant assurance can be taken are: • The purpose is quite narrowly defined, and it is relatively easy to be comprehensively assured. • There is little evidence of system failure and the system appears to be robust and sustainable. • The committee is provided with evidence from several different sources to support its conclusion.	If there are no issues at all, the Board or committee may not require a further report until the next scheduled periodic review of the subject, or if circumstances materially change. In the event of there being any residual actions to address, the Board or committee may ask for assurance that they have been completed at a later date agreed with the relevant director, or it may not require that assurance.
LEVEL – MODERATE The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk. Moderate assurance can be taken where: • In most respects the "purpose" is being achieved. • There are some areas where further action is required, and the residual risk is greater than "insignificant". • Where the report includes a proposed remedial action plan, the committee considers it to be credible and acceptable	The Board or committee will ask the director to provide assurance at an agreed later date that the remedial actions have been completed. The timescale for this assurance will depend on the level of residual risk. If the actions arise from a review conducted by an independent source (e.g. internal audit, or an external regulator), the committee may prefer to take assurance from that source's follow-up process, rather than require the director to produce an additional report.
LEVEL – LIMITED The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken. Examples of when limited assurance can be taken are: • There are known material weaknesses in key areas. • It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not b • een assessed and planned for. • The report has provided incomplete information, and not covered the whole purpose of the report. • The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable.	The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved.
LEVEL – NONE The Board cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.	The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved. Additionally the chair of the meeting will notify the Chief Executive of the issue.
NOT ASSESSED YET This simply means that the Board or committee has not received a report on the subject as yet. In order to cover all aspects of its remit, the Board or committee should agree a forward schedule of when reports on each subject should be received (perhaps within their statement of assurance needs), recognising the relative significance and risk of each subject.	

Measure	Target/Standard
Smoking Cessation (quits)	NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas (60% in the Island Boards).
Early Access to Antenatal Care (% booked)	Percentage of maternities booked for antenatal care within 12 completed weeks - the target is for 80% of women in each SIMD quintile to be booked within 12 weeks.
CAMHs (18 Weeks)	No child or young person will wait longer than 18 weeks from referral to treatment in a specialist CAMH service from December 2014. Following work on a tolerance level for CAMH services waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the target should be delivered for at least 90% of patients.
Psychological Therapies (18 Weeks)	The Scottish Government has set a target for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for Psychological Therapies from December 2014. Following work on a tolerance level for Psychological Therapies waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the Psychological Therapies target should be delivered for at least 90% of patients.
Delayed Discharges (over 3 days)	To minimise delayed discharges over 3 days, with a current national standard of none over 14 days.
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)	NHS Boards' rate of Clostridium difficile infections (CDI) in patients aged 15 and over is 0.32 cases or less per 1,000 total occupied bed days.
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)	NHS Boards' rate of Staphylococcus aureus Bacteraemia (including MRSA) (SAB) cases are 0.24 or less per 1,000 acute occupied bed days.
4-hour Unscheduled Care (% seen)	95% of patients are to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. NHS Boards are to work towards 98%.
Cancer (31-day) (% treated)	31-day target from decision to treat until first treatment for all cancers, no matter how patients were referred. For breast cancer, this replaced the previous 31-day diagnosis to treatment target.
Cancer (62-day) (% treated)	62-day target from receipt of referral to treatment for all cancers. This applies to each of the following groups: any patients urgently referred with a suspicion of cancer by their primary care clinician (for example GP) or dentist; any screened-positive patients who are referred through a national cancer screening programme (breast, colorectal or cervical); any direct referral to hospital (for example self-referral to A&E).
Stroke Bundle (% receiving)	The stroke bundle (percentage of initial stroke patients receiving appropriate bundle of care - Stroke Standard is 80%) covers four targets:- 1. Admission to the stroke unit on the day of admission, or the day following presentation at hospital (Stroke Standard is 90%); 2. Screening by a standardised assessment method to identify any difficulty swallowing safely due to low conscious level and/ or the presence of signs of dysphagia within 4 hours of arrival at hospital (Stroke Standard is 100%); 3. CT/ MRI imaging within 24 hours of admission (Stroke Standard is 95%); and 4. Aspirin is given on the day of admission or the following day where haemorrhagic stroke has been excluded, or other contraindication, as specified in the national audit (Stroke Standard is 95%).
IPDC Treatment Time Guarantee (12 weeks)	From the 1 October 2012, the Patient Rights (Scotland) Act 2011 establishes a 12 week maximum waiting time for the treatment of all eligible patients due to receive planned treatment delivered on an inpatient or day case basis.
Outpatients (12 weeks)	From the 31 March 2010, no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic. This includes referrals from all sources.
Referral to Treatment (18 Weeks)	90% of planned/elective patients to commence treatment within 18 weeks of referral.
Diagnostics (6 weeks)	A six week maximum waiting time for eight key diagnostic tests (four for Endoscopy (a) & four for Radiology (b)) from 31st March 2009.
Surveillance Endoscopy (past due date)	No patient should wait past their planned review date for a surveillance endoscopy.
IVF (12 months)	The Scottish Government have set a target that at least 90% of eligible patients will commence IVF treatment within 12 months. This is due for delivery by 31 March 2015.
Drug & Alcohol Waiting Times (3 weeks)	The Scottish Government set a target that by June 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. This was one of the national HEAT (Health improvement, Efficiency, Access, Treatment) targets, number A11. This target was achieved in June 2013 and has now become a Local Delivery Plan (LDP) standard - that clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%).
Detecting Cancer Early (% diagnosed)	Increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25 per cent.
Staff Sickness Absence Levels (<=4%)	4% Staff Hours or Less Lost to Sickness
Cardiac Arrest	50% reduction in Cardiac Arrests from the 2009 (Jan-Dec) baseline median of 1.91 to December 2019
Falls with Harm	"Harm" is 'Moderate, Major Harm or Death'. Incidents are reported by staff using the DATIX system which records incidents that affect patients or staff. The category and degree of harm associated with each incident are also recorded. An increase in reporting of incidents is considered to be indicative of an improving safety culture and this is monitored in all Senior and Clinical Management Teams. Incidents associated with harm should not increase and this is the trend monitored at NHS Board level. 20% reduction in all inpatient falls with harm from 2010/11 (Apr-Mar) baseline median of 0.38.
Hospital Standardised Mortality Ratios (HSMR)	HSMR is the ratio of observed deaths to expected deaths within 30 days of admission to hospital. If the HSMR for a hospital is less than 1, then fewer hospital deaths within 30 days of admission are occurring than expected. HSMRs are therefore used as system level 'warnings' for areas for further investigation. It must be emphasised that the quarter to quarter changes should be interpreted with caution. HSMRs cannot be compared between hospitals or boards; the comparison should only be against the expected number of deaths. There is some controversy about their use, but they remain widely used in this way.
48 Hour GP Access - access to healthcare profession; or GP appointment.	48 hour access or advance booking to an appropriate member of the GP team (90%) - Patients can speak with a doctor or nurse within 2 working days; or Patients are able to book an appointment 3 or more working days in advance.
Alcohol Brief Interventions (ABIs)	Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.
Hospital Scorecard - Standardised Surgical Readmission rate within 7 days	This is the emergency readmissions to a surgical specialty within 7 days of discharge as a rate per 1000 total admissions to a surgical specialty. This measure has been standardised by age, sex and deprivation (SIMD 2009).
Hospital Scorecard - Standardised Surgical Readmission rate within 28 days	As for 7 day readmissions.
Hospital Scorecard - Standardised Medical Readmission rate within 7 days	This is the emergency readmissions to a medical specialty within 7 days as a rate per 1000 total admissions to a medical specialty. This measure has been standardised by age, sex and deprivation (SIMD 2009).
Hospital Scorecard - Standardised Medical Readmission rate within 28 days	As for 7 day readmissions.
Hospital Scorecard - Average Surgical Length of Stay - Adjusted	Ratio of 'observed' length of stay over 'expected' length of stay. This indicator is case mix adjusted by HRG* and specialty. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each specialty and HRG combination. This is then multiplied by the total number of spells to get the expected length of stay. A hospital with a value above the national average (e.g. 1.01 will be 1% above the national average) and a hospital below the national average (e.g. 0.99 is 1% below the national average).
Hospital Scorecard - Average Medical Length of Stay - Adjusted	Ratio of observed length of stay over expected length of stay. This indicator is case mix adjusted by HRG* and specialty. The expected length of stay is calculated by working out the average length of stay nationally (Scotland only) for each specialty and HRG combination. This is then multiplied by the total number of spells to get the expected length of stay. A hospital with a value above the national average (e.g. 1.01 will be 1% above the national average) and a hospital below the national average (e.g. 0.99 is 1% below the national average).
Complaints (Stage 1 & Stage 2)	Stage 1 - Early, local resolution - 5 working days. Stage 2 - For the complex, serious investigation - 20 working days. Target %s TBD.
Dementia	1. To deliver expected rates of dementia diagnosis; 2. All people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan.

N.b. Source for Current Data - with the exception of Dementia, Drug & Alcohol Waiting Times, DCE, 48 Hours, Hospital Scorecard & HSMR data for all of the measures reported is management information

* HRG: Healthcare Resource Groups. These are standard grouping of clinically similar treatments that use common levels of healthcare resource. They are usually used to analyse and compare activity between organizations.

NHS LOTHIAN

Board Meeting
27<u>th</u> June 2018

Chief Officer, Acute Services

2.4

UNSCHEDULED CARE: WINTER DEBRIEF

1   Purpose of the Report

1.1   The purpose of this report is to provide a debrief in relation to winter performance, pressures and key learning throughout this period while reflecting on areas for focus in planning for 2018/2019 winter months.

1.2   Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2   Recommendations

The Board is asked to:

2.1   **Note** the pressures on the system detailed in paragraphs 3.1 to 3.14.

2.2   **Accept** this report as a source of significant assurance that the winter plan was enacted through whole system working across Acute and Health and Social Care Partnerships (HSCP)

2.3   **Review** the learning points from the 2017/18 winter (as set out in paragraphs 3.29 – 3.44), and confirm whether this is a comprehensive summary, or advise if there are any further learning points which the Unscheduled Care Committee should consider for 2018/19.

2.4   **Accept** this report as a source of moderate assurance that the unscheduled care Committee put in robust winter arrangements in response to learning from previous winter initiatives, as well as supporting new initiatives to continuously improve our winter planning processes.

2.5   **Accept** that the Unscheduled Care Committee required to support bed based solutions due to significant capacity shortfall in the care at home sectors.

3   Discussion of Key Issues

Sustained Pressures and Context throughout Winter

3.1   The 4-hour emergency access standard ("the standard") is a whole system measure; to either admit or provide definitive treatment and discharge for 95% of unscheduled care patients within 4-hours requires a collaborative approach from all parts of the health and social care system to provide patient flow. The delivery of this standard became strained throughout the winter months.

3.2   NHS Lothian reported compliance to this standard of 76.6% for the month of January 2018, 81.2% for February 2018 and 74.6% for March 2018. Exhibit 1, below, demonstrates performance against the standard by week across the winter months.
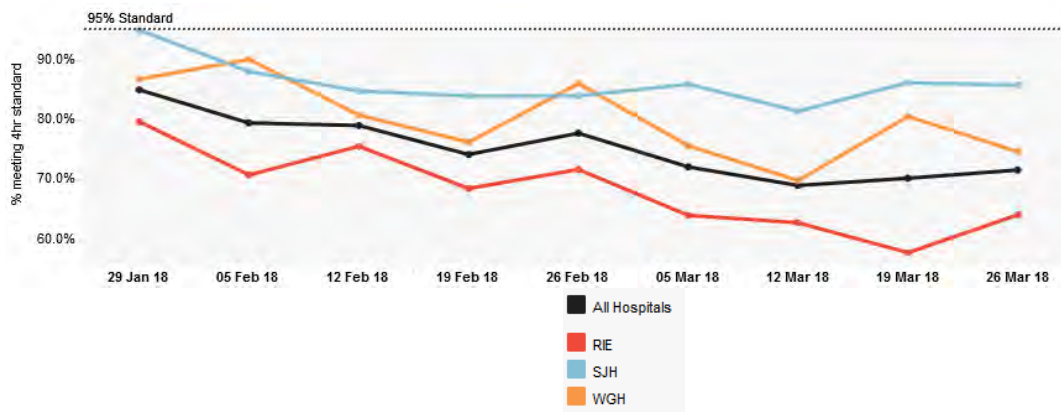
3.3 Performance against the 4-hour emergency access standard is influenced by a range of factors including, but not limited to;
- the volume of Emergency Department (ED) attendances,
- the pattern of arrival of ED attendances i.e. high volumes within a short period causing crowding,
- patient acuity,
- bed pressures, most acutely as a result of Delayed Discharges.

3.4 Elective activity was adversely impacted throughout winter; overall cancellations were over and above the normal expected levels for January – March. During 2017 cancellations during this period were 297 compared to 893 during the 2018 winter months (an increase of 66%).

3.5 Exhibit 2a below shows the numbers of total attendances across Lothian 2017 vs. 2018, while Exhibit 2b beneath shows total ED attendances by adult acute site 2017 vs. 2018.

Exhibit 2a – Total Number of ED Attendances, NHS Lothian, January – March 2017 vs.2018,
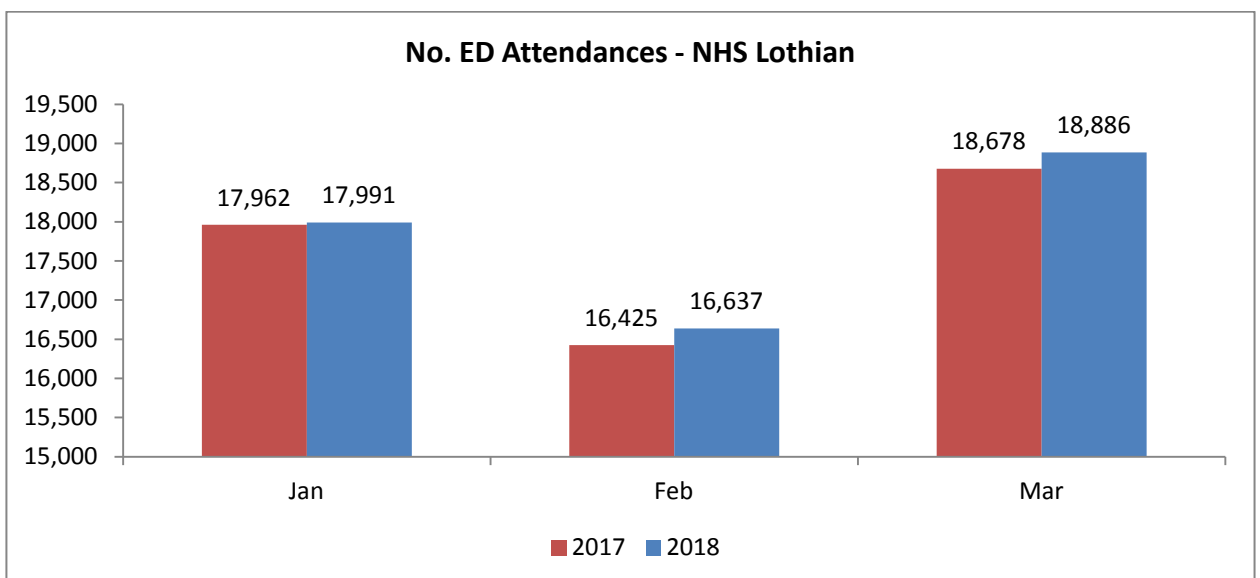
Total Attendances across Adult Acute Sites 2017 vs. 2018

Legend: RIE 2017, RIE2018, SJH 2017, SJH2018, WGH 2017, WGH 2018
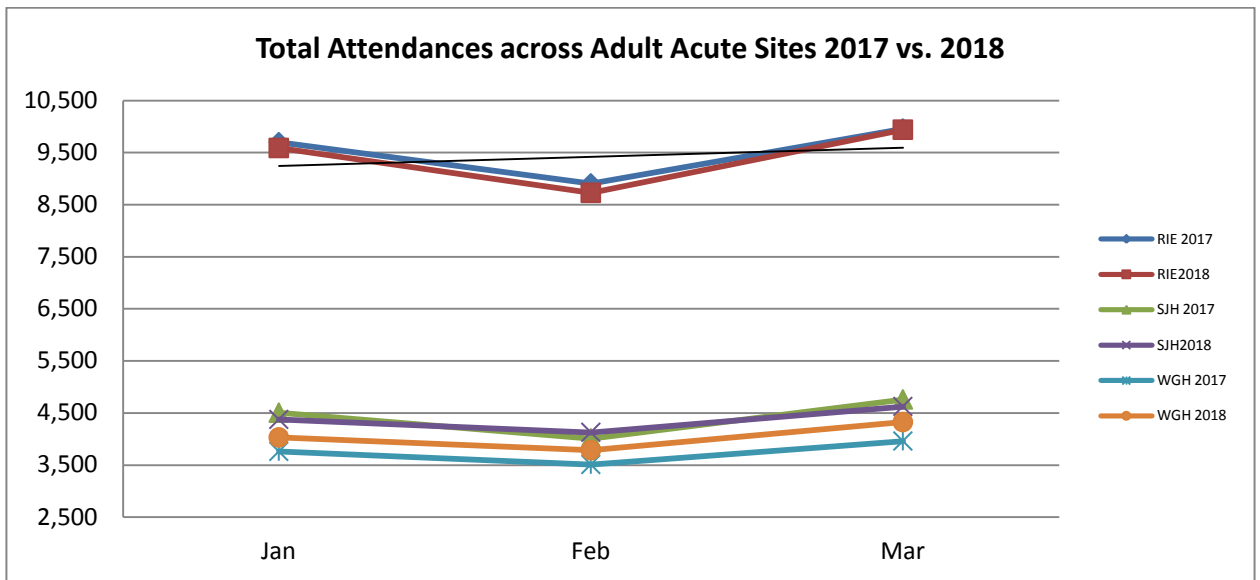
3.6   Exhibit 3a and 3b shows the impact of pressures that existed throughout the adult acute services by the number of 8 hour and 12 hour breaches throughout the winter months. These long waits have a direct impact on patient experience and safety, and add to ED crowding. Exhibit 4 beneath, shows the breakdown of admissions by IJB 2017 vs. 2018.

Exhibit 3a - Number of 8 hour breaches across January – March 2017 vs. 2018, by site,

Number of 8 hour breaches across January – March 2017 vs. 2018, by site

Legend: RIE 2017, RIE2018, SJH 2017, SJH2018, WGH 2017, WGH 2018
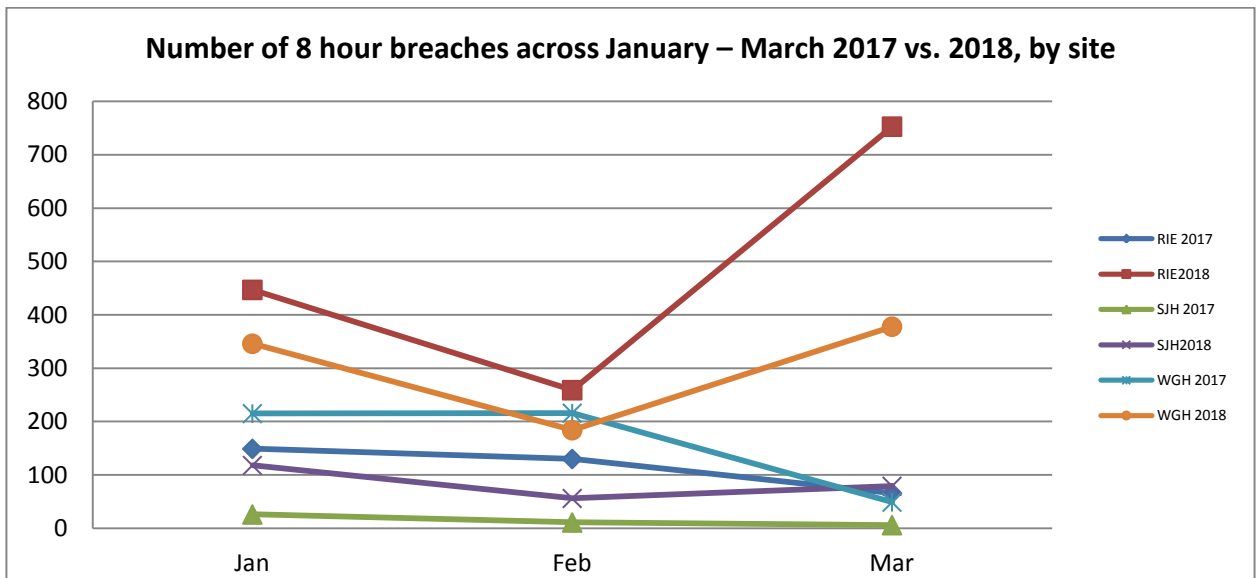
Exhibit 3b - Number of 12 hour breaches across January – March 2017 vs. 2018, by site,
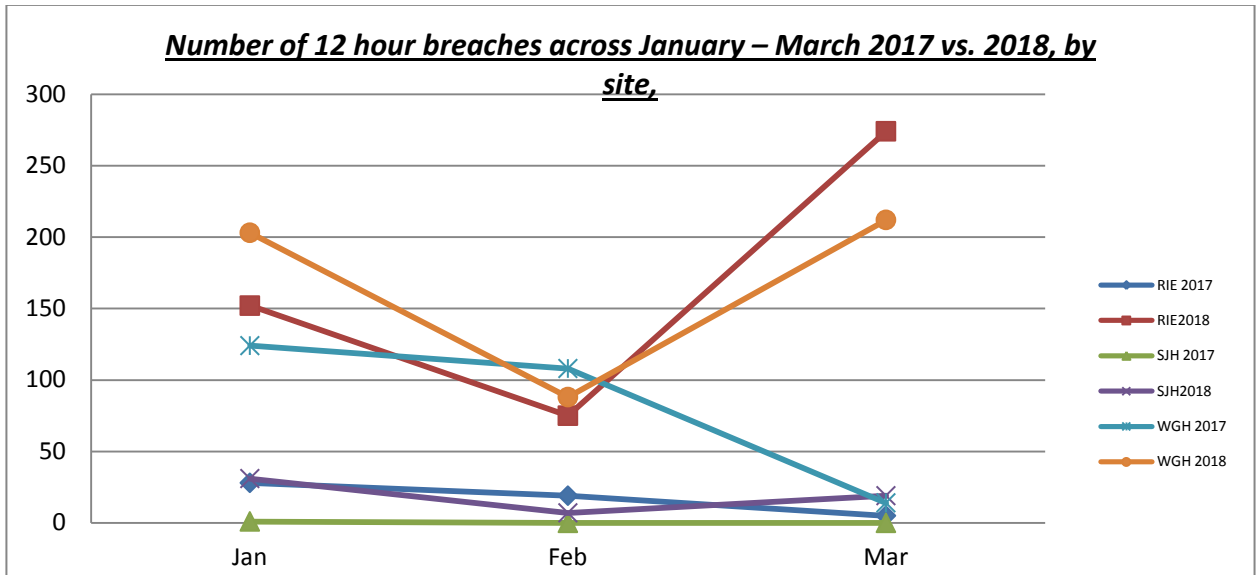
Exhibit 4 – Total Admissions January – March 2017 vs. 2018 by IJB,
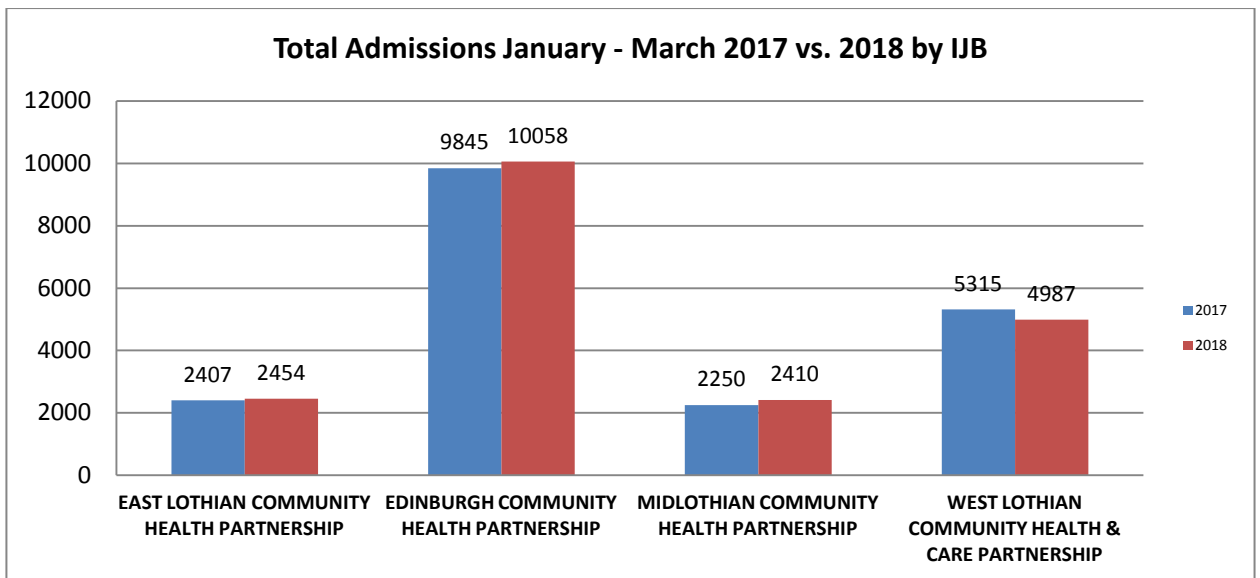
As shown from Exhibit 4 above:
- East Lothian reported a marginal year on year increase in admissions of 47, a rise of 2%,
- Edinburgh reported an increase in admissions of 213, a rise of 2%,
- Midlothian also reported an increase of 160 admissions, an increase of 6%,
- West Lothian reported a decrease of 328 admissions, a fall of 6%.

3.7   Throughout the winter months there were high levels of delayed discharges across all three adult sites. In addition to the challenges above, the demand for beds led a number of sites to board medical patients in to surgical beds. To balance this, day surgery units were used throughout January – March 2018 to provide emergency and in- patient surgical flow. Boarding performance peaked at 286 on the 5th January 2018

adding to an increased workload for clinical staff. Exhibit 5 below shows the average number of delays by site January – March, 2017 vs. 2018.

Exhibit 5 – Average Number of patients delayed in their discharge, all sites NHS Lothian, January – March 2017 vs. 2018,

Average Number of patients delayed in their discharge, all sites NHS Lothian, January – March 2017 vs. 2018,
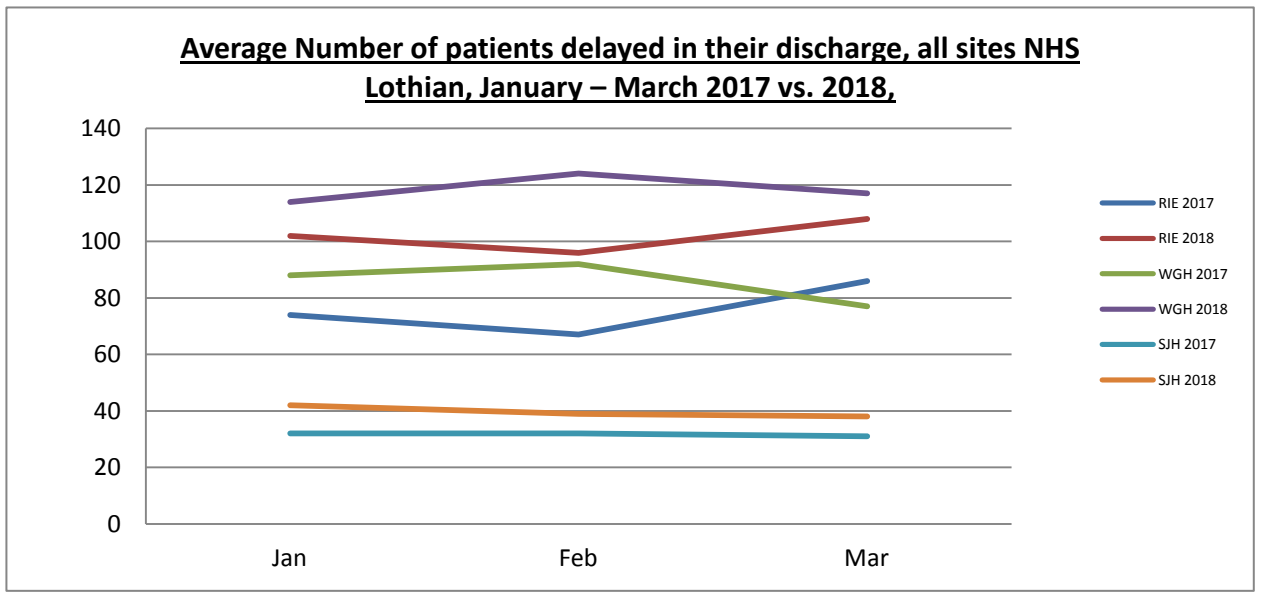
3.8   The delayed discharges performance caused significant difficulties in achieving sustainable flow across each acute site. Difficulties associated with accessing packages of care; Nursing Home positions and Guardianship cases further impacted performance. Similar issues were experienced in downstream community hospitals throughout the health board where increasing numbers of delays reduced capacity.

3.9   All acute adult sites reported an impact resulting from influenza with the strain of influenza A (H3N2) among the most prevalent. This impacted on site capacity and flow as a number of wards throughout acute required to be closed/cohorted for safe containment of the infection. The increased impact of influenza can be attributed to a number of factors but it is relevant to report the rate of immunisation continues to decline year-on-year, as shown in Exhibit 6 below. Exhibit 7 breaks down Lothian Vaccination Rates by Risk Categories, 2016/2017 vs. 2017/2018.

Exhibit 6 – Year on Year Scotland Immunisations Rates, All Risk Categories,

Influenza Vaccine Uptake in NHS Lothian 2017/2018 and 2016/2017
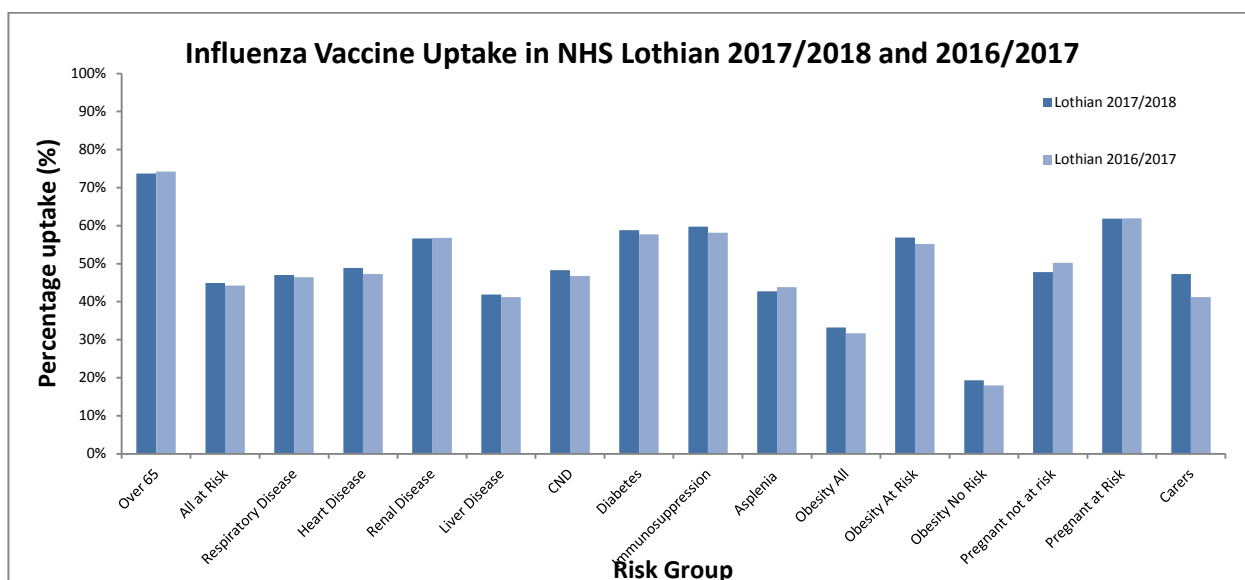
3.10 Flu presentations had an impact throughout Lothian with many GPs reporting seasonal increases in presentations resulting in a flu diagnosis and this also translated in an increased workload for LUCS, particularly noticeable within the demand for home visits where there was an increase in flu patients requiring support at home by hospital at home teams providing oxygen and nebulisers. In 2018, 10 nebulisers and 6 oxygen concentrators were required to meet demand compared to only 4 and 3 in 2017.

3.11 The uptake of the Flu vaccine by staff & efficacy of flu vaccine on predominant strains had an impact with many sectors of health and care reporting higher than usual staff sickness rates.

3.12 The collateral effect of seasonal outbreaks, ED crowding and high bed occupancy was a key factor in other infection acquisition on safety critical practices, such as appropriate decontamination of patient bed spaces. This was evidenced by an increase in DATIX reports for Infection Prevention and Control/Healthcare Associated Infections between Sept 2017 and end Jan 2018. Of the reports in Oct to Dec 2017, around 30% of these related to inability to isolate patients, or failure to communicate this need appropriately between admitting wards.

3.13 The sustained pressures that impacted performance throughout the winter months was exacerbated by a number of adverse weather warnings and staff shortages. Throughout the month of January/February South-East Scotland was subject to significant levels of snow and ice which increased pressure upon emergency departments. The adverse weather was a considerable challenge to NHS Lothian, primarily in sustaining services due to travel issues, and in ensuring the safety of staff and patients alike.

3.14 Staff resilience and flexibility was outstanding during this period with staff staying overnight to ensure patient care was maintained and others walking in to work.

Mitigating Actions throughout Winter

3.15   Recognising the sustained compromise of acute care provision an escalation was initiated by the Deputy Chief Executive. Whole system conference calls were implemented, during peak pressures post festive break; these included the five Chief Officers and/or their nominated deputies.

3.16   These teleconferences provided a platform for whole system review and a forum for joint action planning and projection of position for acute based/community constraints and on delayed discharges. These calls have also accommodated deep dive analysis of acute front door attendances, safety issues and impact briefings including elective cancellations, bed base expansions, risk increases as well as supporting thinking and actions to rapidly and safely increase community care capacity.

3.17   This forum encouraged cross system support, sharing of effective actions and a focus to promote fast decision making and leadership commitment to remove identified bottle necks. Altogether, there was joint agreement that these teleconferences were useful in coordinating a whole system response to winter delivery.

3.18   NHSL delivered business continuity plans based on learning from the previous year to ensure fully tested management plans were in place to mitigate the risk that arose from GP closures over Christmas/New Year and adverse weather. A separate debrief has been constructed to fully evaluate the health and care response to the adverse weather that impacted service in the end of February which is attached as Appendix 7.

3.19   This year, health and care coordinated a range of new services to be made available to the public such as the festive practice. The festive practice provided additional urgent primary care, minor injuries and treatments, and wider social care support during periods of peak demand. It opened over Christmas and treated 66 people during this 3 day period. Other services were also established to support discharging. The North East of Edinburgh introduced an Integrated Older People Service- Hospital at Home which has been commended by the Whole System Dynamic Review Group (CEC) in improving patient experience and care in a homely environment while reducing
length of stay in an acute setting. The South of Edinburgh operated a similar service in partnership with the RIE that built on the established service offered in North East which collectively offers a safe and acceptable alternative to admission. The establishment of additional hot clinic spaces for Respiratory and Cardiology assisted in reducing ED attendances for appropriate patients also. Hot clinics allowed GPs to refer urgent patients to specialities within Acute to prevent attendance at ED. The model was created by defining additional clinic capacity for patients based on demand and gave urgent patients rapid access to consultant led clinics.

3.20   Point of Care Flu testing facility at ED front doors was successful in early identification of infected patients which allowed, prompt, safe cohorting of these patients to areas of isolation. This further prevented outbreaks of infection.

3.21   Communication and remit of new services/teams will form a key focus of the Winter 2018/2019 plan to ensure that where new services are created, there is a greater understanding of how to access these services within the community. A focused communication strategy should support a greater uptake of these services such as Hospital at Home.

3.22   The Flow Centre played a key role over the winter months; despite increased call volumes (+32% on yearly average), demand for transport, and significant pressures from the SAS the flow centre managed to increase all round available transport to support cross site movement and discharges. Additionally there was an increase in

Ambulatory Care bookings and in doing so this created capacity by taking direct bookings which would free nurses to care for patients in acute sites. A designated Out of Area Flow Centre Vehicle (FCV) created a dynamic, responsive mechanism to patient needs at a time when demand for SAS vehicles was strained.

3.23 By designating a minimum of one FCV bus per day for out of area transport Monday to Friday, patients were repatriated to their home board within 48 hours of their requested time (except for repatriations out with NHS Scotland). Exhibit 8 below shows a further breakdown of call volumes via Netcall (call centre technology):

Exhibit 8 – Breakdown of Flow Centre call reasons January – March 2018,

	Jan-18	Feb-18	Mar-18	% increase April 17 - March 18
All calls	11300	9862	11864	32%
Admissions	2991	2620	2722	20%
New Bookings	2811	2491	3149	22%
Taxis	3254	2820	3438	25%
Amendments/cancellations	2284	1951	2481	63%

3.24 Following a test of change of the extended opening hours of the Flow Centre (08.00-23.00 Monday to Friday and 08.00-18.00 Saturdays /Sundays) to support front door discharges, the demand was significantly less than expected during extended hours. With PTS also introducing a low acuity ambulance to support front door discharge overnight, the Flow Centre changed the opening hours to 08.00-20.00 Monday to Friday and 08.00-16.00 Saturdays and Sundays (previously 08.00-19.00 Monday to Friday).

3.25 All sites demonstrated agility in terms of winter delivery by modifying and extending plans to ensure that acute care was covered during out of hours periods. To ensure visible leadership, senior manager presence across acute adult sites was increased to include evening shifts to underpin out of hours support. This has been coupled with increased support from senior medical staff such as AMDs who were deployed across wards at all sites to support the clinical decision making process in order to accelerate the discharge process.

3.26 To manage safe patient flows through the winter period, sites utilised staff and skills across the hospitals including but not limited to:

- Site discharge hubs which focused on care allocation and referrals to community services to proactively manage delayed discharges.
- Focus upon working towards the social care standard to reduce delays.
- Support by site service improvement team to cement Dynamic Daily Discharge processes to proactively promote discharge profile.
- The RIE extended their Ambulatory Care opening hours to ease pressure and congestion at ED Front Door.
- Additional posts were filled to support ED Flow Improvement and Criteria Led Discharge.
- Additional weekend ED consultant shifts in position.

3.27 As winter pressures increased in acute care, communications were stepped up with the launch of a four-week radio advertising campaign and increased general social media messaging. The radio advert was designed to drive people, where appropriate, away from busy emergency departments to the Minor Injuries Service at the Western General Hospital . Targeted and general social media messaging proved to be hugely successful and reached hundreds of thousands of people, underlining the importance of hand washing, the flu vaccination and the difference between a minor injury and an emergency. A bus advertising and poster campaign was also launched, using graphics created in-house, to point people to their local pharmacy, GP, minor injuries clinic or the emergency department.

3.28 Throughout winter, localities were rezoned (after a successful test of change pilot prior to winter) in an effort to balance the volume of patients that were being streamed to the WGH/RIE through GP led referrals.

Areas for Improvement

3.29 Winter planning for 2018/19 will be focused upon:

- Development of system-wide escalation triggers and responses with Health and Social Care Partnerships (HSCPs). These should include an on-the-day response that can create downstream flow out of the acute hospital
- Review of communication pathways between OT/PT across each site with HSCPs to expedite discharges from acute to the community
- The Complex Discharge Coordinator role should be considered for expansion across the sites to support timely discharge (as demonstrated at the RIE).
- Multi-disciplinary team and support services cover should be increased further on Public Holidays across all Health and Social Care systems.
- Consider the case for a 'winter scrub domestic team' to expedite bed bay scrubs and support the availability of beds after discharge throughout wards.
- Consider whether all sites should provide Discharge Hub cover on Public Holidays to ensure flow downstream is maintained.
- Pursue more solid linkages between Acute, Localities and Primary Care Clusters to create a truly whole system working model.

3.30 Despite a slight year on year increase in attendances at the front door over the winter months (+0.8%) much more investigation is required to manage the growing demand for access to services. A focus upon a non-bed based model of care should continue to be the focus of our efforts. Periods of peak demand over winter, especially four-day holidays, meant service provision across the system needed to increase its capacity significantly in order to cope with demand. Surge capacity should be addressed by:

- Continued collaboration with IJBs to develop alternatives to ED attendance
- A focus upon improving performance across packages of care delays and guardianship cases
- Allowing more time to engage with wider primary care clusters to benefit from their input to the anticipatory care planning process
- Further support to help develop intermediate care teams and strategy to prevent admissions and facilitate discharges.

3.31 The communication strategy for delivery of key messages across the various platforms was an effective mechanism to direct patients to the right place, at the right time. Delays in communication with the public regarding impact of Influenza and key

messages for visitors and the wider public impacted the acute sites, and this was considered as a lost opportunity. Earlier and wider reaching communications – radio, print media, social media and others should be considered as well as campaigns such as the "walk like a penguin" initiative.

3.32 Communication between Acute sites and hubs could have been better initially. Given the earlier onset of challenges (most acute sites had enacted their winter plan in December) there was a lack of understanding as to what was available in the community and how this could be accessed.

3.33 There was a lack of bed based capacity and resilience within hospital systems at the beginning of winter – worse than usual starting point. The RIE can usually demonstrate a bed base in excess of 100 pre Christmas and this did not occur in 2017, and the site remained at full capacity. There were similar impacts across the two other acute sites. Earlier system wide communications such as the whole system teleconferences should be considered for implementation.

3.34 The Flow Centre represented a real success for the organisation over the challenging winter months. There are a number of areas that are currently under review to ensure a similar, if not enhanced, service is in place next winter:

- Further collaboration with LUCS to identify GP practices bypassing the Flow Centre and work directly with GPs to reduce this
- Working with sites and localities to identify alternatives to admission, rapid access clinics and collate processes that can be utilised pan Lothian
- Collation and roll out of written guidance on transport for all sites across NHS Lothian. This is currently being rolled out by SAS Hospital Ambulance Liaison Officer's (HALO) in all acute sites.
- Work with SEAT to revisit repatriation guidelines

3.35 A full review of, and evaluation of community services is underway and the Unscheduled Care Committee will oversee the development of a full 'blueprint' of all test of change initiatives throughout winter in order to determine which should remain a priority for delivery Winter 2018/2019.

3.36 At the recent unscheduled care committee meeting there was discussion as to the key areas of focus for winter 2018/2019. In addition to the aforementioned items, recruitment was discussed in detail. A number of challenges can be attributed to adequately staffing areas across health and care systems. Areas for further exploration include:

- Investigation to identify the optimal time to begin Nursing/AHP recruitment
- Further discussion to determine the ideal contract length to ensure posts are desirable to attract a larger pool of candidates
- A full system review of recruitment pathways to identify ways to expedite the process

Areas for Focus 2018/2019

3.37 Planning and Process- in order to deliver high quality, patient centred plans that are adaptable to meet the challenges associated with winter, it is proposed, planning will take place earlier this year so that most of the wider actions are identified and funded by late/mid Summer. A full and thorough consultation process will be undertaken with

each of the IJBs to understand and support local actions by prioritising which areas will deliver most for patients and flow.

3.38 Flu Vaccine- It is crucial that Lothian aims to undertake a significant campaign to encourage staff to undergo immunisation against the flu. As show by Exhibit 9 below, the uptake of vaccination by NHS staff was 35.5%.

**Exhibit 9 – Workforce % Uptake of Flu Vaccination based on return of consent forms,**

Workforce Category	Total Vaccinations	% Uptake
Admin Services	1779	46.7
AHP	1016	46.9
Dentist and Dental Support	210	48.4
GP	277	32.4
Healthcare Sciences	351	38.2
Medical Practitioner	1323	49.7
Medical Support	10	7.63
Other therapeutic Services	388	69.7
Nursing	3783	28.2
Midwifery	152	18.1
Personal and Social Care	213	239.33
Senior Management	53	62.4
Support Services	835	25.0
Total NHS Vaccinations	**10390**	**35.5**

3.39 A full media/online campaign should supplement internal communications from leadership teams and line managers. This can planned through earlier engagement with colleagues about options for inpatient vaccination for eligible patients and a reiteration of the amount of vaccine which NHS Lothian has procured. This is determined much earlier in the year and options for additional stock from National Procurement can be limited. This was thought to have hampered some of the activity this year and there was a perception that there was not enough vaccine available, however this was not the case.

3.40 Shift the Discharge Curve – Key to the delivery of more timely discharging is the improvement work centred on daily dynamic discharge (DDD) which enters its second year of implementation. It is recognised that there large periods of mismatched capacity vs. demand and our ability to create capacity is, in part, dependant in optimised discharging. Exhibit 10 below shows the current position of the discharge curve across Lothian 2017 vs. 2018. Progress to date includes:

- All sites have tested DDD and have some initial results
- Each site has created their 'curve' at site level, pathway level and ward level
- Most sites have held improvement events aimed at celebrating success and creating the spread plan for further roll-out.
- Every site has a plan based on their data and created a local implementation team
- All sites using standardised benchmarking and reporting

Exhibit 10 – NHS Percentage of discharges by hour (January – March) 2017 vs. 2018

**NHS Lothian Percentage of discharges by hour (Jan - Mar 2017 vs. 2018)**
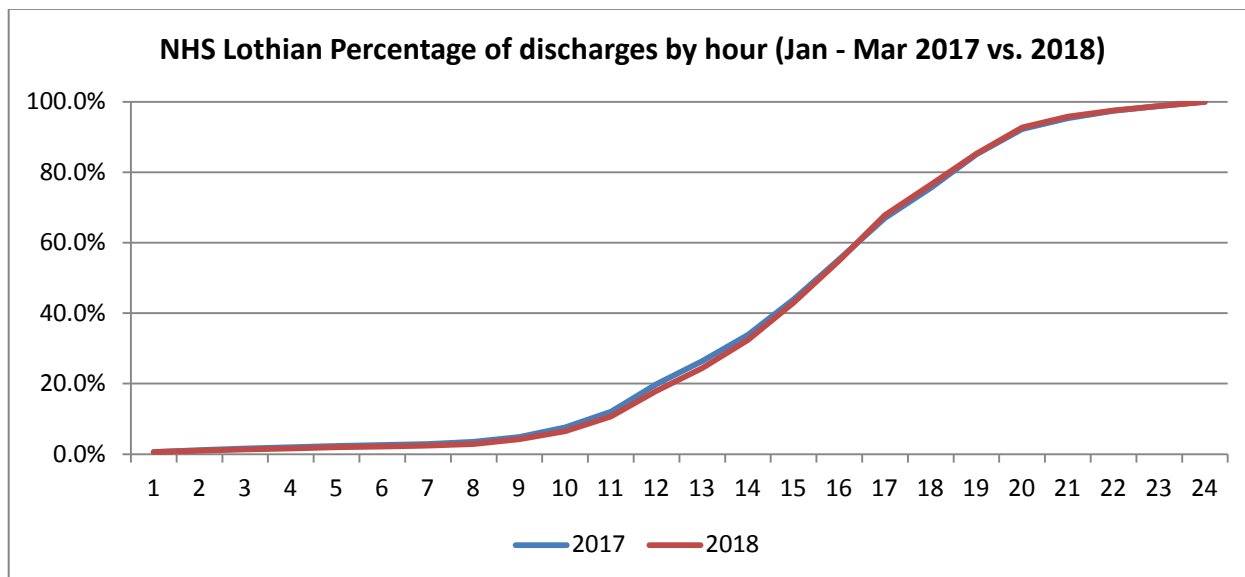
3.41   One of the key outcomes of the DDD initiative is to reduce length of stay by increasing the number of pre-noon discharges rather than next day discharging. A key enabler in ensuring patients are in the right place, at the right time is optimisation of the discharge lounge. The Flow Centre reported that throughout winter a key challenge pertained to patients not being ready and waiting in the discharge lounge for pick up and transfer. Exhibit 11a and 11b below shows the discharge lounge usage by site 2017 vs. 2018. The data demonstrates that there is a significant opportunity to increase the usage of the facility. Exploration of breakfast offerings, opening hours and staffing should be considered alongside effective discharge planning for 2018/2019.

Exhibit 11a – Discharge Lounge Usage for Lothian January – March 2017 vs. 2018,

Discharge Lounge Usage for Lothian 2017 (Jan-March) vs 2018 (Jan-March)				
	Jan- Mar 2017		Jan - Mar 2018	
	Discharge Lounge use	% total discharges	Discharge Lounge use	% total discharges
RIE	1,308	8.6%	1,503	9.9%
SJH	500	6.7%	450	6.6%
WGH	833	12.3%	600	9.3%
3 site total	2,641	9.0%	2,553	9.0%

Exhibit 11b – Discharge Lounge Usage for Lothian January – March 2017 vs. 2018,

Discharge lounge use Jan - Mar 2017 vs. 2018
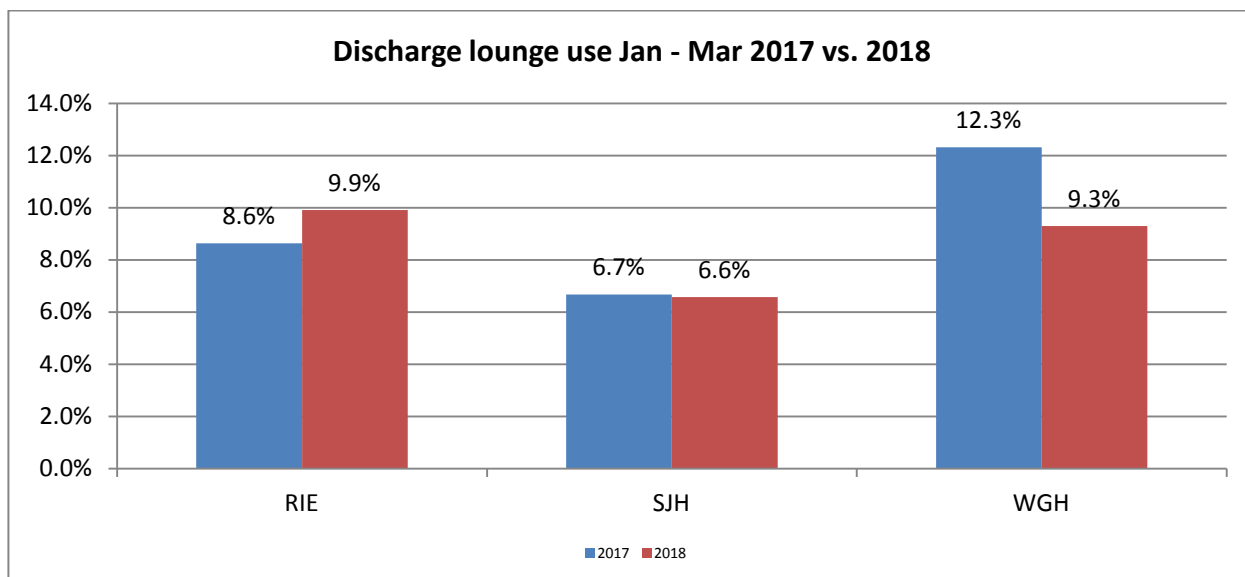
3.42 Patient Flow Models- Optimising non admitted flow is crucial in terms of managing patients safely and efficiently, and stabilising ED performance. Further work requires exploration as to how alternative flow models, specifically concerning, scheduled urgent patients could help ease deterioration in performance associated with crowding in ED's.

3.43 Key to the delivery of robust winter plans is the interface between health and care teams. Newly established Quadrumvirate teams should enhance planning around community rather than Hospital bed based models. Quadrumvirate teams are comprised of senior leadership personnel from each acute site with addition of key heads of health from each HSCPs to support:

- Admission avoidance,
- Pull out of ED/AMU,
- Pull from back door into community,
- Hospital at Home models,
- Earlier identification of delayed discharge and management of length of stay.

3.41 Further efforts require to be made to address the growing impact of delayed discharges upon the health and care settings. Planning throughout the summer months should focus upon ensuring there is adequate infrastructure in place to support enhancing discharge to assess models. Furthermore, all partners across health, care and primary care clusters require to develop a sustainable strategy to create capacity across hospital at home, intermediate care, reablement, and any other similar specialist 'direct care' services to expedite discharges.

3.44 Evaluative Measures for Initiatives- Further consideration should be given to how winter plans can be evaluated so we enter the planning phases for subsequent winter years having already understood the context in which our test of changes/pilots were successful, and where they require further improvement. This can achieved by fuller real time evaluation and by making use of metrics from other sources besides TRAK (e.g. primary care/social care services) to transition from being data rich to data intelligent in delivery of objectives . Furthermore, a focus upon qualitative feedback is required to understand the feedback from our patients and staff across the health and care sectors to identify where best to improve our winter initiatives for 2018/2019.

4   Key Risks

4.1   Failure to meet the 4 hour standard during peak if winter activity leads to poor patient and staff experience, including overcrowding in emergency departments, long waits and patients boarded out with required speciality.

4.2   There is a risk that failing to start the process of winter planning in a timely manner will leave the board unable to respond to peaks in demand.

4.3   There is a risk that community infrastructure cannot meet demand resulting in continued reliance on bed based models, with associated risk to site flow, ED crowding and staffing.

4.4   There is a risk that high levels of delayed discharges remain impacting on the elective programme, with patient surgery being postponed during the 2018/2019 winter months will have an adverse impact on TTG performance.

5   Risk Register

5.1   The Acute and Corporate Risk Register contain risks attributed to "A&E four hour performance" and Timely Discharge of Inpatients. Both have been categorised as very high risks.

6   Impact on Inequality, Including Health Inequalities

6.1   This paper does not include any strategic or policy changes which might impact unfairly on different sectors of the wider community served by NHS Lothian however a comprehensive integrated impact assessment will be undertaken prior to Winter 2018/2019 delivery.

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

7.1   This paper does not propose any strategic or policy changes.

8   Resource Implications

8.1   NHS Lothian's winter plan was resourced through a combination of board reserves and direct Scottish Government funding, including slippage on resources allocated to the board in relation to the wider Unscheduled Care programme.

8.2   Exhibit 12 below summarises the resource commitments against the overall Lothian plan. This includes both infrastructure and improvement plans, as well as Winter planning.

	£000
NHS Lothian Reserves	2,608
SGHSCD Allocations	3,152
Available Resources	**5,760**
Site Improvement Teams	344
Unscheduled care Infrastructure	585
Winter – Agreed plan	3,645
Winter – Contingency released to additional bed capacity	586
Expenditure	**5,160**
Balance Remaining	*600*

8.3   A balance of £600k remaining has been retained within the Unscheduled Care reserve and will offset ongoing commitments in the first quarter of 2018/19.

Jacquie Campbell
Chief Officer, Acute Services
04/05/2018

List of Appendices

Appendix 1: Performance against the 4-hour emergency access standard, NHS Lothian all sites, January – March 2017 vs.2018
Appendix 2: Number of ED Attendances, NHS Lothian all sites, January – March 2017 vs.2018
Appendix 3: Number of 8 hour/12 hour breaches across January – March 2017 vs. 2018
Appendix 4: Total Admissions January – March 2017 vs. 2018 by IJB
Appendix 5: Number of patients delayed in their discharge, all sites NHS Lothian, January – March 2017 vs. 2018
Appendix 6: Discharge Lounge Usage for Lothian January – March 2017 vs. 2018
Appendix 7: Winter Debrief Scottish Government Update

Appendix 1: Performance against the 4-hour emergency access standard, NHS Lothian all sites, January – March 2017 vs.2018

Metric	SIte	2017			2018		
		Jan	Feb	Mar	Jan	Feb	Mar
4hr performance	ROYAL INFIRMARY OF EDINBURGH	93.1%	94.2%	95.8%	71.8%	73.9%	62.3%
4hr performance	ST JOHN'S HOSPITAL AT HOWDEN	94.0%	95.5%	95.5%	83.7%	86.9%	84.7%
4hr performance	WESTERN GENERAL HOSPITAL	84.9%	83.5%	93.2%	74.4%	82.7%	76.8%
4hr performance	**NHS Lothian**	**90.7%**	**91.1%**	**94.8%**	**76.6%**	**81.2%**	**74.6%**

Appendix 2: Number of ED Attendances, NHS Lothian all sites, January – March 2017 vs.2018

Metric	SIte	2017			2018		
		Jan	Feb	Mar	Jan	Feb	Mar
No. Attendances	ROYAL INFIRMARY OF EDINBURGH	9,698	8,906	9,959	9,587	8,726	9,938
No. Attendances	ST JOHN'S HOSPITAL AT HOWDEN	4,504	4,010	4,759	4,375	4,127	4,624
No. Attendances	WESTERN GENERAL HOSPITAL	3,760	3,509	3,960	4,029	3,784	4,324
No. Attendances	**NHS Lothian**	**17,962**	**16,425**	**18,678**	**17,991**	**16,637**	**18,886**

Appendix 3: Number of 8 hour/12 hour breaches across January – March 2017 vs. 2018

Metric	SIte	2017			2018		
		Jan	Feb	Mar	Jan	Feb	Mar
8hr Breaches	ROYAL INFIRMARY OF EDINBURGH	149	130	66	447	259	753
8hr Breaches	ST JOHN'S HOSPITAL AT HOWDEN	26	11	6	118	56	79
8hr Breaches	WESTERN GENERAL HOSPITAL	215	216	49	346	184	378
8hr Breaches	**NHS Lothian**	**390**	**357**	**121**	**911**	**499**	**1,210**
12hr Breaches	ROYAL INFIRMARY OF EDINBURGH	28	19	5	152	75	274
12hr Breaches	ST JOHN'S HOSPITAL AT HOWDEN	1	0	0	31	7	19
12hr Breaches	WESTERN GENERAL HOSPITAL	124	108	14	203	88	212
12hr Breaches	**NHS Lothian**	**153**	**127**	**19**	**386**	**171**	**505**

Appendix 4: Total Admissions January – March 2017 vs. 2018 by IJB

		EAST LOTHIAN COMMUNITY HEALTH PARTNERSHIP	EDINBURGH COMMUNITY HEALTH PARTNERSHIP	MIDLOTHIAN COMMUNITY HEALTH PARTNERSHIP	WEST LOTHIAN COMMUNITY HEALTH & CARE PARTNERSHIP
2017	JANUARY	816	3,337	752	1,804
2017	FEBRUARY	756	3,048	733	1,597
2017	MARCH	835	3,460	765	1,914
2018	JANUARY	917	3,434	817	1,789
2018	FEBRUARY	725	3,275	790	1,529
2018	MARCH	812	3,349	803	1,669
Totals 2017		2407	9845	2250	5315
2018		2454	10058	2410	4987

Appendix 5: Number of patients delayed in their discharge, all sites NHS Lothian, January – March 2017 vs. 2018

Metric	SIte	2017			2018		
		Jan	Feb	Mar	Jan	Feb	Mar
Average Delayed Discharges[1,2,3]	ROYAL INFIRMARY OF EDINBURGH	74	67	86	102	96	108
Average Delayed Discharges[1,2,3]	ST JOHN'S HOSPITAL AT HOWDEN	32	32	31	42	39	38
Average Delayed Discharges[1,2,3]	WESTERN GENERAL HOSPITAL	88	92	77	114	124	117
Average Delayed Discharges[1,2,3]	**NHS Lothian**	**412**	**402**	**389**	**441**	**450**	**467**

Appendix 6: Discharge Lounge Usage for Lothian January – March 2017 vs. 2018

Discharge Lounge Usage for Lothian 2017 (Jan-March) vs 2018 (Jan-March)				
	Jan- Mar 2017		Jan - Mar 2018	
	Discharge Lounge use	% total discharges	Discharge Lounge use	% total discharges
RIE	1,308	8.6%	1,503	9.9%
SJH	500	6.7%	450	6.6%
WGH	833	12.3%	600	9.3%
3 site total	**2,641**	**9.0%**	**2,553**	**9.0%**

Health & Social Care: Local Review of Winter 2017/18

NHS Board, HSCP/s	Acute/HSCPs	Winter Planning Executive Lead	Jacquie Campbell/Jim Forrest

Introduction

Last year we asked for local winter reviews to be shared with the Scottish Government. This was a beneficial exercise which helped to identify key pressures and performance, which fed into the 'National Health & Social Care: Winter in Scotland 2016/17 Report'. The lessons learned and key priorities for improvement were also used to help develop the 'Preparing for Winter 2017/18 Guidance' - http://www.sehd.scot.nhs.uk/dl/DL(2017)19.pdf

To continue to improve winter planning across Health & Social Care we are asking local systems to lodge a draft of their winter review for 2017/18 with the Scottish Government to support winter planning preparations for 2018/19. Local reviews should have senior joint sign-off reflecting local governance arrangements.

We expect this year's review to include:

- the named executive leading on winter across the local system
- key learning points and future recommendations / planned actions
- top 5 local priorities that you intend to address in the 2018/19 winter planning process
- Comments on the effectiveness of the wider winter planning process and suggestions as to how we can continuously improve this process. We are particularly keen to hear the views of Health & Social Care Partnerships.

Completed reviews should be sent to Winter_Planning_Team_Mailbox@gov.scot by no later than close of play on Friday 20 April.

Thank you for your continuing support.

Alan Hunter
Director for Health Performance & Delivery

Geoff Huggins
Director for Health & Social Care Integration

1	Business continuity plans tested with partners. *Outcome:* *The local system has fully tested business continuity management arrangements / plans in place to manage and mitigate against key disruptive risks including the impact of severe weather.* *Local indicator(s):* *progress against any actions from the testing of business continuity plans.*

1.1	What went well?

RIE	• All business continuity plans were reviewed prior to winter • Hogmanay Plan was enacted successfully
SJH	• Site pulled together during what has been the toughest winter in recent memory. • Site worked together during the severe weather that impacted performance in the middle of the winter period. • Point of Care (POC) flu testing kit in MAU was seen to be the best value for money this winter
WGH	• Continuity Plans were in place for the festive period building on learning from previous years
LUCS	• Response to extreme red alert weather, and sharing of resources (especially access to 4WD vehicles) with in-hours services.
AHP	• Staff members worked flexibly under pressure during severe weather conditions. • Staff that were unable to access base site worked in other areas both within NHS Lothian and in HSCP facilities. • Having winter funding in the Acute service that could be used flexibly so that either bank staff (e.g. at SJH) or part time staff working extra hours (e.g. at WGH) could fill gaps, however, this still only brought staffing levels up to sub establishment level (only partly covering maternity leave and a vacancy)
Midlothian	• Collaboration between teams • Local Resilience conference calls held (3x daily) • Midlothian Council and NHS Lothian Resilience calls daily • Safe and effective care to patients in Midlothian Community Hospital and at home • Flexibility from staff to support safe care • Community support received

	• Coordination of staff transport to and from sites.
East Lothian	• Local coordination of health and social care services
West Lothian	• Services worked well together with council colleagues to deliver community services through challenging circumstances • Business continuity was retained in isolated community hospital locations
CEC	• Staff showed a level of commitment and went above and beyond to provide safe care to service users despite severe weather • All services operated, but due to the severity of the weather at a reduced level e.g. district nursing services worked to 2200hrs instead of midnight. • There was an extremely positive and useful debrief involving all partners immediately following the severe weather which will help inform future continuity planning

1.2	What could have gone better?
RIE	• Severe impact of weather and NHS Lothian has undertaken a separate debrief, identifying key actions in relation to this • Impact of Flu on the site and as a system. This year need to explore how we manage this going forward.
SJH	• Preparedness for the level of Flu- we need to prepare more effectively this year. • Severe weather and the impact that this had on ability to maintain service • BC plan only prepared for amber level when this year RED level was reached
WGH	• Planning for impact of Flu and disruption to site • Realistic overall winter planning and assumptions on non bed based model
LUCS	• Prior planning and earlier decision making for scaling down of out-of-hours services
AHP	• Therapy staff members were described as key staff within NHS Lothian but could not access on-call accommodation/ 4 wheel drive transport • The interpretation of the adverse and severe weather policy was not consistent within every team • Would have been helpful to have funding across acute and community services • It would be beneficial if temporarily funded tests of change which move patients more quickly to the community for rehabilitation remember the impact for the smaller associated services involved such as SLT and consider the impact during planning e.g. may be meeting the physical rehab needs but not communication and

	swallowing
	• Staff being recruited to the AHP Staff Bank more quickly. One person (who we hoped could work at RIE) applied to go on the Bank last October and was interviewed in November, but is still not on Staff Bank. (It is difficult to know how much this is due to the slow process of getting people on the AHP Staff Bank and how much was because the particular applicant has come from overseas). Need to explore impact further this year.
Midlothian	• Communication from core service (e.g. food delivery) • Transport (4x4) capacity tight at core shift times
East Lothian	• Plans for GP practices and primary care services
West Lothian	• Severe weather and the impact that this had on ability to maintain service
CEC	• There was insufficient access to 4x4 vehicles during the severe weather period – need to improve this 2018/2019.

1.3	Key lessons / Actions planned
RIE	• Key actions have been identified for NHSL in respect of impact of severe weather • Flu- recognised that earlier intervention/ planning should have taken place across the system
SJH	• Need to review Adverse weather BC plan • Flu outbreak – we need to react differently next year. • Need BC plan with H&SCP regarding Delayed Discharges so we have a collaborative approach to delivery
WGH	• Impact of Flu was not fully recognised and plans adapted during peak.
LUCS	• Development of future actions for adverse weather, and the review of existing business continuity arrangements.
Midlothian	• Debriefs taken place with further resilience exercises planned. • Safety equipment for community staff (e.g. High visibility Vests to be issued)
East Lothian	• ELHSCP resilience workshop planned for 27th April
CEC	• A joint resilience plan should be in place for winter 18/19 to allow for a fully integrated response during periods of severe weather • In future, it would be beneficial to open a centralised EHSCP control room during periods of severe weather to streamline communication across council and NHS services

2	Escalation plans tested with partners.
	Outcome:
	Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site management team with clear parameters on whole system escalation processes.
	Local indicator(s):
	• *attendance profile by day of week and time of day managed against available capacity*
	• *locally identified indicators of pressure (i.e.) % occupancy of ED, utilisation of trolley/cubicle, % of patients waiting for admission over 2, 4 hours*
	• *all indicators should be locally agreed and monitored.*

2.1	What went well?
RIE	• The RIE Site 2017 Escalation Policy was embedded in operational management processes. • Escalation to Health and Social Care Partnerships went well, with daily teleconferences established during the peak times from January onwards
SJH	• ED Escalation tool in situ and used day to day • Predictor tool used day to day
WGH	• Local escalation plans in place for WGH with co-ordination across specialties
AHP	• Being able to articulate capacity and pressure at morning safety huddle so service priorities are clear. • One person for each AHP profession co-ordinated where staff members should go on each site, depending on pressures.
East Lothian	• Care was delivered appropriately • Delayed Discharge figures did not increase • Joint working between HSC services • Teleconferencing across locality helped service visibility • Staff working closer to home particularly AHP
West Lothian	• Community Hospital Liaison post improved communication with SJH discharge planning team • Short term hire of 5/6 additional oxygen concentrators supported more patients through hospital at home

	• Additional staffing for REACT , OT and PT supporting front door and prevention of admission • Co ordination of staffing levels and shifts which facilitated safe and reliable staffing levels
CEC	• Liberton hospital has internal escalation procedures with clear trigger points and actions • Liberton hospital has some capacity for flexible use and potential to scale up the intermediate care functionality

2.2	What could have gone better?
RIE	• The timeliness of response to acute hospital bed pressures could be better still.
SJH	• Daily overcrowding in the ED • Overall size of the ED department no longer able to meet demand • Inability for medical pull • Delayed Discharge position at its highest- numbers challenged medical flow • Scheduled care plan for elective cancellations for January, first 2 weeks not sufficient • Speciality help when elective surgery cancelled
WGH	• Very limited response from HSCP to Acute pressures. • Development of Pan Lothian acute escalation protocol and response. • In spite of planned reduction in elective activity as part of the Winter Plan, significant volume of scheduled care cancellations – impact on patients and reputational damage, very significant number of patients cancelled. Ongoing impact on the ability to deliver timely access to surgery as efforts are made to reschedule surgery.
AHP	• Reporting to 8am huddles, Therapy staff start times are 8.00-8.30 so difficult to accurately report pressures.
East Lothian	• More scheduled communication across partnership still tended to be council or health focused
West Lothian	• Increased incidence of Flu affected numbers requiring support at home by hospital at home providing oxygen and nebulisers to greater cohort of patients • Delayed Discharge (DD) position challenged with care providers limited in ability to pick up care packages • REACT Sunday working had limited success • Slight confusion relating to the use of adverse weather policy and change in advice re use of special leave which potentially could have been made clear at onset of weather (in advance of the actual event as weather forecast predicting the challenge)
CEC	• Opening of additional beds to support flow and relieve pressure on acute hospital sites offset additional AHP capacity intended to support early discharge

2.3	Key lessons / Actions planned
RIE	• Work with Health and Social Care Partners to develop system-wide escalation triggers and responses. These should include an on-the-day response that can create downstream flow out of the acute hospital. • Work with Flow Centre to identify system wide escalation triggers for each site
SJH	• Exit block strategy for the ED needs explored • ED workforce review needs to be planned • Back door escalation tool to be revisited • Delayed Discharges – need to work differently this year
WGH	• Development of pan Lothian escalation triggers and response for Acute Hospitals and HSCPs
AHP	• OT/PT communication pathways reviewed on each site and with our HSC partners.
CEC	• Consideration of whether a non-bed based model is appropriate for Edinburgh HSCP next winter

3	Safe & effective admission / discharge continues in the lead-up to and over the festive period and also in to January. *Outcomes:* • *Emergency and elective patients are safely and effectively admitted and discharged over the Christmas - New Year holiday period.* • *The numbers of patients receiving elective treatment reduces and the risk of boarding medical patients in surgical wards is minimised.* • *Patients do not have unnecessary stays in hospital; hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January.* *Local indicator(s):* • *daily and cumulative balance of admissions / discharges over the festive period* • *levels of boarding medical patients in surgical wards* • *delayed discharge* • *community hospital bed occupancy* • *Number of Social Work assessments including variances from planned levels.*

3.1	What went well?
RIE	The RIE took a system-wide approach to ensuring services were robust going into the festive period and through January. This included: • Increased consultant cover in the Emergency Department • The Discharge hub holding daily huddles with Social Work to consider new and existing Packages of Cares, to improve discharge into the community • Orthopaedic supported discharge model • The Discharge hub continued to provide 7/7 service • Home First practioner in ED, to facilitate discharge of frail elderly and redirect as appropriate • An additional Site and Capacity Manager was put in place out of hours to support flow from December 16 to March 17. This cover was variable due to sickness • Boarding model to support patients from General Medical Specialties which operated 7/7 • Provision of the Patient experience and Anticipatory Care planning Team (PACT) service over winter, which targets the top 0.25% of frequent attenders • A new Advanced Nurse Practitioner was put in place in the Surgical Observation Unit to ensure support timely surgical assessment during winter pressures. • Increased weekend Toxicology cover was put in place for the Emergency Department and the Acute Medical Unit to assist with the increased workload associated with the festive period continuing until the end of January. This helped ensure patients arriving with toxicological illness were managed appropriately out of hours. • Senior Manager cover at weekends was doubled from December- February to ensure flow leadership occurred across Saturdays and Sundays • Three Clinical Nurse Managers worked each day from the 1st – 4th of January to provide senior nurse leadership and support for flow during this period. • Increased Pharmacist resource was put in place to provide verification of medicines reconciliation on admission and involvement in discharge planning to support patient flow. • Surgical Observation Unit was geared to accepting up to 20 patients overnight during the week and acted as a boarding facility for up to 20 patients at weekends In addition to the above, the site required to demonstrate agility in respect of the above plans by enacting earlier and extending plans given the pressures which started mid December
SJH	• Increase nursing and OT/PT in REACH team supporting frail elderly admissions and discharges

	• D/C managing the DD caseload – pushing and managing the highest number of DD to date • Planned 2 week period in January where only urgent and emergency surgery was planned. • Ability to board into the H&N surgery wards despite this not being favourable • Use of DOSA to maintain elective and emergency surgery flow
WGH	• Enhanced medical cover in MAU to cope anticipated increase in volume • Staffing of MAU with consultant overnight during festive period to cope with anticipated demand • Additional medical staffing front and back door at weekends to support flow and decisions making • Discharge hub cover at weekends • Senior Manager on site coverage until end of March on rota basis. • Flexibility of bed base and flexing of unfunded capacity in Ward 15, and Oncology Assessment to respond to pressures. • Public holiday cover • Planned reduction in Elective activity in early January to mitigate risk post festive period.
LUCS	• Continuation of policy for out of hours admissions to be via WGH where possible, limiting pressure on RIE site.
AHP	• Therapy staff supporting flow and discharge
Midlothian	• Effective recruitment of staff to the majority of posts by December 2017 • Weekly delayed discharge meetings to coordinate services • Staff commitment to meet the objectives set out in the plan
East Lothian	• Focussed effort on discharge pre festive period meant EL went into festive week below trajectory
West Lothian	• Increased Reablement/REACT teams which supported patients back into community throughout winter
CEC	• The enhanced locality hub supported 32 hospital discharges, or an average of 1.7 discharges each weekend • In addition, 63 hospital admissions were avoided through team intervention , an average of 3.3 per weekend • Multi-disciplinary weekend working streamlined operation and ensured shorter bed stays for those with discharge plans into the following week • Presence of an enhanced community respiratory team (CRT) has provided both primary and secondary care with an additional pathway they utilise for management of patients with acute respiratory infections • Successful use of CRT+ has been evidenced by the number of new patient referrals received, an increase from

	157 in 16/17 to 227 in 17/18. This included 47 supported discharge referrals from secondary care
Flow Centre	• Following a test of change of the extended opening hours of the Flow Centre (08.00-23.00 Monday to Friday and 08.00-18.00 Saturdays /Sundays) to support front door discharges, the demand was significantly less than expected. With PTS also introducing a low acuity ambulance to support front door discharge overnight, the Flow Centre changed the opening hours to 08.00-20.00 Monday to Friday and 08.00-16.00 Saturdays and Sundays (previously 08.00-19.00 Monday to Friday). • By designating a minimum of one FCV bus per day for OOA transport Monday to Friday, patients were repatriated to their home board within 48 hours of their requested time (except for repatriations outwith NHS Scotland).

3.2	What could have gone better?
RIE	• More work needs to be done to maintain discharge levels over weekends and Public Holiday weekends. • We need to better sign post the public to health care services so they get to the right place, first time. • There needs to be more consistent levels of Packages of Care and Care Home provision throughout winter. • How the system responded to the pressures that started pre festive break
SJH	• DD numbers at an all time high at a time when UC demand was unprecedented • Didn't get the discharge profile in the Christmas week as flu hit early in December and did not reduce • Boarding numbers at an all time high • Medicine took over surgical wards due to increased UC demand and need for capacity • Need to consider longer period than 2 weeks for non emergency surgery next year • Day to day cancellation of surgery not efficient • Discharge Lounge on the site is inefficient – we need to review how to improve utilisation
WGH	• A more consistent levels of Packages of Care and Care Home provision throughout winter. • How the system responded to the pressures that started pre festive break • Limited response to Packages of Care and Social Delays over festive period and throughout winter in general. • Access to alternatives to hospital attendance / admission in the community over festive period.
AHP	• Vacancies in substantive posts • Delays in winter recruitment
Midlothian	• Daily discharge planning meetings across all sites • Reduction in sickness absence of key posts recruited to

	• Tracking of admission more effectively and to be more proactive with discharge planning
West Lothian	• Care at home provision (POC) capacity was insufficient to meet increased demand
CEC	• Recruitment to social care and physiotherapy posts was challenging • Additional training required for staff external to Locality Hubs working weekends • Need to consider access to buildings and IT systems for staff working weekends • Continued communication with acute services needed to raise awareness of service availability, referral pathways and criteria
Flow Centre	• Lack of alternatives to admission across some localities /acute sites • GP's & LUCS bypassing Flow Centre and sending patients to ED often to the wrong site for presenting complaint • Discharge /transfer patients not ready at requested time in wards • Discharge /transfer patients not waiting in the Discharge Lounge for pick up • Lack of available beds in home Boards for patients who are being repatriated from within Lothian

3.3	Key lessons / Actions planned
RIE	• The Complex Discharge Coordinator role should be expanded across the site and workshop taking place this month to look at how this model evolves to meet site demands • Multi-disciplinary team and support service cover should be increased further on Public Holidays. • We should explore increasing the number of GP practices open on the fourth day of a Public Holiday weekend and sign post patients there. • Consider the case for a 'winter scrub team' to expedite scrubs and support the availability of beds after discharge. • Other sites should provide Discharge Hub cover on Public Holidays to ensure flow downstream is maintained.
SJH	• Require additional medical staffing next winter to support high levels of boarding • Funding of the REACH team is a priority for the site
AHP	• Working with staff bank to increase OT/PT staff recruitment • Starting recruitment earlier in the year.

		• The possibility of giving permanent contracts to winter staff.
Midlothian		• Flow coordinator now in post to track and monitor all admissions and have more effective discharge planning • Daily discharge planning meetings now in place • Contingency arrangement to cover sickness absence
East Lothian		• Continue with weekly MDT meeting chaired by Head of Service
West Lothian		• Increase capacity for packages of care to meet demand
CEC		• Clarity needed about terms and conditions for health and social care staff working weekends • Consistent lone worker policy should be implemented • A more automated data collection system is required to ensure more accurate and timely recording of activity
Flow Centre		• Working with sites and LUCS to identify GP practices bypassing the Flow Centre and work directly with GPs to reduce this • Working with sites and localities to identify alternatives to admission, rapid access clinics and collate processes that can be utilised pan Lothian • Short life working group set up to identify delays in the discharge process and introduce any solutions. This is joint working with sites, discharge lounges and the Flow Centre. • Collation and roll out of written guidance on transport for all sites across NHS Lothian. This is currently being rolled out by SAS HALOs in all acute sites. • Work with SEAT to revisit repatriation guidelines • Working with NHSL Telecoms, Netcall and BT to resolve service issues. Problem has now been identified but requires NHSL financial investment with upgrade of Telecomms infrastructure.

4	Strategies for additional surge capacity across Health & Social Care Services *Outcomes:* • *The risk of an increase in the levels of boarding medical patients in surgical wards in the first week of January is minimised.* • *The staffing plans for additional surge capacity across health and social care services is agreed in October.* • *The planned dates for the introduction of additional acute, OOH, community and social work capacity are agreed and*

	that capacity is operational before the expected surge period. It is essential that additional capacity is developed alongside appropriate arrangements to create a safe and person centred environment. *Local indicator(s):* • *planned additional capacity and planned dates of introduction* • *planned number of additional staffed medical beds for winter by site and the planned date of introduction of these beds;* • *planned number of additional intermediate beds in the community and the planned date of introduction of these beds;* • *levels of boarding.* • *planned number of extra care packages* • *planned number of extra home night sitting services* • *OOH capacity* • *planned number of extra next day GP and hospital appointments*

4.1	What went well?

RIE	• SDCU plan established and worked well and required to be flexible at times due to pressure on site, which meant a number of patients within area exceeded 20 on several occasions
	• Remainder of winter plan was focused on non bed model, however given the pressure on the site the following additional plans were established
	    ○ 4 beds opened in Transplant/ Renal HDU
	    ○ MDCU had to expand and accept up to an additional 4 patients per night
	    ○ Liberton ward 7 & 8 opened late February to support pull of Delayed Discharges- this was staffed by staff from RIE

SJH	• Ward 12 flexing of beds and supporting medical flow • Medical team attached to Ward 12 worked well good care and experience for patients
WGH	• Ward 15 was opened to initially 20 beds to support patients who were delayed, medical staffing provided by GP • Ward 15 flexed to 30 beds due to demand • Oncology Assessment used as an Inpatient facility for suitable Oncology and Haematology patients
LUCS	• Additional out of hours capacity brought on stream via winter funding streams. Additional appointments and increased shifts (volume of shifts and patterns) for home visiting were especially useful.
AHP	• Winter Tests of change

	• Supporting respiratory and MOE on WGH and RIE
Midlothian	• Having the winter plan in place with increased resource for additional carers • Additional AHP's to facilitate earlier discharge • Increased access to bank nurses to support Hospital at Home to cover any leave and keep service at maximum capacity. • Increased dietetics in acute to support patients with nutrition and have a quicker recovery to be discharged home more timely.
East Lothian	• Opened additional 7 unfunded intermediate care beds in Liberton Hospital to support Edinburgh delays
West Lothian	• The increase in REACT team to provide early supported discharge • REACT increasing its operational to hours to 7 days a week • Rapid access clinics initiated for frail elderly • Increase in mental health provision contained within A&E to operate 12 hours a day, 7 days a week.
CEC	• 66 people were treated at a Festive Practice open on 26/12, 1/1 and 2/1 relieving pressure on the Lothian Unscheduled Care Service. Main thematic presentations were urinary tract infections, upper respiratory tract infections and non-specific abdominal pain. • Expansion of the Hospital at Home team in NE Edinburgh was a success with 41 patients admitted into their care during the first six weeks, a saving of approximately 162 bed days or £60,750. Feedback on final bed days expected shortly but well on target to meet anticipated 200 days. • Good collaboration between locality hubs and GP services • Staff were recruited to enhanced AHP for intermediate care service at Liberton Hospital and therapy delivered, albeit it in a different configuration to that originally intended • Providing practices with their SPARRA top 2% cohort combined with a list of individuals who attended frequently (25 times or more over past 12 months) enabled identification of people with complex needs who did not have an ACP/KIS already in place or up-to-date. Practices were able to see benefit of investing immediate resource in anticipatory care planning to improve individual outcomes, inappropriate consulting behaviour and longer-term use of services. Individuals invited to participate were engaged and provided positive feedback. Improved knowledge of services across primary/secondary care interface, strengthening relationships and facilitating improved care planning. • Number of people in this cohort without an up-to-date ACP-KIS was reduced by 25% by end March 2018, number of intensive reviews increased by 25%. Data on GP attendance, A&E attendance and hospital

	admission post intervention will be available at 6/12 month post.

4.2	What could have gone better?
RIE	• Improved pull of patients out from site • Admission avoidance where possible • Delay in opening of additional 8 AMU beds, which did not come on line until late February
SJH	• Nurse recruitment – nominal staff recruited against winter funding – high reliance on Agency nursing • Recruitment continuing to offer 6 month contract therefore unable to recruit best candidates. NHSL to explore offering permanent contracts. • Decision to open capacity early on surge capacity used too early • DD – impacting at the worst possible time for acute hospitals
WGH	• Support from Health & Social Care Partnerships to reduce Delayed Discharges that have hit record levels • Continued expectation of a winter non-bed based model, given IJB proposals which did not reach fruition and infact, became considerably worse and despite warnings, the WGH team were required to recruit and establish a winter ward without the opportunity to do this is a more planned and safe way. • Due to the early impact of patient's being admitted for 'flu, the winter ward was required to open 3 weeks early and then required to open 10 beds above the funded capacity against a backdrop of higher than normal staffing gaps across the site, compounding a staffing concern.
AHP	• Delays in Finance signing winter RAFs • Delays to recruitment for additional posts
Midlothian	• There was staff sickness on one particular key role – Community Care Assistant/Admin to manage the duty phone in MERRIT (Midlothian Enhanced Rapid Response Intervention team, member of staff broke their ankle). This role was to release the AHPs further to respond to crisis/emergencies to prevent hospital admissions
East Lothian	• Increased staffing for intermediate care beds particularly unplanned increase
West Lothian	• Recruitment to Reablement team to provide additional capacity.
CEC	• Additional GP capacity through Festive Practice and in-reach to care homes over public holiday period did not result in anticipated level of activity • Capacity of Hospital at Home service was impacted due to key staff absence

	• Care Home Liaison project was unable to start due to recruitment challenges and lack of capacity within district nursing team to line manage a new post • Opening of additional beds at Liberton Hospital to support flow and capacity negated increased capacity and stretched service further • Intended used of High Health Gain data to support the systematic review of individuals who are high need and/or at risk of admission was not possible due to reliability issues and this requires further consideration

4.3	Key lessons / Actions planned
RIE	• Essentially plans for RIE are focused on non bed model and this should continue to be the sites focus • Continue to work with H&SCP in establishing winter plans
SJH	• Ward 12 unlikely to be available next winter therefore need a contingency to be planned • Ward 15 – this must be protected if the SJH are to have any surge capacity • Work collaboratively across H&SCP to reduce guardianship waits and packages of care delays. • Nurse recruitment – we cannot recruit therefore we need to explore plan with Agency early on in the year to block book staff required
LUCS	• Out of Hours will continue to engage with NHS Lothian-wide winter planning, to provide similar increased capacity at periods of peak demand.
AHP	• Collaborative working with IJB colleagues for winter planning
Midlothian	• Flow coordinator now in post to track and monitor all admissions and have more effective discharge planning • Daily discharge planning meetings now in place • Contingency arrangement to cover sickness absence
East Lothian	• Staff to full capacity of the ward as reality suggests that this is what will be used
West Lothian	• Consider capacity constraints and work collaboratively with acute to deliver enhanced capacity options. • Investigate guardianship waits and consider alternatives.
CEC	• Earlier decisions on funding availability to help inform service design and planning • Plan recruitment at an earlier stage to ensure required staffing is in place ahead of project start including relevant job descriptions and evaluations. Local knowledge and relations essential for short-term project roles • Festive practice configuration to be reinstated covering Easter public holiday period

	Consideration needed ahead of winter 18/19 as to whether a non-bed based model is appropriate for Edinburgh • Allow more time to engage with wider general practice teams and benefit from their input to anticipatory care planning process

5	Whole system activity plans for winter: post-festive surge / respiratory pathway. *Outcomes:* • *The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. Hospital models will include flows between front doors, receiving units, and downstream wards.* • *Monthly Unscheduled Care Meetings of hospital triumvirate, including IJB Partnerships and SAS (clinical and non-clinical) colleagues.* *Local indicator(s):* • *daily number of cancelled elective procedures;* • *daily number of elective and emergency admissions and discharges;* • *Number of respiratory admissions and variation from plan.*

5.1	What went well?
RIE	• There was a reduction in electives throughout January to increase bed capacity for high activity medicine specialties. • An enhanced Respiratory Nursing service operated across 7 days and supported the respiratory outreach team with a focus on discharges. • Enhanced Respiratory Consultant cover was established over weekends providing support for increased activity and managing respiratory boarders. Additional FY2 support for respiratory was also put in place. • The Integrated COPD Pathway Consultant continued to support admission avoidance and support Primary Care. • Respiratory Hot Clinic extended and also included establishment of Flu clinic, when Flu was having significant

	impact
SJH	2 week planned surgery break and increase use of DOSA - Ward 12 surge capacity and Ward 14 which supported Ortho flow - Additional urgent Respiratory OP slots - COPD PT working with REACT team - Daily Respiratory Pick up - Daily Respiratory Consultant of the day
WGH	- Planned reduction in routine electives in January to plan for expected increase in attendances post festival - Near Patient testing for Flu introduced at Front door to identify and ensure cohorting of flu patients and minimise disruption to site of flu patients. - Cohorting of flu patients into Ward 22, supported by Infectious Diseases, helped maintain number of areas impacted by flu - Additional Respiratory Specialist nurse employed to support early discharge of COPD patients and links with CRT.
Midlothian	- COPD Advanced Practitioner Physiotherapist now embedded into Intermediate care teams to reduce hospital admission and facilitate earlier discharge - Improved partnership working across GP, DN and community services to refer to respiratory service within MERRIT
East Lothian	- Daily teleconference with action planning across whole system - Escalation to IJB etc supported staff who were delivering
West Lothian	- Additional urgent Respiratory OP slots - COPD PT working with REACT team - Daily Respiratory Pick up - Daily Respiratory Consultant of the day
CEC	- Presence of an enhanced community respiratory team (CRT) has provided both primary and secondary care with an additional pathway they utilise for management of patients with acute respiratory infections - Successful use of CRT+ has been evidenced by the number of new patient referrals received, an increase from 157 in 16/17 to 227 in 17/18. This included 47 supported discharge referrals from secondary care. Data on impact on length of stay expected shortly. - Positive feedback from primary and secondary care referrers, as well as service users highlighting success of service

5.2	What could have gone better?
RIE	• There was an exceptionally high number of deferrals across the winter period in all specialties and also impacted on Surgical Day Case activity on occasion • Patient experience within ED due to long waits and overcrowding
SJH	• Consider ceasing elective surgery for longer than 2 weeks in January based on this year's UC demand. • Improve collaboration across H&SCP to improve service provision
WGH	• Deferrals of Elective activity continue to be at high level including Urgent patients cancelled. • Cancellation of routine elective patients on more than one occasion. • Limited input from HSCP into the plans and substantial increase in delayed discharges on site • Inability of HSCP to provide POC • Inability of HSCP Social Work teams to respond in accordance with SOP leading to further delays
Midlothian	• Additional clinical capacity for COPD support • Increased awareness of the service across the citizens of Midlothian and community services
West Lothian	• Joint working with acute teams.
CEC	• There was a mid-project reduction in referrals to CRT+ which responded to a follow-on awareness raising campaign • There was significantly increased demand on existing services due to a high incidence of influenza and acute respiratory infection • Secondary to winter pressures some services were unable to accept onward referral due to lack of capacity

5.3	Key lessons / Actions planned
RIE	• Having POC available in the community • Having contingency plans from H&SCP to support movement of delayed patients off the acute site. • Robust plans across H&SCP to support admission avoidance • Earlier engagement with the public in respect of Flu and avoiding where possible attendance to hospital
SJH	• Increased joint operational meetings between Acute and H&SCP • A focus to improve the DD position throughout the festive period • Pan Lothian approach to Respiratory support over winter – new CD in post should support this
WGH	• Plans from HSCP to reduce Delays from Acute sites – these needs to be explored thoroughly.

	• Ability of sites to support Health Delays as a consequence of overall poor flow • Enhanced Social Work input to sites and input to planning. Changes in Social Work model have had a negative impact on hospital operation
Midlothian	• Promotion of the service across all services in Midlothian and across acute sites • Intermediate care strategy in further development, with plans to expand COPD pathway/team
West Lothian	• Need for joint operational meetings between Acute and H&SCP • H&SCP to consider plans to deliver improved DD position for Winter 2018/2019.
CEC	• Consider options for continuation of service beyond winter months in order that level of specialist support and management is available throughout the year • Review referral criteria to CRT+ and ensure robust processes in place for onward referral to other services in terms of capacity and criteria • Opportunity to improve skill-mix of staff with scope for independent prescribing • Improved communication with secondary care services to increase awareness of service availability, pathway and referral criteria

6	Effective analysis to plan for and monitor winter capacity, activity, pressures and performance *Outcome:* • *NHS Boards have, and use, a range of analysis to effectively plan for and monitor winter capacity, activity, pressures and performance at board and site levels.* *Local indicator(s):* • *Agreed and resourced analytical plans for winter analysis.* • *Use of System Watch*

6.1	What went well?
RIE	• Analytical support was established to aid winter planning through Basic Building Blocks analysis. • The well attended open forum Emergency Access meetings were used to plan and assess winter performance, engaging a diverse group of professionals from across the site in flow and winter resilience.

	• The site fed into the Unscheduled Care Committee on performance across winter • The Daily Debrief delivered a daily operational improvement focus.
SJH	• Daily predictor • Tableau reporting • Real time data • Service Improvement Lead and improvement work around DDD
WGH	• Daily Debrief of performance • Use of System Watch data on flu and predictions to supplement local data • Fortnightly review of performance through Site Emergency Access meeting and then Unscheduled Care Committee • Daily sit rep reporting and teleconference of system performance.
LUCS	• Participation within Winter Planning group, as well as proactive and weekly retrospective monitoring of service capacity for Out of Hours activity
AHP	• Tests of change in MOE/Respiratory • Links with MOET and Community Respiratory Team (CRT) to support flow
Midlothian	• Routine data/performance analysis to Management team, and IJB in place
East Lothian	• Weekly trajectory monitoring of Delays
West Lothian	• Daily predictor • Tableau reporting • Real time data • Service Improvement Lead and improvement work around DDD
CEC	• Strong partnership working between NHS Lothian, ISD and the HSCP to develop a dashboard of high level indicators and agree specific outcome measures associated with funding proposals

6.2	What could have gone better?
RIE	• Performance information could have better represented the whole system providing a tool for a community response to flow markers.
SJH	• Resilience to deal with the UC demand

WGH	• Overall system analytics presented in clear concise manner with clear escalation and trigger responses,
AHP	• CRT failed to recruit so unable to explore new model of respiratory in/out reach model
Midlothian	• Continuous improvement on data collection and analysis
East Lothian	• Planned continue with daily teleconferences locally and weekly focussed MDT
West Lothian	• Resilience to deal with the UC demand • Resilience to manage capacity limitations associated with care at home
CEC	• Earlier identification of key outcome measures including establishing baseline and available sources of data • A number of services are recently established and there it's therefore not possible to compare current performance with previous years

6.3	Key lessons / Actions planned
RIE	• Develop system-wide performance system to respond to flow pressures within the RIE. • Continue to develop a stronger interface with the four IJBs for winter planning and review.
SJH	• Continue to agree data reports and build on these • Continue to agree forums for use of data • System-watch access applied for.
WGH	• Overarching system performance score card linked to escalation to all partners
LUCS	• The prolonged winter weather and the increased volumes of respiratory and flu presentations (especially affecting demand on home visiting).
West Lothian	• Continue to agree data reports and build on these • Continue to agree forums for use of data
CEC	• Build performance management into the early stages of project planning • At a local service level , a more automated data collection system is required to ensure more accurate and timely recording of activity

7	Workforce capacity plans & rotas for winter / festive period agreed by October. *Outcomes:* • *Rotas and workforce capacity plans for all disciplines are agreed for the winter (and particularly the 4 day festive holiday)*

period by October to underpin safe and effective health and social care. This should encompass all relevant health and social care services.

- *Maintain discharges at normal levels over the two 4 day festive holiday periods.*
- *Right level of senior clinical decision makers available over the two 4 day festive holiday periods.*

Local indicator(s):
- *workforce capacity plans & rotas for winter / festive period agreed by October;*
- *effective local escalation of any deviation from plan and actions to address these;*
- *extra capacity scheduled for the 'return to work' days after the four day festive break factored into annual leave management arrangements;*
- *number of discharges on each of the 4 day festive holiday periods compared to number of normal daily discharges.*

7.1	What went well?
RIE	- The RIE Hogmanay plan was delivered. This established ED plan is delivered every Hogmanay. - Increased ED nursing staff support in January and February helped to assist with the ED winter workload - Increased Medical staff presence which was planned, but there was also a further increase during high peaks in activity, given pressures across the site.
SJH	- Increased staffing over this period - Control and restriction of annual leave 3rd Medical Consultant on some weekends to help backdoor discharging.
WGH	- Festival staffing plan agreed and enacted including additional medical staffing overnight to support. - Overnight Consultant medical cover at front door between Christmas and New Year and early January to provide cover for peaks in activity. Additional respiratory medical cover, weekend GIM cover to help manage weekend workloads.
LUCS	LUCS has seasonally adjusted rota templates to reflect the higher demand experience at key winter periods.
AHP	Robust staffing for 3 public holidays
Midlothian	- Development of Intermediate care teams to prevent admission and facilitate discharge - Care at home continuing as normal across all public holidays as does the intermediate care facility. - Accepting of emergency admissions from ESWS out of hours, and on public holidays to Highbank intermediate care facility

East Lothian	• Recruitment to funded beds in intermediate care
West Lothian	• Commissioned intermediate care for those waiting on Packages of Care/Reablement. Facilities commissioned at Heather Field.
CEC	• Enhanced locality hub and CRT+ capacity facilitated weekend and public holiday cover • Staff responded to severe weather and made significant efforts to ensure service continuation despite the challenging conditions • Festive practice provision relieved pressure on Unscheduled Care Service during the public holiday period
Flow Centre	• Currently 3.5 WTE (normal 12.1WTE). Staff flexibility to cover vacancies and gaps in the rotas

7.2	What could have gone better?
RIE	• All site plans delivered to an appropriate level, although there were gaps in AHPs which resulted in not having the full additional workforce, resulting in roving team having to fill gaps • Not all bids were agreed in first round. When further monies released by SG there was delay in recruiting to these posts e.g. additional pharmacy
SJH	• Increased management team presence • Review the PH mandatory process currently in situ
WGH	• Despite funding being available some disciplines were unable to recruit staffing to support plans • Late decision for some funding resulting in inability to put in place in time
AHP	• Emergency duty only on Christmas day
Midlothian	• Prior agreement of allocated "winter funding" before October to support recruitment and embedding into service before pressures increase. • Additional capacity of clinical teams within Intermediate care • Additional capacity for Care at home team to support Packages of care • Although social care services such as care at home/hospital at home provide a 7 day service, there is a reduction in service across other services which creates an increased pressure post festive period.
East Lothian	• Staffing additional beds in intermediate care
West	• Increased staff presence across H&SCP

Lothian	
CEC	- There were no significant issues however some services were required to operate on a reduced basis due to the weather and levels of staff sickness - GP backfill capacity has been challenging due to short-term nature of some initiatives and competing demands - Recruiting to some health and social care posts providing short-term weekend cover has been difficult
Flow Centre	3.2 above has resulted in: - GPs sending patients to the wrong sites for presenting complaint or receiving hospital - Delays for patients requiring transport for repatriations - Reduction in capacity for transport for transfers, discharges and admissions. Delays result in the equivalent of 2 FCV's remaining idle every weekday. - Loss of bed days due to lack of cancellation of transport resulting in inability to reschedule transport - Loss of capacity on out of area ambulance - Increased utilisation of taxis later in the day due to lack of capacity - Callers are unable to contact the service when Netcall is down, and GP's refer to font doors directly

7.3	Key lessons / Actions planned
RIE	- NHSL looking at different ways to manage recruitment for workforce groups - How is funding released across the system from SG
SJH	Explore mechanisms to increase discharging for the festive period to create additional capacity
WGH	- Earlier decision making including confirmation of funding - Recruitment plans focused on clinical staff and some other groups were not prioritised
AHP	Review AMAU and Ortho needs for Christmas day for both OT and PT
Midlothian	- Plans to commence local Winter planning in June 2018 for winter 18/19 - Full Care at Home review underway to maximise rota efficiency - Full Discharge support model planning review underway to prepare for Winter 18/19 - Having our hospital in reach team and MERRIT working on the public holidays and being proactive in between Christmas and New Year could reduce the increase in numbers of people needing to be discharged - They could also respond more timely to prevent the admissions in the first place

West Lothian	• Explore alternatives to admissions and deliver improved care at home performance
CEC	• Clarity needed about terms and conditions for health and social care staff working weekends

8	Discharges at weekends & bank holidays *Outcome:* • *Patients are discharged at weekends and bank holidays to avoid unnecessary stays in hospital and to improve flow.* • *Robust planning and decision making midweek to support discharges for patients over a public holiday weekend for example Immediate Discharge Letters (IDLs), Pharmacy Scripts, Transport and Equipment to minimise delays.* *Local indicator(s):* • *% of discharges that are criteria led on weekend and bank holidays;* • *daily number of elective and emergency admissions and discharges* • *discharge lounge utilisation*

8.1	What went well?
RIE	• Increased Medicine of the Elderly and the Elderly Care Assessment Team Day Hospital staffing (to cover 7 days) supported increased activity and helped prevent admission to hospital o This was also strengthened by Home First pilot at front door • Increased consultant cover in the Emergency Department over the weekends • Winter plan focused on increasing workforce in key areas to support flow on the site e.g. boarding teams, additional Consultants
SJH	• POC flu testing kit, the most positive initiative for winter • 2nd and 3rd on-call Consultant • Extended Pharmacy working • DDD to some extent in the medical wards
WGH	• Additional Medical staffing were provided at weekends to support 7 day working
AHP	• 5/7 working • Staff in situ on bank holidays

East Lothian	• Discharge to Asses team of AHP working 7 days
CEC	• The enhanced locality hubs supported 32 hospital discharges, or an average of 1.7 discharges each weekend • In addition, 63 hospital admissions were avoided through team intervention , an average of 3.3 per weekend • Multi-disciplinary weekend working streamlined operation and ensured shorter bed stays for those with discharge plans into the following week • Presence of an enhanced community respiratory team (CRT) has provided both primary and secondary care with an additional pathway they utilise for management of patients with acute respiratory infections. This included 47 supported discharge referrals from secondary care
Flow Centre	• Additional FCV at weekends supported patient flow across Lothian.

8.2	What could have gone better?
RIE	• The full system pull of patients out into community, downstream beds or off site moves did not meet sites requirements, to support the demand coming through the front door
SJH	• Programmed Senior Decision making ward rounds at the weekend
WGH	• 7 days a week full system working would have enabled better flow across the week.
AHP	• Vacancies and delayed recruitment meant some weekends had gaps
East Lothian	• OT and Physiotherapy support would have been helpful
CEC	• Recruitment to social care and physiotherapy weekend posts was challenging • Communication between acute sites and hubs could have been better initially, with acute staff being unaware of the available community services and reluctant to agree to weekend discharges • Co-locating weekend hub teams alongside secondary care staff wasn't possible due to IT systems

8.3	Key lessons / Actions planned
RIE	• Review of patient groups that attend RIE and look at diverting more activity from the site e.g. NHS24; LUCS;

		Minor Injuries
SJH		• Need to improve weekend discharging profile throughout 2018 • DD position needs to reduce so SJH to link with H&SP improvement plan • Criteria Led Discharge rates to be improved • Discharge Suitcase • Extend D/Hub to manage discharge in the wards
AHP		• Robust staffing levels in substantive posts and timely recruitment to additional posts
East Lothian		• Continue with 7 day working and Hub work stream to develop further pathways with 3rd sector
West Lothian		• Need to support weekend discharging • Extend D/Hub to manage discharge across H&SCP
CEC		• Clarity needed about terms and conditions for health and social care staff working weekends • Consistent lone worker policy should be implemented • A more automated data collection system is required to ensure more accurate and timely recording of activity • Additional training required for staff external to locality hubs who are working weekends • Need to consider access to buildings and IT systems for staff working weekends • Improved communication with secondary care services and also other locality services to increase awareness of service availability, pathway and referral criteria

9	The risk of patients being delayed on their pathway is minimised.

	Outcomes:
	  • *Patients receive timely assessments in A&E, Acute Assessment Units, Acute Receiving Units and downstream speciality wards. Delays between decision to transfer/discharge and actual transfer/discharge are minimised. The capacity in these units reflects the arrival patterns and potential waiting times for assessment and/or transfer/discharge.*
	  • *Patients in downstream wards are discharged earlier in the day to avoid unnecessary stays in hospital and to improve flow through the hospital. There is early engagement with SAS for ambulance discharge and transfer.*
	  • *Medical and Nurse Directors provide monthly report on ward by ward, in/out balance, daily discharge progress and performance.*
	
	Local indicator(s):

	- *distributions of attendances / admissions;* - *distribution of time to assessment;* - *distribution of time between decision to transfer/discharge and actual time;* - *% of discharges before noon;* - *% of discharges through discharge lounge;* - *% of discharges that are criteria led;* - *Levels of boarding medical patients in surgical wards.*

9.1	What went well?
RIE	- Section 3 summarises these key actions.
SJH	- Extended pharmacy hours at weekend - REACT support - REACH team intervention and early discharge - D/C Hub intervention on the DD and robust management of Delays
WGH	- Higher level of presentations into the evening did at times cause further difficulties
LUCS	- Increased capacity at peak periods (as per normal business and also contingency planning) reduced exposure to waits for patients with demands requested from NHS24 and ensured normal levels of demand management on the majority of winter shifts.
AHP	- Robust AMAU/Front door Therapy teams
Midlothian	- Development of Intermediate care teams to prevent admission and facilitate discharges
West Lothian	- REACT support - REACH team intervention and early discharge - D/C Hub intervention on the DD and robust management of Delays
CEC	- The enhanced locality hubs supported 32 hospital discharges, or an average of 1.7 discharges each weekend - Multi-disciplinary weekend working streamlined operation and ensured shorter bed stays for those with discharge plans into the following week - Presence of an enhanced community respiratory team (CRT) has provided both primary and secondary care with an additional pathway they utilise for management of patients with acute respiratory infections. This included 47 supported discharge referrals from secondary care

9.2	What could have gone better?
RIE	• Section 3 summarises these key actions.
SJH	• First assessment and overcrowding in the ED • Discharge performance • DD performance • SAS – severely challenge – significant delays for offsite transfers • Use of discharge lounge
AHP	• Recruiting more staff and at an earlier date in winter would have led to earlier intervention with patients thus reducing length of stay and package of care required on discharge.
Midlothian	• Prior agreement of allocated "Winter funding" before October to support recruitment and embedding into service before pressures increase. • Additional capacity of clinical teams within Intermediate care • Additional capacity for Care at home team to support Packages of care
West Lothian	• First assessment and overcrowding in the ED • Discharge performance
CEC	• Communication between acute sites and hubs could have been better initially and there was a period of culture change with acute staff not being aware of the available community services and reluctant to agree to weekend discharges • Delayed discharge levels remain a challenge in Edinburgh

9.3	Key lessons / Actions planned
RIE	• Section 3 summarises these key actions.
SJH	• ED workforce review • ED redesign must be prioritised ahead of next winter – too small to meet the demand • DD – SJH to link with H&SCP strategic plan for improvement • D/C lounge too small, needs to be more efficient • Review of pharmacy opening hours
WGH	• Mapping of the changes in arrival times following zoning changes and potential changes to staffing models as a

	result to be explored.
AHP	• Earlier recruitment for winter.
Midlothian	• Plans to commence local Winter planning in June 2018 for winter 18/19 • Daily Discharge hub meetings now in place • Flow manager role appointed to for Midlothian HSCP • Full Care at Home review underway to maximise rota efficiency • Full Discharge support model planning review underway to prepare for Winter 18/19
West Lothian	• Workforce review for community services
CEC	• Consider options for hub services to move to 7-day working model to continue to support flow and prevent unnecessary admissions. This will require wider organisational change than the winter initiative which was voluntarily staffed.

10	Communication plans *Outcomes:* • *The public and patients are kept informed of winter pressures, their impact on services and the actions being taken.* • *Effective local and national winter campaigns to support patients over the winter period are in place.* • *Staff are engaged and have increased awareness of the importance of working to discharge patients over the two 4 day festive holiday periods.* *Local indicator(s) :* • *daily record of communications activity;* • *early and wide promotion of winter plan*

10.1	What went well?
RIE	• Short Life Working Group led on key messaging for the public to direct patients to the most appropriate place for treatment

	• Good visibility of this message, i.e. bus campaign etc • NHS Lothian site were able to post and tweet key messages (in respect of bad weather days e.g. "Walk Like Penguin Campaign")
SJH	• Flu campaign was visible • Increased attempt to educate public on the use of Emergency services – more signposting
WGH	• General principle of encouraging attendance at Minor Injuries was well received although some misunderstanding of the details and some inappropriate patients attended
LUCS	• Engagement on out of hours service usage is most significantly via national campaigning by Scottish Government.
AHP	• Staff planning meetings to work flexibly and supporting pressure and flow
Midlothian	• Lothian wide communication campaign on buses and radio to provide guidance on managing your health in the winter and where to go for health issues was excellent • Communication across Midlothian H&SCP on flu vaccination was good • Promotion of winter plan across the partnership and NHS Lothian and unscheduled care board
West Lothian	• Flu campaign was visible • Increased attempt to educate public on the use of Emergency services and when and when not to visit their GP
CEC	• Communication plan developed including key messages, target audiences and variety of media • Close partnership working with colleagues in NHS Lothian and City of Edinburgh Council • Links to national winter campaign e.g. getting prescriptions • Signposting at key locations directing service users to the most appropriate point of contact • Targeted use of social media e.g. falls awareness during severe weather

10.2	What could have gone better?
RIE	• Earlier communication to the public in respect of impact of Flu and where possible advising to avoid attending to hospital. Appeared that other Boards were interacting with the public earlier • Need to join up Council and NHS Lothian communication strategy
SJH	• Continue to focus on signposting patients and educate who should come to the ED • Communicate alternatives to ED attendance – we need to educate public further to help them understand what these are and use them • Redirecting of patients

	• Need to work more closely with H&SCP to create robust recovery plans around DD • Need to increase communication about family/carer expectations when discharging patients from hospital
AHP	• Often at Huddles, Therapists were stated as delaying discharge or being risk averse, when there were a number of factors compromising discharge
Midlothian	• Increased communication/publicity to the public around infection control, flu vaccinations, managing Norovirus • Improved publication and distribution of winter plan • More use of social media • More focus on who to turn to campaign • Improved communication of respiratory service in Midlothian
West Lothian	• Continue to focus on signposting patients • Redirecting of patients to right service or self help • Focus on increasing consistent communication about family/carer expectations when discharging patients from hospital
CEC	• Winter communications were late in being distributed to interested stakeholders • Lack of dedicated funding for communication affected ability to implement the full plan

10.3	Key lessons / Actions planned
RIE	• General feeling that this was a better campaign in respect of engaging with the public around winter preparedness and sign posting, but need to look at how we build on this • Explore options of engaging earlier with the public
SJH	• Public campaign on all of above should be ongoing not just at winter • Improve the communication strategy to include alternatives to attendances at ED
AHP	• Robust Communication re patients ready to go status • TRAK updated in real time so that information is accurate.
Midlothian	• Winter planning to commence earlier (date set for May 2018) • Increased publicity i.e. posters across all health and social care sites and all public buildings promoting winter plan and infection control measures
West Lothian	• Public campaign on all of above should be ongoing not just at winter

CEC	- Start winter messaging campaign at earlier stage, releasing chunks of messaging at agreed times - Make use of HSCP website to spread key messages - Link with third sector organisations to promote winter messaging, particularly to traditionally hard to reach groups

11	Preparing effectively for norovirus. *Outcome:* *The risk of norovirus outbreaks becoming widespread throughout a hospital is minimised through the effective implementation of the HPS Norovirus Outbreak Guidance (2016/17).* *Local indicator(s):* *number of wards closed to norovirus;* *Application of HPS norovirus guidance.*

11.1	What went well?
RIE	- NHS Lothian IPCT outbreak toolkit updated and available. - Education sessions continued throughout the winter period. - Infection Control and Surveillance was raised at every site Safety Huddle by the nominated Infection Control Nurse for the day and any concerns on any issues of Infection Control including Norovirus were raised at this time with appropriate staff member and specific actions agreed. - Good working with IPCT in managing flow of infected patients
SJH	- Early identification of norovirus - Close working with Infection Control colleagues - Prompt isolation of patients - POC tester has helped with prompt diagnosis and isolation
WGH	- Daily Outbreak reports from IPC teams very helpful - Implementation of Near Patient Testing for Influenza at front door, helping to support early identification and cohort of flu patients to minimise impact. Significantly more successful than near-pt testing for Norovirus last

	year.
AHP	• Staff mobile across a number of wards- good hand hygiene
Midlothian	• Highbank Intermediate care home beds were closed from 11th to the 22nd January 2018. • Contained well within the home
West Lothian	• Effective cohorting of flu patients in care settings • POC tester has helped with prompt diagnosis and isolation
CEC	• Communication of advice on infection prevention and control to relevant sites and staff • No issues relating to norovirus during winter months

11.2	What could have gone better?
RIE	• Due to the impact of flu at times, requirements to manage both outbreaks safely throughout the site could cause delays in transfer of patients as the demand was greater than cubicles available
AHP	• Planning daily activity to ensure that closed areas were visited at the end of the day
Midlothian	• Improved application of HPS norovirus guidance • Improved information from public health around norovirus – there seemed to be varying guidance from public health when the delays in hospital grew – the guidelines did not seem as stringent

11.3	Key lessons / Actions planned
RIE	• Continue to develop improved site wide isolation policy utilising all side rooms on site.
SJH	• Require a POC facility in the ED ongoing – need to explore.
AHP	• Communication plans across teams
Midlothian	• Access clear guidelines prior to any outbreaks and provide briefings to staff across high risk sites/services

12	Delivering seasonal flu vaccination to public and staff. *Outcome:* • *CMO uptake targets for seasonal flu vaccination for those aged 65 and above, at risk groups and front line staff are delivered in accordance with CMO Guidance.*

12.2	What went well?
RIE	• Flu programme in place by October led by a Clinical Nurse Manager • Programme included a mix of both clinics and roving clinics and uptake for the site was high • Appropriate patients also received vaccination • This was supported by the Healthy Working Lives Initiative which also focused on staff remaining in good health during the winter period.
SJH	• Planned well in advance and enacted with purpose • Roving clinics into wards made a difference • Communication supported implementation • Increase in uptake this year, continues to improve year on year
WGH	• Significant increase in the number of flu vaccine's provided to staff (2000) compared to 1600 last year and 1100 year before. • Cohort of flu patients and identification of a specific medical team (infectious diseases) to look after the ward. RIDU agreeing to look after patients in cohort 'flu ward (ward 22) for 3 weeks.
LUCS	• LUCS provided a local flu vaccine service for presenting staff in addition to those clinics run by Community Vaccination Team. This is a long standing arrangement
AHP	• Staff uptake by Therapies Directorate was positive
Public Health	• Housebound flu vaccination campaign – positive feedback about this service stating improved service from 16/17. This is a vital service for our vulnerable patients who cannot travel to flu clinics. It also delivered flu vaccination to patients in care homes in a timely fashion. • Flu vaccination for those with severe egg allergy service set up and in use. Service delivered by Consultant Dermatologist (triage of referrals) and Regional Infectious Diseases Unit Consultant and Nursing staff (in-hospital vaccination). This service was set up for those who are severely affected by egg allergy as there is no longer an egg free flu vaccine available and where the low egg content vaccine was not deemed suitable. • Test of change carried out for some of the staff flu vaccination programme utilising technology to assist in

	• collation of data from vaccination clinics. • There were 10359 NHS staff flu consent forms returned up to 04/04/18 which is higher compared to the return by the end of the 2016/17 season of 8924 forms. There was an increase in staff headcount from 25370 in 2016/17 to 28532 in 2017/18 which may account for some of the increase. • For over 65s the downward trend over some years was reversed. As at 20/03/2018 Flu vaccination for those aged 65 and over is at 74.7% which is below the national target of 75% but is an increase on the Lothian uptake of 74.2% in 2016/17. • Staff Flu Vaccination – 19 additional clinics made available - number of staff vaccinated including H&SCP staff for the 19 additional clinics from 10/1/18 to 24/1/18 = 244. Additional clinics also held up to the end of January and facility in place to request flu vaccination via e-mail. • Flu vaccination of pregnant women with risk factors maintained an uptake of 62.7% which is a slight increase on the previous year with 62.0% in Lothian 2016/17 and is higher than the overall Scotland uptake of 61.8% in 2017/18. • Engagement with acute site Associate Nurse Directors regarding inpatient flu vaccination for eligible patients who would not have been able to access vaccination via their GP due to being admitted to hospital. •
Midlothian	• Uptake on flu vaccinations went well • Uptake and demand for flu vaccinations from key staff across services was very good
East Lothian	• CVT team undertook housebound flu supported from unscheduled care funding
West Lothian	• Roving clinics into community • Increase in uptake this year, continues to improve year on year
CEC	• Clinics were held across all our localities and hospital sites, these were well attended and additional clinics had to be offered to meet the demand. • Each area had a flu champion. • Flu services were offered to all independent and voluntary services that work with us to delivery frontline care • We offered flu vaccination to all care home residents, and delivered to home bound individuals and their carers • Uptake of vaccinations across the various staff groups and locations was recorded for the first time

12.3	What could have gone better?

RIE	• Nothing in respect of the organisation from the sites perspective
AHP	• Some clinics cancelled • Availability of clinics: due to all clinics on a particular site being on the same day of the week so part time staff did not attend.
Public Health	• Return of staff flu vaccination consent forms for collation by Public Health remains and issue and lack of a database which is able to be used for this is problematic. • Current analysis shows an uptake of 36.3% of NHS employees from return of 10,359 consent forms; however this differs from the numbers of vaccines distributed for staff flu vaccination (15, 705) which is circa 51% of staff. • Until flu hit at New Year there was a continuing general decline in vaccine uptake - continuing decline among public and possibly even staff Once the flu activity occurred this somewhat reversed the decline. • Less than 65s at risk uptake is 44.7% which shows a slight increase compared to last year with 44.2% in 2016/17 but could still be improved. • The Scotland flu activity data masked the significant pressures in different Boards so more routine specific data will be welcome from Health protection Scotland in future. • Although Scotland as a whole reached 'moderate' flu activity and we haven't done since 2010/11, more detailed data by Board showed that the impact on Eastern Boards including Lothian was much greater than in other Boards with levels of GP consultations for flu like illness at much the same as 2010 – the post pandemic year. • Early start to care home outbreaks (outbreaks also seen in prisons). • Accurate lists of housebound patients from general practice maintained until the service is delivered
Midlothian	• Increased access to the flu vaccinations – there seems to be some problems with the delivery of the vaccines • Earlier promotion and publicity of the flu vaccination • Increased uptake of the vaccination
East Lothian	• Clarity re care homes and who was vaccinating staff in independent sector
CEC	• No data is available to show uptake of vaccinations among independent and voluntary services, care home residents, the housebound and their carers

12.4	Key lessons / Actions planned
RIE	• This was a good model and can act as a blue print for future campaigns
SJH	• Explore the potential to give the vaccination earlier next year based on this year's outbreak situation
AHP	• Publicise clinics at staff meetings

Public Health	• Continue to pursue innovative ways of staff engagement and uptake for the staff flu vaccination programme. • Continue to pursue a different means of capturing and collating staff flu vaccination data. • Earlier engagement with colleagues about options for inpatient vaccination for eligible patients and to reiterate amount of vaccine which NHS Lothian has procured. This is determined much earlier in the year and options for additional stock from National Procurement can be limited. This was thought to have hampered some of the activity and there was a perception that there was not enough vaccine available, however this was not the case. It still must be noted, however, that any significant increase in vaccine amount required needs to be notified early to National Procurement. • The options for inpatients were discussed fairly late in relation to the start of flu vaccination season and required several teleconferences to try to establish this. Clinical guidance had to be drawn up for cascade to Associate Medical Directors and medical staff and thereafter nursing staff. It was difficult to predict amount of vaccine which might be required and also collation of numbers of those vaccinated. Reports were able to be run from the patient administration system - TRAK to identify those patients aged 65 and over but not for those aged under 65 years with a relevant medical condition. This is a key area to be progressed in 2018/19. • 5. The forthcoming Vaccination Transformation Programme over the next 3 years will involve changes to vaccine delivery away from General Practice and will ultimately include flu vaccination; therefore consideration must be given to delivery models to ensure effective uptake levels.
East Lothian	• Review CVT role with pan Lothian Chief Nurses with view to enhancing local delivery
CEC	• There are plans to improve activity recording for winter 18/19 incorporating a scanning facility which will allow communications and clinics to be targeted in future

13	Additional Detail *Include detail around when this review is likely to be considered by the Boards senior management team.*
RIE	• Site debrief has taken place and will feed into NHS Lothian debrief
SJH/West Lothian	• Extremely challenging winter all round • Concerns remain well into April and UC demand continues to challenge Acute Hospitals • SAS transfer delays including urgent 999 ambulances significant delays – patients at risk – children's transfers off site to RHSC impacted despite additional SAS vehicle • Speciality reviews in the ED need to be quicker – Mental Health, Plastic Surgery

	- Delayed Discharge position is at its highest ever recorded in West Lothian. - Daily discharging – need to discharge much earlier in the day and over the weekend. Focus needs to be here. - The frail elderly population growth in West Lothian has impacted greatly, patients are presenting to hospital, sicker, frailer, older with multiple co-morbidities. Their ability to go home again is significantly decreasing and their care needs are much higher. POC increases and demand is significantly increased and unable to cope with the demand. - Access to Diagnostics on the SJH site needs a review – many diagnostics not available out of hours or at weekends , USS, CT scanning - ED workforce review needs to be prioritised - ED redesign of the real estate also needs to be prioritised overcrowding now the norm on most days in the ED - Boarding numbers at an all time high with surgical wards being taken over for a number of weeks with medical patients.
WGH	- Staffing response when under pressure to provide additional capacity and opening of unfunded capacity. Extremely stressful for all staff but WGH site morale, teamwork and supportive environment meant that staff worked well together to minimise risk for patients - Planned approach to prioritisation of elective patients / theatre lists to support a co-ordinated and consistent approach across all surgical specialties with the authority of having been issued by the Medical Director was helpful. Support for surgical colleagues at times of cancellation of electives (including cancer surgery patients) and providing support to ensure patients were clinically prioritised. Surgical teams have been very understanding and supportive of the need to do this despite the issues caused for patients and staff. - In spite of planned reduction in elective activity as part of the Winter Plan, significant volume of scheduled care cancellations – impact on patients and reputational damage, very significant number of patients cancelled. Ongoing impact on the ability to deliver timely access to surgery as efforts are made to reschedule surgery.
Midlothian	- The monthly Lothian unscheduled care meetings have been really helpful and supportive to developing and implementing the winter plans. However the winter planning probably needs to start earlier and access to what available funds there are for winter planning would be really advantageous.
Miscellaneous	- Recognising the sustained challenges that were due to impact service throughout winter the unscheduled care committee initiated a whole system response to winter planning. This was seen to be of particular

	benefit and provided further linkages between health and care services throughout Lothian.

14	Top Five Local Priorities for Winter Planning 2018/19
RIE	• Establish system-wide escalation and response protocol that delivers downstream flow in timely response to acute hospital pressures • Better maintain discharge levels across weekends and Public Holidays • Increase medical capacity out of hours • Increase Public Holiday multi-disciplinary team cover • Develop closer working relationships with the four IJBs to aid winter planning.
SJH	• Point of Care Flu testing facility is a priority for the ED • Redesign of the ED and Observation Ward ED with overall medical and nursing workforce supported. • Increased medical staffing over winter to support boarding • DVT pathway – single pathway • Delayed Discharges on the Acute SJH site – this needs to improve in collaboration with H&SCP.
WGH	• Continue to develop links with IJB's, locality hubs remain embryonic and have not delivered benefits at this stage. • Better use of prediction models especially on flu – information from Southern Hemisphere identified a likely high level of respiratory admissions and we should have better used this information. • Stronger medical staffing input to decision making / review OOH support. • Consider day case and cancer surgery only as part of the elective programme planning. • Clear Pan-Lothian escalation plan with agreed triggers and responses.
AHP	• Finance of winter posts • Proactive recruitment with induction availability • Staff competence • Collaborative working with IJB colleagues
Midlothian	• Commence Winter planning in June 2018 • Identification through IJB funding priorities • Review all Intermediate care service models • Complete Care at Home and Discharge planning reviews

	• Resilience exercise completed.
East Lothian	• Reduce delays • Review community list awaiting care • Increase discharge to assess capacity with third sector support • Completely review East Lothian Care at home service and Hospital to home with a view to merging teams to enhance community response and rehabilitation
West Lothian	• Partnership approach • Increased medical staffing over winter as well as AHP/Nursing to support, Hospital at Home and Packages of Care • Access to 4x4 vehicles • Use of business continuity plans and communication • Uptake of flu vaccines for staff
CEC	• Move to a 7-day working model within locality hubs • Consider care home/bed model within Edinburgh HSCP • Implement care home liaison nurse role now the job description has been agreed • Expand Hospital at Home to other localities • Use advanced practitioner role within Community Respiratory Team

15	Views on Wider Winter Planning Process & Suggestions for Improvement
RIE	• Whole system integrated as well as local response is required.
SJH	• Plan for winter capacity now and agree – at the onset of this winter surge capacity was not even considered. • Can the flu vaccination be given earlier? If we know from Australia the strain why can't we vaccinate early • Public confidence in the flu vaccination will require work after this year when it didn't capture the flu • Local Investments in frail elderly strategies needs to be given priority • Nurse recruitment is challenging – we use Adhoc agency which leaves us with significant gaps in rotas – knowing that we cannot recruit to winter nursing can we agree and secure block agency nursing contracts for winter?
WGH	• Whole system integrated approach as well as local response is required. • Pan Lothian escalation plan to be agreed and enacted • Enhanced community / IJB response in preparation and in response to winter pressures including Delayed

	Discharges • Consideration of wider 7 day working (recruitment would be a challenge) including full multi-disciplinary team • Realistic approach to ability to recruit and implement plans across system – Lothian approach was non bed based but not able to deliver so reverted to beds at late stage. • Challenges of transfer of care to health and social care service from acute sites. • Evaluation around triage / signposting to alternatives services trio be explored. • Capacity to support in community scope for primary care / GP practices to cope with winter pressures / resourcing to support admission to acute setting of vulnerable patients.
AHP	• Winter services rarely commence in January- additional capacity is required to be functioning in mid December at the latest.

NHS LOTHIAN

Board Meeting
27 June 2018

2.5

Executive Director, Nursing, Midwifery and Allied Healthcare Professionals
Executive Lead, REAS and Prison Healthcare

DRAFT 2018-19 ANNUAL OPERATIONAL PLAN

1   Purpose of the Report

1.1   The purpose of this report is to recommend that the Board note the progress in the development of the 2018-19 draft Annual Operational Plan and the further work to be undertaken following confirmation on 31 May 2018 of a funding allocation to support performance improvement.

       Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2   Recommendations

2.1   The Board supports the further work to be undertaken relating to allocation of national funds to support delivery of the NHS Lothian's 2018-19 draft Annual Operational Plan

2.2   The Board agrees to delegate responsibility to the Finance and Resources Committee in approval of recommendations associated with the investment of funds to support delivery of key performance improvements during 2018-19.

2.3   That the action stated at 2.2 will be considered and agreed at the Finance and Resources Committee on the 25 July 2018.

3   Discussion of Key Issues

3.1   Scottish Government guidance (Appendix 1) relating to the development of an Annual Operational Plan (to replace the Local Delivery Plan) was received on 9 February 2018 requesting a draft operational plan was submitted by 28 February 2018.   The draft 2018-19 Annual Operational Plan is to focus primarily on performance, finance and workforce, concentrating on the core standards which are most important to patients: cancer waiting times, Treatment Time Guarantee, outpatients, diagnostics, mental health and A&E performance with an expectation NHS Boards as a minimum return to waiting times levels delivered at 31 March 2017.

3.2   A draft 2018-19 Annual Operational Plan was discussed at the NHS Lothian Board Development Session on 7 March 2018, the draft plan was submitted to the Scottish Government on 9 March 2018. The draft plan which was updated to incorporate comments at the Board Development Session is appended to this paper (Appendix 2).

3.3   NHS Lothian's draft 2018-19 Annual Operational Plan set out a number of options and financial implications to support the performance improvement as summarised below.

Measure	Option	Cost	
		Recurring	Non Recurring
Outpatients and the 12-week standard	1 No investment cease Waiting List Initiative (WLI)	0	
	2 Limited Investment – continue WLI only	2,400,000	
	3 Continue Access Investment at 2017/18 level	7,456,000	
	4 Increase Access Investment to £17.4m – targeted at Outpatients	17,432,000	
	5 Achieve Board level March 2017 performance	18,712,000	
	6 Achieve Specialty level March 2017 Performance	32,000,000	
Treatment Time Guarantee	1 No investment (cease WLI)	0	
	2 Limited Investment – continue WLI only	850,000	
	3 Continue Access Investment at 2017/18 level	1,050,000	
	4 Increase Access Investment to £17.4m – targeted at Outpatients	850,000	
	5 Achieve Board level March 2017 performance	6,082,000	
	6 Achieve Specialty level March 2017 Performance	(included in option 6 for Outpatients)	
Emergency Access Standard – the 4-hour wait	Support for community services in Edinburgh	4,000,000	
CAMHS	Delivery of 18 weeks	3,125,000	752,000
Psychological Therapies	Delivery of 18 weeks	1,267,000	705,000
TOTAL		**Up to £40,392,000**	**£1,457,000**

3.4   Scottish Government feedback relating to NHS Board draft 2018-19 Annual Operational Plans was received on 31 May 2018 (Appendix 3), however no specific feedback either in relation to the options above or the wider service issues has been received on the draft plan.   Feedback outlines the importance of NHS Boards continuing to plan and delivery elective performance across all specialties to ensure maintenance of safe and effective care. Additional national funding of £50m will be

distributed across NHS Boards in two tranches of £25m (up to end of September 2018 and October 2018 to March 2019). NHS Lothian's total National Resource Allocation Committee (NRAC) share of funds totals £7,402,000 (two allocations of £3,701,000).

3.5 Clearly the funding allocation to NHS Lothian falls short of the estimated funding requirement to support the performance improvements to deliver March 2017 levels. Further work will now be undertaken to assess the implications of the additional funding associated with Option 2 Limited Investment for WLI and Option 3 Continue Access Investment at 2017/18 levels. The Corporate Management Team will undertake the initial review and the outcome of this work is taken to the Finance and Resources Committee for consideration and approval. This should be completed for the Finance and Resources Committee on the 25 July 2018.

4   Key Risks

4.1 Given the funding allocation announced through the Scottish Governments response to the draft operational plan it is clear that NHS Lothian will be unable to deliver March 2017 performance levels associated with key performance indicators outlined in the draft plan and maintain a balanced financial position.

5   Risk Register

5.1 NHS Lothian's Risk Register includes the risks associated with delivery of performance targets. The Risk Register will need to be updated following confirmation of investment of the 2018-19 Annual Operational Plan funding allocation and the expected level of performance improvements. The risk will be reviewed as part of the process highlighted at 3.5 above.

6   Impact on Inequality, Including Health Inequalities

6.1 An impact assessment will require to be undertaken to assess the impact of targeted investment associated with the funding allocation to improve performance. Again aligned to the process highlighted at 3.5.

7   Resource Implications

7.1 The resource implications are NHS Lothian will receive an additional £7,402,000 (£3.701,000 to September 2018 and a further £3.701,000 from October 2018) to support performance improvement.

7.2 Further work will be undertaken to discuss and agreement investment of funds associated with the draft 2018-19 Annual Operational Plan.

Alyson Cumming
Strategic Programme Manager
11 June 2018
alyson.cumming@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Scottish Government Guidance 2018-19 Annual Operational Plan
              9 February 2018
Appendix 2: NHS Lothian Draft 2018-19 Annual Operational Plan
Appendix 3: Scottish Government Letter 31 May 2018

Directorate for Health Performance and Delivery
NHS Scotland Director of Performance and Delivery
Alan Hunter

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0131-244 7512
E: alan.hunter@gov.scot

To: NHS Board Chief Executives
cc: Integration Authority Chief Officers

Healthier
Scotland
Scottish
Government

6 ESSENTIAL
ACTIONS
Unscheduled Care

9th February, 2018

Dear Chief Executive

There is significant change to the Health and Social Care planning environment at local, regional and national level, with the introduction of Integration Authority commissioning plans, significant developments in workforce planning, financial planning and regional planning for transformational change.
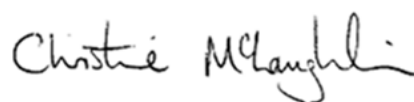
Respecting the specific roles of all of these components, you will appreciate that it is important for us to develop an overall understanding of how health and social care is likely to function in the year ahead and how you intend to achieve local system improvement. To help us with that and as a transitional step, the Local Delivery Plan process will be replaced by a request for each Board to submit an Annual Operational Plan for 2018-19, shared and aligned with the strategic plans of the relevant IJBs. This should focus primarily on performance, finance and workforce, concentrating on the key standards that are most important to patients, whilst we undertake a review of the broader LDP Standards during the coming year. This transitional step will facilitate a greater understanding of the assumptions within local systems that underpin successful delivery of performance across the whole system, aligning with the Regional Planning process which will set out in more detail the longer term approach to transformation.

A draft Operational Plan should be submitted by each NHS Board by **28th February** and provide detail on assumptions made in relation to the points set out in Annex 1. This should be a short, focussed document, which draws together key planning assumptions which reflect the local system priorities and will form the basis for the discussions we will be having individually with each Board between the end of February and the end of March.

Yours sincerely

Alan Hunter
NHS Scotland Director of Performance and Delivery

Christine McLaughlin
Director of Health Finance

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

INVESTOR IN PEOPLE   POSITIVE ABOUT DISABLED PEOPLE

Annex 1

The Annual Operational Plan should focus on the following areas:

1. Expected performance by March 2019 (with an assumption on the expected position at 1 April 2018). This should be focussed on the core standards in relation to the following; cancer waiting times, Treatment Time Guarantee, outpatients, diagnostics, mental health and A&E performance. The minimum aim is to return to/at least maintain waiting times at 31st March 2017 levels and your submission at the end of February should set out quarterly improvement milestones/targets for each specialty. Throughput and capacity should be maintained at least at current levels, i.e. core, WLI and Independent Sector for the first 6 months of 2018/19. This will allow time and space for transformational initiatives to start to deliver and for on-going capacity and throughput discussions to take place.

2. Plans being developed with Integration Authorities to reduce delayed discharges, avoidable admissions and inappropriately long stays in hospital, with focus to reduce unscheduled bed-days in hospital care by up to 10 per cent (i.e. by as many as 400,000 bed-days across Scotland).

3. The actions that NHS Boards will take, consistent with the actions of other bodies and external partners, to improve the health of the public, particularly with reference to the prevailing burden of disease and the requirement to tackle addictions.

4. For Special Health Boards, 1-3 above should be substituted with the relevant performance measures for each Board.

5. Based on current assumptions, anticipated outturn against both resource and capital budgets – reflecting indicative baseline provided in the 2018-19 Draft Budget.

6. The current anticipated level of savings required to deliver financial balance for 2018-19.

7. Commitment to deliver the requirements set out in Draft Budget letter of 14th December – specifically in relation to shifting the balance of frontline NHS spend:
   - Further funding for mental health being additional to a real terms increase to 2017-18 spending levels:
   - Additional funding for primary care used to support primary care transformation: and
   - Continued transfer of share of £350 million from baseline budgets to Integration Authorities to support social care.

The financial information provided will give a high-level picture of your Board's anticipated financial position in 2018-19. In order to have greater clarity in relation to Boards' planned savings and associated risk, as well as other core financial information, such as anticipated allocations, a more detailed report will be requested through Directors of Finance. This will be similar to the financial information required in previous years (although will only cover a one year period), but will not be required to be completed at the same time as the Annual Operation Plan. This will be discussed further at the Directors of Finance meeting on 15th February.

DRAFT

2018-19 ANNUAL OPERATIONAL PLAN

TABLE OF CONTENTS

1.   Introduction

NHS Lothian's 2018-19 Annual Operational Plan replaces the Local Delivery Plan which has been published in previous years. This Annual Plan focusses primarily on providing a high level picture of NHS Lothian's anticipated financial position in 2018-19, outlines our approach to developing our workforce and the delivering a number of key performance standards to ensure we continue to improve outcomes for people who use our services and is aligned with the four Lothian Health and Social Care Partnership's strategic plans.

Our plan focuses on performance relating to cancer pathways, diagnostic tests, access to new outpatient appointments, mental health services, delivery of guarantees associated with elective inpatient and day case treatments and the accident and emergency four hour target with an aim to improve delivery of these key standards to achieve, as a minimum, the level of performance delivered in March 2017.

The plan outlines our approach to support improvement in the delivery of key performance standards which includes a requirement to access additional capacity to support the treatment time guarantees but also continue with our programme of transformational change in the way we provide services. Transformation change will require a whole systems approach and therefore it is important to recognise the contribution of the four Lothian Integration Joint Boards (IJB) 2018-19 strategic plans, delivery of the IJB performance indicators and progress in shifting the balance of care from hospital to community services.

NHS Lothian is working in collaboration with NHS Fife and NHS Borders to develop an East of Scotland Regional Plan which will be finalised by the end of March 2018. This plan will contribute to the longer term delivery of key performance standards.

Our plan includes an outline of NHS Lothian's 2018-19 Financial Plan which includes the funding implications associated with provision of additional capacity required to improve our performance. This plan also provides an assessment of the deliverability of this additional capacity within the timescales.

2.   Improve the Health of the Public

To support improvement in the health of the Lothian population, a strategic approach has been developed with broad aims to:

Ensure a greater focus on the social determinants of health by:
- delivery a health in all policies approach in community planning partnerships with a focus on prevention and tackling inequalities
- leading work at locality / county level to focus partnership effort on wider determinants of health

Prevent the spread of communicable and non-communicable diseases and environmental hazards through:
- delivery of an effective health protection function locally for NHS Lothian
- leading screening and immunisation programmes across Lothian

Contribute to service improvement within NHS Lothian and partner organisations by:
- supporting epidemiological, planning, quality improvement and health promotion work within health and social care partnerships and hospital settings
- creating a focus on prevention activity
- supporting partnerships to engage with wider community planning functions

In order to take forward delivery of broad aims outlined above, the following actions will be taken forward:
- Creating teams to work in community planning partnership areas
- Maintaining multidisciplinary expertise in key topics e.g. immunisation, substance misuse, children and young people, quality improvement)
- Systematic surveillance of population health and wellbeing, assessment of health need, measurement of inequalities and evaluation of health outcomes
- Supporting professional function including public health staff education, training, research and development
- Workforce planning to support professional development of the wider public health workforce and continues support to the public health training programme

NHS Lothian will also undertake a number of actions during the next year to:
- support the introduction of Smokefree prisons by November 2018
- respond and begin to implement Scottish Government strategies on obesity, drugs and alcohol (due to be published during 2018)
- publish NHS Lothian's Equality and Human Right Plan in June 2018
- develop an NHS Lothian Oral Health Implementation Plan to support the National Oral Health Strategy by December 2018

These strategic aims will be supported by a plan for public health services and teams associated with population health, health promotion, health protection and Smokefree Lothian.

3. Delivery of Key Performance Measures
3.1 Outpatients and the 12 week standard
3.2 Treatment Time Guarantee
3.3 Cancer Waiting Times – the 31 and 62-day standards
3.4 Diagnostic tests
3.5 Emergency Access Standard – "the 4-hour wait"
3.6 Children and Adolescent Mental Health Services (CAMHS)
3.7 Psychological Therapies

In line with guidance, the key performance measures referred to in our plan relate to those deemed to be most important to patients as outlined above.

NHS Lothian has in recent years experienced challenges in delivery of key performance measures due to population growth and demographic change resulting in additional demand for our services.

The sections below provide an overall summary of performance trajectories. A further detailed breakdown of trajectories by specialty is available in Appendix 1.

A summary of investment to support recovery of access performance is outlined below.

Measure	Option	Cost	
		Recurring	Non Recurring
Outpatients and the 12-week standard	1 No investment (cease WLI)	0	
	2 Limited Investment – continue WLI only	2,400,000	
	3 Continue Access Investment at 2017/18 level	7,456,000	
	4 Increase Access Investment to £17.4m – targeted at Outpatients	17,432,000	
	5 Achieve Board level March 2017 performance	18,712,000	
	6 Achieve Specialty level March 2017 Performance	32,000,000	
Treatment Time Guarantee	1 No investment (cease WLI)	0	
	2 Limited Investment – continue WLI only	850,000	
	3 Continue Access Investment at 2017/18 level	1,050,000	
	4 Increase Access Investment to £17.4m – targeted at Outpatients	850,000	
	5 Achieve Board level March 2017 performance	6,082,000	
	6 Achieve Specialty level March 2017 Performance	(included in option 6 for Outpatients)	
Emergency Access Standard – the 4-hour wait	Support for community services in Edinburgh	4,000,000	
CAMHS	Delivery of 18 weeks	3,125,000	752,000
Psychological Therapies	Delivery of 18 weeks	1,267,000	705,000
TOTAL		Up to £40,392,000	£1,457,000

Options for recovery of performance relating to outpatient and inpatient / day case treatment time guarantees relate to:

Option 1 outlines the expected performance impact of a "do nothing" option – i.e. no investment. This includes cessation of in-house waiting list initiatives since these are currently financed via additional Access support funding.

Option 2 provides an assessment of the impact of continuing Waiting List initiatives, at the same level as last year on outpatient and TTG performance.

*Options 3-5 detail scenarios for **board level** performance improvement based upon the level of investment available. have been prepared using primarily the clinical risk matrix to prioritise resources against high risk specialties.*

Option 3 details expected performance if same investment is made in 2018/19 as 2017/18. Investment will be made based on clinical risk matrix

Option 4 details expected performance if investment of an additional £10m is available above 2017/18 level

Option 5 details return to March 2017 performance cost. This is based on prioritising resources against higher volume, lower cost specialties using clinical risk matrix.

Option 6 reflects recovery of *individual specialty* performance irrespective of clinical risk matrix. i.e each individual specialty returns to March 2017 performance.

CAMHS and Psychological Therapies – further work is being undertaken to confirm recurring and non-recurring funding assumptions.

There remain a number of operational challenges to maximising capacity. For NHS services, this is the ability to expand infrastructure and workforce at short notice and without recurring investment. The options are therefore predominantly focussed on use of external service providers, both on NHS facilities and at independent sector hospitals. Assumptions around the use of medical services providers on NHS facilities are predicated on the agreement of appropriate clinical models.

Costs are estimated based upon indicative pricing for independent sector providers. This assumes that there is limited capability to expand internal capacity beyond historic Waiting List Initiative levels. An exception has been made in relation to Diagnostic Endoscopy where the board has approved implementation of a three year recovery plan including step increases to internal NHS capacity. Independent sector providers are assessed on a mix of medical services provision on NHS facilities, using a See and Treat model for outpatients, and the use of Independent sector hospital providers for both See and Treat outpatients and Treat only services. Cost estimates remain indicative pending further work to assess detailed case mix requirements.

Discussions with individual providers have indicated that there will be a number of constraints on capacity, notably operating theatres, workforce and time to implement (due to requirements for appropriate booking/patient administration arrangements). Our procurement service has undertaken initial scoping with providers to source potential capacity, however a full procurement exercise will be required to finalise actual capacity and pricing. Providers have indicated that a longer term commitment to volumes will help secure the workforce and infrastructure necessary. The timescales to procure and implement additional capacity with external providers mean that it is highly likely these arrangements will not be in place by 1 April 2018. This presents a particular challenge to the delivery of options 4-6.

3.1   Outpatients and the 12 week standard

The outpatient appointment standard indicates the need to ensure 95% of individuals wait for no longer than 12 weeks from referral to first appointment.

Trajectories associated with achievement of the outpatient performance to March 2017 performance levels by March 2019 (depending on level of investment) is summarised below.

Option	Description	Outpatient Performance March 2019
1	No investment (cease WLI)	43,079
2	Limited Investment – continue WLI only	33,994
3	Continue Access Investment at 2017/18 level	26,090
4	Increase Access Investment to £17.4m – targeted at Outpatients	16,614
5	Achieve Board level March 2017 performance	15,487
6	Achieve Specialty level March 2017 Performance	15,487

There is also significant focus on actions to improve outpatient performance which includes:
- reduction in the number of individuals who do not attend (DNA);
- triage of letters to advice only clinics to provide GPs and patients with advice;
- reduce demand associated with return appointments to create additional new appointment capacity;.
- new outpatient wait lengths are now available on Ref Help and are refreshed on a monthly basis;.
- collaborative test of change with NHS 24 to contact long waiting GI patients using clinical algorithm
- keeping in touch programme with longest waiting patients, resulting in between 3.4% and 20% removals depending on specialty, as well as options to escalate patients as clinically indicated.
- introduction of primary care faecal calprotectin testing, consultant triage and new Ref Help guidance has seen a sustained reduction in new GI referral of 400patients/month
- FiT test evaluation commences in 1 April 2018, with aim to reduce number of GI/endoscopy referrals

Further work on activity and capacity is being taken forward under Delivering for Patients (DfP)
- Standardised approach to DCAQ modelling across Acute Services
- Regular training and education extended to community and social care partnerships
- Utilising discovery to benchmark opportunities for redesign, efficiency and productivity

The Modern Outpatient Programme, launched by the Scottish Government in 2017, aims to reverse the year on year increase in hospital based outpatient appointments.

Implementation of the programme requires NHS Lothian to reconfigure the model of care for 63,000 outpatient appointments (circa 3% of total outpatient attendances per year) by 2020. NHS Lothian has established its own Out Patient Programme Board chaired by Medical Director.

This is a transformation programme focussing on reducing demand, increasing productivity and efficiency and optimising innovation. The programme includes:
- Strengthening knowledge exchange and self- management within the community
- Access to decision support, care planning and care services in the community wherever safe and appropriate
- Focus hospital consultant resource on more complex patients recognising the role of the GP and wider community teams
- Reducing variation in return appointments and review processes as clinically appropriate
- Expansion of nurse led clinics
- Rapid access clinics such as the respiratory clinic
- Establishment of advice only clinics
- Pilot the development of community based 'monitoring' service which involve phlebotomist and clinical support workers to take bloods and other samples

3.2 Inpatients and Treatment Time Guarantee

The inpatient and day case treatment standard indicates the need to ensure 100% of individuals wait for no longer than 12 weeks for inpatient and day case treatment.

Trajectories associated with achievement of the inpatient and day case performance to March 2017 performance levels by March 2019 (depending on level of investment) is summarised below.

Option	Description	IPDC Performance March 2019
1	No investment (cease WLI)	5,526
2	Limited Investment – continue WLI only	3,662
3	Continue Access Investment at 2017/18 level	3,502
4	Increase Access Investment to £17.4m – targeted at Outpatients	3,662
5	Achieve Board level March 2017 performance	1,362
6	Achieve Specialty level March 2017 Performance	1,362

Work is on-going to ensure maximum efficiency and productivity is achieved through:
- quarterly meetings with service management teams to review performance and share good practice, using discovery to benchmark opportunities including day surgery rates, Cancellations, pre-operative length of stay

- implementation of a theatre improvement programme to drive theatre efficiency and productivity by delivering the following projects and outcomes;

- Workforce Development - Improve staff moral, enhance training and development and reduce the use of supplementary staffing.
- Booking and Scheduling - Increase overall Theatre utilisation and corresponding throughput to achieve theatre utilisation target of 88%, for funded sessions.
- Hospital Sterilisation and Decontamination Unit - To significantly increase the success rate of achieving the 'four R's' (Right Kit, Right Condition, Right Place, Right Time) in supply of medical instrumentation to theatres.
- Right Sizing Emergency Theatre at Western General Hospital - Ensure no patient waits longer than is clinically acceptable for non-elective surgery by right-sizing CEPOD Theatre.
- British Association of Day Surgery (BADS) - Increase number of elective day case surgical procedures in line with BADS recommendations.

- Weekly theatre 'Matrix' meetings to ensure optimum booking of theatre sessions, rolling out standard approach across all acute sites.

An Initial Agreement for a short stay elective centre at St John's Hospital will be submitted for consideration by the Capital Investment Group in the first quarter of financial 2018-19, which would provide significantly increased capacity by 2021.

3.3   Cancer Waiting Times– the 31 and 62-day standards

Cancer performance standards relate to the need to ensure 95% of people urgently referred with a suspicion of cancer and diagnosed with cancer are treated within 62 days of urgent referral and for all those diagnosed with cancer 95% are treated within 31 days of decision to treat.

Performance against these standards have declined in the past year, a summary of performance at March 2017 and expected performance at March 2018 and trajectory relating to performance at 2019 to achieve as a minimum to maintain performance at the March 2017 level for all cancer types is outlined below.

Standard	March 2017	Predicted March 2018	Trajectory March 2019
62 Days	94.9%	93.2%	95%
31 Days	92.8%	91.4%	93%

To support improvements in cancer pathways, NHS Lothian is undertaking:
- a review of cancer referral tracking resilience with a view to ensuring that cancer trackers are part of the cancer intelligence workforce
- focus on capacity bottlenecks within the urology service and recruitment of a consultant experienced in undertaking robotic prostatectomy procedures
- review of the policy relating to escalation of cases requiring treatment
- additional capacity has been introduced in gynaecology to support patients whose pathways have been longer than anticipated
- private sector capacity is being identified to support additional urology, colorectal and gastroenterology cancer treatments

- ongoing improvements in the treatment of patients with cancer of unknown primary
- testing improvements in the melanoma pathway
- addressing gaps in capacity to meet the time to colonoscopy for patients with urgent suspicion of cancer identified through screening

3.4   Diagnostic Tests

Individuals should wait no longer than 6 weeks following referral for key diagnostic tests relating to endoscopy (upper and lower endoscopy, colonoscopy and cystoscopy) and radiology (CT scan, MRI scan, barium studies and non-obstetric ultrasound).

NHS Lothian is delivering diagnostic tests within 6 weeks for ultrasound, CT scan and barium studies and will continue to do so during 2018-19. It is predicted at April 2018, 18 individuals will wait over 6 weeks for an MRI scan with improvements expected to be delivered during 2018-19 to ensure no individuals are waiting beyond 6 weeks at the end of March 2019.

A summary of trajectories associated with delivery of diagnostic tests where performance is wait for test is greater than 6 weeks is outlined below.

Standard	March 2017	Predicted April 2018	Trajectory March 2019
Scopes	2,143	4502	5,768
MRI	N/A	18	0

The endoscopy trajectory takes account in part the endoscopy sustainability plan i.e the continuation of Waiting List Initiatives and improved efficiencies but does not take account of recruitment of locum nurse endoscopists

Recovery plans for diagnostic scopes impact on both outpatient and diagnostic standards. The cost of recovery actions has been shown within the outpatient recovery plan figures and as such there is no further expenditure noted against numbers over 6 weeks for diagnostic scopes.

NHS Lothian will also continue to build upon successful regional planning to support improvement in diagnostic waits through the regional endoscopy unit and radiology services. Detailed DCAQ work has been implemented to identify and stratify areas of pressure and opportunities to increase efficiencies.

NHS Lothian Medical Director has supported the development of a clinical risk process to identify patients at highest risk due to long waits which focusses on the probability due to the length of wait of the patient condition deteriorating or significant diagnosis is delayed and this process is now in active use to support allocation of resources .

A number of actions have already been put in place to help reduce the gap between demand and capacity for Endoscopy. These include sourcing additional internal

11

capacity via evening and weekend waiting list initiatives, external capacity in the independent sector, recruitment of an additional Nurse Endoscopist and improvement in utilisation across all sites, including the Regional Endoscopy Unit with the introduction of Patient Focused Booking.

Resources have been diverted to Urgent (including Urgent Suspicion of Cancer) referrals reducing the waiting time for these patients to 28 days from 52 at the end of March 2017. Some capacity has also been diverted to Planned Repeat patients on clinical advice as there might be high risk patients in these queues.

A sustainability plan is being created to describe the actions and resources required to achieve a balanced position for Endoscopy over the course of the next three years. This is based on detailed DCAQ analysis for new patients which is now complete and will also include analysis for surveillance patients. This work will be completed by the end of March 2018.

The plan references opportunities to increase capacity at Leith Community Treatment Centre and the new East Lothian Community Hospital, as well as developing additional endoscopy rooms at the Western General and St John's sites.

Over the three years to March 2021 the total revenue costs to achieve no new patients waiting over 6 weeks is expected to be £10.6m, primarily focussed on the recruitment and training of additional nurse endoscopists with a further £0.25m capital investment; the recurring revenue commitment beyond this period would be £1.76m (2017-18 costs). Addressing the backlog of surveillance patients will require an estimated investment of £3.4m (non recurring), while the cost to address the recurring gap will be quantified by the end of March 2018. Re purposing two rooms at WGH and SJH would cost an estimated £1.0m from capital (including equipment required) and £0.9m from revenue (staffing).

We recognise that there are clinical risks associated with long waits for Endoscopic procedures and have taken action to mitigate these. A 'Keeping in Touch' exercise has been commissioned as a part of a national pilot through the Scottish Government Access Team. Since December 2017, we made contact with 1,350 new patients waiting for routine G.I. Endoscopy confirming their position on the waiting list, signposting to self help or advice as appropriate and enacting on any new clinical information provided.

A nurse triage system was also put in place in June 2016 due for planned repeat or surveillance GI endoscopies. This was a model in place in NHS Lanarkshire and was revised to fit and subsequently implemented in NHS Lothian This allows us to fast track any patients of concern as well as remove any patients who do not require their procedure any more. Any changes to the status of patients on the waiting list is communicated to the clinical team in charge of their care as well. Over 3,500 patients have been contacted as part of this process.

3.5   Emergency Access Standard – "the 4-hour wait"

The standard indicates 95% of individuals should wait no more than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. The 4-hour emergency access standard is a barometer of whole system pressures and is not an Emergency Department standard. Indeed, the delivery of this standard is key to the integration agenda and as such, this section of our plan needs to be read in conjunction with the Directions and Strategic Plans of the four IJBs NHS Lothian partners with, and their operational plans for 2018-19.

Nationally number of attendance at Accident and Emergency Departments has continued to rise, this has also been the experience in Lothian resulting in decline in delivery of the standard, particularly over winter months.

Within NHS Lothian, between the 2016/17 and 2017/18 financial years, we have seen a rise in average monthly emergency attendances with an increase of circa 2.4%, with a small increase in average monthly unscheduled admissions (1.75%) and unscheduled total occupied bed days (0.15%).

When comparing the winter period of December - February 2016/17 and 2017/18 there has been an increase in the number of delayed discharges of 16% (279) on adult sites. This has impacted on flow and the ability to flexibly respond to peaks in demand and adds to pressures on capacity, performance and at times the elective programme

A summary of projections associated with the delivery of the 4 hour standard is outlined below.

4 Hour Standard	March 2017	Predicted March 2018	Trajectory March 2019
Royal Infirmary of Edinburgh	95.85%	86.25%	95.35%
St. John's Hospital	95.46%	93.46%	95.46%
Western General Hospital	93.16%	88.76%	93.76%
Royal Hospital for Sick Children	97.74%	97.74%	97.74%

The recovery and sustainability of the 4 hour standard is complex as the performance is multi-factorial in cause, and recovery plans take account of this.

Following on from whistleblowing concerns raised at St John's Hospital relating to the culture and management of the 4 hour emergency care standard and concerns raised alleging manipulation of performance at the Royal Infirmary in relation to the management of the 4 hour emergency care standard, we commissioned an Internal Audit Review and Significant Adverse Event Process , which both produced improvement actions.

We are currently awaiting the report from the Scottish Government commissioned Academy of Medical Royal Colleges Review chaired by Professor Derek Bell.

An improvement plan has been developed with actions including :
- The development of a New SOP aligned to National Guidance to support the accurate recording and reporting of A&E performance and 4 hour breaches
- Creation of ED SOP Dashboard to support Managers and governance process
- A Staff Organisational Development Programme to support individual and team development within and across sites
- Refreshed Access and Governance Terms of Reference and membership to rebalance organisational focus on unscheduled care along with scheduled care
- A focus upon increased visibility from Senior Managerial/Leaderships structures across the adult sites.

Each site has an improvement plan aligned to the 6 Essential Actions being taken forward through site triumvirate leadership team support by unscheduled care improvement manager and data manager.

Review of key patient pathways including review of ambulatory care pathways is being undertaken to improve patient experience and performance aligned to national guidance. Current analysis of this pathway has shown that performance could be improved by circa 6%. Some of this work may result in both capital and revenue implications.

St John's Hospital are currently defining a capital plan to expand the current 12 bay Emergency Department to meet their unscheduled care demand.

There are specific and acute issues relating to performance within the Edinburgh Integration Joint Board (IJB) and access to social care services in particular and community services more broadly. Detailed and intensive work is ongoing by the interim management team of the Edinburgh Health and Social Care Partnership, including targeted review of dynamic discharge processes in conjunction with the Scottish Government.

To support this the City of Edinburgh Council have committed an additional £4m in their 2018-19 budget to support improved performance, above with specific improvement targeted around the delayed discharges performance as a result of investment to enhance hospital flow for patients both at the front and back doors. The Edinburgh IJB is considering setting aside £2.6m from reserves for this purpose, and there is a request of NHS Lothian to set aside a further £4m to support improved performance.

3.6   Children and Adolescent Mental Health Services (CAMHS)

The key performance standard relating to CAMHS mandates 90% of those referred wait no longer than 18 weeks from referral to treatment.

A CAMHS recovery plan was put in place in September 2016 focussing on reducing the longest waits on the Generic Waiting List by:

1. Reducing the number of Choice assessment appointments
2. Change in the role of Community Mental Health Worker (CMHW)
3. Recruitment of additional staff

Additional non recurrent funding made available through the Innovation Fund and Building Capacity was used in total to employ additional staff to target the longest waits.

At the start of the Recovery Plan, 825 Children and Young People (CYP) were waiting over 18 weeks for treatment. As at December 2017, 436 CYP are waiting over 18 weeks.

The original recovery plan, modelled that no patients should be waiting over 18 weeks for treatment by end September 2017. Whilst the smaller teams, are close to achieving the 18 week standard, the biggest challenge is in the two Edinburgh Teams, while significant progress has been made, a large number of CYP remain over 18 weeks. The numbers waiting over 18 weeks by Generic team are outlined in the table below.

Patients waiting over 18 weeks on the Generic CAMHS Waiting List

Team	Over 18 weeks per Recovery Plan	Over 18 weeks as at 29/01/18
North	255	218
South	240	97
East	70	46
Midlothian	114	43
West	147	32
	825	**436**

Inability to achieve the CAMHS performance standard includes;
*   The reduction in CMHW Building Capacity Time did not actually release any significant time back to the teams to convert to new treatment. The time released was instead utilised to implement consistently across all teams telephone consultation and has where possible been used to support in instances of sickness, vacancy and other absence, with the time being used to pick up patient already in treatment as explained below.

*   Staff vacancy and sickness absence means that it is clinically appropriate that the caseloads of those staff are allocated first before new patients are taken from the waiting list. Sickness absence is relatively low across CAMHS (average 2.6%) but the size of the teams means that one absence or vacancy can impact relatively significantly. It is right that those already in treatment, continue with treatment rather than it stops due to staff leaving.

*   In Midlothian, continued improvement on generic long waits was limited latterly as resources were diverted to the ADHD waiting list which had the longest waiters due to medical staffing vacancies and difficulties in recruiting locum cover.

- In East, issues around autism assessment meant that CAMHS working jointly with Community Child Health (CCH) focussed on very long waits that were with CCH, thus taking time away from the Generic Waiting List.

- In North, a fire at the RVH, followed by flood and other issues at D Block, WGH, has impacted negatively on their ability to reduce the longest waits.

The performance position for CAMHS teams at end January 2018 is outlined below;

Across all the CAMHS Teams
- The overall number of CYP waiting over 18 weeks increased by 51 to 584
- This focus on seeing CYP waiting over 18 weeks continues to result in a low level of performance against the Referral to Treatment Standard, the percentage of CYP seen within 18 weeks in January was 71.2% overall across all the CAMHS teams.

Across the Generic Teams (the focus of the Recovery Plan)
- 100 CYP were seen for a 1st treatment of which 50 were waiting over 18 weeks. This means 50% of CYP were seen within 18 weeks.
- The number of C & YP waiting over 18 weeks with the Generic teams was 478 (compared to 434 in December and 408 in November)
- The number of CYP waiting over 1 year increased to 58 (from 37 in December). Fifty-four of the CYP waiting over 1 year are waiting with the North Edinburgh Team and four are with the Midlothian ADHD Team.

Going forward, demand and capacity (DCAQ) modelling has been undertaken based on three scenarios:

1. All staff currently employed, both permanent and temporary remain in post
2. All permanent staff currently employed assuming local authority funding for CMHW is withdrawn
3. All permanent staff currently employed assuming CMHWs return to their building capacity role in the community

The outcome of the DCAQ modelling indicates there is insufficient capacity associated with all scenarios to meet demand and reduce the current waits.

Scenario 3 is the most likely position. This allows the CMHW's to return to their building capacity role, and also maintains the CMHW posts currently funded by each of the Councils. Midlothian Council has already given notice of withdrawal of funding from 1April 2018, and it is likely that the others will do also.

If this Scenario were to be realised it is estimated there would be as many as 2,388 CYP waiting over 18 weeks by March 2019. It is currently anticipated that at the end of March 2018 based on the most recent figures the number of waits over 18 weeks will be circa 730.

The resource implications (additional staff and funds) associated with the above scenario modelling to achieve a waiting list position to whereby no individuals are waiting beyond 18 weeks for a new outpatient appointment is summarised below.

	WTE Staff	Scenario 1 (£)	WTE Staff	Scenario 2 (£)	WTE Staff	Scenario 3 (£)
Recurrent funding needed to maintain the current position	24	1,215,559	46	2,149,670	69	3,124,897
Non recurrent to meet the 18 week standard (in addition to the above)	13	574,717	17	751,553	17	751,553

Given that Scenario 3 is the most likely, a recurring funding of circa £3.1m and non recurrent investment of £752k is required to provide a permanent CAMHS staffing resource to deliver the 18 week standard and allow CMHWs to return to their community capacity building role.

To date, additional funding has been identified as follows:

	Recurrent (£)	Non Recurrent (£)
As identified by the modelling (Scenario 3)	**3,124,987**	**751,553**
Committed by NHS Lothian(January 2018)	277,000	
Anticipated from Building Capacity (1 year only)		332,264
Gap in Funding	**2,847,987**	**419,289**

During 2018-19, the service will continue to review and monitor the transformational measures outlined below to support waiting times recovery.

- Updated Referral Documentation distributed to all referrers including details of alternative community services and options to try before referral to the specialist CAMHS Service.
- Opt in letter sent to all patients/carers as patients near the top of the waiting list to determine if treatment is still required as symptoms may have resolved.
- Introduction of Patient Focussed Booking for Choice Assessment.
- Group Triage following a successful QI Project which allowed the reduction in Choice Assessment Appointments.
- A number of Quality Improvement Projects, still in testing, to improve the patient pathway and reduce Did Not Attend/Could Not Attend to first treatment.

- Review of waiting lists to ensure as accurate as possible and adherence to waiting times guidance.

3.7 Psychological Therapies

The key performance standard associated with delivery of psychological therapies indicates 90% of those referred should wait no longer than 18 weeks from referral to treatment. The overall performance against his standard at December 2017 was 75.1 % in December 2017.

At March 2017:
- The overall number of patients waiting over 18 weeks for a psychological therapy was 1,354
- The overall performance against the target was 68.6 %
- The number of patients waiting over 1 year was 117

At December 2017:
- The overall number of patients waiting over 18 weeks for a psychological therapy was 1,660 .
- The overall performance against the target was 75.1 %
- The number of patients waiting over 1 year at end of December increased to 161.

At March 2019:
In all adult services in NHS Lothian there are agreed Service Recovery Plans which focus on:
- Treatment for patients who have waited the longest
- Increase in access to group interventions
- Monitoring and management of agreed activity with actual activity (as recorded by TRAK)
- Reduction in non-attendance of appointments through a programme of action to address the underlying causes and improvement of flow of patients through acute clinical services once stabilised and supported.
- Increasing uptake of cCBT (Mastermind) for those with mild to moderate presentations of anxiety and depression

There have been improvements in the numbers of people waiting for Psychological Therapies, specifically in East Lothian, Midlothian and West Lothian general services and Older Adults.

A full review of NHS Lothian's *'Psychotherapy Services'* led to significant improvements with only 51 waiting more than 18 weeks compared to over 250 in December 2016. .

Performance improvements within the adult teams have been delivered through:
- single waiting list with named person who manages the list
- psychological therapies team with staff with clear job plans

There has been a significant improvement in access to psychological therapies for older adults and a reduction in the waiting times.

Computerised CBT was made available through SCI-Gateway in May 2017. Since this date 1,685 referrals have been made to cCBT with, 58% of people commencing treatment. Of those who start treatment, 52% complete the 5th session, which is the point at which clinical benefit is understood to be significant. Clinical outcomes further improve for those completing all 8 sessions of cCBT. To date, 42% of those referred have completed all 8 sessions of cCBT.

There has been an Increase in the numbers of people waiting over 18 weeks across neuropsychology services, associated with high demand and vacancies of key posts. Despite this increase, 80.6% of patients in December 2017 waited under 18 weeks,

Demand and capacity (DCAQ) modelling has been undertaken across all services which provide psychological therapies. The additional staffing and funding requirements to support delivery of the 18 week performance target by November 2018 is summarised below and assumes 9.5 WTE staff funded from Building Capacity resources is continued and 3.9 WTE staff from Innovation resources is also continued.

Service	Year 0ne Additionality	Year Two Sustainability
Adult Mental Health – General	18.00 WTE Band 8a for 12 month period 1,00 WTE Band 8c for 12 month period	12.00 WTE Band 8a and 1.00 WTE Band 8c focusing on people with severe and enduring mental illness
Adult Mental Health - Specialist		
Substance Misuse	2.00 WTE Band 8a	2.00 WTE Band 8a
Eating Disorders	1.00 WTE Band 8a	1.00 WTE Band 8a
Psychiatric Rehabilitation	1.00 WTE Band 8a	1.00 WTE Band 8a
Rivers PSP (complex trauma)	2.00 WTE Band 8a	2.00 WTE Band 8a
Clinical Health and Neuropsychology	4.2 WTE Band 8a for 8-12 month period	2.50 WTE Band 8a
Funding Requirement	**£1,971,934**	**£1,266,798**

3.8 Patient Experience Associated with Long Waits

Over a six month period (April to September 2017), 19% (365/1921) of complaints to NHS Lothian cited waiting times as the main case for complaint. There will also be many more complaints which include an element of distress associated with long waits but are not the main cause for complaint.

NHS Lothian encourages people to share their experiences of health care in a number of ways, one of which is via Care Opinion, a UK wide independent feedback platform for health and social care services. NHS Lothian is keen that people share their experiences whether good or bad to allow us to learn from experiences and to help us improve our services.

The following comments have been received via Care Opinion, NHS Lothian responds to these postings and encourage people to contact NHS Lothian's Patient Experience Team to discuss their individual circumstances to see how we can help.

My daughter was referred 5 months ago for a urology outpatient appointment and is still to receive an appointment. We are now concerned about my daughter's mental health as this is really getting her down.

Considering sleep apnoea is a serious condition that can potentially lead to heart attacks, strokes and death.
I find the time to GP confirm diagnosis appalling. GP referral to initial appointment took 6 months, from initial appointment to sleep clinic another 6 months. I am still waiting since last year for the report from the clinic as to the results. In the meantime, I have been diagnosed having had a mild stroke in February 2018

I am angry, disappointed, sad and very upset following a number of cancellations of my neurosurgery procedure associated with a herniated disc. I was given an admission date of January 2018, however this was cancelled the day before admission due to a 'bed crisis', my surgery has been rearranged and cancelled a number of times following this. I have been left distressed not knowing what is happening, why this has happened and if the surgeon will be able to fit me in.

## 4.	Substance Misuse

NHS Lothian will work together with Lothian's Alcohol and Drug Partnerships (ADP) across the 4 Lothian Integration Joint Boards (IJBs) to support the implementation of substance misuse strategies to reduce the burden of morbidity and mortality through reduced availability and reduced consumption of alcohol and reducing the level of unmet need for harm reduction services for drug users. The two main performance standards which focus on substance misuse relate to delivery of just under 10,000 Alcohol Brief Interventions (ABIs) and for 90% of clients to be seen within 3 weeks of referral to drug and alcohol services.

NHS Lothian and other partners within Lothian's Alcohol/Drug Partnerships will sustain the delivery of ABI's in the three priority settings (Primary Care, Antenatal and A&E during 2018-2019.) This early intervention can reduce levels of hazardous drinking across the population. . We will continue to deliver a comprehensive education and training programme in alcohol brief intervention for groups of staff both within statutory and voluntary agencies for example in prisons, criminal justice programmes, fire and rescue services, youth and sexual health services, ambulance services, LGBT teams and higher education programmes. We will further develop opportunities for joint brief intervention approaches for example physical exercise and smoking cessation. We will continue to monitor and evaluate the ABI e-learning programme and further develop our Training for Trainers module to sustain ABI training in the wider community widening the reach for the delivery of ABI'S across Lothian. We will analyse the recorded data to examine the pattern of alcohol consumption to influence the further expansion of the ABI programme across Lothian.

Provision of the Alcohol Related Brain Damage Unit (ARBD) is now solely funded by IJBs, delivering targeted support to around 50 patients per year with a diagnosis of ARBD. This service continues to greatly improve the outcomes for this vulnerable group and free up capacity in A&E and inpatient acute beds.

NHS Lothian, the ADPs and local partnerships continue to see alcohol as a key priority. We await the publication and recommendations of the new national alcohol strategy and the direction of travel for drug and alcohol treatment, being aware that policy changes may influence the delivery of the programme in the future.

Following on work from last year and a reduced drug and alcohol allocation, NHS Lothian and the ADPs have reviewed service provision and have agreed a proposed spending plan for 2018-19. This will ensure that reducing drug related deaths and the continued provision of naloxone kits remain priorities for NHS Lothian and the ADPs.

It will also address the significant gaps in the provision of harm reduction service, rapid access to needle exchange and opiate substitution therapy and long term support from trusted professionals and peer support. Additional improvements include a greater focus on service provision based and managed locally, reinstatement of more local treatment and recovery hubs located in line with need, as well as a redesign of some pan Lothian services such as inpatient and day patient

programmes for detoxification and support for patients who are ready to move on from opiate substitution therapy towards abstinence supported by LEAP.

Meeting the waiting times targets remains a challenge in some areas of Lothian. Service areas where performance remains below target have been reviewed, local action plans are now in place and an improvement is expected once a number of vacant posts have been filled.

The recent news that the go-live date for implementing the Drug and Alcohol Information System (DAISy) has been postponed till 1st October 2018 is much welcomed. Although some training has taken place additional time to complete training for all staff, allow better familiarity with the system and ensure GDPR compliance will be very beneficial.

The restoration of additional drug and alcohol funding from Scottish Government to pre-2017 levels. is most welcome. As in previous years there will be focussed strategic debate in each IJB / ADP as to the best use of this funding in line with the evidence of harm reduction. The emerging focus on "seek, keep and treat" is a more positive one for a condition where survival and quality of life requires that service enable users to remain in treatment for many years. Services have already started to consider local / Lothian wide proposals.

Meanwhile, NHS Lothian has also seen a number of financial pressures within prison services. Funding previously used for counselling within prisons has been redirected by the ADPs, this has left NHS Lothian responsible for providing an equal prison service to all prisoners in the two Lothian prisons. Going forward HMP Edinburgh will undertake a prison health needs assessment in partnership> This will include the provision of counselling/ psychosocial support to address the needs of prisoners with drug and alcohol problems. In HMP Addiewell, to address immediate needs, a new service model will be introduced and delivered by health addiction staff that provides addiction support to screening, treating and supporting prisoners with substance misuse problems alongside a more strategic needs assessment. Lastly, as we approach the second half of 2018-19 the move to smoke free prisons presents a challenge both financially and operationally to support the smoking cessation needs of up to 1,600 prisoners. Without additional investment, and restoration of core funding to the 2008 level, this will have an impact on capacity to deliver the number of smoking cessation interventions required to meet the LDP standard for pregnant women, populations resident in SIMD 1 and 2, other vulnerable populations and smoke free grounds.

5.   Delivery of Other National Standards

Whilst the focus of the 2018-19 Annual Operational Plan relates to improving performance associated with the key performance standards outlined in sections 2.1 to 2.7. NHS Lothian will continue to monitor performance associated with delivery of a number of other national standards relating to:

- Detect Cancer Early
- Dementia Post Diagnostic Support

- Early Access to Antenatal Booking
- IVF Treatment
- Psychological Therapies
- Clostridium Difficile and SAB Infections
- Drug and Alcohol Treatment Times
- Alcohol Brief Interventions
- Smoking Cessation
- GP Access
- Sickness Absence

6. 2018-19 Health and Social Care Partnership Improvement Plans

The four Lothian Health and Social Care Partnerships have submitted separately their plans to support delivery of the key six indicators agreed with the Ministerial Steering Group for Health and Community Care (MSG) relating to:

1. Number of emergency admissions into acute specialties
2. Number of unscheduled hospital bed days
3. Number of A&E attendances and the percentage of patients seen within 4 hours
4. Number of delayed discharge bed days
5. Percentage of last 6 months of life spent in the community
6. Percentage of population residing in non-hospital setting for all adults and those aged over 75 years

The partnerships actions to support delivery of the six integration indicators have been used to indicate the actions undertaken by the partnerships to support delivery of NHS Lothian's 2018-19 Annual Operational Plan. The partnerships objectives included in this plan will be taken to Integration Joint Boards for agreement during March 2018.

The four Lothian Health and Social Care Partnership directions to NHS Lothian and respective Councils are mostly reflected in the six key partnership indicators and referenced throughout this plan. NHS Lothian is expecting additional directions to be issued in April 2018.

The actions to be taken forward by the partnerships will support improved flow through NHS Lothian's acute hospital services and assist in delivery of NHS Lothian's elective care standards.

6.1 Midlothian
Actions to support reduction in Accident and Emergency attendances and delivery of 4 Hour Standard
The partnership has indicated by April 2018 over 87% of patients who are subsequently admitted into hospital from A&E seen within the 4 hour standard, maintain the current number of patients using A&E (ongoing) and reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home.

Supporting actions to deliver these objectives include:

- 5% reduction in emergency admissions
- Progress towards achieving 10% reduction in occupied bed days
- Increase access to general practice through the Midlothian
- General Practice Strategic Programme to reduce inappropriate use of A&E
- Develop a process between Royal Infirmary of Edinburgh A&E, Scottish Ambulance Service and General Practice to re-direct Patients
- Reduce inappropriate A&E attendances by patients from care homes
- Reduce inappropriate use on A&E by patients with problematic substance misuse
- Better use of Anticipatory Care Planning

Actions to Support Reduction in Unscheduled Hospital Bed Days
In 2015 and 2016 there were 662 average unscheduled admissions per month. The partnership objective is to reduce unscheduled admissions by 5% by September 2018. The expected average unscheduled admissions from September 2018 onward are expected to be 600 per month (a reduction of 62 unscheduled admissions).

Actions to support reducing unplanned admissions include:
- Reduce A&E attendances and admissions from Care Homes
- Reduce out-of-hours admissions from LUCS through development of Out-of-hours services as per Ritchie
- Reduce preventable admissions specifically for patients with COPD and Type 2 Diabetes
- Reduce admissions relating to falls
- Reduce admissions relating to frailty through improved anticipatory care supported by the eFrailty project
- Maximise capacity of the Hospital at Home service by 50%

Reduction in Unscheduled Care Occupied Bed Days (OBDs)
In 2015 and 2016 there were 5,122 unscheduled hospital OBDs per month, partnerships have been tasked to reduce unscheduled hospital OBDs by 10% by April 2019. The expected average monthly unscheduled OBDs associated with Midlothian residents is expected to be 4,709 from April 2019 (a reduction of 413 OBDs).

Actions outlined to support a reduction in unscheduled care OBDs includes:
- Achievement of a 5% reduction in emergency admissions
- No delayed discharge in an acute hospital bed
- Reduce the length of stay (LOS) for patients on an acute site through actions including locality-based admission policy for frail older patients and development of community services and facilities at Highbank and Midlothian Community Hospital

Actions to Support Reduction in Delayed Discharge
In 2015 and 2016 there was an average of 765 delayed discharge bed days associated with Midlothian residents. Midlothian have set an objective to reduce delayed discharge OBDs by 30% (536 delayed discharge bed days) by April 2018.

Actions outlined to support reducing OBDs associated with delayed discharge include:

- Redesign of care at home services to ensure a more sustainable service delivery
- Increased joint working between district nursing and care at home to support discharge
- Introduce new approach for patients awaiting Guardianship to reduce delays
- Establish Midlothian Discharge Hub to co-ordinate and support early discharge
- Further work with care homes to ensure quicker assessment and admissions, in partnership with patients & families
- Establish 'family first' approach to supporting discharge home, moving away from paid care in the first instance

Actions to Support Last 6 Months of Life in the Community
Between 2014/15 and 2015/16 there was an average 1,727 OBDs per month associated with Midlothian residents who spent their last 6 months of life in a large hospital. The partnership set an objective to achieve a 10% reduction in OBDs at the Royal Infirmary and Western General by April 2018. Performance shows that in 2016-17 there were 1,662 OBDs per month associated with end of life spent in a large hospital, equivalent of a 7% reduction in the baseline figure.

Actions outlined to continued reduction in OBDs in their last 6 months of life at the Royal Infirmary and Western General Hospital includes:
- Facilitating patient discharge through integrated working between District Nursing service and reablement teams
- Working closely with Hospital@Home who may identify deteriorating patients who are no longer responding to active treatment
- Further developing our local Palliative and End of Life Care Partnership Group which includes working closely with other agencies
- Ensuring actions from the above group are completed, which includes: Shared learning project; Progressing use of Anticipatory Care Plans in Newbyres Care Village; Video conferencing to facilitate education sessions between all Midlothian care homes; Family feedback system introduced in Newbyres Care Village; Closer working with Marie Curie, including a link Marie Curie nurse for Newbyres Care Village and closer working between VOCAL and Marie Curie.

Actions to Support a Shift in the Balance of Care
Midlothian have set an objective to reduce the % of patients aged over 75 years who are in a large hospital from 1.9% to 1.6% and in a care home from 6.8% to 6.2% during 2018-19.

The overall shift in the balance of care will be achieved through the delivery of the range of actions to be associated with Midlothian's improvement objectives outlined above and through the implementation of the Midlothian Health and Social Care Delivery Plan.

6.2 Edinburgh

Actions to support reduction in Accident and Emergency attendances and delivery of 4 Hour Standard

The Edinburgh partnership improvement objective is to reduce the attendance level at A&E by 1% (116 per month) to support pressure of staff and improve performance against 4 hour target. In 2016-17 a median monthly baseline of 11,663 Edinburgh residents accessed Accident and Emergency (A&E) services in Lothian.

Actions outlined to support reduction in A&E attendances include:

- Continuing to support a range of multi-disciplinary preventative services and initiatives outlined in Locality Improvement plans
- Continuing to support admission prevention initiatives outlined in the Edinburgh Health and Social Care Improvement Plan. Including the expansion of the Telecare programme.
- Exploration of opportunities to work with Scottish Ambulance Service (SAS) and General Practitioners (GPs) by reviewing admission rate of those who have arrived by ambulance.
- Continuation of the development of the falls service
- Supporting the development and implementation of the Older People's Strategic Commissioning Plan

Actions to Reduce Unplanned Admissions

In 2015 and 2016 Edinburgh ranked consistently amongst the lowest 3 partnerships in Scotland in levels of unplanned admissions. The partnership have set an objective to maintain current levels of unplanned admission (as performance is comparatively good).

Additional actions to support maintenance of unplanned admissions levels include:

- Locality Hubs will identify people at risk of admission to hospital and provide short-term intensive support at home
- The Partnership will continue to support the Integrated Older People's Service (Hospital at home) to prevent emergency admissions
- Winter range of initiatives including:
  - enhanced community respiratory team
  - enhanced Hub activity via weekend support;
  - extending hospital at home to NE; care home liaison
- GP initiatives
- The partnership will support hospital based initiatives to support more planned admissions such as rapid access respiratory clinics

Actions to Support Reduction in Unplanned Bed Days

In Edinburgh during 2016-17 median unplanned bed days (UBDs) relate to:

- Acute: 28,890 per month
- Mental Health: 35,987per quarter
- Geriatric Long Stay: 5,609 per quarter

Edinburgh objectives set for 2018-19 is to achieve the reductions in UBDs is outlined below:

- Acute (St. John's, Western General Hospital, Royal Infirmary) a 1% reduction (equates to 289 unplanned bed days/10 beds)
- Mental Health: 1% reduction (equates to 360 unplanned bed days per quarter / 4 beds)
- Geriatric Long Stay: 1% reduction (equates to 112 bed days per quarter/ 1 bed

Actions outlined to support reducing UBDs include:
- Community respiratory team (winter initiative)
- Development of intermediate care facilities and provision in Edinburgh City
- Increase in grade 4 and 5 provision by 2020 (Mental Health draft outline strategic commissioning plan, Jan 2018)
- Alignment of care home capacity with demand, which will include a supply and demand analysis
- Support the reduction of delayed discharges
- Mental Health – support the development and implementation of the Mental Health Strategic Commissioning Plan
- Older people – support the development and implementation of the Older People's Strategic Commissioning Plan

Actions to Support a Reduction in Delayed Discharge
There was a median for 2017-18 of 5,985 delayed discharge bed days per month (based on data from April –December 2017). Edinburgh has set an objective for 2018-19 was to reduce reportable delayed discharge bed days by 5%. This equates to 261 bed days per month, which would vacate 8.7 beds.

Actions outlined to support reducing delayed discharge bed days:
- Increase the capacity of care home places in the city by flexibly using resources as they are available. This additional capacity could be used to provide respite or emergency placements as an alternative to hospital admission, or as interim care home placements.
- Review of the Care at Home contract for older people to ensure it is able to meet demand
- Continued embedding of the Service Matching Unit in localities to work flexibly with providers to meet demand
- Ensure that conversations take place on wards that means that patients and families are aware of the choices they are making that they are realistic, risk appropriate, consider Self Directed Support options and include moving on policy conversations.
- Support the development and implementation of the Older People's Strategic Commissioning Plan

Actions to Support Last 6 Months of Life in the Community
In Edinburgh 13.5% of patients were in a large hospital in their last 6 months of life. Their objective was to reduce the percentage of time in the last 6 months of life patients were in a large hospital from 13.5% to 12.5%. This is the equivalent to a reduction of circa 7,500 (7,484) bed days saved.

Actions outlined to support reducing OBD by patients in their last 6 months of life in RIE and WGH include;

- Working with City of Edinburgh Council and NHS Lothian, EH&SCP will produce a local palliative care strategy in response to the National Framework and Commitments
- EH&SCP will also liaise with Mid, East and West Lothian Partnerships primarily through the Lothian Palliative Care MCN in support of this work
- We are also working with ISD/ LIST colleagues to get a better appreciation of the data (and data collection processes) in order to better understand where the most impact may lie and the extend to how any improvement can be best captured. This should support more robust actions and plans going forward.

Actions to Support a Shift in the Balance of Care
Edinburgh IJB set an objective to reduce the % of patients over 75 who are in a large hospital. In 2018-19 to progress will be made towards achieving the Scottish median level of 1.6%.

Actions outlined to support the objective include:

- Support the development and implementation of the Older People's Strategic Commissioning Plan
- Support the development and implementation of the Mental Health Strategic Commissioning Plan
- Prevention of illness, addressing inequalities despite increase in population, ageing population and increasing co morbidity

6.3   East Lothian
Actions to support reduction in Accident and Emergency attendances and delivery of 4 Hour Standard
During 2016-17 there was a 2.8% increase in A&E attendances compared to 2015-16. The East Lothian partnership has sent an objective to reach 95% compliance in the 4 hour target in 2018-19. Delivery of this objective will be supported through co-ordinated actions of the A&E and acute teams.

Actions to Support Reduction in Unplanned Bed Days
The partnership will reduced unplanned admissions by a further 5% in 2018-19 and reduce occupied bed days by 10% across all areas of unscheduled care. This will be achieved through co-ordinated actions of primary care, community and care home teams. The hospital at home team will take a proactive role in supporting these reductions.

Actions to Support a Reduction in Delayed Discharge
The partnership will continue to progress towards delivering a 50% reduction in the number of all cause of delayed discharges and a 50% reduction in delayed discharge bed days by the end of 2018-19 compared to the end of 2016-17. Actions to support a reduction in delays include co-ordinated actions through primary care, community and hospital at home teams. Care home teams will maintain clients in their care home whilst unwell rather than seeking admission to acute services. The district nursing team will provide early intervention support to their patients.

Actions to Support Last 6 Months of Life in the Community
The partnership will achieve and maintain performance of no more than 10% of last 6 months of life spent in a large hospital by the end of 2018-19. This will be achieved through co-ordinated actions of palliative care, hospital at home and care home teams.

Actions to Support a Shift in the Balance of Care
The partnership will maintain performance of 98% of those aged over 75 years to be supported in non-acute settings during 2018-19. This will be achieved through co-ordinated actions through the care of the elder, primary care, community and hospital at home teams

6.4   West Lothian
Actions to support reduction in Accident and Emergency attendances and delivery of 4 Hour Standard
The partnership have set an objective to maintain A&E attendances at the 2015-16 level in 2018-19 (expected attendances 39,547) and maintain an average A&E of 95% seen in A&E within 4 hours. This will be supported through the Acute Care and Support Team (ACAST) and Rapid Occupational Therapy Assessment Service (ROTAS) support and the rapid access clinic.

Actions to Support Reduction in Unplanned Bed Days
The partnership aim to achieve a 5% reduction in unplanned admissions compared to 2015-16 (expected 2018-19 total 14,948 admissions). This reduction will be supported through the frailty programme, care home project and falls pathway.

There are also 2018-19 objectives to maintain at 2015-16 levels for unscheduled beds days for acute specialties (total 92,023), unplanned bed days for mental health (total 35,235) and a 10% reduction in unplanned geriatric long stay unplanned bed days (total 13,073). This will be achieved through intermediate care, frailty programme and mental health redesign

Actions to Support a Reduction in Delayed Discharge
The partnership aim to achieve a 10% reduction in delayed discharge bed days (all reasons) compared to 2016-17 (expected 11,605 delayed discharge bed days). This will be achieved through increase in reablement, community nursing, allied health professional, intermediate care, discharge to assess and a mental health officer in the delayed discharge team.

Actions to Support Last 6 Months of Life in the Community
The partnership expect to increase the percentage of time spent in the community in the last 6 months of life to 89% by 2018-19. This will be supported through the frailty programme, rapid access clinic and end of life care pathway.

Actions to Support a Shift in the Balance of Care
The partnership expect to maintain the 2015-16 position of the proportion of people living at home of all ages (98.4%) and those over 75 years (92.2%) during 2018-19.

This will be achieved through community care and support and the frailty programme.

7. East of Scotland Regional Delivery Plan

The Health and Social Care Delivery Plan mandates closer regional working between Boards to maximise opportunities for sustainability and improved performance. The East of Scotland in this context comprises NHS Fife, NHS Borders and NHS Lothian and a programme board has been established with the three Board Chief Executives and Lead Directors. The NHS Lothian Chief Executive is the Lead Chief Executive for the regional work.

The process of developing the next iteration of the regional plan is underway and will be submitted to Scottish Government officials on the 31 March 2018.

The work streams that are being actively pursued within the region encompass:

- Primary, community and social care, within this a significant focus on the management and prevention of diabetes
- Acute services (incorporating laboratory medicine, elective strategy, major trauma, gastroenterology, ophthalmology, and orthopaedics)
- Regional Business Support Services
- Prevention and addressing the social determinants of health
- Finance
- HR and workforce
- Communications and engagement
- eHealth/digital

A senior leaders event took place on the 19 January 2018 to ensure that executive and non- executive and council leaders and councillors had the opportunity to receive updates on all of the work streams and to influence the thinking around the progression of the work. A second event is being planned for the end of April 2018. The Programme Board meets every two months and each work stream and sub-work stream is robustly project-managed.

8. Workforce Planning

NHS Lothian has published a 2017-19 Workforce Plan. A Workforce Planning and Development Programme Board was established in August 2017 to support a cross professional approach to workforce planning. The remit of the Board is to:

- Take a 'whole system' multi-professional approach and overview of workforce planning and development.
- Develop organisational capacity and capability to deliver effective workforce planning and development.
- Oversee and receive formal regular updates and assurance on progress in relation to uni-professional workforce planning and utilisation of supplemental staffing via the profession workforce delivery groups;
- Facilitate and articulate the longer term strategic vision for the workforce ensuring appropriate congruence with service and financial plans;
- Ensure workforce planning and development activity robustly considers and supports service sustainability both locally and regionally.
- Ensure the annual production of the workforce plan and projections for the organisation in accordance with the Scottish Government requirements and timetable;
- Lead the implementation of the National Workforce plan and inform future iterations of this plan.
- Support the development of integrated workforce plans in IJB's. Collaborate with local Board Workforce Planning specialists/committees across the South East of Scotland Region to support delivery of the Regional Transformation Plan and promote a 'once for the region' approach where appropriate

To support implementation of the plan, a workforce planning activity and gap analysis has been developed which identifies all the planned major service developments and key professional workforce sustainability challenges. Key work streams have been identified which include an outline of required actions, desired outcomes and timescale for delivery. Work streams relate to:

- Development of regional health and social care delivery plan
- South East Scotland Major Trauma Network
- East Regional Elective Treatment Centre
- Integration Joint Board Directions incorporating revised service models
- Integration Joint Board Workforce and Organisational Development Plans
- New Royal Hospital for Children and Young People and Department of Clinical Neurosciences
- Implementation of The Best Start : A Five Year Forward Plan for Maternity and Neonatal Care in Scotland including a regional neo-natal workstream
- Mental Health Workforce Sustainability
- Primary Care – General Practice Sustainability
- Implementation of Shape of Training
- Clinical Fellows / Development of Fellows
- Regional Medical Training Programmes
- Nursing – Safe Staffing
- Health Visiting Workforce

- Sustaining Community Nursing Workforce
- Sustaining the District Nursing Workforce
- Commence a Regional / National Approach to Operating Department Practitioner (ODP) Training
- Return to Nursing Practice
- Advanced Nurse Practitioner Roles
- Healthcare Science Delivery Plan
- Allied Health Professional (AHP) Workforce Planning
- Pharmacy Workforce Planning
- Development of Career Pathways
- Development of Facilities Workforce
- Review Physician Assistant / Associated Role
- Modern Apprenticeships
- Development of Workforce Planning Capacity and Capability
- Review of Staff Turnover
- Impact of Brexit on Recruitment and Retention
- Development of the new categories of registered public health professionals

The Workforce Planning and Development Programme Board will oversee progress with these key work streams during 2018-19.

9. 2018-19 Financial Plan

The 2018-19 financial modelling presented in this plan, at this stage, assumes no provision to support performance improvement to bring performance back in line with the March 2017 position outlined in Section 2. An estimate of the investment required to return the Board to March 2017 performance levels is currently being prepared to share with the Scottish Government, however initial work (demonstrated in the first section of this AOP) totals up to £42m.

Table 1 below gives a summary of the key elements of NHS Lothian's Financial Outlook for next year, based on current assumptions.

Table 1 Projected 2018/19 Financial Outlook Summary

	2018/19
	£k
Full Year Recurring Expenditure Budget	1,572,018
Baseline Carry Forward Pressures	(52,267)
Additional Expenditure, Growth, Uplifts & Commitments	(68,356)
Total Projected Costs	**(120,624)**
Total Additional Resources	72,328
Financial Gap	**(48,296)**
Financial Recovery Actions	20,471
Financial Gap after Recovery Actions	**(27,824)**

Moving into 2018-19 and noted in the above table, an underlying carry forward cost pressure of £52m has been identified. This is partially made up of £32.3m of cost pressures which were funded non-recurrently in 2017-18 and which require a funding solution moving into 2018-19. The elements funded non-recurrently in 2017-18 are outlined in Table 2.

Table 2 – 2017-18 Non Recurring Funding

	18/19
	£k
FP 17/18 - Acute Pressures	(7,969)
FP 1718 - GP Prescribing	(8,588)
FP 1718 - Acute Drugs Pressures	(5,120)
FP1718 - NDC/NSS Business cases	(552)
FP 1718 - Strategic & Income Pressures	(6,166)
Held in Reserves - in year flexibility in 17/18	(3,834)
Prior Year Non Recurring Funding	**(32,230)**

An assessment of cost growth has been made for 2018-19 based on available information and consequent assumptions totalling £68m. A breakdown is provided in table 3.

Table 3 - Additional Expenditure, growth, uplift and commitments

	£k
Pay Uplift - 3% upto £30k, 2% for other staff	22,604
Discretionary Points	1,156
Consultants Seniority	1,254
2% General Non-Pay Uplift	5,504
Other Contractual Obligations	2,492
Investment in Primary Care Services	2,000
Investment in e-Health	1,000
Hospital Medicine Growth	9,441
High Cost Complexity	300
GP Prescribing Growth	7,000
Agreed Business Cases	6,124
Other Policy Changes	3,247
Emerging Pressures	1,196
New Developments	2,692
Other Committments	2,346
Total	**68,356**

The projected additional costs require a final review, particularly around acute medicines and GP prescribing. Further, inclusion of cost pressures within the financial outlook does not mean that these will be funded; rather that NHS Lothian recognises them as an area of cost growth impacting on the ability to deliver financial balance.

Following the Scottish Budget announcement in December 2017, the Scottish Government communicated to NHS Lothian to confirm an uplift for 2018-19 of £29m. In addition to this, there is a further circa £33m of non-recurrent funding that has been identified (although in some cases yet to be confirmed as a final value) in-year to be used to support specific cost pressures in the Plan, bringing the total available resources to £72m. The final total of these funds will be confirmed by March 2018 .

Table 4 shows the currently assumed additional resources in the Outlook for next year. This includes both new funding in the form of uplift and internally generated resources made available to support the plan.

Table 4 - Additional resources confirmed or anticipated

	2018/19		
	Recurring	Non Recurring	Total
	£k	£k	£k
1.5% Base Uplift retained	20,300		20,300
Additional NRAC	8,700		8,700
OHB Income	1,000		1,000
General Reserves	8,843		8,843
Additional DEL		7,000	7,000
Waiting Times		2,365	2,365
Additional Flexibility		17,000	17,000
PPRS		5,120	5,120
Anticipated delay in capital project		2,000	2,000
Total Additional Resources	**38,843**	**33,485**	**72,328**

The total available resource of £72m has been applied across the organisation to meet specific pressures.

The agreed pay award at this stage, based on the Scottish Government budget announcement in November 2017 will cost a total of £22.6m for NHS Lothian.

There remain a number of outstanding issues which still require confirmation before a final position on next year can be finalised. Variability remains in the following key areas:

- Conclusion of the 2017/18 financial position. A number of assumed allocations have yet to be received, although these are low risk. In addition, the forecast outturn positions estimated at Business Unit level are based on current information which may change over the remaining months. This may have an impact on the Board's ability to recognise flexibility to assumed levels in 2018/19;
- The efficiency savings programme has yet to be reviewed in detail. At this stage circa £20m is reflected in the Plan; however Services are expected to deliver their share of £25m in the New Year. There is an opportunity for additional savings to close the total gap currently identified, although there remains a risk that schemes currently unidentified do not deliver to the level anticipated;
- There may be a further opportunity to receive additional funding via the Scottish Government, depending on a UK wide pay review and potential consequentials arising. This may not be known prior to the conclusion of the outlook at the end of this financial year;
- NHS Lothian continues to review opportunities within the accounting arrangements for PFI projects. More work is required however to confirm the applicability of any options.
- The new RHSC has still to confirm a final date for handover. Additional investment planned for the new hospital is included within the estimates for next year; delays may result in additional flexibility being available to reduce the gap in year.

Whilst every effort has been made to ensure all likely additional costs and national, regional and local priorities for investment have been incorporated into the financial plan at this time, there remain a number of inherent uncertainties and associated risks. The financial planning process is an ongoing and iterative cycle, and it is not possible to fully identify all financial risks facing individual service areas, or the wider organisation at this stage.

The associated financial planning risks associated with our financial plan are summarised below.

Risk Rating	Key Risks
High	Waiting Times, Health and Social Care Integration, Delayed Discharge, Winter Costs, Pay / Terms and Conditions, Scottish Government Allocations, Capital Planning Programme
Medium	New GP Contract, GP Prescribing, Outcomes Framework, Acute Medicines
Low	Pharmaceutical Price Regulation Scheme

Based on information currently available, NHS Lothian is not able to provide any assurance at this stage on its ability to deliver a balanced financial position in 2018-19.

OP Trajectory 2018/19 with WLI's

Specialty Description	End of March 2018	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Medicine													
Cardiology													
Dermatology	4628	4250	3852	3264	3196	2868	2410	1572	854	66	0	0	0
Diabetics													
General Medicine													
Respiratory Medicine													
Sleep Medicine													
Sub-total	**4628**	**4250**	**3852**	**3264**	**3196**	**2868**	**2410**	**1572**	**854**	**66**	**0**	**0**	**0**
Surgery 1													
Ear, Nose & Throat	1400	1461	1522	1583	1644	1705	1766	1827	1888	1949	2010	2071	2132
Maxillofacial	0	0	0	0	0	0	0	0	0	0	0	0	0
Neurology	537	546	596	718	696	899	971	950	988	1,050	1,212	1,179	1,174
Neurosurgery	207	231	314	431	468	621	709	703	784	897	1,038	1,147	1,126
Ophthalmology	2500	2750	2870	2830	3467	3260	3922	4114	4013	4390	4288	4561	4779
Plastic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub-total	**4644**	**4988**	**5302**	**5562**	**6275**	**6485**	**7368**	**7594**	**7673**	**8286**	**8548**	**8958**	**9211**
Oncology / Palliative Care													
Breast Surgery													
Clinical Oncology													
Haematology													
Medical Oncology													
Palliative Medicine													
Sub-total		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Surgery													
Colorectal General Surgery	1058	1103	1212	1321	1430	1589	1748	1907	2066	2225	2384	2543	2702
Gastroenterology	700	659	614	603	727	741	698	658	488	589	598	582	573
General Surgery	798	717	822	813	753	838	782	807	801	801	812	810	810
Liver Transplant													
Orthopaedic Surgery	4514	4775	4995	5269	5278	5844	6193	6432	6960	7403	7859	8025	7812
Rheumatology	15	0	0	0	0	0	0	0	0	0	0	0	0
Urology	1487	1573	1629	1695	1781	1852	1908	2254	2040	2106	2172	2238	2304
Vascular Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal	**8572**	**8827**	**9272**	**9701**	**9968**	**10864**	**11329**	**12058**	**12354**	**13124**	**13824**	**14199**	**14201**
Diagnostics													
GI Diagnostics >12/52	2320	2477	2701	2903	3093	3224	3398	3540	3736	3934	4143	4304	4480
Urology Diagnostics > 12/52	844	919	1002	1090	1170	1262	1308	1388	1488	1577	1642	1718	1812
Sub-total	**3164**	**3396**	**3703**	**3994**	**4263**	**4486**	**4706**	**4928**	**5224**	**5512**	**5785**	**6021**	**6292**
Womens / Childrens													
Gynaecology	140	67	50	50	50	50	50	50	50	50	50	0	0
Community Child Health	268	198	213	213	213	283	283	283	243	283	243	243	243
Paed ENT	240	474	524	624	654	679	690	532	438	431	406	399	325
Other	553	855	1100	1445	1765	2022	2456	2879	3001	3222	3498	3566	3722
Sub-total	**1201**	**1594**	**1887**	**2332**	**2682**	**3034**	**3479**	**3744**	**3732**	**3986**	**4197**	**4208**	**4290**
TOTAL	**22209**	**23055**	**24016**	**24853**	**26384**	**27737**	**29292**	**29896**	**29836**	**30974**	**32354**	**33386**	**33994**

Directorate for Health Performance and Delivery
NHS Scotland Director of Performance and Delivery
Alan Hunter

T: 0131-244 7512
E: alan.hunter@gov.scot

To: NHS Board Chief Executives
cc: Integration Authority Chief Officers

31 May, 2018

Dear Chief Executive

Thank you for submitting your draft Annual Operational Plans and for the follow up discussion that we have had with you and your team.

Over the year ahead it will be important to secure a balanced approach to performance across the system and we are putting in place an oversight mechanism (a small group of Scottish Government officials, Board Chief Executives and Directors of Finance) to allow us to do that. This will bring together factors such as the approach to the use of the independent sector, utilisation and efficiency of core capacity and the output from the Access Collaborative.

In the meantime, it is imperative that Boards continue to plan and deliver optimum elective performance across all specialisms in order to maintain safe and effective care. To support this position I can confirm that additional funding of £25 million will be distributed on an NRAC basis to support Boards through to the end of September. It is imperative that this funding is used to systematically reduce patients waiting the longest, in date order. As this funding is allocated on an NRAC basis, as agreed at the Chief Executives Group, Boards should ensure that appropriate cross boundary flow is recognised to expedite the eradication of long waits.

We know that as a result of your own governance arrangements you will continue to treat urgent and suspicion of cancer patients as a priority and to address any new patients approaching 12 weeks. It is assumed that clinical and non-clinical validation will be undertaken to mitigate the potential risk of harm.

A further £25 million will be distributed on a NRAC basis in October to cover the remainder of the 2018/19 year. This will take outputs from the Access Collaborative and evolving Regional Plans into consideration. Board NRAC allocations are detailed at annex 1.

We are seeing positive action coming through the Scottish Access Collaborative which will help to improve the overall situation over the medium to longer term. It is imperative that Boards assure themselves and their local populations that they are acting on the Scottish
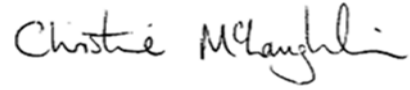
Access Collaborative and optimising their Elective, Outpatient, Day Case and Diagnostic services to full extent.

Boards should continue to engage with Scottish Government colleagues around their plans to develop Integration, improve public health and support Primary Care transformation and align these key strands of work with Regional Plans and Access Collaborative outputs.

Yours sincerely

Alan Hunter
NHS Scotland Director of Performance and Delivery

Christine McLaughlin
Director of Health Finance

INVESTOR IN PEOPLE

POSITIVE ABOUT DISABLED PEOPLE

Annex 1

Additional NRAC Funding by NHS Board

NHS Board	Initial Share of £25m £	Remaining Share of £25m £	Total £
Ayrshire & Arran	1,852,000	1,852,000	3,704,000
Borders	526,000	526,000	1,052,000
Dumfries & Galloway	745,000	745,000	1,490,000
Fife	1,701,000	1,701,000	3,402,000
Forth Valley	1,355,000	1,355,000	2,710,000
Grampian	2,468,000	2,468,000	4,936,000
Greater Glasgow and Clyde	5,584,000	5,584,000	11,168,000
Highland	1,611,000	1,611,000	3,222,000
Lanarkshire	3,087,000	3,087,000	6,174,000
Lothian	3,701,000	3,701,000	7,402,000
Orkney	121,000	121,000	242,000
Shetland	123,000	123,000	246,000
Tayside	1,962,000	1,962,000	3,924,000
Western Isles	164,000	164,000	328,000
Total	25,000,000	25,000,000	50,000,000

NHS LOTHIAN

Board Meeting
<u>27 June 2018</u>

Executive Director, Nursing, Midwifery and Allied Healthcare Professionals
Executive Lead, REAS and Prison Healthcare

DRAFT CORPORATE OBJECTIVES 2018 - 2023

1   Purpose of the Report

1.1   The purpose of this report is to recommend that the Board note progress in the development of NHS Lothian's five year Corporate Objectives 2018 – 2023.

        Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2   Recommendations

2.1   The Board note the progress in the development of five year Corporate Objectives which will require to be further expanded during the course of 2018 -19 due to a number of plans supporting the direction of travel are still to be finalised and agreed.

2.2   The Board accepts the state of play associated with the development of the five year Corporate Objectives due to delays compared to previous years in sign off and agreement of plans which underpin the objectives.

2.3   The Board agrees to delegate responsibility to oversee further development of the Corporate Objectives to the Strategic Planning Committee during 2018-19 reflecting progress and direction of travel in strategic developments.

3   Discussion of Key Issues

3.1   The draft NHS Lothian Corporate Objectives 2018 – 23 (Appendix 1) have been developed to support achievement of the Scottish Government 2020 Vision, NHS Lothian's mission to improve the health of the population, improve the quality of healthcare and to achieve valued and financial sustainability and reflect NHS Lothian's values of care and compassion, dignity and respect, quality, teamwork and openness, honesty and responsibility. At this stage in the development of the five year objectives, the objectives outline the high level strategic objectives, ambitions and direction of travel.

3.2   The Corporate Objectives incorporate nine key objectives relating to:

        1) Protect and improve the health of our population
        2) Improve quality, safety and patient experience
        3) Improve access to care and treatment
        4) Shift the balance of care from hospital to a community setting
        5) Improve the experience of our staff
        6) Achieve greater financial sustainability and value
        7) Develop workforce plans including workforce supply

8) Utilise innovation and technology to support transformational change
9) Work with regional and national partners to support transformational change

3.3   It has not been possible to finalise the Corporate Objectives to ensure objectives are specific, measurable and actions identified to support delivery as a number of plans underpinning the objectives are still to be agreed and finalised, namely:

- 2018-19 Annual Operational Plan – this plan replaces the previous Local Delivery Plan. Notification of the Scottish Government funding allocation to support performance improvement was received on 31 May 2018, further work is to be undertaken over summer 2018 to agreed investment and trajectories to support performance improvement to March 2019. A separate paper relating to the Annual Operational Plan will be discussed at the NHS Lothian Board meeting on 27 June 2018.
- East of Scotland Regional Health and Social Care Plan – whilst progress reports in the development of the regional plan were submitted to the Scottish Government in September 2017 and March 2018. The Scottish Government have still to sign off the plan.
- NHS Lothian Quality Strategy 2018 – 23 - the strategy has been drafted in recent months and will be submitted to NHS Lothian Board for discussion and approval on 27 June 2018.
- Integration Joint Board (IJB) Directions – directions from the IJBs have been issued to NHS Lothian, the process to respond to the directions is being worked through supported by the Strategic Planning Directorate
- The Scottish Government published their Public Health Priorities for Scotland on 14 June 2018. Further work will be undertaken via the Strategic Planning Committee to outline actions to be progressed against each priority area including the contributions from the Integration Joint Boards and Community Planning Partnerships.

3.4   It is expected as plans and processes are further developed and finalised during 2018-19, by 2019-20 processes will have achieved a natural rhythm to allow objectives to be further informed.

4   Key Risks

4.1   There are a number of key risks associated with deliver of the Corporate Objectives which are yet to be fully informed such as delivery of financial balance, trajectories to support achievement of access targets, delivery of 4 hour standard and improvement in the delayed discharge position which are the responsibility of the IJBs but impact on delivery of acute hospital services.

4.2   Actions will continue to be taken to mitigate risks via the appropriate governance arrangements associated with the NHS Lothian Committees.

5   Risk Register

5.1   The major risks for inclusion on the risk register relate to achieving financial balance and workforce plans, delivery of waiting times and other Annual Operational Plan Standards (previously referred to as LDP standards), whole system performance measures including the Integration Joint Board Ministerial Steering Group Improvement Objectives.

6   Impact on Inequality, Including Health Inequalities

6.1   Specific actions and change programmes outlined within the objectives will be either have been or will be subject to equality impact assessment which requires to be undertaken by the responsible service.

7   Involving People

7.1   The Corporate Objectives are drawn from national and local improvement priorities and plans which have been developed with involvement of stakeholders and locally these have been developed with the input of all corporate directors.

8   Resource Implications

8.1   There are will be resource implications associated with achieving the Corporate Objectives in particular, resources associated with supporting improvement in performance delivery which are outlined within the draft 2018-19 Annual Operational Plan which is subject to on-going discussion with the Scottish Government.

Alyson Cumming
Strategic Programme Manager
13 June 2018
alyson.cumming@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Draft 2018 – 2023 Corporate Objectives

CORPORATE OBJECTIVES 2018-19 TO 2022-23

NHS LOTHIAN - MISSION, VISION, VALUES AND OBJECTIVES

Our Vision

Over the course of the next five years, everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions supported through House of Care and Realistic Healthcare approaches

There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

Our Mission

- improving the health of the population,
- improving the quality of healthcare,
- achieving value and financial sustainability and
- improving staff experience

Better health, better care, better value

Our Values

- Care and Compassion
- Dignity and Respect
- Quality
- Teamwork
- Openness, Honesty and Responsibility

Our Objectives

1. Protect and Improve the Health of Our Population

2. Improve Quality, Safety and Patient Experience

3. Improve Access to Care and Treatment

4. Shift the Balance of Care from Hospital to a Community Setting

5. Improve the Experience of Our Staff

6. Achieve Greater Financial Sustainability and Value

7. Develop Workforce Plans including Workforce Supply

8. Utilise Innovation and Technology to Support Transformational Change

9. Work With Regional and National Partners To support Transformational Change

1. Protect and Improve the Health of Our Population

Ensure a greater focus on the social determinants of health by:
- delivering a "health in all policies" approach in Community Planning Partnerships with a focus on prevention and tackling inequalities

Prevent the spread of communicable and non-communicable diseases and environmental hazards through:
- the delivery of an effective health protection function for NHS Lothian
- implementing screening and immunisation programmes to meet nationally agreed targets across the NHS Lothian area

NHS Lothian;
- continue to develop the Smokefree Lothian programme
- support the introduction of Smokefree prisons by November 2018
- respond to and begin to implement Scottish Government strategies for obesity, drugs, and alcohol when these are published during calendar 2018

Contribute to service improvement within NHS Lothian and partner organisations by:
- supporting epidemiological planning, quality improvement and health promotion work, within health and social care partnerships and hospital settings
- creating a focus on prevention activity
- supporting partnerships to engage with wider community planning functions
- publishing our equality and human rights plan in June 2018
- implementing our research and development strategy throughout the year

Continue to improve and implement our arrangements for public protection by:
- participating fully in Chief Officer Groups in East and Mid, Edinburgh, and West Lothian
- implementing the named person legislation as and when it is introduced during 2018/19

Improve oral health across NHS Lothian through:
- developing an NHSL oral health implementation plan to support the national Oral Health Strategy, by December 2018

Work regionally to:
- Establish an East of Scotland Diabetes Prevention Partnership to develop a major preventative approach to address the prevalence of type 2 diabetes across the region

2. Improve Quality, Safety and Patient Experience

Quality and Innovation Strategy 2018-23
The draft strategy will be submitted to NHS Lothian Board for approval in June 2018. Future Executive Directors objectives will be linked to the quality strategy, networks and pathways.

Upscale prototyped models of Quality Management
a)   Clinical Quality Networks (aka 'Networks')
b)   Clinical Quality Pathways (aka 'Pathways')
Create (or extend existing) Networks in our major campuses and localities in year 1; expand and develop these over the subsequent four years.

Create novel opportunities for staff to support the Quality Management System
Expand, support and facilitate the workforce to further develop our QMS through a blend of 'traditional' Improvement Advisors and staff from across the organisation undertaking part-time Fellowships.

Develop and expand the Training Programme
Retain the basic design elements of the current Quality Academy Programmes but expand them alongside the new broad-based leadership development programmes.

Develop and expand the Coaching Network
Grow our existing coaching network in scope, scale and faculty with special focus on supporting Networks.

Financial analytic support
Develop support for the current and future work across Pathways and Networks

Healthcare data analytic support
Continue to implement the 2016 Information Strategy

Communications support

Understand the information and 'marketing' needs of all key stakeholders, especially but not exclusively staff, public and patients

Learning and Evaluation Unit
Evaluating our progress, capturing, organising and sharing lessons learned.

Commercial Programme
Weaving the operations of QMS into everyday operational activity from the outset will allow Quality Directorate to focus externally and commercially over time

Patient Safety - Hospital Associated Infection (HAI)
Continue to reduce Clostridium difficile infections per 1000 occupied bed days (0.32) SAB infections per 1000 acute occupied bed days (0.24).

Patient Experience
Improving the Primary Care Patient Experience through the new GMS Contract by:
- maintaining and improving access for patients
- introducing a wider range of health professionals to support the expert medical generalist (comprehensiveness);
- enabling more time with the GP for patients when it is really needed and
- providing more information and support for patients

Continue to meet with the SPSO every 6 months and build on current performance

Implement a new service model (increasing service capacity) by September 2018 for meeting the 5 and 20 day performance targets within the model complaints procedure.

Develop a programme of learning from complaints that builds on Tell us Ten Things; Care Opinion and the Care Assurance Standards.

3. Improve Access to Care and Treatment

Confirm deployment of the 2018-19 Scottish Government allocation of £7.4m to support improved access to care and treatment to the Finance and Resources Committee by 25 July 2018

Work towards achieving the delivery of the Children and Young People's Mental Health Service access standard to ensure that by March 2019, 70% of referrals are offered a first appointment within 18 weeks.

Outline and Deliver trajectories associated with the access standards outlined in 2018-19 Annual Operational Plan by 31 March 2019
- Outpatients
- Inpatients
- Diagnostics
- Cancer 62 and 31 days
- 4-hour Emergency Access Standard
- Psychological Therapies

Progress Regional Planning work streams to clear implementation plans covering;:
- major trauma,
- laboratory medicine,
- orthopaedics,
- endoscopy and gastroenterology,
- Diagnostic Regional Models, including the development of clear implementation plans and spend plans for national allocations (e.g. regional allocation of £6.4m for major trauma)

Continue to improve the quality of our physical estate
- By the end of quarter 1, complete the Initial Agreement (IA) for the Regional short-stay Elective Centre at St John's Hospital, with an Outline Business Case (OBC) by the end of the financial year
- By the end of the financial year, complete the OBC for the replacement of the Princess Alexandria Eye Pavilion
- By the end of quarter 1, establish the Programme Board for the South-East Scotland Cancer Centre Reprovision and complete an IA by the end of the financial year

- By the end of May 2018, bring forward the IA for phase 2 of the Royal Edinburgh Campus Redevelopment, including mental health and learning disabilities, with an OBC completed by the end of the financial year;
- By the end of the financial year, bring forward an IA for phase 3 of the Royal Edinburgh Campus Redevelopment, including integrated rehabilitation services.

4. Shift the Balance of Care from Hospital to a Community Setting

- Conclude the clinical modelling for the integrated rehabilitation services provided currently at the Astley Ainslie Hospital and conclude the IA to support this by December 2018.

- Conclude the Outline Business Case for the Royal Edinburgh Phase 2 work (mental health and learning disabilities) by December 2018 with agreement of IJBs by the end of March 2018 and presentation to F&R Committee in May 2018

- The four Lothian Health and Social Care Partnerships have separately submitted to the Scottish Government their plans and actionsto support delivery of the key six indicators agreed with the Ministerial Strategic Group for Health and Community Care (MSG) relating to:

1. Number of emergency admissions into acute specialties
2. Number of unscheduled hospital bed days
3. Number of A&E attendances and the percentage of patients seen within 4 hours
4. Number of delayed discharge bed days
5. Percentage of last 6 months of life spent in the community
6. Percentage of population residing in non-hospital setting for all adults and those aged over 75 years

Trajectories to support monitoring of delivery of the above indicators will be outlined by the Information Services Division utilising 2016-17 baseline activity The actions to be taken forward by the partnerships will support improved flow through NHS Lothian's acute hospital services and assist in delivery of NHS Lothian's elective care standards. Details of the partnerships actions to support a shift in the balance of care are included in NHS Lothian's 2018-19 Annual Operational Plan.

Deliver the four Lothian Integration Joint Board 2018-19 Directions to support transformational change

5. Improve the Experience of Our Staff

Our shared values – embed our values into everything we do
- Design and implement a 'conversational' guide to support our leaders to embed our values and engage staff
- Review and refresh our approach to values based recruitment to deliver values based selection and messaging throughout the recruitment pathway for all staff by 2020
- Over the next 2 years develop and launch a campaign promoting a culture where sincere, honest and constructive feedback is welcomed

What matters to you?
- Ensure all staff are supported, enabled and encouraged to participate in the imatter staff experience survey and action planning processes to identify what matters to them at work, celebrate success and continuously improve staff experience.
- Launch our Staff Engagement and Experience Plan in 2018 and implement over the next 2 – 3 years, continually developing to reflect feedback from our staff.
- In 2018 we will implement Turas Appraisal and continue to support our staff have a meaningful personal development plan and review conversations so that we achieve 80% compliance with recorded development reviews by 2020 and sustain this level of compliance.

Staff health and well being
- Establish Health and Well Being Groups across the organisation to enable local health and well-being activities where the focus is improving staff health and well-being and on promoting 'self-care'
- In 2018 develop health and well-being information and resources on a single intranet site, which is easy for all staff to access.
- Throughout 2018-19 we will continue to rollout our training programme in the management of violence and aggression, with a focus on reducing the level of actual harm to staff.

Recognising and celebrating success

- Over the next 2 years build our approach so that we celebrate great work and share best practice as an organisation all year round, not just as an annual event.

Staff communications

- Communications are 2 way. Develop and promote feedback mechanisms, create an understanding of how it makes a difference and show how we are learning from it.
- Promote communications as a shared responsibility for all and develop our approach to social media and other communication channels
- Continually promote our corporate vision, mission and objectives and values to enable effective staff engagement

We are all leaders

- Develop our leaders for change through a bespoke approach so our leaders are ready to lead quality improvement and over the next 5 years work with our 3000+ leaders to embed a collaborative and compassionate leadership culture.

6. Achieve Greater Financial Sustainability and Value

- Further develop the National Financial Framework in partnership with the Boards in the East Region.

- Implement the Boards Strategic Financial Plan and set out plans to ensure the best use of available resources and return NHS Lothian to recurring balance.

- Deploy, test and embed financial tools, within Clinical Quality Programmes to demonstrate cost savings and avoidances through reduction of waste and unwarranted variation.

- Deliver recurring efficiency and productivity savings of circa 3% and maximise the availability of non-recurring cost efficiencies

- Embed the grip and control approach to financial management

- Maximise the opportunities from working collegiately with Regional Board partners to deliver a sustainable resource model

- Develop and implement an effective prescribing programme as part of a wider transformation agenda.

- Deliver the 2018/19 capital investment programme including the commissioning of the RHSC & DCN development opening in 2018, East Lothian Community Hospital, a number of primary care premises, replacement boilers at St John's Hospital and develop the business cases for phase 2 of the Royal Edinburgh Hospital Redevelopment.

- Manage the risks for replacing the existing medical equipment assets and deliver a longer term medical equipment strategy integrated with eHealth and data management

- Work with Regional partners to develop a wider property and asset management strategy

- Develop a resource framework to support the implementation of the new GMS contract, including a prioritisation approach to property.

- Develop a 3 year eHealth Strategic Plan during 2018-19

- Continue with a surplus asset disposal programme, including engaging with community interests

7. Develop Workforce Plans including Workforce Supply

We will develop initial 'Workforce Impact Assessments' for new national, regional and board level service redesign recommendations.

We will develop workforce scenario modelling to support the development and implementation of the Regional Health and Social Care Delivery Plan in conjunction with colleagues in other Regions.

We will develop of a detailed risk assessed workforce plan for the development and recruitment of the multidisciplinary team that will be required to support the implementation of the new GMS contract by the end of 2021.

Prepare for new legislation (2020) for safe staffing levels through implementing E-Rostering, leave planning and Safe Care to all areas in conjunction with the application of National Workload and Workforce Planning Tools.

We will progressively address the actions set out in the NHS Lothian Workforce Plan to improve workforce sustainability and widen workforce supply routes through:
- Implementing an early careers and apprenticeship delivery plan
- We will increase our youth employment rate by recruiting a minimum of 60 modern apprentices in 2018 – 2019 and sustain this as a minimum year on year.
- Promoting NHS Lothian as an employer of choice amongst all potential future employee groups selling careers not jobs (earn, learn, progress)
- Deliver an additional 61 Health Visitors by the end of 2018
- Maintain nursing vacancies at 5% during the year
- Enhancing our collaborative relationships in cross boundary partnerships to ensure workforce planning aligns to education provision and that career progression pathways and articulation routes are accessible and achievable (for example regional/national educational programme for Operating Department Practitioners and return to nursing practice programmes during 2018)
- Expanding advanced practice roles within the non-medical workforce, particularly in primary care
- Development and roll out of career frameworks within the non-medical workforce to encourage and support the

development of our workforce and to attract new staff.
- Implementing changes in medical training pathways as part of reshaping the medical workforce whilst working regionally to address any impact on service provision.

We will recognise the positive impact of employment and education on health inequalities and will improve social mobility in our workforce through a range of employability partnerships and career frameworks.

We will implement a digital workforce strategy with the ambition measurably increasing the digital capability of staff at all levels

Achieve and sustain 80% compliance with mandatory training.

Establish a regional staff bank initially for critical care and theatre nursing and Medical staff during 2018.

8. Maximise the Potential for Innovation and Technology to Deliver Transformational Change

Creating an enhanced culture across the whole of NHS Lothian that will enable the development and then implementation of innovative transformational solutions, that will reduce the gap between demand and capacity as aligned to strategic direction and operational pressures as identified by staff and citizens.

- Deliver the strategic aims for 2018/19 as set out in the national Digital Health and Social Care Strategy 2017-22.
- In line with the implementation of the NHS Lothian Innovation Programme Mission Plan 2018-2023 set up an Innovation Unit.
- The Innovation Unit will lead on the provision of training and support for staff in the application of the Creative Problem Solving methodology creating local Innovation Champions across the organisation.
- The Innovation Unit will develop the reporting framework to measure the impacts achieved from the NHS Lothian Innovation Programme Application, which will include the means to confirm the return on investment that is being delivered.
- The Innovation Unit will lead on forming at least one each of the following collaboration (crowds) that will best deliver solutions to the Strategic and Operational Challenge Statements set by NHS Lothian:
  Open Innovation collaborations – bringing together internal and external problem solvers to co-design and implement innovation solutions. (Delivering new products).
  User Innovation collaborations – supporting and empowering staff and citizens (patients) to co-design together radical solutions that will add value to staff and patients and will deliver efficiencies. (Supporting and encouraging Entrepreneurs/ Intrapeneurs).
  Frugal Innovation collaborations – enabling the recombination of existing knowledge and technologies to deliver innovative solutions that extract more value, without the need for significant R&D time or considerable additional investment. (Maximising existing resources.)
  Citizen innovation collaborations – working with local communities to deliver innovative solutions to social challenges that impact on their health and social wellbeing. (Delivering societal change)

9. Work With Regional and National Partners To support Transformational Change

This section pulls together objectives presented in other sections to show the NHSL commitment to the regional and national transformation approaches

We will work throughout the year with our partners in NHS Fife, NHS Borders, the Scottish Ambulance Service and NHS24, IJBs in Borders, East Lothian, Edinburgh, Fife, Midlothian, and West Lothian, as well as NHS Boards and organisations across the country to;

- Establish an East of Scotland Diabetes Prevention Partnership to develop a major preventative approach to address the prevalence of type 2 diabetes across the region.

- Take forward the Primary, Community, and Social Care work streams of the East of Scotland Delivery Programme Board, including realistic care and realistic medicine, specialist commissioning, diabetes, mental health, and others.

- Take forward the Acute Hospitals Work Streams, including major trauma, endoscopy and gastroenterology, radiology, orthopaedics, ophthalmology, laboratory medicine, and elective centres.

- Work with partner boards to align support functions wherever possible, with greater alignment of financial plans including capital plans, where possible, and the national financial framework.

- Work with our partner boards in the South-East of Scotland on workforce planning and on supporting functions, and establish regional nurse and medical staff banks through the year.

- Take forward revised national planning arrangements in conjunction with other regions, and with National Services Division.

NHS LOTHIAN

<u>Board Meeting</u>
<u>27th June 2018</u>

2.7

Director of Finance

FINANCIAL POSITION TO MAY 2018

1   Purpose of the Report

1.1   This paper provides an update to the Board on the financial position after 2 months of 2018/19.

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

2   Recommendations

2.1   The Board is recommended to:

- **<u>Accept</u>** that a **limited assurance** on achieving a breakeven outturn remains in place after the first two months of the 2018/19 financial year;

- **<u>Note</u>** that NHS Lothian has reported a deficit of £3.7m after two months of this year. The reported overspend when extrapolated for the year is broadly in line with the Financial Plan projected gap of £21.5m.

3   Discussion of Key Issues

3.1   The 2018/19 Financial Plan that was presented to the Board in April showed an outstanding gap of £21.5m to be closed in order to achieve breakeven by the end of the year. This gap is after the inclusion of £10.8m of corporately held Reserves to support the overall position.

3.2   A total overspend of £3.7m has been reported in the first two months of the new financial year. This overspend extrapolated for the year would give an overspend of circa £22.4m, broadly consistent in total with the financial plan projected gap of £21.5m, albeit some variation exists across the individual business units.

3.3   At this stage, limited assurance can be given on the achievement of a breakeven outturn in year. This is on the basis that in the last two years a broadly similar overspend has been reported at this stage in the year and a breakeven outturn was achieved on both occasions.

3.4   A summary of the year to date position is shown in Table 1 below and in more detail in Appendix 1 and by operational unit in Appendix 2. Financial performance of the IJBs is provided in Appendix 3.

Table 1: Financial Position to 31st May 2018

	Mth 1	Mth 2	YTD
	£000	£000	£000
Pay	(1,958)	(1,409)	(3,367)
Non Pays	(443)	(1,940)	(2,383)
Primary Care Prescribing	(456)	(631)	(1,087)
Income	415	875	1,290
Total	**(2,442)**	**(3,105)**	**(5,547)**
Reserves	905	905	1,810
Total	**(1,537)**	**(2,200)**	**(3,737)**

3.5   The unallocated reserves of £10.8m that were identified as part of the Financial Plan are being released monthly to offset the operational position. Year to date this equates to £1.8m.

3.6   Pay is the most significant driver of the overspend position to date, with Nursing and Medical staffing representing the main elements within this.

3.7   Junior Medical costs continue to be one of the main areas of overspend for the organisation with a variance of £523k reported after 2 months, although the average spend in year is lower than the average cost for 2017/18. Other issues include the cost of discretionary points, and ongoing locum and agency usage in LUCS and S2C medical practices.

3.8   Nursing is another of the main drivers of the pay overspend to date with a £714k overspend in period 2 taking the year to date overspend to £1.7m. Unscheduled care pressures have continued beyond the "winter" period of January to March and additional beds remain open during April and May with only limited funding available to cover the costs. REAS is £396k overspent year to date as a consequence of unfunded beds being opened due to delayed discharges in Learning Disabilities and patient acuity in the Forensic Unit.

3.9   GP Prescribing is reporting an overspend of £1.1m for the year to date. This reflects two months of the Financial Plan projected overspend as no additional data relating to 2018/19 is available due to the normal two month time delay.

3.10   Drugs expenditure continues at a level above the available budget. An overspend of £1.3m year to date is reported and is a key contributor to the total non-pay overspend. The increased use of a few high cost drugs is driving an overspend at St John's and the WGH. As part of the financial plan an overspend on drugs of £5.2m was forecast.

3.11   Efficiency savings delivery in the first two months is £2.9m.   The phasing of savings plans continues to be refined, and discussions over Business Unit plans to deliver against the financial sustainability agenda will feature strongly in the upcoming meetings at the Quarter 1 Review.

3.12   The quarterly meetings will focus on further actions to control and reduce spend in both current and future years with a focus in supporting the achievement of year-end financial balance. Review meetings between Finance and Business Unit leads will be held throughout August at which time a detailed review of the year to date position, and the implications for the forecast year end outturn, will be completed. Output from this will be reported through the Finance & Resources Committee and the Board.

3.13 The Scottish Government recently announced that they will be reporting the financial performance of the Health Boards on a monthly basis starting with the month 2 financial position outlined in this report.

3.14 An updated reporting format will be discussed with the Finance & Resources Committee at their July meeting, this will focus on linking financial performance more closely to non financial performance measures and the actions being undertaken both locally and corporately to achieve financial balance.

4   Key Risks

4.1 As noted previously, limited assurance can be given to the Board on a breakeven outturn.

4.2 The key risks relating to the delivery of a breakeven position include:

- Delivery of Financial Recovery Plans by individual Business Units to the level identified in the Financial Plan and the lack of progress on the development and delivery of longer term recurring plans;
- Major movements in current expenditure trends, in particular in relation to prescribing and supplementary staffing in response to service demands

5   Risk Register

5.1 The corporate risk register includes the following risk:

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

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

6   Impact on Inequality, Including Health Inequalities

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

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

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

8   Resource Implications

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

Susan Goldsmith
Director of Finance
14th June 2018
susan.goldsmith@nhslothian.scot.nhs.uk

Appendix 1 - NHS Lothian Income & Expenditure Summary 31st May 2018
Appendix 2 – NHS Lothian Summary by Operational Unit to 31st May 2018
Appendix 3 - NHS Lothian Income & Expenditure Summary to May 2018 by IJB

Appendix 1

NHS Lothian Income & Expenditure Summary to May 2018

Description	Annual Budget (£000)	YTD Budget (£000)	YTD Actuals (£000)	YTD Variance (£000)	Period Variance (£000)
Medical & Dental	247,419	41,780	42,763	(983)	(700)
Nursing	389,214	65,206	66,898	(1,692)	(714)
Administrative Services	94,067	15,392	15,663	(271)	(114)
Allied Health Professionals	63,771	10,798	10,732	66	121
Health Science Services	38,028	6,389	6,231	158	141
Management	8,722	1,449	1,355	94	59
Support Services	59,581	9,455	9,970	(515)	(223)
Medical & Dental Support	11,062	1,851	1,942	(92)	(37)
Other Therapeutic	27,163	4,951	4,985	(34)	82
Personal & Social Care	3,204	528	525	3	14
Other Pay	(285)	32	111	(79)	(27)
Emergency Services	23	4	8	(4)	(2)
Vacancy Factor	(104)	(17)	0	(17)	(9)
Pay	**941,864**	**157,816**	**161,182**	**(3,367)**	**(1,409)**
Drugs	118,322	20,243	21,528	(1,285)	(627)
Medical Supplies	81,958	14,801	15,659	(858)	(691)
Maintenance Costs	5,226	754	956	(202)	(119)
Property Costs	38,373	4,552	4,320	232	(170)
Equipment Costs	27,890	3,688	4,522	(834)	(348)
Transport Costs	8,592	1,449	1,453	(4)	24
Administration Costs	226,035	33,268	32,711	557	(314)
Ancillary Costs	11,298	1,893	1,946	(54)	(98)
Other	(396)	(888)	(936)	48	51
Service Agreement Patient Serv	43,599	6,069	5,029	1,040	915
Savings Target Non-pay	(3,944)	(807)	0	(807)	(397)
Non-pay	**556,953**	**85,021**	**87,189**	**(2,168)**	**(1,774)**
Gms2 Expenditure	116,819	17,978	18,099	(121)	(53)
Other Primary Care Expenditure	87	15	15	(0)	0
Pharmaceuticals	158,396	26,326	27,414	(1,087)	(631)
Primary Care	**275,305**	**44,319**	**45,527**	**(1,208)**	**(684)**
Fhs Non Discret Allocation	(1,338)	(218)	(211)	(7)	(4)
Bad Debts	0	0	88	(88)	(110)
Other	**(1,338)**	**(218)**	**(123)**	**(95)**	**(114)**
Income	(248,441)	(45,012)	(46,303)	1,291	875
Income	**(248,441)**	**(45,012)**	**(46,303)**	**1,291**	**875**
CORE POSITION	**1,524,342**	**241,925**	**247,473**	**(5,547)**	**(3,105)**
Additional Reserves Flexibility	1,810	1,810	0	1,810	905
TOTAL	**1,526,152**	**243,735**	**247,473**	**(3,737)**	**(2,200)**

Appendix 2
NHS Lothian Summary by Operational Unit to May 2018

Description	University Hosp Support Serv (£000)	Reas (£000)	Edinburgh Partnership (£000)	East Lothian Partnership (£000)	Midlothian Partnership (£000)	West Lothian Hsc Partnership (£000)	Facilities And Consort (£000)	Corporate Services (£000)	Strategic Services (£000)	Inc + Assoc Hlthcare Purchases (£000)	Reserves (£000)	Research + Teaching (£000)	Total (£000)
Annual Budget	**673,795**	**81,775**	**305,699**	**80,008**	**66,057**	**141,960**	**147,853**	**100,642**	**12,664**	**(120,176)**	**45,500**	**(9,585)**	**1,526,192**
Medical & Dental	(654)	(104)	(54)	(78)	(9)	43	0	(22)	1	0	0	(106)	**(983)**
Nursing	(752)	(396)	(134)	(66)	(152)	14	(15)	(71)	(33)	0	0	(86)	**(1,692)**
Administrative Services	27	(11)	(32)	(18)	(22)	28	(28)	(182)	4	0	0	(37)	**(271)**
Allied Health Professionals	(11)	(25)	91	61	(39)	28	(2)	(20)	(16)	0	0	(1)	**66**
Health Science Services	155	(2)	43	0	0	1	0	(57)	0	0	0	17	**158**
Management	(6)	(0)	72	40	(2)	0	(5)	16	(13)	0	0	(8)	**94**
Support Services	(24)	23	4	(17)	(2)	2	(461)	(17)	(20)	0	0	(2)	**(515)**
Medical & Dental Support	(168)	0	0	0	0	81	0	(5)	0	0	0	0	**(92)**
Other Therapeutic	25	(15)	(41)	14	(1)	(0)	0	(8)	(4)	0	0	(3)	**(34)**
Personal & Social Care	(4)	(3)	(13)	5	1	0	(0)	18	0	0	0	(0)	**3**
Other Pay	(22)	(3)	(4)	(4)	(2)	(1)	(47)	5	0	(1)	0	(0)	**(79)**
Emergency Services	0	0	0	0	0	0	4	(8)	0	0	0	0	**(4)**
Vacancy Factor	(17)	0	0	0	0	0	0	0	0	0	0	0	**(17)**
Pay	**(1,452)**	**(535)**	**(68)**	**(64)**	**(229)**	**195**	**(555)**	**(351)**	**(81)**	**(1)**	**0**	**(226)**	**(3,367)**
Drugs	(1,359)	4	(14)	(20)	(3)	11	(1)	125	(28)	0	0	(0)	**(1,285)**
Medical Supplies	(605)	(7)	(237)	(31)	1	(32)	7	48	(0)	0	0	(3)	**(858)**
Maintenance Costs	(77)	(18)	(2)	(6)	(1)	(9)	(91)	(1)	3	0	0	(0)	**(202)**
Property Costs	1	1	(4)	(1)	(1)	4	205	27	(1)	0	0	(0)	**232**
Equipment Costs	(458)	(33)	(162)	53	(15)	(11)	(148)	(51)	(6)	0	0	(3)	**(834)**
Transport Costs	(25)	(6)	38	(13)	3	20	(2)	(15)	(0)	(2)	0	(2)	**(4)**
Administration Costs	4	(39)	(607)	35	152	164	679	118	29	(0)	0	23	**557**
Ancillary Costs	(0)	(19)	5	(1)	(5)	9	(47)	5	(0)	0	0	(0)	**(54)**
Other	8	1	0	(1)	21	0	(34)	54	0	0	0	0	**48**
Service Agreement Patient Serv	154	10	492	12	(14)	74	(1)	181	(8)	204	0	(65)	**1,040**
Savings Target Non-pay	(584)	0	(220)	2	26	(1)	0	(29)	(0)	0	0	0	**(807)**
Non-pay	**(2,941)**	**(105)**	**(712)**	**29**	**164**	**229**	**568**	**461**	**(13)**	**202**	**0**	**(50)**	**(2,168)**
Gms2 Expenditure	(32)	(3)	36	(52)	(51)	(0)	(18)	(0)	0	0	0	(0)	**(121)**
Other Primary Care Expenditure	(0)	0	0	0	0	0	0	0	0	0	0	0	**(0)**
Pharmaceuticals	0	(46)	(437)	(309)	(100)	(195)	0	0	0	0	0	0	**(1,087)**
Primary Care	**(32)**	**(50)**	**(402)**	**(360)**	**(151)**	**(196)**	**(18)**	**(0)**	**0**	**0**	**0**	**(0)**	**(1,208)**
Fhs Non Discret Allocation	0	0	(3)	0	0	(4)	0	0	0	0	0	0	**(7)**
Bad Debts	(6)	0	0	0	0	(0)	(0)	0	0	(82)	0	0	**(88)**
Other	**(6)**	**0**	**(3)**	**0**	**0**	**(4)**	**(0)**	**0**	**0**	**(82)**	**0**	**0**	**(95)**
Income	247	(29)	(49)	54	173	6	33	134	2	729	0	(9)	**1,291**
Income	**247**	**(29)**	**(49)**	**54**	**173**	**6**	**33**	**134**	**2**	**729**	**0**	**(9)**	**1,291**
CORE POSITION	**(4,184)**	**(718)**	**(1,234)**	**(341)**	**(43)**	**229**	**28**	**244**	**(91)**	**848**	**0**	**(285)**	**(5,547)**
Additional Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	1,810	0	**1,810**
TOTAL	**(4,184)**	**(718)**	**(1,234)**	**(341)**	**(43)**	**229**	**28**	**244**	**(91)**	**848**	**1,810**	**(285)**	**(3,737)**

Appendix 3
NHS Lothian Income & Expenditure Summary to May 2018 by IJB

Status	Allocation	YTD Variance ('000)	East Lothian IJB - YTD Variance (£'000)	Edinburgh IJB - YTD Variance (£'000)	Mid Lothian IJB - YTD Variance (£'000)	West Lothian IJB - YTD Variance (£'000)	Acute Non Delegated - YTD Variance (£'000)	CHP Non Delegated - YTD Variance (£'000)	Corporate Non Delegated - YTD Variance (£'000)
Delegated	Core	(1,238)	(72)	(1,191)	34	(9)	0	0	0
	Corporate	2	0	1	0	1	0	0	0
	Hosted	(486)	(52)	(332)	(38)	(63)	0	0	0
	Total	**(1,721)**	**(124)**	**(1,522)**	**(5)**	**(71)**	**0**	**0**	**0**
Non Delegated	Acute	(3,239)	0	0	0	0	(3,239)	0	0
	CHP	(373)	0	0	0	0	0	(373)	0
	Corporate	2,553	0	0	0	0	0	0	2,553
	Total	**(1,060)**	**0**	**0**	**0**	**0**	**(3,239)**	**(373)**	**2,553**
Set Aside	Acute	(956)	(61)	(297)	(53)	(209)	(337)	0	0
Grand Total		**(3,737)**	**(185)**	**(1,818)**	**(57)**	**(280)**	**(3,576)**	**(373)**	**2,553**